Diagnosis & Management in Psychiatric-Mental Health Across the Lifespan I Practicum

This course will incorporate psychosocial theories and psychotherapy modalities within mental health. Individual and group therapies will be explored as a foundation for non-pharmacological and adjunct treatment of psychiatric mental health disorders across the lifespan. The therapeutic alliance and use of self will be examined. Students will further develop their skills related to health promotion, prevention of illness, diagnosis, and management of acute and chronic mental health problems. Care strategies will include psychotherapy, psychopharmacological prescribing, patient education, follow-up, and referral through a practicum experience in a precepted psychiatric mental health setting.

1. The client is a 38-year-old homeless client in the emergency department with suicidal ideations. Which theory would the PMHNP most need to consider while conducting a psychiatric interview?

A. **Hierarchy of needs theory**
B. Empathic listening theory
C. Cognitive development theory
D. Psychosocial development theory

ChatAi: The correct answer is: **A. Hierarchy of needs theory**
In this scenario, the PMHNP would most benefit from using **Maslow's Hierarchy of Needs** as a framework. This theory is crucial when assessing a client's immediate needs, particularly in a high-risk situation like homelessness combined with suicidal ideation. According to Maslow, basic physiological and safety needs must be prioritized before addressing higher-order psychological or self-actualization goals. For a homeless client in crisis, the PMHNP would first need to ensure the client's safety, stability, and access to basic necessities as foundational steps before engaging in further therapeutic interventions.
This approach provides a structured method to address immediate needs and then gradually work toward emotional and psychological support, improving both therapeutic alliance and client outcomes.

2. A PMHNP documents a code of 90834. Which is the most appropriate description of the services rendered?

A-Individual psychotherapy lasting 75 to 80 minutes
B-psychotherapy with a duration of 45 to 50 minutes
C-Inpatient psychotherapy with a duration of 45 to 50 minutes

D-Medication management for an established client

ChatAi: The correct answer is: **B - psychotherapy with a duration of 45 to 50 minutes**
The CPT code **90834** represents a standard session of individual psychotherapy lasting **45 minutes**, typically up to **50 minutes**. This code is used for outpatient therapy and does not include medication management, which would require a different CPT code such as 90833 or 99214 with psychotherapy add-on codes for integrated care.

3. A client who uses heroin presents for therapy. "I recently watched best friend overdose! I want to stop! The client's statement is consistent with which construct of the Health Belief Model?
A: Perceived susceptibility
B: Cue to action
C: Perceived severity
D: Perceived barriers

ChatAi: The correct answer is: **B: Cue to action**
In the Health Belief Model, a **cue to action** is an event or stimulus that motivates an individual to make a health-related change. In this case, the traumatic experience of witnessing a friend's overdose serves as a powerful cue, prompting the client's desire to stop using heroin. This "cue" is a trigger that enhances motivation to adopt a healthier behavior.

4. An 80-year-old client tells the PMHNP, "Some days life is just not worth living. I would be less of a burden if I were not here anymore" Which response is the most therapeutic PMHNP response?
A. " Tell me what you mean when you say " life is not worth living"
B. " Are you thinking suicide might be an option for you"?
C. Therapeutic use of silence
D. "Everybody loves you and likes being around you."

ChatAi: The most therapeutic response is: **A. "Tell me what you mean when you say 'life is not worth living.'"**
This open-ended question allows the PMHNP to explore the client's feelings in a non-threatening and non-judgmental way. It encourages the client to elaborate on their emotional state, providing insight into their thoughts, which can guide further assessment and intervention. Open-ended questions foster a sense of validation and may help the client feel understood, which is critical for building trust and encouraging more open communication, especially with older clients who may feel isolated.