Questions #1-7 refer to the article about a collaborative academic and community mental health services fitness partnership by Lesley et al. on pages 26-32.

1. The partnership described in this article included:
   A. nursing and physical therapy faculty and students from a nearby university.
   B. administrators and staff from a community mental health agency.
   C. individuals with serious mental illness who utilize community mental health services.
   D. all of the above.

2. Compared to medical treatment models based on illness and medication management, the recovery model emphasizes using:
   A. Dorothea Orem's model of self-care.
   B. rehabilitation and nursing concepts of person, health, and the environment.
   C. James Prochaska's Stages of Change theory.
   D. external controls over decision making and mental health care.

3. A psychosocial rehabilitation clubhouse is a:
   A. secure treatment facility.
   B. day treatment program focusing on group psychotherapy.
   C. site that provides case management services.
   D. place where members assume responsibility for its day-to-day operation.

4. Consistent with national data on the physical health of individuals with serious mental illness, members of the clubhouse had:
   A. engaged in moderate levels of physical activity.
   B. high rates of modifiable risk factors.
   C. a lower frequency of chronic diseases.
   D. well-established exercise regimens.

5. Which of the following is NOT a component of the InSHAPE program?
   A. Participants work one-on-one with a personal health mentor.
   B. Health mentors are certified fitness trainers with at least a bachelor’s degree.
   C. Health mentors develop a fitness program for the participant.
   D. Participants develop their own fitness plan in consultation with the health mentor.
6. Opening fitness activities to people from the general community helps accomplish all of the following EXCEPT:
   A. promotes healthy lifestyles for all local residents.
   B. reduces stigma related to mental health services.
   C. increases opportunities for informal social interactions.
   D. increases funding for primary medical care services.

7. Which is NOT a reason why community mental health agencies are ideal training grounds for nurse practitioner students interested in primary care?
   A. Many patients in primary care settings have co-occurring mental and physical conditions.
   B. Some primary care facilities are located within community mental health agencies.
   C. Integrated psychiatric and medical care systems have potential for delivering high quality health care.
   D. There are fewer policies and procedures than at other sites.

Questions #8-15 refer to the article about salivary cotinine levels in individuals with schizophrenia spectrum disorders (SSDs) by Beebe and Parker on pages 33-38.

8. The most common measure of smoking behavior in published studies of individuals with SSDs is:
   A. family report.
   B. observation.
   C. self-report.
   D. salivary cotinine.

9. The BEST predictor of nicotine exposure is considered to be:
   A. self-reported smoking behavior.
   B. salivary cotinine.
   C. nicotine content of cigarettes smoked.
   D. number of cigarettes smoked per day.

10. Which of the following does NOT affect salivary cotinine levels?
    A. age.
    B. gender.
    C. ethnicity.
    D. plasma cotinine level.

11. Which statement is TRUE regarding the Strand and Nybäck (2005) findings? The study:
    A. included 50 inpatients with SSDs.
    B. found no correlation between smoking and salivary cotinine.
    C. reported salivary cotinine levels that were lower than expected.
    D. indicated participants were smoking fewer cigarettes than they reported.

12. Which of the following steps is NOT part of the salivary cotinine procedure?
    A. Rinse the mouth with water prior to testing.
    B. Completely fill the container with saliva.
    C. Squeeze eight drops of saliva onto the test strip.
    D. Read the color change after 30 minutes.

13. Which of the following accurately reflects this study’s findings?
    A. Half of the female participants met obesity criteria, as defined by the Centers for Disease Control and Prevention.
    B. The most commonly prescribed medications were mood stabilizers.
    C. Sixteen participants reported smoking cigarettes.
    D. A significantly higher proportion of smokers were African American.

14. Which of the following are possible reasons for the lack of correlation between smoking behavior and salivary cotinine levels?
    A. The imprecision of self-report.
    B. The influence of amount of smoke inhaled.
    C. Exposure to secondhand smoke.
    D. All of the above.

15. Which of the following should be considered in decisions regarding use of salivary cotinine measures in SSDs?
    A. Cost.
    B. Possible procedural modifications.
    C. Additional clinical assessments.
    D. All of the above.

Questions #16-22 refer to the article about transitions from assertive community treatment (ACT) to less intensive services by Cuddeback et al. on pages 39-45.

16. ACT is a/an:
    A. new treatment alternative to cognitive-behavioral therapy for individuals with depression.
    B. widely studied evidence-based practice for individuals with severe mental illness.
    C. inexpensive treatment alternative for individuals with addictions.
    D. program to service individuals who have never been hospitalized for severe mental illness.

17. When preparing a consumer to transition from an ACT team to less intensive treatment services, it is best to:
    A. start talking about the goal of transitioning to case management services early and often during the consumer’s time on an ACT team.
    B. avoid mentioning transitioning to less intensive services until near the end of treatment on an ACT team to lessen the anxiety of transitioning for the consumer.
    C. have only the primary mental health therapist talk to the transitioning consumer.
    D. plan for the transition as soon as the consumer is enrolled in an ACT program.

18. Facilitating meetings between the ACT team, the consumer, and the new case manager can promote successful transitions to less intensive services by:
    A. making sure that both the ACT team and the new case manager will remain involved in the consumer’s treatment for an extended transition period.
    B. making sure that all individuals involved are friends with each other.
    C. allowing time to address consumer concerns and also rapport development with the new case manager.
    D. allowing the consumer to select the new case manager.

19. When transitioning from ACT services to case management services, consumers must be educated about differences in levels of service in which of the following ways?
    A. ACT team services are more extensive than those offered by traditional case managers.
    B. Case management services are more extensive than those offered by traditional ACT teams.
    C. There is little difference in level of service between ACT teams and traditional case managers.
    D. There is fluctuation in the levels of services depending on where the consumer lives.

20. Consumers on the verge of transitioning from ACT team care to traditional case management services are typically:
    A. not benefiting from ACT team services and likely to return to the hospital imminently.
    B. progressing well toward recovery and seem ready for less intensive treatment services.
    C. those who do not have social support systems in place.
    D. those who have met all of the ACT protocols.

21. Consumer indicators of readiness to transition from ACT team care to case management services include:
    A. inability to self-advocate and manage own medication regimen.
    B. fear of others and reclusiveness.
    C. possessing a level of comfort when asking questions about own care and mature self-advocacy skills.
    D. rapid processing of thoughts and attention seeking.

22. Which of the following are barriers to successful transitions from ACT teams to case management services?
    A. Loneliness and isolation.
    B. Independent living skills.
    C. Medication regimen adherence.
    D. Transportation.

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