
CHAPTER 64

Foundations of Mental Health Nursing

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Priority Concepts

Caregiving; Coping

I.  Nurse–Client Relationship

A. Principles

1. Genuineness, respect, and empathic understanding are characteristics important to the development of a therapeutic nurse–client relationship.
2. The client should be cared for in a holistic manner.
3. The nurse considers the client’s cultural and spiritual beliefs and values in assessing the client’s response to the nurse–client relationship and her or his adaptation to stressors.
4. Appropriate limits and boundaries define and facilitate a therapeutic nurse–client relationship.
5. Honest and open communication is important for the development of trust, an underpinning of the therapeutic nurse–client relationship.
6. The nurse uses therapeutic communication techniques to encourage the client to express thoughts and feelings as they address identified problem areas.
7. The nurse respects the client’s confidentiality and limits discussion of the client to the interprofessional health care team.
8. The goal of the nurse–client relationship is to assist the client to develop problem-solving abilities and **coping mechanisms**.



The nurse needs to consider the cultural, religious, and spiritual practices of the client and whether these practices may give the client hope, comfort, and support while healing.

B. Phases of a therapeutic nurse–client relationship

1. Preinteraction phase
 - a. Begins before the nurse’s first contact

with the client

- b. Develops appropriate physical and interpersonal environment (seating, lighting) to promote comfort and facilitate collaboration
- c. Anticipates potential client issues
- d. Prepares for the client interaction
- e. Determines how to initially approach client
- f. The nurse should identify her or his own preconceived ideas, stereotypes, biases, and values that may impinge on the nurse–client relationship.

2. Orientation or introductory phase

- a. Acceptance, rapport, trust, and boundaries are established.
- b. Introduces herself or himself to the client by using first and last name and designation
- c. Identifies purpose and the time frame of the relationship (establishing a contract).
- d. Identifies client’s strengths and needs
- e. Collects data and forms basis for diagnosis and client-centered goals.



- f. Termination and separation of

the relationship are discussed in anticipation of the time-limited nature of the relationship.

3. Working phase

- a. Exploring, focusing on, and evaluating the client’s concerns and problems occur; an attitude of acceptance and active listening assists the client to express thoughts and feelings.
- b. Actively problem solves with the client
- c. Uses interpersonal strategies to help the client identify effective coping strategies
- d. Encourages self-direction and self-management whenever possible to promote health and wellness.

4. Termination or separation phase



- a. Prepares the client for

termination and separation on initial

- contact.
- b. Evaluates progress and achievement of goals.
- c. Identifies responses related to termination and separation, such as anger, distancing from the relationship, a return of symptoms, and dependency.
- d. Encourages the client to express feelings about termination.
- e. Identifies the client's strengths and anticipated needs for follow-up care.
- f. Refers the client to community resources and other support systems.



C. Family as an extension of the client

1. Family members should be viewed as collaborators in the management of a client's mental health needs (maintain confidentiality as necessary).
2. Competence and caring focused toward family members enhance the nurse's ability to identify client and family needs and to select and implement effective interventions directed toward promoting adaptive functioning.
3. Nurses have a professional obligation to be aware of and sensitive to the cultural, ethnic, religious, and spiritual factors that affect the structure and resulting needs of the client and her or his family.
4. Educating family members regarding the client's mental health problem, identification of symptoms, and effective management of maladaptive behaviors plays a vital role in the client's quality of life.



D. Impact of culture, ethnicity, religion, and spirituality on client care

1. Cultural competency allows the nurse to recognize the uniqueness of each client and the impact that culture, values, and religious and spiritual beliefs have on an individual's mental health as well as the treatment required for existing mental health problem.
2. A client's culture, ethnicity, values, and religious and spiritual belief systems can affect all aspects of mental health care, including medication therapies, and can act as either protective or risk factors when dealing with the development and/or treatment of mental health problems.
3. Nurses must be aware of the impact that their own

- culture, religious and spiritual beliefs, and values have on the care they provide and to avoid biases.
4. The treatment plan must be agreed upon by both client and nurse and take into consideration the needs of the client whenever possible.



II. Therapeutic Communication Process

A. Principles

1. Communication includes verbal and nonverbal expression (Fig. 64-1).
2. Successful communication includes appropriateness, efficiency, flexibility, and feedback.
3. Anxiety in the nurse or client impedes communication.
4. Communication needs to be goal-directed within a professional framework.

B. Therapeutic and nontherapeutic communication techniques (Table 64-1)

III. Mental Health

- A. Mental health is a lifelong process of successful adaptation to changing internal and external environments.
- B. A mentally healthy individual is *in contact with reality*, can relate to people and situations in their environment, and can resolve conflicts within a problem-solving framework.
- C. A mentally healthy individual has psychobiological resilience.

IV. Mental Health Problem

A. Description

1. A mental health problem can cause the loss of the ability to respond to the internal and external environment in ways that are in harmony with oneself or the expectations of society.
2. It is characterized by thought or behavior patterns that impair functioning and cause distress.

B. Personality characteristics

1. Self-concept is distorted.
2. Perception of strengths and weaknesses is unrealistic.
3. Thoughts and perceptions may not be reality-based.
4. The ability to find meaning and purpose in life may be impaired.
5. Life direction and productivity may be disturbed.
6. Meeting one's own needs may be problematic.
7. Excessive reliance or preoccupation on the thoughts, opinions, and actions of self or others may be present.

C. Adaptations to stress

1. The individual's sense of self-control may be affected.
2. Perception of the environment may be distorted.
3. Coping mechanisms may not exist or may be ineffective.

D. Interpersonal relationships

1. Interpersonal relationships may be minimally existent or may be negatively affected.



2. The ability to enjoy sustained intimacy in relationships is impaired.

V. Coping and Defense Mechanisms

A. Coping mechanisms

1. Coping involves any effort to decrease anxiety.



2. Coping mechanisms can be constructive or destructive, task- or problem-oriented in relation to direct problem solving, cognitively oriented in an attempt to neutralize the meaning of the problem, or defense- or emotion-oriented, thus regulating the response to protect oneself.

B. Defense mechanisms

1. As anxiety increases, the individual copes by using defense mechanisms.

2. A defense mechanism is a coping mechanism used in an effort to protect the individual from feelings of anxiety; as anxiety increases and becomes overwhelming, the individual copes by using defense mechanisms to protect the ego and decrease anxiety (Box 64-1)



Coping mechanisms and defense mechanisms are used by the client as protection from unmanageable stress and to decrease anxiety.



C. Interventions

1. Assist the client to identify the source of anxiety and to explore methods to reduce anxiety.
2. Assess the client's use of defense mechanisms.
3. Facilitate appropriate use of defense mechanisms.
4. Determine whether the defense mechanisms used by the client are effective for her or him or create additional distress.
5. Avoid arguing or criticizing the client's behavior and the use of defense mechanisms.
6. Do not take defense coping mechanism away until client has established more appropriate coping strategies to effectively deal with stressors.

VI. Diagnostic and Statistical Manual of Mental Health Disorders

A. The *Diagnostic and Statistical Manual of Mental Health Disorders*, published by the American Psychiatric Association, provides guidelines for health care personnel for identifying and

categorizing mental health problems.

B. The manual is a system used in clinical, research, and educational settings, in which diagnostic criteria are included for each mental health problem.

C. The manual addresses culturally diverse populations and mental health problems that may be associated with a particular culture.

D. Dual diagnosis: Refers to the client who has both a mental health problem and a substance related problem simultaneously; also known as comorbidity or co-occurring problems

E. See American Psychiatric Association for updates:

<http://www.dsm5.org/Pages/Default.aspx>.

VII. Types of Mental Health Admissions and Discharges

A. Voluntary admission

1. The client (or the client's guardian) seeks admission for care.
2. The voluntary client is free to sign out of the hospital with psychiatrist (primary health care provider [PHCP]) notification and prescription.
3. Detaining a voluntary client against her or his will is termed *false imprisonment*.
4. The client retains full civil rights (Box 64-2).



B. Right to confidentiality

1. A client has a right to confidentiality of her or his medical information; the Health Insurance Portability and Accountability Act (HIPAA) of 1996 ensures client confidentiality with regard to the release and electronic transmission of data.
2. Information sometimes must be released in life-threatening situations without the client's consent.
3. In the event of a specific threat against an identified individual, the health care professional has a legal obligation to warn the intended victim of a client's threats of harm.



Except in an emergency situation, client information can be released only with the client's informed consent, which specifies the information that can be released and the time frame for which the release is valid.



C. Involuntary admission

1. Involuntary admission may be necessary when a person is mentally ill, is a danger to self or others, or is in need of mental health treatment or physical care.
2. Involuntary admission occurs when a person is admitted or detained involuntarily for mental health

treatment because of actual or imminent danger to self or others; the person's condition is deteriorating and they require hospitalization.

3. A client who is admitted involuntarily retains her or his right for informed consent.
4. The client retains the right to refuse treatments, including medications, unless a separate and specific treatment order is obtained from the court.
5. The client loses the right to refuse treatment when she or he poses an immediate danger to self or others, requiring immediate action by the interprofessional health care team.
6. Depending on the jurisdiction, an order from an external board such as a court or from the psychiatrist or PHCP is required for involuntary admissions except in the case of emergency, which allows time to obtain the necessary order from the board; in the case of all involuntary admissions, legal counsel must be provided for the client. In this situation, the client may be held for a 72-hour period until further evaluation is completed.
7. A hearing is held by an external board within a specified time period for a client admitted involuntarily; the specific time period varies by state. The psychiatrist or PHCP may also be the person making decisions surrounding client discourse, depending on location.
8. In most states, a client can institute a hearing to seek an expedient judicial discharge (a writ of habeas corpus).
9. At the hearing, a determination is made as to whether the client may be released from the hospital or detained for further treatment and evaluation, or committed to a mental health facility for an undetermined period.
10. A client has the right to treatment in the least restrictive treatment environment; if treatment objectives can be achieved by court-ordered treatment to an outpatient facility as opposed to an inpatient facility, the client has the right to be treated in the outpatient setting.
11. A client is considered legally competent unless she or he has been declared incompetent through a legal hearing separate from the involuntary commitment hearing.



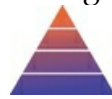
12. In the course of providing nursing care and carrying out medical prescriptions, if the nurse

believes that a client lacks competency to make informed decisions, action should be initiated to determine whether a legal guardian or substitute decision-maker needs to be appointed by the court.

D. Release from the hospital

1. Description

a. In some, but not all, jurisdictions, a client may be released voluntarily, against medical advice, or with conditions (conditional release). It is important to be familiar with the laws in the area in which you work regarding conditional release.



b. A client who has sought

voluntary admission has the right to receive release upon request.

2. Voluntary release

a. In the absence of an act of self-harm or danger to others, a voluntary client should never be detained.

b. If a voluntary client wishes to be discharged from treatment, but is considered potentially dangerous to self or others, the PHCP can order the client to be detained while legal proceedings for involuntary status are sought. In other areas, the PHCP places them on a 72-hour hold while further evaluation occurs.

c. Some states provide for conditional release of involuntarily hospitalized clients; this enables the treating PHCP to prescribe continued treatment on an outpatient basis as opposed to discharging the client to follow up on her or his own initiative. Community treatment orders may also be instituted depending on the facility and on the area.

d. Conditional release usually involves outpatient treatment for a specified period to determine the client's compliance with medication protocol, ability to meet basic needs, and ability to reintegrate into the community.



e. An involuntary client who is

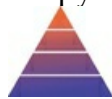
released conditionally may be reinstitutionalized while the commitment is still in effect without recommencement of formal admission procedures.

3. Discharge planning and follow-up care

- a. Discharge is the termination of the client–institution relationship.
- b. The release may be prescribed by the psychiatrist, external board, or administration for involuntarily admitted clients and may be requested by voluntary clients at any time.
- c. In most states, the client can institute an external board hearing to seek an expedient judicial discharge (writ of habeas corpus).
- d. Discharge planning and follow-up care are important for the continued well-being of the client with a mental health problem.
- e. Aftercare case managers are used to facilitate the client’s adaptation back into the community and to provide early referral if the treatment plan is unsuccessful.

VIII. Types of Therapy for Care

A. Milieu therapy



1. The **milieu** refers to the safe physical and

social environment in which an individual is receiving treatment.

2. Safety is the most important priority in managing the milieu, and all encounters with the client have the goal of being “therapeutic.”
3. All members of the interprofessional health care team contribute to the planning and functioning of the milieu and are significant and valuable to the client’s successful treatment outcomes; the team generally includes a registered nurse, social worker, exercise therapist, recreational therapist, psychologist, psychiatrist, occupational therapist, and clinical nurse specialist or nurse practitioner.
4. Community meetings, activity groups, social skills groups, and physical exercise programs are included

- to accomplish treatment goals.
5. One-to-one relationships are used to examine client behaviors, feelings, and interactions within the context of the therapeutic group activities.



The focus of milieu therapy is to empower the client through involvement in setting her or his own goals and to develop purposeful relationships with the staff to assist in meeting these goals.

B. Interpersonal psychotherapy

1. A treatment modality that uses a therapeutic relationship to modify the client's feelings, attitudes, and behaviors and work within an agreed-upon time frame to help meet the client's goals
2. Therapeutic communication forms the foundation of the therapist–client relationship, and this relationship is used as a way for the client to examine other relationships in her or his life.
3. Supportive level of psychotherapy
 - a. Brief therapy or may extend over a period of years, allowing the client to express feelings, explore alternatives, and make decisions in a safe, caring environment
 - b. No plan exists to introduce new methods of coping; instead, the therapist reinforces the client's existing coping mechanisms.
4. Re-educative level of psychotherapy
 - a. The client explores alternatives in a planned, systematic way; this requires a longer period of therapy than supportive therapy.
 - b. The client agrees upon and specifies desired changes of behavior and learning new ways of perceiving and behaving.
 - c. Techniques may include short-term psychotherapy, reality therapy, cognitive restructuring, behavior modification, and development of coping skills.
5. Reconstructive level of psychotherapy
 - a. Emotional and cognitive restructuring of self takes place.

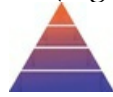


- b. Positive outcomes include a

greater understanding of self and others, more emotional freedom, and the development of potential abilities.

C. Behavior therapy

1. A treatment approach that uses the principles of Skinnerian (operant conditioning) or Pavlovian (classical conditioning) behavior theory to bring about behavioral change; the belief is that most behaviors are learned.
2. *Operant conditioning* refers to the manipulation of selected reinforcers to elicit and strengthen desired behavioral responses; the *reinforcer* refers to the consequence of the behavior, which is defined as anything that increases the occurrence of a behavior (Fig. 64-2).



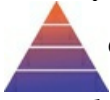
3. In classical conditioning (respondent conditioning), the individual responds to a stimulus but is basically a passive agent (see Fig. 64-2).
4. Desensitization is a form of behavior therapy whereby exposure to increasing increments of a feared stimulus is paired with increasing levels of relaxation, which helps reduce the intensity of fear to a more tolerable level.
5. Aversion therapy is a form of behavior therapy whereby negative reinforcement is used to change behavior; for example, a stimulus attractive to the client is paired with an unpleasant event in hopes of endowing the stimulus with negative properties, thereby dissuading the behavior.
6. Modeling is behavioral therapy whereby the therapist acts as a role model for specific identified behaviors so that the client learns through imitation.

D. Cognitive therapy

1. An active, directive, time-limited, structured approach used to treat various mental health problems, including anxiety and depressive problems
2. It is based on the principle that how individuals feel and behave is determined by how they think about the world and their place in it; their cognitions are based on the attitudes or assumptions developed from previous experiences.
3. Therapeutic techniques are designed to identify, reality-test, and correct distorted conceptualizations and the dysfunctional beliefs underlying these cognitions.
4. The therapist helps the individual change the way she or he thinks, thereby reducing symptoms.



E. Group development and group therapy

1. Involves a leader such as a therapist, nurse, or other designated health care team member and, ideally, 5 to 8 members working on their individual goals within the context of a group, which presumably increases the opportunity for feedback and support
2. Initial development of the group
 - a. Involves superficial rather than open and trusting communication
 - b. Members become acquainted with each other and search for similarities among themselves.
 - c. Members may be unclear about the purpose or goals of the group.
 - d. Group norms, roles, and responsibilities are established.
 -  e. The work of termination begins and is expanded upon throughout the duration of the group.
3. Working in the group
 - a. The real work of the group is accomplished.
 - b. Members are familiar with one another, the group leader, and the group roles and feel free to address and attempt to solve their problems.
 - c. Both conflict and cooperation surface during the group's work as the members learn to work with one another.
4. Termination of the group
 - a. Begins with the initial meeting
 - b. Members' feelings are explored regarding their accomplishments and the impending termination of the group.
 - c. The termination stage provides an opportunity for members to learn to deal more realistically and comfortably with this normal part of human experience.
5. Self-help or support groups ([Box 64-3](#))



Support groups are based on the premise that individuals who

have experienced and are insightful concerning a problem are able to help others who have a similar problem.

F. Family therapy

1. Family therapy is a specific intervention mode based on the premise that the member with the presenting symptoms signals the presence of problems in the entire family; this premise also assumes that a change in 1 member will bring about changes in other members.
2. The therapist works to assist family members to identify and express their thoughts and feelings; define family roles and rules; try new, more productive styles of relating; and restore strength to the family.

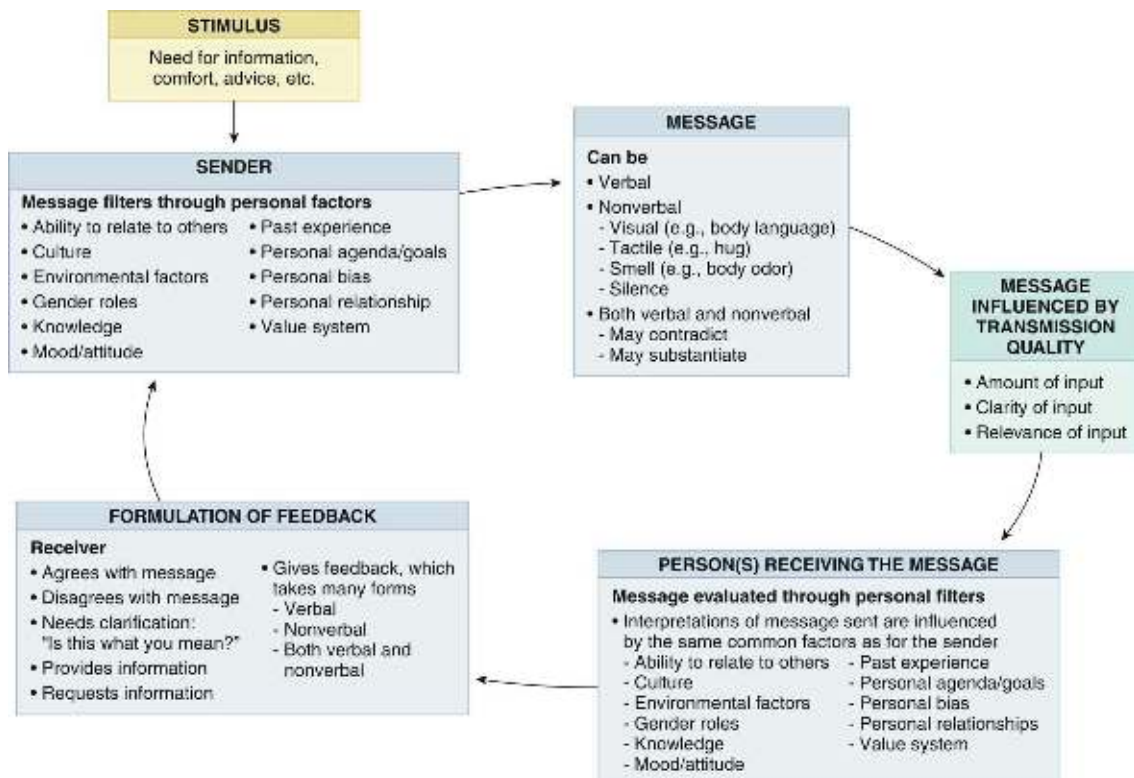


FIG. 64-1 Operational definition of communication.

Table 64-1

Therapeutic (Effective) and Nontherapeutic (Ineffective) Communication Techniques

Therapeutic Techniques	
Technique	Description
Active listening	Carefully noting what the client is saying and observing the client's nonverbal behavior
Broad openings	Encouraging the client to select topics for discussion
Clarifying	Providing a means for making the message clearer, correcting any misunderstandings, and promoting mutual understanding
Focusing	Directing the conversation on the topic being discussed
Informing	Giving information to the client
Offering self to help	Includes staying with the client, talking to the client, and offering to help the client
Open-ended questions	Encouraging conversation because these questions require more than one-word answers
Paraphrasing	Restating in different words what the client said
Reflecting	Directing the client's question or statement back to the client for consideration
Restating	Repeating what the client has said and directing the statement back to the client to provide the client the opportunity to agree or disagree or to clarify the message further
Silence	Allowing time for formulating thoughts
Summarizing	Stating briefly what was discussed during the conversation
Validating	Verifying that both the nurse and the client are interpreting the topic or message in the same way
Nontherapeutic Techniques	
Technique	Description
Approval	Implying that the client is thinking or doing the right thing and is not thinking or doing what is wrong; this may direct the client to focus on thinking or behavior that pleases the nurse
Asking excessive questions	Demanding information from the client without respect for the client's willingness or readiness to respond
Changing the subject	Avoiding addressing the client's thoughts, feelings, or concerns; implying that the client's statement is not important
Closed-ended questions	Questions that ask for specific information such as a "yes" or "no" answer and therefore inhibit communication
Disagreeing	Opposing the client's thinking or opinions, implying that the client is wrong
Disapproving	Indicating a negative value judgment about the client's behavior or thoughts
False reassurance	Making a statement that implies that the client has no reason to be worried or concerned; belittling a client's concerns
Giving advice	Assuming that the client cannot think for herself or himself, which inhibits problem solving and fosters dependence
Minimizing the client's feelings	Making a statement that implies that the client's feelings are not important
Parroting	Repeating the client's words before determining what the client has said
Placing the client's feelings on hold	Avoiding addressing the client's thoughts, feelings, or concerns; making a statement that places the responsibility of addressing the client's thoughts, feelings, or concerns elsewhere or on another person
Value judgments	Making a comment that addresses the client's morals; this can make the client feel angry or guilty or as though she or he is not being supported
"Why?" questions	Cause the client to feel defensive, because many times she or he does not know the reason "why"; these types of questions also often imply criticism

Box 64-1

Types of Defense Mechanisms

Compensation: Putting forth extra effort to counterbalance perceived deficiencies by emphasizing strengths.

Conversion: The expression of emotional conflicts through physical symptoms that have no organic cause.

Denial: Ignoring the existence of unpleasant or intolerable thoughts, feelings, needs, or impulses.

Displacement: Feelings about a person, object, or situation are directed to another less-threatening person, object, or situation.

Dissociation: The blocking of an anxiety-provoking event or period of time from the consciousness, memory, or perception to compartmentalize uncomfortable or unpleasant aspects of oneself.

Identification: The conscious or unconscious attempt to change oneself to resemble an admired person.

Insulation: Withdrawing into passivity and becoming inaccessible so as to avoid further threatening situations.

Intellectualization: Excessive reasoning of an event based solely on facts without involving feeling or emotion; the thinking is disconnected from feelings, and situations are dealt with at a cognitive level.

Introjection: A type of identification in which the individual incorporates the traits or values of another into herself or himself.

Isolation: Response in which a person blocks feelings associated with an unpleasant experience.

Projection: Transferring one's internal feelings, thoughts, and unacceptable ideas and traits to someone else.

Rationalization: An attempt to make unacceptable feelings and behaviors acceptable by justifying the behavior.

Reaction Formation: Developing conscious attitudes and behaviors and acting out behaviors opposite to what one really feels.

Regression: Returning to an earlier developmental stage and pattern of behavior to express an impulse to deal with anxiety.

Repression: An unconscious process in which the client blocks undesirable and unacceptable thoughts or ideas from conscious expression.

Sublimation: Unconscious replacement of a mature and socially acceptable need, attitude, or emotion with one more immature and unacceptable one.

Substitution: The replacement of a valued unacceptable object with an object more acceptable to the ego.

Suppression: The conscious, deliberate denial of unacceptable or painful situation, thought, idea, or feeling.

Box 64-2

Client Rights

- Right to communicate with people outside the hospital through correspondence, telephone, and personal visits
- Right to keep clothing and personal effects with them in the hospital
- Right to religious freedom
- Right to be employed if possible
- Right to manage and dispose of property
- Right to execute wills
- Right to enter into contractual relationships
- Right to make purchases
- Right to education

- Right to habeas corpus
- Right to independent mental health examination
- Right to civil service status
- Right to retain licenses, privileges, or permits established by law, such as a driver's or professional license
- Right to sue or be sued
- Right to marry and divorce
- Right not to be subject to unnecessary mechanical restraints
- Right to periodic review of status
- Right to legal representation
- Right to privacy
- Right to informed consent
- Right to treatment
- Right to refuse treatment
- Right to treatment in the least restrictive setting

Note: State and province laws should always be followed.

From Stuart G: *Principles and practice of psychiatric nursing*, ed 10, St. Louis, 2013, Mosby.

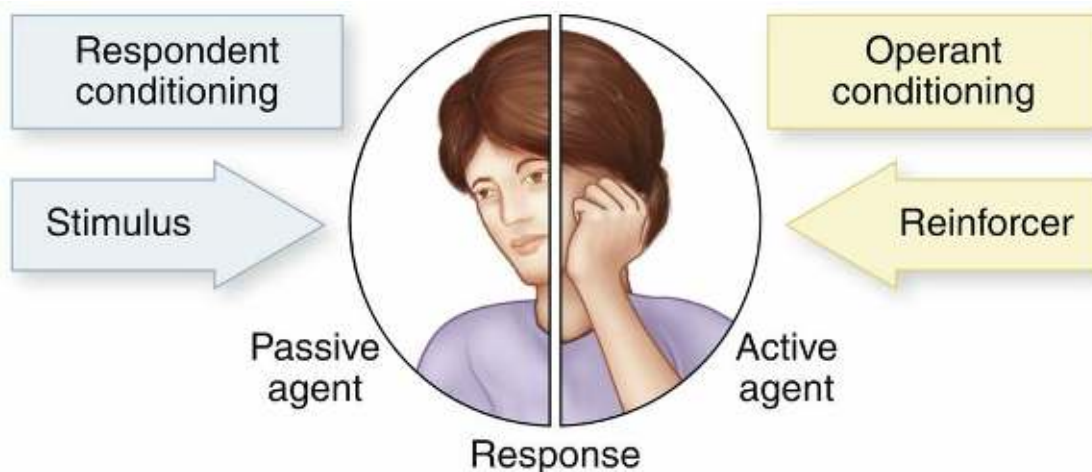


FIG. 64-2 Respondent versus operant conditioning.

Box 64-3

Self-Help and Support Groups

- Adult Children of Alcoholics
- Al-Anon

- Alcoholics Anonymous
- Bereavement groups
- Cancer support groups
- Co-Dependents Anonymous
- Gamblers Anonymous
- Groups to help deal with caring for family members
- Groups to help deal with unexpected body image changes, such as mastectomy or colostomy
- Mental health support groups
- Narcotics Anonymous
- Overeaters Anonymous
- Parents without Partners
- Recovery groups, such as for those who have experienced trauma
- Smoking cessation groups

Practice Questions

787. A client with a diagnosis of depression who has attempted suicide says to the nurse, "I should have died. I've always been a failure. Nothing ever goes right for me." Which response by the nurse demonstrates therapeutic communication?
1. "You have everything to live for."
 2. "Why do you see yourself as a failure?"
 3. "Feeling like this is all part of being depressed."
 4. "You've been feeling like a failure for a while?"
788. The nurse visits a client at home. The client states, "I haven't slept at all the last couple of nights." Which response by the nurse demonstrates therapeutic communication?
1. "I see."
 2. "Really?"
 3. "You're having difficulty sleeping?"
 4. "Sometimes I have trouble sleeping too."
789. A client experiencing disturbed thought processes believes that his food is being poisoned. Which communication technique should the nurse use to encourage the client to eat?
1. Using open-ended questions and silence
 2. Sharing personal preference regarding food choices
 3. Documenting reasons why the client does not want to eat
 4. Offering opinions about the necessity of adequate nutrition
790. The nurse should plan which goals of the termination stage of group development? **Select all that apply.**
1. The group evaluates the experience.
 2. The real work of the group is accomplished.

- 3. Group interaction involves superficial conversation.
 - 4. Group members become acquainted with one another.
 - 5. Some structuring of group norms, roles, and responsibilities takes place.
 - 6. The group explores members' feelings about the group and the impending separation.
791. A client diagnosed with terminal cancer says to the nurse, "I'm going to die, and I wish my family would stop hoping for a cure! I get so angry when they carry on like this. After all, I'm the one who's dying." Which response by the nurse is therapeutic?
- 1. "Have you shared your feelings with your family?"
 - 2. "I think we should talk more about your anger with your family."
 - 3. "You're feeling angry that your family continues to hope for you to be cured?"
 - 4. "You are probably very depressed, which is understandable with such a diagnosis."
792. On review of the client's record, the nurse notes that the admission was voluntary. Based on this information, the nurse plans care anticipating which client behavior?
- 1. Fearfulness regarding treatment measures
 - 2. Anger and aggressiveness directed toward others
 - 3. An understanding of the pathology and symptoms of the diagnosis
 - 4. A willingness to participate in the planning of the care and treatment plan
793. A client admitted voluntarily for treatment of an anxiety problem demands to be released from the hospital. Which action should the nurse take **initially**?
- 1. Contact the client's health care provider (HCP).
 - 2. Call the client's family to arrange for transportation.
 - 3. Attempt to persuade the client to stay "for only a few more days."
 - 4. Tell the client that leaving would likely result in an involuntary commitment.
794. When reviewing the admission assessment, the nurse notes that a client was admitted to the mental health unit involuntarily. Based on this type of admission, the nurse should provide which intervention for this client?
- 1. Monitor closely for harm to self or others.
 - 2. Assist in completing an application for admission.
 - 3. Supply the client with written information about her or his mental health problem.
 - 4. Provide an opportunity for the family to discuss why they felt the admission was needed.
795. When a client is admitted to an inpatient mental health unit with the diagnosis of anorexia nervosa, a cognitive behavioral approach is used as part of the treatment plan. The nurse plans care based on which purpose of this approach?

1. Providing a supportive environment
 2. Examining intrapsychic conflicts and past issues
 3. Emphasizing social interaction with clients who withdraw
 4. Helping the client to examine dysfunctional thoughts and beliefs
796. A client is preparing to attend a Gamblers Anonymous meeting for the first time. The nurse should tell the client that which is the first step in this 12-step program?
1. Admitting to having a problem
 2. Substituting other activities for gambling
 3. Stating that the gambling will be stopped
 4. Discontinuing relationships with people who gamble
797. The nurse employed in a mental health clinic is greeted by a neighbor in a local grocery store. The neighbor says to the nurse, "How is Carol doing? She is my best friend and is seen at your clinic every week." Which is the **most appropriate** nursing response?
1. "I cannot discuss any client situation with you."
 2. "If you want to know about Carol, you need to ask her yourself."
 3. "Only because you're worried about a friend, I'll tell you that she is improving."
 4. "Being her friend, you know she is having a difficult time and deserves her privacy."
798. The nurse calls security and has physical restraints applied to a client who was admitted voluntarily when the client becomes verbally abusive, demanding to be discharged from the hospital. Which represents the possible legal ramifications for the nurse associated with these interventions? **Select all that apply.**
1. Libel
 2. Battery
 3. Assault
 4. Slander
 5. False imprisonment
799. The nurse in the mental health unit plans to use which therapeutic communication techniques when communicating with a client? **Select all that apply.**
1. Restating
 2. Active listening
 3. Asking the client "Why?"
 4. Maintaining neutral responses
 5. Providing acknowledgment and feedback
 6. Giving advice and approval or disapproval
800. What is the **most appropriate** nursing action to help manage a manic client who is monopolizing a group therapy session?

1. Ask the client to leave the group for this session only.
 2. Refer the client to another group that includes other manic clients.
 3. Tell the client to stop monopolizing in a firm but compassionate manner.
 4. Thank the client for the input, but inform the client that others now need a chance to contribute.
801. A client is participating in a therapy group and focuses on viewing all team members as equally important in helping the clients meet their goals. The nurse is implementing which therapeutic approach?
1. Milieu therapy
 2. Interpersonal therapy
 3. Behavior modification
 4. Support group therapy
802. The nurse is working with a client who, despite making a heroic effort, was unable to rescue a neighbor trapped in a house fire. Which client-focused action should the nurse engage in during the working phase of the nurse–client relationship?
1. Exploring the client’s ability to function
 2. Exploring the client’s potential for self-harm
 3. Inquiring about the client’s perception or appraisal of why the rescue was unsuccessful
 4. Inquiring about and examining the client’s feelings for any that may block adaptive coping

Answers

787. *Answer:* 4

Rationale: Responding to the feelings expressed by a client is an effective therapeutic communication technique. The correct option is an example of the use of restating. The remaining options block communication because they minimize the client’s experience and do not facilitate exploration of the client’s expressed feelings. In addition, use of the word *why* is nontherapeutic because clients frequently interpret *why* questions as accusations. *Why* questions can cause resentment, insecurity and mistrust.

Test-Taking Strategy: Use **therapeutic communication techniques** to direct you to the option that directly addresses the client’s feelings and concerns. Also, the correct option is the only one stated in the form of a question that is open-ended, which will encourage the verbalization of feelings.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Communication and Documentation

Content Area: Mental Health

Health Problem: Mental Health: Therapeutic Communication

Priority Concepts: Communication; Mood and Affect

Reference: Varcarolis (2017), pp. 97-98.

788. *Answer:* 3

Rationale: The correct option uses the therapeutic communication technique of restatement. Although restatement is a technique that has a prompting component to it, it repeats the client's major theme, which assists the nurse to obtain a more specific perception of the problem from the client. The remaining options are not therapeutic responses because none of them encourages the client to expand on the problem. Offering personal experiences moves the focus away from the client and onto the nurse.

Test-Taking Strategy: Use **therapeutic communication techniques**. "I see" is a general lead but does not provide the client with the opportunity to continue the discussion. "Really?" is a response that may make the client feel that she or he is not believed. Providing personal experiences focuses on the nurse's problem and thus minimizes the client's concerns. The correct option will provide information about the perception of the problem from the client's perspective.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Communication and Documentation

Content Area: Mental Health

Health Problem: Mental Health: Therapeutic Communication

Priority Concepts: Communication; Sleep

Reference: Varcarolis (2017), pp. 96-97.

789. *Answer:* 1

Rationale: Open-ended questions and silence are strategies used to encourage clients to discuss their problems. Sharing personal food preferences is not a client-centered intervention. The remaining options are not helpful to the client because they do not encourage the client to express feelings. The nurse should not offer opinions and should encourage the client to identify the reasons for the behavior.

Test-Taking Strategy: Use **therapeutic communication techniques**. First eliminate options that do not support the client's expression of feelings. Any option that is not client-centered should be eliminated next. Focusing on the client's feelings will direct you to the correct option.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Communication and Documentation

Content Area: Mental Health

Health Problem: Mental Health: Therapeutic Communication

Priority Concepts: Communication; Psychosis

Reference: Varcarolis (2017), pp. 92, 95.

790. *Answer:* 1, 6

Rationale: The stages of group development include the initial stage, the working stage, and the termination stage. During the initial stage, the group members become acquainted with one another, and some structuring of group norms, roles, and

responsibilities takes place. During the initial stage, group interaction involves superficial conversation. During the working stage, the real work of the group is accomplished. During the termination stage, the group evaluates the experience and explores members' feelings about the group and the impending separation.

Test-Taking Strategy: Focus on the **subject**, the termination stage. Reading each item presented and recalling the stages of group development and the definition of termination will assist you in answering this question.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process—Planning

Content Area: Mental Health

Health Problem: N/A

Priority Concepts: Collaboration; Communication

Reference: Varcarolis (2017), pp. 111-113.

791. *Answer:* 3

Rationale: Restating is a therapeutic communication technique in which the nurse repeats what the client says to show understanding and to review what was said. Although it is appropriate for the nurse to attempt to assess the client's ability to discuss feelings openly with family members, it does not help the client discuss the feelings causing the anger. The nurse's direct attempt to expect the client to talk more about the anger is premature. The nurse would never make a judgment regarding the reason for the client's feeling; this is nontherapeutic in the one-to-one relationship.

Test-Taking Strategy: Use **therapeutic communication techniques**. The correct option is the only one that identifies the use of a therapeutic technique (restatement) and focuses on the client's feelings.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Communication and Documentation

Content Area: Mental Health

Health Problem: Mental Health: Therapeutic Communication

Priority Concepts: Communication; Family Dynamics

Reference: Varcarolis (2017), p. 96.

792. *Answer:* 4

Rationale: In general, clients seek voluntary admission. If a client seeks voluntary admission, the most likely expectation is that the client will participate in the treatment program since she or he is actively seeking help. The remaining options are not characteristics of this type of admission. Fearfulness, anger, and aggressiveness are more characteristic of an involuntary admission. Voluntary admission does not guarantee that a client understands her or his mental health problem, only the client's desire for help.

Test-Taking Strategy: Focus on the **subject**, voluntary admission. This should direct you to the correct option. Note the relationship between the word *voluntary*

and the correct option.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process—Planning

Content Area: Mental Health

Health Problem: Mental Health: Crisis

Priority Concepts: Adherence; Caregiving

Reference: Varcarolis (2017), p. 63.

793. *Answer:* 1

Rationale: In general, clients seek voluntary admission. Voluntary clients have the right to demand and obtain release, unless they pose an immediate danger to themselves or others, in which case the admission could become involuntary depending on the circumstances and regulations in that area and facility. The nurse needs to be familiar with the state and facility policies and procedures. The initial nursing action is to contact the PHCP, who has the authority to discuss discharge with the client. While arranging for safe transportation is appropriate, it is premature in this situation and should be done only with the client's permission. While it is appropriate to discuss why the client feels the need to leave and the possible outcomes of leaving against medical advice, attempting to get the client to agree to staying "for only a few more days" has little value and will not likely be successful. Many states require that the client submit a written release notice to the facility psychiatrist, who reevaluates the client's condition for possible conversion to involuntary status if necessary, according to criteria established by law. While this is a possibility, it should not be used as a threat with the client.

Test-Taking Strategy: Note the **strategic word**, *initially*. Noting the type of hospital admission will assist in directing you to the correct option while eliminating those that are unlikely to occur. Calling the family should be eliminated, based on the issues of client rights and confidentiality. To "persuade" a client to stay in the hospital is inappropriate. Threatening the client is inappropriate and illegal.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process—Implementation

Content Area: Leadership/Management: Ethical/Legal

Health Problem: Mental Health: Crisis

Priority Concepts: Clinical Judgment; Health Care Law

Reference: Varcarolis (2017), pp. 63-64.

794. *Answer:* 1

Rationale: Involuntary admission is necessary when a person is a danger to self or others or is in need of psychiatric treatment regardless of the client's willingness to consent to the hospitalization. A written request is a component of a voluntary admission. Providing written information regarding the mental health problem, is likely premature initially. The family may have had no role to play in the client's admission.

Test-Taking Strategy: Focus on the **subject**, involuntary admission. Use **Maslow's Hierarchy of Needs theory**. Safety is the priority if a physiological need does not exist. This should direct you to the correct option. Also, note that the remaining options are not always true of an involuntary admission.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process—Implementation

Content Area: Mental Health

Health Problem: Mental Health: Crisis

Priority Concepts: Interpersonal Violence; Safety

Reference: Varcarolis (2017), p. 63.

795. *Answer:* 4

Rationale: Cognitive behavioral therapy is used to help the client identify and examine dysfunctional thoughts and to identify and examine values and beliefs that maintain these thoughts. The remaining options, while therapeutic in certain situations, are not the focus of cognitive behavioral therapy.

Test-Taking Strategy: Focus on the **subject**, the purpose of a cognitive behavioral approach. Note the relationship of the word *cognitive* in the question and *thoughts* in the correct option.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process—Planning

Content Area: Mental Health

Health Problem: Mental Health: Eating Disorders

Priority Concepts: Caregiving; Cognition

Reference: Varcarolis (2017), pp. 24, 318.

796. *Answer:* 1

Rationale: The first step in the 12-step program is to admit that a problem exists. Substituting other activities for gambling may be a strategy, but it is not the first step. The remaining options are not realistic strategies for the initial step in a 12-step program.

Test-Taking Strategy: Focus on the **subject**, the first step in the 12-step program. This will assist in directing you to the correct option.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process—Implementation

Content Area: Mental Health

Health Problem: Mental Health: Addictions

Priority Concepts: Addiction; Caregiving

Reference: Varcarolis (2017), pp. 318-319.

797. *Answer:* 1

Rationale: The nurse is required to maintain confidentiality regarding the client and the client's care. Confidentiality is basic to the therapeutic relationship and is a client's right. The most appropriate response to the neighbor is the statement of that responsibility in a direct, but polite manner. A blunt statement that does not acknowledge why the nurse cannot reveal client information may be taken as disrespectful and uncaring. The remaining options identify statements that do not maintain client confidentiality.

Test-Taking Strategy: Note the **strategic words**, *most appropriate*. Focusing on maintaining confidentiality will direct you to the correct option. This focus will also assist you in eliminating options that inappropriately give such information without being unnecessarily blunt or rude.

Level of Cognitive Ability: Applying

Client Needs: Safe and Effective Care Environment

Integrated Process: Communication and Documentation

Content Area: Leadership/Management: Ethical/Legal

Health Problem: Mental Health: Therapeutic Communication

Priority Concepts: Ethics; Health Care Law

Reference: Potter et al. (2017), p. 306.

798. **Answer:** 2, 3, 5

Rationale: False imprisonment is an act with the intent to confine a person to a specific area. The nurse can be charged with false imprisonment if the nurse prohibits a client from leaving the hospital if the client has been admitted voluntarily and if no agency or legal policies exist for detaining the client. Assault and battery are related to the act of restraining the client in a situation that did not meet criteria for such an intervention. Libel and slander are not applicable here since the nurse did not write or verbally make untrue statements about the client.

Test-Taking Strategy: Focus on the **subject**, legal ramifications of nursing actions related to hospital admission. Noting the words *admitted voluntarily* will assist you in selecting the options related to inappropriately preventing the client from leaving the hospital, a right to which a voluntarily committed client is entitled. The remaining options do not relate to acts that prevent the client from leaving the hospital.

Level of Cognitive Ability: Analyzing

Client Needs: Safe and Effective Care Environment

Integrated Process: Nursing Process—Implementation

Content Area: Leadership/Management: Ethical/Legal

Health Problem: N/A

Priority Concepts: Health Care Law; Safety

Reference: Varcarolis (2017), pp. 68-69.

799. **Answer:** 1, 2, 4, 5

Rationale: Therapeutic communication techniques include listening, maintaining silence, maintaining neutral responses, using broad openings and open-ended questions, focusing and refocusing, restating, clarifying and validating, sharing

perceptions, reflecting, providing acknowledgment and feedback, giving information, presenting reality, encouraging formulation of a plan of action, providing nonverbal encouragement, and summarizing. Asking “Why” is often interpreted as being accusatory by the client and should also be avoided. Providing advice or giving approval or disapproval are barriers to communication.

Test-Taking Strategy: Use **therapeutic communication techniques**. This will assist you in both selecting the correct answers and eliminating the examples of nontherapeutic communication.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Communication and Documentation

Content Area: Mental Health

Health Problem: Mental Health: Therapeutic Communication

Priority Concepts: Caregiving; Communication

Reference: Varcarolis (2017), pp. 95, 98.

800. **Answer:** 4

Rationale: If a client is monopolizing the group, the nurse must be direct and decisive. The best action is to thank the client and suggest that the client stop talking and try listening to others. Although telling the client to stop monopolizing in a firm but compassionate manner may be a direct response, the correct option is more specific and provides direction for the client. The remaining options are inappropriate because they are not directed toward helping the client in a therapeutic manner.

Test-Taking Strategy: Note the **strategic words**, *most appropriate*. Use **therapeutic communication techniques** to assist in directing you to the correct option. Note that the correct option is specific and provides direction for the client.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process—Implementation

Content Area: Mental Health

Health Problem: Mental Health: Therapeutic Communication

Priority Concepts: Communication; Mood and Affect

Reference: Varcarolis (2017), pp. 30, 97-98.

801. **Answer:** 1

Rationale: All treatment team members are viewed as significant and valuable to the client’s successful treatment outcomes in milieu therapy. Interpersonal therapy is based on a one-to-one or group therapy approach in which the therapist–client relationship is often used as a way for the client to examine other relationships in her or his life. Behavior modification is based on rewards and punishment. Support groups are based on the premise that individuals who have experienced and are insightful concerning a problem are able to help others who have a similar problem.

Test-Taking Strategy: Focus on the **subject**, characteristics of a type of therapy. Note the relationship between the words *helping the clients to meet their goals* and the

correct option.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process—Implementation

Content Area: Mental Health

Health Problem: N/A

Priority Concepts: Care Coordination; Caregiving

Reference: Varcarolis (2017), p. 86.

802. **Answer:** 4

Rationale: The client must first deal with feelings and negative responses before the client can work through the meaning of the crisis. The correct option pertains directly to the client's feelings and is client-focused. The remaining options do not directly focus on or address the client's feelings.

Test-Taking Strategy: Focus on the **subject**, the working phase of the nurse–client relationship. Also, note the words *client-focused action*. Think about the interventions that occur in this phase. Select the option that focuses on the feelings of the client.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process: Implementation

Content Area: Mental Health

Health Problem: Mental Health: Crisis

Priority Concepts: Communication; Coping

Reference: Varcarolis (2017), pp. 109-110.