“INTRUSION OF INTIMATE PARTNER VIOLENCE IN MENTAL HEALTH SETTINGS AND WORKPLACES” (A084)

Videoconference
Quiz for General CEUs, Act 48, CADC, CPRP, NBCC, PCHA, Psychologist, and Social Work/LPC/LMFT Continuing Education Credit (2.0 credit hours)

DIRECTIONS: Complete this test after viewing the webcast of the webcast listed above. In order for Western Psychiatric Institute and Clinic to record that you completed the training, please complete this test and the Application/Validation for Continuing Education Credit on the next page. After finishing, sign as indicated on the second page and return both forms by mail to:

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Pittsburgh, PA 15213

TRUE/FALSE – Please indicate whether the statement below is true or false.
1. One in five full-time employed adults are victims of IPV.
   A. True
   B. False

2. A coordinated response to IPV in the workplace would involve security, human resources, the employee assistance program (EAP), and management.
   A. True
   B. False

3. Over 50% of perpetrators report having easy access to their intimate partner’s workplace.
   A. True
   B. False

4. The two most dangerous times for a victim is when she is pregnant and when she leaves.
   A. True
   B. False

5. IPV only occurs in heterosexual couples.
   A. True
   B. False

6. In the context of IPV related injuries, 95% of all reported injuries are to women.
   A. True
   B. False

7. Up to 70% of men who abuse their partners also abuse their children.
   A. True
   B. False

8. Screen should be done by someone who has completed IPV training and is knowledgeable about issues related to IPV.
   A. True
   B. False
9. A diagnosis of post-traumatic stress disorder (PTSD) should be considered for victims before, or in addition to, the more common diagnoses of depression, anxiety, and personality disorders.
   A. True
   B. False

10. When documenting IPV in the medical record, it is recommended that you use vague terms such as “marital conflict” or “family fights.”
   A. True
   B. False

11. If you feel that a victim is in danger, you should call the police and send them to a shelter.
   A. True
   B. False

**MULTIPLE CHOICE – Please choose the BEST answer.**

12. Possible signs of IPV victims in the workplace include:
   A. Changes in behavior/work performance
   B. Receiving harassing phone calls
   C. Increased or unexplained absences and tardiness
   D. Unexplained or unbelievable explanations for bruises or injuries
   E. Only B, C, and D
   F. All of the above

13. Select the correct security recommendations:
   A. Encourage the employee to handle this at home because it is a personal matter.
   B. Prohibit external visitors in the workplace from visiting offices and treatment areas.
   C. Control the confidentiality of staff schedules and personal information.
   D. Both B and C

14. Victims of IPV come from a variety of age group, religions, ethnic/racial groups, socioeconomic levels, education and backgrounds. Additional risk factors for victimization include being:
   A. Female
   B. Poor
   C. Young
   D. Pregnant
   E. All of the above
   F. None of the above

15. Psychological correlates of IPV for victims include:
   A. Social withdrawal
   B. Anxiety
   C. Self-blame
   D. Hyperarousal
   E. All of the above
   F. None of the above
16. **When addressing a victim of IPV, which of the following should you AVOID doing?**
   A. Suggest marital counseling
   B. Provide informational materials
   C. Tell the victim to go to a shelter
   D. Create a safety plan
   E. Both A and C
   F. All of the above

17. **When should IPV screening be done?**
   A. At every initial evaluation
   B. Only when the clinician thinks that IPV is present
   C. Annually
   D. As clinically indicated
   E. If relationships change
   F. Only with women clients
   G. Only A, C, D, and E
   H. All of the above
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APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR General CEUs, Act 48, CADC, CPRP, NBCC, PCHA, Psychologists, and Social Work/LPC/LMFT (2.0 CREDIT HOURS)

INSTRUCTIONS: In order for Western Psychiatric Institute and Clinic to record the credit you earn by viewing this program, we request that you follow the directions below:
1. Print your name, address, and social security number clearly below.
2. Sign the statement affirming your attendance at the session.
3. Return with payment to: Jennifer Lichok
WPIC/OERP
3811 O’Hara Street
Champion Commons, Third Floor
Pittsburgh, PA 15213

I hereby affirm that I viewed the videoconference web cast indicated above:

Signature ____________________________ Date Completed ________________

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TYPE OF CREDIT: Please Indicate Your Certification Needs

☐ Act 48: Educators (please complete Act 48 packet) ☐ CADC: Certified Alcohol and Drug Counselor
☐ CEU: General Continuing Education Credit ☐ CPRP: Certified Psychiatric Rehabilitation Practitioners
☐ NCC: National Certified Counselors ☐ PCHA: Personal Care Home Administrators
☐ Psychologist ☐ SW/LPC/LMFT: Social Work (LCSW, MSW)

PAYMENT ENCLOSED:
☐ $30 for Act 48, CADC, CEU, CPRP, NBCC, PCHA, Psychologist, or Social Work credit.

PAYMENT TYPE:
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Send these two forms to the above address. If your score is 80% or above, you will receive a certificate via mail. If you have any questions, contact Jennifer Lichok at lichokjl@upmc.edu or 412-204-9088.

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