



**“SUICIDE PREVENTION IN PRIMARY CARE: A PARTNERSHIP WITH FAMILIES,  
PHYSICIANS AND BEHAVIORAL HEALTH PROVIDERS” (A033)**

2009 Youth and Family Training Institute Videoconference and Webcast Series  
Quiz for General CEUs, Act 48, CAC/CCDP, NBCC, Psychologist or Social Work/LPC/LMFT Continuing  
Education Credit (2.0 credit hours)

**DIRECTIONS:** Complete this test after viewing the web cast of the webcast 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  
4601 Baum Building, Room 178  
3811 O’Hara Street  
Pittsburgh, PA 15213

**MULTIPLE CHOICE – Please select the BEST answer.**

1. **Primary care providers may use the following to help them assess youth for suicide risk and/or depression:**
  - A. Evidence-based practice
  - B. Clinical-based practice
  - C. Both A and B
  - D. None of the above
2. **Two questionnaires that are recommended for use in primary care by the TeenScreen National Center are:**
  - A. Child Behavioral Checklist and Pediatric Symptom Checklist
  - B. Pediatric Symptom Checklist and Suicide Risk Screen
  - C. Child Behavior Checklist and Suicide Risk Screen
  - D. Patient Health Questionnaire for Adolescents and Pediatric Symptom Checklist
3. **A mnemonic that can help one remember the warning signs for suicide is:**
  - A. ARE YOU HAPPY?
  - B. IS PATH WARM?
  - C. FEEL GOOD
  - D. NO RISK HERE

**TRUE/FALSE - Please indicate whether the questions below are true or false.**

4. **The U.S. Preventative Services Task Force recommended that primary care providers assess youth for suicide risk, but not for depression.**
  - A. True
  - B. False
5. **Some providers may not screen adolescents for suicide risk because the mental health services that may be needed are not in place.**
  - A. True
  - B. False
6. **Fluoxetine is the only FDA approved medication for youth under age 18.**
  - A. True
  - B. False



- 7. Youth who do not acknowledge having thoughts of suicide may still be at risk for suicide.**
  - A. True
  - B. False
- 8. Treatment studies designed to reduce risk for suicide have also shown that the new (active) treatment is also more efficacious than usual care in reducing depression.**
  - A. True
  - B. False
- 9. Approximately 70% of teens see their primary care physician at least one a year.**
  - A. True
  - B. False
- 10. The Guidelines for Adolescent Preventive Services (GAPS) has proven to be effective for PCPs to screen for youth suicide risk.**
  - A. True
  - B. False
- 11. Barriers to primary care screening for teen depression and suicide risk is a multi-system problem.**
  - A. True
  - B. False
- 12. There are only approximately 5-10 screening tools that have been developed to screen for youth depression and suicide risk.**
  - A. True
  - B. False



*Western Psychiatric Institute and Clinic  
Office of Education and Regional Programming*

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**APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR  
General CEUs, Act 48, CAC/CCDP, NBCC, 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  
4601 Baum Building, Room 178  
3811 O'Hara Street  
Pittsburgh, PA 15213

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

\_\_\_\_\_  
**Signature** **Date Completed**

**PLEASE PRINT CLEARLY:**

<b>Social Security Number (last five digits only)</b>	<b>Mailing Address</b>
<b>Name</b>	<b>City</b> <span style="margin-left: 100px;"><b>State</b></span> <span style="float: right;"><b>Zip Code</b></span>
<b>Phone #</b>	<b>Email address</b>

**TYPE OF CREDIT: *Please Indicate Your Certification Needs***

<input type="checkbox"/> CAC/CCDP: Certified Addiction Counselor	<input type="checkbox"/> CEU: General Continuing Education Credit
<input type="checkbox"/> NBCC: National Board of Certified Counselors	<input type="checkbox"/> Psychologist
<input type="checkbox"/> SW/LPC/LMFT: Social Work (LCSW, MSW), Licensed Professional Counselor	
<input type="checkbox"/> Act 48 (Educators) Professional Personnel ID #: _____ (please complete Act 48 packet)	

**PAYMENT ENCLOSED:**

- \$30 for Act 48, CAC/CCDP, NBCC, Psychologist or Social Work credit.
- \$15 for General CEU (**not** for professional licensure)

**PAYMENT TYPE:**

- Check # \_\_\_\_\_ (Check payable to OERP/WPIC)
- Credit Card # ( \_\_\_\_\_ Expiration Date: \_\_\_\_\_ ID#: \_\_\_\_\_  
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- 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 412-802-6915.

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