Mindful Continuing Education

Psychosocial Problems Facing School-Aged Youth

Time for Straight Talk about Mental Health Services and MH in Schools

1. When reviewing policies and practices that are key to advancing a broad approach to expanding mental health in schools, experts focus on each of the following EXCEPT:

A. The concept of mental health encompasses a continuum of concerns ranging from promoting positive social and emotional development to treating mental disorders
B. Mental health problems are fully enmeshed with psychosocial and educational problems
C. Schools have a role to play in promoting positive mental health, preventing learning, behavior, and emotional problems, intervening as early as feasible when such problems arise, and treating severe and chronic problems
D. A mental health agenda that includes appropriate clinical services must be able to stand alone as a high priority for schools

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Moving Forward: MH in Schools & Student/Learning Supports

2. School-based interventions must address the problems of the many youngsters who aren't benefitting from instructional reforms because of a host of external and internal barriers, psychosocial issues, and mental health concerns that may be interfering with their development and learning.

A. True
B. Fasle

Keeping the Environment in Perspective as a Cause of Commonly Identified Psychosocial Problems

3. In general, emotional upset, misbehavior, and learning problems in children and adolescents are the result of internal pathology, and therefore must be addressed as such.

A. True
B. False

Problems Categorized on a Continuum Using a Transactional View of the Primary Locus of Cause

4. Problems caused by a significant mismatch between individual differences and vulnerabilities and the nature of a person's environment, rather than by a person's pathology, tend to be:

A. Mildly severe and narrowly pervasive
B. Moderately severe and moderately to broadly pervasive
C. Mildly to moderately severe and pervasive
D. Profoundly severe and broadly pervasive

A Full Range of Programs to Address Behavioral, Emotional, and Learning Problems

5. Targeted interventions for early school-aged children may include support and guidance to ameliorate school adjustment problems, personalized instruction in the primary grades, and:

A. Comprehensive and accessible psychosocial and physical and mental health programs
B. Systems' enhancement through multidisciplinary team work, consultation, and staff development
C. Appropriate screening and amelioration of physical and mental health and intervention psychosocial problems
D. Emergency and crisis prevention and response mechanisms

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6. In order to meet the needs of all students, school and community resources must be effectively integrated to promote healthy development and prevent problems, intervene early to address issues, and assist with chronic and severe problems.

A. True
B. False

Planning, Implementing and Evaluating Cultural and Linguistic Competency for Comprehensive Community Mental Health Services for Children and Families

7. Cultural competence is a key principle that must be integrated within all aspects of systems of care, and it is particularly critical in the delivery of services and supports to children and youth with emotional, behavioral and mental disorders and their families.

A. True
B. False

Definitions

8. Culturally competent organizations have the capacity to value diversity, manage the dynamics of difference, adapt to diversity and the cultural contexts of the communities they serve, and:

A. Exhibit operational effectiveness
B. Conduct self-assessment
C. Integrate cultural insight and expertise
D. Assign value to cultural identity

Developing Systems at a School for Problem Identification, Triage, Referral and Management of Care

9. Which of the following is NOT one of the recommended components of specialized Interventions to address individual student and family problems?

A. Academic learning supports
B. Physical and mental health services
C. Comprehensive community support service
D. Social, legal, and economic supports

Treatments for Psychosocial Problems and Disorders

10. Interventions that adopt an "observable factors orientation" place value in understanding underlying circumstances that lead to problems in functioning and behavior.

A. True
B. False

Frequently Identified Psychosocial Problems; Developmental Variations, Problems, Disorders, and Interventions- ADHD in Children and Adolescents

11. Children with the hyperactive-impulsive type of Attention-Deficit/Hyperactivity Disorder (ADHD) often fail to finish tasks, are easily distracted, and have trouble staying organized.

A. True
B. False

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12. Which of the following is a correct statement about ADHD and other disorders?

A. About a third of all young people with attention-deficit/hyperactivity disorder also have oppositional or conduct disorder

B. As many as one-fifth have depression
C. About one-half have a learning disability
D. Approximately a fourth have an anxiety disorder along with ADHD

Problems-Behaviors Serious Enough to Disrupt Functioning with Peers, at School, at Home, but Not Severe Enough to Meet Criteria of a Mental Disorder

13. In infancy and early childhood, a problem level of hyperactive/impulsive behaviors may be easily confused with cognitive problems such as limited intelligence or specific developmental problems, although such problems may occur simultaneously.

A. True
B. Fasle

Conduct Disorder in Children and Adolescents

14. Factors that may contribute to a child developing conduct disorder include inconsistent rules and harsh discipline, lack of enough supervision or guidance, frequent change in caregivers, neglect or abuse, a delinquent peer group, and:

A. Poverty
B. Genetics
C. Personality
D. Neurobiological processes

Developmental Variations: Behaviors that are Within the Range of Expected Behaviors for That Age Group

15. Negative emotional behaviors in children are associated with temperamental traits, particularly low adaptability, high intensity, and negative mood, and such behaviors decrease drastically with development and are often especially responsive to discipline.

A. True
B. False

Problems--Behaviors Serious Enough to Disrupt Functioning with Peers, at School, at Home, but Not Severe Enough to Meet Criteria

16. Characteristics of oppositionality that increase in intensity despite caregiver interventions and that interfere with peer or adult interactions, but are not severe enough to meet the criteria for a disorder include:

A. The infant bites, kicks, cries, and pulls hair frequently
B. A young child frequently grabs others' toys, shouts, hits or punches siblings and others, and is verbally abusive
C. In middle childhood, the child intermittently tries to annoy others, makes up excuses, begins to ask for reasons why when given commands, and argues for longer times
D. The adolescent intermittently hits others, uses bad language, is verbally abusive, may display some inappropriate suggestive sexual behaviors.

Disorders that Meet the Criteria of a Mental Disorder

17. Oppositional defiant disorder usually becomes evident before age 8 years or no later than early adolescence, it is more prevalent in males than in females before puberty, and rates are more equal after puberty.

A. True
B. False

Accommodations to Reduce Conduct and Behavior Problems

18. As schools move beyond overreliance on punishment and social control strategies, there is ongoing advocacy for social skills training and new agendas for character education and:

A. Family and community engagement
B. Emotional intelligence training
C. Positive discipline
D. Trauma informed strategies

Intervention Focus in Dealing with Misbehavior

19. When developing consequences for young people’s misbehavior in school, natural consequences should be implemented so that students have opportunities to bounce back from misconduct and learn how to recover from mistakes.

A. True
B. False

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20. Which of the following is an accurate statement about proactive motivation for misbehavior?

A. Individuals react by trying to protect themselves from the unpleasant thoughts and feelings that the situations stimulate
B. The misbehavior reflects efforts to cope and defend against aversive experiences
C. Actions may be direct or indirect and include defiance, physical and psychological withdrawal, and diversionary tactics
D. Noncooperative, disruptive, and aggressive behavior patterns tend to be rewarding and satisfying to an individual because the behavior itself is exciting or because the behavior leads to desired outcom

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Anxiety Disorders in Children and Adolescents

21. If not treated early, anxiety disorders in children can lead to missed school days or an inability to finish school, impaired relations with peers, low self-esteem, alcohol or other drug use, problems adjusting to work situations, and anxiety disorder in adulthood.

A. True
B. False

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22. Each of the following is an accurate statement about risk factors for childhood anxiety disorders EXCEPT:

A. A person's basic temperament may play a role in some childhood and adolescent anxiety disorders
B. Studies suggest that children or adolescents are more likely to have an anxiety disorder if their parents have anxiety disorders
C. High levels of anxiety in a child aged 4 to 6 may be an indicator that later anxiety disorders are likely to develop
D. Studies are unclear as to whether anxiety disorders in children are caused by biology, environment, or both

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Developmental Variation Within the Range of Expected Behaviors for That Age Group

23. Transient anxious responses to stressful events that occur in an otherwise healthy child and do not ordinarily affect normal development.

A. True
B. False

Disorders that Meet the Criteria of a Mental Disorder as Defined by the Diagnostic and Statistical Manual of the American Psychiatric Association

24. Impairment in children with generalized anxiety disorder tends to take the form of a decline from optimal functioning rather than a failure to achieve an expected level of functioning.

A. True
B. False

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25. According to the authors, children with separation anxiety disorder often refuse to attend school or fail to participate, exhibit a decline in classroom performance or social functions, and may have unsubstantiated worries that lead to parental frustration and confusion.

A. True
B. False

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26. Obsessive-compulsive disorder usually presents in adolescence or early adulthood, but it may begin in childhood, and although for the most part onset is gradual, acute onset has been noted in some cases.

A. True
B. False

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27. With obsessive-compulsive disorder, obsessions and/or compulsions interfere with functioning, cause marked distress, or occupy more than:

A. One hour a day
B. Two hours a day
C. Three hours a day
D. Four hours a day

Teen Depression

28. Strategies to help teens manage depression include staying active, trying to keep a regular sleep schedule, spending time with friends and family, and breaking down school or work tasks into smaller ones and organizing them in priority order.

A. True
B. Fasle

Developmental Variations: Behaviors within the Range of Expected Behaviors for That Age Group

29. Normal age-specific responses for children experiencing bereavement include those responses that relate to culture, the nature of the relationship between the child and the one the child is grieving, the child's history of loss, and:

A. Parental response to the loss
B. Familial protective factors
C. The child’s level of resiliency
D. The child’s temperament

Problems-Behaviors Serious Enough to Disrupt Functioning with Peers, at School, at Home, but Not Severe Enough to Meet Criteria of a Mental Disorder

30. While behavioral symptoms may occur when children are processing bereavement, if such symptoms persist for 3 months or longer, evaluation and intervention is recommended.

A. True
B. False

Disorders that Meet the Criteria of a Mental Disorder as Defined by the Diagnostic and Statistical Manual of the American Psychiatric Association

31. Dysthymic disorder is characterized by depressed/irritable mood for most of the day, for more days than not for at least 1 year, and although the symptoms of dysthymic disorder are less severe or disabling than those of major depressive disorder, they are more persistent.

A. True
B. False

Suicidal Ideation and Attempt

32. Very young children, such as preschoolers who do not appreciate the finality of death, can be considered suicidal if they wish to carry out a self-destructive act with the goal of causing death.

A. True
B. False

Social and Emotional Functioning

33. Children demonstrate cognitive competence by exhibiting which of the following characteristics:

A. Delaying gratification
B. Identifying, labeling, and expressing feelings
C. Understanding behavioral norms and the perspectives of others
D. Expressing appropriate non-verbal skills and listening to and helping others

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Disorders that Meet the Criteria of a Mental Disorder-Aviodant Personality Disorder

34. The essential feature of Avoidant Personality Disorder is a pervasive pattern of social inhibition, feelings of inadequacy, and:

A. Disproportionate fear of the unknown
B. Hypersensitivity to negative evaluation
C. Distress around normal routines, relationships, and work situations
D. Physical symptoms that interfere with functioning in social situations

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What Educators Can Do in Classrooms and Schools

35. The mental health of all students in the classroom and throughout the school can be enhanced by educating staff, parents, and students about mental health problems, by promoting social and emotional competency and building resilience, and by helping to ensure a positive, safe school environment.

A. True
B. False

A Team to Manage Resources

36. The literature on resource coordination within school systems makes it clear that a first step in countering fragmentation involves evaluating the goals and implications of collaboration.

A. True
B. False

Fully Integrated with School and Community Resources

37. Effective models of care for promoting wellness and addressing barriers to learning for school-aged children offer a range of activities and provide interventions that:

A. Are developmentally-oriented
B. Emphasize social skills
C. Are solution-focused
D. Enhance behavior management

Enhancing Home Involvement and Forming Partnerships with Parents

38. Most parents of youngsters who are doing poorly in school become motivated to get involved in interventions, since typically when parents of such a youngster are called to school because of the child's problems, they leave with a sense of urgency and understanding of what is needed to change the situation.

A. True
B. False

Fostering a Caring School Culture

39. Making fair decisions about how rules are applied and who should get what services and resources involves principles of distributive justice, which include each of the following EXCEPT:

A. Should each person be responded to in the same way and given an equal share of available resources?
B. Should each person be responded to and provided for according to individual need?
C. Should each person be responded to and served according to his or her societal contributions?
D. Should each person be responded to based on past incidences and previous interventions?

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40. Specific steps to address barriers to learning and to re-engage disconnected students include enhancing school leaders' participation in mapping, analysis, and decision making with respect to improving student and learning supports and capitalizing on the ability of students to encourage use of such supports amongst each other.

A. True
B. False

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