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New PMHN-BC Study Materials & PMHN-BC PDF Dumps Files

Nursing is one of the most powerful and rapidly growing fields nowadays. Everyone is trying to get the Nursing PMHN-BC certification to improve their futures with it. Success in the test plays an important role in the up gradation of your CV and getting a good job or working online to achieve your dreams. The students are making up their minds for the Nursing PMHN-BC test but they are mostly confused about where to prepare for it successfully on the first try. This confusion leads to choosing outdated material and ultimately failure in the test. The best way to avoid failure is using updated and real questions.

Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-

BC) Sample Questions (Q10-Q15):

NEW QUESTION # 10

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

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

Answer: A

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 # 11

Many suggest that it is more important to avoid harm than to do good. This comes from which of the following ethical principles?

- A. nonmaleficence
- B. autonomy
- C. justice
- D. beneficence

Answer: A

Explanation:

The statement "Many suggest that it is more important to avoid harm than to do good" aligns with the ethical principle of nonmaleficence. This principle, often summarized by the Latin phrase "primum non nocere" or "first, do no harm," is a fundamental concept in medical ethics, bioethics, and broader ethical discussions. Nonmaleficence emphasizes the importance of avoiding actions that could cause harm to others. It prioritizes the safety and well-being of individuals by insisting that preventing harm takes precedence over providing benefits or doing good.

Nonmaleficence is distinct from beneficence, which focuses on actively doing good and promoting the welfare of others. The principle of nonmaleficence serves as a constraint on the beneficence, ensuring that the pursuit of good outcomes does not result in unacceptable harm. For instance, in healthcare, while a treatment might promise significant benefits, it must not impose risks or harm that outweigh those benefits.

In ethical decision-making, nonmaleficence requires careful consideration of potential negative outcomes before acting. It is closely related to risk assessment and management. The principle not only applies to direct actions but also implies a duty to prevent harm caused by others when possible. For example, a healthcare provider may have a duty to intervene if they know that a proposed treatment by another clinician could harm the patient.

Justice and autonomy are other key principles in ethics. Justice involves fairness and equality among individuals, often focusing on the distribution of resources or respect. Autonomy emphasizes the right of individuals to make decisions about their own lives, assuming they have the capacity to do so. Although these principles are crucial in various ethical frameworks, they do not directly address the priority of avoiding harm over doing good, which is the essence of nonmaleficence.

Thus, when discussing the importance of avoiding harm over doing good, nonmaleficence is the ethical principle most directly involved. It provides a foundational guideline that helps ensure actions or policies do not inadvertently cause more harm than the benefits they aim to achieve, which is a central concern in many professional and everyday ethical decisions.

NEW QUESTION # 12

Thought content is best assessed by:

- A. recognition of person, place, and time
- B. memory of recent and remote events
- 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 # 13

When prescribing Ludomil, a nurse should advise a patient of all but which of the following?

- A. To avoid dental work.
- B. To wear sunscreen.
- C. That therapeutic effects may take 2-3 weeks to be felt.
- D. To avoid alcohol.

Answer: A

Explanation:

Ludomil, also known as maprotiline, is an antidepressant medication prescribed for the treatment of depression, dysthymic disorder, and occasionally bipolar disorder. When advising a patient who has been prescribed Ludomil, a nurse should provide comprehensive guidance on how to safely use the medication while minimizing potential side effects and interactions with other substances or activities.

Firstly, patients are advised to wear sunscreen when taking Ludomil. This recommendation stems from the fact that some antidepressants, including Ludomil, can increase the skin's sensitivity to sunlight, leading to an elevated risk of sunburn. This condition, known as photosensitivity, can be mitigated by using sunscreen and wearing protective clothing when outdoors.

Another crucial piece of advice for patients taking Ludomil is to avoid alcohol and other central nervous system depressants. Alcohol can interfere with the effectiveness of antidepressants and exacerbate their side effects, such as dizziness and sedation.

Moreover, combining alcohol with Ludiomil can increase the risk of overdose or severe depression of the central nervous system. Patients should also be informed that the therapeutic effects of Ludiomil may not be immediately apparent. It can take 2-3 weeks, or sometimes longer, for the full benefits of the medication to be felt. This delay is typical of many antidepressants, as they gradually alter brain chemistry over a period of time. It is important for patients to continue taking the medication as prescribed and not to discontinue use abruptly without consulting their healthcare provider, even if they do not notice immediate improvement.

Regarding dental work, there is no specific recommendation for patients on Ludiomil to avoid dental procedures. This piece of advice appears to be erroneously included among the standard precautions for Ludiomil use. While certain medications may require special precautions during dental procedures due to potential interactions or side effects (such as bleeding risks with anticoagulants), Ludiomil does not typically fall into this category. It is always a good practice, however, for patients to inform their dentist about all the medications they are taking, including Ludiomil, to ensure safe and appropriate dental care.

In summary, when prescribing Ludiomil, it is appropriate to advise the patient to wear sunscreen and avoid alcohol, while also setting expectations about the time frame for experiencing therapeutic effects. Advising a patient to avoid dental work is not a necessary precaution specifically related to the use of Ludiomil, making it the incorrect advice in the context of the question posed.

NEW QUESTION # 14

If a 49-year-old patient with an Acute Stress Disorder complains of feeling hopeless, then what criteria for an additional diagnosis may this symptom meet?

- A. Obsessive Compulsive Disorder
- B. Major Depressive Disorder
- C. Psychotic Disorder
- D. Body Dysmorphic Disorder

Answer: B

Explanation:

When assessing a 49-year-old patient who presents with symptoms of Acute Stress Disorder (ASD) and complains of feeling hopeless, it is crucial to consider whether these symptoms may indicate the presence of another mental health condition. In this case, the feeling of hopelessness is a significant symptom that is not typically a criterion for ASD but is closely associated with Major Depressive Disorder (MDD).

Acute Stress Disorder is characterized by the development of severe anxiety, dissociation, and other symptoms that occur within one month after exposure to an extreme traumatic stressor. The key symptoms include intrusive memories, negative mood, dissociation, avoidance of reminders of the trauma, and heightened arousal and reactivity associated with the trauma. However, persistent feelings of hopelessness are not among the core features of ASD.

On the other hand, Major Depressive Disorder is characterized by a pervasive and persistent low mood accompanied by low self-esteem and a loss of interest or pleasure in normally enjoyable activities. One of the hallmark symptoms of MDD is a deep and persistent feeling of hopelessness. According to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), for a diagnosis of MDD, an individual must experience at least five depressive symptoms nearly every day for at least two weeks, and one of the symptoms must either be a depressed mood or loss of interest or pleasure.

In the scenario described, if the patient's feeling of hopelessness persists and is accompanied by other depressive symptoms such as changes in sleep, appetite, concentration, or energy levels, or thoughts of death or suicide, this might warrant an additional diagnosis of Major Depressive Disorder. It is essential for clinicians to assess these symptoms thoroughly to determine whether they meet the criteria for MDD.

Consequently, when a patient with ASD reports feelings of hopelessness, it is imperative to conduct a comprehensive evaluation to ascertain if these feelings are part of an underlying depressive disorder. This is crucial because the treatment strategies for ASD and MDD differ significantly, and accurate diagnosis is key to effective management. The presence of comorbid MDD may require interventions such as antidepressant medications, psychotherapy, or a combination of both, tailored to address the specific needs of the patient.

NEW QUESTION # 15

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