

• **Question 1**

1 out of 1 points



Sally is a 54-year-old female who presents for care at the urging of her employer. She says that she doesn't think she needs to be there, but the manager of her division at work strongly suggested that she make an appointment. She is the evening shift manager in the accounting department of a major online sales organization. Her role requires meticulous accountability of a complex system of production statistics, and she has done this exceedingly well for years. She has been a valued employee, and her work is above reproach. A few months ago, the company adopted a new software program that required a complete revamping of Sally's department. She has not adapted well, and her resulting anxiety is almost prohibitive of functioning in her role. During her interview, Sally is very somber and serious, and is clearly having difficulty with this change. She is distraught over the potential of not being able to do her job well and meet her immediate supervisor's expectations. Recognizing the likely diagnosis, the PMHNP knows that Sally is likely to respond best to:

Selected Answer:
Answers:

Free-association, nondirective



Free-association, nondirective therapy
Interpersonal therapy
Serotonergic agents

Response Feedback :

(b) is the correct answer. These patients often recognize that there is a problem and will do well with this form of therapy, although it is a long and complex process. Clonazepam and serotonergic agents are effective with obsessive-compulsive disorder, but their utility with obsessive-compulsive personality disorder is less clear. Interpersonal therapy is not among the therapeutic modalities with any demonstrated success with this personality disorder.

• **Question 2**

1 out of 1 points



Becci is a 31-year-old female who presents to the PMHNP for evaluation after being referred by her friend who is a patient of the practice. She describes a relatively acute, recent onset of panic attacks. Becci says that "out of the blue" her heart starts to race, her mouth gets dry, she gets shaky, and feels like she cannot get her breath. She is afraid because her friend has panic disorder and Becci knows that before her friend got treatment, she basically would not leave the house in case an attack happened. The PMHNP recognizes that the immediate priority in assessment for Becci is:

Selected Answer:
Answers:



A thorough physical examination



- A thorough physical examination
- A family history of mental health disease
- A urine drug screen
- An assessment for phobic disorder

Response Feedback :

(a) is the correct answer. While these are elements of a panic attack, there are a variety of organic conditions that can cause these symptoms. Becci needs a physical examination and appropriate laboratory assessment to rule out physiologic causes of her symptoms, such as thyroid disease. The remaining elements above will all be part of the mental health assessment once physical health is determined.

• **Question 3**

1 out of 1 points



Mrs. Bowen is a 33-year-old female who presents as a new patient requesting

medication for depression. She reports a long history of mood disorders on and off going back to adolescence. She is very articulate in describing her history and reports that neither sertraline nor fluoxetine “worked for her.” She was unable to remember the dose or how long she took the medication. With respect to considering Mrs. Bowen’s medication history, the PMHNP knows that:

Selected Answer:



This may be an inaccurate characterization, as depressed patients tend to overemphasize negatives

Answers:

An SNRI will likely be the most appropriate choice if pharmacotherapy is indicated for this episode



This may be an inaccurate characterization, as depressed patients tend to overemphasize negatives
 In some circumstances patients will purposefully mischaracterize the efficacy of medications they feel were ineffective
 Some forms of recurrent depression are best managed with nonpharmacologic strategies

Response Feedback :

(b) is the correct answer. A common mistake among clinicians is to accept the depressed patient’s self-report of medication accuracy. Depressed patients frequently overemphasize the negative and minimize the positive and may genuinely have a misimpression of their medications effectiveness; similarly, unrealistic expectations may skew their impression of medication response. An SNRI may ultimately be the most appropriate choice, but the PMHNP should not base this primarily on the patient’s self-report of SSRI response. This should not be perceived as a purposeful mischaracterization - the patients are not usually trying to misrepresent thing; they are reporting their genuine impression. Finally, recurrent depressions spanning decades will most likely require pharmacotherapy along with some form of nonpharmacologic intervention for best outcomes.

• **Question 4**

1 out of 1 points



Danielle is a 31-year-old female who is having a psychiatric evaluation at the insistence of her husband. They have been married for 4 years, and her husband has finally become so frustrated by her jealous behavior that he threatened to leave her if she didn't "get help." Her husband insists that he has never been unfaithful, but Danielle repeatedly accuses him of having an affair. If he is even a few minutes late getting home from work, she demands an explanation and then does not believe anything he says. She does not have any real friends—her sister is her closest social contact, but Danielle has been angry with her for several weeks and won't answer phone calls. Reportedly she does this often, and according to her husband can "hold a grudge forever." During the interview, Danielle is calm, responsive, but distant. She says she really doesn't understand why she is there—there is not a problem. The PMHNP considers the most likely diagnosis and discusses with Danielle that the treatment of choice is:

- Selected Answer: Psychotherapy
- Answers: Diazepam
 Pimozide
 Psychotherapy Group therapy

Response Feedback : (c) is the correct answer. Danielle's symptoms and history are consistent with paranoid personality disorder. Psychotherapy is the treatment of choice for this condition. These patients often do not do well in group therapy as a rule, although for some it can increase social skills. Pharmacotherapy is not a primary mechanism of treatment, but when comorbid agitation and anxiety occur, diazepam may be used. In some patients with quasidefusional thinking, pimozide has been helpful.

• **Question 5**

1 out of 1 points



A 22-year-old male patient is started on sertraline 50 mg p.o. daily after presenting with a major depressive episode. After tolerating without difficulty for 2 weeks, his dose is increased to 100 mg p.o. daily. Approximately 4 weeks later he reports an unusual set of new symptoms for the last week and a half. He says he feels "amped up" and just very generally agitated and nervous. He was short-tempered at work and home and was snapping at people for no good reason. He also reports difficulty concentrating at work. Last week he expressed disproportionate anger at his work and his boss told him that he was bipolar and should be put on medication. The PMHNP discusses with the patient that:

- Selected Answer: When symptoms are preceded by antidepressant therapy, a diagnosis of bipolar does not apply
- Answers: When symptoms are preceded by antidepressant therapy, a