Questions #1-5 refer to the article about sexting by Ahern and Mechling on pages 22-30.

1. To be considered a “sext,” which of the following must be exchanged?
   A. An image of a sexual act occurring with one or more individuals.
   B. An image of an individual posing in a provocative manner.
   C. A fully nude image of an individual.
   D. A partially nude or fully nude image of an individual.

2. Loonsbury et al. (2011) argued that a more accurate term to clarify youth sexting as an act of child pornography under the law is:
   A. pornography between minors.
   B. youth-produced sexual images.
   C. illegal sex acts with youth.
   D. child and adolescent exploitation.

3. The prevalence of youth sexting is:
   A. approximately 1 in 3 youths.
   B. approximately 75% of all youths.
C. exceeds 1 million teenagers.
D. unknown.

4. Nurses may likely assess all of the following psychosocial effects in youth impacted by sexting EXCEPT:
   A. depression.
   B. anxiety.
   C. psychosis.
   D. cyberbullying.

5. Which of the following two key factors have been associated with suicidality in youth when sexts are shared with others?
   A. Shame and humiliation.
   B. Guilt and condemnation.
   C. Guilt and remorse.
   D. Shame and legal consequences.

Questions #6-10 refer to the article about seclusion by Faschingbauer, Peden-McAlpine, and Tempel on pages 32-38.

6. What emotion was commonly identified by patients after a seclusion episode?
   A. Happiness.
   B. Anger.
   C. Jealousy.
   D. Hostility.

7. What important process, if done correctly post-seclusion episode, uncovers opportunities for staff improvement?
   A. Debriefing.
   B. Group therapy.
   C. Gaming.
   D. Role-play.

8. What is NOT a common patient-related theme that came from the study?
   A. Hope for respect and open communication.
   B. Need for seclusion as punishment.
   C. Emotional response to the seclusion process.
   D. Insight into behavior and importance of positive coping skills.

9. Of all patients admitted to a psychiatric unit, what is the estimated percentage that were placed into some form of seclusion?
   A. 1% to 4%.
   B. 50% to 75%.
   C. 2% to 66%.
   D. 43% to 92%.

10. The findings of this study support the following implications for clinical practice EXCEPT:
    A. the importance of 1:1 patient/nurse communication prior to escalating patient behavior.
    B. knowing individual patients’ histories and behavior patterns.
    C. the need for nurses to be attentive to patient during the seclusion process.
    D. patients reported feeling calmer and less agitated the longer the time spent in seclusion.

Questions #11-15 refer to the article about educating law officers about mental illness by Loucks on pages 39-45.

11. Mental health calls initially come through police dispatch as:
    A. medical aid or assistance call.
    B. loitering call.
    C. disturbance call.
    D. suspicious individual call.

12. The incidence of violent crimes against individuals with mental illness is how many times higher than in the general population?
    A. 2.
    B. 4.
    C. 6.
    D. 10.

13. The greatest risk related to calls involving a mental health crisis is:
    A. patient suicide.
    B. patient and officer safety.
    C. car accidents.
    D. robbery with hostage scenarios.

14. Officers identified all of the following concerns regarding mental health calls EXCEPT:
    A. these calls involve more time in the field.
    B. fear for the safety of both officer and individual.
    C. need for more specialized mental health response training.
    D. confusion over the multitude of available community psychiatric resources.

15. Key components of the mental health training called Time, Atmosphere, Communication, and Tone (TACT) include(s):
    A. major mental disorders and their signs and symptoms.
    B. communication skills and stigma reduction strategies.
    C. psychiatric medications and related side effects.
    D. all of the above.