

M.J. Powers & Co. Continuing Education
CHILD & ADOLESCENT PSYCHIATRY ALERTS

Target Audience

This activity is intended for physicians and other healthcare providers who are involved with or have an interest in the diagnosis and management of child and adolescent psychiatric disorders.

Learning Objectives

- Integrate into clinical practice findings from new diagnostic and therapeutic studies.
- Determine appropriate patient evaluation and treatment selection for child and adolescent psychiatric and behavioral disorders.
- Discuss developmental risk factors and comorbid disorders and how they affect outcomes.
- Plan strategies for early intervention to improve outcomes.
- Appropriately prescribe medications or other therapeutic interventions.
- Recognize and implement new approaches to the treatment of child and adolescent psychiatric and behavioral disorders.

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Upon completing this activity as designed and achieving a passing score of 70% or higher on the post-test examination, participants will receive a letter of credit awarding *AMA PRA Category 1 Credit(s)*[™] and the test answer key four (4) weeks after receipt of the post-test and registration/evaluation form.

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1. Read the learning objectives and review *Child & Adolescent Psychiatry Alerts*, Volume XX, July 2018 through December 2018 (6 issues), and complete the post-test.
2. Complete the enclosed registration/evaluation form and record your test answers in the boxes using either pen or pencil.
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Disclosure Declarations

Kate Casano has no relevant financial relationships.

Trish Elliott has no relevant financial relationships.

Donna Foehner has no relevant financial relationships.

Tara Hausmann has no relevant financial relationships.

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CHILD & ADOLESCENT PSYCHIATRY ALERTS

1. Sensory integration (SI) therapy is a therapeutic physical activity that uses controlled sensory inputs to focus a patient's attention. SI therapies include:

- A. Coordination, sensory, and balance trainings
- B. Activity and occupational therapies
- C. Sensory-motor training
- D. All of the above

7/18, pgs. 37–38

2. While some parents of children with ADHD may prefer SI therapy to the more cumbersome recommended multimodal therapy, according to the results of a population-based study, they should be advised that without behavioral management and/or pharmacotherapy, SI therapy alone may worsen their child's long-term outcome.

- A. True
- B. False

7/18, pgs. 37–38

3. In the study, rates of all of the following *except* _____ were significantly higher over up to 9 years of follow-up in children who received SI therapy than in a propensity-score matched group of children who did not.

- A. Conduct disorder
- B. Emotional disturbances
- C. Schizophrenia
- D. Adjustment disorder

7/18, pgs. 37–38

4. Benefits of extended-release oral amphetamine suspension (*Dyanavel XR*) include:

- A. Easy ingestion
- B. Individualized dosing
- C. Rapid onset, followed by ≥ 12 hours of clinical effects
- D. All of the above

7/18, pgs. 38–39

5. In a laboratory-classroom-based study, extended-release oral amphetamine suspension produced positive effects that were similar to those reported with other long-acting stimulants; however, one-fourth of patients who received the agent reported:

- A. Headache
- B. Decreased appetite
- C. Dry mouth
- D. Insomnia

7/18, pgs. 38–39

6. In a group of high-risk adolescents comprised mainly of girls with emerging borderline personality disorder, dialectical behavior therapy (DBT) was more effective than manualized individual and group supportive therapy (IGST) at reducing _____ during 6 months of treatment.

- A. Suicide attempts
- B. Nonsuicidal self-injury and self-harm
- C. Suicidal ideation
- D. All of the above

7/18, pgs. 39–40

7. In the study, participants in the DBT group had higher rates of treatment completion, attended more sessions, and spent more weeks in treatment than those in the IGST group; between-group differences in outcomes _____ accounted for by these differences in treatment exposure.

- A. Were
- B. Were not

7/18, pgs. 39–40

8. According to results of a meta-analysis, a wide range of universal interventions improve self-regulation. While most intervention types had similar effects, the effect size was largest for interventions that were based on:

- A. Yoga or mindfulness
- B. Exercise
- C. Social/personal skills
- D. Family activities

7/18, pgs. 40–41

9. Improvements in self-regulation did not translate to improved academic, health, or behavioral outcomes.

- A. True
- B. False

7/18, pgs. 40–41

10. While the analysis provides evidence for a range of interventions, _____-based programs might be more feasible to provide than others.

- A. School-curriculum
- B. Family
- C. Community
- D. Yoga

7/18, pgs. 40–41

11. In a group of antipsychotic-naïve children and adolescents newly started on an atypical antipsychotic for aggression, improvements in irritability, aggression, and overall symptoms were similar with olanzapine, risperidone, and aripiprazole.

- A. True
- B. False

7/18, pgs. 41–42

12. Metabolic changes, including increases in total body fat and decreased insulin sensitivity, affected patients who received any of the 3 study medications. However, these changes were greatest with:

- A. Aripiprazole
- B. Risperidone
- C. Olanzapine
- D. None of the above

7/18, pgs. 41–42

13. During the 12 weeks of study treatment, diabetes did not develop in any of the 144 study patients, but _____ did show impaired fasting glucose levels.

- A. 140
- B. 62
- C. 27
- D. 9

7/18, pgs. 41–42

14. The proprietary delivery system of a new extended-release methylphenidate formulation (*Jornay PM*) delays initial methylphenidate release for up to _____ hours, followed by a controlled release throughout the day.

- A. 2
- B. 3
- C. 6
- D. 10

8/18, pg. 43

15. An NIMH-funded intervention, As Safe As Possible (ASAP), was developed to address a critical gap in clinical care between hospital discharge and outpatient care, when risk of suicide is high. The ASAP program pairs several inpatient modules with use of a post-discharge:

- A. Group therapy schedule
- B. Smartphone app
- C. Nutrition program
- D. Music therapy class

8/18, pgs. 43–44

16. In a preliminary study, which comprised 66 adolescents, ASAP was numerically but not statistically superior to treatment as usual at reducing suicide attempts (16% vs 31%) and at:

- A. Prolonging the time to the next attempt
- B. Reducing anxiety symptoms
- C. Increasing time in school
- D. All of the above

8/18, pgs. 43–44

17. Results of a literature review suggest that suicide prevention programs can have unintended negative consequences in young patients, but they are uncommon and do not outweigh the benefits of the programs.

- A. True
- B. False

8/18, pgs. 44–45

18. Potential negative consequences may include _____; there is also the potential for adverse consequences when there are insufficient resources to help young people identified as at risk.

- A. An increase in maladaptive attitudes related to suicide or help-seeking
- B. Increased distress associated with screening questions
- C. A possible contagion effect
- D. All of the above

8/18, pgs. 44–45

19. An internet-delivered CBT program for OCD, BIP OCD, uses computer-delivered text, films, illustrations, and exercises focusing on psychoeducation, exposure with response prevention, and relapse prevention. The intervention uses about _____ the amount of therapist time as face-to-face CBT.

- A. Three-times
- B. Twice
- C. One-third
- D. One-quarter

8/18, pgs. 45–46

20. In a pilot study of BIP OCD in 11 children (mean age, 9.5 years) with OCD, all participants completed treatment and experienced a mean decrease in CY-BOCS score from 21 pretreatment to 10 post-treatment. Modest _____ in CY-BOCS score were seen at the 3-month follow-up.

- A. Additional decreases
- B. Increases

8/18, pgs. 45–46

21. In a large cohort study in Medicaid-insured young people, current atypical antipsychotic use was associated with an increased risk of cardiovascular events, relative to former use. Higher doses _____ confer greater risk.

- A. Did
- B. Did not

8/18, pg. 46

22. In this study, during atypical antipsychotic exposure, concomitant use of a/an _____ was associated with increased cardiovascular risk compared with non-use.

- A. Stimulant medication
- B. Benzodiazepine
- C. SSRI or SNRI
- D. Tricyclic antidepressant

8/18, pg. 46

23. In a randomized trial, omega-3 fatty acid monotherapy _____ significantly more effective than placebo in adolescents with depression, a finding that contrasts the few prior studies in pediatric depression.

- A. Was
- B. Was not

8/18, pg. 47

24. In a randomized trial, RETHink—an online therapeutic video game based on 2 evidence-based interventions that focus on _____—reduced emotional problems and depression in a randomized trial of healthy children and adolescents.

- A. Cultivating rational beliefs to replace irrational ones
- B. Fostering positive emotions
- C. Fostering positive social behaviors
- D. All of the above

8/18, pgs. 47–48

25. Compared with other study treatments, participants who played the RETHink game demonstrated greater improvement in awareness and relationship problems, but there were no between-group differences in:

- A. Prosocial behavior
- B. Suicidal ideation
- C. School attendance
- D. All of the above

8/18, pgs. 47–48

26. In a preliminary study of intravenous ketamine in adolescents with resistant depression, study patients who received ideal-body-weight dosing all failed to achieve response.

- A. True
- B. False

9/18, pgs. 49–50

27. Of the study patients who received actual-body-weight dosing, 5 met response criteria, and _____ of those 5 achieved remission.

- A. 2
- B. 3
- C. 4
- D. 5

9/18, pgs. 49–50

28. Significant predictors of response in this study were body mass index and:

- A. Gender
- B. History of suicide attempts
- C. Actual ketamine dose
- D. All of the above

9/18, pgs. 49–50

29. A clinical trial found that asenapine significantly reduced Young Mania Rating Scale scores in young patients with bipolar disorder. A post-hoc analysis, undertaken to evaluate predictors of treatment outcome, indicates that asenapine efficacy is not influenced by:

- A. Type of current bipolar episode
- B. Number of previous episodes
- C. Body weight
- D. All of the above

9/18, pgs. 50–51

30. Asenapine efficacy was generally similar in all study groups, except for those in the lowest weight category who received the highest study dose, in whom improvements were:

- A. Larger
- B. Smaller

9/18, pgs. 50–51

31. In a placebo-controlled pilot study of D-cycloserine (DCS) to enhance the efficacy of intensive CBT in adolescents with panic disorder, the addition of DCS did not increase rates of:

- A. Adverse effects
- B. Recovery
- C. Response
- D. Recovery and response

9/18, pg. 51

32. The addition of DCS increased the speed of improvement and increased patient satisfaction.

- A. True
- B. False

9/18, pg. 51

33. In a controlled pilot study, adjunctive tDCS in adolescents with anorexia nervosa improved weight gain. Within the group that received tDCS, increases in BMI were correlated with improvement in measures of global psychological maladjustment and interpersonal problems, which may suggest tDCS improves _____ linked to maladaptive food behavior.

- A. Distorted perceptions
- B. Neural pathway disturbances
- C. Cognitive symptoms

9/18, pg. 52

34. In an evaluation of 4 screening instruments for adolescent depression, information on anxiety and substance use collected using the screening tools appears to help identify adolescents who are at risk for poor outcomes of collaborative care and may require additional resources to achieve sustained remission.

- A. True
- B. False

9/18, pgs. 52–53

35. Results of a comprehensive synthesis of clinical-trial data confirm _____ as the first-line choice for children and adolescents with ADHD.

- A. Amphetamines
- B. Bupropion
- C. Guanfacine
- D. Methylphenidate

9/18, pgs. 53–54

36. Although _____ was/were found to have the best efficacy, the advantage over methylphenidate was slight and offset by discontinuation/tolerability issues.

- A. Guanfacine
- B. Amphetamines
- C. Bupropion and guanfacine
- D. Clonidine

9/18, pgs. 53–54

37. A 16-year-old boy experienced symptoms of secondary Raynaud’s phenomenon 1 week after being started on lisdexamfetamine. No physical cause was uncovered with screening for collagen diseases. Because secondary Raynaud’s has been described with _____, lisdexamfetamine was stopped.

- A. Lisdexamfetamine
- B. Atomoxetine
- C. ADHD
- D. Other stimulants

10/18, pg. 55

38. In a population-based study, a history of ADHD was associated with a >2-fold increased risk of:

- A. Parkinson’s disease
- B. Diseases of the basal ganglia
- C. Diseases of the cerebellum
- D. All of the above

10/18, pgs. 55–56

39. In this study, risk was further increased in the ADHD cohort by use of stimulants overall, and in particular:

- A. Lisdexamfetamine
- B. Dextroamphetamine
- C. Methylphenidate
- D. Lisdexamfetamine and dextroamphetamine

10/18, pgs. 55–56

40. Risk was also more pronounced for basal ganglia and cerebellum disorders:

- A. Before age 20 years
- B. Before age 50 years
- C. After age 50 years
- D. After age 60 years

10/18, pgs. 55–56

41. In a laboratory test of risk-seeking behavior, adolescent boys with conduct disorder made significantly _____ risky choices than healthy boys, with a large effect size.

- A. Fewer
- B. More

10/18, pgs. 56–57

42. In this study, girls with conduct disorder _____ more risky choices than control females.

- A. Did not make
- B. Made

10/18, pgs. 56–57

43. In a naturalistic treatment study of add-on rTMS for inpatients with a DSM-IV mood or anxiety disorder, _____ had significant improvement in depression and anxiety symptoms at 2- and 4-week follow ups.

- A. The adolescent patients (under age 18 years)
- B. The adult patients (aged 18–59 years)
- C. The older patients (aged 60 years or older)
- D. All of the above

10/18, pgs. 57–58

44. In this study, decreases in HAM-D and HAM-A scores were significantly larger in:

- A. The older adults than the younger groups
- B. Adults than the younger and older age groups
- C. Adolescent than older age groups

10/18, pgs. 57–58

45. Compared with the other groups, the _____ had significantly higher rates of HAM-D and HAM-A response and remission.

- A. Adolescents
- B. Adults
- C. Older adults

10/18, pg. 57–58

46. In a randomized, controlled trial, internet-delivered cognitive behavioral therapy (ICBT) was an effective treatment for pediatric:

- A. Depression
- B. OCD
- C. Anxiety disorders
- D. ADHD

10/18, pgs. 58–59

47. In this study, ICBT was associated with greater improvement, compared with control treatment, in both clinician-rated functional impairment and parent-rated child anxiety symptoms.

- A. True
- B. False

10/18, pgs. 58–59

48. ICBT is not recommended as a substitute for face-to-face therapy; it appears to be an acceptable alternative to increase access for young patients:

- A. With mild-to-moderate anxiety disorders
- B. Without access to trained therapists
- C. Both of the above

10/18, pgs. 58–59

49. In a crossover study, treatment with the investigational dopamine D₁ receptor antagonist ecopipam resulted in reduced symptoms of Tourette syndrome in children and adolescents. According to Clinical Global Impression-Severity ratings, the proportion of patients severely affected decreased from 98% at baseline to _____% after ecopipam treatment.

- A. 80
- B. 76
- C. 55
- D. 48

10/18, pgs. 59–60

50. Unlike D₂ receptor antagonists, ecopipam did not cause _____ in this study.

- A. Insomnia or weight loss
- B. Weight gain
- C. Movement disorders
- D. Weight gain or movement disorders

10/18, pgs. 59–60

51. A safety study of extended-release guanfacine in children and adolescents with ADHD examined the effects of dosages of up to 7 mg/day (higher than previously reported) over a course of 2 years. The study specifically examined which of the following effects that were identified as important:

- A. Sedative events, low blood pressure, weight gain
- B. Weight loss and elevated blood pressure
- C. Insomnia, weight loss, and tics
- D. Tics, weight gain, and elevated blood pressure

11/18, pgs. 61–62

52. In this study, a sedative event occurred in 38% of patients and led to discontinuation in 2 patients. These events typically occurred during treatment week 3 or 4 and had a mean duration of:

- A. 11 days
- B. 16 days
- C. 25 days
- D. 3 months

11/18, pgs. 61–62

53. No patient experienced clinically important QTc interval prolongation; and _____ patients remained in their initial BMI percentile.

- A. Only 5
- B. Half
- C. Most
- D. All

11/18, pgs. 61–62

54. In a pilot study of an online version of emotion regulation individual therapy for adolescents (ERITA), study subjects experienced a 55% reduction in nonsuicidal self-injury episodes from pre- to posttreatment and a further reduction of _____% from posttreatment to the 3- and 6-month follow-up.

- A. 19
- B. 26
- C. 38
- D. 52

11/18, pgs. 62–63

55. During the course of the study, patients also experienced improvement in:

- A. Emotion regulation
- B. Global functioning
- C. Psychological flexibility
- D. All of the above

11/18, pgs. 62–63

56. Parent-Child Interaction Therapy, with an added novel emotion development module (PCIT-ED), was effective in a single-blind randomized trial in young children (aged 3–6 years) with depression. Important advantages of PCIT-ED include that the treatment is low risk and:

- A. Relatively brief
- B. Manualized
- C. Can be delivered by master's level therapists
- D. All of the above

11/18, pg. 63

57. Results of a network meta-analysis of structured psychotherapies for acute anxiety disorders in children indicate that _____ is more effective than all control conditions and other psychotherapies.

- A. Individual behavioral therapy with parent involvement
- B. Group cognitive behavioral therapy (CBT)
- C. Bibliotherapy CBT
- D. Individual CBT

11/18, pgs. 64–65

58. The results provide some support for the suggestion that group therapies might be the best initial therapy for anxiety disorders in children and adolescents and that therapies requiring a certain level of cognitive maturity may be _____ effective in children than adolescents.

- A. More
- B. Less

11/18, pgs. 64–65

59. Results of a meta-analysis suggest that all 3 subtypes of conduct problems—early onset persistent (EOP), adolescent-onset (AO), and childhood limited (CL)—are associated with poorer psychosocial outcomes in early adulthood, compared with individuals without conduct problems. For nearly all outcomes in the analysis, the _____ subtype had the highest risk of poor result.

- A. AO
- B. CL
- C. EOP

11/18, pg. 65–66

60. In this analysis, the _____ subtype had the highest odds ratio for cannabis use.

- A. AO
- B. CL
- C. EOP

11/18, pgs. 65–66

61. The more recently described CL type is believed to be associated with near-zero levels of problem behavior by adolescence or adulthood; however, the present analysis suggests that some problems with educational outcomes and _____ do persist into early adulthood.

- A. Depression
- B. Aggression
- C. Language development
- D. All of the above

11/18, pgs. 65–66

62. An analysis of ADHD diagnosis and treatment in school-aged children found rates to be higher in children with a birthday in the month _____ the cutoff date for kindergarten entry.

- A. Before
- B. After

12/18, pgs. 67–68

63. In states with a September 1 kindergarten entry cutoff, rates of ADHD diagnosis and treatment were >30% higher in August-born children than in those born in September. In states that did not have a September 1 cutoff, the differences were smaller and not statistically significant. There were also no significant differences in diagnosis or treatment rates between any other consecutive pairs of months or in August vs September birth groups before school-entry age.

- A. True
- B. False

12/18, pgs. 67–68

64. These observations suggest that a child's _____ should be considered when determining if behaviors reported by parents or teachers are indicative of ADHD.

- A. Familial birth order
- B. IQ and reading level
- C. Enrollment in academic preschool classes
- D. Age relative to their classmates

12/18, pgs. 67–68

65. According to the results of a large cohort study in Taiwan, early childhood traumatic brain injury is associated with subsequent:

- A. Developmental delays
- B. Autism spectrum disorder
- C. ADHD
- D. All of the above

12/18, pg. 68

66. The study found risk to be particularly elevated in children injured before age 1 year and in those:

- A. With repeated TBIs
- B. Born pre-term
- C. Hospitalized following the TBI
- D. None of the above

12/18, pg. 68

67. Although the mechanism underlying the association between TBI and neurodevelopmental disorders is unclear, MRI studies have shown alterations in cortical thickness and activation following brain injury.

- A. True
- B. False

12/18, pg. 68

68. A longitudinal study that followed a cohort of >4400 children found trauma during childhood or adolescence was associated with the occurrence of psychotic experiences in early adulthood. The analysis identified several significant mediators of the relationships between trauma and psychotic experiences, which included all of the following *except*:

- A. Gender
- B. Advanced maternal age
- C. Parental drug use
- D. Low family income

12/18, pgs. 69–70

69. The study examined multiple types of trauma (i.e., physical, sexual or emotional abuse, emotional neglect, domestic violence, bullying) and found all types to be associated with later psychosis. However, the association was significantly stronger in those who experienced _____ than other types of trauma.

- A. Bullying
- B. Emotional neglect
- C. Physical abuse
- D. None of the above

12/18, pgs. 69–70

70. Risk of psychotic experiences increased with the number of different types of trauma experienced. Children who experienced 1 form of trauma had a nearly 2-fold increase in risk while risk was increased more than _____ in those who experienced ≥ 3 types of trauma.

- A. 3-fold
- B. 4-fold
- C. 5-fold
- D. 10-fold

12/18, pgs. 69–70

71. In clinical practice, use of immediate-release methylphenidate products has largely been replaced by modified-release preparations. The primary distinguishing factors between the modified-release agents include the percentage of the dose that is immediate-release, the proportion of active ingredient released in the first 3 hours, and the:

- A. Water solubility of the delivery medium
- B. Effects of food on absorption
- C. Time to peak concentration
- D. All of the above

12/18, pgs. 70–71

72. Among the currently available intermediate- and long-acting methylphenidate preparations, time to peak concentration (a surrogate for the duration of effects) is longest for:

- A. *Metadate ER*
- B. *Aptensio*
- C. *Quillichew ER*
- D. *Daytrana*

12/18, pgs. 70–71

73. A recently approved evening-dose methylphenidate formulation (*Jornay PM*) is designed to delay the first pulse of drug release until _____ hours after ingestion, followed by extended release during the day.

- A. 4
- B. 8
- C. 10
- D. 12

12/18, pgs. 70–71

74. In a population-based cohort study, high sucrose consumption was associated with an increased prevalence of ADHD in 6-year-old boys, but not in girls or those with ADHD onset in later childhood. The study results indicate that higher sugar consumption is a consequence of ADHD because a causal association is not biologically plausible.

- A. True
- B. False

12/18, pgs. 71–72

75. A series of national polls of U.S. adolescents found elevated use of electronics (i.e., ≥ 3 hours/day) has a dose-related association with psychological distress. It is possible that psychological distress drives increased screen time as a coping mechanism for low mood or loneliness; however, it is _____ likely that excessive screen use negatively affects mood.

- A. Significantly more
- B. At least equally
- C. Substantially less

12/18, pg. 72

M.J. Powers & Co. Continuing Education

Child & Adolescent Psychiatry Alerts - Activity Evaluation Form

Please note: Credit letters will be issued upon receipt of this completed evaluation form. The planning and execution of useful and educationally sound continuing education activities are guided in large part by input from participants. To assist us in evaluating the effectiveness of this activity, please complete this evaluation form. Your response will help ensure that future programs are informative and meet the educational needs of all participants. Thank you for your cooperation!

Program Objectives:

Having completed this activity, you are better able to:

	Strongly Agree					Strongly Disagree				
Integrate into clinical practice findings from new diagnostic and therapeutic studies.	5	4	3	2	1					
Determine appropriate patient evaluation and treatment selection for child and adolescent psychiatric and behavioral disorders.	5	4	3	2	1					
Discuss developmental risk factors and comorbid disorders and how they affect outcomes.	5	4	3	2	1					
Plan strategies for early intervention to improve outcomes.	5	4	3	2	1					
Appropriately prescribe medications or other therapeutic interventions.	5	4	3	2	1					
Recognize and implement new approaches to the treatment of child and adolescent psychiatric and behavioral disorders.	5	4	3	2	1					

Overall Evaluation:

	Strongly Agree					Strongly Disagree				
The information presented increased my awareness/understanding of the subject.	5	4	3	2	1					
The information presented will influence how I practice.	5	4	3	2	1					
The information presented will help me improve patient care.	5	4	3	2	1					
The information demonstrated current knowledge of the subject.	5	4	3	2	1					
The program was educationally sound and scientifically balanced.	5	4	3	2	1					
The program avoided commercial bias or influence.	5	4	3	2	1					

Based on information presented in the program, I will (please check one):

- | | |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Do nothing as the content was not convincing. | <input type="checkbox"/> Change my practice. |
| <input type="checkbox"/> Seek additional information on this topic. | <input type="checkbox"/> Do nothing as current practice reflects program's recommendations. |
| <input type="checkbox"/> Do nothing. Barriers at my institution prevent me from changing my practice. | |

If you anticipate changing one or more aspects of your practice as a result of your participation in this activity, please provide us with a brief description of how you plan to do so: _____

Please provide any additional comments pertaining to this activity and suggestions for improvement: _____

Please list any topics that you would like to be addressed in future educational activities: _____

ANSWER SHEET

CHILD & ADOLESCENT PSYCHIATRY ALERTS

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1	A	B	C	D	26	A	B	C	D	51	A	B	C	D
2	A	B	C	D	27	A	B	C	D	52	A	B	C	D
3	A	B	C	D	28	A	B	C	D	53	A	B	C	D
4	A	B	C	D	29	A	B	C	D	54	A	B	C	D
5	A	B	C	D	30	A	B	C	D	55	A	B	C	D
6	A	B	C	D	31	A	B	C	D	56	A	B	C	D
7	A	B	C	D	32	A	B	C	D	57	A	B	C	D
8	A	B	C	D	33	A	B	C	D	58	A	B	C	D
9	A	B	C	D	34	A	B	C	D	59	A	B	C	D
10	A	B	C	D	35	A	B	C	D	60	A	B	C	D
11	A	B	C	D	36	A	B	C	D	61	A	B	C	D
12	A	B	C	D	37	A	B	C	D	62	A	B	C	D
13	A	B	C	D	38	A	B	C	D	63	A	B	C	D
14	A	B	C	D	39	A	B	C	D	64	A	B	C	D
15	A	B	C	D	40	A	B	C	D	65	A	B	C	D
16	A	B	C	D	41	A	B	C	D	66	A	B	C	D
17	A	B	C	D	42	A	B	C	D	67	A	B	C	D
18	A	B	C	D	43	A	B	C	D	68	A	B	C	D
19	A	B	C	D	44	A	B	C	D	69	A	B	C	D
20	A	B	C	D	45	A	B	C	D	70	A	B	C	D
21	A	B	C	D	46	A	B	C	D	71	A	B	C	D
22	A	B	C	D	47	A	B	C	D	72	A	B	C	D
23	A	B	C	D	48	A	B	C	D	73	A	B	C	D
24	A	B	C	D	49	A	B	C	D	74	A	B	C	D
25	A	B	C	D	50	A	B	C	D	75	A	B	C	D

I attest that I have completed the Child & Adolescent Psychiatry Alerts activity as designed.

Physicians: I claim ____ *AMA PRA Category 1 Credit(s)*TM for participating in this activity (1 credit for each hour of participation, not to exceed 12 credits).

Non-Physicians: I claim (up to 1.2) ____ Continuing Education Units (CEUs). One CEU is awarded for 10 contact hours of instruction.

Signature _____

Date _____

Exam must be returned by June 30, 2020

CME Activity Code: 18MP02C Test 33