

ATI Mental Health Proctored Exam 2019 with NGN

and

Retake Exam 2019 with NGN

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1. A client is fearful of driving and enters a **behavioral therapy program** to help him overcome his **anxiety**. Using systematic desensitization, he is able to drive down a familiar street without **experiencing a panic attack**. The nurse should recognize that to continue positive results, the client should participate in which of the following?

- a. **Biofeedback**
- b. Therapist modeling
- c. Frequent pacing
- d. Positive reinforcement

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2. A nurse is counseling a client following the death of the client's partner **8 months ago**. Which of the following client statements indicates **maladaptive grieving**?

- a. "I am so sorry for the times I was angry with my partner."
- b. "I like looking at his personal items in the closet."
- c. "I find myself thinking about my partner often."
- d. **"I still don't feel up to returning to work."**

Rationale: 8 months too long Maladaptive Grief: . Distorted or exaggerated grief response - unable to perform activities of daily living.

RISK FACTORS FOR MALADAPTIVE GRIEVING

- *Being dependent upon the deceased*
- *Unexpected death at a young age, through violence, or by a socially unacceptable manner*
- *Inadequate coping skills or lack of social support*
- *Pre-existing mental health issues, such as depression or substance use disorder*

3./21 A nurse in an inpatient mental health facility is assessing a client who has **schizophrenia** and is taking **haloperidol** (anti-psychotic, 1st gen).

Which of the following clinical findings is the nurse's priority?

- Headache
- Insomnia (*sedation*)
- Urinary hesitancy (*Complication → ANTIcholinergic effects*)
- High fever** (*Complication → agranulocytosis*)

Other complications: Acute dystonia, Pseudoparkinsonism, Akathisia, Tardive dyskinesia, Neuroendocrine effects (Gynecomastia, Weight gain, Menstrual irregularities), NMS, Orthostatic Hypotension, Sedation, Sexual dysfunction, Skin effects, Liver impairment

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4. A nurse is planning care for a client who has **obsessive compulsive disorder**. Which of the following recommendations should the nurse include in the client's plan of care?

- a. Reality Orientation therapy *(re-orient to reality)*
- b. Operant Conditioning *(receives positive rewards for positive behavior)*
- c. **Thought Stopping** *(say "stop" when compulsive behaviors arise & substitute w/ positive thought)*
- d. Validation Therapy *(acknowledging pt's feelings)*

4. A nurse is providing teaching to the daughter of an older client who has **obsessive-compulsive disorder**. Which of the following statements by the daughter indicates an understanding of the teaching?

- a. "I will provide my mother with detailed instructions about how to perform self-care." *(Give simple directions)*
- b. **"I will limit my mother's clothing choices when she is getting dressed."** *(If client is indecisive, limit the client's choices; if client still unable to make a decision, give client one outfit to wear)*
- c. "I will wake my mother up a couple of times in the night to check on her."
- d. "I will discourage my mother from talking about her physical complaints."

5. A nurse is caring for a client who is in the **manic phase of bipolar disorder**. Which of the following actions should the nurse take?

- a. Provide in depth explanation of nursing expectations *(inability to focus - give concise explanations)*
- b. Encourage the client to participate in group activities *(decrease stimulation)*
- c. **Avoid power struggles by remaining neutral** *(do not react personally to pt's comments)*
- d. Allow the client to set limits for his behavior *(nurse sets limits)*