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Question: 1

Assessment of the learner involves which of the following three determinants?

- A. Age, gender, and motivation
- B. Learning wishes, learning needs, and learning capacity
- C. Learning needs, learning capacity, and learning motivation
- D. Learning needs, readiness to learn, and learning style

Answer: D

Explanation:

Assessment of the learner involves the following three determinants:

- Learning needs: Patients often disagree with others about their needs for learning. But these needs must be identified first. These needs reflect a lack of knowledge in particular areas.
- Readiness to learn: Physical, emotional, experiential, and knowledge readiness. Unless a patient is ready to learn or deficits are compensated, then learning may be difficult.
- Learning style: right brain/left brain/whole brain, field independent/field dependent, or audio/visual/kinesthetic. Patients may respond better to teaching that matches their preferred learning styles.

Question: 2

Considering the emotional factors related to learning, high levels of anxiety may result

- A. A motivation to learn
- B. An inability to concentrate or focus on learning
- C. A lack of interest in learning
- D. An increased capacity for learning

Answer: B

Explanation:

Considering the emotional factors related to learning, high levels of anxiety may result in inability to concentrate or focus on learning while low levels may result in lack of interest in learning because the patient doesn't perceive the need for learning. However, mild to moderate levels of anxiety are often conducive to learning because the patient recognizes a need to relieve the anxiety and may be open to new ideas to help to do so.

Question: 3

When planning an educational program for a patient with visual perceptual disorder, the psychiatric and mental health nurse must realize that the best approach to teaching the patient may be to focus on:

- A. Written materials, such as books and pamphlets, and pictures
- B. Audio materials, such as CDs and audiobooks
- C. Simplified materials, such as simple posters and diagrams
- D. Manipulative materials, such as equipment that can be handled

Answer: B

Explanation:

WHEN planning an educational program for a patient with visual perceptual disorder (dyslexia), the psychiatric and mental health nurse must realize that the best approach to teaching the patients may be to focus on audio materials, such as CDs and audiobooks because people with a visual perceptual disorder often compensate for the difficulty reading or processing visual images by listening intently and memorizing material. Patients with visual perceptual disorder may confuse words, have difficulty seeing letters, and have difficulty understanding the overall meaning of a group of words even if able to read the individual words.

Question: 4

When helping the family of a patient develop a crisis safety plan, which of the following approaches are appropriate to use as a de-escalation technique?

- A. Take control of the situation.
- B. Attempt to reason with the patient.
- C. Touch the person on the arm or hand to defuse his or her tension.
- D. Quietly describe any action before carrying it out.

Answer: D

Explanation:

Families should be assisted to develop a safety plan that includes recognizing the signs of an impending crisis and using de-escalation techniques to defuse the situation. De-escalation techniques include avoiding touching the patient without permission and quietly describing any action before carrying it out so as not to further alarm the patient. The family member should remain calm speak quietly, listen and express concern, avoid arguing and making continuous eye contact, keep environmental stimulation low, allow the person adequate space, and offer suggestions but avoid taking control.

Question: 5

A patient with schizophrenia has frequent auditory hallucinations and exhibits extremely disorganized behavior. These deficits probably result from which type of symptoms?

- A. Positive
- B. Negative
- C. Mood
- D. Cognitive

Answer: A

Explanation:

Patients with schizophrenia often exhibit four types of symptoms:

- Positive: Includes hallucinations (auditory, visual, gustatory, tactile), delusions (persecution, grandeur, reference, control, somatic, and nihilistic), and disorganized speech and behavior.
- Negative: flattening of affect alogia (decreased fluency and content of speech), and apathy. Mood: Inappropriate mood (excessively happy or sad) in relation to events or situations.
- Cognitive: Memory deficit, impaired executive functioning, and impaired ability to interpret interpersonal cues related to communication.

Question: 6

The usual medical treatment for obsessive-compulsive disorder is a(n):

- A. Tricyclic antidepressant
- B. SSRI
- C. Benzodiazepine
- D. Antipsychotic

Answer: B

Explanation:

The usual medical treatment for obsessive-compulsive disorder (OCD) is an SSRI because SSRIs inhibit presynaptic reuptake of serotonin. Only one tricyclic antidepressant, clomipramine (Anafranil®), has a similar action, but it has more adverse effects, so an SSRI is usually the drug of choice. Some patients also take buspirone as an anti-anxiety medication, and other patients, especially those with tic disorders, may benefit from the addition of antipsychotics, such as risperidone, haloperidol, or olanzapine, although not all of these drugs are not FDA-approved for OCD.

Question: 7

A patient who complains that the doctor implanted a controlling microchip in his arm and that the patient needs to cut it out is experiencing a:

- A. Somatic delusion
- B. Nihilistic delusion
- C. Delusion of control
- D. d. Delusion of persecution

Answer: C

Explanation:

A patient who complains that the doctor implanted a controlling microchip in his arm and that the patient needs to cut it out is experiencing a delusion of control because he believes that his behavior is under the control of someone or something else. With delusions of persecution, the patient feels threatened or frightened and believes someone or something wants to harm the patient. With a somatic delusion, the patient has unrealistic ideas about his/her body while, with a nihilistic delusion, the patient believes that an important aspect of reality (the self, the world) no longer exists.

Question: 8

When developing an education plan for a group of homeless patients with alcohol use disorder, the most important information to include is probably information about:

- A. Community resources
- B. Inpatient facilities
- C. Personal responsibility
- D. Medications to control alcohol use disorder

Answer: A

Explanation:

WHEN developing an education plan for a group of homeless patients with alcohol use disorder, the most important information to include is probably information about community resources, including shelters, food banks, free meals, free clinics, and self-help groups, such as Alcoholics Anonymous®. Inpatient care is often an unrealistic goal for homeless people with few or no financial resources unless care is mandated by the courts and covered by government programs. Patients who are homeless and addicted often have multiple problems, including dual diagnoses, which make personal responsibility difficult to achieve.

Question: 9

Which of the following is the most common reason for non-adherence to medical treatment for mental illness?

- A. Patient has double diagnosis with drug or alcohol use disorder.
- B. Patient dislikes adverse effects of medications.
- C. Patient is too confused to take medications.
- D. Patient does not believe he/she has a mental illness.

Answer: D

Explanation:

The most common reason for non-adherence to medical treatment for mental illness is that the patient believes he/she does not have a mental illness and can manage without medication. Many patients also are dependent on alcohol or drugs and may be advised to avoid alcohol or drugs with medications, so they stop the medications. Adverse effects of medications can be troubling and may cause some patients to stop taking medications. Patients may stop treatment if they are confused although confusion may also result from decreasing or stopping medication.

Question: 10

The most common co-morbid condition associated with schizophrenia is:

- A. Panic disorder
- B. Post-traumatic stress disorder
- C. Drug/alcohol use disorder
- D. Obsessive-compulsive disorder

Answer: C

Explanation:

The most common co-morbid condition associated with schizophrenia is drug and/or alcohol use disorder, sometimes as the result of trying to self-medicate. Patients with schizophrenia also often smoke, so treatment protocols should include drug, alcohol, and smoking cessation. Drug and alcohol use disorder is frequently a factor in non-adherence to treatment plans, especially if advised alcohol or drugs should be avoided with medications. Patients with schizophrenia may also have the comorbidities of post-traumatic stress disorder, panic disorder, and obsessive-compulsive disorder, complicating treatment approaches.

Question: 11

Patients who engage in injection drug use should receive immunization(s) for:

- A. Hepatitis C
- B. HIV/AIDS
- C. Herpes zoster
- D. Hepatitis A and hepatitis B

Answer: D

Explanation:

According to the Centers for Disease Control and Prevention (CDC), patients who inject drugs should receive immunizations for hepatitis A and B, which are transmitted through sharing of needles contaminated with blood. There is no vaccine available for hepatitis C although patients should be screened for hepatitis C because they are at risk for the disease. There is also not any immunization for HIV/AIDS although patients may also need screening for HIV. Immunization for zoster is not recommended because of injection drug use.

Question: 12

If the AHRQ's Rapid Estimate of Adult Literacy in Medicine (short form) (REALM-SF) shows that a patient scores at the third grade level of health literacy, the psychiatric and mental health nurse should realize that the patient:

- A. Will need primarily illustrated materials, videos, or audiotapes
- B. Will be able to read most written materials
- C. Will be able to read low-literacy level materials only
- D. May have difficulty reading some educational materials

Answer: A

Explanation:

If the Agency for Healthcare Research and Quality's (AHRQ's) Rapid Estimate of Adult Literacy in Medicine (short form) (REALM-SF), which comprises a list of seven words the patient is asked to read, shows that a patient scores at the third grade level of health literacy, the psychiatric and mental health nurse should realize that the patient will need primarily illustrated materials, videos, or audiotapes because the patient will not be able to read most reading material, even those intended for low literacy. Assessing patient's health literacy is a critical initial element in developing an individualized educational plan.

Question: 13

The psychiatric and mental health nurse should expect that a patient with high self-efficacy would:

- A. Experience self-doubt.
- B. Request support when needed.
- C. Have low aspirations.
- D. Allow others to make decisions.

Answer: B

Explanation:

Self-efficacy is the belief that people have control over the events in their lives and that their behavior can make a difference. Patients with high levels of self-efficacy would likely request support when needed because they have the confidence necessary to admit they are unable to do everything by themselves. Patients who lack adequate self-efficacy often have low aspirations and experience self-doubt and anxiety because they lack faith in their own abilities and decisions.

Question: 14

Which of the following is an example of resilient behavior?

- A. Learning self-care
- B. Dealing with stressful situations
- C. Carrying out health-seeking behaviors
- D. Having a positive outlook

Answer: D

Explanation:

An example of resilient behavior is having a positive outlook. Patients with resilience respond in a healthy manner to stress or adverse situations and are less likely to react to stress with anxiety while patients with low levels of resilience may react to minor stressful events with severe anxiety. Resilience is closely related to resourcefulness, which is the ability to utilize problem-solving skills, and is exemplified by learning self-care, dealing with stressful situations, and carrying out health-seeking behaviors.

Question: 15

A Puerto Rican outpatient almost always comes late to his therapy appointments. This is probably because of:

- A. Lack of respect for therapist
- B. Passive-aggressive behavior
- C. Cultural ideas of time
- D. Poor time management

Answer: C

Explanation:

A Puerto Rican outpatient almost always comes late to his therapy appointments. This is probably because of cultural ideas of time, which are more relaxed than common in the United States. where people are expected to be on time. When assigned a time for a meeting. the patient may believe that coming at "about" that time is acceptable and does not intend to be disrespectful or to display passive-aggressive behavior, and this behavior is usually not related to poor time management but rather a perception that other things, such as family concerns, are more important.

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