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## Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q54-Q59):

### NEW QUESTION # 54

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

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

**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 # 55

All of the following are contraindications for lithium use EXCEPT:

- A. renal disorder
- B. hypertension
- C. hypothyroidism
- D. diabetes

**Answer: B**

Explanation:

The question asks to identify which condition among the listed is not a contraindication for the use of lithium, a mood-stabilizing drug primarily used to treat bipolar disorder. Contraindications are conditions or factors that serve as reasons to withhold a certain medical treatment due to the harm that it would cause the patient.

The options given are: 1. Renal disorder 2. Diabetes 3. Hypertension 4. Hypothyroidism Renal disorder is a known contraindication for lithium use. Lithium is primarily excreted by the kidneys, and impaired renal function can lead to lithium toxicity. This is because the drug's clearance decreases with reduced kidney function, increasing the risk of side effects and poisoning.

Diabetes is also considered a contraindication. Lithium can influence glucose control and might exacerbate existing diabetes or even precipitate the onset of new cases. Monitoring and careful management are required if lithium is considered necessary for a patient with diabetes.

Hypothyroidism, though often closely monitored in patients on lithium due to the drug's potential to impair thyroid function, is not necessarily a contraindication but rather a condition requiring careful management and monitoring during lithium therapy. Lithium can cause hypothyroidism or exacerbate an existing condition, but with appropriate thyroid function monitoring and treatment, patients with this condition can often still safely use lithium.

Hypertension, unlike the other conditions listed, is not a direct contraindication for lithium use. While lithium might have some impact

on the cardiovascular system, such as affecting the renin-angiotensin system which can influence blood pressure, it does not generally preclude the use of lithium in patients with hypertension. Of course, all patients on lithium should have comprehensive monitoring, including assessments of cardiovascular health, but hypertension alone does not normally prohibit the use of lithium. Therefore, the correct answer to the question is "hypertension," as it is not a contraindication for lithium use, unlike renal disorder, diabetes, and (to a lesser extent needing careful management) hypothyroidism.

### NEW QUESTION # 56

All of the following might be considered nicotine withdrawal symptoms except?

- A. Hunger
- B. Fatigue
- C. Diarrhea
- D. Dizziness

**Answer: C**

Explanation:

When addressing the question of which symptom might not be considered a typical result of nicotine withdrawal, it is essential to understand the common effects of nicotine cessation. These effects can vary broadly among individuals but typically include a set of well-documented symptoms.

Fatigue is a common symptom experienced during nicotine withdrawal. Nicotine is a stimulant, and when a person stops using it, the body may react by feeling unusually tired or lethargic. This fatigue occurs because the body is adjusting to the absence of the stimulant effects of nicotine that it had previously adapted to.

Dizziness is another symptom frequently reported during the withdrawal phase. This can happen due to changes in neurotransmitter activity in the brain after quitting nicotine. Nicotine affects neurotransmitters that can influence mood, cognition, and physical balance, and the sudden absence of nicotine disrupts this balance, potentially leading to feelings of dizziness.

Increased hunger or appetite is also a typical symptom of nicotine withdrawal. Nicotine can act as an appetite suppressant, and when it is no longer being used, individuals might find that their appetite increases as the body no longer receives the substance that once curbed hunger. This can lead to more frequent feelings of hunger as normal appetite regulation resumes.

On the other hand, diarrhea is not typically associated with nicotine withdrawal. Instead, individuals experiencing nicotine withdrawal are more likely to encounter gastrointestinal issues such as constipation. This is because nicotine usage can increase bowel movements, and removing nicotine can slow down these processes, leading to constipation. Therefore, diarrhea would be considered atypical as a symptom of nicotine withdrawal.

Understanding these symptoms can help in managing the expectations and treatment approaches for those undergoing nicotine withdrawal. Recognizing that diarrhea is not a standard withdrawal symptom while constipation might be expected could be crucial for medical professionals and individuals planning to quit nicotine, ensuring they are better prepared for what to expect during the cessation process.

### NEW QUESTION # 57

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. factitious disorder
- C. personality disorder
- D. adjustment 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 # 58

Sullivan described six stages of personality development. The juvenile stage would include which of the following major developmental tasks?

- A. learning to form satisfactory peer relationships
- B. relief from anxiety through oral gratification of needs
- C. learning to experience a delay in personal gratification without undue anxiety
- D. learning to form satisfactory relationships with the opposite gender

**Answer: A**

Explanation:

Harry Stack Sullivan, an influential psychiatrist and psychoanalyst, defined personality development through a series of interpersonal stages, emphasizing the importance of social interactions and relationships. One of these stages is the juvenile stage, typically occurring between the ages of 6 and 9. During this period, the major developmental task identified by Sullivan is learning to form satisfactory peer relationships.

In the juvenile stage, children begin to engage more extensively with peers and develop significant friendships. This stage is crucial because it lays the foundation for social skills and self-esteem. As children interact with others in their age group, they learn to negotiate, cooperate, and empathize, which are essential skills for later stages of life. The ability to form healthy peer relationships also contributes to a child's sense of identity and emotional well-being.

This focus on peer relationships is significant because it represents a shift from earlier stages where family and parental relationships are more central. In the juvenile stage, children start to explore their independence and develop a sense of self outside the family unit. This exploration is heavily influenced by their peer interactions, which can either reinforce positive self-concepts and social abilities or contribute to difficulties if relationships are problematic.

Thus, Sullivan's emphasis on the ability to form satisfactory peer relationships during the juvenile stage highlights an essential aspect of social and emotional development. It underscores the importance of this developmental task in fostering personal growth and preparing the child for the complexities of later relationships in adolescence and adulthood.

### NEW QUESTION # 59

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