



QUESTIONS (SELECT ALL THAT APPLY)

1- A student nurse knows that the most common of all psychiatric illness is:

- A- Depression
- B- Anxiety
- C- Personality Disorder
- D-OCD

2- Heather was preparing for her midterm when an instructor updated the course objectives with new content 2 days prior to the exam. She clutched her heart because suddenly out of nowhere it started hurting for minutes. She also found herself acting unpredictably and unable to remember her address. She went to Google to look up s/s of heart attack. What is the likely reason for her reaction:

- A- Congenital heart defect
- B- Too much fat in her diet
- C- Her boyfriend's anxiety is contagious
- D- Panic Attack

Then answer in your own words if this qualifies for a disorder.

3- What qualifies as a panic attack:

- A- Desire to eat cake in the bathtub while watching an entire season of 30 Rock.
- B- Increased HR, SOB, Tingling
- C- Tingling, GI upset, diarrhea, feeling hot, shaking
- D- Feeling like throat is choking

4- Which one of these meds is NOT used for panic disorders:

- A- Paxil
- B- Effexor
- C- Propanolol
- D- Ativan
- E- Vistaril
- F- Prozac
- G- Atenolol



5- It is spring term of nursing school, year 1 and the 20-something student nurse has had symptoms long enough (@ least 6 months) to earn an official Dx of GAD (and her MD has ruled out hyperthyroidism and her excessive caffeine intake from being in school). Her MD recommends psychotherapy. She knows that this also puts her @ r/f:

- A- Panic Disorders
- B- Depression
- C- Early heart attack
- D- Addiction

6- Why is psycho-analysis therapy helpful in treating phobias?

- A- Because all psychological issues are related to childhood.
- B- Since repressed unconscious emotional issues can pop up later in life as a phobia.
- C- To identify crucial events in a patient's history that created the phobia
- D- Psycho-analysis will immerse a patient in their fears and help desensitize them to it.

7- What could be some of the causes of medication/physical induced a anxiety?

- A- Having a salt eating contest and winning 1st prize.
- B- Not having eaten for 9 hours and getting low blood sugar.
- C- The results of having Hashimoto disease
- D- Sleep deprivation

8- Match the disorder with the treatment (some disorders have more than 1 treatment):

Schizophrenia	Prolonged Exposure
Bi-Polar Disorder	Milieu
Trauma	Systematic Desensitization
PTSD	Social Skills Training
Personality Disorders	Assertive Community Treatment
Anxiety	Electroconvulsive
	Implosion Therapy
	EMDR
	Dialectical Behavior Therapy



9 - The reason OCD perform ritualistic behaviors is:

- A- They lack a portion of the hypothalamus that gives feedback to the awareness part of the frontal lobe and are therefore unaware they are doing things repeatedly.
- B- Channel their anxiety into a physical action.
- C- To avoid getting depression.
- D- Genetic.

10- Match the treatment to the form of anxiety:

Panic Attack	Follow action plan to function
Anxiety	Low stimuli, coping technique education
Trichillomania	Communicate in simple words & brief messages
OCD	Explore threat recognition
Phobias	Stay w/patient (like a code)
Body Dysmorphia	Create structure
Hoarding	Maintain low anxiety and defer ritualistic behavior
	Reinforce positive sense of self.
	Practice stress management techniques
	Convey encouraging and non-judgmental

11A- PD: What is one of the best meds at controlling symptoms but worst with it's side effects:

- A- Fluoxetine (Prozac)
- B- Anxiolytics
- C- Olanzapine (Zyprexa)
- D- Lithium

11B- David was working with a 17 year old female patient whose favorite color is purple and likes to eat tacos. She was recently dx with PD and prescribed Olanzapine (Zyprexa) but only took it for 2 weeks (and even then sporadically). What is the likely reason she was not compliant with her medication regime:

- A- It gave her too much energy.
- B- She could no longer fit into her "skinny" jeans.
- C- Teens are never compliant with medication.
- D- She could no longer remember the top row of the periodic table and was worried for an upcoming chemistry class test.



12- Which type of PD benefits from medication?

- A- Cluster A
- B- Cluster B
- C- Cluster C
- D- All forms of PD

13- The 19 year old patient is shy, withdrawn and socially awkward. He is not doing well at his class at the local community college. He is in what stage of Schizophrenia?

- A- Premorbid
- B- Prodromal
- C- Active
- D- Residual

14- 1st or 2nd generation? More/less side affects? Negative/ positive symptoms addressed?

- A- Phenothiazine
- B- Haloperidol
- C- Olanzapine
- D- Risperidone

15- Therapeutic communication is considered:

- A- Expression of the “golden rule”.
- B- Purposeful manipulation used in a positive way.
- C- A nursing intervention.
- D- All of the above.

16- What occurs during the pre-interaction phase?

- A- Obtain the chart
- B- Examine your own feelings and preconceptions
- C- Create an environment to establish trust and rapport.
- D- All of the above



17- What occurs during the orientation (introductory phase)?

- A- Promote trust.
- B- Formulate nursing dx.
- C- Formulate contract.
- D- Therapeutic work.

18- What occurs during the working phase?

- A- Gather assessment information.
- B- Identify client's strengths and limitations.
- C- Promote client's insight and perception of reality.
- D- Promote client change.

19- Termination phase?

- A- Evaluate if goal was obtained.
- B- Plan for continuing care.
- C- Feelings around the termination (and complain about calling it a termination).
- D- Ensure therapeutic closure.

20 - Match the phase with the goal:

Phase	Goals
Preorientation	Promote client changes.
Orientation (Introductory)	Explore self-perceptions
Working Evaluate	Goal attainment & ensure therapeutic closure.
Termination	Establish trust and formulate contract for intervention.



ANSWERS:

1- 1- A student nurse knows that the most common of all psychiatric illness is:

A- Depression common, but not the most.

B- Anxiety is the most common. 2x more likely in women.

Acute anxiety = mind + body connection.

Acute Anxiety = feels physically uncomfortable (which is why is part of the pain assessment)

2- D- Panic attack. These feel like heart attacks.

Diagnostic criteria for a panic disorder:

1- Recurrent panic attacks

2- Unpredictable

3- Cognitive, behavioral, physiological symptoms outside the norm.

While she did act unpredictably and have a weird cognitive thing (not remembering her address) so far, this is just an isolated incident and does not qualify as a panic disorder.

3- C (since it had @ least 4)

Panic attacks must have @ least 4 of these:

1- Increased HR

2- Palpitations

3- Trembling

4- Shaking

5- Sweating

6- SOB

7- Throat choking

8- Nausea diarrhea

9- GI distress

10- Numbness

(etc... these are just some but you get the idea.)

4- All of these can be used for Panic disorder.

5- GAD can l/t depression and panic attacks/disorder.

6- B & C



7- A, B & C

The causes listed on ppt:

Cardiac, CHF, electrolyte imbalances, hypoglycemia, hypothyroidism, COPD, encephalopathies

8- See attached chart.

9 - The reason OCD perform ritualistic behaviors is:

NO: A- They lack a portion of the hypothalamus that gives feedback to the awareness part of the frontal lobe and are therefore unaware they are doing things repeatedly. They are aware of their behaviors they just can't stop.

YES: B- Channel their anxiety into a physical action.

NO: C- To avoid getting depression. It often l/t depression

PROBABLY: D- Genetic. (likely, but not a focus of the unit)

10- See attached chart.

11- PD: What is one of the best meds at controlling symptoms but worst with it's side effects:

All of these will treat PD according to the ppt.

A- Fluoxetine (Prozac)

B- Anxiolytics

C- Olanzapine (Zyprexa)

D- Lithium

Olanzapine (Zyprexa) is an Antipsychotic

It can treat mental disorders, including schizophrenia and bipolar disorder.

- **weight gain** (more likely in teenagers), **increased appetite = common reason for non-compliance**
- **headache, dizziness, drowsiness**, feeling **tired** or restless;
- problems with speech or memory;
- **tremors** or shaking, **numbness** or tingly feeling;
- changes in personality;
- **dry mouth**, or increased **salivation**;



12- Which type of PD benefits from medication?

A- Cluster A - limited benefit from anti-psychotics w/Schizotypal.

B- Cluster B - Targeted medication therapy is an important part of Borderline PD treatment.

C- Cluster C - No evidence.

D- All forms of PD

13- The 19 year old patient is shy, withdrawn and socially awkward. He is not doing well at his class at the local community college. He is in what stage of Schizophrenia?

A- Premorbid - shy, withdrawn, poor school and social.

B- Prodromal - 2-5 years, clear indications of schizophrenia. Becomes depressed and gradually deteriorates.

C- Active - Psychotic symptoms are prominent; 2 or more present: delusions, disorganized, hallucinations catatonic, negative symptoms

D- Residual - Periods of remission and exacerbation.

14- 1st or 2nd generation? More/less side affects? Negative/ positive symptoms addressed?

A- Phenothiazine - 1st gen.. more SE, positive symptoms addressed.

B- Haloperidol - 1st gen., more SE, positive symptoms addressed.

C- Olanzapine - 2nd gen., less SE, positive & negative addressed. SE & DA

D- Risperidone - 2nd gen., less SE, positive & negative addressed. SE & DA

15- Therapeutic communication is considered: **B & C**

A- Expression of the “golden rule.”(it actually sort of is, but that’s not how we are being tested)

B- Purposeful manipulation used in a positive way.

C- A nursing intervention.

D- All of the above.

16- What occurs during the pre-orientation phase?

A- Obtain the chart - yes

B- Examine your own feelings and preconceptions - yes

C- Create an environment to establish trust and rapport. - NO, this is orientation.

D- All of the above



17- What occurs during the orientation (introductory phase)?

A- Promote trust. - yes

B- Formulate nursing dx. - yes

C- Formulate contract. - yes (contract is a big one here)

D- Therapeutic work. - NO, Introductions are awkward and can produce anxiety. The goal of the initial interactions is just to establish a foundation for the therapy to build upon

20 -

Phase	Goals
<p>1- Preorientation = the nurse is in preparation for the client. Examine your feelings, obtain chart.</p>	<p>Explore self-perceptions (inner work of the nurse)</p>
<p>2- Orientation (Introductory) = create environment for establishment of trust & rapport.</p>	<p>Establish trust and formulate contract for intervention.</p>
<p>3- Working = promote client's insight/ perception of reality. Problem solving. Continuously evaluate progress towards goal.</p>	<p>Promote client changes.</p>
<p>4- Termination = Plan for assistance moving forward (and what to do if stuff comes up again). Feelings about the termination.</p>	<p>Evaluate goal attainment & ensure therapeutic closure.</p>