

Exam Topics PMHNP Pdf | Reliable PMHNP Test Question

ANCC PMHNP EXAM QUESTIONS WITH COMPLETE SOLUTIONS

A patient with borderline personality disorder experiences intense anxiety when an adult psychiatric and mental health nurse practitioner goes on vacation. The best explanation for this reaction is that the patient:

- A. has failed to develop clear ego boundaries.
- B. has failed to master object constancy.
- C. is employing primitive idealization.
- D. is employing projective identification. - Answer-B. has failed to master object constancy

2. A patient has been taking escitalopram (Lexapro) 10 mg daily for four weeks. Initially, the patient reported depression and suicidal thoughts. The patient's sleep, appetite, energy, and appearance have now begun to improve. Which statement applies to this patient?

- A. The medication should be discontinued.
- B. The medication should be increased.
- C. The patient's risk for suicide is not a concern.
- D. The patient's suicide potential is increased. - Answer-D. The patient's suicide potential is increased.

3. Which behavior reflects existentially oriented therapy?

- A. Attempting to understand a patient's subjective world
- B. Challenging a patient's irrational beliefs
- C. Developing specific plans for change
- D. Establishing general group goals - Answer-A. Attempting to understand a patient's subjective world

4. Serving as a member on a crisis team, an adult psychiatric and mental health nurse practitioner provides crisis intervention to the survivors of a plane crash. Forty-eight hours after the accident, the survivors describe vivid flashbacks, startle reactions, and disrupted sleep patterns. The nurse practitioner responds by:

- A. advising the survivors to consider using a hypnotic medication for a brief period.
- B. educating the survivors about prodromal symptoms of posttraumatic stress disorder.
- C. encouraging the survivors to rest during the day.
- D. suggesting that the survivors join a posttrauma support group. - Answer-B. educating the survivors about prodromal symptoms of posttraumatic stress disorder.

5. An adult psychiatric and mental health nurse practitioner uses the interpersonal therapy model with a patient to establish a therapeutic alliance based upon empathy and trust. The nurse practitioner recognizes the patient's readiness to terminate therapy when the patient demonstrates:

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College Admission PMHNP Exam Syllabus Topics:

Section	Weight	Objectives
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		• 1. Healthcare Regulations • 2. Advocacy and Leadership
		- Ethical and Legal Standards
		• 1. Professional Accountability • 2. Confidentiality and Consent
		- Collaboration and Consultation
Scientific Foundation 19%		• 1. Care Coordination • 2. Interdisciplinary Practice
		- Research and Evidence-Based Practice
		• 1. Research Interpretation • 2. Clinical Guidelines
		- Neuroscience and Neurobiology
		• 1. Neurotransmitters and Brain Function • 2. Neurodevelopmental Concepts
Advanced Practice Skills 24%		- Psychopathology
		• 1. Differential Diagnosis • 2. Psychiatric Disorders Across Lifespan
		- Psychotherapy Modalities
		• 1. Supportive Therapy • 2. Cognitive Behavioral Therapy
		- Psychopharmacology
Diagnosis and Treatment 43%		• 1. Drug Interactions and Side Effects • 2. Medication Management
		- Assessment and Diagnosis
		• 1. Psychiatric Interviews • 2. Mental Status Examination
		- Special Populations
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College Admission American Nurses Credentialing Center: Adult Psychiatric-Mental Health Nurse Practitioner-Board Certified Sample Questions (Q943-Q948):

NEW QUESTION # 943

Which of the following does not describe well-designed PMHNP interventions?

- A. Client goal-directed
- B. Client-centered
- C. Standardized for all clients
- D. Based on evidence-based practice guidelines

Answer: C

Explanation:

Interventions follow evidence-based practice guidelines, are client-centered and goal-directed, and take into account the client's ethnicity and culture. They are individualized to the client's specific needs and goals.

NEW QUESTION # 944

A patient presents to your clinic feeling as if she cannot leave the house unless she washes her hands 7 times for 5 minutes each time. The patient further explains that her anxiety keeps her from completing these tasks with enough time to get to work by her start time. You give this patient a diagnosis of obsessive-compulsive disorder (OCD) and prescribe fluoxetine (Prozac) to help with her illness. Four weeks later, the patient reports that the anxiety is better, and she is not performing these tasks as much but still finds herself needing to perform the handwashing at least 2 to 3 times a week. You talk to the patient about adjunct treatment and offer to prescribe a second medication.

What medication is best as adjunctive therapy with Prozac?

- A. Chlorpromazine (Thorazine)
- B. Clozapine (Clozaril)
- C. Fluphenazine (Prolixin)
- D. Risperidone (Risperdal)

Answer: D

Explanation:

With many patients experiencing a partial response to a serotonergic antidepressant, there is considerable interest in strategies to augment these medications for OCD. One common approach to augmentation includes adding risperidone (Risperdal); this drug is a second-generation atypical antipsychotic and is recommended as adjunctive therapy in the treatment of OCD.

Other approaches to augmentation include cognitive-behavioral therapy (CBT) and/or a low dose of clomipramine ((to a selective serotonin reuptake inhibitor [SSRI] or serotonin-norepinephrine reuptake inhibitor).

Thorazine and Prolixin are both first-generation antipsychotics and are not recommended as adjunctive therapy for OCD. Clozaril is not recommended as adjunctive therapy for OCD.

NEW QUESTION # 945

You have a patient with dementia who has fallen and is moaning with pain. You need to assess how severe this pain is. Which of the following assessment tools is best for evaluating the presence and severity of pain in patients with advanced dementia?

- A. The McGill Pain Questionnaire
- B. The Wong-Baker FACES Pain Rating Scale
- C. PAINAD scale

- D. observation alone

Answer: C

Explanation:

In the clinical scenario where a patient with advanced dementia is unable to verbally communicate their pain due to a fall, the most effective tool for assessing the severity of their pain is the PAINAD scale. This tool is specifically designed for situations where patients cannot express their discomfort through words.

The PAINAD scale, which stands for Pain Assessment in Advanced Dementia, is a clinically validated tool used to assess pain in individuals whose dementia has progressed to the point where verbal communication is not possible. The scale focuses on five specific behavioral indicators: breathing (independent of vocalization), negative vocalization (e.g., moaning, groaning), facial expression (grimacing, wincing), body language (restlessness, agitation), and consolability (ease of comforting the patient). Each of these indicators is rated on a scale from 0 to 2, where 0 indicates the absence of pain-related behavior and 2 indicates severe pain-related behavior. The scores for each category are then summed to produce a total score that ranges from 0 to 10. A higher score on the PAINAD scale indicates greater pain severity.

In contrast, other pain assessment tools like the Wong-Baker FACES Pain Rating Scale and the McGill Pain Questionnaire require some level of patient participation and communication of their experience, which may not be feasible in patients with advanced dementia. The Wong-Baker FACES scale, for example, relies on patients choosing a face that best represents their pain, which assumes cognitive and communicative abilities that might be compromised in advanced dementia.

Observation alone, without a structured tool like PAINAD, may lead to subjective interpretations and potentially inadequate pain management. Therefore, the PAINAD scale's systematic approach provides a more objective and reliable method for healthcare providers to assess and manage pain in this vulnerable population.

Ultimately, using the PAINAD scale enables caregivers and healthcare professionals to provide more tailored and effective pain relief interventions, enhancing the quality of care and comfort for patients with advanced dementia who have suffered a painful incident.

NEW QUESTION # 946

What term is defined as tension between what one wants to do and what is morally right?

- A. Ethical dilemma
- **B. Ethical conflict**
- C. Ethics
- D. Professional ethics

Answer: B

Explanation:

Ethical conflict is defined as the tension between what one wants to do and what is morally right.

Ethical dilemmas are conflicts between different ethical perspectives, not a conflict between the desire to not follow an ethical principle and the obligation to adhere to it. Ethics is the branch of knowledge that deals with moral principles. Professional ethics refers to the branch of knowledge that deals with moral behavior when in a professional role.

NEW QUESTION # 947

Which of the following environmental factors increases the risk of developing intermittent explosive disorder?

- A. Overprotective parenting
- B. Genetic predisposition to the condition
- C. Obsessive thoughts or feelings in childhood
- **D. Physical or emotional trauma the first 20 years of life**

Answer: D

Explanation:

Intermittent explosive disorder (IED) is a behavioral disorder characterized by extreme expressions of anger, often to the point of uncontrollable rage, that are disproportionate to the situation at hand. The disorder is often quite destructive, both physically and emotionally, and can result in significant distress for the individual and those around them.

The question is asking about environmental factors that could increase the risk of developing IED. Environmental factors refer to aspects of a person's surroundings that can impact their physical and mental health. It includes the physical environment, such as the home or workplace, and the social environment, such as relationships with family and friends.

Among the options given, "Physical or emotional trauma in the first 20 years of life" is the correct answer. This is because experiences of trauma, especially those occurring early in life, have been linked to the development of various mental health disorders, including IED. Trauma can change the brain's structure and function, leading to increased reactivity and decreased ability to regulate emotions, which could potentially manifest as explosive outbursts of anger.

Overprotective parenting, while it may lead to certain psychological issues, has not been directly linked to the development of IED. The same goes for obsessive thoughts or feelings in childhood. While these factors might contribute to general emotional distress or other mental health issues, there is no direct evidence linking them to IED.

Lastly, a genetic predisposition to the condition is not considered an environmental factor. Genetics can certainly play a role in the development of mental health disorders, including IED. However, genetic factors are part of a person's biology, not their environment. Therefore, while a genetic predisposition can increase the risk of developing IED, it is not an environmental factor as per the question's context.

NEW QUESTION # 948

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