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Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q91-Q96):

NEW QUESTION # 91

Which of the following community mental health practice sites is most likely to be associated with tertiary prevention?

- A. nursing homes
- B. schools
- C. crisis centers
- **D. psychosocial rehabilitation programs**

Answer: D

Explanation:

The concept of prevention in mental health can be divided into three levels: primary, secondary, and tertiary. Primary prevention aims at reducing the incidence of mental health disorders in the general population. Secondary prevention focuses on the early detection and intervention of mental health problems to halt their progression. Tertiary prevention, the focus of this discussion, involves strategies designed to manage and improve the quality of life for individuals who already have significant or chronic mental health issues.

In the context of community mental health practice sites, various facilities can serve functions aligning with these prevention levels. For instance, schools might primarily engage in primary prevention through education and early identification of mental health concerns. Crisis centers often partake in secondary prevention by providing immediate intervention during mental health emergencies to prevent worsening of the situation. Nursing homes may implement secondary or tertiary prevention measures depending on the mental health status of their residents.

Psychosocial rehabilitation programs, however, are particularly aligned with tertiary prevention. These programs are designed specifically to support individuals who have persistent and serious mental health issues. The primary goal of psychosocial rehabilitation is not just to prevent further psychological deterioration but also to enhance the capabilities of individuals so they can lead more fulfilling and autonomous lives despite their mental health challenges.

Such programs utilize a comprehensive approach that includes skill building, social support networks, education on managing illness, vocational training, and sometimes therapy. These interventions are critical in helping individuals achieve the highest possible level of functioning and improving their quality of life, which are the cornerstone objectives of tertiary prevention.

Therefore, among the given options, psychosocial rehabilitation programs most directly and effectively address the goals of tertiary prevention by helping individuals manage complex, long-term mental health issues, preventing further deterioration and facilitating better integration into the community with enhanced personal skills and support systems.

NEW QUESTION # 92

Flight of ideas is best defined as

- A. flow of unconnected words that convey no meaning to the listener
- B. inaccurate interpretation that general event are personally directed to him or her
- C. stopping abruptly in the middle of a sentence or train of thought
- **D. excessive amount and rate of speech composed of fragmented or unrelated ideas**

Answer: D

Explanation:

Flight of ideas is a psychological phenomenon often observed in individuals experiencing manic episodes, particularly those associated with bipolar disorder. This symptom is characterized by an excessive amount and rate of speech, where the ideas expressed are fragmented or unrelated. The individual typically jumps rapidly from one topic to another with only superficial connections between them, if any. This can make it difficult for listeners to follow the conversation, as the speaker's thoughts seem scattered or disconnected.

Unlike coherent and logical dialogues, a flight of ideas lacks a clear progression or logical sequence. The connections between thoughts are often based on coincidental or superficial associations, such as rhyming words or similar sounds, rather than meaningful content. This can result in speech that appears rambling or incoherent to others.

The presence of flight of ideas is particularly indicative of the manic phase of bipolar disorder, where individuals exhibit an elevated mood, increased energy, and decreased need for sleep. During this phase, the rapid thought processes and heightened creativity may contribute to the disjointed and rapid speech patterns. It is important for clinicians to distinguish flight of ideas from other speech disturbances, such as pressured speech, where the rate is increased but connections between thoughts may still be logical, or from thought blocking, where the person unexpectedly stops speaking, unable to continue their train of thought.

Understanding and identifying flight of ideas is crucial for proper diagnosis and treatment of bipolar disorder and other conditions where this symptom may appear. Treatment typically involves the use of mood stabilizers and psychotherapy to help manage symptoms and provide strategies for coping with the challenges posed by such rapid and disorganized thought patterns. Additionally, educating patients and their families about these symptoms can help them recognize early signs of manic episodes and seek

appropriate intervention.

NEW QUESTION # 93

Which of the following is not a characteristic of schizophrenia?

- A. Symptoms may include both hallucinations and delusions
- **B. More common in females**
- C. More common for ages 18 - 35
- D. Family history may increase the likelihood of developing schizophrenia

Answer: B

Explanation:

The correct answer to the question, "Which of the following is not a characteristic of schizophrenia?" is "More common in females." This statement is not accurate as it contradicts established demographic trends observed in schizophrenia diagnoses.

Schizophrenia is a complex psychiatric disorder that affects how a person thinks, feels, and behaves, leading to a distorted perception of reality. This can manifest through hallucinations, delusions, disorganized thinking, and other cognitive impairments. Schizophrenia typically first appears in late adolescence to early adulthood, and its onset is slightly different between genders. Statistically, schizophrenia is slightly more prevalent in males than in females. Male patients often experience an earlier onset of symptoms, typically in their late teens to early twenties. In contrast, females tend to show symptoms later, usually in their late twenties to early thirties. Additionally, the course of the disease can differ by gender, with males often experiencing more severe symptoms earlier in the disease progression.

Another factor relevant to schizophrenia is genetics. A family history of schizophrenia substantially increases the likelihood of developing the disorder. Studies suggest that the risk for an individual increases if a family member, particularly a first-degree relative, has been diagnosed with schizophrenia. This hereditary aspect underscores the importance of genetics in understanding the risk and mechanisms of the disorder.

Regarding the symptoms, schizophrenia is notably marked by psychotic symptoms such as hallucinations and delusions.

Hallucinations involve sensing things that are not present, such as hearing voices, while delusions involve false beliefs that are not grounded in reality, such as thinking one has extraordinary powers or is being persecuted. These symptoms are central to the diagnosis of schizophrenia and are critical in differentiating it from other mental health disorders.

In summary, the statement "More common in females" is incorrect as a characteristic of schizophrenia, as the condition is more frequently diagnosed in males and has an earlier onset in them. Understanding the true characteristics of schizophrenia is essential for correct diagnosis, treatment, and management of those affected by the disease.

NEW QUESTION # 94

When planning care for a patient with anxiety disorder, it is key for the nurse to recognize and explore behaviors such as pacing or hand-wringing which the patient uses to alleviate anxiety. These are known as which of the following?

- A. Tics.
- **B. Relief behaviors.**
- C. Avoidance behaviors.
- D. Release behaviors.

Answer: B

Explanation:

In the context of mental health and anxiety disorders, it is crucial for healthcare providers, particularly nurses, to understand and identify specific behaviors exhibited by patients as they attempt to manage their anxiety. These behaviors, referred to as "relief behaviors," are essentially coping mechanisms that individuals employ to temporarily reduce or alleviate the discomfort caused by anxiety. Common examples of these behaviors include pacing back and forth, hand-wringing, fidgeting, or other repetitive physical activities.

Understanding relief behaviors is fundamental in the clinical setting for several reasons. Firstly, these behaviors serve as indicators of the patient's level of anxiety and stress. By observing these actions, healthcare professionals can gauge the intensity of the anxiety and its impact on the patient's overall functioning. Secondly, recognizing these behaviors early in the care process allows healthcare providers to intervene more effectively. This might involve offering reassurance, initiating therapeutic communication, or implementing specific anxiety-reducing interventions tailored to the individual's needs.

Moreover, exploring these relief behaviors with the patient can be a therapeutic tool in itself. It opens avenues for dialogue, helping patients to articulate their feelings and triggers, and fostering a better understanding of their condition. This understanding can lead to more personalized and effective care planning. Additionally, discussing these behaviors can help patients recognize their own patterns

of anxiety, which is a critical step in cognitive-behavioral approaches where patients learn to modify or replace unhelpful coping mechanisms with more adaptive strategies.

In summary, relief behaviors are a vital aspect of assessing and managing anxiety in patients. They not only provide insight into the severity of the patient's condition but also facilitate targeted interventions that can help manage symptoms more effectively.

Therefore, nursing care plans for patients with anxiety disorders should always consider these behaviors, ensuring that interventions are both timely and appropriately tailored to meet individual needs and enhance the overall therapeutic outcome.

NEW QUESTION # 95

What model would be best for a patient with comorbid conditions?

- A. Biologic
- **B. Whole person**
- C. Acute
- D. Containment

Answer: B

Explanation:

In the medical field, comorbid conditions refer to the presence of one or more additional diseases or disorders co-occurring with a primary disease or disorder. Managing a patient with comorbid conditions can be quite complex due to the different treatments and medications required for each condition. The best medical model to handle such situations is the whole person model.

The whole person model of care focuses on treating the person as a whole, rather than just focusing on the individual diseases or conditions. This approach takes into account the interactions between different diseases and conditions and how they can impact the overall health of the patient. It emphasizes the need to consider all aspects of a patient's health, including their physical, mental, and social well-being.

In the whole person model, the case manager plays a crucial role. They are responsible for coordinating the different treatments and services required by the patient. They ensure that all healthcare professionals involved in the patient's care are updated on the patient's condition and treatment progress. The case manager also works closely with the patient and their family to understand their needs and preferences, and to make sure the care provided aligns with these.

By using the whole person model, healthcare providers can provide more coordinated and comprehensive care to patients with comorbid conditions. This can lead to better health outcomes and improved patient satisfaction. Therefore, the whole person model is the best choice for a patient with comorbid conditions.

NEW QUESTION # 96

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