

Psychiatric-Mental Health Nurse Practitioner (PMHNP) Purple Book Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. A 74-year-old woman scores 18 on the MMSE. This score is most consistent with which level of cognitive impairment?**
 - A. No cognitive impairment**
 - B. Mild cognitive impairment**
 - C. Moderate cognitive impairment**
 - D. Severe cognitive impairment**

- 2. In pregnancy, which medication is considered a first-line pharmacologic option for moderate-severe maternal depression?**
 - A. Sertraline**
 - B. Fluoxetine**
 - C. Citalopram**
 - D. Paroxetine**

- 3. Which lab monitoring is required for clozapine due to agranulocytosis risk?**
 - A. ANC weekly for 6 months, biweekly, then monthly**
 - B. Liver enzymes yearly**
 - C. CBC only if symptoms**
 - D. ANC weekly for 6 months, biweekly, monthly**

- 4. How does Adjustment Disorder differ from Generalized Anxiety Disorder in terms of onset and duration?**
 - A. Adjustment Disorder arises within 3 months of a stressor and lasts no longer than 6 months after the stressor or its consequences; GAD is more persistent (>6 months) with worry across multiple domains**
 - B. GAD is only present with panic attacks**
 - C. Adjustment Disorder persists longer than a year**
 - D. GAD is always related to a major life event**

- 5. When prescribing an SSRI for a child or young adult up to age 24, what education must be included?**
- A. Black box warning about increased suicidality in this population**
 - B. Black box warning about increased risk of mania in this population**
 - C. Risk of sexual side effects on this class of medication**
 - D. Risk of stomach upset and headaches, to prevent unnecessary primary care visits**
- 6. As a PMHNP on the consult liaison team, you know delirium prevention is important because delirium is associated with which outcome?**
- A. Risk of harm to the client and staff.**
 - B. Risk of unremitting psychosis.**
 - C. Risk of 1-year mortality rate.**
 - D. Risk of aspiration.**
- 7. Which of the following values indicates severe neutropenia requiring immediate discontinuation of clozapine due to risk of infection?**
- A. 1500/uL**
 - B. 1400/uL**
 - C. 1200/uL**
 - D. 900/uL**
- 8. What are common indications for electroconvulsive therapy (ECT) in mood disorders?**
- A. Severe or treatment-resistant major depressive disorder, psychotic features, catatonia, high suicide risk.**
 - B. Mild depression**
 - C. Adjustment disorder**
 - D. Generalized anxiety disorder**

- 9. In family therapy, a paradoxical directive is used to have a client intensely worry about everything for one hour each day. This technique belongs to which type of therapy?**
- A. Experimental**
 - B. Structural**
 - C. Strategic**
 - D. Cognitive**
- 10. Target symptom identification is best explained as which of the following?**
- A. Identification of specific precise and individualized symptoms reasonably expected to improve with medication**
 - B. Identification of major clinical presentation of the client**
 - C. Identification of the secondary messenger system syndrome**
 - D. Intentional modulation of synaptic pathways**

Answers

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

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Explanations

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1. A 74-year-old woman scores 18 on the MMSE. This score is most consistent with which level of cognitive impairment?

- A. No cognitive impairment**
- B. Mild cognitive impairment**
- C. Moderate cognitive impairment**
- D. Severe cognitive impairment**

The MMSE is a 30-point cognitive screen where higher scores mean better function. For dementia staging, moderate impairment typically corresponds to a score in the range around 10-20. An 18 shows substantial difficulties across several domains—orientation, memory, attention/calculation, language, and visuospatial skills—yet not so low as to be described as severe. This level usually aligns with noticeable functional impairment and dementia rather than normal cognition or only mild impairment. So, a score of 18 is most consistent with moderate cognitive impairment.

2. In pregnancy, which medication is considered a first-line pharmacologic option for moderate-severe maternal depression?

- A. Sertraline**
- B. Fluoxetine**
- C. Citalopram**
- D. Paroxetine**

Treating moderate to severe depression during pregnancy requires choosing a medication with strong maternal benefit and the best fetal safety profile. Sertraline has the most favorable safety data among commonly used SSRIs in pregnancy, with a relatively low risk of major congenital malformations and cardiac defects compared with other options like paroxetine. It also tends to be well tolerated by the mother and has extensive clinical experience behind it. While neonatal adaptation symptoms can occur with SSRIs, sertraline is associated with milder or less frequent effects than some other antidepressants, especially when started earlier rather than near delivery. In contrast, paroxetine has been linked to higher risks of congenital heart defects and PPHN, fluoxetine carries a longer half-life and potential neonatal withdrawal, and citalopram raises concerns about QT prolongation. So sertraline is favored as the first-line pharmacologic choice for moderate-severe maternal depression in pregnancy.

3. Which lab monitoring is required for clozapine due to agranulocytosis risk?

- A. ANC weekly for 6 months, biweekly, then monthly**
- B. Liver enzymes yearly**
- C. CBC only if symptoms**
- D. ANC weekly for 6 months, biweekly, monthly**

Clozapine carries a real risk of agranulocytosis, so regular monitoring of the absolute neutrophil count (ANC) is essential to catch dangerous drops early. The monitoring pattern is designed for safety during the high-risk initiation period and practicality once stable. Start with a baseline ANC before beginning treatment. Then monitor weekly for the first six months. If counts stay above the threshold, reduce frequency to every two weeks for the next six months. After that, if the ANC remains stable, you shift to monthly monitoring. This approach targets the time when neutropenia most often develops and then eases once stability is established. Liver enzymes or monitoring only when symptoms appear do not address the specific neutropenia risk associated with clozapine, and a CBC with ANC is the appropriate lab for this purpose.

4. How does Adjustment Disorder differ from Generalized Anxiety Disorder in terms of onset and duration?

- A. Adjustment Disorder arises within 3 months of a stressor and lasts no longer than 6 months after the stressor or its consequences; GAD is more persistent (>6 months) with worry across multiple domains**
- B. GAD is only present with panic attacks**
- C. Adjustment Disorder persists longer than a year**
- D. GAD is always related to a major life event**

Onset and duration criteria differentiate Adjustment Disorder from Generalized Anxiety Disorder. Adjustment Disorder begins within 3 months of a identifiable stressor, and its duration is limited: once the stressor or its consequences end, symptoms should remit within about 6 months. If symptoms persist beyond that window, the presentation is no longer Adjustment Disorder. Generalized Anxiety Disorder, by contrast, involves ongoing, pervasive worry that lasts at least 6 months and spans multiple domains, not tied to a single stressor. This persistent, widespread anxiety is what sets GAD apart from the more time-limited reaction to a stressor seen in Adjustment Disorder. The other options misstate the conditions—for example, GAD is not defined by panic attacks, Adjustment Disorder does not persist beyond a year as a rule, and GAD is not required to be linked to a major life event.

5. When prescribing an SSRI for a child or young adult up to age 24, what education must be included?

- A. Black box warning about increased suicidality in this population**
- B. Black box warning about increased risk of mania in this population**
- C. Risk of sexual side effects on this class of medication**
- D. Risk of stomach upset and headaches, to prevent unnecessary primary care visits**

When prescribing an SSRI to a child or young adult up to age 24, you must provide education about the black box warning for increased suicidality in this age group. This means clearly informing the patient and caregiver that new or worsened suicidal thoughts or behaviors can occur, especially early in treatment or after dose changes. Emphasize the importance of close monitoring, looking for signs such as worsening depression, anxiety, agitation, irritability, sleep disturbances, or changes in behavior, and having a plan for immediate contact if suicidality arises. Arrange a follow-up soon after starting therapy (often within 1-2 weeks) and maintain regular check-ins thereafter. Include a safety plan and crisis resources, and involve caregivers as appropriate to help with supervision and early detection. While other adverse effects like sexual side effects or stomach upset may occur, the critical educational message in this context is the suicidality warning and the associated monitoring plan.

6. As a PMHNP on the consult liaison team, you know delirium prevention is important because delirium is associated with which outcome?

- A. Risk of harm to the client and staff.**
- B. Risk of unremitting psychosis.**
- C. Risk of 1-year mortality rate.**
- D. Risk of aspiration.**

Delirium represents an acute brain dysfunction that signals a high risk of serious adverse outcomes in hospitalized patients. Prevention matters because delirium is strongly tied to increased mortality, including a higher risk of death within one year after hospitalization. This association remains significant even after accounting for age and other health problems, making one-year mortality the most consistently observed and clinically important outcome linked to delirium. While delirium can lead to complications like agitation, injury, or aspiration, the robust long-term impact that drives preventive efforts is the elevated one-year mortality risk.

7. Which of the following values indicates severe neutropenia requiring immediate discontinuation of clozapine due to risk of infection?

- A. 1500/uL
- B. 1400/uL
- C. 1200/uL
- D. 900/uL**

The key idea is that clozapine carries a risk of agranulocytosis, so neutropenia must be treated as a safety red flag. When the neutrophil count becomes severely low, the body's ability to fight infections is greatly compromised, making continued clozapine use unsafe. That's why the lowest value signals the need to stop the medication immediately. The higher counts reflect milder neutropenia or near-normal levels, for which clinicians would typically monitor closely or pause the medication rather than discontinue it outright.

8. What are common indications for electroconvulsive therapy (ECT) in mood disorders?

- A. Severe or treatment-resistant major depressive disorder, psychotic features, catatonia, high suicide risk.**
- B. Mild depression
- C. Adjustment disorder
- D. Generalized anxiety disorder

ECT is most appropriate in mood disorders when you need rapid, reliable symptom relief or when standard treatments haven't worked. It shines in several clear scenarios: severe major depressive disorder with psychotic features, where the psychosis complicates treatment and rapid improvement is crucial; treatment-resistant depression, where multiple adequate antidepressant trials have failed and alternatives are limited; catatonia, which responds especially well and often dramatically to ECT; and situations with high suicide risk where swift relief is essential to prevent harm. Mild depression typically doesn't require ECT and is usually managed with psychotherapy, single or newer-generation antidepressants, or a combination, depending on severity and patient factors. Adjustment disorder involves a stress-related, often shorter-lived reaction and is not a primary indication for ECT. Generalized anxiety disorder is an anxiety disorder rather than a mood disorder, and ECT is not a standard first-line or routine treatment for it.

9. In family therapy, a paradoxical directive is used to have a client intensely worry about everything for one hour each day. This technique belongs to which type of therapy?

- A. Experimental**
- B. Structural**
- C. Strategic**
- D. Cognitive**

Strategic family therapy uses paradoxical interventions to shake up repetitive family patterns. A directive that asks a client to worry intensely about everything for a set period is designed to make the symptom seem purposeful and controllable, forcing the family to observe and adjust how they respond. By prescribing the symptom rather than trying to stop it outright, the therapist reframes the problem and disrupts the patterns that keep it in place, often reducing the symptom's grip as the client and family see they must change their interactions to cope. This approach contrasts with structural therapy, which focuses on reorganizing subsystems and boundaries; cognitive therapy, which targets thoughts and beliefs; and experimental approaches, which are research methods rather than a therapy modality. So this technique aligns with Strategic therapy.

10. Target symptom identification is best explained as which of the following?

- A. Identification of specific precise and individualized symptoms reasonably expected to improve with medication**
- B. Identification of major clinical presentation of the client**
- C. Identification of the secondary messenger system syndrome**
- D. Intentional modulation of synaptic pathways**

Target symptom identification means selecting specific, precise symptoms that are meaningful to the patient and that a medication is likely to improve. This approach provides a clear target for therapy and a concrete way to measure how well the treatment is working, so you can adjust dose or switch meds as needed. The best choice reflects focusing on individualized symptoms that you expect pharmacotherapy to affect, rather than just describing a broad clinical picture. Other options describe the overall presentation or a pharmacologic mechanism rather than the patient-centered symptoms you aim to change. For example, talking about secondary messenger systems or synaptic pathways describes how a drug works rather than which particular symptoms you're targeting. In practice, you craft a succinct set of target symptoms—specific, observable changes you expect with treatment—so progress can be tracked and treatment decisions guided accordingly.

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://pmhnppurplebook.examzify.com>

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

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