

- Here is some information about your test/exam :
- Webinar Name : TREATMENT FOR SUICIDAL IDEATION, SELF-HARM, AND SUICIDE ATTEMPTS AMONG YOUTH .
- Percentage of questions you need to answer correctly to pass: 75%.
- You can take this test as many times as you wish.

1. Suicide is now the _____ leading cause of death for adolescents and young adults aged 15 to 24 in the United States

- A: Third
- B: Second
- C: First
- D: Fourth

2. From 1999 through 2018, the suicide death rate _____ for females aged 15 to 19 and 20 to 24

- A: Doubled
- B: Tripled
- C: Increased by half
- D: Stay the same

3. In 2017, American Indian and Alaska Native (AI/AN) youth, as well as youth of more than one race, reported the _____ rates of both suicidal ideation and suicide attempts.

- A: lowest
- B: most subjective
- C: highest
- D: least

4. While suicide attempt rates decreased among most racial and ethnic groups between 1991 and 2017, _____ youth experienced an increase in suicide attempts and injury by suicide attempt.

- A: White
- B: Asian
- C: Middle Eastern
- D: Black

5. Differences in suicide attempt rates may be attributed to disparities in access to mental health treatment and other factors that AI/AN and Black youth disproportionately experience, including

- A: Poverty
- B: Adverse childhood experiences
- C: Historical trauma
- D: All of the above

6. The association between alcohol use and suicidal thoughts and behaviors is of concern, since more than _____ percent of youth aged 12 to 17 used alcohol in 2019, and 9.4 percent reported past month use

- A: 21
- B: 30
- C: 25
- D: 50

7. Mental and substance use disorders, including _____, also increase the likelihood and severity of suicidal ideation, as well as risk of suicide attempts and deaths.

- A: Depression, anxiety, bipolar disorders, eating disorders, cocaine use, and alcohol use or misuse
- B: Depression, anxiety, reading disorders, eating disorders, marijuana use, and alcohol use or misuse
- C: Depression, anxiety, bipolar disorders, eating disorders, marijuana use, and alcohol use or misuse
- D: Depression, anxiety, trichotillomania disorders, eating disorders, marijuana use, and alcohol use or misuse

8. Marijuana use and depression are associated with suicidal ideation and a _____ likelihood of suicide attempts among adolescents

- A: lower
- B: similar
- C: higher
- D: insignificant

9. Different functions and motivations underlie self-harm and suicidal thoughts and behaviors. An understanding of these functions can help inform prevention and intervention approaches. Internal motivators, referred to as intrapersonal functions, include

- A: Physical pain
- B: Hopelessness
- C: A desire to escape
- D: Only B and C

10. Family Intervention for Suicide Prevention (FISP), also referred to as SAFETY-Acute, is a developmentally-informed safety planning intervention for youth that focuses on

- A: Building hope and reasons for living
- B: Helping youth understand their signs and patterns of emotional escalation
- C: Identifying strategies to stay safe
- D: All of the above

11. The following medication is an FDA-Approved Medications for Children and Teenagers

- A: D Duloxetine (Cymbalta) allowed for children 4 years and older
- B: Sertraline (Zoloft) allowed for children 6 and older
- C: Escitalopram(Lexapro) allowed for children 7 and older
- D: None of the above

12. The following are evidence-based programs to treat suicidality in youth

- A: Youth-Nominated Support Team-Version II (YST-II)
- B: Integrated Cognitive Behavioral Therapy (I-CBT)
- C: Safe Alternatives for Teens and Youth (SAFETY)
- D: All of the above

13. According to the reading, DBT is intended for use across all

- A: Sexual and gender identities
- B: Races
- C: Socioeconomic status
- D: Only A and B

14. Although the body of research is growing, providers continue to face the challenge of limited evidence, particularly from RCTs, when selecting programs to treat suicidal thoughts and behaviors in youth because among many reasons

- A: Suicidality is uncommon among youth
- B: There is not enough money
- C: With a relatively uncommon outcome, such as suicide attempts, an RCT may not be able to enroll enough youth to see a statistical improvement, even if the treatment works
- D: All of the above

15. The following are ABFT's Five Treatment Tasks

- A: Relational Reframe Task, Adolescent Alliance Task, Parental Alliance Task, Attachment Task, and Autonomy Promoting Task
- B: Relational Reframe Task, Adolescent Alliance Task, Community Alliance Task, Attachment Task, and Autonomy Promoting Task
- C: Relational Reframe Task, Adolescent Alliance Task, Teacher Alliance Task, Attachment Task, and Autonomy Promoting Task
- D: Relational Reframe Task, Adolescent Alliance Task, Parental Alliance Task, Attachment Task, and Identity Promoting Task

16. ABFT is designed to last approximately _____ weeks and span 10 to 20 sessions.

- A: 12 to 24
- B: 12 to 16
- C: 8 to 12
- D: None of the above

17. MST-Psych is an adaptation of MST specifically designed for adolescents with high-risk symptoms, such as

- A: Suicidal
- B: Self-injurious
- C: Aggressive behavior
- D: All of the above

18. According to the study reviewed in the reading, MST-Psych did not demonstrate a reduction in

- A: Depression
- B: Homicidal ideation
- C: Self-worthlessness
- D: Suicidal ideation

19. Elements of SAFETY include:

- A: Youth and family come together to practice skills identified as important to prevent repeat suicide attempts
- B: Only A and C
- C: Youth and family come together to practice skills identified as important to prevent repeat suicide ideation
- D: Youth work with one therapist while parents simultaneously work with a different therapist

20. According to the reading in terms of SAFETY, The RCT included in the evidence review did not find statistically significant improvements in

- A: Parasuicidal self-harm
- B: Non-suicidal self-harm
- C: Suicidal self-harm
- D: None of the above

21. A key component of I-CBT for suicide treatment is that it targets common thought processes and behaviors that underlie

- A: Substance use disorders
- B: Suicidal thoughts/ behaviors
- C: Comorbid mental health conditions
- D: All of the above

22. According to the reading, to improve the field's understanding of I-CBT's effectiveness, additional studies should be conducted to:

- A: Include more racially, ethnically, and gender diverse youth
- B: Establish stronger findings across multiple suicide outcomes (i.e., suicidal ideation,
- C: All of the above
- D: Observe the treatment in a variety of settings

23. YST-II is a psychoeducational social support program designed for adolescents _____ who have recently reported a suicide attempt or serious suicidal ideation

- A: In intensive outpatient programs
- B: In substance abuse rehabilitation programs
- C: Hospitalized in a psychiatric unit
- D: None of the above

24. According to the reading, the YST-II study did not measure

- A: Homicidal ideation

- B: Suicidal ideation
- C: Self-harm (non-suicidal or intent unknown)
- D: Suicidal behavior

25. A comprehensive youth suicide treatment program planning and implementation process typically includes the following steps:

- A: Marketing
- B: Only A and B
- C: Build Buy-in and Capacity
- D: Engage Youth with Lived Experience

26. Measurement-based care is

- A: the systematic administration of interventions and use of the results to drive clinical decision making at the level of the individual patient.
- B: the systematic administration of symptom rating scales and use of the results to drive clinical decision making at the level of the individual patient.
- C: the systematic administration of symptom rating scales and use of the results to drive clinical decision making at the level of the hospital setting.
- D: None of the above

27. The Collaborative Assessment and Management of Suicidality (CAMS)

- A: is a therapeutic framework in which the client work to assess the client's suicidal risk and use that information to plan and manage suicide-specific treatment
- B: is a therapeutic framework in which the client and provider work together to assess the client's suicidal risk and use that information to measure suicide-specific treatment
- C: is a therapeutic framework in which the client and provider work together to assess the client's suicidal risk and use that information to plan and manage suicide-specific treatment by half
- D: All of the above

28. CAMS is a widely used intervention but it's efficacy for youth

- A: continues to puzzle researchers
- B: is similar to other suicidality treatments
- C: none of the above
- D: has not been tested

29. CAMS incorporates the Suicide Status Form (SSF) to assess the client and guide the development of a treatment plan. The SSF has been validated for use with youth aged

- A: 12 to 17
- B: 12 to 15
- C: 17 to 21
- D: 10 to 15

30. Safety planning is

- A: an essential intervention and component of an evidence-based treatment approach
- B: currently not widely used
- C: not recommended for suicidal behavior management
- D: not well researched

31. Research has shown that individuals who receive safety planning are

- A: more than twice as likely to receive mental health services
- B: all of the above
- C: less likely to be hospitalized in the following year
- D: less likely to experience suicidal behavior

32. Clinicians should collaborate with youth and their parents (if it is safe and appropriate to involve the family) at the beginning of a treatment program to develop a safety plan that is

- A: brief
- B: in the youth's own words
- C: easy to read
- D: all of the above

33. The literature shows that different aspects of family life and relationships can serve as either risk or protective factors for suicide and self-harm. Separate parent or integrated family sessions may focus on

- A: emotional regulation
- B: improving communication
- C: parent monitoring, and resolving family conflicts that have strained the parent-child bond
- D: all of the above

34. Coping skills training sessions may focus on

- A: emotional regulation, distress tolerance, cognitive restructuring, communication skills, help seeking, problem-solving, and/or conflict resolution.
- B: emotional regulation, distress tolerance, parental restructuring, communication skills, help seeking, problem-solving, and/or conflict resolution.
- C: emotional regulation, distress tolerance, cognitive restructuring, navigation skills, help seeking, problem-solving, and/or conflict resolution.
- D: emotional regulation, distress tolerance, cognitive restructuring, communication skills, imaging, problem-solving, and/or conflict resolution.

35. Research shows that individuals experiencing suicidal thoughts and behaviors are

- A: less likely to initiate treatment, to attend 15 to 20 sessions, or to drop out of treatment
- B: less likely to initiate suicidal behaviors, to attend only a few sessions, or to drop out of treatment
- C: less likely to initiate treatment, to attend only a few sessions, or to guide their own treatment
- D: less likely to initiate treatment, to attend only a few sessions, or to drop out of treatment

36. When selecting and implementing optimal interventions to address suicidal thoughts and behaviors, there are several potential factors to consider, including

- A: treatment fidelity
- B: adaptation of youth
- C: program sustainability
- D: only A and C

37. Program implementers should consider how to tailor treatments to be compatible with the clients' cultural patterns, meanings, and values.

- A: cultural meanings
- B: cultural patterns
- C: cultural values
- D: all of the above

38. To make a program more culturally appropriate, it is important to consider the preferred

- A: rituals, values, attitudes, beliefs, practices, and experiences of the cultural groups served
- B: language, values, attitudes, beliefs, practices, and experiences of the cultural groups served
- C: language, values, attitudes, superstitions, practices, and experiences of the cultural groups served
- D: language, laws, attitudes, beliefs, practices, and experiences of the cultural groups served

39. Programs may need to be adapted to better address the additional challenges that LGBTQ youth face. For programs that incorporate families into treatment,

- A: the practitioner will first need to ask the youth whether their parents know about their gender identity and/or sexual orientation
- B: if parents are aware, they will need to assess how the parents responded to this information and determine how the family is currently interacting around issues related to gender identity and/or sexual orientation
- C: with the preceding information in mind, clinicians can then implement interventions to reduce suicidal thoughts and behaviors while ensuring they do not result in further stigmatization and rejection of gender and/or

sexual minority youth by their families

- D: all of the above

40. When adapting programs to be delivered virtually, program administrators should consult best practices in delivering telehealth services, such as

- A: the American Telemedicine Association's Practice Guidelines for Video- Based Online Mental Health Services
- B: the American Psychiatric Council's Practice Guidelines for Video- Based Online Mental Health Services
- C: the International Telemedicine Association's Practice Guidelines for Video- Based Online Mental Health Services
- D: the American Ontological Association's Practice Guidelines for Video- Based Online Mental Health Services

41. The effectiveness of a program depends on the participant's adherence to the recommended treatment plan and retention in care. The following are some strategies to achieve this aim

- A: engage youth as active partners in their own care
- B: assess adherence behaviors and potential barriers, such as low self-efficacy, stigma, financial concerns, and access to services
- C: build a therapeutic alliance by demonstrating positive regard for the youth and family, showing empathy, and communicating clearly
- D: all of the above

42. According to the reading, implementation of treatment programs requires sustainable funding mechanisms. Some strategies to accomplish this aim are

- A: increase program visibility
- B: only a and b
- C: coordinate with state and local suicide prevention partners -
- D: review insurance policies

43. Desert Visions and Nevada Skies are residential treatment centers for American Indian/Alaska Native (AI/AN) youth aged 12 to 18. About _____ of youth present at intake with suicidal ideation or behavior.

- A: four thirds
- B: one third
- C: two thirds
- D: half

44. Desert Visions and Nevada Skies population of focus is youth with a primary diagnosis of

- A: substance abuse disorder
- B: antisocial personality disorder
- C: reading disorder
- D: polydipsia

45. According to the reading, Desert Visions and Nevada Skies had a pilot study consisting of 229 participants where _____ percent had statistically significant changes on the YOQ-SR.5 The YOQ-SR asks specifically about self-harm and suicidal ideation, in addition to emotional and physical distress and interpersonal problems.

- A: 96
- B: 95
- C: 86
- D: 85

46. Children's Health System of Texas incorporates elements of SAFETY in both its inpatient and intensive outpatient programs (IOP) for youth. SAFETY-Acute (also known as the Family Intervention for Suicide Prevention, or FISP), the first session of SAFETY, is implemented in the health system's

- A: psychiatric department
- B: pediatric department
- C: emergency department
- D: urgent care department

47. Children's Health System of Texas' IOP uses the Concise Health Risk Tracking Self- Report scale to assess risk of participating youth. Outcome data on 364 adolescents who completed at least one group session are available. The majority of adolescents went on

- A: to complete the program
- B: indicated satisfaction with the program
- C: showed improvement in depressive symptoms and suicidal ideation and behavior
- D: all of the above

48. The Fairfax-Falls Church Community Services Board (CSB) provides outpatient and intensive services for emotional disability, mental illness, substance use, and co-occurring disorders for children and youth from ages 3 to 22 and their families. It implements the following program

- A: Attachment-Based Family Therapy
- B: Integrated cognitive behavioral therapy (I-CBT)
- C: SAFETY
- D: Dialectical Behavior Therapy for Adolescents (DBT-A)