



Item	Correct Answer	Rationale
1	A	Although the prevalence of childhood disability attributable to physical health conditions has declined, childhood disability related to developmental or mental health conditions has increased, and the percentage of children and adolescents with chronic physical health conditions AND concurrent mental health conditions has been estimated at 50%. Although anxiety has been noted in samples of children with some chronic conditions, the risk of depression may be especially high among pediatric patients with acute life-threatening or chronic disorders.
2	A	While rates of routinely asking about or screening for mental health conditions are suboptimal in pediatric general and specialty practice, and in pediatric training, their self-assessed ratings signal that pediatricians and pediatric residents are not comfortable or confident in addressing mental health issues.
3	A	The parents in the video expressed a variety of reflections on their roles as parents of children with chronic conditions and their interactions with health care providers. They mention worry about needing to seem very strong, and about the stigma associated with mental health care, but they most consistently express the overall toll of worry and attention that their children's condition takes on them, and their awareness that if they can't take care of themselves properly, then they can't take care of their children. It is also clear from the video that each family's experience is unique, albeit with common themes.
4	D	Any single medical encounter is a window into the lives of the participants. A brief greeting can be the opportunity to ignore, acknowledge, or criticize a patient or parent's lived reality. The video emphasizes the ways in which parents' realities come into the exam room, and the ways that they would like these realities acknowledged and understood. In this scenario, Ms. Gomez knows it's important to arrive on time, but she did not. She knows it would be easier to get around with one instead of four children, but she may not have another option. Answer D affirms her parenting, notes that it is probably hard work, and gently checks in on her in a way that does not imply that she is unfit. Finding something positive to acknowledge at each encounter can help bolster resilience.



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5	C	Specialist clinicians may not have mental health training and may fear that asking about mental or emotional health will take excessive time or expose problems that require advanced training to address. The video states that letting families know that their well-being is important, and that a first step is simply asking how they are doing and listening empathically to their answers.
6	A	In this scenario, the best response is to begin with empathy, and openly assess what is getting in the way of adherence to the CF regimen (a), rather than assuming nonadherence and using fear of consequences as a motivator (b), assuming this mother does not know how to follow the CF regimen (c), or assuming the mother and her son are struggling with mental health difficulties (d). Rather than a simple referral to social work/psychology, it will be important to explain that this referral is to help her with specific strategies/resources to increase her ability to follow the CF regimen with her son, especially since it is clear that her son's declining lung functioning may be due to increased demands of caring for her daughter.
7	B	Although anxiety and depression are associated with difficulties with disease management and sleep problems, the mechanism by which parent anxiety and depression affect disease management is executive functioning, or one's ability to plan and organize. Mindfulness strategies, while helpful in reducing overall levels of stress, are not necessarily a factor in improving disease management, based on the information presented in the reference cited.
8	C	The authors identify a number of dimensions of family life that could be supported, irrespective of the pediatric chronic condition, including sleep, stress, physical activity, and nutrition. They also review potential barriers and the need to develop additional evidence for the feasibility, effectiveness, and cost-effectiveness of wellness-promoting interventions. Response (c) correctly identifies that health care professional training programs and models, including educational expectations of program directors, program accreditation requirements, and certification of competence expectations have not typically addressed promotion of wellness for families dealing with a childhood chronic condition.



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9	D	Siblings of children with chronic conditions may respond in a variety of ways at different times, depending on their age, developmental level, understanding of the illness, pre-illness family relationships, and other factors. Siblings' reactions may range from over-protectiveness to anger or aggression. De-mystifying the illness and maintaining consistent access to parents and family routines as much as possible will help siblings cope.
10	C	Siblings of children with chronic conditions may respond in a variety of ways at different times. In this case, Sam's overreaction to his mother's scolding may be a manifestation of Sam's fear, jealousy, sense of unfairness, frustration, and/or loneliness. Acknowledging that Sam may be having a tough time with his feelings about his brother's illness may help him give a voice to the feelings. Once Sam can say what he feels, he is less likely to act out the feelings.
11	A	In this analysis of a large national database of commercial insurance claims, patients with a chronic medical condition and co-occurring mental health or substance use disorders had annual insurance payments 2.4 times larger than those with a chronic medical condition only. Most of the increase in health care claims reflected medical services rather than mental or behavioral health services. This difference translated to a greater estimated annual expenditure of \$8.8 billion. The much higher total health care costs suggest the potential benefits from preventing or reducing the impact of mental health and substance use disorders among children with chronic medical conditions.
12	A	In this analysis of a large national database of commercial insurance claims, parents of children with a chronic medical condition and co-occurring mental health or substance use disorders had total insurance payments 59% higher than parents whose children had no chronic medical condition. The findings point to potential cost benefits of addressing co-existing mental health and substance use disorders in children and youths with chronic medical conditions.
13	B	Many factors contribute to the development of resilience in children, and genetic predisposition, normal development, and appropriate medical and academic support are important, but a consistent, supportive relationship with an adult is noted to be the most important.



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14	B	Resilience is promoted by activities that increase a child's sense of mastery and growth, that are rooted in familial bonds and cultural traditions, and that allow the child to learn self-regulation and problem-solving skills in the face of developmentally appropriate challenges.
15	C	Although all of these responses address parts of the Roadmap initiative, only response (c) fully encompasses the aims and background outlined in the cited reference.
16	D	The parents involved in the Roadmap initiative have shared that they often do not answer honestly when asked about how they are doing for fear of being considered weak, or incapable of caring for their child due to their own emotional functioning during times of crisis.
17	A	Discussing emotional health and resilience, for child and caregivers, early (from the time of diagnosis or very shortly thereafter) normalizes these conversations. Initiating depression screening in the absence of ongoing discussions about emotional health may signal to parents or youth that you believe that something is wrong, and potentially yield inaccurate responses.
18	A	The parents involved in the Roadmap initiative have shared that they do not expect their child's specialist to be a mental health expert. However, they would like to have discussions about emotional health and resilience with them, as they have developed a level of trust over time. They may see their general pediatrician only rarely and feel less comfortable discussing these topics with them.
19	A	This scenario illustrates how the long-term burden of managing a chronic condition can affect psychosocial functioning, which in turn impacts adherence and health behaviors that can lead to poor health outcomes.
20	A	Although the other responses are acceptable, expressing empathy, normalizing the stressors experienced by families with chronic medical conditions, and destigmatizing mental health services are important learnings to be translated into practice.