

# New PMHNP Braindumps Questions | PMHNP Latest Exam Questions

**Clinical PMHNP Exam 1 | 80 Questions with 100% Correct Answers | Verified | Latest Update 2024**

Which theory of depression was developed based on observing that patients who were being treated for Hep C developed depressive symptoms?

- A. The monoamine theory
- B. The inflammation theory
- C. The HPA axis theory
- D. The stress-diathesis theory - ✓✓b. The inflammation theory

Which of the following health conditions have a high co-morbidity with depression?

- A. Hypertension
- B. Asthma
- C. Diabetes mellitus
- D. Cardiovascular disease
- E. Celiac disease
- F. Cognitive impairment
- G. Obesity
- H. Cancer - ✓✓A. Hypertension
- C. Diabetes Mellitus
- D. Cardiovascular disease
- F. Cognitive impairment
- G. Obesity
- H. Cancer

In the Cutler video on depression, he highlights that there are 200 different ways to meet the diagnostic criteria for depression.

- A. True

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## College Admission American Nurses Credentialing Center: Adult Psychiatric-Mental Health Nurse Practitioner-Board Certified Sample Questions (Q1153-Q1158):

### NEW QUESTION # 1153

Which of the following is a primary category of assessment in the mental status exam?

- A. Concentration
- B. Gross impairment
- C. Distractibility
- D. Thought objectivity

**Answer: A**

Explanation:

Mental status exam findings are based on primary categories, which include general appearance, speech, affect, mood, thought process, thought content, orientation, memory, concentration, abstraction, and judgment.

Distractibility is a subcategory of concentration. Gross impairment is a subcategory of judgment. Thought objectivity is neither a subcategory nor a primary category.

### NEW QUESTION # 1154

Who was the first person to offer a theoretical perspective on group work?

- A. Irvin Yalom
- B. Viktor Frankl
- C. Sigmund Freud
- D. Carl Rogers

**Answer: A**

Explanation:

Irvin Yalom was the first to propose a theoretical perspective on group work. He identified 10 curative factors that differentiate group work from individual therapy:

1. Instillation of hope
2. Universality
3. Altruism
4. Increased development of socialization skills
5. Imitative behaviors
6. Interpersonal learning
7. Group cohesiveness
8. Catharsis
9. Existential factors
10. Corrective refocusing

Sigmund Freud founded psychoanalysis. Carl Rogers originally developed humanistic therapy. Viktor Frankl developed existential therapy.

### NEW QUESTION # 1155

Which of the following would not support the diagnosis of acute PTSD?

- A. Intense psychological distress after exposure to cues that symbolize the event
- B. Flashbacks
- C. Witnessing but not experiencing a traumatic event
- D. Symptoms lasting 3 months or longer

**Answer: D**

Explanation:

When a patient has symptoms lasting over 3 months, it is considered chronic PTSD. Acute PTSD can be witnessed or experienced. Flashbacks and distressing reactions to cues and triggers are part of an acute episode of PTSD.

**NEW QUESTION # 1156**

Pharmacological management of anxiety can include the use of selective serotonin reuptake inhibitors (SSRIs), benzodiazepines (BNZs), tricyclic antidepressants (TCAs), and non-benzodiazepine anxiolytics. Which of the following medications is an off-label non-benzodiazepine that is sometimes a helpful adjunct for anxiety?

- A. Alprazolam
- B. Clonazepam
- C. Furosemide
- **D. Tiagabine**

**Answer: D**

Explanation:

Tiagabine is a non-benzodiazepine anxiolytic that is prescribed as an off-label adjunct medication possibly helpful for anxiety symptoms.

Alprazolam and clonazepam are both benzodiazepine. Clonidine is an alpha-agonist sometimes prescribed for anxiety in children. Furosemide is not used to treat anxiety.

**NEW QUESTION # 1157**

Positive symptom clusters of schizophrenia include which of the following?

- A. Apathy or avolition
- **B. Hostility and referential thinking**
- C. Abstract-thinking problems
- D. Affective flattening

**Answer: B**

Explanation:

Other positive symptom clusters are hallucinations, delusions, disorganized behaviors, hostility, grandiosity, mania, and paranoia. Negative symptom clusters include affective flattening, alogia or poverty of speech, avolition, apathy, abstract-thinking problems, anhedonia, and attention deficits.

Associated symptom clusters include inappropriate affect, dysphoric mood, depersonalization, derealization, and high anxiety.

**NEW QUESTION # 1158**

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