Bringing It All Together

You are a group leader on one of the ICF units at SDC, one of the clients in your group is Mickey, a 44-year-old man with Down Syndrome. He is sociable, but mischievous. He can say a few words, such as “toy”, “no”, and “hurt.” He enjoys his vocational activity most of the time but has to be reminded, repeatedly, to get back to work (he has a job shredding paper). His physical treatment profile lists: hypothyroidism, constipation, dermatitis, GERD, and obstructive sleep apnea. When he is angry he vocalizes and pushes people; when he’s happy he can be a charmer.

1. As a psychiatric technician you know that Down syndrome is:
   a. A disorder caused by gestational problems in the neonate
   b. A genetic abnormality
   c. Perinatal hypoxia
   d. Drug exposure during pregnancy
Answer: B- Down syndrome, also called Trisomy 21, is a genetic disorder. Perinatal hypoxia has long been suspected of causing cerebral palsy, but there may be other factors involved. Drug exposure during pregnancy is usually worst with resultant FAS.

2. The common characteristics of Down are:
   a. Short stature, epicanthal fold, smallish head
   b. Long face, hand flapping
   c. Microcephaly, hirsutism, and severe mental impairment
   d. Port wine stain

Answer: A—Down syndrome. A more complete list would include: Poor muscle tone; Slanting eyes with folds of skin at the inner corners (called epicanthal folds); Hyperflexibility (excessive ability to extend the joints); Short, broad hands with a single crease across the palm on one or both hands; Broad feet with short toes; Flat bridge of the nose; Short, low-set ears; Short neck; Small head; Small oral cavity; and/or short, high-pitched cries in infancy.

3. The other characteristics listed above would suggest which syndromes?
   a. Long face, hand flapping,
   b. Microcephaly, hirsutism, and severe mental impairment
   c. Port wine stain

Answer: A—Fragile X—Elongated face; High arched palate; Hand calluses; Hand flapping; Enlarged testicles

B= Cornelia de Lange- As with other syndromes, individuals with CdLS strongly resemble one another. Common characteristics include: low birthweight (often under five pounds), slow growth and small stature, and small head size (microcephaly). Typical facial features include
thin eyebrows which frequently meet at midline (synophrys), long eyelashes, short upturned nose and thin, downturned lips.

Other frequent findings include excessive body hair (hirsutism), small hands and feet, partial joining of the second and third toes, incurved fifth fingers, gastroesophageal reflux, seizures, heart defects, cleft palate, bowel abnormalities, feeding difficulties, and developmental delay. Limb differences, including missing limbs or portions of limbs, usually fingers, hands or forearms, are also found in some individuals.

C:= Sturge-Weber: is a neurological disorder indicated at birth by seizures accompanied by a large port-wine stain birthmark on the forehead and upper eyelid of one side of the face. Neurological symptoms include seizures that begin in infancy and may worsen with age. Convulsions usually happen on the side of the body opposite the birthmark and vary in severity. There may be muscle weakness on the same side. Some children will have developmental delays and mental retardation; most will have glaucoma (increased pressure within the eye) at birth or developing later. The increased pressure within the eye can cause the eyeball to enlarge and bulge out of its socket (buphthalmos). Sturge-Weber syndrome rarely affects other body organs.

4. As mentioned earlier, one of Mickey's physical problems is constipation. Common causes of constipation are:
   a. Poor fluid intake
   b. Lack of exercise
   c. Side effects of medications
   d. All of the above
Answer: D—All of the above. According to the National Digestive Disease Foundation, not enough fiber in the diet; lack of physical activity (especially in the elderly); medications; milk; irritable bowel syndrome; abuse of laxatives; ignoring the urge to have a bowel movement; dehydration; specific diseases or conditions, such as stroke (most common); problems with the colon and rectum; problems with intestinal function (chronic idiopathic constipation)

5. Mickey dislikes drinking his fluids. Some strategies for getting him to improve fluid intake would be to:
   a. Threaten him
   b. Offer jello and other snacks that contain fluid
   c. Insert an NG tube
   d. Ignore his non-drinking behavior

Answer: B—In the real world P.T.s sometimes have to get creative and hydrate clients using jello, snow cones...anything that is high in fluid content.

6. Symptoms of hypothyroidism include:
   a. Increased energy
   b. Muscle pain
   c. Lethargy and weight gain
   d. Episodes of sternutation

Answer C: According to the Merck Manual: The symptoms and signs of primary hypothyroidism are generally in striking contrast to those of hyperthyroidism and may be quite subtle and insidious in onset. The facial expression is dull; the voice is hoarse and speech is slow; facial puffiness and periorbital swelling occur due to infiltration with the mucopolysaccharides hyaluronic acid and chondroitin sulfate; cold intolerance may be prominent; eyelids droop because of decreased adrenergic drive; hair is sparse, coarse, and dry; and the skin is coarse, dry, scaly, and thick. Weight gain is modest and is largely the result of decreased metabolism of food and fluid retention. Patients are forgetful and show other evidence of intellectual impairment, with a gradual change in personality. Some appear depressed. There may be frank psychosis (myxedema madness)

7. Testing a client for hypothyroidism involves:
   a. Blood test for TSH
   b. Genetic testing
   c. Urine testing
   d. Taking history from a family member
Answer: A—A simple blood test for thyroid stimulating hormone will indicate that medication is needed. Some diseases, such as Huntington's disease (a degenerative nerve disease) and Marfan syndrome (a connective tissue disorder), can be inherited from just one parent. Most disorders cannot occur unless both the mother and father pass along the gene. Some of these are cystic fibrosis, sickle cell anemia, and Tay-Sachs disease. Other genetic conditions, such as Down syndrome, are not inherited. In general, they result from an error (mutation) in the cell division process during conception or fetal development. Still others, such as achondroplasia (the most common form of dwarfism), may either be inherited or the result of a genetic mutation.

8. Hypothyroidism:
   a. Can be treated with medication
   b. Cannot be treated
   c. Can be corrected with iodine radiation
   d. Can be corrected with thermal radiation

Answer: Hypothyroidism can be corrected with medication, such as synbiot used to treat hyperthyroidism. Thermal radiation is not used.

9. Because of GERD, Mickey should avoid certain foods. These include:
   a. Sweets only
   b. Starches and foods high in carbohydrates
   c. Spicy, acidic, or fried foods
   d. Chinese food

Answer C: Spicy, acidic, and fried foods. Also: sodas that contain caffeine, chocolate and peppermint, spicy foods like pizza, acidic foods like oranges and tomatoes, fried and fatty foods

10. Mickey has a training objective to learn to manage the money he earns. This objective is important because:
   a. It will make licensing surveyors happy
   b. It will improve Mickey’s independence
   c. It will prevent Mickey from getting swindled
   d. It will give Mickey something to do

Answer: B—Independence!
11. Mickey can dress himself, but usually is slow at it and needs lots of verbal prompts. A new group leader asks if he can dress Mickey in order to save time. Your best response would be:
   a. “Good idea. That would be much quicker.”
   b. “No. That’s not what is in the plan.”
   c. “Mickey needs to maintain his skills in ADLs, so be patient.”
   d. “Fine. That’s what I always do.”

Answer: C- Never do for the client what he can do for himself.

6. Mickey’s training plan says to praise him when he has worked consistently for five full minutes. This is an example of:
   a. Negative reinforcement
   b. Positive reinforcement
   c. Bribery
   d. Primary reinforcer

Answer: B- positive reinforcement. It is not a primary reinforcer because praise is not a biological necessity (such as food, water, etc.)

Another client from your unit, James, is being returned from Sonoma Valley Hospital. James is in his fifties, and now has a new physical problem for dyslipidemia and angina.

12. Dyslipidemia can best be described as:
   a. An orofacial condition that causes a lisp
   b. A terminal blood condition
   c. Too little HDL, too much LDL
   d. Difficulty swallowing

Answer: C- Too little HDL, too much LDL
13. Angina can best be described as:
   a. The primary cause of male pattern baldness
   b. A hereditary condition that causes frequent sternutation
   c. Chest pain caused by lack of oxygen in cardiac muscle
   d. A chronic pulmonary condition resulting in chest pain

14. One of James' treatment plan objectives concerns his total cholesterol. The plan is for total cholesterol to be within a therapeutic range. The therapeutic range for total cholesterol would be:
   a. 600-700
   b. 500-600
   c. Less than 300
   d. Less than 200

Answer: D - <200

15. The community hospital will be faxing James' discharge information. When does discharge planning begin?
   a. At the time the patient is discharged
   b. As soon as the patient is well enough to understand
   c. At the time the patient is admitted
   d. 24-hours post admission

Answer: C - At the time the patient is admitted. Planning for a patient’s post-hospital needs care does not begin on the day a decision is made to release the patient from the hospital. It is generally accepted that discharge planning should start prior to admission (for planned admissions) or at the time of admission (for unplanned admissions). Discharge planning is not a single intervention; it involves several activities: Assessment of the patient’s physiological, psychological, social and cultural needs. Development of a care plan that identifies and documents discharge strategies. Arranging for the provision of services, including patient/family education and referrals. (Brown-Spath Assoc.)

16. Speaking of discharge plans, which of the following is the best description of what a discharge plan entails:
   a. A brief list of things to do
   b. A list of things to do along with doctor’s appointments
   c. Continuations of care plans that include arranging for services the patient will still need
   d. A phone number to call if the patient needs anything

Answer: C - continuation of care...

17. One of the new medications to be given to the returning client is nitroglycerine. The most common route of administration for nitroglycerine is:
   a. Injection
   b. PO
   c. Sublingual
18. James other physical conditions includes cerebral palsy, epilepsy, tendency to lose weight, and osteoporosis. Cerebral Palsy can best be described as:
   a. A disorder that causes mental impairment
   b. A neurological condition that gets progressively worse over time
   c. A group of disorders of movement and posture resulting from injury to the developing central nervous system.
   d. Brain injury that always results in complete paralysis

   Answer: C

19. The ability to maintain the body's center of mass over its base of support is called:
   a. Balance
   b. Sensory awareness
   c. Ankle strategy
   d. Kinesthetic awareness

   Answer: A

20. One of James' medications is alendronate. You know that this medication has been prescribed for:
   a. Angina
   b. Osteoporosis
   c. Dyslipidemia
   d. Appetite

   Answer: C Alendronate (Fosamax) is a compound that alters the cycle of bone formation and breakdown in your body. Alendronate increases new bone formation.

21. Which of the following statements is not true of osteoporosis:
   a. It is the weakening of bone mass and density
   b. It happens to post menopausal women only
   c. It can lead to increased risk of fractures
   d. 

22. Another client in your group, Kelly, has Lesch-Nyhan syndrome. Which of the following is the best description of this disorder:
   a. The client has a compulsion to self-mutilate
   b. It is a genetic disorder that can be managed with a low-starch diet
   c. It can be identified by a characteristic port wine stain
   d. The client typically is small in stature with microcephaly

   • Hyperuricemia (overproduction of uric acid)
• Urate crystal formation (orange, crystal-like deposits found in the urine, caused by the overproduction of uric acid)
• Mental retardation (typically in the moderate range)
• Aggressive and impulsive behaviors (always including self-injurious behaviors)
• Choreoathetosis (involuntary writhing movements of the arms and legs and purposeless repetitive movements)
• Spasticity
• Dystonia (involuntary spasms and muscle contractions)
• Ballismus (violent flinging movements of the limbs)
• Muscle weakness (hypotonia)
• Speech impairment
• Hyperreflexia (exaggeration of reflexes)
• Kidney stones

23. Kelly wears splints on his limbs. Which of the following statements best describes splints:

a. Very little documentation is needed because it is evident that they are necessary
b. Once they’re applied there’s nothing to worry about
c. They are legal and appropriate because they are applied for client safety
d. Even though they are applied to prevent self injury, the least restrictive method must be used, and only after a complete assessment has been performed

Answer: D—Federally, OBRA in 1983, in Calif. SB-130 (most recently)

24. Splints should be checked every thirty minutes or so for:

a. Effectiveness
b. To verify that the client’s circulation is adequate
c. Wear and tear
d. A and B

Answer: A and B

25. Clients with Lesch-Nyhan usually have mental mental impairment in the moderate range. The moderate range places their IQ at:

a. Below 20
b. 20-35
c. 35-55
d. 55-70

Answer: C

26. The majority of person diagnosed with MR fall into which range:
a. Severe  
b. Mild  
c. Moderate  
d. Profound

Another client in the group is Shelly, a 33-year-old young woman. She doesn’t talk, doesn’t make eye contact, and dislikes being touched. She seems to live in a world of her own.

27. This is typical of the person with:
   a. Huntington’s Chorea  
   b. Cornelia de Lange Syndrome  
   c. Autism  
   d. Lesh-Nyhan disease

Answer: C—autism: no speech, non-speech vocalizations, echolalia; speech consisting of literally repeating something heard; delayed echolalia: repeating something heard at an earlier time; confusion between the pronouns "I" and "You"; lack of interaction with other children; lack of eye contact; lack of response to people; treating other people as if they were inanimate objects; when picked up, offering no "help" ("feels like lifting a sack of potatoes"); preoccupation with hands; flapping hands; spinning; balancing, e.g. standing on a fence; walking on tiptoes; extreme dislike of certain sounds; extreme dislike of touching certain textures; dislike of being touched.

Huntington’s Chorea is an inherited, degenerative disorder of the Central Nervous System, caused by a dominant gene. This means that everyone who inherits the gene from one of his/her parents WILL develop the disease, and the likelihood of doing so is therefore 50%.

Huntington’s Chorea is a particularly devastating disease because symptoms normally do not occur until after the age of 35, but can onset later (the earlier the onset, the more severe the disease tends to be). It is principally a movement disorder, with the first observable symptoms manifesting themselves as 'clumsiness', but as the disease progresses the movements become uncontrollable. These movements appear to be very bizarre and include odd bodily postures. Other symptoms are also apparent including forgetfulness and irritability or withdrawing (in the early stages) progressing to dementia with severe memory loss and lack of reasoning.

Shelly’s physical treatment profile lists the following conditions: epilepsy, aspiration pneumonia, constipation, and hemorrhoids.

28. What signs and symptoms would you expect to see on her health care objectives and plans for pneumonia?
   a. Hacking cough and night sweats
b. Runny nose and flushed face
c. Fever, shortness of breath, and chest pain
d. Insomnia, fever, and sneezing

Answer: C- You usually have a high fever and shaking chills, when you cough, your sputum is yellow or brown; You may have chest pain, which is usually worse with breathing or coughing. Your chest also may be sore when you touch or press it; You may be very short of breath, especially if you have any chronic lung conditions such as asthma or emphysema; Because chest pain also can be a sign of other serious medical conditions, do not try to diagnose yourself.

29. When Shelly had pneumonia several months ago, her physician ordered a chest x-ray and a CBC. A chest x-ray would show:

   a. What kind of bacteria is causing the illness
   b. How much Shelly has left in her respiratory reserves
   c. How extensively the disease has spread through her lungs
   d. Whether or not she should stay home from her vocational project

Answer: C

30. Shelly's physical problems are managed fairly well. At her recent IPP the focus was on her socialization skills, which are poor. She loves to twirl things and rarely initiates eye contact. Someone proposes using shaping as a way to help her improve on her eye contact. Which of the following best describes shaping:

   a. It means we are shaping the person into what we want them to be
   b. It means she will be reinforced, or rewarded, for anything that approximates or resembles the behavior
   c. It means she will be objectively assessed
   d. It means that extinction has been reached

Answer: B

31. When writing objectives to improve Shelly's socialization it is important for the target objective to be:

   a. Realistic
   b. Clear, specific and measurable
   c. Written in technical language
   d. Written well enough to be followed by familiar staff

Answer: B
32. At the IPP meeting, someone suggested that Shelly should be left alone to twirl her inanimate objects, after all, she isn't hurting anyone. Which of the following is the best response:
   a. You're right. We should leave her alone.
   b. She must conform
   c. Social skills will allow her a choice- be alone or be with others. Right now, she doesn't have a choice
   d. She might as well have socialization as an objective—it's no better or worse than any others

Answer: C—Developing social skills will provide a new skill and more choices

33. This brings up the topic of social competence. Social competence can best be defined as:
   a. A category in the Miss America pageant
   b. The social condition of being popular
   c. The skills necessary to be accepted and fulfilled socially
   d. The skills and interest to become a social worker

Answer: C—Social competence refers to the skills necessary to be accepted and fulfilled socially

34. Epilepsy was also listed as one of Shelly's physical problems. Typically, she has tonic-clonic seizures. Which of the following best describes a tonic-clonic seizure:
   a. The client loses consciousness and her limbs become rigid.
   b. The client loses consciousness, her limbs become jerky, then rigid, and alternates between the two
   c. Consciousness remains the same but one part of the body becomes jerks, then becomes rigid
   d. There is no lose of consciousness, but the client swears uncontrollably

Answer: B—This type is what most people think of when they hear the word "seizure." An older term for them is "grand mal." As implied by the name, they combine the characteristics of tonic seizures and clonic seizures. The tonic phase comes first: All the muscles stiffen. Air being forced past the vocal cords causes a cry or groan. The person loses consciousness and falls to the floor. The tongue or cheek may be bitten, so bloody saliva may come from the mouth. The person may turn a bit blue in the face. After the tonic phase comes the clonic phase: The arms and usually the legs begin to jerk rapidly and rhythmically, bending and relaxing at the elbows, hips, and knees. After a few minutes, the jerking slows and stops. Bladder or bowel control sometimes is lost as the body relaxes. Consciousness returns slowly, and the person may be drowsy, confused, agitated, or depressed.

35. First Aid for seizures includes which of the following:
   a. Hold the person down, being careful not to place your hands on their joints
   b. Using the head-tilt chin lift, insert a bite bar into their mouth to prevent her from biting her tongue
   c. Protect her from injury, by clearing the area of harmful objects
d. Protect client from injury by placing a soft cervical collar on her

Answer: C. Protect the person from injury. Clear the area of furniture or other objects that may cause injury from falls during the seizure. Do not attempt to force a hard object (such as a spoon, or a tongue depressor, etc.) between the teeth. You can cause more damage than you can prevent by doing this! Do not attempt to restrain or hold the person down during the seizure. Protect the person from inhaling vomit or mucus. Turn the person to the side if vomiting occurs. Keep the person on his or her side while sleeping after the seizure is over. If the person having a seizure turns blue or stops breathing, try to position the head to prevent the tongue from obstructing the airway. Breathing usually starts on its own once the seizure is over.

36. Sometimes Shelly progresses to status epilepticus. As a psychiatric technician you know that status epilepticus is:

a. Another name for a tonic-clonic seizure
b. A less severe seizure that often follows a true tonic-clonic seizure
c. Repeated or prolonged seizures with little or no time in between in which normal breathing and behavior returns—it’s an emergency
d. All of the above

Answer: C. Repeated or prolonged seizures without regaining consciousness or returning to normal behavior between them (status epilepticus) may cause severe lack of oxygen in the body. This an emergency situation requiring immediate professional assistance!

37. Which of the following medications would Shelly most likely be taking for seizure management:

a. One low-dose aspirin per day
b. Carbamazepine
c. Effexor
d. Elavil

Answer: B

38. Which of the following medications would be administered in the event of status epilepticus:

a. Carbamazepine
b. Diphenhydramine

c. Effoxor

d. Valium

Answer: D-- Valium

39. When teaching Shelly a new behavior, such as making eye contact, smiling, and saying hello, how often should reinforcement be given?
   a. Every time she does it
   b. Every other time she does it
   c. Occasionally
   d. Every ten minutes when she does it

Answer: A--To develop a new behavior that the client has not previously exhibited, arrange for an immediate reward after each correct performance.

40. When acting as a sighted guide for a blind client, which of the following is the correct technique for walking:
   a. Tell the person where your going, take their arm, and go
   b. Hold hands with the person and walk like a couple
   c. Provide a verbal cue, allow them to take your arm at a point that is comfortable for both of you, walk with the blind person about a half step behind
   d. Provide a verbal cue, talk their arm, and describe the scenery wherever you go.

Answer: C--And, here's the entire process...

A. The sighted guide gives verbal cue ("take my arm/wrist") and/or nonverbal cue (touching the back of the blind person's hand with the back of the guide's hand).
B. The blind person should stand next to and slightly behind sighted guide, facing in the same direction as the guide. Therefore, the blind person is always at least a half step behind the guide.
C. The blind person's upper arm remains close to his or her body, with forearm and upper arm making a right angle at the elbow, with the forearm, wrist and fingertips aiming directly forward. The wrist is neither flexed nor hyper-extended, and the forearm neither angles toward the midline of the body nor away from the body, but aims straight ahead. The blind person grasps the guide's arm or wrist with the fingers toward the inside and the thumb toward the outside of the guide's arm.
D. The guide's arm is grasped at a location such that the blind person's upper arm and forearm form a right angle. The height difference determines this. A preschooler may grip an adult's wrist, whereas a tall blind person may need to grip a short guide's arm just under the armpit. The right angle allows for movement up or down for steps or curbs, etc.
E. The blind person should be responsible for maintaining orientations as well as the proper grip and alignment with the guide, but if he or she in incapable of doing so, the sighted guide is responsible for monitoring this. The blind person's non-grip hand can be used to confirm proper alignment by touching the guide's shoulders and aligning him/herself accordingly. The blind person can also assist with doors when appropriate, and the guide is responsible for the decision to transfer sides as needed to traverse doorways based upon the capabilities of the blind person.
F. The sighted guide is responsible for the safety of the blind person at all times, regardless of the errors on the blind person's part. The guide must be especially careful to monitor obstacles at various levels from head to toe. These obstacles not only include furniture, fixtures and people, but also overhanging head-high obstacles as well as slight irregularities in the pavement.
41. Jessie, a non-verbal, 25-year-old client who has an IQ of about 50, throws temper tantrums when she’s upset. The first step in managing behavior such as this is:
   a. Let Jessie know who is in charge and do not let her get away with behavior like that
   b. Find out what the problem is, the source of the behavior
   c. Ignore the behavior, as long as Jessie remains uninjured
   d. Ignore the behavior. When she wants to stop she will

Answer: B—Behavior is communication. If there’s a problem causing the behavior, find out what the cause is and try to solve it.

42. When looking through behavior plans, the psychiatric technician knows that an antecedent is:
   a. Something that happens first thing in the morning
   b. Something that happens prior to the behavior
   c. Something that happens at the early onset of the client’s condition
   d. Something that happens at the same time as the behavior but that has nothing to do with the behavior

Answer: B—Something that happens prior to the behavior

43. Finding the source of Shelly’s tantrums is necessary, but teaching her to communicate would help her meet her needs without the tantrums. A behavior plan is generated with that in mind. The goal is to decrease tantrums from her current baseline 10 per month, to five. This would be called:
   a. Target behavior
   b. Negative reinforcement
   c. Positive reinforcement
   d. Stimulus

Answer: A—The target behavior is the behavior you want to change. B-Mod Info: The stimulus could be a vocal command (3...2...1... or child’s name), finished tasks, a light flicker, a clap etc. The stimulus is what precedes the expected behavior (goal). The response is what the child does that lets you know that the desired behavior occurred...or didn’t. The consequence or reward is praise, food, reprimands etc. You should now be able to complete the following:

- State the goal
- Identify the stimulus
- Identify the student response
- Identify the reward or consequence.

Rewards and consequences are quite important and need to be specific to the child’s behavior that you are trying to improve or change. Essentially there are three types: Those that are eaten, those that are felt (games, toys, sensory) and those that are social. Discovering the consequences/rewards that work for autistic or severely disabled students will be your challenge. You will need a variety of consequences/rewards at your disposal to be able to determine which one will work for you.

44. Baseline data can best be described as:
a. The fewest times a behavior occurs  
b. How often a behavior occurs prior to a plan being implemented  
c. A cardiac rhythm  
d. What is expected from the client  

Answer: B

45. The purpose of a nursing care plan is to:  
a. Provide care based on the individual's assessed needs  
b. Provide consistent care  
c. Set clear, measurable goals  
d. All of the above  

Answer: D: All of the above.

46. You are providing patient teaching to a client. Patient teaching is done best when:  
a. The patient is impressed with your vast knowledge and expertise  
b. The patient understands what he/she needs to do  
c. You've told the patient everything you can think of about their condition  
d. All of the above  

Answer: B- The point of patient teaching is for the patient to understand what he/she needs to do.

47. A client new to your group has trouble during dining. His gross motor skills cause him to slide food off his plate. The best way to solve this problem is to:  
a. Have the P.T. A. feed him  
b. Tell him that if he isn't more careful he'll miss out on some of his meal  
c. Provide adaptive equipment such as a divided plate, or high-sided plate  
d. Provide pureed food  

Answer: C- adaptive equipment is the way to go.

48. A client has been prescribed an analgesic. You know that an analgesic is to treat:  
a. Subclinical seizures  
b. Pain  
c. Topical Infections  
d. Dropsy  

Answer: B- Pain

49. In developmentally disabled clients, who is the best judge of the client’s pain?  
a. The group leader who knows the client best  
b. The client  
c. The doctor  
d. The clinic person  

Answer: B- the client knows whether or not they are in pain, since he/she is the patient.
50. Skin assessments should look at:
   a. Bruises
   b. Pressure ulcers
   c. Turgor
   d. New lesions or changes in lesions
   e. All of the above

Answer: E All of the above

51. PKU is a disorder caused by:
   a. A newborn's inability to digest phenylalanine
   b. A newborn with too much uric acid in his/her system
   c. A normal newborn who develops a bacterial infection
   d. A newborn with a neurological condition similar to Alzheimer's

Answer: A

52. Characteristics of PKU include:
   a. Microcephaly
   b. Often fair hair and blue eyes
   c. Mousy odor
   d. All of the above

Answer: D All of the above

   About 50% of untreated infants have early symptoms, such as vomiting, irritability, an eczema-like rash, and a mousy odor to the urine. Some may also have subtle signs of nervous system function problems, such as increased muscle tone, and more active muscle tendon reflexes. Later, severe brain problems occur, such as mental retardation and seizures. Other commonly noted features in untreated children include: microcephaly (small head), prominent cheek and upper jaw bones with widely spaced teeth, poor development of tooth enamel, and decreased body growth.

53. One method of preventing new cases of PKU has been:
   a. Vaccinating all newborns
   b. Screening all newborns
   c. Providing prophylactic treatment to all newborns
   d. All of the above

Answer: B All newborns in every state are screened for PKU.

54. At the time a client is having a seizure, what is taking place in his/her brain?
   a. Something similar to a stroke
   b. An incorrect electrical discharge between neurons
c. Cell death of neurons
d. Hyperactivity

Answer: B According to the Merck Manual: Seizure disorders involve periodic disturbances of the brain’s electrical activity, resulting in some degree of temporary brain dysfunction.

55. Seizures can be caused by which of the following:

a. High fevers (in early childhood)
b. Head injury
c. Certain disorders such as CP
d. All of the above

Answer: D- All of the above.

56. A young parent with a six-month-old infant wants to know about developmental milestones. Which of the following is the best response?

a. They are physical changes that take place through life
b. They are classes in school
c. Are a set of functional skills or age-specific tasks that most children can do at a certain age range.
d. All of the above

Answer: C- Developmental milestones are a set of functional skills or age-specific tasks that most children can do at a certain age range. (University of Michigan Health System)

57. By the age of two, a child’s language skills should be at which level?

a. Can say the Pledge of Allegiance
b. Coos, says simple things like Mama and Dada
c. Points to object or picture when it’s named for him; Says several single words (by 15 to 18 months); Uses simple phrases (by 18 to 24 months)
d. Does not talk

Answer: C- Points to object or picture when it’s named for him; Says several single words (by 15 to 18 months); Uses simple phrases (by 18 to 24 months)

58. According to Freud, a two-year-old is in the:

a. Oral stage
b. Anal stage
c. Digital Age
d. Fixated

Answer: B The anal stage of motivational development is characterized by the child’s central area of bodily concern in the rectum. Bowel movements become a source of pleasure to the
child. He may defecate often to achieve this pleasure. This, however, would bring him into conflict with his parents. The conflict leads the child to develop an ego. He comes to realize that he cannot always do what he wants when he wants. He learns that there are certain times when it appropriate to expel waste and other times when it is inappropriate. He gradually comes to understand his mother's wishes and abides by them.

59. The realization that a child has Down syndrome can be determined:

a. Only at birth, when the characteristics are apparent.
b. After about a year, when developmental milestones have failed to develop
c. Parentally, using amniocentesis
d. Using x-ray

Answer: C Amniocentesis is the most common prenatal test used to diagnose chromosomal and genetic birth defects. Another prenatal test, called chorionic villus sampling (CVS), can diagnose most, but not all, of the same birth defects as amniocentesis. If the mother has not had an amniocentesis, the physical characteristics of the newborn might be the first indication that something is amiss.

60. Your neighbor, Buddy, suspects that his three-year-old son has a developmental delay. Which of the following would be the best response:

a. “Well, he will have to go into an institution, then.”
b. “He should have some tests done. The earlier he gets extra help the better.”
c. “Take him to the doctor.”
d. “Maybe he’ll be good at sports.”

Answer: B- Any kind of developmental problem has a better chance of a good outcome if the problem is noticed and addressed early on.

61. Your neighbor, Buddy, says that his three-year-old doesn’t talk. He wonders how big a problem this could be. Which of the following would be the best response:

a. “I bet he’s quiet.”
b. “Take him to be tested. Language is an important skill and he may just need some special help.”
c. “That’s okay. Children don’t usually talk at the age of three anyhow.”
d. “He’ll talk when he has something to say.”

Answer: B- The child needs to be tested. Language is an important skill and he may just need special help.”

62. The mother of a six-month old asks how she should interact with her baby. The best thing she can do is:
a. Talk to your child as you care for him or her throughout the day
b. Read colorful books to your child every day
c. Tell nursery rhymes and sing songs
d. Teach your child the names of everyday items and familiar people
e. Play simple games with your child such as "peek-a-boo"
f. All of the above

Answer: F- all of the above

63. Charlie, one of your clients, has just returned from GAC after having aspiration pneumonia. You know that this means:

   a. He has a highly infectious bacterial pneumonia
   b. He inhaled particles of food into his lungs
   c. One of his lungs collapsed
   d. He has a non-infectious but serious respiratory condition

Answer: B- He inhaled particles of food into his lungs. It is non-infectious and certainly serious (as in D) but this is the best answer.

64. Charlie has always had a regular diet consistency. But after this episode of pneumonia, his diet consistency will be mechanical soft. You know that mechanical soft means:

   a. The same as a regular diet
   b. A lightly pureed diet
   c. A diet that includes soft-cooked fruits and vegetables (not raw), and meats that are well-cooked, grounded or moistened with sauce.
   d. Gravy is poured over everything to make it easier to eat

Answer: C- A diet that includes soft-cooked fruits and vegetables (not raw), and meats that are well-cooked, grounded or moistened with sauce.

65. As a psychiatric technician you know that the most difficult consistency to swallow is:

   a. Regular-consistency food
   b. A thin liquid
   c. A thickened liquid
   d. Pureed food

Answer: B A thin liquid is the most difficult consistency to swallow.
66. One of your co-workers is talking about retiring, but says she doesn't really want to. She says, "I love my work." This is what type of reward?

a. Intrinsic  
b. Extrinsic  
c. Delusional  
d. Simplistic

Answer: A- Her job is intrinsically rewarding. Extrinsic rewards are pay raises, promotions, things that are provided externally.

67. In Erikson's developmental framework, which stage of adult development is she in?

a. Trust vs. mistrust  
b. Industry vs. Inferiority  
c. Generativity vs. Stagnation  
d. Integrity vs. Despair

Answer: C- Generativity vs. stagnation- she is not quite at Integrity vs. Stagnation. The most important event at the last stage is achieving ego integrity. That means coming to accept one's whole life and reflecting on it in a positive manner. According to Erikson, achieving a sense of integrity means fully accepting oneself and coming to terms with death.
IQ - what’s up with that? A person with an IQ less than about 70 or 75 is considered to have a mental impairment. This might be caused by a genetic disorder, problems during pregnancy, problems during birth, or a health problem in early childhood. Mild 70-55, moderate 55-35, severe 35-20, profound > 20.

Treatment approaches & Therapeutic Interventions: What are you doing to meet the client’s needs in the following areas:

- Physical Problems: Follow the health care plan, or develop a health care plan.
- Behavior plans- ABC: antecedent, behavior, consequence. Behavior is communication. Usually, it is about something the person wants, or something they don’t want.
- Training- Typically, these involve ADL’s—learning to be independent starting with the things most of us take for granted: dressing, hygiene, using the restroom, eating, and taking care of our personal needs.

Physical conditions that often accompany DD:

Cerebral Palsy
A group of disorders of movement and posture resulting from injury to the developing central nervous system. The neurologic impairment is non-progressive, although secondary disability can occur.

Many patients with the diagnosis of CP have normal or above average intelligence. Expression of intellectual capacity may be limited by impairment in communication due to oromotor, fine motor, and gross motor difficulties. Without appropriate compensation, these difficulties have the potential to impair the ability to fully integrate academically and socially. Complications associated with CP include cognitive difficulties, GI dysfunction, dental caries, sensory deficits, and a seizure disorder. A greater understanding of CP and the realization that patients with CP have significant potential to be unmasked allows medical professionals to approach CP in a multidisciplinary manner to maximize rehabilitative efforts.

Epilepsy
According to NINDS: Epilepsy is a brain disorder in which clusters of nerve cells, or neurons, in the brain sometimes signal abnormally. In epilepsy, the normal pattern of neuronal activity becomes disturbed, causing strange sensations, emotions, and behavior or sometimes convulsions, muscle spasms, and loss of consciousness. Epilepsy is a disorder with many possible causes. Anything that disturbs the normal pattern of neuron activity - from illness to brain damage to abnormal brain development - can lead to seizures.
Osteoporosis

According to Merck Manual: Osteoporosis: A generalized, progressive diminution of bone density (bone mass per unit volume), causing skeletal weakness, although the ratio of mineral to organic elements is unchanged.

Constipation

(Ibid) Once again, according to our friends at Merck, we're talking about difficult or infrequent passage of feces, hardness of stool, or a feeling of incomplete evacuation. Constipation is commonly caused by lack of exercise, and poor fluid intake. It may also be a side effect of medication.

GERD

Reflux of gastric contents into the esophagus. The presence of gastroesophageal reflux disease (GERD) indicates incompetence of the lower esophageal sphincter. Factors that contribute to the competence of the gastroesophageal junction include intrinsic sphincter pressure, the angle of the cardioesophageal junction, the action of the diaphragm, and gravity (when the patient is upright).

Dysphagia

A subjective awareness of difficulty in swallowing caused by impaired progression of matter from pharynx to stomach.

Respiratory Problems

Cough, dyspnea, wheeze, chest pain, stridor, cyanosis, finger clubbing

Diagnosis and management of pulmonary disorders requires a history, a physical examination, and usually chest x-rays. Pulmonary function testing, arterial blood gas analysis, chemical or microbiologic tests, or special studies (eg, endoscopy, bronchoalveolar lavage, biopsy, radionuclide scanning) may be needed. These special tests and techniques are discussed elsewhere in The Manual.

Acute bronchitis: Acute inflammation of the tracheobronchial tree, generally self-limited and with eventual complete healing and return of function.

Pneumonia: An acute infection of lung parenchyma including alveolar spaces and interstitial tissue.
Deaf & Blind Issues

...the term “deaf-blind”, with respect to children and youth, means having auditory and visual impairments, the combination of which creates such severe communication and other developmental and learning needs that they cannot be appropriately educated in special education programs solely for children and youth with hearing impairment, visual impairment, or severe disabilities, without assistance to address their educational needs due to these dual, concurrent disabilities (IDEA). Traces Project

Central visual acuity of 20/200 or less in the better eye after correction or central visual acuity of more that 20/200 if there is a visual field defect in which the peripheral field is reduced to an angle of 20 degrees or less in the better eye (Koestler, 1976, p. 45). Traces Project

A hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, and which adversely affects educational performance. (IDEA) Traces Project

Communication

The focus in developmental disabilities is to meet the needs of the individual. This can only be done if the person can tell us what those needs are. But many DD clients have impairments that prevent many forms of communication (written or verbal). In those cases, knowing the client, and his/her vocalizations and expressions are key to understanding their desires, dreams, and hopes.

Restraints

Changing standards of national accrediting and certifying organizations (e.g., JCAHO, HCFA) are influencing programs in every healthcare setting to reduce and eliminate seclusion and restraint.

Change is needed, "to improve their own treatment cultures by: (1) establishing high standards for respectful, therapeutic interactions; (2) increasing the amount and types of "active treatment" given each day; (3) insuring timely and thorough biological/psychological assessments upon admission; (4) evaluating the number and type of all staff, their qualifications, and the role each has in potential seclusion and restraint events; (5) de-emphasizing "control" and "compliance" in favor of therapeutic relationships that offer individuals choices for interventions and routines; and (6)
explicitly adopting the concept that treatment can only occur in the context of continuous quality improvement. Such cultural changes involve all staff and will be most effective when equally supported by program administration, by direct care staff, by individuals served, their families, and advocates. (Nat'l. Assoc. of State Mental Health Program Directors) Note: in California this process has been written into law with the passage of SB-130.

IDEA

Purposes

- to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living.
- to ensure that the rights of children with disabilities and parents of such children are protected
- to assist states, localities, educational service agencies and Federal agencies to provide for the education of all children with disabilities.

The Law Provides:

- A free appropriate public education available to all children with disabilities between the ages of 3 and 21*, including children with disabilities who have been suspended or expelled from school.
- States must identify, locate and evaluate all children with disabilities
- Develop an Individualized Education Program for each child with a disability, reviewed at least annually
- Educate children with disabilities in the "least restrictive environment" (with children who are not disabled) to the maximum extent possible.
- Ensure that children participating in early-intervention programs experience a smooth and effective transition into preschool programs.
- Provide special education for children enrolled in private schools by their parents.
- Ensure that teachers are adequately prepared and trained.
- Ensure that children with disabilities are not suspended or expelled at higher rates than their non-disabled peers.

Asperger's syndrome (AS) – A developmental disorder characterized by impaired social and occupational skills, by normal language and cognitive development, and by restricted,
repetitive, and stereotyped patterns of behavior, interests, and activities often with above average performance in a narrow field against a general background of deficient functioning.

**Atypical Autism** – A presentation that does not meet the criteria for Autistic Disorder because of late age at onset, atypical symptomatology, subthreshold symptomatology, or all of these.

**Autism** – A lifelong developmental disability that appears during the first three years of life. It is characterized by a lack of social responsiveness, a lack of communication abilities, persistent compulsive behaviors (e.g., spinning, hand flapping, finger flicking), and resistance to change in routines. The general consensus among professions is that autism is organic (physical) in origin, caused by metabolic or biochemical disorders of the brain. Autism is rare, occurring in about 1 child in 2000.

**Autistic disorder** – Autistic Disorder, sometimes referred to as early infantile autism or childhood autism, is four times more common in boys than in girls. Children with Autistic Disorder have a moderate to severe range of communication, socialization, and behavior problems. Many children with autism also have mental retardation.

**Behavior Disorders** – A term frequently used interchangeably with emotionally disturbed or socially maladjusted children. These terms describe children who are troubled and who may also cause trouble for parents, teachers, peers and others. Problems associated with defining and identifying behavior disorders, or conduct disorders, are far more difficult than those relating to physical disabilities. Estimates of the prevalence of behavior disorders vary considerably depending on the criteria used for identification and on whether estimates include mild as well as severe instances. It has been estimated that 15% to 19% of U.S. children and adolescents have problems requiring some form of mental health services.

Factors that contribute to the development of behavior disorders vary greatly. They are often classified as genetic or congenital versus social or psychological. Given adequate knowledge of biological history and environment, it is sometimes possible to identify children who may be at greater risk for behavior disorders than others.

**Brain Plasticity** – Refers to how circuits in the brain change—organize and reorganize—in response to experience, or sensory stimulation. Periods of rapid change or plasticity occur in the brain under four main conditions: when the immature brain first begins to process sensory information (developmental plasticity); second, when changes in the body, like a problem with eyesight, alter the balance of sensory activity received by the brain (activity-dependent plasticity); third, when we alter our behavior based on new sensory information (plasticity of learning and memory), and fourth, following damage to the brain (injury-induced plasticity). Scientists believe that the same brain mechanisms underlie all four types of plasticity: adjustments in the strength of connections, or synapses, between brain cells. The details of the molecular control of synaptic modification is an extraordinarily active field of research.
Understanding the mechanisms of brain plasticity is essential to developing interventions to overcome brain damage.

**Childhood Disintegrative Disorder (CDD)** – A condition which resembles autism but only after a relatively prolonged period (usually 2 to 4 years) of clearly normal development (Volkmar, 1994). This condition apparently differs from autism in the pattern of onset, course, and outcome (Volkmar, 1994).

**Cerebral Palsy** – A disability resulting from damage to the brain before, during, or shortly after birth and outwardly manifested by muscular incoordination and speech disturbances.

**Cognitive Development** – Acquisition of conscious thought, reasoning, symbol manipulation, and problem solving abilities beginning in infancy and following an orderly sequence.

**Communication Disorder** – problems in communication development in one or more of the following areas: Articulation, Fluency, Language Production, Morphology, Phonology, Pragmatics, Semantics, Syntax and Voice.

**Cystic Fibrosis** – A common disease especially in Caucasian populations that appears usually in early childhood, is inherited as a recessive monogenic trait, involves functional disorder of the exocrine glands, and is marked especially by faulty digestion due to a deficiency of pancreatic enzymes, by difficulty in breathing due to mucus accumulation in airways, and by excessive loss of salt in the sweat.

**Didactic** – 1a: designed or intended to teach; b: intended to convey instruction and information as well as pleasure and entertainment; 2: making moral observations.

**Down syndrome** – People with Down syndrome are first and foremost human beings who have recognizable physical characteristics and limited intellectual endowment which are due to the presence of an extra chromosome 21.

**Dyslexia** – A term used to describe a condition in which an individual with normal vision is unable to properly interpret written language. Dyslexia is more common in males and is often first recognized as a reading difficulty in the first grade. Individuals can see and recognize letters but are unable to spell and write words. They have no impairment of object or picture identification. Dyslexia is not related to intelligence and in fact several famous scholars were thought to be dyslexic (for example Albert Einstein, Thomas Edison). The exact cause of dyslexia is unknown.

**Dysphagia** – Difficulty in swallowing.

**Fetal Alcohol syndrome** – Fetal alcohol syndrome is a collection of symptoms in newborns associated with maternal alcohol consumption during pregnancy and sometimes evident in varying degrees of neurological, mental, and physical problems.

**Fragile X syndrome** – An inherited disorder that is associated with an abnormal X chromosome, that is characterized especially by moderate to severe mental retardation, by
large ears, chin, and forehead, and by enlarged testes in males, and that often has limited or no effect in heterozygous females.

**Hyperammonemia** – The presence of an excess of ammonia in the blood.

**Infantile autism** – Severe autism that first occurs before 30 months of age; also *Kanner’s syndrome*.

**Mental Retardation** – Subnormal intellectual development as a result of congenital causes, brain injury or disease and characterized by any of various cognitive deficiencies, including impaired learning, social, and vocational ability. Also called mental deficiency.

**Morphology** – The formation of words using the smallest meaningful units in language.

**Motor Disabilities** – Motor skills refers to the ability to use and coordinate large and small body muscles in order to move and manipulate objects. Some children experience delays in acquiring motor skills. Cerebral palsy refers to a disorder of movement and posture that is due to a nonprogressive abnormality of the immature brain. The brain damage that causes cerebral palsy also may produce a number of other disabilities, including mental retardation, seizures, visual and auditory deficits, and behavior problems. There are motor skills disorders that are not associated with brain damage or cerebral palsy that are often evident in children with other developmental disorders, e.g., mental retardation and autism. These disorders may be apparent in difficulties in learning motor tasks such as walking, running, skipping, tying shoes, and so on; they may also be apparent in difficulties in carrying out motor activities. A developmental coordination disorder exists when (1) a person’s performance of activities requiring motor coordination (e.g., crawling, walking, sitting, handwriting, sports) is markedly below what would be expected for the person’s age, (2) the disturbance interferes with academic achievements or activities of daily living, and (3) the disturbance is not due to a known physical disorder (e.g., cerebral palsy).

**Muscular Dystrophy** – Any of a group of hereditary diseases characterized by progressive wasting of muscles; also called Progressive Muscular Dystrophy.

**Muscular Dystrophy (Becker’s)** – A less severe form of Duchenne muscular dystrophy with later onset and slower progression of the disease that is inherited as an X-linked recessive trait and is characterized by dystrophin of deficient or abnormal molecular weight.

**Muscular Dystrophy (Duchenne’s)** – a severe progressive form of muscular dystrophy of males that appears in early childhood, affects the muscles of the legs before those of the arms and the proximal muscles of the limbs before the distal ones, is inherited as an X-linked recessive trait, is characterized by complete absence of the protein dystrophin, and usually has a fatal outcome by age 20.

**Orthographic** – From noun Orthography 1 a : the art of writing words with the proper letters according to standard usage; b : the representation of the sounds of a language by written or printed symbols; 2 : a part of language study that deals with letters and spelling.
**Pervasive Developmental Disorder** – Severe and pervasive impairment in several areas of development.

**Prader-Willi syndrome (PWS)** – Prader-Willi syndrome is a disability associated with a severe eating disorder typically leading to obesity and associated health problems such as diabetes, high blood pressure, and heart problems. PWS is named after the Swiss doctors who discovered this condition in 1956.

**Rett’s syndrome** – A familial disorder that affects females usually during infancy, that results from arrested brain development, and that is characterized by cognitive and psychomotor deterioration, dementia, stunted head growth, stereotyped hand movements, and mild hyperammonemia.

**Spastic Paralysis** – Paralysis with tonic spasm of the affected muscles and with increased tendon reflexes.

**Spina Bifida** – A congenital cleft of the spinal column with hernial protrusion of the meninges and sometimes the spinal cord.

**Writing disabilities** – Students with dysgraphia are those with specific disabilities in processing and reporting information in written form. Writing is firmly connected to reading and spelling because comprehension and exposition of these skills are demonstrated through writing. While writing is a representation of oral language, it also must convey meaning without vocal intonation or stress, making organizational demands on the writer. Problems in writing may result from an inability to manipulate a pen and paper to produce a legible representation of ideas or an inability to express oneself on paper. The former can be addressed with the introduction of a word processor. Problems with composition and exposition can be treated with a variety of remedial techniques. (From: Batshaw, M. L., & Perret, Y. M. (1992). Children with disabilities: A medical primer (3rd ed., pp. 377-378). Baltimore: Brookes.FA)
Disabilities
Questions

1. Cerebral palsy can be defined as:
   a. **Loosely-associated disorders that involve motor or postural abnormalities occurring early in development**
   b. Developmental disorder that causes significant deterioration as the child grows up
   c. Injury to a specific part of the child’s brain
   d. None of the above

2. The exact cause of cerebral palsy is unknown. However, it occurs more often with which of the following:
   a. Infants born prematurely
   b. Very small infants who do not cry within the first five minutes
   c. Infants with poor Apgar scores
   d. All of the above

3. Since cerebral palsy is a static form of encephalopathy, clinical symptoms and developmental abilities do not change significantly as children with CP grow up.
   True False

4. The four classic presentations of cerebral palsy include all of the following EXCEPT:
   a. Spastic hemiplegia
   b. **Flaccid paralysis**
   c. Dyskinesia or extrapyramidal
   d. Spastic quadriplegic
   e. Spastic diplegic

5. Which of the following deficits are common to all four classic presentations of cerebral palsy?
   a. Spasticity
   b. Scissoring gait pattern
   c. Oral-Motor dysfunction
   d. Seizures

6. Which of the following is NOT a common cause of congenital cerebral palsy?
   a. Jaundice
   b. Rh incompatibility
c. Infections during pregnancy
d. Automobile accidents
e. Birth Asphyxia

7. Which of the following is a common cause of acquired cerebral palsy?
   a. Asphyxia during birth
   b. Bacterial Meningitis
   c. Drug Dependency
d. Poor prenatal Care

8. Which factors are important to consider before making a diagnosis of cerebral palsy in an infant?
   a. mother's medical history
   b. perinatal history
c. medical and developmental history of the infant
d. infant's motor skills
e. all of the above

9. Which of the following statements is most accurate regarding the cognitive impairments of children with cerebral palsy?
   a. One out of every ten has a mild intellectual impairment.
b. More than half have moderate to severe cognitive impairments.
c. None have age-appropriate cognitive development similar to that of typically-developing peers.
d. Children who have spastic quadriplegia are most likely to have cognitive deficits.

10. Which of the following techniques is not considered a primary treatment modality for seizure control?
    a. ventriculoperitoneal shunt
    b. anticonvulsant medicines
c. vagal nerve stimulators
d. surgery

11. Which of the following visual impairments are seen in children with CP more than in their typically-developing peers?
    a. Poor visual acuity
    b. Poor hand/eye coordination
    c. Nearsightedness
d. Both A and B

12. Which of the following medical issues are relatively common in children with CP?
    a. Leukemia and congenital heart defects
    b. Constipation and pneumonia
    c. Heart disease and impaired immune systems
d. Muscle flaccidity and kidney stones
13. Which of the following health care providers is usually NOT a part of the medical team caring for a child with cerebral palsy?
   a. Pediatric neurologist
   b. Physical therapist
   c. Nurse
   d. Psychiatrist

14. Which of the following statements about children with CP in California is correct:
   a. Regional Centers are located statewide to provide assistance
   b. Counseling is provided
   c. Lifelong individualized planning and service coordination is provided
   d. Purchase of necessary services included in the individual program plan are provided
   e. All of the above

15. Which of the following special education service providers are available in the school system for children with cerebral palsy?
   a. physical and occupational therapists
   b. speech and language pathologists
   c. vision specialists and adapted physical education teachers
   d. all of the above

16. UCP lists complementary and alternative medicine modalities that are not sanctioned or proven treatments for CP. Which of the following is NOT on the list of CAM for CP?
   a. hyperbaric oxygen therapy
   b. oral-motor therapy
   c. patterning
   d. acupuncture

17. Which of the following items can NOT be purchased using Special Needs Trust funds?
   a. materials for a hobby or recreational activity
   b. DVD's and CD's
   c. basic housing
   d. trips or vacations

This is a tough one. Special Needs Trust Funds are used for things not covered by Medicaid or SSI.

18. Children with cerebral palsy have a shortened life span, and almost never function independently.

   True      False

19. According to the UCP website article on selecting assistive technology, challenging the child cannot occur in a supportive environment. One must never "pretend to misunderstand" the child, if appropriate communication is to be encouraged.
20. Which of the following is characteristic of adults with Down syndrome?
   a. Mild to moderate mental retardation
   b. Inability to communicate effectively
   c. Excellent physical coordination and motor control
   d. Severe to profound mental retardation

21. Which of the following physical characteristics are commonly seen in adults with Down syndrome?
   a. Bulging brow and protruberant facial features
   b. Large ears, hands, and feet
   c. Low muscle tone
   d. Round, vacant eyes

22. Which of the following age-related disorders are more common in adults with Down syndrome than in their non-disabled peers?
   a. Alzheimer’s disease
   b. Respiratory Problems
   c. Obesity
   d. All of the above

23. Early symptoms of Alzheimer’s disease in adults with Down syndrome include all of the following EXCEPT:
   a. Memory loss
   b. Decline in daily living skills
   c. Social withdrawal
   d. Speech and language delays

24. The National Down Syndrome Society recommends a baseline cognitive test at age 30, then annual testing thereafter for adults with Down syndrome.
   True False

25. In the early stages of Alzheimer’s disease, it’s good to keep the adult in the familiar environment as long as possible.
   True False

26. What sensory impairments are common in adults with Down syndrome?
   a. Increased sensitivity to noise and lights in the environment.
   b. Hearing loss, cataracts, and refractive errors.
   c. Glaucoma and cortical blindness.
   d. Flashing lights and tunnel vision
27. Which statement about adults with Down syndrome and atlantoaxial instability (AAI) is correct?
   a. They invariably have neurological symptoms
   b. They should not participate in organized sports
   c. They should avoid certain high risk sports.
   d. They should not play organized sports.

28. Adults with Down syndrome are at risk for valvular heart disorders, even if they have no cardiac history.
   True False

29. Which autoimmune disorder is most commonly seen in adults with Down syndrome?
   a. Systemic lupus erythematosus
   b. Hypothyroidism
   c. Type II diabetes
   d. Fibromyalgia

30. Adults with Down syndrome have a higher incidence of all these disorders EXCEPT:
   a. Attention deficit hyperactivity disorder
   b. Depression
   c. Autism
   d. Schizophrenia

31. Which of the following is NOT generally a high risk area for adults with Down syndrome?
   a. Sleep apnea
   b. Dental cavities
   c. Testicular cancer
   d. Physical and sexual abuse

32. Which physical exam component is NOT recommended by the NDSS health care guidelines?
   a. Regular Pap smears on all women over the age of 21 years
   b. Monitoring for obesity
   c. Auscultation for valvular disorders
   d. Screening pelvic ultrasounds every 2-3 years for women who refuse bimanual exams

33. Which testing procedure is NOT recommended by the NDSS health care guidelines?
   a. Repeat X-rays of the cervical spine every five years to rule out atlantoaxial instability (AAI)
   b. Auditory testing and ophthalmologic examination every two years
   c. Dental visits every six months
   d. Annual thyroid screening (TSH and T4)
34. Which developmental area is NOT emphasized by the NDSS health care guidelines?
   a. Speech and language
   b. Vocational opportunities
   c. Functional abilities
   d. Reading and writing

35. Which statement about life expectancy in adults with Down syndrome is NOT true?
   a. They have shorter life spans than the population at large.
   b. The major causes of death in people with DS are different than those of the population at large.
   c. Major causes of death are cancer and heart disease.
   d. Nursing interventions can influence life expectancy.

36. Adults with Down syndrome should follow the same desired body weight ranges as their non-disabled peers.
   True    False

37. Medlen recommends all of the following dietary guidelines EXCEPT:
   a. Including all of the five food groups in every meal.
   b. Taking half of the desired portion size.
   c. Eating at least every five hours.
   d. Including two out of the five food groups in each planned snack.

38. Which of the following statements about premature aging in adults with Down syndrome is NOT true?
   a. Signs of premature aging are detectable with routine cranial MRI’s.
   b. Cognitive function often declines.
   c. Intellectual deterioration is rare in adults living at home.
   d. Gray hair and physical slowness may be seen as early as the middle 30’s.

39. Which issues are particularly important when considering community integration for adults with Down syndrome?
   a. Access to high-quality medical care and reliable transportation
   b. Firm control over the adult’s job choices
   c. Strict limits on available living arrangements
   d. Circumscribed social circles

40. Which of the following is NOT part of the litmus test for measuring quality of life for adults with mental retardation?
   a. Privacy
   b. Ability to change decisions after they’re made
   c. Health and safety
   d. Parental approval
41. Which of the following is NOT a component of the asset management model for housing and services?
   a. The person with the disability and his family
   b. The personal values and beliefs of the nurse
   c. State and federal agency services
   d. Local community supports

42. Which of the following housing options are appropriate for adults with Down syndrome?
   a. Foster care
   b. Group homes
   c. Nursing homes
   d. Any of the above may be appropriate

43. Which of the following is NOT generally an educational option for adults with Down syndrome?
   a. Secondary programs with a post-secondary extension
   b. Post-secondary independent living programs
   c. Two or four-year college or university programs with learning disability components
   d. Regular four-year baccalaureate programs

44. Which of the following components of the supported employment process is appropriate for nursing involvement?
   a. Consumer assessment
   b. Job development and placement
   c. Job training and ongoing support
   d. Any of the above components may be appropriate for nursing involvement.

45. Adults with Down syndrome are infertile and do not need information about contraception.
   True False

46. According to the NDSS website on causes of Down Syndrome, there seems to be no connection between any type of Down syndrome and parents' activities before or during pregnancy. Maternal age IS a factor in some types of Down syndrome however. Please fill in the words missing in the following sentence. Unlike maternal age is not linked to the risk of translocation. (Hint: only one word fits in the space.)

47. The National Down Syndrome Society website contains detailed information about which of the following topics?
48. Which of the following statements accurately reflects Beckham, Frank and Newcomb’s modern guidelines for professional practice?
   a. Maintain a good distance between the nurse and family members at all times.
   b. Pick one contact person and communicate directly with that individual.
   c. Assume that the more vocal parent is expressing the other spouse’s point of view.
   d. Take time to get to know the whole family.

49. Which of the following is NOT appropriate for the nurse according to Beckham, Frank & Newcomb’s guidelines for professional practice?
   a. Staying neutral.
   b. Forming an alliance with the more knowledgeable parent.
   c. Seeking buy-in from all involved family members when possible.
   d. Providing positive feedback to all family members.

50. What type of educational materials should the nurse provide for family members of a child with disabilities?
   a. Online resources, since they are more up-to-date
   b. Recent articles from magazines and journals
   c. Books about the child’s disability
   d. Materials tailored to the family’s learning style
51. Which of the following nursing strategies is unprofessional and should be avoided in dealing with families of children with special needs?
   a. Selective attention
   b. Selective ignoring
   c. Reframing problems
   d. None of the above

   When the PT is working with the family whose child is developmentally disabled it is important to stay neutral and use all of the above skills as appropriate.

52. Which of the following approaches is NOT appropriate for the nurse to follow when family members make a decision affecting the child with special needs?
   a. Urging them to reconsider more effective options.
   b. Supporting the family's decision once it has been made.
   c. Providing the family with pros and cons before the decision is made.
   d. Supporting the family's preferred coping mechanism.

53. When making a home visit to the family of a child with disabilities, what can the nurse reasonably expect to find?
   a. A neat home without clutter
   b. A quiet environment
   c. An opportunity to converse with one or more of the child's parents
   d. The undivided attention of at least one of the child's parents

54. A psychiatric technician's relationship with the client and his/her parents is based on therapeutic communication. Which one of the following is NOT a feature of therapeutic communication:
   a. Active listening
   b. Summarizing
   c. Complaining about your workload
   d. Silence

55. When using the telephone to communicate with the child's family, which nursing strategy is NOT appropriate?
   a. Checking to see if the parent is free to talk for a short period of time
   b. Getting right to the point
   c. Allowing the parent time to collect thoughts and ask questions
   d. Checking for understanding before finishing the call.

56. Respecting the privacy of the client and family has long been a practice in the D.D. field. But it has further been strengthened by HIPAA. The acronym HIPAA stands for:
   a. Health Insurance Privacy And Accountability
   b. Health Insurance Portability and Privacy Act
   c. Health Insurance Proactivity And Advocacy
   d. Healthy Individuals Puttering Around & Around

57. Who is in the best position to advocate for the child's healthcare and developmental needs?
   a. The experienced nurse
b. The child’s parents.
c. The child’s pediatrician
d. Medical and developmental specialists

58. Which of the following provides the best definition of “advocacy”:
a. Complaining about everything
b. Relying exclusively upon legal issues to bolster one’s case, or get one’s way
c. A type of problem solving designed to protect personal, and legal rights, and to
insure a dignified existence.
d. Ignoring one’s needs and desires and accepting what happens with passivity

59. Bollero recommends that parent advocates follow all of the following steps EXCEPT:
a. Active listening
b. Helping the other party save face
c. Discouraging affection for the child
d. Trying to understand the other party’s point of view.

60. Which of the following is NOT one of the basic services for safety, protection, and security
outlined by Greenspan?
a. Physical safety and protection
b. Food and shelter
c. Lavish spending on developmental toys
d. Stable family patterns

61. Which of the following interventions is NOT appropriate when the nurse is focused on the
basic needs of the child with disabilities?
a. Developing alliances
b. Advocating for social and emotional support
c. Providing family counseling
d. Chiding the parents for not focusing on the child’s needs

62. Why are ongoing trusting relationships especially important to children with disabilities?
   a. They promote emotional and cognitive competency
   b. Because other types of relationships are unnatural.
c. It’s important for something to be normal in the child’s life.
d. Parents need to pretend they are close to the child, even if they don’t accept him.

63. What role is NOT appropriate for nurses to play with regard to implementation of
relationships geared to the child’s individual differences?
a. Providing relevant teaching materials
b. Making referrals to professionals
c. Ignoring sensory processing issues
d. Coaching the family with regard to the child’s differences

64. What role is NOT appropriate for the nurse working with parents who are learning
techniques to promote the child’s development?
a. Teaching skills to assess the child’s abilities
b. Role modeling appropriate interactions with the child
c. Explaining and clarifying reports from professionals
d. Encouraging the parents to simplify all activities for the child

65. Which of the following statements most accurately represents the nurse’s role in the specific interventions highlighted at the apex of Greenspan’s model?
   a. Nurses working in different settings will use different strategies.
   b. Nurses should comprehensively address all areas of interventions.
   c. Nurses should address only those areas that the parents mention.
   d. Nurses have only a very limited role in specific interventions for the child.

66. According to the Wrightslaw.com website article, "Advocating for Your Child", what functions does an advocate perform?
   a. Speaks and pleads on behalf of others
   b. Defends and argues for people or causes
   c. Supports, helps, assists, and aids
   d. All of the above

67. Parents are generally eager to welcome professionals from all disciplines, so that the child can receive services immediately.

   True    False

68. Which of the following phase of partnership occurs first?
   a. Cooperating, coordinating, and compromising
   b. Colliding and campaigning
   c. Collaborating and creative partnering
   d. Empowerment

69. Blatant salesmanship is fairly common during the initial stage of parent-professional partnerships.

   True    False

70. Which of the following recommendations is NOT endorsed by Fialka and Mikus for early interactions with parents of children with disabilities?
   a. Admitting what you don’t know
   b. Projecting optimistic long-range goals for the child
   c. Giving examples of positive achievements that seem reasonable for the child
   d. Allow parents to vent

71. Which characteristic is NOT typical of the middle phase of partnership?
   a. Turn-taking
   b. Belief in the power of joint problem-solving
   c. Coordinated service delivery
   d. Passionate defense of personal platforms

The first phase: colliding and campaigning
The middle phase: coordinating, cooperating, and compromising
The third phase: collaborating and creative partnering
72. Which of the following is true of the third phase of partnership?
   a. Parents withhold their thoughts, needs, fears, and interests.
   b. Nurses remain unaware of the parents' dreams, hopes, and concerns.
   c. Fresh solutions come from creative problem-solving.
   d. Parents and nurse work cooperatively implementing the agreed-upon plan

73. During a meeting about a client's assaultive behavior a significant conflict occurs. As a psychiatric technician you know that conflict-resolution skills include:
   a. Managing an impasse with calm, patience, and respect
   b. Active listening
   c. Assertiveness
   d. All of the above

74. Which of the following domains are NOT considered when determining the child's eligibility for early intervention services?
   a. Cognitive and communication
   b. Physical and adaptive
   c. Social and emotional
   d. Socioeconomic status

75. Children must have significant developmental delays in order to qualify for the early intervention system in California.
   True    False

   Explanation: The child must have, "have a developmental delay in either cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing..."

76. The federal law known as IDEA assures which of the following for developmentally disabled children:
   a. A free, appropriate public education available to all children with disabilities between the ages of 3 and 21*
   b. An Individualized Education Program will be developed and reviewed annually
   c. The "least restrictive environment" (with children who are not disabled) will be provided
   d. All of the above

77. Other rights guaranteed by IDEA require states to:
   a. Ensure that children participating in early-intervention programs experience a smooth and effective transition into preschool programs.
   b. Identify, locate and evaluate all children with disabilities
   c. Ensure that children with disabilities are not suspended or expelled at higher rates than their non-disabled peers.
   d. All of the above

78. Which of the following is NOT a component of empowerment?
   a. Motivation of both parents and professionals
   b. Knowledge and skills of both parents and professionals
c. Titles and degrees of both parents and professionals
d. Opportunities for partnerships

79. Which of the following statements about empowerment is true?
   a. Partners with high self-efficacy inhibit self-efficacy in others
   b. Professionals who encourage parental choice contribute to family empowerment
   c. Partners need to focus on the child’s disabilities in order to make realistic decisions
   d. Trial-and-error approaches are a sign that empowerment is not working

80. Which of the following statements about knowledge and skills is true?
   a. Hoarding of specialized knowledge limits empowerment
   b. Professionals working with families can choose their favorite problem-solving method
   c. Nurses who refer parents to support groups lose their influence with the family

81. Which of the following verbal communication skills is NOT appropriate for parent/professional partnerships?
   a. Furthering responses that encourage parents to examine their thoughts and feelings
   b. Ignoring the parents’ affect, because they have a right to be emotional
   c. Paraphrasing what the parents say in meetings
   d. Open-ended questions

82. What role does the nurse have in special education services for children with disabilities?
   a. None, because the educators will take care of the issues
   b. Varying roles depending on the agency that the nurse works for
   c. None, because nurses shouldn’t make referrals for evaluations
   d. Providing information to the family only when asked

83. Because parents can be very unrealistic, it’s important that the P.T. provide frequent reminders about the child’s delays and disabilities.

   True  False

84. What do parents of children with disabilities want from P.T. case managers?
   a. Timely and appropriate suggestions on a variety of issues
   b. Information and assistance only when they ask for it
   c. Information on health-related issues only
   d. Support for the child only

85. Because state services for children with disabilities vary significantly from one state to another, online databases that outline available state and local resources are quite valuable for nurses and parents working with these children.

   True  False
86. Internet sites like Wrightslaw, Children with Disabilities, and the NICHCY, have free and appropriate materials that can be extremely helpful to parents who want to take an active part in the decisions surrounding their child’s participation in the early intervention and special education systems.

True    False

87. Which of the following responses is NOT typical in parents who have just been told that their child has a disability?
   a. Resisting recommendations from nurses and physicians.
   b. Refusing to enroll the baby in an early intervention program.
   c. Doing everything they can to prove that the child is not disabled.
   d. Accepting the child's disability and asking what steps they should take.

88. Nurses working on the labor and delivery floor have been asked to hand out pamphlets about early intervention services to parents of newborns with disabilities. How should the nurses act when parents protest that their child doesn’t need these services?
   a. Tell the parents they must act immediately, so the child can catch up with other babies his age.
   b. Listen actively to the parents, providing feedback and information when it's appropriate.
   c. Describe the benefits of early intervention programs, and emphasize harm of not participating.
   d. Agree that it’s really too early to be sure if the baby will have any lasting developmental delays.

89. When working with parents in the anger phase of the grief process, psychiatric technicians may find that the anger is directed at them or at other professionals. How should the P.T. respond?
   a. Encourage them to harness the energy the anger produces, and use it to obtain children's services.
   b. Remind them that anger is counter-productive and they need to consider anger management classes.
   c. Remain non-judgmental, listen actively and acknowledge their feelings.
   d. Caution that angry responses will make professionals defensive and can result in lost services.

90. When working with parents in the bargaining phase of grief, nurses can be most effective when they:
   a. Talk about families who've tried alternative therapies, and warn them that they're a waste of time.
   b. Offer additional information about options they're exploring, while remaining neutral.
   c. Tell the family everything negative you can about the options they’re exploring.
   d. Remind them that experts are involved in the child’s care, and to rely on the professionals.

91. Which of the following is NOT true about the depression stage of grief?
   a. It’s best to leave the family alone, rather than continuing to reschedule missed appointments.
b. Families will resent it if the nurse periodically makes contact by telephone, mail, or in person.

c. If they reject a resource, the nurse should make a note to bring it up when they have more energy.

d. If a child's disability is found at age 3 rather than at birth they are less likely to be depressed.

92. In the acceptance stage of grief, sudden demands for services and referrals should be a red flag to the nurse that the family is unstable and needs counseling.

   True    False

93. The "chronic sorrow" stage often recurs at transition times in the child's life, and nurses can help the family prepare for it.

   True    False

94. Parents of older children often go through a long, uncertain period before their child's disability is diagnosed. An appropriate nursing approach during this time is to help the parents sort out conflicting and confusing information, and write out a list of questions for them to ask the physician.

   True    False

95. During the initial interview with families of children with special needs, the best approach is to focus on establishing rapport and gather family data gradually.

   True    False

96. Highly cohesive families may be overly-protective of the child with disabilities and keep him from achieving independence.

   True    False

97. Of the eight functions of families, which are NOT appropriate for nursing interventions?

   a. Self-esteem, spiritual, and recreation
   b. Economic, recreation, and education
   c. Affection, socialization, and daily care
   d. None of the above

98. When parents are facing decisions related to the child's educational placement, what role is NOT appropriate for the nurse working with the family?

   a. Referring all discussions to school experts, since nurses have nothing to offer in this arena.
   b. Serving as a sounding board for thoughts and perceptions.
   c. Providing realistic information to ground the decision making process.
   d. Providing a reality check for the parents.

The parents of a very capable teenager with Down Syndrome asks about self-determination. You explain that there are five principles, which include:
a. Training, Behavior, Health, Empowerment, and Family
b. Freedom, authority, responsibility, support and community
c. Choices and options, privacy and health

Freedom to choose a meaningful life in the community, authority over a targeted amount of dollars, support to organize resources in ways that are life enhancing and meaningful to the individual with a disability, responsibility for the wise use of public dollars and recognition of the contribution individuals with disabilities can make to their communities

100. Nurses working with families of children with disabilities should reassure families that their needs and resources normally change over time, and it’s appropriate to ask for new services when needed.

True False

101. Which of the following was NOT identified as a stressor in Westwood’s study of parents of children with disabilities?
   a. disappointment in the small achievements of the child with disabilities
   b. lack of personal time
   c. marital stress and possible divorce
   d. sleep deprivation

102. Which of the following forms of straddling were NOT cited by mothers of children with disabilities?
   a. Living in the present while retaining elements of the past
   b. Loving the child versus wishing he had never been born
   c. Trying to perceive their child as normal when he was actually disabled
   d. Dealing with their own issues while also coping with the child’s issues and feelings

103. Which of the following needs described in Bailey’s study of parents of children with disabilities is NOT an appropriate area for nursing interventions?
   a. Help explaining the child’s disability to others
   b. A chance to meet other parents of children with disabilities
   c. Financial assistance
   d. None of the above

104. Which of the following expectations were NOT expressed by parents in the three recent studies cited?
   a. Recognition and explicit acknowledgment of the extra demands on the parent.
   b. Feedback on the progress of the child and the parent’s own adjustment to the child’s disability.
   c. Desire for the professionals to direct and oversee all aspects of the child’s developmental needs.
   d. Perceived competence for the child as well as learning strategies for parents to support the child.

105. What method is NOT particularly useful for determining the expectations of the parents regarding their child with disabilities?
   a. Formal interviews
b. Meetings in the family home

c. Open-ended discussions

d. Non-leading questions

106. According to the National Information Center for Children and Youth with Disabilities website, what is the name of the free program that provides one-to-one matches between experienced parents and new parents of children with disabilities.

a. Parent Resources
b. Family Relationships
c. Parent to Parent
d. Free Families

107. Which one of the following statements about developmental delay and disability is not true?

a. It has been estimated that about 2 percent of children living in the United States have some kind of developmental disability.

b. Developmental delay is defined as the slowed or impaired ability to meet cognitive, physical, communication, and social and emotional milestones.

c. A child who is developmentally delayed is at risk of having an underlying developmental disability.

d. Developmental delay can result from the presence of a transmittable disease, such as rubella or cytomegalovirus, at delivery.

e. Early environmental situations, such as abuse, accidents and neglect, can lead to developmental delay.

108. Which one of the following statements about autistic spectrum disorder (ASD) is true?

a. Siblings of a person who has ASD have the same risk for the disorder as the general population.

b. Currently, there are no validated instruments that allow primary care clinicians to screen specifically for autism.

c. The primary value of early detection of ASD is to provide information relevant to the parents' future reproductive planning.

d. When one identical twin has autism, the likelihood that the other identical twin will also have ASD is 60 percent or higher.

e. Cases of ASD that have a clear genetic cause are called "idiopathic ASD."

109. Which one of the following is not among the tools currently available for general developmental screening?

a. The Child Development Inventories
b. The Denver-II
c. The Bright Futures Developmental Questionnaire
d. The Brigance screening tool
e. The Ages and Stages Questionnaire

110. Which of the following disorders should be considered in a child who shows signs of developmental delay?

a. Neurofibromatosis
b. Rett syndrome
c. Tuberous sclerosis
106. Which one of the following statements about the primary care clinician's role is true?
   a. Primary care clinicians should not refer a child for general intervention services in the community until a formal diagnosis of ASD is made.
   b. The primary care clinician's involvement typically ends once a diagnosis of ASD has been made and he or she refers the patient to relevant specialists.
   c. It is critical that primary care clinicians actively monitor young children for developmental milestones at every well-child visit and screen for causes of developmental delay.
   d. Information from genetic testing of a child who has ASD enables primary care clinicians to predict whether or not the parents' future children will have the disorder.
   e. Estimates indicate that about 50 percent of primary care clinicians conduct standardized developmental screening tests at well-child visits.


107. Which of the following is true about Applied Behavior Analysis? Applied Behavior Analysis is:
   a. The use of token reinforcement
   b. Using data to make instructional decisions
   c. Ignoring misbehavior and rewarding appropriate behaviors
   d. Punishment

108. Which of the following is an example of a tact?
   a. Teacher shows set of pictures to student and asks “Which one do you eat with?” Child points to or says “fork”.
   b. Teacher says “say ball” and child says “ball”
   c. Teacher says “A ball is something you _____.” Child responds “bounce”
   d. Teacher at table with a plate of cookies. Child says “cookie”, teacher gives the child a cookie.

109. Which of the following statements about Verbal Behavior are true?
   a. Verbal Behavior is a particular teaching methodology
   b. The verbal operants include manding, tacting and intraverbals
   c. It is critical to establish instructional control prior to developing verbal behaviors
   d. Both b. and c.

110. Which of the below statements regarding motivation are true?
   a. Motivation is concerned with wants, needs and desires
   b. Motivation makes the effectiveness of reinforcers greater or lesser
   c. The behavior term for motivation is Establishing Operation
   d. All of the above
111. Which answer best reflects the primary unit of analysis when implementing a Verbal Behavior Approach?
   a. Mean length of utterance
   b. Verbal operants
   c. Syntactic complexity
   d. None of the above

112. According to B.F. Skinner, language is a learned behavior under the control of:
   a. intrinsic motivation
   b. environmental variables
   c. verbal operants
   d. language skills we are born with

113. When choosing language goals for children with autism based on the ABLLS, we can use the ________ as a guide.
   a. Language Acquisition Barrier Form
   b. Reinforcer Assessment
   c. Basic Language Assessment Form (BLAF)
   d. Probe Data

114. The only verbal operant that directly benefits the speaker is:
   a. tact
   b. intraverbal
   c. receptive language
   d. mand

115. Natural Environment Teaching (NET) is different from Intensive Teaching Training (ITT) by
   a. who initiates the activity
   b. where it is taught
   c. what is taught
   d. how often reinforcement is used

116. Teaching a learner to answer questions about them self is begun at what level?
   a. Level 2
   b. Level 5
   c. Level 3
   d. Level 4

117. Skinner’s Analysis of Verbal Behavior looks at language by its
   a. form
   b. reinforcement
   c. motivation
   d. function

118. When a teacher gives a direction for the learner to “pick up your backpack”, this is an example of
   a. an antecedent
   b. a consequence
c. motor imitation
d. an intraverbal

119. When a learner complies with the demands or requests of others, this is an example of
a. receptive language
b. a mand
c. an intraverbal
d. a tact

120. Pairing should be done when working with children with language disorders
a. just before starting to work with them only.
b. before and while working with them.
c. only for a designated time.
d. for an undetermined amount of time based on the learner.
e. both b and d

121. We can increase a learner’s length of utterance according to the VB approach by:
a. working on increasing their use of the verbal operants by feature, function and class (RFFC, TFFC, IFFC).
b. teaching carrier phrases of “I want a...”, “It’s a...”, “There’s a...”
c. working on them asking and answering “wh” questions.
d. teaching them to say “please” at the end of a request.
e. both a and c

122. What purpose do flexible pivot phrases play in verbal language?

123. General characteristics of epilepsy include all of the following except:
   a. It involves recurrent seizures
   b. It involves one seizure developing from a problem that invariably causes recurrent seizures if left untreated
   c. No pattern of behavior or movement is proof of seizure activity
   d. It can be defined as a tendency toward recurrent seizures unprovoked by systemic or neurologic insults
   e. It always leads to mental retardation

124. The client with epilepsy develops stiffening of the muscles of the arms and legs, followed by an immediate loss of consciousness and jerking of all extremities. How should you document this seizure activity?
a. Generalized atonic seizure
b. Generalized absence seizure
c. Generalized myoclonic seizure
d. Generalized tonic-clonic seizure
Correct answer: DRationale: Seizure activity that begins with a stiffening of the arms and legs followed by a loss of consciousness and jerking of all extremities is characteristic of a tonic-clonic seizure
125. A client with a history of complex partial seizures presents to the clinic for a follow-up visit. What manifestations of this type of seizure disorder might you observe in this client?
   a. Automatism
   b. Blank staring
   c. Sudden loss of muscle tone
   d. Brief jerking of the extremities

Correct answer: A
Rationale: Automatisms are characteristic of partial seizures. These behaviors consist of lip smacking, patting, and picking at clothing.

126. What statement made by a client with newly diagnosed epilepsy indicates further teaching concerning the drug regimen is necessary?
   a. “I will avoid alcohol.”
   b. “I will wear a medical alert bracelet.”
   c. “I will not take coumadin while I am taking Dilantin.”
   d. “I can discontinue my medication when the seizures are under control.”

Correct answer: D
Rationale: The nurse needs to emphasize that antiepileptic drugs must be taken even if seizure activity has stopped. Discontinuance of the medication can predispose the client to seizure activity and status epilepticus.

127. Which statement regarding the pathophysiology of Parkinson’s disease is true?
   a. Alteration in neuronal signals from the basal ganglia cause dopamine levels to increase.
   b. Degeneration of the substantia nigra leads to a decrease in dopamine.
   c. Cerebellar levels of acetylcholine rise, inhibiting voluntary movement.
   d. The cerebral cortex fails to use available acetylcholine.

Correct answer: B
Rationale: Parkinson’s disease (PD) is believed to be caused by a genetic defect in chromosome 4. PD is caused by widespread degeneration of the substantia nigra, which leads to a decrease in dopamine. As dopamine levels decrease, the individual loses the ability to refine voluntary movement.

128. The client with Parkinson’s disease has been taking a combination carbidopa-levodopa drug (Sinemet) for 3 years. Which of the following side effects should you be alert for in this client as a result of this medication?
   a. Constipation
   b. Abnormal movements
   d. Malabsorption syndrome
   e. Increased resting heart rate

Correct answer: B
Rationale: Following 3 or more years of treatment, about one third of clients develop involuntary movements that are thought to be treatment related.

129. The daughter of a client with stage II Alzheimer’s disease asks you if the medication her mother is taking for AD will improve the client’s dementia. What is your best response?
   a. “The medication will help your parent to live independently once more.”
   b. “The medication is used to halt the advancement of AD but will not cure it.”
c. “You will see slow but steady improvement in memory but not in problem solving.”

d. “Medications do not improve dementia, but help to control emotional responses.”

Correct answer: D Rationale: Drug therapy is not effective in treating dementia, but certain drugs may help suppress emotional disturbances and psychiatric manifestations.

130. What safety instructions should be given to the caregiver of a client with Alzheimer’s disease that is going to be cared for at home?
   a. “Keep exercise to a minimum.”
   b. “Place a padded throw rug at the bedside.”
   c. “Install deadbolt locks on all outside doors.”
   d. “Keep the lights off in the bedroom at night.”

Correct answer: C Rationale: Client’s with Alzheimer’s disease have a tendency to wander, especially at night. If possible, alarms should be installed on all outside doors to alert family members if a client leaves. At a minimum, all outside doors should have deadbolt locks installed to prevent the client from going outdoors unsupervised.

131. Which of the following statements regarding Huntington’s disease is true?
   a. Only men are affected.
   b. It is inherited as an autosomal dominant trait.
   c. Surgical intervention provides the greatest relief from symptoms.
   d. It is much more prevalent in the African-American population than in any other race.

Correct answer: B Rationale: Huntington’s disease is a hereditary disorder with an autosomal dominant pattern of transmission. Males and females are affected equally and people of Western European ancestry are more likely to have the gene.

132. When doing a rapid ABC assessment, which following statement is false?
   a. The airway is patent when speech is clear and no noise is associated with breathing.
   b. Breathing is effective when the skin color is pale and the capillary refill is >2 seconds.
   c. If breathing is not effective, consider administering oxygen and placing an assistive device.
   e. Circulation is effective when the radial pulse is present and the skin is warm and dry.

133. Which of the following is usually not considered an appropriate nursing diagnosis for a patient with seizures?
   a. Impaired gas exchange
   b. Knowledge deficit
   d. Anxiety
   e. High risk for hypothermia
134. You hear a gurney rattling, look around the curtain and see a patient having a tonic-clonic type seizure. Which of the following actions would be an inappropriate response?
   a. You immediately get a bite-stick and place it between his teeth to prevent him from biting his tongue.
   b. Stay with the patient to prevent injury and protect his head.
   c. After the seizure stops position the patient on his right side to protect his airway and reduce risk of aspiration.
   e. Prepare to give anticonvulsant medication.

135. Which following medication might be given to a patient who is actively having seizures?
   a. Digoxin
   b. Valium
   c. Atarax
   d. Lidocaine

136. Which following medication might be given to a patient to prevent future seizures?
   a. Valium
   b. Lidocaine
   c. Dilantin
   e. Lasix

137. Which following statement is false about grand mal type seizures?
   a. Grand mal seizures affect the major muscle groups.
   b. A grand mal seizure is characterized by tonic-clonic movement of one side of the body.
   c. The patient is apneic and unresponsive with dilated pupils.
   d. A postictal state occurs as the muscles relax.

138. A sudden brief cessation of activity with no postictal state is a seizure that occurs mostly in children. What is this seizure called?
   a. Grand mal
   b. Jacksonian
   c. Petit mal
   e. Status epilepticus

139. Which of the following is the meaning of status epilepticus?
   a. A seizure that happens without an aura and is over within 15 seconds.
   b. The period after a seizure characterized by drowsiness and confusion.
   c. A prolonged seizure or repetitive seizures without recovery between attacks.
   d. Tonic-clonic movements on one side of the body.

139. What percentage of children with autism remain mute throughout their lives?
   A. 10%
   B. 25%
   C. 50%
   D. 75%

140. Odd repetitive motions by autistic children are also known as:
   A. stereotypies
B. repetitions
C. oscillating behaviors
D. shadowing

140. Normally, at what age does an infant imitate simple gestures?
   a. birth to 3 months
   b. 3 – 6 months
   c. 6 – 9 months
   d. 9 – 12 months

141. The diagnostic criteria for autism requires that symptoms must appear by age
   A. 2
   B. 3
   C. 4
   D. 5

142. The area of the brain that regulates aspects of social and emotional behavior is known as the:
   A. amygdala
   B. parietal lobe
   C. hippocampus
   D. substantia negra

143. About ____ of the children with autism develop seizures.
   A. 10%
   B. 33%
   C. 50%
   D. 75%

144. Dr. O. Ivar Lovaas pioneered which treatment method for autistic children?
   A. Developmental
   B. Behaviorist
   C. Facilitated Communication
   D. Auditory Integration Training

145. Which of the following drugs have been approved by the FDA for the treatment of autism?
   A. Sertraline
   B. Ritalin
   C. Haloperidol
   D. None of the above

146. The 1991 Disabilities Education Act ensures that public schools must provide services to children who are developmentally delayed beginning at the age of
   A. 1
   B. 2
   C. 3
   D. 4
147. About ____ of all adults with autism can live and work in the community with some degree of independence
A. 15%
B. 20%
C. 25%
D. 33%

148. A patient has the right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by a staff member.

   True       False

149. When restraints are used, interventions are started to maintain the patient’s:
   a. Highest optimal functioning
   b. In such a way as to preserve dignity (as much as possible)
   c. Using the least restrictive method
   d. All of the above

150. When using restraints, it is important to document all of the following, EXCEPT:
   a. Type of restraints used and the reason for their application
   b. Least-restrictive measures that were attempted
   c. Time in and out of restraints
   d. Date of client’s last BM

151. Tardive dyskinesia is a serious side effect caused by traditional antipsychotics that causes which of the following:
   a. Uncontrolled movements such as tongue thrust
   b. Uncontrolled verbal outbursts
   c. Uncontrolled blood pressure
   d. Hiccoughs

152. In a typical long term care setting, restraint use and documentation is monitored and reported to:
   a. Unit Managers
   b. Risk Managers
   c. Hospital Administration.
   d. All of the above

153. When a prisoner is restrained, caregivers should check with forensic personnel, render care, and document allowable care.

   True       False

154. A patient in behavioral restraints should be considered for a trial release at the earliest possible time after unacceptable behaviors have stopped.
155. A functional assessment of behavior looks at which of the following:
   a. The client’s physical problems
   b. Ability to communicate
   c. Mental ability
   d. All of the above

156. Typically, the client with Asperger’s has all of the following characteristics, EXCEPT:
   a. Minimal understanding of social nuances
   b. Normal, or nearly normal, intelligence
   c. Monotonous vocal tone
   d. Flair for conversation

157. While reading background information on a new client, you read that he was “probably exposed to unknown teratogens”. Teratogens is:
   a. A method of contraception
   b. Any substance that causes birth defects
   c. A hormone
   d. A virus
158. To date, there is no uniformly effective treatment for tardive dyskinesia.

True    False

159. In a dual diagnosed client with MR and schizophrenia, the medication-induced sedation could be mistaken for:
   a. A negative symptom of schizophrenia
   b. A positive symptom of schizophrenia
   c. Agitation
   d. Uncontrolled hostility

160. Which of the following is not a major movement/motor side effect disorder?
   a. Drug-induced parkinsonism
   b. Akathisia
   c. Catatonia
   d. Tardive dyskinesia

161. Clients with disabilities may have neurological problems. Which of the following are part of a neurological assessment:
   a. Motor and sensory skills
   b. The functioning of one or more cranial nerves
   c. Hearing and speech, and vision
   d. Coordination and balance
   e. Mental status
   f. All of the above

162. During a mini-mental status exam, a client might be asked all of the following except:
   a. The date and day of the week
   b. To repeat a simple phrase
   c. To perform drug calculations
   d. To repeat three or four words

163. A nonverbal behavior that indicates the absence of pain in an older adult is:
   a. Squirming.
   b. Clenched fists.
   c. Placid facial expression.
   d. Stern, frightened look.

164. All of the following are included under the term Autism Spectrum Disorders, except:
   a. Childhood Disintegrative Disorder
   b. Rhett’s
   c. Down syndrome
d. Aspergers

165. The parents of a two-year-old fear that he is autistic. Which of the following tests might be performed in order to rule out other causes for the child's behavior:
   a. Blood tests (to rule out metabolic disorders that affect amino acids and lipids in the blood)
   b. Chromosomal analysis (to rule out genetic disorders)
   c. Comprehensive hearing test (to rule out deafness as the cause of abnormal language development)
   d. Electroencephalogram (EEG; to rule out seizure disorder)
   e. All of the above

166. The hallmark feature of autism is:
   a. Hearing loss
   b. Hallucinations
   c. Impaired social interaction
   d. Poor toileting skills

167. Atlantoaxial instability is often found in clients with Down Syndrome. Atlantoaxial instability can best be described as:
   a. Irritability
   b. A greater than normal mobility of the two upper cervical vertebrae at the top of the neck.
   c. Joint flexibility in the knees which worsens at times
   d. Neurological problems that predispose the person to dementia

168. A neural tube defect causing spinal deformity is the primary characteristic of:
   a. Klinefelter Syndrome
   b. Prader-Willi
   c. Down syndrome
   d. Spina Bifida

169. Prader-Willi Syndrome is characterized by which of the following:
   a. Disorder of chromosome 15
   b. Prevalence: 1:12,000-15,000 (both sexes, all races)
   c. Major characteristics: hypotonia, hypogonadism, hyperphagia, cognitive impairment, difficult behaviors
   d. Major medical concern: morbid obesity
   e. All of the above

170. Normally human cells have how many chromosomes?
   a. 42
   b. 41
   c. 46
   d. 50

171. In Trisomy 21, or Down Syndrome, there is an extra chromosome.
   True False
172. Which of the following statements is true about kernicterus?
   a. It results from jaundice in newborns
   b. It causes brain damage
   c. It causes athetoid cerebral palsy and hearing loss
   d. It is preventable
   e. All of the above.

173. Which of the following statements are true of jaundice in newborns:
   a. It is not unusual
   b. It is caused by bilirubin
   c. It might go away on its own
   d. It should be monitored by the infant's parents and treated if it continues
   e. All of the above are true

174. A diagnosis of mental retardation is based upon:
   a. Diagnosis arrived at prior to age 18
   b. Significantly subaverage general intellectual function with concurrent deficits in functional life skills.
   c. Equivalent deficits in at least 2 areas of functional life skills or adaptive skills also must be present to meet the diagnostic criteria for MR. Adaptive skills
   d. All of the above

175. Untreated PKU can result in mental impairment along with which of the following:
   a. Central nervous system damage, causing irritability, restlessness and destructiveness
   b. Musty odor about them
   c. Dry skin
   d. All of the above

176. The adverse consequences of PKU can be avoided by providing a special diet, and all states now screen newborns for this condition.
   True        False

177. The screening test for PKU is called:
   a. The Denver Developmental Screening Tool
   b. The Guthrie test
   c. The Rorschach test
   d. The STNG II

178. The diagnosis of fetal alcohol syndrome is contingent upon which of the following:
   a. Irritability and diet intolerance
   b. Facial anomalies, growth retardation and CNS involvement
   c. Growth retardation, diet intolerance and jaundice
   d. Facial anomalies

179. The incidence of FAS (fetal alcohol syndrome) in the U.S. is believed to be:
180. Early recognition of problems and early intervention are cornerstones in working with children with FAS, or any other developmental problem. Therefore, it is important to know that a one-year-old should be able to:
   a. Purposefully say "mama" and/or "dada" as a greeting or to call a parent to her.
   b. Play with an object with both hands while sitting independently.
   c. Independently move herself across the floor to get a desired object.
   d. Try to communicate by pointing or reaching for what she wants.

181. You are working with the parents of a two-year-old who has a language delay. Your advice to them about how to teach their child language skills would include all of the following except:
   a. Make sure to have eye-contact with the child when giving an instruction.
   b. Keep instructions as simple as possible, using as few words as necessary.
   c. Spank them when they misunderstand
   d. Use clear gestures to show the child what you mean (e.g., point to the doll as you speak).

182. A parent asks you what they should do about their three-year-old. They say that he won't wear shirts with tags in the back, doesn't like to be touched, and is easily upset by overstimulating activities. You should tell this parent:
   a. "I think your child needs Ritalin."
   b. "I think your child needs a psychologist."
   c. "These sound like sensory processing issues to me."
   d. "Ignore these problem behaviors and they will go away."

183. Developmental tests for pre-school age children may include all of the following except:
   a. The first area is adaptive behavior. How well can a child look at a model and reproduce it? The model may be three-dimensional (such as blocks) or two-dimensional (such as copying geometric shapes or completing a drawing of a person).
   b. Another area that is measured is language development. Some of the activities may include answering simple questions, following simple directions, identifying items in pictures, repeating a series of numbers, and recognizing letters and numbers.
   c. It is also important to evaluate children's gross and fine motor skills. A child's physical development is related to his readiness to read. Can he balance on one foot, hop on one foot, throw and catch a beanbag? Also, how well does a child handle a pencil or build with blocks?
   d. All of the above.

184. A fifteen-year-old boy is sleeping a lot and is clumsy. The most appropriate response to these things is:
   a. Check him! He's doing drugs!
b. Nothing- these are normal for an adolescent boy.
c. Take him to the doctor and have him checked for hypothyroidism.
d. Tell him to be more careful.

185. According to Piaget, what stage of development is this 15-year-old in:
   a. Formal operations
   b. Concrete operations
   c. Informal operations
   d. Elective operations

186. According to Erickson, which stage of development is the 15-year-old in?
   a. Trust vs. Mistrust
   b. Industry vs. Inferiority
   c. Identity vs. Role confusion
   d. Independence vs. Ineptitude

187. And finally, according to Sigmund Freud, what stage of development is the 15-year-old in?
   a. Oral
   b. Anal
   c. Latency
   d. Genital

188. A young man with Down syndrome wants to know what ADL’s are. Which of the following is the best response?
   a. Things we do every day.
   b. Activities of daily living, such as bathing, dressing, grooming and so on.
   c. Using buses, telephones, and other resources
   d. Activities such as running, hiking, walking, jumping.

189. Early intervention for infants identified as having special needs includes interventions to assist in which of the following areas:
   a. Physical & cognitive development
   b. Communication
   c. Social or emotional development
   d. Adaptive development.
   e. All of the above

190. A client in your group typically has complex partial seizures. These seizures typically involve which of the following:
   a. Tonic-clonic movements of all extremities with loss of consciousness
   b. Change in consciousness resulting in a sudden drop to the floor
   c. Dazed with idiosyncratic movement preceded by an aura
   d. Dazed only
191. The philosophy of inclusion, as it applies to developmentally disabled children in school might be summarized by which of the following statements:
   a. Children who learn together learn to live together.
   b. It is better to be in than out.
   c. Learning is the same for everybody
   d. Together is better.

192. A third grader with Down syndrome settles down in class after watching the other students. He learns to take his turn and settle down. Learning by watching others is an example of:
   a. Active treatment
   b. Response cost
   c. Modeling
   d. Inclusion

193. The top three causes of postnatal disabilities are:
   a. Polio, meningitis, and child shaken baby syndrome
   b. Near drowning, polio, and influenza
   c. Hib (bacterial meningitis), shaken baby syndrome, and other injuries
   d. Miscellaneous injuries, suffocation, and shaken baby syndrome

194. According to eMedicine, the most common eating disorder among people with developmental disabilities is:
   a. Anorexia nervosa
   b. Bulimia
   c. Pica
   d. Lithophagia

195. Active Treatment can best be described as which of the following:
   a. Following the individual’s program plans
   b. Meeting the client’s needs based on the facilities staffing capability
   c. An aggressive and organized effort to fulfill each person’s fullest developmental capacity. It requires an integrated, individually tailored program of services directed to achieving measurable, behaviorally-stated objectives.
   d. Organizing programs and plans to meet the needs of the client as defined in his/her IPP

196. Early intervention is considered essential with regard to every developmental disorder or developmental delay. Consequently, the California DDS website encourages pediatricians to do which of the following:
   a. Listen to the parents and observe the infant for alertness as early as one month of age
   b. Observe for alertness by age one
   c. Observe for alertness and expect infant to following a finger crossing visual field by the time he/she is 18 months old
   d. Begin serious observations by the time the infant is six months old

197. The Apgar scale is a tool to assess:
   a. An infant’s developmental and adaptive ability sometime during their first year of life
b. A test to rule out HIB
c. A test performed once at 1 minute after birth, and again at 5 minutes after birth.
d. A college entrance exam
e. None of the above

198. The average IQ is about 100. The person with an IQ less than 70 is considered mentally retarded, or mentally impaired. True False

199. Which of the following is true of the majority of people with MR:
   a. They live in institutions and will have to remain in institutions.
   b. They live in community homes
   c. They live with their families or live independently.
   d. None of the above

200. Which of the following is true of lead exposure:
   a. The CDC recommends that all children in the U.S. be screened for lead exposure
   b. Even when exposed to small amounts of lead levels, children may appear inattentive, hyperactive and irritable.
   c. Children with greater lead levels may also have problems with learning and reading, delayed growth and hearing loss.
   d. At high levels, lead can cause permanent brain damage and even death.
   e. All of the above are true

201. The DSM-IV TR is often used in establishing a diagnosis for clients with developmental disabilities. The DSM IV was created by:
   a. The American Medical Association
   b. The American Psychological Association
   c. The American Nurses Association
   d. None of the above

202. Carbamazepine is typically prescribed for which of the following conditions:
   a. Arthritis
   b. Seizures
   c. Depression
   d. Constipation

203. The average adult dose of carbamazepine is about:
   a. 10-20 mg/QD
   b. 50-100 mg/QD
   c. Never more than 100 mg/QD
   d. 800-1200 mg/QD

204. The behavior, pica, can be described as:
   a. Eating inedible objects
   b. Drinking water to the point of “intoxication”
   c. Consistently licking everything
   d. Placing one’s hand in one’s mouth
205. A capable, ambulatory client is upset and throwing things. Once it is clear that other clients are safe, the best action for the group leader to take is to:
   a. Be confrontational—let this person know who is in charge
   b. Call the police
   c. Be non-threatening, listen, and offer options
   d. Tell the client what he wants to hear and then put him in restraints

206. Clients with problem behaviors usually have behavior plans in place. Which of the following are included in the behavior plan?
   a. What the behavior is, so you will know what to watch for and document
   b. Antecedents, behavior and consequences
   c. Antecedents, behavior, and suggestions about what to do about it
   d. Data about how often the behavior occurs

207. A client is scheduled to have an EEG done. His parents ask what it entails and whether or not it will hurt. Which of the following applies to EEGs:
   a. It measures electrical activity of the brain
   b. Electrodes are attached to the head, the client may feel them, but they won’t hurt.
   c. It can determine whether or not the client has epilepsy and what type of seizures are taking place
   d. All of the above

208. What percentage of children with autism remain mute throughout their lives?
   a. 10%
   b. 25%
   c. 50% x
   d. 75%

209. Odd repetitive motions by autistic children are also known as:
   a. Stereotypies x
   b. Repetations
   c. Oscillating behaviors
   d. Shadowing

210. Normally, at what age does an infant imitate simple gestures?
   a. Birth to 3 months
   b. 3 – 6 months ?
   c. 6 – 9 months
   d. 9 – 12 months

211. The diagnostic criteria for autism requires that symptoms must appear by age:
   a. 2
   b. 3 x
   c. 4
   d. 5

212. The area of the brain that regulates aspects of social and emotional behavior is known as the:
a. Amygdala X  
b. Parietal lobe  
c. Hippocampus  
d. Substantia negra

a. 10%  
b. 33% x  
c. 50%  
d. 75%

214. Dr. O. Ivar Lovaas pioneered which treatment method for autistic children?  
a. Developmental  
b. Behaviorist x  
c. Facilitated Communication  
d. Auditory Integration Training

215. Which of the following drugs have been approved by the FDA for the treatment of autism?  
a. Sertraline  
b. Ritalin  
c. Haloperidol  
d. None of the above x

216. The 1991 Disabilities Education Act ensures that public schools must provide services to children who are developmentally delayed beginning at the age of:  
a. 1  
b. 2  
c. 3 x  
d. 4

217. About ____ of all adults with autism can live and work in the community with some degree of independence  
a. 15%  
b. 20%  
c. 25%  
d. 33% x

218. You are assisting a client with cerebral palsy who uses a wheelchair. In order for her to get up and out of the chair safely, she should:  
a. Lock the breaks  
b. Move the footrests to the side  
c. Remove both of the armrests  
d. A and B only

219. You receive a new client in your group. His client record says that he has been diagnosed with developmental dyspraxia, which you’ve never heard of. However, since praxis means movement, you surmise that dyspraxia might include which of the following:
220. When assisting this person with ADLs you will do which of the following to help him succeed:
   a. Use "cueing" or other forms of communication such as using pictures and hand gestures.
   b. Tell him to hurry, his schedule is very important
   c. Give him a long list of expectations each day
   d. Use selective ignoring when he has difficulties since this is “attention seeking” behavior

221. You are accompanying a client with scoliosis to a clinic visit. Scoliosis:
   a. A variation on cerebral palsy
   b. A type of epilepsy
   c. Spinal curvature
   d. A form of heat-therapy treatment

222. In the DSM-IV, ADHD has three sub categories. Which of the following is NOT one of the subcategories:
   a. Predominantly hyperactive
   b. Predominantly inattentive
   c. Predominantly distracted
   d. Combined.

223. The criteria listed in the DSM-IV for ADHD includes all of the following EXCEPT:
   a. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
   b. Often does not seem to listen to what is being said
   c. Often becomes too engrossed in a good book to stop reading
   d. Often has difficulties organizing tasks and activities

224. Which of the following statements best describes ADHD and those diagnosed with the condition:
   a. It occurs more often in boys than in girls
   b. It occurs more often in girls than in girls
   c. It affects both sexes equally

225. The percentage of people diagnosed with ADHD is:
   a. Less than 1%-- it is very rare
   b. 3-7%
   c. 25%
   d. 50%

226. Which of the following is used as a screening tool for adults who may have ADHD:
   a. Apgar Score
b. Braden Scale

c. Wender Utah Rating Scale

d. Glasgow Coma Scale

227. Which of the following is the first-line medication of choice to alleviate symptoms of ADHD:
   a. Ritalin (methylphenidate)
   b. Tegretol (carbamazepine)
   c. Valium (diazepam)
   d. None of the above

228. All of the following characteristic about Lesch-Nyhan disorder are true EXCEPT:
   a. There is spasticity with choreoathetoid movements
   b. The hallmark characteristic is compulsive self-destructive behavior
   c. It is the most common form of developmental disability
   d. There is increased serum uric acid and increased excretion of uric acid, in urine

229. Because of the compulsion for self-destructive behavior, the client with Lesch-Nyhan is likely to have:
   a. Teeth extracted to prevent biting of lips, cheeks, fingers, etc (60%)
   b. Padding around sharp corners in the bathroom
   c. Arm splints and padding to minimize self-injury
   d. All of the above

230. You are working in a community day program with Timmy, who is mildly mentally impaired and has ADHD. You are trying to show him how to wash his hands well. The best way to structure the environment for success is to:
   a. Use a sink in a crowded noisy area
   b. Use a sink in a room with lots of pictures and decorations
   c. Use a sink in a bare room, with no people or other distractions
   d. Use a make-believe sink because he'll make a mess with a real sink

231. Three sixth graders are caught smoking. They are: Sandy, Brad, and Tom. Sandy’s parents send her to her room, where she spends most of her time anyway. Her computer, cell phone, iPod, and TV set are all in her room. She thinks this is great and she’s likely to repeat the behavior again. For Sandy, being sent to her room is a form of:
   a. Punishment
   b. Positive reinforcement
   c. Response Cost
   d. Targeted behavioral synthesis

232. When Brad’s parents find out about his smoking, they take away his tickets to an upcoming Forty Niners game. This is an example of:
   a. Negative punishment
   b. Positive punishment
   c. Positive reinforcement
   d. Targeted behavioral synthesis
233. Tom’s parents are furious when they find out about his smoking—his Dad is so angry that he slaps Tom. This is called:
   a. Negative punishment
   b. Positive punishment
   c. Positive reinforcement
   d. Targeted behavioral synthesis

234. A client with a Developmental Disabilities needs assessment for a feeding program. How should the Psychiatric Technician assess the client’s swallowing reflex before the feeding program is started?
   a. Give small amounts of easily moistened food.
   b. Request the client swallow saliva while the Psychiatric Technician palpates the client’s larynx.
   c. Check the gag reflex by touching the back of the throat with a tongue blade
   d. Ask the client to swallow after having chewed dry cereal.

235. A client with depression is recovering but had to be hospitalized for an appendectomy. The client says, "I’m not sure I’m going to pull through." Which of the following would be the best reply by the psychiatric technician:?
   a. “You’ll be fine.”
   b. “You should here about my appendectomy. Boy what a hassle that was...”
   c. “You’re not sure you’re going to pull through?”
   d. “How would you like a prn—any prn.”

236. Living with cerebral palsy can add difficulties to one’s life. One source, who we will call Jay, writes that during young adulthood he experienced stress and fatigue. According to Erikson, which stage of development is the adolescent transitioning through:
   a. Identity vs. role confusion
   b. Industry vs. inferiority
   c. Identity vs. independence
   d. Trust vs. mistrust

237. Which of the following is not one of the conditions among the Autism Spectrum Disorders:
   a. Pervasive Developmental Disorder—Not Otherwise Specified (PDD-NOS)
   b. Rett’s syndrome, which affects girls and is a genetic disorder with hard neurological signs, including seizures, that become more apparent with age;
   c. Asperger syndrome
   d. Spina Bifida
   e. Childhood Disintegrative Disorder
Fetal alcohol syndrome (FAS) is contingent on findings in the following 3 areas: (1) dysmorphology (particularly midfacial anomalies), (2) growth retardation (intrauterine growth rate and failure to experience catch-up growth), and (3) CNS involvement (cognitive impairment, learning disabilities, impulsiveness).

1-2 in 1,000 births per emedicine

All of the above

5. Learning Identity Versus Identity Diffusion (Fidelity)

During the fifth psychosocial crisis (adolescence, from about 13 or 14 to about 20) the child, now an adolescent, learns how to answer satisfactorily and happily the question of "Who am I?" But even the best-adjusted of adolescents experiences some role identity diffusion: most boys and probably most girls experiment with minor delinquency; rebellion flourishes; self-doubts flood the youngster, and so on.

It depends. The 15-year-old is probably in the genital stage but he might still be in the latency stage—not much going on.