Exam

Name_____

MULTIPLE CHOICE. Choose the one alternative that best completes the statement or answers the question.

1) The nurse knows that clear boundaries within family systems: 1) _____

A) Isolate family members from one another.

B) Support and nurture, but allow a certain degree of autonomy.

C) Promote rigidity and chaos.

D) Result in a loss of autonomy.

Answer: B

2) The nursing instructor teaches that boundaries are social constructs that are: 2) _____

A) Always clearly defined. B) Culturally determined.

C) Beneficial for cohesion. D) Similar in all cultures.

Answer: B

3) The nurse knows that family cohesion is the emotional bond family members have toward one another and the level of cohesion that contributes to optimal family competency is: 3) _____

A) Connection. B) Depression. C) Security. D) Loyalty.

Answer: A

4) The amount of change in a family's leadership, role relationships, and rules is known as: 4) _____

A) Flexibility. B) Boundaries.

C) Communication. D) Cohesion.

Answer: A

5) The nursing student knows that clients whose families evolve and shift with changing situations are: 5) _____

A) In crisis. B) Great communicators.

C) Resilient. D) Emotionally available.

Answer: C

6) The nursing student knows that grieving is essential for: 6) _____

A) Social reasoning. B) Mental and physical health.

C) Religious and cultural purposes. D) Self-confidence.

Answer: B

7) The nurse knows that during the grief process, men may choose: 7) _____

A) Flexible grief strategies.
B) Prolonged crying.
C) Physical diversions.
D) Emotional responses.

Answer: C

8) When the family experiences a death, relationships with people outside the family change because the death disrupts: 8) _____

A) The reminiscent pattern of families.
B) Developmental changes within the family.
C) Established patterns of interaction.
D) How families respond to each other.

Answer: C

9) A nursing student learns that children experience the same emotions of grief as adults, but are: 9) _____

A) Afraid to show those emotions.
B) Too developmentally immature to process them.
C) Unable to effectively handle those emotions.
D) Less likely to initially show acute grief.

Answer: D

10) The nurse knows that the length of grieving is subjective and bound by cultural considerations, but complicated grief is considered: 10) _____

A) Uncontrolled grief.
B) Incapacitating distress for at least six months and is associated with mental disorders.
C) Objective and the same for every culture.
D) Inconsolable grief that lasts longer than a year.

Answer: B

11) The student nurse has studied that at any given time, about 50% of the 48 million Americans who suffer from severe and persistent mental illness: 11) _____

A) Live on a regular basis with their families.
B) Consider health care professionals as family.
C) Do not have adequate family support.
D) Have attacked family members.

Answer: A

12) The nurse is providing family counseling for a client who has recently been discharged from acute care and is living with her family. The family is concerned because the client has been away from home for extended periods has refused to explain the absences. The client states she feels shamed because: 12) _____

A) She does not feel "normal."

B) Shame is a symptom of mental illness.

C) Family monitoring feels like mistrust.

D) Family members constantly remind her of the support they are lending.

Answer: C

13) When assessing the family of a client recently diagnosed with schizophrenia, the nurse notes that they mention feeling hopeless and frustrated. The nurse knows that this is known as: 13) _____

A) Subjective family burden. B) Shame.

C) Guilt. D) Objective family burden.

Answer: A

14) A client with bipolar disorder arrives at the emergency department disheveled, arguing with family members. The nurse recognizes that the family is suffering from an objective family burden which is related to: 14) _____

A) The client's symptomatic behaviors. B) Caregiving problems.

C) Fear. D) Family conflict.

Answer: A

15) The nurse knows that because people with mental illness continue to be ostracized from mainstream society, families must cope with the burden of: 15) _____

A) Isolation. B) Stigma. C) Dementia. D) Shame.

Answer: B

16) The nurse knows that coping strategies protect families of the mentally ill. Some of these strategies include: 16) _____

A) Suggesting alternatives and denigrating the client.

B) Seeking social support and increasing conflict.

C) Expressing affection and seeking social support.

D) Expressing affection and sorrow.

Answer: C

17) When teaching students about family recovery after diagnosis of a mental illness, the nursing instructor knows to include that Stage 1 is one of: 17) _____

A) Recognition and denial.
B) Discovery and denial.
C) Acceptance and coping.
D) Coping and recognition.

Answer: B

18) The nurse knows that when clients become severely mentally ill, they have trouble coping and keeping up with family roles and responsibilities. When family members assume these roles for the client, this is considered Stage 3 of family recovery and consists of: 18) _____

A) Coping and competence.
B) Acceptance and coping.
C) Recognition and acceptance.
D) Personal and political advocacy.

Answer: A

19) When families begin to develop their own image of the disease process and expectations of mental health professionals, they have reached Stage 2 of family recovery which consists of: 19) _____

A) Acceptance and coping.
B) Personal and political advocacy.
C) Recognition and acceptance.
D) Coping and recognition.

Answer: C

20) The final stage of family recovery involves working with the mental health system so the client will obtain treatment, a stage which reflects: 20) _____

A) Discovery and denial.
B) Coping and competence.
C) Recognition and acceptance.
D) Personal and political advocacy.

Answer: D

21) Psychoeducation is an important aspect of family nursing. Nurses must be able to: 21) _____

A) Prevent future episodes, maintain safety, and develop a rapport with families.
B) Help families identify feelings and reactions.
C) Help families identify and reduce negative perceptions and discrepancies in expectations of care.
D) Provide hope, support, and happiness.

Answer: B

22) To be effective, psychoeducation programs must be in effect for at least: 22) _____

A) Six months.
B) Two years.
C) One year.
D) Nine months.

Answer: D

23) The nurse knows that the primary goal of acting as a life coach for families is to: 23) _____

A) Work with other families.
B) Practice life skills.
C) Improve family situations.
D) Self-evaluate.

Answer: C

24) Skills learned by families to enhance family communication include: 24) _____

A) Positive feedback and arguing with client when warranted
B) Praise, criticism, and positive feedback
C) Reassuring the family
D) Isolating the client

Answer: B

25) The nurse's role as a spiritual caregiver includes working to develop: 25) _____

A) The client's sense of "self."
B) Meaningful relationships with other caregivers.
C) Caring and thoughtful relationships.
D) A rapport with all family members.

Answer: C

26) Parents of adult clients with mental health disorders struggle to find a balance between emotional support and fostering independence. The nurse helps by: 26) _____

A) Teaching clients and families about past mistakes.
B) Teaching and providing support and knowledge.
C) Teaching the client how to interact with family.
D) Teaching clients to embrace their future.

Answer: B

27) The family nurse therapist may use a genogram to help: 27) _____

A) Take some of the stress off the health care team.
B) Comply with hospital protocol.
C) Identify strengths and deficits within families.
D) Family members come to terms with the client's diagnosis.

Answer: C

28) When taking care of a client from a different culture, the student nurse knows to: 28) _____

A) Help families acclimate to the mental health clinic.

B) Be careful when making generalizations.

C) Help the client understand the majority way of life.

D) Generalize to increase level of awareness.

Answer: B

29) The nurse realizes that in order to help improve the functioning of mental health clients and their families, the nurse must: 29) _____

A) Normalize the family's experience.

B) Teach the client communication skills.

C) Educate to enhance strength and creativity.

D) Decrease the client's stress.

Answer: C

30) When a child with a mental disorder acts dangerously, the nurse helps the family understand that: 30) _____

A) It is not unusual for children to hurt family members.

B) The child's illness makes behavior self-management impossible.

C) Because the child's behavior is unpredictable, establishing consequences for inappropriate behavior is not realistic.

D) The child must learn to manage his or her behavior.

Answer: D