Questions #1-5 refer to the article about intimate partner violence (IPV) by Daniel and Milligan on pages 20-26.

1. For women of childbearing age in the United States, IPV is the number one cause of:
   A. death.
   B. accidents.
   C. serious injury.
   D. hospitalization.

2. IPV is estimated to affect _____ of women at some point in their lifetime.
   A. 10% to 25%.
   B. 38% to 54%.
   C. 56% to 70%.
   D. 71% to 92%.

3. The statement that most accurately describes a brief screen for IPV is that it:
   A. is initiated when signs or symptoms of IPV are found.
   B. is less likely to be as effective as other screens.
   C. simply determines if risk factors for IPV are present.
   D. may fail to identify IPV victims who do not have a distinct indicator.
4. Despite the mandatory Joint Commission for the Accreditation of Healthcare Organizations requirement for IPV screening, the rate of screening for IPV in emergency departments is approximately _____.
   A. 2% to 18%.
   B. 4% to 21%.
   C. 5% to 25%.
   D. 7% to 30%.

5. In the United States, the annual costs associated with IPV are estimated to be in excess of:
   A. $2.1 billion.
   B. $3.6 billion.
   C. $5.8 billion.
   D. $6.2 billion.

Questions #6-10 refer to the article about siblings of individuals with psychosis by Sin on pages 28-36.

6. Siblings’ reactions toward their brother’s/sister’s onset or experiences of psychosis, as identified from the literature, is that:
   A. their experience of the subjective and objective burden of caring is similar to that of the primary caregivers.
   B. they tend to be ambivalent, as they are often not involved in the direct care provision.
   C. they rarely experience grief and adjustment difficulties over the onset of psychosis.
   D. no research on this subject is available.

7. Which of the following statements is true?
   A. Siblings do not often participate in their brother’s/sister’s care.
   B. Siblings often support their brother or sister and their parents.
   C. Resources for siblings are plentiful and easy to access via online websites.
   D. Siblings are often well supported by mental health services.

8. Which of the following information was not requested by the focus groups members?
   A. Psychosis diagnosis and its related symptomatology.
   B. Professional pharmacological and psychological treatment.
   C. Peer-to-peer exchange with other siblings in the similar situations.
   D. Genetic risks for themselves and their children.

9. In addition to online information and support, focus group members identified other concerns, including:
   A. a lack of knowledge on how to use online resources/communication.
   B. their ability to afford any financial costs that might be incurred.
   C. the security and credibility of online exchanges and interactions.
   D. the desire to add parents and other caregivers to this network.

10. The focus groups’ ideas for optimal design of an online resource include all of the following EXCEPT?
    A. It should provide information about psychosis-related coping strategies.
    B. The resource must allow for flexibility and individualization of its content and materials.
    C. It must be credible, well known, and equipped for timely referral and access for users.
    D. It needs interfaces and exchanges that can be accessed via cell phones.

Questions #11-15 refer to the article about a qualitative inquiry of embroidery created by a patient with schizophrenia by Blakeman, Samuelson, and McEvoy on pages 38-45.

11. Interpersonal relationship theory, an idea expanded upon by Peplau, was developed by:
    A. Leininger.
    B. Freud.
    C. Erikson.
    D. Sullivan.

12. Key facilitators of patient recovery include:
    A. managing a therapeutic milieu.
    B. individualizing patient care.
    C. promoting communication.
    D. all of the above.

13. Which of the following statements is TRUE?
    A. A lack of verbal communication indicates disengagement.
    B. Methods of interacting with patients must be individualized.
    C. Time is not a barrier to ensuring effective communication.
    D. Embroidery is an effective method of communication for all patients.

14. Communicating with patients in nontraditional ways can lead to:
    A. greater opportunities for patient interaction.
    B. issues with implementing group therapy.
    C. the misinterpretation of a patient as disengaged.
    D. potential problems understanding a patient’s cultural beliefs.

15. Which of the following is not considered in milieu management?
    A. Music.
    B. Radio and television programming.
    C. Cognitive reframing.
    D. Voice pitch.