Child and Adolescent Mental Health for Front-line Professionals

Multiple Choice
Identify the choice that best completes the statement or answers the question.

1. **Chapter One: Defining Mental Health**
The Health Advisory Service Report (HAS Report, 1995) Together We Stand defined mental health in children and young people as all of the following EXCEPT:
   A. a capacity to enter into and sustain mutually satisfying personal relationships
   B. A developing moral sense of right and wrong
   C. The ability to become aware of others and empathize with them
   D. An ability to play and learn so that attainments are appropriate for age and intellectual level

2. According to the authors, good mental health is a static state and it is the presence of symptoms that clearly defines a mental disorder.
   A. True
   B. False

3. Parents and professionals need to recognize that ____________ is a component of human experience and not necessarily a mental health problem.
   A. Agitation
   B. Distress
   C. Instability
   D. Depression

4. The severe and pervasive effects of the stigma of mental health can severely impact individuals and families. Which of the following is NOT an accurate statement about this issue?
   A. Stigma can have such a significant effect that there is a potential for mental health problems to increase in severity
   B. Mental health problems are stigmatized by health professionals and the public alike, although the degrees may vary
   C. Many of the terms used to describe individuals with mental health problems are derogatory and these individuals are often perceived to be unpredictable
   D. The use of certain terms such as emotional literacy or positive health instead of mental health is an appropriate step toward eliminating stigma

5. **Chapter Two: Meeting the Mental Health Needs of Young People**
   Even with numerous epidemiological studies, the rates of recorded prevalence of mental health problems in young people may vary depending on the measures used and the cultural context in which they are used.
   A. True
   B. False

6. In 2001, the World Health Organization stated that approximately ____________ of the world’s youth 15 and younger suffered from mild to severe disorders and that a large number of these young people remained untreated as services simply did not exist.
   A. One in six
   B. One in five
   C. One in four
   D. One in three

7. Studies indicate that prepubertal girls have fewer mental health problems than boys of the same age, but the rates of problems in girls increase with age.
   A. True
   B. False
8. The authors describe a four-tier model for levels of mental health services. Which of the following is included in the definition of tier two services?
   A. Health care provided in the health service by individuals who are from a variety of multidisciplinary backgrounds
   B. Targeted services that provide support aimed at particular groups of children, but often from within universal or mainstream services
   C. Detailed multidisciplinary assessments of individuals over a longer period of time than in tier one
   D. All of the above

9. Although the majority of young people see their family doctor for physical health problems, approximately ________ present with some form of emotional or behavioral difficulties.
   A. 2-5 percent
   B. 6-9 percent
   C. 10-13 percent
   D. 14-17 percent

10. Primary care professionals are those who work with young people and are likely to come across mental health problems. The authors include all of the following professionals as part of this group EXCEPT:
    A. Teachers
    B. School nurses
    C. Juvenile probation officers
    D. Local religious or community leaders

11. During screening and assessment, primary care officials need to assess detailed background information. This includes all of the following EXCEPT:
    A. Ethnic background and family structure
    B. Frequency of attendance in school
    C. The young person’s intellectual capabilities
    D. Social services involvement in the young person’s life

12. Primary child mental health workers (PCMHW) are almost always therapists or social workers.
    A. True
    B. False

13. Clinical nurse specialists are community psychiatric nurses who have specialist mental health training, and their skills are in the assessment and treatment of mental health problems using an activity-based approach.
    A. True
    B. False

14. When child and adolescent mental health services cannot be managed in the community, young people may have to be referred to inpatient units. This usually depends on the severity of mental health problems and the resources or skills that the community and family have for supporting them.
    A. True
    B. False

15. Developing countries are beginning to consider service development and training as the mental health needs of young people gain more prominence. The development of these services may include all of the following EXCEPT:
    A. Involvement of a multidisciplinary team including psychiatrists, nurses, and occupational therapists
    B. Identifying the local priorities of child and adolescent mental health problems
    C. Training to enhance or develop skills of primary healthcare professionals
    D. Integrating new services with existing ones and utilizing existing resources effectively
16. **Chapter Three: Assessment of Young People’s Mental Health**

A successful interview of young people depends on the professional thinking very carefully about appropriate ___________ with the young person and family.

A. Interventions  
B. Actions  
C. Engagement  
D. All of the above

17. It is always good practice to involve parents or caregivers in clinical practice unless there is a compelling reason not to do so.

A. True  
B. False

18. Professionals should always promise confidentiality to their young clients in order to develop and maintain trust.

A. True  
B. False

19. Which of the following is an accurate statement about interviewing young people in mental health settings?

A. It is best to sit opposite of the young person during the interview in order to maintain appropriate eye contact  
B. An average assessment interview in a community setting should be between 60 and 90 minutes  
C. If an interpreter is needed in an interview, it is good practice to have a family member interpret for the parents, so that the parents feel comfortable with the process  
D. The interviewer should use language that is at the young person’s level of understanding and ability and should give clear explanations that can be easily comprehended

20. According to the Association of American Medical Colleges, culture is defined by each person in relationship to the group or groups with whom he or she identifies, and an individual’s cultural identity may be based on heritage as well as individual circumstances and ___________.

A. Values  
B. Beliefs  
C. Personal choice  
D. All of the above

21. During assessment and any subsequent work with young people and their family members, a clinician should consider spending some time individually with the client. Interviewing a young person individually is usually possible from age ______ and up.

A. Three  
B. Four  
C. Five  
D. Six

22. According to the authors, the key to interviewing young people is:

A. Acknowledging their feelings with words  
B. Recognizing your strengths and weaknesses as an interviewer and getting comfortable in the situation  
C. Using reflection and reframing and repeating back what has been told to you  
D. Listening to what young people say and how they say it and express themselves

23. It is often appropriate to discuss your own worries as the clinician working with a young person, because this will likely make the person feel more cared about and less anxious.

A. True  
B. False

24. At which age are children likely to respond to being given some responsibility, and able to recognize right and wrong as well as their feelings of guilt?

A. 11 to 12 years  
B. 9 to 10 years  
C. 7 to 8 years  
D. 5 to 6 years
25. When professionals are getting ready to interview a family, they should have an awareness of the possible assumptions made about them by the family, and at the same time should be aware of the assumptions they are making about the family based on the information that they have.
A. True  B. False

26. It is often appropriate to meet with different combinations of family members and to make this clear at the beginning of the session. This may enable family members to disclose potentially risky material when they feel comfortable and allow them to speak more openly.
A. True  B. False

27. Which of the following is an accurate statement about types of questions to be used when interviewing family members?
A. It is often to helpful to direct questions at the most receptive member of the family because this will usually open the lines of communication
B. It is usually ineffective to ask all the family members the same question, because their answers are usually impacted by what the others have already said
C. It may be useful to ask family members to answer questions from the perspective of another family member
D. None of the above

28. During the history taking portion of the mental health assessment, the professional will focus on all of the following EXCEPT:
A. Assessing current general appearance and behavior
B. Establishing the history of the presenting problem
C. Gathering information about family and personal history
D. Assessing the young person’s behavior, temperament, and history of achievements before the onset of the problem

29. The mental health assessment should be followed by a psychometric assessment that integrates all the information, makes sense of the problem or diagnosis, and highlights relevant factors in order to devise a treatment plan.
A. True  B. False

30. It is very important that a professional who is concerned about a young person’s substance use be willing to openly discuss the issue with the young person so that the client will be more likely to access needed services.
A. True  B. False

31. **Chapter Four: Child and Adolescent Development**
Children with developmental delays have an increased likelihood of developing mental health problems.
A. True  B. False

32. The Piagetian Theory of cognitive development describes four phases of development that are universal and that develop at the same rate regardless of environmental influences. Piaget maintains that cognitive development depends on:
A. Trust, autonomy, and initiative
B. Assimilation, accommodation, and adaptation
C. Intelligence, knowledge, and interpretations
D. Social contact, punishment and rewards, and problem solving abilities

33. In Piaget’s formal operational phase of development, children are able to think in abstract terms and are able to apply concepts that are beyond their direct experience.
A. True  B. False
34. Which of the following is an accurate statement about the Vygotskian theory of cognitive development?
A. Infants and toddlers use vocal activity as a means of social contact and emotional expression
B. External interaction depends on internal development
C. In the second phase of development, children start to use symbols external to themselves to assist internal problem solving
D. All of the above

35. All of the following are tasks of emotional development that a child needs to accomplish EXCEPT:
A. Recognizing the significance of emotions and differentiating between emotion states in self and others
B. Learning the appropriate language and internal dialogue for expressing emotions
C. Learning to contain emotions and the socio-culturally appropriate expression of emotions
D. Understanding the impact of emotions on behavior and relationships

36. The ability to share emotions in early childhood facilitates the resolution of difficult emotions. The ability to share emotions with peers about third parties is apparent by age ______ and predicts acceptance by friends and peers, which in turn predicts the self regulation of emotions such as anger, anxiety, and fear.
A. 8 years
B. 7 years
C. 6 years
D. 5 years

37. The two broad ways of describing social development are by plotting the tasks of social development through the lifespan and by evaluating the details of moral behavior.
A. True
B. False

38. In Ericksen’s Eight Stages of Man Model, he describes five stages that are relevant to development in childhood, and believes that moving on to each stage is dependent on complete resolution of tasks and conflicts in previous stages.
A. True
B. False

39. The final stages of Ericksen’s model are generativity vs. stagnation in middle adulthood, and ___________ in old age.
A. Isolation vs. integrity
B. Intimacy vs. despair
C. Industry vs. loneliness
D. None of the above

40. In childhood, popularity and friendships depend upon behavioral and emotional interactions, which at this age are expressed through play. Play develops from toddlerhood to school age in each of the following identifiable stages EXCEPT:
A. Solitary play
B. Parallel Play
C. Cohesive Play
D. Associative Play

41. Friendships develop from toddlerhood in three identifiable stages: reward-cost basis with shared activities, normative with shared values and rules, and empathic with increased understanding between friends and shared interests.
A. True
B. False

42. Low peer acceptance is known to predict early school dropout as well as higher rates of juvenile and adult crime.
A. True
B. False
43. Adolescence is loosely defined as a period of transition from puberty to late teens or early twenties. Which of the following is an accurate statement about adolescent development?
   A. There is consistent evidence that most young people manage the transition of adolescence experiencing a significant amount of stress
   B. Adolescent rebellion usually occurs between ages 12 and 15
   C. By middle adolescence, a clear consistent sense of self has usually developed with ideas on role and value systems
   D. Early puberty seems to present greater problems for girls than boys, while late puberty appears to present more difficulties for boys than girls

44. In order for a child to be diagnosed with a developmental delay, he or she must have:
   A. A significant reduced level of intellectual functioning
   B. Onset before age 16 years of age
   C. Diminished ability to adapt to daily demands in areas such as self care, communication, and social competence
   D. Both A and C above

45. The causes of learning disabilities are categorized in two broad groups. These include:
   A. Environmental and genetic
   B. Medical and societal
   C. Inherited and acquired
   D. None of the above

46. Young people with learning disabilities frequently use their behavior to communicate, so behavior therapy is commonly used to encourage the development of skills needed for self-reliance and to discourage negative behaviors such as self injury.
   A. True
   B. False

47. Temperament appears to be a factor in delayed development, and ‘slow-to-warm-up’ temperament seems to predispose infants to behavioral and conduct problems.
   A. True
   B. False

48. **Chapter Five: Family Development**
   The authors report that as of 2005, stepfamilies outnumber families made up of children living with both biological parents in the United States.
   A. True
   B. False

49. In the eight-stage lifecycle proposed in this chapter, stage seven can be particularly challenging. Each of the following may occur during this stage EXCEPT:
   A. Adults face mid-life issues regarding long-term relationships
   B. Parents face issues with loss as their children leave the home and they become a childless couple
   C. Grandparents face declining health or death
   D. Children begin to see their parents as more of equals and begin to experience ambivalence regarding their full independence

50. While the family lifecycle model may be useful for Western cultures, the concept of an evolutionary process of family development is by no means universal.
   A. True
   B. False

51. The parent’s own experiences in their families of origin may have a significant influence on how they approach the task of helping their children through difficult times.
   A. True
   B. False
52. **Chapter Six: What Causes Mental Health Problems in Young People?**

Generally, there are three main areas that need consideration when attempting to determine the causes of child and adolescent mental health problems and disorders and these include biological, psychological, and

A. Social  
B. Cultural  
C. Environmental  
D. None of the above

53. Specific medical problems are associated with particular presentations. For example, raised steroids levels resulting from a primary endocrine disorder or its treatment may cause the child or adolescent to present with anxiety and confusion.

A. True  
B. False

54. When a child explores readily, often ignoring the primary caregiver, and is unduly friendly with strangers, this is likely an example of:

A. Anxious/resistant attachment  
B. Anxious/avoidant attachment  
C. Secure attachment  
D. Content attachment

55. Which of the following is an accurate statement about long-term consequences of early separation from attachment figures?

A. Earlier studies of the long-term effects of separation confirm the prediction that early separation leads to poor outcome in later childhood and adulthood  
B. The outcomes for children from disrupted homes and young people adopted later in life seem to depend solely on early life experiences  
C. Case studies of young people with profound deprivation, such as being locked in cupboards for prolonged periods, established that over a period of time with appropriate parenting they were able to catch up in their development  
D. All of the above

56. While in Western societies there tends to be a greater emphasis on self in the context of the family and society, Eastern societies tend to focus more on individualism.

A. True  
B. False

57. Components of personality for which there is an implied genetic contribution, further influenced by parental attitudes and child-rearing practices, is a definition of:

A. Temperament  
B. Traits  
C. Character  
D. None of the above

58. Personality refers to the whole pattern of psychological function, and is a much more critical concept in treatment and diagnosis of child and adolescent mental health than adult mental health because by adulthood the personality is already formed.

A. True  
B. False

59. Self-image is the factual account of ourselves in physical terms, while self-identity is the personal judgment of the quality and value of these traits, and the worth of oneself as a person.

A. True  
B. False

60. Behavioral theories assert that behavior and emotional expression are learned as a result of experience. All of the following are accurate statements about well known behavioral theories EXCEPT:

A. Environmental interaction theory emphasizes the importance of human relationships in behavior and the observations people make of each other  
B. Operant conditioning is a process whereby the frequency of behavior is influenced by its consequences
B. Classical conditioning involves the repeated introduction of neutral stimulus alongside one that is known to induce a psychological or behavioral response.

D. Cognitive learning theory regards learning as a process of thinking about and understanding behaviors and consciously seeking solutions to problems.

61. Authoritative parenting combines a great deal of warmth with a certain degree of control and tends to provide the most beneficial environment for a child’s emotional development.
A. True  B. False

62. A family’s difficulty in negotiating the transition between the stages of the family lifecycle can often be a point at which a child presents with mental health problems. What seems to make a difference at these transitions is a family’s level of ______________.
A. Cohesiveness  C. Support
B. Structure  D. Flexibility

63. Studies indicate a strong association between parental separation and conduct disorders in young people and a higher level of distress and unhappiness. However, most studies suggest that this effect is temporary and begins to fall apart after:
A. 24 to 30 months  C. 12 to 18 months
B. 18 to 24 months  D. 6 to 12 months

64. The development of social relationships outside the family from middle childhood onward is a significant protective factor in young people’s mental health. Which of the following is NOT an accurate statement about peer influences?
A. Peer relationships are where most young people learn about managing conflict
B. Unpopular young people often get caught up in a pattern of poor peer relationships because of their limited social skills
C. Estimates indicate that 20-25 percent of young people could be described as unpopular and are rejected by their peer group
D. In adolescence, peer culture has been shown to have a strong influence, both positive and negative, on education outcomes

65. Parents should be the first point of contact for school staff who have concerns about a young person’s educational progress or behavior problems.
A. True  B. False

66. There is a higher prevalence of mental health problems in economically disadvantaged areas and in communities where there is a lack of a stable population. All of the following are accurate statements about this EXCEPT:
A. National crime rates tend to be positively correlated with the proportion of the population in urban residence
B. Urbanization is associated with a decreased differential between living standards of the affluent and the poor
C. Economically disadvantaged areas have larger schools and bigger classes with less parental involvement, which may result in poor education
D. High crime, poor education, discrimination, and parental mental health problems can significantly impact the development of mental health problems on young people
67. Chapter Seven: Protective and Adverse Factors Relating to Child Mental Health
Some factors or characteristics are likely to lead to an increase in mental health problems while some protect against the development of problems. Protective factors include high intellectual ability and academic success, easy temperament, good relationships with adults and peers, having special skills or talents, and a supportive family that is able to:
A. Exhibit resilience
B. Maintain strengths and values
C. Demonstrate flexibility
D. Manage change

68. Which of the following is an example of adverse factors relating to child mental health that are external to the individual?
A. Lack of appropriate parenting
B. Poor peer relationships
C. Poor educational attainment
D. All of the above

69. Young criminal offenders have significantly higher rates than non-offending peers of serious mental illness, problem substance use, educational failure, past abuse, and social isolation.
A. True
B. False

70. Evidence indicates that people with physical disorders, including neurological conditions, have mental health problems more often than physically healthy young people. One study concluded that the rates of mental health problems were 7 percent for physically well young people, ____ percent for young people with physical disorders, and ____ percent for young people with brain disorders including epilepsy.
A. 14; 36  
B. 12; 34  
C. 10; 32  
D. 8; 30

71. Chapter Eight: Emotional Problems
Emotional disorders in children are usually described in broad terms because:
A. Young people often present with a mixture of symptoms that include significant changes in mood and behavior
B. Presentations of emotional disorders vary with age and development
C. The mixture of symptoms varies considerably between young people
D. All of the above

72. The two broad types of emotional disorders are:
A. Depressive and panic disorders
B. Anxiety and mood disorders
C. Depressive and anxiety disorders
D. Panic disorders and adjustment disorders

73. Anxiety serves a biological function in ensuring survival, and the degree to which we experience and use anxiety is influenced by our genetic inheritance, temperament, and ________.
A. Environment
B. Social encounters
C. Physiological responses
D. Life experiences

74. Which of the following is NOT one of the four most common anxiety disorders in young people?
A. Panic disorder
B. Generalized anxiety
C. Separation anxiety
D. Phobic disorders

75. Separation anxiety is characterized by repeated, unrealistic, and preoccupying anxiety associated with actual or anticipated separation from a particular adult, and it affects ________ of children.
A. 8-10 percent
B. 6-8 percent
C. 4-6 percent
D. 2-4 percent

76. Simple phobias are common among children and do not usually require treatment, as long as they do not cause significant distress or dysfunction.
A. True
B. False
77. There may come a time in a young person’s life where he or she is no longer willing to attend school. All of the following are accurate statements about school refusal EXCEPT:

A. School refusal may manifest after a time of change at school or period of illness  
B. School refusal is more common in boys and usually occurs in the early elementary years  
C. The unwillingness to go to school is often expressed openly  
D. School refusal may be associated with anxiety symptoms or physical complaints such as headaches or stomach problems

78. School refusal is most appropriately managed by parents and a private therapist, away from the school environment.

A. True  
B. False

79. Young people experience generalized anxiety and tension that is not focused on one event or situation and that causes worry about past, present, and future performance. Studies indicate that the prevalence among young people is between ___________.

A. 3-6 percent  
B. 6-9 percent  
C. 9-12 percent  
D. 12-15 percent

80. Children with attachment disorders may be inappropriately friendly with everyone or they may not be able to form secure attachments at all. Studies indicate that cognitive behavioral family therapy is the most effective treatment for these disorders.

A. True  
B. False

81. Panic disorder in young people usually presents in mid to late teens and there is frequently a family history.

A. True  
B. False

82. Which of the following is an accurate statement about obsessive-compulsive disorder (OCD) in young people?

A. Counting rituals, magical thinking, and repetitive touching are usually the first signs of OCD in children  
B. Young people usually recognize that the content of their thoughts are excessive or irrational at an early age  
C. Treatment seems to be more effective for obsessions than compulsions  
D. Young people with OCD usually present with a long history, not uncommonly dating to preschool years

83. Although medication may help young people with OCD, long term outcome appears to be poorer than for young people with emotional disorders.

A. True  
B. False

84. There are several stages of grief recognized in normal reaction to bereavement. What discriminates between normal and abnormal may be if the young person experiences marked distress or greater than expected dysfunction, if one or more of the stages is prolonged, or if the young person experiences distressing emotions or negative cognitions unrelated to the death.

A. True  
B. False

85. Posttraumatic stress disorder (PTSD) occurs in young people in response to experiencing or witnessing events that caused a threat of death or serious harm. To diagnose PTSD, the response must involve at least one aspect of each of the following features EXCEPT:

A. Intense fear, helplessness, horror, or agitated behavior  
B. Repeated re-experience of the event through intrusive images, thoughts, repetitive or frightening dreams  
C. Overwhelming feelings of distress, worthlessness, sadness, and anger  
D. Persistent symptoms of arousal, irritability, and increased vigilance
86. PTSD symptoms are generally found in 30-40 percent of young people experiencing a natural disaster and between 40-50 percent in repeated sexual abuse.
A. True  B. False

87. **Chapter Nine: Behavioral Problems**
Which of the following is an accurate statement about temper tantrums, defiance, oppositionality, and impulsivity in preschool children?
A. These behaviors are usually shown by children of 12 months to two years  
B. During preschool years, aggressive behaviors are usually shown toward siblings or peers  
C. Risk factors for these behaviors include family disruption, inconsistent parental management, separation anxiety, and poor interpersonal relationships  
D. Verbal aggression is usually more common after five years of age and after four years, revenge and retaliation can be prominent acts of aggression

88. Parents need to respond to the behavior problems in their preschool children in a firm and aggressive manner, as not to reinforce the negative behavior.
A. True  B. False

89. After the age of three, children understand the concept of personal property and stealing, so intervention is warranted if this becomes a problem.
A. True  B. False

90. There are three distinct areas of sleep problems in young people—difficulty going to bed, nightmares, and night terrors and sleepwalking. Which of the following is NOT an accurate statement about these issues?
A. Sleep disorders affect approximately 10 percent of preschool children and 4 percent of five to nine year olds  
B. Night terrors are usually most common between the ages of three and five, and most children outgrow them  
C. When there are problems with getting a child to go to bed, it is usually part of a wider picture, which includes defiance in several areas  
D. There can be different cultural and family expectations that determine whether problems with the onset of sleep are presented to professionals or not

91. Pica is the persistent ingestion of substances that have no nutritional value, and can be associated with autism, schizophrenia, neglect, abuse, poverty, or parental mental illness.
A. True  B. False

92. Aggression is one of the most concerning and distressing behaviors in school-age children and adolescents. Which of the following is a true statement about factors that contribute to aggression?
A. Gender is a factor in that boys are reported to be more aggressive than girls and their aggression is likely to be less tolerated and more likely to be seen as pathological than in girls  
B. Children from smaller families are more likely to be more aggressive than those from large families  
C. Difficult temperament in infancy has been shown to be related to later aggressiveness  
D. All of the above
93. Young people who tend to be truant often report that they are bored with school, and those who spend their time away from school alone are at greater risk of becoming involved in criminality than those who spend their time in groups.
   A. True  B. False

94. Although many young people exhibit difficult or antisocial behavior at some time, the extent and severity to which difficult and antisocial behaviors are displayed and persist determine if the young person has a conduct disorder.
   A. True  B. False

95. All of the following are accurate statements about conduct disorders in young people EXCEPT:
   A. Diagnostic criteria for conduct disorder include persistence of the behavior difficulties for over one year
   B. Conduct disorder often coexists with depression and/or substance misuse
   C. Conduct disorders are classified as either unsocialized or socialized and may include bullying and fighting, property destruction, truancy, and persistent disobedience
   D. Risk factors include familial discord, poor physical health, and difficult temperament and personality

96. **Chapter Ten: Neurodevelopmental Disorders**
Neurodevelopmental disorders include genetic, environmental, and mixed disorders and they typically affect girls more frequently than boys.
   A. True  B. False

97. The core features of attention deficit hyperactivity disorder (ADHD) include inattention, hyperactivity, and:
   A. Poor concentration  C. Excessive talking
   B. Difficulty following instructions  D. Impulsivity

98. ADHD has consistently been found to be approximately three times more common in boys than girls, with a peak in childhood, and then reducing in adolescence.
   A. True  B. False

99. Which of the following is an accurate statement about risk factors associated with ADHD?
   A. Fifteen percent of children with traumatic brain injury have ADHD
   B. Biological parents of children with ADHD are more likely to exhibit ADHD or have a related disorder
   C. Siblings of children with ADHD are four to five times more likely to have ADHD than are normal controls
   D. Studies indicate that poor diet is a significant risk factor for ADHD

100. During assessment of ADHD, it is important to gather information from multiple sources including caregivers, teachers, parents, and whenever possible, the children or adolescents themselves.
    A. True  B. False
Multiple Choice
Identify the choice that best completes the statement or answers the question.

1. Controversy surrounds the use of psychostimulant medication for ADHD, and each of the following is an accurate statement about the use of medication to treat attention deficit hyperactivity disorder EXCEPT:
   a. The most commonly prescribed psychostimulant is Methylphenidate, which comes under a variety of names
   b. Effectiveness of medication may be limited by unwanted side effects including decreased appetite, agitation, nausea, and headaches
   c. Some studies indicate that the use of psychostimulants for ADHD may reduce the onset of substance use disorders in adolescence by 50%
   d. Up to 40% of children with ADHD show little or no response to psychostimulant medication

2. Although there appears to be a recent increase in the prevalence of autism, this may be due to a broadening of the definition or improved detection.
   a. True
   b. False

3. Which of the following is an example of the abnormal repertoire of interests or activities in the presentation of the symptoms of autism?
   a. Failure to form developmentally appropriate peer relationships
   b. Impairment of imaginative play
   c. Lack of spontaneous sharing of interests, achievements or enjoyments
   d. Adherence to rigid routine in daily activities

4. Early features that distinguish infants who later receive a diagnosis of autism include all of the following EXCEPT:
   a. Repeated failure to respond to their name being called
   b. Having an unusual response to at least two of the senses
   c. Sustained failure to distinguish a parent's voice
   d. Reduction in the use of language

5. Autism has a greater genetic basis compared with other mental health disorders in childhood and siblings of a child with autism have substantially higher rates of the disorder than the general population, which is approximately 7-10 percent.
   a. True
   b. False

6. A disorder that is characterized by impairment of social interaction and an abnormal repertoire of interests and activities, with no delay in cognitive development or the development of speech and language is:
   a. Asperger Syndrome
   b. Atypical Autism
   c. Childhood Disintegrated Disorder
   d. Rett’s Syndrome

7. In 2001, the National Research Council determined that __________________________ was the most beneficial and potent intervention for managing autism.
   a. Family support and advocacy
   b. Educating the child by teaching specific skills and behaviors
   c. Specific individual therapies
   d. None of the above
8. While there is no psychopharmacological treatment of autism, some autistic features such as aggression, anxiety, or repetitive behaviors can be managed with medication.
   a. True  
   b. False

9. **Chapter Eight: Self-Harm**
   Self-harm is a term that covers a variety of behaviors, and although self-harm in adolescence is common, most people who self-harm do not want to kill themselves. Approximately ______ percent of adolescents will self-harm at some point in their life, while ______ percent of adolescents report having suicidal thoughts at some time.
   a. 4-11 percent; 5-30 percent  
   b. 5-12 percent; 10-35 percent  
   c. 6-13 percent; 15-40 percent  
   d. 7-14 percent; 20-45 percent

10. Which of the following is NOT a risk factor associated with self-harm?
   a. Previous self-harm  
   b. Poor or inadequate coping skills  
   c. Male gender  
   d. School and peer problems

11. The physical severity of the self-harm is a good indicator of suicidal intent in adolescents.
   a. True  
   b. False

12. Which of the following is an accurate statement about suicide risk and suicide?
   a. The risk of suicide after deliberate self-harm lies between 0.54 percent and 5.3 percent depending on the population and type of study  
   b. Psychological postmortem studies of suicides show that a psychiatric disorder, usually psychosis, was present at the time of death in most adolescents  
   c. Depression, older age, and social isolation are among the factors that are most likely to be associated with higher rates of later suicide  
   d. All of the above

13. The authors recognize several therapies that have been used effectively to help adolescents with depression, anxiety disorders, and other mental health problems. Which of the following is NOT one of these therapies?
   a. Cognitive behavioral therapy  
   b. Problem solving therapy  
   c. Interpersonal therapy  
   d. Client centered therapy

14. While self-harm is a behavior that can occur in many different disorders and situations, it usually reflects acute distress, but not serious mental illness.
   a. True  
   b. False

15. **Chapter Twelve: Mental Health Disorders**
   The prevalence of depression in childhood is lower than for adolescence with rates around 2.5 percent, although twice the number may be significantly distressed.
   a. True  
   b. False

16. It is very common for young people with depression to also present with biological features and psychotic symptoms.
   a. True  
   b. False
17. Which of the following is an accurate statement about risk factors associated with depression?
   a. A perception of parents as over-protective appears to be related to low levels of mastery and higher levels of depression
   b. Prior to age 14 males report greater rates of depression, following which there is a reversal in gender rates
   c. Current evidence suggests that there is a neurochemical or hormonal basis for increased depression in females
   d. All of the above

18. Low self-perception about attractiveness and potential mates is linked to depression as well as to scholastic, athletic, or job domains.
   a. True
   b. False

19. Someone who is experiencing psychosis may have a range of signs or symptoms and these include all of the following EXCEPT:
   a. Auditory, visual, olfactory, or somatic hallucinations
   b. Reduced emotional activity
   c. Thought disorders including thought withdrawal, thought insertion, or thought blocking ideas
   d. Persecutory, self-denigratory, or grandiose delusions

20. It may be difficult to differentiate between a true psychosis and a marked derealization or depersonalization associated with acute anxiety or distress, and a single short episode of psychosis does not necessarily mean that the young person has either an affective disorder or schizophrenia.
   a. True
   b. False

21. Early intervention is essential for the management of psychosis in young people. Which of the following is NOT an accurate statement about managing psychosis?
   a. As well as addressing associated risk, early intervention may improve prognosis
   b. A person who is psychotic is likely to need hospital admission, but the facilities to admit acutely psychotic young people to specialist adolescent units may be very limited
   c. Antipsychotic medications are usually very effective with young people since their side effects rarely last beyond treatment
   d. A treatment plan should include ongoing family and community support, support in activities of daily living, and cooperation between the mental health team and front line professional

22. Bipolar disorder is common in early adolescence and the young person will usually present with a manic episode.
   a. True
   b. False

23. It may be clinically difficult to differentiate a manic episode of bipolar affective disorder from schizophrenia at the time of the first episode because of the nature of the presentation.
   a. True
   b. False
24. Schizophrenia may be seen as a collection of several disorders rather than one single disease or illness. Which of the following is a true statement about schizophrenia in young people?
   a. Schizophrenia is uncommon in early adolescence, but prevalence increases by late adolescence, especially in females
   b. In adults, the prevalence of schizophrenia is 3 percent internationally, but it is significantly less in children and adolescents
   c. Young people may present acutely in a psychotic state or less acutely with delusions, thought disorder, or hallucinations
   d. All of the above

25. Risk factors for schizophrenia include a family history, biochemical factors, and altered brain structure and function. According to the authors, other factors can trigger an episode or a relapse and these include stress, substance use, and _____________.
   a. Family communication
   b. Trauma
   c. Loss
   d. None of the above

26. The side effects of some of the medications used to manage psychotic illnesses tend to be more marked in young people and are significantly distressing, making compliance difficult.
   a. True
   b. False

27. Anorexia nervosa nearly always starts with a young person restricting dietary intake, and about twenty-five percent have been overweight before starting to diet.
   a. True
   b. False

28. All of the following are significant risk factors for the development of anorexia nervosa EXCEPT:
   a. Social pressure to conform to physical attractiveness and peer pressure
   b. Fear of growing up or developing physically
   c. Personality characteristics of overcompliance, perfectionism, and dependence
   d. Poor communication or self expression in the family

29. Complications of anorexia include muscle weakness, heart murmurs, tooth decay, bowel and kidney damage, coma, and death. Studies on the mortality rate of young people with anorexia suggest that it is between:
   a. 3-8 percent
   b. 5-10 percent
   c. 7-12 percent
   d. 9-14 percent

30. Directing therapy at a young person’s self-image, including body image and self-esteem, and helping to cope with peer influence is very important, and individual therapy is the treatment of choice for young people with anorexia nervosa under 15 years of age.
   a. True
   b. False

31. Bulimia often consists of binge eating or consumption of excessive amounts of high-calorie food over a short space of time. Bulimia is characterized by all of the following EXCEPT:
   a. A preoccupation with thinness or dieting
   b. Maintenance of normal weight
   c. Alternating episodes of calorie restriction, using appetite suppressants or diuretics
   d. Feeling out of control

32. It is difficult to be precise about the prevalence of substance use in young people since much of the information is self reported.
   a. True
   b. False
33. Which of the following is NOT an example of individual risk factors for problem substance use in young people?
   a. Psychiatric comorbidity  
   b. Genetic predisposition  
   c. Personality characteristics  
   d. Access and drug availability

34. A brief psychotherapeutic intervention which uses focused and goal directed approaches to bring about change in the person has proven successful in working with young people who misuse drugs and alcohol. This approach is known as:
   a. Solution-focused brief therapy  
   b. Interpersonal therapy  
   c. Motivational interviewing  
   d. None of the above

35. Family-based interventions can be highly effective in offering structured support to young people who are involved in substance abuse, and engagement of a family member in the delivery of any intervention is the single most positive prognostic factor.
   a. True  
   b. False

36. **Chapter Thirteen: Basic Interventions with Applicability in Primary Care Settings:**
   In treating young people with mental health problems, the first need is to decide which type of therapy is appropriate, whether it should be individual, group, or family based, and whether medication is required.
   a. True  
   b. False

37. Which of the following is an accurate statement about the use of behavior therapy with younger people?
   a. Behavior therapy works on the principle that the frequency of a given behavior can be increased or decreased by modifying stimuli that influence it  
   b. Behavior therapy can be used in a variety of conditions across the life span  
   c. Behavior therapy should be used to benefit the individual and not be used to allow others to exercise control  
   d. All of the above

38. Behavior therapy can be successfully implemented in primary care as well and in specialist service. Which of the following is NOT one of the four components in the implementation of behavior therapy?
   a. Engagement  
   b. Defining goals  
   c. Assessment of the behavior  
   d. Self-monitoring

39. When parents see changes in their children, they will likely see changes in attitude or level of respect before they will actually see changes in behavior.
   a. True  
   b. False

40. The simultaneous reward of desired behavior and extinction of undesired behavior, which may be used when the same behavior is desired in one setting but not another, is known as:
   a. Chaining  
   b. Differential reinforcement  
   c. Graded exposure  
   d. Overcorrection

41. Negative reinforcement is defined as the withdrawal of reinforcers in proportion to the degree of severity of the undesired behavior.
   a. True  
   b. False

42. Star charts are commonly used as a means of rewarding desired behavior in young children, and they should include all of the following characteristics EXCEPT:
   a. Star charts should be owned by the young person, who should be involved in their design and construction  
   b. They should be used for discrete and definable goals  
   c. They should include an obvious negative symbol for undesired behavior  
   d. Star charts should be accompanied by plenty of praise and positive comments
43. Anxiety management in children and adolescents consists of three components which can be delivered to the young person, parents, or both. These components include inducing physical relaxation, achieving mental relaxation, and:
   a. Psychoeducation  
   b. Correcting negative thoughts related to anxiety  
   c. Identifying anxiety producing events  
   d. None of the above

44. Cognitive therapy for aggression has been known to account for significant reductions in aggression in adolescents, particularly in combination with interpersonal therapies and problem-solving skills training.
   a. True  
   b. False

45. Young people with depression demonstrate very different systemic negative cognitions than those identified in depressed adults, so cognitive therapy is not likely to be effective.
   a. True  
   b. False

46. In implementing parenting programs, the facilitator should discuss principles and offer suggestions, but allow the parents to resolve their own issues within the family and to build their own skills.
   a. True  
   b. False

47. Which of the following is an accurate statement about counseling for children and adolescents?
   a. Counseling usually refers to support and advice from staff with less formal training than those who provide therapy  
   b. When a child experiences trauma such as abuse or parental separation, adults around them may think that it is sufficient for them to provide love and support, when what the young person really needs is counseling  
   c. Sometimes the perceived need for young people to be counseled can be a reflection of the uncertainties of the adults involved  
   d. All of the above

48. Solution-focused brief therapy is built on the premise that during conversations, there will be a shift from problem-domination to solution-orientation, thus enabling __________ in the client.
   a. Development  
   b. Hope  
   c. Competence  
   d. Self-efficacy

49. Each of the following is a basic assumption of solution-focused brief therapy EXCEPT:
   a. Successful work depends on knowing what the client wants to achieve  
   b. Attempts to understand the causes of a problem and necessary steps toward resolution  
   c. Even if a problem seems not to have a resolution, there are always times when the client can find a solution  
   d. The client will be able to ascertain when the problem has been resolved

50. Context questions can be useful in allowing the client to develop a clear focus on how far they have progressed toward meeting their goals.
   a. True  
   b. False

51. Motivational interviewing, which was developed to treat substance abuse, consists of five recognized stages. In the __________, the user begins to recognize that they have problems but may be unsure and ambivalent about whether change is required and how to bring about change.
   a. Precontemplation phase  
   b. Determination phase  
   c. Assessment phase  
   d. Contemplation phase
52. In motivational interviewing, the client needs to be aware of the consequences of their behavior because a discrepancy between present behavior and important goals should motivate change.
   a. True   b. False

53. One motivational interviewing strategy recommends drawing up a balance outcome table which outlines current benefits and concerns along with change benefits and concerns.
   a. True   b. False

54. **Chapter Fourteen: Specialist Treatment Strategies**
   Insight-directed therapies assist young people in addressing personal issues in the context of social relationships, and while they provide explanation, they don’t necessarily enhance understanding.
   a. True   b. False

55. When a professional is getting ready to assess whether or not a young person could benefit from therapy, he or she should assess all of the following EXCEPT:
   a. The young person’s ability to make use of therapy
   b. The identifiable goals of treatment
   c. The plan for the delivery of therapy
   d. The support available to the child by family or other support networks during therapy

56. Interpersonal psychotherapy (IPT) is based on the principle that emotional disorders occur in an interpersonal context. Which of the following is an accurate statement about IPT?
   a. IPT with young people focuses on grief, role disputes, role transitions, interpersonal deficits, and single parent families
   b. IPT was originally developed to help people with anxiety disorders
   c. In IPT, it is believed that a person’s mood disorder is intimately associated with past relationships
   d. The two broad goals of IPT are education about the mood disorder and treatment and prognosis

57. Psychodynamic and psychoanalytic therapies may be useful for young people who have experienced difficulties with life events or situations and mood disorders, and they can be used as front-line management strategies.
   a. True   b. False

58. Play therapy is used to give children a vast array of means of expression so that the child may:
   a. Express thoughts and feelings
   b. Explore concepts and fantasies
   c. Enhance understanding
   d. All of the above

59. All of the following are the accurate statements about family therapy and family-based interventions EXCEPT:
   a. It is unusual to have a treatment plan for a young person that does not take the family into account as a significant factor
   b. More recently, family therapy has begun to emphasize the development of new perspectives within the family to help the members find new ways of being together
   c. In family therapy, there is an emphasis on each family members’ interactions with their inner world
   d. Studies suggest that family therapy is often most effective when used as part of a multi-model approach to a particular problem

60. Multisystemic therapy (MST) is an intervention that works within all available systems in which the young person functions, and it is generally delivered in the home and community.
   a. True   b. False
61. In a primary health setting, a professional may offer a different perspective on a situation, which concentrates on a family’s strengths, and this is known as ____________.
   a. Redefining  
   b. Reframing  
   c. Redirecting  
   d. Renegotiating

62. When using medication correctly with young people, it is usually appropriate to combine a pharmacological intervention with some form of therapy. The successful use of medication depends on all of the following EXCEPT:
   a. A thorough assessment and explanation of the reason to use medication  
   b. Explanation of how long the young person will need medication and why  
   c. Willingness to discuss other available options  
   d. Review of benefits, research, and statistics on success rates to share with the young person and the family

63. The anxiolytics generally used to treat anxiety and OCD include:
   a. Clonazepam and buspirone  
   b. Citalopram and imipramine  
   c. Risperidone and clozapine  
   d. Atomoxetine and olanzapine

64. Fluoxetine is an antidepressant that may also be used for panic disorder, and it is licensed for use in younger children with OCD.
   a. True  
   b. False

65. Two antipsychotics that have high rates of efficacy and a low side-effect profile are quetiapine and ____________.
   a. Clozapine  
   b. Chlorpromazine  
   c. Resperidone  
   d. None of the above

66. Methylphenidate, the most commonly used drug treatment of choice for ADHD, is reportedly effective in ________ cases of ADHD.
   a. 80%  
   b. 70%  
   c. 60%  
   d. 50%

67. When a young person is experiencing psychotic depression, the psychosis should be treated before the depression.
   a. True  
   b. False

68. Tricyclic antidepressants are often used in young people because they have fewer side-effects and less toxicity in overdose than selective serotonin reuptake inhibitors.
   a. True  
   b. False

69. Typical antipsychotics are used to treat young people and they have a rapid effect on the symptoms of acute psychosis such as hallucinations and delusions. Side effects of typical antipsychotics include all of the following EXCEPT:
   a. Spasms and stiffness of joints   
   b. Dry mouth and blurred vision  
   c. Sedation and behavioral disinhibition  
   d. Fainting and dizziness

70. Mood stabilizers are used to control mania and depression in bipolar affective disorder, and the most commonly used of these medications is carbamazepine.
   a. True  
   b. False

71. Sometimes young people may benefit from a residential program such as a therapeutic community so that they may access appropriate counseling, self-help groups, and/or family therapy in a structured environment.
   a. True  
   b. False
72. **Chapter Fifteen: Legal Aspects Relevant to Young People and Mental Health**

Principles of good practice indicate that professionals ensure that children have the right to:

a. Be looked after appropriately without discrimination
b. Develop their full potential
c. Express their opinions without fear
d. All of the above

73. Some of the benefits of using principles from the Children Act of 1989 when mental illness is present is that it provides specific powers to enforce treatment and provides safeguards for the rights of detained patients.

a. True  
b. False

74. The authors describe common law as a term used when there is an exception on professionals and the general public to act in another’s best interest in circumstances where legislation either does not exist or cannot be implemented swiftly to prevent serious harm.

a. True  
b. False

75. Under the Mental Health Act of 2007, general principles for formal admission include all of the following EXCEPT:

a. Keep the young person and parents informed at all times
b. Use the most restrictive intervention possible to ensure safety
c. Consider if admission or treatment is needed but refused by the young person or parent
d. The decision process for young people and adults is the same