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**ANCC PMHNP FINAL EXAM PREP
2025/2026 ACCURATE QUESTIONS
WITH CORRECT DETAILED ANSWERS
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<LATEST VERSION>**

1. Behavioral management starts.....? - ANSWER ✓ Immediately upon admission
2. If a child reports abuse.....? - ANSWER ✓ Interview the child separately from parents. Report to CPS
3. Child shows to appointment w/o parents, plays with a toy in a sexual way, or if you suspect child abuse - ANSWER ✓ Report to CPS, even on suspicion alone
4. Where to interview a patient? - ANSWER ✓ Private office with the door open
5. Disulfiram can cause.....and it stays in your system for up to _____ - ANSWER ✓ elevations in liver enzymes; two weeks do not drink alcohol for 2 weeks after using disulfiram
6. Opioid withdrawal symptoms - ANSWER ✓ muscle aches, yawning, rhinorrhea, irritability (flu-like symptoms)
7. F in FRAMES - ANSWER ✓ Feedback can help increase patient's awareness and motivation for change

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College Admission American Nurses Credentialing Center: Adult Psychiatric-Mental Health Nurse Practitioner-Board Certified Sample Questions (Q1337-Q1342):

NEW QUESTION # 1337

In order to assess a patient's desire to harm others in addition to themselves, a nurse practitioner might ask what question?

- A. What do you envision happening if you actually killed yourself?
- B. Are guns or weapons available to you?
- C. What things in your life would lead you to want to escape from life?
- **D. Are there others who you think may be responsible for what you are experiencing?**

Answer: D

Explanation:

To assess a patient's desire to harm others in addition to themselves, nurse practitioners should ask the following questions:

- * Are there others who you think may be responsible for what you are experiencing?
- * Are you having thoughts of harming others? Who?
- * Are there other people you want to die with you?
- * Are there others who you think would be unable to go on without you?

For patients who present with thoughts about wanting to harm themselves, nurse practitioners could consider asking:

- * How close have you come to acting on those thoughts?
- * How likely do you think it is that you will act on them in the future?
- * What do you envision happening if you actually killed yourself?
- * Have you made a specific plan to harm yourself?
- * Are guns or other weapons available to you?
- * Have you made particular preparations for your death?

NEW QUESTION # 1338

When prescribing antipsychotic medication, the NP may consider a dopamine receptor antagonist (DRA) instead of a serotonin-dopamine antagonist (SDA) with fewer extrapyramidal symptoms for what reason?

- A. Better efficacy for treatment-resistant patients
- B. Increased likelihood of extrapyramidal symptoms
- **C. Lower risk of metabolic abnormalities**
- D. Increased appetite in people with diminished hunger

Answer: C

Explanation:

DRAs, although known for extrapyramidal effects, have a lower incidence of metabolic issues such as weight gain, diabetes, and elevated lipid profiles that are associated with serotonin receptor antagonists or second-generation antipsychotics. An increased likelihood of fewer extrapyramidal symptoms is not a good reason to use this medication.

Better efficacy for treatment-resistant patients is not the reason for selecting a DRA over an SDA.

NEW QUESTION # 1339

In a family systems context, what is the definition of morphogenesis?

- A. A family's tendency to remain stable in the midst of change
- **B. A family's tendency to adapt to change when changes are necessary**
- C. A family's tendency to resist change and maintain a steady state
- D. The barriers that protect and enhance the integrity of families

Answer: B

Explanation:

Morphogenesis refers to a family's tendency to adapt to changes when necessary.

Morphostasis is a family's tendency to remain stable amid change. Family homeostasis is a family's tendency to resist change and maintain a steady state. Boundaries are the barriers that protect and enhance the functional integrity of families.

NEW QUESTION # 1340

A PMHNP is assessing a patient who reports a belief that someone is trying to harm them by conspiring against them. The person has made repeated reports to law enforcement that were unfounded. Which of the following terms best describes this type of delusion?

- A. Somatic delusion
- B. Delusions of reference
- C. Persecutory delusion
- D. Grandiose delusion

Answer: C

Explanation:

Persecutory delusions are a type of delusion in which the individual believes that they are being targeted, followed, or plotted against by someone or a group of people. The belief is often unfounded and may be accompanied by feelings of paranoia, anxiety, and fear. Grandiose delusions involve a false belief that the individual has great power, knowledge, or talent. Somatic delusions involve a false belief about the body, such as the presence of a disease or a physical defect. Delusion of reference involves the belief that everyday events, objects, or behaviors have a special and personal significance to the individual.

NEW QUESTION # 1341

A PMHNP is assessing a patient who has been diagnosed with schizophrenia. Which of the following terms best describes the patient's symptom of reduced speech or difficulty producing spontaneous speech?

- A. Anhedonia
- B. Avolition
- C. Alogia
- D. Affective flattening

Answer: C

Explanation:

Alogia, also known as poverty of speech, is a common symptom of schizophrenia in which the individual experiences a reduced amount or quality of speech. They may have difficulty producing spontaneous speech, respond with brief or one-word answers, or may not initiate conversation at all.

Anhedonia is a symptom of schizophrenia that involves a reduced ability to experience pleasure or interest in once-enjoyable activities. Avolition is a symptom that involves a reduced ability to initiate or complete tasks, such as work or personal hygiene.

Affective flattening is a symptom that involves a reduced range or intensity of emotional expression.

NEW QUESTION # 1342

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