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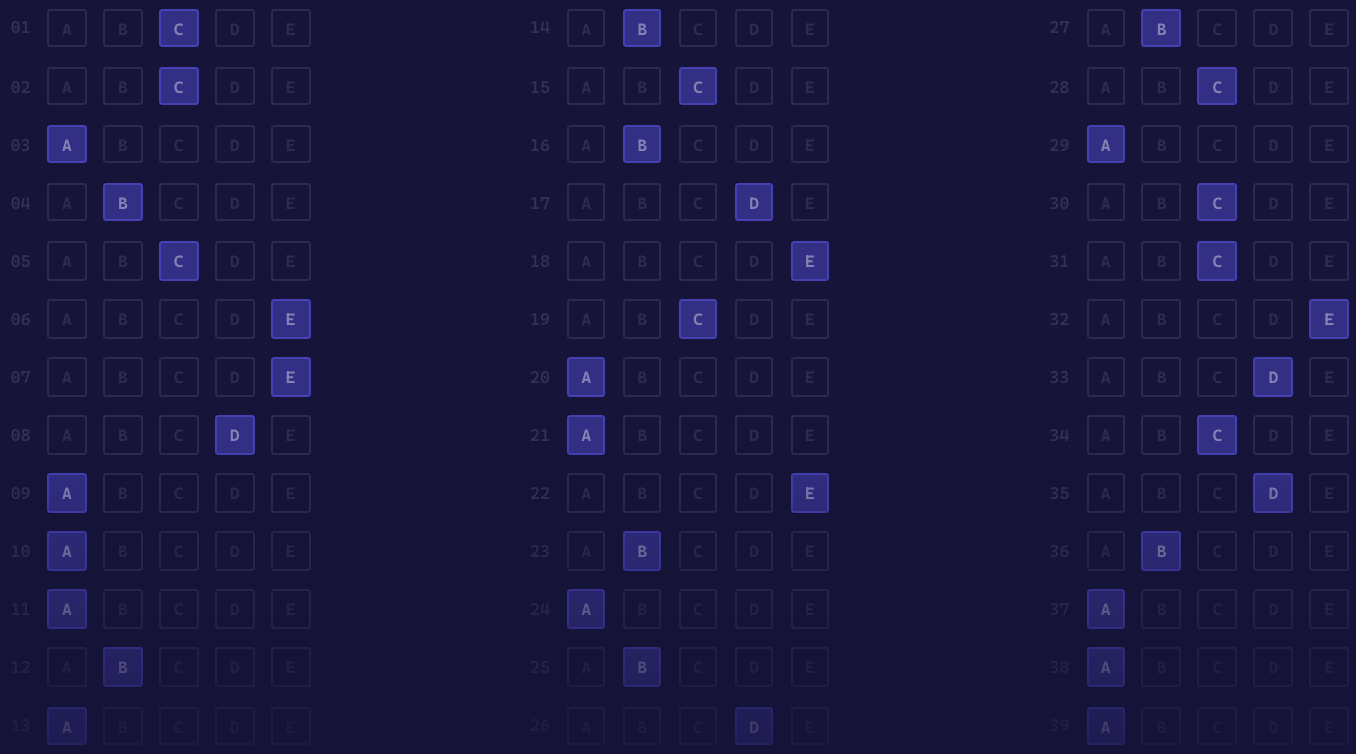

PRACTICE QUESTIONS

American Nurses Credentialing Center (ANCC)

35FT

Psychiatric-Mental Health Nurse Practitioner - Field Test

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for American Nurses Credentialing Center (ANCC) `35FT`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `35FT`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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QUESTION 1 SINGLE CHOICE

A 28-year-old client presents with a 2-week history of depressed mood, anhedonia, insomnia, and feelings of worthlessness following a recent job loss. The client denies any history of manic or hypomanic episodes. Which initial pharmacologic intervention is most appropriate based on current clinical practice guidelines for first-episode major depressive disorder?

A Monoamine oxidase inhibitor (MAOI)

B Tricyclic antidepressant (TCA)

C Selective serotonin reuptake inhibitor (SSRI)

D Lithium carbonate monotherapy

ANSWER C

WHY Selective serotonin reuptake inhibitors (SSRIs) are recommended as first-line pharmacologic therapy for major depressive disorder due to their favorable side-effect profile, safety in overdose, and robust evidence base. MAOIs and TCAs are reserved for treatment-resistant cases because of their higher risk of adverse effects and toxicity. Lithium monotherapy is indicated for bipolar disorder, which this client does not meet criteria for given the absence of manic or hypomanic episodes.

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QUESTION 2 SINGLE CHOICE

A client with schizophrenia is brought to the emergency department exhibiting extreme agitation, diaphoresis, and a temperature of 40.0°C (104°F). The client's caregiver reports recent initiation of haloperidol. Which complication should the nurse practitioner suspect?

A Serotonin syndrome

B Neuroleptic malignant syndrome

C Anticholinergic toxicity

D Acute dystonic reaction

ANSWER B

WHY Neuroleptic malignant syndrome (NMS) is a life-threatening reaction to antipsychotic medications such as haloperidol, characterized by the tetrad of hyperthermia, muscle rigidity, autonomic instability, and altered mental status. This presentation warrants immediate discontinuation of the offending agent, supportive care, and possibly dantrolene or bromocriptine. Serotonin syndrome typically occurs with serotonergic agents; anticholinergic toxicity presents with dry skin, not diaphoresis; and acute dystonia involves involuntary muscle contractions rather than systemic hyperthermia.

QUESTION 3 SINGLE CHOICE

An adult client with generalized anxiety disorder has been prescribed venlafaxine. Which mechanism of action best describes this medication?

A Selective serotonin reuptake inhibition

B Serotonin and norepinephrine reuptake inhibition

C Monoamine oxidase inhibition

D GABA-A receptor agonism

ANSWER B

WHY Venlafaxine is a serotonin-norepinephrine reuptake inhibitor (SNRI) that increases the synaptic concentration of both serotonin and norepinephrine. SSRIs only inhibit serotonin reuptake. MAOIs inhibit monoamine oxidase enzymes. GABA-A receptor agonism is the mechanism of benzodiazepines, not venlafaxine.

QUESTION 4 SINGLE CHOICE

A client diagnosed with post-traumatic stress disorder becomes visibly distressed when discussing the traumatic event. Which nursing response best demonstrates therapeutic communication?

A 'Let's not talk about that. Tell me about something pleasant instead.'

B 'Why do you think you are getting upset when we discuss this topic?'

C **'I can see this is very difficult for you. We can slow down or take a break whenever you need to.'**

D 'Other clients have experienced similar events and have coped much better.'

ANSWER **C**

WHY The response in option C validates the client's emotional experience and offers control and safety, which are core principles of trauma-informed care. Avoiding the topic, asking 'why' questions, and minimizing comparisons to others are non-therapeutic techniques that can increase distress and damage the therapeutic alliance.

QUESTION 5 SINGLE CHOICE

A client with alcohol use disorder presents to the clinic requesting assistance with alcohol cessation. The nurse practitioner is planning outpatient treatment. Which medication is FDA-approved for the maintenance of alcohol abstinence?

A Methadone

B **Naltrexone**

C Fluoxetine

D Clonazepam

ANSWER **B**

WHY Naltrexone, an opioid receptor antagonist, is FDA-approved for the maintenance of alcohol abstinence by reducing the rewarding effects of alcohol and decreasing cravings. Methadone is used for opioid use disorder, not alcohol use disorder. Fluoxetine is an SSRI used for depression and anxiety. Clonazepam is a benzodiazepine that is contraindicated in clients with alcohol use disorder due to cross-tolerance and overdose risk.

QUESTION 6 SINGLE CHOICE

According to the principles of universal precaution in mental health, the nurse practitioner applies which approach to all clients regardless of diagnosis?

A **Assume every client has a history of trauma and respond accordingly**

B Screen only clients presenting with depressive symptoms for suicidal ideation

C Provide detailed psychoeducation only after a formal diagnosis is established

D Limit trauma-informed communication to clients with documented PTSD

ANSWER A

WHY The universal precaution approach in trauma-informed care assumes that every client may have a trauma history, and providers integrate this awareness into all clinical encounters. This approach reduces the risk of retraumatization and avoids relying on assumptions about who has experienced trauma. Screening for suicidality, providing psychoeducation, and applying trauma-informed communication should not be limited to specific diagnoses or presentations.

QUESTION 7 SINGLE CHOICE

An adult client with schizophrenia is involuntarily hospitalized after expressing intent to harm a neighbor. The client now refuses to take prescribed antipsychotic medication. Which ethical principle supports the client's right to decline treatment?

A Beneficence

B Nonmaleficence

C **Autonomy**

D Justice

ANSWER C

WHY Autonomy refers to the client's right to make informed decisions about their own care, including the right to refuse treatment. While beneficence (promoting good), nonmaleficence (avoiding harm), and justice (fair treatment) are important, the principle that most directly supports the right to refuse medication is autonomy. However, refusal may be overridden in cases where the client poses an imminent danger to self or others.

QUESTION 8 SINGLE CHOICE

A nurse practitioner is conducting a mental status examination on an adult client. Which component assesses the client's ability to think abstractly?

A **Interpretation of proverbs**

B Recall of three objects after 5 minutes

C Naming the current president

D Counting backward by sevens

ANSWER **A**

WHY Abstract thinking is commonly evaluated by asking the client to interpret the meaning of proverbs (e.g., 'Don't cry over spilled milk'). Recall of three objects assesses memory; naming the current president assesses orientation and general knowledge; counting backward by sevens assesses concentration and attention.

QUESTION 9 MULTIPLE CHOICE

An adult client with a new diagnosis of generalized anxiety disorder is beginning treatment. Which first-line psychotherapeutic interventions are supported by current clinical practice guidelines? (Choose two.)

A **Cognitive-behavioral therapy (CBT)**

B Psychoanalytic therapy

C **Applied relaxation training**

D Electroconvulsive therapy (ECT)

ANSWER **A** · **C**

WHY Cognitive-behavioral therapy (CBT) and applied relaxation training are both evidence-based, first-line psychotherapeutic interventions for generalized anxiety disorder. Psychoanalytic therapy focuses on unconscious conflicts and is not considered a first-line treatment for GAD. Electroconvulsive therapy (ECT) is reserved for severe, treatment-resistant depression, psychotic depression, or catatonia, not GAD.

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