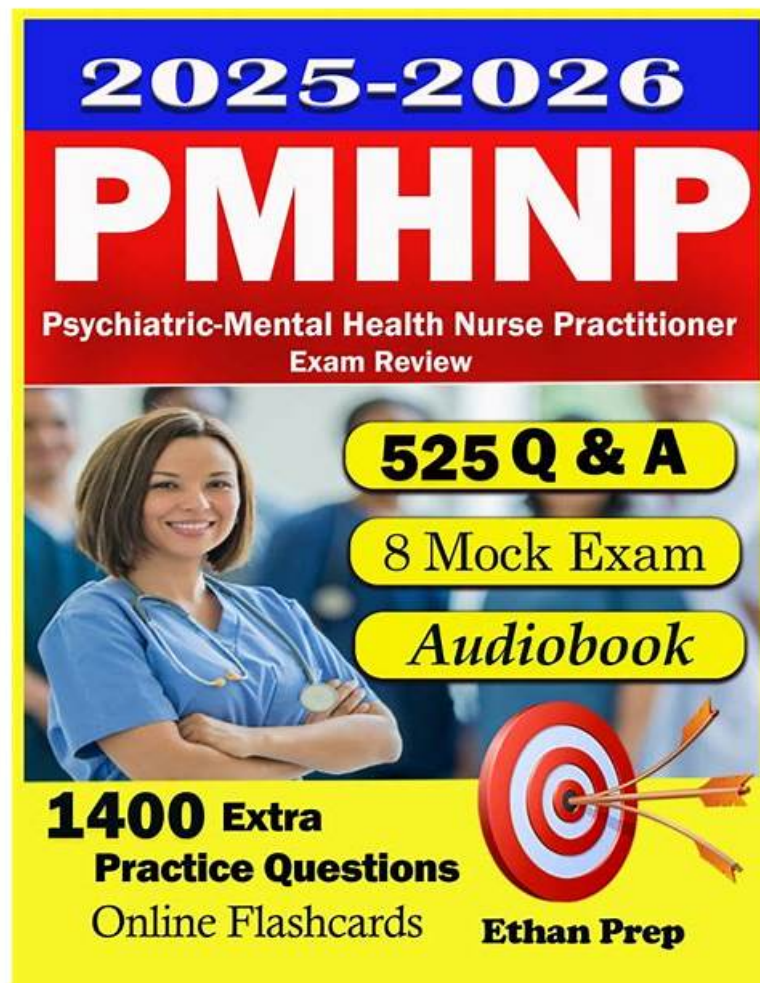


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## **Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q88-Q93):**

### **NEW QUESTION # 88**

Displaying one type of emotion, usually serious or somber is referred to as

- A. blunted affect
- B. inappropriate affect
- C. restricted affect
- D. broad affect

**Answer: C**

Explanation:

When a person displays a consistent type of emotion, particularly one that is serious or somber, this emotional expression is commonly referred to as "restricted affect." This term is often used in the context of psychological evaluations and mental health discussions. Restricted affect indicates a limitation in the range or intensity of emotional expressions a person shows. It's not that other emotions are absent, but they are less likely to be expressed visibly.

Restricted affect can be observed in various psychological conditions and is not uncommon in individuals dealing with depression, schizophrenia, or post-traumatic stress disorder (PTSD). In clinical settings, this affective presentation is significant as it helps in diagnosing and understanding the emotional restrictions that may be impacting an individual's life. It is important to note that while someone with a restricted affect might predominantly show seriousness or somberness, this does not entirely preclude the presence of other emotions, which might be felt internally but not expressed outwardly.

As the severity of affect restriction increases, mental health professionals might use terms like "blunted affect" or even "flat affect" to describe even more severe reductions in emotional expression. Blunted affect refers to a significant reduction in the emotional expression, while flat affect describes a near-total absence of emotional expressions. These are more extreme than restricted affect and indicate deeper or more severe affective disturbances.

In contrast, terms like "inappropriate affect" and "broad affect" describe different affective states. Inappropriate affect means the individual's emotional expression is incongruent with the situation or context (e.g., laughing during a sad event). Broad affect, conversely, refers to a wide range of emotional expressions, indicating flexibility and responsiveness in emotional expression.

Understanding these nuances in affective presentation is crucial in the field of mental health, as they provide insights into the emotional and psychological state of an individual, guiding both diagnosis and treatment planning.

### **NEW QUESTION # 89**

Generally, psychiatric symptoms are:

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

**Answer: C**

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 # 90

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

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

**Answer: A**

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 # 91

What is NOT one of the three factors that contribute to the insomnia complaint according to Spielman's 3P model of insomnia?

- A. Precipitating factors
- B. Perpetuating factors
- C. Predisposing factors
- D. Prompting factors

**Answer: D**

Explanation:

In Spielman's 3P model of insomnia, the three key factors that contribute to the development and maintenance of insomnia are predisposing, precipitating, and perpetuating factors. This model helps in understanding how insomnia can start and why it continues over time.

**\*\*Predisposing Factors:\*\*** These are the inherent characteristics or traits that an individual might possess, which make them more susceptible to developing insomnia. For example, genetic factors, personality traits, or pre-existing psychological conditions such as anxiety or depression can predispose a person to insomnia. These factors do not directly cause insomnia but contribute to a person's overall vulnerability to sleep disturbances.

**\*\*Precipitating Factors:\*\*** These are external events or situations that trigger the onset of insomnia. They are often acute or significant events that create a disruption in a person's life. This can include stressors such as job loss, death of a loved one, illness, or any major change that impacts one's normal routine or emotional equilibrium. Unlike predisposing factors, which are inherent, precipitating factors are usually identifiable events or changes in a person's environment or life circumstances.

**\*\*Perpetuating Factors:\*\*** After insomnia has been triggered, certain behaviors or patterns can develop that continue to maintain the sleep disturbance, even after the original precipitating factors might have been resolved. These include poor sleep hygiene practices such as irregular sleep schedules, napping during the day, excessive use of caffeine or alcohol, and engaging in stimulating activities close to bedtime. Additionally, psychological responses such as worry about sleep can also become perpetuating factors, creating a

cycle of sleep anxiety and disturbed sleep.

The term **"Prompting Factors"**, mentioned in the question, is not part of Spielman's 3P model. This term might be confused with precipitating factors but officially, it does not exist within the framework of this model. Understanding the correct terminology and components of the 3P model is crucial for accurately addressing and treating insomnia based on this well-regarded theoretical framework.

### NEW QUESTION # 92

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

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

**Answer: C**

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 # 93

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