

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.

Activity Code 19MP01C / Exam #34

Issues to be includedJanuary–June 2019

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Exam must be returned byDecember 31, 2020

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 XXI, January 2019 through June 2019 (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.

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

1. Based on the results of an updated systematic review, _____ should be considered as first-line treatment for pediatric depression.

- A. Fluvoxamine and escitalopram
- B. Escitalopram and fluoxetine
- C. Fluoxetine and duloxetine
- D. Duloxetine and agomelatine

1/19, pgs. 1-2

2. Which of the studied antidepressants was significantly superior to placebo as acute treatment and at producing remission during extended treatment?

- A. Selegiline
- B. Duloxetine
- C. Escitalopram
- D. Fluoxetine

1/19, pgs. 1-2

3. Which of the studied antidepressants was significantly superior to placebo for maintenance treatment?

- A. Fluoxetine
- B. Sertraline
- C. Selegiline
- D. None of the above

1/19, pgs. 1-2

4. The review also indicates that the risk for emergent suicidality may be _____ than previously suggested.

- A. Higher
- B. Lower

1/19, pgs. 1-2

5. Unexpected deaths should be rare in a young population without serious somatic illness. However, in a retrospective cohort study of nearly 250,000 new psychotropic users, the rate of unexpected death was higher among patients who received _____ than those who received other psychotropics.

- A. Antidepressants
- B. Stimulants
- C. Antipsychotics
- D. Anxiolytics

1/19, pgs. 2-3

6. The increase in unexpected death found in the study _____ dose related.

- A. Was
- B. Was not

1/19, pgs. 2-3

7. The study data suggest the increased rate of death among patients who received higher-dose antipsychotics was attributable to:

- A. Suicide
- B. Unintentional drug overdose
- C. Cardiovascular or metabolic causes
- D. None of the above

1/19, pgs. 2-3

8. Results of a large Danish cohort study confirm the previously suggested association between infection and psychiatric disorders in children and adolescents. In the study, risk was elevated to a similar degree for bacterial, viral, and other infections and for all types of antibiotics.

- A. True
- B. False

1/19, pgs. 3-4

9. Incidence of mental illness was greatest in the _____ immediately following the infection and was increased across all age groups.

- A. 1 year
- B. 6 months
- C. 3 months
- D. 2 weeks

1/19, pgs. 3-4

10. A large-scale Danish population-based study found increased rates of mental illness during adolescence and early adulthood in children who had experienced seizures. Rates were highest among those who experienced:

- A. Febrile seizures only
- B. Epileptic seizures only
- C. Both types of seizure

1/19, pg. 5

11. The excess risk was present across a range of mental-health disorders. The association was found to be strongest for _____ in children with any seizure history.

- A. Schizophrenia
- B. Major depression
- C. Personality disorders
- D. Obsessive-compulsive disorder

1/19, pg. 5

12. The causal relationship between seizures and mental illnesses is unclear. Seizures or their treatment may harm the developing brain, or the seizures and psychiatric disorders may have common underlying causal factors.

- A. True
- B. False

1/19, pg. 5

13. A meta-analysis of genome-wide association studies (GWAS) has identified risk loci for ADHD. These loci likely capture _____ of the genetic risk for ADHD.

- A. All
- B. The vast majority
- C. A small fraction

1/19, pgs. 5–6

14. The study also found ADHD risk to be associated with other traits or trait groups including:

- A. Several types of cancer
- B. Major depressive disorder
- C. Anorexia
- D. All of the above

1/19, pgs. 5–6

15. Studies in adults have shown that antidepressants have rapid effects on neural activity within hours of administration, before any clinical effects are noticed. These changes may be a critical mechanism by which antidepressants reduce negative biases and increase the processing of positive information, leading to clinical improvement.

- A. True
- B. False

2/19, pgs. 7–8

16. A group of adolescents with major depression demonstrated alterations in corticolimbic circuitry activity in response to angry facial expressions following a single dose of fluoxetine. These changes may represent a key mechanism by which fluoxetine improves the response to anger and irritability and enhances:

- A. Resiliency
- B. Mood
- C. Self-regulation
- D. All of the above

2/19, pgs. 7–8

17. In the study, fMRI showed adolescents who received fluoxetine experienced reduced activation in response to anger and increased activation in response to happiness in which brain region(s)?

- A. The hippocampus
- B. The dorsal anterior cingulate cortex
- C. The amygdala
- D. All of the above

2/19, pgs. 7–8

18. In patients with new-onset schizophrenia, fMRI studies found cognitive control deficits were present at baseline and _____ over time.

- A. Worsened
- B. Remained stable
- C. Improved

2/19, pgs. 8–9

19. In these patients, cognitive performance and activation were not influenced by gender or the duration of untreated psychosis, but were negatively affected by higher levels of _____, disorganization, and poverty and by lower levels of function.

- A. Reality distortion
- B. Antipsychotic use
- C. Comorbid depression
- D. All of the above

2/19, pgs. 8–9

20. Risperidone is primarily metabolized by the cytochrome P450 enzyme CYP2D6, whose function varies from absent to ultrarapid. Results of a retrospective study suggest that children and adolescents determined to be poor or intermediate metabolizers of CYP2D6 are at _____ risk of risperidone adverse events.

- A. Decreased
- B. Increased

2/19, pgs. 9–10

21. Clinical CYP2D6 testing is available from both commercial and academic labs. Pretreatment genetic testing to identify high-risk status may be beneficial in patients already at increased risk for risperidone adverse effects or with conditions risperidone may aggravate, such as obesity or neurological disorders.

- A. True
- B. False

2/19, pgs. 9–10

22. Based on the results of this study, _____ should be considered for young patients who take risperidone and have impaired CYP2D6 function.

- A. Lowered risperidone dosages
- B. Concomitant treatment with a CYP inducer
- C. An alternate treatment
- D. None of the above

2/19, pgs. 9–10

23. Weight gain is an important limiting factor in the long-term use of second generation antipsychotics. In an observational study, children who received treatment with aripiprazole or risperidone gained excessive weight until a plateau between excessive weight and obesity was reached during adolescence.

- A. True
- B. False

2/19, pgs. 10–11

24. In the study, adolescents who took _____ showed significant increases in BMI z scores, indicating greater weight gain relative to height than their peers.

- A. Either risperidone or aripiprazole
- B. Risperidone
- C. Aripiprazole
- D. None of the above

2/19, pgs. 10–11

25. A brain imaging study in young patients with anxiety disorders found reduced connectivity of the uncinate fasciculus (UF), a white matter tract critically involved in emotion regulation, in preadolescent:

- A. Boys only
- B. Girls only
- C. Boys and girls

2/19, pg. 11

26. The study results indicate that diminished UF connectivity is present early in life in children with anxiety disorders and is not associated with disease chronicity or:

- A. Environmental factors
- B. Medication exposure
- C. Trauma exposure
- D. Familial transmission

2/19, pg. 11

27. According to the updated clozapine Risk Evaluation and Mitigation Strategy (REMS) Program, outdated absolute neutrophil count (ANC) levels will not prevent a pharmacy from dispensing clozapine. However, if the most recent ANC on file for a patient indicates moderate or severe neutropenia, clozapine cannot be dispensed unless the prescriber documents that the benefits of treatment outweigh the risks associated with neutropenia.

- A. True
- B. False

2/19, pg. 12

28. In a pilot, sham-controlled trial in unmedicated children with ADHD, active trigeminal nerve stimulation (TNS) for 8 hours per night produced improvements in ADHD Rating Scale scores that were comparable to those previously reported with:

- A. Stimulant medications
- B. Nonstimulant ADHD medications
- C. ECT
- D. Parent training

3/19, pgs. 13–14

29. During the first study week, patients in both groups experienced similar improvement. However, during the remaining study weeks, improvement plateaued in the sham TNS group and continued, although at a slower rate, in the patients who received active TNS who demonstrated decreased scores on the _____ subscale(s) of the ADHD Rating Scale.

- A. Inattentive only
- B. Hyperactive/impulsive only
- C. Both inattentive and hyperactive/impulsive

3/19, pgs. 13–14

30. No serious side effects of TNS were reported, but compared with sham treatment, active TNS was associated with _____. These effects are not readily explained and require further investigation.

- A. Increased appetite and weight gain
- B. Fatigue and headache
- C. Increased pulse
- D. All of the above

3/19, pgs. 13–14

31. Participation in the Youth-Nominated Support Team (YST) intervention—a psychoeducational social support intervention designed to provide adult support for treatment adherence and positive behavioral lifestyle choices to young people hospitalized for suicidal ideation or suicide attempt—was shown to reduce mortality during long-term follow-up.

- A. True
- B. False

3/19, pgs. 14–15

32. Compared with treatment as usual, young people who received YST also received more _____ during follow-up.

- A. Drug treatment
- B. Medication follow-up
- C. Outpatient psychotherapy
- D. All of the above

3/19, pgs. 14–15

33. The ideal action profile for an ADHD medication would be a single-dose agent with a rapid onset of action and an extended duration of effect. Results of a pilot study indicate that amphetamine extended-release oral suspension (AMPH EROS; *Dyanavel*) can produce positive effects as early as _____ post dose.

- A. 15 minutes
- B. 30 minutes
- C. 1 hour
- D. 3 hours

3/19, pg. 15

34. Previous research has shown the agent has demonstrated efficacy for up to 13 hours post dose.

- A. True
- B. False

3/19, pg. 15

35. It is well known that boys and girls differ in the use of physical aggression throughout development. Results of a longitudinal cohort study of the developmental trajectories of physical aggression from early childhood to adolescence found that while a small percentage of boys (6%) fell in the category with the highest levels of physical aggression over time, the prevalence was substantially higher at _____% in girls.

- A. 10
- B. 17
- C. 25
- D. 38

3/19, pg. 16

36. The study also found all of the following parental and sociodemographic factors except _____ were predictive of high physical aggression.

- A. Parental depression
- B. Family structure
- C. Childhood trauma
- D. Household income

3/19, pg. 16

37. Guidelines from the American Academy of Child and Adolescent Psychiatry recommend SSRIs and SNRIs as first-line medications for anxiety in young patients. Results of a network meta-analysis of 22 clinical trials suggest _____ is the most effective agent, and clomipramine the least effective.

- A. Fluvoxamine
- B. Alprazolam
- C. Guanfacine
- D. Paroxetine

3/19, pgs. 16–17

38. However, adverse events and emergent suicidality are a concern in these patients, and the study results suggest that _____ may have the best balance of efficacy, tolerability, and safety.

- A. Duloxetine
- B. Imipramine
- C. Venlafaxine
- D. Sertraline

3/19, pgs. 16–17

39. A meta-analysis of studies evaluating cannabis use in adolescents suggests adolescents who use cannabis are more likely than those who do not to experience _____ in early adulthood.

- A. Depression
- B. Anxiety
- C. Suicidal ideation
- D. All of the above

3/19, pgs. 17–18

40. The analysis also found that stopping cannabis use before the end of adolescence protected young people from some of the negative outcomes.

- A. True
- B. False

3/19, pgs. 17–18

41. The FDA has approved the Monarch external trigeminal nerve stimulation (eTNS) system as the first nonpharmacological option for in-home treatment of ADHD in unmedicated children. Neuroimaging studies have shown that eTNS increases activity in brain regions known to be associated with:

- A. Attention
- B. Emotion
- C. Behavior regulation
- D. All of the above

4/19, pg. 19

42. Clinical trial results suggest that eTNS produces significant improvement in symptoms of moderate-to-severe ADHD, but response may take up to 4 weeks. Common adverse effects of eTNS treatment include all of the following except:

- A. Drowsiness and difficulty sleeping
- B. Headache and fatigue
- C. Decreased appetite
- D. Teeth clenching

4/19, pg. 19

43. The eTNS system delivers a low-level electrical pulse to the branches of the trigeminal nerve via a small patch placed on a patient's forehead, and should not be used by patients with an active implantable pacemaker, active implantable neurostimulators, or body-worn devices such as insulin pumps.

- A. True
- B. False

4/19, pg. 19

44. In a randomized trial in children with autism spectrum disorder, compared with a control intervention, use of a Google Glass wearable artificial intelligence-based vision system produced significant improvement on the Vineland Adaptive Behavioral Scales-II (VABS-II) _____ subscale(s).

- A. Communication
- B. Socialization
- C. Maladaptive behavior
- D. All of the above

4/19, pgs. 19–20

45. In a controlled trial of the investigational dopamine and norepinephrine transporter inhibitor dasotraline, the 4 mg/day dosage was significantly more effective than placebo at improving scores on the ADHD Rating Scale–IV _____ subscale(s) in children with at least moderately severe ADHD.

- A. Inattentive only
- B. Hyperactive only
- C. Both inattentive and hyperactive
- D. None of the above

4/19, pgs. 20–21

46. The most frequently reported adverse effects of dasotraline were insomnia (18.5%), decreased appetite (17%), weight loss (7%), and irritability (5%). However, some patients, particularly younger children with lower body weights, experienced mild to moderate, transient:

- A. Psychosis-like events
- B. Hypotension
- C. Tachycardia
- D. Sleep disturbances

4/19, pgs. 20–21

47. Unlike stimulants, dasotraline does not produce marked peak and trough effects. It is absorbed slowly, with a _____ time to peak concentration and an elimination half-life of ≥ 2 days.

- A. 15–30 minute
- B. 1–2 hour
- C. 4–5 hour
- D. 10–12-hour

4/19, pgs. 20–21

48. According to results of the Avon Longitudinal Study of Parents and Children, established risk factors for suicidal thoughts or nonsuicidal self-harm (e.g., depression, impulsivity, hopelessness) are not the same factors that predict the transition to making a suicide attempt.

- A. True
- B. False

4/19, pgs. 21–22

49. The study found _____ may be particularly useful in identifying adolescents who are more likely to attempt suicide.

- A. Cannabis or other illicit substance use
- B. Insufficient sleep
- C. Nonsuicidal self-harm
- D. All of the above

4/19, pgs. 21–22

50. A large cohort study confirmed a dose-related increase in type 2 diabetes associated with use of second-generation antipsychotics in adolescence and young adulthood. When individual agents were examined, only _____ was not associated with increased diabetes incidence.

- A. Risperidone
- B. Paliperidone
- C. Quetiapine
- D. Aripiprazole

4/19, pgs. 22–23

51. In addition to dose, other factors found to be associated with increased diabetes risk in this population included all of the following except:

- A. Duration of exposure
- B. Diagnosis of schizophrenia or major affective disorder
- C. Gender
- D. None of the above

4/19, pgs. 22–23

52. Results of a large, population-based cohort study confirm that the measles, mumps, rubella (MMR) vaccination does not increase risk of autism in children overall, or in susceptible subgroups. In addition, the results indicate that the vaccine does not lead to clusters of cases with onset shortly after vaccination.

- A. True
- B. False

4/19, pgs. 23–24

53. Stimulant medications are required by the FDA to carry product-label warnings about risk of treatment-emergent psychosis or mania. However, analysis of pooled data from 2 large healthcare databases indicates the occurrence of new-onset psychotic episodes with these medications is uncommon.

- A. True
- B. False

5/19, pgs. 25–26

54. In study patients receiving amphetamine or methylphenidate for ADHD, risk for new-onset psychosis was significantly higher with _____; risk was especially high in those aged 18 years or under and in those receiving extended-release preparations.

- A. Amphetamine
- B. Methylphenidate
- C. Neither agent

5/19, pgs. 25–26

55. Dopamine effects may underlie the differences in risk between amphetamine and methylphenidate. While amphetamine increases dopamine release to a greater extent, methylphenidate more potently inhibits dopamine transporters, which may be a _____ important mechanism in causing psychosis.

- A. More
- B. Less

5/19, pgs. 25–26

56. Based on the results of a multicenter, placebo-controlled discontinuation trial, lithium is not an appropriate maintenance treatment for children and adolescents with bipolar I disorder.

- A. True
- B. False

5/19, pgs. 26–27

57. In elementary-school children with ADHD, methylphenidate produces large symptom improvements and more modest positive effects on academic performance that are:

- A. Limited to certain academic subjects
- B. Small or absent for measures of accuracy
- C. Similar with immediate- and extended-release preparations
- D. All of the above

5/19, pgs. 27–28

58. According to the results of an observational study, dialectical behavior therapy (DBT) may reduce the incidence of _____ in adolescents hospitalized for safety concerns.

- A. Suicide attempts
- B. Self-injury
- C. Aggression
- D. All of the above

5/19, pgs. 28–29

59. In addition, DBT was associated with a substantial cost savings based on a decreased need for:

- A. Extended hospital stays
- B. Use of multiple medications
- C. Constant staff observation
- D. None of the above

5/19, pgs. 28–29

60. In a large cohort study, a history of severe or frequent infections requiring hospitalization or outpatient anti-infective therapy was associated with _____ in adolescent girls.

- A. Anorexia nervosa
- B. Bulimia
- C. Eating disorder NOS
- D. All 3 eating disorder diagnoses

5/19, pgs. 29–30

61. In the study, a dose-response association was observed for each eating disorder, with risk increasing according to the number of hospitalizations and/or anti-infective prescriptions; however, risk for each disorder was lowest in the first 3 months after hospitalization or filled prescription.

- A. True
- B. False

5/19, pgs. 29–30

62. These results support a suspected involvement of _____ in the development of eating disorders.

- A. Environmental factors
- B. Genetics
- C. Inflammatory and autoimmune processes
- D. All of the above

5/19, pgs. 29–30

63. In addition, infections and inflammation have been observed to trigger _____, changes that could increase the risk of a full-blown eating disorder in susceptible persons. Infections could also affect mood and behavior via effects on the gut-brain axis.

- A. Fever
- B. Loss of appetite
- C. Decreased food intake
- D. All of the above

5/19, pgs. 29–30

64. Data from the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (WONDER) database indicate that while 80% of the >85,000 adolescent suicides recorded between 1975 and 2016 occurred in males, the gender gap is narrowing.

- A. True
- B. False

6/19, pgs. 31–32

65. Data from more recent years (2007–2016) indicate a steady increase in annual rates of adolescent suicide that is larger in girls than boys (8.9% vs 3.8%) and is particularly large in _____, who experienced a >12% annual increase in suicides.

- A. Boys aged 10–14 years
- B. Boys aged 15–19 years
- C. Girls aged 10–14 years
- D. Girls aged 15–19 years

6/19, pgs. 31–32

66. According to a review, in adolescents with co-occurring depression and substance use disorder treatment of the 2 disorders should be integrated, and _____ may be the most effective option.

- A. Fluoxetine monotherapy
- B. Motivational enhancement therapy/CBT
- C. Dialectical behavior therapy
- D. Sertraline plus contingency management

6/19, pgs. 32–33

67. In recent years, many new stimulant formulations have become available for treatment of ADHD. Most of the emphasis in drug development has been on long-acting formulations and novel delivery systems, and new options such as _____ for patients who have difficulty swallowing have been introduced.

- A. Orally disintegrating tablets
- B. Chewable tablets
- C. Suspensions/solutions
- D. All of the above

6/19, pgs. 33–34

68. New long-acting formulations of _____ that make use of microbead technology capable of both immediate and delayed/extended release are now available.

- A. Amphetamine only
- B. Methylphenidate only
- C. Both amphetamine and methylphenidate
- D. None of the above

6/19, pgs. 33–34

69. In addition, a transdermal methylphenidate patch (*Daytrana*) delivers drug for the duration of wear time with absorption continuing for several hours after patch removal. While efficacy and safety of transdermal methylphenidate are similar to other formulations, some unique risks including _____ are associated with this formulation.

- A. Local contact dermatitis
- B. Discomfort with patch removal
- C. Accidental poisoning
- D. All of the above

6/19, pgs. 33–34

70. A delayed release/extended release methylphenidate formulation (*Jornay PM*), which uses a proprietary delivery system containing microbeads with 2 layers of coating—1 that delays drug release and a second that regulates release in an extended pattern—is meant to be taken in the evening, delays release for _____, and then provides clinical action for up to 22–24 hours post-dose.

- A. 2–3 hours
- B. 6–8 hours
- C. 8–10 hours
- D. >12 hours

6/19, pgs. 33–34

71. In a randomized controlled trial, the investigational extended-release nonstimulant medication viloxazine was effective but poorly tolerated in children with ADHD.

- A. True
- B. False

6/19, pgs. 34–35

72. Viloxazine at 200, 300, and 400 mg/day was significantly superior to placebo at reducing ADHD Rating Scale IV total scores, but between-group differences on the _____ subscale were not significant.

- A. Inattention
- B. Hyperactivity/impulsivity

6/19, pgs. 34–35

73. Although the study results are preliminary, they suggest that efficacy and tolerability of viloxazine appear to be _____ other nonstimulants used to treat ADHD.

- A. Better than
- B. Similar to
- C. Worse than

6/19, pgs. 34–35

74. According to the results of a case-control study, in young women with anorexia nervosa use of oral contraceptives (OCs) appears to _____ bone loss.

- A. Reverse
- B. Limit
- C. Have no effect on

6/19, pgs. 35–36

75. Although the favorable effects of OCs do not appear to completely offset the negative effects of anorexia nervosa on bone tissue, the effects appear to be strong enough that OCs can be used as the sole method to protect bone in women with the disorder.

- A. True
- B. False

6/19, pgs. 35–36

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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

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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 _____
Exam must be returned by December 31, 2020

Date _____
CME Activity Code: 19MP01C Test 34