Psychiatric/Mental Health Nursing

CREDIT HOURS 8

LEVEL UPPER

EXAM CODE 503 CATALOG NUMBER NURx320

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TAKE ADVANTAGE OF ONLINE PRACTICE EXAMS
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PN/PQ
Before You Choose This UExcel Exam

Uses for the Examination

- Excelsior College, the test developer, recommends granting eight (8) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination.
- Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing.
- Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable grade.

Exam-takers who have applied to Excelsior College should ask their academic advisor where this exam fits within their degree program.

Exam-takers not enrolled in an Excelsior College degree program should check with the institution from which they wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit. Those who intend to enroll at Excelsior College should ask an admissions counselor where this exam fits within their intended degree program.

Examination Length and Scoring

The examination consists of approximately 160 questions, most of which are multiple choice; for samples of all the item types on this exam, see the sample items in the back of this guide. Some items are unscored, pretest items. The pretest items are embedded throughout the exam and are indistinguishable from the scored items. You will have three (3) hours to complete the examination. Your score will be reported as a letter grade.

UExcel Exam Resources

Excelsior College Bookstore

The Excelsior College Bookstore offers recommended textbooks and other resources to help you prepare for UExcel exams.

The bookstore is available online at: www.excelsior.edu/bookstore

UExcel Practice Exams

The official UExcel practice exams are highly recommended as part of your study plan. Once you register for your UExcel exam, you are eligible to purchase the corresponding practice exam, which can be taken using any computer with a supported Web browser. Each practice exam includes two forms that you may take within a 180-day period.

Excelsior College Library

Enrolled Excelsior College students can access millions of authoritative resources online through the Excelsior College Library. Created through our partnership with the Sheridan Libraries of The Johns Hopkins University, the library provides access to journal articles, books, websites, databases, reference services, and many other resources. Special library...
pages relate to the nursing degree exams and other selected exams. To access it, visit www.excelsior.edu/library (login is required).

Our library provides:

- 24/7 availability
- The world’s most current authoritative resources
- Help and support from staff librarians

**Online Tutoring**

Excelsior College offers online tutoring through SMARTTHINKING™ to connect with tutors who have been trained in a variety of academic subjects. To access SMARTTHINKING, go to www.excelsior.edu/smarthinking. Once there, you may download a copy of the SMARTTHINKING Student Handbook as a PDF.

**MyExcelsior Community**

MyExcelsior Community enables Excelsior College students and alumni to interact with their peers online. As members, students can participate in real-time chat groups, join online study groups, buy and sell used textbooks, and share Internet resources. Enrolled students have automatic access from their MyExcelsior page. Visit www.excelsior.edu/myexcelsiorcommunity.

**Preparing for UExcel Exams**

**How Long Will It Take Me to Study?**

A UExcel exam enables you to show that you’ve learned material comparable to one or more 15-week college-level courses. As an independent learner, you should study and review as much as you would for a college course. For a 3-credit course in a subject they don’t know, most students would be expected to study nine hours per week for 15 weeks, for a total of 135 hours.

**Study Tips**

Become an active user of the resource materials. Aim for understanding rather than memorization. The more active you are when you study, the more likely you will be to retain, understand, and apply the information.

The following techniques are generally considered to be active learning:

- **preview or survey** each chapter
- **highlight or underline text** you believe is important
- **write questions or comments** in the margins
- **practice re-stating content** in your own words
- **relate what you are reading** to the chapter title, section headings, and other organizing elements of the textbook
- **find ways to engage** your eyes, your ears, and your muscles, as well as your brain, in your studies
- **study with a partner or a small group** (if you are an enrolled student, search for partners on MyExcelsior Community)
- **prepare your review notes** as flashcards or create recordings that you can use while commuting or exercising

When you feel confident that you understand a content area, review what you have learned. Take a second look at the material to evaluate your understanding. If you have a study partner, the two of you can review by explaining the content to each other or writing test questions for each other to answer. Review questions from textbook chapters may be helpful for partner or individual study, as well.

**Using UExcel Practice Exams**

We recommend taking the first form of the practice exam when you begin studying, to see how much you already know. After taking the first practice exam, check your performance on each question and find out why your answer was right or wrong. This feedback will help you improve your knowledge of the subject and identify areas of weakness that you should address before taking the exam. Take the second form of the practice exam after you have finished studying. Analyze your results to identify the areas that you still need to review.

Although there is no guarantee, our research suggests that students who do well on the practice exams are more likely to pass the actual exam than those who do not do well (or do not take advantage of this opportunity).
About Test Preparation Services

Preparation for UExcel® exams and Excelsior College® Examinations, though based on independent study, is supported by Excelsior College with a comprehensive set of exam learning resources and services designed to help you succeed. These learning resources are prepared by Excelsior College so you can be assured that they are current and cover the content you are expected to master for the exams. These resources, and your desire to learn, are usually all that you will need to succeed.

There are test-preparation companies that will offer to help you study for our examinations. Some may imply a relationship with Excelsior College and/or make claims that their products and services are all that you need to prepare for our examinations.

Excelsior College is not affiliated with any test preparation firm and does not endorse the products or services of these companies. No test preparation vendor is authorized to provide admissions counseling or academic advising services, or to collect any payments, on behalf of Excelsior College. Excelsior College does not send authorized representatives to a student’s home nor does it review the materials provided by test preparation companies for content or compatibility with Excelsior College examinations.

To help you become a well-informed consumer, we suggest that before you make any purchase decision regarding study materials provided by organizations other than Excelsior College, you consider the points outlined on our website at www.excelsior.edu/testprep.

Preparing for This Exam

Prior Knowledge

A familiarity with introductory psychology, biology, anatomy and physiology, pharmacology, and pathophysiology is assumed.

Using the Content Outline

Each content area in the outline includes (1) the recommended minimum hours of study to devote to that content area and (2) the most important sections of the recommended resources for that area. These annotations are not intended to be comprehensive.

You may need to refer to other chapters in the recommended textbooks. Chapter numbers and titles may differ in other editions.

This content outline contains examples of the types of information you should study. Although these examples are numerous, do not assume that everything on the exam will come from these examples. Conversely, do not expect that every detail you study will appear on the exam. Any exam is only a broad sample of all the questions that could be asked about the subject matter.

Using the Sample Questions and Rationales

Each content guide provides sample questions to illustrate those typically found on the exam. These questions are intended to give you an idea of the level of knowledge expected and the way questions are typically phrased. The sample questions do not sample the entire content of the exam and are not intended to serve as an entire practice test.

Recommended Resources for the UExcel Exam in Psychiatric/Mental Health Nursing

The study materials listed below are recommended by Excelsior College as the most appropriate resources to help you study for the examination. For information on ordering from the Excelsior College Bookstore, see page 1 of this guide. You may also find resource materials in college libraries. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

Textbooks

The following textbook was used by the examination development committee to verify all questions on the exam. These study materials may be purchased from the Excelsior College Bookstore.

www.excelsior.edu/bookstore

This text covers theoretical/therapeutic foundations, the psychiatric client (dysfunctional client), and mental health issues (functional client). It provides good coverage of family, group, and community. DSM-IV is integrated throughout the clinical chapters. Study aids include learning objectives and a topical outline at the beginning of chapters, key terms highlighted, and key points summarized at the end of chapters.

Reducing Textbook Costs

Many students know it is less expensive to buy a used textbook, and buying a previous edition is also an option. The Excelsior College bookstore includes a buyback feature and a used book marketplace, as well as the ability to rent digital versions of textbooks for as long as students need them. Students are encouraged to explore these and the many other opportunities available online to help defray textbook costs.
General Description of the Examination

The UExcel Psychiatric/Mental Health Nursing examination is based on material typically taught in a two-semester, eight-credit, upper-level undergraduate course for nursing majors.

The examination measures knowledge and understanding of the theoretical and therapeutic foundations for psychiatric mental health nursing practice and the application of this knowledge and understanding to the nursing care of functional and dysfunctional clients, using the nursing process as an organizing framework. The client system is defined as the individual, the family, the small group, or the community, with major emphasis on the individual.

Those beginning to study for this exam should be familiar with the concepts generally covered in introductory psychology, biology, anatomy and physiology, pharmacology, pathophysiology, and nursing theory.

Learning Outcomes

After you have successfully worked your way through the recommended study materials, you should be able to demonstrate the following learning outcomes:

1. Outline the history of psychiatric/mental health nursing, including major leaders, events, and theories.

2. Discuss the nurse-client relationship as it applies to the care of culturally diverse clients throughout the lifespan (e.g., individuals, families, small groups, communities) with psychosocial issues.

3. Identify, define and apply treatment modalities used with clients with psychosocial issues.

4. Define the ethical, legal, and research issues related to psychiatric/mental health nursing.

5. Integrate the nursing process (assessment, analysis, planning, implementation, and evaluation) to provide appropriate care for clients with psychosocial issues (e.g., individuals, families, small groups, communities.)
Content Outline

The content outline describes the various areas of the test, similar to the way a syllabus outlines a course. To fully prepare requires self-direction and discipline. Study involves careful reading, reflection, and systematic review.

The major content areas on the Psychiatric/Mental Health Nursing examination, the percent of the examination, and the hours to devote to each content area are listed below.

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<tr>
<th>Content Area</th>
<th>Percent of the Examination</th>
<th>Hours of Study</th>
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<tr>
<td>I. Basic Concepts and Foundations for Psychiatric/Mental Health Nursing</td>
<td>15%</td>
<td>54</td>
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<tr>
<td>II. Therapeutic Approaches in Psychiatric Nursing Care</td>
<td>25%</td>
<td>90</td>
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<tr>
<td>III. Nursing Care of Clients with Alterations in Psychosocial Adaptation</td>
<td>45%</td>
<td>162</td>
</tr>
<tr>
<td>IV. Psychiatric/Mental Health Nursing of Special Populations</td>
<td>15%</td>
<td>54</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td></td>
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**NOTE:** Occasionally, examples will be listed for a content topic to help clarify that topic. However, the content of the examination is not limited to the specific examples given.

The material included in Content Area I serves as a foundation for the material covered in areas II–IV.

Examples are included in content areas II–IV; however, the content of the examination is not limited to these examples only.

As the Stuart (2013) textbook uses the nursing process within each individual chapter, you will need to refer to the appropriate process section of multiple chapters to cover the content adequately.

I. Basic Concepts and Foundations for Psychiatric/Mental Health Nursing

2. Stress as an environmental event
3. Stress as a transaction between the individual and the environment
4. Stress management

B. Historical and theoretical concepts in mental health/mental illness (ch 2)

1. Historical overview of psychiatric care
2. Mental health and mental illness
3. Psychological adaptation to stress
4. Mental health/mental illness continuum

C. Theoretical models of personality development (ch 3)

1. Psychoanalytic theory
2. Interpersonal theory
3. Theory of psychosocial development
4. Theory of object relations
5. Cognitive development theory
6. Theory of moral development
7. Peplau’s nursing model
D. Concepts of psychobiology (ch 4)
1. Anatomy of the nervous system
2. Neuroendocrinology
3. Genetics
4. Psychoimmunology
5. Psychopharmacology

E. Ethical and legal issues (ch 5)
1. Ethical considerations
   a. Theoretical perspectives
   b. Ethical principles/issues
      1) Autonomy
      2) Beneficence
      3) Nonmaleficence
      4) Justice
      5) Veracity
      6) Right to refuse medication
      7) Right to least-restrictive treatment
   2. Legal considerations/issues
      a. Confidentiality/right to privacy
      b. Informed consent
      c. Restraints and seclusion
      d. Commitment issues
      e. Nursing liability

F. Cultural and spiritual concepts (ch 6)
1. Cultural differences
2. Spiritual concepts
3. Assessment of spiritual and religious needs

II. Therapeutic Approaches in Psychiatric Nursing Care

A. Relationship development (ch 7)
1. Role of the psychiatric nurse
2. Dynamics of a therapeutic nurse-client relationship
3. Conditions essential to development of a therapeutic relationship
4. Phases of a therapeutic nurse-client relationship
5. Boundaries in the nurse-client relationship

B. Therapeutic communication (ch 8)
1. Impact of preexisting conditions
2. Nonverbal communication
3. Therapeutic communication techniques
4. Nontherapeutic communication techniques
5. Active listening
6. Process recordings

C. Nursing process (ch 9)
1. Assessment
2. Nursing diagnosis
3. Outcomes identification
4. Planning
5. Implementation
6. Evaluation
7. Nursing case management
8. Concept mapping
9. Documentation of the nursing process

D. Therapeutic groups (ch 10)
1. Functions of a group
2. Types of groups
3. Group dynamics
4. Curative factors
5. Phases of group development
6. Leadership styles
7. Member roles
8. Psychodrama
9. Role of the nurse

E. Intervention with families (ch 11)
1. Stages of family development
2. Major variations
   a. Divorce
b. Remarriage

c. Cultural variations

3. Family functioning

4. Therapeutic modalities with families

F. Milieu therapy (ch 12)

1. Current status and basic assumptions

2. Conditions that promote a therapeutic community

3. The program of therapeutic community

4. Role of the nurse in milieu therapy

G. Crisis intervention (ch 13)

1. Characteristics of a crisis

2. Phases of a crisis

3. Types of crises

4. Phases of crisis intervention

5. Application of the nursing process to disaster nursing
   a. Background assessment data
   b. Nursing diagnoses/outcome identification
   c. Planning/implementation
   d. Evaluation

H. Relaxation therapy (ch 14)

1. The stress epidemic

2. Manifestations of relaxation
   a. Physiological
   b. Cognitive
   c. Behavioral

3. Methods of achieving relaxation

4. The role of the nurse in relaxation therapy

I. Assertiveness training (ch 15)

1. Assertive communication

2. Basic human rights

3. Response patterns

4. Behavioral components of assertive behavior

5. Techniques that promote assertive behavior

6. Thought-stopping techniques

7. Role of the nurse in assertiveness training

J. Promoting self-esteem (ch 16)

1. Components of self-concept

2. Development of self-esteem

3. Manifestations of low self-esteem

4. Boundaries

5. The nursing process in promoting self-esteem
   a. Assessment
   b. Diagnosis/outcome identification
   c. Outcome criteria
   d. Planning/implementation
   e. Evaluation

K. Anger/aggression management (ch 17)

1. Anger and aggression

2. Predisposing factors

3. The nursing process in anger management
   a. Assessment
   b. Diagnosis/outcome identification
   c. Planning/implementation
   d. Evaluation

L. The suicidal client (ch 18)

1. Historical perspectives and epidemiological perspectives

2. Risk factors

3. Theories of suicide

4. The nursing process with the suicidal client
   a. Assessment
   b. Diagnosis/outcome identification
   c. Planning/implementation
   d. Evaluation

M. Behavior therapy (ch 19)

1. Classical conditioning

2. Operant conditioning

3. Behavior modification techniques
4. Role of the nurse in behavior therapy

**N. Cognitive therapy (ch 20)**
1. Historical background
2. Principles of cognitive therapy
3. Basic concepts
4. Cognitive therapy techniques
5. Role of the nurse in cognitive therapy

**O. Electroconvulsive therapy (ch 21)**
1. Historical perspectives
2. Indications
3. Contraindications
4. Mechanism of action
5. Side effects
6. Risks
7. The role of the nurse in electroconvulsive therapy

**P. Complementary therapies (ch 22)**
1. Core concepts
2. Commonalities and contrasts
3. Types of complementary therapies
   a. Herbal medicine
   b. Acupressure and acupuncture
   c. Diet and nutrition
   d. Chiropractic medicine
   e. Therapeutic touch and massage
   f. Yoga
   g. Pet therapy

**III. Nursing Care of Clients with Alterations in Psychosocial Adaptation**

| 45 PERCENT OF EXAM | 162 HOURS OF STUDY |

**A. Disorders of childhood and adolescence (ch 23)**
1. Mental retardation
2. Autistic disorder
3. Attention-deficit/hyperactivity disorder
4. Conduct disorder

**B. Delirium, dementia, and amnestic disorders (ch 24)**
1. Delirium
2. Dementia
3. Amnestic disorders
4. Application of the nursing process
   a. Assessment
   b. Nursing diagnosis/outcome identification
   c. Planning/implementation
   d. Concept care mapping
   e. Client/family education
   f. Evaluation

**C. Substance-related disorders (ch 25)**
1. Substance-use disorders
2. Substance-induced disorders
3. Classes of psychoactive substances
4. Predisposing factors
5. The dynamics of substance-related disorders
6. Application of the nursing process
   a. Assessment
   b. Diagnosis/outcome identification
   c. Planning/implementation
   d. Concept care mapping
   e. Client/family education
   f. Evaluation
7. The chemically-impaired nurse
8. Codependency
9. Treatment modalities for substance-related disorders

**D. Psychotic disorders (ch 26)**
1. Nature of the disorder
2. Predisposing factors

3. Types of schizophrenia and other psychotic disorders
   a. Disorganized schizophrenia
   b. Catatonic schizophrenia
   c. Paranoid schizophrenia
   d. Undifferentiated schizophrenia
   e. Residual schizophrenia
   f. Schizoaffective disorder
   g. Schizophreniform disorder
   h. Delusional disorder
   i. Others

4. Application of the nursing process
   a. Background assessment data
   b. Diagnosis/outcome identification
   c. Planning/implementation
   d. Concept care mapping
   e. Client/family education
   f. Evaluation

5. Treatment modalities for psychotic disorders

E. Mood disorders
   1. Depression (ch 27)
      a. Historical perspective
      b. Epidemiology
      c. Types of depressive disorders
         i. Major depressive disorder
         ii. Dysthymic disorder
         iii. Others
      d. Predisposing factors
      e. Developmental implications
      f. Application of the nursing process
         i. Background Assessment data
         ii. Diagnosis/outcome identification
         iii. Planning/implementation
         iv. Concept care mapping
         v. Client Family education
      vi. Evaluation of care
      g. Treatment modalities for depression

2. Bipolar disorder (ch 28)
   a. Historical perspective
   b. Epidemiology
   c. Types of bipolar disorders
   d. Predisposing factors
   e. Developmental implications
   f. Application of the nursing process
      i. Background Assessment data
      ii. Diagnosis/outcome identification
      iii. Planning/implementation
      iv. Concept care mapping
      v. Client Family education
      vi. Evaluation of care
   g. Treatment modalities for bipolar disorder

F. Anxiety disorders (ch 29)
   1. Historical aspects
   2. Epidemiological statistics
   3. Types of anxiety disorders
      a. Panic disorders
      b. Generalized anxiety disorder
      c. Phobias
      d. Obsessive-compulsive disorder
      e. Post-traumatic stress disorder
      f. Anxiety disorder due to a general medical condition
      g. Substance-induced anxiety disorder
   4. Applications of the nursing process
      a. Assessment scales
      b. Diagnosis/outcome identification
      c. Planning/implementation
      d. Concept care mapping
      e. Client/family education
      f. Evaluation
5. Treatment modalities

G. Somatoform and dissociative disorders (ch 30)
   1. Historical aspects
   2. Epidemiological statistics
   3. Types of Somatoform disorders
      a. Somatization disorder
      b. Pain disorder
      c. Hypochondriasis
      d. Conversion disorders
      e. Body dysmorphic disorder
   4. Types of dissociative disorders
      a. Dissociative amnesia
      b. Dissociative fugue
      c. Dissociative identity disorder
      d. Depersonalization disorder
   5. Predisposing factors
   6. Applications of the nursing process
      a. Assessment
      b. Diagnosis/outcome identification
      c. Planning/implementation
   7. Treatment modalities

H. Sexuality and gender identity (ch 31)
   1. Development of human sexuality
   2. Sexual disorders
      a. Paraphilias
      b. Sexual dysfunctions
   3. Application of then nursing process to sexual disorders
      a. Diagnosis/outcome identification
      b. Planning/implementation
      c. Concept care mapping
      d. Client/family education
      e. Evaluation
   4. Gender identity disorder
   5. Application of the nursing process to gender identity disorder
   6. Variations in sexual orientation

7. Sexually transmitted diseases

I. Eating disorders (ch 32)
   1. Epidemiological factors
   2. Predisposing factors
   3. Application of the nursing process
      a. Diagnosis/outcome identification
      b. Planning/implementation
      c. Concept care mapping
      d. Client/family education
      e. Evaluation
   4. Treatment modalities

J. Adjustment and impulse control disorders (ch 33)
   1. Historical and epidemiological factors
   2. Application of the nursing process
      a. Diagnosis/outcome identification
      b. Planning/implementation
      c. Concept care mapping
      d. Client/family education
      e. Evaluation
   3. Treatment modalities

K. Personality disorders (ch 34)
   1. Historical aspects
   2. Types of personality disorders
   3. Application of the nursing process
      a. Diagnosis/outcome identification
      b. Planning/implementation
      c. Concept care mapping
      d. Client/family education
      e. Evaluation
   4. Treatment modalities

IV. Psychiatric/Mental Health Nursing of Special Populations

A. The aging individual (ch 35)
   1. The concept of old
2. Epidemiological statistics
3. Theories of aging
4. The normal aging process
5. Special concerns of the elderly population
6. Application of the nursing process
   a. Assessment
   b. Diagnosis/outcome identification
   c. Planning/implementation
   d. Evaluation

B. Victims of abuse or neglect (ch 36)
   1. Predisposing factors
   2. Application of the nursing process
      a. Assessment
      b. Diagnosis/outcome identification
      c. Planning/implementation
      d. Concept care mapping
   3. Treatment modalities
      a. Shelter
      b. Family therapy

C. Community mental health nursing (ch 37)
   1. The changing focus of care
   2. Public health model
   3. Role of the nurse in community mental health
   4. Case management
   5. Community as client

D. Forensic nursing (ch 38)
   1. Historical perspectives
   2. Context of forensic nursing practice
   3. Forensic nursing specialties
   4. Application of the nursing process in clinical forensic nursing in trauma care
      a. Assessment
      b. Diagnosis
      c. Planning/implementation
      d. Evaluation

E. The bereaved individual (ch 39)
   1. Theoretical perspectives
   2. Length of grief response
   3. Anticipatory grief
   4. Maladaptive responses to loss
   5. Applications of the nursing process
      a. Assessment
      b. Nursing diagnosis/outcome identification
      c. Planning/implementation
      d. Evaluation
   6. Additional assistance
Sample Questions

The sample questions give you an idea of the level of knowledge expected in the exam and how questions are typically phrased. They are not representative of the entire content of the exam and are not intended to serve as a practice test.

Rationales for the questions can be found on pages 17−21 of this guide. In that section, the correct answer is identified and each answer is explained. The number in parentheses at the beginning of each rationale refers to the corresponding section of the content outline. For any questions you answer incorrectly, return to that section of the content outline for further study.

1. Which statement by a client who is having a crisis should take priority for nursing intervention?
   1) “I finally moved my family into a house of my very own and I am wondering if I can afford the payments.”
   2) “I have a best friend who listens to my problems but she is on vacation.”
   3) “My fiancé of six years just called off our engagement.”
   4) “My 10-year-old daughter is spending her first summer away from me at camp.”

2. What is the primary task of the orientation stage of the nurse-client relationship?
   1) to solve problems
   2) to establish therapeutic goals
   3) to explore past difficulties
   4) to evaluate progress

3. A young man calls a crisis center hotline stating that he can no longer cope with his problem and that he is falling apart. Which would be the nurse’s most therapeutic initial response?
   1) “What do you think would help you?”
   2) “Everyone has their bad days.”
   3) “Tell me about your situation.”
   4) “How do you usually handle stress?”

4. What should the nurse do when a client becomes silent during a nurse-client interaction?
   1) Suggest that the client share her thoughts.
   2) Direct the conversation to a less intimidating topic.
   3) Terminate the interaction with the client.
   4) Ask the client a nonthreatening question.

5. Which response by the nurse leader can enhance norm setting for a group and promote a feeling of safety and support?
   1) “We’ve heard you discuss this before, Mr. Jones.”
   2) “Questions should be addressed to me.”
   3) “What do you see as your worst problem at home?”
   4) “It is important to give everyone a chance to participate.”
6. What is the basic premise of family therapy as a treatment modality?
   1) The family needs help in dealing with the behavior of the member who is the client.
   2) The family needs help in understanding the developmental needs of the member who is the client.
   3) The member with the presenting symptoms needs special support from the therapist.
   4) The member with the presenting symptoms signals the presence of pain in the whole family.

7. In which of the following situations does the nurse have just cause to physically restrain a client?
   1) An older adult client with newly diagnosed Alzheimer’s disease is wandering the halls in the early evenings.
   2) A client newly admitted with mania refuses medication and throws a plate and a chair.
   3) An adolescent client who is agitated begins to argue loudly with another client about the use of the television.
   4) A client with depression who was recently removed from suicide precautions says, “I still feel like hurting myself.”

8. Which statement is characteristic of a client who is experiencing a resolution of grief?
   1) “His death reminds me of my brother’s death last year.”
   2) “I won’t forget him, but I have the children to think of now.”
   3) “He was so wonderful. Everyone loved him.”
   4) “I’m going to keep his ashes in an urn so I can’t forget him.”

9. The use of which assessment technique would be the best way for the community mental health nurse to identify a community's strengths?
   1) spending a day in the community health center observing the clients who come there
   2) talking with long-time residents about what they like about the community and why they stay
   3) collecting demographic data from census tract information
   4) reviewing newspaper editorials to identify concerns and trends

10. The nurse is assessing a client with possible depression. Which finding in the client’s history would indicate a predisposition to depressive disorders?
    The client’s
    1) adoptive mother had a diagnosis of bipolar disorder.
    2) biological mother had a diagnosis of bipolar disorder.
    3) adoptive father was treated for reactive depression.
    4) biological father was treated for reactive depression.

11. A client with alcoholism states that he drinks only when he is frustrated by the behavior of his three adolescent children. Which defense mechanism is the client using?
    1) denial
    2) projection
    3) rationalization
    4) sublimation

12. During a group meeting, the nurse observes that one of the members tends to view problems in terms of right and wrong. Which dysfunctional group role is being assumed by this client?
    1) complainer
    2) monopolizer
    3) moralist
    4) victim
13. After a destructive tornado occurs in a community, which event should indicate to the nurse that community-wide crisis intervention is needed?
   1) The number of homes put up for sale increases.
   2) Many parents report that their children have nightmares and sleep disturbances.
   3) The local weather bureau receives increased requests for information on tornado precautions.
   4) The school board changes the policy on fire drills to include tornado drills.

14. Which nursing intervention should be given priority to meet the recreational needs of an adolescent client who attends the community mental health center adolescent program?
   1) Schedule frequent one-to-one discussion sessions between the nurse and the client.
   2) Provide the client with equipment for an activity of the client's choice.
   3) Arrange activities that will promote peer group interaction.
   4) Ask the activities therapist to meet daily with the client.

15. Which strategy should have priority in the nursing care plan for a single parent to meet the parent's emotional needs?
   1) Introduce the client to community socialization programs.
   2) Assess the client's support system.
   3) Encourage the client's involvement in recreational activities.
   4) Provide pamphlets about single parenting.

16. Why should the nurse allow a newly admitted client with obsessive-compulsive behavior to complete rituals?
    Because the client
    1) has not yet learned alternative coping mechanisms
    2) will become psychotic if prevented from completing the rituals
    3) will not develop trust in the nurse who prevents rituals from being completed
    4) needs to know that the staff is accepting of this behavior

17. Which strategy should the nurse include in the plan of care for a client with Alzheimer's disease who is experiencing apraxia?
    1) Give simple, sequential directions using both verbal and nonverbal communication.
    2) Use color-coded signs so the client can find the bathroom.
    3) Use clocks and calendars and other orienting devices.
    4) Administer prn antianxiety medication when the client becomes confused.

18. A married woman with three school-age children is caring for her 80-year-old father in her home. She reports feeling overwhelmed with her responsibilities and says, “I feel like everyone wants something from me.” The nurse should give priority to which intervention in the plan of care for this family?
    1) Assist family members to clarify their expectations of each other.
    2) Encourage the woman to find a nursing home for her father.
    3) Suggest that the husband and children perform more household chores.
    4) Arrange for a live-in aide to care for the client’s father.
19. A client who describes himself as a recreational cocaine user denies the seriousness of his cocaine use when confronted by his family. Which would be the most healthy family response?
   1) Continue the discussion when everyone is calmer.
   2) Give the client one more chance to quit by himself.
   3) Acknowledge their inability to change his behavior.
   4) State that they will contact the authorities if they find any cocaine.

20. During the second meeting of an outpatient group, a client tries to change the rules of the group. Which is the nurse's most therapeutic intervention?
   1) Treat the client's disruptive behavior matter-of-factly.
   2) Ignore the client's manipulative behavior.
   3) Have the client restate personal expectations in relation to group goals.
   4) Arrange an individual session with the client.

21. Which client statement best indicates that nursing interventions directed toward motivating the client to change behavior have been effective?
   1) “I can't stand this pain any longer.”
   2) “I wish I felt better.”
   3) “I just can't seem to pull it together.”
   4) “I want someone to help me.”

22. The nurse is evaluating nursing care for a client with depression. Which finding is the most significant indicator of therapeutic progress?
   The client's
   1) speech has slowed and become more logical.
   2) need for sleep has decreased.
   3) self-concept has become more positive.
   4) appetite has increased.

23. A client is admitted to a psychiatric unit after taking an overdose of barbiturates. On the day after admission, which client behavior is most significant in evaluating whether the client's risk for committing suicide has increased?
   The client
   1) no longer talks about suicide.
   2) verbalizes angry feelings.
   3) socializes with a group of other clients.
   4) becomes more cheerful and outgoing.

24. The nurse is evaluating a client who is in the manic phase of bipolar disorder and who is on a regimen of lithium carbonate. Which indicates an adverse reaction to the medication?
   1) orthostatic hypotension
   2) vomiting and diarrhea
   3) involuntary movements of mouth and jaw
   4) rigidity of posture

25. Which comment by a group member should the nurse evaluate as being appropriate behavior during the orientation stage of group development?
   1) “Let me tell you about my problem with my mother-in-law.”
   2) “It would be easy to say my problems are due to my ex-husband.”
   3) “I thought the group leader was supposed to help us out.”
   4) “This group is OK, but I still have a lot of problems.”
Rationales

1.(IB6)
1) Moving to a house may cause stress, but the family finances can be managed.
2) The best friend’s absence is temporary; she will return from vacation.
*3) Ending an engagement is a primary nonanticipated event and represents a permanent loss.
4) Sending a child to camp is an anticipated event and is a part of a normal developmental phase.

2.(IC2)
1) Solving problems is a task of the working stage.
*2) Mutual identification of therapeutic goals is the primary task of the orientation stage.
3) Exploring past difficulties is a task of the working stage.
4) Evaluating progress is an ongoing task throughout the entire nurse-client relationship, but it primarily occurs in the termination stage.

3.(IC3)
1) This response will not identify the precipitating event/current stressor that led the client to believe he is unable to cope.
2) This response is nontherapeutic. It conveys little understanding of, or respect for, the client’s feelings and, therefore, hinders communication.
*3) The first step of crisis intervention is assessment, with an initial focus on identifying the precipitating event. This response uses a broad, open-ended question to elicit a detailed client response.
4) This response will not provide data into what happened that has led the client to believe he is unable to cope.

4.(IC3)
*1) Suggesting that the client share her thoughts gives the client a chance to think and talk about what is on her mind at that time.
2) Redirecting the conversation is nontherapeutic. It allows the client to avoid conflict.
3) Terminating the interaction is nontherapeutic and punitive.
4) See 2).

*correct answer
5.(ID2)
1) This response is challenging and neither addresses norms nor promotes a feeling of safety and support.
2) This authoritarian response would not promote a feeling of safety and support.
3) This personal question addressed to one member would not promote a feeling of safety and support.
4) This response helps bring the group together, gives each member a feeling of equal importance, and promotes a feeling of safety and support.

6.(ID4)
1) The member with the presenting problem is not the source of all family problems.
2) The developmental needs of the member who is the client can be addressed without the need of family therapy.
3) The therapist needs to be equally supportive of all family members.
4) The entire family is feeling stressed, and the member who is the client is merely the one who has developed overt symptoms.

7.(IE2)
1) This client is not exhibiting violent behavior; therefore, alternative strategies such as medication or psychosocial intervention may be effective.
2) This client is exhibiting violent behavior. The primary indication for using restraints is the control of violent behavior that is either self-directed or directed toward others and that cannot be controlled by medication or psychosocial strategies.

8.(IIA1)
1) This response does not necessarily indicate grief resolution and may indicate unresolved issues that can complicate the current loss.
2) The ultimate outcome of uncomplicated grief reaction is realization that the object of one's love no longer exists and emotional investment is withdrawn. The client is focusing on loved ones who are still part of the client's life, without negating the loss.
3) This response indicates idealization, in which only perceived or actual positive attributes of the person are seen. Since this response is not realistic, it does not indicate grief resolution.
4) This response indicates a delayed grief reaction in which living memories are projected onto an object.

9.(IIA4)
1) By observing clients in a community health center, the nurse is not having direct contact with the clients. Also, this is a limited population since only clients seeking health care services would be seen.
2) Longtime residents are most familiar with the positive as well as the negative aspects of living in a community.
3) Collecting demographic data lacks the personal and interpersonal feelings the nurse can assess by talking to residents.
4) Concerns and trends described in newspaper articles do not provide a comprehensive picture of a community.

10.(IIB1)
1) Genes are not inherited from adoptive parents.
2) There is a genetic predisposition to depressive disorders.
3) See 1).
4) Reactive depression is due to a life event and is not inherited.
11. (IIB1)
1) The client acknowledges his drinking; therefore, he is not using denial.
2) The client is not saying someone else has a drinking problem; therefore, he is not using projection.
*3) The client is offering a superficially logical explanation for his unacceptable behavior; the client is using rationalization.
4) Alcohol abuse is not a socially approved behavior; therefore, this is not sublimation.

12. (IIB3)
1) A member in the role of complainer focuses on the negative and discourages problem resolution.
2) A member in the role of monopolizer attempts to control the group by constantly talking.
*3) A member in the role of moralist tends to view everything as right or wrong, without looking at all the factors that affect an issue.
4) A member in the role of victim tends to attribute problems as being the fault of others, without looking at their own role in the problem.

13. (IIB4)
1) The number of homes up for sale is not necessarily an indication of a crisis.
*2) Nightmares and sleep disturbances in children indicate that something very frightening has occurred and crisis intervention is needed.
3) Requesting information on tornado precautions is a safety measure in a tornado-prone area.
4) Including tornado drills in schools is an additional safety measure in a tornado-prone area.

14. (IIIA1)
1) Focusing on the individual nurse-client relationship does not meet the client's recreational needs nor does it meet the adolescent developmental task of forming appropriate peer group support.
2) The client's choice of activities may not meet the adolescent developmental task of forming appropriate peer group support.
*3) Arranging activities with the client's peers meets the primary adolescent developmental task of appropriate peer group support.
4) Meeting with the activities therapist does not meet the adolescent developmental task of developing appropriate peer group support.

15. (IIIA2)
1) Social programs may not meet the emotional needs of the client. This type of intervention may be indicated after a client's support system is determined to be inadequate.
*2) Single parents are at high risk for the development of emotional difficulties and assessment of the parent's support systems is the nurse's priority.
3) Recreational activities will not necessarily meet the emotional needs of the client.
4) Providing literature will not necessarily meet the emotional needs of the client.

16. (IIIB1)
*1) The nurse should not force a client who is severely anxious into a situation that the client is unable to handle, nor should the nurse remove the client's defense mechanisms before the client learns alternative coping mechanisms.
2) Interference with a ritual leads to increased anxiety, not to a loss of reality testing.
3) The most characteristic client response to preventing a client from completing rituals would be anger.
4) The client needs to know that the staff accepts the client, but not the dysfunctional behavior.

* correct answer
17.(IIIB1)

1) The client who has Alzheimer’s disease with apraxia is unable to perform purposive movement and use objects properly; therefore, giving the client simple, sequential directions would be helpful.

2) Color-coded signs will not help the client find the bathroom.

3) Orienting devices will not help the client perform purposive movements.

4) Administering an antianxiety medication when the client is confused does not treat apraxia.

18.(IIIB2)

1) Assisting family members to clarify their expectations of each other will help the family make a plan for shared responsibilities so that the woman will not feel overburdened.

2) Finding a nursing home might be a last resort, but alternatives need to be tried first.

3) The arrangement for sharing work needs to be made by the family, rather than the nurse telling the family what to do.

4) Having a live-in aide might not be financially possible nor be an acceptable option for the family.

19.(IIIB2)

1) Discussion by the family cannot change the client’s behavior.

2) Since the client perceives himself as not having a problem, he is unlikely to quit even if given one more chance.

3) Most family theories are based on the belief that family members can only change their own behavior, not the client’s behavior. This is a basic principle of most self-help groups that deal with addictive behaviors.

4) Though contacting authorities is a positive action that fosters accountability, it would probably lead the client to become angry and more secretive.

20.(IIIB3)

1) Treating the client matter-of-factly will not change the behavior.

2) Ignoring the manipulative behavior will not change the behavior.

3) Restating personal expectations will help the client realize how the client’s needs fit in with those of the other group members.

4) The client’s problem behavior needs to be addressed in the presence of the group.

21.(IVA1)

1) An expression of pain does not indicate that the client is motivated to change behavior.

2) The wish to feel better does not indicate that the client is motivated to change behavior.

3) This statement does not indicate that the client is motivated to change behavior.

4) Asking for help indicates that the client is motivated to accept and use help to get better.

22.(IVB1)

1) Slow speech may indicate continued depression. Although logical speech may indicate improvement, many clients with depression manifest logical speech patterns. This finding does not indicate progress.

2) A decreased need for sleep does not indicate therapeutic progress.

3) Self-concept in clients with depression is almost always negative. A more positive self-concept definitely indicates improvement.

4) Some clients with depression eat excessively; therefore, increased appetite alone cannot be used as a definite indication of improvement.
23.(IVB1)
1) No longer talking about suicide may show that the client’s suicidal ideation has decreased.
2) Verbalizing angry feelings probably indicates a decreased suicide risk since the client is expressing anger.
3) Socialization is helpful for clients with depression and may be a sign that the client is feeling better.
4) It is unusual for a client with depression to show marked improvement so soon. This behavior often means that the client has made a new plan for another suicide attempt.

24.(IVB1)
1) Orthostatic hypotension is not a side effect of lithium.
2) Vomiting and diarrhea are common adverse reactions to lithium.
3) Tardive dyskinesia is not a side effect of lithium.
4) The Parkinsonian syndrome, which includes rigidity of posture, is not a side effect of lithium.

25.(IVB3)
1) This remark is too personal for the orientation stage when group members hardly know one another.
2) See 1).
3) In the orientation stage, group members often expect the leader to solve everyone’s problems.
4) The orientation stage is too early for a group member to expect the group to be solving the member’s problems.
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