

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 19MP02C / Exam #35

Issues to be included	July–December 2019
Release date	January 2020
Exam must be returned by	June 30, 2021

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, July 2019 through December 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.
3. Mail the form to **M.J. Powers & Co. Publishers, 45 Carey Ave, Ste 111, Butler, NJ 07405; scan and email it to cme@alertpubs.com; or fax it to 973-898-1201.**

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Disclosure Declarations

Kate Casano has no relevant financial relationships.

Trish Elliott has no relevant financial relationships.

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

1. In a small randomized controlled trial, *Crocus sativus L.* (saffron) was _____ short-acting methylphenidate in children with ADHD.

- A. As effective as
- B. More effective than
- C. Less effective than

7/19, pg. 37

2. In the study, adverse effects including _____ did not differ between the saffron and methylphenidate groups.

- A. Insomnia
- B. Decreased appetite
- C. Headache
- D. All of the above

7/19, pg. 37

3. Initial experience with a cohort of patients treated for pediatric acute-onset neuropsychiatric syndrome (PANS) at a specialty clinic indicates that pre-existing psychiatric, autoimmune, and inflammatory disorders, laboratory abnormalities, and a familial history of psychiatric disorders are common in children with PANS.

- A. True
- B. False

7/19, pgs. 38–39

4. The most common presenting symptoms in children with PANS include all of the following except:

- A. OCD
- B. Anxiety
- C. Hallucinations
- D. Emotional lability

7/19, pgs. 38–39

5. Telepsychiatry is becoming an accepted venue for treatment of depression in child and adolescent psychiatry. Popular programs such as FaceTime are acceptable options for videoconferenced appointments because telepsychiatry does not need to comply with Health Insurance Portability and Accountability Act (HIPAA) requirements.

- A. True
- B. False

7/19, pg. 39

6. Although gabapentinoids are not approved for psychiatric indications, off-label prescribing is common, often for treatment of:

- A. Alcohol use disorder
- B. Social anxiety disorder
- C. Generalized anxiety disorder
- D. All of the above

7/19, pg. 40

7. According to a large population-based cohort study, _____ is/are associated with increased risk of suicidal behavior, unintentional overdose, and other adverse behavioral outcomes.

- A. Gabapentin only
- B. Pregabalin only
- C. Both gabapentin and pregabalin
- D. None of the above

7/19, pg. 40

8. Study results suggest risk for these adverse outcomes is highest in patients aged:

- A. >75 years
- B. 35–60 years
- C. 15–24 years
- D. <13 years

7/19, pg. 40

9. In addition, risk appeared to be elevated only in patients with:

- A. Substance use disorders
- B. Bipolar depression
- C. Schizophrenia
- D. All of the above

7/19, pg. 40

10. Results of a controlled trial suggest that feedback informed treatment (FIT) improves _____, but not functioning in children with autism.

- A. Communication
- B. Repetitive behaviors
- C. Social interaction
- D. Quality of life

7/19, pgs. 40–41

11. A small case series suggests the use of folate supplementation is _____ effective in the treatment of resistant depression in patients with documented genetic mutations altering folate metabolism.

- A. Not
- B. Moderately
- C. Significantly

7/19, pgs. 41–42

12. Of the 10 patients in the series who received adjunctive L-methylfolate, 8 reported some improvement with reductions in symptoms of:

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

7/19, pgs. 41–42

13. According to the results of a longitudinal study in nearly 37,000 adolescents, greater average _____ is associated with an increase in depressive symptom severity.

- A. General computer use
- B. Video game playing
- C. Social media use
- D. None of the above

8/19, pgs. 43–44

14. A within-person analysis found increases in social media use, video gaming, watching television, and other computer use are associated with _____ in adolescents, indicating a self-reinforcing effect.

- A. Lower self-esteem
- B. Less physical activity
- C. Poor academic achievement
- D. Violent behavior

8/19, pgs. 43–44

15. An MRI study found functional connectivity was reduced in several networks in adolescents with non-suicidal self-injury (NSSI), compared with healthy comparison subjects.

- A. True
- B. False

8/19, pgs. 44–45

16. Of the 24 patients with NSSI who participated in the study, 18 were receiving pharmacotherapy. In these patients, background medications _____ associated with baseline differences in connectivity and changes in NSSI following psychotherapy.

- A. Were
- B. Were not

8/19, pgs. 44–45

17. The patterns of altered connectivity found in the study suggest that the anterior cingulate cortex may have reduced ability to inhibit amygdala activity in adolescents with NSSI, resulting in impaired regulation of:

- A. Information processing
- B. Motor activity
- C. Impulse control
- D. Emotional behavior

8/19, pgs. 44–45

18. Stimulants act as indirect dopamine agonists and have been presumed to amplify neuronal signaling by increasing synaptic dopamine, a mechanism also believed to be implicated in psychosis onset. For this reason, stimulant medications are contraindicated in adolescents and young adults with a history of psychosis.

- A. True
- B. False

8/19, pgs. 45–46

19. In a population-based study of new methylphenidate users, psychotic events occurred in about 1% of patients. Compared with the 12 week period before methylphenidate initiation, the incidence of psychosis was similar in the 12 weeks after starting treatment in which patients?

- A. Those without a history of psychosis only
- B. Those with a history of psychosis only
- C. All patients regardless of psychosis history
- D. None of the above

8/19, pgs. 45–46

20. In the 12-week study period beginning 1 year after methylphenidate initiation, the incidence of psychosis was _____ by 36% in young patients with a history of psychosis.

- A. Reduced
- B. Increased

8/19, pgs. 45–46

21. In a longitudinal study of depression symptoms from late childhood into young adulthood, being the victim of bullying was associated with increased odds for which identified trajectory?

- A. Childhood limited or persistent
- B. Adolescent limited
- C. Early-adult onset
- D. All of the above

8/19, pgs. 46–47

22. A childhood persistent trajectory with moderate symptoms during childhood that increased to high levels in adolescence and early adulthood was identified in about 3% of patients. The strongest risk factor for this pattern was:

- A. Childhood bullying
- B. Comorbid anxiety
- C. Female gender
- D. Maternal history of postnatal depression

8/19, pgs. 46–47

23. Longitudinal follow-up of participants in the Course and Outcome of Bipolar Youth (COBY) study found the prevalence of metabolic syndrome is nearly _____ higher in youth with bipolar disorder than in the general adolescent population.

- A. 2-times
- B. 4-times
- C. 8-times
- D. 15-times

8/19, pgs. 47–48

24. In study patients, _____ were the only class of medications associated with metabolic syndrome.

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

8/19, pgs. 47–48

25. Results of a placebo controlled trial _____ adding fluoxetine to cognitive behavioral therapy (CBT) for all adolescents with moderate-to-severe depression.

- A. Support
- B. Do not support

9/19, pgs. 49–50

26. Following 12 weeks of treatment, improvements in depression were similar in patients who received fluoxetine or placebo in addition to CBT. However, those who received fluoxetine had significantly greater improvement in _____ scores.

- A. Agitation
- B. Anhedonia
- C. Anxiety
- D. All of the above

9/19, pgs. 49–50

27. Rates of remission in the study were low (19% and 24% in the placebo and fluoxetine groups, respectively), emphasizing the need for more effective treatments for adolescent depression.

- A. True
- B. False

9/19, pgs. 49–50

28. According to a review of substance use disorder treatment, _____ is the substance most commonly used by adolescents.

- A. Cannabis
- B. Nicotine
- C. Methamphetamine
- D. Alcohol

9/19, pgs. 50–51

29. Research suggests that _____ may be effective in the treatment of adolescent alcohol use disorders.

- A. Buprenorphine
- B. Naltrexone
- C. Topiramate
- D. All of the above

9/19, pgs. 50–51

30. A clinical trial of pharmacotherapy for cannabis use disorder found _____ was safe and well tolerated in adolescents and produced an abstinence rate twice that of placebo.

- A. Topiramate
- B. N-acetylcysteine
- C. Varenicline
- D. Buprenorphine

9/19, pgs. 50–51

31. Randomized trials have evaluated medications, usually in combination with psychosocial therapies, for smoking cessation in adolescents. A meta-analysis found that pharmacotherapy resulted in increased abstinence in the short term, but had no effect on long-term abstinence.

- A. True
- B. False

9/19, pgs. 50–51

32. The only FDA-approved medication for any adolescent substance use disorder (in patients aged ≥ 16 years) is:

- A. Bupropion
- B. Naltrexone
- C. Buprenorphine
- D. None of the above

9/19, pgs. 50–51

33. Although they require replication, results of a small preliminary study suggest that theta burst stimulation (TBS) is _____ in adolescents and young adults with resistant depression.

- A. Well tolerated
- B. Effective
- C. Feasible
- D. All of the above

9/19, pgs. 51–52

34. In the study, higher baseline levels of _____ were associated with a lower likelihood of response.

- A. Insomnia
- B. Anhedonia
- C. Irritability
- D. Hopelessness

9/19, pgs. 51–52

35. A randomized trial in children with ADHD found use of relatively low-intensity behavioral interventions can reduce cumulative methylphenidate exposure by:

- A. Delaying the use of medication
- B. Decreasing the required dose at school
- C. Reducing the prevalence of use at home
- D. All of the above

9/19, pgs. 52–53

36. The diagnostic definition of pediatric bipolar disorder is evolving, and differentiating this disorder from ADHD can be difficult. Results of a twin study of genetic risk factors for ADHD and hypomania do not support the distinction between the diagnoses.

- A. True
- B. False

9/19, pgs. 53–54

37. The study found ADHD symptoms before age 13 years were significantly associated with hypomania symptoms at ages 15 and 18 years. The association was stronger for which subtype of ADHD symptoms?

- A. Hyperactive/impulsive
- B. Inattentive

9/19, pgs. 53–54

38. Results of a placebo-controlled withdrawal study suggest that while the majority of patients with ADHD continue to benefit from extended-release methylphenidate treatment after 2 years, medication could be discontinued for many patients, particularly _____, without deterioration.

- A. Preschool children
- B. Early school-aged children
- C. Older adolescents
- D. None of the above

10/19, pgs. 55–56

39. Scores on the clinician-rated ADHD Rating Scale deteriorated to a significantly greater degree in patients who discontinued methylphenidate treatment. The difference was primarily due to changes on which subscale?

- A. Impulsivity
- B. Inattention
- C. Hyperactivity

10/19, pgs. 55–56

40. A significantly greater decline in Conners' Teacher Rating Scale-Revised scores was also evident among participants who discontinued methylphenidate treatment. In contrast to the clinician-rated outcome, changes in teacher ratings were largely due to worsening:

- A. Impulsivity
- B. Inattention
- C. Hyperactivity

10/19, pgs. 55–56

41. In a 12-year-old girl with disruptive mood dysregulation disorder (DMDD) and a history of complex trauma, a regimen that included aripiprazole, oxcarbazepine, buspirone, and prazosin, produced only modest effects on DMDD and PTSD symptoms. An inpatient cross-taper from aripiprazole to amantadine (with the addition of risperidone to control agitation) _____ effective.

- A. Was
- B. Was not

10/19, pg. 56

42. Prefrontal lobe underactivity is believed to be a primary contributor to the chronic irritability present in young patients with DMDD. Amantadine may restore prefrontally-mediated inhibitory function via N-methyl-D-aspartate (NMDA) blockade, facilitation of presynaptic dopamine release, and antagonism of postsynaptic dopamine reuptake.

- A. True
- B. False

10/19, pg. 56

43. A prospective, population-based study of adolescent social media use and mental health found associations between social media use and internalizing and combined internalizing/externalizing problems. The association was dose related, but evident only in girls.

- A. True
- B. False

10/19, pg. 57

44. Several mechanisms including _____ could underlie the association between high use of social media use and internalizing problems.

- A. Cyberbullying
- B. A lack of face-to-face interaction
- C. Unfavorable comparisons with others
- D. All of the above

10/19, pg. 57

45. Although rare, Raynaud's phenomenon has been reported with atomoxetine treatment. The reaction may be related to vasoconstriction in peripheral vessels resulting from atomoxetine-associated increases in:

- A. Serotonin and creatine kinase
- B. Dopamine and cardiac troponin
- C. Norepinephrine and dopamine
- D. Dopamine and glutamate

10/19, pg. 58

46. During the dose-optimization phase of a clinical trial in patients with ADHD, the mean optimal time of administration for the delayed extended-release formulation of methylphenidate (*Jornay PM*) was:

- A. 8 AM
- B. 11 AM
- C. 4 PM
- D. 8 PM

10/19, pgs. 58–59

47. Following 2 weeks of optimized treatment, participants who continued methylphenidate treatment demonstrated significantly better functional performance over a 12-hour laboratory classroom day as well as significantly better _____, compared with those switched to placebo.

- A. Sleep
- B. Early morning functioning
- C. Frustration tolerance
- D. All of the above

10/19, pgs. 58–59

48. Young people with obesity are at increased risk of depression and anxiety, but spontaneous dieting during adolescence is also associated with high levels of depression. Results of a meta-analysis suggest that participation in a structured obesity treatment program that includes a dietary component negatively affects psychological well-being in most children and adolescents.

- A. True
- B. False

10/19, pgs. 59–60

49. Overall, patients who received structured treatment experienced small-to-medium but significant improvements in:

- A. Depression only
- B. Anxiety only
- C. Both depression and anxiety
- D. None of the above

10/19, pgs. 59–60

50. Evidence has suggested that sleep problems are associated with suicidal behavior. A longitudinal study found frequent nightmares are associated with a substantial increase in _____ in adolescents.

- A. Nonsuicidal self-injury (NSSI)
- B. Suicide attempts
- C. Both NSSI and suicide attempts
- D. None of the above

11/19, pgs. 61–62

51. Other examined sleep variables including sleep quality and duration _____ associated with NSSI or suicide attempt.

- A. Were
- B. Were not

11/19, pgs. 61–62

52. In the study cohort, the association between nightmares and suicidality was stronger in:

- A. Boys
- B. Girls

11/19, pgs. 61–62

53. While the mechanisms associating nightmares with suicidal behavior are unclear, the study results suggest that assessment for nightmares could aid in the early identification of adolescents at risk.

- A. True
- B. False

11/19, pgs. 61–62

54. According to the results of a longitudinal study in children with ADHD, patients with _____ appear to be a target population for early depression prevention interventions.

- A. Episodic irritability
- B. Comorbid anxiety
- C. Substance use disorders
- D. Persistent irritability

11/19, pgs. 62–63

55. In the study, 91% of children had at least 1 irritability symptoms at age 6–12 years and _____% of these children had unremitting irritability in adolescence.

- A. 85
- B. 63
- C. 24
- D. 10

11/19, pgs. 62–63

56. Baseline irritability scores, disruptive mood dysregulation disorder (DMDD) diagnostic status, and persistent irritability were all associated with depression symptom scores in adolescence. However, after adjustment for all available covariates, only _____ remained significantly associated with depression.

- A. DMDD
- B. Severity of baseline irritability
- C. Persistent irritability

11/19, pgs. 62–63

57. Evidence-based guidance on the treatment of aggression in patients with conduct disorder (CD) is limited. However, _____ is/are recommended as first-line treatment.

- A. Stimulants
- B. CBT-based psychosocial interventions
- C. Divalproex
- D. ECT

11/19, pgs. 63–64

58. For patients with a primary diagnosis of CD without comorbid ADHD who require pharmacotherapy for aggression, _____ may be the first treatment option.

- A. Risperidone
- B. Lithium
- C. Stimulants
- D. Clonidine

11/19, pgs. 63–64

59. Lithium treatment may be beneficial for patients with CD and comorbid:

- A. Tourette's syndrome
- B. Anxiety
- C. PTSD
- D. Bipolar disorder or suicidality

11/19, pgs. 63–64

60. According to the results of a cohort study, cord blood biomarkers of prenatal acetaminophen exposure are not associated with a dose-dependent increase in risk of ADHD and autism spectrum disorder (ASD) in childhood.

- A. True
- B. False

11/19, pgs. 64–65

61. AACAP Practice Parameters recommend consideration of hypothyroidism in the differential diagnosis of pediatric depressive and anxiety disorders. A study in hospitalized adolescents suggests the cost-effectiveness of screening in patients with severe mood and anxiety disorders might be improved by limiting it to patients with a history of thyroid disease and those who report recent weight gain, abnormal uterine bleeding, or treatment with:

- A. Second generation antipsychotics
- B. An SSRI
- C. Benzodiazepines or lithium
- D. Any of the above

11/19, pg. 65

62. In a placebo-controlled trial in treatment-seeking adolescents and young adults, rates of smoking cessation were significantly better with varenicline than with placebo. However, neuropsychiatric adverse events occurred significantly more often with active treatment.

- A. True
- B. False

11/19, pgs. 65–66

63. A meta-analysis of randomized and quasi-randomized controlled trials found _____ that school-based interventions are effective in the prevention of depression or anxiety in young people.

- A. Significant evidence
- B. No evidence

12/19, pgs. 67–68

64. Evidence did support a small positive effect on anxiety prevention with _____ in universal settings and a moderate effect for exercise in targeted secondary-school settings.

- A. Psychotherapy
- B. Mindfulness
- C. Psychosocial treatments
- D. CBT

12/19, pgs. 67–68

65. An accompanying editorial suggests the findings must be interpreted cautiously because of important limitations, and that the conclusion that school-based programs are not helpful is potentially premature.

- A. True
- B. False

12/19, pgs. 67–68

66. According to a meta-analysis of adverse effects in children and adolescents with obsessive-compulsive disorder or anxiety, common adverse effects occur more frequently in patients treated with a/an:

- A. SNRI
- B. TCA
- C. SSRI
- D. None of the above

12/19, pgs. 68–69

67. The results indicate that all of the following adverse effects *except* _____ are significantly more common with SSRIs than placebo, but only activation occurs more frequently with SSRIs than with SNRIs.

- A. Abdominal pain
- B. Diarrhea
- C. Insomnia
- D. Sedation

12/19, pgs. 68–69

68. The study also found both SSRIs and SNRIs are significantly associated with suicidality.

- A. True
- B. False

12/19, pgs. 68–69

69. Because stimulants have a high potential for non-medical use, the investigational immediate-release amphetamine formulation AR19 has been designed using technology that impedes manipulation of the pellets within the capsule for which route(s) of administration?

- A. Intravenous
- B. Intranasal
- C. Smoking
- D. All of the above

12/19, pgs. 69–70

70. Manufacturer-sponsored studies of AR19 demonstrate the agent _____ bioequivalent to racemic amphetamine sulfate (*Evekeo*).

- A. Is
- B. Is not

12/19, pgs. 69–70

71. Studies also indicate that pharmacokinetic parameters of AR19 are not affected by:

- A. Dose
- B. Sprinkling the pellets on food
- C. Eating a high-fat meal
- D. All of the above

12/19, pgs. 69–70

72. Although schizophrenia is associated with brain abnormalities that are present at onset of the disease, a retrospective cohort study found that routine neuroimaging does not have significant diagnostic value in first-episode psychosis.

- A. True
- B. False

12/19, pg. 70

73. According to the American Academy of Pediatrics (AAP) revised practice guideline for ADHD in children and adolescents, which of the following should be considered as first-line treatment for preschool-aged children.

- A. Methylphenidate
- B. Parent training
- C. Behavioral intervention
- D. Either parent training or behavioral intervention

12/19, pgs. 71–72

74. For elementary and middle school-aged children with confirmed ADHD, the guideline recommends:

- A. Only pharmacotherapy
- B. Only parent training or behavioral intervention
- C. Pharmacotherapy with parent training and behavioral intervention
- D. None of the above

12/19, pgs. 71–72

75. For all patients attending school, educational interventions and individualized instructional supports, including school environment, class placement, instructional placement, and behavioral supports, are:

- A. Ineffective
- B. A necessary part of the treatment plan
- C. Helpful if other interventions are unsuccessful

12/19, pgs. 71–72

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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Activity Code: 19MP02C Test 35

e-mail address (for credit notification)

	A	B	C	D		A	B	C	D		A	B	C	D
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, 2021

CME Activity Code: 19MP02C Test 35