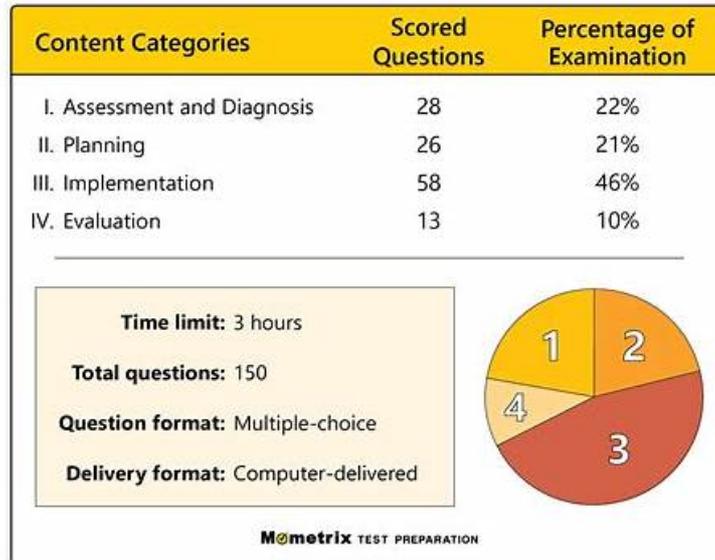


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Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q14-Q19):

NEW QUESTION # 14

Alzheimer's disease (AD) must be distinguished from vascular dementia
 a. Vascular dementia has all but which of the following characteristics?

- A. patient history of falls
- B. personality change

- C. insidious onset
- D. step-wise deterioration

Answer: C

Explanation:

To effectively distinguish between Alzheimer's disease (AD) and vascular dementia, it is crucial to understand the different characteristics of each condition. The question at hand revolves around identifying a characteristic that is not typically associated with vascular dementia. Among the listed options-step-wise deterioration, insidious onset, patient history of falls, personality change-the characteristic that is not consistent with vascular dementia is "insidious onset." Here is an expanded explanation of each characteristic and its relation to vascular dementia:

****Step-wise deterioration:**** Vascular dementia often exhibits a step-wise deterioration in cognitive function. This pattern is characterized by periods of sudden decline followed by plateaus, where the condition stabilizes before another decline occurs. This occurs due to the nature of the vascular damage in the brain, typically resulting from strokes or other events that disrupt blood flow, leading to brain damage in a non-uniform and abrupt manner.

****Insidious onset:**** In contrast to vascular dementia, an insidious onset is more characteristic of Alzheimer's disease. "Insidious" refers to a gradual progression that is not easily noticeable in the early stages. Alzheimer's typically begins with mild memory problems and slowly progresses over several years. Vascular dementia, however, usually has a more abrupt onset, often following a significant vascular event like a stroke. This sudden change in cognitive function is a key differentiator from the more gradual decline seen in Alzheimer's.

****Patient history of falls:**** Individuals with vascular dementia might have a history of falls. This can be related to the brain damage that affects physical coordination and balance. Strokes or mini-strokes leading to vascular dementia can impair parts of the brain that are responsible for motor control and spatial awareness, thereby increasing the risk of falls.

****Personality change:**** Changes in personality can occur in various forms of dementia, including vascular dementia. These changes might be due to the location and extent of brain damage resulting from vascular issues. Personality changes in vascular dementia might include sudden emotional outbursts, apathy, or irritability, which differ from the individual's usual behavior.

In summary, when differentiating vascular dementia from Alzheimer's disease, it is important to note that vascular dementia is characterized by a step-wise deterioration, potential history of falls, and possible personality changes, all linked to brain damage from vascular events. The key distinguishing feature is the onset; vascular dementia typically has an abrupt onset following a vascular event, unlike Alzheimer's disease, which has a slow and insidious onset. Thus, among the options provided, "insidious onset" is not a characteristic of vascular dementia.

NEW QUESTION # 15

When patients in the psychiatric unit of a hospital are expected to be on time for scheduled activities, where limits are set and the focus is on the here and now, what type of therapy is this?

- A. behavior modification
- B. psychosocial therapy
- C. milieu therapy
- D. cognitive therapy

Answer: C

Explanation:

The correct answer to the question is milieu therapy. Milieu therapy is a therapeutic approach used in psychiatric settings that emphasizes the importance of the environment in patient recovery and rehabilitation.

Milieu therapy is based on the principle that the environment, or milieu, can be structured and manipulated to effect positive change and improve the mental health of individuals within it. In the context of a psychiatric unit, milieu therapy involves creating a therapeutic community where patients are encouraged to participate in scheduled activities, adhere to communal norms, and engage with their peers and staff in meaningful ways.

A key component of milieu therapy is the establishment of a routine that includes clear expectations and responsibilities for patients. This routine often involves scheduled activities that patients are expected to attend punctually. These activities are designed not only to structure the patients' day but also to teach them essential life and social skills, promote self-discipline, and enhance their sense of responsibility.

The focus on the "here and now" within milieu therapy helps patients remain grounded in their current environment and situation. This approach encourages patients to engage actively with their immediate experiences rather than becoming preoccupied with past events or future anxieties. By concentrating on present interactions and tasks, patients can practice mindfulness and develop better coping strategies for managing their emotions and behaviors.

Overall, milieu therapy provides a supportive and structured environment where therapeutic interactions are integrated into the daily lives of patients. This method leverages the power of the therapeutic community to foster personal growth, improve mental health,

and prepare patients for successful reintegration into society outside of the hospital setting.

NEW QUESTION # 16

The qualitative research method for the purpose of investigating cultures is which of the following?

- A. ethnic inquiry
- B. cultural awareness
- C. ethnography
- D. cultural sensitivity

Answer: C

Explanation:

Ethnography is the qualitative research method specifically designed for the in-depth exploration and understanding of cultures. It involves the comprehensive study of people and their cultures, focusing on understanding the patterns of behavior, customs, and ways of life from the perspective of the subjects themselves. By immersing themselves in the community, often living among the people for extended periods, ethnographers are able to gather insights and data that are not readily accessible through other research methods.

The purpose of ethnography extends beyond mere observation; it is a method committed to capturing the nuances and complexities of human cultures. Ethnographers pay close attention to the social structure, language, religious practices, and technology use within the culture, among other aspects. This method allows researchers to see the world as their subjects see it, providing a detailed depiction of the community's daily life and interactions.

Ethnography is particularly useful in cultural anthropology, where understanding the intricacies of human cultures is essential. Anthropologists use this method to analyze and compare different cultures, adding depth to the body of knowledge about human diversity. The findings from ethnographic research can also inform policies and practices in areas such as education, healthcare, and urban planning, ensuring they are culturally sensitive and appropriate.

Despite the depth and richness of data it can provide, ethnography requires significant time commitment and cultural sensitivity. Ethnographers must be diligent about noting their biases and ensuring they do not influence the data collection and interpretation process. The ethical considerations, including respect for the privacy and autonomy of community members, are paramount in ethnographic work.

In conclusion, ethnography stands out as a crucial method in qualitative research for investigating cultures. It delivers a comprehensive and empathetic understanding of how different communities operate and interact within their cultural frameworks. This method's unique ability to provide an insider's view through the lens of the local population makes it indispensable for cultural anthropology and beyond.

NEW QUESTION # 17

When your client is inducing an illness in order to receive attention this is called:

- A. anxiety disorder
- B. malingering
- C. factitious disorder
- D. masochistic disorder

Answer: C

Explanation:

Factitious disorder is a mental disorder in which a person acts as if they have an illness by deliberately producing, feigning, or exaggerating symptoms, purely to attain (often medical) attention or sympathy. This disorder is distinct from hypochondriasis as these individuals are aware that they are exaggerating, but do it for psychological reasons rather than for personal gain.

In contrast to malingering, where the individual pretends to be ill for material gain (such as financial compensation, avoidance of work, or access to drugs), those with factitious disorder are driven by a deep-seated need for attention and sympathy. The primary motivation is to assume the "sick role" to receive care and concern, not external incentives.

The behaviors in factitious disorder may involve falsifying medical history, tampering with medical tests (for example, contaminating a urine sample), harming oneself to produce symptoms, or by exacerbating existing medical problems. These actions are often very harmful to the person's health, yet driven by an uncontrollable psychological need.

Diagnosis and treatment of factitious disorder are challenging. Healthcare providers must carefully gather a patient's medical and psychological history for inconsistencies without damaging the trust in the therapeutic relationship. Treatment typically involves managing any underlying psychiatric conditions, such as depression or personality disorders, and addressing the relationship between the patient and healthcare providers to avoid unnecessary procedures.

Understanding factitious disorder and distinguishing it from other similar conditions, like malingering or somatic symptom disorder, is crucial for providing appropriate care and avoiding unnecessary medical interventions.

NEW QUESTION # 18

Which of the following medications would decrease seizure activity in ECT?

- A. propofol anesthetic
- B. lithium
- C. fluoxetine
- D. bupropion

Answer: A

Explanation:

Electroconvulsive therapy (ECT) is a medical treatment most commonly used for patients with severe major depression or bipolar disorder that has not responded to other treatments. ECT involves a brief electrical stimulation of the brain while the patient is under anesthesia. Importantly, the therapeutic efficacy of ECT depends partly on inducing controlled seizures. However, certain medications can affect the seizure threshold, thereby impacting the effectiveness of ECT.

Among the options provided, propofol anesthetic is the medication that would decrease seizure activity during ECT. Propofol is a short-acting anesthetic used to induce and maintain anesthesia or sedation. It works by enhancing the activity of the neurotransmitter GABA (gamma-aminobutyric acid) in the brain, which has an inhibitory effect on neuronal firing. This increase in GABAergic activity helps in suppressing the central nervous system, including the propagation of seizure activity. Therefore, when used during ECT, propofol can make it more challenging to elicit a seizure, which may necessitate adjustments in the electrical dose to achieve the desired therapeutic outcome.

Other medications that similarly decrease seizure activity during ECT include benzodiazepines and barbiturates, which also enhance GABAergic activity, and various anticonvulsants, which can stabilize neuronal membranes and prevent the spread of electrical activity that leads to seizures. It is important for clinicians to be aware of these effects because the presence of such medications in a patient's regimen might require modifications to the ECT protocol to ensure that the treatment remains effective.

The other options listed in the question—fluoxetine, lithium, and bupropion—generally have different effects on seizure threshold. For example, bupropion is well-known for lowering the seizure threshold, especially at higher doses, which can potentially increase seizure risk rather than reduce it. Fluoxetine, a selective serotonin reuptake inhibitor (SSRI), and lithium, used primarily in the treatment of bipolar disorder, do not typically reduce seizure activity and, under certain conditions, might even elevate seizure risk or interfere with the seizure activity required for effective ECT.

In conclusion, when preparing a patient for ECT, careful consideration must be given to the patient's medication regimen. Propofol anesthetic, by decreasing seizure activity, can influence the effectiveness of ECT and requires appropriate adjustments.

Understanding the interactions between ECT and medications such as propofol is crucial for optimizing treatment outcomes for patients undergoing this therapy.

NEW QUESTION # 19

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