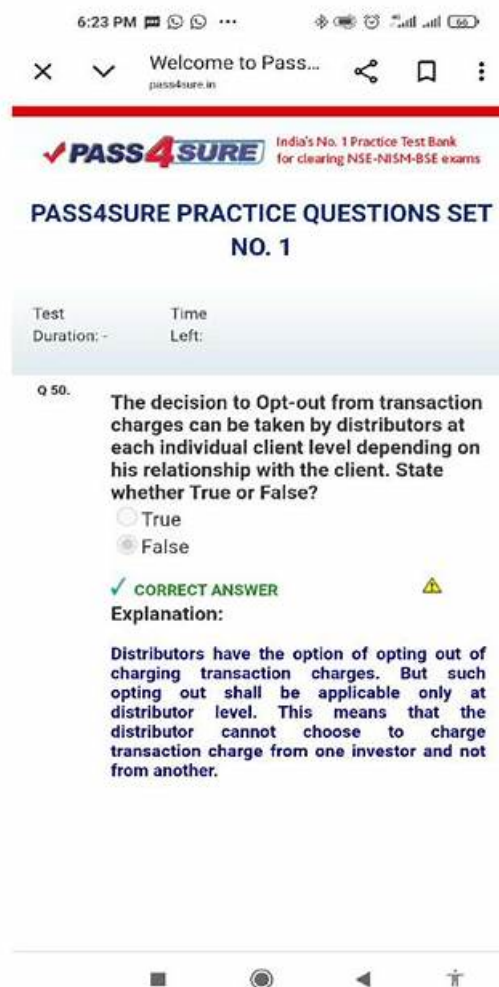


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Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q79-Q84):

NEW QUESTION # 79

Thought content is best assessed by:

- A. memory of recent and remote events
- B. recognition of person, place, and time
- C. what the client actually says
- D. how the client thinks

Answer: C

Explanation:

what the client actually says. The verbal expressions of the client provide direct insights into their thought content, revealing the presence of any distortions, delusions, obsessions, or preoccupations. By listening carefully to the client's words, healthcare providers can gauge the rationality and coherence of thoughts, and identify any pathological thinking patterns or content that may indicate mental health issues.

During assessment, the healthcare provider listens to determine if the client's ideas are logically connected and follow a coherent train of thought. This involves evaluating whether the thoughts are organized, and if the client can maintain a theme without wandering off-topic. It is also important to notice if the client's speech includes unusual beliefs or perceptions that could signify delusions or hallucinations.

Moreover, the provider should be attentive to any signs that the client is distracted or seems to be responding to internal stimuli-this could indicate hallucinations or other disturbances in thought processes. In situations where the client exhibits significant difficulties in maintaining a logical flow of thoughts, the provider may employ focused questions that require simple, direct answers. This technique can help in clarifying the client's thought processes and content, especially in assessing the severity and nature of any thought disorders.

In contrast, while recognition of person, place, and time, as well as memory of recent and remote events, are important in the overall cognitive assessment, they do not directly provide detailed information about the client's current thought content. These elements are more related to the cognitive functions such as orientation and memory, rather than the specific content and quality of thoughts.

In summary, the most direct and effective way to assess a client's thought content is through careful and attentive listening to what the client actually says. This approach allows healthcare providers to evaluate the presence of any abnormalities or disorders in thought content, which are crucial for diagnosing and treating psychiatric conditions.

NEW QUESTION # 80

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

- A. nursing homes
- B. crisis centers
- C. schools
- 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 # 81

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

Answer: A

Explanation:

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.

NEW QUESTION # 82

When talking with a psychiatric mental health patient, the nurse repeats back to the patient what they have just said. This would be considered which of the following techniques?

- A. Reflecting
- B. None of the above
- C. Paraphrasing
- D. Restating

Answer: D

Explanation:

The correct answer to the question of which communication technique the nurse is using when they repeat back to the patient what they have just said is "Restating." This technique is often used in therapeutic communication, especially within the realm of psychiatric mental health care, to ensure clarity and understanding between the healthcare provider and the patient.

Restating involves the nurse repeating or mirroring the patient's words exactly or nearly exactly as they were spoken. This technique is intended to show the patient that the nurse is actively listening and understanding what the patient is expressing. It can also help

patients hear their own thoughts and possibly reflect on them, providing a different perspective or reaffirming their feelings and experiences.

In the example provided: Patient: "I have nothing left in my life, it is empty." Nurse: "Your life is empty, you have nothing left?" This is a clear demonstration of restating. The nurse uses the patient's exact words to reflect the statement back to the patient. This can encourage further conversation and allows the patient to explore their feelings more deeply or clarify what they mean if the nurse's repetition is not accurate.

It's important to note that while restating is a valuable tool in therapeutic communication, it should be used judiciously. Overuse of restating can make the conversation feel insincere or mechanical, potentially frustrating the patient or making them feel like they are not being engaged in a meaningful dialogue. Therefore, nurses and other healthcare providers should balance restating with other communication techniques such as paraphrasing, reflecting, and open-ended questioning to maintain a natural and supportive interaction with the patient.

In summary, the nurse's action of repeating back to the patient what they have just said is an example of the communication technique known as restating. This technique helps ensure that the nurse has correctly understood the patient's message and provides an opportunity for patients to hear their own words reflected back to them, which can be a powerful tool for emotional processing and therapeutic engagement.

NEW QUESTION # 83

What would be the primary goal for a patient's care who is in great emotional distress resulting in not being able to eat or sleep, and feeling hopeless, yet it has been determined that she is not at risk for self-harm?

- A. Encourage her to exercise more.
- B. Get her into a self-help group.
- C. See that she is provided with the proper medication.
- **D. Get the patient back to a pre-crisis level of functioning.**

Answer: D

Explanation:

In addressing the needs of a patient experiencing significant emotional distress, including inability to eat or sleep and feelings of hopelessness, the primary goal is to restore the patient to their pre-crisis level of functioning. This objective is central because it aims to return the individual to a state where they can manage day-to-day activities and emotional challenges without the acute distress currently being experienced. Achieving this state implies that the patient has regained stability and can function effectively in their personal and professional life.

While other interventions such as medication, exercise, or joining self-help groups might be useful, they are considered supportive or secondary strategies rather than the primary goal. Medication might help in managing symptoms such as anxiety or insomnia, thereby providing some relief. Exercise can improve mood and physical health, which is beneficial but not sufficient on its own to ensure complete functional recovery. Similarly, self-help groups provide support and a sense of community, which can be incredibly beneficial for emotional support but might not directly address all the functional impairments caused by the crisis.

The focus on returning the patient to a pre-crisis level of functioning is guided by a holistic view of recovery, which encompasses both the alleviation of the current distressing symptoms and the restoration of the individual's ability to cope with everyday stresses and responsibilities. This approach ensures that treatment and support are directed not just at symptom relief but at enabling the patient to reclaim their independence and quality of life.

Therefore, while all suggested interventions may play a role in the patient's recovery process, the primary goal remains to help the patient regain a level of functionality similar to that before the crisis. This involves a comprehensive assessment and tailored interventions focusing on both psychological and physical health, ensuring a balanced and effective approach to recovery.

NEW QUESTION # 84

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