

Georgette's Psychiatric-Mental Health Nurse Practitioner (PMHNP) Certification LMR Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Factitious disorder features which characteristic?**
 - A. Acting as if one has a physical or mental illness when not really sick**
 - B. Deliberately feigning symptoms for external rewards**
 - C. A fixed belief in a personal defect or disease**
 - D. A pattern of avoidance of responsibilities**

- 2. Which law directs insurance companies to provide equal coverage for mental and medical problems?**
 - A. Parity Law**
 - B. Stark Law**
 - C. Tarasoff**
 - D. Lead Poisoning**

- 3. Which learning concept is driven by reinforcement or punishment to shape future behavior?**
 - A. Classical conditioning**
 - B. Operant conditioning**
 - C. Respondent behavior**
 - D. Observational learning**

- 4. In major depressive disorder, which neurotransmitters are reported as decreased?**
 - A. Serotonin, dopamine, and norepinephrine**
 - B. Only serotonin**
 - C. Only norepinephrine**
 - D. GABA and glutamate**

- 5. Which lab value confirms pregnancy?**
 - A. HCG**
 - B. TSH**
 - C. LH**
 - D. FSH**

- 6. What two epidermal issues can arise from Tegretol or Lamictal?**
- A. Toxic epidermal necrolysis and SJS**
 - B. Psoriasis and eczema**
 - C. Acne and dermatitis**
 - D. Urticaria and angioedema**
- 7. In Piaget's theory, which stage includes conservation and reversibility?**
- A. Sensorimotor**
 - B. Preoperational**
 - C. Concrete Operational**
 - D. Formal Operational**
- 8. Which brain region is the primary source of serotonin?**
- A. Locus coeruleus**
 - B. Raphe nuclei**
 - C. Substantia nigra**
 - D. Amygdala**
- 9. Who is at higher risk of developing fibromyalgia according to the material?**
- A. Sex abuse victims**
 - B. Young athletes**
 - C. People with diabetes**
 - D. Non-smokers**
- 10. Namenda is used for moderate to severe Alzheimer's disease; is it a cholinesterase inhibitor?**
- A. Yes**
 - B. No**
 - C. Only in mild disease**
 - D. Only with memantine combination**

Answers

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1. A
2. A
3. B
4. A
5. A
6. A
7. C
8. B
9. A
10. B

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Explanations

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1. Factitious disorder features which characteristic?

- A. Acting as if one has a physical or mental illness when not really sick**
- B. Deliberately feigning symptoms for external rewards**
- C. A fixed belief in a personal defect or disease**
- D. A pattern of avoidance of responsibilities**

Factitious disorder involves deliberately producing or feigning physical or psychological symptoms in order to assume the sick role, driven by an internal need for care or attention rather than external rewards. The description of acting as if one has a physical or mental illness when not really sick captures this intentional illness behavior to be viewed as ill. The idea of feigning for external rewards describes malingering, where the motive is tangible gain. A fixed belief in a personal defect or disease points to a delusional idea rather than deceptive illness behavior, and a pattern of avoiding responsibilities doesn't fit the characteristic pattern of feigning illness to obtain care.

2. Which law directs insurance companies to provide equal coverage for mental and medical problems?

- A. Parity Law**
- B. Stark Law**
- C. Tarasoff**
- D. Lead Poisoning**

Mental health parity means insurance coverage must treat mental health and medical/surgical care equally. The idea being tested is that benefits for mental health and substance use disorders should not be more restrictive than benefits for medical care in the same plan. That includes having similar deductibles, copays or coinsurance, annual or lifetime limits, and limits on visits or days of inpatient care. These parity requirements are designed to prevent insurers from placing more barriers on mental health treatment. In the real world, this is captured by laws like MHPAEA, with broad applications to many group and individual plans, though there are some exceptions. The other choices don't address coverage equality: Tarasoff is about warning someone of danger, Stark Law concerns physician self-referral limits, and Lead Poisoning relates to a public health issue, not insurance parity.

3. Which learning concept is driven by reinforcement or punishment to shape future behavior?

- A. Classical conditioning**
- B. Operant conditioning**
- C. Respondent behavior**
- D. Observational learning**

Operant conditioning is learning that occurs when the consequences of a behavior influence how likely that behavior is to occur again. If a behavior is followed by reinforcement, its frequency increases; if it's followed by punishment, its frequency decreases. This focuses on voluntary actions and their outcomes, rather than automatic reflexes learned through pairing. Positive reinforcement adds something pleasant to strengthen a behavior; negative reinforcement removes something unpleasant to strengthen it; positive punishment adds an unwanted consequence to reduce a behavior; and negative punishment removes something desirable to reduce it. In clinical practice, this concept underpins strategies like token economies or time-outs to shape treatment-related behaviors by using consequences to encourage or discourage certain actions.

4. In major depressive disorder, which neurotransmitters are reported as decreased?

- A. Serotonin, dopamine, and norepinephrine**
- B. Only serotonin**
- C. Only norepinephrine**
- D. GABA and glutamate**

Depression is linked to reduced activity of monoamine neurotransmitters in brain circuits that regulate mood, motivation, and arousal. In major depressive disorder, serotonin, norepinephrine, and dopamine are typically decreased. Serotonin helps stabilize mood, appetite, and sleep; norepinephrine influences alertness and the stress response; dopamine governs reward and motivation. When these systems are underactive, symptoms such as low mood, anhedonia, fatigue, and cognitive slowing emerge. This pattern also explains why many antidepressants aim to boost these monoamines. While GABA and glutamate are involved in depression and show dysregulated signaling, they are not simply decreased at baseline in the same way as the monoamines. So, the combination of decreased serotonin, norepinephrine, and dopamine best fits the typical neurotransmitter changes described in major depressive disorder.

5. Which lab value confirms pregnancy?

- A. HCG**
- B. TSH**
- C. LH**
- D. FSH**

The key idea is that pregnancy is confirmed by a hormone produced after implantation. The lab value that confirms pregnancy is hCG, human chorionic gonadotropin. Once the embryo implants, placental tissue starts producing hCG, which appears in blood and urine and serves to maintain the early pregnancy by supporting progesterone production. This is why a positive hCG test is the standard way to confirm pregnancy, whether using a qualitative yes/no test or a quantitative beta-hCG test to monitor progression. The other hormones have different roles and are not used to confirm pregnancy: TSH relates to thyroid function, and LH and FSH regulate ovulation and the menstrual cycle rather than confirming pregnancy.

6. What two epidermal issues can arise from Tegretol or Lamictal?

- A. Toxic epidermal necrolysis and SJS**
- B. Psoriasis and eczema**
- C. Acne and dermatitis**
- D. Urticaria and angioedema**

These anticonvulsants can trigger severe, life-threatening skin reactions known as Stevens-Johnson syndrome and toxic epidermal necrolysis. These conditions form a spectrum of immune-mediated damage to the skin and mucous membranes. Stevens-Johnson syndrome involves painful erosions and a rapidly spreading rash with mucosal involvement, while toxic epidermal necrolysis is the more extensive form with widespread skin detachment (the body surface area affected distinguishes TEN from SJS). The risk with lamotrigine is highest in the initial weeks of treatment, especially with faster titration, and carbamazepine also carries SJS/TEN risk, with certain genetic factors increasing susceptibility in some populations. Because these reactions can progress quickly and require intensive care, discontinue the drug at the first sign of a severe rash or mucosal symptoms and seek urgent medical evaluation. Other skin conditions listed are not the classic severe epidermal necrolysis-toxicity reactions linked to these meds.

7. In Piaget's theory, which stage includes conservation and reversibility?

- A. Sensorimotor**
- B. Preoperational**
- C. Concrete Operational**
- D. Formal Operational**

Conservation and reversibility signal the emergence of logical thinking about concrete objects and events. In this stage, children understand that quantity stays the same even when the appearance changes (for example, when liquid is poured into a different-shaped container, the amount remains the same) and that operations can be reversed to return to the starting state (you can pour water back or reform flattened clay to its original shape). This allows them to reason about real-world situations with consistency, rather than just what they see at the moment. Earlier stages show limited conservation because of centration and irreversibility, and later stages move into abstract thinking, but conservation and reversibility specifically characterize the concrete operational level.

8. Which brain region is the primary source of serotonin?

- A. Locus coeruleus**
- B. Raphe nuclei**
- C. Substantia nigra**
- D. Amygdala**

Serotonin comes from neurons in the raphe nuclei along the brainstem, especially the dorsal and median raphe. These midline nuclei send widespread projections throughout the brain, influencing mood, sleep, appetite, and pain. The locus coeruleus is the main source of norepinephrine, the substantia nigra contains dopaminergic neurons important for movement and reward, and the amygdala is a key limbic structure for emotion processing—not the primary source of serotonin. So, the raphe nuclei are the main origin of serotonergic neurons.

9. Who is at higher risk of developing fibromyalgia according to the material?

- A. Sex abuse victims**
- B. Young athletes**
- C. People with diabetes**
- D. Non-smokers**

History of sexual abuse is linked to a higher risk of developing fibromyalgia. The material highlights trauma, especially sex abuse, as a significant factor associated with later fibromyalgia, likely through long-term changes in stress-response systems and heightened pain processing (central sensitization). This can lead to the widespread pain, fatigue, sleep disturbance, and mood symptoms typical of fibromyalgia. Other groups mentioned—young athletes, people with diabetes, or non-smokers—do not have the same established association in the material, so they are not described as higher risk in this context.

10. Namenda is used for moderate to severe Alzheimer's disease; is it a cholinesterase inhibitor?

A. Yes

B. No

C. Only in mild disease

D. Only with memantine combination

Namenda (memantine) is not a cholinesterase inhibitor. It works by blocking NMDA receptors, which reduces excitotoxicity from glutamate that can contribute to neuronal damage in Alzheimer's disease. This mechanism is different from cholinesterase inhibitors (donepezil, rivastigmine, galantamine), which prevent the breakdown of acetylcholine to boost cholinergic signaling. Memantine is approved for moderate to severe Alzheimer's and can be used alone or in combination with a cholinesterase inhibitor (for example, the fixed-dose product that combines memantine with donepezil). So, Namenda is not a cholinesterase inhibitor.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://georgettespmhnlmr.examzify.com>

We wish you the very best on your exam journey. You've got this!

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