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Question: 1

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

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

Answer: A

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.

Question: 2

Which of the following places is best to conduct a psychosocial assessment?

- A. an isolated location

- B. a park
- C. a conference room
- D. a busy loud open place

Answer: C

Explanation:

The question posed asks to identify the best setting for conducting a psychosocial assessment among the options provided: an isolated location, a conference room, a park, and a busy loud open place. Each option has different implications for privacy, security, and the effectiveness of the assessment process. A conference room is typically considered the best choice for conducting a psychosocial assessment. The controlled environment of a conference room offers privacy and confidentiality, which are crucial in a clinical setting. Privacy helps in building trust between the client and the professional, making it easier for the client to open up and share sensitive information without fear of being overheard or interrupted. Moreover, a conference room usually provides a quiet and neutral space free from distractions, which is essential for maintaining focus during the assessment.

On the other hand, choosing an isolated location for such assessments can pose safety risks, particularly if the client's behavior is unpredictable or if there is a lack of familiarity between the client and the nurse or therapist. In situations where the client might present a risk, it is vital to prioritize safety by ensuring that the setting does not isolate the professional from potential help or exit routes. This precaution helps in managing any unexpected situations that may arise during the assessment.

Conducting an assessment in a park or a busy, loud open place can compromise the privacy and concentration needed for an effective psychosocial assessment. These settings are often filled with distractions and do not provide the confidentiality required for discussing personal or delicate issues. Clients may feel uncomfortable or hesitant to discuss personal matters in a public or chaotic environment, which could hinder the accuracy and depth of the assessment.

Overall, a conference room aligns best with the needs of a psychosocial assessment by offering a safe, private, and distraction-free environment. This setting not only facilitates open communication and trust but also ensures that both the client and the professional are in a secure and controlled space, contributing to the overall effectiveness and integrity of the assessment process.

Question: 3

A group of unconnected words that can be chaotic and incoherent is often referred to as which of the following?

- A. Word salad
- B. Social conversation
- C. Memory salad
- D. Tropical salad

Answer: B

Explanation:

The term "word salad" refers to a confusing or incoherent jumble of words or phrases. This phenomenon is often observed in individuals experiencing certain types of mental illnesses, where their

ability to construct coherent and logical sentences deteriorates. The speech produced in such cases consists of words or phrases that are thrown together without any logical or grammatical linkage, making it difficult for others to understand or extract meaningful information.

The origin of the term "word salad" is linked to psychiatric conditions, particularly schizophrenia. Schizophrenia is a mental disorder characterized by disturbances in thought processes, perceptions, emotional responsiveness, and social interactions. One of the symptomatic manifestations in speech patterns of individuals with schizophrenia can be this disorganized way of speaking, where the sentences lack meaningful connections, hence the metaphorical comparison to a "salad" where ingredients are mixed randomly.

In contrast to other types of "salads" mentioned, such as "social conversation," "memory salad," and "tropical salad," which are either non-existent or irrelevant terms in this context, "word salad" specifically captures the essence of disorganized and incoherent speech. While "social conversation" typically implies an exchange of ideas in a coherent and organized manner, "memory salad" and "tropical salad" do not relate to speech patterns or mental health conditions.

Understanding "word salad" is crucial for professionals in the field of psychology and psychiatry as it helps in diagnosing and providing appropriate treatment for individuals affected by conditions that disrupt their thought processes. It also aids in differentiating between various types of speech disturbances that can occur in mental health disorders. Recognizing "word salad" can also help caregivers and family members better understand and communicate with individuals experiencing such speech patterns, thereby facilitating more supportive interactions.

Question: 4

Nurses are expected to have the average degree of skill, care, and diligence exercised by members of the same profession under the same or similar circumstances. This is known as

- A. scope of practice
- B. comprehensive accreditation
- C. code of ethics
- D. standard of care

Answer: D

Explanation:

The term "standard of care" refers to the level of competence that one can expect from a medical professional, such as a nurse, under similar conditions. This standard is crucial in the healthcare industry because it establishes a benchmark for evaluating the quality and appropriateness of the care delivered by healthcare providers.

Standards of care are derived from a combination of sources including medical boards, academic research, professional organizations, and legal cases. These standards are implemented to ensure that all patients receive a consistent level of care regardless of where they are treated or who treats them. For nurses, adhering to these standards is vital not only for patient safety but also for protecting themselves legally and professionally.

In practical terms, the standard of care for nurses means performing duties according to the expected level of skill and diligence that any reasonable nurse would exhibit under similar circumstances. This includes everything from administering medications properly to maintaining patient confidentiality and providing timely and accurate communication about a patient's condition.

Failure to meet the standard of care can lead to legal consequences, including malpractice suits. It can also lead to professional sanctions such as suspension or revocation of nursing licenses. Therefore, understanding and adhering to the established standards of care are fundamental aspects of nursing practice.

In summary, "standard of care" is a critical concept in the healthcare field that defines the expected level and quality of care based on the average practice of peers in the field under similar circumstances. It is designed to ensure uniformity in the delivery of healthcare services, promote safety, and protect patient welfare.

Question: 5

I won the Science Fair in the eighth grade biology category. I must have been the only who entered in that category. What example of common distortion is this?

- A. Disqualifying the positive
- B. Jumping to conclusions
- C. Magnification or minimization
- D. Emotional reasoning

Answer: A

Explanation:

In the provided question, the individual won the Science Fair in the eighth grade biology category, which is a positive achievement. However, the individual then disqualifies this positive achievement by stating, "I must have been the only one who entered in that category." This is a clear example of the cognitive distortion known as "Disqualifying the Positive."

"Disqualifying the Positive" is a cognitive distortion where an individual invalidates or dismisses positive experiences, achievements or qualities, often by stating they are unimportant, irrelevant, or due to external factors. This distortion tends to reinforce negative beliefs or feelings by explaining away anything that could challenge these negative views. It is a form of all-or-nothing thinking, where any evidence that could contradict the negative self-view is filtered out.

In this case, the individual disqualifies their achievement of winning the Science Fair by suggesting that they were the only participant in the category, thereby discrediting the effort and skill that was involved in winning. They are dismissing the positive evidence of their achievement and focusing instead on potential negative aspects, reinforcing their negative feelings and beliefs.

"Jumping to Conclusions," "Magnification or Minimization," and "Emotional Reasoning" are other types of cognitive distortions, but they do not apply in this scenario. "Jumping to Conclusions" involves making negative assumptions without evidence, "Magnification or Minimization" involves exaggerating or downplaying the importance of events or qualities, and "Emotional Reasoning" involves basing your view of situations or yourself on the way you feel. Here, the individual is not making assumptions without evidence, exaggerating or downplaying anything, or basing their thoughts on their emotions. Instead, they are disqualifying a positive achievement, making "Disqualifying the Positive" the correct answer.

Question: 6

The type of aphasia that is characterized by impairment in all three areas of fluency, comprehension, and repetition is:

- A. global aphasia
- B. Broca's aphasia
- C. Wernicke's aphasia
- D. conduction aphasia

Answer: A

Explanation:

Global aphasia is the most severe form of aphasia and is characterized by significant impairments in all major areas of language function: fluency, comprehension, and repetition. This type of aphasia generally results from extensive damage to the perisylvian region of the left hemisphere, which often involves both the language production region of Broca's area and the language comprehension region of Wernicke's area, along with the connections between them, notably the arcuate fasciculus.

In individuals with global aphasia, fluency is severely impacted. Their speech output is often limited to a few words or even no words at all, resulting in very non-fluent communication. They might rely heavily on facial expressions or gestures to aid in communication. This lack of fluency is similar to that observed in Broca's aphasia, but it is more severe in global aphasia.

Comprehension is also profoundly affected in global aphasia. Individuals may show little understanding of spoken language and also struggle with comprehension of written words. This is akin to the comprehension deficits seen in Wernicke's aphasia but, again, the deficits are more extreme in global aphasia.

Repetition abilities are equally impaired in global aphasia. Patients typically cannot repeat words or phrases, a dysfunction that aligns with the breakdown in both expressive and receptive language areas. This symptom is distinct from conduction aphasia, where repetition is primarily the core deficit but fluency and comprehension might remain relatively intact.

Global aphasia results from widespread damage typically due to a large stroke affecting the left middle cerebral artery, which supplies blood to the areas critical for language processing. This widespread damage is what distinguishes global aphasia from other types of aphasia, which may result from smaller or more localized brain injuries.

In summary, global aphasia is a profound communication disorder that affects all aspects of language processing—speaking, understanding, repeating, and often reading and writing. Rehabilitation involves intensive speech and language therapy, focusing on rebuilding any residual language abilities and teaching alternative communication strategies to improve quality of life.

Question: 7

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. milieu therapy

D. psychotherapy

Answer: C

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.

Question: 8

Identify the community based program that could be recommended to a patient who is being treated for abusing narcotics.

- A. AA
- B. NA
- C. ALANON
- D. NIMH

Answer: B

Explanation:

NA (Narcotics Anonymous) NA, or Narcotics Anonymous, is a global, community-based organization with a multilingual and multicultural membership. NA was founded in 1953 and has been a cornerstone of support for individuals battling addiction to narcotics and other drugs. This program is based on a set of principles and a 12-step approach to recovery that is nearly identical to that of Alcoholics Anonymous but specifically tailored to individuals who abuse narcotics.

The primary purpose of NA is to create a supportive environment where people can share their experiences and challenges with addiction in a non-judgmental setting. By attending regular meetings, participants gain strength and encouragement from peers who are facing similar struggles. This peer-led structure helps individuals realize they are not alone in their journey towards recovery.

NA meetings are free to attend and are held in numerous locations across most communities, making it easily accessible. These meetings can be open or closed; open meetings allow attendance by non-addicts (such as family members or friends), while closed meetings are reserved just for recovering addicts. This flexibility helps accommodate the different comfort levels of participants, fostering a more supportive environment.

Another aspect of NA is the sponsorship system, where a newer member (sponsee) is guided by a more experienced member (sponsor) who has maintained a longer period of drug-free living. This relationship is crucial for providing personalized support and guidance through the 12-step process, offering real-world advice and accountability which can be vital for overcoming the challenges of addiction.

For patients treated for narcotic abuse, participating in NA can significantly enhance their recovery outcomes by complementing their medical or therapeutic treatments with peer support and real-life testimonies of sobriety. This holistic approach addresses both the physical and psychological facets of addiction, promoting a more sustained recovery.

In summary, Narcotics Anonymous stands out as an effective community-based program tailored specifically for individuals struggling with narcotics abuse. Its widespread availability, coupled with a proven track record of helping individuals achieve and maintain sobriety, makes it a highly recommended resource for those seeking help in overcoming drug addiction.

Question: 9

Which of the following signs and/or symptoms is least likely to be seen in a patient with a mild to moderate dependency on alcohol?

- A. anxiety
- B. hallucinations
- C. weakness
- D. grand mal seizure

Answer: D

Explanation:

The question seeks to identify which symptom or sign is least likely to appear in patients with a mild to moderate alcohol dependency. Among the options given—'anxiety', 'hallucinations', 'weakness', and 'grand mal seizure'—the correct answer is 'grand mal seizure'. Let's explore why this is the case.

Anxiety, hallucinations, and weakness are symptoms that can be commonly observed in individuals who have a mild to moderate dependency on alcohol. Anxiety often arises as a symptom during the early stages of dependency and can manifest as a general sense of nervousness or unease. Hallucinations, although more severe, can still occur in moderate cases of alcohol misuse, particularly if the individual

has a history of heavy drinking. Weakness, as a general symptom, can also be associated with the physical depletion caused by consistent alcohol consumption.

On the other hand, a grand mal seizure, characterized by violent muscle contractions and loss of consciousness, is not typically a direct symptom of mild to moderate alcohol dependency. Instead, grand mal seizures are more commonly associated with severe cases of alcohol withdrawal, specifically a condition known as delirium tremens. Delirium tremens is a severe form of alcohol withdrawal that is life-threatening and occurs when a heavy drinker suddenly stops or significantly reduces their alcohol intake. It typically emerges 48 to 72 hours after the last drink and is marked by confusion, rapid heartbeat, fever, and seizures.

Therefore, while anxiety, hallucinations, and weakness can be seen across various stages of alcohol dependency, grand mal seizures are specifically linked to the acute withdrawal phase in individuals with a severe dependency. This makes grand mal seizures the least likely symptom to be observed in someone with only a mild to moderate level of alcohol dependency, as they are indicative of a more severe and acute condition related to withdrawal rather than the dependency itself. Thus, the correct answer to the question is 'grand mal seizure'.

Question: 10

Which of the following would not be a structured aspect of milieu therapy?

- A. activities
- B. interaction among patients
- C. unit rules
- D. reality orientation practices

Answer: B

Explanation:

Milieu therapy is a form of psychotherapy that involves the use of the therapeutic community where the environment itself is structured to act as a key component of the treatment. This type of therapy is often used in mental health treatment facilities and emphasizes the importance of a supportive and structured environment in promoting mental health recovery. The structured aspects of milieu therapy typically include specific therapeutic activities, clearly defined unit rules, and reality orientation practices among others.

"Activities" in milieu therapy are organized and planned with specific therapeutic goals in mind. These can include group therapy sessions, structured physical activities, arts and crafts, and other scheduled events that contribute to the treatment objectives. These activities are designed to enhance social skills, foster cooperation, and promote a sense of community among patients, thereby supporting their recovery process.

"Unit rules" are another structured aspect of milieu therapy. These rules are essential for creating a safe and therapeutic environment. They include guidelines on patient behavior, treatment protocols, and interactions within the unit. These rules help maintain order and safety, and ensure that all patients are treated fairly and with respect. They also help patients understand boundaries and the consequences of their actions, which is crucial for their rehabilitation.

"Reality orientation practices" involve therapeutic interventions that help orient patients to time, place, and person in order to counteract confusion and disorientation. These might include daily briefings, calendars, clocks, and visible signage, or verbal orientation cues from staff. Such practices are structured

and intentional, aimed at helping patients maintain a connection to the real world and improve their cognitive function.

In contrast to these structured aspects, "interaction among patients" is less structured and more organic. While interactions can be encouraged or facilitated by the milieu, the actual dynamics and specifics of these interactions are generally spontaneous and can vary greatly depending on the individuals involved. These interactions involve conversations and relationships between patients, and between patients and staff, as well as visitors. Although these interactions are a critical component of the therapeutic environment, they are not as directly controlled or structured by the therapy program compared to the other elements mentioned.

Therefore, when considering which of the provided options would not be a structured aspect of milieu therapy, "interaction among patients" stands out as the least structured. While it plays a significant role in the therapeutic process, it does not have the same level of organization and planned intervention as activities, unit rules, and reality orientation practices.

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