

ATI RN Mental Health Proctored

Exam 2019 With NGN

And

Retake Exam 2019 With NGN

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with NGN

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)*