How to Obtain Contact Hours by Reading Articles in This Issue

Instructions
4.0 contact hours will be awarded by Vindico Medical Education upon successful completion of the posttest and evaluation. To obtain contact hours:

1. Read the following articles carefully, noting the tables and other illustrative materials, which are provided to enhance your knowledge and understanding of the content:
   - Bridging the Gap Between Primary Care and Mental Health
   - Climate Control: Creating a Multifaceted Approach to Decreasing Aggressive and Assaultive Behaviors in an Inpatient Setting
     Donna Linette, MSN, NEA-BC, and Susan Francis, RN, PhD, LHRM, on pages 30-35.
   - The Crisis Intervention Team—A Revolutionary Tool for Law Enforcement: The Psychiatric-Mental Health Nursing Perspective
     Horace A. Ellis, RN, MSN, ARNP, PMHNP-BC, on pages 37-43.

2. Read each question and record your answers on the CNE Registration Form on page 45.

3. Complete all sections of the CNE Registration Form, including indicating the total time spent on the activity (reading articles and completing quiz). Forms and quizzes cannot be processed if this section is incomplete. All participants are required by the accreditation agency to attest to the time spent completing the activity.

4. Forward the completed form with your check or money order, drawn on a US bank, for $20 (USD) made out to JPN-CNE. CNE Registration Forms must be received no later than November 30, 2013.

Contact Hours
Vindico Medical Education is an approved provider of continuing nursing education by the New Jersey State Nurses Association, an accredited approver, by the American Nurses Credentialing Center’s Commission on Accreditation, P188-6/09-12. This activity is co-provided by Vindico Medical Education and the Journal of Psychosocial Nursing.

This is a Learner-Paced Program. Answers to the posttest will be graded, and you will be advised that you have passed or failed within 60 days of receipt of your completed test. A score of 70% or above will comprise a passing grade. A certificate will be awarded to participants who successfully complete the test. A contact hour is 60 minutes of instruction. Contact hour verification can be awarded only at the completion of a program.

Activity Objectives
1. Describe how patients can benefit from the integration of a mental health care program within a primary care setting.
2. Discuss steps that can be taken to decrease aggressive behavior and assaults in a hospital setting.
3. Identify ways in which psychiatric nurses have a positive influence on the Crisis Intervention Team program.

Author Disclosure Statements
• Mr. Machado and Ms. Tomlinson disclose that they have no significant financial interests in any product or class of products discussed directly or indirectly in this activity, including research support.
• Ms. Linette and Dr. Francis disclose that they have no significant financial interests in any product or class of products discussed directly or indirectly in this activity, including research support.
• Mr. Ellis discloses that he has no significant financial interests in any product or class of products discussed directly or indirectly in this activity, including research support.

Commercial Support Statement
All authors and planners have agreed that this activity will be free of commercial bias. There is no commercial support for this activity. There is no non-commercial support for this activity.
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Questions #1-7 refer to the article about bridging the gap between primary care and mental health by Machado and Tomlinson on pages 24-29.

1. Studies estimate that during a 1-year period, up to ______ of the U.S. adult population meets criteria for one or more mental health problems.
   A. 10%.
   B. 20%.
   C. 30%.
   D. 40%.

2. In primary care clinics serving low-income populations, mood and anxiety disorders are seen in as many as ______ of patients.
   A. 30%.
   B. 40%.
   C. 50%.
   D. 60%.

3. Among veterans, how many visiting mental health clinics within the primary health care setting?
   A. 1 of 7.
   B. 3 of 10.
   C. 2 of 5.
   D. 1 of 3.

4. Barriers impeding primary care providers from delivering optimal depression care include abbreviated office visits and:
   A. Less-than-adequate training and negative beliefs about mental health conditions and treatment.
   B. Lack of physical clinic facilities.
   C. Lack of physical clinic facilities and negative beliefs about mental health conditions and treatment.
   D. Pharmacotherapy is often inadequate because of premature discontinuation by the physician.

5. Patients are often hesitant to seek mental health services in a mental health setting for fear of stigmatization, additional travel or time away from work, and:
   A. Additional costs and judgmental attitudes.
   B. Additional costs and the unknown.
   C. Judgmental attitudes and the unknown.
   D. Judicial attitudes.

6. Pharmacotherapy is often inadequate because of premature discontinuation by the physician, poor patient adherence, and:
   A. Overpricing of the more effective therapies.
   B. Insufficient dosing.
   C. Patient refusal to initiate a medication regimen.
   D. Non-payment by most insurance companies.

7. A key component of both the Mental Health Strategic Plan and the VA Medical Centers and Clinics handbook is:
   A. The integration of mental health care within the primary health care setting.
   B. Medication protocols for mental illnesses.
   C. Standardized plans of care for patients with mood disorders.
   D. Specific steps to take toward a restraint-free emergency department.

Questions #8-13 refer to the article about decreasing aggressive and assaultive behaviors by Linette and Francis on pages 30-35.

8. Which of the following is an example of assault?
   A. Damage to property.
   B. Hitting a door.
   C. Shoving a patient.
   D. Verbal threats.

9. Which of the following is a characteristic of assault?
   A. It involves physical threats toward someone else.
   B. It occurs only when an injury has been sustained from a physical attack.
   C. It occurs when verbal threats have been made.
   D. It involves a physical attack to another person, with or without injury.

10. According to a review of literature by the Assault Behavior Reduction Team, patients identified as “the aggressor” in a majority of assaults were:
    A. Younger with an involuntary admission to the hospital.
    B. Often diagnosed with mood and anxiety disorders.
    C. Older with an involuntary admission to the hospital.
    D. Experiencing substance withdrawal and:

11. Successful reduction of assaults and aggression requires that the effort:
    A. Always involve the use of medication to decrease escalating behavior.
    B. Be driven from the top of the organization and include frontline staff.
    C. Be driven from the frontline staff and include some members of administration.
    D. Include the use of restraints to deter future assaultive behavior.

12. Members of the Assault Behavior Reduction Team identify a “hot” climate as one that:
    A. Involves a patient who is at risk for elopement.
    B. Involves a patient who is brought to the hospital by police officers.
    C. Involves a patient who has been restrained in the emergency department.
    D. Indicates a high-risk environment.
Questions #14-20 refer to the article about the crisis intervention team by Ellis on pages 37-43.

14. The mission and vision of deinstitutionalization policy was that patients with chronic and persistent psychiatric illnesses would be:
   A. Rehabilitated and drug free.
   B. Rehabilitated, destigmatized, and productive in the workforce.
   C. Destigmatized, drug free, and case managed.
   D. Rehabilitated, destigmatized, and case managed.

15. The 3R conceptual model of care involves:
   A. Response, relapse, and recovery.
   B. Response, rehabilitation, and recovery.
   C. Relapse, rehabilitation, and recovery.
   D. Relapse, rehabilitation, and response.

16. Evidence supports that after deinstitutionalization, many patients who had been institutionalized:
   A. Eventually reintegrated into society with a more positive outlook for the future.
   B. Entered work programs to train for low-stress jobs.
   C. Had difficulty re-establishing relationships with family members.
   D. Had difficulty re-establishing relationships with family members.

17. The Crisis Intervention Team (CIT) model is a program intended to improve the safety of all parties involved in a mental health crisis and:
   A. Enhance officers’ interactions with individuals with mental illness.
   B. Incarcerate mentally ill individuals until medication can be provided.
   C. Offer a 2-day crisis recovery program to individuals involved in a mental health crisis.
   D. Provide community outreach programs for those experiencing mental health crises.

18. Prevention, the goal of the relapse arm of the CIT model, is achieved mainly through:
   A. Psychoeducation, symptom management, and follow-up care.
   B. Peer support and follow-up care.
   C. Medication and frequent monitoring in intense outpatient programs.
   D. Psychoeducation and peer support.

19. On any given day, between _____ and _____ people with mental illnesses are incarcerated in jails across the United States.
   A. 75,000 and 90,000.
   B. 150,000 and 200,000.
   C. 300,000 and 400,000.
   D. 500,000 and 600,000.

20. The number of people diagnosed with mental illnesses who are arrested and booked into jails in the United States annually is more than:
   A. 1 million.
   B. 1.1 million.
   C. 1.5 million.
   D. 1.6 million.