NR606 Midterm Exam Study Guide

Midterm Exam

Review the weekly Explore section content and required readings as noted within your Student Lesson Plan for Learning Success.

Study Tips:

- Summarize key concepts in your own words or create diagrams to visualize relationships.
- Teach the material to someone else to reinforce understanding.
- Study in focused sessions of 25–50 minutes, with 5–10-minute breaks in between.
- Review material periodically over several days or weeks instead of cramming. Write notes by hand and use color coding or mind maps to organize information visually.
- Read each exam question twice before looking at the answer
- Set aside specific times each day for studying.
- View challenges as opportunities to improve.
- At the end of each study session, jot down key takeaways, lingering questions, or topics needing more review and use this reflection to plan your next study session effectively

Week One: Ethical and Practical Considerations

- **What are barriers to seeking mental health care: lack of sufficient info/lack of services, reluctance to seek help (stigmas), dropping out of school, language barriers, living in places with poor resources, stressors (problems int he family, etc), cost, scheduling conflicts, long waitlists, staff turnovers**
- **Social determinants and access to care in children and adolescents**
- **Developmentally appropriate teaching in children and adolescents**
  - 2-7 (pre operational): symbolic thought, egocentric thinking - use words/ pictures to represent objects
  - 7-11 (concrete operational): logical operations when thinking
  - 12+ (formal operational): abstract reasoning, can understand theories/ideas such as love and justice
- **Racial and ethnic barriers to treatment**
- Know types of stigma: structural, self, public, intervention
- Parental access to child/adolescent's mental health records – legal aspects
- Ethical and legal principles of informed consent
- Mandatory reporting
- **What are principles of dosing children with medications/ physiologic differences in treatment of children**
  - physiologic factors impact pediatric medication selection and dosing
  - more rapid metabolism then adults, may require higher dose
  - younger children may not be able to communicate complaints

Week Two: Diagnosis & Management of Maternal Mental Health Disorders

- **Substance abuse in pregnancy, treatment and assessment (know CIWA scoring)**
  - USPSTF and ACOG: Brief Intervention and Referral to Treatment (SBIRT) approach to screen for substance use during the perinatal period
  - CMS: bundled reimbursement initiative to incentivize screening at preconception and perinatal visits
  - validated screening tools include Substance Use Risk Profile-Pregnancy scale (SURP-P) and 4P's Plus© (can also include validated screening for depression and domestic violence with 4P's)
  - screening can pose ethical dilemmas for providers in states that criminalize substance use during perinatal period
  - alcohol use treatment: behavioral therapy and harm reduction counseling
    - little info on acamprosate and naltrexone safety during pregnancy
    - inpatient treatment for those at risk for moderate/severe/complicated alcohol withdrawal (CIWA more than 10) - https://umem.org/files/uploads/1104212257_CIWA-Ar.pdf
  - tobacco use treatment: NRT (higher doses nay be required due to metabolic changes in pregnancy, use IR to minimize infant exposure), bupropion, or combo may be initiated
    - evidence to support efficacy of these is mixed
    - burpoprion is associated with slightly elevated rates of congenital heart defects
    - insufficient evidence for varenicline
    - animal data suggests that nicotine exposure during breastfeeding could interfere with lung development or present a risk of sudden infant death syndrome (SIDS), risks are not well-established
  - OUD treatment: avoid abrupt discontinuation of opioid use to avoid withdrawal (can harm mother and baby), methadone and buprenorphine are most prescribed MATs for pregnancy (dosing may be increased during the second and third trimesters due to increased blood volume and metabolism)
    - naltrexone is not recommended due to concerns about detoxification and an uncertain safety profile in pregnancy
      - is safe breastfeeding
    - those in MAT who become pregnant should continue treatment through pregnancy, labor, delivery, and the postpartum period
  - other substances: should be advised to abstain or reduce the use of other substances in the perinatal period
- **Antipsychotic medications in pregnancy**
  - SGAs: aripiprazole, quetiapine, risperidone, olanzapine
    - indicated for psychosis and bipolar (not first-line bipolar)
    - side effects: weight gain, sedation, GI effects
    - pearls: some are mono therapy, some are not, monitor for EPS (involuntary facial movements, limb movements), XR/injection forms improve adherence
    - olanzapine and quetiapine carry increased risk of gestational diabetes/large for age infants
      - olanzapine also has risk of musculoskeletal malformations
    - risperione and quetiapine are most used
    - risk of all SGAs is neonatal withdrawal symptoms
    - reducing or discontinuing carries risk of destabilization
    - breastfeeding: clozapine is not recommended due to risk of neutropenia/