Sample

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Chapter 09: Therapeutic Relationships
Test Bank
MULTIPLE CHOICE
1. A nurse assesses an elderly patient who was found wandering and confused. The nurse feels sad and reflects, “She’s like my grandmother…so helpless.” Which term best applies to the nurse’s response?
   a. Rapport
   b. Transference
   c. Countertransference
   d. Defensive coping reaction
   ANS: C
   Countertransference is the nurse’s response to a patient that is based on the nurse’s unconscious needs, conflicts, problems, or view of the world.
   DIF: Cognitive Level: Comprehension REF: Text Page: 160
   TOP: Nursing Process: Evaluation MSC: Client Needs: Psychosocial Integrity
2. Which statement shows a nurse has empathy for a patient who made a suicide attempt?
   a. “You must have been very upset to do what you did today.”
   b. “It makes me sad to see you going through such a difficult experience.”
   c. “If you tell me what is troubling you, I can help you solve your problems.”
   d. “Suicide is a drastic solution to a problem that may not be such a serious matter.”
   ANS: A
   Empathy permits the nurse to see an event from the patient’s perspective, understand the
patient’s feelings, and communicate this to the patient. The distracters focus on
the nurse’s
feelings rather than the patient’s, promote patient dependence, and belittle
the patient’s
perspective.
DIF: Cognitive Level: Application REF: Text Page: 170
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity
3. After several therapeutic encounters with a patient who recently
attempted suicide, which
behavior should cause the nurse to consider the possibility of countertransference?
a. The patient’s reactions toward the nurse seem realistic and appropriate.
b. The nurse feels very happy when the patient’s mood begins to lift.
c. The patient states, “Talking to you is like talking to my parents.”
d. The nurse develops a trusting relationship with the patient.
ANS: B
Strong positive or negative reactions to a patient or overidentification with
the patient signals
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possible countertransference. Nurses must carefully monitor their own feelings and
reactions
to detect countertransference, then seek supervision. The distracters
identify desirable
outcomes or transference.
DIF: Cognitive Level: Application REF: Text Pages: 107-108
TOP: Nursing Process: Evaluation MSC: Client Needs: Psychosocial Integrity
4. How should the nurse respond if a patient says, “Please don’t share information
about me
with the other people”?
a. “I cannot tell anyone about you. We can help each other by keeping it
between us.”
b. “I won’t share information with your family or friends without your
permission, but I will share information with other staff.”
c. “It depends on what you choose to tell me. I will be glad to disclose at the end
of each session what I will report to other staff.”
d. “Therapeutic relationships are between the nurse and the patient. It’s up to
you to
tell others what you want them to know.”
A patient has the right to know with whom the nurse will share information and that confidentiality will be protected. Although the relationship is primarily between the nurse and patient, other staff needs to know pertinent data. The relationship must be patient centered and have clear boundaries.

DIF: Cognitive Level: Application REF: Text Page: 164
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

5. A patient who recently attempted suicide talks with the nurse about wanting to take a walk on hospital grounds. The nurse responds by telling the patient, “I will talk with the psychiatrist on your behalf.” Select the accurate analysis of this interaction.
   a. The nurse is behaving in an overly helpful way.
   b. The nurse is showing positive regard for the patient.
   c. The nurse is modeling healthy behaviors for the patient.
   d. The patient has manipulated the nurse into taking this action. ANS: A

Being overly helpful is a classic example of role boundary blurring. The nurse’s response does not reflect the modeling of healthy behavior. There is no data to indicate the patient has manipulated the nurse.

DIF: Cognitive Level: Application REF: Text Page: 161
TOP: Nursing Process: Evaluation MSC: Client Needs: Psychosocial Integrity

6. Termination of a therapeutic nurse-patient relationship has been successful when the nurse:
   a. discusses with the patient changes that happened during the relationship and evaluates outcomes.
   b. gives the patient the nurse’s cell phone number and permission to call after discharge.
   c. avoids upsetting the patient by shifting focus to other patients before the patient’s
discharge.
d. offers to meet the patient for conversation after discharge.
ANS: A
Summarizing and evaluating progress help validate the experience for the
patient and the
nurse and facilitate closure. Termination must be discussed; avoiding discussion by
spending
little time with the patient promotes feelings of abandonment.
Successful termination requires
that the relationship be brought to closure without the possibility of dependency-
producing
ongoing contact.
DIF: Cognitive Level: Application REF: Text Page: 168
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity
7. Select the desirable outcome for the initial stage of a nurse-patient
relationship. The
patient will demonstrate behaviors that
indicate: a. a greater sense of independence.
b. rapport and trust with the nurse.
c. resolved transference.
d. self-responsibility.
ANS: B
Development of rapport and trust is necessary before the relationship can progress
to the
working phase. The distracters present outcomes associated with the
working phase.
DIF: Cognitive Level: Comprehension REF: Text Pages: 166-167
TOP: Nursing Process: Planning/Outcomes Identification
MSC: Client Needs: Psychosocial Integrity
8. During which phase of the nurse-patient relationship can a nurse anticipate that
patient
issues will be explored and resolved?
a. Pre-orientation
b. Orientation
c. Working d. Termination
ANS: C
During the working phase, the nurse strives to assist the patient in
making connections among
dysfunctional behaviors, thinking, and emotions and offers support while
alternative coping behaviors are tried.

DIF: Cognitive Level: Comprehension REF: Text Pages: 167-168
TOP: Nursing Process: Planning MSC: Client Needs: Psychosocial Integrity

9. At what point in the nurse-patient relationship should a nurse first address termination?
   a. Preorientation phase
   b. Orientation phase
   c. Working phase
   d. Termination phase
   ANS: B

The patient has a right to know the conditions of the nurse-patient relationship. If the relationship is to be time limited, the patient should be informed of the number of sessions. If it is open ended, the termination date will not be known at the outset, and the patient should know that the issue will be negotiated at a later date. Termination is usually discussed during the orientation phase. The nurse is responsible for discussing termination early in the relationship.

DIF: Cognitive Level: Comprehension REF: Text Pages: 163-166
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

10. Why should a nurse introduce the matter of a contract during the first session with a new patient? Contracts:
   a. specify what the nurse will do for the patient.
   b. spell out participation and responsibilities of both parties.
   c. are indicative of the feeling tone established between the participants.
   d. are binding and prevent either party from prematurely ending the relationship. ANS: B
   A contract emphasizes that the nurse works with the patient rather than doing something for the patient. “Working with” is a process that suggests each party is expected to participate and
share responsibility for outcomes.
DIF: Cognitive Level: Comprehension REF: Text Page: 167
TOP: Nursing Process: Planning MSC: Client Needs: Psychosocial Integrity
11. A patient frequently asks the nurse for extra snacks, implying more willingness to talk if these items are provided. The nurse should assess this behavior as:
a. typical of transference reactions.
b. indicative of feelings of insecurity. c. reflecting resistance to involvement. d. testing the nurse’s clinical competence.
ANS: D
Patients often unconsciously use testing behaviors to determine whether the nurse is able to set limits or will abandon them if they behave in an unlikable way.
DIF: Cognitive Level: Application REF: Text Pages: 158; 161-162
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity
12. Which remark by a patient indicates movement from orientation to the working phase of a nurse-patient relationship?
a. “I don’t have any problems.”
b. “It is so difficult for me to talk about problems.”
c. “I don’t know how talking about things twice a week can help.”
d. “I want to find ways to deal with my anger without blowing up.”
ANS: D
Thinking about a more constructive approach to dealing with anger indicates a readiness to make a behavioral change. Behavioral change is associated with the working phase of the relationship. Denial or avoidance are often seen in the orientation phase. DIF: Cognitive Level: Analysis REF: Text Pages: 166-168
TOP: Nursing Process: Evaluation MSC: Client Needs: Psychosocial Integrity
13. A nurse explains to the family of a mentally ill patient how the nurse-patient relationship differs from other interpersonal relationships. Which is the best explanation?
“The focus:
a. is on the patient. Problems are discussed by the nurse and patient, but solutions
are implemented by the patient.”
b. shifts from nurse to patient as the relationship develops. Advice is given by both and solutions implemented.”
c. is creation of a partnership in which each member is concerned with growth and satisfaction of the other.”
d. of the relationship is socialization. Mutual needs are met and feelings are shared openly.”
ANS: A
The distracters describe events that occur in social or intimate relationships. Only the correct answer describes elements of a therapeutic relationship.
DIF: Cognitive Level: Application REF: Text Pages: 157-159
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity
14. A nurse wants to demonstrate genuineness with a patient diagnosed with schizophrenia.
The nurse should:
a. use extensive self-disclosure in patient interactions.
b. encourage dependence on the nurse for support and reassurance.
c. consistently make interpretive judgments about the patient’s behavior.
d. be aware of own feelings and use congruent communication strategies. ANS: D
Genuineness is a desirable characteristic involving awareness of one’s own feelings as they arise and the ability to communicate them when appropriate. The other possible options are undesirable in a therapeutic relationship.
DIF: Cognitive Level: Comprehension REF: Text Page: 169
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity
15. A nurse caring for a withdrawn, suspicious patient recognizes development of feelings of anger toward the patient. The nurse should:
a. suppress the angry feelings.
b. explore the anger openly and directly with the patient.
c. ask the nurse manager to assign the patient to another nurse. d. discuss the anger with a clinician during a supervisory session.
ANS: D
The nurse is accountable for the relationship. Objectivity is threatened by strong positive or negative feelings toward a patient. Supervision is necessary to work through countertransference feelings.
DIF: Cognitive Level: Application REF: Text Page: 158
TOP: Nursing Process: Evaluation MSC: Client Needs: Psychosocial Integrity
Staying with a crying patient offers support and shows positive regard. The distracters describe tasks, not necessarily with positive regard, and the nurse’s efforts to remain selfaware.
DIF: Cognitive Level: Application REF: Text Pages: 170-171
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity
17. A nurse is talking with a patient, and 5 minutes remain in the session. This patient has been silent most of the session. Another patient interrupts and says to the nurse, “I really need to talk to you.” The nurse should:
a. invite the interrupting patient to join the session with the current patient. b. tell the interrupting patient, “This session is 5 more minutes, then I will talk with you.” c. say to the interrupting patient, “I am not available to talk with you at the present time.” d. end the unproductive session with the current patient. Spend time with the next patient. ANS: B
When a specific duration for sessions has been set, the nurse must adhere to the schedule. Leaving the first patient would be abandonment and may destroy trust the patient had in the nurse. Adhering to the contract demonstrates that the nurse can be trusted and that the patient and the sessions are important. The distracters violate terms of the contract. DIF: Cognitive Level: Application REF: Text Page: 165
18. A patient says, “People should be allowed to commit suicide without interference from others.” A nurse replies, “You’re wrong. Nothing is bad enough to justify death.” What is the best analysis of this interchange?
   a. The patient is correct.
   b. Neither person is correct.
   c. The statements reflect differing values.
   d. The nurse has responded therapeutically.
   ANS: C

Values guide beliefs and actions. The individuals stating their positions place different values on life and autonomy. Nurses must be aware of their own values and be sensitive to the values of others.
DIF: Cognitive Level: Comprehension REF: Text Pages: 163; 170-171

19. Which issues should a nurse address during the first interview with a patient with a psychiatric disorder?
   a. Trust, congruence, attitudes, and boundaries.
   b. Goals, resistance, unconscious motivations, and diversion.
   c. Relationship parameters, the contract, confidentiality, and termination.
   d. Transference, countertransference, intimacy, and developing resources. ANS: C

Relationship parameters, the contract, confidentiality, and termination should be considered during the orientation phase of the relationship. The distracters represent issues dealt with later.
DIF: Cognitive Level: Comprehension REF: Text Page: 166

20. A psychiatric nurse visits one particular patient before work, seeks out the patient during the shift, and spends a few minutes with the patient after going off duty. Which
analysis is accurate? The nurse is:
a. overinvolved.
b. expressing anger.
c. experiencing transference.
d. looking to be rescued.
ANS: A
The nurse behavior described is typical of overinvolvement. There are no data to support the distracters.
DIF: Cognitive Level: Comprehension REF: Text Page: 161
TOP: Nursing Process: Evaluation MSC: Client Needs: Psychosocial Integrity
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21. Which behavior shows that a nurse values autonomy? The nurse:
a. sets limits on a patient’s romantic overtures toward the nurse.
b. suggests one-on-one supervision for a patient who is suicidal.
c. informs a patient that the spouse will not be in during visiting hours.
d. discusses alternatives and helps the patient weigh the consequences. ANS: D
A high level of valuing is acting on one’s belief. Autonomy is evident when the nurse helps patient weigh alternatives and their consequences before the patient makes a decision.
Autonomy or self-determination is not the issue in any of the other behaviors. DIF: Cognitive Level: Application REF: Text Page: 163
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity
22. A nurse provided psychiatric home care services to a patient for 6 months, but now the patient will begin a psychosocial rehabilitation program. On the nurse’s final home visit, the patient gives the nurse a gold angel pin and says, “Thank you for being my guardian angel when I needed help.” Select the nurse’s best response.
a. “I’m happy you have made so much improvement. Thank you for the pin.”
b. “Our agency’s policies and procedures prohibit me from accepting your gift.”
c. “All nurses care. It’s rewarding when patients recognize how hard we work.”
d. “I’m glad you’ve made progress and that I helped, but I cannot accept the gift.”
ANS: D
Accepting a gift creates a social rather than therapeutic relationship with the patient and blurs the boundaries of the relationship. A caring nurse will acknowledge the patient’s gesture of appreciation, but this gift should not be accepted. DIF: Cognitive Level: Analysis REF: Text Page: 165 TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

23. A patient says, “I’m still on restriction, but I want to attend some off-unit activities. Would you ask the doctor to change my privileges?” Select the nurse’s best response.
a. “I’ll be glad to mention it when I see the doctor today.”
b. “That’s a good topic for you to take up with your doctor.”
c. “Why are you asking me when you’re able to speak for yourself?”
d. “I’m glad you feel comfortable asking me to help you with that request.”
ANS: B
Nurses should encourage patients to work at their optimal level of functioning. The nurse does not act for the patient unless necessary. Acting for a patient increases feelings of helplessness and dependency. DIF: Cognitive Level: Application REF: Text Pages: 161; 164-165 TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

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24. A community mental health nurse has worked with a patient for 3 years but is moving and must terminate the relationship. When a new nurse begins work with this patient, what is the starting point for the relationship?
a. Begin at the orientation phase
b. Continue the working relationship
c. Start with informal social interactions
d. Return to the emotional catharsis phase ANS: A
After termination of a long-term relationship, the patient and new nurse usually have to begin
at ground zero, the orientation phase, to build a new relationship. If termination is successfully completed, the orientation phase sometimes progresses quickly to the working phase. Other times, even after successful termination, the orientation phase may be prolonged.

DIF: Cognitive Level: Application REF: Text Pages: 166-168
TOP: Nursing Process: Planning MSC: Client Needs: Psychosocial Integrity
25. The nurse tells a peer, “I feel very uncomfortable with a patient and find myself wanting to avoid both informal contacts and scheduled sessions.” Without supervision, which outcome is likely?
   a. Growing interest and mutuality
   b. Mutual withdrawal
   c. Positive regard
   d. Trust
   ANS: B

A nurse’s negative preconceived ideas about a patient and negative feelings toward the patient usually result in frustration and mutual withdrawal. Supervision would cause the nurse to explore the origins of the feelings and make changes as necessary. The other options suggest positive outcomes, which rarely occur in the face of negative feelings on the part of the nurse.

DIF: Cognitive Level: Application REF: Text Pages: 158; 161-162
TOP: Nursing Process: Evaluation MSC: Client Needs: Psychosocial Integrity
26. A nurse believes, “I’m the only one who truly understands this patient. Other staff members are too critical.” Which situation is evident? a. Boundary blurring
   b. Sexual harassment
   c. Positive regard
   d. Transference
   ANS: A

When the role of the nurse and the role of the patient shift, boundary blurring may arise. In this situation, the nurse is becoming overinvolved with the patient as a probable result of unrecognized countertransference. When boundary issues occur, the need for
supervision exists. The situation does not describe sexual harassment. Data are not present to suggest positive regard or transference.

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DIF: Cognitive Level: Comprehension REF: Text Pages: 158-162

TOP: Nursing Process: Evaluation MSC: Client Needs: Psychosocial Integrity

27. As a patient with mental illness is discharged from a facility, the nurse invites the patient to the annual staff holiday party. Select the best analysis of this scenario.
   a. The invitation facilitates dependency on the nurse.
   b. The nurse’s action blurs the boundaries of the therapeutic relationship.
   c. The invitation is therapeutic for the patient’s diversional activity deficit.
   d. The nurse’s action assists the patient’s integration into community living.

ANS: B

The invitation creates a social rather than therapeutic relationship. It may or may not increase dependency on the nurse.

DIF: Cognitive Level: Application REF: Text Pages: 157-159

TOP: Nursing Process: Evaluation MSC: Client Needs: Psychosocial Integrity

28. As a nurse discharges a patient, the patient gives the nurse a card of appreciation made in an arts and crafts group. Select the nurse’s best action.
   a. Recognize the patient’s thoughtfulness. Express appreciation and accept the card.
   b. Inform the patient that accepting gifts violates policies of the facility. Decline the card.
   c. Acknowledge the patient’s transition through the termination phase, but decline the card.
   d. Accept the card. Invite the patient to return to participate in other arts and crafts groups.

ANS: A

The nurse must consider the meaning, timing, and value of the gift. In this instance, the nurse should accept the patient’s expression of gratitude.
During the first interview, a nurse notices that a patient does not make eye contact. Which analysis is correct?

a. The patient is not truthful and is demonstrating evasive behavior.
b. The patient is shy. The nurse should progress slowly.
c. The patient feels sad and cannot look at the nurse.
d. More information is needed to draw a conclusion.

ANS: D

The data presented are insufficient to draw a conclusion. The nurse must continue to gather information.

Which nursing actions demonstrate consistency and reliability? (Select all that apply.)

a. Providing a schedule of daily activities.
b. Offering solutions to a patient’s problems.
c. Having the same nurse care for a patient daily.
d. Setting a time for regular sessions with a patient.
e. Encouraging a patient to share initial impressions of staff.

ANS: A, C, D

Consistency implies predictability. The correct answers help a patient predict what will happen during each day and develop a greater degree of security and comfort. Encouraging a patient to share initial impressions of staff and giving advice are not related to consistency and would not be considered therapeutic interventions.

Which action(s) by the nurse should be included in the termination phase? (Select all that apply.)
a. Establish expectations of how long the relationship will last.
b. Work with the patient to identify strengths, limitations, and problems.
c. Help the patient express feelings about the relationship with the nurse.
d. Help the patient prioritize and modify socially unacceptable behaviors.
e. Focus dialogues with the patient on problems that may develop in the future.
ANS: C, E
These actions are part of the termination phase. The other actions apply to the
orientation or
working phases.
DIF: Cognitive Level: Application REF: Text Page: 168
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity
3. A psychiatric nurse’s parent had bipolar disorder. The nurse angrily
recalls childhood
memories of embarrassment about the parent’s behavior. Select the best
coping strategies
for this nurse. (Select all that apply.)
a. Seek ways to use the understanding gained from childhood to help patients cope
with their own illnesses.
b. Recognize that these feelings are unhealthy. The nurse should repress
them when
working with patients.
c. Recognize that psychiatric nursing is not an appropriate career choice.
Select another area of practice.
d. Begin relationships with new patients by saying, “My parent had mental
illness, so
I accept it without stigma.”
e. Recognize that the feelings may add sensitivity to the nurse’s practice,
but supervision is important.
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9-12 ANS:
A, E
The nurse needs support to explore these feelings. An experienced psychiatric
nurse is a
resource who may be helpful. The knowledge and experience gained from
the nurse’s
relationship with a mentally ill parent may contribute sensitivity to
compassionate practice.
Self-disclosure and suppression are not adaptive coping strategies. The nurse
should not give up on this area of practice without first seeking ways to cope with the memories.

DIF: Cognitive Level: Application REF: Text Pages: 158-160; 170-171
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity