

# Mindful Continuing Education

## Affect and Mood Disorders in Children

### Defining Affect and Mood

#### 1. Specific terminology used to describe a child's affect includes:

- A. The range of expression that is considered typical or "normal" is referred to as representative affect
  - B. Blunted affect refers to a mild restriction in the range or intensity of display of feelings
  - C. Extreme variations in expressions of feelings is termed unstable affect
  - D. When the outward display of emotion is inappropriate for the situation, such as laughter while describing pain or sadness, the affect is described as inappropriate
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### Mood

2. A mood is typically neither highly intense nor sustained over an extended period of time, and the range of what is regarded as a normal or appropriate mood varies considerably from individual to individual and from culture to culture.

- A. True
  - B. False
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### What Do We Mean When We Talk About Affect and Mood?-Sadness Problem

3. While sadness among children may be a normal developmental presentation, severe issues may be an indication of a more serious disorder.

- A. True
  - B. False
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### Disruptive Mood Dysregulation Disorder (DMDD)

#### 4. Characteristics of DMDD include each of the following EXCEPT:

- A. It is characterized by severe and recurrent temper outbursts that are grossly out of proportion in intensity or duration to the situation

- B. Outbursts occur, on average, two or more times a week for at least six months
  - C. Between outbursts, children with DMDD display a persistently irritable or angry mood, most of the day and nearly every day, that is observable by parents, teachers, or peers
  - D. A diagnosis requires that symptoms be present in at least two settings (at home, at school, or with peers) for 12 or more months, and symptoms must be severe in at least one of these settings
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## **Keeping The Environment in Perspective as a Cause of Commonly Identified Psychosocial Problems**

**5. Youngsters manifesting emotional upset, misbehavior, and learning problems are commonly assigned psychiatric labels that were created to categorize external or environmental distress.**

- A. True
  - B. False
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## **Toward a Broad Framework**

**6. Improving the way the environment accommodates individual differences may be a sufficient intervention strategy in addressing psychopathology and psychosocial problems.**

- A. True
  - B. False
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## **Overview of Protective and Risk Factors-Top 10 Protective Factors**

**7. For populations served by the Administration on Children, Youth, and Families (ACYF), primary individual level protective factors include self-regulation skills and:**

- A. Problem-solving skills
  - B. Involvement in positive activities
  - C. Relational skills
  - D. All of the above
- 

## **The Prevention of Mental Disorders in School-Aged Children: State of the Field**

**8. Risk factors for increased psychopathology in children such as perinatal complications, neurochemical imbalance, organic handicaps, and sensory disabilities are referred to as inherent**

circumstances.

- A. True
  - B. False
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## **Preventive Intervention: Definition of Levels**

**9. Which of the following is an accurate statement about varying levels of preventative intervention?**

- A. Universal preventive interventions target the general public or a whole population group after certain members have been identified as high-risk
  - B. Universal intervention programs include home visitation and infant day care for low-birth weight children, preschool programs for all children from poor neighborhoods, and support groups for children who have suffered losses/traumas
  - C. Indicated preventive interventions target individuals who are identified as having prodromal signs or symptoms or biological markers related to mental disorders, but who do not yet meet diagnostic criteria
  - D. Providing social skills or parent-child interaction training for children who have early behavioral problems are examples of selected interventions
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## **Preventing Depression in Youth**

**10. Prevention efforts for depressed adolescents should focus on specific risk factors, evaluate protective factors, use a skills-based approach, and target universal samples.**

- A. True
  - B. False
- 

## **About Positive Psychology**

**11. An understanding of positive psychology is consistent with the efforts of schools to enhance self-regulation and promote social and emotional learning, while also emphasizing strengths, protective buffers, and:**

- A. Assets and resilience
  - B. Connectivity and self-awareness
  - C. Self-reliance and individuality
  - D. Flexibility and responsibility
- 

## **Depression in Schools**

**12. Tips for assisting students who are depressed in the classroom include involving them in class discussions in order to keep them engaged, letting them know they are cared about, and never giving up on them.**

- A. True
  - B. False
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## **Adolescent Depression**

**13. When teens are depressed, they may experiment with drugs or alcohol, become sexually promiscuous to avoid feeling uncomfortable, or they may express their depression through hostile, aggressive, or risk-taking behavior.**

- A. True
  - B. False
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## **Children and Depression**

**14. Which of the following is NOT one of the author's recommendations for parents to promote mood elevation among depressed children?**

- A. Plan for special events
  - B. Arrange one interesting activity per day
  - C. Discuss enjoyable topics
  - D. Encourage exercise or other physical activities
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## **Depression-Understanding the Problem**

**15. One significant abnormal behavior among teens is when they become overly concerned with separating from parents and family to gain independence, and they act defensively to attain this goal.**

- A. True
  - B. False
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## **Treating the Problem-Recommendations for Best Practice**

**16. Treatment for depressed children and adolescents should begin with a thorough evaluation to identify the most appropriate approach for a specific youth and to:**

- A. Determine established beliefs and patterns
  - B. Establish the youth's baseline level of functioning to help monitor progress
  - C. Evaluate prior intervention experiences
  - D. None of the above
- 

## **Effective Child Therapy**

**17. Interpersonal psychotherapy (IPT) is the preferred treatment modality for young children who are experiencing depression.**

- A. True
  - B. False
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## **Behavioral Management: Suicide Crisis**

**18. When a student is talking about suicide, experts recommend that school personnel keep the student talking, as silences will likely increase tension and enhance the crisis state.**

- A. True
  - B. False
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## **Bipolar Disorder in Teens**

**19. Bipolar disorder diagnosis in children and adolescents is complex and involves careful observation over an extended period, as signs and symptoms are similar to those that occur with other disorders.**

- A. True
  - B. False
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## **Sample Goals for Special Ed Students**

**20. Students with bipolar disorder may exhibit which of the following behaviors?**

- A. They may appear tired, bored, irritable, and explosive, and have poor judgment and decision-making skills

- B. They can be extremely energetic, talkative, distractible, and very impulsive
  - C. They may have difficulty expressing feelings and frustrations
  - D. All of the above
- 

## **Controlling Anger**

**21. The three primary approaches for dealing with angry feelings are expressing, suppressing, and:**

- A. Deterring
  - B. Controlling
  - C. Calming
  - D. Deflecting
- 

**22. Pathological expressions of anger may include exhibiting passive-aggressive behavior or becoming perpetually cynical and hostile.**

- A. True
  - B. False
- 

## **Why Are Some People More Angry Than Others**

**23. Research indicates that people who are easily angered often come from families that are disruptive, chaotic, and that have:**

- A. Poor emotional communication skills
  - B. Authoritative or coercive discipline styles
  - C. Difficulty resolving conflicts
  - D. Lack of cohesion and adaptability
- 

## **Helping Young Children Deal with Anger**

**24. Since the ability to regulate the expression of anger is linked to an understanding of the emotion, and because children's ability to reflect on their anger is somewhat limited, children need guidance from adults to understand and manage angry feelings.**

- A. True
  - B. False
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## **Helping the Child Who is Expressing Anger**

**25. The primary goal of anger management for young children is to teach them to take responsibility for the way they express anger.**

- A. True
  - B. False
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