Child Case Management Training: Module 2 Test

DIRECTIONS: Complete this test after finishing Module 2 of the Child Case Management Training. Print your name, agency information and social security number CLEARLY below. After finishing the test, sign and return this form to your supervisor.

PLEASE PRINT CLEARLY
Name: ______________________________________________________ Social Security Number (last five digits):________
Agency: ____________________________________________________ Today’s Date: _____________________________

MULTIPLE CHOICE - Please select the one false statement:
1. Stimulants for ADHD are used to treat:
   A. Inattention
   B. Hyperactivity
   C. Impulsivity
   D. Depression

MULTIPLE CHOICE – Please select the BEST answer to the following question:
2. Some positive symptoms of psychosis include:
   A. Delusions
   B. Hallucinations
   C. Withdrawal
   D. Apathy
   E. A & B only
   F. All of the above

TRUE/FALSE – Indicate whether the statements below are TRUE or FALSE.
3. Most drugs do have adequate safety and efficacy data to support pediatric use. True False
4. In treating children with ADHD, 75-95% of patients respond to stimulant therapy. True False
5. Please select the BEST answer:
   A. SSRIs are equally effective as older antidepressants.
   B. SSRIs have a greater risk of fatality with overdose.
   C. SSRIs should only be used as a last resort to treat depression.
   D. All of the above

I hereby affirm that I did complete the module indicated above: ____________________________________________

Participant’s Signature

Supervisor: Please Complete

<table>
<thead>
<tr>
<th>Supervisor Name</th>
<th>Agency</th>
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<tr>
<td>I hereby affirm that the case manager completed Module 2 and scored higher than 80% on the test.</td>
<td></td>
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<tr>
<td>Supervisor Signature</td>
<td>Date</td>
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Rev. 5/25/05