

College Admission

*PMHN
Psychiatric and Mental Health Nurse Certification Exam*

Questions And Answers PDF Format:

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Question: 1

An outpatient with generalized anxiety disorder (GAD) has as an emotional support animal (a cat) and wants to take the cat to work with her when she returns to her job. According to Title II and Title III of the Americans with Disabilities Act, an emotional comfort animal:

- A. Does not qualify as a service animal
- B. Must be accommodated by employers as a service animal
- C. Can be certified as a service animal only if it is a dog
- D. Is certified as a service animal only on special request

Answer: A

Explanation:

Service animals must actually provide some type of active service and must be canine, although special requests can be made to qualify miniature horses. Psychiatric services dogs, on the other hand, are qualified and may be trained to identify oncoming psychiatric episodes, they may remind the patient to take medications, interrupt self-injurious behavior, or protect disoriented patients from danger.

Question: 2

On physical examination, a patient with chronic alcohol use disorder exhibits ophthalmoplegia, ataxia, and confusion with stupor and somnolence. Based on these findings, the most likely cause is:

- A. Vitamin C deficiency
- B. Iron deficiency
- C. Thiamine deficiency
- D. Vitamin D deficiency

Answer: C

Explanation:

If, on physical exam, a patient with chronic alcohol use disorder exhibits ophthalmoplegia, ataxia, and confusion with stupor and somnolence, the most likely cause is vitamin B deficiency, primarily thiamine (vitamin B1). These symptoms are the typical triad associated with Wernicke disease. Patients often also exhibit signs of Korsakoff's psychosis with anterograde and retrograde amnesia and confabulation, so this combination is referred to as Wernicke-Korsakoff syndrome. These conditions are life threatening if not treated aggressively with thiamine replacement.

Question: 3

A patient with autism spectrum disorder level 1 cannot judge the intention behind commands, often becoming distraught over simple directions, such as "eat your lunch now," or ignoring important directions, such as "leave by the fire exit." The term for this type of deficit is:

- A. Impaired social interaction
- B. Mind blindness
- C. Meltdown
- D. Stereotypy

Answer: B

Explanation:

If a patient with autism spectrum disorder level I cannot judge the intention behind commands, becomes distraught over simple directions ("eat your lunch now"), and ignores important directions ("leave by the fire exit"), the term for this type of deficit is mind blindness. This same deficit interferes with patients' abilities to recognize faces. Mind blindness may contribute to impaired social interaction. A meltdown may begin with a tantrum but is more intense as the patient totally loses control and may endanger self or others. Stereotypy is rigid obsessive behavior. These deficits all result in impaired social interaction.

Question: 4

A 35-year-old, recently widowed patient was a happily married "stay-at-home mom," but has experienced severe anxiety and panic attacks since her husband's death left her with few employable skills, little money, and three children to raise. Considering Maslow's Hierarchy of Needs, the patient's primary need at this time is likely:

- A. Physiological
- B. Love/belonging
- C. Esteem
- D. Safety/security

Answer: D

Explanation:

For a 35-year-old recently widowed woman with severe anxiety and panic attacks left with few employable skills, little money, and 3 children, the primary need related to Maslow's Hierarchy of Needs is likely safety/security. Although the patient apparently had a stable and happy marriage, meeting the love/belonging need, and while lower needs must be fulfilled before higher needs, it is not uncommon for people to regress under stress. Now, the patient has real concerns about supporting and providing safely for her family, so she must meet the need for safety/security before she can again progress to the next level.

Question: 5

The evidence-based therapy recommended for adolescents with anorexia nervosa is:

- A. Family-based therapy
- B. Cognitive behavioral therapy
- C. Reality-based therapy
- D. Psychoanalysis

Answer: A

Explanation:

The evidence-based therapy recommended for adolescents with anorexia nervosa is family-based therapy. Cognitive behavioral therapy is used with adults. Because adolescents with anorexia are not able to make good decisions about food or eating, the family is mobilized to assist the patient and carry out therapeutic interventions, such as reseeded and other efforts to restore weight to a healthy level. Because caloric intake must be high to increase weight the family must be physically present and must monitor each meal, regardless of the time needed for the adolescent to finish eating.

Question: 6

If a therapist is basing therapy on the theory of behaviorism, the psychiatric and mental health nurse expects that the focus of the patient's care will be on:

- A. Providing negative reinforcement
- B. Providing positive reinforcement
- C. Providing unconditional positive regard
- D. Assessing the patient's needs

Answer: B

Explanation:

If a therapist is basing therapy on the theory of behaviorism, the psychiatric and mental health nurse expects that the focus of the patient's care will be on providing positive reinforcement. Behaviorism is based on the theory that patients are essentially passive and behavior results from stimulus and response. Behaviors that are met with positive reinforcement are likely to be repeated. However, behaviors met with negative reinforcement are also likely to be repeated.

Question: 7

Which of the following is an example of secondary prevention for an at-risk adolescent?

- A. Refer to Alateen® if parents are alcoholics.
- B. Refer to a support group for children of divorce.
- C. Work with the patient to modify negative behavior.
- D. Provide sex-education courses.

Answer: C

Explanation:

Secondary prevention requires some type of intervention to deal with inappropriate behavior, such as by working with the patient to modify negative behavior. The adolescent patient may receive secondary prevention measures (treatment) in the community or as an inpatient. If the patient is hospitalized, the psychiatric and mental health nurse focuses on helping the patient learn more appropriate problem-solving skills and helping the patient (and family) stabilize crisis situations.

Question: 8

A 30 -year-old woman with a history of bulimia nervosa (BN) since adolescence is receiving therapy to help her want to change, accept responsibility for change, and remain committed to change. The patient is guided through different stages, beginning with precontemplation. This type of therapy is referred to as:

- A. Cognitive behavioral therapy (CBT)
- B. Motivation enhancement therapy
- C. Interpersonal psychotherapy
- D. Family therapy

Answer: B

Explanation:

Motivational enhancement therapy. Other BN therapies include:

Antidepressant	Fluoxetine (Prozac®) is FDA-approved for BN.
CBT-BN	1) Psychoeducation and strategies to eat normally and avoid bingeing and purging. 2) Food choices expand and dysfunctional attitudes, beliefs, and avoidance behaviors are identified. 3) Maintenance and relapse-prevention strategies are covered.
Interpersonal psychotherapy	1) Interpersonal context of disorder are analyzed and problem areas identified. 2) Focus on problem areas. 3) Progress is monitored, but client is not advised to pay attention to patterns of eating or body attitudes.
Family therapy	Family assumes responsibility for ensuring the client eats a nutritious and adequate diet. Family conflicts are explored.

Question: 9

The type of group therapy in which the members share some key features, such as the same diagnosis, but differ in age or gender is:

- A. Homogeneous
- B. Heterogeneous
- C. Open

D. Mixed

Answer: D

Explanation:
This is a mixed group.

Groups classified according to form	
Homogeneous	Members chosen on a selected basis, such as abused women.
Heterogeneous	Group includes an assortment of individuals with different diagnoses, ages, genders.
Mixed	Group members share some key features, such as the same diagnosis, but differ in age or gender.
Closed	Group has a stable membership and excludes new members.
Open	Group may vary from meeting to meeting because the members and leaders change.

Question: 8

A patient whose husband died in a car accident 8 months earlier is in a deep state of despair and is unable to function in normal activities. She has exaggerated expressions of anger, sadness, and guilt and often blames herself. This type of grief is:

- A. Prolonged
- B. Inhibited
- C. Distorted
- D. Anticipatory

Answer: C

Explanation:
Distorted grief, which results in severe despair, inability to function, exaggerated expressions of grief (anger, sadness, guilt), and self-blame, is a maladaptive grief response. Prolonged grief may persist for years with the person vacillating between anger and denial. Inhibited/Delayed grief occurs when the person is not able to get past the denial stage of grief and cannot come to emotional terms with the death. Anticipatory grief is grieving that occurs before an anticipated loss, such as when a partner is nearing death.

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