UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES

SUPPLEMENTARY EXAMINATION PAPER JULY 2016

TITLE: NURSING MANAGEMENT OF CHILDHOOD MENTAL DISORDERS

COURSE: CMH407

DURATION: TWO (2) HOURS

MARKS: 75

INSTRUCTIONS:
1. ANSWER ALL QUESTIONS
2. EACH QUESTION CARRIES MARKS AS INDICATED IN AT THE END OF EACH QUESTION
3. TOTAL MARKS FOR THE EXAMINATION ARE 75
4. NO PAPER SHOULD BE BROUGHT INTO NOR OUT OF THE EXAMINATION ROOM
5. BEGIN EACH QUESTION ON A SEPARATE SHEET OF PAPER

DO NOT OPEN THIS QUESTION PAPER UNTIL PERMISSION IS GRANTED BY THE INVIGILATOR
QUESTION 1
Intellectual disabilities among children manifest themselves in adaptive functioning deficits.

a) Outline 3 common adaptive functioning deficits among these children. (6)
b) What strategies would you use to communicate with a child who has an intellectual disability? (9)
c) How would you utilise the caregiver/carer to assist you better manage a child with intellectual disability? (10)

TOTAL = 25

QUESTION 2
(i) True/False questions. Write the letter T or F next to the corresponding number if you consider the statement given in that number either True or False. (e.g. 66 = T). 1 mark each

1. A nurse’s attitude towards children with special needs can affect the quality of care provided.
2. The first priority for a nurse to develop is an effective management system for a smoothly running unit for children with learning disability.
3. What serves as reinforcement for one child will always work for another.
4. Typically, children with special needs cannot be relied upon to use self-monitoring and self-care techniques.
5. The psychosocial domain of management of children with intellectual disability refers to peer interactions, communication abilities of the nurse and school/family relationships.
6. Abnormal behavior in children is developmentally determined, that is, normal behavior at one age is abnormal at another.
7. When diagnosing a child with a mental disorder, it is most important to consider the child’s gender.
8. Extreme distractibility distinguishes children with attention deficit hyperactivity disorder from other children.
9. Attention deficit hyperactivity disorder and conduct disorder are internalizing disorders.
10. A child labelled as hyperactive would be usually diagnosed as having oppositional defiant disorder in the DSM V.
11. Children with attention deficit hyperactivity disorder know what socially appropriate behavior is, but are often unable to act in that way.
12. Medications for children with attention deficit hyperactivity disorder have little effect on their academic achievement.
13. An intervention that is most effective in improving a child’s behavior who disrupts classes because of attention deficit hyperactivity disorder is operant conditioning involving a token reward system.
14. A child with an eating disorder is not trying hard enough to eat right.
15. About the same number of boys and girls get anorexia nervosa.
16. Children with an eating disorder often do not know they are ill or they hide their condition.
17. Physical factors influencing mental health disorders in children include cultural expectations.
18. Medications are often the complete solution for curing children with a mental disorder.
20. Stress has an effect on every system of the body.
   (20 marks)

(ii) Match the description in column A with the treatment modality in column B
   (e.g. 33 = a) (1 mark each).

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. A treatment method that helps children improve their skills on goal</td>
<td>a. Cognitive behavioural</td>
</tr>
<tr>
<td>setting, scheduling, confidence building, organization and persisting in life tasks</td>
<td>therapy</td>
</tr>
<tr>
<td>22. Treatment modality that helps children to address their fears by modifying the way they think and respond to stressful events.</td>
<td>b. Mindfulness therapy</td>
</tr>
<tr>
<td>23. Treatment that aims at lowering stress and managing worry.</td>
<td>c. Exposure therapy</td>
</tr>
<tr>
<td>24. Gradual exposure to fearful situations that leads to decreased anxiety.</td>
<td>d. Exercise and relaxation</td>
</tr>
<tr>
<td>25. A way of treatment that helps one to stay focused in the present and to stop struggling to control distressing thoughts and feelings resulting in greater self-acceptance.</td>
<td>e. Coaching</td>
</tr>
</tbody>
</table>

(5 marks)
TOTAL = 25

Question 3
Kalulu, is 9 years old and is the elder of two siblings and repeating Grade 1. He is referred to the mental health clinic by the school nurse because his teacher complains that Kalulu confuses p's and q's and can barely write his name and has difficulty with arithmetic. He is not attentive and is at the bottom of his class but excels in sports. In class Kalulu talks when he is not expected to and cannot await his turn when playing games. He always beats other children. When talking to Nurse Mafu at the clinic he breaks down and weeps and says he has been sad, angry and jealous of his sister, who seems to be favoured by his parents. His parents always hit him. Kalulu sometimes wakes up screaming when he has nightmares of being hit by his father. Kalulu reports that he has thought of killing himself but he does not know how.

a) What possible diagnoses would you assign to Kalulu and why?   (8)
b) How would you manage Kalulu for each of the diagnoses?        (17)

TOTAL = 25