NR606 Midterm Exam Study Guide

Midterm Exam

Review the weekly Explore section content and required readings as noted within your Student Lesson Plan for Learning Success.

Study Tips:

- Summarize key concepts in your own words or create diagrams to visualize relationships.
- Teach the material to someone else to reinforce understanding.
- Study in focused sessions of 25–50 minutes, with 5–10-minute breaks in between.
- Review material periodically over several days or weeks instead of cramming. Write notes by hand and use color coding or mind maps to organize information visually.
- Read each exam question twice before looking at the answer
- Set aside specific times each day for studying.
- View challenges as opportunities to improve.
- At the end of each study session, jot down key takeaways, lingering questions, or topics needing more review and use this reflection to plan your next study session effectively

Ethical and Practical Considerations – Week One

- **What are barriers to seeking mental health care:** parents lack of education or access to services, parents reluctant to seek help due to the stigma or negative perceptions towards mental health, Although some children and adolescents receive treatment, many drop out before receiving effective treatment, often due to poverty, language barriers, living in communities with scarce resources, and stressors such as problems in the family, violence in the community, unstable housing, unemployment, and food insecurity. Cost, scheduling conflicts, long waitlists for services, and high staff turnover also create impediments for families seeking care.
- **Social determinants and access to care in children and adolescents** often due to poverty, language barriers, living in communities with scarce resources, and stressors such as problems in the family, violence in the community, unstable housing, unemployment, and food insecurity. Cost, scheduling conflicts, long waitlists for services, and high staff turnover also create impediments for families seeking care.
- **Developmentally appropriate teaching in children and adolescents**
- **Racial and ethnic barriers to treatment**
- **Know types of stigma:**

1) **Structural:** Structural stigma, or institutional stigma, includes policies, regulations, or laws that intentionally or unintentionally lead to discrimination. Structural stigma can limit access to resources and other opportunities, thereby impacting the well-being of the stigmatized group. A program policy that prohibits individuals from using specific forms of prescribed medication for addiction (MAT) treatment is an example of structural stigma.

2) **Self:** self-stigma refers to the shame individuals internalize about negative stereotypes. For individuals affected by SUDs, self-stigma may lead to feelings of being flawed or unworthy of love or connection. It may also prevent them from seeking help.

3) **Public**: Public stigma encompasses the attitudes, beliefs, and behaviors of groups or individuals which form a stereotype that creates an emotional reaction or prejudice and results in discrimination. A stereotypic belief that individuals choose to use alcohol or other drugs and blame them for their substance use disorder is an example of public stigma. Healthcare providers who have a conscious or unconscious bias against clients who use substances in the perinatal period may not provide appropriate care and treatment

4) **Intervention: Madden (2019) has proposed a new category of stigma: intervention stigma;** "Individuals working in [medication-assisted treatment] MAT experience discrimination and prejudice from other healthcare professionals, especially abstinent treatment professionals who disagree with the use of medications to treat opioid use disorders. This discrimination and prejudice stem at times from stigma toward addiction diagnoses, and at other times toward unique features of MAT itself.

- **Parental access to child/adolescent's mental health records – legal aspects**: Typically, parents have the right to request access to a minor child's mental health record, including symptoms, diagnosis, and treatment plan; however, certain circumstances may limit that right. The U.S. Department of Health and Human Services provides guidance regarding how the Health Insurance Portability and Accountability Act (HIPAA) affects parents' access to their child's information. State regulations may also address access to this information. PMHNPs are responsible for following all relevant statutes in their state of practice. Can withhold if suspect parental neglect?

- **Ethical and legal principles of informed consent**: Assess client ability to understand medical information and treatment options and to make a voluntary decision. Present relevant

information with accuracy and sensitivity. Should include information about diagnosis, nature and purpose of treatment options, benefits, risks, and burdens of all treatment options, including forgoing treatment. Document informed consent conversation in the medical record, including all consent forms. Although children may not be able to give legal consent, they should be included in discussions about medication and treatment whenever possible. Child input into treatment decisions may encourage treatment adherence. Positive experiences with providers and treatment can help instill the perception that treatment is beneficial, which can support positive mental health behaviors in the future.

- **Mandatory reporting:** The Federal Child Abuse Prevention and Treatment Act (CAPTA) requires each State to have provisions or procedures for requiring certain individuals to report known or suspected instances of child abuse and neglect. Most states consider PMHNPs to be mandated reporters who are required to report suspicions about abuse or neglect to the appropriate authorities. Both federal and state statutes include stipulations related to mandatory reporting. PMHNPs are responsible for following all relevant statutes in their state of practice.
- **What are principles of dosing children with medications/ physiologic differences in treatment of children**: Children have a more rapid metabolism than adults and may require a larger dose of medication per unit of body weight. Around puberty, pharmacokinetic properties reach adult parameters; therefore, dosing after puberty may need to be decreased
- Piaget proposed four major stages of cognitive development, and called them (1) sensorimotor intelligence (0-2), (2) preoperational thinking (2-7), (3) concrete operational thinking (7-11) its like a car and meds will help it run better, and (4) formal operational thinking (12 and up).
- Roughly 50% of lifetime cases of mental illness begin by age 14

- A challenge to prescribing psychoactive medications in the perinatal period is the paucity of evidence regarding the true risks for the pregnant client and developing fetus. Evidence obtained from controlled clinical trials is limited as pregnant women and newborns are considered vulnerable subjects.
- **Selective serotonin reuptake inhibitors (SSRIs) are first-line treatments for depression and anxiety during pregnancy**. Selective norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants, and bupropion are also considered safe treatment options
- Social determinants of health also impact the risk for maternal mental health disorders. Individuals with low monthly income, lower education levels, or unemployed status, have higher rates of psychiatric illnesses, as do childbearing people who are unpartnered

Diagnosis and Management of Maternal Mental Health Disorders

- Substance abuse in pregnancy, treatment and assessment (know CIWA scoring)
- The **Substance Use Risk Profile-Pregnancy scale (SURP-P) and •4P's Plus© for screening for substance use during pregnancy.**
- **4P's Plus©** is a validated tools It screens for alcohol, tobacco, marijuana, and illicit drug use. In addition, validated screening questions for depression and domestic violence can be included. for screening for substance use during pregnancy.

1) **smoking** during pregnancy and the postpartum period is associated with many adverse health consequences. Smoking-related pregnancy complications include ectopic pregnancy, placental abruption, placenta previa, fetal mortality, and stillbirth, as well as preterm birth and low birth weight infant. **Treatment:** After reviewing the risks and benefits with the client**, nicotine replacement therapy (NRT), bupropion, or a combination of these** interventions may be initiated patch or inhaler???
2) **Alcohol:** there is no safe time to drink during pregnancy and no safe quantity of alcohol to consume while pregnant or trying to get pregnant. Cause physical issues, behavioral and developmental/intellectual issues, and can lead to lifelong issues. **Treatment:** Although *acamprosate and naltrexone* are commonly used in medication-assisted treatment (MAT) in nonpregnant adults, little information is available from well-controlled studies on safe

use during pregnancy. **Inpatient treatment is recommended for clients at risk for moderate, severe, or complicated alcohol withdrawal as indicated by a score of more than 10 on the Clinical Institute Withdrawal Assessment of Alcohol Scale**

3) **Cannabis (marijuana):** preterm labor, low birth weight and small for gestational age deliveries, and adverse effects on fetal and adolescent brain growth, executive functioning skills, behavioral problems, and academic achievement
4) **Cocaine:** use during pregnancy is linked with poor pregnancy-related outcomes including premature rupture of membranes, placental abruption, preterm birth, low birth weight, and small for gestational age deliveries, as well as long-term effects in children and adolescents including lower short-term memory, child and adolescent delinquent behavior, earlier age of sexual activity, and substance use
5) **Perinatal opioid:** abuse is epidemic in the U. S. Opioid use disorder (OUD) during pregnancy, including the use of heroin and prescription opioids, increases the risk of maternal life-threatening health problems and death by 50%. **Treatment**: *Methadone and buprenorphine are the most prescribed MAT for OUD in pregnancy*. Dosing may be increased during the second and third trimesters due to increased blood volume and metabolism. The use of methadone, buprenorphine, and naltrexone are considered safe during breastfeeding. **Naltrexone is not usually recommended for use during pregnancy** due to concerns about detoxification and an uncertain safety profile in pregnancy

- Antipsychotic medications:
    - Across the lifespan including children and in pregnancy
- **Risk factors for maternal mental health disorders:**

Smoking

Lack of social support

Poor relationship quality