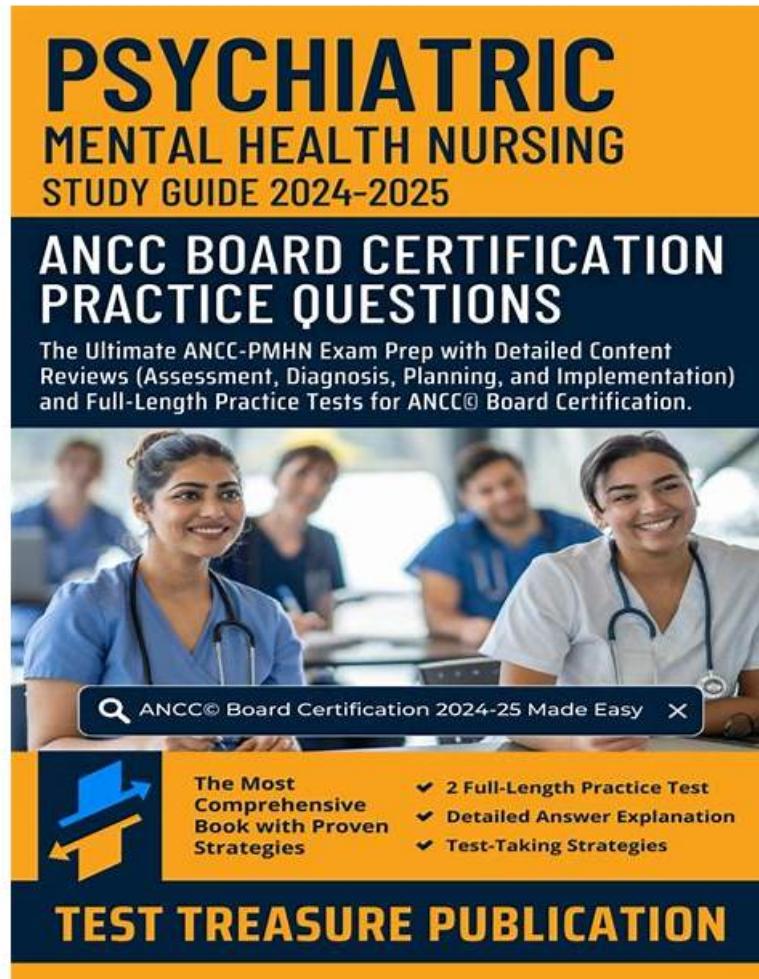


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Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q41-Q46):

NEW QUESTION # 41

When patients in the psychiatric unit of a hospital are expected to be on time for scheduled activities, where limits are set and the focus is on the here and now, what type of therapy is this?

- A. psychosocial therapy
- **B. milieu therapy**
- C. behavior modification
- D. cognitive therapy

Answer: B

Explanation:

The correct answer to the question is milieu therapy. Milieu therapy is a therapeutic approach used in psychiatric settings that emphasizes the importance of the environment in patient recovery and rehabilitation.

Milieu therapy is based on the principle that the environment, or milieu, can be structured and manipulated to effect positive change and improve the mental health of individuals within it. In the context of a psychiatric unit, milieu therapy involves creating a therapeutic community where patients are encouraged to participate in scheduled activities, adhere to communal norms, and engage with their peers and staff in meaningful ways.

A key component of milieu therapy is the establishment of a routine that includes clear expectations and responsibilities for patients. This routine often involves scheduled activities that patients are expected to attend punctually. These activities are designed not only to structure the patients' day but also to teach them essential life and social skills, promote self-discipline, and enhance their sense of responsibility.

The focus on the "here and now" within milieu therapy helps patients remain grounded in their current environment and situation. This approach encourages patients to engage actively with their immediate experiences rather than becoming preoccupied with past events or future anxieties. By concentrating on present interactions and tasks, patients can practice mindfulness and develop better coping strategies for managing their emotions and behaviors.

Overall, milieu therapy provides a supportive and structured environment where therapeutic interactions are integrated into the daily lives of patients. This method leverages the power of the therapeutic community to foster personal growth, improve mental health, and prepare patients for successful reintegration into society outside of the hospital setting.

NEW QUESTION # 42

Which FDA recommended medication would be prescribed for a 23 year old schizophrenic patient who is at chronic risk for suicidal behavior?

- **A. Thorazine**
- B. Clozapine
- C. Loxapine
- D. Prolixin

Answer: A

Explanation:

The correct medication prescribed for a 23-year-old schizophrenic patient who is at chronic risk for suicidal behavior is Clozapine. Clozapine is not only a potent antipsychotic used to treat schizophrenia but also has a distinct profile that makes it especially valuable for patients with a high risk of suicide.

Clozapine stands out among other antipsychotics due to its FDA approval specifically for reducing suicidal behavior in patients with schizophrenia or schizoaffective disorder. This approval is based on substantial clinical evidence demonstrating its efficacy in reducing the risk of recurrent suicidal behavior in patients who are judged to be at chronic risk.

Unlike typical antipsychotics such as Prolixin (fluphenazine), Loxapine, and Thorazine (chlorpromazine), which mainly focus on treating the symptoms of schizophrenia, Clozapine offers a broader range of benefits. Typical antipsychotics primarily target the positive symptoms of schizophrenia such as delusions and hallucinations. However, Clozapine is effective in addressing both the

positive symptoms and the negative symptoms of schizophrenia, such as apathy and social withdrawal, which can be linked to suicidal thoughts and behaviors.

Furthermore, Clozapine's mechanism of action includes modulation of dopamine and serotonin receptors, which may contribute to its effectiveness in reducing depressive symptoms and suicidal ideation in schizophrenic patients. This dual action makes it a preferred choice in cases where patients exhibit both psychotic symptoms and severe depressive symptoms.

It's important to note that while Clozapine is highly effective, it requires careful monitoring due to potential side effects, including agranulocytosis (a potentially life-threatening decrease in the number of white blood cells), myocarditis (inflammation of the heart muscle), and seizures. Consequently, regular blood tests are mandatory to monitor the patient's white blood cell count to ensure their safety while on this medication.

In conclusion, Clozapine is recommended by the FDA specifically for schizophrenia patients who are at a chronic risk of suicide, distinguishing it from other typical antipsychotics. Its unique effectiveness in reducing suicidal behavior, along with its ability to treat both positive and negative symptoms of schizophrenia, makes it a gold standard medication in such clinical scenarios.

NEW QUESTION # 43

What type of therapy uses interaction that is focused on the present to create empathy?

- A. Psychotherapy
- **B. Supportive psychotherapy**
- C. Psychoanalytical therapy
- D. Psychodynamic therapy

Answer: B

Explanation:

The correct answer to the question of what type of therapy uses interaction that is focused on the present to create empathy is Supportive Psychotherapy.

Supportive psychotherapy is a therapeutic approach designed to improve, reinforce, or sustain a patient's psychological defenses, primarily in the face of stress, psychological distress, or dysfunction. This therapy is heavily influenced by psychodynamic and psychoanalytical traditions but differs significantly in its application and goals.

Unlike traditional psychoanalysis, which often delves into past experiences and the subconscious to uncover root causes of psychological issues, supportive psychotherapy concentrates on the present. The primary focus is on creating a supportive environment where the therapist actively helps the patient deal with their current feelings and problems. This approach is deemed particularly effective in helping individuals cope with immediate life challenges and mental health issues by fostering a sense of safety and understanding.

One of the critical elements of supportive psychotherapy is the development of empathy within the therapeutic relationship. Empathy in this context refers to the therapist's ability to understand and share the feelings of the patient, which is vital for providing emotional support and validation. By focusing on the present, the therapist can more directly address the immediate emotions and situations the patient is experiencing, which facilitates a more empathetic connection.

This therapy is often utilized in clinical settings where patients might not have the capacity or stability to engage in more intensive psychoanalytic treatment, such as those with severe mental health disorders, acute crises, or those in need of stabilization. The supportive nature of this therapy helps to strengthen the patient's existing coping mechanisms while preventing further psychological deterioration.

In summary, supportive psychotherapy is distinguished by its present-focused interaction aimed at bolstering the patient's current psychological defenses. It is characterized by the active role of the therapist in providing support, the emphasis on empathy within the therapeutic relationship, and its application in managing present symptoms and stressors rather than exploring historical causative factors.

NEW QUESTION # 44

There are a number of theories of grieving. Engel's stages of grieving includes which of the following?

- A. outcry
- B. experiencing numbness
- **C. developing awareness**
- D. anger

Answer: C

Explanation:

George Engel, a prominent figure in the study of grief, delineated the grieving process into five distinct stages. These stages are

structured to reflect the emotional journey that individuals typically undergo after experiencing a significant loss. Engel's model provides a comprehensive framework for understanding how people gradually come to terms with grief. Below is an expanded explanation of each stage as described by Engel:

****Shock and Disbelief****: This initial stage is marked by an inability to grasp the reality of the loss. Individuals often feel numb and find it hard to accept what has happened. This state of shock can serve as a protective mechanism, buffering the immediate impact of the loss and allowing the individual to process the news at their own pace.

****Developing Awareness****: As the shock wears off, the awareness of the extent of the loss begins to sink in. This stage may involve a range of emotions, including sadness, longing, and yearning. People start to confront the implications of the loss and may experience intense emotional pain as the reality sets in.

****Restitution****: In this stage, individuals start to adapt to life without the presence of what was lost. Cultural and religious rituals such as funerals can play a significant role in this stage, as they offer a way to publicly acknowledge and mourn the loss. These rituals can help provide closure and communal support.

****Resolution of the Loss****: During this stage, the individual begins to deal with the void left by the loss. They may start to adjust to a new reality and begin the process of reorganizing life without the deceased or the lost entity. This stage is often characterized by a gradual decline in the intensity of emotional pain.

****Recovery****: The final stage signifies a return to a more functional state. Recovery does not imply forgetting the loss but rather learning how to live with it. Individuals find new ways to connect with the memory of the lost, and life starts to feel more normal, even if it's a new kind of normal. It's important to note that these stages are not necessarily linear and can vary widely among individuals. Some may not experience all stages, or they may revisit some stages multiple times. Each person's grieving process is unique, and the duration and intensity of each stage can differ significantly based on personal factors and the nature of the loss.

NEW QUESTION # 45

Your client sees a nurse on the unit and thinks that it is her dead mother. This is known as which of the following abnormalities of thought?

- A. ideation
- B. hallucination
- C. dementia
- D. illusion

Answer: D

Explanation:

illusion

An illusion is a misperception or misinterpretation of a real external stimulus. In this scenario, the client is experiencing an illusion because she perceives a real person, the nurse, as someone else—specifically, her deceased mother. This false perception arises from an actual sensory stimulus (seeing the nurse) but is distorted by the client's mind. Illusions are different from hallucinations, which involve perceiving things that are not present at all. Illusions are also distinct from delusions, which are fixed false beliefs not based on sensory input.

hallucination

Hallucination involves sensing things that are not actually present. For example, hearing voices or seeing objects or people that are not there would be considered hallucinations. In the case described, the client is not hallucinating because she is indeed seeing a real person—the nurse. The error lies in her perception and recognition, not in the creation of a sensory experience that has no basis in reality.

ideation

Ideation typically refers to the formation of ideas or concepts. In psychiatric terms, it might involve harmful or suicidal thoughts, obsessive patterns, or other mental fixations. It does not directly relate to the sensory misinterpretations seen in the client's scenario. Here, the client does not merely have an idea or thought about her mother; she misinterprets an actual visual stimulus as being her mother.

dementia

Dementia is a broad category of brain diseases that cause long term and often gradual decrease in the ability to think and remember, affecting a person's daily functioning. Symptoms may include emotional problems, problems with language, and a decrease in motivation, not necessarily illusions. Although people with dementia might experience illusions, the scenario described does not specifically indicate that the client has dementia, only that she is experiencing an illusion. The illusion could be part of a broader cognitive issue, but without more information, it cannot be definitively linked to dementia.

NEW QUESTION # 46

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