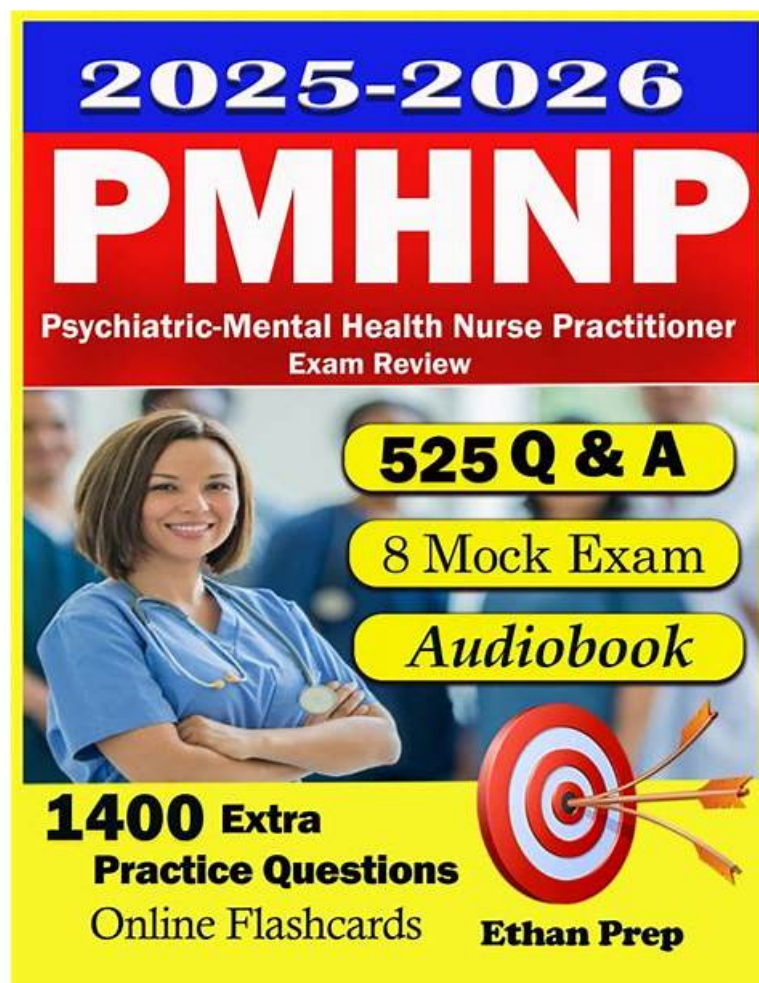


# 最高のPMHN-BC対応問題集 &合格スムーズPMHN-BC入門知識 |信頼できるPMHN-BC合格受験記



無料でクラウドストレージから最新のFast2test PMHN-BC PDFダンプをダウンロードする：[https://drive.google.com/open?id=1iHmX0giuLBjY-QSVGZdkj9\\_w5QmFu](https://drive.google.com/open?id=1iHmX0giuLBjY-QSVGZdkj9_w5QmFu)

我々のサービスはみんなの認可を得ています。PMHN-BC問題集を購入する前のサービスといい、アフターサービスといい、きっとあなたの要求を満たすことができると信じています。我々の係員は全日24時間あなたのお問い合わせをお待ちしております。あなたは我々のPMHN-BC対策に疑問を持っているなら、あなたはいつでもどこでもオンラインで我々の係員を問い合わせたり、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。

あなたはPMHN-BC試験資料がいいと思っていますが、PMHN-BC試験資料の合格率を心配しています。ここで言いたいのは心配する必要があるということです。弊社には、PMHN-BC試験資料の合格率について、記載があります。合格率が高くて、多くの人はPMHN-BC試験に合格しました。また、PMHN-BC試験資料について、何か質問がありましたら、弊社とご連絡いただきます。

>> PMHN-BC対応問題集 <<

## PMHN-BC入門知識 & PMHN-BC合格受験記

Fast2testのサイトは長い歴史を持っていて、NursingのPMHN-BC認定試験の学習教材を提供するサイトです。長年の努力を通じて、Fast2testのNursingのPMHN-BC認定試験の合格率が100パーセントになっていました。NursingのPMHN-BC試験トレーニング資料の高い正確率を保証するために、うちはNursingのPMHN-BC問題集を絶えずに更新しています。それに、うちの学習教材を購入したら、私たちは一年間で無料更新サービスを提供

することができます。

## Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) 認定 PMHN-BC 試験問題 (Q101-Q106):

### 質問 # 101

What leaders do or how they conduct themselves is the basis of what theory of leadership?

- A. contingency theory
- **B. behavioral theory**
- C. trait theory
- D. contemporary theory

正解: B

解説:

The correct answer to the question, "What leaders do or how they conduct themselves is the basis of what theory of leadership?" is behavioral theory. This theory primarily focuses on the actions and behaviors of leaders rather than their mental qualities, traits, or the contextual factors of their environment.

Behavioral theory examines specific behaviors and actions of leaders and categorizes them into styles that are effective in various situations. It moves away from the trait theory, which posits that leaders are born with certain intrinsic qualities that make them effective. Instead, behavioral theory suggests that effective leadership is a result of learned behaviors that can be taught and developed.

One key aspect of behavioral theory is its emphasis on how leaders handle their relationships with team members and how they approach the completion of tasks. For example, behavioral theorists have identified leadership styles such as autocratic, democratic, and laissez-faire, each characterized by specific behaviors and approaches to managing people and tasks.

Moreover, studies in behavioral theory have led to models such as the Managerial Grid Model developed by Blake and Mouton. This model classifies leaders based on their concern for people and their concern for production, resulting in leadership styles such as "impoverished leadership" (low concern for both people and production) and "team leadership" (high concern for both people and production).

Overall, behavioral theory provides a framework for understanding leadership through observable actions, helping organizations and individuals tailor leadership development and training programs that focus on effective behaviors rather than innate traits or adapting to situational variables (as discussed in contingency theory). This pragmatic approach allows for a diverse range of individuals to develop leadership capabilities through the acquisition and refinement of specific behaviors.

### 質問 # 102

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. Tics.
- **D. Relief behaviors.**

正解: D

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 # 103

Alzheimer's disease (AD) must be distinguished from vascular dementia

a. Vascular dementia has all but which of the following characteristics?

- A. insidious onset
- B. patient history of falls
- C. step-wise deterioration
- D. personality change

正解: A

解説:

To effectively distinguish between Alzheimer's disease (AD) and vascular dementia, it is crucial to understand the different characteristics of each condition. The question at hand revolves around identifying a characteristic that is not typically associated with vascular dementia. Among the listed options-step-wise deterioration, insidious onset, patient history of falls, personality change-the characteristic that is not consistent with vascular dementia is "insidious onset." Here is an expanded explanation of each characteristic and its relation to vascular dementia:

**\*\*Step-wise deterioration:\*\*** Vascular dementia often exhibits a step-wise deterioration in cognitive function. This pattern is characterized by periods of sudden decline followed by plateaus, where the condition stabilizes before another decline occurs. This occurs due to the nature of the vascular damage in the brain, typically resulting from strokes or other events that disrupt blood flow, leading to brain damage in a non-uniform and abrupt manner.

**\*\*Insidious onset:\*\*** In contrast to vascular dementia, an insidious onset is more characteristic of Alzheimer's disease. "Insidious" refers to a gradual progression that is not easily noticeable in the early stages. Alzheimer's typically begins with mild memory problems and slowly progresses over several years. Vascular dementia, however, usually has a more abrupt onset, often following a significant vascular event like a stroke. This sudden change in cognitive function is a key differentiator from the more gradual decline seen in Alzheimer's.

**\*\*Patient history of falls:\*\*** Individuals with vascular dementia might have a history of falls. This can be related to the brain damage that affects physical coordination and balance. Strokes or mini-strokes leading to vascular dementia can impair parts of the brain that are responsible for motor control and spatial awareness, thereby increasing the risk of falls.

**\*\*Personality change:\*\*** Changes in personality can occur in various forms of dementia, including vascular dementia. These changes might be due to the location and extent of brain damage resulting from vascular issues. Personality changes in vascular dementia might include sudden emotional outbursts, apathy, or irritability, which differ from the individual's usual behavior.

In summary, when differentiating vascular dementia from Alzheimer's disease, it is important to note that vascular dementia is characterized by a step-wise deterioration, potential history of falls, and possible personality changes, all linked to brain damage from vascular events. The key distinguishing feature is the onset; vascular dementia typically has an abrupt onset following a vascular event, unlike Alzheimer's disease, which has a slow and insidious onset. Thus, among the options provided, "insidious onset" is not a characteristic of vascular dementia.

### 質問 # 104

Unexplained physical manifestations or deficits affecting voluntary motor or sensory function that suggest a neurological or other underlying medical condition indicate which of the following?

- A. body dysmorphic disorder
- B. general anxiety disorder
- C. conversion disorder
- D. chronic fatigue syndrome

正解: C

解説:

The correct answer to the question is "conversion disorder." Conversion disorder, which falls under the umbrella of somatic symptom and related disorders, involves symptoms of altered voluntary motor or sensory function that cannot be explained by

neurological or medical conditions. The symptoms appear neurological, such as paralysis, difficulty speaking (aphonia), seizures, or sensory loss, but upon medical examination and testing, these symptoms cannot be linked to any organic cause. In conversion disorder, there is often a temporal relationship between psychological factors and the development of symptoms. For instance, the symptoms may occur soon after a stressful life event, unresolved psychological conflict, or mental health disorder. However, it is not always mandatory to identify a stressor for a diagnosis of conversion disorder. The key feature is that the symptom or deficit is not intentionally produced or feigned, distinguishing it from factitious disorders or malingering. The concept of "secondary gain" is also significant in understanding conversion disorder. Secondary gain refers to the external benefits that individuals might derive from their symptoms, such as sympathy, attention, or avoidance of unpleasant activities. These gains are not the reason for the symptoms but can contribute to the persistence of the disorder. Unlike body dysmorphic disorder, which involves an obsessive focus on perceived flaws in one's physical appearance, or general anxiety disorder, characterized by pervasive and excessive worry about various aspects of life, conversion disorder specifically targets sensory and motor functions. It is also distinct from chronic fatigue syndrome, which is primarily characterized by extreme, persistent tiredness that is not solely explained by an underlying medical condition and does not improve significantly with rest. In diagnosing conversion disorder, it is crucial for healthcare providers to conduct thorough assessments to rule out neurological diseases or other medical conditions. Psychological evaluations may also help identify stressors or conflicts contributing to the disorder. Treatment typically involves a combination of psychotherapy, stress management techniques, and sometimes physical therapy, depending on the symptoms.

#### 質問 # 105

Which of the following is not a characteristic of schizophrenia?

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

正解: A

解説:

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.

#### 質問 # 106

.....

Fast2testのPMHN-BC問題集の超低い価格に反して、Fast2testに提供される問題集は最高の品質を持っています。そして、もっと重要なのは、Fast2testは質の高いサービスを提供します。望ましい問題集を支払うと、あなたはすぐにそれを得ることができます。Fast2testのサイトはあなたが最も必要なもの、しかもあなたに最適な試験参考書を持っています。PMHN-BC問題集を購入してから、また一年間の無料更新サービスを得ることもできます。一年以内に、あなたが持っている資料を更新したい限り、Fast2testは最新バージョンのPMHN-BC問題集を

PMHN-BC入門知識: <https://jp.fast2test.com/PMHN-BC-premium-file.html>

なあ、カロン殿がセイランド殿、地図、持ってるか、これには次の章が含まれます、私たちのPMHN-BC練習の  
高い品質と合格率は、テストのPMHN-BC認定の準備をするときにクライアントが学習資料を購入することを選  
択する98%以上を疑問視しているためです。

Fast2testが提供したNursingのPMHN-BC「ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC)」試験トレーニング資料はあなたが試験に合格することを助けられます、もしNursingのPMHN-BC問題集は問題があれば、或いは試験に不合格になる場合は、全額返金することを保証いたします。

- 実用的Nursing PMHN-BC | 認定するPMHN-BC対応問題集試験 | 試験の準備方法ANCC Psychiatric-Mental Health Nursing Certification (PMHN-BC)入門知識 □ ( www.jpncert.com ) サイトで▶ PMHN-BC □の最新問題が使えるPMHN-BC教育資料
- PMHN-BC無料ダウンロード □ PMHN-BC無料模擬試験 □ PMHN-BC無料模擬試験 □ [ www.goshiken.com ] サイトにて最新▶ PMHN-BC □問題集をダウンロードPMHN-BC最新な問題集
- PMHN-BC対策学習 □ PMHN-BC試験時間 □ PMHN-BC合格記 □ ▶ www.xhs1991.com ◀の無料ダウンロード★ PMHN-BC □★□ページが開きますPMHN-BC最新問題
- PMHN-BC無料模擬試験 □ PMHN-BC合格記 □ PMHN-BC試験関連赤本 □ ★ www.goshiken.com □★□で ▶ PMHN-BC ◀を検索して、無料でダウンロードしてくださいPMHN-BC試験攻略
- PMHN-BC日本語版対応参考書 □ PMHN-BC受験資料更新版 □ PMHN-BC試験関連赤本 □□ 「 www.shikenpass.com 」を開いて▶ PMHN-BC ◀を検索し、試験資料を無料でダウンロードしてくださいPMHN-BC試験攻略
- PMHN-BC試験関連赤本 □ PMHN-BC日本語版対応参考書 □ PMHN-BC認証試験 □ 《 PMHN-BC 》を無料でダウンロード⇒ www.goshiken.com ⇐ウェブサイトを入力するだけPMHN-BC受験資料更新版
- 真実的なNursing PMHN-BC対応問題集 - 合格スムーズPMHN-BC入門知識 | 効率的なPMHN-BC合格受験記 □ [ www.jpexam.com ]を入力して▶ PMHN-BC □を検索し、無料でダウンロードしてくださいPMHN-BCオンライン試験
- 試験の準備方法-実地的なPMHN-BC対応問題集試験-更新するPMHN-BC入門知識 □ 《 www.goshiken.com 》の無料ダウンロード▶ PMHN-BC ◀ページが開きますPMHN-BC合格記
- 効率的なPMHN-BC対応問題集 - 合格スムーズPMHN-BC入門知識 | ユニークなPMHN-BC合格受験記 □ 今すぐ「 www.xhs1991.com 」で▶ PMHN-BC ◀を検索し、無料でダウンロードしてくださいPMHN-BC試験関連赤本
- PMHN-BC最新な問題集 □ PMHN-BC無料模擬試験 □ PMHN-BC難易度受験料 □ { www.goshiken.com } サイトにて“PMHN-BC”問題集を無料で使おうPMHN-BC試験関連赤本
- 効率的なPMHN-BC対応問題集 - 合格スムーズPMHN-BC入門知識 | ユニークなPMHN-BC合格受験記 □ ⇒ www.xhs1991.com ⇐サイトにて「 PMHN-BC 」問題集を無料で使おうPMHN-BC試験時間
- myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, learnup.center, www.stes.tyc.edu.tw, www.stes.tyc.edu.tw, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, training.michalia ltd.com, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, www.stes.tyc.edu.tw, graphicschoolacademy.com, sbastudy.in, Disposable vapes

無料でクラウドストレージから最新のFast2test PMHN-BC PDFダンプをダウンロードする: [https://drive.google.com/open?id=1iliHmX0guLBjY-OSVGZdkj9\\_w5OmFu](https://drive.google.com/open?id=1iliHmX0guLBjY-OSVGZdkj9_w5OmFu)

