ANCC PMHNP — Practice Study Guide (Sampler)

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Part I — Case-Based Essays & Model Answers (20)

Essay 1: Diagnostic Interview — Adult Mood

A 32-year-old reports 2 weeks of depressed mood, anhedonia, insomnia, poor concentration, and guilt. No mania or psychosis. Outline differential, key questions, and initial plan.

Model answer: Differentiate MDD vs. adjustment disorder, bipolar spectrum, substance/medical causes (thyroid, anemia, meds). Ask about suicidality, past episodes, family history, substances, trauma. Plan: safety assessment, labs (TSH, CBC as indicated), psychoeducation, consider CBT and first-line antidepressant when appropriate; schedule close follow-up.

Essay 2: Bipolar Screening

A patient with 'recurrent depressions' had a 5-day period of decreased sleep, elevated energy, and risky spending last year. How does this alter management?

Model answer: Suspect bipolar II/hypomania. Avoid antidepressant monotherapy; consider mood stabilizer/atypical antipsychotic, psychoeducation on relapse and sleep hygiene; monitor for suicidality.

Essay 3: Anxiety & Panic

Describe a brief treatment approach for panic disorder with agoraphobia.

Model answer: Psychoeducation, CBT with interoceptive exposure and gradual in vivo exposure; consider SSRI/SNRI as first-line. Short-term benzodiazepine only when necessary with risk counseling; monitor avoidance and safety behaviors.

Essay 4: PTSD Assessment

Veteran with nightmares, hypervigilance, avoidance for 6 months. Outline assessment and first-line treatments.

Model answer: Use trauma-focused assessment (onset, duration, functional impact, dissociation). First-line: trauma-focused psychotherapies (PE, CPT, EMDR). Consider SSRIs/SNRIs when indicated; sleep hygiene and prazosin for nightmares per clinical judgment.

Essay 5: OCD vs. OCPD

Differentiate OCD compulsions from OCPD traits and treatment implications.

Model answer: OCD: ego-dystonic obsessions/compulsions; treat with ERP + SSRI. OCPD: ego-syntonic perfectionism/control; treat with psychotherapy (CBT/psychodynamic), meds less central.

Essay 6: Child ADHD

9-year-old with inattention, hyperactivity across settings. What evaluation and nonpharm/pharm options are considered?

Model answer: Use multi-informant scales (parents/teachers), rule out learning disorders, sleep issues. Interventions: behavioral classroom strategies, parent training; consider stimulant/non-stimulant options when appropriate with monitoring of growth, sleep, appetite.

Essay 7: Autism Spectrum

Child with social communication deficits and restricted interests. Outline evaluation and team-based plan.

Model answer: Screen (M-CHAT where age-appropriate), developmental/psych eval, speech/OT; address school supports/IEP, parent training, behavioral interventions; manage co-occurring conditions.

Essay 8: Geriatric Depression vs. Dementia

An 80-year-old has low mood and memory complaints. How to distinguish depressive pseudodementia from neurocognitive disorder?

Model answer: Onset/course, effort on testing, diurnal variation, functional decline pattern. Screen for depression; cognitive testing; review meds/medical issues. Treat depression, reassess cognition; involve caregivers, safety planning.

Essay 9: Perinatal Mental Health

Postpartum patient with intrusive harm thoughts, ashamed to disclose. What steps should the PMHNP take?

Model answer: Normalize intrusive thoughts vs. intent; assess risk carefully; screen for depression/anxiety/OCD; provide CBT/ERP when indicated; coordinate obstetric care and social supports; urgent action if psychosis/intent is present.

Essay 10: Substance Use — AUD

Plan for a patient with moderate alcohol use disorder who requests help.

Model answer: Assess withdrawal risk, readiness, and supports; brief intervention and MI; consider medications for AUD (e.g., naltrexone/acamprosate when appropriate and not contraindicated); link to therapy/peer supports; monitor labs (LFTs) as indicated.

Essay 11: Schizophrenia — Negative Symptoms

Persistent avolition and flat affect on stable antipsychotic. Nonpharmacologic and pharmacologic strategies?

Model answer: Psychoeducation, CBT for psychosis, social skills training, supported employment; optimize antipsychotic, consider side-effect reduction; address depression,

cognitive remediation.

Essay 12: Clozapine Monitoring

Indications and safety monitoring highlights for clozapine?

Model answer: For treatment-resistant schizophrenia or suicidality. Monitor blood counts per program, metabolic parameters, myocarditis symptoms, seizures, sialorrhea, constipation; educate on adherence and warning signs.

Essay 13: Suicide Risk

Key components of a suicide risk assessment and immediate management?

Model answer: Assess ideation, intent, plan, means, past attempts, protective factors, substances, mental state. Determine risk level; safety planning, lethal means counseling, involve supports, consider higher level of care; document thoroughly.

Essay 14: Violence Risk & De-escalation

Agitated patient in ED. Outline de-escalation steps before restrictive measures.

Model answer: Maintain space, calm tone, active listening, validate feelings, offer choices, reduce stimuli, involve trained staff; only escalate to medications/restraints per policy when necessary and document.

Essay 15: Cultural Competence

A refugee reports 'spirit attacks' at night. How to integrate cultural formulation?

Model answer: Use cultural formulation interview, explore explanatory models, involve interpreters/community liaisons; integrate culturally congruent coping while addressing sleep, trauma, and safety.

Essay 16: Legal/Ethical — Confidentiality

When can confidentiality be breached?

Model answer: When there is imminent risk to self/others, suspected abuse as mandated, or court orders; share minimum necessary information; document rationale and actions.

Essay 17: Primary Care Integration

Patient with severe depression and diabetes. How can collaborative care help?

Model answer: Team-based model with care manager, psychiatric consultation, measurement-based care (PHQ-9), systematic follow-up; coordinate with PCP for meds and medical monitoring.

Essay 18: Health Promotion

Nonpharmacologic interventions to enhance sleep in generalized anxiety?

Model answer: CBT-I principles: regular schedule, stimulus control, sleep restriction, limit caffeine/alcohol, relaxation training, screen hygiene.

Essay 19: Documentation & Coding

What belongs in a concise psychiatric progress note?

Model answer: CC, interval history, MSE, risk assessment, interventions/response, plan, informed consent; use appropriate diagnostic and service codes per regulations.

Essay 20: Telepsychiatry Essentials

Best practices for video visits?

Model answer: Confirm identity/location/emergency plan, ensure privacy, check tech, obtain consent, maintain rapport and visual cues, have backup contact; follow jurisdictional rules.

Part II — Multiple-Choice Questions with Explanations (20)

MCQ 1. Which finding most supports bipolar II over unipolar depression?

- A) Two weeks of low mood without energy change
- B) Past hypomanic episodes of 4–6 days with elevated energy
- C) Psychomotor retardation during depression
- D) Early morning awakening

Explanation: Hypomanic periods point to bipolar II and change management.

MCQ 2. First-line psychotherapy for OCD is:

- A) Supportive therapy
- B) Exposure and response prevention
- C) Interpersonal therapy
- D) Solution-focused therapy

Explanation: ERP is first-line, often combined with SSRI.

MCQ 3. In panic disorder, the most effective long-term strategy is:

- A) Daily benzodiazepine indefinitely
- B) CBT with interoceptive exposure
- C) Antipsychotic medication
- D) ECT

Explanation: CBT with exposure has strong evidence for durable benefit.

MCQ 4. A safety plan should include:

- A) Promising to never self-harm again
- B) Warning signs, coping strategies, supports, and means reduction
- C) Only clinician contact numbers
- D) Daily journaling only

Explanation: Collaborative, concrete steps and means safety are core.

MCQ 5. An adolescent with ADHD and tics — which is a reasonable nonpharmacologic component?

- A) Eliminate school accommodations

B) Parent training and classroom behavioral strategies
C) Punitive detentions
D) Avoid any structure

Explanation: Behavioral supports are evidence-based.

MCQ 6. A key difference between OCD and OCPD is that OCD symptoms are:

A) Ego-syntonic
B) Ego-dystonic
C) Always psychotic
D) Always absent of insight

Explanation: OCD obsessions/compulsions are typically ego-dystonic.

MCQ 7. Which requires urgent evaluation for postpartum psychosis?

A) Mild blues day 3 postpartum
B) Intrusive harm thoughts without intent and good insight
C) Command hallucinations to harm the newborn
D) Fatigue related to feeding schedule

Explanation: Command hallucinations to harm infant warrant emergency care.

MCQ 8. For moderate AUD, a medication option (if no contraindication) includes:

A) Naltrexone or acamprosate
B) Clozapine
C) Lithium only
D) Topical lidocaine

Explanation: Evidence-based options include naltrexone/acamprosate.

MCQ 9. Clozapine monitoring focuses on:

A) QTc only
B) Agranulocytosis risk and metabolic/cardiac effects
C) Only liver enzymes
D) No labs needed

Explanation: Regular blood counts and metabolic/cardiac monitoring are required.

MCQ 10. A positive suicide risk screen should prompt first:

- A) Immediate discharge
- B) Dismissal of concerns
- C) Structured risk assessment and safety steps
- D) Start antipsychotic immediately

Explanation: Assess, plan safety, and determine level of care.

MCQ 11. Which therapy is designed for borderline personality disorder?

- A) Motivational interviewing
- B) Dialectical behavior therapy
- C) Prolonged exposure
- D) Eye movement desensitization and reprocessing

Explanation: DBT targets emotion dysregulation and self-harm.

MCQ 12. A 10-year-old with inattentiveness — which initial evaluation step is best?

- A) Start medication immediately
- B) Obtain multi-informant rating scales and school input
- C) Order head CT
- D) Conclude it's normal

Explanation: Get teacher/parent scales and school data; rule out learning/sleep.

MCQ 13. An elderly patient on anticholinergic meds develops confusion. First action:

- A) Increase anticholinergic load
- B) Assess for delirium and review medications
- C) Start stimulant
- D) Ignore; aging effect

Explanation: Consider delirium and medication burden.

MCQ 14. Which is a core MSE component?

- A) Hemoglobin level

B) Thought content and process
C) SpO2
D) Ejection fraction

Explanation: MSE documents appearance, behavior, mood/affect, thought, cognition, insight/judgment.

MCQ 15. In GAD sleep complaints, a nonpharmacologic first step is:

A) Restrict all daytime activity
B) Stimulus control and sleep hygiene
C) High-dose sedative immediately
D) Aromatherapy only

Explanation: CBT-I strategies are effective.

MCQ 16. Which statement about cultural humility is most accurate?

A) It means mastering all cultures
B) It is a lifelong reflective practice of self-awareness and learning
C) It replaces interpreters
D) It focuses only on language

Explanation: Cultural humility emphasizes reflection and partnership.

MCQ 17. A competent adult refuses treatment for depression. Ethically, the PMHNP should:

A) Force treatment
B) Respect autonomy after assessing decision-making capacity
C) Call police
D) Ignore the patient

Explanation: Assess capacity; if intact and no imminent risk, respect refusal.

MCQ 18. Telepsychiatry best practice includes:

A) Skipping consent
B) Confirming patient location and emergency plan
C) Disabling privacy settings

D) Recording without notice

Explanation: Know location and plan for emergencies; obtain consent.

MCQ 19. Measurement-based care in primary care integration uses:

A) Random medication switches

B) Routine symptom scales and treatment adjustments

C) Only annual check-ins

D) No documentation

Explanation: Use validated scales and adjust based on results.

MCQ 20. Which side effect warrants urgent assessment on antipsychotics?

A) Mild dry mouth

B) Constipation with abdominal pain and no BM for days

C) Slight weight gain early

D) Transient sedation first dose

Explanation: Severe constipation can be dangerous (e.g., with clozapine).

About This Study Guide

This sampler mirrors the full PMHNP pack: case-based essays and MCQs with clear rationales across diagnosis, psychotherapy, psychopharmacology, ethics/legal issues, integrated care, and health promotion across the lifespan.

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