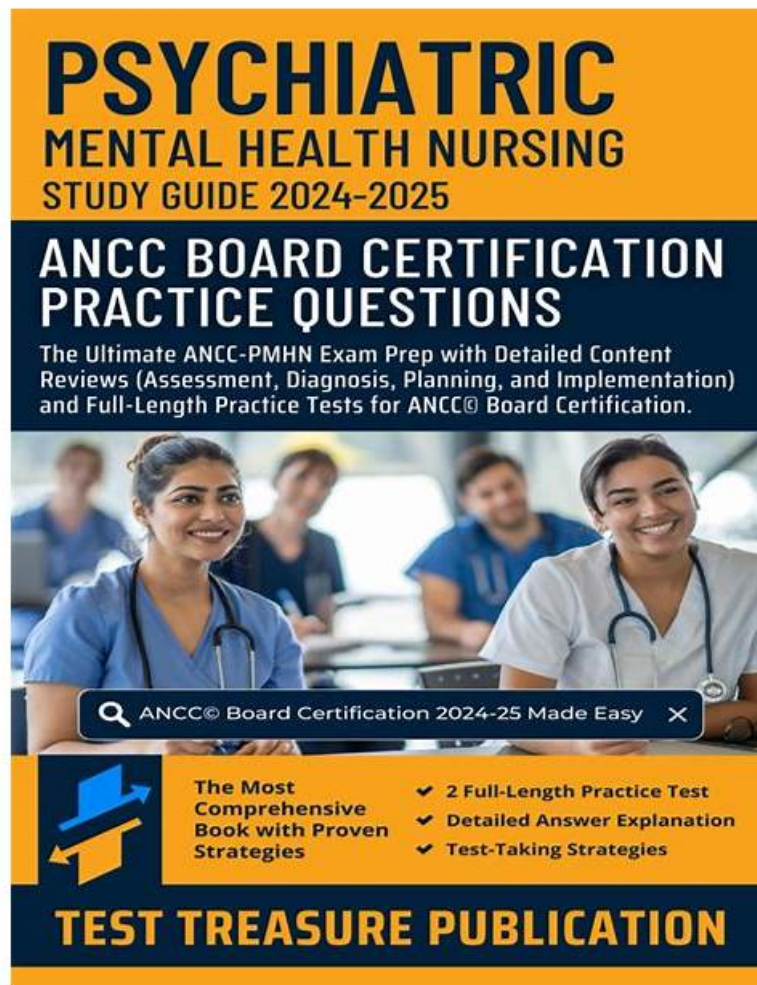


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Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q37-Q42):

NEW QUESTION # 37

When you implement a plan for a patient partly by making the patient feel comfortable and safe by orienting the patient to his rights and responsibilities, selecting specific activities for the patient's needs, and ensuring that the patient is maintained in the least restrictive environment that safety permits, this is known as which of the following?

- A. biological therapy
- B. integrative therapy
- C. psychotherapy
- D. milieu therapy

Answer: D

Explanation:

The correct answer to the question is "milieu therapy." Milieu therapy is a therapeutic approach in mental health treatment that focuses on creating an environment that is supportive and therapeutic for the patient. This form of therapy emphasizes the importance of the social environment or milieu in which the healing process takes place.

In milieu therapy, every aspect of the patient's surroundings is considered to be a part of the treatment. This includes not only the physical setting but also the social interactions and the established routines within the therapeutic environment. By carefully structuring these elements, milieu therapy aims to help individuals learn to adapt to and cope with their social and interpersonal circumstances in healthier ways.

Key components of milieu therapy include: - **Orienting the patient to their rights and responsibilities:** This involves making sure that the patient understands their rights within the therapeutic setting as well as their responsibilities towards their own treatment process. - **Selecting specific activities tailored to the patient's needs:** Activities are chosen to match the patient's personal therapeutic goals, which could include group therapy sessions, individual counseling, therapeutic recreational activities, or skills training. - **Maintaining the patient in the least restrictive environment that safety permits:** The aim here is to ensure that the patient enjoys the maximum freedom possible while still ensuring their safety and the safety of others. This helps to foster a sense of normalcy and autonomy, which is crucial for the patient's self-esteem and recovery process. - **Informing the patient about the need for limits and the conditions necessary to remove them in a culturally competent manner:** This involves setting and explaining boundaries within the therapeutic environment in a way that is sensitive to the patient's cultural background and personal experiences. Overall, milieu therapy is designed to create a supportive and therapeutic community where patients can feel safe and comfortable, allowing them to focus on their recovery and rehabilitation. This approach can be particularly effective in settings such as psychiatric hospitals, residential treatment facilities, or therapeutic communities where multiple aspects of the daily living and social environment can be integrated into the treatment process.

NEW QUESTION # 38

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

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

Answer: A

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 # 39

What would cause a person with psychosis to be at a greater risk for violence?

- A. There is a change in appetite.
- B. There is a change in the person's level of activity.
- C. The person is not getting the proper amount of sleep.
- **D. The person comes from a history of domestic violence.**

Answer: D

Explanation:

A person with psychosis, a severe mental disorder characterized by a disconnection from reality, may be at a greater risk for violence due to several factors. One significant factor is a history of domestic violence. This is an internal factor that increases the likelihood of violent behavior in individuals with psychosis. This is because a history of domestic violence often results in learned aggressive behavior and the normalization of violence as a way to resolve conflicts.

In addition to a history of domestic violence, other factors can also contribute to the risk of violence in individuals with psychosis. For example, not getting the proper amount of sleep can lead to increased irritability, lower impulse control, and a higher likelihood of violent behavior.

Changes in appetite may also contribute to an increased risk of violence. Changes in appetite can be a sign of a worsening mental state or increased stress, which can contribute to an increased risk of violent behavior.

Similarly, changes in the person's level of activity can also be indicative of a worsening mental state. If a person with psychosis becomes more sedentary or more hyperactive than usual, this could be a sign of an impending psychotic episode, which may increase the risk of violent behavior. Therefore, monitoring and addressing these changes in appetite and activity level can help to manage the risk of violence in individuals with psychosis.

In conclusion, a person with psychosis may be at a greater risk for violence due to a combination of internal and external factors. These can include a history of domestic violence, lack of proper sleep, changes in appetite, and changes in activity level. By recognizing and addressing these risk factors, it may be possible to reduce the risk of violence in individuals with psychosis.

NEW QUESTION # 40

The type of disorder that is characterized by disturbances in the integrated functions of consciousness, identity, memory, and/or perception is which of the following?

- **A. dissociative disorder**
- B. personality disorder
- C. adjustment disorder
- D. factitious disorder

Answer: A

Explanation:

The correct answer to the question is "dissociative disorder." Dissociative disorders encompass a range of conditions that manifest through alterations and disturbances in the normal integration of consciousness, identity, memory, and perception. These disturbances can significantly impact an individual's overall functioning and quality of life.

To further detail, dissociative disorders interfere with an individual's sense of self and reality. The key characteristics include: -

****Consciousness****: Individuals may experience a disruption in their awareness, leading to periods of disconnection from their surroundings or themselves. - ****Identity****: There can be confusion or conflict about a person's sense of self, sometimes manifesting as multiple distinct identities or personalities (formerly known as multiple personality disorder, now termed dissociative identity disorder). - ****Memory****: Memory loss or amnesia is common, which goes beyond normal forgetfulness and includes gaps in the recall of everyday events, personal information, and/or traumatic events. - ****Perception****: This can involve altered perceptions or sensory experiences, which can include feeling detached from one's emotions or body, known as depersonalization, or experiencing the world as unreal or distant, referred to as derealization.

The onset of dissociative disorders might be tied to traumatic events, extreme stress, or no apparent trigger at all. Whether appearing suddenly or gradually, these disorders might last for a short period or persist over many years, complicating diagnosis and treatment. Treatment often involves psychotherapy aimed at integrating the fragmented functions of consciousness, identity, and memory to restore overall psychological continuity and stability.

In contrast, other disorders listed—factitious disorder, personality disorder, and adjustment disorder—involve different primary symptoms and underlying mechanisms. Factitious disorder involves consciously fabricating illness or psychological symptoms, often to gain sympathy or attention. Personality disorders entail enduring patterns of behavior and inner experience that deviate markedly from the expectations of an individual's culture, are pervasive and inflexible, and lead to distress or impairment. Adjustment disorder is a reaction to a significant life change or stressor, and although it may involve some temporary dissociative symptoms, it does not feature the same depth of disconnection or identity fragmentation characteristic of dissociative disorders.

NEW QUESTION # 41

Pender's Health Promotion Model includes three general areas of concern to health-promoting behavior. Which of the following is NOT one of them?

- A. behavior-specific cognitions and affect
- B. behavioral outcomes
- C. perceived susceptibility to a condition
- D. individual characteristics and experiences

Answer: C

Explanation:

Pender's Health Promotion Model (HPM) is a theoretical framework designed to be a "complementary counterpart to models of health protection." It defines health as a positive dynamic state rather than simply the absence of disease. The model focuses on three key areas: individual characteristics and experiences, behavior-specific cognitions and affect, and behavioral outcomes. These elements are used to understand and predict how individuals engage in health-promoting behaviors.

The correct answer to the question, "Which of the following is NOT one of the three general areas of concern to health-promoting behavior in Pender's Health Promotion Model?" is "perceived susceptibility to a condition." This concept is actually a part of another well-known health model called the Health Belief Model (HBM). The HBM is centered around concepts including perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action, and self-efficacy. It is primarily focused on disease prevention and how beliefs about health problems, perceived benefits of action, and barriers to action can affect health-related behavior.

In contrast, Pender's Health Promotion Model includes: 1. ****Individual characteristics and experiences**** - This area recognizes the impact of previous experiences and inherited and acquired characteristics on personal behavior. Factors like biological, psychological, and sociocultural characteristics are considered to shape how individuals think about health. 2. ****Behavior-specific cognitions and affect**** - This aspect of Pender's model includes perceptions of benefits of and barriers to engaging in specific health behavior, perceived self-efficacy, activity-related affect, interpersonal influences (such as norms, social support, and modeling), and situational influences. These factors contribute to the motivation of the individual in making health-promoting behavior choices. 3. ****Behavioral outcomes**** - This is the end result of the model where the action of engaging in a health-promoting behavior is the outcome. The desired behavioral outcomes are directed by goals set by the individual, and actions are taken to achieve these goals which are influenced by the individual's commitments, perceived barriers, and competing demands and preferences.

Understanding the distinction between these models is crucial for health professionals in designing interventions and educational programs. Pender's HPM emphasizes the positive approach to wellness, expanded focus on the individual's motivation and readiness to act, and the dynamic nature of the individual-environment interaction necessary for promoting health. In contrast, the HBM is more focused on preventing disease through addressing negative health behaviors and evaluating personal risks and outcomes.

NEW QUESTION # 42

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