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**ANCC Adult Psychiatric and Mental Health CNS  
(PMHCNS)**



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## Question: 1

The act of making a message more understandable would be considered which of the following therapeutic communication styles?

- A. Clarifying technique
- B. Rapport
- C. Focusing
- D. None of the above

**Answer: A**

Explanation:

The act of making a message more understandable in therapeutic communication is best achieved through the use of the clarifying technique. This technique involves the therapist asking questions or making statements that encourage the client to explain or elaborate on their thoughts and feelings. By doing so, it helps to ensure that the meaning of the conversation remains clear and comprehensible, thereby reducing misunderstandings and facilitating a more effective communication process between the therapist and the client.

In contrast, other communication techniques serve different purposes. For example, the rapport-building technique focuses on creating a sense of trust and safety, which encourages the client to open up and share personal information. However, it does not necessarily ensure that the message is more understandable. Similarly, the focusing technique directs the conversation to specific issues or areas, which can help in deepening the discussion on certain topics but does not directly clarify the overall message.

The "None of the above" option would be incorrect because the clarifying technique directly addresses the need to make communications clearer. It is the most appropriate choice for the specific goal of enhancing message understandability in a therapeutic setting.

In summary, the clarifying technique is essential when the primary goal is to make sure that both the therapist and the client clearly understand each other. By asking for clarification, the therapist helps to dissect complex feelings or vague thoughts and translates them into clearer, more manageable parts. This not only aids in better comprehension but also supports effective therapy outcomes.

## Question: 2

The eating disorder anorexia nervosa would produce all of the following symptoms EXCEPT:

- A. low body mass
- B. amenorrhea
- C. rectal prolapse
- D. bradycardia

**Answer: C**

Explanation:

Anorexia nervosa is a severe eating disorder characterized primarily by a significant reduction in food intake, an intense fear of gaining weight, and a distorted body image. This condition can lead to numerous health issues due to the lack of essential nutrients. Some of the common symptoms associated with anorexia nervosa include low body mass, amenorrhea (the absence of menstruation), and bradycardia (slow heart rate). Each of these symptoms results directly from the malnutrition and extreme weight loss experienced by those suffering from the disorder.

Low body mass is one of the most obvious signs of anorexia nervosa. It occurs because individuals with anorexia severely restrict their calorie intake, leading to drastic weight loss that places them well below a healthy body weight for their age and height. Amenorrhea follows as the body's natural response to the lack of nutrients and the stress of being underweight. Essentially, the body conserves energy by shutting down non-essential functions, including the menstrual cycle.

Bradycardia in anorexia nervosa patients also results from the body's adaptation to starvation. With insufficient caloric intake, the body reduces the resting heart rate to conserve energy. This can be dangerous, leading to fainting, fatigue, and in severe cases, heart failure.

However, rectal prolapse is not typically a symptom of anorexia nervosa. Rectal prolapse involves the rectum protruding through the anus due to various reasons, including chronic constipation or straining. While constipation can occur in anorexia nervosa, it is not usually severe enough to cause rectal prolapse. Instead, rectal prolapse can be more commonly associated with bulimia nervosa, where repeated episodes of binge-eating followed by purging (through methods such as excessive use of laxatives or enemas) can lead to severe straining and consequently, rectal prolapse.

In summary, while anorexia nervosa can lead to severe and life-threatening symptoms such as low body mass, amenorrhea, and bradycardia, rectal prolapse is not typically one of them. This symptom is more commonly linked with bulimic behaviors, highlighting the different physical repercussions that can result from varied disordered eating behaviors. Both disorders can result in serious health issues and require professional treatment.

### Question: 3

What term defines a group type in group therapy as, "consists of individuals with a wide range of differences"?

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

**Answer: D**

Explanation:

In group therapy, different types of groups are categorized based on certain characteristics of the members. A homogeneous group is a type where all the members share a specific characteristic or trait in common. For instance, in a therapy group for substance abuse, all members would share the common trait of struggling with substance abuse. On the other hand, a closed group is a type of group in which

membership is fixed. Once the group is formed, no new members are added even if some members leave. This type of group provides a stable environment for therapy, allowing the members to form close relationships over time. An open group, however, allows for the addition of new members when others leave. This type of group can provide a more flexible environment, accommodating the varying needs and schedules of the participants. A heterogeneous group, which is the correct answer to this question, is a group that consists of individuals with a wide range of differences. This could include differences in age, gender, race, socio-economic status, or even the types of challenges or issues they are facing. The diversity in a heterogeneous group can often provide a broader perspective and richer discussions during therapy sessions.

### Question: 4

Included in the APIE method of documenting the nursing process, which of the sections would the nursing actions be listed in?

- A. Assessment
- B. Evaluation
- C. Intervention
- D. None of the above

**Answer: C**

Explanation:

The APIE method is an acronym that stands for Assessment, Planning, Intervention, and Evaluation. It is a systematic approach used in the nursing process to ensure comprehensive and effective patient care. Each component of the APIE method plays a crucial role in the nursing care plan.

**\*\*Assessment:\*\*** This is the first step in the nursing process where the nurse gathers information about the patient's physical, psychological, sociological, and spiritual status. This data collection phase can include reviewing the patient's medical history, conducting physical exams, and speaking with the patient and their family. Assessment provides the foundational information necessary to develop a tailored care plan.

**\*\*Planning:\*\*** After assessing the patient, the next step is to plan. During this phase, nurses use the information obtained from the assessment to set goals and desired outcomes for the patient's care. These goals are often developed in collaboration with the patient and other healthcare professionals to ensure that they are achievable and focused on the patient's specific needs.

**\*\*Intervention:\*\*** This is the phase where nursing actions are implemented. Interventions are the tasks and activities that are carried out to meet the goals set during the planning phase. These can include administering medication, providing wound care, teaching the patient about their condition, and many other nursing activities. The interventions are directly aimed at managing the patient's condition effectively and achieving the best possible outcomes.

**\*\*Evaluation:\*\*** The final step in the APIE process involves evaluating the effectiveness of the interventions. During this phase, the nurse assesses the patient's response to the interventions to determine if the goals are being met. If the outcomes are not achieved, the plan may need to be modified. This might involve reassessing the patient and adjusting the interventions accordingly to better meet the patient's needs.

Therefore, in response to the original question, the nursing actions, which are intentional activities aimed at addressing the patient's health concerns, would be documented under the **\*\*Intervention\*\***

section of the APIE method. This section is critical as it details the direct care provided to the patient and is a vital component of the nursing process for ensuring effective patient care management.

### Question: 5

The majority of patients with SMI (Serious Mental Illness) face the risk of which of the following?

- A. Loss of insurance
- B. Loss of family
- C. Relapse
- D. None of the above

**Answer: C**

Explanation:

The majority of patients with Serious Mental Illness (SMI) face the risk of several challenges, among which relapse is notably significant. Here, an expanded explanation of each risk is provided:

**\*\*Loss of Insurance\*\*:** Patients with SMI may face the risk of losing their health insurance. This can occur due to various factors such as inability to maintain employment due to their mental health condition, changes in insurance policies, or gaps in coverage. Loss of insurance can severely impact their access to necessary medical treatments and medications, which are crucial for managing symptoms and preventing relapse.

**\*\*Relapse\*\*:** Relapse is a common concern for patients with SMI. Despite adherence to prescribed treatment plans, including medications and therapy, relapses can still occur. These setbacks can be triggered by various factors including stress, changes in medication, or other co-occurring health issues. The consequence of relapse often extends beyond the individual, affecting their relationships, employment, and overall quality of life. Furthermore, each relapse can potentially lead to hospitalization and an increased level of dependency on healthcare resources, which can exacerbate feelings of helplessness and hopelessness among patients.

**\*\*Loss of Family\*\*:** The strain of managing SMI can also impact personal relationships, particularly with family members. The erratic behavior and emotional instability associated with many serious mental illnesses can place a heavy burden on family relationships. Family members may find themselves unable to cope with the patient's condition, leading to estrangement or loss of familial support. This loss can have a profound negative impact on the patient's emotional and psychological well-being, potentially triggering further mental health crises or relapses.

**\*\*None of the Above\*\*:** While the option "None of the Above" is technically available in multiple-choice settings, in the context of SMI, it is clear that patients face multiple risks, with relapse being a significant and recurrent issue. Therefore, suggesting that none of these risks are concerns would be misleading and not reflective of the actual challenges faced by individuals with SMI. In conclusion, managing SMI involves addressing a complex array of risks, with relapse being a particularly prominent challenge. Effective management requires comprehensive care strategies that encompass medical treatment, psychological support, and social interventions to mitigate these risks and support the patient's overall well-being.

### Question: 6

In terms of statistics for psychiatric disorders, the number of new cases occurring over a specified time period is known as which of the following?

- A. prevalence rate
- B. incidence rate
- C. duration rate
- D. distribution rate

**Answer: B**

Explanation:

In the field of psychiatric epidemiology, understanding the dynamics of how disorders affect populations is crucial. This is typically quantified using two primary measures: incidence rate and prevalence rate. The incidence rate specifically refers to the number of new cases of a psychiatric disorder that develop in a population during a specified time period. For instance, if over the course of one year, 100 new cases of depression are diagnosed in a population of 10,000 people, the incidence rate would be calculated based on these new cases.

On the other hand, the prevalence rate measures the total number of existing cases, both new and existing, of the disorder in a population at a particular point in time. This includes everyone who is currently dealing with the disorder, regardless of when they were diagnosed. This measure helps to provide a snapshot of how widespread a disorder is within a community or population at a specific moment.

Epidemiology, as a broader field, not only focuses on psychiatric disorders but also on the patterns, causes, and effects of various health and disease conditions in defined populations. It serves as the fundamental science of public health. Thus, epidemiologists study the incidence, distribution, and possible control of diseases and other factors relating to health. Understanding both the incidence and prevalence rates is essential for effective public health planning and intervention strategies, aiming to reduce the burden of psychiatric disorders in societies.

The distinction between incidence rate and prevalence rate is vital for developing strategies to treat and prevent psychiatric disorders. The incidence rate informs about the risk of developing the disorder and helps to identify factors that might increase this risk, whereas the prevalence rate provides insight into the overall burden of the disorder on the community and is crucial for health care resource allocation. By studying these rates, public health professionals can better understand the scope and scale of mental health challenges, which is essential for creating effective health policies and programs.

### Question: 7

Of the following, the group psychotherapy which has the goal of improving interpersonal, behavioral, cognitive, and emotional skills is which of the following?

- A. psychodrama
- B. dialectical behavior treatment
- C. Gestalt group therapy
- D. narrative psychotherapy

**Answer: B**

Explanation:

The correct answer to the question is Dialectical Behavior Treatment (DBT). DBT is a form of psychotherapy that combines principles of cognitive-behavioral therapy with concepts from Eastern mindfulness practices. It was originally developed to treat individuals with borderline personality disorder (BPD) and chronic suicidal ideation, but has since been adapted to treat a variety of other mental health issues.

DBT is typically conducted in both individual and group settings. The group therapy component, which is central to the question, is designed to teach patients a range of skills that are divided into four main modules: mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance.

Mindfulness skills are derived from Buddhist meditative practices and are intended to help individuals become more aware of their thoughts, feelings, and sensations in the present moment without judgment. Interpersonal effectiveness skills focus on improving relationships with others by teaching techniques that enable individuals to communicate their needs and boundaries more clearly and assertively, while also maintaining self-respect and relationships with others.

Emotion regulation skills are aimed at helping individuals understand and manage their emotions to reduce their vulnerability to emotional dysregulation, which can lead to impulsive or harmful behaviors. Lastly, distress tolerance skills are developed to help individuals cope with painful or distressing situations in a healthy and constructive way, rather than attempting to escape from or completely eliminate the discomfort.

Another distinctive aspect of DBT group therapy is its emphasis on creating a non-judgmental and supportive environment. Group members are encouraged to focus on their own experiences and responses rather than making observations or judgments about others' behaviors or feelings. This helps create a safe space where all members can explore their vulnerabilities and learn from each other without fear of criticism.

Overall, DBT's integration of behavioral, cognitive, and mindfulness strategies, delivered through a structured group setting, makes it an effective treatment for improving interpersonal, behavioral, cognitive, and emotional skills, while also helping to reduce self-destructive behaviors. The collaborative setting of DBT groups not only facilitates skill learning but also provides peer support, which is an essential component of recovery and personal growth.

## Question: 8

If a patient is taking Trazodone (Heterocyclics), which of the following might be included in the most common side effects?

- A. Blurred vision
- B. Weight gain
- C. Orthostatic hypotension
- D. All of the above

**Answer: D**

Explanation:

When considering the side effects of Trazodone, a medication classified under heterocyclic antidepressants, it's important to be aware of the range of possible adverse reactions a patient might experience. Trazodone is primarily used to treat depression but can also be used for conditions such as

anxiety and insomnia. Like other medications in its class, Trazodone can cause several side effects, some of which are common across many heterocyclic antidepressants.

The side effects listed for heterocyclic antidepressants such as Trazodone include: - **Blurred vision**: This is a common side effect where patients might experience a decrease in sharpness of vision and are unable to see fine details. - **Weight gain**: Patients may notice an increase in weight, a side effect that can be concerning and might affect compliance with the medication. - **Orthostatic hypotension**: This refers to a form of low blood pressure that happens when standing up from sitting or lying down, causing dizziness or lightheadedness. - **Constipation**: Difficulty in bowel movements can occur, often requiring dietary adjustments or the use of laxatives. - **Urinary retention**: This involves difficulty in passing urine which can be uncomfortable and may require medical attention if severe. - **Reduction of seizure threshold**: This implies that there is a lower resistance to seizures for those who are prone to them, necessitating careful monitoring and management. - **Tachycardia**: An abnormally rapid heart rate which patients may experience as heart palpitations. - **Arrhythmias**: Irregular heartbeats that can range from harmless to potentially life-threatening conditions. - **Photosensitivity**: Increased sensitivity to sunlight, making it easier to burn or develop rashes on sun-exposed skin.

Given this list of side effects, the correct answer to the question about the common side effects of taking Trazodone is "All of the above." Each of these side effects is a potential reaction to the medication, highlighting the importance of monitoring and management when prescribing and using Trazodone. Patients should be advised of these possible side effects to prepare and manage them appropriately with the help of healthcare providers. This comprehensive understanding helps ensure patient safety and adherence to the prescribed treatment plan.

## Question: 9

Motor and vocal tics are divided into simple and complex types. Which of the following is a complex motor tic?

- A. eye blinking
- B. shoulder shrugging
- C. echopraxia
- D. facial grimacing

**Answer: C**

Explanation:

In the context of motor and vocal tics, they are categorized into simple and complex types. Simple tics involve brief, sudden, repetitive movements or sounds that involve a limited number of muscle groups. Examples of simple motor tics include eye blinking, shoulder shrugging, and facial grimacing. These actions are typically quick and do not involve a series of coordinated movements.

Complex motor tics, on the other hand, are more intricate and appear purposeful. They involve coordinated, sequential movements that often involve multiple muscle groups. Complex motor tics can sometimes appear as normal, intentional movements but are involuntary in nature. An example of a complex motor tic is echopraxia.

Echopraxia specifically refers to the involuntary imitation of another person's actions. It is considered a complex motor tic because it involves a more sophisticated brain function that requires observing,

processing, and then mimicking the movements of others. This is different from simple tics, which are typically non-imitative and involve simpler, more reflexive actions.

Other examples of complex motor tics include grooming behaviors (such as fixing one's hair excessively), smelling objects, jumping, touching objects or people, and copropraxia (making obscene gestures).

These behaviors are complex because they often involve a sequence of coordinated movements that serve a contextual purpose or mimic purposeful activity, even though they are performed involuntarily.

Thus, among the options provided - eye blinking, shoulder shrugging, echopraxia, and facial grimacing - echopraxia is classified as a complex motor tic due to its involved nature of imitating observed behaviors. This distinguishes it from the other listed options, which are examples of simple motor tics characterized by their brief and isolated movements.

## Question: 10

Symptoms of serotonin syndrome include all EXCEPT:

- A. sensitivity to light
- B. headache
- C. loss of coordination
- D. sweating or shivering with goose bumps

**Answer: A**

Explanation:

The question provided lists multiple symptoms and asks which one is NOT a symptom of serotonin syndrome. Serotonin syndrome is a potentially life-threatening condition that results from increased serotonin levels in the central nervous system, often due to medication interactions or overdose. The symptoms can vary widely in severity, but common manifestations include changes in mental status, autonomic dysfunction, and neuromuscular abnormalities.

Among the symptoms listed—headache, loss of coordination, sweating or shivering with goosebumps, and sensitivity to light—the incorrect symptom in the context of serotonin syndrome is sensitivity to light. While headaches, loss of coordination, and autonomic disturbances like sweating or shivering with goosebumps are well-documented symptoms of serotonin syndrome, sensitivity to light is not typically associated with this condition.

It's important to understand that serotonin syndrome symptoms primarily relate to excessive nerve activity. These include mental status changes such as agitation or confusion; autonomic symptoms like hyperthermia, tachycardia, and hypertension; and neuromuscular symptoms such as tremor, muscle rigidity, and myoclonus. Sensitivity to light, or photophobia, is more commonly associated with other conditions such as migraines or meningitis and does not directly relate to the neural pathways affected in serotonin syndrome.

In clinical practice, recognizing the correct symptoms is crucial for the diagnosis and management of serotonin syndrome. Misidentifying symptoms can lead to inappropriate management, which can have serious consequences. If a patient on serotonergic drugs presents with rapid onset of the aforementioned symptoms, immediate medical evaluation is necessary. Treatment typically involves discontinuing serotonergic medications and may require supportive care or specific interventions like administration of serotonin antagonists depending on the severity of the syndrome.

Therefore, when asked which of the symptoms listed is not associated with serotonin syndrome, the correct answer is sensitivity to light. The inclusion of accurate symptoms in the diagnostic process is essential for effective treatment and avoidance of complications.

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