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Mental Health in the Pediatric Population

1. Which of the following statements best explains the significance of recognizing pediatric mental health disorders?

A. Recognizing these disorders helps in providing accurate diagnoses and appropriate treatments.
B. Recognition allows for better academic performance in children.
C. Early recognition only benefits nurses in their career progression.
D. Recognition primarily reduces the anxiety levels of caregivers.

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2. What is a common factor between Generalized Anxiety Disorder (GAD) and Separation Anxiety Disorder in children?

A. Both disorders are more prevalent in male children.
B. They both involve excessive, irrational fear that affects daily activities.
C. The symptoms of both disorders usually subside before adolescence.
D. Both are primarily caused by environmental factors like school events.

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3. When devising nursing interventions for children with pediatric mood disorders, what key consideration should a nurse prioritize?

A. Focusing solely on the child’s physical symptoms of mood disorder.
B. Ensuring that family members are educated on the disorder without involving them in treatment.
C. Promoting optimal health by integrating mental health considerations into the child's care plan.
D. Isolating the child to prevent interaction with peers during treatment.

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4. Which treatment approach is most appropriate for managing selective mutism in children?

A. Developing speech therapy programs that focus on correcting speech impairments.
B. Designing parent-child interaction therapies to decrease anxiety without pressuring verbal responses.
C. Encouraging verbal interaction through mandatory participation in public speaking events.
D. Increasing pharmacological interventions to reduce overall anxiety symptoms.

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5. What is a primary difference between Conduct Disorder and Oppositional Defiant Disorder in pediatric patients?

A. Conduct Disorder involves severe aggression and violation of others' rights, while ODD is characterized by defiant behavior with less aggression.
B. ODD leads to legal consequences more frequently than Conduct Disorder.
C. Both disorders have identical symptoms but differ in ages of onset.
D. Conduct Disorder occurs only in adolescents, whereas ODD occurs in younger children.

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6. Which of the following best describes the 'combined type' of ADHD symptoms?

A. Symptoms are exclusively inattentiveness-related.
B. Symptoms are exclusively hyperactivity-related.
C. Symptoms combine both inattentive and hyperactivity-impulsivity characteristics.
D. Symptoms alternate between inattentive and hyperactivity over time.

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7. What distinguishes atypical anorexia nervosa from typical anorexia nervosa?

A. Atypical anorexia nervosa involves binge eating, whereas typical does not.
B. Atypical anorexia patients maintain a typical weight despite similar psychological symptoms.
C. Atypical anorexia nervosa focuses on muscle gain instead of weight loss.
D. Atypical anorexia nervosa patients do not experience distressing thoughts about food.

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8. In the context of childhood PTSD, which factor is most likely to worsen the condition?

A. The trauma was a natural disaster.
B. The trauma was experienced by the child's peers.
C. The trauma was intentional like abuse.
D. The trauma involved a minor accident.

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9. What is a critical reason for employing screening tools like the PSC-17 in pediatric care?

A. To provide a quick and definitive diagnosis for ADHD.
B. To detect mental health issues that may not be apparent through observation.
C. To solely evaluate the intelligence level of a child.
D. To recommend immediate psychiatric medication.

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10. Why is there no single cause identified for pediatric mental health disorders?

A. Because mental health disorders are solely caused by genetics.
B. Due to competition among various behavioral health research centers.
C. Because mental health disorders arise from a mix of genetic, biological, and environmental factors.
D. Because mental health disorders are exclusively caused by environmental factors like social media.

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11. What factors can affect the accuracy and efficiency of using pediatric mental health screening tools in a primary care setting?

A. The time constraints of office staff and compatibility with patient age groups
B. The specific mental health disorder being diagnosed and simultaneous use of multiple screening tools
C. Clinic's geographic location and patient's socioeconomic status
D. The provider's level of experience and patient's familiarity with mental health assessments

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12. Why is cognitive behavioral therapy (CBT) often combined with medications in treating anxiety disorders in children?

A. CBT alone leads to quicker symptom resolution than medications alone
B. Medications alone are more effective than introducing CBT
C. Studies show a combination of CBT and medications is more effective than using either modality independently
D. CBT is quicker to implement than medication regimens

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13. Which of the following statements is accurate regarding oppositional defiant disorder (ODD) treatment?

A. Medication is typically the first step in treating ODD symptoms
B. Parent management training focuses primarily on non-consistent outcomes
C. Differential attention involves rewarding desired behavior and building rapport
D. Family therapy is optional but not essential for treating ODD

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14. Regarding treatment of post-traumatic stress disorder in children, how does it differ from that in adults?

A. Medication is the primary treatment option for children but not adults
B. Exposure-based therapy is used in all cases for both children and adults
C. Trauma-focused psychotherapy is more effective than medication treatment alone in children
D. Children require hospitalization more often than adults when diagnosed with PTSD

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15. Why is continual communication essential when introducing medication treatment for ADHD in a child?

A. It prevents the child from developing tolerance to the medication
B. The medication combinations work differently for various individuals requiring ongoing evaluation
C. It is necessary to adjust the child's dosage weekly to avoid side effects
D. It ensures that the school can apply behavior interventions consistently

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16. What should be Debbie's primary focus when Emily arrives at the behavioral health unit?

A. Observing how Emily's arrival affects the milieu environment.
B. Ensuring Emily immediately interacts with other patients.
C. Providing Emily with a comprehensive list of unit rules.
D. Immediately starting Emily on an activity schedule.

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17. Which factor is NOT commonly affected by pediatric mental health disorders?

A. Physical health aspects like diet and exercise
B. A child’s ability to learn coping skills
C. The risk of developing chronic diseases
D. Immediate improvement in academic performance

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18. How do nursing interventions differ between pediatric ADHD and depression?

A. ADHD interventions focus on self-management, while depression interventions involve safety planning.
B. ADHD interventions emphasize routines and organization, while depression interventions require understanding medication regimens.
C. ADHD interventions are community-based, whereas depression requires inpatient care.
D. ADHD interventions require increased physical activity, while depression interventions avoid structured activities.

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19. Why is early diagnosis and treatment crucial for pediatric mental health conditions?

A. They guarantee complete eradication of the mental health disorder.
B. They prevent the development of any physical health conditions.
C. They minimize the impact on learning, social skills, and emotional development.
D. They lead to immediate social integration for the child.

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20. Which role is NOT typical for pediatric mental health nurses in a primary care setting?

A. Promoting mental health literacy in patients and caregivers.
B. Providing detailed pharmacological therapies directly.
C. Identifying symptoms that require further evaluation.
D. Ensuring the awareness of mental and physical symptom connections.

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