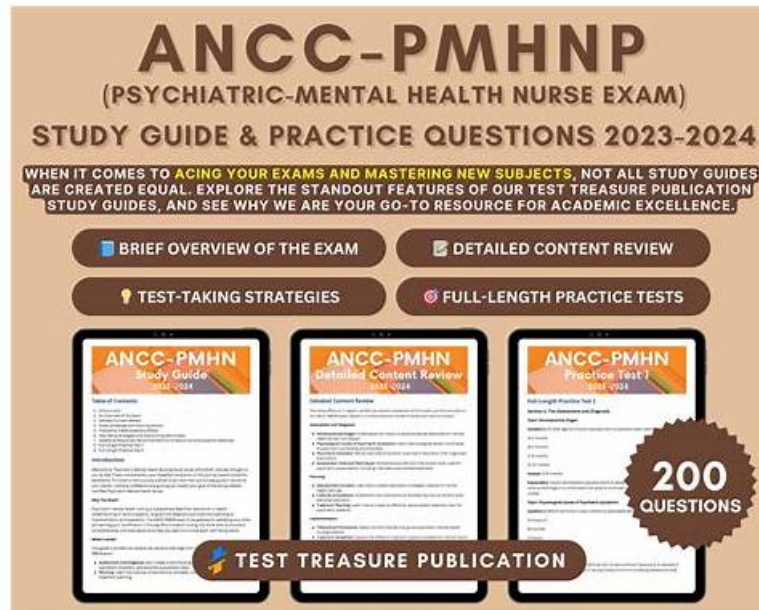


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## Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q21-Q26):

### NEW QUESTION # 21

What type of statistics describes basic facts about the sample size, the average of scores, or the median age of research participants?

- A. Statistical describers
- B. Descriptive statistics
- C. Nominal statistics
- D. Inferential statistics

**Answer: B**

**Explanation:**

Descriptive statistics are a fundamental aspect of statistical analysis used to describe and summarize the basic features of data in a study. They are essential for providing a simple summary of sample and measures. Elements such as the sample size, mean (or average) scores, and median age or values are all examples of descriptive statistics. These statistics are crucial because they offer a quick insight into the data set, helping researchers and readers to understand the distribution and central tendencies of the data without making any conclusions about the data that might generalize to a larger population.

The primary function of descriptive statistics is to present data in a manageable form. For instance, if a researcher is dealing with data from a large number of participants, it's impractical to present all the scores or ages individually. Instead, using the mean or median gives a single value that represents the entire dataset effectively. The sample size, another critical piece of information, tells us how many observations or data points are in the sample, providing an idea of the scale and scope of the study.

Descriptive statistics are divided into measures of central tendency and measures of variability. Measures of central tendency include the mean, median, and mode, which describe the center position of a data set. Measures of variability, such as the range, interquartile range, variance, and standard deviation, describe the spread and distribution of the data. Together, these statistics provide a comprehensive picture of the data, helping to lay the groundwork for any further analysis that may be necessary, such as inferential statistics, which are used to make predictions or test hypotheses.

Being adept at interpreting descriptive statistics is a crucial skill in research utilization. This capability allows readers not only to understand the data presented but also to evaluate the robustness of the research methodology and the reliability of the conclusions drawn. Descriptive statistics do not provide conclusions beyond the data analyzed or suggest cause-and-effect relationships, but they are invaluable for initially exploring and presenting the data succinctly and effectively.

Overall, descriptive statistics are a critical tool in the researcher's toolkit. They are the first step in data analysis, providing a clear, concise view of the data that can inform further analysis and decision-making processes. Understanding these statistics is essential for anyone involved in research or those who need to interpret data effectively.

**NEW QUESTION # 22**

Identify the community based program that could be recommended to a patient who is being treated for abusing narcotics.

- A. ALANON
- **B. NA**
- C. NIMH
- D. AA

**Answer: B**

**Explanation:**

NA (Narcotics Anonymous) NA, or Narcotics Anonymous, is a global, community-based organization with a multilingual and multicultural membership. NA was founded in 1953 and has been a cornerstone of support for individuals battling addiction to narcotics and other drugs. This program is based on a set of principles and a 12-step approach to recovery that is nearly identical to that of Alcoholics Anonymous but specifically tailored to individuals who abuse narcotics.

The primary purpose of NA is to create a supportive environment where people can share their experiences and challenges with addiction in a non-judgmental setting. By attending regular meetings, participants gain strength and encouragement from peers who are facing similar struggles. This peer-led structure helps individuals realize they are not alone in their journey towards recovery.

NA meetings are free to attend and are held in numerous locations across most communities, making it easily accessible. These meetings can be open or closed; open meetings allow attendance by non-addicts (such as family members or friends), while closed meetings are reserved just for recovering addicts. This flexibility helps accommodate the different comfort levels of participants, fostering a more supportive environment.

Another aspect of NA is the sponsorship system, where a newer member (sponsee) is guided by a more experienced member (sponsor) who has maintained a longer period of drug-free living. This relationship is crucial for providing personalized support and guidance through the 12-step process, offering real-world advice and accountability which can be vital for overcoming the challenges of addiction.

For patients treated for narcotic abuse, participating in NA can significantly enhance their recovery outcomes by complementing their medical or therapeutic treatments with peer support and real-life testimonies of sobriety. This holistic approach addresses both the physical and psychological facets of addiction, promoting a more sustained recovery.

In summary, Narcotics Anonymous stands out as an effective community-based program tailored specifically for individuals struggling with narcotics abuse. Its widespread availability, coupled with a proven track record of helping individuals achieve and maintain sobriety, makes it a highly recommended resource for those seeking help in overcoming drug addiction.

### NEW QUESTION # 23

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

- A. schools
- **B. psychosocial rehabilitation programs**
- C. crisis centers
- D. nursing homes

**Answer: B**

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 # 24

Generally, psychiatric symptoms are:

- A. evident
- **B. nonspecific**
- C. discrete
- D. specific

**Answer: B**

Explanation:

Psychiatric symptoms are generally nonspecific, meaning they are not unique to one specific disorder and can be seen across a range of different psychiatric conditions. This lack of specificity can make diagnosis and treatment more challenging. For example, symptoms such as anxiety, depression, or mood swings can be present in multiple disorders including major depressive disorder, bipolar disorder, and anxiety disorders. As a result, clinicians need to conduct a comprehensive and holistic assessment to accurately identify the underlying condition.

The assessment process in psychiatry is designed to be broad to capture all possible influences and contributing factors to a patient's mental health. This includes exploring psychological, biological, and social aspects of an individual's life. By taking into account the entirety of a person's situation and experiences, clinicians can better understand the complex interplay of elements affecting their mental health.

Furthermore, it is crucial for mental health professionals to look for patterns or clusters of symptoms rather than isolated signs. Isolated symptoms can be misleading and may result in a misdiagnosis if considered outside of the broader context of the individual's mental and emotional state. Recognizing patterns helps in identifying the root causes and the most effective treatment approaches. This method enhances the accuracy of diagnoses and can lead to more tailored and effective treatment plans.

In summary, because psychiatric symptoms are often nonspecific, mental health assessments must be thorough and consider a wide range of potential factors. Understanding that these symptoms can appear in various combinations and are influenced by multiple aspects of an individual's life is key to providing effective psychiatric care.

### NEW QUESTION # 25

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

- A. Psychodynamic
- B. Cognitive
- 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 # 26

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