PSYCHIATRIC NURSING

TYPICAL SIGNS AND SYMPTOMS OF PSYCHIATRIC ILLNESS DEFINED

I. CONSCIOUSNESS: State of awareness	
A. DISTURBANCES OF CONSCIOUSNESS	○ Apperception: Perception modified by one's own emotions & thoughts ○ Sensorium: State of cognitive functioning of the special senses
1. Disorientation	Disturbance of orientation in time, place, or person.
2. Clouding of consciousness	Incomplete clearmindedness w/ disturbances in perception & attitudes
3. Stupor	Lack of reaction to & unawareness of surroundings.
4. Delirium	Bewildered, restless, confused, disoriented reaction associated with fear & hallucinations.
5. Coma	Profound degree of unconsciousness.
6. Coma Vigil	Coma in w/c a px appears to be asleep but ready to be aroused (akinetic mutism)
7. Twilight state	Disturbed consciousness w/ hallucinations
8. Dreamlike state	Often used as a synonym for complex partial seizure or psychomotor epilepsy
9. Somnolence	Abnormal drowsiness
10. Confusion	Disturbance of consciousness in w/c reactions to environmental stimuli are inappropriate: manifested by a disordered orientation in relation to TPP
11. Drowsiness	A state of impaired awareness associated with a desire or inclination to sleep
12. Sundowning	Syndrome in older people that usually occurs at night & is characterized by drowsiness, confusion, ataxia & falling as the result of being overly sedated w/ medications (Sundowner's Syndrome)
B. Disturbances of Attention	Is the amount of effort exerted in focusing on certain portions of an experience; Ability to sustain a focus on one activity ; Ability to concentrate
1. Distractibility	Inability to concentrate attention; state in w/c attention is drawn to unimportant or irrelevant external stimuli
2. Selective inattention	Blocking out only those things that generate anxiety
3. Hypervigilance	Excessive attention & focus on all internal & external stimuli, usually 2ndary to delusional or paranoid states
4. Trance	Focused attention & altered consciousness, usually seen in hypnosis, dissociative d/o's, & ecstatic religious experiences
C. Disturbances in suggestibility	Compliant & uncritical response to an idea or influence
1. Folie a deux (folie a trois)	Communicated emotional illness bet 2 (3) persons
2. Hypnosis	Artificially induced modification of consciousness characterized by a heightened suggestibility
II. Emotion:	Complex feeling state w/ psychic, somatic, & behavioral components that is r/t affect & mood
A. Affect	Observed expression of emotion
1. Appropriate affect	Condition in w/c the emotional tone is in harmony w/ the accompanying idea, thought, or speech
2. Inappropriate affect	Disharmony bet the emotional feeling tone & the idea, thought, or speech accompanying it
3. Blunted affect	Disturbance in affect manifested by a severe reduction in the intensity of externalized feeling tone
4. Restricted or Constricted	Reduction in intensity of feeling tone les severe than blunted affect but clearly reduced
5. Flat affect	Absence or near absence of any signs of affective expression; voice monotonous, face immobile
6. Labile affect	Rapid & abrupt changes in emotional feeling tone, unrelated to external stimuli

B. MOOD	A pervasive & sustained emotion, subjectively experienced & reported by a px & observed by others
1. Dysphoric mood	an unpleasant mood
2. Euthymic mood	normal range of mood, implying absence of depressed or elevated mood
3. Expansive mood	a person's expression of feelings without restraint, frequently with an overestimation of their significance or importance.
4. Mood swings (labile mood)	oscillations between euphoria & depression or anxiety
5. Elevated mood	Air of confidence & enjoyment; a mood more cheerful than usual
6. Euphoria	intense elation with feelings of grandeur
7. Ecstasy	Feeling of intense rapture
8. Depression	psychopathological feeling of sadness
9. Irritable	A state in w/c a person is easily annoyed & provoked to anger
10. Anhedonia	loss of interest in and withdrawal from all regular and pleasurable activities, often associated with depression
11. Grief or mourning	sadness appropriate to a real loss
12. Alexithymia	a person's inability to or difficulty in describing being aware of emotions or mood.
13. Suicidal ideation	thoughts or act of taking one's own life.
14. Elation	Feelings of joy, .euphoria, triumph, intense self-satisfaction, or optimism.
C. OTHER EMOTIONS	
1. Anxiety	Feeling of apprehension caused by anticipation of danger, which may be internal or external.
2. Free-floating anxiety	Pervasive, unfocused fear not attached to any idea.
3. Fear	Anxiety caused by consciously recognized and realistic danger.
4. Agitation	severe anxiety associated with motor restlessness.
5. Tension	increased and unpleasant motor and psychological activity.
6. Panic	acute, episodic, intense attack of anxiety associated with overwhelming feelings of dread and autonomic discharge.
7. Apathy	dulled emotional tone associated with detachment or indifference
8. Ambivalence	coexistence of two opposing impulses toward the same thing in the same person at the same time.
9. Abreaction	emotional release or discharge after recalling a painful experience.
10. Shame	failure to live up to self-expectations.
11. Guilt	emotion secondary to doing what is perceived as wrong.
12. Impulse control	ability to resist an impulse, drive, or temptation to perform an action.
13. Melancholia	severe depressive state; used in the term *involutional melancholia* both descriptively and also in reference to a distinct diagnostic entity
D. PHYSIOLOGICAL DISTURBANCES ASSOCIATED WITH MOOD:	signs of somatic (usually autonomic) dysfunction, most often associated with depression (Also called vegetative signs).
1. Anorexia	loss of or decrease in appetite.
2. Hypcrphagia	increase in appetite and intake of food.
3. Insomnia	lack of or diminished ability to sleep.
a. Initial	difficulty in falling asleep
b. Middle	difficulty in sleeping through the night without waking up and difficulty in going back to sleep.
c. Terminal	early morning awakening
4. Hypersomnia	excessive sleeping
5. Diurnal variation	mood is regularly worst in the morning, immediately after awakening, and improves as the day progresses.
6. Diminished libido	decreased sexual interest, drive, and performance (increased libido is often associated with manic states).
7. Constipation	inability to defecate or difficulty in defecating.
8. Fatigue	a feeling of weariness, sleepiness, or irritability following a period of mental or bodily activity.
9. Pica	craving and eating of nonfood substances, such as paint and clay (usually girls)
10. Pseudocyesis	rare condition in which a patient has the signs and symptoms of pregnancy, such as abdominal distention, breast enlargement, pigmentation, cessation of menses, and morning sickness.
11. Bulimia	insatiable hunger and voracious eating; seen in bulimia nervosa and a typical depression
12. Adynamia	
III. MOTOR BEHAVIOR	aspect of the psyche that includes impulses, motivations, wishes, drives, in-

BEHAVIOR (CONATION):	stincts, and cravings, as-expressed by a person's behavior or motor activity.
1. Echopraxia	pathological imitation of movements of one person by another.
2. Catatonia and postural abnormalities	seen in catatonic schizophrenia and some cases of brain diseases, such as encephalitis.
a. Catalepsy	general term for an immobile position that is constantly maintained
b. Catatonic excitement	agitated, purposeless motor activity uninfluenced by external stimuli
c. Catatonic stupor	markedly slowed motor activity, often to a point of immobility and seeming unawareness of surroundings
d. Catatonic rigidity	Voluntary assumption of a rigid posture,-held against all efforts to be moved.
e. Catatonic posturing	voluntary assumption of an inappropriate or bizarre posture, generally maintained for long periods
f. *Cerea flexibilitas* (waxy flexibility)	condition of a person who can be molded into a position that is then maintained; when an examiner moves the person's limb, the limb feels as if it were made of wax.
g. Akinesia	lack of physical movement, as in the extreme immobility of catatonic schizophrenia; may also occur as an extrapyramidal side effect of antipsychotic medication.
3. Negativism	motiveless resistance to all attempts to be moved or to all instructions
4. Cataplexy	temporary loss of muscle tone and weakness precipitated by a variety of emotional states.
5. Stereotypy	repetitive fixed pattern of physical action or speech.
6. Mannerism	ingrained, habitual involuntary movement.
7. Automatism	automatic performance of an act or acts generally representative of unconscious symbolic activity.
8. Command automatism	automatic following of suggestions (also automatic obedience).
9. Mutism	voicelessness without structural abnormalities.
10. Overactivity	
a. Psychomotor agitation	Excessive & motor & cognitive overactivity, usually nonproductive & in response to inner tension.
b. Hyperactive (hyperkinesis)	Restless, aggressive, destructive activity, often associated with some underlying brain pathology
c. Tic	Involuntary, spasmodic motor movement
d. Sleepwalking (somnambulism)	motor activity during sleep.
e. Akathisia	subjective feeling of muscular tension secondary to antipsychotic or other medication, which can cause restlessness, pacing, repeated sitting and standing; can be mistaken for psychotic agitation
f. Compulsion	uncontrollable impulse to perform an act repetitively
i. Dipsomania	compulsion to drink alcohol
ii. Kleptomania	compulsion to steal
iii. Nymphomania	excessive and compulsive need for coitus in a woman
iv. Satyriasis	excessive and compulsive need for coitus in a man
v. Trichotillomania	compulsion to pull out hair
vi. Ritual	automatic activity, compulsive in nature, anxiety reducing in origin
g. Ataxia	failure of muscle coordination; irregularity of muscle action
H. Polyphagia	pathological overeating
i. Tremor	rhythmical alteration in movement, which is visually faster than one beat a second; typically, tremors decrease during periods of relaxation and sleep and increase during periods of anger and increased tension.
11. Hypoactivity (Hypokinesis)	decreased motor and cognitive activity, as in psychomotor retardation; visible slowing of thought, speech, and movements.
12. Mimicry	simple, imitative motor activity of childhood.
13. Aggression	forceful, goal-directed action that may be verbal or physical; the motor counterpart of the affect of rage, anger, or hostility
14. Acting Out	direct expression of an unconscious wish or impulse in action; living out unconscious fantasy impulsively in behavior
15. Abulia	reduced impulse to act and think, associated with indifference about consequences of action; a result of neurological deficit
16. Anergia	lack of energy (anergy)
17. Astasia abasia	the inability to stand or walk in a normal manner, even though normal leg movements can be performed in a sitting or lying down position. The gait is bizarre and is not suggestive of a specific organic lesion; seen in conversion disorder.

18. Coprophagia	eating of filth or feces
19. Dyskinesia	difficulty in performing voluntary movements, as in extrapyramidal disorders.
20. Muscle rigidity	state in which the muscles remain immovable; seen in schizophrenia.
21. Twirling	a sign present in autistic children who continually rotate in the direction in which their head is turned.
22. Bradykinesia	slowness of motor activity with n decrease in normal spontaneous movement.
23. Chorea	random and involuntary quick, jerky, purposeless movements.
24. Convulsion	An involuntary, violent muscular contraction or spasm
a. Clonic convulsion	convulsion in which the muscles alternately contract and relax
b. Tonic convulsion	convulsion in which the muscle contraction is sustained
25. Seizure	an attack or sudden onset of certain symptoms, such as convulsions, loss of consciousness, and psychic or sensory disturbances; seen in epilepsy and can be substance-induced
a. Generalized tonic-clonic seizure	generalized onset of tonic-clonic movements of the limbs, tongue biting, and incontinence followed by slow, gradual recovery of consciousness and cognition; also called grand mal seizure and psychomotor seizure
b. Simple partial seizure	localized ictal onset of seizure without alteration:; in consciousness.
c. Complex partial seizure	Localized ictal onset of seizure with alterations in consciousness
26. Dystonia	slow, sustained contractions of the trunk or limbs; seen in medication-induced dystonia
IV. THINKING	Goal-directed flow of ideas, symbols, and associations initiated by a problem or task and leading toward a reality-oriented conclusion; when a logical sequence occurs, thinking is normal; parapraxis (unconsciously motivated lapse from logic is also called a freudian slip) considered part of normal thinking.
A. GENERAL DISTURBANCES IN FORM OR PROCESS OF THINKING	
1. Mental disorder	Clinically significant behavior or psychological syndrome associated with distress or disability, not just an expected response to a particular event or limited to relations between a person and society.
2. Psychosis	inability to distinguish reality from fantasy; impaired reality testing, with the creation of a new reality (as opposed to neurosis: mental disorder in which reality testing is intact; behavior may not violate gross social norms, but is relatively enduring or recurrent without treatment)
3. Reality testing	Objective evaluation and judgment of the world outside the self.
4. Formal thought disorder	disturbance in the form of thought rather than the content of thought; thinking characterized by loosened associations, neologisms, and illogical constructs; thought process is disordered and the person is defined as psychotic
5. Illogical thinking	Thinking containing erroneous conclusions or internal contradictions; psychopathological only when it is marked & when not caused by cultural values or intellectual deficit.
6. Dereism	mental activity not concordant with logic or experience
7. Autistic thinking	Preoccupation with inner, private world; term used somewhat synonymously with dereism.
8. Magical thinking	A form of dereistic thought; thinking similar to that of the preoperational phase in children(jean piaget), in which thoughts, words, or actions assume power (e.g. to cause or prevent events)
9. Primary process thinking	General term for thinking that is dereistic, illogical;-magical; normally found in dreams, abnormally in psychosis.
10. Emotional insight	Deep level of understanding or awareness that is likely to lead to positive changes in personality and behavior.
B. SPECIFIC DISTURBANCES IN FORM OF THOUGHT	
1. Neologism	New word created by a patient, often by combining syllables of other words, for idiosyncratic psychological reasons.
2. Word salad	incoherent mixture of words and phrases.
3. Circumstantiality	indirect speech that is delayed in reaching the point but eventually gets from original point *to* desired goal; characterized by an over inclusion of details and parenthetical remarks.
4. Tangetiality	Inability to have goal-directed associations of thought; speaker never gets from desired point to desired goal.
5. Incoherence	Thought that generally is not understandable; running together of thoughts or words; with no logical or grammatical connection, resulting in disorganization.

6. Perseveration	Persisting response to a previous stimulus after a new stimulus has been presented; often associated with cognitive disorders.
7. Verbigeration	meaningless repetition of specific words or phrases
8. Echolalia	psychopathological repeating of words or phrases of one person by another; tends to be repetitive and persistent; may be spoken with mocking or staccato intonation
9. condensation	Fusion of various concepts into one
10. irrelevant answer	Answer that is not in harmony with question asked (person appears to ignore or not attend to question).
11. Loosening of association	Flow of thought in which ideas shift from one subject to another in a completely unrelated way: when sever speech may be incoherent.
12. derailment	
13. flight of ideas	Rapid, continuous verbalizations or plays on words produce constant shifting from one idea to another; ideas tend to be connected, & in the less severe from a listener may be able to follow them.
14. Clang association	Association of words similar in sound but not in meaning; words have no logical connection; nay include rhyming and punning.
15. Blocking	Abruption eruption in train of thinking before a though or idea is finished; after a brief pause, person indicates no recall of what was being said or was going to be said (also known as thought deprivation).
16. Glossolalia	expression of a revelatory message through unintelligible words (also known as speaking in tongues); not considered a distur bance in thought if associated with practices of specific Pentecostal religions
C. SPECIFIC DISTURBANCES IN CONTENT OF THOUGHT	
1. Poverty of content	Thought that gives little information because of vagueness, empty repeti - tions, or obscure phrases.
2. Overvalued idea	Unreasonable, sustained false belief maintained less firmly than a delusion
3. Delusion	false belief, based on incorrect infer ence about external reality, not consistent with patient's intelligence, and cultural background; cannot be corrected by reasoning
a. Bizarre delusion	an absurd, totally implau sible, strange false belief (for example, invaders from space have implanted elec trodes in a person's brain).
b. Systematized delusion	False belief of beliefs united by a single event or theme (for example, a person is being persecuted by the *CIA*, the FBI, or the Mafia).
c. Mood-congruent delusion	Delusion with mood-appropriate content (for example, a depressed patient believes that he or she is responsible for the destruction of the world).
d. Mood-incongruent delusion	Delusion with content that has no association to mood or is mood neutral (for example, a depressed patient has delusions of thought control or thought broadcasting).
e. Nihilistic delusion	False feeling that self, others, or the world is nonexistent or, coming to an end.
f. delusion of poverty	A person’s false belief that he or she is bereft or will be deprived of all material possessions.
g. somatic delusion	False belief involving functioning of the body
h. paranoid delusion	
i. delusion of persecution	
ii. delusion of grandeur	
iii. delusion of reference	A person’s false belief that the behavior of others refers to himself or herself; that events, objects, or other people have a particular & unusual significance, usually of a negative nature; derived from idea of reference, in which a person falsely feels that others are talking about him or her (for example, belief that people on TV or radio are talking to or about the person)
i. Delusion of self accusation	False feeling of remorse or guilt
j. delusion of control	False feeling that a person’s will, thoughts, or feelings are being controlled by external forces.
i. thought withdrawal	Delusion that thoughts are being removed from a person’s mind by other people or forces
ii. thought insertion	Delusion that thoughts are being implanted in a person’s mind by other people or forces
iii. thought broadcasting	Delusion that a person’s thoughts can be heard by others, as though they

	were being broadcast over the air.
iv. thought control	Delusion that a person's thoughts are being controlled by other people or forces.
K . delusion of infidelity (delusional jealousy)	False belief derived from pathological jealousy about a person's lover being unfaithful.
l. erotomania	Delusional belief, more common in women than in men, that someone is deeply in love with them (also known as Clerambault-Kandinsky complex)
m. pseudologia phantastica	A type of lying in which a person appears to believe in the reality of his or her fantasies and acts on them, associated with Munchausen's syndrome, repeated feigning of illness.
4. Trend or preoccupation of thought	Centering of thought content on a particular idea, associated with a strong affective tone, such as a paranoid trend or a suicidal or homicidal preoccupation
5. Egomania	Pathological self-preoccupation
6. monomania	Preoccupation with a single object
7. hypochondria	Exaggerated concern about health that is based not on real organic pathology but, rather, on unrealistic interpretations of physical signs or sensations as abnormal.
8. obsession	Pathological persistence of an irresistible thought or feeling that cannot be eliminated from consciousness by logical effort; associated with anxiety
9. compulsion	Pathological need to act on an impulse that, if rested, produces anxiety; repetitive behavior in response to an obsession or performed according to certain rules, with no true end in itself other than to prevent something from occurring in the future
10. coprolalia	Compulsive utterance of obscene words
11. phobia	Persistent, irrational, exaggerated, & invariably pathological dread of a specific stimulus or situation; results in a compelling desire to avoid the feared stimulus.
a. specific phobia	Circumscribed dread of a discrete object or situation (dread of spiders or snakes)
b. social phobia	Dread of public humiliation, as in fear of public speaking, performing, or eating in public.
c. acrophobia	
d. agoraphobia	Dread in open places
e. algophobia	Dread of pain
f. ailurophobia	Dread of cats
g. erythrophobia	Dread of red (refers to a fear of blushing)
h. panphobia	Dread of Everything
i. claustrophobia	Dread of closed places
j. xenophobia	Dread of strangers
k. zoophobia	Dread of animals
l. needle phobia	The persistent, intense, pathological fear of receiving an injection.
12. Noesis	A revelation in which immense illumination occurs in association with a sense that a person has been chosen to lead & command
13. Unio Mystica	An oceanic feeling of mystic with an infinite power; not considered a disturbance in thought content if congruent with person's religious or cultural milieu.
V. Speech	
A. DISTURBANCES IN SPEECH	
1. Pressure of speech	Rapid speech that is increased in amount & difficult to interrupt
2. Volubility(logorrhea)	Copious, coherent, logical speech
3. poverty of speech	Restriction in the amount of speech used; replies may be monosyllabic
4. nonspontaneous speech	Verbal responses given only when asked or spoken to directly; no self-initiation of speech
5. Poverty of content of speech	speech that is adequate in amount that conveys little information because of vagueness, emptiness, or stereotyped phrases.
6. Dysprosody	loss of normal speech melody (called prosody).
7. dysarthria	Difficulty in articulation, not in word finding or in grammar
8. excessive loud or soft speech	loss of modulation of normal speech volume; may reflect a variety of pathological conditions ranging from psychosis to depression to deafness.
9. Stuttering	frequent repetition or prolongation of a sound or syllable, leading to markedly impaired speech fluency
10. cluttering	Erratic & dysrhytmic speech, consisting of rapid & jerky spurts

B. APHASIC DISTURBANCES: DISTURBANCES IN LANGUAGE OUTPUT	
1. Motor aphasia	Disturbance of speech caused by a cognitive disorder in which understanding remains but ability to speak is grossly im paired; halting, laborious, and inaccurate speech (also known as Broca's, nonfluent, and expressive aphasia).
2. Sensory aphasia	Organic loss of ability to comprehend the meaning of words; fluid and spontaneous but incoherent and nonsensical speech (also known as Wernicke's, fluent, and receptive aphasia).
3. Nominal aphasia	Difficulty in finding correct name for an object (also termed anomia and amnestic aphasia).
4. Syntactical aphasia	Inability to arrange words in proper sequence.
5. Jargon aphasia	Words produced are totally neologistic; nonsense words repeated with various intonations and inflections.
6. Global aphasia	Combination of a grossly non-fluent aphasia and a severe fluent aphasia.
7. Alogia	Inability to speak because of a mental deficiency or an episode of dementia
8. copropregia	Involuntary use of vulgar or obscene language; seen in Tourette's disorder and some cases schizophrenia
VI. Perception:	
A. DISTURBANCES OF PERCEPTION	process of transferring physical stimulation into psychological information; mental process by w/c sensory stimuli are brought to awareness.
1. Hallucination	False sensory perception not as sociated with real external stimuli; there may or may no! be adelusional-interpretationof the hallucinatory experience
a. Hypnagogic hallucination	False sensory perception not associated with real external stimuli; there may or may not be delusional interpretation of the hallucinatory experience.
b. Hypnopompic hallucination	False perception occurring while awakening from sleep
c. Auditory hallucination	False perception of sound, usually voices but also other noises, such as music; most common hallucination in psychiatric disorders.
d. Visual hallucination	False perception in volving sight consisting of both formed im ages (for example, people) and unformed images (for example, flashes of Light); most common in medically determined disorders.
e. Olfactory hallucination	False perception of smell; most common in medical disorders.
f. Gustatory hallucination	False perception of taste, such as unpleasanttaste, caused by an uncinate seizure; most common in medical disorders.
g. Tactile (haptic) hallucination	False perception of touch or surface sensation, as from an amputated limb (phantom limb); crawling sensation on or under the skin (formication)
h. Somatic hallucination	False sensation of things occurring in or to the body, most often visceral in origin (also known as cenesthesic hallucination)
i. Lilliputian hallucination	False perception in which objects are seen as reduced in size (also termed micropsia)
j. Mood-congruent hallucination	Hallucination in which the content is consistent with either a depressed or a manic mood (for ex ample, a depressed patient hears voices say ing that the patient is a bad person; a manic patient hears voices saying that the patient is of inflated worth, power, and knowledge).
k. Mood-incongruent hallucination	Hallucination in which the content is not consistent with either depressed or manic mood (in depression, hallucinations not involving such themes as guilt, deserved punishment or inadequacy; in mania, hallucinations not involving such themes as inflated worth or power.
l. Hallucinosis	Hallucinations, most often auditory, that are associated with chronic alcohol abuse and that occur within a clear sensorium, as opposed to delirium tremens, hallucinations that occur in the text of a clouded sensorium.
m. Trailing phenomenon	Perceptual abnormality associated with hallucinogenic drugs in which moving objects are seen as series of discrete and discontinuous images.
n. command hallucination	
2. Illusion	Misperception or misinterpretation of real external sensory stimuli

B. DISTURBANCES ASSOCIATED WITH COGNITIVE DISORDER & MEDICAL CONDITIONS	: agnosia – an inability to recognize & interpret the significance of sensory impressions.
1. Anosognosia (ignorance of illness)	A person's inability to recognize a neurological deficit as occurring to himself or herself.
2. Somatognosia (ignorance of the body)	A person's inability to recognize a body part as his or her own (autotopagnosia)
3. Visual agnosia	Inability to recognize objects or persons.
4. Astereognosis	inability to recognize objects by touch.
5. Prosopagnosia	inability to recognize faces
6. apraxia	Inability to carry out specific tasks
7. Simultagnosia	inability to comprehend more than one element of a visual scene at a time or to integrate the parts into a whole
8. Adiadochokinesia	inability to perform rapid alternating movements.
9. Aura	warning sensations such as automatisms, fullness in the stomach, blushing, and changes in respiration; cognitive sensations, and affec tive states usually experienced before a seiz ure; a sensory prodrome that precedes a clas sic migraine headache.
C. DISTURBANCES ASSOCIATED WITH CONVERSION AND DISSOCIATIVE PHENOMENA :	somatization of repressed material or the development of physical symptoms and distortions involving the voluntary muscles or special sense organs; not under voluntary control an{! not explained by any physical disorder.
1'. Hysterical anesthesia	loss of sensory modal ities resulting from emotional conflicts
2. Macropsia	state in which objects seem larger than they are
3. Micropsia	State in which objects seem smaller than they are (both macropsia and micropsia can also be associated with clear organic con ditions, such as complex partial seizures).
4. Depersonalization	A person's subjective sense of being unreal, strange, or unfamiliar.
5. Derealization	A subjective sense that the environment is strange or unreal; a feeling of changed reality.
6. Fugue	Taking on a new identity with amnesia for the old identity; often involves travel or wandering to new environments.
7. Multiple personality	One person who appears at different times to be tow or more entirely different personalities and characters(called DID in the 4th edition DSM-IV)
8. Dissociation	Unconscious defense mechanism involving the segregation of any group of mental or behavioral processes from the rest of the person's psychic activity; may entail the separation of an idea from its accompanying emotional tone, as seen in dissociative & conversion disorders.
VII. Memory:	function by which information stored in the brain is later recalled to consciousness
A. DISTURBANCES OF MEMORY	
1. Amnesia	Partial or total inability to recall past experiences; may be organic or emotional in o rigin.
a. Anterograde	Amnesia for events occurring after a point in time
b. Retrograde	Amnesia for -vents occurring b efore a point in time.
2. Paramnesia	Falsification of memory by distort ion of recall.
a. *Fausse reconnaissance*	false recognition
b. Retrospective falsification	Memory be comes unintentionally (unconsciously) dis torted by being filtered through a person's present emotional, cognitive, and experient ial state.
c. Confabulation	Unconscious filling of gaps in memory by imagined (r untrue experi - ences that a person believes but that have no basis in fact; most often associated with | organic pathology.
d. Déjà vu	Illusion of visual recognition in which a new situation is incorrectly regarded as a repetition of a previous mem ory.
e. *Déjà entendu*	Illusion of auditory recognit ion.
f. Déjà pense	Illusion that a new thought is recognized as a thought previously fell or expressed.

g. *Jamais* vu	false feeling of unfamiliarity with a real situation that a person has experienced
h. False memory	A person's recollection and belief by the patient of an event that did not actually occur.
3. Hypermnesia	Exaggerated degree of retention and recall.
4. Eidetic image	Visual memory of almost hallucinatory vividness
5. Screen memory	a consciously tolerable mem ory covering for a painful memory
6. Repression	A defense mechanism characterized by unconscious forgetting of unacceptable ideas or impulses.
7. Lethologica	Temporary inability to remember a name or a proper noun.
8. Blackout	Amnesia experienced by alcoholics about behavior during drinking bouts; usually indicates that reversible brain damage has oc curred.
B. LEVELS OF MEMORY	
1. Immediate	Reproduction or recall of perceived material within seconds to minutes
2. Recent	Recall of events over past few days
3. Recent past	Recall of events over past few months
4. Remote	Recall of events in distant past
VIII. INTELLIGENCE:	ability to understand, recall, mobilize, and constructively integrate previous learning in meet ing new situations.
a. Mental retardation	lack of intelligence to a de gree in which there is interference with social and vocational performance: mild (IQ of 50 or 55 to approximately 70), moderate (IQ of 35 or 40 to 5O or 55), severe (IQ of 20 or 25 to 35 or 40), or pro- found (IQ below 20 or 25); obsolete terms are id iot (mental age less than 3 years), imbecile (mental age of 3 to 7 years), and moron (mental age of about 8).
b. Dementia	Organic and global deterioration of in tellectual functioning without clouding of con sciousness.
I. Dyscalculia (acalculia)	Loss of ability to do calculations; not caused by anxiety or impair ment in concentration.
2. Dysgraphia (agraphia)	Loss of ability to write in cursive style; loss of word structure.
3. Alexia	Loss of a previously possessed reading facility; not explained by defective visual activ ity.
c. Pseudodementia	Clinical features resembling a dementia not caused by an organic condition; most often caused by depression (dementia syndrome of depression).
d. Concrete thinking	literal thinking; limited use of metaphor without understanding of nuances of meaning; one-dimensional thought.
e. Abstract thinking	Ability to appreciate nuances of meaning; multidimensional thinking with ability to use metaphors and hypotheses appropriately.
IX. INSIGHT	A person's ability to understand the true cause and meaning of a situation (such as a set of symptoms).
a. Intellectual insight	Understanding of the objective reality of a set of circumstances without the ability to apply the understanding in any useful way to master the situation
B. True insight	understanding of the objective real ity of a situation, coupled with the motivation and the emotional impetus to master the situation.
C. Impaired insight	diminished ability to understand the objective reality of a situation
X. JUDGMENT	Ability to assess a situation correctly and to act appropriately in the situation.
A. Critical judgment	Ability to assess, discern, and choose among various options in a situation
b. Automatic judgment	Reflex performance of an action.
c. Impaired judgment	Diminished ability to Under stand a situation correctly and to act appropriately.

DEFENSE MECHANISMS	Means and ways of avoiding emotional stress, destructive impulses, or threat to self-esteem
NARCISSISTIC DEFENSES	
Denial	Avoidance of the awareness of some painful aspects of reality by negating the sensory data
Distortion	External reality is grossly reshaped to suit inner needs including the unrealistic beliefs,

	hallucinations, wishful thinking, delusions
Splitting	External objects are divided into extreme category to the other "all good" and "all bad" accompanied by abrupt shifting of an object from one
Projection	Unconscious blaming of unacceptable inclinations or thoughts on an external object
IMMATURE DEFENSES	
Acting Out	The person expresses an unconscious wish or impulse through action to avoid being conscious o accompanying effect.
Blocking	A temporary or transient inhibition of thinking which resembles repression but differs in that tension arises when the impulse, affect or thoughts are inhibited
Hypochondriasis	Reproach arising from bereavement, loneliness, or unacceptable aggressive impulses toward others is transformed into self-reproach and complaints of pain, somatic illness, and neurasthenia.
Introjection	Accepting another person's attitudes, beliefs, and values as one's own
Passive- Aggressive Behavior	Aggression towards others is expressed indirectly through passivity, masochism, and turning against the self.
Regression	Person moves back to the previous developmental stage in order to feel safe or have needs me
Fixation	The immobilization of a portion of a personality resulting from unsuccessful completion of tasks a development stage.
Somatization	Converting psychic derivatives into bodily symptoms & tending to react with somatic manifestations, rather than psychic manifestations
Schizoid Fantasy	Through fantasy, the person indulges autistic retreat to resolve conflicts and obtain gratification
NEUROTIC DEFENSES	
Controlling	An excessive attempt to manage or regulate events or objects in the environment to minimize anxiety and to resolve inner conflicts
Displacement	Involves the ventilation of intense feelings towards persons less threatening than the one whom aroused those feelings
Dissociation	A temporary but drastic modification of a person's character or of one's sense of personal identi takes place to avoid emotional distress
Compensation	Presence of overachievement in one area to offset real or perceived deficiencies in another area
Externalization	The tendency to perceive elements of one's own personality, including instinctual impulses, conflicts, moods, attitudes and styles of thinking in the external environment
Identification	Modeling actions and opinions of influential others, while searching for identity, or aspiring to reach a personal, social, or occupational goal
Inhibition	Limitation or renunciation of ego functions that occur consciously
Intellectualizatio n	Excessive use of intellectual processes to avoid affective expressions or experiences by paying attention to the external reality
Isolation	Separation of the idea from the repressed affect that accompanies it
Rationalization	Excusing own behavior to avoid guilt, responsibility, conflict, anxiety, or loss of self-respect
Reaction Formation	Acting the opposite of what one feels
Repression	Excluding emotionally painful or anxiety provoking thoughts and feelings from conscious awareness
Substitution	Replacing the desired gratification with one that is more readily available
Sexualization	An object or function is endowed with sexual significance that did not previously have or that it possessed to a similar degree in order to ward off anxieties associated with prohibited impulses their derivatives.
MATURE DEFENSES	
Anticipation	Planning for future inner discomfort that is goal-directed and implies careful planning or worryin and premature but realistic affective expectation of dire and potentially dreadful outcomes
Humor	Permits the overt expression of unpleasant effect on others;
Asceticism	Eliminating the pleasurable effects of experiences. There is moral element in assigning values t specific pleasures.
Sublimation	Substituting a socially acceptable activity for an impulse that is unacceptable
Suppression	A conscious or semiconscious decision to postpone attention to a conscious impulse or conflict

REVIEW QUESTIONS

1. A client who is depressed states, “I’m an awful person. Everything about me is bad. I can’t do anything right.” Which of the following responses by the nurse would be most therapeutic?
   a. “Everybody around here likes you.”
   b. “I can see many good qualities in you.”
   c. “Let’s discuss what you’ve done correctly.”
   d. “You were able to bathe today.”

2. When teaching a client with atypical depression about foods to avoid while taking phenelzine (Nardil), which of the following would the nurse include?
   a. Roasted chicken
   b. Salami
   c. Fresh fish
   d. Hamburger

3. When preparing a teaching plan for a client about imipramine (Tofranil), which of the following substances will the nurse tell the client to avoid while taking the medication?
   a. Caffeinated coffee
   b. Sunscreen
   c. Alcohol
   d. Artificial tears

4. The client with bipolar disorder manic phase appears at the nurse’s station wearing a transparent shirt, miniskirt, high heels, 10 bracelets, and 8 necklaces. Her makeup is overdone and she is not wearing underwear. A pair of inverted underpants is plopped on her head. Which of the following would be the nurse’s best response?
   a. Tell the client to dress appropriately while out of her room.
   b. Ask the client to put on hospital pajamas until she can dress appropriately.
   c. Instruct the client to go to her room and change clothes.
   d. Escort the client to her room and assist with choosing the appropriate attire.

5. A client who is diagnosed with bipolar disorder, acute mania, states to the nurse, “where is my son? I love Lucy. Rain, rain goes away. Dogs eat dirt.” The nurse interprets these statements as indicating which of the following?
   a. Echolalia
   b. Flight of ideas
   c. Neologism
   d. Clang associations

6. A client is complaining about blurred vision after 4 days of taking haloperidol (Haldol), benztropine (Cogentin), quetiapine (Seroquel), and buspirone (Buspar). Which of the following medications would the nurse suspect as the most likely cause of this side effect?
   a. Buspirone (Buspar)
   b. Quetiapine (Seroquel)
   c. Haloperidol (Haldol)
   d. Benztropine (Cogentin)

7. When describing AD to a group of nursing students, which of the following would the nurse identify as the characteristic found in AD that distinguishes it from other dementia?
   a. Hypoxic destruction of brain cells
   b. Hyperkinesis causing choreiform movements
   c. Neurofibrillary tangles and plaques
   d. An infectious particle called a portion

8. The client with a histrionic disorder is melodramatic and responds to others and situation in an exaggerated manner. The nurse would recommend which of the following activities for this client?
   a. Party planning
   b. Music group
   c. Cooking class
   d. Role-playing

9. A client is entering the chemical dependency unit for treatment of alcohol dependency. Which of the client’s possessions will the nurse most likely placed in a lock area?
   a. Toothpaste

b. Dental floss
c. Shaving cream
d. Antiseptic mouthwash

10. While meeting with the nurse, a client's wife states, " I don't know what else to do make him stop drinking." The nurse would anticipate initiating a referral for the wife to which of the following organizations?
    a. Alateen
    b. Al-anon
    c. Employee assistance program
    d. Alcoholics anonymous

11. Which of the following client statements would indicate to the nurse that the client needs further teaching about disulfiram (Antabuse)?
    a. "I can drink one or two beers and not get sick while on Antabuse."
    b. " I can take Antabuse at bedtime if it makes me sleepy."
    c. " A metallic or garlic taste in my mouth is normal when star on Antabuse."
    d. "I'll read the labels on cough syrup and mouthwash for possible alcohol content."

12. Which of the following foods would the nurse eliminate from the diet of a client in alcohol withdrawal?
    a. Milk
    b. Regular coffee
    c. Orange juice
    d. Eggs

13. Which of the following would the nurse expect to assess for a client who is exhibiting late signs of heroin withdrawal?
    a. Vomiting and diarrhea
    b. Yawning and diaphoresis
    c. Lacrimation and rhinorrhea
    d. Restlessness irritability

14. A client brought by ambulance to the hospital emergency room taking an overdose of barbiturates is comatose. The nurse would be especially alert for which of the following?
    a. Kidney failure
    b. Cerebral vascular accident
    c. Status epilepticus
    d. Respiratory failure

15. A client who is a chronic user of cocaine reports that he feels like he has bugs crawling under his skin. His arms are red from scratching. The nurse interprets these findings as possibly indicating which of the following?
    a. Illusion
    b. Fornication
    c. Confusion
    d. Flashback

16. When caring for a client who has overdosed on phenycyclidine (PCP), the nurse would be especially cautious about which of the following client behaviors?
    a. Visual hallucinations
    b. Violent behavior
    c. Bizarre behavior
    d. Loud screaming

17. Which of the following liquids would the nurse administer to a client who is intoxicated on PCP to hasten excretion of the chemical?
    a. Water
    b. Milk
    c. Cranberry juice
    d. Grape juice

18. When assessing a client with possible poisoning, the nurse would investigate the client's use of which of the following substances while drinking alcohol?
    a. Marijuana
    b. LSD
    c. Peyote

d. Psilocybin

19. The nurse would teach a client with an anxiety disorder who is taking a benzodiazepine about using which of the following in combination with this medication?
    a. Antacids
    b. Acetaminophen (Tylenol)
    c. Vitamins
    d. Aspirin

20. At 10 AM a client with an axis I diagnosis of pain disorder demands that the nurse call the physician for more pain medication because she's still in pain after the 9 AM analgesic. Which of the following would the nurse do next?
    a. Call the physician as the client requests
    b. Suggest the client to lie down because she has to wait for the next dosage
    c. Tell the client that the physician will be in later to talk to her about it
    d. Inform the client that the nurse cannot give her additional medication at this time

21. A true crisis state, involving a period of severe disorganization, is difficult to endure emotionally and physically. The nurse recognizes that a client will only be able to tolerate being in crisis for which of the following lengths of time?
    a. 1 to 2 weeks
    b. 4 to 6 weeks
    c. 12 to 14 weeks
    d. 24 to 26 weeks

22. Which of the following physiologic responses would the nurse expect as unlikely to occur when a client is angry?
    a. Increased respiratory rate
    b. Decreased blood pressure
    c. Increased muscle tension
    d. Decrease peristalsis

23. A client who is agitated but not currently psychomotor is willing to take a medication ordered PRN. If all the following medications were ordered for the client, which would the nurse expect to administer?
    a. Oral lorazepam (Ativan)
    b. Oral quetiapine (Seroquel)
    c. Intramuscular (IM) haloperidol (Haldol)
    d. IM Fluphenazine (prolixin)

24. One of the myths about sexual abuse of young children is that it usually involves physically violent acts. Which of the behaviors is most likely to be used by the abusers?
    a. Tying the child down
    b. Bribery with money
    c. Coercion as a result of the trusting relationship
    d. Asking for the child's consent for sex

25. A young child is suspected of being sexually abused because he demonstrates the self destructive behavior of head banging and self mutilation. Which of the following behaviors would the nurse also commonly expect to assess?
    a. Inability to play
    b. Truancy and running away
    c. Substance abuse
    d. Over control of anger

26. When teaching a group adolescent about anorexia nervosa, the nurse would describe this disorder as being characterized by which of the following?
    a. Excessive fear of becoming obese, near normal weight and a self-critical body image
    b. Obsession with the weight of others, chronic dieting and an altered body image
    c. Extreme concern about dieting, calorie counting and an unrealistic body image
    d. Intense fear of becoming obese, emaciation, and a disturbed body image

27. When assessing the client with anorexia nervosa, the nurse would expect to find which of the following?
    a. Hyperthermia, oliguria, and bradycardia
    b. Lanugo, hypothermia, and hypotension
    c. Constipation, Dysmenorrhea, and hypertension

d. Diarrhea, dry skin and menorrhagia

28. When developing appropriate short-term goals with clients who are inpatients. Which of the following would be the most realistic?
    a. The client will demonstrate a positive self image
    b. The client will describe plans for how to get back into school
    c. The client will write a list of strengths and abilities
    d. The client will practice assertive skills in a dating situation

29. One day, a client receiving dialysis directs a stream of profanities at the nurse, then abruptly hangs his head and pleads, “Please forgive me. Something just came over me. Why do I say those things?” the nurse interprets this as which of the following?
    a. Punning
    b. Confabulation
    c. Flight of ideas
    d. Emotional Lability

30. A client is admitted to the hospital in the manic phase of bipolar. When placing a diet order for the client which foods would be most appropriate?
    a. A bowl of soup, crackers, and a dish of peaches
    b. Cheese sandwich, carrot sticks, fresh grapes and cookies
    c. Roast chicken, mashed potatoes, and peas
    d. A tuna sandwich, an apple, and a dish of ice cream

31. Obsessive-Compulsive behavior disorder is characterized by which of the following?
    a. Recurring unwanted thoughts alternating with uncontrolled behavior
    b. Pathological persistence of unwilled thoughts, feelings or impulses
    c. Persistent thoughts and behavior
    d. Uncontrolled impulses to perform an act or ritual repeatedly

32. Which of the following date suggests Retrograde Amnesia in a patient who has received ECT (Electro-Convulsive Therapy)?
    a. Difficulty in recalling information learned prior to ECT for 2 days
    b. Memory loss for 2 days after the procedure
    c. Difficulty remembering information learned prior to ECT for over 4 months
    d. Difficulty recalling newly learned information for 2 weeks following the procedure

33. The neurotransmitter affected in a patient with schizophrenia:
    a. Serotonin
    b. Dopamine
    c. Acetylcholine
    d. GABA

34. The neurotransmitter affected in a patient with PTSD (post-traumatic stress disorder)
    a. Serotonin
    b. Norepinephrine
    c. Acetylcholine
    d. GABA

35. An IQ of below 20 is classified as what type of mental retardation?
    a. Mild
    b. Moderate
    c. Severe
    d. Profound

36. A person diagnosed with Moderate Mental Retardation has an IQ of:
    a. 50-70
    b. 35-49
    c. 20-34
    d. 20 and below

37. Which of the following assessment date is suggestive of moderate mental retardation?
    a. The child can develop social and communication skills with minimal retardation in sensorimotor area
    b. The child can be managed with moderate supervision
    c. The child manifests poor motor development

d. The child manifests gross motor retardation and needs nursing care

38. Repeated eating of non-nutritive substances such as dirt, clay, plaster and paper for at least two months is known as:
    a. Pica
    b. Anorexia Nervosa
    c. Bulimia Nervosa
    d. Autism

39. Sexual gratification that involves receiving pain:
    a. Masochism
    b. Pedophilia
    c. Voyeurism
    d. Sadism

40. Obsession with wearing clothing of the opposite sex is:
    a. Heterosexuality
    b. Homosexuality
    c. Bisexuality
    d. Transvestism

41. Using non-living objects foe sexual gratification is:
    a. Fetishism
    b. Transexualism
    c. Voyeurism
    d. Frotteurism

42. Which of the following activities is the most appropriate for a patient with Bipolar Disorder with aggressive social behavior?
    a. Badminton
    b. Chess
    c. Baseball
    d. Writing

43. The best activity that the manic patient can participate in is:
    a. Badminton
    b. Deep breathing exercises
    c. Painting
    d. Walking

44. A client receiving anti-psychotic medications manifests pill-rolling, tremors and rigidity. The nurse is correct in interpreting these symptoms as:
    a. Pseudo-parkinsonism
    b. Akathisia
    c. Tardive Dyskinesia
    d. Akinesia

45. The bizarre, involuntary facial grimace, excessive blinking and lip smacking in a client taking an anti-psychotic drug is a sign of:
    a. Pseudo-parkinsonism
    b. Akathisia
    c. Tardive Dyskinesia
    d. Akinesia

46. The nurse is planning care for a suicidal patient. The nurse will prepare additional precautions at which of the following times?
    a. Day shift
    b. Weekdays
    c. 7:00 am to 10:00 am
    d. Weekends

47. The most common hallucination of an alcoholic patient is:
    a. Auditory
    b. Visual
    c. Tactile
    d. Olfactory

48. The earliest sign of heroin withdrawal is:
    a. Yawning
    b. Nausea
    c. Vomiting
    d. Malaise

49. Neuroleptics are also known as:
    a. Anti-anxiety drugs
    b. Anti-depressant drugs
    c. Anti-psychotic drugs
    d. Anti-manic drugs

50. The drug of choice for Schizophrenic patients is:
    a. Benzodiazepines
    b. Mono-Amine Oxidase Inhibitors (MAOI)
    c. Haloperidol
    d. Benadryl

51. An adverse effect of anti-psychotics manifested by pacing, fidgeting and “ants in my pants” sensation is termed:
    a. Akinesia
    b. Akathisia
    c. Tardive Dyskinesia
    d. Pseudo-Parkinsonism

52. Cocaine is classified as a:
    a. Psychostimulant
    b. Narcotic
    c. Anxiolytic
    d. Hallucinogen

53. The drug of choice for a manic patient is:
    a. Haloperidol
    b. Valium
    c. Lithium Carbonate (Eskalith)
    d. Thorazine

54. The normal therapeutic serum level for Lithium is:
    a. 1.0 – 2.0 mEq/L
    b. 0.5 – 1.5 mEq/L
    c. 1.0 – 2.5 mEq/L
    d. 1.0 – 1.8 mEq/L

55. Alcohol is classified as:
    a. CNS stimulant
    b. CNS depressant
    c. Narcotic
    d. LSD

56. Crisis is a self-limiting situation, which means that it is transitory. It is commonly resolved within a period of:
    a. 2-4 weeks
    b. 4-6 weeks
    c. 6-8 weeks
    d. 8-10 weeks

57. An adverse effect of non-phenothiazine neuroleptics characterized by tachycardia, fever, diaphoresis and come.
    a. Tardive Dyskinesia
    b. EPS
    c. Neuroleptic Malignant Syndrome (NMS)
    d. Akathisia

58. Which of the following is correct regarding NMS?
    a. It is characterized by high fever
    b. The drug of choice to reverse it is Dantrolene (Dantrium)
    c. It is usually associated with Haloperidol administration
    d. All of the above

59. A therapeutic impasse characterized by the patient who is always late, breaks appointments, becomes forgetful, silent or sleepy during the session:
    a. Resistance
    b. Transference
    c. Counter-transference
    d. Boundary violation

60. Stelazine, Prolixin, Clozaril, and Tehretol are examples of:
    a. Anti-manic drugs
    b. Anti-anxiety drugs
    c. Anti-psychotics
    d. Anti-depressants
61. Elavil and tofranil are classified under which group of anti-depressants?
    a. Tri-Cyclic antidepressants
    b. Non-Tricyclic antidepressants
    c. Mono-Amine Oxidase Inhibitors
    d. Benzodiazepines

62. Lorazepam (Ativan), Diazepam (Valium), Alprazolam (Xanax), Flurazepam (Dalmane), Chlordiazepoxide (Librium), Vistaril, Equanil, Atarax and Serax are all examples of:
    a. TCA
    b. Non-TCA
    c. Minor Tranquilizers
    d. Anti-psychotics

63. An unconscious response in which the patient experiences feelings and attitudes towards the nurse is called:
    a. Transference
    b. Counter-transference
    c. Boundary violation
    d. None of the above

64. A specific emotional response of a nurse to a patient characterized by either an intense caring or love or intense feeling of hatred, anxiety or hostility in response to the resistance of the patient.
    a. Transference
    b. Counter-transference
    c. Boundary violation
    d. Resistance

65. A therapeutic impasse characterized by a professional relationship turning into a social relationship between the nurse and the patient.
    a. Transference
    b. Counter-transference
    c. Boundary violation
    d. Resistance

66. When excessive thoughts and speeches are associated with excessive and unnecessary details that is usually irrelevant to the question and the answer is untimely given, this is termed:
    a. Circumstantiality
    b. Loose association
    c. Tangentiality
    d. Waxy Flexibility

67. An excessive thought and speech associated with excessive and unnecessary details which are irrelevant to the question, and the patient never returns to the central point and never answers the original question, the patient is described as having:

a. Circumstantiality
b. Loose association
c. Tangentiality
d. Waxy flexibility

68. The injection of a clever or humorous word in order to convey a different meaning:
    a. Echolalia
    b. Echopraxia
    c. Punning
    d. Clang association

69. Coining new words with symbolic meanings is termed as:
    a. Punning
    b. Clang association
    c. Neologism
    d. Word salad

70. When the patient says, " olang, bang, rang, lang, sang," in order to compensate for communication deficits, the patient is doing:
    a. Echolalia
    b. Echpraxia
    c. Punning
    d. Clang association

71. A co-existence of 2 existing opposing factors
    a. Labile affect
    b. Blunt affect
    c. Ambivalence
    d. Anhedonia

72. Known as ataractic, neuroleptic, psychic energizer or major tranquilizer
    a. Anti-psychotic
    b. Anti-anxiety
    c. Anti-depressant
    d. Anti-manic

73. Known as minor tranquilizer or anxiolytics:
    a. Anti-psychotics
    b. Anti-anxiety
    c. Anti-depressant
    d. Anti-manic

74. A symptom of mental illness characterized by airing to the public and the outside world what the person id thinking:
    a. Thought broadcasting
    b. Thought insertion
    c. Nihilistic ideas
    d. Ideas of reference

75. Which of the following indicates level of personality?
    a. Id, ego, and superego
    b. Conscious, sub-conscious, and unconscious
    c. Endomorph, mesomorph, ectomorph
    d. Mild, moderate, severe, panic

76. The level of consciousness that exerts a greatest influence in one's personality because it serves as a storehouse for all memories, feelings and responses is:
    a. Conscious
    b. Subconscious
    c. Unconscious
    d. None of the above

77. The level of consciousness where memories cannot be recalled at will and can be expressed by dreams, slip of the tongue, memory lapses and jokes:
    a. Conscious
    b. Subconscious

c. Unconscious
d. None of the above

78. According to Freud, which part of the mind functions when the person is awake, can recall past experiences without exerting effort?
    a. Conscious
    b. Subconscious
    c. Unconscious
    d. None of the above

79. The level of consciousness which sets as the watchman because it prevents certain unacceptable disturbing unconscious memories from reaching the conscious mind:
    a. Conscious
    b. Subconscious
    c. Unconscious
    d. None of the above

80. Mrs. R was given Lithium Carbonate. Which nursing teaching is most appropriate?
    a. regular sleeping pattern
    b. avoid tyramine rich foods
    c. monitoring for hypertension
    d. increase sodium in the diet

81. Which of the following foods would the nurse expects to include in Mrs. R's plan of care?
    a. Bacon, lettuce, and tomato sandwich
    b. Cheeseburger
    c. Strawberry sundae
    d. Beef stew

Situation: Roy, 25 years old, was brought up to the emergency room extremely restless, disorganized, and chaotic. His wife claims that he has not slept for two days. Diagnosis: Bipolar, Manic disorder.

82. During initial assessment, the nurse states this nursing diagnosis:
    a. Altered nutrition
    b. Ineffective individual coping
    c. Self-esteem disturbance
    d. Altered thought process

83. To provide for the basic needs of Roy, the nurse assumes mother surrogate role which is exemplified by:
    a. administering medication as ordered
    b. bathing, dressing, feeding Roy
    c. taking vital signs, as TPR and RP
    d. supervising ward games and activities

84. In planning activities and recreation for Roy, what should be avoided?
    a. solitary activities such as writing and painting
    b. walks with the staff
    c. games of competition such as volleyball and basketball
    d. listening to soft music

85. One week after admission, Roy was given Lithium Carbonate. The nurse should consider these precautions:
    1. should not be given on an empty stomach
    2. can be given on empty stomach
    3. should not be given with diuretics
    4. can be given with diuretic

    a. 1 and 4 c. 2 and 3
    b. 1 and 3 d. 1 and 2

86. As an adult to the anti-manic drug, group therapy is mainly utilized to help Roy:
    a. reintegrating himself socially
    b. decreasing undesirable behavior
    c. increase compliance to therapy
    d. setting limits to his inappropriate behavior

87. Alcoholics commonly use a defense mechanism known as:
    a. denial
    b. regression
    c. displacement
    d. sublimation

88. In planning nursing care for Mario, priority is focused on:
    a. preparing Mario for immediate physical and social rehabilitation
    b. helping Mario acknowledge that he has alcohol problems
    c. informing Mario of the possible development of medical problem resulting from alcoholism
    d. offering desirable alternatives to alcohol problem

89. The chief characteristic of Korsakoffs syndrome is:
    a. illusion
    b. confabulation
    c. delusion
    d. hallucination

90. Chronic heavy drinking can result to serious nutritional deficiency because:
    a. digestion and absorption of food are impaired by excessive drinking
    b. liver function is affected by heavy drinking
    c. alcoholics usually forget to eat regular meals
    d. alcohol reduces the drinker's appetite for food

91. Detoxification using Disulfiram is ordered for Mario. Disulfiram's action is:
    a. replaces the relaxing effect of alcohol
    b. causes the alcoholic to relax
    c. produces an extremely unpleasant physical reaction when alcohol is ingested
    d. increases Mario's tolerance for alcohol withdrawal

Situation: Mang Berto, 66 years old, is brought to the hospital for progressive memory impairment, often disoriented and confused, easily irritated.

92. The basic principle underlying all care for cognitively impaired is to:
    a. encourage familiar and simple group activities
    b. facilitate the highest level of functioning a person is capable of in all areas
    c. reorient the client on time, place and persons
    d. minimize client's confusion

93. An appropriate nursing intervention is to assign the same nurse to care for Mang Berto. The rationale for this is:
    a. provide comfort and support
    b. give special care and attention
    c. lower anxiety and increase orientation
    d. minimize client's confusion

94. Mang Berto makes up stories in response to questions about situations for events that he cannot recall. This manifestation is:
    a. confabulation
    b. neologism
    c. perseveration
    d. illusion

95. Mang Berto makes up stories or answers questions about situations for events that he cannot recall in order to:
    a. compensate for his inability to recall
    b. avoid reality
    c. maintain self-esteem
    d. conceal his inability to recall

96. One morning during medication time, Mang Berto was found walking aimlessly in front of the hospital. When asked, he says “My son is coming to bring me home.” An appropriate nursing intervention would be:
    a. reorient him into reality and assess the reasons for his behavior
    b. remind him the importance of taking the medication on time
    c. explain to him the danger of going out of the hospital premises
    d. encourage him to interact with other patients

Situation: Rita, a 45 year old executive secretary was admitted to the psychiatric unit following suicide attempt

97. In admission room, she was heard saying. “No one could ever love me. I am not good enough.” The most appropriate nursing diagnosis based on this statement is:
    a. hopelessness
    b. ineffective individual coping
    c. personal identity disturbance
    d. disturbance in self-concept: low self-esteem

98. A nursing intervention most appropriate for Rita would be:
    a. avoid discussion on the topic of suicide
    b. encourage her to express her feelings and pain
    c. provide the client with alternative behavior
    d. give her time to reflect on her suicide attempt

99. This drug will most probably be ordered for Rita:
    a. Thiotexene (Navane)
    b. Imipramine HCl (Tofranil)
    c. Dipireden (Akineton)
    d. Trihexyphinidyl (Artane)

100. Separation anxiety is usually first experienced during which stage of psychosexual development:
    a. Phallic
    b. Oral
    c. Anal
    d. Genital