Questions #1-7 refer to the article about cognitive-behavioral therapy (CBT) for Korean soldiers by Hyun et al. on pages 22-28.

1. The least common mental health problem experienced by soldiers is:
   A. depression.
   B. anxiety.
   C. anger.
   D. delirium.

2. A significant personality process that people use to exert control over their feelings and impulses is:
   A. self-motivation.
   B. self-regulation.
   C. need desire.
   D. need satisfaction.

3. In the Korean military, the proportion of all deaths accounted for by suicide is:
   A. 10%.
   B. 20%.
   C. 30%.
   D. 40%.

4. The mental health problem least likely to be alleviated or improved by CBT is:
   A. hallucination.
   B. anger.
   C. self-control.
   D. depression.

5. The premise underlying CBT is that:
   A. there is a relationship between thoughts and feelings.
   B. the causes of a problem behavior are in the unconscious.
   C. the hierarchy of needs motivates people.
   D. behavior can be modified through rewards and punishment.

6. The fundamental concept of CBT lies in:
   A. identifying the origin of the problems from cognition of past experiences.
   B. identifying the negative thoughts and transforming them into more positive ones.
   C. focusing on a diagnosis of the patient.
   D. identifying the unmet human needs of the patient.

7. The fundamental objective of the anger management program based on CBT is:
   A. eliminating the causes that elicit anger.
   B. focusing on meeting one's unmet needs.
   C. modifying the distorted thoughts that elicit anger.
   D. identifying the origins of the anger.

Questions #8-16 refer to the article about enhancing self-efficacy levels in teachers of adolescents who display disruptive behaviors by Pace, Boykins, and Davis on pages 30-37.

8. One common disruptive behavior displayed by students in the classroom is:
   A. interactive discussion.
   B. submissive acceptance.
   C. talking out of turn.
   D. talking out their problems.
9. The theoretical framework used for this project was teacher:
A. self-efficacy.
B. self-worth.
C. self-confidence.
D. self-management.

10. The American Academy of Child and Adolescent Psychiatry recommends that teachers:
A. experience extended training in problems that lead to class disruption.
B. experience extended training in child and adolescent psychiatry.
C. understand individual motivations for class disruption.
D. understand the dynamics of their classrooms.

11. Participants in this study were selected by:
A. ethnicity.
B. age.
C. behaviors.
D. gender.

12. The proactive classroom management model is designed to:
A. decrease teacher turnover.
B. decrease teacher burnout.
C. increase teachers’ ability to manage disruptive classroom behavior.
D. increase teachers’ reporting of disruptive classroom behavior.

13. The proactive classroom management model intervention included how many phases?
A. Four.
B. Five.
C. Six.
D. Seven.

14. The instrument used in this study was the teachers’
A. Self-Report of Class Disruption.
B. Self-Report of Class Control.
C. Sense of Efficiency Scale.
D. Sense of Efficacy Scale.

15. One of the benefits of having psychiatric-mental health consultants in the school setting is to:
A. provide documentation of proactive classroom management for families.
B. provide an instructor in proactive classroom management for faculty.
C. remove the most disruptive students from the classroom.
D. remove barriers to therapeutic interactions from the classroom.

16. It is important to enhance self-efficacy in teachers regarding classroom management because it:
A. allows students to learn in a calm, therapeutic learning environment.
B. provides a mechanism to document student behaviors when calm is disrupted.
C. facilitates retention of experienced faculty.
D. enhances cohesion of school faculty.

Questions #17-23 refer to the article about decisions to receive (or not receive) life-sustaining treatment by Schubart et al. on pages 38-44.

17. The purpose of using “prompts” in focus group sessions is to:
A. “break the ice.”
B. trigger memories.
C. provide structure.
D. set the agenda.

18. The design of a focus group study should:
A. capture a diversity of views and experiences.
B. ensure the participants are homogenous in regard to demographic, race, and income variables.
C. select participants who have an interest in the research.
D. create a draft of participants’ advance directives at the end of the discussion.

19. What ethical issues do the authors identify in their focus group research?
A. Institutional Review Board approval is required.
B. Written consent is preferred, but optional, if the session is not audiorecorded.
C. “Sensitive” issues require a person trained in crisis intervention to be present.
D. Signed Health Insurance Portability and Accountability Act (HIPAA) forms are necessary to participate.

20. The primary goal of advance care planning (ACP) is to:
A. generate a document that details precise instructions for medical treatment under various clinical scenarios common at end of life.
B. select family members to serve as the consensus group should one lose decision-making capacity.
C. revise an existing standard living will.

21. Results of the focus group research showed preferences for end-of-life medical treatment were influenced by:
A. direction from the physicians.
B. prior experience in the health care system.
C. “cost” to one’s family, including monetary and emotional burden.
D. spiritual belief in end of life.

22. The authors suggest which statement best describes quality of life?
A. It is largely influenced by the values and beliefs of family and friends.
B. It is self-defined and varies widely among people.
C. It will change over the course of an illness.
D. It means being able to participate independently in activities.

23. Complete the statement that best describes the nurse’s role in ACP. Because nurses are at the bedside:
A. ACP is best left to the health care team.
B. ACP often occurs in conference rooms because of diverse family decisions.
C. care and interventions position nurses to facilitate the ACP process, as their experience gives them a broad view of ACP with many patients often in crisis.
D. care and interventions should be focused on the physical needs of the patient.

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