

N310 Exam 3 Practice Answer Section

MULTIPLE CHOICE

1. ANS: B

A male with familial adoration, expectation to be perfect, and rigid personality is most likely to develop narcissistic personality disorder. The developmental history of persons with narcissistic personality disorder typically shows a pattern of selfless love and adoration from a significant adult. At the same time, the child experiences an ever-present threat to criticism for not being perfect. The individual appears arrogant, conceited, insensitive and ruthless. While the personality structure is stable, it is very rigid.

PTS: 1 DIF: Analysis

REF: Dramatic and Emotional Personality Cluster| Narcissistic Personality Disorder| Etiology

2. ANS: A

The female client with unstable, chaotic family; comorbid depression; and substance abuse would most likely develop personality disorder. One author describes the family history of the borderline personality as a “disaster a day” and likens the resultant family life to the plot of a television soap opera. BPD have some history of feeling abandoned, fearful, and unprotected as children.

PTS: 1 DIF: Analysis

REF: Dramatic and Emotional Personality Cluster| Borderline Personality Disorder| Etiology

3. ANS: A

Benzodiazepines have established short-term effectiveness in the control of anxiety symptoms. They are the treatment of choice for acute episodes of anxiety, such as during crises.

PTS: 1 DIF: Application REF: Treatment of Anxiety Disorders| Pharmacology

4. ANS: B

To determine if a subject’s feelings correspond to the nurse’s observations, the nurse would ask the client if he or she is experiencing unwanted, persistent, or recurrent thoughts that cannot be controlled. This would indicate that the client is experiencing obsessive thinking.

PTS: 1 DIF: Analysis

REF: Anxiety Disorders| Obsessive-Compulsive Disorder| Epidemiology

5. ANS: D

Obsessive-compulsive personality disorder (OCPD) would be the most likely diagnosis for this individual. Individuals with OCPD have a pervasive preoccupation with order, cleanliness, control, and perfectionism. In many cases, individuals suffering from OCPD appear highly inflexible. They become so focused on rules, detail, and procedures that they lose focus on the reasons for the procedures and instead focus solely on the pattern.

PTS: 1 DIF: Analysis

REF: Anxiety- and Fear-Based Personality Cluster| Obsessive-Compulsive Personality Disorder

6. ANS: B

In moderate anxiety, the person focuses only on the immediate concerns. The perceptual field is narrowed and the individual exhibits selective inattention.

PTS: 1 DIF: Application REF: Stages of Anxiety

7. ANS: B

The client would most likely fantasize about revenge against the IRS. Narcissistic individuals often use fantasy and daydreams to cope with stressful experiences. The content of their daydreams and fantasies frequently incorporate themes of self-admiration, power, revenge, and personal entitlement.

PTS: 1 DIF: Analysis
REF: Dramatic and Emotional Personality Cluster| Narcissistic Personality Disorder| Etiology

8. ANS: B

The nurse should give the client realistic feedback on why the person is not being understood. Walking away or ignoring the behavior is not effective treatment. While the nurse must not attempt to change the client's core personality, the nurse can be most helpful in providing measured feedback to the client regarding behavior and statements. This will help the client learn to adjust the behaviors that the client has which may be causing them difficulty in life.

PTS: 1 DIF: Application
REF: Odd and Eccentric Personality Cluster| Schizotypal Personality Disorder| Etiology

9. ANS: C

Risk of violence is highest when children are not able to express feelings through other than physical means. These children may also react in a manner inconsistent with their development age and the severity of the situation.

PTS: 1 DIF: Analysis REF: Nursing Diagnosis| Risk for Violence

10. ANS: B

The diagnosis for OCPD is distinct from OCD, although it shares the same rigid behaviors and patterns, such as hoarding personal effects or other items. As OCD is an anxiety disorder and not a personality disorder; an individual suffering from it is typically normal psychologically, except in situations that provoke his or her obsessions. In contrast, the rigidity displayed by a person suffering from OCPD is generally more extreme and more pervasive. It is not limited to a few specific stressors or compulsions.

PTS: 1 DIF: Analysis
REF: Anxiety- and Fear-Based Personality Cluster| Obsessive-Compulsive Personality Disorder

11. ANS: D

Many children with autism do not respond to physical illnesses. Therefore, the nurse should teach parents to be very observant because their children may not respond in the typical manner. If parents suspect an illness, action should be taken immediately to provide their children with the medical help they may need.

PTS: 1 DIF: Application
REF: Other Mental Disorders in Children and Adolescents| Autism

12. ANS: B

The client is most likely diagnosed with paranoid personality disorder. Clients with paranoid personality disorder tend to fear others and the motives of others. They are constantly suspicious of being exploited and have great difficulty trusting others, even those they consider friends.

PTS: 1 DIF: Analysis

REF: Odd and Eccentric Personality Cluster| Paranoid Personality Disorder

13. ANS: B

Neurosurgical treatment is extremely rare for cases of obsessive-compulsive disorder. Such treatment is typically reserved for only the most severe cases of the disease. The surgery involves making a series of lesions to interrupt the efferent tracks from the frontal cortex to the limbic and basal ganglia structures. In a recent study 65% of people who underwent this procedure were completely symptom free of obsessive-compulsive disorder, with no further need for treatment.

PTS: 1 DIF: Application

REF: Treatment of Anxiety Disorders| Combination Therapy

14. ANS: D

The nurse caring for a client diagnosed with narcissistic personality disorder would use an unemotional but supportive approach. To be therapeutic, the nurse must understand the personality dynamics behind the person's anger and criticisms.

PTS: 1 DIF: Application

REF: Dramatic and Emotional Personality Cluster| Narcissistic Personality Disorder| Etiology

15. ANS: B

A person displaying passive-aggressive or negativistic personality behaviors most likely had a childhood marked with an abrupt loss of nurturance, followed by unfair or excessive developmental demands. This most frequently occurs when the firstborn child is displaced by the birth of a younger sibling. Eventually the child learns to get back at authority figures indirectly by taking a long time to perform tasks or by doing the task requested poorly, with obvious flaws. The person's passive-aggressive behavior is a result of being unwilling or unable to directly express one's frustrations with others.

PTS: 1 DIF: Application

REF: Anxiety- and Fear-Based Personality Cluster| Passive-Aggressive Personality Disorder| Etiology

16. ANS: A

Intensive, sustained special education programs and behavior therapy early in life can increase the ability of the child with autism to acquire language and ability to learn. Special education programs in highly structured environments can help affected children acquire self-care, social, educational, and even job skills.

PTS: 1 DIF: Application

REF: Other Mental Disorders in Children and Adolescents| Autism

17. ANS: A

Behavior therapy has been shown to be the best treatment of specific phobias. In particular, some form of controlled exposure therapy has proven to be very effective. Medications, unless being used to treat a related illness such as depression, have not been conclusively shown to be effective.

PTS: 1 DIF: Application
REF: Treatment of Anxiety Disorders| Combination Therapy

18. ANS: A

Nursing interventions would be based on the fact that both clients are manifesting the same disorder based on fear of becoming helpless and incurring a panic attack. Client A's panic is related to the anxiety of being in public places, while client B's panic is related to being alone.

PTS: 1 DIF: Analysis REF: Stages of Anxiety| Panic Disorder

19. ANS: C

Somnolence is not a major reason to monitor children for suicidal risk. Somnolence is a feeling of drowsiness or sleeping too long. Areas of concern would include panic, agitation and anxiety. These factors may cause an increased risk of suicide.

PTS: 1 DIF: Application REF: Planning/Interventions

20. ANS: D

In a panic state, the person has feelings of dread or terror and is unable to control her behavior. The individual will experience a sense of awe. She will lose control and become disorganized.

PTS: 1 DIF: Application REF: Stages of Anxiety

21. ANS: A

Individuals may be psychologically traumatized even though they may not be directly involved with a traumatic event. Research data has shown that the consequences of large-scale trauma may extend into the general population because individuals are exposed to the event via mass media such as radio, television, or newspapers.

PTS: 1 DIF: Analysis
REF: Stages of Anxiety| Post-Traumatic Stress Disorder| Epidemiology

22. ANS: D

The most appropriate response would be to assess the client for social anxiety disorders. Social anxiety disorder is a disorder in which a person has a strong and irrational fear of social situations (often involving strangers). It is one of the most common anxiety disorders in the United States. In this case, the client has been able to talk to the nurse with whom she has established a rapport with. However, when a large number of people, most of whom she doesn't know, are present (the medical students), her anxiety manifests itself.

PTS: 1 DIF: Analysis REF: Stages of Anxiety| Panic Disorder

23. ANS: D

A person with avoidant personality disorder tends to believe that those outside of the family will reject the person more than the person's family. The family is the sole source of support for a person with avoidant personality disorder, even if the family is critical or rejecting. A person with avoidant personality disorder wants to be more sociable, but fears that being close to those outside of the family may bring humiliations or rejection.

PTS: 1 DIF: Application

REF: Anxiety- and Fear-Based Personality Cluster| Avoidant Personality Disorder

24. ANS: A

Hypnotherapy would not be an appropriate treatment modality for a client with a personality disorder. The client may have an anger management problem and need to be taught methods to manage anger and relieve stress. Another possibility is that the client has deficits in conversational and social skills. One of the central problems individuals who have personality disorder experience is interpersonal difficulties. The nurse can provide feedback with regard to the client's communication and assist the client in adjusting behavior to lessen the interpersonal difficulties experienced.

PTS: 1 DIF: Application

REF: Care Planning Guides: Clients with a Personality Disorder (Antisocial Personality Disorder| Obsessive-Compulsive Disorder)

25. ANS: C

Long-term counseling and multiple medications is the desirable treatment for individuals with borderline personality disorder. The current evidence-based drug treatment preferences are for atypical neuroleptics and anticonvulsants.

PTS: 1 DIF: Application

REF: Dramatic and Emotional Personality Cluster| Borderline Personality Disorder| Etiology

26. ANS: B

Clients with OCPD tend to have great difficulty discarding objects, no matter how worn out or worthless they are. They also have a tendency to hoard money. OCPD only occurs in about 1% of the general population. However, men are twice as likely to be diagnosed with OCPD as women.

PTS: 1 DIF: Application

REF: Anxiety- and Fear-Based Personality Cluster| Obsessive-Compulsive Personality Disorder

27. ANS: A

The neurotransmitter dopamine plays a key role in initiating purposive movement, increasing motivation and alertness, reducing appetite, and inducing insomnia. These effects are often seen when a child with ADHD is given stimulant drugs.

PTS: 1 DIF: Analysis

REF: Attention-Deficit/Hyperactivity Disorder| Etiology of ADHD

28. ANS: C

The coworker's behaviors are consistent with histrionic personality disorder. Histrionic personality disorder is characterized by rapid emotional swings, destructive behavior, and inability to form close interpersonal relationships. Persons with histrionic personality disorder may have mood swings, moving almost instantaneously from loud laughter to tears. Their primary aim is to keep themselves the focus of attention.

PTS: 1 DIF: Analysis

REF: Dramatic and Emotional Personality Cluster| Histrionic Personality Disorder

29. ANS: B

When obtaining a history about the early life of individuals with BPD, one would most likely find a violent, chaotic family history. One author describes the family history of the borderline personality as a "disaster a day" and likens the resultant family life to the plot of a television soap opera. Individuals with BPD have some history of feeling abandoned, fearful, and unprotected as children.

PTS: 1 DIF: Application

REF: Dramatic and Emotional Personality Cluster| Borderline Personality Disorder| Etiology

30. ANS: C

When working with a client diagnosed with histrionic personality disorder, the nurse must communicate realistic limits regarding availability and the client's ability to gradually increase frustration tolerance. The client should be told what is possible and what is not possible with regard to the treatment and attention provided to the client. It is common for a client with disorder to become frustrated when he or she is not receiving constant attention.

PTS: 1 DIF: Application

REF: Dramatic and Emotional Personality Cluster| Histrionic Personality Disorder| Etiology

31. ANS: A

Prolonged mood depression in a very young child can have a profound effect on self-image. The child who is depressed may feel the same feelings of worthlessness, helplessness, and hopelessness experienced by the adult with depression. Children with dysthymia can be depressed for 3 or 4 years.

PTS: 1 DIF: Analysis

REF: Depression and Suicide in Children| Dysthymia in Children

32. ANS: D

Mark's response is an example of fear because it is triggered by a known, specific object, the snake. His autonomic responses of the pounding heart and his hairs standing on end are directly related to the sight of the snake. A person experiencing anxiety would have a sense of dread without having a specific source or reason for the emotion.

PTS: 1 DIF: Application

REF: Competencies| Difference Between Anxiety and Fear

33. ANS: A

Experts suggest that the two conditions can be differentiated when hyperactive symptoms are episodic with intervening normal behavior (more common in mania than in ADHD). The two conditions can also be differentiated by good school performance, which is more common in mania.

PTS: 1 DIF: Application

REF: Depression and Suicide in Children| Bipolar Disorder

34. ANS: D

This client would most likely be diagnosed with schizotypal personality disorder. The high BP, respiration, and pulse when in a crowded waiting room is indicative of excessive social anxiety. His clothing creates an appearance that is odd, eccentric, or peculiar. His belief that you knocked because he counted to 100 demonstrates odd thinking or beliefs. All of these are indicators of schizotypal personality disorder, although none of these symptoms in isolation is sufficient to form such a diagnosis.

PTS: 1

DIF: Analysis

REF: Odd and Eccentric Personality Cluster| Schizotypal Personality Disorder

35. ANS: D

The client is most likely suffering from an obsessive-compulsive disorder. The act of checking the door to see if it is locked up to 300 times before he goes to bed is considered the compulsive act. Compulsive act are an attempt to reduce anxiety related to some obsessive thought.

PTS: 1

DIF: Application

REF: Stages of Anxiety| Obsessive-Compulsive Disorder

36. ANS: B

You are experiencing moderate anxiety as demonstrated by your selective inattention. Your perceptual field has narrowed causing you to be unable to focus on what the instructor is saying to you.

PTS: 1

DIF: Application

REF: Stages of Anxiety

37. ANS: C

Obsessive-compulsive disorder is said to occur about as commonly as diabetes and asthma, and yet clients frequently hide their symptoms from family and health care providers. Most cases of this disorder begin in quite young individuals, often during young adulthood or before.

PTS: 1

DIF: Application

REF: Stages of Anxiety| Obsessive-Compulsive Disorder| Epidemiology

38. ANS: B

Therapeutic play sessions provide the opportunity for hidden and threatening content to be presented. Most younger children find it difficult to express themselves verbally. Their limited vocabularies restrict the ability to identify feelings and concerns. Play therapy is one of the most useful techniques for expressing feelings, exploring relationships, and attempting new solutions to problems.

PTS: 1

DIF: Application

REF: Planning/Interventions| Play Therapy

39. ANS: C

There is mounting evidence that many of the SSRIs may cause an increase in suicidal ideation and suicide among children and adolescents. The FDA has instructed manufacturers to strengthen warnings about suicide risk with SSRI antidepressants.

PTS: 1

DIF: Analysis

REF: Depression and Suicide in Children| Pharmacological Treatment of Depression

40. ANS: C

Most persons who experience panic attacks have little or residual anxiety between attacks. In some individuals, the panic attacks are reproducibly provoked by exposure to certain stimuli (e.g., seeing a snake). In others, they may appear out of the blue or be most likely to occur in specific settings (such as the dentist's office).

PTS: 1 DIF: Application REF: Stages of Anxiety| Panic Disorder

41. ANS: A

The student is most likely diagnosed with avoidant personality disorder. Persons with avoidant personality disorder suffer from high levels of social inhibition and feelings of inadequacy. They tend to avoid social situations outside of the home that allow the possibility of being criticized or rejected.

PTS: 1 DIF: Analysis
REF: Anxiety- and Fear-Based Personality Cluster| Avoidant Personality Disorder

42. ANS: B

A nurse working with a client diagnosis of antisocial personality would most expect to see a disregard for and violation of the rights of others. This behavior often manifest itself through charm and manipulation as well as through violence.

PTS: 1 DIF: Application
REF: Dramatic and Emotional Personality Cluster| Antisocial Personality Disorder

43. ANS: B

The most therapeutic response by the nurse would be to review the unit rules with the client. The nurse should avoid taking a parental attitude reflected in saying, "No, rules are rules." The nurse should not allow to manipulate her or express personal interest in late-night TV. The issue is that the unit rules refer to all.

PTS: 1 DIF: Analysis
REF: Nursing Tip: Guidelines for Communicating with Clients Who Have a Personality Disorder

44. ANS: C

Teaching the client about her antianxiety medications would be an important part of an autonomous generalist nursing intervention. In addition, the nurse could also assess the level of anxiety and the degree of interference with normal nursing activities. Teaching skills of cognitive restructuring and initiating supportive therapy are also options for the nurse.

PTS: 1 DIF: Application
REF: Application of the Nursing Process| Planning/Interventions

45. ANS: A

The treatment of children with a diagnosis of conduct disorder has been found to be more successful if parents are involved in efforts to modify their child's behavior. The home environment provides children with a setting to develop skills they need to be successful in other settings such as the school. Parents who are involved in the children's treatment can also serve as role models for behavior and instill the values and beliefs necessary for their children to interact effectively with the larger society.

PTS: 1 DIF: Application
REF: Other Mental Disorders in Children and Adolescents| Conduct Disorder| Treatment

46. ANS: A

When dealing with a client diagnosed with antisocial personality disorder, the nurse must always be aware that he or she may be at physical risk from the client. In addition, attempts to con or manipulate the nurse or other staff are common among this type of client. The nurse may need additional assistance, including hospital security when setting limits for the client and telling the client that he or she cannot have what he or she wants.

PTS: 1 DIF: Analysis

REF: Dramatic and Emotional Personality Cluster| Antisocial Personality Disorder| Etiology

47. ANS: D

Maintaining a nonemotional, matter-of-fact manner with the client would be the most therapeutic approach when dealing with a client with paranoid personality disorder. The nurse should not attempt to talk the client out of his or her unfounded fears as this will merely lead to the client becoming more defensive. The nurse should provide feedback to the client's behaviors, as often the client does not realize how he or she comes across to others.

PTS: 1 DIF: Application

REF: Odd and Eccentric Personality Cluster| Paranoid Personality Disorder| Etiology

48. ANS: A

The client will best pay attention to instructions if the client is experiencing mild anxiety. With mild anxiety, the client is alert and there is an increase in the perceptual field.

PTS: 1 DIF: Application REF: Stages of Anxiety

49. ANS: A

Methylphenidate (Ritalin) remains the most commonly used medication for the treatment of ADHD. Phentolamine (Regitine), pemoline (Cylert), and trazodone (Desyrel) are not commonly used. Recently atomoxetine (Strattera) has become widely used for ADHD.

PTS: 1 DIF: Application

REF: Attention-Deficit/Hyperactivity Disorder| Pharmacological Treatment of ADHD

50. ANS: B

The girl is exhibiting separation anxiety. Older children with separation anxiety begin to have difficulties socially and academically. They may begin experiencing difficulties sleeping by themselves at night. They may also express fears of losing their parents through accidents or illness. Separation anxiety can also affect the child's ability to attend school or camp, stay at friends' houses, or be in a room by themselves.

PTS: 1 DIF: Analysis

REF: Anxiety Disorders| Separation Anxiety Disorder

51. ANS: B

Most likely the staff are stressed and need to work on techniques to reduce stress. Many nurses find working with clients with personality disorders to be undesirable and unsatisfying. In one study, 84% of nurses surveyed stated that working with clients with personality disorders was more difficult than working with other clients. Health care teams must be consistent and supportive of one another to avoid the risk of nurses feeling overly stressed and isolated from their coworkers.

PTS: 1 DIF: Application REF: Nursing Perspectives

52. ANS: A

As in adult cases, an affected child with dysthymia is depressed for most of the day on most days, and symptoms continue for several years. Such prolonged mood depression in a very young child can have a profound effect on self-image.

PTS: 1 DIF: Analysis

REF: Depression and Suicide in Children| Dysthymia in Children

53. ANS: B

The client experiencing a social anxiety disorder is suffering from a social phobia. This type of phobia is a profound fear of public speaking. The nursing care plan would focus on social skills training and exposure to social situations. Interventions would be directed at assisting the client with developing skills with speaking or performing in public, meeting new people, or taking tests.

PTS: 1 DIF: Application REF: Stages of Anxiety| Phobias

54. ANS: C

The client is most likely suffering from a post-traumatic stress disorder. Individuals with this disorder have been exposed to an event that threatened the person's physical integrity. In this situation, the experience of sexual abuse was seen as a threat to the client's physical integrity. Flashbacks are often experiences when the individual suffers from this disorder.

PTS: 1 DIF: Application

REF: Stages of Anxiety| Post-Traumatic Stress Disorder

55. ANS: B

The nurse should acknowledge the client's statement of concern, yet reinforce the position that each client should work on their own individual issues as recommended by their treatment team. The nurse should always provide clear communication with the clients regarding what the nurse can and cannot do. The client should be approached in a professional, supportive, nonjudgmental manner. The nurse should support the treatment plans developed by the team for the individual patients and not allow a single client to manipulate his or her way into controlling treatment for the other clients or undermine the existing program of treatment.

PTS: 1 DIF: Analysis

REF: Nursing Tip: Guidelines for Communicating with Clients Who Have a Personality Disorder

56. ANS: C

ADHD and bipolar disorder may coexist frequently in the same child, making accurate diagnosis particularly difficult. The lack of high-quality studies identifying the best treatments for bipolar disorder in children further complicates the diagnosis and treatment of this condition.

PTS: 1 DIF: Application

REF: Depression and Suicide in Children| Bipolar Disorder

57. ANS: B

A person diagnosed with antisocial personality disorder would most likely be diagnosed as being a risk for violence directed at others. Individuals with this disorder display a persistent disregard for the rights and well-being of others. Although violence against others is common among people diagnosed with antisocial personality disorder, it is not a necessary trait for the diagnosis to be made.

PTS: 1 DIF: Analysis

REF: Dramatic and Emotional Personality Cluster| Antisocial Personality Disorder

58. ANS: C

When dealing with a client diagnosed with schizotypal personality disorder, the nurse should assist the client in changing some of the client's behaviors, but make no attempt to change the client's personality. The nurse should provide unconditional acceptance for the client, as the person he or she is. The nurse can work with the client in dealing with characteristics and behaviors that cause the client difficulty in life.

PTS: 1 DIF: Application

REF: Odd and Eccentric Personality Cluster| Schizotypal Personality Disorder| Etiology

59. ANS: D

Caretaker fatigue is a major challenge in managing the needs of clients with somatization disorders. The clients can be extremely demanding, manipulative, and occasionally seductive. It is probable that care of clients with this disorder should be provided by a team of professionals to eliminate the possibility of caretaker fatigue.

PTS: 1 DIF: Application REF: Somatization Disorder| Treatment

60. ANS: B

Stimulants given to children for the treatment of ADHD are usually started at a low dose and adjusted weekly. While stimulants address the problems associated with ADHD, some have side effects that can cause the child distress. The slow increase allows the physician to identify the dose that the child can tolerate.

PTS: 1 DIF: Application

REF: Attention-Deficit/Hyperactivity Disorder| Pharmacological Treatment of ADHD

61. ANS: B

The most appropriate question to assess the significance of somatization disorder is, "What do you think about your problem?" Other questions will focus on the client's responses to questions that focus on the significance of the hospital experience for the client, the client's interpretation of symptoms, and the clients experience with such symptoms previously. The assessment must include the client's perceptions that are considered subjective data.

PTS: 1 DIF: Application

REF: Assessment Questions for Somatizing Clients| Significance of the Somatization

62. ANS: C

The child who is behaving aggressively, hitting other children, and taking their belongings away from them is most likely the child with autism. The aggressive behavior of children with autism is related to their profound lack of interest in social interactions. Autistic children would not be talking nonstop and not paying attention to the teacher, which is more characteristic of a child with ADHD. A child with autism would more likely be playing with a spinning toy instead of a handful of rocks.

PTS: 1 DIF: Analysis

REF: Other Mental Disorders in Children and Adolescents| Autism

63. ANS: C

One of the major problems with treating clients with somatoform disorder is their failure to keep appointments with a psychotherapist. Many of the clients do not believe they are psychologically ill. They seek different medical opinions to verify that they have a physical problem.

PTS: 1 DIF: Analysis REF: Somatization Disorder| Treatment

64. ANS: C

When examining the childhood of a person affected with dependent personality disorder, it is quite common to find a history of parents being overly protective and not allowing the child to do things for him- or herself. The parents continued to nurture the child beyond the age when it was appropriate to do so. As a result of not being allowed to do things for him- or herself, the child becomes incompetent and begins to believe that he or she cannot do anything.

PTS: 1 DIF: Application

REF: Anxiety- and Fear-Based Personality Cluster| Dependent Personality Disorder| Etiology

65. ANS: C

The description of the client is most consistent with schizoid personality disorder. Compared with other disorders in the dramatic and emotional cluster, schizoid personality disorder is relatively rare. In addition to the mentioned traits, individuals with schizoid personality disorder display a distinct lack of concern about criticism or praise by others.

PTS: 1 DIF: Application

REF: Odd and Eccentric Personality Cluster| Schizoid Personality Disorder

66. ANS: C

The nurse would expect the client to exhibit frantic efforts to avoid real or imagined abandonment. The client would feel abandoned because the roommate is leaving to move into the sorority house.

PTS: 1 DIF: Analysis

REF: Dramatic and Emotional Personality Cluster| Borderline Personality Disorder| Etiology

67. ANS: C

Common descriptions of individuals diagnosed with histrionic personality disorder are constantly seeking attention, excessively emotional, dramatic, and shallow. Individuals with this disorder crave being the center of attention, and use excesses in emotional expression to gain that attention. They often talk or behave in a seductive or sexual manner and dress in ways that draw attention to themselves.

PTS: 1 DIF: Application

REF: Dramatic and Emotional Personality Cluster| Histrionic Personality Disorder

68. ANS: A

The best advice coming from the modeling and role-modeling theory is to listen to the client and begin to build a nurse-client relationship based on trust. Nurses need to understand that by building such a relationship they are indeed providing nursing care. Further, from the perspective of this theory, when a client is in impoverishment, that is, in a state where the client is unable to mobilize own resources to deal with life's stressors, the nurse is guided to provide direct physical care.

PTS: 1 DIF: Application REF: Nursing Theory| Factitious Disorders

69. ANS: A

The most striking physical manifestations that the nurse might expect to find when assessing an anxious client include heart rate changes, pallor, sweating, and hair standing on end. Other responses that the nurse might assess include crouching, yawning, and raising arms.

PTS: 1 DIF: Application

REF: The Experience of Fear and Anxiety| Neurobiology of Anxiety

70. ANS: D

A client with narcissistic personality disorder would most likely have impaired social interactions. A large reason for the impaired social interactions is that a person with narcissistic personality disorder lacks empathy and is unwilling or unable to recognize or identify with the feelings of others.

PTS: 1 DIF: Application

REF: Dramatic and Emotional Personality Cluster| Narcissistic Personality Disorder

71. ANS: C

A concept map will vividly show the interconnectedness of both psychosocial and physical issues by displaying graphically how each issue relates to, influences, and is influenced by other issues. In addition, the concept map will help identify issues that are focal areas for the client. The concept map is needed because the client not only has a psychological disorder but also a physical illness (asthma). The exposure to pets in an assisted-living facility must be considered when planning for this client.

PTS: 1 DIF: Application

REF: Exemplar from Practice Concept Map: Client with Obsessive-Compulsive Personality Disorder

72. ANS: D

The nurse should explain to the client that all nurses at the facility are very skilled and well trained. Furthermore, the nurse should instruct the client that if he has an issue with a particular nurse, it would be best if he brought that issue up directly with the nurse in question. The client's behavior is known as "splitting." Clients with personality disorders have developed manipulative behaviors to get what they want from others. Such behaviors may include splitting, seduction, flattery, guilt instilling, and in some cases intimidation. The nurse should be aware of these tactics and take steps to prevent or reduce such behaviors.

PTS: 1 DIF: Analysis

REF: Nursing Tip: Guidelines for Communicating with Clients Who Have a Personality Disorder

73. ANS: D

The nurse should consistently follow a specific time schedule that incorporates the client's personality traits whenever possible. In some cases, the client's OCPD can be used as an asset in the treatment processes. Individuals with OCPD crave control. The nurse should give as much control as is safe for the client and avoid getting into power struggles with the client.

PTS: 1 DIF: Application

REF: Anxiety- and Fear-Based Personality Cluster| Obsessive-Compulsive Personality Disorder

74. ANS: A

Of the four methods listed, psychodrama is the only method that could be used to achieve the outcomes developed by the nurse and the client. The priority is for the client to learn a new set of skills for communicating with others. Neither hypnotherapy, electroconvulsive therapy, nor pharmacotherapy are useful in teaching skills. Psychodrama can be a useful tool by providing clients direct feedback about their behavior in the comfort of the clinical setting.

PTS: 1 DIF: Application REF: Nursing Process| Planning/Interventions