



DEMO VERSION

Nursing

PMHN-BC Exam

ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC)

Exam Latest Version: 6.0

Question 1. (Single Select)

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

Correct 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. (Single Select)

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

Correct 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 3. (Single Select)

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

Correct 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 4. (Single Select)

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

Correct 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 5. (Single Select)

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

Correct 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'.

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