



**“PSYCHOPHARMACOLOGY UPDATE ON MEDICATIONS FOR CHILDREN AND ADOLESCENTS” (A021)**

2008 Videoconference Series

Quiz for General CEUs, 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 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  
4601 Baum Building, Room 178  
3811 O’Hara Street  
Pittsburgh, PA 15213

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

1. **Lisdexamfetamine (Vyvanse®) may have less potential for abuse than other medications for ADHD.**  
A. True  
B. False
2. **MAOI antidepressants are first line agents for use in depression.**  
A. True  
B. False
3. **SSRIs such as fluoxetine (Prozac®) can be used to treat anxiety as well as depression.**  
A. True  
B. False
4. **During therapy with antidepressants, side effects may appear prior to therapeutic events.**  
A. True  
B. False
5. **Paliperidone (Invega®) can be cut, crushed or chewed.**  
A. True  
B. False
6. **When adding lamotrigine (Lamictal®) to medication regimens containing valproic acid, the titration schedule should be altered to decrease the risk of Stevens-Johnson Syndrome.**  
A. True  
B. False

**PLEASE CONTINUE TO THE NEXT PAGE**



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

- 7. Which of the following are potential side effects of methylphenidate and other stimulant therapies?**
- A. Loss of appetite
  - B. Insomnia
  - C. Rapid heart beat
  - D. All of the above
  - E. None of the above
- 8. Non-stimulant therapies for ADHD include which of the following:**
- A. Atomoxetine (Strattera®)
  - B. Olanzapine (Zyprexa®)
  - C. Clonidine (Catapres®)
  - D. A & C
  - E. All of the above
- 9. Risperidone (Risperdal®) is available as:**
- A. A dissolvable tablet
  - B. A long-acting injection
  - C. A short-acting injection
  - D. A & B
  - E. All of the above
- 10. Weight gain is a significant side effect of:**
- A. Olanzapine (Zyprexa®)
  - B. Aripiprazole (Abilify®)
  - C. Ziprasidone (Geodon®)
  - D. None of the above
  - E. All of the above
- 11. Side effects of Lithium include:**
- A. Hair loss
  - B. Nausea
  - C. Tremor
  - D. B & C
  - E. All of the above
- 12. Blood level monitoring is required for which of the following:**
- A. Valproic acid or divalproex (Depakote®)
  - B. Carbamazepine (Tegretol®)
  - C. Oxcarbazepine (Trileptal®)
  - D. A & B
  - E. All of the above



*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, CAC/CCDP, NBCC, Psychologists and Social Work/LPC/LMFT CREDIT ONLY (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>
_____ <b>Phone #</b>	_____ <b>Email address</b>
_____ <b>State</b>	_____ <b>Zip Code</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	

**PAYMENT ENCLOSED:**

- \$30 for 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#: \_\_\_\_\_  
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 412-802-6915.