Questions #1-7 refer to the article about the Personal Empowerment Program (PEP) for people with schizophrenia by Klamm, McLay, and Grabke on pages 20-28.

1. One of Yalom’s therapeutic factors in group process is:
   A. caring
   B. universality
   C. interpersonal competence
   D. active listening

2. Iqbal et al. discussed the increased risk of ______ among people receiving treatment with atypical neuroleptic agents?
   A. cirrhosis  B. glaucoma  C. asthma  D. diabetes

3. According to Keck and Kane, which of the following is one of the differences between people with schizophrenia and the general population?
   A. The percentage of people with schizophrenia with a body mass index (BMI) > 27 is higher than that of the general population.
   B. A smaller percentage of people with schizophrenia smoke cigarettes than that of the general population.
   C. The average age of death in people with schizophrenia is 70, compared with 84 in the general population.
   D. People with schizophrenia have a greater risk of developing renal carcinoma than does the general population.

4. Based on the initial screening of patients attending the Outpatient Schizophrenia Service, the percentage with increased lipid levels was:
   A. 37.8%  B. 47.8%  C. 57.8%  D. 67.8%

5. Of the 16 PEP participants, most:
   A. were male
   B. were employed on a part-time basis
   C. lived alone or with a family member
   D. had been hospitalized more than two times

6. Characteristics of the PEP included:
   A. having participants sign a behavioral contract before each session.
   B. holding sessions for 2 hours 1 day per week for 38 weeks.
   C. assigning group leaders for each program session.
   D. administering a multiple-choice test to participants after each session.

7. One of the PEP outcomes was that:
   A. the group’s total weight loss was 149.6 pounds (68 kg)
   B. the group’s average BMI dropped to 25.6
   C. 45% of the group had achieved normal blood pressure readings.
   D. 80% of the group had reduced creatinine clearances.

Questions #8-13 refer to the article on the integration of mental health nursing and policy by Hughes on pages 30-36.

10. Gebbie et al. described three of the following skills that nurses could bring to policy making. Which one is the EXCEPTION?  
   A. Their ability to juggle competing demands.  
   B. Their ability to effectively use problem-solving processes.  
   C. Their ability to engage in political decision making.  
   D. Their ability to manage a wide range of issues.

12. Which of these stages of Cohen et al.’s framework is exemplified when nurses and nursing organizations start to advocate for their own issues?  
Questions #14-20 refer to the article on community mental health care and therapeutic stalking by Graham on pages 41-47.

14. One of Bradshaw's categories of need is:
   A. physiological.
   B. primary.
   C. normative.
   D. existential.

15. According to Bradshaw, a desire that then becomes a demand suggests which of these needs?
   A. Expressed.
   B. Overt.
   C. All-consuming.
   D. Behavioral mandated.

16. Which of these authors coined the term "sick role?"
   A. Freud.
   B. Parsons.
   C. Goff.
   D. Lewin.

17. One of the outcomes of the National Health Service and Community Care Act of 1990 was that:
   A. the assessment of individuals' needs became a statutory requirement.
   B. professional definitions of individuals' needs must relate to agreed-on standards.
   C. individuals' needs must be able to be measured objectively.
   D. professionals must provide the least amount of care to meet individuals' need for independence.

18. __________________ suggested that although there is political pressure to ensure that care, treatment, and support for client centered, this goal is impossible to achieve because of conflicting social and political demands.
   A. Brewster
   B. Peterson and Bunton
   C. Perkins and Repper

19. Szasz thought that:
   A. professionals are put in a bind when providing mental health care.
   B. moral panic ensues when the media portrays individuals with mental illness as dangerous.
   C. mental illness is often whatever psychiatrists say it is.
   D. once individuals are diagnosed with mental illness, they are viewed as flawed.

20. According to Harrison:
   A. mental health professionals will likely increase their defensive practice in a litigious climate.
   B. society has an obligation to provide support and treatment for mental health clients.
   C. mental health clients do not necessarily seek warm and close relationships with professionals.
   D. the underlying issue of power arises when the interests of professionals and mental health clients collide.