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Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q53-Q58):

NEW QUESTION # 53

When a client uses excessive reasoning to isolate a painful feeling she is using which of the following defense mechanisms?

- A. compensation
- B. intellectualization
- C. dissociation
- D. rationalization

Answer: B

Explanation:

The question refers to a psychological defense mechanism, specifically asking which one is employed when a client uses excessive reasoning to isolate a painful feeling. The correct answer to this question is intellectualization.

Intellectualization is a defense mechanism where the person deals with emotional distress and conflict by focusing on abstract and intellectual thoughts, thereby distancing themselves from the stressful emotional aspect of the situation. This mechanism allows the individual to acknowledge the facts but not the emotional impact of those facts, effectively separating their cognitive understanding from their emotional processing.

For example, someone who has just been diagnosed with a serious illness might focus solely on the statistics and treatment options of the disease, rather than addressing the fear and sadness that might come with such a diagnosis. By doing so, the person avoids experiencing the full emotional impact of the situation.

Other defense mechanisms, such as rationalization, dissociation, and compensation, serve different functions. Rationalization involves justifying one's behavior with logical but false reasons, dissociation involves a mental detachment from reality, and compensation involves excelling in one area to make up for deficiencies in another. None of these directly involve the use of excessive reasoning to isolate feelings, which is why they do not fit the description given in the question.

It is important to understand that while defense mechanisms can be adaptive and help reduce immediate stress, over-reliance on mechanisms like intellectualization can prevent the person from processing their emotions adequately, potentially leading to longer-term psychological issues. Therapeutic interventions often aim at helping individuals recognize and modify their use of such defenses to face their feelings more directly and healthily.

NEW QUESTION # 54

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

Answer: B

Explanation:

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.

NEW QUESTION # 55

Which of the following places is best to conduct a psychosocial assessment?

- A. a park
- **B. a conference room**
- C. a busy loud open place
- D. an isolated location

Answer: B

Explanation:

The question posed asks to identify the best setting for conducting a psychosocial assessment among the options provided: an isolated location, a conference room, a park, and a busy loud open place. Each option has different implications for privacy, security, and the effectiveness of the assessment process.

A conference room is typically considered the best choice for conducting a psychosocial assessment. The controlled environment of a conference room offers privacy and confidentiality, which are crucial in a clinical setting. Privacy helps in building trust between the client and the professional, making it easier for the client to open up and share sensitive information without fear of being overheard or interrupted. Moreover, a conference room usually provides a quiet and neutral space free from distractions, which is essential for maintaining focus during the assessment.

On the other hand, choosing an isolated location for such assessments can pose safety risks, particularly if the client's behavior is unpredictable or if there is a lack of familiarity between the client and the nurse or therapist. In situations where the client might present a risk, it is vital to prioritize safety by ensuring that the setting does not isolate the professional from potential help or exit routes. This precaution helps in managing any unexpected situations that may arise during the assessment.

Conducting an assessment in a park or a busy, loud open place can compromise the privacy and concentration needed for an effective psychosocial assessment. These settings are often filled with distractions and do not provide the confidentiality required for discussing personal or delicate issues. Clients may feel uncomfortable or hesitant to discuss personal matters in a public or chaotic environment, which could hinder the accuracy and depth of the assessment.

Overall, a conference room aligns best with the needs of a psychosocial assessment by offering a safe, private, and distraction-free environment. This setting not only facilitates open communication and trust but also ensures that both the client and the professional are in a secure and controlled space, contributing to the overall effectiveness and integrity of the assessment process.

NEW QUESTION # 56

What theory notes that the developmental task of forming peer relationships between the ages of 6 - 9 occurs in the Juvenile Stage?

- A. Cognitive
- B. Psychodynamic
- C. Hierarchy of needs
- **D. Interpersonal**

Answer: D

Explanation:

The Interpersonal Theory is a developmental theory that was proposed by Harry Stack Sullivan. This theory is structured around six stages of human development, each of which is associated with specific interpersonal relationships and developmental tasks. The stages include Infancy, Childhood, Juvenile, Preadolescence, Early adolescence, and Late adolescence. Each stage is characterized by the development of certain interpersonal relationships and the acquisition of particular skills. For instance, the infancy stage, which spans from birth to 18 months, is expected to involve oral gratification.

In the context of the question, the Juvenile stage, which occurs between the ages of 6 and 9, is characterized by the development of peer relationships. This is a significant stage in a child's social development, as it involves learning to interact with others outside of the family.

During this stage, children typically learn the importance of friendships and begin to understand social norms and expectations. They also start developing skills such as cooperation, negotiation, and conflict resolution, which are crucial for maintaining relationships. The other theories mentioned in the question - Cognitive, Hierarchy of needs, and Psychodynamic - each focus on different aspects of human development and behavior. However, it is the Interpersonal Theory that specifically notes the task of forming peer relationships as a key developmental task during the Juvenile stage.

NEW QUESTION # 57

Which of the following would be considered an important role that the nurse can play in a patient's recovery?

- A. Educator
- B. None of the above
- **C. Both A and B**
- D. Role model

Answer: C

Explanation:

The given question asks about the important roles a nurse can play in a patient's recovery. The options provided are "Educator," "Role model," and "Both A and B." The explanation for "Both A and B" is repeated for each option, suggesting that the roles of an educator and a role model are intertwined in nursing practice.

As an *Educator*, a nurse has a critical role in patient recovery by imparting necessary knowledge and skills. This includes educating patients about their health conditions, the importance of medication adherence, and lifestyle changes that promote wellness. In the context of managing emotions such as anger, a nurse educates patients on recognizing triggers, understanding the impact of their reactions, and employing strategies to express emotions constructively. This educational aspect is vital as it empowers patients to take an active role in their healing process and maintain their health post-recovery.

As a *Role Model*, a nurse exemplifies positive behavior through their own actions, demonstrating how to handle challenging situations with professionalism and emotional intelligence. For a patient struggling with anger management, observing a nurse manage stressful situations calmly can serve as a practical example to emulate. The role modeling extends beyond clinical skills to interpersonal interactions and self-care, reinforcing the lessons taught during educational sessions.

When considering the option "Both A and B," it indicates that the roles of being an educator and a role model are not mutually exclusive but are complementary. A nurse who effectively combines these roles enhances their impact on a patient's recovery. By teaching and demonstrating healthy behaviors, nurses facilitate a more comprehensive learning experience, helping patients to not only understand what should be done but also to see how it can be implemented in real life.

The option "None of the above" is incorrect as it negates the significant contributions of nurses in the roles mentioned. Both educating and role modeling are fundamental aspects of nursing that directly contribute to patient care and recovery. These roles are integral to guiding patients towards better health outcomes and equipping them with the tools needed for long-term wellness management.

Therefore, "Both A and B" is the most accurate answer, encompassing the dual and synergistic roles of nurses as educators and role models in patient recovery. By fulfilling these roles, nurses significantly influence the rehabilitation process, promoting better health behaviors and emotional management among patients.

NEW QUESTION # 58

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