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(CPMHN)**

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Question: 1

What are the three "Ds" that are used to diagnose people in psychopathology?

- A. Discomfort, distress, and debate
- B. Deceit, debate, and dysfunction
- C. Dysfunction, distress, and deviance
- D. Deviance, discomfort, and deceit

Answer: C

Explanation:

The three "Ds" used to diagnose people in psychopathology are Dysfunction, Distress, and Deviance. These three elements are often observed in individuals who are diagnosed with mental health disorders. Dysfunction refers to the change in functional activities. This means that the individual's psychological, physical, or behavioral functions are not operating normally or are impaired. For example, a person with depression may have difficulty concentrating or making decisions, which is a dysfunction in cognitive activities.

Distress, the second "D", is the emotional discomfort experienced by the individual. It can be expressed in various ways such as sadness, anxiety, or irritability. This distress often leads to significant problems in a person's social, work, or family life. For instance, a person with an anxiety disorder may feel constant, intense worry or fear that is out of proportion to the situation, causing them distress.

The third "D", Deviance, refers to behavior that is different or abnormal from social norms or expectations. It does not necessarily mean that the behavior is wrong or bad, but it is seen as deviant because it deviates from what is considered normal in a specific culture or society. For example, a person with schizophrenia may hear voices or see things that others do not, which is considered deviant behavior.

In conclusion, the three "Ds" - Dysfunction, Distress, and Deviance - are essential components in diagnosing psychopathology. They provide a framework for understanding and identifying the symptoms and behaviors associated with mental health disorders.

Question: 2

What action will help to improve reflective thinking?

- A. Journaling
- B. Listening to instinct
- C. Considering the problem
- D. Determining the solution

Answer: A

Explanation:

Journaling as a tool for improving reflective thinking is highly effective due to its structured approach in capturing experiences, thoughts, and emotions. Reflective thinking involves a deliberate process of analyzing one's actions and the outcomes they produce. By maintaining a journal, individuals create a personal archive where they can record events and their reactions to them. This practice not only aids in memory retention but also provides a database from which one can draw insights and identify patterns in behavior and decision-making.

When journaling, the act of writing itself helps to slow down thoughts, making it easier to process them critically. This slower pace allows for deeper analysis and encourages a thorough examination of the implications of each action taken. Moreover, writing about a situation or decision forces the individual to confront their assumptions and biases, fostering a greater understanding of their own cognitive processes. This introspection can lead to improved self-awareness, which is a cornerstone of reflective thinking.

Furthermore, journaling provides an opportunity to track progress over time. By regularly reviewing past entries, individuals can see how their thinking has evolved and how they have adapted their strategies in response to different challenges. This retrospective analysis can reinforce lessons learned and help to clarify which approaches were most effective. Recognizing these patterns is crucial for refining problem-solving skills and improving future decision-making processes.

In addition to fostering individual growth, journaling can also serve as a communicative tool when shared with mentors or peers. This can lead to valuable feedback, alternative perspectives, and advice, which further enhances the reflective process. Through the iterative cycle of action, reflection, feedback, and adjustment, journaling becomes an integral part of developing a more nuanced and sophisticated approach to both personal and professional challenges.

In conclusion, journaling is more than just a record-keeping exercise; it is a powerful method for enhancing reflective thinking. By systematically documenting and analyzing experiences, individuals can become more deliberate and thoughtful in their approach to learning, problem-solving, and decision-making. This ultimately leads to greater effectiveness and efficiency in achieving personal and professional goals.

Question: 3

What is NOT a goal of the reality therapy model?

- A. Developing guidelines for behaving responsibly
- B. Mastering developmental tasks
- C. Developing greater maturity and conscientiousness
- D. Being accountable for one's behaviors

Answer: B

Explanation:

Reality therapy, developed by William Glasser, is a form of psychotherapy that focuses on problem-solving and making better choices in order to achieve specific goals. Its primary aim is to help individuals connect or reconnect with the people they consider important in their lives and to lead more effective and fulfilling lives. This approach is based on the concept that we choose our behavior and are thus responsible for what we do, think, and feel.

One of the fundamental goals of reality therapy is to help individuals face reality responsibly. This involves making individuals aware of their needs and wants, and guiding them to plan fulfilling these needs without infringing on the rights of others or ignoring their own. It focuses on the present moment and discourages dwelling on the past or becoming overly anxious about the future.

Another key objective of reality therapy is developing greater maturity and conscientiousness. This refers to increasing an individual's ability to self-evaluate, particularly in terms of their own behavior and its consequences. The therapy encourages individuals to behave in a more considered and responsible manner, taking into account the well-being of both themselves and others.

Furthermore, reality therapy emphasizes accountability for one's behaviors. It promotes an understanding that individuals are the architects of their own lives and must take responsibility for the consequences of their actions. This principle helps clients understand that they have the power to change their lives by making better choices.

In contrast, mastering developmental tasks is not a goal of reality therapy. Developmental tasks refer to the competencies and milestones that individuals typically achieve as they progress through different stages of life, such as learning to walk, developing language skills, achieving emotional independence, and establishing intimate relationships. These tasks are more commonly associated with developmental psychology and other therapeutic models that focus on stages of human development, such as Erik Erikson's stages of psychosocial development.

Therefore, while reality therapy deals with behavioral choices, responsibility, and facing the realities of the world, it does not specifically aim to help individuals master developmental tasks. These are considered more of a backdrop to the issues addressed in reality therapy, which centrally focuses on here-and-now choices and the pursuit of a fulfilling life through responsible and informed decision-making.

Question: 4

With regard to the role and responsibilities of the Nurse Practitioner, which ethical principle is defined as "self-determine"?

- A. Autonomy
- B. Veracity
- C. Respect
- D. Peacefulness

Answer: A

Explanation:

The ethical principle that is defined as "self-determine" in the role and responsibilities of a Nurse Practitioner is Autonomy. Autonomy is one of the fundamental principles of ethics and it refers to the right of an individual to make his or her own decision. In the medical field, autonomy is a guiding principle that helps healthcare providers, including nurse practitioners, in delivering patient-centered care.

Autonomy is an agreement to respect another's right to self-determine a course of action. This means that patients have the right to decide their own treatment options, medical procedures, and overall healthcare journey without the coercion or influence of healthcare providers. It supports independent decision making, where patients are encouraged to actively participate in decisions about their health.

In 1990, the "Patient Self-Determination Act" was passed by the US Congress. This act reinforces the principle of autonomy in the medical field. It states that competent people can make their wishes known about what they want in their end-of-life experience if they become incompetent. This includes decisions about life-sustaining treatments, palliative care, and other end-of-life measures. The act also requires healthcare facilities to inform patients about their rights under state laws to make decisions about their medical care, including the right to refuse treatment and the right to prepare advance directives.

The principle of autonomy is not limited to the end-of-life decisions but extends to all aspects of healthcare. For example, a patient might be given the autonomy to choose between different treatment options, decide on the pace of their treatment, or even choose their healthcare provider. In all these situations, the nurse practitioner's role is to respect the patient's autonomy, provide all the necessary information for the patient to make an informed decision, and support the patient's decision even if it contradicts their personal beliefs or medical advice.

The other ethical principles such as Veracity (truth-telling), Respect (for the dignity and freedom of the patient), and Peacefulness (promoting a peaceful environment) also play significant roles in nursing practice. However, when it comes to the principle defined as "self-determine", Autonomy is the most accurate answer.

Question: 5

How would it be documented that a patient should receive 2 mg of Haloperidol every 4-8 hours as needed via injection into muscle tissue?

- A. 2 mg IV q4-8hr AN
- B. 2 mg IM q4-8hr PRN
- C. 2 mg IM q4-8hr PR
- D. 2 mg IV q4-8hr PRN

Answer: B

Explanation:

To accurately document the administration of Haloperidol for a patient, the prescription needs to include specific details that communicate the dosage, frequency, method of administration, and conditions under which the medication should be given. Here is how such a documentation would look and the meanings behind the abbreviations and terms used:

The correct documentation for administering 2 mg of Haloperidol as needed, with the method of administration being an injection into muscle tissue, and at intervals of every 4 to 8 hours, is written as: "2 mg IM q4-8hr PRN."

Breaking down the components of this prescription: - **2 mg** specifies the dose of Haloperidol to be administered. - **IM** stands for Intramuscular, which indicates that the medication should be administered via injection into the muscle. This is crucial for ensuring that the drug is absorbed into the bloodstream through the muscular tissue. - **q4-8hr** means every 4 to 8 hours. This provides a range within which the medication can be administered depending on the patient's needs and the observation of symptoms. - **PRN** stands for "pro re nata," a Latin phrase that translates to "as needed." This indicates that the medication should only be administered when necessary, typically in response to specific symptoms or behaviors exhibited by the patient.

It is vital to document these prescriptions clearly and accurately. Proper documentation ensures that healthcare providers understand the intended regimen and can administer the medication safely. It also helps in maintaining consistency of care across different caregivers or shifts and assists in monitoring the patient's response to the medication.

In summary, careful and precise documentation like "2 mg IM q4-8hr PRN" for Haloperidol administration is essential in health care settings, particularly in managing conditions that require responsive or variable dosing. This approach minimizes errors, ensures patient safety, and enhances the effectiveness of the treatment regimen.

Question: 6

How often does an Adult Psychiatric & Mental Health Clinical Nurse Specialist's certification need to be renewed?

- A. Annually.
- B. Every three years.
- C. Every five years.
- D. Every ten years.

Answer: C

Explanation:

The certification for an Adult Psychiatric & Mental Health Clinical Nurse Specialist is required to be renewed every five years. This periodic renewal is crucial to ensure that the nurse specialists remain up-to-date with the latest practices, regulations, and knowledge in their field. Maintaining current certification is not only a regulatory requirement but also a professional responsibility to ensure high standards of care.

To facilitate a smooth renewal process, it is important that renewal applications are submitted at least 8 weeks prior to the expiration date of the current certification. This timeframe allows the certifying body adequate time to process the application and address any issues that may arise. Submitting an application late might lead to a lapse in certification, which could interrupt the ability to practice.

In recent years, many certifying bodies have moved their application processes online, making it more convenient for professionals to submit their renewal applications. Online applications can be processed more quickly than paper-based ones, reducing the overall time for renewal. This shift to digital processing helps in streamlining the procedure and reducing the administrative burden on both the applicants and the certifying organizations.

It is essential for every certified Adult Psychiatric & Mental Health Clinical Nurse Specialist to keep track of their certification expiration date and to understand the specific requirements and timelines outlined by their certifying authority. Staying proactive about certification renewal not only supports compliance with professional standards but also enhances the nurse specialist's commitment to their ongoing professional development and competence in their specialty.

Question: 7

What is necessary for a client who has a history of alcoholism?

- A. Coordinate with a substance abuse treatment facility.
- B. Refuse treatment until the patient quits drinking.
- C. Refer the client to join AA.
- D. There is no need to address the alcoholism.

Answer: A

Explanation:

The question asks about the necessary steps or actions for a client with a history of alcoholism. The options given are to coordinate with a substance abuse treatment facility, refuse treatment until the client stops drinking, refer the client to Alcoholics Anonymous (AA), or not address the alcoholism at all. The first option, to coordinate with a substance abuse treatment facility, is often the most effective way to support a client with a history of alcoholism. These facilities have professionals who are trained in addiction treatment and can provide the necessary support and resources for recovery. In addition, the facilities often have multidisciplinary teams, including doctors, nurses, therapists, and counselors, who can provide comprehensive care for the client.

The second option is to refuse treatment until the client stops drinking. However, this is not usually recommended as it can discourage the client from seeking help and can be harmful in cases of severe alcoholism where medical intervention is needed to safely detox.

The third option is to refer the client to AA. AA is a widely recognized support group for people recovering from alcoholism. It can provide peer support and a sense of community, which can be beneficial for the client's recovery process. However, it should not replace professional treatment and should be used in conjunction with other interventions.

The last option is to not address the alcoholism at all. This is highly discouraged, as alcoholism is a serious disease that can lead to severe health problems and even death if left untreated. It is important to address the alcoholism and provide the necessary support and treatment to the client.

Question: 8

What disorder would a client be suffering from if they suddenly had a severe loss of hearing even though no medical disorder or pathophysiological mechanism can be found to explain this occurrence?

- A. Conversion disorder
- B. Somatization disorder
- C. Hypochondriasis
- D. Body dysmorphic disorder

Answer: A

Explanation:

The question pertains to the identification of a disorder characterized by a sudden, severe loss of hearing for which no medical or pathophysiological cause can be found. Conversion disorder.

****Conversion Disorder Explained:**** Conversion disorder, also known as functional neurological symptom disorder, is a mental condition in which a person experiences physical neurological symptoms that cannot be traced back to a medical cause. Symptoms can include paralysis, blindness, movement

disorders, numbness, or in this case, a loss of hearing. These symptoms are real to the patient and are not intentionally produced or feigned, making this disorder particularly challenging to diagnose.

****Psychological Factors:**** In conversion disorder, the physical symptoms are believed to be an attempt by the mind to resolve or mitigate psychological stress. The symptoms typically occur suddenly during times of distress, and they serve as a physical manifestation of a psychological conflict. The individual suffering from conversion disorder may not consciously recognize the link between their psychological state and their physical symptoms.

****Diagnosis and Treatment:**** Diagnosing conversion disorder involves a detailed examination to rule out other medical conditions. This usually requires various tests and scans to confirm that no physiological basis for the symptoms exists. Treatment often involves psychotherapy, specifically cognitive behavioral therapy (CBT), which helps the individual in recognizing and dealing with the underlying psychological issues. In some cases, physical therapy may be used to help alleviate symptoms.

****Differentiation from Other Disorders:**** - ****Somatization Disorder:**** While somatization disorder also involves multiple physical complaints, these are usually more varied and chronic and do not typically involve sudden loss of function. - ****Hypochondriasis:**** Known as illness anxiety disorder, it involves preoccupation with having a serious illness based on normal body sensations, rather than neurological symptoms without a medical cause. - ****Body Dysmorphic Disorder:**** This focuses on imagined defects or minor flaws in physical appearance, which is different from the neurological symptoms seen in conversion disorder.

In summary, conversion disorder is characterized by neurological symptoms that manifest physically despite having no identifiable medical cause, often triggered by psychological factors. The treatment focuses on addressing the underlying psychological issues and managing the symptoms effectively through therapeutic interventions.

Question: 9

What takes place during the Reproduction Phase of the Social Learning Theory?

- A. This phase is necessary in order for learning to take place.
- B. The ability to store and retrieve information occurs at this phase.
- C. Observed behavior is copied at this phase.
- D. This phase focuses on whether or not the learner is stimulated to perform a certain behavior.

Answer: C

Explanation:

The Social Learning Theory, proposed by psychologist Albert Bandura, is a comprehensive theory that suggests learning is a cognitive process that takes place within a social context and can occur purely through observation. It emphasizes the importance of observing and modeling the behaviors, attitudes, and emotional reactions of others. The theory is comprised of four interlinked phases: Attention, Retention, Reproduction, and Motivation.

The Reproduction phase, which is the subject of interest in the question, is the third phase of the Social Learning Theory. It is during this phase that the observed behavior is reproduced or copied. In other words, after paying attention to the model's behavior (Attention phase) and storing the observed information in memory (Retention phase), the learner attempts to copy or reproduce the behavior.

Reproduction involves converting the mental images or descriptions into actual behavior. The learner might not be able to perfectly replicate the behavior observed initially and thus, practice becomes critical at this phase. As the learner repeats the observed behavior, they get a chance to make corrections and adjustments, gradually improving their performance and bringing it closer to the model's behavior.

It is also important to note that the success of the reproduction phase heavily depends on the learner's physical capabilities and self-perception of efficacy. For instance, a person might observe a complex gymnastics move, but they may not necessarily be able to reproduce it due to physical limitations or a lack of confidence in their ability to perform the move.

The Reproduction phase is essential in the Social Learning Theory as it allows the learner to translate the observed and stored behaviors into action, leading to the acquisition of new skills and behaviors. This phase is not simply about imitation, but also involves processes such as practice, improvement, and self-evaluation. It plays a vital role in the overall learning process and is considered necessary for learning to take place.

Question: 10

Which alternative therapy would not be advised for a patient with psychosis?

- A. Visualization
- B. Deep breathing
- C. Relaxation
- D. Yoga

Answer: A

Explanation:

Visualization as an alternative therapy involves using mental imagery to help reduce stress, improve mood, and enhance overall mental well-being. This technique requires the individual to create and focus on peaceful and positive images in their mind, which can help to divert their attention from less desirable thoughts and feelings.

While visualization has shown benefits for individuals experiencing conditions like anxiety, where it helps by calming the mind and reducing stress, it is generally not advised for those with psychosis. Psychosis is characterized by a disconnection from reality, where individuals may experience delusions or hallucinations. Introducing visualization to a patient with psychosis could potentially exacerbate their symptoms by blurring the lines between imagined scenarios and reality even further. This could lead to increased confusion and make it harder for them to distinguish between their imaginative visualizations and their actual perceptions of the world.

In contrast, therapies like deep breathing and relaxation exercises might be more appropriate for patients with psychosis. These practices focus on calming the body and do not involve engaging the imagination in ways that could be misinterpreted or distort one's sense of reality. Yoga, too, can be beneficial as it combines physical activity with meditative practices, promoting both physical health and mental clarity.

Therefore, while visualization can be a powerful tool for many, it is not recommended for those experiencing psychotic episodes due to the risks of worsening their symptoms. For patients with psychosis, therapies that ground them in their physical senses and present reality are typically more suitable and effective.

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