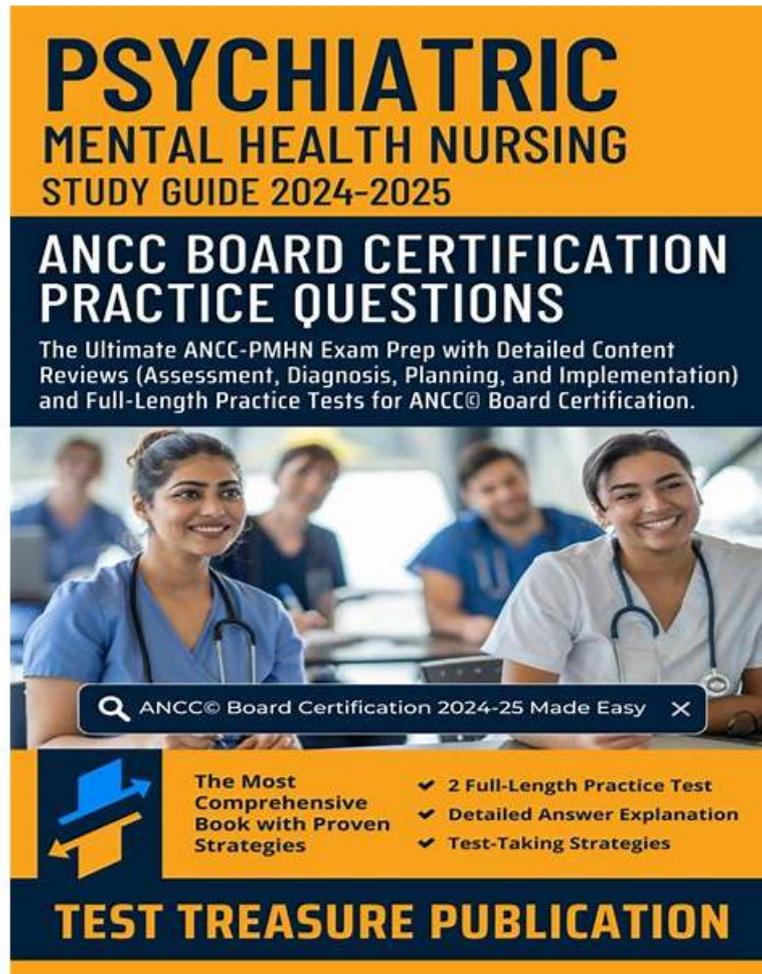


PMHN-BC試験合格攻略 - ANCC Psychiatric-Mental Health Nursing Certification (PMHN-BC)永遠にパスします



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PMHN-BC問題集を手に入れる前のサービスであれば、アフタサービスであれば、弊社はお客様の皆様の認めを得られるために、皆様の質問をすぐに返答できて準備しています。我々の社員は全日中でお客様のお問い合わせをお待ちしております。あなたはJpshikenのPMHN-BC問題集について、何の質問があると、メールで我々のメールアドレスに送ったりすることができます。

弊社はPMHN-BC問題集の英語版と日本語版をリリースしています。英語版と日本語版の内容は同じですけど、言語だけ違いがあります。それなので、PMHN-BCに関する英語試験や日本語試験に参加する予定があるお客様は安心に問題集を購入できます。PMHN-BC試験のために、気楽に準備したり、参加したりしています。その他、我々のPMHN-BC日本語問題集を購入すると、英語版を送ります。

>>> PMHN-BC試験合格攻略 <<<

PMHN-BCキャリアパス & PMHN-BC復習攻略問題

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Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) 認定 PMHN-BC 試験問題 (Q59-Q64):

質問 # 59

When your client is inducing an illness in order to receive attention this is called:

- A. malingering
- B. anxiety disorder
- C. factitious disorder
- D. masochistic disorder

正解: C

解説:

Factitious disorder is a mental disorder in which a person acts as if they have an illness by deliberately producing, feigning, or exaggerating symptoms, purely to attain (often medical) attention or sympathy. This disorder is distinct from hypochondriasis as these individuals are aware that they are exaggerating, but do it for psychological reasons rather than for personal gain.

In contrast to malingering, where the individual pretends to be ill for material gain (such as financial compensation, avoidance of work, or access to drugs), those with factitious disorder are driven by a deep-seated need for attention and sympathy. The primary motivation is to assume the "sick role" to receive care and concern, not external incentives.

The behaviors in factitious disorder may involve falsifying medical history, tampering with medical tests (for example, contaminating a urine sample), harming oneself to produce symptoms, or by exacerbating existing medical problems. These actions are often very harmful to the person's health, yet driven by an uncontrollable psychological need.

Diagnosis and treatment of factitious disorder are challenging. Healthcare providers must carefully gather a patient's medical and psychological history for inconsistencies without damaging the trust in the therapeutic relationship. Treatment typically involves managing any underlying psychiatric conditions, such as depression or personality disorders, and addressing the relationship between the patient and healthcare providers to avoid unnecessary procedures.

Understanding factitious disorder and distinguishing it from other similar conditions, like malingering or somatic symptom disorder, is crucial for providing appropriate care and avoiding unnecessary medical interventions.

質問 # 60

What is NOT one of the three factors that contribute to the insomnia complaint according to Spielman's 3P model of insomnia?

- A. Predisposing factors
- B. Perpetuating factors
- C. Precipitating factors
- D. Prompting factors

正解: D

解説:

In Spielman's 3P model of insomnia, the three key factors that contribute to the development and maintenance of insomnia are predisposing, precipitating, and perpetuating factors. This model helps in understanding how insomnia can start and why it continues over time.

****Predisposing Factors:**** These are the inherent characteristics or traits that an individual might possess, which make them more susceptible to developing insomnia. For example, genetic factors, personality traits, or pre-existing psychological conditions such as anxiety or depression can predispose a person to insomnia. These factors do not directly cause insomnia but contribute to a person's overall vulnerability to sleep disturbances.

****Precipitating Factors:**** These are external events or situations that trigger the onset of insomnia. They are often acute or significant events that create a disruption in a person's life. This can include stressors such as job loss, death of a loved one, illness, or any major change that impacts one's normal routine or emotional equilibrium. Unlike predisposing factors, which are inherent, precipitating factors are usually identifiable events or changes in a person's environment or life circumstances.

****Perpetuating Factors:**** After insomnia has been triggered, certain behaviors or patterns can develop that continue to maintain the sleep disturbance, even after the original precipitating factors might have been resolved. These include poor sleep hygiene practices such as irregular sleep schedules, napping during the day, excessive use of caffeine or alcohol, and engaging in stimulating activities

close to bedtime. Additionally, psychological responses such as worry about sleep can also become perpetuating factors, creating a cycle of sleep anxiety and disturbed sleep.

The term **"Prompting Factors"**, mentioned in the question, is not part of Spielman's 3P model. This term might be confused with precipitating factors but officially, it does not exist within the framework of this model. Understanding the correct terminology and components of the 3P model is crucial for accurately addressing and treating insomnia based on this well-regarded theoretical framework.

質問 # 61

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

正解: C

解説:

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.

質問 # 62

Generally, psychiatric symptoms are:

- A. discrete
- **B. nonspecific**
- C. specific
- D. evident

正解: B

解説:

Psychiatric symptoms are generally nonspecific, meaning they are not unique to one specific disorder and can be seen across a range of different psychiatric conditions. This lack of specificity can make diagnosis and treatment more challenging. For example, symptoms such as anxiety, depression, or mood swings can be present in multiple disorders including major depressive disorder, bipolar disorder, and anxiety disorders. As a result, clinicians need to conduct a comprehensive and holistic assessment to accurately identify the underlying condition.

The assessment process in psychiatry is designed to be broad to capture all possible influences and contributing factors to a patient's mental health. This includes exploring psychological, biological, and social aspects of an individual's life. By taking into account the entirety of a person's situation and experiences, clinicians can better understand the complex interplay of elements affecting their mental health.

Furthermore, it is crucial for mental health professionals to look for patterns or clusters of symptoms rather than isolated signs. Isolated symptoms can be misleading and may result in a misdiagnosis if considered outside of the broader context of the individual's mental and emotional state. Recognizing patterns helps in identifying the root causes and the most effective treatment approaches. This method enhances the accuracy of diagnoses and can lead to more tailored and effective treatment plans. In summary, because psychiatric symptoms are often nonspecific, mental health assessments must be thorough and consider a wide range of potential factors. Understanding that these symptoms can appear in various combinations and are influenced by multiple aspects of an individual's life is key to providing effective psychiatric care.

質問 # 63

Pender's Health Promotion Model includes three general areas of concern to health-promoting behavior. Which of the following is NOT one of them?

- A. individual characteristics and experiences
- B. behavioral outcomes
- C. perceived susceptibility to a condition
- D. behavior-specific cognitions and affect

正解: C

解説:

Pender's Health Promotion Model (HPM) is a theoretical framework designed to be a "complementary counterpart to models of health protection." It defines health as a positive dynamic state rather than simply the absence of disease. The model focuses on three key areas: individual characteristics and experiences, behavior-specific cognitions and affect, and behavioral outcomes. These elements are used to understand and predict how individuals engage in health-promoting behaviors.

The correct answer to the question, "Which of the following is NOT one of the three general areas of concern to health-promoting behavior in Pender's Health Promotion Model?" is "perceived susceptibility to a condition." This concept is actually a part of another well-known health model called the Health Belief Model (HBM). The HBM is centered around concepts including perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action, and self-efficacy. It is primarily focused on disease prevention and how beliefs about health problems, perceived benefits of action, and barriers to action can affect health-related behavior.

In contrast, Pender's Health Promotion Model includes: 1. **Individual characteristics and experiences** - This area recognizes the impact of previous experiences and inherited and acquired characteristics on personal behavior. Factors like biological, psychological, and sociocultural characteristics are considered to shape how individuals think about health. 2. **Behavior-specific cognitions and affect** - This aspect of Pender's model includes perceptions of benefits of and barriers to engaging in specific health behavior, perceived self-efficacy, activity-related affect, interpersonal influences (such as norms, social support, and modeling), and situational influences. These factors contribute to the motivation of the individual in making health-promoting behavior choices. 3. **Behavioral outcomes** - This is the end result of the model where the action of engaging in a health-promoting behavior is the outcome. The desired behavioral outcomes are directed by goals set by the individual, and actions are taken to achieve these goals which are influenced by the individual's commitments, perceived barriers, and competing demands and preferences.

Understanding the distinction between these models is crucial for health professionals in designing interventions and educational programs. Pender's HPM emphasizes the positive approach to wellness, expanded focus on the individual's motivation and readiness to act, and the dynamic nature of the individual-environment interaction necessary for promoting health. In contrast, the HBM is more focused on preventing disease through addressing negative health behaviors and evaluating personal risks and outcomes.

質問 # 64

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