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:

   - Parent-Child Relationships Between Korean American Adolescents and Their Parents
     Heeseung Choi, PhD, MPH, RN; Minju Kim, PhD, RN; Chang Gi Park, PhD; and Barbara L. Dancy, PhD, RN, FAAN, on pages 20-27.

   - Hospice and Palliative Care for Terminally Ill Individuals with Serious and Persistent Mental Illness: Widening the Horizons
     Terry Lane Terpstra, RN, MSN, GNP-BC, ANP-BC, ACHPN; and Tammy Lynn Terpstra, RN, MSN, GNP-BC, ANP-BC, on pages 28-34.

   - Mental Health Disparities in the Older Afro-Caribbean Population Living in the United States: Cultural and Practice Perspectives for Mental Health Professionals
     Horace A. Ellis, RN, MSN, ARNP, PMHNP-BC, on pages 36-44.

2. Read each question and record your answers on the CNE Registration Form on page 47.

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 September 30, 2014.

Contact Hours

Vindico Medical Education, LLC is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

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. Identify ways in which health care providers can offer assistance to Korean American adolescents and their parents.
2. Discuss the benefits of cross-training palliative care and mental health clinicians.
3. Describe how cultural beliefs can impact mental health outcomes.

Author Disclosure Statements

- Dr. Choi, Dr. Kim, Dr. Park, and Dr. Dancy disclose that they have no significant financial interests in any product or class of products discussed directly or indirectly in this activity. Dr. Choi discloses grant funding from the Center for Reducing Risks in Vulnerable Populations of the University of Illinois at Chicago, College of Nursing, and the Institute for Research on Race and Public Policy of the University of Illinois at Chicago. This research was made possible by the Internal Research Support Program and the Center for End-of-Life Transitional Research of the University of Illinois at Chicago, College of Nursing.
- Ms. Terpstra and Ms. Terpstra 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.
Questions #1-7 refer to the article about parent-child relationships between Korean American adolescents and their parents by Choi et al. on pages 20-27.

1. Deficits in ____ and low parental self-efficacy have been shown to make parent-child communication difficult and lead to increased parent-child conflict.
   A. parental knowledge.
   B. the knowledge of local customs.
   C. cultural knowledge.
   D. societal norms.

2. Parent-child relationships within immigrant families are stressed by ____ and cultural transitions that require drastic changes in parents’ and adolescent children’s roles and responsibilities.
   A. mental health problems.
   B. normal adolescent development.
   C. poor self-esteem in the child.
   D. inadequate support systems.

3. Korean American adolescents have significantly higher ____ than Caucasian adolescents.
   A. rates of psychotic disorders.
   B. rates of suicide.
   C. depression scores.
   D. rates of alcohol use.

4. Among Asian American adolescents, Korean Americans have the highest levels of:
   A. anxiety, aggression, and somatic symptoms.
   B. anxiety, aggression, and substance use.
   C. depression, psychotic disorders, and alcohol abuse.
   D. aggression, psychotic disorders, and illegal drug use.

5. For high-risk families, early assessment of ____ perceived by both adolescents and their parents is essential to modify risks and prevent mental health problems.
   A. depressive symptoms.
   B. aggressive behaviors.
   C. somatic symptoms.
   D. the quality of parent-child relationships.

7. Korean American adolescents are more sensitive to:
   A. minor improvements or deterioration in communication with their fathers.
   B. minor improvements in communication with their mothers.
   C. minor deterioration in communication with their mothers.
   D. minor improvements or deterioration in communication with their mothers.

Questions #8-13 refer to the article about hospice and palliative care for terminally ill individuals with serious and persistent mental illness (SPMI) by Terpstra and Terpstra on pages 28-34.

8. Palliative care is a form of treatment that:
   A. requires that a person have a terminal condition.
   B. is designed for those who have a non-serious condition.
   C. if offered when curative care is no longer sought.
   D. does not require that a person have a terminal condition.

9. An estimated ____ of the adult population has chronic mental illness.
   A. 4%.
   B. 5%.
   C. 6%.
   D. 7%.

10. Palliative medicine focuses on control of symptoms, but palliative nursing emphasizes ____ as a foundational element.
    A. environmental influences.
    B. psychosocial support.
    C. family network.
    D. community resources.

11. According to Ellison, those with SPMI are:
    A. less likely to be screened for cancer.
    B. more likely to have routine checkups.
    C. less likely to self-medicate.
    D. more likely to have a physical examination by a psychiatrist when appearing unwell.

12. According to Johnston and Smith, patients and nurses agreed that the two most essential features of an expert palliative nurse were:
    A. effective communication skills and knowledge of diagnostic categories of mental illness.
    B. good assessment and caring skills.
    C. caring skills and knowledge of diagnostic categories of mental illness.
    D. effective interpersonal skills and caring skills.
13. Similarities between palliative care and mental health work include:
   A. the focus on the health care team as the unit of care.
   B. provisions for as much inpatient care as possible when illness is more severe.
   C. concern for quality of life as defined by the patient.
   D. family-centered practice.

Questions #14-20 refer to the article about mental health disparities in the older Afro-Caribbean population living in the United States by Ellis on pages 36-44.

14. It is estimated that Afro-Caribbeans constitute _____ of the Black population in the United States.
   A. 2% to 7%.
   B. 3% to 9%.
   C. 10% to 15%.
   D. 13% to 20%.

15. Approximately _____ of adults 65 and older experience some type of mental health condition in their lifetime.
   A. 6%.
   B. 13%.
   C. 20%.
   D. 25%.

16. Mental illness in the geriatric population is often comorbid with other chronic physical conditions and is linked to the high risk and rates of:
   A. functional/physical decline.
   B. substance use.
   C. poor cognition.
   D. late-onset schizophrenia.

17. Up to _____ of older adults with a mental disorder do not receive the services they need.
   A. 38%.
   B. 63%.
   C. 76%.
   D. 88%.

18. A form of disparity that strongly influences identification, assessment, and treatment of mental health disorders in the older adult population is called:
   A. malignant ageism.
   B. ageism.
   C. ethnocentrism.
   D. cultural incompetence.

19. In the African American culture, mental health disparities are largely due to reduced access to care, social stigma, and:
   A. mistrust toward the health care system.
   B. the inability to reveal mental health problems to others.
   C. the belief that family members should help each other with mental illness.
   D. the inability to pay for medication.

20. Among the Afro-Caribbean older adult population, the concept of health, illness, disability, and death is understood from a:
   A. humanist worldview.
   B. rationalist worldview.
   C. environmental worldview.
   D. fatalistic worldview.