

# *Nursing*

*ANCC-PMH-BC  
Psychiatric and Mental Health Nurse*

**Questions And Answers PDF Format:**

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# Latest Version: 6.0

## Question: 1

As the supervisor, the PMHNP carried out a time study that showed that the nursing staff members spent only 25% of their time in direct patient care, 30% of their time documenting, and 45% of their time on other activities. The next step is to:

- A. Tell staff members they must increase time spent in direct patient care.
- B. Review documentation procedures.
- C. Closely review the "other activities" that require 45% of their time.
- D. Hire more staff to assist with direct patient care.

**Answer: C**

Explanation:

If a time study showed that nursing staff members spent only 25% of their time in direct patient care, 30% of their time documenting, and 45% of their time on other activities, the next step is to closely review the "other activities" that require 45% of their time because correcting this could have the greatest impact on patient care. The time spent documenting is also excessive, so documentation procedures should also be reviewed.

## Question: 2

A 24-year-old patient with autism spectrum disorder, level 1, cannot judge the intention behind commands and often becomes distraught over simple directions, such as "eat your lunch now," and ignores important directions, such as "leave by the fire exit." The PMHNP would classify this type of deficit as:

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

**Answer: B**

Explanation:

If a 24-year-old patient with autism spectrum disorder level 1 cannot judge the intention behind commands, often 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 it is more intense because the patient totally loses control and may endanger himself or others. Stereotypy is rigid obsessive behavior. These deficits all result in

impaired social interaction.

### Question: 3

Based on research of best practices, the PMHNP has recommended a number of best practice guidelines to improve patient safety and patient outcomes. The type of best practice that the PMHNP should generally attempt to institute first is a practice that:

- A. Requires net\*<sup>1</sup> equipment
- B. Involves the entire staff
- C. Requires organizational change
- D. Requires simple changes in procedure

**Answer: D**

Explanation:

Staff compliance with best practice guidelines is usually best initially with simple changes in procedures, such as instituting checklists, because the learning curve is rapid and results are generally easily quantified. Because there is no financial outlay for new equipment or a need for extensive training, setting up a pilot program is fairly simple. The PMHNP should provide strong evidence based on research that the new practice is effective, and he or she should disseminate the results of the pilot program.

### Question: 4

A 12-year-old child dying of leukemia tells the PMHNP that she is worried about how her parents will cope after she dies. The most appropriate response is:

- A. "Just think about getting better, and don't worry about your parents."
- B. "I'll let your parents know that you are worried about them."
- C. "Perhaps you can tell your parents what your hopes are for them."
- D. "It's not your job to worry about taking care of your parents."

**Answer: C**

Explanation:

If a 12-year-old child dying of leukemia tells the PMHNP that she is worried about how her parents will cope after she dies, the most appropriate response is "Perhaps you can tell your parents what your hopes are for them." Children are often afraid that talking about death with their parents will be too upsetting for the parents, but the child should be encouraged to share feelings and concerns, which can help both the child and the parents cope better.

### Question: 5

The psychiatric unit is changing from a primary care nursing model with all registered nurses or

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advance practice nurses to a team nursing model that includes LPNs and psychiatric technicians. To help combat resistance, the PMHNP should focus on the:

- A. Benefits of working in a team
- B. Cost savings that will result
- C. Challenges to be faced
- D. Need to cooperate

**Answer: A**

Explanation:

If the psychiatric unit is changing from a primary care nursing model with all registered nurses or advance practice nurses to a team nursing model that includes LPNs and psychiatric technicians, to help combat resistance, the PMHNP should focus on the benefits of working in a team. Benefits may include more time for professional duties and assistance in providing basic care needs, such as bathing and feeding,

### Question: 6

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 to be:

- 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 three children, the primary need related to Maslow's hierarchy of needs is likely to be safety/security. Although the patient apparently had a stable and happy marriage, meeting the love/belonging need, and although 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 safety for her family, so she must meet the need for safety/security before she can again progress to the next level.

### Question: 7

When conducting psychoeducation for a patient and family members, the initial action of the PMHNP is to:

- A. Evaluate current knowledge
- B. Develop written materials
- C. Identify and mitigate barriers to learning

D. Plan lessons from simple to complex

**Answer: C**

Explanation:

When conducting psychoeducation for a patient and family members, the initial action of the PMHNP is to identify and mitigate barriers to learning. For example, if a family member is vision impaired, this will impact the development of materials; or if a member does not want to participate, the individual may not be receptive to learning. Once the PMHNP identifies barriers as well as readiness to learn, he or she can develop lesson plans and materials.

### Question: 8

A patient is admitted for an extended stay in a rehabilitation facility for drug and alcohol addiction. The patient's 8-year-old child asks the PMHNP if his mother will be able to come home soon. The most appropriate response is:

- A. "You should talk about that with your father."
- B. "Not soon because your mom needs to get well first."
- C. "Why do you want to know that?"
- D. "Just take one day at a time and try not to worry."

**Answer: B**

Explanation:

If a patient is admitted for an extended stay in a rehabilitation facility for drug and alcohol addiction, and the patient's 8-year-old child asks the PMHNP if his mother will be able to come home soon, the most appropriate response is "Not soon because your mom needs to get well first." It's important to be truthful with children and to respect their feelings and concerns rather than trying to pass their concerns off on others or to minimize them.

### Question: 9

The evidence-based therapy that the PMHNP recommends for adolescents with anorexia nervosa is:

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

**Answer: A**

Explanation:

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

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therapy. (CBT 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 refeeding and other efforts to restore the patients weight to a healthy level. Because caloric intake must be high to increase weight, the family must be physically present and monitor each meal, regardless of the time needed for the adolescent to finish eating.

### Question: 10

The three steps in the process of valuing are (1) choosing, (2) prizing and (3)

- A. Confirming
- B. Collaborating
- C. Sharing
- D. Acting

**Answer: D**

Explanation:

Acting. The three steps in the process of valuing are as follows:

1. Choosing: This involves applying the intellect to considering alternative values and then selecting those that seem appropriate for the individual.
2. Prizing: This involves the emotions and positive feelings that the person derives from the values that he or she has chosen to live by.
3. Acting: This involves behavior that supports and is consistent with the values the person espouses.

### Question: 11

An example of secondary prevention used by the PMHNP for an at-risk adolescent is:

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

**Answer: C**

Explanation:

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

### Question: 12

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If a patient states, "I don't understand! My daughter said that she had to leave town," an appropriate clarifying question for the PMHNP to ask would be:

- A. "Your daughter said that she had to leave town?"
- B. "Are you confused because you don't know why she had to leave town?"
- C. "Did she say anything else about it?"
- D. "Why don't you call her and ask for more information?"

<b>Answer: B</b>
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Explanation:

If a patient states, "I don't understand! My daughter said that she had to leave town," an appropriate clarifying question would be "Are you confused because you don't know why she had to leave town?" Clarifying questions are used to ensure that the listener has understood the meaning (as opposed to just the words) of the patient's statement. Clarifying questions often contain some paraphrasing of what the patient has stated and may include such phrases as "Did I understand you to say..." or "Did you say..."

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