

Child & Adolescent Psychiatry Alerts 2018 Self-Assessment Module 6: 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) In a nationwide longitudinal study, adolescents and young adults with ADHD _____ an increased incidence of type 2 diabetes compared with controls.

Had	100.00 %
Did not have	0.00 %

2) Study subjects with ADHD had an increased prevalence of ADHD-related comorbidities, with hazard ratios ranging from 1.9 to 10.8 for:

Hypertension and dyslipidemia	0.00 %
Obesity and hypertension	0.00 %
Dyslipidemia, obesity, and hypertension	100.00 %

3) A study of families with boys who had a diagnosis of conduct disorder found that high levels of callous-unemotional (HCU) traits in the child can have a substantial negative impact on family functioning.

True	100.00 %
False	0.00 %

4) Compared with families of children with lower levels of callous-unemotional (LCU) traits, families that included a child with HCU traits showed poorer levels of:

Affective involvement	0.00 %
General functioning	0.00 %
Role functioning	11.11 %
All of the above	88.89 %

5) According to a literature review of pharmacotherapy for school refusal in children and adolescents, the limited data indicate that pharmacotherapy can be a useful adjunct to psychological therapy in children with comorbid:

Depression only	0.00 %
ADHD	0.00 %
Depression and ADHD	0.00 %
Anxiety or depression	100.00 %

6) Although data on pharmacotherapy for school refusal are sparse and newer antidepressants do not appear to have been evaluated, the authors suggest that combined pharmacotherapy and psychosocial treatment may be warranted because of the serious nature of school refusal, along with the fact that children with _____ make up a large subset of school refusal patients.

ADHD	0.00 %
Depression	0.00 %
Anxiety	100.00 %
All of the above	0.00 %

7) A systematic review of recent studies found _____ evidence to provide guidance on use of nonpharmacological interventions for ADHD.

Significant	0.00 %
Little	100.00 %
No	0.00 %

8) Evidence in this review suggested that in addition to improvements in ADHD symptoms, cognitive behavioral therapy may alleviate:

Anxiety	0.00 %
Depression	0.00 %
Oppositional-defiant and conduct-disorder symptoms	0.00 %
All of the above	100.00 %

9) In a preliminary study of a brief, parent-only group cognitive behavioral training for children with anxiety disorders, parents in the intervention group reported significant improvement in:

Family functioning	0.00 %
Their child's emotional symptoms	11.11 %
Their own depression	0.00 %
All of the above	88.89 %

10) Clinicians reported that children whose parents underwent the training showed significant improvement in Child Global Assessment scores, compared with controls. Outcomes did not differ, however, between the groups on child self-report measures.

True	88.89 %
False	11.11 %

11) In a study in adolescents hospitalized for a psychiatric emergency, an intensive, community-based treatment to integrate them into outside life (supported discharge services [SDS]) was associated with _____ in the following 6 months.

Improved functioning	0.00 %
Increased self-harm	0.00 %
Reduced hospital use	100.00 %
All of the above	0.00 %

12) SDS was associated with a marked difference in the rate of multiple incidents of self-harm, compared with usual care. Adolescents in the SDS group were _____ likely than the usual-care group to have returned to school at the end of 6 months.

Less	0.00 %
More	100.00 %