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PMP Practice Questions Exam Cram™ 2
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Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q68-Q73):

NEW QUESTION # 68

What might be an appropriate response if the social worker accuses the health care worker of not properly advocating for an uninsured patient?

- A. Report the individual.
- B. Discuss the incident with coworkers.
- C. Express their feelings
- **D. Remain silent until calm.**

Answer: D

Explanation:

An appropriate response when a social worker accuses a health care worker of not properly advocating for an uninsured patient might involve several steps that prioritize professional integrity and effective communication. The first step is to manage the emotional response. It's natural to feel defensive or upset when accused of inadequate advocacy, especially in high-stakes environments like healthcare. However, reacting in a heated or emotional manner can escalate the situation and hinder resolution. Hence, it is advisable to remain silent until calm. This allows the health care worker to process the emotions and approach the situation more objectively. Once composure is regained, the next step is to engage in a constructive discussion with the social worker. It is important to express their feelings and perspectives clearly and respectfully. The health care worker should seek to understand the basis of the accusation by asking the social worker to provide specific examples or details that led to their concern. This not only shows willingness to engage and address the issue but also helps in gathering all relevant information.

During the conversation, it is crucial to communicate effectively. This involves active listening, maintaining eye contact, and using open body language. The health care worker should articulate their actions and the rationale behind their decisions regarding the patient's advocacy. If there were constraints or limitations, such as policy restrictions or resource availability, these should be explained clearly. The objective is to ensure that both parties have a mutual understanding of the circumstances and challenges faced in advocating for the patient.

If the situation does not resolve through direct communication or if the health care worker feels unfairly treated, it may be appropriate to report the incident to a higher authority within the organization. This could involve discussing the matter with a supervisor or filing a formal complaint if necessary. This step should be taken to ensure that the issue is addressed formally and to prevent any similar misunderstandings in the future.

Additionally, discussing the incident with coworkers can provide support and further insights. Colleagues may offer different perspectives or share similar experiences, which can help in understanding the situation better and deciding on further actions. However, it is important to maintain professionalism and confidentiality while discussing such matters with peers.

Ultimately, the goal is to ensure that all parties work collaboratively to support the best interests of the patient, maintaining a professional and respectful atmosphere. By addressing the accusation calmly and constructively, the health care worker not only upholds their professional standards but also contributes to a positive work environment.

NEW QUESTION # 69

Generally, psychiatric symptoms are:

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

Answer: A

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 # 70

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

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

Answer: C

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 # 71

According to the biological theory of personality disorders, which neurotransmitter dysfunction is not exhibited in the disorder?

- A. elevated levels of norepinephrine
- B. decreased levels of serotonin
- C. dysregulation of dopamine receptors
- D. elevated levels of acetylcholine

Answer: D

Explanation:

The question asks which neurotransmitter dysfunction is not exhibited in the disorder according to the biological theory of personality disorders. To address this, we must examine the typical neurotransmitter dysfunctions associated with personality disorders and identify which one listed does not match the common presentations.

Neurotransmitters are chemical messengers in the brain that relay signals between nerve cells (neurons). Dysfunctions in the levels or activity of these neurotransmitters are believed to influence various psychological conditions, including personality disorders. The main neurotransmitters often discussed in relation to personality disorders are serotonin, norepinephrine, and dopamine.

Serotonin is commonly linked with mood regulation, and decreased levels of serotonin are associated with symptoms such as impulsivity and aggression, which are often seen in certain personality disorders like borderline personality disorder. Thus, decreased levels of serotonin are indeed related to personality disorder symptoms.

Norepinephrine, associated with the body's stress response and alertness, has been found to be elevated in some cases of personality disorders. This elevation can contribute to heightened arousal and anxiety, which are symptomatic of certain personality disorders such as paranoid personality disorder.

Dysregulation of dopamine receptors is another factor considered in personality disorders. Dopamine dysregulation can affect reward and pleasure centers in the brain, which may be linked to the risk-taking and compulsive behaviors observed in disorders like antisocial personality disorder.

Acetylcholine, however, is primarily associated with learning, memory, and motor control, and its dysfunction is often implicated in neurological conditions like Alzheimer's disease and Parkinson's disease. Elevated levels of acetylcholine are specifically noted for their role in Parkinsonian symptoms, which include motor system issues rather than the emotional and behavioral symptoms typically seen in personality disorders.

Therefore, among the options given - decreased levels of serotonin, elevated levels of norepinephrine, dysregulation of dopamine receptors, and elevated levels of acetylcholine - it is the elevated levels of acetylcholine that are not typically exhibited in personality disorders according to the biological theory. Elevated levels of acetylcholine do not match the common neurotransmitter dysfunctions associated with personality disorders, but rather relate more to other types of neurological disorders.

NEW QUESTION # 72

he possible signs and symptoms of anorexia nervosa would not include which of the following?

- A. Dry or brittle nails
- B. Weight gain
- C. Peripheral edema
- D. Yellow skin

Answer: B

Explanation:

The question asks which of the listed symptoms would not be associated with anorexia nervosa. The possible symptoms listed are peripheral edema, weight gain, yellow skin, and dry or brittle nails.

Anorexia nervosa is an eating disorder characterized by an abnormally low body weight, intense fear of gaining weight, and a distorted perception of weight or shape. Individuals with anorexia nervosa often go to extreme lengths to control their weight and shape, which can significantly interfere with their health and daily activities.

Peripheral edema might occur in severe cases of anorexia, usually due to protein deficiency caused by extreme malnutrition, affecting the body's ability to maintain fluid balance. Yellow skin (jaundice) is not a typical symptom of anorexia but may occur in severe cases due to liver damage or dysfunction, which would be more likely from complications related to severe malnutrition or associated behaviors such as excessive use of alcohol or drugs. Dry or brittle nails are a common sign, indicative of malnutrition, particularly deficiencies in vitamins and minerals essential for nail health.

Weight gain, however, is not a symptom of anorexia nervosa. In fact, weight loss-often severe-is a hallmark of the disorder.

Individuals with anorexia nervosa typically exhibit a significant fear of gaining weight, even when they are underweight. This fear drives behaviors aimed at further weight loss, even in the face of health risks.

Therefore, out of the options given, "Weight gain" is the one that would not be included as a possible sign or symptom of anorexia nervosa. The other symptoms-peripheral edema, yellow skin, and dry or brittle nails-can indeed manifest in individuals suffering from this eating disorder, particularly in advanced stages or as part of complex medical complications related to the condition.

NEW QUESTION # 73

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