Child & Adolescent Psychiatry Alerts 2018 Self-Assessment Module 2: Peer Comparison

You recently participated in an ABPN-approved Self-Assessment activity relevant to your specialty and/or subspecialty. This peer comparison report provides you with feedback on your performance, relative to your peers, on the test module. In order to recognize your current knowledge base and to identify specific topics where further study may be needed, please review your answers to the following questions and compare them with those of your peers.

1) Like other eating disorders, avoidant restrictive food intake disorder (ARFID) is driven by body-image distortion and fear of weight gain.

True	0.00 %
False	100.00 %

2) In an uncontrolled retrospective study of olanzapine in 9 patients with ARFID, the study patients gained a mean of 16 lbs and _____ BMI point(s) at discharge.

1	0.00 %
2	0.00 %
3	100.00 %
4	0.00 %

3) All of the study patients had a comorbid psychiatric disorder diagnosis on admission. By the time of discharge, patients and their families reported significant improvement in _____ symptoms.

Depressive	0.00 %
Anxiety	0.00 %
Depressive and anxiety	100.00 %

4) For children with Tourette syndrome who require treatment, _____ is highly effective and should be considered as first-line therapy.

Family-focused therapy	0.00 %
Emotion-focused therapy	0.00 %
Interpersonal therapy	0.00 %
Comprehensive behavioral intervention for tics	100.00 %

5) According to recommendations based on published research and clinical guidelines from Canada and Europe, _____ are appropriate first-line pharmacotherapy for Tourette syndrome.

Clonidine and guanfacine	100.00 %
Baclofen and risperidone	0.00 %
Aripiprazole and valbenazine	0.00 %
All of the above	0.00 %

6) Baclofen should be considered second-line pharmacotherapy for children with Tourette's. _____ has/have also shown promising results.

Tetrabenazine	20.00 %
Deutetrabenazine	0.00 %
Both drugs	80.00 %

7) According to a review of treatment guidelines and the limited research literature, antidepressant treatment, if response is achieved, should be continued for 9-12 months in children and adolescents with depression and for _____ months for those with anxiety disorders.

3-6	0.00 %
6-9	100.00 %
8-10	0.00 %
9-12	0.00 %

8) Factors associated with a lower likelihood of response or remission in long-term treatment of depression in children and adolescents include non-response to acute therapy and:

More prior depressive episodes	0.00 %
Residual symptoms after treatment and female gender	0.00 %
Greater family levels of expressed emotion and perceived family conflict	0.00 %
All of the above	100.00 %

9) There is currently no known evidence suggesting harm from long-term use of SSRIs in the absence of adverse effects.

True	100.00 %
False	0.00 %

10) In a large randomized trial, multisystemic therapy (MST) showed _____ advantage over usual care in adolescents with antisocial behavior.

No	100.00 %
A moderate	0.00 %
A large	0.00 %

11) In this study, MST had _____ effect on the rate of out-of-home placements at 18 months.

No	100.00 %
A moderate	0.00 %
A large	0.00 %

12) According to a medication treatment algorithm for children and adolescents at high risk for bipolar disorder, in patients with unipolar depression and a history of antidepressant-induced mania, first-line treatment should be:

Atomoxetine	0.00 %
Citalopram	10.00 %
Quetiapine	10.00 %
Lamotrigine	80.00 %

13) According to the algorithm, in patients with bipolar disorder NOS and comorbid ADHD, first-line treatment should be:

Methylphenidate	0.00 %
Mixed amphetamine salts	11.11 %
Either drug	88.89 %