

**PSYCHOLOGICAL AND SOCIAL ISSUES IN REHABILITATION – 2010
EDUCATIONAL MODULE**

Name _____ Date _____

Department _____ Score _____

PLEASE CIRCLE THE CORRECT ANSWERS

1. WHICH OF THE FOLLOWING ARE SIGNS OF DEPRESSION?
 - A. Depressed mood most of the time
 - B. Loss of interest
 - C. Recurring thoughts of death
 - D. All of the above

2. IF A PATIENT VERBALIZES SUICIDAL THOUGHTS TO A STAFF MEMBER, THE STAFF MEMBER SHOULD
 - A. Give the information to the Neuropsychologist within 48 hours
 - B. Call 911
 - C. Notify the nurse who is in charge immediately
 - D. Do nothing if you think the patient was not serious

3. ONE OF THE PRECAUTIONS TAKEN IN CASES OF LIFE THREATENING OR SELF HARMING BEHAVIOR OR INTENT IS
 - A. Provide for one-to-one observation.
 - B. Prevent family members from visiting to avoid agitation.
 - C. Remove the patient from therapy for the day.
 - D. Isolate the patient in his room.

4. TRUE OR FALSE
All potentially harmful items should be removed from the immediate environment when a patient has expressed suicidal intent or demonstrated at-risk behavior.

5. TRUE OR FALSE
Behavioral contracts alone are sufficient for ensuring a safe environment for the suicidal patient.

6. WHICH OF THE FOLLOWING ARE RESPONSIBLE FOR DEVELOPMENT OF AN INDIVIDUAL BEHAVIOR PROGRAM FOR A PATIENT?
 - A. The nursing staff alone
 - B. The neuropsychologist alone
 - C. The admitting physician alone
 - D. The interdisciplinary treatment team led by the neuropsychologist

7. WHICH OF THESE BEHAVIORS WOULD BE APPROPRIATELY ADDRESSED BY A BEHAVIOR MANAGEMENT PROGRAM?
 - A. Not attending therapies
 - B. Noncompliance with treatment
 - C. Socially inappropriate behavior
 - D. All of the above

8. WHICH OF THESE ARE POSSIBLE ENVIRONMENTAL CONTRIBUTORS TO MALADAPTIVE BEHAVIOR?
- A. Too many visitors
 - B. Too much noise
 - C. Sleep deprivation
 - D. All of the above
9. TRUE OR FALSE
Informed consent is obtained from the patient or family member and documented on the form titled Informed Consent for Behavioral Management Plan.
10. TRUE OR FALSE
Food and beverages are used as reinforcers for appropriate behavior.
11. TRUE OR FALSE
The three groups of behavior management in the policy are Antecedent Control, Techniques That Increase Behaviors and Techniques That Decrease Behaviors.
12. WHICH OF THESE ARE EXAMPLES OF POSITIVE REINFORCEMENT?
- A. Verbal praise
 - B. Attention
 - C. Personal acknowledgement
 - D. All of the above
13. TRUE OR FALSE
Arguing with a patient is a helpful form of modeling.
14. TRUE OR FALSE
Patients with vulnerable personality styles have a tendency to not do as well in recovery as those with better coping skills.
15. TRUE OR FALSE
Families are often still traumatized when the patient comes to the Rehabilitation Hospital.
16. TRUE OR FALSE
Acting out, denial, noncompliance, withdrawal, passive aggressive behavior, and excessive anger are examples of negative attempts to cope with changes.
17. TRUE OR FALSE
We can assist families by repeating educational information as many times as is needed, as they may be unable to process all information at first.
18. WHICH ARE POSITIVE WAYS OF COPING FOR PATIENTS AND FAMILIES?
- A. Affiliation (turning to others for support)
 - B. Being self assertive (expressing thoughts and feelings directly)
 - C. Spirituality
 - D. All of the above

19. TRUE OR FALSE

According to the Suicide Risk Management and Precautions Policy, all inpatient will be screened within 24 hours of admission for suicidal risk.

20. TRUE OR FALSE: Suicide precautions include which of the following:

- A. One-to-one observation
- B. Following safety guidelines for Safe Environment.
- C. Documentation by nursing in Progress notes at least one time per shift and every 15 minutes on the Suicide Precautions Flow Sheet.
- D. All of the above.