“TRAUMATIC BRAIN INJURY IN RETURNING VETERANS” (A024)
2009 Videoconference Series
Quiz for General CEUs, Act 48, CADC/CCDP, CPRP, NBCC, PCHA, Psychologist, and Social Work/LPC/LMFT Continuing Education Credit (2.0 credit hours)

DIRECTIONS: Complete this test after viewing the webcast of the videoconference listed above.
In order for Western Psychiatric Institute and Clinic to record that you completed the training, please complete this test and the Application/Validation for Continuing Education Credit on the next page. After finishing, sign where indicated on the second page and return both forms by mail to:
Jennifer Lichok
WPIC/OERP
3811 O’Hara Street
Champion Commons, Third Floor
Pittsburgh, PA 15213

TRUE/FALSE – Indicate whether the statements below are TRUE or FALSE.

1. Injury to the head that causes amnesia in the context of an emotional trauma will help prevent the development of PTSD.
   A. True
   B. False

2. Mild traumatic brain injury is strongly correlated with the development of PTSD 3-4 months past concussive injury.
   A. True
   B. False

3. Approximately half (50%) of persons who experience mild TBI continue to have symptoms six months after their head trauma.
   A. True
   B. False

4. Displacement of the individual due to pressure load from an explosion is considered a tertiary blast injury
   A. True
   B. False

5. Mild Traumatic Brain Injury is not as difficulty to diagnose in veterans as many people think because it has few symptoms that overlap with the type of disorders likely to be seen in veterans who have served in a combat environment.
   A. True
   B. False

6. Mild TBI is characterized by a loss of consciousness of fifteen minutes or less, a GCS score of 13-15 after 30 minutes, and Post Traumatic amnesia of less than 24 hours.
   A. True
   B. False

PLEASE CONTINUE TO NEXT PAGE
MULTIPLE CHOICE – Please choose the BEST answer.

7. The DMS-IV criterion for PTSD does NOT include:
   A. Exposure to a life threatening or perceived life threatening traumatic event
   B. Efforts to re-experience the trauma or similar events as a way of coping with it
   C. Hyper-arousal
   D. Intrusive memories of the traumatic event

8. All of the following are symptoms of PTSD that can overlap with TBI EXCEPT:
   A. Insomnia
   B. Subdue, blunted affect
   C. Poor concentration
   D. Amnesia

9. Atypical antipsychotics that may be of benefit in treating behavioral problems in TBI include all of the following EXCEPT:
   A. Thioridazine
   B. Ziprasidone
   C. Olanzapine
   D. Risperidone

10. Veteran John Smith experienced a mild TBI from an Improvised Explosive Device (IED) while serving in Iraq. He also experienced numerous psychologically traumatic events while serving in Iraq. He now reports cognitive symptoms and affective symptoms that began gradually six to twelve months after his return from deployment. The most likely diagnosis is:
    A. Post-Concussional Disorder
    B. Post Traumatic Stress Disorder
    C. A & B
    D. None of the above
“TRAUMATIC BRAIN INJURY IN RETURNING VETERANS” (A024)

APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR General CEUs, Act 48, CADC/CCDP, CPRP, NBCC, PCHA, Psychologists, and Social Work/LPC/LMFT (2.0 CREDIT HOURS)

INSTRUCTIONS: In order for Western Psychiatric Institute and Clinic to record the credit you earn by viewing this program, we request that you follow the directions below:

1. Print your name, address, and social security number clearly below.
2. Sign the statement affirming your attendance at the session.
3. Return with payment to: Jennifer Lichok
   WPIC/OERP
   3811 O’Hara Street
   Champion Commons, Third Floor
   Pittsburgh, PA 15213

I hereby affirm that I viewed the videoconference web cast indicated above:

Signature __________________________ Date Completed __________

PLEASE PRINT CLEARLY:

Social Security Number (last five digits only) ____________

Mailing Address __________________________________________

Name _____________________________ City __________________ State _ ________ Zip Code __________

Phone # __________________________ Email address __________________________

TYPE OF CREDIT: Please Indicate Your Certification Needs

☐ Act 48: Educators (please complete Act 48 packet) ☐ CAC/CCDP: Certified Addiction Counselor
☐ CEU: General Continuing Education Credit ☐ CPRP: Certified Rehabilitation Practitioners
☐ NBCC: National Board of Certified Counselors ☐ PCHA: Personal Care Home Administrators
☐ Psychologist ☐ SW/LPC/LMFT: Social Work (LCSW, MSW)

PAYMENT ENCLOSED:

☐ $30 for Act 48, CADC/CCDP, CEU, CPRP, NBCC, PCHA, Psychologist, or Social Work credit

PAYMENT TYPE:

☐ Check # __________________________ (Check payable to OERP/WPIC)

☐ Credit Card # __________________________ Expiration Date: __________ ID#: __________

Type of Credit Card: __________________________ Signature __________________________

☐ UPMC Account Transfer: Dept. ID: __________________________ Account # __________________________

Administrator’s Name __________________________ Administrator’s Signature __________________________

Please mail these two forms to the above address. If your score is 80% or above, you will receive a certificate via mail. If you have any questions please call Jennifer Lichok at 412-204-9088.

Office of Education and Regional Programming