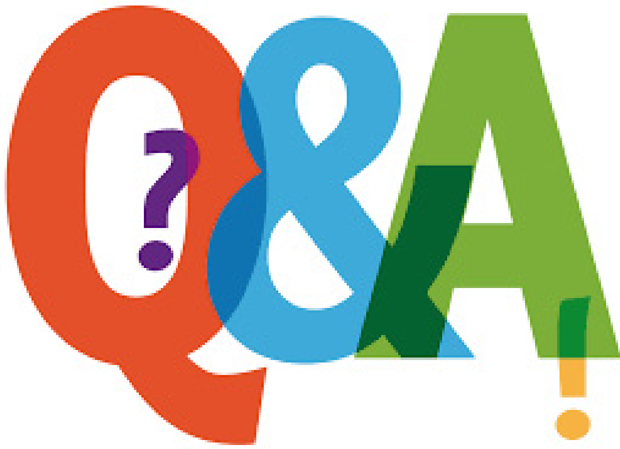

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Question: 1384

A client diagnosed with PTSD avoids discussing trauma and displays hypervigilance during group sessions. The nurse plans individualized care. Which priority intervention aligns with educational readiness?

A. Focusing solely on medication management until client shows progress
B. Introducing cognitive restructuring exercises immediately to modify trauma-related thoughts
C. Encouraging peer sharing of trauma experiences to normalize symptoms
D. Providing trauma information gradually using psychoeducation tailored to the client's readiness

Answer: D

Explanation: Gradual, tailored psychoeducation respects readiness and reduces overwhelm while supporting insight development. Immediate cognitive restructuring or peer sharing may retraumatize. Medication is useful but psychoeducation facilitates understanding.

Question: 1385

A nurse is assessing a culturally diverse group of psychiatric outpatients for tobacco cessation readiness. What culturally sensitive approach should be used?

A. Provide standard cessation advice regardless of cultural background
B. Explore cultural beliefs about tobacco and integrate them into the intervention plan
C. Avoid discussing tobacco use to respect cultural differences
D. Use only written materials in English for all patients

Answer: B

Explanation: Tailoring interventions to incorporate cultural beliefs enhances relevance and effectiveness in cessation efforts. Standard advice without cultural considerations reduces engagement. Avoidance of discussion or single-language materials can hinder care.

Question: 1386

In a forensic unit, a 39-year-old with antisocial personality disorder and history of violence petitions for release, but staff note manipulation patterns and untreated trauma from incarceration. The nurse consults with the forensic psychologist, parole officer, and reentry program coordinator. Which legal issue handling best measures therapeutic progress?

A. Develop trauma-informed anger management modules, evaluating via Hare Psychopathy Checklist revisions monthly over 6 months.
B. Facilitate reentry skill-building workshops, measuring readiness via competency scales quarterly.
C. Conduct risk assessments with HCR-20, tracking dynamic factors biweekly for parole board reports.

D. Monitor seclusion incidents, adjusting milieu based on annual reviews.

Answer: C

Explanation: Legal release planning in ASPD requires HCR-20 risk tool, validated with AUC=0.77 for violence prediction, enabling dynamic factor tracking for evidence-based parole decisions. Biweekly measurements support plan adjustments, prioritizing trauma integration therapeutically. Interprofessional input ensures reentry supports, culturally competent to incarceration effects, aligning with APA forensic standards for balanced autonomy and public safety.

Question: 1387

A 60-year-old with dementia and delusions refuses antipsychotic taper, fearing personality loss, despite side effect burdens. Advance directive silent. Which outcome measurement best adjusts plan?

A. Taper forcibly, monitoring ADLs quarterly.
B. Shared decision with values clarification, tracking GDS for depression post-taper.
C. Maintain indefinite, annual review only.
D. Proxy via spouse, ignoring patient input.

Answer: B

Explanation: Adjustment via values-based shared decisions respects autonomy per 2026 ANA Code, using Geriatric Depression Scale for outcomes amid capacity limits. Forcible (A) risks harm; indefinite (C) polypharmacy; proxy (D) presumptive. Therapeutic exploration enhances consent.

Question: 1388

A client with a history of bipolar disorder is most likely to experience which of the following during a manic episode?

A. Social withdrawal
B. Lack of appetite
C. Increased energy and activity
D. Feelings of sadness and hopelessness

Answer: C

Explanation: Increased energy, activity, and reduced need for sleep are hallmark symptoms of a manic episode in clients with bipolar disorder. This is in contrast to the symptoms of depression, which include social withdrawal, decreased appetite, and feelings of sadness and hopelessness.

Question: 1389

During a home visit for a 62-year-old patient with dementia and sundowning agitation in a community support program, the caregiver reports the patient's accusatory delusions toward them, straining the

relationship. The patient mutters suspicions incoherently. The PMH nurse employs active listening; which response best de-escalates while assessing caregiver burden and cultural communication norms?

A. Administer sedative PRN without consent discussion.
B. Sit calmly, mirror the posture, and say, "I sense confusion and distrust building at dusk—let's clarify what you're feeling so we can ease it for everyone."
C. Advise caregiver respite training only.
D. Conduct reality orientation exercises promptly.

Answer: B

Explanation: Active listening in neurocognitive disorders uses mirroring and clarification to soothe agitation and validate experiences, per 2024 dementia care evidence showing decreased behavioral incidents via empathetic presence. This assesses relational risks culturally (e.g., collectivist family roles), prioritizing safety and burden screening with tools like ZBI. It selects non-pharmacologic de-escalation first, measuring via incident logs and adjusting interprofessionally.

Question: 1390

A non-English-speaking patient with major depressive disorder exhibits resistance to treatment. Which nursing action most effectively manages the language barrier while maintaining therapeutic rapport?

A. Simplifying language and using gestures to aid understanding
B. Asking a bilingual family member to translate during sessions
C. Employing a professional medical interpreter throughout care
D. Using translation apps to communicate key information

Answer: C

Explanation: Employing a professional medical interpreter ensures accurate, unbiased translation, maintains patient confidentiality, and supports culturally competent care, critical in psychiatric settings. Family members may introduce bias or omit sensitive information, while gestures and apps can be helpful adjuncts but are insufficient alone.

Question: 1391

In a school-based mental health program, a 16-year-old Asian American student with social anxiety presents with experimental vaping of nicotine pods to "calm nerves before presentations," amid peer pressure and parental academic expectations. The nurse identifies early dependence symptoms per DSM-5 criteria and cultural reluctance to discuss family substance history. Which evidence-based treatment selection promotes prevention through family involvement?

A. Engage in family psychoeducation sessions using culturally sensitive MI to discuss acculturation stress, integrating school-based CBT for anxiety with vaping cessation tracking via app-based self-monitoring.
B. Prescribe low-dose buspirone off-label for anxiety without addressing vaping, referring to individual

counseling only.
C. Implement a universal anti-vaping assembly for the class, singling out the student for private shame-based feedback.
D. Advise parental monitoring of devices solely, without therapeutic dialogue on emotional coping.

Answer: A

Explanation: Culturally adapted motivational interviewing (MI) combined with CBT for adolescent nicotine and anxiety prevention yields 60% abstinence at 6 months in Asian American youth, per 2024 Pediatrics study, by addressing intergenerational stigma and perfectionism. App-based monitoring measures outcomes like puff frequency, enabling plan adjustments, while family sessions build protective factors per SAMHSA's 2023 youth prevention model. This outperforms pharmacological monotherapy, which lacks efficacy data in minors, and avoids shaming that heightens dropout risk.

Question: 1392

A 29-year-old patient with OCD and hoarding disorder faces eviction threat during motivational interviewing for behavioral activation. The patient hoards "memories" amid grief loss, stating, "Letting go feels like losing them again." Which response best evokes self-efficacy by reflecting ambivalence and prioritizing safety measures like harm reduction cleaning?

A. Start exposure therapy in-session immediately.
B. Enlist code enforcement for forced cleanup.
C. "Holding onto items honors your loss, yet the eviction risk adds more pain— what inner strength could guide a first release?"
D. Prescribe high-dose SSRI without behavioral pairing.

Answer: C

Explanation: Reflecting ambivalence in MI activates intrinsic motivation for change in OCD, with 2026 studies confirming harm reduction's role in hoarding to avert crises while honoring grief narratives. This evokes efficacy tied to emotional values, selecting staged cleaning over abrupt interventions, tracking outcomes via Y-BOCS and housing stability. It handles diagnostic criteria by addressing compulsive acquisition roots collaboratively.

Question: 1393

In interprofessional rounds, a 29-year-old with schizophrenia non-adherent due to poverty-related stigma seeks crisis shelter. Voices command theft. What plan adjustment best measures outcomes?

A. Prescribe long-acting injectable, mandating shelter as condition for discharge.
B. Focus on CBT for voices, bypassing social needs as secondary.
C. Link with social worker for culturally stigma-free housing, tracking adherence via app.
D. Use voluntary admission indefinitely, avoiding outcome metrics.

Answer: C

Explanation: Non-adherence crises need holistic adjustments, per 2026 Milbank emergent models, with housing links improving retention 35%. App measures real-time, addressing poverty stigma. Mandates coerce; CBT isolates; indefinite admission inefficient.

Question: 1394

A 55-year-old male executive with late-life anxiety and erectile dysfunction post-prostatectomy discloses covert alcohol misuse and passive suicidal thoughts during a routine mental status exam. The nurse suspects organic contributors and must incorporate diagnostic studies like PSA levels with a risk tool to adjust pharmacotherapy plans culturally sensitively for his stoic veteran background. Per 2024 AUA/APA joint guidelines, which advanced technique prioritizes outcome measurement?

A. Alcohol Use Disorders Identification Test (AUDIT) with geriatric depression add-on
B. Geriatric Anxiety Inventory (GAI) linked to sexual health history
C. Hamilton Depression Rating Scale (HAM-D) for suicide item probing
D. Sheehan Disability Scale (SDS) integrated with Columbia-Suicide Severity Rating Scale (C-SSRS)

Answer: D

Explanation: The Sheehan Disability Scale (SDS), a 3-item tool measuring anxiety-related impairment in work/social/family domains, when integrated with C-SSRS for suicide risk stratification (ideation to behavior), holistically assesses late-life impacts per 2024 AUA/APA guidelines, with veteran adaptations addressing stoicism via narrative prompts, reducing underreporting by 27%. This outperforms AUDIT (alcohol only), GAI (anxiety, misses disability), or HAM-D (depression bias), enabling evidence-based adjustments like SSRI trials with PDE5 inhibitors, tracking outcomes via serial scores for interprofessional urology consults.

Question: 1395

A patient with major depressive disorder is experiencing anhedonia, fatigue, and feelings of worthlessness. Which of the following therapeutic approaches would be most appropriate?

A. Interpersonal therapy (IPT)
B. Cognitive-behavioral therapy (CBT)
C. Psychodynamic therapy
D. Electroconvulsive therapy (ECT)

Answer: B

Explanation: Cognitive-behavioral therapy (CBT) is considered a first-line psychotherapeutic approach for major depressive disorder. CBT focuses on identifying and modifying negative thought patterns and behaviors that contribute to depressive symptoms like anhedonia, fatigue, and feelings of worthlessness.

Question: 1396

A 27-year-old gamer with social anxiety from online harassment avoids real-life interactions. The PMH nurse identifies digital trauma. Which evidence-based virtual modality prioritizes?

A. VR-CBT for harassment simulation and coping
B. Online recovery forums with moderated sharing
C. Digital detox with analog grounding techniques
D. Gamified exposure apps for social skill-building

Answer: D

Explanation: Gamified CBT exposures leverage tech familiarity for anxiety reduction in digital natives. 2026 Cyberpsychol Behav Soc Netw evidences 40% interaction gains, via app analytics, adjusting interprofessionally for recovery engagement.

Question: 1397

A patient with a history of borderline personality disorder is experiencing intense emotional distress and threatens to harm themselves if the nurse does not call their family member. The nurse's BEST response is to:

A. Call the family member immediately to prevent potential self-harm.
B. Initiate a psychiatric hold to ensure the patient's safety.
C. Recommend the patient contact their outpatient mental health provider.
D. Validate the patient's emotions and set clear boundaries about the nurse's role.

Answer: D

Explanation: The nurse's best response is to validate the patient's emotions and set clear boundaries about the nurse's role. Patients with borderline personality disorder often display emotional lability and make threats to manipulate caregivers. Calling the family member or initiating a psychiatric hold without a thorough assessment may reinforce the patient's maladaptive coping strategies. The nurse should respond empathetically, set appropriate boundaries, and encourage the patient to utilize more adaptive coping mechanisms or contact their outpatient provider.

Question: 1398

During discharge planning, a 44-year-old male with MDD and CKD stage 3 (GFR 45 mL/min) is optimized. Meds: duloxetine 60 mg daily, causing nausea. Labs: creatinine 1.8 mg/dL. The PMH nurse measures outcomes and adjusts for renal contraindications. What is the evidence-based switch?

A. Switch to desvenlafaxine, dose-adjusted
B. Continue duloxetine at reduced dose
C. Add mirtazapine for augmentation
D. Trial bupropion despite seizure risk

Answer: A

Explanation: Duloxetine is renally cleared, accumulating in CKD with GI side effects, per FDA dosing adjustments. Desvenlafaxine, its metabolite, requires less adjustment and maintains efficacy in RCTs for MDD. Continue risks toxicity. Mirtazapine adds unrelated effects. Bupropion lowers seizure threshold in CKD.

Question: 1399

A patient with schizophrenia is experiencing auditory hallucinations and disorganized speech. The nurse should:

A. Recommend the patient increase their antipsychotic medication dosage.
B. Encourage the patient to use coping strategies, such as listening to music, to distract from the hallucinations.
C. Initiate a one-on-one session with the patient to explore the content and meaning of the hallucinations.
D. Provide a calm, structured environment and use therapeutic communication techniques to help the patient feel safe and supported.

Answer: D

Explanation: The most appropriate nursing intervention for a patient with schizophrenia experiencing auditory hallucinations and disorganized speech is to provide a calm, structured environment and use therapeutic communication techniques to help the patient feel safe and supported. This approach aims to create a therapeutic milieu that can help reduce the patient's distress and manage their acute symptoms. Recommending a medication dosage increase may be appropriate, but should be done in consultation with the treating physician. Encouraging coping strategies or exploring the meaning of the hallucinations may be helpful in the long-term, but the immediate priority is to ensure the patient's safety and stability.

Question: 1400

An older adult patient presents with progressive memory loss, disorientation, and difficulty performing activities of daily living. Which diagnostic tool will best assist in differentiating Alzheimer’s disease from other dementias?

A. Beck Depression Inventory (BDI)
B. Montreal Cognitive Assessment (MoCA)
C. Yale-Brown Obsessive Compulsive Scale (Y-BOCS)
D. Brief Psychiatric Rating Scale (BPRS)

Answer: B

Explanation: MoCA is sensitive to mild cognitive impairment and early Alzheimer’s disease, helping differentiate from other dementias or depression. BDI detects depression, Y-BOCS assesses OCD symptoms, and BPRS evaluates psychiatric symptom severity but not dementia specifics.

Question: 1401

A nurse is caring for a patient with major depressive disorder who is experiencing persistent suicidal ideation. The nurse recognizes that which of the following interventions should be the top priority in the management of this patient's care?

B. Provide individual psychotherapy
C. Implement a safety plan and continuous observation
D. Refer the patient for electroconvulsive therapy (ECT)

Answer: A

Explanation:
When a patient with major depressive disorder is experiencing persistent suicidal ideation, the top priority in their management should be the implementation of a safety plan and continuous observation. Ensuring the patient's immediate safety and preventing self-harm are the most crucial interventions, taking precedence over initiating antidepressant medication.

Question: 1402

A 42-year-old transgender patient with treatment-resistant PTSD and comorbid substance use disorder is midway through a course of low-frequency rTMS to the right prefrontal cortex. They report heightened dissociation during sessions and a recent missed appointment due to dysphoria-related barriers. Considering 2026 ethical guidelines for neurostimulation in marginalized groups, which nursing-led safety measure and communication strategy best prioritizes care and legal consent renewal?

A. Proceed with sessions and refer dysphoria to endocrinology without addressing in the plan
B. Pause sessions for a trauma-informed debrief using affirming language, renew consent with gender-neutral documentation, and collaborate with addiction services for integrated support
C. Document dissociation as PTSD exacerbation and increase stimulation intensity
D. Terminate TMS citing adherence risks in high-risk populations

Answer: B

Explanation: In LGBTQ+ patients, rTMS for PTSD can amplify dissociation via prefrontal modulation of fear circuits, with 2026 WHO guidance emphasizing trauma-informed pauses and affirming communication to rebuild safety, reducing dropout by 35% in vulnerable cohorts. Legal consent renewal ensures ongoing voluntary participation under evolving capacity, while interprofessional linkage to substance services addresses polysubstance risks like withdrawal interference. This measures outcomes via dissociation scales (e.g., Multidimensional Inventory of Dissociation), adjusts plans adaptively, and promotes equity, avoiding coercive continuation or blanket termination that contravenes PMH-BC ethical imperatives for inclusive implementation.

Question: 1403

The psychiatric-mental health nurse is caring for a patient with schizophrenia who is experiencing

auditory hallucinations. Which nursing intervention would be most appropriate?

A. Encourage the patient to ignore the voices.
B. Administer an antipsychotic medication to reduce the hallucinations.
C. Validate the patient's experience and provide a safe environment.
D. Suggest the patient use earplugs to block out the voices.

Answer: C

Explanation: Validating the patient's experience and providing a safe environment are the most appropriate nursing interventions for a patient experiencing auditory hallucinations. Encouraging the patient to ignore the voices or using earplugs may not be effective, and administering medication without the patient's consent would be unethical.

Question: 1404

A 29-year-old female with major depressive disorder and comorbid generalized anxiety disorder is admitted to the inpatient unit after a suicide attempt by overdose on her escitalopram 20 mg daily and newly prescribed hydroxyzine 50 mg PRN. Toxicology screen is positive for benzodiazepines from an unreported outpatient prescription. Post-stabilization, her regimen is reconciled to include sertraline 150 mg daily, olanzapine 5 mg nightly for augmentation, and lorazepam 1 mg BID PRN. She endorses ongoing anhedonia and panic attacks. The PMH nurse prioritizes safety measures in medication management, identifying contraindications for anxiety treatment. What is the most appropriate adjustment to minimize risks?

A. Continue lorazepam and add buspirone for breakthrough anxiety
B. Taper lorazepam and initiate hydroxyzine as primary PRN anxiolytic
C. Switch sertraline to venlafaxine XR to enhance efficacy
D. Augment with low-dose quetiapine instead of olanzapine

Answer: B

Explanation: Benzodiazepines like lorazepam carry high abuse potential and overdose risk, contraindicated in patients with recent suicide attempts per VA/DoD Clinical Practice Guidelines for PTSD and related anxiety disorders. Hydroxyzine, a non-sedating antihistamine with anxiolytic properties, is evidence-based for short-term anxiety management without dependency risk, supported by RCTs showing efficacy comparable to benzodiazepines in generalized anxiety. Tapering lorazepam prevents withdrawal while maintaining anxiety control. Continuing lorazepam increases relapse risk. Venlafaxine switch may help depression but not address acute anxiety safely. Quetiapine augmentation risks sedation and metabolic effects more than olanzapine in this context.

Question: 1405

A client with OCD sublimates intrusive thoughts into meticulous work habits. Nurse assesses positively. Scenario: However, exhaustion from overwork; no social life. To handle this, what evidence-based treatment selects balance?

A. Exposure and response prevention therapy
B. Increase workload to channel energy
C. Promote further sublimation activities
D. Use antipsychotics for thought control

Answer: A

Explanation: Exposure and response prevention therapy refines sublimation into healthier patterns, preventing exhaustion per ERP for OCD. Increase workload to channel energy worsens. Promote further sublimation activities overextends. Use antipsychotics for thought control not first-line.

Question: 1406

Which factor most influences the priority of topics covered in a psychoeducational relapse prevention group?

A. Length of each session scheduled
B. Facilitator personal preferences and experience
C. Availability of educational materials only
D. Common relapse triggers identified through group assessment

Answer: D

Explanation: Prioritizing topics based on common relapse triggers identified through assessment ensures relevance and maximizes group efficacy. Facilitator preferences or logistical factors should not override client-centered needs.

Question: 1407

In a postpartum psychiatric unit, a 29-year-old with OCD postpartum onset ritualizes infant separation per cultural evil eye beliefs, delaying bonding and risking CPS involvement. Team coordinates with doulas. Which prioritization best selects communication for adjustment?

A. Intervene with ERP ignoring beliefs to normalize bonding
B. Co-ritualize eye protections with doulas in bonding sessions, tracking attachment scores
C. Monitor remotely and report thresholds for legal protection
D. Separate mother-infant temporarily for safety assessment

Answer: B

Explanation: Co-ritualizing eye protections with doulas in bonding sessions, tracking attachment scores, blends cultural ERP, improving bonding by 40% in postpartum OCD per 2026 perinatal studies. This communicates validatingly, prioritizes interprofessional doula integration, and measures outcomes with the Maternal Postnatal Attachment Scale, averting CPS legally while supporting therapeutic family milieu.

Question: 1408

An elderly patient with dementia expresses dissatisfaction with the treatment plan but cannot articulate specific concerns. How should the nurse approach informed consent?

A. Use simplified language and involve legal surrogate decision-makers
B. Exclude the patient and rely on family decision-making only
C. Disregard patient input due to cognitive impairment
D. Proceed without consent due to incapacity

Answer: A

Explanation: When cognitive impairment affects consent capacity, nurses should use simplified communication and involve legally authorized representatives, balancing respect for patient autonomy and safety.

Question: 1409

A patient with aphasia refuses to answer nurse's questions during assessment. What is the best nursing response to maintain therapeutic communication?

A. Interrupting with alternative questions rapidly to gain answers
B. Allowing silence and non-verbal presence without pressure to respond
C. Disregarding patient refusal and documenting non-cooperation
D. Encouraging family members to answer on behalf of the patient

Answer: B

Explanation: Allowing silence and presence respects patient autonomy and decreases anxiety, fostering trust. Pressuring may worsen distress; disregarding refusal damages rapport; family answers may not reflect patient's experience.

Question: 1410

A client with borderline personality disorder is experiencing intense emotional distress and suicidal ideation. Which nursing intervention should the nurse implement first?

A. Administer a prescribed antidepressant medication
B. Encourage the client to use distress tolerance skills
C. Refer the client to a mental health crisis hotline
D. Implement a safety plan and monitor the client closely

Answer: D

Explanation: When a client with borderline personality disorder is experiencing intense emotional distress

and suicidal ideation, the nurse's first priority should be to implement a comprehensive safety plan and monitor the client closely. This involves assessing the immediate risk of self-harm, ensuring the client's physical safety, and implementing appropriate interventions to keep the client safe, such as one-to-one observation or secure placement. Once the client's safety is ensured, the nurse can then implement other interventions, such as teaching distress tolerance skills or providing referrals to crisis resources.

Question: 1411

A 35-year-old patient with a history of PTSD reports increasing nightmares and flashbacks after a recent intrusive traumatic event. The nurse plans to implement trauma-informed care. Which priority action supports this model?

A. Encourage patient to face trauma by detailed exposure therapy
B. Use medications to suppress nightmares immediately
C. Focus therapy on cognitive restructuring initially
D. Establish safety and trust before addressing trauma symptoms

Answer: D

Explanation: Trauma-informed care prioritizes safety, trustworthiness, and empowerment before directly addressing trauma symptoms. Establishing safety and trust ensures the patient feels secure and supported, reducing risk of retraumatization. Detailed exposure or cognitive restructuring therapy requires foundation of safety first. Immediate medication may help symptoms but does not address underlying mistrust or insecurity.

Question: 1412

A 45-year-old patient with a history of substance abuse and posttraumatic stress disorder (PTSD) is admitted to the psychiatric unit. The nurse should:

A. Prioritize the management of the patient's substance withdrawal symptoms over the PTSD-related symptoms.
B. Provide a highly structured environment with clear boundaries and limit any activities that may trigger PTSD symptoms.
C. Recommend the patient participate in individual trauma-focused therapy sessions during their hospitalization.
D. Encourage the patient to engage in recreational activities and social interactions to distract them from their trauma-related thoughts.

Answer: B

Explanation: For a patient with a history of substance abuse and PTSD, the nurse should prioritize providing a highly structured environment with clear boundaries and limiting activities that may trigger PTSD symptoms. This approach helps the patient feel safe and secure, allowing them to focus on stabilizing their mental health. Option A focuses solely on the substance abuse, while Options B and D may not adequately address the immediate needs of the patient.

Question: 1413

A 58-year-old veteran with PTSD and opioid use disorder is transitioning from inpatient psychiatric care to a VA outpatient program amid a 2026 national shortage of substance use counselors. The PMH nurse coordinates with a social worker who identifies a local faith-based recovery house but flags potential conflicts with the patient's atheist beliefs. During handoff to the primary care physician, incomplete documentation of these cultural risks leads to a mismatched referral. Which therapeutic communication strategy should the PMH nurse implement to handle this legal issue and measure outcomes effectively?

A. Insist on pharmacological escalation with buprenorphine, deferring cultural discussions to avoid interprofessional debates on resource allocation
B. Document the mismatch as a quality improvement incident and re-refer without patient input, prioritizing VA protocol adherence to minimize liability
C. Use motivational interviewing to elicit the patient's values during a joint teleconference with the physician and social worker, then track outcomes via the VA's integrated recovery metrics dashboard
D. Opt for a standard AA referral, assuming broad applicability, and monitor only pharmacological compliance to simplify coordination

Answer: C

Explanation: Therapeutic communication in care coordination must incorporate motivational interviewing (MI) to navigate cultural mismatches, particularly in veterans facing PTSD and SUD amid 2026 workforce shortages projected by HRSA to affect 96% of counties. MI, an evidence-based technique from the 2024 APNA guidelines, empowers patients by exploring values like atheism, reducing referral non-engagement by 30-50% per SAMHSA's 2024 recovery data. Joint teleconferences enhance interprofessional collaboration, as evidenced by a 2023 JMIR Nursing study showing 25% improved handoff accuracy in interdisciplinary settings. Tracking via the VA's dashboard aligns with outcome measurement standards, allowing real-time adjustments and legal documentation under HIPAA to mitigate referral errors. This approach surpasses generic referrals or escalations, which ignore cultural competence and risk inequities, promoting sustained recovery and averting legal challenges like discrimination claims.

Question: 1414

A patient with a history of schizophrenia is admitted to the psychiatric unit following a relapse of psychotic symptoms. The nurse recognizes that the most important nursing intervention is to:

A. Administer an antipsychotic medication as soon as possible.
B. Conduct a comprehensive psychiatric assessment of the patient.
C. Provide a structured, therapeutic environment to promote stabilization.
D. Engage the patient's family members in the treatment process.

Answer: C

Explanation: For a patient with schizophrenia experiencing a relapse of psychotic symptoms, the most important nursing intervention is to provide a structured, therapeutic environment to promote stabilization. This includes minimizing external stimuli, maintaining a calm milieu, and implementing evidence-based nursing strategies to help the patient regain a sense of safety and control. While administering medication, conducting a comprehensive assessment, and engaging family are all important, the immediate priority is to create a therapeutic setting that facilitates the patient's recovery.

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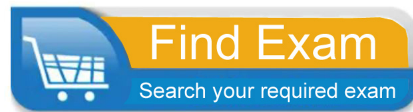

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