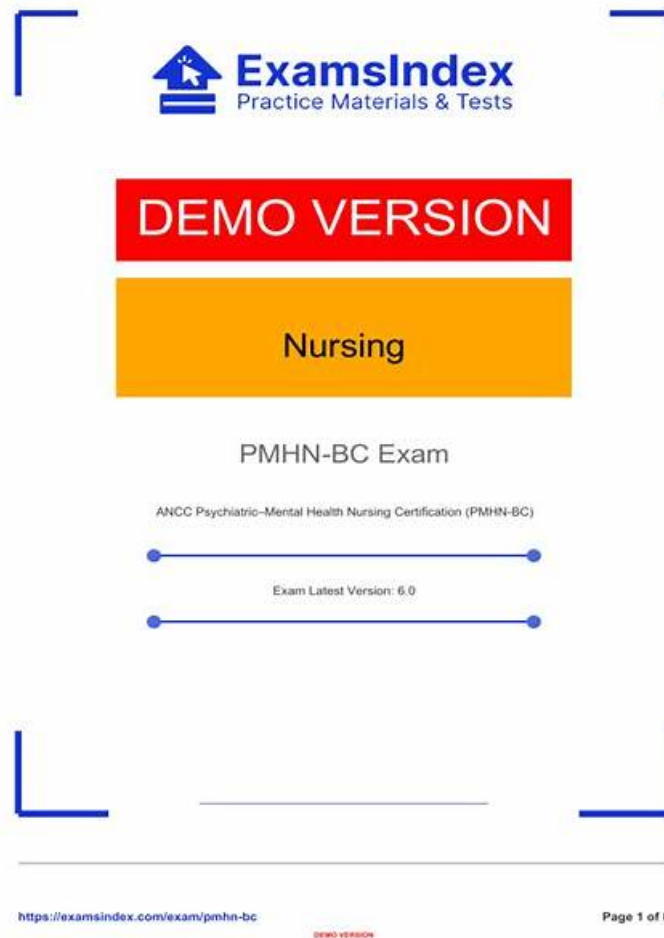


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Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q11-Q16):

NEW QUESTION # 11

When the client attempts to keep anxiety-provoking thoughts and feelings out of awareness by disrupting the interactional process with avoidance, acting out, forgetting, etc., this is which of the following?

- A. testing behaviors
- **B. resistance**
- C. transference
- D. countertransference

Answer: B

Explanation:

The correct answer is resistance. Resistance in psychotherapy and counseling refers to the phenomenon where clients subconsciously defend themselves against the awareness of some distressing facets of their thoughts, emotions, or experiences. This defensive mechanism can manifest through various behaviors that disrupt the therapeutic process.

Common forms of resistance include avoiding topics, acting out, forgetting appointments or significant details, remaining silent, or even arriving late to sessions. These behaviors are not usually conscious decisions; rather, they are ways in which the client's psyche attempts to protect itself from facing painful truths or emotional discomfort that might arise from fully engaging in the therapeutic process.

In the context of therapy, resistance is a crucial concept because it signals areas where the client is struggling with difficult issues. It is the therapist's role to recognize these resistance patterns and gently help the client to address them. By making observations about the resistance and supporting the client in understanding and confronting these behaviors, the therapist can aid the client in moving past their defenses. This supportive confrontation helps to reduce anxiety and fosters deeper personal growth and insight into their behaviors and underlying issues.

It is important to differentiate resistance from other therapeutic interactions like transference, where clients project feelings about others onto the therapist, or countertransference, where therapists project their own feelings onto the client. Testing behaviors, another concept, refers to the ways clients might test the boundaries or consistency of the therapist. In contrast, resistance specifically deals with the client's internal defense mechanisms against psychological insight and emotional exposure.

NEW QUESTION # 12

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

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

Answer: C

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 # 13

All of the following might be considered nicotine withdrawal symptoms except?

- A. Dizziness
- B. Fatigue
- C. Diarrhea
- D. Hunger

Answer: C

Explanation:

When addressing the question of which symptom might not be considered a typical result of nicotine withdrawal, it is essential to understand the common effects of nicotine cessation. These effects can vary broadly among individuals but typically include a set of well-documented symptoms.

Fatigue is a common symptom experienced during nicotine withdrawal. Nicotine is a stimulant, and when a person stops using it, the body may react by feeling unusually tired or lethargic. This fatigue occurs because the body is adjusting to the absence of the stimulant effects of nicotine that it had previously adapted to.

Dizziness is another symptom frequently reported during the withdrawal phase. This can happen due to changes in neurotransmitter activity in the brain after quitting nicotine. Nicotine affects neurotransmitters that can influence mood, cognition, and physical balance, and the sudden absence of nicotine disrupts this balance, potentially leading to feelings of dizziness.

Increased hunger or appetite is also a typical symptom of nicotine withdrawal. Nicotine can act as an appetite suppressant, and when it is no longer being used, individuals might find that their appetite increases as the body no longer receives the substance that once curbed hunger. This can lead to more frequent feelings of hunger as normal appetite regulation resumes.

On the other hand, diarrhea is not typically associated with nicotine withdrawal. Instead, individuals experiencing nicotine withdrawal are more likely to encounter gastrointestinal issues such as constipation. This is because nicotine usage can increase bowel movements, and removing nicotine can slow down these processes, leading to constipation. Therefore, diarrhea would be considered atypical as a symptom of nicotine withdrawal.

Understanding these symptoms can help in managing the expectations and treatment approaches for those undergoing nicotine withdrawal. Recognizing that diarrhea is not a standard withdrawal symptom while constipation might be expected could be crucial for medical professionals and individuals planning to quit nicotine, ensuring they are better prepared for what to expect during the cessation process.

NEW QUESTION # 14

What would be the primary goal for a patient's care who is in great emotional distress resulting in not being able to eat or sleep, and feeling hopeless, yet it has been determined that she is not at risk for self-harm?

- A. Encourage her to exercise more.
- B. Get her into a self-help group.
- C. See that she is provided with the proper medication.
- D. Get the patient back to a pre-crisis level of functioning.

Answer: D

Explanation:

In addressing the needs of a patient experiencing significant emotional distress, including inability to eat or sleep and feelings of hopelessness, the primary goal is to restore the patient to their pre-crisis level of functioning. This objective is central because it aims to return the individual to a state where they can manage day-to-day activities and emotional challenges without the acute distress currently being experienced. Achieving this state implies that the patient has regained stability and can function effectively in their personal and professional life.

While other interventions such as medication, exercise, or joining self-help groups might be useful, they are considered supportive or

secondary strategies rather than the primary goal. Medication might help in managing symptoms such as anxiety or insomnia, thereby providing some relief. Exercise can improve mood and physical health, which is beneficial but not sufficient on its own to ensure complete functional recovery. Similarly, self-help groups provide support and a sense of community, which can be incredibly beneficial for emotional support but might not directly address all the functional impairments caused by the crisis.

The focus on returning the patient to a pre-crisis level of functioning is guided by a holistic view of recovery, which encompasses both the alleviation of the current distressing symptoms and the restoration of the individual's ability to cope with everyday stresses and responsibilities. This approach ensures that treatment and support are directed not just at symptom relief but at enabling the patient to reclaim their independence and quality of life.

Therefore, while all suggested interventions may play a role in the patient's recovery process, the primary goal remains to help the patient regain a level of functionality similar to that before the crisis. This involves a comprehensive assessment and tailored interventions focusing on both psychological and physical health, ensuring a balanced and effective approach to recovery.

NEW QUESTION # 15

What is NOT an element of judgment?

- A. Ethical reasoning
- B. Positive self-regard
- C. Critical thinking
- D. Decision making

Answer: B

Explanation:

Judgment is a cognitive process where one makes considered decisions or comes to sensible conclusions. It is an essential skill in problem-solving, decision-making, and ethical reasoning. These components require the ability to analyze information, weigh alternatives, and foresee consequences. Judgment is often associated with the application of critical thinking skills to assess and interpret situations effectively.

Critical thinking is a vital element of judgment. It involves analyzing facts to form a judgment. The thinker uses logic and reasoning to identify the strengths and weaknesses of alternate solutions, conclusions, or approaches to problems. Therefore, critical thinking directly supports the process of judgment by providing a structured way to process and evaluate information.

Ethical reasoning is another component of judgment. It refers to the process by which individuals apply moral principles and values to make decisions. In making judgments, especially in complex or conflict-ridden situations, ethical reasoning guides individuals to make choices that are morally acceptable and justifiable.

Decision making, closely related to problem-solving, is also a key aspect of judgment. It involves choosing between different courses of action. Effective decision making requires a clear understanding of the implications of each option and the likely outcomes. It uses a combination of critical thinking and ethical reasoning to arrive at decisions that achieve objectives while maintaining integrity and respect for others.

Positive self-regard, however, is not an element of judgment. While it is an important aspect of personal development and self-confidence, it relates more to how individuals perceive and value themselves. Positive self-regard is about maintaining a healthy self-image and a positive attitude towards oneself. Although having confidence can influence one's decisions, positive self-regard itself does not directly contribute to the cognitive processes involved in judgment. Positive self-regard is more about one's emotional and psychological state rather than their ability to think critically, reason ethically, or make decisions. As such, it is not considered a component of judgment but rather a personal attribute that can affect how judgment is applied or expressed.

NEW QUESTION # 16

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