How to Obtain Contact Hours by Reading 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:
   • Alcohol-Related Content in Undergraduate Nursing Curricula in the Northeastern United States
     Michelle M. Mollica, MS, RN, DCN, Zena Hyman, DNS, RN, CNE, ANP-BC, and Catherine M. Mann, MSN, RN, on pages 22-31.
   • Using Art to Empower Clients During a Facility Move
     Lawrence A. Osborn, MEd, and Frederic B. Tate, RNQ, LPC, on pages 32-37.
   • Does Your Older Adult Client Have a Gambling Problem?
     Cindy Sullivan Kerber, PhD, APN, CNS; Emily Schlenker, PsyD, CHN, RN; and Kari Hickey, MS, RN, on pages 38-43.
2. Read each question and record your answer on the CNE Registration Form provided.
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 $16 (USD) made out to JPN-CNE.
5. CNE Registration Forms must be received no later than June 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, PT88-6/09-12. 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.

Objectives

1. Discuss ways in which nursing curricula can be improved to assist with prevention and treatment of alcohol abuse.
2. Identify art therapy activities that can empower patients with mental illness.
3. Describe how nurses can assist older adults with gambling problems.

Questions #1-7 refer to the article about alcohol-related content in undergraduate nursing curricula by Mollica, Hyman, and Mann on pages 22-31.

1. According to recent statistics, the percentage of the population age 12 and older who engaged in heavy drinking on 5 or more of the past 30 days is:
   A. 0.4%.
   B. 3.1%.
   C. 6.9%.
   D. 9.2%.

2. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), binge drinking is a pattern of drinking alcohol that brings blood alcohol concentrations to:
   A. 0.0068 grams percent or above.
   B. 0.045 grams percent or above.
   C. 0.08 grams percent or above.
   D. 0.20 grams percent or above.

3. The percentages of cases of child maltreatment involving the use of alcohol or other drugs is:
   A. 20%.
   B. 30%.
   C. 40%.
   D. 50%.

4. The NIAAA has planned the release of an online baccalaureate nursing curriculum with content related to:
   A. pathophysiology, prevention, treatment, psychotherapy, and ethical concerns.
   B. assessment, pathophysiology, and legal concerns.
   C. pathophysiology, prevention, harm reduction, treatment, and legal and ethical concerns.
   D. assessment, pathophysiology, and health promotion.

5. Generalist nurses should have adequate knowledge regarding assessment and treatment for those who misuse alcohol and knowledge:
   A. of the patient’s family history of alcohol use.
   B. of any secondary medical illnesses.
   C. of degree of family support.
   D. to promote optimal health and prevent the disorder.

6. Historically, in the United States and United Kingdom, nursing programs have offered how many hours of alcohol/drug education in their curricula?
   A. Between 3 and 8.
   B. An average of 10.
   C. An average of 4 classroom hours and 16 clinical hours.
   D. Less than 6.

7. According to Pender’s theoretical proposition, nursing programs would institute teaching strategies to encourage students to:
   A. examine both patient risk factors and their own attitudes.
   B. assess willingness of family members to participate in treatment.
   C. examine childhood factors contributing to alcohol misuse.
   D. role-play effective communication strategies to improve the therapeutic relationship.

Questions #8-13 refer to the article about the using art to empower clients during a facility move by Osborn and Tate on pages 32-37.

8. Although some of the tiles were considered beautifully artistic:
   A. they were not used because of poor self-esteem in some clients having difficulty with the project.
   B. only tiles that represented positive emotions were used.
   C. those illustrating religious expression were not included in the final project.
   D. the process was considered more important than the product.

9. Birds and butterflies, commonly used throughout the project, often symbolize:
   A. happy childhood experiences.
   B. happiness, serenity, and contentment with accomplishments in life.
   C. freedom, transition, and the need to escape.
   D. hope and new beginnings.

10. For some individuals, the color yellow suggests:
    A. overstimulation and high anxiety.
    B. freedom, transition, and the need to escape.
    C. withdrawal, retreat, and sadness.
    D. hope and new beginnings.

11. Involving psychiatric patients in a facility move may:
    A. decrease their anxiety and help them cope with the change.
    B. limit autonomy and ability to function effectively in the environment.
    C. decrease their willingness to participate by asking them to make decisions.
    D. lead to increased confusion and agitation.

12. Art projects, such as the one described in this article, should include:
    A. all clients, regardless of their artistic abilities.
    B. only clients who are outgoing.
    C. only clients who have steady hands.
    D. all clients free of cognitive impairment.
13. The purpose of the tile project was to:
   A. decrease psychotic episodes, especially in clients with paranoia.
   B. minimize confusion in clients with Alzheimer’s disease.
   C. empower clients.
   D. improve mood in clients with depression.

Questions #14-20 refer to the article about older adults with gambling problems by Kerber, Schlenker, and Hickey on pages 38-43.

14. Older adults may develop problem gambling behaviors because of unique risk factors such as:
   A. fixed incomes, loneliness, and boredom.
   B. recent memory loss, loneliness, and boredom.
   C. decreased social interaction and limited responsibility.
   D. impaired cognition with decreased insight and judgment.

15. According to Southwell, Boreham, and Laffan, 27% of older adults who regularly play electronic gaming machines reported:
   A. improvement in social interaction with others.
   B. drawing on their savings to fund the activity.
   C. increased insomnia and headaches after returning from a gambling trip.
   D. lying to others about gambling.

16. Older adults have identified their motivation for gambling as getting away for the day and:
   A. relaxing, escaping boredom, and passing time.
   B. socializing, forgetting their problems, and hoping to improve their financial status.
   C. feeling a sense of control.
   D. being productive.

17. Individuals who develop severe gambling problems often experience comorbid psychiatric and medical illnesses such as:
   A. bipolar disorder and respiratory-related diseases.
   B. depression, alcoholism, and dissociative disorders.
   C. alcoholism, depression, and cardiovascular disease.
   D. bipolar disorder, alcoholism, and pancreatitis.

18. Screening for gambling problems should occur in older adults with:
   A. financial problems and boredom.
   B. bipolar disorder and a family history of gambling problems.
   C. financial problems, alcoholism, or depression.
   D. decreased opportunity for social interaction and depression.

19. Individuals with restless leg syndrome or Parkinson’s disease should be screened for frequent gambling behaviors when taking:
   A. selective serotonin reuptake inhibitors.
   B. dopaminergic drugs.
   C. lithium.
   D. tricyclic antidepressant agents.

20. Individual counseling aims to:
   A. change the gambler’s lifestyle and provide insight into irrational ways of thinking.
   B. decrease impulsive thinking and improve mood.
   C. prevent compulsive drinking and change the gambler’s lifestyle.
   D. provide insight into irrational ways of thinking and prevent secondary medical illness.
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     - Michelle A. Mollica, MS, RN, OCN; Zena Hyman, DNS, RN, CNE, ANP-BC; and Catherine M. Mann, MSN, RN, on pages 22-31.

   - **Using Art to Empower Clients During a Facility Move**
     - Lawrence A. Osborn, MEd; and Frederic B. Tate, RhD, LPC, on pages 32-37.

   - **Does Your Older Adult Client Have a Gambling Problem?**
     - Cindy Sullivan Kerber, PhD, APN, CNS; Emily Schlenker, PsyD, CHN, RN; and Kari Hickey, MS, RN, on pages 38-43.

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### Author Disclosure Statements

- Ms. Mollica, Dr. Hyman, and Ms. Mann 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. Osborn and Dr. Tate 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.
- Dr. Kerber, Dr. Schlenker, and Ms. Hickey 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.

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