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Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q84-Q89):

NEW QUESTION # 84

Which of the following is the purpose of performing a full medical examination as part of a psychological assessment?

- A. None of the above
- B. Just something for the staff to do.
- C. To increase the facility's income.
- D. **To rule out the possibility of a medical problem causing the individual's symptoms.**

Answer: D

Explanation:

The primary purpose of conducting a full medical examination as part of a psychological assessment is to rule out the possibility of a medical problem causing the individual's symptoms. Often, physical illnesses can present symptoms that mimic or contribute to psychological disturbances, making it critical to differentiate between psychiatric and medical etiologies.

For instance, conditions such as thyroid dysfunction can manifest symptoms that resemble depression or anxiety. Similarly, neurological disorders like brain tumors or multiple sclerosis can present with changes in mood, cognitive function, or behavior that might initially be interpreted as psychiatric in nature. A full medical examination ensures that such underlying physical health issues are identified and addressed appropriately.

In the context of a psychiatric assessment, particularly when a patient first enters a psychiatric facility or begins treatment, a comprehensive health evaluation is standard procedure. This evaluation includes, but is not limited to, physical exams, lab tests, and sometimes imaging studies. The objective is to provide a holistic view of the patient's health and to ensure that the treatment plan is tailored to address all aspects of the individual's well-being.

Conducting a medical examination prior to finalizing a psychiatric diagnosis is not only a matter of thoroughness but also a best practice in medical and psychological health care. It helps in forming a more accurate diagnosis and in crafting a treatment plan that comprehensively addresses the patient's needs. This approach minimizes the risk of overlooking treatable physical illnesses and ensures that the psychiatric treatment administered is both safe and effective.

Thus, the purpose of a full medical examination in the context of psychological assessment is crucial for accurate diagnosis and effective treatment, rather than being merely procedural or for the benefit of the medical facility's income. It is a fundamental step in ensuring that the patient receives appropriate and holistic care.

NEW QUESTION # 85

When a client uses excessive reasoning to isolate a painful feeling she is using which of the following defense mechanisms?

- A. intellectualization
- B. dissociation
- C. compensation
- D. rationalization

Answer: A

Explanation:

The question refers to a psychological defense mechanism, specifically asking which one is employed when a client uses excessive reasoning to isolate a painful feeling. The correct answer to this question is intellectualization.

Intellectualization is a defense mechanism where the person deals with emotional distress and conflict by focusing on abstract and intellectual thoughts, thereby distancing themselves from the stressful emotional aspect of the situation. This mechanism allows the individual to acknowledge the facts but not the emotional impact of those facts, effectively separating their cognitive understanding from their emotional processing.

For example, someone who has just been diagnosed with a serious illness might focus solely on the statistics and treatment options of the disease, rather than addressing the fear and sadness that might come with such a diagnosis. By doing so, the person avoids experiencing the full emotional impact of the situation.

Other defense mechanisms, such as rationalization, dissociation, and compensation, serve different functions. Rationalization involves justifying one's behavior with logical but false reasons, dissociation involves a mental detachment from reality, and compensation involves excelling in one area to make up for deficiencies in another. None of these directly involve the use of excessive reasoning to isolate feelings, which is why they do not fit the description given in the question.

It is important to understand that while defense mechanisms can be adaptive and help reduce immediate stress, over-reliance on mechanisms like intellectualization can prevent the person from processing their emotions adequately, potentially leading to longer-term psychological issues. Therapeutic interventions often aim at helping individuals recognize and modify their use of such defenses to face their feelings more directly and healthily.

NEW QUESTION # 86

In terms of group therapy, when members learn to accept painful aspects of life that affect everyone, this is known as which of the following?

- A. catharsis
- B. universality
- C. instillation of hope
- D. existential resolution

Answer: D

Explanation:

Existential resolution is a concept in group therapy where members come to accept the universal, often painful aspects of human existence, such as death, freedom, isolation, and meaninglessness. This form of resolution is crucial as it helps individuals confront

and integrate these existential realities into their lives, thereby reducing anxiety and fostering a more authentic existence. In contrast, other terms mentioned relate to different therapeutic dynamics: - **Catharsis** involves the process of releasing, and thereby providing relief from, strong or repressed emotions. It's common in therapy when individuals share their emotional struggles and experiences, leading to a sense of relief. - **Universality** is the realization among group members that they are not alone in their experiences and struggles. This recognition can provide comfort and support, as members understand that their problems are also faced by others. - **Instillation of hope** involves fostering optimism within the therapy group. This often happens when the therapist or group leader shares success stories and when members observe positive changes in others within the group, fostering a belief in the possibility of improvement. Thus, while all these elements are important in the context of group therapy, it is existential resolution that specifically refers to the acceptance of life's inherent challenges and existential truths by group members. This acceptance is pivotal in helping individuals live more fulfilling lives despite these unavoidable aspects.

NEW QUESTION # 87

Which of the following statements about crisis and crisis intervention is least accurate?

- A. A maturational crisis is also considered a developmental crisis.
- B. When attempts at coping with stress fail, a crisis situation can develop.
- **C. All events that result in crisis are negative events.**
- D. Crisis is described as self-limiting

Answer: C

Explanation:

The question asks us to identify which statement about crisis and crisis intervention is least accurate. To address this query, it's important to understand the nuances of what constitutes a crisis and the nature of crises as they relate to both negative and positive life events.

First, let's clarify the statement "A maturational crisis is also considered a developmental crisis." A maturational crisis, often known as a developmental crisis, occurs as a natural part of life as individuals transition through various stages of growth and development. Examples include leaving home for the first time, getting married, or retiring. These crises are generally predictable and are tied to specific life stages, affirming the accuracy of the statement.

Moving to the next statement, "All events that result in crisis are negative events," we must recognize that this is a common misconception. While many crises arise from evidently negative events such as loss of a loved one, accidents, or natural disasters, not all crises stem from negative origins. Life events that are typically seen as positive, such as marriage, childbirth, or retirement, can also precipitate a crisis. This happens when the individual finds these life changes overwhelming or stressful to the extent that their usual coping mechanisms fail. This explanation directly contradicts the statement that all crisis-triggering events are negative, marking it as inaccurate.

The statement that "Crisis is described as self-limiting" also holds true to a significant extent. Crises are generally time-limited, meaning they do not last indefinitely. Most individuals work through a crisis within a typical span of six weeks. During this period, they either develop new coping mechanisms on their own or with help, or they may revert back to a state of functioning similar to the one before the crisis if it remains unresolved. This characteristic of crises supports the idea that they are self-limiting.

In summary, the statement "All events that result in crisis are negative events" is the least accurate. It fails to acknowledge that crises can also be triggered by events generally perceived as positive. Understanding this helps in developing a more nuanced approach to crisis intervention, recognizing the breadth of triggers that can lead individuals to seek help.

NEW QUESTION # 88

What would be the appropriate response to a patient who was prescribed Ambien two days prior and is now having increased difficulty sleeping?

- **A. Tell the patient that this is a common side effect and should resolve itself within a few days.**
- B. Tell the patient to seek emergency medical attention as this is a sign of a potentially fatal adverse effect.
- C. Increase the patient's dosage of the medication.
- D. Tell the patient to stop taking the drug immediately.

Answer: A

Explanation:

When a patient begins treatment with Ambien (zolpidem), a medication commonly prescribed for insomnia, they might experience an initial increase in their sleeping difficulties. This phenomenon is referred to as "rebound insomnia." Rebound insomnia occurs because the body is adjusting to the effects of the medication, which is intended to alter sleep patterns and promote relaxation and sleepiness.

It's important for patients to understand that this is a relatively common initial response and not necessarily indicative of the medication's ineffectiveness or a worsening of their underlying condition.

In this situation, the appropriate response would be to reassure the patient that experiencing increased difficulty sleeping after starting Ambien can be a normal side effect, and it typically resolves within a few days as the body adjusts to the medication. It is crucial, however, to set a clear expectation with the patient. They should monitor their sleep patterns, and if the insomnia does not improve or worsens after a week of consistent use of the medication, they should contact their healthcare provider. The healthcare provider might need to reassess the treatment plan, which could include adjusting the dosage or trying an alternative therapy depending on the patient's specific health needs and response to the medication.

It is not advisable to immediately stop taking Ambien without first consulting with a healthcare provider. Abrupt discontinuation might lead to withdrawal symptoms or exacerbate insomnia. Similarly, increasing the dosage without professional guidance is not recommended as it could lead to potential overdose or increased side effects. The focus should be on proper adherence to the prescribed dosage and clear communication with the healthcare provider about any concerns or persistent symptoms.

Overall, patient education and reassurance are key components in managing initial side effects when starting a new medication like Ambien. Ensuring that the patient understands what to expect and when to seek further medical advice is essential for effective management of insomnia and the safe use of sleep-inducing medications.

NEW QUESTION # 89

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