MULTIPLE CHOICE

1. Which statement about abnormal psychology is accurate?
   a. Abnormal psychology seeks to describe, explain, predict, and modify unusual behaviors.
   b. Although abnormal psychology has made several gains in the past 20 years, it is not yet a scientific field of study.
   c. The subject matter of abnormal psychology is restricted to extremely bizarre behavior.
   d. Most diagnoses of abnormality are based on two or three basic behavioral factors.

   ANS: A
   REF: The Concerns of Abnormal Psychology
   OBJ: 1
   MSC: Factual

2. Psychopathology, or abnormal behavior, results primarily from ____.
   a. genetic factors
   b. environmental factors
   c. sociocultural factors
   d. an interaction of many factors

   ANS: D
   REF: Introduction
   OBJ: 1
   MSC: Factual

3. Dr. Thompson collects information in order to describe and draw inferences about an individual's psychological disorder. Dr. Thompson is engaged in ____.
   a. therapy
   b. predicting dangerousness
   c. psychodiagnosis
   d. research

   ANS: C
   REF: The Concerns of Abnormal Psychology
   OBJ: 1
   MSC: Applied

4. Dr. Kohn is a psychoanalyst, Dr. Edwards is a humanistic therapist, Dr. Peterson is a cognitive behavioral therapist, and Dr. James is a Gestalt therapist. Each of them would likely have a different ____ for a client's abnormality.
   a. time of onset
   b. explanation
   c. diagnosis
   d. prognosis

   ANS: B
   REF: The Concerns of Abnormal Psychology
   OBJ: 1
   MSC: Applied

5. A psychologist says, “Juan's abnormal behavior is likely due to a combination of biology and inadequate interpersonal skills.” The psychologist is ____.
   a. predicting the future symptoms of Juan
   b. giving Juan a psychodiagnosis
   c. offering an explanation for Juan's problem
   d. describing how to control Juan's symptoms

   ANS: C
   REF: The Concerns of Abnormal Psychology
   OBJ: 1
   MSC: Applied
6. Which statement regarding the prediction of abnormal behavior is accurate?
   a. Even experienced professionals tend to overpredict future violence.
   b. Psychologists are not interested in predicting clients' future behavior.
   c. Prediction is unrelated to understanding the cause of abnormality.
   d. Psychologists tend to underpredict future violence.

   ANS: A  
   REF: The Concerns of Abnormal Psychology
   OBJ: 1  
   MSC: Conceptual

7. One of Seung-Hui Cho's professors reported Cho's frightening behavior to many campus authorities. What reason did those authorities give her to explain why they could do nothing?
   a. Cho's therapist did not feel he posed a danger to others.
   b. There was no space in any of the local mental health facilities to house him.
   c. Cho did not make any overt threats against anyone.
   d. When compared with that of his peer group, Cho's behavior was not considered odd.

   ANS: C  
   REF: The Concerns of Abnormal Psychology
   OBJ: 1  
   MSC: Applied

8. When psychologists talk about modifying abnormal behavior, they mean they are ____.
   a. attempting to understand the underlying cause of that behavior
   b. restricting the freedom of dangerous clients
   c. attempting to anticipate the future behaviors of clients
   d. using therapy to improve client behavior

   ANS: D  
   REF: The Concerns of Abnormal Psychology
   OBJ: 1  
   MSC: Factual

9. Which of the following defines therapy most accurately?
   a. A program of systematic intervention designed to alter behavior, emotion, or thought
   b. The scientific study of abnormal behavior.
   c. A system of observing abnormal behavior in an attempt to classify it
   d. The application of a theoretical model to explain the cause of abnormal behavior

   ANS: A  
   REF: 1  
   OBJ: The Concerns of Abnormal Psychology
   MSC: Factual

10. A psychologist develops several activities for clients aimed at helping them become more self-disciplined and feel more confident about trying new behaviors. This example illustrates ____.
    a. how epidemiological work is done in the field
    b. how therapy may be seen as an attempt to modify behavior
    c. the function of providing an explanation for abnormal behavior
    d. the essential need for accurate psychodiagnosis

    ANS: B  
    REF: The Concerns of Abnormal Psychology
    OBJ: 1  
    MSC: Applied
11. Clinical psychologists usually have ____ degrees, unlike psychiatrists, who have ____ degrees.
   a. bachelor's (B.S.); medical (M.D.)
   b. medical (M.D.); doctorate (Ph.D.)
   c. doctorate (Ph.D. or Psy.D.); medical (M.D.)
   d. master's (M.S.); doctorate (Ph.D.)
   ANS: C  REF: The Concerns of Abnormal Psychology
   OBJ: 1  MSC: Factual

12. Harold is a mental health professional who has a medical degree and prescribes antidepressants and antipsychotic medication for his patients. After graduating from medical school, he completed a three-year residency in his field. We can guess that Harold is a ____.
   a. social worker
   b. psychiatrist
   c. clinical psychologist
   d. psychoanalyst
   ANS: B  REF: The Concerns of Abnormal Psychology
   OBJ: 1  MSC: Applied

13. Linda, Jayne, and Sheryl all are called “doctors.” All are mental health professionals. However, Linda has a Psy.D., Jayne has an M.D., and Sheryl has a D.S.W. We can predict that ____.
   a. Sheryl is a psychiatrist
   b. Linda is a social worker
   c. Linda is a clinical psychologist
   d. Jayne is a clinical psychologist
   ANS: C  REF: The Concerns of Abnormal Psychology
   OBJ: 1  MSC: Applied

14. Psychiatrists must have an M.D.; clinical psychologists must have a Ph.D. or Psy.D. Psychoanalysts must have ____.
   a. a master's (M.S.) degree
   b. an M.D.
   c. only a bachelor's (B.S.) degree
   d. their own intensive personal analysis from an experienced analyst
   ANS: D  REF: The Concerns of Abnormal Psychology
   OBJ: 1  MSC: Factual

15. Johanna is an M.D. who received intensive training in the ideas of Sigmund Freud. She also went through her own psychoanalysis as part of this training. We can guess that Johanna is a ____.
   a. psychoanalyst
   b. marriage and family counselor
   c. psychiatric social worker
   d. behaviorally oriented counseling psychologist
   ANS: A  REF: The Concerns of Abnormal Psychology
   OBJ: 1  MSC: Applied
16. Isabel tells Dr. Paz that the spirits she sees of her dead grandparents are causing her a great deal of anxiety, although they have motivated her to seek her medical degree. Isabel lives in Brazil. If Dr. Paz diagnoses her as having a psychological disorder, he will likely attribute it to which criterion?
   a. deviance
   b. distress
   c. dangerousness
   d. dysfunction

   ANS: B
   REF: Determining Abnormality
   OBJ: 2
   MSC: Applied

17. One strength in using the deviance criterion is that it ____.
   a. uses an objective method of defining abnormal behavior
   b. stresses the attainment of realistic goals
   c. examines how the individual views his or her own behavior
   d. accounts for the complexity of behavior observed in people from different cultures

   ANS: A
   REF: Determining Abnormality
   OBJ: 2
   MSC: Conceptual

18. A psychologist defined mental retardation solely on the basis of how far from “normal” an individual's IQ score is. The criterion used is ____.
   a. abnormality
   b. cultural relativism
   c. cultural universality
   d. deviance

   ANS: D
   REF: Determining Abnormality
   OBJ: 2
   MSC: Conceptual

19. Anita went to the mall. Suddenly she looked around and had no idea where she was, whether it was day or night, or even what day it was. Anita was experiencing ____.
   a. a hallucination
   b. a delusion
   c. disorientation
   d. psychosis

   ANS: C
   REF: Determining Abnormality
   OBJ: 2
   MSC: Applied

20. Suree is studying to be a clinical psychologist from an accredited program. She will learn that, with respect to bias in diagnosing clients, ____.
   a. even the most enlightened and well-intended mental health professionals may engage in race, gender, and social class bias
   b. psychologists are less likely than other mental health professionals to overpathologize clients on the basis of race, gender, or social class
   c. clinical psychologists receive better training than other mental health professionals for recognizing their tendency to hold prejudicial attitudes toward clients
   d. mental health professionals are more likely to hold prejudicial attitudes and biases against males than against females

   ANS: A
   REF: Abnormal Behavior in Context: Sociopolitical and Cultural Limitations
   OBJ: 3
   MSC: Applied
21. “You must understand the values and expectations of the society in which behavior occurs before you decide that abnormality exists.” This quote best reflects which view of abnormality?
   a. traditional
   b. cultural relativism
   c. epidemiological
   d. cultural universality
   
   ANS: B  REF: Abnormal Behavior in Context: Sociopolitical and Cultural Limitations
   OBJ: 3  MSC: Conceptual

22. The concept of ____ assumes that certain mental disorders exist across cultures; ____ suggests that mental disorders may manifest differently and certain disorders may only be found in some cultures.
   a. cultural universality; cultural relativism
   b. cultural relativism; cultural universality
   c. cultural relativism; cultural constellation
   d. cultural diversity; cultural universality
   
   ANS: A  REF: Abnormal Behavior in Context: Sociopolitical and Cultural Limitations
   OBJ: 3  MSC: Conceptual

23. The most fruitful approach to using multicultural criteria is to rely on ____.
   a. neither cultural universality nor cultural relativism
   b. the cultural relativism approach
   c. the cultural universality approach
   d. some combination of cultural relativism and cultural universality
   
   ANS: D  REF: Abnormal Behavior in Context: Sociopolitical and Cultural Limitations
   OBJ: 3  MSC: Factual

24. Early psychological research, such as that by Emil Kraepelin, supported which assumption about abnormality?
   a. cultural relativism
   b. cultural universality
   c. statistical norms
   d. psychopathological
   
   ANS: B  REF: Abnormal Behavior in Context: Sociopolitical and Cultural Limitations
   OBJ: 3  MSC: Factual

25. Juanita visits a mental health center. She complains that her fatigue, anxiety, and inability to sleep keep her from enjoying life. If her symptoms are considered a form of abnormal behavior, it is because she is showing ____.
   a. delusions and hallucinations
   b. dysfunction
   c. disorientation
   d. deviation from the norm
   
   ANS: B  REF: Determining Abnormality
   OBJ: 2  MSC: Applied
26. Headache is to ____ as delusions are to ____.
   a. dysfunction; deviance
   b. discomfort; deviance
   c. deviance; dysfunction
   d. discomfort; dysfunction

   ANS: B  REF: Determining Abnormality  OBJ: 2
   MSC: Factual

27. Sensory misperceptions, which may include hearing voices others do not hear or seeing things others do not see, are called ____.
   a. dysfunctions
   b. disorientations
   c. delusions
   d. hallucinations

   ANS: D  REF: Determining Abnormality  OBJ: 2
   MSC: Factual

28. Mel has the mistaken belief that his father has stolen his identity and that his mother is trying to poison him. Mel's mistaken beliefs illustrate ____.
   a. delusions
   b. disorientation
   c. underachievement
   d. hallucinations

   ANS: A  REF: Determining Abnormality  OBJ: 2
   MSC: Applied

29. Jack carries on conversations with creatures only he can see in a language that no one else can understand. Jack says the creatures instruct him to crush insects that only Jack can see. Jack is experiencing ____.
   a. delusions
   b. discomfort
   c. hallucinations
   d. disorientation

   ANS: C  REF: Determining Abnormality  OBJ: 2
   MSC: Applied

30. During a diagnostic interview, a psychiatrist asks the client if he or she knows what day it is, what his or her name is, and where he or she is. These questions are designed to assess ____.
   a. disorientation
   b. discomfort
   c. subjective distress
   d. dysfunction

   ANS: A  REF: Determining Abnormality  OBJ: 2
   MSC: Applied
31. One way to assess dysfunction is in terms of the discrepancy between ____.
   a. thoughts and feelings
   b. expectations and attitudes
   c. cultural norms and actual behavior
   d. personal potential and actual performance

   ANS: D  REF: Determining Abnormality  OBJ: 2  MSC: Factual

32. Teresa, normally an energetic mother of three small children, is suddenly unable to go shopping, prepare meals, or even dress her children. Teresa's behavior illustrates the practical definition of abnormality called ____.
   a. disorientation
   b. discomfort
   c. dysfunction
   d. deviance

   ANS: C  REF: Determining Abnormality  OBJ: 2  MSC: Applied

33. According to Thomas Szasz, ____.
   a. mental illness is a fictional creation by society used to control and change people
   b. the causes for most mental disorders will ultimately be found in brain pathology
   c. individuals who are suffering from mental illnesses have biological diseases
   d. medication is far superior to psychotherapy in reducing the suffering of individuals with mental disorders

   ANS: A  REF: Abnormal Behavior in Context: Sociopolitical and Cultural Limitations  OBJ: 3  MSC: Factual

34. A psychologist considers biological, psychological, social, and sociocultural dimensions when assessing behavior. This psychologist is using which model?
   a. psychogenic
   b. cultural universality
   c. multipath
   d. statistical deviance

   ANS: C  REF: Abnormal Behavior in Context: Sociopolitical and Cultural Limitations  OBJ: 3  MSC: Conceptual

35. The American Psychiatric Association has published a manual that is the most widely used classification system of psychological disorders. It is called the ____.
   a. International Classification of Diseases (ICD)
   b. Physicians' Desk Reference (PDR)
   c. Psychodynamic Diagnostic Manual (PDM)
   d. Diagnostic and Statistical Manual of Mental Disorders (DSM)

   ANS: D  REF: Determining Abnormality  OBJ: 2  MSC: Factual
36. Kunti, a Black slave who works on a Southern plantation in the 18th century, tries to escape to freedom. A psychological diagnosis at that time would likely be that Kunti ____.
   a. has a normal desire to be free
   b. suffers from drapetomania
   c. suffers from an anxiety disorder
   d. is expressing a statistical anomaly

   ANS: B  REF: Abnormal Behavior in Context: Sociopolitical and Cultural Limitations
   OBJ: 3  MSC: Applied

37. Thomas Szasz believes that ____.
   a. unusual belief systems are not necessarily wrong
   b. abnormal behavior reflects an illness
   c. psychologists are better trained than other professionals to diagnose abnormality
   d. people who have problems of living are suffering from mental illness

   ANS: A  REF: Abnormal Behavior in Context: Sociopolitical and Cultural Limitations
   OBJ: 3  MSC: Factual

38. Dr. Karlin specializes in working with clients whose emotional problems interfere with their ability to work effectively or to engage in meaningful relationships. She focuses on which criterion of abnormality?
   a. distress
   b. deviance
   c. dangerousness
   d. dysfunction

   ANS: D  REF: Determining Abnormality
   OBJ: 2  MSC: Applied

39. "A behavior pattern in an individual that is associated with distress or disability, and is not merely an expectable response to common stressors or losses" would be considered consistent with the definition of abnormal behavior of ____.
   a. humanistic psychologists
   b. the Diagnostic and Statistical Manual of Mental Disorders
   c. cultural relativists
   d. the National Institute of Mental Health

   ANS: B  REF: Determining Abnormality
   OBJ: 2  MSC: Factual

40. Dr. Henry conducted an epidemiological study to assess the lifetime prevalence of schizophrenia in the United States. Dr. Henry was assessing ____.
   a. the percentage of people in the United States who suffer from schizophrenia
   b. the number of people in the United States who have had schizophrenia within a certain period of time
   c. the total proportion of people in the United States who have ever suffered from schizophrenia
   d. the age of onset for people in the United States who have schizophrenia

   ANS: C  REF: The Frequency and Burden of Mental Disorders
   OBJ: 4  MSC: Conceptual
41. A researcher who investigates the onset or occurrence of a psychological disorder over specific periods of time is studying the ____ of the disorder.
   a. incidence  
   b. prevalence  
   c. lifetime prevalence  
   d. criteria
   ANS: A  REF: The Frequency and Burden of Mental Disorders  
   OBJ: 4  MSC: Factual

42. Psychiatric epidemiology ____ our understanding of the factors that contribute to the occurrence of specific mental disorders.
   a. restricts  
   b. does not affect  
   c. confuses  
   d. improves
   ANS: D  REF: The Frequency and Burden of Mental Disorders  
   OBJ: 4  MSC: Conceptual

43. Which statement about psychiatric disorder in the United States is accurate?
   a. Depression and anxiety are more common in men than in women.  
   b. Compared to adults, a larger percentage of children have anxiety disorders.  
   c. 25 percent of adults suffer from a diagnosable mental health disorder in a given year.  
   d. Phobias are more common in the elderly than in the young.
   ANS: C  REF: The Frequency and Burden of Mental Disorders  
   OBJ: 4  MSC: Factual

44. Research shows that in the United States, adolescents are more likely than adults to have problems with ____.
   a. drug abuse  
   b. schizophrenia  
   c. impulse control  
   d. personality disorder
   ANS: A  REF: The Frequency and Burden of Mental Disorders  
   OBJ: 4  MSC: Factual

45. One finding of the Merikangas et al. (2010) epidemiological study is that ____.
   a. males and females tend to differ in the kinds of disorders they experience  
   b. adolescents have a lower rate of mood disorders than adults  
   c. almost 50 percent of adolescents meet criteria for at least one psychological disorder  
   d. people living in rural areas have a much higher incidence of mental disorders than do people living in urban areas
   ANS: C  REF: The Frequency and Burden of Mental Disorders  
   OBJ: 4  MSC: Factual
46. According to the President’s New Freedom Commission on Mental Health (2003), ____.
   a. the rate of mental disorder among adolescents is on the decrease
   b. the more education a person has, the more likely he/she is to have a mental disorder
   c. there is no longer a "stigma" about mental illness
   d. two-thirds of all people suffering from mental disorders are not receiving or seeking
      mental health services

   ANS: D
   OBJ: 4
   REF: The Frequency and Burden of Mental Disorders
   MSC: Factual

47. Researchers in the United States have found which one of the following statements to be TRUE?
   a. The rate of mental disorder in the population has been steadily decreasing over the past 50
      years.
   b. Adolescents and adults are equally likely to suffer from anxiety disorders.
   c. Women are more likely than men to suffer from mental disorders.
   d. Adolescents are more likely than adults to suffer from mental disorders.

   ANS: D
   OBJ: 4
   REF: The Frequency and Burden of Mental Disorders
   MSC: Factual

48. According to Merikangas et al. (2010), what percent of adults suffer from serious psychological
    disorders in a given year?
   a. 5 percent
   b. 8 percent
   c. 25 percent
   d. 32 percent

   ANS: C
   OBJ: 4
   REF: The Frequency and Burden of Mental Disorders
   MSC: Factual

49. Which of the following mental disorders is the most common in the United States?
   a. schizophrenia
   b. anxiety
   c. mood
   d. substance abuse

   ANS: B
   OBJ: 4
   REF: The Frequency and Burden of Mental Disorders
   MSC: Factual

50. Which statement about the burden of mental disorders is accurate?
   a. Incidence is associated with negative attitudes about mental illness.
   b. “Mental health problems” that do not meet criteria for a mental disorder could be as
      equally debilitating as a diagnosable mental health disorders if treated inadequately.
   c. Half of the people who suffer from a diagnosable mental disorder are neither seeking nor
      receiving mental health services.
   d. Spending on mental health services is increasing.

   ANS: B
   OBJ: 4
   REF: The Frequency and Burden of Mental Disorders
   MSC: Factual
51. Jason says, “Abnormal behavior is a function of the context in which the behavior occurs and what the observer thinks is abnormal.” Jason’s remark ____.
   a. contradicts the myth that there is a sharp distinction between mentally healthy and mentally disturbed
   b. supports the myth that mentally disturbed people can use willpower to recover
   c. supports the myth that mental illness runs in families
   d. contradicts the myth that mentally disturbed people can cure themselves

ANS: A                    REF: Stereotypes about the Mentally Disturbed
OBJ: 5                    MSC: Applied

52. Which of the following statements regarding the causes of mental disorders is accurate?
   a. In most disorders, heredity and the environment play almost equal roles.
   b. In most disorders, environmental factors have little influence; heredity is the predominant cause.
   c. Heredity has little influence on disorders such as schizophrenia and mental retardation.
   d. In some disorders, heredity plays a causal role, but in all disorders, the environment is extremely important.

ANS: D                    REF: Stereotypes about the Mentally Disturbed
OBJ: 5                    MSC: Conceptual

53. At one time, Abraham Lincoln, William James, news anchor Mike Wallace, and author J.K. Rowling each suffered from a mental disorder. Consequently, their examples contradict which of the following myths?
   a. Mentally disordered people must have had bad parents.
   b. People can never fully recover from mental disorders.
   c. Mentally disturbed people must have inherited their disorders.
   d. Mentally disordered people only need to exercise willpower to recover.

ANS: B                    REF: Stereotypes about the Mentally Disturbed
OBJ: 5                    MSC: Conceptual

54. Eli refuses to let his daughter marry Avi because Avi's brother suffered from depression and committed suicide. Eli believes that any children his daughter and Avi would bear would be suicidal. Eli believes which myth about mental illness?
   a. Mental disorders are inherited.
   b. We can easily identify people with mental disorders.
   c. People with mental disorders cannot be cured.
   d. People with mental disorders are dangerous.

ANS: A                    REF: Stereotypes about the Mentally Disturbed
OBJ: 5                    MSC: Applied

55. Many psychological problems stem from situations that are not under an individual's control. This fact counters the myth that ____.
   a. mental illness is incurable
   b. mental patients are usually dangerous
   c. most mental disorders are caused by inherited biological defects
   d. mental illness is caused by weak personal willpower

ANS: D                    REF: Stereotypes about the Mentally Disturbed
OBJ: 5                    MSC: Factual
56. Morgan is a highly respected teacher and poet whose works have been published in three languages. He also suffers from bipolar disorder and has never been successfully treated. This case ____.
   a. supports the claim that mental disorders are usually the result of bad parenting and past traumatic experiences
   b. contradicts the claim that people with mental disorders cannot contribute until they are cured
   c. contradicts the claim that mentally disturbed people are recognizable
   d. supports the idea that mentally disturbed people can never function normally or hold down jobs

ANS: B REF: Stereotypes about the Mentally Disturbed
OBJ: 5 MSC: Applied

57. Dr. Chu reports, “Mental patients are no more dangerous than other people.” What does research say about the doctor's statement?
   a. No such research has been done.
   b. Research shows that patients are considerably more dangerous than others in the population.
   c. Research shows that individuals with dual diagnosis are slightly more dangerous than other patients.
   d. Research shows that mental patients are actually less dangerous than are others in the population.

ANS: C REF: Stereotypes about the Mentally Disturbed
OBJ: 5 MSC: Applied

58. Throughout history, most popular ideas about abnormal behavior have been ____.
   a. rooted in the beliefs of a given time period and society
   b. based on religious dogma of the day
   c. rooted in supernatural explanations
   d. based on scientific evidence

ANS: A REF: Historical Perspectives on Abnormal Behavior
OBJ: 6 MSC: Conceptual

59. Professor Martin, a historian who studies ancient cultures, would likely suggest that prehistoric societies attributed mental illness to all of the following EXCEPT ____.
   a. demonic possession
   b. sorcery
   c. spirits of angry ancestors
   d. biological disequilibrium

ANS: D REF: Historical Perspectives on Abnormal Behavior
OBJ: 6 MSC: Applied
60. In some non-Western societies today, headaches, depression, and seizures are all believed to be caused by offended ancestral spirits or by evil forces that possess the sufferer. This type of explanation is called ____.
   a. naturalism
   b. demonology
   c. trephining
   d. exorcism
   ANS: B   REF: Historical Perspectives on Abnormal Behavior
   OBJ: 6   MSC: Conceptual

61. Trephining refers to the process of ____.
   a. putting leaches on the body to remove bad blood
   b. making a person chant and pray to drive out evil spirits
   c. changing one's diet to improve one's physical and mental health
   d. boring a hole in the skull to let demons escape
   ANS: D   REF: Historical Perspectives on Abnormal Behavior
   OBJ: 6   MSC: Factual

62. During what period of time would a behavior disorder most likely be treated with the surgical method called trephining?
   a. The Stone Age
   b. Biblical times
   c. The Golden Age of Greece
   d. The 19th and 20th centuries
   ANS: A   REF: Historical Perspectives on Abnormal Behavior
   OBJ: 6   MSC: Factual

63. Exorcism involves ____.
   a. increasing one's activity level so that, by becoming fit, a person's body can recover from a physical or mental illness
   b. chipping a hole in the skull of a person believed to be possessed by demons
   c. praying and chanting over or flogging and starving a person to cast evil spirits out of the body
   d. examining the brains of people who have severe mental disorders
   ANS: C   REF: Historical Perspectives on Abnormal Behavior
   OBJ: 6   MSC: Factual

64. The first naturalistic explanation of abnormal behavior can be traced to ____.
   a. early twentieth century psychosurgery
   b. Philippe Pinel in eighteenth-century Paris
   c. Hippocrates in ancient Greece
   d. Galen in ancient Rome
   ANS: C   REF: Historical Perspectives on Abnormal Behavior
   OBJ: 6   MSC: Factual
65. Suppose an archaeologist unearthed an ancient Greek document that contained instructions for the treatment of mental disorders such as melancholia and mania. What would the writing probably say?
   a. “Hypnotize the person and encourage the person to express his or her negative emotions.”
   b. “Have the family treat the person with rest, good diet, and moderate exercise.”
   c. “Treat the person as you would a witch.”
   d. “Take a sharp stone and cut a hole in the person's skull to let out the evil demons.”

   ANS: B          REF: Historical Perspectives on Abnormal Behavior
   OBJ: 6          MSC: Conceptual

66. “Your sadness is what I call melancholia. It is a problem with your brain, the cure for which is abstinence from sex, rest, and, if necessary, the removal of some of your bad blood.” During what era would this advice most likely have been given?
   a. sixteenth-century Paris, France
   b. prehistoric times
   c. ancient Greece
   d. the Dark Ages

   ANS: C          REF: Historical Perspectives on Abnormal Behavior
   OBJ: 6          MSC: Applied

67. He practiced in Rome and related mental illness to the brain and central nervous system. His greatest contribution may have been compiling all medical knowledge from Hippocrates' time to his own. Who was he?
   a. Pinel
   b. Mesmer
   c. Weyer
   d. Galen

   ANS: D          REF: Historical Perspectives on Abnormal Behavior
   OBJ: 6          MSC: Factual

68. During the Middle Ages, mental illness was ____.
   a. based on a disease model
   b. handled with care and humane treatment
   c. based on scientific principles
   d. seen as a manifestation of God's will

   ANS: D          REF: Historical Perspectives on Abnormal Behavior
   OBJ: 6          MSC: Factual

69. The early Christian Church believed that ____.
   a. demons could be released through the cathartic method
   b. many behaviors we call mental disorders were the result of supernatural forces
   c. science was the most effective way to understand abnormal human behavior
   d. abnormal behavior was primarily the result of biological abnormality

   ANS: B          REF: Historical Perspectives on Abnormal Behavior
   OBJ: 6          MSC: Factual
70. Imagine that half the clerical employees in one building of a school begin to have headaches, feel agitated, scratch themselves furiously, feel numbness in their fingers, and faint. There is no biological explanation. This incident would most likely be seen by psychologists as an example of ____.
   a. mass madness
   b. exorcism
   c. hypnotic susceptibility
   d. mesmerism

ANS: A  REF: Historical Perspectives on Abnormal Behavior
OBJ: 6  MSC: Applied

71. Imagine that you could use a time machine to travel back to the thirteenth century. You see groups of people in a village jumping, dancing, and having convulsions in the town square. All over Europe, you find similar groups of raving people. You would have witnessed the ____.
   a. phenomenon called trephining
   b. mass madness called St. Vitus's Dance
   c. phenomenon called lycanthropy
   d. mass madness called mesmerism

ANS: B  REF: Historical Perspectives on Abnormal Behavior
OBJ: 6  MSC: Applied

72. What was the *Malleus Maleficarum*?
   a. a compilation of all medical knowledge regarding abnormal behavior from the Greeks and Romans
   b. a description of how to treat madness in the Dark Ages
   c. a guide to building hospitals for the mentally ill that were more humane
   d. a guidebook for identifying and exterminating witches

ANS: D  REF: Historical Perspectives on Abnormal Behavior
OBJ: 6  MSC: Factual

73. Which statement below concerning witchcraft is accurate?
   a. At first, the church made no distinctions between types of demonic possession.
   b. Witchcraft became a way of explaining peculiar behavior when the church was under attack.
   c. The church tried to stop people from accusing deviant people of being witches.
   d. The treatment for witchcraft typically involved prayers, gentle persuasion, and sympathy.

ANS: B  REF: Historical Perspectives on Abnormal Behavior
OBJ: 6  MSC: Factual

74. Historians of the witchcraft age concluded that ____.
   a. the mentally ill were especially prone to being perceived as witches
   b. few people were ever accused of being witches and almost none were killed
   c. many witches were actually mentally retarded, not mentally disordered
   d. almost all witches were mentally disordered

ANS: A  REF: Historical Perspectives on Abnormal Behavior
OBJ: 6  MSC: Factual
75. Humanism is the ____.
   a. scientific study of behavior
   b. philosophical movement that emphasizes human welfare and individual uniqueness
   c. biological theory of abnormal behavior first used by the ancient Greeks
   d. name the Catholic Church gave to the practice of identifying and executing individuals
      they believed were witches

   ANS: B

   OBJ: 6

   MSC: Factual

   REF: Historical Perspectives on Abnormal Behavior

76. The humanistic movement of the Renaissance ____.
   a. emphasized the value of the cathartic method
   b. presented the first biogenic theory of abnormal behavior in recorded history
   c. challenged the notion of demonic possession
   d. led directly to deinstitutionalization of mentally disordered individuals

   ANS: C

   OBJ: 6

   MSC: Factual

   REF: Historical Perspectives on Abnormal Behavior

77. “I reject the idea of witchcraft. Disturbed people are sick people who deserve our sympathy, not
torture and death.” Who would have been most likely to say these words?
   a. Pope Innocent VIII
   b. Ivan Pavlov
   c. John B. Watson
   d. Johann Weyer

   ANS: D

   OBJ: 6

   MSC: Factual

   REF: Historical Perspectives on Abnormal Behavior

78. Who ordered the chains to be removed from inmates at a mental asylum and is considered a founder of
the moral treatment movement?
   a. Clifford Beers
   b. Johann Weyer
   c. Philippe Pinel
   d. Dorothea Dix

   ANS: C

   OBJ: 6

   MSC: Factual

   REF: Historical Perspectives on Abnormal Behavior

79. “Although I lived in a different country than Philippe Pinel, I also worked to establish moral treatment
for mental patients.” Who might have said this?
   a. William Tuke
   b. Galen
   c. Jean-Martin Charcot
   d. Friedrich Anton Mesmer

   ANS: A

   OBJ: 6

   MSC: Factual

   REF: Historical Perspectives on Abnormal Behavior
80. In treating the mentally disturbed, moral therapists were likely to make use of which of the following?
   a. antipsychotic medications
   b. controls such as chains, starvation, restraints, and hot baths
   c. mesmerism
   d. prayer, work, kindness, and talking out problems

   ANS: D  REF: Historical Perspectives on Abnormal Behavior
   OBJ: 6  MSC: Factual

81. Imagine that we travel back in time and meet two Americans. The first says, “I am sometimes called the father of U.S. psychiatry. I used bloodletting to treat my mental patients, but I insisted they be treated with respect.” The second says, “Although I was only a schoolteacher, when I saw the deplorable conditions under which mental patients were living, I devoted my life to establishing suitable mental hospitals.” The first person was ____; the second was ____.
   a. Benjamin Rush; Dorothea Dix
   b. William Tuke; Clifford Beers
   c. Clifford Beers; Dorothea Dix
   d. Benjamin Rush; Friedrich Anton Mesmer

   ANS: A  REF: Historical Perspectives on Abnormal Behavior
   OBJ: 6  MSC: Applied

82. A history book states, “Benjamin Rush introduced humane policies into American mental hospitals, but it took Dorothea Dix to make significant positive reforms in mental hospital care. After her work, inhumane treatment was eliminated in the United States.” What, if anything, is incorrect in this statement?
   a. No portion of the statement is incorrect.
   b. It is incorrect to say that Dix made significant positive reforms.
   c. It is incorrect to say that inhumane treatment was eliminated by Dix.
   d. It is incorrect to say that Rush introduced humane policies.

   ANS: C  REF: Historical Perspectives on Abnormal Behavior
   OBJ: 6  MSC: Conceptual

83. Frenchman Philippe Pinel and American Benjamin Rush were both concerned with ____.
   a. the development of private “madhouses” because they were highly profitable
   b. the moral treatment of patients in hospitals
   c. helping patients gain easy access to medications
   d. instituting the use of shamans in the modern treatment of mentally disturbed individuals in an attempt to be culturally sensitive

   ANS: B  REF: Historical Perspectives on Abnormal Behavior
   OBJ: 6  MSC: Conceptual

84. Dr. Lawrence believes that mental illness has an emotional basis. We can therefore conclude that Dr. Lawrence holds ____ view of mental illness.
   a. an organic
   b. a biological
   c. a psychological
   d. an emotional

   ANS: C  REF: Causes: Early Viewpoints
   OBJ: 7  MSC: Applied
85. Which statement would be consistent with the ideas of Emil Kraepelin?
   a. Whenever behavior prevents people from performing the tasks they are expected to perform, it is a sign of abnormality.
   b. Abnormality is a deviation from ideal personality traits such as competence, self-actualization, and creativity.
   c. Every culture has its own unique set of symptoms and disorders.
   d. All mental disorders can be attributed to one of four organic causes.

   ANS: D
   REF: Causes: Early Viewpoints
   OBJ: 7
   MSC: Conceptual

86. Dr. Juarez discovers that certain symptoms of behavior reliably occur in clusters. Her discovery would be seen as:
   a. evidence of a syndrome
   b. support for a psychological viewpoint
   c. an illustration of epidemiology
   d. support for a biological viewpoint

   ANS: A
   REF: Causes: Early Viewpoints
   OBJ: 7
   MSC: Applied

87. According to Kraepelin, mental disorders can be seen in terms of symptom clusters that have their own cause, course, and outcome, which are considered:
   a. sociocultural
   b. biological
   c. psychological
   d. culturally universal

   ANS: B
   REF: Causes: Early Viewpoints
   OBJ: 7
   MSC: Factual

88. A psychologist says, “There are certain emotional disorders for which we can find no evidence of brain pathology.” This psychologist's statement reflects a(n) viewpoint.
   a. organic
   b. biogenic
   c. humanistic
   d. psychological

   ANS: D
   REF: Causes: Early Viewpoints
   OBJ: 7
   MSC: Conceptual

89. Mesmer's lasting contribution to psychology is his:
   a. research showing the relationship between syphilis and the mental deterioration seen in general paresis
   b. development of a textbook for psychiatry that described the major disorders
   c. demonstration that psychological factors, such as the power of suggestion, can be highly therapeutic
   d. demonstration that the masses can fall for a false set of beliefs

   ANS: C
   REF: Causes: Early Viewpoints
   OBJ: 7
   MSC: Factual
90. Imagine that you are in Paris in 1775. People tell you their physical and mental health is remarkably improved when they experience a strange sleeplike trance. Later you hear that the man who performed these remarkable cures was investigated and forced to leave Paris. What forerunner of hypnosis were the people of Paris talking about?
   a. catharsis
   b. mesmerism
   c. exorcism
   d. trephining

ANS: B  REF: Causes: Early Viewpoints  OBJ: 7
MSC: Applied

91. Dr. Johns researched mental disorders using laboratory methods. He stressed the importance of directly observable behaviors and the conditions or stimuli that evoked, reinforced, or extinguished them. Dr. Johns adhered to which early viewpoint of mental illness?
   a. humanism
   b. behaviorism
   c. psychoanalysis
   d. mesmerism

ANS: B  REF: Causes: Early Viewpoints  OBJ: 7
MSC: Applied

92. When working with one of his female patients, Josef Breuer discovered that she was able to resolve many of her symptoms by remembering and reliving the emotional aspects of previously forgotten memories. This therapeutic use of verbal expression is referred to as the ____ method.
   a. association
   b. memory
   c. hypnotic
   d. cathartic

ANS: D  REF: Causes: Early Viewpoints  OBJ: 7
MSC: Factual

93. Catharsis assumes that ____.
   a. abnormal behavior is affected primarily by cultural norms.
   b. reliving forgotten emotions reduces suffering
   c. astrology and planetary movements affect human emotions
   d. drug treatment, coupled with social skills training, improves mental functioning

ANS: B  REF: Causes: Early Viewpoints  OBJ: 7
MSC: Conceptual

94. The advent of psychotropic drugs in the 1950s was considered a major revolution in the treatment of mental disorders for all of the following reasons except that ____.
   a. the medications rapidly and dramatically reduced patients' symptoms
   b. patients were able to focus their attention on their therapy
   c. use of medications revised the strong belief in the psychological basis of mental illness
   d. stays in mental hospitals were shortened and became more cost-effective

ANS: C  REF: Contemporary Trends in Abnormal Psychology  OBJ: 8  MSC: Conceptual
95. Which statement concerning prescription privileges for psychologists is most likely to come from a physician, rather than from a psychologist?
   a. Granting such privileges could endanger the public.
   b. Pharmacology interventions may supplant psychological ones.
   c. It is appropriate to allow psychologists to prescribe medications.
   d. Prescription privileges would increase the length of time required to complete one's education.

ANS: A  REF: Contemporary Trends in Abnormal Psychology
OBJ: 8  MSC: Conceptual

96. ____ is the industrialization of health care through which large organizations determine what type and duration of treatment clients can have.
   a. Managed health care
   b. Multicultural psychology
   c. Moral therapy
   d. The drug revolution

ANS: A  REF: Contemporary Trends in Abnormal Psychology
OBJ: 8  MSC: Factual

97. Critics of empirically based treatments express concern that the move to evidence-based therapy ____.
   a. is biased in favor of psychodynamic treatment.
   b. is too broad-based with respect to identifying psychological disorders
   c. provides too many treatment options
   d. does not recognize clinical intuition

ANS: D  REF: Contemporary Trends in Abnormal Psychology
OBJ: 8  MSC: Factual

98. A psychologist says, “Because they have higher birthrates, racial and ethnic minorities in the United States are already a numerical majority. This increase in diversity has led to the field called multicultural psychology, which is interested in increasing the cultural sensitivity of mental health professionals.” What portion of this statement is incorrect?
   a. It is incorrect to say that multicultural psychology is interested in increasing cultural sensitivity.
   b. It is incorrect to say that racial minorities have higher birthrates.
   c. It is incorrect to say that minorities are currently the majority.
   d. It is incorrect to say that diversity has led to multicultural psychology.

ANS: C  REF: Contemporary Trends in Abnormal Psychology
OBJ: 8  MSC: Applied

99. Social conditioning, sociopolitical influences, and bias in diagnosis are factors that help explain ____.
   a. ethnic and gender differences in mental health
   b. the reason managed health care developed
   c. the success of hypnosis and catharsis in changing an individual's behavior
   d. the increase in the number of mental health professionals in the United States

ANS: A  REF: Contemporary Trends in Abnormal Psychology
OBJ: 8  MSC: Conceptual
100. A person who subscribes to the multipath model of mental illness would probably agree that ____.
   a. behaviorism was much more influential in the treatment of mental disorders than drug treatment or psychoanalysis
   b. biological factors are only a part of the picture for explaining and treating mental disorders
   c. biological factors are the most important causes of most mental disorders
   d. research has little place in contemporary abnormal psychology

ANS: B

REF: Contemporary Trends in Abnormal Psychology

OBJ: 8

MSC: Conceptual

ESSAY

1. List four major means used to judge abnormal behavior. Discuss the strengths and weaknesses of each criterion.

ANS:

Distress: Distress can manifest itself in physical illnesses, such as asthma and hypertension, as well as in physical symptoms, such as fatigue and nausea, and in extreme or prolonged emotional reactions, such as anxiety and depression. Intense, exaggerated, and prolonged distress can interfere with a person's capacity to function effectively and can cause discomfort for the individual and for others around that individual. However, distress is a common, normal, and even healthy response to many situations and, by itself, is not sufficient to determine abnormality.

Deviance: Deviance is related to using a statistical average and considers behavior in terms of that which occurs least frequently, thus equating commonplace with healthy. Deviance can be interpreted subjectively and is affected by social norms, which are ever-changing, although some behaviors (e.g., disorientation, hallucinations, delusions) are typically considered abnormal. This criterion fails to look at the various types of rare behavior and whether all rare behavior is in need of treatment or change. Exceptional creativity is not what most people consider abnormal behavior. Furthermore, so many people are likely to be deviant that such a definition would label large portions of the population abnormal.

Dysfunction: Emotional problems sometimes interfere with the performance of people's every day roles (student, teacher, friend, employee, etc.). Another way to consider abnormality is when an individual's performance is below that individual's potential. However, it is difficult to assess potential accurately and to determine whether a person is performing at his or her peak. Additionally, cultures have expectations for individuals in society; those who fall well short of expected performance of roles might be seen as dysfunctional.

Dangerousness: For over thirty years (since Tarasoff v. Regents of the University of California, in 1976), predicting a client's dangerousness to self and others has been a critical element of diagnosing abnormality. Unfortunately, predicting dangerousness is difficult and usually inaccurate, there are no clear-cut criteria correlated with it (although previous violent behavior is a strong risk factor), mental health professionals tend to overpredict dangerousness (which can result in unwarranted deprivation of an individual's rights), and in reality, it is a statistical rarity.

No matter what definition is used, subjective judgments abound. In practice, abnormality is defined when several signs of it are present.
2. Chart the major ideas and historical figures in the history of treating the mentally ill, from the era of witchcraft in the fifteenth and sixteenth centuries through the rise of the Reform Movement in the eighteenth and nineteenth centuries.

ANS:

During the fifteenth and sixteenth centuries in Europe, when the Roman Catholic Church was under attack, witchcraft became a common explanation for deviant behavior. At one time, treatment was relatively mild for people who were seen as being involuntarily possessed by the devil. Exorcisms involving incantations, purges, fasting, and other rituals were used to restore people to sanity. Harsher treatments were reserved for those considered voluntarily in league with the devil. Eventually, the distinction blurred. In 1484, the pope called for the identification and extermination of witches. More than 100,000 people were executed. Historians suggest that mental disorders were at the roots of witchcraft persecution. The Renaissance marked a time of increased rationality and concern about human welfare and dignity called humanism. Johann Weyer, a German physician, courageously challenged church teachings on witchcraft and argued that these people suffered from physical or social problems. Treatment of mentally ill people continued to be cruel throughout the 1600s and 1700s. At the beginning of the 1800s in France (Philippe Pinel), England (William Tuke), and the United States (Benjamin Rush), a new viewpoint called moral treatment came about. It argued that people who were treated humanely could be restored to sanity. Later, Dorothea Dix campaigned for reforms in mental hospitals and established hospitals for the poor in the United States. The treatment of mental patients has often been exposed as inadequate or heartless. Still, most people would agree that conditions are better today than at any time in the past.

3. Briefly discuss the changing views of mental disorders throughout history. Be sure to include in your discussion a comparison and contrast of views across cultures and across time periods.

ANS:

Prehistoric societies appeared to believe in demonology and likely attributed abnormal behaviors to evil spirits that inhabited a victim's body. Treatment seems to have consisted of trephining (drilling a hole in a person's brain to let the evil spirit out). The early Greeks, Chinese, Hebrews, and Egyptians treated behavior they perceived as abnormal with exorcism, which consisted of elaborate prayers, noise, emetics, and bodily assaults to excise the evil spirits. Two influential themes came from Greek and Roman cultures in which (1) a relationship was acknowledged between mental disorder and psychological conflict, and (2) mental disorder was viewed as a physical illness with biological causes. Hippocrates' treatments included tranquility, moderate exercise, a careful diet, abstinence from sexual activity, and sometimes bloodletting. He understood that often family dynamics can foster deviant behavior. The Roman physician Galen explained the role of the brain and central nervous system in mental functioning; he codified all European medical knowledge from Hippocrates' time to his own. After the fifth century, mental disorders in many cultures were again viewed as the result of possession by evil spirits. Treatment during this period reverted to torturous exorcistic procedures to drive out the devil. In the thirteenth century belief in the power of the supernatural was so prevalent that it often created mass madness in whole populations. As the authority of the Catholic church was increasingly challenged beginning in the fifteenth century, the Malleus Maleficarum was published (1486) as a guide for detecting witches, who were believed to have made a pact with Satan. As a result of the consequent witch hunts over the next 200 years, thousands of innocent men, women, and children were beheaded, burned alive, drowned, and otherwise tortured and mutilated.
In the late 1700s the emphasis on evil spirits, demons, and witchcraft gave way to the moral movement, with reformists advocating for more humane treatment of people with mental disorders. Specifically, reformists advocated treating patients kindly and respectfully, offering guidance and support, and encouraging fresh air and activity. In addition to changes in the treatment of the mentally ill, the scientific study of mental disorders was emphasized. People came to realize that psychological disorders were caused by physical factors or personal and social conditions. Along with this realization came the tradition of scientific observation and exploration leading to developments such as the diagnostic classification system of Emile Kraepelin and Freud's theory of personality. In the twentieth century, a strong emphasis was placed on exploring the biological bases of psychological disorders (including brain functioning, genetic transmission of disorder, and neurochemical factors), as well as on social behaviors acquired through learning.

Toward the end of the twentieth century, and extending into the twenty-first, as society has become increasingly multicultural, multiracial, and multilingual, multicultural psychology has had a major impact on the mental health professions. This approach stresses the importance of culture, race, ethnicity, gender, age, socioeconomic class, and other similar factors for understanding and treating abnormal behavior. There is currently an understanding that the multipath model is important for understanding abnormality by considering biological, psychological, social, and sociocultural dimensions for understanding human complexity.
MULTIPLE CHOICE

1. The term psychologists use as the cause of abnormal behavior is the behavior's _____.
   a. genesis  c. psychiatric underpinnings
   b. etiology  d. psychological underpinnings
   ANS: B  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Factual

2. A psychologist who uses the words *patient, mental illness,* and *cure* when discussing disorders is using which model?
   a. psychodynamic  c. statistical
   b. psychogenic  d. medical
   ANS: D  PTS: 1  REF: One-Dimensional Models of Mental Disorders
   OBJ: 1  MSC: Conceptual

3. Models are often utilized by scientists to _____.
   a. provide a clear and definitive explanation for a phenomenon
   b. help conceptualize the cause of a phenomenon
   c. directly observe a phenomenon
   d. infer a phenomenon to something more abstract
   ANS: B  PTS: 1  REF: One-Dimensional Models of Mental Disorders
   OBJ: 1  MSC: Conceptual

4. An assumption of the multipath model of abnormality is that _____.
   a. the biological perspective best explains the complexities of human behavior
   b. most psychological disorders are due to one or two primary factors
   c. biological, psychological, social, and sociocultural factors contribute equally to most psychological disorders
   d. different individuals exposed to different factors may develop similar mental disorders
   ANS: D  PTS: 1  REF: A Multipath Model of Mental Disorders
   OBJ: 2  MSC: Factual

5. Which of the following would be a biological explanation of psychopathology?
   a. family interactions  c. early childhood experiences
   b. neurological dysfunctions  d. behaviors learned in the environment
   ANS: B  PTS: 1  REF: One-Dimensional Models of Mental Disorders
   OBJ: 1  MSC: Factual
6. Peter survived a stroke that damaged much of the tissue in the left hemisphere of his brain. We can expect that Peter will ____.
   a. have trouble controlling his emotional behavior
   b. be unable to sense touch on the left side of his body
   c. experience impaired visual-spatial abilities
   d. experience paralysis on the right side of his body
   ANS: D  PTS: 1  REF: Dimension One: Biological Factors
   OBJ: 3  MSC: Applied

7. Forebrain is to ____ as hindbrain is to ____.
   a. alertness and attention; language, thought, and memory
   b. serotonin; dopamine
   c. higher mental functions; functions like sleep, heart rate, and respiration
   d. visual and spatial abilities; emotions and motivation
   ANS: C  PTS: 1  REF: Dimension One: Biological Factors
   OBJ: 3  MSC: Factual

8. The function of neural dendrites is to ____.
   a. release neurotransmitters
   b. receive signals from other neurons
   c. bind to receptors of other neurons
   d. trigger synaptic excitation of other neurons
   ANS: B  PTS: 1  REF: Dimension One: Biological Factors
   OBJ: 3  MSC: Factual

9. Which statement about neurotransmitters is accurate?
   a. Neurotransmitters are released by dendrites.
   b. Drugs that block or facilitate neurotransmitter activity can alleviate symptoms of mental disorders.
   c. Neurotransmitters consistently have an excitatory effect on the human nervous system.
   d. Neurotransmitters send neural impulses to axons of receiving neurons.
   ANS: B  PTS: 1  REF: Dimension One: Biological Factors
   OBJ: 3  MSC: Factual

10. Dopamine is related to several mental disorders. Insufficient dopamine is a possible cause of ____,
    while having an excess of dopamine may be related to ____.
    a. anxiety; depression
    b. Parkinson's disease; schizophrenia
    c. obsessive-compulsive disorder; Parkinson's disease
    d. schizophrenia; depression
    ANS: B  PTS: 1  REF: Dimension One: Biological Factors
    OBJ: 3  MSC: Conceptual
11. Because Joan suffers from depression, Dr. Adler has prescribed a medication that alters sensitivity and receptivity to ____ at the receptor sites in her brain. For Justin, who suffers from anxiety, Dr. Adler prescribes a drug that affects receptor reactivity to ____.

a. serotonin; GABA
b. GABA; serotonin
c. dopamine; acetylcholine
d. acetylcholine; dopamine

ANS: A

12. Autonomic nervous system reactivity in humans appears to be ____.

a. learned
b. psychogenic
c. inherited
d. related to dopamine activity

ANS: C

13. A person's observable physical or behavioral characteristics are the ____.

a. same thing as their genotype
b. result of inheritance only
c. result of environmental factors only
d. same thing as their phenotype

ANS: D

14. Which of the following is true about the current findings of the Human Genome Project, which is developing a "manual" for the basic blueprint of the entire genetic material found in each cell of the body?

a. Scientists have been able to map and understand all of the genes in the nucleus of a human cell.
b. Scientists have discovered the genes associated with the occurrence of certain hereditary diseases, such as Huntington's chorea, cystic fibrosis, and muscular dystrophy.
c. Scientists have developed drugs and other interventions to cure many of the genetically inherited diseases.
d. Scientists have discovered that most inherited diseases can be traced to a single gene.

ANS: B

15. Which statement about the biological model is accurate?

a. It has helped find effective drugs for treating disorders.
b. It has received support from diathesis-stress theory.
c. It has shown that mental disorders are almost always caused by structural abnormalities in the brain.
d. It has proven that inheritance is the direct cause of most disorders.

ANS: A

16. The scientific field that studies the effects of drugs on the mind and behavior is called ____.

a. psychopharmaceuticals
b. pharmaceuticals
c. psychopharmacology
d. pharmacology

ANS: C
17. Faith says that she agrees with the diathesis-stress view of psychopathology that ____.
   a. biochemical changes influence the structure of the brain to produce most disorders
   b. the environment plays little, if any, role in the development of disorders
   c. genetics are unimportant in the explanation of disorders
   d. genetics and environmental factors interact to cause disorders

   ANS: D         PTS: 1        REF: Dimension One: Biological Factors
   OBJ: 3        MSC: Applied

18. In the diathesis-stress theory, the diathesis is ____.
   a. the amount of stressful life changes that activates a disorder
   b. the individual's predisposition to develop illness
   c. an individual's neurotransmitter imbalance
   d. a faulty schema the individual uses to understand the world

   ANS: B         PTS: 1        REF: Dimension One: Biological Factors
   OBJ: 3        MSC: Factual

19. The two main distinguishing ideas in the psychodynamic model are that ____.
   a. disorders result from childhood experiences and anxieties operate unconsciously
   b. the causes of disorders are largely conscious and culture determines the expression of symptoms of disorders
   c. diathesis is a predisposition to develop an illness and stress is an environmental factor that triggers the illness
   d. abnormalities are inherited and symptoms start with biology

   ANS: A         PTS: 1        REF: Dimension Two: Psychological Factors
   OBJ: 4        MSC: Factual

20. Which drug is most likely to be prescribed for a patient suffering from depression?
   a. benzodiazepine
cy. a selective serotonin reuptake inhibitor
   b. chlorpromazine
d. lithium

   ANS: C         PTS: 1        REF: Dimension One: Biological Factors
   OBJ: 3        MSC: Factual

21. Joseph, a student in the abnormal psychology class, says, "Why are we studying Freud? All he ever talked about was sex and his theory is totally outdated!" A valid response from his professor would be ____.
   a. "I agree. Your assessment of Freud's theory is correct."
   b. "Let me show you how all of Freud's theories have been supported by modern research."
   c. "Freud's focus on early childhood experiences, the role of the unconscious, and the use of insight continue to assert a pervasive impact on mental health practice."
   d. "Freud's emphasis on sexuality as a precipitating factor in all mental disorders has been found to be totally valid."

   ANS: C         PTS: 1        REF: Dimension Two: Psychological Factors
   OBJ: 4        MSC: Applied
22. Two characters on the "Star Trek" television series, Mr. Spock and Commander Data, are completely logical. They make their decisions on the basis of realistic considerations, not emotions or moral judgment. From a psychodynamic perspective, their personalities are entirely ____.
   a. ego
   b. id
   c. superego
   d. ego ideal

   ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied

23. Thuy is faced with a dilemma: She lives in a war-torn country in which for years the economy has been severely disrupted. In order to feed herself and her children, she steals food, but she feels a great sense of guilt when she does. According to Freud, the personality structure involved in stealing food is the ____ whereas the one involved in guilt feelings is the ____.
   a. id; ego
   b. ego; superego
c. superego; id
   d. conscience; ego ideal

   ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied

24. Jason exploits other people and never feels guilty about it. He rarely helps other people and feels no pride when he does. According to psychodynamic thinking, Jason has ____.
   a. an underdeveloped superego
   b. an underdeveloped ego
   c. too much ego ideal
   d. no id

   ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied

25. According to Freud, the two most important instincts in people are ____.
   a. pleasure and reality
   b. responsibility and irresponsibility
   c. sex and aggression
   d. fear and happiness

   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual

26. Dr. Young says, "My client faced such severe traumas in her first two years of life that her emotional development was arrested in that period. The result is that although she is 29 years old, she is passive and feels helpless." Dr. Young is describing the psychodynamic concept of ____.
   a. reaction formation
   b. transference
   c. resistance
   d. fixation

   ANS: D  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied

27. According to the psychodynamic model, people use unconscious strategies to protect their egos from anxieties. These strategies are called ____.
   a. defense mechanisms
   b. anti-anxiety mechanisms
   c. ego distortions
   d. reaction formations

   ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual
28. Constance was instructed by her therapist to say whatever came to mind, even if it was illogical or embarrassing. Her therapist was using which psychodynamic technique?
   a. dream analysis  
   b. free association  
   c. resistance  
   d. catharsis
   ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors  
   OBJ: 4  MSC: Applied

29. After three sessions, Molly decided she was madly in love with Dr. Arnold. As a psychoanalyst, Dr. Arnold would most likely ____.
   a. discontinue their sessions  
   b. interpret her feelings as a way to understand important relationships in her life  
   c. encourage her feelings as a way to help her feel secure in her relationships  
   d. refer her to another therapist
   ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors  
   OBJ: 4  MSC: Applied

30. Patients in psychoanalysis unconsciously attempt to impede their treatment by preventing exposure of repressed material. This process is referred to as ____.
   a. transference  
   b. suppression  
   c. projection  
   d. resistance
   ANS: D  PTS: 1  REF: Dimension Two: Psychological Factors  
   OBJ: 4  MSC: Conceptual

31. Dr. Al-Suwaidi explains his clients' psychological problems by considering biological, psychological, social, and sociocultural explanations. He is using what the text refers to as the ____ model.
   a. multipath  
   b. biopsychosocial  
   c. multicultural  
   d. integrative
   ANS: A  PTS: 1  REF: A Multipath Model of Mental Disorders  
   OBJ: 2  MSC: Applied

32. Defense mechanisms ____.
   a. operate consciously  
   b. protect individuals from anxiety  
   c. are used only by neurotic people  
   d. provide a realistic perspective
   ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors  
   OBJ: 4  MSC: Conceptual

33. Which model of psychopathology considers unconscious influences to be the motivation for behavior?
   a. existential  
   b. psychodynamic  
   c. cognitive  
   d. humanistic
   ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors  
   OBJ: 4  MSC: Factual
34. Unlike traditional psychoanalysts, post-Freudians tend to _____.  
   a. deemphasize sexual motivation as the cause of behavior  
   b. view all behavior as originating predominantly from conscious thought  
   c. deemphasize the importance of personal choice and future goals  
   d. feel that talking in therapy is a waste of time  
   ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors  
   OBJ: 4  MSC: Conceptual  

35. Erik Erikson, Carl Jung, and Alfred Adler were all considered _____.  
   a. behaviorists  
   b. cognitive psychologists  
   c. humanists  
   d. post-Freudians  
   ANS: D  PTS: 1  REF: Dimension Two: Psychological Factors  
   OBJ: 4  MSC: Factual  

36. Which statement about object-relations therapy is accurate?  
   a. It rejects the importance of childhood experience as a cause of adult disorder.  
   b. It is a cognitive approach used to understand family dynamics.  
   c. It is a post-Freudian idea involving exploration of past interpersonal relationships.  
   d. It employs a humanistic-existential set of concepts.  
   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors  
   OBJ: 4  MSC: Conceptual  

37. Of the following, which client would be most likely to benefit from psychoanalysis?  
   a. a poor person with limited verbal skills  
   b. an older woman in immediate crisis  
   c. a well-educated anxious young man  
   d. a psychotic older man  
   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors  
   OBJ: 4  MSC: Conceptual  

38. Dr. O'Brien says, "Psychodynamic theory has had a significant impact on psychology because it is based largely on observations in controlled conditions. Further, the theory emphasizes freedom of choice, and the therapy is effective with all disorders." Which part of Dr. O'Brien's statement is accurate?  
   a. Psychodynamic therapy is effective with all disorders.  
   b. Psychoanalysis has had a significant impact on psychology.  
   c. Psychodynamic theory is based on observations in controlled conditions.  
   d. Psychodynamic theory emphasizes freedom of choice.  
   ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors  
   OBJ: 4  MSC: Applied  

39. Which of the following is an accurate statement about psychodynamic theory?  
   a. It is gynocentric.  
   b. Freud's research methodology was advanced for his time.  
   c. The theory can be applied to a wide range of disturbed people.  
   d. Its use of insight continues to influence the field of mental health.  
   ANS: D  PTS: 1  REF: Dimension Two: Psychological Factors  
   OBJ: 4  MSC: Conceptual
40. A psychologist who sees a client's problems as caused by a lack of useful, productive behaviors and lack of consequences following inappropriate actions probably supports which model of psychopathology?
   a. existential  
   b. psychodynamic  
   c. behavioral  
   d. humanistic

   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Conceptual

41. Dr. White says, "Psychopathology is learned through a person's interactions with his or her environment." Dr. White's statement reflects which psychological model?
   a. behavioral  
   b. psychodynamic  
   c. cognitive  
   d. biological

   ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied

42. Classical conditioning is a form of associative learning. What exactly is associated?
   a. internal models of the world and behavior  
   b. a neutral stimulus and an unconditioned stimulus  
   c. a behavior and its consequence  
   d. unconscious motivations and internal needs

   ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Conceptual

43. If a loud siren is sounded, any newborn infant will automatically scream. In classical conditioning terminology, the siren is a(n) ____.
   a. conditioned response  
   b. unconditioned response  
   c. unconditioned stimulus  
   d. conditioned stimulus

   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Conceptual

44. Which statement about classical conditioning is accurate?
   a. It was first described by Edward Thorndike after observing the behavior of cats.  
   b. It assumes that behavior is controlled by its consequences.  
   c. It explains most human behavior.  
   d. It was discovered by Ivan Pavlov when he was studying the digestive processes of dogs.

   ANS: D  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Conceptual

45. In his original experiments, Pavlov paired a bell tone with the presentation of food. After a while, the bell tone alone could provoke salivation. By the time this happened, the ____.
   a. bell had become a conditioned stimulus  
   b. food had become a conditioned stimulus  
   c. animal had lost interest in the food  
   d. salivation had become an unconditioned response

   ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual
46. Which statement about classical conditioning is accurate?
   a. The conditioned response is a response the organism makes automatically when in the presence of the UCS.
   b. Classical conditioning does not occur unless the associated stimuli are reinforced.
   c. A reliable pairing of the UCS and the UCR leads to learning.
   d. Classical conditioning involves involuntary responses.

   ANS: D  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Conceptual

47. Watson and Rayner's famous research in classical conditioning was designed to explain the development of ____.
   a. cognitive disorders  c. phobias
   b. neuroses  d. depression

   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual

48. Classical conditioning has been useful in the field of abnormal psychology primarily by ____.
   a. explaining the acquisition of phobias and other human behaviors
   b. emphasizing the voluntary nature of human behavior
   c. exploring how abnormal behavior is learned through observation of disturbed models
   d. demonstrating the importance of the consequences of behavior

   ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual

49. Erin has an exaggerated fear of flying. She refuses to board an airplane and avoids airports altogether. This is an example of associative learning, so which type of therapy is most likely to be helpful in her case?
   a. cognitive  c. modeling
   b. classical conditioning  d. psychodynamic

   ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied

50. Unlike behaviors in classical conditioning, operant behaviors are ____.
   a. learned by observing others  c. voluntary and controllable
   b. unconscious.  d. instinctive

   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual

51. Patty knows that if she cries, she will get her way. Paul knows that if he cries he will be ignored. Which model of behavior suggests that Patty will increase her crying and Paul will decrease his crying?
   a. classical conditioning  c. psychodynamic theory
   b. operant conditioning  d. observational learning

   ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied
52. Which quote is most similar to Thorndike's concept of instrumental conditioning?
   a. "Emotions are a function of beliefs, not events."
   b. "Emotions are the outgrowth of passive associations we make with positive and negative stimuli in the world."
   c. "Most of our behavior is motivated by factors of which we are not conscious."
   d. "We do more of whatever behavior pays off."
   ANS: D  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Conceptual

53. A common myth about behavioral approaches assumes that ____.
   a. people are completely the products of their conditioning histories
   b. people are active participants in the developmental process
   c. people are overwhelmed by their free will
   d. people are greatly affected by their internal mental life.
   ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual

54. Which of the following is the best example of operant conditioning?
   a. A man gets nauseated when he smells the same kind of food that once caused him food poisoning.
   b. A man asks for a raise because, in the past, his requests were successful.
   c. A woman has been frightened by thunderstorms all her life.
   d. A child watches a friend steal from a store, so he thinks he might steal sometime in the future.
   ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Conceptual

55. In classical conditioning, behaviors are controlled by events that ____ the response, whereas in operant conditioning, they are controlled by events that ____ the response.
   a. intensify; reduce
   b. follow; precede
   c. precede; follow
   d. increase; decrease
   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Conceptual

56. According to operant conditioning, self-injurious behavior may be learned through the use of ____.
   a. reinforcement
   b. personalization
   c. implosion
   d. modeling
   ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual
57. A kindergarten teacher wants to reduce the amount of aggressiveness children display in her class and on the playground. Using operant conditioning principles, the teacher should ____.
   a. use negative reinforcers to decrease the behavior
   b. pair aggressiveness with some pleasant stimulus
   c. eliminate the reinforcement associated with aggressiveness
   d. encourage the children to get the aggressiveness out of their systems
   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied

58. Which of the following increases the frequency of a behavior because it removes or reduces an aversive (punishing) event?
   a. positive reinforcement
   b. vicarious conditioning
   c. negative reinforcement
   d. modeling
   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual

59. When Stanley is afraid of meeting a woman, he finds an excuse to run off by himself. The immediate effect of running away is to make him feel less anxious and more at ease. Stanley's behavior illustrates the ____.
   a. role of negative reinforcers in avoidance behavior
   b. fact that shaping can result in maladjusted behavior
   c. role of partial reinforcement in abnormal behavior
   d. power of positive reinforcement
   ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied

60. Unlike operant or classical conditioning, in observational learning ____.
   a. direct reinforcement is necessary to establish behavior
   b. new behaviors can be learned by watching others
   c. reinforcement must precede the person's action
   d. reinforcers are not necessary to maintain a behavior
   ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual

61. Unlike the early behaviorists, behaviorally oriented mental health professionals today ____.
   a. are more focused on the importance of behavioral consequences
   b. are interested in understanding the effects of internal mental processes on the acquisition and treatment of disorders
   c. reject the notion that internal mental processes affect the acquisition of disorders
   d. emphasize the importance of conditioning
   ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual
62. Which of the following is a strength of the behavioral model?
   a. It emphasizes the impact of environment on behavior.
   b. It is applied to explain intrapsychic conflict.
   c. It is not restricted by adherence to scientific methodology.
   d. It highlights the subjective life of the individual.
   ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Conceptual

63. When John was growing up, he saw his older brother severely beaten by their father after the brother was caught drinking a beer. Since then, John has never had a beer in his life. What form of learning does this best illustrate?
   a. classical conditioning  
   b. instrumental learning  
   c. observational learning  
   d. operant conditioning
   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied

64. Dr. Ansorg believes that her clients can acquire appropriate social skills by watching her interact with other people in a social setting. Dr. Ansorg assumes which paradigm of learning?
   a. classical conditioning  
   b. observational learning  
   c. operant conditioning  
   d. psychodynamic
   ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied

65. A depressed person hears this from his therapist: "Your interpretation of the events in your life brings on the depression. If you can see yourself as less of a failure and more of a success, the depression will lift." The therapist probably supports which approach to abnormal behavior?
   a. cognitive  
   b. operant conditioning  
   c. psychodynamic  
   d. family systems
   ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied

66. **Schema** and **irrational thoughts** are two terms that are used in which model of psychopathology?
   a. family systems  
   b. behavioral  
   c. cognitive  
   d. multicultural
   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual

67. Cognitive theorists emphasize that disturbed individuals ____.
   a. come from disturbed families  
   b. live in stressful environments  
   c. have irrational and maladaptive thoughts  
   d. are deficient in interpersonal skills
   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual
68. Who developed the A-B-C theory of personality and irrational beliefs?
   a. Ellis  c. Beck
   b. Minuchin  d. Satir
ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
OBJ: 4  MSC: Factual

69. Dr. Alcott makes the following statement about Janet's depression: "Your depression may be due to your misperception of this unfortunate situation and your tendency to blame yourself for events that are beyond your control. What we need to do is help you to recognize and modify your irrational beliefs." Dr. Alcott's comments are characteristic of the ____.
   a. behavioral model  c. humanistic model
   b. cognitive model  d. psychodynamic model
ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors
OBJ: 4  MSC: Applied

70. Dr. Danvers is a firm believer in Ellis's A-B-C theory of personality. Given that, what could we expect Dr. Danvers to say?
   a. "People are less troubled by their thoughts regarding the events in their lives than the actual events themselves."
   b. "Belief that an event is unfortunate leads to a healthier consequence than belief that an event is a catastrophe."
   c. "Our reactions are due to our learned associations."
   d. "Depression is something you are most likely born with and can never really escape."
ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors
OBJ: 4  MSC: Applied

71. Dr. Weinberg is a humanistically oriented psychotherapist. Which of the following comments about cognitive therapy is she most likely to make?
   a. "People have the ability to make free choices and they are responsible for their own decisions."
   b. "Therapists who use the ABC-theory are too passive; they should be more like teachers than listeners."
   c. "Cognitive therapists put too much emphasis on childhood experiences and not enough on choices one makes in life."
   d. "Thoughts are not observable, so they have no place in science."
ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
OBJ: 4  MSC: Applied

72. The humanistic approach and the ____ approach emphasize the subjective world of the individual. Both were developed as a reaction against the deterministic and mechanistic quality of early models of psychopathology.
   a. existential  c. multicultural
   b. observational learning  d. behavioral
ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
OBJ: 4  MSC: Factual
73. Dr. Abdul says to his students, "There are two key things to understand about this therapeutic approach. First, the best way to understand an individual's behavior is to see the world from that person's point of view. Second, people are able to make free choices in life." To which of the following theoretical approaches could Dr. Abdul be referring?

a. psychodynamic  
 b. humanistic  
 c. cognitive  
 d. behavioral

ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors

OBJ: 4  MSC: Applied

74. A major contribution of the humanistic perspective is its ___.

a. insistence on rigorous empirical studies  
 b. primary focus on improving the mental health of persons with serious disorders  
 c. positive view of the individual  
 d. emphasis on blocked instinctual forces

ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors

OBJ: 4  MSC: Factual

75. Shelly says, "I think that everyone has an inherent tendency to strive toward their full potential. It shows in our creativity and delight in discovering new things." Shelly's thoughts illustrate ___.

a. Maslow's term "self-actualization."  
 b. Thorndike's principle "the law of effect."  
 c. Freud's view of unconscious influences on our development.  
 d. Ellis's concept of rational beliefs.

ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors

OBJ: 4  MSC: Applied

76. According to Rogers, behavior disorders are the result of ___.

a. insufficient discipline of children by parents  
 b. observational learning from poor role models  
 c. fixation at early psychosexual stages  
 d. incongruence between self-concept and potential

ANS: D  PTS: 1  REF: Dimension Two: Psychological Factors

OBJ: 4  MSC: Factual

77. A mother says to her daughter, "I value you regardless of your behavior. I may disapprove of what you do, but I will still respect and love you." According to Rogers, this mother is ___.

a. increasing the incongruence between the child's self-concept and the child's behavior  
 b. expressing conditions of worth toward her daughter  
 c. providing unconditional positive regard  
 d. teaching the girl irrational beliefs

ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors

OBJ: 4  MSC: Applied
78. According to Rogers, which of the following would be most important in a therapeutic relationship?
   a. well-developed counseling techniques
   b. interpretation of transference
   c. the therapist's attitude
   d. insight into the client's problems

   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual

79. As a person-centered therapist, Dr. Finn wants his clients to discover their strengths and their full potential. Dr. Finn would most likely do which of the following?
   a. rely on his clients' own strength and potential
   b. make suggestions for ways his clients can increase their strength and potential
   c. point out how his clients get in the way of developing their strength and potential
   d. reinforce the behaviors his clients use that promote their strength and potential

   ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied

80. Which of the following techniques is consistent with person-centered therapy?
   a. Express and communicate respect.
   b. Tell a client how to think about a problem.
   c. Help a client achieve insight into inner motivations and desires.
   d. Recognize the connections between thoughts, feelings, and behaviors.

   ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual

81. Humanistic therapists ____.
   a. emphasize the use of specific techniques in therapy
   b. withhold unconditional positive regard when clients are unwilling to accept personal responsibility
   c. do not need training to develop clinical skills because it is their attitude that is paramount for effecting therapeutic change
   d. believe that people are able to advance and grow on their own

   ANS: D  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual

82. Which perspective is not really a systemized school of thought, and instead is more like a set of attitudes that emphasizes the individual's quest for meaning and personal responsibility for choices?
   a. existential
   b. cognitive
   c. psychodynamic
   d. behavioral

   ANS: A  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual
83. The existential and humanistic approaches differ from one another in that the existentialists emphasize ____.
   a. the need for society to control and restrict the antisocial impulses of individuals
   b. responsibility to society as well as personal responsibility
   c. the importance of the therapist's interpretation of the client's difficulties in life
   d. optimism

   ANS: B  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Factual

84. Dr. Castillo says, "I look at psychopathology in terms of human suffering and the alienation that individuals now feel in an increasingly impersonal world. We are responsible for our actions, and responsible to others as well." Dr. Castillo's remarks best illustrate which approach?
   a. humanistic
   b. cognitive
   c. post-Freudian
   d. existential

   ANS: D  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied

85. Tuyet-Hoa says, "I tend to focus on the individual and how that person can reach his or her full potential. I am optimistic that people can fulfill themselves when they are free of society's burdening expectations." Tuyet-Hoa's ideas sound most like ____.
   a. Ellis's A-B-C theory of personality
   b. Thorndike's "law of effect"
   c. humanistic thinking
   d. existential thinking

   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied

86. The humanistic and existential approaches have been most successful at ____.
   a. explaining the relationship between inheritance and stress
   b. creating a coherent theory of behavior
   c. describing the human condition
   d. developing a scientific body of evidence for its concepts

   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Conceptual

87. Joseph is a hardheaded scientist who puts high value on objective investigation and the clear definition of terms. The model of psychopathology he is most likely to value is ____.
   a. humanistic
   b. psychoanalytical
   c. behavioral
   d. existential

   ANS: C  PTS: 1  REF: Dimension Two: Psychological Factors
   OBJ: 4  MSC: Applied
88. Are traditional psychoanalytic therapy and humanistic psychotherapies effective in helping severely disturbed people?
   a. Only humanistic psychotherapies are effective; traditional psychoanalytic therapy is not.
   b. Psychoanalytic and humanistic psychotherapies do not work well with severely disturbed people.
   c. Both psychotherapies are designed to help severely disturbed people.
   d. Only traditional psychoanalytic therapy is effective; humanistic psychotherapies are not.

ANS: B   PTS: 1   REF: Dimension Two: Psychological Factors
OBJ: 4   MSC: Conceptual

89. Which of the following approaches would be most likely to emphasize how other people, especially significant others, influence our behavior?
   a. family systems
   b. existentialist
   c. behavioral
   d. cognitive

ANS: A   PTS: 1   REF: Dimension Three: Social Factors
OBJ: 5   MSC: Applied

90. The conjoint family therapeutic approach developed by Virginia Satir stresses ____.
   a. the importance of teaching message-sending and message-receiving skills to family members
   b. the importance of shifting the balance of power from the identified patient to the entire family
   c. that most family problems arise because family members are too involved with one another
   d. that most family problems arise because family members are not sufficiently involved with one another

ANS: A   PTS: 1   REF: Dimension Three: Social Factors
OBJ: 5   MSC: Factual

91. One limitation of the family systems approach is that ____.
   a. id processes are overemphasized but ego and superego processes are ignored
   b. little research has been done to test the basic elements of the model
   c. research has failed to support the theory's central idea that family relationships contribute to the development of mental disorders
   d. research studies have generally not been rigorous in design

ANS: D   PTS: 1   REF: Dimension Three: Social Factors
OBJ: 5   MSC: Factual

92. Alicia and Isaac are planning to get married. Before they begin to make plans, they want to ensure that they can deal effectively with conflicts that might arise from being raised in very different cultures. Among the potential problems they might encounter are their respective roles in the relationship and how to communicate their feelings to each other. They would most likely seek out a therapist who specializes in ____.
   a. family therapy
   b. behavioral therapy
   c. couples therapy
   d. group therapy

ANS: C   PTS: 1   REF: Dimension Three: Social Factors
OBJ: 5   MSC: Applied
93. Anita's therapist suggests that she enter into a therapy group that the therapist is starting. Which of the following features is least likely to be a benefit Anita will experience from participating in group therapy?
   a. getting special attention from her therapist that she would not get in private sessions
   b. developing new communication skills, social skills, and insights
   c. becoming involved in a social situation so the therapist can see how Anita's behavior affects others
   d. getting strong social and emotional support

   ANS: A PTS: 1 REF: Dimension Three: Social Factors
   OBJ: 5 MSC: Applied

94. Before contemporary multicultural models were developed, racial differences in rates of mental disorder were often explained in terms of ____.
   a. cultural deprivation
   b. automatic thoughts
   c. therapists' biases in diagnosis
   d. double binds

   ANS: A PTS: 1 REF: Dimension Four: Sociocultural Factors
   OBJ: 6 MSC: Factual

95. Which early model of psychopathology believed that differences between various minority groups and their white counterparts resulted from minority groups not being as good as the white majority?
   a. the deficit model
   b. the inferiority model
   c. the Jensen model
   d. the deprivation model

   ANS: B PTS: 1 REF: Dimension Four: Sociocultural Factors
   OBJ: 6 MSC: Conceptual

96. Unlike early editions of the DSM, DSM-IV-TR recognizes culture-bound syndromes and disorders that are more prevalent in some cultures than in others. These changes show the influence of which model?
   a. humanistic
   b. existential
   c. multicultural
   d. multipath

   ANS: C PTS: 1 REF: Dimension Four: Sociocultural Factors
   OBJ: 6 MSC: Conceptual

97. A psychologist who supports the multicultural model would most likely say that ____.
   a. some cultures value family identity more than individuality
   b. Western cultures value "belongingness" over individualism
   c. European American therapists place too little importance on the problems within the person
   d. almost all non-Western cultures value individuality over collectivity

   ANS: A PTS: 1 REF: Dimension Four: Sociocultural Factors
   OBJ: 6 MSC: Applied
98. A reasonable criticism of the multicultural model is that it ____.
   a. relies too heavily on scientific evidence for its assumptions
   b. lacks empirical validation of its assumptions
   c. makes biased, culture-bound assumptions about human nature
   d. seeks to find universal explanations for mental health problems

   ANS: B  PTS: 1  REF: Dimension Four: Sociocultural Factors
   OBJ: 6  MSC: Applied

99. As we learn more about human behavior and mental disorders, the research suggests that ____.
   a. behavioral explanations are superior to the others
   b. cultural factors are more important than biological or psychological factors
   c. biological, psychological, and cultural factors are all important
   d. most of the models are so different that there is little room for their integration

   ANS: C  PTS: 1  REF: Dimension Four: Sociocultural Factors
   OBJ: 6  MSC: Conceptual

100. According to the multicultural model, cultural differences ____.
   a. result from the interplay of undesirable elements in a person's biological makeup
   b. result from not being born into the "right culture"
   c. are unimportant
   d. do not necessarily equate with deviance

   ANS: D  PTS: 1  REF: Dimension Four: Sociocultural Factors
   OBJ: 6  MSC: Factual

ESSAY

1. Compare and contrast the psychodynamic model and the humanistic-existential model on the following issues: the origins of abnormal behavior, the role of conscious experience in everyday behavior, determinism, and methods of treatment.

   ANS:

   Psychoanalytic thinkers see early childhood experiences as critical for all mental disorders. Traumatic experiences during the first three psychosexual stages can fixate the individual at that stage, arresting emotional development and leading to characteristic symptoms. These experiences are often out of the person's awareness, and unconscious impulses can threaten to overwhelm ego controls. Defenses against these sources of anxiety both protect the person and, if used excessively, generate psychological and physical symptoms. Humanistic thinkers also see childhood as influential. Specifically, Rogers claimed that the natural tendency to live up to one's potential (the actualizing tendency) can be thwarted when parents and others place conditions on their expression of love for the child. Incongruence between the individual's way of seeing himself or herself and actual experience is the core reason for mental disorders. Psychoanalysts place much greater emphasis on the unconscious than do other theorists. They see conscious experience as often being a distortion of underlying, truer feelings and impulses. Humanistic theorists believe that people are more capable of making conscious choices that are in their own best interests. They also place great importance on knowing the subjective reality of the client.
Because early and unconscious experiences drive behavior, psychoanalysts are inclined to see current behavior as determined by history and forces out of the individual's control. Humanists disagree and claim that we have the freedom to make choices and that we also must take responsibility for those choices.

These differences lead naturally to differences in treatment strategies. Psychoanalytic therapy seeks to make the unconscious conscious by using dream analysis, free association, and other techniques including projective tests. Humanistic therapists provide clients with unconditional positive regard—a supportive environment in which they can fully experience feelings and thoughts. Rogers's person-centered therapy is nondirective and uses reflection of feeling to help clients solve their own dilemmas.

PTS: 1

2. Briefly describe the biological model of psychopathology. Be sure to include a discussion of brain structure and communication among brain structures and the role each may play in the development of psychological problems.

ANS:

According to the biological model, abnormal behavior is the result of biological or physical factors. More specifically, this model suggests that abnormal behavior may be due to problems with brain structure or functioning, neurotransmitter or hormonal imbalances, or inherited factors.

The brain can be divided into three main sections: the forebrain, the midbrain, and the hindbrain. The forebrain is comprised of the thalamus, the hypothalamus, reticular activating system, limbic system, and cerebrum. The thalamus is necessary for the relaying of information between other regions of the central nervous system and the cerebral cortex. The hypothalamus regulates hunger, thirst, and body temperature. The limbic system is involved in experiencing and expressing emotions and motivations. The cerebrum includes the cerebral cortex and covers the midbrain and thalamus. The midbrain coordinates information between the forebrain and the hindbrain, and it is involved in vision and hearing. Along with the hindbrain, the midbrain controls sleep, alertness, and pain. The hindbrain manufactures serotonin and controls functions such as sleep, heart rate, and respiration. A network of nerve fibers in the hindbrain that threads into the midbrain called the reticular formation controls bodily states such as sleep, alertness, and attention. Any type of abnormalities in these structures, due to injury, birth complications, excessive intake of alcohol or drugs, or prenatal exposure to toxins, can result in direct physical and/or psychological problems.

Messages are communicated from one area of the brain to another via neurotransmitters. More specifically, a message in the form of an electrical impulse moves through a neuron until, when it reaches the end of the axon, it triggers the neuron to release chemicals called neurotransmitters into the synaptic cleft. These neurotransmitters are taken up by the next neuron, transformed into a new electrical impulse, and carried through that cell body. This process of neurotransmission can go awry in several ways. There may be too much or too little of the neurotransmitter substance, there may be too many or too few receptors for the amount of neurotransmitter released, there may be other neurons present that might inhibit the neural connections, and there may be problems with the interrelationships among different neurotransmitter substances. All these problems may lead to psychopathology.

PTS: 1
Imagine that a client from a non-European family comes to a psychological clinic for help. How would therapists endorsing a family systems approach see the person's problems differently than a multicultural psychologist? How might they see them similarly?

ANS:
A family systems theorist will see the individual's behavior as stemming from a family context. This person's problems will be seen as being affected by the family and, in turn, affecting other family members. The individual's behavior may be a symptom of unhealthy family dynamics. Three approaches to family therapy might be taken: communications, strategic, and structural. The communications approach to treatment would look at how the client and family convey messages. The strategic approach would emphasize power relationships among family members. The structural approach would investigate the degree to which there are over- or under-involved relationships among family members.

The multicultural theorist would emphasize the cultural norms of the client's background. For example, if the family is Asian, the degree of collectivity versus independence would be highlighted. It would be important to accept the legitimacy of the client's culture and examine whether discrimination by the majority culture contributes to the individual's distress.

Both models would focus more on the individual's larger context (family or society) than would other models. The problems of the individual would be reevaluated as problems that occur in larger groups.

PTS: 1
Chapter 3: Assessment and Classification of Abnormal Behavior

MULTIPLE CHOICE

1. A clinician has collected data about a client based on observations, interview material, and psychological test results. As a first step in the treatment process, the clinician evaluates this information and formulates a(n) ____.
   a. psychodiagnosis  
   b. therapeutic plan  
   c. model  
   d. assessment instrument

   ANS: A  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Factual

2. Which statement about psychodiagnosis is accurate?
   a. It involves describing and drawing inferences about a person's psychological state.
   b. It is the basis of research for a variety of psychological disorders.
   c. It includes physical or biological causes for symptoms.
   d. It is the last step in the treatment process.

   ANS: A  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Factual

3. A ____ provides therapists with distinct categories, indicators, and nomenclature for different patterns of behavior, thought processes, and emotional disturbances.
   a. psychodiagnosis  
   b. psychometric examination  
   c. classification system  
   d. diagnosis

   ANS: C  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Factual

4. A psychologist gives the same test to a client twice. The testings are separated by six days. If the test results are quite dissimilar, we could say that the test has weak ____.
   a. test-retest reliability  
   b. interrater reliability  
   c. internal consistency  
   d. predictive validity

   ANS: A  PTS: 1  REF: Reliability and Validity  OBJ: 1
   MSC: Conceptual

5. Professor Wapner wants to develop a new psychometric test of anxiety. He must be careful to have the various items on the test yield similar results to ensure that it will be high in ____.
   a. interrater reliability  
   b. test-retest reliability  
   c. construct validity  
   d. internal consistency

   ANS: D  PTS: 1  REF: Reliability and Validity  OBJ: 1
   MSC: Applied
6. Dr. Frederick is developing a new test for eating disorders. She finds that people who score high on the test actually engage in more binge eating and other forms of abnormal eating behaviors than people who score low on the test. These results indicate that the test has ____.
   a. good content validity  
   b. good criterion-related validity  
   c. high test-retest reliability  
   d. good internal consistency
   ANS: B  PTS: 1  REF: Reliability and Validity  
   OBJ: 1  MSC: Applied

7. Which of the following assessments illustrates the concept of reliability?
   a. A test that measures depression and appears to have items that cover all the different symptoms of depression.
   b. A test that measures counselor aptitude that, when given to prospective counselors, accurately predicts those who will and those who will not perform well in a counseling vocation.
   c. A test that measures attention-deficit hyperactivity disorder and accurately identifies children who currently have difficulty in the classroom.
   d. A test that measures disordered eating behaviors and attitudes that yields similar scores when completed two weeks apart.
   ANS: D  PTS: 1  REF: Reliability and Validity  
   OBJ: 1  MSC: Conceptual

8. A psychologist wants to assess the construct validity of a new test. He can do so by showing that ____.
   a. scores at Time 1 predict behavior at Time 2  
   b. all portions of the test produce similar results  
   c. the test results for a group correlate with related measures of a phenomenon  
   d. scores on the test are consistent over time
   ANS: C  PTS: 1  REF: Reliability and Validity  
   OBJ: 1  MSC: Applied

9. What is the best description of assessment?
   a. Making conclusions based on comprehensive information  
   b. Beginning treatment in order to judge the client's prognosis  
   c. Making a diagnosis using the DSM-IV-TR  
   d. Interviewing, without using psychological tests
   ANS: A  PTS: 1  REF: The Assessment of Abnormal Behavior  
   OBJ: 2  MSC: Factual

10. Dr. Peterson has collected clinical observations, neurological test data, psychological test scores, and interview material on Mrs. Davis. If Dr. Peterson is doing this for the purpose of drawing conclusions that will lead to a diagnosis of Mrs. Davis, we can infer that Dr. Peterson is ____.
    a. a psychoanalyst  
    b. using reliable and valid measures  
    c. doing an assessment  
    d. using the DSM-IV-TR
    ANS: C  PTS: 1  REF: The Assessment of Abnormal Behavior  
    OBJ: 2  MSC: Applied
11. Dr. Simon is observing several schizophrenic patients interact in a mental hospital ward. Which type of observation is Dr. Simon using?
   a. diagnostic
   b. naturalistic
   c. analogue
   d. controlled

   ANS: B
   PTS: 1
   OBJ: 2
   MSC: Applied
   REF: The Assessment of Abnormal Behavior

12. Gathering information on brain chemistry includes which of the following assessments?
   a. psychological tests
   b. neurological tests
   c. interviews
   d. observations

   ANS: B
   PTS: 1
   OBJ: 2
   MSC: Factual
   REF: The Assessment of Abnormal Behavior

13. A psychologist notices that a male client rarely makes eye contact and pulls at his ear when he seems nervous. What type of assessment is the psychologist doing?
   a. observation
   b. projective testing
   c. structured interviewing
   d. controlled testing

   ANS: A
   PTS: 1
   OBJ: 2
   MSC: Applied
   REF: The Assessment of Abnormal Behavior

14. When Dr. Wilson administers psychological tests, she strictly follows specific procedures. This refers to what aspect of test administration?
   a. reliability
   b. validity
   c. norming
   d. standardization

   ANS: D
   PTS: 1
   OBJ: 2
   MSC: Applied
   REF: The Assessment of Abnormal Behavior

15. A psychologist notes that a female client is wearing a heavy wool sweater and cap on a hot summer day. The client walks with a limp and mumbles to herself. The psychologist should ____.
   a. interpret these objective signs without regard to the individual's culture
   b. conduct testing or interviewing and disregard the information about the client's appearance
   c. assess the diagnostic significance of these observations with interview and other information
   d. disregard these observations in order to make an unbiased assessment

   ANS: C
   PTS: 1
   OBJ: 2
   KEY: Applied
   REF: The Assessment of Abnormal Behavior

16. Dr. Heyer is a behavioral therapist working with a 10-year-old boy named Lee. The boy's parents and teachers complain that Lee is disobedient and unruly. What assessment method should Dr. Heyer use to most accurately assess the degree to which Lee is excessively active and disobedient?
   a. personality testing
   b. observation
   c. interview method
   d. questionnaire

   ANS: B
   PTS: 1
   OBJ: 2
   MSC: Applied
   REF: The Assessment of Abnormal Behavior
17. A psychologist simply looking for any unusual behaviors when interacting with a client is indicative of ____.
   a. psychological testing  
   b. structured interview  
   c. observation  
   d. neuropsychological assessment

   ANS: C  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2   KEY: Factual

18. Dr. Miller, a clinical psychologist, observes that his client Jennifer is presenting with a disheveled appearance, constricted emotions, and is speaking slowly. Dr. Miller gathers this observational information of these expressions to determine ____.
   a. future behavior  
   b. degree of intelligence  
   c. cultural differences  
   d. their association with personality traits or a disorder

   ANS: D  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2   MSC: Applied

19. In what way is interviewing superior to observation alone?
   a. In interviewing, assessors can notice the client's facial expressions, body posture, and dress.
   b. In interviewing, the style or training of the assessor has little impact on the data collected.
   c. In interviewing, assessors can collect data on the client's life history and personality.
   d. Interviews are not subject to error.

   ANS: C  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2   MSC: Conceptual

20. Which of the following statements about the standardized interview is most accurate?
   a. It allows for consistent data to be collected across interviewees and are less subject to interviewers’ biases.
   b. It is an unstructured interview.
   c. It allows interviewers to probe interviewees’ responses in depth.
   d. It often includes a list of open-ended questions.

   ANS: A  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2   MSC: Factual

21. A widely used interview procedure is the ____ because it is a useful diagnostic tool that helps clinicians cover areas that are ordinarily not part of a clinical interview.
   a. Rorschach technique  
   b. mental status examination  
   c. sentence-completion test  
   d. Stanford-Binet Intelligence Scale

   ANS: B  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2   MSC: Factual
22. What aspect of interviewing increases the consistency of assessment information?
   a. Doing the interview in a naturalistic setting
   b. Using projective techniques
   c. Increasing the reactivity of the person being interviewed
   d. Increasing the structure of the interview

   ANS: D  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2  MSC: Conceptual

23. As discussed in the text, which of the following is a consideration when assessing characteristics using the mental status examination?
   a. The treatment model used
   b. Use of a highly unstructured interview
   c. The interviewee’s cultural background
   d. Future achievements relative to people of the same age of the interviewee

   ANS: C  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2  MSC: Factual

24. Which of the following is a self-report inventory?
   a. The MMPI-2
   b. The TAT
   c. The draw-a-person test
   d. The Rorschach

   ANS: A  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2  MSC: Factual

25. Most personality tests, with the exception of projective tests, share two characteristics: They are ____ and they ____.
   a. objective; are unstructured
   b. standardized; use norms
   c. oral; focus on unconscious conflicts within the interviewee
   d. given in naturalistic settings; are group-administered

   ANS: B  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2  MSC: Conceptual

26. Dr. Rose, a clinical psychologist, is administering a battery of psychological tests to a client to gain insight into the client's current issues. If Dr. Rose is using the most popular measures, in addition to an assessment of intellectual achievement, she would also be doing a(n) ____.
   a. evaluation of personality psychopathology
   b. neurological assessment
   c. adaptive-functional behavior assessment
   d. evaluation of occupational interests and skills

   ANS: A  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2  MSC: Applied
27. Nicole is shown a series of ambiguous pictures and is then asked to tell a story about each of them. If this is a psychological test, it is a ____.
   a. self-report inventory
   b. projective personality test
   c. cognitive impairment test
   d. mental status examination

   ANS: B   PTS: 1   REF: The Assessment of Abnormal Behavior
   OBJ: 2   MSC: Applied

28. The goal of projective tests is to ____.
   a. understand a single facet of a client's personality
   b. put the client at ease so that other tests will be answered honestly
   c. allow people to “project” their attitudes and personality characteristics
   d. allow a client to express his or her conscious needs and motivations

   ANS: C   PTS: 1   REF: The Assessment of Abnormal Behavior
   OBJ: 2   MSC: Factual

29. Psychoanalysts are interested in unconscious needs and motives. Therefore, they are most likely to use which of the following in assessing clients?
   a. projective personality tests
   b. self-report inventories
   c. highly structured interviews
   d. tests for cognitive impairment

   ANS: A   PTS: 1   REF: The Assessment of Abnormal Behavior
   OBJ: 2   MSC: Conceptual

30. In which one of the following are inner motives and conflicts revealed by what is seen in inkblots and whether color plays a role in the responses?
   a. Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
   b. Structured Diagnostic Interview (SDI)
   c. Rorschach Technique
   d. Thematic Apperception Test (TAT)

   ANS: C   PTS: 1   REF: The Assessment of Abnormal Behavior
   OBJ: 2   MSC: Factual

31. Dr. West is scoring a client's responses to a projective personality test using Exner's research-based system. Included in the scoring is whether the client's responses included color and perceived movement. Dr. West is scoring the ____.
   a. WAIS-IV
   b. TAT
   c. MMPI-2
   d. Rorschach

   ANS: D   PTS: 1   REF: The Assessment of Abnormal Behavior
   OBJ: 2   MSC: Applied

32. A major concern about projective tests is that they ____.
   a. are overly structured
   b. demonstrate low reliability and validity
   c. are too cumbersome to administer
   d. are too expensive to include in most psychological assessments

   ANS: B   PTS: 1   REF: The Assessment of Abnormal Behavior
   OBJ: 2   MSC: Factual
33. The TAT, a projective personality test, asks subjects to ____.
   a. respond to inkblots
   b. complete sentences
   c. make up stories about pictures
   d. answer direct questions about specific situations

   ANS: C   PTS: 1   REF: The Assessment of Abnormal Behavior
   OBJ: 2   KEY: Factual

34. A psychologist says, "I'm going to show you some pictures. Please make up a story about what is going on in each picture, what led up to it, and how it will turn out in the end." What test is the psychologist administering?
   a. TAT
   b. Rorschach
   c. WAIS-IV
   d. MMPI-2

   ANS: A   PTS: 1   REF: The Assessment of Abnormal Behavior
   OBJ: 2   MSC: Applied

35. Which statement about the draw-a-person test is accurate?
   a. Its purpose is to assess the individual's artistic skill.
   b. It is considered a self-report inventory.
   c. Research shows that it has very strong validity.
   d. The size, position, and details of drawings are analyzed.

   ANS: D   PTS: 1   REF: The Assessment of Abnormal Behavior
   OBJ: 2   MSC: Factual

36. Most clinicians agree that the Thematic Apperception Test (TAT) is best used to ____.
   a. assess intelligence
   b. diagnose psychopathology
   c. ascertain an individual’s personality and motivational traits
   d. assess imagination

   ANS: C   PTS: 1   REF: The Assessment of Abnormal Behavior
   OBJ: 2   MSC: Factual

37. Rose is being given a self-report inventory to assess her general personality traits. What kinds of questions or tasks is she likely to be given?
   a. She will be asked to draw pictures of herself and the rest of her family members.
   b. She will be asked to agree or disagree with statements such as "I am attractive" and "I sometimes feel shy."
   c. She will be shown pictures of people and asked to write a story describing them and the situations they face.
   d. She will be asked to answer arithmetic, vocabulary, and general knowledge questions.

   ANS: B   PTS: 1   REF: The Assessment of Abnormal Behavior
   OBJ: 2   MSC: Applied
38. These tests require test-takers to answer specific written questions. They are scored in a predetermined way, and scores are easily compared with those from a standardization sample. Which of the following fits the above description?
   a. self-report inventories
   b. psychodiagnostic tests
   c. neuropsychological tests
   d. projective personality tests

   ANS: A  PTS: 1  REF: The Assessment of Abnormal Behavior

   OBJ: 2  MSC: Conceptual

39. Which of the following occurred in the revision of the MMPI into the MMPI-2?
   a. The validity scales were removed.
   b. The wording was refined and outdated items were eliminated.
   c. What was previously an objective test became a projective test.
   d. New scales were added to measure intelligence and creativity.

   ANS: B  PTS: 1  REF: The Assessment of Abnormal Behavior

   OBJ: 2  MSC: Factual

40. Which personality test includes ten clinical scales as well as several validity scales to check for faking, confusion, falsification, or other response patterns that may affect the outcome of the other scales?
   a. Beck Depression Inventory
   b. WAIS-IV
   c. MMPI-2
   d. TAT

   ANS: C  PTS: 1  REF: The Assessment of Abnormal Behavior

   OBJ: 2  MSC: Factual

41. In utilizing MMPI scores, trained and experienced clinicians usually focus on ____.
   a. single-scale interpretations
   b. the DSM diagnosis derived from the individual's responses
   c. the validity scores
   d. the pattern of scores from an entire profile

   ANS: D  PTS: 1  REF: The Assessment of Abnormal Behavior

   OBJ: 2  MSC: Factual

42. A psychologist says, "The fixed alternatives for answers prevent test-takers from presenting a true picture of themselves." What kind of assessment tool is being criticized?
   a. unstructured interviews
   b. projective personality tests
   c. naturalistic observation
   d. personality inventories

   ANS: D  PTS: 1  REF: The Assessment of Abnormal Behavior

   OBJ: 2  MSC: Applied
43. A critic of personality inventories says, "These tests have no way of detecting faking or defensiveness in the individuals who take them. Worse, they never include norms for responses of people from different cultural groups." Which response to these criticisms is accurate?
   a. The MMPI-2 has both of the features the critic says are absent.
   b. The critic is correct about the problem of faking but not about norms from different cultures.
   c. The critic is confusing the problems of projective tests with those of inventories.
   d. Current research supports what the critic is saying.

ANS: A  PTS: 1  REF: The Assessment of Abnormal Behavior
OBJ: 2  KEY: Applied

44. IQ scores reflect an individual's _____.
   a. intelligence
   b. social skills
   c. level of performance relative to people of the same age
   d. future achievements and behavior relative to people of the same age.

ANS: C  PTS: 1  REF: The Assessment of Abnormal Behavior
OBJ: 2  KEY: Factual

45. The ____ is an intelligence test appropriately administered to children ages six to sixteen.
   a. WISC-IV
   b. WAIS-IV
   c. WPPSI-III
   d. MMPI-2

ANS: A  PTS: 1  REF: The Assessment of Abnormal Behavior
OBJ: 2  MSC: Factual

46. A major criticism of IQ tests is that they _____.
   a. reflect cultural and social factors rather than innate intelligence
   b. are limited to assessing intelligence for children in the elementary grades
   c. cannot be used to predict school performance
   d. are not useful for detecting intellectual disability

ANS: A  PTS: 1  REF: The Assessment of Abnormal Behavior
OBJ: 2  MSC: Factual

47. What is known about the relationship between IQ scores and physiological measures of brain function?
   a. IQ scores are significantly correlated with neuropsychological test performance.
   b. IQ scores are modestly correlated with neuropsychological test performance.
   c. There is little if any correlation between IQ scores and neuropsychological test performance.
   d. Physical measures of brain function are one of the best predictors of IQ scores.

ANS: A  PTS: 1  REF: The Assessment of Abnormal Behavior
OBJ: 2  MSC: Factual
48. Teachers in a school are interested in finding a psychological test that predicts future achievement and identifies individuals with strong social competence. Which statement best reflects what is known about the existence of such a test?
   a. Few psychologists believe that there is a test that can do either of the things the teachers want.
   b. Projective tests do a good job of predicting achievement; IQ tests predict social competence.
   c. There is debate about whether IQ tests can predict achievement, but many psychologists agree they are poor at identifying social competence.
   d. There is no doubt that IQ tests can predict achievement, and most psychologists agree they measure social competence as well.

ANS: C  PTS: 1  REF: The Assessment of Abnormal Behavior
OBJ: 2  MSC: Applied

49. Why is the research of Herrnstein and Murray (1994) and Rushton and Jensen (2005) controversial?
   a. The research has found no practical use for IQ tests.
   b. The research suggests that racial differences on IQ scores are determined by heredity.
   c. The research does not support any predictive validity of IQ tests.
   d. The research questions whether current conceptions of IQ are adequate.

ANS: B  PTS: 1  REF: The Assessment of Abnormal Behavior
OBJ: 2  MSC: Conceptual

50. Although IQ tests are controversial, one thing is clear:
   a. Test scores accurately predict the future achievements of people from a wide range of cultures.
   b. IQ tests have poor reliability because they are not scored in a standardized way.
   c. IQ tests measure innate, rather than learned, intelligence.
   d. IQ test scores have been used in discriminatory ways.

ANS: D  PTS: 1  REF: The Assessment of Abnormal Behavior
OBJ: 2  MSC: Factual

51. The Stanford-Binet Intelligence Scale, in comparison to the WISC, is ____.
   a. the preferred test for school-age children
   b. the standard to which other tests are compared because of its long history, careful revision, and periodic updating
   c. easier to administer and yields scores on different cognitive skills
   d. is complicated in administration and scoring and requires considerable skill in use

ANS: B  PTS: 1  REF: The Assessment of Abnormal Behavior
OBJ: 2  MSC: Factual

52. Pablo, age 17, has a serious speech impairment. To test him for intelligence, a psychologist would best use the ____.
   b. WPPSI-III  d. WISC-IV

ANS: C  PTS: 1  REF: The Assessment of Abnormal Behavior
OBJ: 2  MSC: Applied
53. After his stroke, Aaron's clinical psychologist is most likely to assess ____.
   a. his interest in physical activities he previously enjoyed
   b. cognitive impairment resulting from brain damage
   c. his vocational interests
   d. his unconscious needs and motivations

   ANS: B  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2  MSC: Applied

54. Which of the following tests are typically used to assess brain damage?
   a. Bender-Gestalt
   b. MMPI-2
   c. BDI
   d. TAT

   ANS: A  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2  MSC: Factual

55. Mr. Nolan has been referred to a psychologist to be assessed for potential brain damage. The psychologist will undoubtedly look at how Mr. Nolan approaches intellectual tasks by evaluating ____.
   a. Mr. Nolan's responses on a projective test
   b. the discrepancy between Mr. Nolan's scores on verbal and performance subtests of the WAIS-IV
   c. Mr. Nolan's patterns on the various scales of the MMPI-2.
   d. the pattern of electrical activity in Mr. Nolan's brain as displayed by an electroencephalograph (EEG)

   ANS: B  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2  MSC: Applied

56. Jack is being tested for suspected brain damage by being shown designs made up of lines and dots. He is asked to copy the designs on a blank sheet of paper. Jack is taking which test?
   a. Stanford-Binet
   b. MMPI-2
   c. Bender-Gestalt Visual-Motor Test
   d. WAIS-IV

   ANS: C  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2  MSC: Applied

57. Oscar is suspected of having brain damage. He is given more than ten psychological tests to assess memory, abstract concept formation, auditory perception, and attention. The whole testing process takes more than six hours. It is likely that Oscar was given the ____.
   a. WAIS-IV
   b. Halstead-Reitan Neuropsychological Test Battery
   c. positron emission tomography (PET) test
   d. MMPI-2

   ANS: B  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2  MSC: Applied
58. Which statement about the Halstead-Reitan neuropsychological battery is accurate?
   a. It is based on psychodynamic concepts.
   b. It requires individuals to have CAT and PET scans taken.
   c. It is both cost and time efficient to administer.
   d. It assesses brain damage in children and adults.

   ANS: D  PTS:  1  REF: The Assessment of Abnormal Behavior
   OBJ:  2  MSC: Factual

59. Which of the following indicates neurological impairment on the Bender-Gestalt Visual-Motor Test?
   a. Certain errors in the geometric design copies.
   b. IQ score significantly below the individual’s level of performance relative to other people
      of the same age.
   c. Interpretation of ambiguous stimuli that suggests neurological impairment.
   d. Measured abnormalities in brain wave activity.

   ANS: A  PTS:  1  REF: The Assessment of Abnormal Behavior
   OBJ:  2  MSC: Factual

60. Unlike the Halstead-Reitan and the Bender-Gestalt Visual-Motor tests, EEGs and MRIs are ____.
   a. not administered to young children
   b. used to assess organic brain damage
   c. neurological medical procedures
   d. valid and reliable measures

   ANS: C  PTS:  1  REF: The Assessment of Abnormal Behavior
   OBJ:  2  MSC: Factual

61. Dr. Cohen says to her patient, "We believe there may be problems with the way your brain functions.
    We're going to do a test that uses a radioactive substance that we can trace as it's metabolized in your
    brain." What procedure is Dr. Cohen describing?
   a. Halstead-Reitan Neuropsychological Battery
   b. PET scan
   c. EEG
   d. CAT scan

   ANS: B  PTS:  1  REF: The Assessment of Abnormal Behavior
   OBJ:  2  MSC: Applied

62. A psychologist says, "The pictures that come from the testing are amazing—clear and detailed
    depictions of brain structures. Not only that, they do not require giving radioactive substances to
    patients." The psychologist is talking about a(n) ____.
   a. MRI
   b. EEG (electroencephalograph)
   c. PET scan
   d. Halstead-Reitan Neuropsychological Test Battery

   ANS: A  PTS:  1  REF: The Assessment of Abnormal Behavior
   OBJ:  2  MSC: Applied
63. Which of the following is a common criticism of psychological testing?
   a. Tests are always inaccurate and lead to serious misdiagnosis.
   b. Testing is often conducted by individuals who lack the appropriate training.
   c. Test results can be used in ways that hurt the client.
   d. Test bias is likely when the administrator of a test is of the same culture as the test-taker.

   ANS: C  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2  MSC: Factual

64. What can be said about the use of neurological techniques and psychological tests with regard to evaluating mental disorders?
   a. Neurological techniques will eventually replace psychological tests.
   b. Psychological tests provide more useful information than neurological techniques.
   c. Both neurological techniques and psychological tests will soon be replaced by computerized assessments.
   d. Using neurological techniques along with psychological tests increases diagnostic accuracy.

   ANS: D  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2  MSC: Conceptual

65. With magnetic resonance imaging (MRI), ____.
   a. both the brain structures and changes in blood flow in different brain regions can be observed
   b. a substance is injected into the patient’s bloodstream and a scanner detects the substance as it is metabolized in the brain
   c. electrodes are attached to the skull to record brain waves
   d. beams of x-rays repeatedly scan different areas of the brain to produce a three-dimensional image

   ANS: A  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2  MSC: Factual

66. Which of the following is a limitation of personality inventory assessment?
   a. A fixed number of item alternatives can hinder individuals from presenting an accurate picture of themselves.
   b. The validity of personality inventory assessments has not been established.
   c. The reliability of personality inventory assessments has not been established.
   d. Information gathered by personality inventory assessment rarely has diagnostic significance.

   ANS: A  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2  MSC: Factual

67. Which of the following statements regarding the validity of psychological and medical tests is accurate?
   a. Psychological tests are less accurate than medical tests in detecting conditions.
   b. Medical tests are less accurate than psychological tests in detecting conditions.
   c. Medical and psychological tests are inaccurate in detecting conditions.
   d. Psychological tests are as good or better than medical tests in detecting conditions.

   ANS: D  PTS: 1  REF: The Assessment of Abnormal Behavior
   OBJ: 2  MSC: Factual
68. Providing distinct categories for different patterns, indicators, and names of abnormal behavior is the goal of ____.
   a. assessment                      c. a classification system
   b. neuropsychological testing      d. psychometrics

   ANS: C      PTS: 1      REF: The Classification of Abnormal Behavior
   OBJ: 3      MSC: Factual

69. Early studies of the DSM found that ____.
   a. reliability was strong but validity was weak
   b. there was low interrater reliability
   c. it had high test-retest reliability
   d. most of the diagnostic errors were associated with patients' reports

   ANS: B      PTS: 1      REF: The Classification of Abnormal Behavior
   OBJ: 3      MSC: Factual

70. Dr. Cooper says, "What abnormal psychology needs is a system of categories for different patterns of behavior that can be agreed on by all professionals." Dr. Cooper is asking for ____.
   a. a valid method of assessment
   b. a more reliable battery of psychological tests
   c. ethical use of assessment
   d. a reliable classification system

   ANS: D      PTS: 1      REF: The Classification of Abnormal Behavior
   OBJ: 3      MSC: Applied

71. What led to the development of the dimensional system in the DSM-5?
   a. Dissatisfaction with the categorical model of previous DSMs.
   b. High interrater reliability.
   c. Disorders such as depression and anxiety disorder having distinctly different sets of symptoms.
   d. A decrease in of identified psychological disorders since the DSM-III-R.

   ANS: A      PTS: 1      REF: The Classification of Abnormal Behavior
   OBJ: 3      MSC: Factual

72. One major problem with early versions of the DSM was that most DSM categories were purely descriptive. A second major problem was that ____.
   a. validity and reliability were problematic
   b. the criteria in each category were difficult to understand
   c. it was based on a psychological model of illness
   d. it attempted to include too much research

   ANS: A      PTS: 1      REF: The Classification of Abnormal Behavior
   OBJ: 3      MSC: Factual
73. Which of the following is a new category developed for the DSM-5 to reflect dimensional ratings of symptoms?
   a. course of treatment  
   b. minor neurocognitive disorder  
   c. risk syndromes  
   d. prognosis  
   ANS: C  
   PTS: 1  
   REF: The Classification of Abnormal Behavior  
   OBJ: 3  
   MSC: Factual

74. Which of the following is accurate concerning the DSM-5?
   a. All psychological disorders are listed on Axis I.  
   b. It lists the organic basis for every mental disorder.  
   c. It presents a social and interpersonal, rather than medical, approach to mental disorder.  
   d. It emphasizes a dimensional approach to diagnosis combined with acknowledgment that most disorders involve a continuum of symptom severity.  
   ANS: D  
   PTS: 1  
   REF: The Classification of Abnormal Behavior  
   OBJ: 3  
   MSC: Factual

75. Which statement below about DSM-5 is accurate?
   a. It assumes that all mental disorders have a biological cause and are best treated with medication.  
   b. It indicates that symptoms experienced by individuals may vary in degrees in relations to the diagnostic disorders.  
   c. It has discarded the use of exact behavioral criteria for making a diagnosis.  
   d. It views mental disorders as being solely categorical in nature.  
   ANS: B  
   PTS: 1  
   REF: The Classification of Abnormal Behavior  
   OBJ: 3  
   MSC: Factual

76. The co-occurrence of different disorders whereby individuals who have one mental disorder also suffer from another is identified by the DSM as ____.
   a. a comorbidity  
   b. a causal specifier  
   c. multiple disorders  
   d. overlapping disorders  
   ANS: A  
   PTS: 1  
   REF: The Classification of Abnormal Behavior  
   OBJ: 3  
   MSC: Factual

77. A major criticism of previous versions of the DSM is the lack of clarity regarding differential categorization to reflect the distinction between major and less severe symptom states. How does the DSM-5 attempt to deal with this problem?
   a. It utilizes dimensional ratings and inclusion of milder forms of disorders.  
   b. It has eliminated the five-axis concept in favor of a single diagnostic label.  
   c. The behavioral classification scheme incorporates a more cognitive approach to understanding mental disorders.  
   d. It lists the criteria to be used before making a diagnosis.  
   ANS: A  
   PTS: 1  
   REF: The Classification of Abnormal Behavior  
   OBJ: 3  
   KEY: Factual
78. A positive feature of the DSM-5 is that it ____.
   a. continues to emphasize cross-cultural assessment issues
   b. has omitted the casual specifiers associated with identified disorders
   c. continues to rely on assessment that emphasizes deficits
   d. has omitted the “behavioral addictions” category

   ANS: A   PTS: 1

79. Another important mental health disorder classification system other than the DSM is ____.
   a. the International Classification of Disease
   b. the World Health Organization
   c. the Character Strengths Classification System
   d. the Cross-Cultural Classification System

   ANS: A   PTS: 1   REF: The Classification of Abnormal Behavior
   OBJ: 3   KEY: Factual

80. Norman was recently diagnosed with terminal cancer. When he meets with a therapist to deal with his depression, the therapist should ____.
   a. focus primarily on the medical diagnosis, since that's the cause of Norman's depression
   b. ignore the medical diagnosis and focus only on Norman's depression
   c. consider the medical diagnosis to be a relevant to Norman’s depression
   d. view Norman’s medical and depression diagnoses as mutually exclusive

   ANS: C   PTS: 1   REF: The Classification of Abnormal Behavior
   OBJ: 3   KEY: Applied

81. Harold is addicted to cocaine and nicotine. His wife, Janet, is dissatisfied with her physique and has developed a pervasive pattern of bingeing and purging in attempt to lose weight. According to the DSM-5, Janet has ____, whereas Harold ____.
   a. a personality disorder; has impulse control disorder
   b. somatoform disorder; does not have a mental disorder
   c. dissociative disorder; has a personality disorder
   d. an eating disorder; has a substance use disorder

   ANS: D   PTS: 1   REF: The Classification of Abnormal Behavior
   OBJ: 3   MSC: Applied

82. A continued criticism of the DSM-5 and its predecessors is that ____.
   a. the DSM classification system is a deficit model and does not focus on the positive attributes or involve an assessment of a client’s strengths.
   b. the DSM continues to move toward a categorical systems approach to disorders
   c. the DSM does not account for the degree of symptom severity across disorders
   d. the DSM is not as frequently used as the ICD in the United States

   ANS: A   PTS: 1   REF: The Classification of Abnormal Behavior
   OBJ: 3   MSC: Factual
83. Angel reports to his psychologist that he feels incredibly depressed and he has developed a alcohol drinking problem that causes him some difficulty. In this example, according to the DSM-5, Angel’s symptoms of depression would be considered ____ , and his problem with substance use would be considered ____ .
   a. severe; severe   c. slight; severe
   b. severe; moderate   d. mild; moderate

ANS: B    PTS: 1    REF: The Classification of Abnormal Behavior
OBJ: 3    MSC: Applied

84. A positive feature of the DSM-5 as compared with previous versions is that it ____ .
   a. provides dimensional rating of disorders on a “none,” “slight,” “mild,” “moderate,”” or “severe” scale
   b. relies far less on behavioral criteria for determining diagnoses
   c. eliminated about half of the categories for disorders
   d. switched to a biological model of mental illness

ANS: A    PTS: 1    REF: The Classification of Abnormal Behavior
OBJ: 3    KEY: Factual

85. Carla sees the psychologist at the mental health center at her college because she is often sad and has many days when she is unable to get out of bed. Although Carla has symptoms of depression, the symptoms do not fully meet the criteria for that disorder. The psychologist is most likely to ____ .
   a. suggest that Carla keep a journal of her symptoms and return when they worsen
   b. make a diagnosis of depression not otherwise specified
   c. make a diagnosis of major depressive disorder
   d. tell Carla that she should stop worrying because she does not have a diagnosable disorder

ANS: B    PTS: 1    REF: The Classification of Abnormal Behavior
OBJ: 3    MSC: Applied

86. Yeh experiences physical and mental fatigue: dizziness, headaches, and problems concentrating, sleeping, and remembering important information. She is also irritable and highly excitable. While her symptoms might be diagnosed as a mood or anxiety disorder, a culturally sensitive therapist might consider ____ .
   a. a diagnosis from the outline of culture-bound syndromes in the DSM-5 that identifies disorders unique to particular cultural groups
   b. “Not Otherwise Specified,” when symptoms do not fit those specified by a diagnostic category
   c. causal specifiers to clarify the diagnosis
   d. biological causes for her symptoms

ANS: A    PTS: 1    REF: The Classification of Abnormal Behavior
OBJ: 3    MSC: Applied

87. Disorders involving the disruption of the normal sexual response cycle, including desire, arousal, or orgasm are considered ____ in the DSM-5 category of disorders.
   a. Sexual Dysfunctions   c. Gender Dysphoria
   b. Paraphilias   d. Complex Somatic Symptom Disorders

ANS: A    PTS: 1    REF: The Classification of Abnormal Behavior
OBJ: 3    MSC: Factual
88. Which of the following is a criticism regarding the decisions concerning diagnostic categories DSM-5?
   a. Decisions favor of a single diagnostic label and has eliminated the five-axis concept.
   b. Decisions neglect to consider mental disorders that afflict only women.
   c. Decisions assume that stimulus control is a major component in mental disorders.
   d. Decisions may have had pharmaceutical company influence.

ANS: D  
PTS:  1
REF:  The Classification of Abnormal Behavior
OBJ:  3  
MSC:  Factual

89. Vera has this cyclical pattern of symptoms: A week before her period, she is persistently angry and anxious, has body aches, and has marked interpersonal conflicts that interfere with work and social relationships. According to the DSM-5, Vera has a(n) ____.
   a. the proposed condition "premenstrual dysphoric disorder"
   b. "adjustment disorder"
   c. a gynecological disorder called "raging hormones"
   d. no mental disorder at all

ANS: A  
PTS:  1
REF:  The Classification of Abnormal Behavior
OBJ:  3  
MSC:  Applied

90. Dr. Reynolds is a strong feminist. What is her opinion of the proposed condition "premenstrual dysphoric disorder" likely to be?
   a. She would argue that it helps reduce the stigma of being a woman with a mental disorder.
   b. She will favor its inclusion in future editions of the DSM.
   c. She would prefer that it be seen as a physical condition, not a mental disorder.
   d. She would prefer that it not be seen as a problem at all.

ANS: C  
PTS:  1
REF:  The Classification of Abnormal Behavior
OBJ:  3  
MSC:  Applied

91. An advantage of the character strengths classification scheme that Patterson and Seligman developed as a compliment to the DSM suggests ____.
   a. the character strengths classification scheme incorporates a more cognitive approach to understanding mental disorders
   b. by providing a taxonomy of emotional disturbances, the character strengths scheme simplifies diagnosis and treatment
   c. by considering new research findings, therapists are better able to understand and treat mental disorders
   d. the character strengths assessment of characteristics such as wisdom, courage, humanity, justice, temperance, and transcendence are important to assess and consider when working with mental disorders

ANS: D  
PTS:  1
REF:  The Classification of Abnormal Behavior
OBJ:  3  
MSC:  Factual
92. A recent criticism of the DSM by Lewis-Fernandez et al. (2010) is that it is particularly inadequate for dealing with ____.
   a. personality disorders
   b. behavioral disorders
   c. women's disorders
   d. applicability of disorders across cultures
   ANS: D   PTS: 1   REF: The Classification of Abnormal Behavior
   OBJ: 3   KEY: Factual

93. A psychologist says, "Viewing mental disorders on a continuum will have unexpected consequences resulting in a change of what is deemed normal to pathological." This psychologist ____.
   a. is arguing for the abandonment of all assessment methods
   b. would tend to ignore the situational causes of mental disorders
   c. favors using a categorical system
   d. favors a behavioral classification scheme
   ANS: C   PTS: 1   REF: The Classification of Abnormal Behavior
   OBJ: 3   MSC: Applied

94. A major criticism of classification systems is that they ____.
   a. provide too much information to be useful
   b. stigmatize people by labeling them with a mental disorder
   c. do not provide enough information to help therapists design effective treatment
   d. ignore cultural and gender differences
   ANS: B   PTS: 1   REF: The Classification of Abnormal Behavior
   OBJ: 3   MSC: Factual

95. The results of the Rosenthal and Jacobson (1968) study of schoolchildren underscore what objection to classification?
   a. Classification tends to be highly unreliable.
   b. Classification tends to give psychopathology an all-or-nothing quality.
   c. Classification is rarely based on empirical research.
   d. Classification may create a self-fulfilling prophecy.
   ANS: D   PTS: 1   REF: The Classification of Abnormal Behavior
   OBJ: 3   MSC: Factual

96. In the Rosenthal and Jacobson (1968) study, some children were randomly assigned the label of "bloomers." This label ____.
   a. increased these children's IQs because their teachers believed the label
   b. made the teachers see mental disorder where there wasn't any
   c. made the teachers see normality when the children were actually retarded
   d. reduced these children's IQs because they became lazy
   ANS: A   PTS: 1   REF: The Classification of Abnormal Behavior
   OBJ: 3   MSC: Conceptual
97. In the Rosenhan (1973) study, pseudopatients who falsely reported auditory hallucinations to gain admittance onto a psychiatric hospital. Once admitted, these individuals behaved in a normal manner; however, hospital staff did not detect that the pseudopatients were normal. This finding supports the view that classification can ____.
   a. help professionals understand the causes of abnormal behavior
   b. cause people to interpret many behaviors of a labeled person as pathological even if the behaviors are normal
   c. make "normal" people believe the label they are given caused a change in their behavior
   d. blur the lines that divide normal from abnormal
   
   ANS: B PTS: 1 REF: The Classification of Abnormal Behavior
   OBJ: 3 MSC: Conceptual

98. Which of the following occurred in the Rosenhan (1973) study involving pseudopatients being admitted to a mental hospital?
   a. Pseudopatients were given warm and individualized care.
   b. Although the patients were fooled by the pseudopatients, the professionals quickly realized that they were not disturbed.
   c. Although none of the professional staff detected that the pseudopatients were normal, the other patients realized that they were not disturbed.
   d. The hospital staff disagreed on the diagnosis to be given the pseudopatients.
   
   ANS: C PTS: 1 REF: The Classification of Abnormal Behavior
   OBJ: 3 KEY: Factual

99. A supervisor at a managed-care organization looks at a DSM-5 diagnosis supplied by a clinician. The supervisor is likely to think that the diagnosis ____.
   a. supplies excessive information about the client, infringing on rights of privacy
   b. relies too heavily on behavioral classification
   c. is unreliable
   d. does not provide enough information about day-to-day functioning
   
   ANS: D PTS: 1 REF: The Classification of Abnormal Behavior
   OBJ: 3 MSC: Applied

100. Last year Mr. Plimpton, the high school principal, was fired from his job because it became known that he had, at one time, been diagnosed as being depressed. This illustrates ____.
   a. the lack of reliability in the labeling process
   b. that people who are labeled change their own behavior
   c. the negative effects of a medical model
   d. that labels can cause people to treat individuals differently even when they are able to function normally
   
   ANS: D PTS: 1 REF: The Classification of Abnormal Behavior
   OBJ: 3 MSC: Applied
1. Clinical assessment uses four methods of assessment. Briefly describe how each would be used in collecting information on the following hypothetical client:

Mara is a 16-year-old who is angry and anxious at home and in school but seems relatively happy among her friends when shopping or doing other leisure activities. She seems extremely bright to her teachers but is receiving poor grades because she seems distracted and unable to remember information. Her interest in boys has been almost obsessive recently; she fantasizes about being saved from her horrible parents by a guy who will marry her and take her away.

ANS:

The four assessment methods are observation, interview, psychological tests, and neurological tests. In Mara's case, the psychologist could collect direct observations of her in the school, home, and office environments to see whether there is consistency in her behaviors and emotions. The psychologist would look at Mara's dress, facial expressions, posture, activity level, speech, and voice tone to get a full picture of her emotional state in different settings. Observations by others—teachers, parents, friends, and Mara herself—could deepen the psychologist's appreciation of her situation. A nondirective interview would allow Mara to express what she is feeling and emphasize the problems she thinks are most important. Using a more structured interview, the psychologist would present her with a set of questions to assess her mental status (does she really believe her fantasies are based in fact?) and get a clearer idea about her diagnosis. Interviews with parents, teachers, and friends could reveal how consistent her problems are and how distressing. Psychological tests could range from projective tests such as the TAT and Rorschach to self-report inventories such as the MMPI-2. The projective tests would reveal unconscious motives; the MMPI-2 would show general personality patterns. Intelligence tests like the WAIS-IV might be given to see whether her poor grades are due to a lack of intellectual capacity or a learning disability. Neurological tests might also reveal a cognitive impairment that accounts for her poor memory and attention span.

PTS: 1

2. What three criteria are commonly used to evaluate psychological assessment procedures? Describe each criterion in detail, and apply each of the criteria to the assessment of a problem such as severe anxiety.

ANS:

The three criteria commonly used to evaluate assessment procedures are reliability, validity, and standardization. Reliability refers to the consistency or repeatability of results. There are three different types of reliability: test-retest, internal consistency, and interrater. Test-retest reliability refers to the consistency of a test over time. For example, if you take a test measuring your intelligence one week and the test has good test-retest reliability, your score should be about the same if you take the test again the following week. The second type of reliability is internal consistency. This type of reliability refers to the consistency among test items. In other words, to what extent do the items in a test measure the same construct? The third type of reliability is interrater reliability, which refers to consistency or agreement among scorers or observers. For example, if two researchers were observing children on a playground and counting the frequency with which they engaged in aggressive behavior, then the observers should have similar frequency counts for their assessment to be considered to have good interrater reliability.
Validity addresses the issue of the extent to which a test measures what it is supposed to. There are four main types of validity: predictive validity, content validity, criterion-related validity, and construct validity. Predictive validity refers to the ability for a test to forecast how a person will behave or respond. For example, universities use applicants’ ACT and SAT scores to predict future college academic performance. Content validity means that the items of an assessment device are representative examples of the domain(s) the test measures. For example, if a test measures anxiety but its questions asked about a person's social activities, it would not have adequate content validity. A third type of validity is criterion-related validity. With this type of validity, the scores on a measure are compared with a criterion thought to be related to the construct measured by the test. The criterion can be some future event (if so, it is called predictive validity) or some current event (if so, it is called concurrent validity). For example, if I had a test that was supposed to measure how successful one was going to be in college, I might give my test to a group of high school seniors. Then four years later I would compare their scores on the test with their college GPA to see if my test had good predictive validity. For construct validity, test results must be related to the theoretical construct (or concept) the test is supposed to measure. The third criterion is utility, or usefulness. For an assessment to be useful it must be reliable and valid, and provide information that cannot be obtained more simply, cheaply, or quickly using another procedure.

Standardization refers to both the use of identical procedures in administering tests and to establishing norms against which an individual is tested. Results can be compromised if a test administrator treats people differently, such as smiling at one group of children taking a test and being cold and indifferent to another group taking the same test, or giving one group more time than another group (i.e., different procedures in test administration). Also, comparing the scores of a 10-year-old student from Nigeria with those of a college-educated, 50-year-old CEO of a Fortune 500 company would not be valid (different norms based on age, culture, education, experience, etc.).

PTS: 1

3. Discuss the DSM classification system. What new information is included in the DSM-5?

ANS:

The Diagnostic and Statistical Manual of Mental Disorders is the dominant classification system for abnormal behavior in the United States and in some other countries. It guides the clinician in diagnosing an individual and acquiring related useful information. The DSM’s classification scheme, developed by Emil Kraepelin, has traditionally been a categorical system. This approach however, does not account for the many disorders, such as depression and anxiety, which have overlapping symptoms and cannot be distinguished from one another in terms of etiology or laboratory findings. The most recent edition of the DSM (DSM-5), scheduled for final publication in 2013, provides distinct categories, indicators, and nomenclature for different patterns of behavior, thought processes, and emotional disturbances. The DSM-5 also introduces a dimensional approach to diagnosis and it acknowledges that most disorders involve a continuum of symptom severity. This dimensional approach to diagnosis allows for a more enriched understanding of abnormal behavior than with the categorical diagnostic system alone. In response to the dissatisfaction of the traditional categorical model of the DSM, the DSM-5 was developed as a dimensional systems approach in which most disorders are seen to lie on a continuum with “normality” appearing at one of the continuum. This perspective conceptualizes disorders and symptoms in varying degrees. Dimensional ratings such as “none,” “slight,” “mild,” “moderate,” or “severe” enable clinicians to rate the degree of symptom severity. Additionally, dimensional ratings in the DSM-5 are also reflected in the development of a new category, “risk syndromes,” which represent milder forms of well-established disorders, such as attenuated psychosis syndrome. Although the DSM-5 has received criticism, it does provide clear diagnostic guidelines that incorporate both categorical and dimensional measures. The intention for the move towards dimensional ratings and inclusion of milder forms of disorders in the DSM-5 is to improve reliability, validity, and clinical utility of the DSM. The DSM-5 continues to emphasize
cross-cultural assessment as the previous DSM-IV-TR edition did. It has an introductory section that places diagnosis within a cultural context. If culture, age, or gender have been shown to influence the behavioral features of a disorder, they are listed. It also contains an outline of syndromes that are unique to particular cultural groups. Finally, it offers guidelines for sensitively addressing the cultural backgrounds of clients.

PTS: 1
MULTIPLE CHOICE

1. What is the role of replication in psychological research?
   a. Replication assists psychologists in making accurate diagnoses.
   b. Replication assists psychologists in developing the most appropriate treatments for their clients.
   c. Replication increases the chances that consumers will understand psychological research.
   d. Replication reduces the chances that findings are due to experimenter bias, methodological flaws, or sampling errors.

   ANS: D   PTS: 1   REF: Introduction   OBJ: 1
   MSC: Factual

2. Wayne, a young adolescent male, has a history of sexual abuse from his childhood. How significant could we expect his signs and symptoms of trauma that characterize the majority of individuals with child abuse histories?
   a. It is likely that Wayne will have no signs or symptoms of abuse as a significant number of abused children are asymptomatic.
   b. It is likely that Wayne will have signs or symptoms of abuse as a significant number of abused children are symptomatic.
   c. Wayne should be assessed by a professional because only experts can reliably detect signs or symptoms of child abuse.
   d. It's hard to say because some children who have been abused have symptoms, while other children present with no symptoms of abuse.

   ANS: A   PTS: 1   REF: Introduction   OBJ: 1
   MSC: Applied

3. Your neighbor tells you, “I’m concerned about vaccinating my children. I understand that scientists have proved that childhood vaccines cause autism.” What response to your neighbor is most accurate?
   a. “Actually, no one has ever studied this thoroughly, so no one really knows.”
   b. “Not really; well-designed studies have been done, and the research does not support a link between vaccines and autism.”
   c. “Not exactly; it seems that autism is caused by an equation of environmental conditions, with childhood vaccines being one of the many variables involved.”
   d. “You are right; double-blind research has shown that autism is caused by vaccines.”

   ANS: B   PTS: 1   REF: Introduction   OBJ: 1
   MSC: Applied

4. What conclusion can be reached from research findings reported in the mass media as conclusive?
   a. Usually the findings from initial research are replicated.
   b. Newspapers often get the facts wrong.
   c. Initial findings reported by newspapers often are not replicated.
   d. Newspapers are the best sources of scientific information.

   ANS: C   PTS: 1   REF: Introduction   OBJ: 1
   MSC: Conceptual
5. A newspaper headline in 2004 might have read, "Antidepressants raise suicide risk in children and adolescents." What did subsequent news stories report?
   a. More research is needed to determine the link between antidepressants and an increase in suicide risk as only one study found this to be the case.
   b. It is just as likely that suicide risk is linked to antidepressant use as the other way around.
   c. The researchers who reported these results were found to have faked them.
   d. No action was taken by the FDA to address the link between antidepressants and the increase in suicide attempts.

   ANS: A  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Conceptual

6. “I never accept the results of one study as conclusive. Findings must be replicated. I look carefully at the methods used to produce conclusions. Because of my skeptical attitude, you can guess I am a ____.”
   a. philosopher  
   b. clinician  
   c. scientist  
   d. newspaper reporter

   ANS: C  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Conceptual

7. Emily came to see her advisor about doing a research study for her Ph.D. dissertation.
   “What are you going to investigate?” he asked.
   “I believe that drinking orange juice before an IQ test will raise a person's score,” she said. Emily's answer constitutes a(n) ____.
   a. idiographic orientation  
   b. hypothesis  
   c. operational definition  
   d. theory

   ANS: B  PTS: 1  REF: The Scientific Method in Clinical Research  OBJ: 1
   MSC: Applied

8. A coherent group of principles and hypotheses that explain some aspect of an area of study is a(n) ____.
   a. valid measure  
   b. theory  
   c. correlation  
   d. operational definition

   ANS: B  PTS: 1  REF: The Scientific Method in Clinical Research  OBJ: 1
   MSC: Factual

9. Cynthia wants to ensure that her research is consistent with the scientific method. Among the many characteristics of good research, she will need to be sure that ____.
   a. she listens to her own intuition  
   b. her participants are aware of what will be done to them  
   c. her study has the potential for self-correction  
   d. her data remain confidential

   ANS: C  PTS: 1  REF: The Scientific Method in Clinical Research  OBJ: 1
   MSC: Applied
10. Which of the following is a hallmark of the scientific method?
   a. systematic data collection for the testing of hypotheses
   b. maintaining the privacy of researchers' methods so that ideas are not stolen
   c. research conducted without the restrictions that hypotheses and theories put on our
      conception of phenomena
   d. rejection of the concept “self-correction”

   ANS: A  PTS: 1  REF: The Scientific Method in Clinical Research
   OBJ: 1  MSC: Factual

11. One psychologist says, “Depression stems from unconscious feelings of anger and abandonment that
    go back to childhood.” Another psychologist says, “Depression is caused by illogical thoughts and
    assumptions.” These differences of opinion ____.
   a. illustrate the difficulty of science being self-correcting when there are different theories
      involved
   b. suggest that psychology is not really a science
   c. indicate that hypotheses typically reflect the same theoretical position
   d. show that hypothesized reasons for one disorder can have different theories behind them

   ANS: D  PTS: 1  REF: The Scientific Method in Clinical Research
   OBJ: 1  MSC: Conceptual

12. Professor Pierrot told his class, “Clinical research must be replicable, relationships between variables
    must be clearly hypothesized and defined, and the measures used must be both reliable and valid.”
    What additional characteristic should the professor include in his instructions?
   a. Research data should be kept confidential, although conclusions should be shared with
      others.
   b. Base rate data must be acknowledged.
   c. The researcher's beliefs, attitudes, values, and emotions must guide the research.
   d. It's important to be able to revise data that are collected.

   ANS: B  PTS: 1  REF: The Scientific Method in Clinical Research
   OBJ: 1  MSC: Applied

13. Operational definitions are employed in order to ____.
   a. explain how hypotheses relate to larger theories
   b. state how one variable affects another variable
   c. explain how independent variables are manipulated by the experimenter
   d. clarify what the researcher means by a particular variable

   ANS: D  PTS: 1  REF: The Scientific Method in Clinical Research
   OBJ: 1  MSC: Factual

14. Which of the following is an example of an operational definition?
   a. Obesity is when a person is 20 percent over normal weight.
   b. Frustration is when a person becomes upset with life.
   c. A hypothesis is a conjecture about the relationship between variables.
   d. Anxiety is how you felt the first time you had to give a speech.

   ANS: A  PTS: 1  REF: The Scientific Method in Clinical Research
   OBJ: 1  MSC: Conceptual
15. A portion of a research report says, “Gifted children—those under 14 and with an IQ over 130—are more likely to be popular than less-gifted children. Furthermore, their popularity is related to stronger social skills, and this ability is evident with adults as well as with children.” What portion of the statement illustrates an operational definition?
   a. Gifted children are under 14 and score more than 130 on IQ tests.
   b. Gifted children are more likely to be popular.
   c. Gifted children's popularity is due to stronger social skills.
   d. Gifted children's social skills are evident with adults as well as with children.

   ANS: A   PTS: 1   REF: The Scientific Method in Clinical Research
   OBJ: 1   MSC: Conceptual

16. A research report includes this paragraph: “We hypothesized that anxiety disorders are more frequent in children whose parents are divorced. We looked at the frequency of anxiety problems in divorced and intact families, using court records to determine when the divorce took place.” What component of scientific research is missing in this paragraph?
   a. There is no operational definition of anxiety disorder.
   b. There is no reliable way of determining timing of divorce.
   c. There is no examination of base rates.
   d. There is no clearly stated hypothesis.

   ANS: A   PTS: 1   REF: The Scientific Method in Clinical Research
   OBJ: 1   MSC: Conceptual

17. Dr. Appel says, “Excessive alcohol consumption is when drinking interferes with social and occupational functioning.” But Dr. Baker says, “Excessive alcohol consumption is when a person's frequency and quantity of drinking is in the top 10 percent of all drinkers.” What the two doctors are disagreeing about is ____.  
   a. the need for a control group  
   b. an operational definition  
   c. the reliability of measurement  
   d. the base rate

   ANS: B   PTS: 1   REF: The Scientific Method in Clinical Research
   OBJ: 1   MSC: Applied

18. Dr. Gonzalez devised a new scale to measure depressive symptoms of Hispanic females. To be sure that his test is actually measuring depressive symptoms, he will have his test group respond to his new instrument and the Beck Depression Inventory, as well as completing a social desirability scale, which should be unrelated to depression. Dr. Gonzalez is ____.  
   a. checking the validity of his measure of depressive symptoms  
   b. checking the reliability of his measure of depressive symptoms  
   c. assessing the honesty of his participants  
   d. pursuing idiographic research

   ANS: A   PTS: 1   REF: The Scientific Method in Clinical Research
   OBJ: 1   MSC: Applied
19. A researcher finds that when people report their sexual activity on a mailed questionnaire, they indicate higher levels of bizarre fantasies than when they are questioned face to face. This indicates that these methods of measuring sexual activity ____.
   a. have high base rates  
   b. are high in validity  
   c. are negatively correlated  
   d. have low reliability
   ANS: D  PTS: 1  REF: The Scientific Method in Clinical Research
   OBJ: 1  MSC: Applied

20. By definition, reliable measures ____; valid measures ____.
   a. are manipulated by the experimenter; are not manipulated  
   b. measure what they are supposed to; are consistent  
   c. are consistent; measure what they are supposed to  
   d. are not manipulated by the experimenter; are manipulated
   ANS: C  PTS: 1  REF: The Scientific Method in Clinical Research
   OBJ: 1  MSC: Conceptual

21. For some strange reason, a music teacher gives students a vocabulary test before deciding what the right musical instrument is for each. The vocabulary test gives consistent results, but the students are rarely happy with the instrument they play. The problem is that the vocabulary test ____.
   a. is valid but not reliable  
   b. has excessive reliability  
   c. is neither reliable nor valid  
   d. is reliable but not valid
   ANS: D  PTS: 1  REF: The Scientific Method in Clinical Research
   OBJ: 1  MSC: Applied

22. Truddi has been studying the topic of repressed memories. She is likely to find that ____.
   a. experimental psychologists are much more likely than clinicians to believe in the validity of repressed memories  
   b. men are much more likely than women to believe in the validity of repressed memories  
   c. many clinicians believe that some therapeutic techniques can lead to false memories  
   d. cognitive psychologists are more likely than psychoanalytic psychologists to believe in the validity of repressed memories
   ANS: C  PTS: 1  REF: The Scientific Method in Clinical Research
   OBJ: 1  MSC: Applied

23. In order to compare how often some behavior or other phenomenon occurs in the population that is being studied, researchers examine ____.
   a. correlations  
   b. reliable measurements  
   c. operational definitions  
   d. base rates
   ANS: D  PTS: 1  REF: The Scientific Method in Clinical Research
   OBJ: 1  MSC: Factual
24. Alicia suspects that her estranged husband is sexually abusing their daughter Kimberly during custodial visits. She told her friend Heather that she became suspicious when she noticed Kimberly touching her sexual parts in bed on three separate occasions in the past week. Upon hearing that, Heather remarked, "Isn't it common for 4-year-old girls to touch themselves in that way out of general curiosity?" Heather's comment concerns which of the following?
   a. The base rate of the behavior
c. The incidence of the behavior
   b. The iatrogenic effect of the behavior
d. The penetrance of the behavior
ANS: A  PTS: 1  REF: The Scientific Method in Clinical Research
OBJ: 1  MSC: Applied

25. Base rates obtained from a normal control group in response to a psychotic-traits questionnaire suggested that ____.
   a. reports of bizarre thoughts provide strong evidence of psychotic disorders
   b. normal controls are more likely to report bizarre thoughts on a written questionnaire than are psychotic individuals
   c. base rates are less useful when comparing a normal group with a psychotic group than when comparing two normal groups
   d. reports of bizarre thoughts or being bothered by the feeling of being watched do not necessarily indicate the presence of a psychotic disorder
ANS: D  PTS: 1  REF: The Scientific Method in Clinical Research
OBJ: 1  MSC: Factual

26. A large school district introduces a new reading program into one-half of its first-grade classrooms. Three years later, the reading scores of the 10,000 children in the new program average 3 points higher on a 100-point test than the scores of the 10,000 children who did not get the program. Although 3 points is statistically significant, the problem with saying that the program was a great success is that ____.
   a. the samples are too small to assess clinical significance
   b. the reading test is probably not reliable
   c. three points on the reading score is probably not clinically significant
   d. there was no control group
ANS: C  PTS: 1  REF: The Scientific Method in Clinical Research
OBJ: 1  MSC: Applied

27. Which statement about clinical and statistical significance is accurate?
   a. It's more common for study findings to show clinical significance than statistical significance.
   b. Large samples can produce statistical significance without showing clinical significance.
   c. Statistical significance has greater practical value than clinical significance.
   d. If there is statistical significance, we can assume there is clinical significance.
ANS: B  PTS: 1  REF: The Scientific Method in Clinical Research
OBJ: 1  MSC: Factual

28. When is clinical significance most likely to be minimal while statistical significance is quite large?
   a. when the sample size is very large
c. when the base rate is very large
   b. when the sample size is very small
d. when the base rate is very small
ANS: A  PTS: 1  REF: The Scientific Method in Clinical Research
OBJ: 1  MSC: Conceptual
29. Dr. Kendall is treating a group of people diagnosed with anxiety disorders. At the completion of the treatment program, analyses indicate that the clients are showing statistically significant changes as a result of treatment. Many of the clients, however, still report feeling strong symptoms of anxiety. Which of the following statements is accurate?
   a. Dr. Kendall needs a new operational definition for anxiety.
   b. Although the treatment group showed statistically significant changes, the clinical significance of the results is questionable.
   c. A study is clinically significant if it is statistically significant.
   d. Dr. Kendall's treatment is successful because it has been shown to produce statistically significant changes.

   ANS: B       PTS: 1       REF: The Scientific Method in Clinical Research
   OBJ: 1       MSC: Applied

30. If the results of a study are due to factors other than those included in the research investigation, the study is said to have ____.
   a. poor reliability
   b. low statistical significance
   c. a low base rate
   d. poor internal validity

   ANS: D       PTS: 1       REF: The Scientific Method in Clinical Research
   OBJ: 1       MSC: Conceptual

31. A researcher believes that depressive symptoms will be reduced when family members give attention to competent behavior and express disinterest when depressive behavior is exhibited. In this example, attention is the ____ and depressive symptoms are the ____.
   a. confounding variable; manipulated variable
   b. dependent variable; independent variable
   c. independent variable; dependent variable
   d. experimental variable; control variable

   ANS: C       PTS: 1       REF: Experiments OBJ: 2
   MSC: Conceptual

32. The best way to test cause-and-effect relationships is with a(n) ____.
   a. case study
   b. placebo
   c. correlational study
   d. experiment

   ANS: D       PTS: 1       REF: Experiments OBJ: 2
   MSC: Factual

33. In an experiment, the ____ is as similar as possible to the experimental group except that it is not exposed to the independent variable.
   a. control group
   b. placebo group
   c. dependent variable group
   d. randomized group

   ANS: A       PTS: 1       REF: Experiments OBJ: 2
   MSC: Factual
34. In the Thom et al. (2000) study of the treatment of dental-phobic patients, if participants in the two experimental groups showed reduced anxiety from pretest to posttest, could the researchers conclude that the treatments were effective in reducing anxiety?
   a. Yes. Reduction in anxiety for the experimental groups would prove the effectiveness of the treatment.
   b. No. There are many possible reasons why patients would show reduced anxiety, so the only way to know if the cause was the treatments would be to use a control group that did not get a treatment.
   c. Yes, but only if one of the groups had a greater reduction in anxiety than the other.
   d. No. To conclude that the treatments were effective, they would need to see if the effects last for many years afterwards.

   ANS: B    PTS: 1    REF: Experiments    OBJ: 2

35. Dr. Malcolm is developing a new personality inventory. In his validation study, he ensures that his participants include individuals from every state, an equal number of men and women, individuals from all ethnic and racial backgrounds, and individuals from both rural and urban areas. Dr. Malcolm is trying to ensure that his study is ____.
   a. internally valid
   b. tightly controlled
   c. externally valid
   d. reliable

   ANS: C    PTS: 1    REF: Experiments    OBJ: 2

36. To study the effectiveness of a new anti-anxiety drug, researchers randomly assign equally anxious people to two groups, one getting Drug X and the other getting no drug. The researchers mistakenly conclude that Drug X works because people in the drug group show fewer signs of anxiety than the others. What is the mistake?
   a. They never introduced an independent variable.
   b. They did not create a placebo control group.
   c. They never did a pretest of anxiety symptoms.
   d. They did not operationally define what the experimental group was.

   ANS: B    PTS: 1    REF: Experiments    OBJ: 2

37. In a study of the effectiveness of cognitive therapy on anxiety, fifty anxious patients are divided into two groups. One group gets cognitive therapy, the other a fake kind of therapy that should have no benefit. However, the patients can tell that the second form of treatment is a fake. The study is weak because ____.
   a. its placebo condition did not control for expectancy effects
   b. it did not include an independent variable
   c. it confuses experimental designs with correlational designs
   d. it did not have a placebo condition

   ANS: A    PTS: 1    REF: Experiments    OBJ: 2
38. Rosie participated in a study assessing the effectiveness of a drug to treat osteoporosis. Throughout the study, neither Rosie nor the person administering the dosage knew whether she was getting the real medication or a placebo. Rosie was participating in a _____.
   a. blind design study 
   b. correlational study 
   c. field study 
   d. double-blind design study

ANS: D  PTS: 1  REF: Experiments OBJ: 2
MSC: Applied

39. A dilemma of experimental research is that research designs that produce high internal validity may have problems with _____.
   a. random variables 
   b. external validity 
   c. confounding variables 
   d. reliability

ANS: B  PTS: 1  REF: Experiments OBJ: 2
MSC: Factual

40. Which of the following is not a characteristic of correlational studies?
   a. They help researchers understand cause and effect.
   b. They indicate the strength of a relationship between variables.
   c. When two variables are highly related, knowledge about one variable can be used to make predictions about the other variable.
   d. They are helpful in generating hypotheses for experimental research.

ANS: A  PTS: 1  REF: Correlation OBJ: 3
MSC: Conceptual

41. Suppose the results of a correlational study examining the association between poverty and psychotic behavior show a correlation coefficient of \( r = 0.80 \). One possible interpretation of the results is that poverty causes psychotic behavior. Another possibility is that ____.
   a. the study was actually an experiment.
   b. a third variable causes both poverty and psychotic behavior.
   c. poverty and psychotic behavior are unrelated.
   d. the correlation is actually negative.

ANS: B  PTS: 1  REF: Correlation OBJ: 3
MSC: Conceptual

42. Instead of manipulating variables, the researcher measures the extent to which changes in one variable are accompanied by changes in a second variable. What type of study is this?
   a. analogue 
   b. experimental 
   c. epidemiological 
   d. correlational

ANS: D  PTS: 1  REF: Correlation OBJ: 3
MSC: Factual
43. A researcher believes that the higher a person's creativity, the greater the person's likelihood of showing mood swings. Research to test this idea ____.
   a. could use the correlational method
   b. would require an experimental design
   c. could not have a nomothetic orientation
   d. would require a double-blind design

ANS: A  PTS: 1  REF: Correlation  OBJ: 3  MSC: Conceptual

44. Suppose the only thing you know about a research study is that its statistical result is \( r = -0.74 \). What could you deduce?
   a. It was an experiment in which the independent variable had an effect.
   b. It is not only statistically significant but also clinically significant.
   c. It was a correlational study where scores on one variable decreased as scores on the other increased.
   d. It was a correlational study where no relationship was found between the first variable and the second.

ANS: C  PTS: 1  REF: Correlation  OBJ: 3  MSC: Conceptual

45. Which of the following is the strongest correlation?
   a. \(-0.22\)  c. \(+0.76\)
   b. \(0\)  d. \(-1.00\)

ANS: D  PTS: 1  REF: Correlation  OBJ: 3  MSC: Factual

46. Which of the following statements is accurate about correlational studies?
   a. They are very limited in the number of variables that can be evaluated at one time.
   b. They allow us to evaluate variables that would be unethical to manipulate in other types of research.
   c. They give us clear information about the direction of causality.
   d. They can tell us about cause and effect.

ANS: B  PTS: 1  REF: Correlation  OBJ: 3  MSC: Conceptual

47. A researcher studies a group of elderly people and finds that, as a group, the better their memory performance, the lower their anxiety level. What can be said about this research?
   a. It was a correlational study.
   b. The results show that memory loss causes anxiety.
   c. It was an experiment.
   d. The results show a perfect positive correlation.

ANS: A  PTS: 1  REF: Correlation  OBJ: 3  MSC: Conceptual
48. What type of study would yield information on whether or not persons who were abused as children develop mental disorders in adulthood?
   a. meta-analysis          c. case study
   b. experiment             d. correlational

ANS: D    PTS: 1    REF: Correlation    OBJ: 3
MSC: Conceptual

49. Results of a study show a significant positive correlation between scores on the Dissociative Experiences Scale and a questionnaire on child abuse. The researchers conclude that this supports "the view that dissociation represents a reaction to early negative experience." What is one problem with this conclusion?
   a. It suggests that the Dissociative Experiences Scale is valid.
   b. It assumes there is a negative correlation when there was actually a positive correlation.
   c. It suggests that child abuse is the same thing as dissociation.
   d. It assumes there is a cause-and-effect relationship.

ANS: D    PTS: 1    REF: Correlation    OBJ: 3
MSC: Conceptual

50. The 2007 Parents Television Council Study reported that people who watch more than three hours of television a day during the family hours time slot were much more likely to commit violent acts than people who watched less than one hour of television a day. What can be said about this research?
   a. It proves that watching television leads to violence.
   b. It proves that watching a lot of violence on television leads to committing acts of violence.
   c. It suggests that there is an association between watching violence on television and committing acts of violence.
   d. It suggests that there is little, if any, association between watching television and committing acts of violence.

ANS: C    PTS: 1    REF: Correlation    OBJ: 3
MSC: Conceptual

51. One thing that's true about correlational studies is that they ____.
   a. identify third variables that account for associations among variables
   b. tell us the direction of causality between two variables
   c. can indicate the degree to which two variables are related
   d. are not dependent on the validity of research instruments

ANS: C    PTS: 1    REF: Correlation    OBJ: 3
MSC: Factual

52. Which of the following is an example of analogue research?
   a. studying the effects of alcohol ingestion on pregnant rats in order to obtain further evidence to prevent fetal alcohol syndrome in human children
   b. studying the effects of RET therapy on a population of depressed individuals
   c. studying the effects of an art class on a group of heterogeneous school children in order to determine factors that enhance creativity
   d. studying the effects of antipsychotic drugs on people diagnosed with schizophrenia

ANS: A    PTS: 1    REF: Analogue Studies
OBJ: 4    MSC: Conceptual
53. Often, when new drugs are developed, their effects are first tested on animals rather than on humans. The use of animals as substitutes for humans in research is often referred to as ____.
   a. descriptive research
   b. substitution research
   c. quasi-experimental research
   d. analogue research

   ANS: D  PTS: 1  REF: Analogue Studies
   OBJ: 4  MSC: Conceptual

54. Analogue studies are used when researchers ____.
   a. are unable to use an experimental design
   b. are able to use only a single subject who must act as his or her own control
   c. are unable to recruit a sufficient number of human participants
   d. cannot practically or ethically observe behaviors as they occur in real life

   ANS: D  PTS: 1  REF: Analogue Studies
   OBJ: 4  MSC: Factual

55. To assess whether sexual sadism is influenced by watching sexually violent films, “normal” male participants are exposed to either violent or nonviolent sexual programs and are then asked to complete a questionnaire assessing their attitudes toward women and their likelihood of engaging in violent behaviors with women. This kind of research is called a(n) ____.
   a. analogue study
   b. correlational study
   c. epidemiological study
   d. single-subject design

   ANS: A  PTS: 1  REF: Analogue Studies
   OBJ: 4  MSC: Factual

56. When researchers feel that an analogue study is too contrived to represent what goes on in real life accurately, they are likely to resort to what type of study instead?
   a. case study
   b. historical study
   c. field study
   d. correlational study

   ANS: C  PTS: 1  REF: Field Studies
   OBJ: 5  MSC: Factual

57. Contrived situations are to ____ studies as naturalistic observations are to ____ studies.
   a. field; correlational
   b. correlational; experimental
   c. field; epidemiological
   d. analogue; field

   ANS: D  PTS: 1  REF: Analogue/Field Studies
   OBJ: 4-5  MSC: Conceptual

58. What is a serious drawback to using analogue studies?
   a. They require larger samples than do other types of experimental studies.
   b. Although the research offers high levels of control, the findings may not apply to anyone outside the sample studied.
   c. Although the external validity of such research is strong, internal validity is usually weak.
   d. It is difficult to gain the statistical significance needed for such studies to provide meaningful results.

   ANS: B  PTS: 1  REF: Analogue/Field Studies
   OBJ: 4-5  MSC: Conceptual
59. The primary method for gathering data in a field study is ____.
a. through the use of questionnaires
b. by interviewing participants
c. by analyzing archival data
d. through observation in the natural environment

ANS: D  PTS:  1  REF:  Field Studies
OBJ:  5  MSC:  Factual

60. To better understand bulimia among college students, a researcher lives in a female freshman dorm for the fall semester to observe and interview students about their stresses, attitudes, and eating behaviors. This is an example of what type of study?
a. analogue  c. experimental
b. field  d. case

ANS: B  PTS:  1  REF:  Field Studies
OBJ:  5  MSC:  Conceptual

61. To better understand bulimia among college students, a researcher lives in a female freshman dorm for the fall semester to observe and interview students about their stresses, attitudes, and eating behaviors. A limitation of this field study is ____.
a. that it is too tightly controlled.
b. the fact that it is actually a longitudinal study
c. the possibility that the researcher's presence influenced behavior
d. that it will have little external validity

ANS: C  PTS:  1  REF:  Field Studies
OBJ:  5  MSC:  Conceptual

62. “There are many assets to using a field study,” said the graduate student. “First, you're dealing with correlation, so you can draw conclusions about the direction of causality. Second, you have a high degree of control over confounding variables. Third, because you're dealing with a contrived situation, you're bound to have poor external validity. And fourth, your presence might influence the subjects' behavior.” Which part of the graduate student's thinking was accurate?
a. that because it's a correlational study, one can draw conclusions about causality
b. that this type of study affords a high degree of control over confounding variables
c. that because this type of study is contrived, it will result in poor external validity
d. that the experimenters' presence can influence the subjects' behavior

ANS: D  PTS:  1  REF:  Field Studies
OBJ:  5  MSC:  Applied

63. Which of the following best illustrates a field study?
a. Caregivers of people with heart conditions are observed and interviewed at home.
b. Mice are observed before and after they are deprived of sleep.
c. A group of people are tested for intelligence when they are 20, 30, and 40 years old.
d. The brain wave patterns of autistic children are compared with those of nonautistic children.

ANS: A  PTS:  1  REF:  Field Studies
OBJ:  5  MSC:  Conceptual
64. Experiments with large groups of subjects reflect the ____, whereas single-subject studies reflect the ____.
   a. idiographic orientation; longitudinal orientation
   b. scientific method; armchair approach
   c. cross-cultural approach; nomothetic orientation
   d. nomothetic orientation; idiographic orientation

   ANS: D  PTS: 1  REF: Single-Participant Studies
   OBJ: 6  MSC: Factual

65. Idiographic research is most effective ____.
   a. in laboratory studies with nonhuman subjects
   b. at showing clear cause-and-effect relationships
   c. in applied clinical work
   d. when large numbers of participants are used

   ANS: C  PTS: 1  REF: Single-Participant Studies
   OBJ: 6  MSC: Factual

66. Dr. Quillen treats a chronic smoker by first recording the number of cigarettes smoked daily, then offering monetary rewards for each day that one fewer cigarette is smoked. Because the client's own behavior serves as a control, this kind of study is called a(n) ____.
   a. analogue study
   b. single-participant experiment
   c. correlational study
   d. case study

   ANS: B  PTS: 1  REF: Single-Participant Studies
   OBJ: 6  MSC: Applied

67. The case study and the single-participant experiment are two examples of ____.
   a. epidemiological research
   b. experimental studies
   c. the nomothetic-orientation approach
   d. the idiographic-orientation approach

   ANS: D  PTS: 1  REF: Single-Participant Studies
   OBJ: 6  MSC: Factual

68. Dr. Cummins publishes an article describing a man who abused alcohol for 25 years before becoming abstinent after having a religious conversion experience. This article illustrates a ____.
   a. nomothetic study
   b. field study
   c. case study
   d. single-participant experiment

   ANS: C  PTS: 1  REF: Single-Participant Studies
   OBJ: 6  MSC: Applied

69. Which type of study is especially valuable for studying rare phenomena and for evaluating the course of a disorder and its treatment?
   a. field
   b. case
   c. nomothetic
   d. correlational

   ANS: B  PTS: 1  REF: Single-Participant Studies
   OBJ: 6  MSC: Factual
70. In an attempt to determine the effectiveness of a training program for children with Asperger’s syndrome, Bock (2007) used which idiographic approach?
   a. single-participant experiment  
   b. multiple-baseline study  
   c. case study  
   d. correlational study
   ANS: B  PTS: 1  REF: Single-Participant Studies
   OBJ: 6  MSC: Factual

71. Unlike the case study, the single-participant experiment ____.
   a. cannot determine cause-and-effect relationships  
   b. is based on the nomothetic research orientation  
   c. is better able to assess cause-and-effect relationships  
   d. is a correlational design
   ANS: C  PTS: 1  REF: Single-Participant Studies
   OBJ: 6  MSC: Conceptual

72. A particular concern about the usefulness of single-subject designs is ____.
   a. researcher bias  
   b. whether they provide information about cause and effect  
   c. their internal validity  
   d. their external validity
   ANS: D  PTS: 1  REF: Single-Participant Studies
   OBJ: 6  MSC: Factual

73. Kira is involved in a research study consisting of four phases. First, her behavior is monitored under baseline conditions. Then her mother gives her rewards for specific behaviors. In the third stage, she goes back to baseline, and in the fourth, her mother again rewards her. What kind of research is this?
   a. a single-participant experiment  
   b. longitudinal  
   c. correlational  
   d. a field study
   ANS: A  PTS: 1  REF: Single-Participant Studies
   OBJ: 6  MSC: Applied

74. In a genetic linkage study, which of the following information would be important?
   a. whether behavior changes when individuals are exposed to a particular chemical or diet  
   b. whether the experimenter knows who is in the experimental group  
   c. the nationwide prevalence of the disorder under study  
   d. identifying family members who have the same disorder as the proband
   ANS: D  PTS: 1  REF: Biological Research Strategies
   OBJ: 7  MSC: Factual

75. Martin and Matthew are identical twins. Matthew has obsessive-compulsive disorder, but Martin does not. In a biological research study, who would be the proband?
   a. Martin  
   b. Matthew  
   c. Martin and Matthew's mother  
   d. Martin and Matthew's older sister
   ANS: B  PTS: 1  REF: Biological Research Strategies
   OBJ: 7  MSC: Applied
76. A researcher has identified seventy individuals with a relatively rare psychological disorder. These individuals are asked to identify blood relatives, who are contacted by the researcher to see if they have the same disorder. What kind of research study is being performed?

a. an epidemiological survey  
   b. a genetic linkage study  
   c. a historical study  
   d. a correlational case study  

ANS: B  
PTS: 1  
REF: Biological Research Strategies  
OBJ: 7  
MSC: Conceptual

77. A source of error that is of particular concern for researchers studying genetically linked disorders is ____.

a. the difficulty involved in finding probands  
   b. the difficulty of getting family members of probands to participate in the research  
   c. accurate reporting of whether people related to the probands are sick or well  
   d. getting funding to carry out the research  

ANS: C  
PTS: 1  
REF: Biological Research Strategies  
OBJ: 7  
MSC: Factual

78. Carmen has been diagnosed with major depression. Her twin sister Consuelo does not have the disorder. When asked if their parents suffer from major depression, researchers are likely to reduce bias in reporting by ____.

a. interviewing the twins together at the same time  
   b. interviewing each twin at least twice and at different points of time  
   c. refraining from contacting their parents  
   d. refraining from administering a psychological assessment  

ANS: B  
PTS: 1  
REF: Biological Research Strategies  
OBJ: 7  
MSC: Applied

79. Measurable heritable characteristics like brain abnormalities, attention processing deficits, or eye movements that give clues about specific genes involved in psychological disorders are called ____.

a. endophenotypes  
   b. iatrogenic effects  
   c. base rates for a behavior  
   d. genetic linkages  

ANS: A  
PTS: 1  
REF: Biological Research Strategies  
OBJ: 7  
MSC: Factual

80. A characteristic of all endophenotypes is that they are ____.

a. associated with a person's physical environment  
   b. inheritable  
   c. manifest only in an individual who has the disorder  
   d. detectable on brain scans  

ANS: B  
PTS: 1  
REF: Biological Research Strategies  
OBJ: 7  
MSC: Factual
81. Mrs. Yarnell was given large doses of antipsychotic medications that had side effects including twitches and dizziness. These side effects were misinterpreted as additional psychopathology. Such a mistaken diagnosis illustrates ____.
   a. the value of single-subject experiments
   b. a negative effect of experimentation on humans
   c. the power of endophenotypes
   d. an iatrogenic condition
   ANS: D   PTS: 1   REF: Biological Research Strategies
   OBJ: 7   MSC: Applied

82. People with schizophrenia who are given large doses of certain medications begin to smack their lips and grimace. They look as though they are getting worse instead of better. The fact that treatment leads to these additional symptoms illustrates ____.
   a. that the medication is pathognomonic for schizophrenia
   b. iatrogenic effects
   c. analogue effects
   d. the need for double-blind research designs
   ANS: B   PTS: 1   REF: Biological Research Strategies
   OBJ: 7   MSC: Conceptual

83. Conclusions of the research conducted by Moos (2005) and Bootzin and Bailey (2005) suggests that ____.
   a. some group-based prevention and treatment programs have resulted in increases in substance use and delinquent behaviors instead of decreases in these behaviors
   b. all group-based prevention and treatment programs yield similar results in drug taking and delinquent behaviors
   c. iatrogenic effects are the intended effects of therapy
   d. memories are usually less accurate in depressed individuals
   ANS: A   PTS: 1   REF: Biological Research Strategies
   OBJ: 7   MSC: Factual

84. The degree to which a genetic characteristic is manifested by individuals carrying a specific gene is called ____.
   a. concordance
   b. discordance
   c. penetrance
   d. genetic linkage
   ANS: C   PTS: 1   REF: Biological Research Strategies
   OBJ: 7   MSC: Factual

85. In biological research, ____ are conducted to determine if a specific substance has an effect on an individual’s behavior.
   a. iatrogenic effect tests
   b. animal model studies
   c. longitudinal research studies
   d. biological challenge tests
   ANS: D   PTS: 1   REF: Biological Research Strategies
   OBJ: 7   MSC: Factual
86. A study of childhood depression examines 6-year-olds for symptoms of depression, then reassesses these individuals when they are 8 and 12 years old. What kind of research is this?
   a. historical  
   b. longitudinal  
   c. epidemiological  
   d. case study

   ANS: B  PTS: 1  REF: Epidemiological and Other Forms of Research  
   OBJ: 8  MSC: Conceptual

87. A researcher interested in sex differences in the diagnosis of childhood disorders reviews teachers' comments on report cards issued to boys and girls during the 1930s and compares them with teachers' comments on report cards during the 1980s. This study illustrates ____.
   a. historical research  
   b. survey research  
   c. program evaluation  
   d. longitudinal research

   ANS: A  PTS: 1  REF: Epidemiological and Other Forms of Research  
   OBJ: 8  MSC: Applied

88. Fifty survivors of an airplane crash are given questionnaires to fill out two weeks, six weeks, and thirty weeks after the crash. This study combines what types of research?
   a. longitudinal and historical  
   b. case study and analogue  
   c. single-subject experiment and survey  
   d. longitudinal and survey

   ANS: D  PTS: 1  REF: Epidemiological and Other Forms of Research  
   OBJ: 8  MSC: Applied

89. The town of Mayberry wants to know if a new suicide prevention telephone line has reduced the number of suicides in town. What kind of research should the town do to find out?
   a. case study  
   b. analogue research  
   c. program evaluation  
   d. historical research

   ANS: C  PTS: 1  REF: Epidemiological and Other Forms of Research  
   OBJ: 8  MSC: Applied

90. Dr. Richards focuses her research on how and why treatment is effective. She is conducting what type of study?
   a. historical  
   b. program evaluation  
   c. treatment outcome  
   d. treatment process

   ANS: D  PTS: 1  REF: Epidemiological and Other Forms of Research  
   OBJ: 8  MSC: Applied

91. Research that examines the rate and distribution of mental disorders in the population is called ____.
   a. historical research  
   b. epidemiological research  
   c. nomothetic research  
   d. analogue research

   ANS: B  PTS: 1  REF: Epidemiological and Other Forms of Research  
   OBJ: 8  MSC: Factual
92. Dr. Chin told his students, “Incidence rates tell us the percentage of individuals in a targeted population who have a particular disorder during a specified period of time, while prevalence rates describe the number of new cases within a specified period. Shorter periods of time generally reveal higher prevalence rates. Moreover, incidence rates are likely to be lower than prevalence rates.” Which part of Dr. Chin’s statement is accurate?
   a. Incidence rates tell us the percentage of individuals in a targeted population who have a particular disorder during a specific period of time.
   b. Prevalence rates describe the number of new cases within a specified period.
   c. Shorter periods of time generally reveal higher prevalence rates.
   d. Incidence rates are likely to be lower than prevalence rates.
   
   ANS: D  PTS: 1  REF: Epidemiological and Other Forms of Research
   OBJ: 8  MSC: Applied

93. Prevalence is to ____ as incidence is to ____.
   a. uncovered; hidden
   b. many; few
   c. rare; common
   d. total number; new cases
   
   ANS: D  PTS: 1  REF: Epidemiological and Other Forms of Research
   OBJ: 8  MSC: Conceptual

94. A school psychologist was concerned with the number of children being diagnosed with attention-deficit hyperactivity disorder (ADHD). If she were interested in learning how many new cases of ADHD had been diagnosed within the last two years, she would look at ____.
   a. concordance rates
   b. incidence rates
   c. sampling rates
   d. prevalence rates
   
   ANS: B  PTS: 1  REF: Epidemiological and Other Forms of Research
   OBJ: 8  MSC: Applied

95. In addition to describing the distribution of disorders in populations, epidemiological research is also important for ____.
   a. analyzing the possible causal factors that contribute to disorders
   b. describing treatment effectiveness for disorders
   c. protecting the rights of research participants
   d. encouraging the development of new treatments for disorders
   
   ANS: A  PTS: 1  REF: Epidemiological and Other Forms of Research
   OBJ: 8  MSC: Factual

96. Which statement concerning twin studies is accurate?
   a. The value of twin studies involves the ability to determine incidence rates in the greater population.
   b. The value of twin studies involves the ability to account for the placebo effect.
   c. The value of twin studies involves the ability to detect deception in responding.
   d. The value of twin studies involves the ability to evaluate the influence of heredity and environment.
   
   ANS: D  PTS: 1  REF: Epidemiological and Other Forms of Research
   OBJ: 8  MSC: Factual
97. Dr. Barnes says this about The Human Genome Project: “The Human Genome Project is a modest project that involves the deciphering, mapping, and identifying DNA sequencing patterns and variations in approximately 500 genes in human DNA. Scientist hope to determining the “message” contained in the DNA patterns that may contribute to human attributes and diseases. Such research diffuses ethical, legal, and social concerns.” Which portion of Dr. Barnes's statement is accurate?
   a. It is accurate to say that the Human Genome Project is a modest project.
   b. It is accurate to say that the Human Genome Project involves the mapping and DNA sequencing patterns and variations in approximately 500 genes in human DNA.
   c. It is accurate to say that the Human Genome Project diffuses ethical, legal, and social concerns.
   d. It is accurate to say that scientist hope to determining the “message” contained in the DNA patterns that may contribute to human attributes and diseases.

ANS: D  PTS: 1  REF: Epidemiological and Other Forms of Research
OBJ: 8  MSC: Applied

98. Investigators using research designs involving components such as placebo trial and random assignment must consider ____.
   a. the possible risks to participants involved
   b. the effect of making the data obtained from participants public
   c. using research assistants of the same ethnic group as the population they are researching
   d. frequently using deception because faking is very common

ANS: A  PTS: 1  REF: Epidemiological and Other Forms of Research
OBJ: 8  MSC: Factual

99. Research designs involving random assignment allows an investigator to ____.
   a. have confidence that differences found in the study are due to differences in treatment
   b. have confidence that differences found in the study are due to differences in the individual characteristics of member of each research group
   c. have confidence that differences found in the study are due to the impact of sociopolitical factors
   d. have confidence that differences found in the study are due to cultural dimension that affect participants’ perceptions

ANS: A  PTS: 1  REF: Epidemiological and Other Forms of Research
OBJ: 8  MSC: Factual

100. Investigators using research designs involving a placebo group allows the investigator to ____.
    a. compare effects from factors such as expectations and attention with the effects of the medication or other treatment
    b. determine whether pain is inflicted on research participants
    c. determine the value of the research design
    d. consider the degree of relationship between two variables

ANS: A  PTS: 1  REF: Epidemiological and Other Forms of Research
OBJ: 8  MSC: Factual
1. Suppose you are interested in the relationship between stress and overeating. Describe two research studies on the topic, one a laboratory experiment and the other a correlational study. Provide operational definitions of stress and overeating. Discuss the strengths and weaknesses of each form of research.

ANS:

In an experiment, the researcher manipulates the independent variable and randomly assigns subjects to at least two groups: one where the independent variable is present and one (the control group) where it is not. The independent variable in the proposed study is stress. This could be operationally defined as requiring participants to solve an insolvable problem in a specific amount of time. In a hypothetical experiment, one-half of the participants would be given a problem that has no solution (the experimental group), and the other half (control group) would receive a problem that can be easily solved. Both groups would have the same amount of time to "solve" their problems. Participants would be allowed to eat as much of some snack foods that were made available as they wished, so the dependent variable of overeating would be defined in terms of caloric intake of the snack foods provided. Average differences in the amounts eaten by experimental and control subjects would then be calculated.

In a correlational study, subjects might be asked to list all of the stressful events that had occurred in their lives over the past thirty days. Each person would also be asked how much he or she ate in the past 24 hours (another definition of eating). If reported eating increased as reported stress increased, we could assume a positive correlation between the two variables.

The experiment would allow inferences about cause and effect (stress caused eating), but the correlational study would not allow such inferences since eating might induce stress or both eating and stress might be influenced by a third variable. The experiment's weakness would be the artificiality of the situation, reducing our confidence in generalizing results to the "real world." The weakness of the correlation is not only the inability to make causal inferences but also inaccuracies that come from self-reports.

PTS: 1

2. What are some of the ways that psychologists attempt to understand human thoughts, feelings, and behaviors? Describe some of the obstacles psychologists encounter as well as ways they attempt to overcome these obstacles.

ANS:

Psychologists use the scientific method in their approach to understanding human cognitive, affective, and behavioral processes. Research must have the potential for self-correction, clear hypotheses about the relationships among variables studied, use of clear operational definitions of variables being studied, reliability and validity of instruments used to measure the variables being studied, and an acknowledgment of base rates.
Among the many research designs used by psychologists are experiments; correlational studies; analogue, field, and single-participant studies; biological research strategies; and epidemiological research. The experiment is the only way to determine a cause-and-effect relationship between any given event and a particular behavior. Among the obstacles encountered in using experiments is the ability to control potentially confounding variables (i.e., extraneous factors other than those being studied that may affect the outcome of the experiment). One way to overcome this is to conduct research in a laboratory; however, that creates a problem of generalizability, or external validity—that the findings from the laboratory may not be applicable to the "real world." Control groups (research participants who are similar to participants in the experimental group in all ways except for the manipulation of the independent variable) would be used to eliminate the question of whether a positive outcome resulted from the intervention itself or from other intervening variables (such as passage of time or the placebo effect). Placebo groups (who are told they are receiving a treatment that will have a particular effect) may be used to overcome concerns that the experimental group improved due to expectancy effects—i.e., believing the treatment they are getting will have an effect. Expectancy effects are also reduced through blind studies in which the participants are not aware of the experimental conditions, or a double-blind study in which individuals working directly with the participants are also unaware of the experimental conditions.

It is not always ethical or practical to conduct research with humans. One way around this is by using correlational studies to look at the extent to which one variable increases or decreases in relation to other variables. A major drawback of correlational studies is that they cannot tell us anything about cause and effect, merely the strength of the relationship between variables. Analogue studies are another strategy for dealing with ethical or practical limitations of experiments. Under controlled conditions, these studies try to simulate real life, using rats, students, or other convenient participants in place of the actual population to which an intervention would be applied. To overcome the problems that analogue studies may present by being contrived rather than applied to real life situations, highly trained researchers sometimes use field studies in which behaviors and events are observed and recorded in a natural environment. However, limitations include difficulty determining causality, an overwhelming number of uncontrollable variables, and the potential for the observed behavior to be influenced by the presence of the researchers. Case studies and single-participant experiments are used to examine rare or unusual phenomena or to test specific treatments, but findings from these studies are not generalizable to larger populations. However, the findings can generate useful hypotheses to be tested on larger groups. Genetic linkage studies look for genetic patterns, but are limited by changing diagnostic criteria and accuracy of family reporting, which is often remedied by using multiple informants. Epidemiological research examines the rate and distribution of mental disorders in a population and can offer insight into what groups are at risk for certain disorders and what factors might influence the prevalence and incidence of particular disorders. Such large studies are expensive and apply to groups, not necessarily individuals.

PTS: 1
3. Discuss the different research strategies employed by investigators to gather information about disorders and their treatment.

ANS:
Experimental, correlational, or single-participant methods vary depending on the research strategy used. The different research strategies include: Survey, longitudinal, and historical research; twin studies, treatment outcome, treatment process, and program evaluation studies. Survey research allows for the collection of data from all or part of a population to assess the relative prevalence, distribution, and interrelationships of different phenomena. Longitudinal research examines behaviors over a long period of time. Historical research reconstructs the past by reviewing data from historical documents. Twin studies are generally used to evaluate the influence of heredity and environment. Treatment outcome studies help answer the question of whether treatment is effective. Treatment process studies focus on how or why treatment is effective. Program evaluation studies analyze the effectiveness of an intervention or prevention program. It is common for researchers to combine elements of different methods in their research, such as a treatment outcome study utilizing both surveys and longitudinal strategies to gather information.

These strategies are used to determine the extent of mental disturbance found in a targeted population and the factors that influence the rate of mental disturbance. Prevalence and incidence describe the rates of mental disturbance. Prevalence rate is the percentage of individuals in a targeted population who have a particular disorder during a specific period of time. Incidence rate is the number of new cases of a disorder that appear in an identified population within a specified time period.

PTS: 1
MULTIPLE CHOICE

1. Anxiety symptoms turn into an anxiety disorder when they _____.
   a. cause uneasiness
   b. cause apprehension
   c. no longer protect an individual from danger
   d. interfere with everyday functioning
   ANS: D  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Factual

2. Which anticipatory human emotion produces bodily reactions that prepare us for fight or flight in the face of danger?
   a. fear
   b. anger
   c. anxiety
   d. hatred
   ANS: C  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Factual

3. What is the typical age of onset for social phobias?
   a. childhood
   b. early adolescence
   c. middle adolescence
   d. early adulthood
   ANS: C  PTS: 1
   REF: Understanding Anxiety Disorders from a Multipath Perspective
   OBJ: 1  MSC: Factual

4. Holly describes herself this way: “I am always tense and worried. Sometimes I get so frightened, I feel like I'll die. I get terribly embarrassed by my behavior, but I can't control it. It is often so bad that it interferes with my work.” Holly is probably suffering from what type of disorder?
   a. anxiety disorder
   b. avoidance disorder
   c. malingering
   d. somatoform disorder
   ANS: A  PTS: 1
   REF: Understanding Anxiety Disorders from a Multipath Perspective
   OBJ: 1  MSC: Applied

5. Brain structure and genetic influences are the two main ____ factors affecting anxiety disorders.
   a. psychosomatic
   b. biological
   c. cognitive
   d. psychological
   ANS: B  PTS: 1
   REF: Understanding Anxiety Disorders from a Multipath Perspective
   OBJ: 1  MSC: Factual
6. Marilyn is undergoing a series of neuroimaging techniques to shed light on her anxiety disorder. The tests can determine ____.
   a. which parts of her brain are or are not activated when Marilyn is exposed to fearful stimuli
   b. specify which genes are involved in Marilyn’s anxiety disorder
   c. why her gender plays a role in the development of anxiety disorder
   d. why medication and psychotherapy has an effect on her brain.

   ANS: A    PTS: 1
   REF: Understanding Anxiety Disorders from a Multipath Perspective
   OBJ: 1    MSC: Applied

7. Which of the following is an anxiety disorder?
   a. somatiform disorder
   b. depression
   c. obsessive-compulsive disorder
   d. substance use disorder

   ANS: C    PTS: 1
   REF: Understanding Anxiety Disorders from a Multipath Perspective
   OBJ: 1    MSC: Factual

8. One thing that is true about anxiety disorders is that they ____.
   a. usually only occur before or during exposure to a feared stimulus
   b. are fairly common
   c. usually lead to development of panic disorder
   d. are generally more intense in generalized anxiety disorder than in panic disorder

   ANS: B    PTS: 1
   REF: Understanding Anxiety Disorders from a Multipath Perspective
   OBJ: 1    MSC: Conceptual

9. There are three kinds of panic attacks. They are ____.
   a. biogenic, psychogenic, and sociogenic
   b. interpersonal, environmental change, and intrapsychic
   c. situationally bound, situationally predisposed, and unexpected
   d. associated with objects, associated with other persons, and associated with fear of death

   ANS: C    PTS: 1
   OBJ: 3    MSC: Factual
   REF: Panic Disorder

10. Alma has recurrent terrifying episodes that last twenty minutes. Her heart beats so fast that she thinks she is having a heart attack, she sweats profusely, and she feels a sense of doom. For more than a month she has feared having another episode. An appropriate diagnosis is ____.
    a. panic disorder
    b. posttraumatic stress disorder
    c. agoraphobia
    d. generalized anxiety disorder

   ANS: A    PTS: 1
   OBJ: 3    MSC: Applied
   REF: Panic Disorder

11. Which childhood experience is commonly related to later development of panic disorder?
    a. physical abuse
    b. overindulgent mothers
    c. bedwetting
    d. separation anxiety

   ANS: D    PTS: 1
   OBJ: 3    MSC: Factual
   REF: Panic Disorder
12. The public health director of a southwestern American city has just presided over the opening of a new clinic to provide services for people with panic disorder. She knows from the research that the clinic will probably serve ____.
   a. mostly Mexican Americans, as they are at a much higher risk for it than other groups
   b. a large portion of the community, since the lifetime prevalence of panic disorder is roughly 12 percent
   c. twice as many women as men
   d. a population that is distinct because people with panic disorder tend not to present with other mental disorders
   ANS: C  PTS: 1  REF: Panic Disorder
   OBJ: 3  MSC: Applied

13. Which statement about the prevalence of panic attacks and panic disorder is accurate?
   a. Panic attacks are relatively common; panic disorder is relatively rare.
   b. Panic attacks are more common in women; panic disorder is more common in men.
   c. The lifetime prevalence of panic attacks is 3.5 percent, whereas the lifetime prevalence of panic disorder is 12 percent.
   d. Panic attacks lead to agoraphobia; panic disorder does not.
   ANS: A  PTS: 1  REF: Panic Disorder
   OBJ: 3  MSC: Conceptual

14. In medical settings worldwide, what is the most frequently diagnosed anxiety disorder?
   a. generalized anxiety disorder
   b. phobia
   c. agoraphobia
   d. panic disorder
   ANS: A  PTS: 1  REF: Generalized Anxiety Disorder
   OBJ: 4  MSC: Factual

15. Professor Lutz is conducting twin studies of generalized anxiety disorder (GAD). What is he most likely to find in terms of genetic influences for GAD?
   a. He is most likely to find a strong genetic influence.
   b. He is most likely to find a modest genetic influence.
   c. He is most likely to find an insignificant genetic influence.
   d. He is most likely to find no genetic influence.
   ANS: B  PTS: 1  REF: Generalized Anxiety Disorder
   OBJ: 4  MSC: Applied

16. John describes himself as feeling tense, nervous, and on edge. He is restless and has problems sleeping. He often experiences restlessness and muscle tension. He says that he seems to worry about everything, including finances, whether his family is eating a proper diet, his job performance, and whether people like him. What diagnosis would John most likely be given?
   a. panic disorder
   b. agoraphobia
   c. generalized anxiety disorder
   d. obsessive-compulsive disorder
   ANS: C  PTS: 1  REF: Generalized Anxiety Disorder
   OBJ: 4  MSC: Applied
17. Laurel has been diagnosed with generalized anxiety disorder. To meet the criteria for making this diagnosis, she must ____.
   a. have a specific situation that she fears and avoids
   b. fear leaving home
   c. have symptoms lasting three months or more
   d. have had four or more panic attacks in the past year

   ANS: C  PTS: 1  REF: Generalized Anxiety Disorder
   OBJ: 4  MSC: Applied

18. Dr. Nakamura thinks that his client might be suffering from generalized anxiety disorder. Which fact would rule out that diagnosis (make it impossible)?
   a. The client worries over both minor and major problems and constantly feels “on edge.”
   b. The client has experienced anxiety symptoms for about one month.
   c. The client reports that the anxiety has interfered with her life activities.
   d. The client's symptoms include physiological responses such as muscle tension.

   ANS: B  PTS: 1  REF: Generalized Anxiety Disorder
   OBJ: 4  MSC: Applied

19. The biological explanation for generalized anxiety disorder (GAD) suggests that ____.
   a. GAD involves a disruption of the prefrontal cortex’s ability to modulate the response of the amygdala to threatening situations
   b. genetic factors play a large role in the manifestation of GAD
   c. GAD involves under activity of the anxiety circuit in the brain
   d. the source of the anxiety is usually known to the person suffering from the disorder

   ANS: A  PTS: 1  REF: Generalized Anxiety Disorder
   OBJ: 4  MSC: Factual

20. More than two-thirds of people with general anxiety disorder have co-occurring disorders such as ____.
   a. depression
   b. schizophrenia
   c. Tourette’s disorder
   d. borderline personality disorder

   ANS: A  PTS: 1  REF: Generalized Anxiety Disorder
   OBJ: 4  MSC: Factual

21. Dr. Mahoney is a cognitive-behavioral therapist. When treating a client with panic disorder, she is most likely to focus on the client’s ____.
   a. thoughts before and during fearful episodes
   b. family history of panic disorder
   c. response to sodium lactate
   d. early childhood experiences with sexuality

   ANS: A  PTS: 1  REF: Panic Disorder
   OBJ: 3  MSC: Applied
22. Which explanation for panic disorder would *most likely* be offered by a cognitive-behavioral theorist?
   a. “A malfunction in the receptors monitoring oxygen in the blood causes the patient to feel that he or she is suffocating when, in fact, he or she isn’t.”
   b. “Abnormalities of benzodiazepine receptors in the brain cause a person to feel mounting anxiety that leads to a panic attack.”
   c. “When ego defenses have weakened because of overuse, forbidden sexual impulses threaten to break into consciousness, causing an attack.”
   d. “When small changes in the body are misinterpreted as dreadful events, these beliefs start a positive-feedback loop that brings on an attack.”
   ANS: D  PTS: 1  REF: Panic Disorder
   OBJ: 3  MSC: Conceptual

23. According to the cognitive-behavioral perspective, panic attacks are due to a feedback loop involving ____.
   a. bodily sensations and thoughts
   b. id impulses and ego defenses
   c. neurotransmitters and receptors
   d. the amygdala and the hippocampus
   ANS: A  PTS: 1  REF: Panic Disorder
   OBJ: 3  MSC: Factual

24. According to the model developed by Wells (2005), the roots of GAD lie in ____.
   a. beliefs regarding the function of the actual worrying itself
   b. beliefs that worry can provide effective ways to cope with aversive situations
   c. beliefs that worry can provide solutions to a client’s challenges
   d. ineffective methods for dealing with difficult situations
   ANS: A  PTS: 1  REF: Generalized Anxiety Disorder
   OBJ: 4  MSC: Factual

25. Which area of the brain alerts the other brain structures when a threat is present?
   a. the amygdala
   b. the hippocampus
   c. the prefrontal cortex
   d. the hypothalamus
   ANS: A  PTS: 1  REF: Understanding Anxiety Disorders from a Multipath Perspective
   OBJ: 1  MSC: Factual

26. Current research on the influence of genes on anxiety disorders suggests that ____.
   a. the disorders are present in people who inherit the serotonin transporter gene 5-HTTLPR
   b. the disorders are absent in people who inherit the serotonin transporter gene 5-HTTLPR
   c. while genes may predispose a person to develop an anxiety disorder, expression of the disorder depends on interactions between the allele and environmental influences
   d. little, if any, relationship has been found that links genes with the development of anxiety disorders
   ANS: C  PTS: 1  REF: Understanding Anxiety Disorders from a Multipath Perspective
   OBJ: 1  MSC: Factual
27. Research by Fox (2005) suggests that which child would be most likely to display behavioral inhibition (i.e., shyness)?
   a. a child who has a long allele 5-HTTLPR and whose parents provided low levels of social support
   b. a child who has a long allele 5-HTTLPR and whose parents provided excessive levels of social support
   c. a child who has a short allele 5-HTTLPR and whose parents provided low levels of social support
   d. a child who has a short allele 5-HTTLPR and whose parents provided excessive levels of social support
   ANS: C  PTS:  1  
   REF: Understanding Anxiety Disorders from a Multipath Perspective
   OBJ:  1  MSC: Factual

28. What role does inheritance play in the development of anxiety disorders?
   a. Inheritance plays only a very weak role.
   b. Inheritance plays a very strong role.
   c. Inheritance plays only a modest role.
   d. Although inheritance plays a role in developing anxiety disorders, it is much stronger in GAD than other anxiety disorders.
   ANS: C  PTS:  1  
   REF: Understanding Anxiety Disorders from a Multipath Perspective
   OBJ:  1  MSC: Factual

29. Which anxiety disorder is equally common in both men and women?
   a. phobias
   b. panic disorder
   c. obsessive-compulsive disorder (OCD)
   d. agoraphobia
   ANS: C  PTS:  1  
   REF: Obsessive-Compulsive and Related Disorders
   OBJ:  5  MSC: Factual

30. Which of the following is a cultural factor that contributes to anxiety disorders?
   a. early childhood experiences
   b. genetic predispositions
   c. cognitive distortions
   d. exposure to discrimination and prejudice
   ANS: D  PTS:  1  
   REF: Understanding Anxiety Disorders from a Multipath Perspective
   OBJ:  1  MSC: Factual

31. A strong, persistent, and unwarranted fear of some specific object or situation is referred to as ____.
   a. a phobia
   b. generalized anxiety
   c. agoraphobia
   d. panic disorder
   ANS: A  PTS:  1  
   REF: Phobias
   OBJ:  2  MSC: Factual
32. Tiffany is typical of many children who suffer from phobias. Karen is typical of adults with phobias. How aware would each of them be that their fears are excessive?
   a. Both would realize that their fears are excessive.
   b. Neither would realize that their fears are excessive.
   c. Tiffany, but not Karen, would realize that they are excessive.
   d. Karen, but not Tiffany, would realize that they are excessive.

   ANS: D  PTS: 1  REF: Phobias  OBJ: 2
   MSC: Applied

33. Dr. Fried believes that it is easier for humans to learn fears for which we are physiologically predisposed, such as fear of heights or snakes. She accepts which view of the development of fear reactions?
   a. overactivation of the amygdala
   b. preparedness
   c. psychodynamic
   d. disgust

   ANS: B  PTS: 1  REF: Phobias  OBJ: 2
   MSC: Applied

34. What is the first step in treating anxiety disorders?
   a. getting the client to relax
   b. teaching the client some simple cognitive strategies
   c. ruling out possible medical or physical causes
   d. explaining various perspectives about the disorders to the client

   ANS: C  PTS: 1  REF: Phobias  OBJ: 2
   MSC: Factual

35. Dr. Swensen says this about treating phobias: “Treatment should involve positive coping statements. It should also involve convincing clients to believe in the power of their medication, and relaxation skills. Psychodynamic approaches like this have higher success rates than treatments that rely on medication.” What portion of Dr. Swensen's statement is accurate?
   a. That treatment should involve positive coping statements
   b. That clients should become convinced in the power of medication
   c. That relaxation training is a psychodynamic approach
   d. That behavioral approaches have higher success rates than medication

   ANS: A  PTS: 1  REF: Phobias  OBJ: 2
   MSC: Applied

36. What is the only consistently validated treatment for GAD?
   a. medication
   b. psychoanalysis
   c. cognitive behavioral therapy
   d. behavioral therapy

   ANS: C  PTS: 1  REF: Generalized Anxiety Disorder  OBJ: 4
   MSC: Factual

37. There are three subcategories of phobias:
   a. cognitive, behavioral, and somatic.
   b. agoraphobic, panic, and social.
   c. general, specific, and situational.
   d. specific, social, and agoraphobic.

   ANS: D  PTS: 1  REF: Phobias  OBJ: 2
   MSC: Factual
38. Which of the following disorders is most common in the United States?
   a. posttraumatic stress disorder
c   c. generalized anxiety disorder
   b. phobias
d. obsessive-compulsive disorder

   ANS: B    PTS: 1    REF: Phobias    OBJ: 2
   MSC: Factual

39. Larry is so afraid of being alone in public places that he cannot bring himself to leave his house. The mere thought of leaving produces overwhelming panic. Larry probably suffers from ____.
   a. obsessive-compulsive disorder
c   c. social phobia
   b. generalized anxiety disorder
d. agoraphobia

   ANS: D    PTS: 1    REF: Phobias    OBJ: 2
   MSC: Applied

40. Most people who suffer from phobias ____.
   a. were overindulged by their parents as children
   b. are less likely than other people to suffer from other psychological disorders
   c. also are likely to have anxiety, mood, or substance disorders
   d. also suffer from dissociative identity disorder (DID)

   ANS: C    PTS: 1    REF: Phobias    OBJ: 2
   MSC: Factual

41. Gina has been diagnosed with agoraphobia. If we ask her how the symptoms of the disorder started, we can expect she will say that ____.
   a. she had previous problems with obsessive-compulsive disorder
   b. they were preceded by panic attacks
   c. she had never had any problems with anxiety before
   d. they came on suddenly without any apparent reason

   ANS: B    PTS: 1    REF: Phobias    OBJ: 2
   MSC: Applied

42. Recent research on agoraphobia suggests that ____.
   a. a genetic marker on chromosome 5 is the likely cause
   b. repressed memories are the key causal factors
   c. cognitions may play a major causal role
   d. the disorder is inherited from the mother

   ANS: C    PTS: 1    REF: Phobias    OBJ: 2
   MSC: Conceptual
43. Shane is ready to break up with Kayla. He is extremely frustrated with her and does not know what to do. One of his favorite activities is to eat out and try new restaurants. Kayla, however, hates eating in restaurants. She has told Shane that she loses her appetite at the mere thought of having to eat out. When he pushed her for an explanation, Kayla explained that she is afraid that she might spill something on herself or do something equally foolish and other people would see it. Even though she knows how frustrated Shane is with her, Kayla cannot bring herself to eat in a restaurant. What diagnosis would be the most appropriate for Kayla's fears?
   a. agoraphobia  
   b. social phobia  
   c. specific phobia  
   d. xenophobia

ANS: B  PTS: 1  REF: Phobias  OBJ: 2
MSC: Applied

44. Patrick is a musical conductor, but he is terrified of giving performances and speaking to the audience between pieces. He is perfectly comfortable during rehearsal sessions but sometimes has to cancel concerts because of his fears. According to the DSM-IV-TR, Patrick probably has ____.
   a. agoraphobia due to earlier panic attacks  
   b. social phobia of the generalized type  
   c. social phobia of the limited interactional type  
   d. social phobia of the performance type

ANS: D  PTS: 1  REF: Phobias  OBJ: 2
MSC: Applied

45. Who is at highest risk for developing social phobia?
   a. Marni, whose parents exhibited no emotional warmth.  
   b. Maryanne, whose mother was overprotective.  
   c. Marcie, who was rejected by her parents.  
   d. Mariel, whose parents used shame as a method of control.

ANS: D  PTS: 1  REF: Phobias  OBJ: 2
MSC: Applied

46. Momoko is Japanese. Because she suffers from Taijin Kyofusho, we would expect her to fear ____.
   a. snakes  
   b. offending other people  
   c. social situations  
   d. public places

ANS: B  PTS: 1  REF: Phobias  OBJ: 2
MSC: Applied

47. A pediatrician is interested in phobias that typically begin in childhood. One phobia that he might study is ____.
   a. agoraphobia  
   b. animal phobia  
   c. social phobia  
   d. claustrophobia

ANS: B  PTS: 1  REF: Phobias  OBJ: 2
MSC: Conceptual
48. Between ages 13 to 15, the most common phobia is fear of ____.
   a. closed spaces   c. snakes
   b. spiders   d. speaking in class

   ANS: D  PTS: 1  REF: Phobias  OBJ: 2
   MSC: Factual

49. A behavioral therapist would explain the agoraphobic’s fear of leaving the house as ____.
   a. a direct conditioning experience
   b. an exaggerated fear stemming from a single panic attack
   c. an unconscious way of preventing the acting out of sexual desires
   d. a subtype of obsessive compulsive disorder

   ANS: A  PTS: 1  REF: Phobias  OBJ: 2
   MSC: Conceptual

50. Tamisha is so afraid of heights that she cannot enter buildings with more than two floors. Her cognitive-behavioral therapist would probably diagnose her with ____ and explain the problem in terms of ____.
   a. generalized anxiety disorder; faulty reasoning
   b. agoraphobia; genetic predisposition
   c. social phobia; repression and denial
   d. specific phobia; cognitive distortions

   ANS: D  PTS: 1  REF: Phobias  OBJ: 2
   MSC: Applied

51. The case of Little Albert is used by behaviorists to explain ____.
   a. phobias
   b. obsessive-compulsive disorder
   c. generalized anxiety disorder
   d. posttraumatic stress disorder

   ANS: A  PTS: 1  REF: Phobias  OBJ: 2
   MSC: Factual

52. Tina is afraid of dogs. She has never had a bad experience with dogs, but her father was injured by a dog when he was a young boy. Tina’s father goes to great lengths to avoid contact with dogs. What behavioral theory best explains Tina’s fear of dogs?
   a. classical conditioning
   b. avoidance response
   c. operant conditioning
   d. observational learning

   ANS: D  PTS: 1  REF: Phobias  OBJ: 2
   MSC: Applied

53. In a research study, cancer patients, prior to undergoing chemotherapy, were given a drink in a container with a bright orange lid. After pairing the drink with chemotherapy, the patients experienced distress and nausea when presented with the container. This study supports what theory of phobias?
   a. observational learning
   b. psychodynamic
   c. classical conditioning
   d. cognitive-behavioral

   ANS: C  PTS: 1  REF: Phobias  OBJ: 2
   MSC: Factual
54. Dr. Baldwin is explaining a cognitive model for the development of panic disorder. She describes a connection between cognitions and somatic symptoms that begin with physical changes that create catastrophic thoughts, which result in fear and more physiological changes. She is describing the beginning steps of the ___.
   a. classical conditioning loop   c. positive feedback loop
   b. circular pattern of anxieties   d. negative feedback loop
ANS: C  PTS: 1  REF: Phobias  OBJ: 2
MSC: Applied

55. Research indicates a genetic, psychological, social, and sociocultural components in the development of phobias. This statement suggests that ___.
   a. the manifestations of phobias are complicated and thus poorly understood
   b. there can be multiple pathways involved in the development of phobias
   c. phobias develop from predispositions
   d. defective genes are transmitted to offspring resulting in phobias
ANS: B  PTS: 1  REF: Phobias  OBJ: 2
MSC: Factual

56. Dr. Vannucci says, “Some individuals have high social anxiety and interpret others' actions more negatively than other individuals; they overestimate the chances of unpleasant things happening generally. This is the background for developing a phobia.” Dr. Vannucci probably supports which perspective on phobias?
   a. classical conditioning   c. operant conditioning
   b. cognitive-behavioral   d. biological
ANS: B  PTS: 1  REF: Phobias  OBJ: 2
MSC: Applied

57. The fact that some people fear using public restrooms and eating in public places diminishes the capacity for which explanation to account for all phobias?
   a. substitution   c. classical conditioning
   b. preparedness   d. modeling
ANS: B  PTS: 1  REF: Phobias  OBJ: 2
MSC: Factual

58. Which of the following phobias would be the easiest to eliminate?
   a. fear of flying   c. fear of meeting new people
   b. fear of public speaking   d. prepared fears
ANS: D  PTS: 1  REF: Phobias  OBJ: 2
MSC: Conceptual

59. What is a major drawback when using benzodiazepines to treat phobias?
   a. Symptoms often recur when the patient stops taking the medication.
   b. Drugs don't work for a large percentage of patients with anxiety disorders.
   c. It is difficult to find the exact medication to treat each patient effectively.
   d. Most medications are too expensive to be taken on a regular basis.
ANS: A  PTS: 1  REF: Phobias  OBJ: 2
MSC: Factual
60. Julie suffers from agoraphobia. Her therapist urges her to take longer and longer walks outside the home with the therapist. What kind of therapy is Julie receiving?
   a. cognitive restructuring  
   b. exposure therapy  
   c. systematic desensitization  
   d. substitution therapy  

   ANS: B  PTS: 1  REF: Phobias  OBJ: 2  
   MSC: Applied

61. Ahmad has a specific phobia about elevators. His therapist teaches him how to relax and then has him relax when he is in a building with elevators. Then he practices being relaxed when pushing an elevator button and finally when taking an elevator ride. What kind of therapy did Ahmad experience?
   a. systematic desensitization  
   b. modeling  
   c. cognitive graduated exposure  
   d. flooding  

   ANS: A  PTS: 1  REF: Phobias  OBJ: 2  
   MSC: Applied

62. Dr. Duran is a cognitive-behavioral therapist. When treating patients with anxiety disorders, he is most likely to focus on ____.
   a. the interaction between their genetic predisposition and the support they received from their families  
   b. the medical aspects of their disorder.  
   c. how their thoughts influence their experiences of anxiety  
   d. the relationship they have with their parents currently and in the past.  

   ANS: C  PTS: 1  REF: Phobias  OBJ: 2  
   MSC: Applied

63. Sue screams for her husband every time she sees a spider or a spider web. Even if the spider is dead, she starts to shake and becomes terrified. Several times she has called her husband at work and demanded that he come home to deal with the spider. Finally she sees a therapist. Over several sessions, she views videos of people picking up spiders, then watches her therapist pick up a plastic spider in the office, then a real spider. Finally, Sue is able to pick up a spider herself and put it outside. The therapy described is ____.
   a. flooding  
   b. modeling  
   c. systematic desensitization  
   d. exposure  

   ANS: B  PTS: 1  REF: Phobias  OBJ: 2  
   MSC: Applied

64. Melissa's therapist encourages her to interpret her emotional and physical tension as “normal anxiety” and to redirect her attention from herself to others in social situations. The therapist is using which behavioral treatment?
   a. exposure therapy  
   b. systematic desensitization  
   c. modeling  
   d. cognitive restructuring  

   ANS: D  PTS: 1  REF: Phobias  OBJ: 2  
   MSC: Applied
65. Sam has persistent and distressing thoughts of germs; he cannot eat without washing his hands three times before and three times after every meal. Although his hands are raw from the washings, he is overwhelmed with anxiety if he doesn't wash this way. Sam's problems illustrate ____.
   a. posttraumatic stress disorder  
   b. obsessive-compulsive disorder  
   c. agoraphobia  
   d. generalized anxiety disorder
   ANS: B  PTS: 1  REF: Obsessive-Compulsive and Related Disorders
   OBJ: 5  MSC: Applied

66. Jack has been diagnosed with obsessive-compulsive disorder. He has persistent thoughts that are upsetting and engages in ritualistic actions to reduce anxiety. He feels that he has control over his thoughts and actions but chooses not to stop them. What aspect of Jack's case is unusual?
   a. It is unusual for obsessive-compulsives to feel they have control over their thoughts and actions.
   b. It is unusual for obsessive-compulsives to have upsetting thoughts.
   c. It is unusual for obsessive-compulsives to engage in ritualistic actions.
   d. It is unusual for obsessive-compulsives to be male.
   ANS: A  PTS: 1  REF: Obsessive-Compulsive and Related Disorders
   OBJ: 5  MSC: Applied

67. Barbara was told by her psychiatrist that she is being treated with the “medication of choice” for her generalized anxiety disorder. She is not sure what drug she is taking, but she knows it works. It is a good bet that the drug is ____.
   a. an antipsychotic  
   b. a benzodiazepine  
   c. a tricyclic or SSRI antidepressant  
   d. lithium carbonate
   ANS: C  PTS: 1  REF: Generalized Anxiety Disorder
   OBJ: 4  MSC: Applied

68. For days after visiting Disneyland, the words and tune for "It's a Small World" kept invading Jessica's thoughts. She could not get them out of her head. Jessica's experience would be similar to the ____.
   a. obsessions seen in obsessive-compulsive disorder  
   b. fear seen in generalized anxiety disorder  
   c. compulsions seen in obsessive-compulsive disorder  
   d. avoidance seen in social phobias
   ANS: A  PTS: 1  REF: Obsessive-Compulsive and Related Disorders
   OBJ: 5  MSC: Conceptual

69. As Sheldon learns about obsessive-compulsive disorder he is likely to learn that ____.
   a. it is an extremely rare disorder  
   b. it may be under diagnosed  
   c. it is one of the most common anxiety disorders  
   d. it is most common among middle-aged married people.
   ANS: B  PTS: 1  REF: Obsessive-Compulsive and Related Disorders
   OBJ: 5  MSC: Conceptual
70. Angel is worried that her intrusive, unacceptable thoughts are signs of obsessive-compulsive disorder. Research would tell her that ____.
   a. unless the thoughts are bizarre, she does not have the disorder
   b. she probably has the disorder because it is defined by intrusive thoughts
   c. she cannot have the disorder unless she engages in compulsive behaviors
   d. such thoughts are common and unless they cause her discomfort or are uncontrollable

   ANS: D  PTS: 1  REF: Obsessive-Compulsive and Related Disorders
   OBJ: 5  MSC: Applied

71. GAD is most likely to occur among which group?
   a. married white males
   b. Asian females with higher socioeconomic status
   c. African American females living in poverty
   d. white males working in jobs they hate

   ANS: C  PTS: 1  REF: Generalized Anxiety Disorder
   OBJ: 4  MSC: Factual

72. Which of the following statements is a cognitive characteristic of individuals with obsessive-compulsive disorder?
   a. “I have to be absolutely certain that I turned off the computer.”
   b. “Thinking about throwing little Timmy under the bus isn’t as bad as actually doing it.”
   c. “If I just find a way to relax, then everything will be okay.”
   d. “My thoughts are always rational.”

   ANS: A  PTS: 1  REF: Obsessive-Compulsive and Related Disorders
   OBJ: 5  MSC: Conceptual

73. Cognitive-behaviorists would say that obsessive-compulsives repeat behaviors in order to ____.
   a. reduce anxiety
   b. eliminate threats in the environment
   c. establish certainty
   d. stop adverse events from happening

   ANS: A  PTS: 1  REF: Obsessive-Compulsive and Related Disorders
   OBJ: 5  MSC: Factual

74. Cheryl spends four hours every day in the shower, scrubbing her skin raw with a loofa brush, fearing that she is contaminated with urine or feces. She sees a cognitive-behavioral therapist for treatment. The cognitive-behavioral therapist is most likely to write which of the following notes about Cheryl's case?
   a. “Guarding against own unacceptable urges; uses reaction formation as a general defense.”
   b. “Engages in superstitious behavior; probably associating handwashing with some previous situation where it led to reinforcement.”
   c. “Neurotransmitters not functioning properly; needs medication.”
   d. “Consciously uses distracting thoughts to reduce anxiety over cleanliness.”

   ANS: D  PTS: 1  REF: Obsessive-Compulsive and Related Disorders
   OBJ: 5  MSC: Applied
75. Which of the following is a symptom of obsessive-compulsive disorder?
   a. attempts are made to suppress the thoughts or behaviors
   b. thoughts or behaviors are identified by the individual as reasonable and justifiable
   c. preoccupation with imagined defects in appearance
   d. recurrent picking resulting in lesions

   ANS: A  PTS:  1  
   REF: Obsessive-Compulsive and Related Disorders
   OBJ:  5  MSC: Factual

76. A psychologist who supports a cognitive-behavioral approach would be likely to say which of the following when explaining the cause of obsessive-compulsive disorder?
   a. “Excessive use of defense mechanisms helps the person redirect his or her unacceptable impulses into more acceptable behaviors.”
   b. “Thoughts and actions that reduce anxiety are done repetitively.”
   c. “Some individuals' personalities need high levels of autonomic nervous system arousal, and repetitive thoughts and behaviors satisfy that need.”
   d. “Certain thoughts and actions are the result of abnormal activity in particular brain centers.”

   ANS: B  PTS:  1  
   REF: Obsessive-Compulsive and Related Disorders
   OBJ:  5  MSC: Conceptual

77. Before Hannah can leave the house she must turn all four gas burners on her stove on and off 24 times, each in sequence. She performs this ritual because she does not trust her memory and fears she can't be sure the burners are actually off unless she does this. Hannah is demonstrating which cognitive characteristic of OCD?
   a. probability bias
   b. disconfirmatory bias
   c. morality bias
   d. confirmatory bias

   ANS: B  PTS:  1  
   REF: Obsessive-Compulsive and Related Disorders
   OBJ:  5  MSC: Conceptual

78. Wanda is obsessed with the thought of strangling her daughter. Even though she has never done this, she believes her thoughts are as bad as if she actually carried out the act (which she says she does not want to do). This demonstrates which cognitive characteristic of OCD?
   a. morality bias
   b. probability bias
   c. disconfirmatory bias
   d. lack of confidence bias

   ANS: A  PTS:  1  
   REF: Obsessive-Compulsive and Related Disorders
   OBJ:  5  MSC: Applied

79. V.J. suffers from obsessive-compulsive disorder. According to the biological perspective, he is likely to show ____.
   a. preparedness in the objects he uses for compulsive behavior
   b. abnormally low levels of metabolism in the locus ceruleus
   c. an excess of the neurotransmitter serotonin
   d. increased metabolic activity in the frontal lobe of the left hemisphere

   ANS: D  PTS:  1  
   REF: Obsessive-Compulsive and Related Disorders
   OBJ:  5  MSC: Applied
80. Drugs that most successfully treat obsessive-compulsive disorder raise the level of which neurotransmitter in the brain?
   a. acetylcholine   c. serotonin
   b. dopamine   d. norepinephrine

ANS: C   PTS: 1   REF: Obsessive-Compulsive and Related Disorders
OBJ: 5   MSC: Factual

81. Biological research with patients who have OCD indicates that_____.
   a. the primary area of the brain that is affected is the limbic system
   b. OCD is an etiologically diverse condition, as made clear by the fact that certain symptoms show different responses to treatment
   c. patients respond extremely well to medications, gaining full symptom relief while on them
   d. genetic factors play little, if any, role in this disorder

ANS: B   PTS: 1   REF: Obsessive-Compulsive and Related Disorders
OBJ: 5   MSC: Factual

82. Judy is in therapy for her compulsive handwashing. Her therapist conjures up several images of filthy clothes and digging in dirt. Judy gets the feeling of being “contaminated” but is not allowed to resort to the usual ritual of handwashing. This therapy is called_____.
   a. desensitization and relapse prevention
   b. exposure with response prevention
   c. systematic desensitization
   d. cognitive restructuring

ANS: B   PTS: 1   REF: Obsessive-Compulsive and Related Disorders
OBJ: 5   MSC: Applied

83. Aisha is plagued with obsessions about shouting out obscenities in public. She does not go to church because she is afraid her thoughts will increase the chances that she will shout obscenities at the preacher when he delivers his sermon. What cognitive characteristic is she demonstrating?
   a. morality bias
   b. disconfirmatory bias
   c. confirmatory bias
   d. probability bias

ANS: D   PTS: 1   REF: Obsessive-Compulsive and Related Disorders
OBJ: 5   MSC: Applied

84. Which of the following individuals has the highest risk for developing OCD?
   a. Samantha, a 45-year-old married woman who hates her job
   b. Sam, a 45-year-old married man who hates his job
   c. Dylan, a 20-year-old married man who is unemployed
   d. Darren, a 20-year-old divorced man who is unemployed

ANS: D   PTS: 1   REF: Obsessive-Compulsive and Related Disorders
OBJ: 5   MSC: Conceptual
85. When her boyfriend asks her about today's therapy session, Jamie responds, “It wasn't very fun. My therapist had me sit right next to her trash can, which was brimming full of garbage and half-eaten food. I could almost see the germs jumping right out at me. Now she wants me to touch something I think is contaminated at least once a day every day this week.” Jamie is probably suffering from ____ and is being treated using ____.
   a. a specific phobia; exposure
   b. obsessive-compulsive disorder; exposure
   c. a specific phobia; systematic rational restructuring
   d. obsessive-compulsive disorder; systematic rational restructuring

ANS: B  PTS: 1  REF: Obsessive-Compulsive and Related Disorders
OBJ: 5  MSC: Applied

86. How do cultural dimensions affect the expression of obsessive-compulsive disorder?
   a. Ethnic minorities have been underrepresented in obsessive-compulsive disorder research and symptoms may not be picked up by the current diagnostic system.
   b. The prevalence of obsessive-compulsive disorder is consistent across cultures.
   c. Onset of obsessive-compulsive disorder occurs more commonly in older adults than in adolescents.
   d. European Americans are less likely to receive an obsessive-compulsive disorder diagnosis than African Americans and Hispanic Americans.

ANS: A  PTS: 1  REF: Obsessive-Compulsive and Related Disorders
OBJ: 5  MSC: Factual

87. Sharlisa suffers from OCD. What is the first step her therapist will take with her when using exposure therapy with response prevention?
   a. education about OCD and the rationale for the treatment
   b. development of an exposure hierarchy
   c. exposure to the fearful situations
   d. flooding

ANS: A  PTS: 1  REF: Obsessive-Compulsive and Related Disorders
OBJ: 5  MSC: Applied

88. Dr. Stanley is a behavioral therapist. We would therefore expect that he attributes the maintenance of obsessive-compulsive behaviors to ____.
   a. unconscious feelings of guilt
   b. a chemical imbalance
   c. social factors
   d. their ability to reduce anxiety

ANS: D  PTS: 1  REF: Obsessive-Compulsive and Related Disorders
OBJ: 5  MSC: Applied

89. David has been diagnosed with OCD. It is likely that David ____.
   a. is overconfident about the accuracy of his memory and judgment
   b. has no problems with his memory or his judgment
   c. does not trust his memory or his judgment
   d. trusts his memory, but not his judgment

ANS: C  PTS: 1  REF: Obsessive-Compulsive and Related Disorders
OBJ: 5  MSC: Applied
90. Dr. Chan successfully treats his clients for obsessive compulsive disorders. For many of his clients, he is likely to prescribe which medication?
   a. fluoxetine  c. lithium carbonate
   b. benzdiazepine  d. lorazepam

   ANS: A  PTS: 1  REF: Obsessive-Compulsive and Related Disorders
   OBJ:  5  MSC: Factual

91. When Annette drives on the freeway around Los Angeles, she often experiences so much anxiety that she begins to panic and has to get off and take surface streets instead. While this happens often, it does not happen all the time. This suggests that Annette experiences which type of panic attack?
   a. situationally bound  c. unexpected
   b. situationally predisposed  d. uncued

   ANS: B  PTS: 1  REF: Panic Disorder
   OBJ: 3  MSC: Applied

92. What do neuroimaging techniques show when comparing the effects of medication on anxiety with the effects of psychotherapy?
   a. Medication appears to normalize anxiety circuits in the brain, and psychotherapy has little if any effect.
   b. Psychotherapy appears to normalize anxiety circuits in the brain, and medication has little if any effect.
   c. Psychotherapies produce neurobiological changes similar to those seen with medications.
   d. Neither medications nor psychotherapies appear to have much effect on anxiety circuits in the brain.

   ANS: C  PTS: 1  
   REF: Understanding Anxiety Disorders from a Multipath Perspective
   OBJ: 1  MSC: Factual

93. Which neurotransmitter appears to have the greatest influence on mood and anxiety disorders?
   a. serotonin  c. GABA
   b. dopamine  d. acetylcholine

   ANS: A  PTS: 1
   REF: Understanding Anxiety Disorders from a Multipath Perspective
   OBJ: 1  MSC: Factual

94. Research with young monkeys demonstrates that _____ can reduce vulnerability to developing anxiety disorders.
   a. being comforted  c. a sense of control
   b. receiving adequate nourishment  d. genetic inheritance

   ANS: C  PTS: 1
   REF: Understanding Anxiety Disorders from a Multipath Perspective
   OBJ: 1  MSC: Factual
95. Research by Bourne, Watts, Gordon, and Figueroa-Garcia (2006) found that after Hurricane Katrina anxiety was heightened for people of color because of their belief that ____.
   a. they lacked social support
   b. they were being punished by God for sins they had committed
   c. the inadequate response of the federal government to respond was due to race and class bias
   d. their community would never be reborn

ANS: C  PTS: 1  REF: Obsessive-Compulsive and Related Disorders

96. One reason argued by Nolen-Hoeksema (2004) that women are more likely than men to be diagnosed with an emotional disorder is due to ____.
   a. women's biological predispositions
   b. women's lack of power and status
   c. differences in brain structures between men and women
   d. women's physiological makeup

ANS: B  PTS: 1  REF: Obsessive-Compulsive and Related Disorders

97. Xenophobia is the fear of ____.
   a. strong women
   b. extraterrestrials
   c. strangers
   d. xylophones

ANS: C  PTS: 1  REF: Phobias  OBJ: 2

98. Eduardo was rushed to the emergency room with symptoms of chest pains, breathlessness, sweating, choking, nausea, and heart palpitations. He believed he was having a heart attack. After a thorough examination, he was told that physically he was fine. However, he was apparently suffering from ____.
   a. OCD
   b. GAD
   c. acute stress disorder
   d. a panic attack

ANS: D  PTS: 1  REF: Panic Disorder

99. Currently, SSRIs are considered a better option than tricyclic antidepressants (TCAs) for treating panic disorder because ____.
   a. SSRIs are more effective
   b. TCAs are more expensive
   c. TCAs have more side effects
   d. TCAs have a higher relapse rate

ANS: C  PTS: 1  REF: Panic Disorder

OBJ: 3  MSC: Factual
100. For both medication and cognitive behavioral therapies, a critical factor for successful treatment of panic disorder is ____.
   a. keeping the patient calm
   b. providing the patient with information about the disorder
   c. teaching the patient ways to relax
   d. assuring the patient that nothing is wrong

ANS: B  PTS: 1  REF: Panic Disorder

ESSAY

1. Phobic disorders are frequently grouped into three different categories. List these three categories (categories, not individual phobias such as “fear of heights”), and provide a description of the characteristics associated with each. Discuss briefly behavioral theories that explain how phobic disorders may be acquired.

ANS:
The three different phobic disorders are specific phobia, social phobia, and agoraphobia. *Specific phobia* is the unrealistic and excessive fear of a specific animal, object, or situation. Common examples include fear of needles, flying, elevators, bugs, dentists, and snakes. An individual with a specific phobia experiences anticipatory anxiety when aware of an impending situation that may force a confrontation with the feared object. When the individual is actually exposed to the feared object, there is almost always an intense and immediate anxiety response. *Social phobia* is persistent fear of being in a social situation in which one is exposed to scrutiny by others and a related fear of acting in a way that will be humiliating or embarrassing or where social disapproval may occur. Examples of social phobias include irrational reactions to eating in public places, using public restrooms, public speaking, or attending social gatherings. Like the specific phobic, the social phobic experiences marked anxiety when anticipating the phobic situation and thus usually avoids such situations that interfere with his or her daily functioning. *Agoraphobia* is a marked fear of being alone or of being in public places where escape is difficult or where help is not readily available in the event of a panic attack. Often individuals with agoraphobia experience intense fear in shopping malls, in crowds, or in tunnels, bridges, or public vehicles. The primary characteristic of agoraphobia is severe phobic anxiety and phobic avoidance of the feared situation. Many agoraphobic individuals are housebound as a result of their avoidance and only venture forth when accompanied by a close and trusted companion.

Behavioral theories may be used to explain the acquisition and maintenance of phobic behaviors. Specifically, *classical conditioning* may explain the acquisition of phobias through association. *Observational learning theory* also may explain the development of phobic behavior through exposure to the fear responses exhibited by others. According to the *negative information perspective*, fears are acquired from sources such as the media that present negative information about objects, situations, or groups, suggesting that they should be feared. The *cognitive-behavioral perspective* attributes fears to cognitive distortions and catastrophic thinking.

PTS: 1
2. Compare and contrast the conditioning, observational learning, and cognitive theories of the development of phobias.

ANS:
The first behavioral explanation for phobias was supplied by Watson and emphasized classical conditioning. If a formerly neutral (conditioned) stimulus is paired with a conditioned stimulus that elicits fear, the conditioned stimulus will, in time, have the capacity to elicit fear itself. As in the Watson’s Little Albert experiment, the sight of white fur was paired with a loud noise and came to produce crying on its own. Research has found that emotional distress can be conditioned in this way. Furthermore, increasing evidence indicates that emotional reactions can be conditioned through enhanced activation of the fear network involving the amygdala and the medial frontal cortex. However, conditioning can be limited by preparedness—the fact that some stimulus associations are more easily made than others. Therefore, biological predisposition may make the development of some phobias (machinery, for instance) less likely than others (small animals).

Observational learning agrees with the conditioning approach that phobias stem from experiences in the world and stimulus-response connections. However, observational learning argues that fears can be learned through indirect rather than direct conditioning. Experimental research suggests that fears can be learned this way, and neuroimaging research indicates an activation of the amygdala when participants observed a fear conditioning experiment.

An even more indirect way of developing phobias is to have a fear-inducing way of thinking. Some researchers argue that people with phobias have negative thoughts and develop fears when they "listen to themselves." Fears are dramatically reduced when such negative thoughts are challenged and removed.

It is possible that these three factors interact to explain many phobias. Whether by direct or indirect conditioning, people develop a fear response to specific stimuli. Those who are most vulnerable to such conditioning may have a predisposing tendency to think fearful and negative thoughts. Alternatively, once they have experienced a conditioning episode, those who adopt such negative thoughts make themselves more fearful and responsive to any further conditioning experiences.

PTS: 1

3. Contrast the medical and cognitive forms of therapy for panic disorder, being sure to address the issue of internal factors and self-efficacy. Which treatments are most effective in the long run?

ANS:
Both medication and cognitive-behavioral therapies have been effective in treating panic disorder. Medical treatments include a number of different classes of medications. Antidepressants (tricyclic antidepressants and SSRIs) have shown to be more effective than benzodiazepines. However, tricyclic antidepressants have more side effects than SSRIs, and benzodiazepines have the particular drawback of being addictive. Overall, it takes approximately four to eight weeks for medications to become fully effective. Relapse rates after drug therapy cessation are high, especially among individuals who believe that the remission of symptoms was due to the medication.

Cognitive-behavioral treatments (CBT) have been successful in treating panic disorder. Several studies indicate up to 80 percent or more of those treated with CBT for panic disorder achieved and maintained panic-free status. CBT involves the extinction of fear associated with both internal bodily sensations and environmental situations associated with fear. The CBT sessions involve specific steps including: learning about the disorder, challenging catastrophic and irrational thinking and considering alternative explanations for their bodily sensations, exposure to feared situations, relaxation training, teaching coping statements, identifying the antecedents and triggers of the panic, and understanding what the disorder means in the patient's life.
Research in this domain conducted by Bakker et al. and by Biondi et al. focused on the enhancement of cognitive patients' self-efficacy. In these studies, individuals learned that their recovery and ability to manage their anxiety were under their own control. The cognitive-behavioral therapies moved the patients to a belief that their success was due to internal, not external, factors. Individuals who believed or came to believe that success was up to them were significantly more likely to reduce anxiety symptoms than those who attributed their improvements to external factors (such as medication).

PTS: 1
MULTIPLE CHOICE

1. Kwan, a refugee from Cambodia, woke up feeling fine but was dead by the end of the day. His autopsy showed no identifiable cause for his death. His death may be said to illustrate ____.
   a. ventricular fibrillation
   b. psychosomatic heart disease
   c. sudden death syndrome
   d. acute bradycardia
   
   ANS: C    PTS:  1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4    MSC: Applied

2. Jake is confused about what a stressor is. The text says that a stressor is ____.
   a. an internal psychological or physical response
   b. an external event or situation that places a physical or psychological demand on a person
   c. something that irritates people
   d. an event or situation that is beyond a person's ability to cope
   
   ANS: B    PTS:  1
   REF: Introduction
   OBJ: 1
   MSC: Applied

3. Thirty years ago, a psychiatrist might have considered peptic ulcers and essential hypertension to be ____ , but today the term that is used is ____.
   a. psychosomatic illnesses; conversion disorders
   b. psychophysiological disorders; neuroses
   c. psychosomatic illnesses; psychophysiological disorders
   d. neuroses; psychoses
   
   ANS: C    PTS:  1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4    MSC: Conceptual

4. Dale seemed to be okay when he returned from the war in Iraq in June, 2004, despite witnessing his two best friends being killed when their tank exploded. Six months after his return, he began having nightmares and flashbacks about his experiences and became constantly vigilant. He would jump at even the slightest noise. Finally, his wife insisted that Dale see a therapist. The most likely diagnosis is ____.
   a. noise phobia
   b. panic disorder
   c. posttraumatic stress disorder
   d. acute stress disorder
   
   ANS: C    PTS:  1
   REF: Etiology of Acute and Posttraumatic Stress Disorders
   OBJ: 2
   MSC: Applied
5. Ramon saw a therapist because he was reliving a traumatic experience and trying to avoid reminders of it for two weeks. The onset of his problem occurred three weeks after he was brutally assaulted and robbed. The therapist would most likely diagnose Ramon with which disorder?
   a. acute stress disorder  
   b. posttraumatic stress disorder  
   c. generalized anxiety disorder  
   d. panic disorder

   ANS: A  PTS: 1  REF: Acute and Posttraumatic Stress Disorders
   OBJ: 1  MSC: Applied

6. Sandi is diagnosed as having two conditions: migraine headaches and hypertension. A mental health professional should consider her as suffering from ____.
   a. a psychophysiological disorder (migraine) and a physical condition (hypertension)  
   b. two physical conditions that normally have little to do with psychological factors  
   c. a psychophysiological disorder (hypertension) and a conversion disorder (migraine)  
   d. two psychophysiological disorders

   ANS: D  PTS: 1  REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4  MSC: Applied

7. How does DSM-IV-TR deal with psychophysiological disorders?
   a. It includes them in a category called "Psychological Factors Affecting Medical Conditions."
   b. It lists them on Axis II.
   c. It lists them as a separate class of disorder on Axis I.
   d. It discusses them separately in Appendix A.

   ANS: A  PTS: 1  REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4  MSC: Factual

8. Which of the following people has a psychophysiological disorder?
   a. Carla, who complains of a loss of feeling but shows no signs of a medical condition to account for it  
   b. Wendy, who was diagnosed with an anxiety disorder  
   c. Brenda, whose migraine headaches began several days after a stressful life event  
   d. Hallie, whose medical condition is genetic

   ANS: C  PTS: 1  REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4  MSC: Applied
9. Professor McLeod said, "Psychological factors can influence physical processes by producing physiological changes in the immune system. For hundreds of years, health care professionals have understood this connection between psychological and physical factors. However, psychological conditions cannot influence neural and biological systems. Additionally, a person's beliefs about the causes, symptoms, duration, and curability of a disease do not affect that person's willingness to seek treatment and follow through with it." Which part of Professor McLeod's statement is accurate?

a. Psychological factors can influence physical processes by producing physiological changes in the immune system.
b. For hundreds of years health care professionals have understood this connection between psychological and physical factors.
c. Psychological conditions cannot influence neural and biological systems.
d. A person's beliefs about the causes, symptoms, duration, and curability of a disease do not affect that person's willingness to seek treatment and follow through with it."

ANS: A  PTS: 1  
REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders  
OBJ: 4  MSC: Applied

10. Which of the following is not a recognized characteristic of psychophysiological disorders?

a. actual tissue damage  
b. disease process  
c. physical dysfunction  
d. feelings of depression or anxiety

ANS: D  PTS: 1  
REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders  
OBJ: 4  MSC: Factual

11. Imagine that you are a physician and your patient is a Hmong immigrant who has just arrived in the United States. The patient, through a translator, tells you that spirits come into his room while he sleeps and make it hard for him to breathe. He wakes up screaming. Considering reports from other Hmong immigrants, you should ____.

a. reassure the patient that there is nothing to worry about and that symptoms will disappear on their own  
b. assume the patient suffers from a psychotic mental condition  
c. treat the person for anxiety disorder  
d. be concerned that the patient's psychological stress can lead to sudden death

ANS: D  PTS: 1  
REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders  
OBJ: 4  MSC: Applied

12. Which statement concerning stressors and stress is accurate?

a. Stressors are external events; stress is an internal reaction to such events.  
b. Stress is a chronic condition; stressors are only temporary.  
c. Stressors are internal reactions such as increased heartbeat; stress is an external condition.  
d. Stress and stressor are two different words that have the same meaning.

ANS: A  PTS: 1  
REF: Introduction  OBJ: 1  
MSC: Factual
13. Both Kurt and Magda survived airplane crashes. Both experience intrusive memories of the event as well as extreme anxiety and dissociative episodes. Why might one be diagnosed with acute stress disorder and the other with posttraumatic stress disorder?
   a. if one experiences anxiety and the other does not
   b. if one relives the experience and the other does not
   c. if one has had symptoms for more than thirty days and the other has not
   d. if one experiences panic attacks and the other does not

   ANS: C       PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4       MSC: Applied

14. Stress researchers have found that ____.
   a. both short-term and long-term exposure to stress are associated with deterioration of immune functioning
   b. both short-term and long-term exposure to stress are associated with enhancement of immune functioning
   c. brief exposure to stress enhances immune functioning; extended exposure to stress is associated with deterioration of immune functioning
   d. the research is inconclusive with regard to any relationship between short- or long-term exposure to stress and immune functioning

   ANS: C       PTS: 1
   REF: Etiology of Psychophysiological Disorders
   OBJ: 5       MSC: Factual

15. On one particularly stressful day, Darren learns that his girlfriend is leaving him, his mother was robbed, and the IRS is auditing him. His body reacts with an increased heart rate and increased respiration. Viewing Darren’s reaction from a biological perspective, Darren is experiencing ____.
   a. activation of the sympathetic nervous system in order to prepare the body for emergency action
   b. impaired immune response to stressors
   c. dysfunctional cognitions regarding the stressors occurring during this day
   d. pre-existing conditions that predispose him to developing stress reactions

   ANS: A       PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4       MSC: Applied

16. The body’s reaction to long-lasting stress is associated with ____.
   a. enhanced immune functioning
   b. deterioration of the body
   c. changes in personality
   d. decreased sensitivity to stressors

   ANS: B       PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4       MSC: Factual
17. Leo took care of his wife for several years after she suffered a stroke. The stress on him was overwhelming. Shortly after she died, he developed a serious illness. His illness suggests ____.
   a. hypertension resulting from chronic stress
   b. an impaired immune response to illness resulting from chronic stress
   c. hypervigilance resulting from chronic stress
   d. hyperglycemia resulting from chronic stress

ANS: B  PTS: 1
REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
OBJ: 4  MSC: Applied

18. A dominant theme in understanding the manifestation of stress is that ____.
   a. negative stressors have greater impact on health than positive stressors
   b. illness results from a complex interaction of biological, psychological, social, and sociocultural factors
   c. the most important factor in the interaction between stress and health is interpretation of the situation
   d. the more stress a person encounters, the more likely that person is to become ill

ANS: B  PTS: 1
REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
OBJ: 4  MSC: Conceptual

19. Continuing research on stress suggests that ____.
   a. biological stressors play a more important role in affecting the immune system than do psychological or social stressors
   b. biological stressors can cause physiological damage, but psychological and social stressors do not
   c. there is very little relationship between stress and health
   d. stress affects the immune system, heart function, hormone levels, and the hypothalamic-pituitary-adrenal systems

ANS: D  PTS: 1
REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
OBJ: 4  MSC: Factual

20. Lifetime prevalence of posttraumatic stress disorder (PTSD) is highest among ____.
   a. African Americans
   b. Hispanic Americans
   c. White Americans
   d. Asian Americans

ANS: A  PTS: 1
REF: Acute and Posttraumatic Stress Disorders
OBJ: 1  MSC: Factual
21. Drazen was in Bosnia during the civil war there. He has daytime flashbacks of the bombing and is emotionally numb, withdrawing from friends and family. Although he is much calmer than he was before the war, symptoms have lasted for several months. What about Drazen's case is unusual for a person with posttraumatic stress disorder (PTSD)?
   a. It is unusual for people with PTSD to have flashbacks.
   b. It is unusual for people with PTSD to withdraw from others.
   c. It is unusual for people with PTSD to become calm.
   d. It is unusual for people with PTSD to have symptoms longer than thirty days.

   **ANS: C**  **PTS: 1**  **REF: Acute and Posttraumatic Stress Disorders**  
   **OBJ: 1**  **MSC: Applied**

22. Suppose you were the director of a rape crisis center. What could you expect in terms of the frequency of posttraumatic stress disorder (PTSD) among the clients who come to your center immediately and three months after being raped?
   a. Because PTSD is delayed, no one would meet the criteria for PTSD immediately; about 2 percent would suffer from PTSD at three months.
   b. About 10 percent would meet the criteria for PTSD immediately; about 50 percent would suffer from PTSD at three months.
   c. About 75 percent would meet the criteria for ASD immediately; about 35 percent would suffer from PTSD at three months.
   d. Because rape is quite common, there will be almost no cases of PTSD either immediately or three months after the assault.

   **ANS: C**  **PTS: 1**  **REF: Etiology of Acute and Posttraumatic Stress Disorders**  
   **OBJ: 2**  **MSC: Conceptual**

23. Which of the following is a risk factor for disaster survivors developing PTSD?
   a. lack of social support
   b. belief in one’s ability to control actions and thoughts
   c. above-average cognitive skills
   d. scoring low on neuroticism

   **ANS: A**  **PTS: 1**  **REF: Etiology of Acute and Posttraumatic Stress Disorders**  
   **OBJ: 2**  **MSC: Factual**

24. Mitchell, a Vietnam veteran, spends his therapy sessions describing the horrors of combat. His therapist has him recall all the details, focusing on the horrific events for extended periods of time. Mitchell's therapist is most likely using ____ to treat him for ____.
   a. exposure; generalized anxiety disorder (GAD)
   b. extinction; generalized anxiety disorder (GAD)
   c. psychoeducation; posttraumatic stress disorder (PTSD)
   d. exposure; posttraumatic stress disorder (PTSD)

   **ANS: D**  **PTS: 1**  **REF: Treatment of Acute and Posttraumatic Stress Disorders**  
   **OBJ: 3**  **MSC: Applied**
25. Cortina and Kubiak (2006) found that ____.
   a. women are more likely than men to experience stress because women are more likely to be exposed to violent interpersonal situations
   b. men are more likely than women to experience stress because men are more likely to be exposed to violent interpersonal situations
   c. women are more likely than men to experience stress because of women's physiological make up
   d. men are more likely than women to experience stress because men are more violent than women

ANS: A        PTS: 1
REF: Etiology of Acute and Posttraumatic Stress Disorders     OBJ: 2
MSC: Factual

26. It is suspected that the prevalence of ASD is underestimated because ____.
   a. individuals with the symptoms may not seek treatment within the thirty-day period that defines the disorder
   b. people who have it are too embarrassed to ask for help
   c. it is not a well-recognized diagnosis
   d. clinicians are more likely to diagnose PTSD than ASD for insurance purposes

ANS: A        PTS: 1
REF: Acute and Posttraumatic Stress Disorders
OBJ: 1        MSC: Factual

27. Research by Delahanty (2007) found that following the experience of an overwhelming and traumatic stimulus ____.
   a. most individuals who have experienced trauma show a marked decrease in symptoms with time
   b. most individuals who have experienced trauma developed severe PTSD
   c. most individuals who experienced trauma developed ASD
   d. most individuals engaged in maladaptive appraisals of the trauma

ANS: A        PTS: 1
REF: Acute and Posttraumatic Stress Disorders
OBJ: 1        MSC: Factual

28. Which trauma survivor is at highest risk for developing PTSD?
   a. Juana, who lost her daughter in an earthquake
   b. Cynthia, who was beaten by a stranger
   c. Sam, who was raped by another man
   d. Samantha, who was raped by a man she did not know

ANS: C        PTS: 1
REF: Etiology of Acute and Posttraumatic Stress Disorders     OBJ: 2
MSC: Conceptual
29. Gina was driving on a bridge when it collapsed over a river. Although she was not physically injured, she had to wait in her car for three hours before she was helped off the bridge. Which hormone is most likely to have been released to help her body deal with this dangerous and frightening situation?
   a. thyroxin  
   b. testosterone  
   c. cortisol  
   d. estradiol  
   
   **ANS:** C  
   **PTS:** 1  
   **REF:** Etiology of Acute and Posttraumatic Stress Disorders  
   **OBJ:** 2  
   **MSC:** Applied

30. Stacey suffers from a psychophysiological disorder. Which statement about her condition would be **accurate**?
   a. Psychological factors play an important role in her physical condition.  
   b. Her condition is psychological, not physical.  
   c. She most likely suffers from conversion disorder.  
   d. Medical treatment will provide the best outcome for her disorder.  
   
   **ANS:** A  
   **PTS:** 1  
   **REF:** Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders  
   **OBJ:** 4  
   **MSC:** Applied

31. In the study of Vietnam veterans and their twin brothers who had not been in combat, Gilbertson and colleagues (2006) found which relationship between cognitive functioning and PTSD?
   a. They found no relationship.  
   b. They found that above average cognitive skills act as a protective factor against developing PTSD.  
   c. They found that higher cognitive functioning may serve as a vulnerability for developing PTSD.  
   d. They found that combat reduces cognitive functioning.  
   
   **ANS:** B  
   **PTS:** 1  
   **REF:** Etiology of Acute and Posttraumatic Stress Disorders  
   **OBJ:** 2  
   **MSC:** Factual

32. What is now known as posttraumatic stress disorder (PTSD) was called ____ in World War I.
   a. shell shock  
   b. soldier's heart  
   c. battle fatigue  
   d. postwar syndrome  
   
   **ANS:** A  
   **PTS:** 1  
   **REF:** Etiology of Acute and Posttraumatic Stress Disorders  
   **OBJ:** 2  
   **MSC:** Factual
33. Which statement accurately describes the relationship between stress and health?
   a. Stress reactions increase vulnerability to disease because the immune system is strengthened.
   b. Stress reactions directly cause infections in the body.
   c. Stress reactions occur after the immune system's strength has been decreased by other factors.
   d. Stress reactions decrease the immune system's efficiency and thereby increase vulnerability to disease.

   ANS: D  PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4  MSC: Factual

34. In the study by Cohen and his colleagues (1998) on susceptibility to the cold virus, ____.
   a. stress was not related to whether participants developed cold symptoms.
   b. all of the subjects who became infected with the virus developed cold symptoms because they all suffered some level of stress.
   c. only participants who suffered from acute stressful life events for less than a month developed cold symptoms.
   d. the stressors most closely related to colds were long-term conflicts with family or friends and either unemployment or underemployment.

   ANS: D  PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4  MSC: Factual

35. Rhonda has been diagnosed with PTSD after being beaten and raped by her ex-husband. She is discussing various treatment options with her therapist. Why might her therapist suggest behavior therapy rather than medication?
   a. Medications only numb the emotions, they do not help with the problems.
   b. Discontinuation rates are twice as high with medication as compared with behavioral treatments.
   c. Behavior treatments are easier.
   d. Medications have not been found to be successful for treating PTSD.

   ANS: B  PTS: 1
   REF: Treatment of Acute and Posttraumatic Stress Disorders
   OBJ: 3  MSC: Applied

36. Which of the following groups of disorders involve actual physical conditions?
   a. hypochondriasis
   b. somatic disorders
   c. psychophysiological disorders
   d. anxiety disorders

   ANS: C  PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4  MSC: Factual
37. Stress produces physiological changes in the body. Part of the stress response involves ____ that can impair immune functioning.
   a. high levels of T-cells
   b. the release of neurohormones
   c. high levels of B-cells
   d. high levels of phagocytes

   ANS: B   PTS: 1   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4   MSC: Factual

38. Which of the following substances suppresses the immune system?
   a. T-cells
   b. cortisol
   c. lymphocytes
   d. phagocytes

   ANS: B   PTS: 1   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4   MSC: Factual

39. Which system in the human body maintains health by recognizing and destroying pathogens that produce disease?
   a. the endocrine system
   b. the hormonal system
   c. the immune system
   d. the central nervous system

   ANS: C   PTS: 1   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4   MSC: Factual

40. Mrs. Fujimori has been caring for her husband who has lung cancer. She reports feeling depressed and states she herself has become unusually susceptible to infections. One explanation is that the stress has weakened her immune system. Another is that she has ____.
   a. a hardy personality
   b. a Type A personality
   c. many other emotionally supportive relationships
   d. been neglecting her nutrition and sleep needs

   ANS: D   PTS: 1   REF: Etiology of Psychophysiological Disorders
   OBJ: 5   MSC: Applied

41. Tindle et al. (2009) research study of women demonstrated that women who scored high on optimism ____ in comparison to women who had hostile thoughts about others.
   a. engage in physical exercise
   b. has a lower risk of developing heart disease
   c. have an increased sense of competence
   d. have decreased stress levels

   ANS: B   PTS: 1   REF: Etiology of Psychophysiological Disorders
   OBJ: 5   MSC: Factual
42. A friend of yours is taking care of an elderly aunt. The friend wants advice on how best to provide the care so that the aunt is both happy and healthy. Based on research, you should suggest that ____.
   a. the aunt's activity level be increased beyond the range she thinks she is capable of
   b. your friend enable the aunt to have control in her daily life and have as many decisions as she can
   c. your friend reduce to a minimum all decisions the aunt must make
   d. the aunt be protected from all visitors and changes in her daily schedule

ANS: B  PTS: 1  REF: Etiology of Psychophysiological Disorders
OBJ: 5  MSC: Applied

43. Harry works in a noisy manufacturing plant. According to research, his epinephrine levels and sense of anxiety will be higher if he ____.
   a. hears the noise loud and clear
   b. cannot hear the noise clearly
   c. believes he cannot control the noise
   d. believes he has a way of controlling the noise

ANS: C  PTS: 1  REF: Etiology of Psychophysiological Disorders
OBJ: 5  MSC: Applied

44. Dr. Frank is doing research on cancer. Rats are injected with cancer cells and then either given no electric shocks or shocks in two conditions: having control over stopping the shocks or having no control. What results should Dr. Frank expect?
   a. The sickest groups should be those getting shocks.
   b. The sickest group should be the "control shock" condition.
   c. The sickest group should be the "no shock" controls.
   d. The sickest group should be the "no control shock" condition.

ANS: D  PTS: 1  REF: Etiology of Psychophysiological Disorders
OBJ: 5  MSC: Applied

45. Bill, a high-powered executive, is rarely ill. Which of the following characteristics would be most important for Bill's good health?
   a. interpersonal abilities
   b. genetic factors
   c. sense of commitment and involvement of ongoing changes
   d. the ability to delegate responsibility to others

ANS: C  PTS: 1  REF: Etiology of Psychophysiological Disorders
OBJ: 5  MSC: Applied

46. Jill has a sense of control over her own life; she says she enjoys the challenge of change and is open to it. We would expect that Jill ____.
   a. gets stressed out a lot
   b. is happy and active
   c. will burn out in the near future
   d. does not have a good sense of reality

ANS: B  PTS: 1  REF: Etiology of Psychophysiological Disorders
OBJ: 5  MSC: Applied
47. Based on research concerning control, personality, and stress-related illness, which person would be least likely to experience a weakened immune system?
   a. Joe, who feels that his manager controls his work life
   b. Jennifer, who feels little involvement in or commitment to her job
   c. Jason, who is always optimistic and perceives that he has a lot of control over things in his life
   d. Rochelle, who wants her job to remain the same forever

   ANS: C  PTS: 1  REF: Etiology of Psychophysiological Disorders
   OBJ: 5  MSC: Applied

48. All of the following individuals have the same type of cancer and are currently at the same state of health, receiving the same type of treatment, at the same facility. Who is most likely to live longest?
   a. Abby, who has high self-efficacy and is unrealistically optimistic.
   b. Bernie, who has high self-efficacy and a realistic acceptance of his condition.
   c. Carl, who has low self-efficacy, but is nonetheless optimistic.
   d. Doug, who has low self-efficacy and is pessimistic about his outcome.

   ANS: A  PTS: 1  REF: Treatment of Psychophysiological Disorders
   OBJ: 6  MSC: Applied

49. What is the most widely held opinion concerning the effect of mood and attitude on cancer treatment?
   a. It is clear that mood and attitude have no impact on the course of cancer.
   b. Mood and attitude influence the course of cancer only in females, not in males.
   c. Research so far is unable to show conclusively that mood and attitude affect cancer treatment.
   d. It is clear that a positive mood does cause cancer remission.

   ANS: C  PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4  MSC: Conceptual

50. Based on current knowledge about cancer, its prevalence, and factors related to its progression, which statement is accurate?
   a. Cancer is a specific disease with relatively clear diagnostic criteria.
   b. The negative emotions of people who have received a diagnosis of cancer may be the result of the knowledge of their disease rather than their personality traits.
   c. Because cancer generally develops quickly over a short period of time, it is possible to determine a temporal relationship between its occurrence and specific moods.
   d. Retrospective studies allow researchers to determine whether emotions related to cancer came before or after the diagnosis.

   ANS: B  PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4  MSC: 4
51. Norman Cousins is credited with suggesting that immune functioning is increased by ____.
   a. exercise c. self-efficacy
   b. humor d. perception of control
   ANS: B PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4 MSC: Factual

52. The text presents the story of Vang Xiong, a Hmong refugee who almost succumbed to sudden death syndrome. What treatment appears to have helped his symptoms disappear?
   a. A Hmong healer interpreted his problems as being caused by unhappy spirits and she performed ceremonies to release the spirits.
   b. A psychiatrist prescribed SSRIs for his symptoms.
   c. A psychoanalyst interpreted his symptoms as survivor's guilt, which helped him work through his problems.
   d. A cognitive-behavioral therapist helped him deal with his problems through confrontational role playing and learning relaxation techniques.
   ANS: A PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4 MSC: Factual

53. A researcher interested in resolving the issue of whether emotional states play a causal role in cancer must answer which of the following questions?
   a. Is Type A personality a consistent trait?
   b. Are people at risk for cancer also at risk for coronary heart disease?
   c. Does knowledge that one has cancer cause changes in emotional states, or vice versa?
   d. Do we have enough retrospective data to make an unambiguous conclusion?
   ANS: C PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4 MSC: Conceptual

54. ____ leads to the death of over 400,000 Americans each year, although its incidence has diminished in recent years. It is also related to stress.
   a. Cancer c. Asthma
   b. Migraine headaches d. Coronary heart disease
   ANS: D PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4 MSC: Factual

55. Which person would be diagnosed with essential hypertension?
   a. Adele, whose blood pressure reading is 92/40
   b. Bernard, whose blood pressure reading is 100/70
   c. Carlyle, whose blood pressure reading is 120/70
   d. Denny, whose blood pressure reading is 141/92
   ANS: D PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4 MSC: Applied
56. All of the following women are 50 years old and have similar health histories. Which of them is at highest risk of dying from coronary heart disease?
   a. Naomi, who is always on the go
   b. Nancy, who suffers from minor depression
   c. Nina, who suffers from major depression
   d. Nora, who suffers from dysthymia

   ANS: C  PTS:  1
   REF:  Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ:  4  MSC:  Applied

57. Women with high job stress or who see themselves as having a poor relationship with their boss have been found to have higher fibrinogen levels. This may contribute to ____.
   a. breast cancer
   b. fatal asthma attacks
   c. classic migraine headaches
   d. coronary heart disease

   ANS: D  PTS:  1
   REF:  Etiology of Psychophysiological Disorders
   OBJ:  5  MSC:  Factual

58. Which of the following individuals would be at highest risk for essential hypertension?
   a. Ariela, an 80-year-old African American female
   b. Botan, a 50-year-old Asian American female
   c. Carlos, a 50-year-old Hispanic American male
   d. Tzvi, a 35-year-old Middle Eastern male

   ANS: A  PTS:  1
   REF:  Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ:  4  MSC:  Applied

59. What role do genetic factors play with regard to blood pressure?
   a. They play no known role.
   b. They play only a minimal role.
   c. They play a moderate role, but social factors are much more important.
   d. They play a significant role.

   ANS: D  PTS:  1
   REF:  Etiology of Psychophysiological Disorders
   OBJ:  5  MSC:  Conceptual

60. Which of the following statements about headaches is true?
   a. People who suffer from headaches usually only suffer from one specific type.
   b. Men experience headaches more often than women.
   c. Poor body posture has been associated with the onset of headaches.
   d. All three types of headaches have the same causes, although they manifest differently in different people.

   ANS: C  PTS:  1
   REF:  Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ:  4  MSC:  Conceptual
61. Which type of headache results from constricting of the cranial arteries followed by dilation of the cerebral blood vessels?
   a. migraine  
   b. tension  
   c. cluster  
   d. all three types
   
   ANS: A   PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4   MSC: Factual

62. An individual who has hypertension means is a person who ____.
   a. is anxious or hostile most of the time
   b. has heart disease because of blocked arteries
   c. has blood pressure of 140 over 90 or higher
   d. is subject to muscle spasms that have no physical basis
   
   ANS: C   PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4   MSC: Factual

63. Which of the following individuals is most likely to have high blood pressure?
   a. Rebecca, a 45-year-old white woman
   b. Randy, a 50-year-old Asian American male
   c. Raul, an 80-year-old Mexican American male
   d. Rosa, an 80-year-old African American woman
   
   ANS: D   PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4   MSC: Applied

64. Reduction of stress through relaxation appears to ____.
   a. make no difference in the blood pressure of those with essential hypertension
   b. increase arteriosclerosis in those with essential hypertension
   c. significantly reduce headaches
   d. increase blood pressure in those with essential hypertension
   
   ANS: C   PTS: 1
   REF: Treatment of Psychophysiological Disorders
   OBJ: 6   MSC: Factual

65. Blood pressure tends to be temporarily higher when people ____.
   a. are Type B personalities
   b. respond to stressors physiologically
   c. are depressed and guilt-ridden
   d. talk about their anger after cooling down
   
   ANS: B   PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4   MSC: Factual
66. For most cases of hypertension, the cause is ____.
   a. known  c. determined by a physician
   b. not known d. related to other physiological factors

   ANS: B   PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4   MSC: Factual

67. Research on high blood pressure indicates that of the 74 million Americans have high blood pressure that needs treatment, ____.
   a. 60% are unaware of their hypertension
   b. more than 40% percent are not being treated
   c. less than 10% percent are not being treated
   d. 10% are unaware of their hypertension

   ANS: B   PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4   MSC: Factual

68. Who is at highest risk for high blood pressure?
   a. Marianne, an African American woman who has a strong social support system
   b. Peter, a white male who has been involved in the civil rights movement since he was a child
   c. Damon, an African American male who has experienced and accepted discrimination since he was a child
   d. Diana, a white female who has been aware of the lower status of women in our culture since she was a child

   ANS: C   PTS: 1
   REF: Etiology of Psychophysiological Disorders
   OBJ: 5   MSC: Applied

69. Racial differences in rates of ____ for women seem to be influenced by the availability of ____.
   a. asthma; healthy diet
   b. coronary heart disease; fibrogen
   c. hypertension; social support
   d. migraine and other headaches; social support

   ANS: C   PTS: 1
   REF: Etiology of Psychophysiological Disorders
   OBJ: 5   MSC: Factual

70. Dr. Kazinsky says, "Headaches are among the most common psychophysiological complaints. It is clear that there are four different forms of headache, each with its own cause. All headache pain is due to the contraction of the scalp and neck muscles, and in some cases stress plays a role." What portion of this statement is accurate?
   a. It is accurate to say that headache is among the most common complaints.
   b. It is accurate to say that all headache pain is due to the contraction of the scalp and neck muscles.
   c. It is accurate to say that pain can range from dull to excruciating.
   d. It is accurate to say that stress plays a role in some headaches.

   ANS: A   PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4   MSC: Applied
71. Which of the following conditions are associated with headaches?
   a. positive emotions       c. hypertension
   b. food deprivation        d. asthma

   ANS: B                        PTS:  1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4                       MSC: Factual

72. Tanya experiences pulsating, intense pain in her head. Prior to these attacks, her vision is distorted or she feels numbness in her fingers. The headaches are caused by excessive dilation of blood vessels. Tanya can be diagnosed with ____.
   a. migraine headache        c. common tension headache
   b. cluster headache         d. stabbing headache

   ANS: A                        PTS:  1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4                       MSC: Applied

73. Who is most likely to suffer from migraine headaches?
   a. Candice, a 24-year-old white female
   b. Claudia, a 24-year-old African American female
   c. Carl, a 24-year-old white male
   d. Clayton, a 24-year-old African American male

   ANS: A                        PTS:  1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4                       MSC: Applied

74. Which type of headaches are thought to be caused by prolonged contraction of the muscles in the scalp and neck?
   a. migraine                  c. classic
   b. tension                   d. cluster

   ANS: B                        PTS:  1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4                       MSC: Factual

75. Otto complains of excruciatingly painful headaches that are centered near one eye. His eye tears, and his nose is blocked when the headache occurs. From what kind of headache is Otto probably suffering?
   a. cluster                   c. classic migraine
   b. common migraine           d. tension

   ANS: A                        PTS:  1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4                       MSC: Applied
76. Murray is a child with allergies who has respiratory attacks that make breathing very difficult. These attacks often occur at night and when his parents have had a fight. Murray is probably suffering from ____.
   a. angina pectoris
   b. asthma
   c. essential hypertension
   d. posttraumatic stress disorder

   ANS: B
   PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4     MSC: Applied

77. Of the following, which group has the lowest prevalence of asthma?
   a. Native Hawaiian
   b. Native American
   c. African American
   d. multiracial

   ANS: A
   PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4     MSC: Factual

78. What is the most common type of headache?
   a. migraine
   b. tension
   c. cluster
   d. They are all equally common.

   ANS: B
   PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4     MSC: Factual

79. Who is most likely to suffer from headaches?
   a. Gerald, a 25-year-old construction worker with a high school education
   b. Patricia, a 35-year-old psychology professor with a Ph.D.
   c. Ziba, a 24-year-old secretary with a B.A.
   d. Kent, a 50-year-old social worker with an MSW

   ANS: B
   PTS: 1
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
   OBJ: 4     MSC: Applied

80. Recent research suggests that migraine headaches may involve a ____.
   a. biological predisposition
   b. autonomic response
   c. stimulus specificity
   d. somatic weakness

   ANS: A
   PTS: 1
   REF: Etiology of Psychophysiological Disorders
   OBJ: 5     MSC: Factual

81. What effect do negative emotions have on stress?
   a. Negative emotions neutralize the body’s stress response.
   b. Negative emotions have no effect on stress.
   c. Negative emotions enable the body to adapt to stress.
   d. Negative emotions accentuate the stress response.

   ANS: D
   PTS: 1
   REF: Etiology of Psychophysiological Disorders
   OBJ: 5     MSC: Factual
82. Positive affect ____ the parasympathetic modulation of physiological stress reactions.
   a. enhances  
   b. inhibits  
   c. exacerbates  
   d. constricts  

   ANS: A  
   PTS: 1  
   OBJ:  
   MSC: Factual  
   REF: Etiology of Psychophysiological Disorders

83. Who is more likely to be affected by stress?
   a. men  
   b. women  
   c. adolescents  
   d. older adults  

   ANS: B  
   PTS: 1  
   OBJ:  
   MSC: Factual  
   REF: Etiology of Psychophysiological Disorders

84. If a child has one parent with asthma, what is the likelihood that this particular child will also develop asthma?
   a. This child will have a one in three chance of developing asthma.  
   b. This child will have a seven in ten chance of developing asthma.  
   c. This child will have a 50% chance of developing asthma.  
   d. There is no chance this child will develop asthma.  

   ANS: A  
   PTS: 1  
   OBJ:  
   MSC: Factual  
   REF: Etiology of Psychophysiological Disorders

85. What epigenetic factors could be involved in the development of PTSD?
   a. Childhood trauma may produce changes in biologic processes of the serotonin transporter gene.  
   b. Dysregulation of the HPA axis.  
   c. The release of neurohormones triggered by a stressor.  
   d. Dysregulation of the sympathetic nervous system.  

   ANS: A  
   PTS: 1  
   OBJ:  
   MSC: Factual  
   REF: Etiology of Acute and Posttraumatic Stress Disorders

86. A longitudinal study by Maddi (2002) showed that after almost half of a company's workforce was let go due to downsizing, of those who remained, two-thirds became ill and the other third thrived. Those who did well had which three characteristics?
   a. commitment, control, and challenge  
   b. commitment, control, and apathy  
   c. challenge, control, and optimism  
   d. optimism, happiness, and commitment  

   ANS: A  
   PTS: 1  
   OBJ:  
   MSC: Factual  
   REF: Etiology of Psychophysiological Disorders

87. Which type of headache typically occurs in cycles that may produce incapacitating attacks several times a day?
   a. migraine  
   b. tension  
   c. cluster  
   d. any of them  

   ANS: C  
   PTS: 1  
   OBJ:  
   MSC: Factual  
   REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders
88. Dee and Jay, a married couple, both have asthma. What is the likelihood that each of their children will also have the disease?

a. 1 in 10  
   b. 3 in 10  
   c. 5 in 10  
   d. 7 in 10

ANS: D   PTS: 1  
REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders  
OBJ: 4   MSC: Applied

89. Which groups have the highest risk of dying from asthma?

a. Asian Americans and Middle Easterners  
   b. European Americans and Native Hawaiians  
   c. Puerto Ricans and African Americans  
   d. Native Americans and Native Hawaiians

ANS: C   PTS: 1  
REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders  
OBJ: 4   MSC: Factual

90. Research by Eggleston and Kattan (1997) found that the highest association with emergency room treatment, hospitalization, and school absence was found for asthmatic children who had an allergy to ____.

a. dogs  
   b. cats  
   c. cockroaches  
   d. dust mites

ANS: C   PTS: 1  
REF: Psychological Factors Affecting Medical Conditions: Psychophysiological Disorders  
OBJ: 4   MSC: Factual

91. The rate of coronary heart disease is five times greater in Japanese Americans who become acculturated than in those who retain their traditional values. This fact supports which view of psychophysiological disorders?

a. sociocultural  
   b. biological  
   c. psychological  
   d. social

ANS: A   PTS: 1  
REF: Etiology of Psychophysiological Disorders  
OBJ: 5   MSC: Conceptual

92. Treatment of psychophysiological disorders usually consists of ____.

a. medical treatment, because once the physical condition has been resolved the psychological distress will no longer be an issue  
   b. psychotherapy, because once the psychological issues have been resolved the medical condition will disappear  
   c. medical treatment for the physical condition and psychotherapy to alleviate the stress and anxiety caused by the medical condition  
   d. medical treatment and relaxation

ANS: C   PTS: 1  
REF: Treatment of Psychophysiological Disorders  
OBJ: 6   MSC: Factual
93. Which of the following is a maladaptive, chronic response to stress?
   a. hypervigilance                      c. diminished interest in sex
   b. increased blood pressure           d. faster blood clotting

   ANS: A   PTS: 1   REF: Etiology of Psychophysiological Disorders
   OBJ: 5   MSC: Factual

94. Efforts to combine medical and psychological treatments for psychophysiological disorders have proved to be ____.
   a. unsuccessful unless extensive psychoanalysis is used
   b. successful
   c. a temporary fad
   d. largely unsuccessful

   ANS: B   PTS: 1   REF: Treatment of Psychophysiological Disorders
   OBJ: 6   MSC: Factual

95. Marquis is receiving relaxation training for his headache problems. Which of the following best illustrates what he should do?
   a. Clench certain muscle groups and then release them.
   b. Monitor his headache pain with a daily logbook.
   c. Concentrate on tones played over a set of headphones so that he can lower the tones.
   d. Change his way of thinking about the pain of a headache.

   ANS: A   PTS: 1   REF: Treatment of Psychophysiological Disorders
   OBJ: 6   MSC: Applied

96. In relaxation training, participants ____.
   a. develop the ability to put themselves into a trance state
   b. relax all their muscles at once
   c. imagine situations that are calm and pleasant
   d. learn to relax their muscles in almost any situation

   ANS: D   PTS: 1   REF: Treatment of Psychophysiological Disorders
   OBJ: 6   MSC: Factual

97. Henry is treated for hypertension by using a procedure in which he receives information about small decreases in his blood pressure presented visually on a screen. What treatment is Henry getting?
   a. cognitive coping theory
   b. biofeedback
   c. autonomic response generalization
   d. Jacobson's progressive relaxation training

   ANS: B   PTS: 1   REF: Treatment of Psychophysiological Disorders
   OBJ: 6   MSC: Applied

98. Depressed individuals have elevated levels of ____ which results in exaggerated cardiovascular responses to stressors.
   a. cortisol                      c. catecholamines
   b. estradiol                    d. GABA

   ANS: C   PTS: 1   REF: Etiology of Psychophysiological Disorders
   OBJ: 5   MSC: Factual
99. Deirdra's husband has left her after she was diagnosed with breast cancer. She sees the world as unfair and is depressed. Her therapist suggests she join a group that helps members find validation and meaning in their life experience. The therapist is suggesting what approach?
   a. psychodynamic  
   b. behavioral  
   c. sociocultural  
   d. social-cognitive processing  
   ANS: D   PTS: 1   REF: Treatment of Psychophysiological Disorders

OBJ: 6   MSC: Applied

100. Which emotion has been particularly implicated in coronary heart disease?
   a. anger  
   b. hostility  
   c. sadness  
   d. impatience  
   ANS: B   PTS: 1   REF: Treatment of Psychophysiological Disorders

OBJ: 5   MSC: Factual

ESSAY

1. Describe psychophysiological disorders and some of the factors that may lead to their development. How are some people able to avoid succumbing to the ill effects of these risk factors?

ANS:
Psychophysiological disorders are physical disorders that have a strong psychological basis or component yet involve tissue damage (such as coronary heart disease), a disease process (e.g., immune impairment), or physiological dysfunction (e.g., asthma). The primary factor in developing these disorders is exposure to stressors, which are external events or situations that place a physical or psychological demand on a person; they can range from chronic irritation and frustration (like when your computer "crashes") to acute and traumatic events (such as war, rape, or natural disasters). More specifically, we are constantly dealing with biological stressors (e.g., genetic inheritance or genetic predispositions that, when combined with environmental situations, can result in a psychophysiological disorder like asthma or heart disease); psychological stressors (e.g., cognitive functioning); social factors (e.g., lack of social support); or sociocultural factors (e.g., racial, gender, or age bias).

There are many ways to reduce one's risk for developing some of these disorders, or for dealing with them in a healthier fashion. These include living a healthy lifestyle, assuming an optimistic perspective, reducing hostility, creating areas of one's life where s/he has a sense of control, finding social support, developing one's sense of spirituality, and learning to relax.

PTS: 1

2. List and describe three different factors that moderate individuals' stress responses.

ANS:
Psychological and personality characteristics can mediate the effects of exposure to stressors. Positive affect such as optimism, happiness, joy, and contentment enhance the parasympathetic modulation of heart rate, blood pressure, and other physiological stress reactions while negative emotions such as depression, hostility, anxiety, and cynicism accentuate the stress response. Hostility in particular has been implicated in several physiological disorders including coronary heart disease.
Perceived control is also important to stress level. A negative event that is perceived as controllable is likely to be less stressful than one that is perceived as uncontrollable. Perception of control over the environment seems to reduce stress effects.

The three characteristics of commitment (being involved in ongoing changes rather than giving up and feeling isolated), control (attempting to influence decisions and refusing to feel powerless), and challenge (viewing changes as opportunities) all appear not only to protect individuals against stress related illness, and actually helping them to thrive.

Social support moderates the impact of a stressor. Research suggests that social support may provide a buffer or protection against the health-damaging effects of stress. Additionally, perceived discrimination, cultural expectations, and conflicts with societal standards have an impact on health and can heighten the stress response.

PTS: 1

3. Compare and contrast acute and posttraumatic stress disorders and discuss how they are treated.

ANS:
Both acute stress disorder (ASD) and posttraumatic stress disorder (PTSD) are brought on by exposure to a traumatic stressor. They differ primarily in onset (the onset for ASD is within four weeks, and may be any time for PTSD) and duration (ASD lasts two to twenty-eight days, PTSD lasts longer than one month). They are characterized by anxiety and dissociative symptoms. The trauma involves possible death or severe injury and is experienced by the individual with intense fear or horror. It is relived through intrusive and distressing recollections of the event, flashbacks, nightmares, intense physiological reactivity, or distress when exposed to reminders of the event. It involves emotional numbing, or avoiding stimuli associated with the trauma, and may involve emotional withdrawal. It is also characterized by heightened autonomic arousal, which can include sleep disturbance, hypervigilance, irritability, and poor control over aggressive impulses.

ASD and PTSD are both treated with medications (particularly, SSRI antidepressant medications) or psychotherapy strategies that focus on extinguishing the fear to trauma-related stimuli or to correct dysfunctional cognitions that are thought to perpetuate symptoms of ASD and PTSD; or a combination of both medications and psychotherapy. Exposure to cues associated with the trauma involves the individual to immerse him/herself in a recreation of the traumatic event and allows extinction to occur; it also helps to correct erroneous cognitions associated with the traumatic event. Psychotherapists teach their clients to challenge dysfunctional cognitions, developing a solution-oriented attitude, reduce negative self-talk, practice relaxation, and stress management. Research indicates these strategies to be effective for a large majority of clients.

PTS: 1
MULTIPLE CHOICE

1. A psychologist says, "This person's problem is that a part of her consciousness—her memory—has split off from the rest of her consciousness, even though there is no evidence of brain damage." The psychologist is describing a person with a(n) ____.
   a. organic brain disorder
   b. anxiety disorder
   c. somatoform disorder
   d. dissociative disorder
   
   ANS: D   PTS: 1   REF: Dissociative Disorders
   OBJ: 2   MSC: Conceptual

2. Which of the following is indicative of a dissociative disorders?
   a. motor or sensory symptoms that are incongruent with any neurological or medical disorder
   b. a separation of part of a person’s consciousness or identity
   c. faking symptoms of amnesia
   d. the ability to only remember certain details of an incident

   ANS: B   PTS: 1   REF: Dissociative Disorders
   OBJ: 2   MSC: Conceptual

3. In a classroom presentation, Kato reports, "Dissociative disorders are nonpsychotic conditions in which people develop physical problems even though there is no physiological cause. They are very rare." What error has Kato made?
   a. Dissociative disorders do not involve physical problems.
   b. Dissociative disorders are physiologically caused.
   c. Dissociative disorders are psychotic conditions.
   d. Dissociative disorders are relatively common, except for depersonalization disorder, which is rare.

   ANS: A   PTS: 1   REF: Dissociative Disorders
   OBJ: 2   MSC: Applied

4. Children and adolescents are rarely affected by the dissociative disorder known as ____.
   a. depersonalization
   b. dissociative amnesia
   c. dissociative fugue
   d. dissociative identity disorder

   ANS: C   PTS: 1   REF: Dissociative Disorders
   OBJ: 2   MSC: Factual

5. The symptoms of dissociative disorders generally become known through ____.
   a. clinical observation
   b. complaints by a patient's family members
   c. self-reports
   d. psychological testing

   ANS: C   PTS: 1   REF: Dissociative Disorders
   OBJ: 2   MSC: Factual
6. Which of the following best illustrates the concept of dissociation?
   a. While traveling from home to work and thinking about an important meeting, Jonathan noticed that he traveled several miles without remembering anything about the drive.
   b. At a high school reunion, Kerry cannot remember the names of some of her former classmates.
   c. A nervous Marlene cannot remember her lines during the opening of a play.
   d. Even after two weeks in the hospital, Thomas remains unconscious following a motorcycle accident.

   ANS: A  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Applied

7. Which type of dissociative amnesia disorder is correctly paired with its chief characteristic?
   a. generalized amnesia—partial loss of memory for a short period of time
   b. localized amnesia—loss of all memory for a short period of time
   c. systematized amnesia—inability to recall events between a specific time in the past and the present
   d. selective amnesia—memory loss associated with fleeing a stressful event and developing a new identity

   ANS: B  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Conceptual

8. Which form of dissociative amnesia involves the inability to remember only certain details of an incident and is quite commonly claimed by individuals charged with homicide?
   a. selective amnesia
   b. continuous amnesia
   c. dissociative fugue
   d. localized amnesia

   ANS: A  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Factual

9. Pedro has the most common form of dissociative amnesia. He was a witness to his father's murder but has no memory of the event. This illustrates ____.
   a. depersonalization
   b. fugue
   c. localized amnesia
   d. generalized amnesia

   ANS: C  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Applied

10. Jane Doe had total memory loss of her previous life. Even when her parents identified her when she appeared on television, she claimed she could not remember them as her parents. Jane illustrates ____.
    a. generalized amnesia
    b. localized amnesia
    c. selective amnesia
    d. systematized amnesia

    ANS: A  PTS: 1  REF: Dissociative Disorders
    OBJ: 2  MSC: Applied
11. Repressed memories that surface after many years, often within the context of therapy, are generally believed to involve ____.
   a. overprotective, smothering parents
   b. overwhelming or threatening trauma in childhood
   c. excessive intellectual and tactile stimulation early in childhood
   d. a childhood in which the family moved at least once a year

   ANS: B  PTS: 1  REF: Somatic Symptom Disorders
   OBJ: 1  MSC: Conceptual

12. Jerald wakes up in New Jersey, some four hundred miles from his home in New Hampshire. He cannot remember how he got there, and he has no memory of his former life. He establishes a new identity in New Jersey. This illustrates ____.
   a. dissociative identity disorder
   b. localized amnesia
   c. depersonalization disorder
   d. dissociative fugue

   ANS: D  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Applied

13. Dante is a middle-aged man with a history of depression. Recently, he was diagnosed with dissociative fugue. He adopted a completely new identity while staying in his hometown. His amnesia lasted only a short time. What aspect of this case is unusual for dissociative fugue?
   a. It is unusual for depression to be associated with dissociative fugue.
   b. It is unusual for fugue to involve a completely new identity.
   c. It is unusual for people with fugue to remain in their hometown.
   d. It is unusual for dissociative fugue to last only a short time.

   ANS: C  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Applied

14. Research by Pezdek, Blandon-Gitlin, and Gabbay (2006) points out that ____.
   a. only plausible information can be planted in someone's memory
   b. both plausible and implausible memories can be planted.
   c. it is easier to plant implausible memories than plausible memories
   d. it is almost impossible to plant false memories

   ANS: B  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Factual

15. Are reports of formerly repressed memories authentic?
   a. Research suggests that they are authentic in 80 to 90 percent of cases.
   b. Research suggests that they are authentic in about half of all cases.
   c. Research suggests that such memories are primarily the result of popular writings and leading questions by therapists.
   d. At this point in time it is not clear how many cases of repressed memory are authentic.

   ANS: D  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Factual
16. Teresa has an intense and terrifying feeling that she is no longer real and that she is looking at herself and the world from a distance. These feelings have caused major impairments in her work and personal life. The most likely diagnosis is ____.
   a. dissociative amnesia  c. somatoform disorder
   b. dissociative identity disorder  d. depersonalization disorder

   ANS: D  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Applied

17. Colleen has been diagnosed with depersonalization disorder. Which of the following symptoms should be present?
   a. Vague and diverse physical complaints such as nausea and headache
   b. An inability to remember events just before and during a crisis
   c. Travel to another town and the establishment of a new identity
   d. Perceptions that her body and her environment are unreal

   ANS: D  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Applied

18. Depersonalization disorder differs from other dissociative disorders in that it ____.
   a. is caused by physiological abnormalities such as brain damage
   b. involves total loss of memory of one's past
   c. is relatively common
   d. is rarely related to stressful events

   ANS: C  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Factual

19. Caitlyn has been diagnosed with depersonalization disorder. We can guess that she would make which of the following statements?
   a. "I must be going crazy because it seems that my body is distorted and unreal."
   b. "I can remember going into the house when it was on fire, but I cannot remember getting out."
   c. "I found myself in a new city with a new identity and no recollection of who Caitlyn was."
   d. "I have strange feelings when people seem to know me but call me by the name Caitlyn; I don't even know who they are talking about."

   ANS: A  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Applied

20. Which statement about the validity of repressed memories is accurate?
   a. Because hypnosis is the main way repressed memories are uncovered, we can be fairly certain they are valid memories, as hypnosis uncovers material deeply buried in one's unconscious.
   b. Determining the validity of memories dating from an early age is very difficult.
   c. In almost every case, it has been shown that repressed memories of sexual abuse are fabricated.
   d. Because people do not forget other traumatic events, repression must be the explanation for forgotten sexual abuse.

   ANS: B  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Conceptual
21. Maria, a Mexican adolescent with a history of sleepwalking, is diagnosed as having dissociative identity disorder (DID). She was severely abused as a child and, in response, developed three distinct personalities. What aspect of Maria's case is unusual for DID?
   a. That she was severely abused as a child
   b. That she has a history of sleepwalking
   c. That she has more than two personalities
   d. That she is Mexican

   ANS: D  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Applied

22. Dissociative identity disorder (DID) is more prevalent in ____ than in ____.
   a. Japan; Canada
   b. Mexico; the Netherlands
   c. Turkey; Japan
   d. Switzerland; the United States

   ANS: C  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Conceptual

23. Which statement about the development of dissociative identity disorder (DID) is accurate?
   a. Child abuse is frequently reported as the trigger for the disorder.
   b. The start of the disorder is usually unrelated to family stresses.
   c. The disorder usually cannot be detected until middle age.
   d. Characteristics of individuals diagnosed with DID have remained stable over time.

   ANS: A  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Factual

24. Pope and colleagues (2006) reported that the number of publications related to dissociative disorder and dissociative amnesia ____.
   a. has steadily increased from 1980 to the present time
   b. increased between 1980 and the mid-1990s, then sharply decreased since then
   c. has steadily decreased from 1980 to the present time
   d. was relatively stable between 1980 and the mid 1990s, then sharply increased since then

   ANS: B  PTS: 1  OBJ: 2  MSC: Factual

25. Which of the following is one of the complexities pointed out by Laney and Loftus (2005) with respect to interpreting reports of repressed memories?
   a. Forgetting about abuse for a time means the memory is repressed.
   b. Just because abuse is not mentioned by a survivor does not mean the memory of the abuse has been repressed.
   c. Descriptions of false memories are usually extremely vague.
   d. Because memory is concrete, details cannot be and false memories cannot be planted.

   ANS: B  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Factual
26. Which of the two most influential models of dissociative disorders gives an especially helpful explanation of who develops these disorders?
   a. The posttraumatic model (PTM) and the sociocognitive model (SCM) both give clear and useful explanations.
   b. Neither the posttraumatic model (PTM) nor the sociocognitive model (SCM) is sufficient to explain who develops these disorders.
   c. The posttraumatic model (PTM) gives a much better explanation than the sociocognitive model (SCM).
   d. The sociocognitive model (SCM) gives a much better explanation than the posttraumatic model (PTM).

   ANS: B  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Factual

27. The hypothesized origin of dissociative identity disorder (DID) is that it is ____.
   a. due to a biochemical imbalance in neurotransmitters
   b. a modeled reaction
   c. a form of malingering
   d. a defense against intensely painful experiences

   ANS: D  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Factual

28. Goff and Simms (1993) compared case reports of dissociative identity disorder from the years before 1965 and from the 1980s. More recent cases tend to have ____.
   a. fewer personalities
   b. their onset later in life
   c. a greater proportion of males
   d. a higher prevalence of reported child abuse

   ANS: D  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Factual

29. After controlling for the effects of age, Vermetten and colleagues (2006) compared women with dissociative identity disorder (DID) with women who did not have that diagnosis. All women in the study had a history of childhood sexual abuse. The researchers found ____.
   a. no meaningful differences in brain structures between the two groups of females
   b. that the hippocampal and amygdalar volumes of females with DID were greater than for females without DID
   c. that the amygdalar but not the hippocampal volume of females with DID was greater than for females without DID
   d. that the amygdalar and the hippocampal volumes of females with DID were significantly reduced compared with that of females without DID

   ANS: D  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Factual

30. The posttraumatic model (PTM) of dissociative disorders is based on which perspective?
   a. biological
   b. sociocultural
   c. psychodynamic
   d. behavioral

   ANS: C  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Factual
31. Dr. Young asks these questions of a child: "Do you ever sort of space out? Does it ever happen that time goes by and you can't remember what you were doing during that time? Do you ever do things that surprise you and you later stop and ask yourself why you did that?" What problem is Dr. Young investigating?
   a. conversion disorder  
   b. somatization disorder  
   c. dissociation  
   d. panic disorder

   ANS: C  PTS: 1  REF: Dissociative Disorders  
   OBJ: 2  MSC: Applied

32. A friend of yours asks, "Isn't it easy to tell when a person is faking the symptoms of dissociative identity disorder?" An accurate answer would be: ____.
   a. "No, because there is no way to accurately determine the existence of multiple personalities."
   b. "Yes, you can give them personality tests, those can't be faked."
   c. "Yes, diagnosis is usually done after hypnosis, when people are most truthful."
   d. "Yes, differences in EEG tracing prove who is showing a different personality and who is not."

   ANS: A  PTS: 1  REF: Dissociative Disorders  
   OBJ: 2  MSC: Applied

33. According to the sociocognitive model (SCM) of dissociative identity disorder (DID), the disorder develops ____.
   a. as the result of extreme abuse in early childhood  
   b. as the result of unethical therapeutic practices  
   c. through a biological predisposition  
   d. by learning about from the mass media

   ANS: D  PTS: 1  REF: Dissociative Disorders  
   OBJ: 2  MSC: Factual

34. According to the sociocognitive model (SCM) of dissociative identity disorder (DID), how is the development of the different "personalities" explained?
   a. The "personalities" are developed by the patient consciously with the intent to deceive others.  
   b. The "personalities" emerge through the efforts of a therapist who is either incompetent or unethical.  
   c. The "personalities" emerge as a way of protecting the patient from anxiety.  
   d. The "personalities" develop spontaneously, without conscious deception.

   ANS: D  PTS: 1  REF: Dissociative Disorders  
   OBJ: 2  MSC: Factual
35. Dr. Hart is a psychoanalyst treating a patient with dissociative identity disorder. He will probably explain the loss of memory in his patient as being due to ____.
   a. the attention the patient receives for being so forgetful  
   b. excessive id control and a lack of superego 
   c. equally weak ego and id 
   d. extreme repression in the face of intense anxiety
   ANS: D   PTS: 1   REF: Dissociative Disorders
   OBJ: 2   MSC: Applied

36. The ____ perspective explains the cause of dissociative disorders this way: "Extraordinary stress threatens the very existence of the ego and produces extraordinary repression."
   a. behavioral  
   b. biological  
   c. sociocultural  
   d. psychodynamic
   ANS: D   PTS: 1   REF: Dissociative Disorders
   OBJ: 2   MSC: Conceptual

37. Harvey is diagnosed with dissociative identity disorder. His mother severely abused him from the time he was 6 years old. The first of his personalities developed around seven. According to a psychoanalyst, the development of separate personalities served the purpose of ____.
   a. providing substitute significant others to replace an unacceptable parent  
   b. taking the pain of the abuse so that his core personality would survive 
   c. helping Harvey to remember his mother's viciousness when he grew older 
   d. getting Harvey additional attention from family members
   ANS: B   PTS: 1   REF: Dissociative Disorders
   OBJ: 2   MSC: Applied

38. A psychologist says, "The disorder develops because, in the face of overwhelming stress, the person has the capacity to dissociate and wall off the traumatic experience. This happens when there is no support in the family." The psychologist probably holds a ____ perspective on ____.
   a. behavioral; dissociative identity disorder  
   b. behavioral; somatoform disorder 
   c. psychodynamic; hypochondriasis  
   d. psychodynamic; dissociative identity disorder
   ANS: D   PTS: 1   REF: Dissociative Disorders
   OBJ: 2   MSC: Conceptual

39. According to psychodynamically oriented thinkers, traumatic events alone do not produce multiple personalities. There must also be a ____.
   a. capacity to dissociate  
   b. lack of superego function  
   c. lack of id  
   d. model for this behavior
   ANS: A   PTS: 1   REF: Dissociative Disorders
   OBJ: 2   MSC: Factual
40. Dr. Kim believes that increases in the frequency of diagnosing dissociative identity disorder have occurred because of iatrogenic effects. Which argument would Dr. Kim most likely use?
   a. EEG patterns are consistently different when those diagnosed with the disorder experience different personalities.
   b. Therapists tend to see the disorder as a way of escaping from unpleasant interpersonal situations.
   c. Reports of child abuse cannot be influenced by instructions or expectations.
   d. Most therapists who diagnose the disorder use hypnosis and other memory retrieval methods that rely on suggestion.

ANS: D        PTS: 1        REF: Dissociative Disorders
OBJ: 2        MSC: Applied

41. What can be said about the authenticity of the well-known case of dissociative identity disorder (DID) involving Sybil?
   a. It has been well supported and substantiated.
   b. There is no way to verify whether the events reported actually occurred.
   c. Although Sybil continues to assert that the events occurred as reported, many psychologists doubt her assertions.
   d. Its authenticity has been questioned and Sybil denied that the events and personalities described were true.

ANS: D        PTS: 1        REF: Dissociative Disorders
OBJ: 2        MSC: Factual

42. What mental health problem is typically associated with both dissociative amnesia and dissociative fugue?
   a. depression           c. schizophrenia
   b. stress               d. alcohol abuse

ANS: B        PTS: 1        REF: Dissociative Disorders
OBJ: 2        MSC: Factual

43. Rule-governed and goal-directed experiences, displays of multiple role enactments, and social reinforcement are all key concepts in which explanation for dissociative disorders?
   a. psychodynamic        c. sociocognitive
   b. family systems       d. iatrogenic

ANS: C        PTS: 1        REF: Dissociative Disorders
OBJ: 2        MSC: Factual

44. Saying that dissociative identity disorder is iatrogenic means that it is _____.
   a. caused by blocking the full expression of id impulses
   b. a fictitious or made-up diagnosis
   c. an unintended result of therapy
   d. an unacceptable way of avoiding social responsibilities

ANS: C        PTS: 1        REF: Dissociative Disorders
OBJ: 2        KEY: Conceptual
45. Because the origin of dissociative identity disorder in some cases may stem from the expectations and reinforcements of therapists, the disorder may be considered _____.
   a. somatoform  
   b. iatrogenic  
   c. psychosomatic  
   d. a form of malingering  
   ANS: B  
   PTS: 1  
   REF: Dissociative Disorders  
   OBJ: 2  
   MSC: Factual

46. What is a particular concern about using hypnosis with clients who have dissociative disorders?
   a. It may cause severe trauma for the client.  
   b. It may result in further repression of emotions and memories.  
   c. It may create personalities in suggestible clients.  
   d. It may uncover too many hidden personalities, which may cause more problems for the client.  
   ANS: C  
   PTS: 1  
   REF: Dissociative Disorders  
   OBJ: 2  
   MSC: Factual

47. Dr. Abdullah's new patient is diagnosed with dissociative fugue. Rather than doing in-depth psychotherapy, the doctor prescribes an antidepressant and provides emotional support. Why would Dr. Abdullah respond this way?
   a. The doctor probably sees the condition as iatrogenic.  
   b. The doctor probably agrees with the psychodynamic perspective.  
   c. The doctor probably knows that fugue is a hopeless condition that is untreatable.  
   d. The doctor probably knows that fugue goes away spontaneously and that depression is the only significant treatable symptom.  
   ANS: D  
   PTS: 1  
   REF: Dissociative Disorders  
   OBJ: 2  
   MSC: Applied

48. Which symptoms are often found in association with fugue and dissociative amnesia?
   a. stress and depression  
   b. conversion disorder and hysteria  
   c. hypochondriasis and phobia  
   d. depression and mania  
   ANS: A  
   PTS: 1  
   REF: Dissociative Disorders  
   OBJ: 2  
   MSC: Factual

49. The behavioral approach to treating depersonalization disorder would emphasize the use of _____.
   a. hypnosis to uncover the unconscious conflicts that are responsible for the symptoms  
   b. stress-coping mechanisms, self-reinforcement, and teaching significant others to respond positively to the "normal" behavior of the patient  
   c. antianxiety and antidepressant medication  
   d. systematic desensitization, flooding, modeling, and virtual reality  
   ANS: B  
   PTS: 1  
   REF: Dissociative Disorders  
   OBJ: 2  
   MSC: Factual
50. Coons (1986) did follow-up research on twenty patients treated for dissociative identity disorder. The findings show that ____.
   a. almost all of them were successfully reintegrated
   b. most showed great improvement in the first months, but all relapsed within a year
   c. none of them showed enough improvement to be employed
   d. about one-third were unable to work due to their disorder

   ANS: D  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Factual

51. Dr. Newman used hypnosis to help Marianne return to her childhood and uncover a hidden trauma that might be causing her symptoms. Dr. Newman's therapeutic orientation is probably ____.
   a. humanistic/existential
   b. cognitive
   c. psychodynamic
   d. behaviorist

   ANS: C  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Applied

52. Donna is diagnosed as having dissociative identity disorder. She can expect that her therapist will likely help her become aware of her different personalities through the use of psychotherapy and ____.
   a. antidepressant medication
   b. biofeedback
   c. systematic desensitization
   d. hypnosis

   ANS: D  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Applied

53. What is the major goal in treating dissociative identity disorder (DID)?
   a. fusion and complete integration of the individual personalities
   b. getting the personalities to work together
   c. getting the client to understand that the personalities are different aspects of the client's own personality
   d. having the client use each of the personalities for specific situations that fit a given personality's abilities

   ANS: A  PTS: 1  REF: Dissociative Disorders
   OBJ: 2  MSC: Factual

54. Joshua is a rehabilitation counselor whose job is to help disabled people become reemployed in another appropriate occupation. Joshua is concerned that there has been an increase in the number of people claiming to be disabled by stress or feigning physical injuries in order to receive government disability payments. What concept best identifies Joshua's concern?
   a. factitious disorder
   b. malingering
   c. moral anxiety
   d. collaborative empiricism

   ANS: B  PTS: 1  REF: Somatic Symptom Disorders
   OBJ: 1  MSC: Applied
55. Which of the following is a somatic symptom disorder?
   a. generalized anxiety disorder
   b. dissociative identity disorder
   c. functional neurological symptom disorder (conversion disorder)
   d. depersonalization disorder

   ANS: C       PTS: 1       REF: Somatic Symptom Disorders
   OBJ: 1       MSC: Factual

56. A psychologist says, "We know it is a psychological disorder because the physical symptoms have no physiological basis and the symptoms are not under voluntary control." What is the psychologist describing?
   a. a somatic symptom disorder
   b. an anxiety disorder
   c. alcoholism
   d. a dissociative disorder

   ANS: A       PTS: 1       REF: Somatic Symptom Disorders
   OBJ: 1       MSC: Conceptual

57. What is the primary difference between factitious disorder and malingering?
   a. The feigning of symptoms in factitious disorder is induced deliberately with no apparent incentive, while the motivation in malingering is typically to achieve some goal.
   b. The symptoms in factitious disorder are not produced intentionally, whereas they are in malingering.
   c. The symptoms in malingering are not produced intentionally, whereas they are in factitious disorder.
   d. The feigning of symptoms in factitious disorder is motivated by economic gain or to avoid some unpleasant task, whereas the motivation in malingering is to assume the sick role.

   ANS: A       PTS: 1       REF: Somatic Symptom Disorders
   OBJ: 1       MSC: Factual

58. The chief difference between complex somatic symptom disorder with somatization features and factitious disorders is whether the condition is ____.
   a. a way of avoiding responsibility or not
   b. iatrogenic or not
   c. produced by the doctor's treatment or not
   d. self-inflicted or not

   ANS: D       PTS: 1       REF: Somatic Symptom Disorders
   OBJ: 1       MSC: Conceptual

59. Wanda fakes her pain complaints because she is hoping to get a large monetary award from an insurance company. Roberta experiences fever and pain because she has injected herself with bacteria. Wanda's behavior illustrates ____; Roberta's behavior illustrates ____.
   a. malingering; somatoform disorder
   b. malingering; factitious disorder
   c. factitious disorder; malingering
   d. factitious disorder; somatoform disorder

   ANS: B       PTS: 1       REF: Somatic Symptom Disorders
   OBJ: 1       MSC: Applied
60. In the movie *Ferris Bueller's Day Off*, Ferris deliberately faked his own headaches and stomach pains so that he could avoid going to school. Aside from his irresponsibility, Ferris would *best* be diagnosed as exhibiting ____.
   a. factitious disorder
   b. impulse control disorder
   c. malingering
   d. illness anxiety disorder (hypochondriasis)
   
   ANS: C  PTS: 1  REF: Somatic Symptom Disorders
   OBJ: 1  MSC: Applied

61. Suppose you are the director of a mental health clinic in a neighborhood where many immigrants from India, China, and Korea live. You could expect that clients coming from these Asian backgrounds would ____.
   a. feel that anyone with a somatic symptom disorder is morally weak
   b. have almost no somatic symptom disorders
   c. believe that any somatic complaints they have come from emotional stress
   d. believe that physical problems produce emotional problems
   
   ANS: D  PTS: 1  REF: Dissociative Disorders
   OBJ: 1  MSC: Applied

62. Which of the following symptoms is necessary for a diagnosis of complex somatic symptom disorder with pain features (pain disorder)?
   a. difficulty controlling worrisome thoughts
   b. a neurological symptom
   c. multiple physical complaints
   d. depression
   
   ANS: C  PTS: 1  REF: Somatic Symptom Disorders
   OBJ: 1  MSC: Factual

63. Bethany has spent the past ten years in and out of hospitals. She suffers from numerous physical complaints including severe hip, joint, leg, and head pain, and frequent bouts of diarrhea and bloating, and often reports breathing problems. Although numerous doctors and extensive tests revealed no physical problems, Bethany still reports vague symptoms of physical problems. Bethany's problems would best fit a diagnosis of ____.
   a. premenstrual syndrome (PMS)
   b. complex somatic symptom disorder
   c. illness anxiety disorder (hypochondriasis)
   d. body dysmorphic disorder
   
   ANS: B  PTS: 1  REF: Somatic Symptom Disorders
   OBJ: 1  MSC: Applied

64. Worldwide, the most common forms of complex somatic symptom disorder symptoms are ____.
   a. gastrointestinal complaints and abnormal skin sensations
   b. menstrual and abdominal pains
   c. abdominal and chest pains
   d. body odor and kidney weakness
   
   ANS: A  PTS: 1  REF: Somatic Symptom Disorders
   OBJ: 1  MSC: Factual
65. Marge has gone to doctors with more than twenty different somatic complaints in the past year and has
had surgery four times. She has few anxiety or depressive symptoms, but doctors never satisfy her
when they say, "There's nothing wrong with you physically." What is unusual about this patient?
a. People with complex somatic symptom disorders with somatization features (somatization
disorders) rarely shop around for doctors.
b. People with complex somatic symptom disorders with somatization features (somatization
disorders) usually show only one physical complaint.
c. Complex somatic symptom disorder with somatization features (somatization disorder)
often includes depression and anxiety.
d. Complex somatic symptom disorder with somatization features (somatization disorder)
affects mostly males.

ANS: C    PTS:  1    REF: Somatic Symptom Disorders
OBJ: 1    MSC: Applied

66. Which statement about complex somatic symptom disorder with somatization features (somatization
disorder) is accurate?
a. It is a form of dissociative disorder.
b. It is rarely associated with anxiety, depression, or other psychiatric disorders.
c. It is relatively rare, having a prevalence of 2 percent for women and 0.2 percent for men.
d. It is more prevalent among educated individuals than among uneducated ones.

ANS: C    PTS:  1    REF: Somatic Symptom Disorders
OBJ: 1    MSC: Factual

67. Complex somatic symptom disorder with somatization features (somatization disorder) used to be
called ____.
   a. hysteria  
   b. drapetomania  
   c. psychosomatic disorder  
   d. bile disorder

ANS: A    PTS:  1    REF: Somatic Symptom Disorders
OBJ: 1    MSC: Factual

68. Tulugaq, an Inuit, experiences dissociative-like episodes that are accompanied by extreme excitement.
He often performs aggressive and dangerous acts, although he does not remember them. One of his
recent episodes was followed by convulsions and he went into a coma for two days. Tulugaq suffers
from ____.
   a. zar  
   b. brain fag  
   c. pibloktoq  
   d. dhat

ANS: C    PTS:  1    REF: Somatic Symptom Disorders
OBJ: 1    MSC: Applied
69. Monica complains of chest and head pains, amnesia, nausea, and sexual problems. She goes from doctor to doctor, but none can find a physical cause for her complaints. Stephen suddenly became blind one day shortly after his boss put him under great psychological stress. There is no physiological explanation for his blindness. Monica best illustrates ____, whereas Stephen best illustrates ____.

a. functional neurological symptom disorder (conversion disorder); factitious disorder
b. complex somatic symptom disorder with somatization features (somatization disorder); illness anxiety disorder (hypochondriasis)
c. illness anxiety disorder (hypochondriasis); factitious disorder
d. complex somatic symptom disorder with somatization features (somatization disorder); functional neurological symptom disorder (conversion disorder)

ANS: D PTS: 1 REF: Somatic Symptom Disorders
OBJ: 1 MSC: Applied

70. Amelia's parents were from India and continued to follow the traditions of that country. Her parents had selected her husband for her, and she was to be married in two weeks. One morning, however, Amelia woke up paralyzed, and she had no use of her legs. A thorough medical examination could find nothing physically wrong that would account for Amelia's paralysis. Amelia would most likely be diagnosed with ____.

a. illness anxiety disorder (hypochondriasis)
b. factitious disorder
c. malingering
d. functional neurological symptom disorder (conversion disorder)

ANS: D PTS: 1 REF: Somatic Symptom Disorders
OBJ: 1 MSC: Applied

71. Which of the following persons has symptoms that most likely indicate a possible functional neurological symptom disorder (conversion disorder)?

a. Joan, who says her legs have been paralyzed for six months but who shows no muscle atrophy
b. Keith, who goes from doctor to doctor complaining of pains and symptoms in many different parts of his body
c. Lilly, who constantly thinks about the size of her ears and wants plastic surgery to reconstruct them
d. Wes, who has had backaches that have gone on longer than his doctor thinks is reasonable

ANS: A PTS: 1 REF: Somatic Symptom Disorders
OBJ: 1 MSC: Applied

72. As Will approached the witness stand, he stopped and clutched his throat. He had to leave the courtroom because he was unable to speak. If he had no other symptoms, his condition might be diagnosed as ____.

a. panic disorder
b. factitious disorder
c. agoraphobia
d. functional neurological symptom disorder (conversion disorder)

ANS: D PTS: 1 REF: Somatic Symptom Disorders
OBJ: 1 MSC: Applied
73. Paralysis, anesthesia, and impairment in sight or hearing are common complaints in ____.
   a. illness anxiety disorder (hypochondriasis)
   b. functional neurological symptom disorder (conversion disorder)
   c. dissociative pain disorder
   d. complex somatic symptom disorder with somatization features (somatization disorder)

ANS: B  PTS: 1  REF: Somatic Symptom Disorders
OBJ: 1  MSC: Factual

74. Because glove anesthesia does not correspond to the distribution of nerve pathways in the body, it leads to a diagnosis of ____.
   a. functional neurological symptom disorder (conversion disorder)
   b. body dysmorphic disorder
   c. complex somatic symptom disorder with somatization features (somatization disorder)
   d. psychogenic pain

ANS: A  PTS: 1  REF: Somatic Symptom Disorders
OBJ: 1  MSC: Factual

75. Yassir has been under great stress at work. He tells his doctor that he cannot feel his hand from his wrist to his fingertips. He says it is as though all the feeling in the nerves was cut off at the wrist. The doctor, knowing how nerves are distributed, will probably see Yassir as having ____.
   a. complex somatic symptom disorder with pain features (pain disorder)
   b. functional neurological symptom disorder (conversion disorder)
   c. factitious disorder imposed on another
   d. illness anxiety disorder (hypochondriasis)

ANS: B  PTS: 1  REF: Somatic Symptom Disorders
OBJ: 1  MSC: Applied

76. Sharon has caused diarrhea in her 3-year-old daughter by feeding her spoiled milk and rotten eggs. When the child is repeatedly hospitalized, Sharon acts like a very worried and caring mother. Since Sharon does not get to play the sick role and gets no obvious reward for her behavior, her appropriate diagnosis is ____.
   a. complex somatic symptom disorder with somatization features (somatization disorder)
   b. factitious disorder
   c. factitious disorder imposed on another
   d. malingering

ANS: C  PTS: 1  REF: Somatic Symptom Disorders
OBJ: 1  MSC: Applied

77. Barbie has complained of an unexplained illness for several years. She has had many painful and high-risk surgeries and other treatments, which she has willingly undergone. In fact, she seems to enjoy playing the "sick role." She gets extremely angry when anyone questions whether she really has an actual physical problem. These symptoms suggest that Barbie suffers from ____.
   a. malingering
   b. complex somatic symptom disorder with somatization features (somatization disorder)
   c. factitious disorder
   d. illness anxiety disorder (hypochondriasis)

ANS: C  PTS: 1  REF: Somatic Symptom Disorders
OBJ: 1  MSC: Applied
78. Pain is to ____ as paralysis and absence of pain are to ____.
   a. functional neurological symptom disorder (conversion disorder); complex somatic symptom disorder with pain features (pain disorder)
   b. functional neurological symptom disorder (conversion disorder); illness anxiety disorder (hypochondriasis)
   c. complex somatic symptom disorder with pain features (pain disorder); functional neurological symptom disorder (conversion disorder)
   d. complex somatic symptom disorder with pain features (pain disorder); illness anxiety disorder (hypochondriasis)

   ANS: C    PTS: 1    REF: Somatic Symptom Disorders
   OBJ: 1    MSC: Conceptual

79. Barbara was in a car accident and experienced neck pain immediately afterward. Doctors say that any injury to her neck healed within two weeks of the accident. Nine months later, Barbara begins to visit her doctor weekly, saying the pain is still unbearable and she needs stronger pain medication. What is a reasonable diagnosis?
   a. complex somatic symptom disorder with somatization features (somatization disorder)
   b. depersonalization disorder
   c. illness anxiety disorder (hypochondriasis)
   d. complex somatic symptom disorder with pain features (pain disorder)

   ANS: D    PTS: 1    REF: Somatic Symptom Disorders
   OBJ: 1    MSC: Applied

80. "Persistent preoccupation with one's health despite consistent medical evaluations showing no organic problems" is a definition of ____.
   a. functional neurological symptom disorder (conversion disorder)
   b. depersonalization disorder
   c. illness anxiety disorder (hypochondriasis)
   d. body dysmorphic disorder

   ANS: C    PTS: 1    REF: Somatic Symptom Disorders
   OBJ: 1    MSC: Factual

81. Mrs. Klinger has a ten-year history of fearing a heart attack, although no doctor has found anything wrong with her heart. She frequently calls emergency services and lies in bed most days worrying that she will have a coronary. Mrs. Klinger suffers from ____.
   a. complex somatic symptom disorder with pain features (pain disorder)
   b. functional neurological symptom disorder (conversion disorder)
   c. malingering
   d. illness anxiety disorder (hypochondriasis)

   ANS: D    PTS: 1    REF: Somatic Symptom Disorders
   OBJ: 1    MSC: Applied
82. Mr. Able is diagnosed with illness anxiety disorder (hypochondriasis), while Mr. Baker is diagnosed with complex somatic symptom disorder (somatization disorder). How will their symptoms be different?
   a. Mr. Able will fear he has an undetected fatal illness; Mr. Baker will have many vague physical complaints.
   b. Mr. Able will have complaints about his body; Mr. Baker will not.
   c. Mr. Able will not have any physical complaints; Mr. Baker will fear that he has cancer or a form of heart disease.
   d. Mr. Able will claim that he cannot see or walk; Mr. Baker will fear that he has an undetected fatal illness.

ANS: A
PTS: 1
REF: Somatic Symptom Disorders
OBJ: 1
MSC: Applied

83. Suppose we interviewed fifty people with illness anxiety disorder (hypochondriasis). Which of the following quotes do you expect we would hear most often?
   a. "My doctor is very accurate with her diagnoses."
   b. "I can notice even the slightest changes in my body."
   c. "I know that even when I am sick, nothing terrible is going to happen."
   d. "I know I have some kind of illness, but I haven't been to see a doctor in years."

ANS: B
PTS: 1
REF: Somatic Symptom Disorders
OBJ: 1
MSC: Conceptual

84. Dissociative fugue is best described as ____.
   a. a generalized amnesia for one’s identity and life history that may be accompanied by bewildered wandering or purposeless travel.
   b. lack of memory for a specific event or events
   c. a condition in which two or more independent personality states appear to exist in one person
   d. feelings of unreality concerning the self and the environment

ANS: A
PTS: 1
REF: Somatic Symptom Disorders
OBJ: 1
MSC: Factual

85. Which statement about dissociative amnesia is accurate?
   a. It is the partial or total loss of important personal information that is not “ordinary” forgetting.
   b. Its onset is always slow and progressive.
   c. It begins to develop in early childhood.
   d. It only remits with psychodynamic therapy.

ANS: A
PTS: 1
REF: Dissociative Disorders
OBJ: 2
MSC: Factual
86. A psychologist discusses a patient with illness anxiety disorder (hypochondriasis) this way: "She focuses on her health so that she can be protected from the anxiety her underlying conflicts cause. Then, when she is shown attention and sympathy, her dependency needs are met." This psychologist ______.
   a. probably agrees with the behavioral perspective  
   b. takes a diathesis-stress approach to illness anxiety disorder (hypochondriasis)  
   c. is discussing primary and secondary gain  
   d. probably rejects the psychoanalytic perspective

ANS: C  PTS: 1  REF: Somatic Symptom Disorders  
OBJ: 1  MSC: Applied

87. Reinforcement of illness behaviors and parental modeling of how to act sick are both etiological factors in which theory of functional neurological symptom disorder (conversion disorder)?
   a. biogenic  
   b. family systems  
   c. psychodynamic  
   d. cognitive-behavioral

ANS: D  PTS: 1  REF: Somatic Symptom Disorders  
OBJ: 1  MSC: Factual

88. Dr. Krank says, "Patients who continually report being in pain have a higher-than-normal arousal level." Dr. Krank's explanation of complex somatic symptom disorder with somatization features (somatization disorder) reflects which perspective?
   a. psychodynamic  
   b. biological  
   c. sociocultural  
   d. cognitive-behavioral

ANS: B  PTS: 1  REF: Somatic Symptom Disorders  
OBJ: 1  MSC: Applied

89. Research has found that Asian Americans often react to stress by ____.
   a. becoming irritable  
   b. developing physical complaints  
   c. withdrawing  
   d. redirecting their energies into school or work

ANS: B  PTS: 1  REF: Somatic Symptom Disorders  
OBJ: 1  MSC: Factual

90. Dr. Todd says, "Anna O. was not a victim of intrapsychic conflicts. She was an ambitious, intelligent woman with restricted opportunities. She felt great guilt when she resented having to care for her sick father. Her symptoms afforded her the opportunity to maintain contact with an intellectually stimulating doctor. She went on to become a feminist leader." These remarks ____.
   a. support the psychodynamic explanation for complex somatic symptom disorder with somatization features (somatization disorder).  
   b. support the biological perspective on complex somatic symptom disorder with somatization features (somatization disorder)  
   c. reject the behavioral explanation for dissociative disorders  
   d. support a sociocultural explanation for complex somatic symptom disorder with somatization features (somatization disorder)

ANS: D  PTS: 1  REF: Somatic Symptom Disorders  
OBJ: 1  MSC: Applied
91. Evidence supporting the biological perspective on patients with illness anxiety disorder (hypochondriasis) includes research showing they ____.
   a. are more sensitive than others to bodily sensations
   b. have neurotransmitter imbalances
   c. have lower arousal levels than others
   d. have less of an increase in their heartbeats than others when stressed

ANS: A        PTS: 1        REF: Somatic Symptom Disorders
OBJ: 1        MSC: Factual

92. The biological perspective on complex somatic symptom disorder with somatization features (somatization disorder) emphasizes which difference in these patients?
   a. They perceive internal stimuli more acutely.
   b. They have experienced more stress in early childhood.
   c. They are unable to learn from punishment.
   d. They are exposed to parents who model how to act sick.

ANS: A        PTS: 1        REF: Somatic Symptom Disorders
OBJ: 1        MSC: Factual

93. Angel has been prescribed an SSRI to help her deal with her complex somatic symptom disorder with pain features (pain disorder). The medication is most likely to help Angel with ____.
   a. her pain
   b. articulating her ailments
   c. revising her distorted self-perception
   d. her depression

ANS: D        PTS: 1        REF: Somatic Symptom Disorders
OBJ: 1        MSC: Applied

94. The most promising treatment for somatic symptom disorders involves which approach?
   a. biological
   b. psychobiologicaldynamic
   c. cognitive-behavioral
   d. sociocultural

ANS: C        PTS: 1        REF: Somatic Symptom Disorders
OBJ: 1        MSC: Factual

95. Dr. Bar-Illan wants to overcome his negative reactions toward his clients with a somatic symptom disorder. Which quality should he develop?
   a. sympathy
   b. patience
   c. empathy
   d. insight

ANS: C        PTS: 1        REF: Somatic Symptom Disorders
OBJ: 1        MSC: Applied

96. From a social perspective, somatic complaints reflect ____.
   a. unsatisfying or inadequate social relationships
   b. frustration and anger
   c. unconscious conflicts
   d. cognitive distortions

ANS: A        PTS: 1        REF: Somatic Symptom Disorders
OBJ: 1        MSC: Factual
97. Which therapists use education about the relationship between misinterpretations of bodily sensations and selective attention to illness themes to treat patients with illness anxiety disorder (hypochondriasis)?
   a. cognitive-behaviorists  
   b. family systems  
   c. humanists  
   d. psychoanalysts

   ANS: A  PTS: 1  REF: Somatic Symptom Disorders

   OBJ: 1  MSC: Factual

98. The approaches that show the most promise for treating somatic symptom disorders are ____.
   a. relaxation training, psychoeducation, and changing cognitions  
   b. flooding, modeling, and drug therapy  
   c. hypnotherapy, drug therapy, and changing cognitions  
   d. systematic desensitization, cognitive therapy, and exposure

   ANS: A  PTS: 1  REF: Somatic Symptom Disorders

   OBJ: 1  MSC: Conceptual

99. The class of drugs that appears to be most effective with patients that have a complex somatic symptom disorder is ____.
   a. benzodiazepines  
   b. tricyclic antidepressants  
   c. SSRIs  
   d. stimulants

   ANS: C  PTS: 1  REF: Somatic Symptom Disorders

   OBJ: 1  MSC: Factual

100. What have researchers concluded when comparing cognitive-behavior therapy (CBT) with standard medical care that is augmented with psychiatric consultation for treating somatization symptoms and complaints?
   a. CBT was significantly more effective than standard medical care augmented with psychiatric consultation.  
   b. Standard medical care augmented with psychiatric consultation was more effective than CBT.  
   c. Both treatments were effective.  
   d. Although CBT had better initial outcomes, over time both CBT and the medical care did not maintain any gains.

   ANS: A  PTS: 1  REF: Somatic Symptom Disorders

   OBJ: 1  MSC: Factual
ESSAY

1. What form does the dissociation take in depersonalization disorder, dissociative amnesia, and dissociative identity disorder? What are the major differences in the symptoms and prospects for recovery in these three disorders?

ANS:
People who have depersonalization disorder feel that they or the world has become unreal. These feelings cause significant impairment in their ability to work and get along with other people. Altered perceptions are also likely, such as thinking that one's body is distorted. The dissociation is in the individual's sense of self and relationship to the outside world; normal consciousness about what is real or dream and how we look or feel is lost. Memory loss is the fundamental symptom of dissociative amnesia. Whether it is recall of whole events (localized) or portions of them (selective), the individual deals with a stressful experience by splitting off his or her memory of it. In dissociative identity disorder, there is a more complete splitting off of memories. Not only does the person have no recollection of traumatic events in the past, but also different personalities come to inhabit the body at different times, and only those personalities have access to event-related memories. Therefore, the dissociation, as the name implies, is more than about mere recall; it is about identity. In all cases, there is a form of splitting off of portions of consciousness in these disorders, but depersonalization and amnesia are more likely to be time- and stress-limited conditions than is dissociative identity disorder. Once the precipitating stressor is over and the person can return to normal means of coping, depersonalization and amnesia typically spontaneously remit. The person with dissociative identity disorder, however, has developed a well-established coping mechanism and may harbor deep-seated conflicts that do not allow for easy resolution. Furthermore, it can be argued that dissociative identity disorder can be quite adaptive, allowing the person to function in parts better than might occur in an integrated whole. Treatment outcomes for dissociative identity disorder are generally poorer than for the other two dissociative disorders.

PTS: 1

2. Describe and distinguish the psychodynamic and iatrogenic explanations for dissociative identity disorder. What are the points of overlap between these explanations?

ANS:
The person with dissociative identity disorder is unable to remember in some personalities the horrifying events that other personalities witnessed and remember. This dissociation is seen by psychoanalysts as an extreme form of repression. Dissociation or separation of certain mental processes occurs, and large parts of the individual’s personal identity are no longer available to conscious awareness. This process protects the individual from painful memories or conflicts. The splits in mental processes become so extreme in dissociative identity disorder that more or less independent identities are formed, each with its unique set of memories. The intensity of the conflict is believed to be an outgrowth of traumatic stressful events in childhood, usually physical and sexual abuse. If a child has the capacity to daydream or otherwise dissociate certain memories, he or she can use this to cope with overwhelming anxiety by creating separate personalities. In other words, children who can hypnotize themselves to wall off the pain of traumatic events may develop dissociative identity disorder. Those who say that dissociative identity disorder is iatrogenic (therapist-produced) note that the symptoms of the disorder have been influenced by descriptions in books and movies. Therapists, believing that childhood abuse underlies the disorder, will encourage clients to "uncover" memories of such abuse and thereby generate proof of the disorder. During hypnosis, a state of increased suggestibility, the likelihood of this process is magnified. Further, people with dissociative identity disorder are more suggestible than others.
The two approaches all see the development of dissociative identity disorder as a coping response. Psychoanalysts see the separation of personalities as serving the purpose of avoiding stressful experiences. One can also see iatrogenic dissociation as a means of coping: It avoids a subtle dispute with the therapist, elicits sympathy and encouragement from the therapist, and provides the client with an explanation for his or her difficulties.

PTS:  1

3. Describe the features of complex somatic symptom disorder with somatization features (somatization disorder), factitious disorders, and malingering, delineating how the three can be differentiated from one another.

ANS: Complex somatic symptom disorders with somatization features (somatization disorder) involve physical symptoms for which, based on current knowledge of physical functioning, there is no adequate explanation. Complex somatic symptom disorders with somatization features (somatization disorder) are considered unintentional because persons with these disorders are not deliberately faking their physical symptoms. Factitious disorders also involve the presence of physical symptoms for which there is no apparent medical cause, but the symptoms are produced intentionally or faked. The motivation for the feigning of physical symptoms is the desire to assume the "sick role." Complex psychological variables are assumed to be involved with factitious disorders, and the individual is usually unaware of the motivation for the behavior. Additionally, simulation of illness is induced with no apparent incentive other than attention from medical personnel or others. Malingering involves faking a disorder with physical symptoms. In malingering, the physical symptoms are faked, but the motivation is for external incentives, such as economic gain or the avoidance of work or legal responsibilities.

PTS:  1
MULTIPLE CHOICE

1. ____ are disturbances in emotions that cause subjective discomfort, hinder a person's ability to function, or both.
   a. Personality disorders
   b. Emotional disorders
   c. Mood disorders
   d. Anxiety disorders

   ANS: C   PTS: 1   REF: Assessing Mood Symptoms
   OBJ: 1   MSC: Factual

2. The two primary aspects of mood disorders are ____, which is characterized by intense sadness, and ____ , which is characterized by elevated mood and often results in hyperactivity.
   a. mania; anxiety
   b. mania; depression
   c. depression; anxiety
   d. depression; mania

   ANS: D   PTS: 1   REF: Assessing Mood Symptoms
   OBJ: 1   MSC: Conceptual

3. The director of a new mental health center is developing plans to provide treatment for the disorder that is the most common complaint for those who seek mental health care. That disorder is ____.
   a. depression
   b. manic depression
   c. anxiety
   d. hyperactivity

   ANS: A   PTS: 1   REF: Assessing Mood Symptoms
   OBJ: 1   MSC: Conceptual

4. Valentine has had two episodes of depression. Compared with individuals who have no history of depression, she has a 70 percent chance to ____.
   a. have another episode of depression
   b. cycle into a manic episode
   c. have an asthma attack
   d. develop cancer

   ANS: A   PTS: 1   REF: Assessing Mood Symptoms
   OBJ: 1   MSC: Applied

5. Jill has had one episode of major depression. What is the likelihood that she will have another during her lifetime?
   a. 1 percent
   b. 10 percent
   c. 50 percent
   d. 90 percent

   ANS: C   PTS: 1   REF: Assessing Mood Symptoms
   OBJ: 1   MSC: Applied
6. In a recent survey of college students (Furr et al. 2001), over ____ percent said that they had experienced depression.
   a. 10
   b. 20
   c. 50
   d. 75
   ANS: C  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Factual

7. Shelly is pessimistic about her future. Her disinterest in everything around her, together with her loss of energy and motivation, make it difficult for her to cope with even the most minor of daily events. These symptoms demonstrate which domain of depression?
   a. cognitive
   b. affective
   c. behavioral
   d. physiological
   ANS: A  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Applied

8. Professor Wong tells her class that there are four psychological domains that are used to describe depression. These domains include affective, behavioral, cognitive, and ____.
   a. dominance
   b. physiological
   c. psychoanalytic
   d. hypomanic
   ANS: B  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Factual

9. Khalil has been losing weight because he has no interest in eating and he complains of constipation. He has difficulty falling asleep and then wakes up several times during the night, often because of nightmares. Khalil is experiencing which symptoms of depression?
   a. affective
   b. behavioral
   c. cognitive
   d. physiological
   ANS: D  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Applied

10. Lucy feels worthless and extremely sad. She has had crying spells that do not stem from any particular event. Life seems uninteresting and colorless. Lucy's symptoms illustrate the ____.
    a. affective symptoms of depression
    b. behavioral symptoms of depression
    c. cognitive symptoms of mania
    d. physiological symptoms of depression
    ANS: A  PTS: 1  REF: Assessing Mood Symptoms
    OBJ: 1  MSC: Applied

11. The affective symptoms of depression include ____.
    a. slowed speech and action
    b. thoughts of suicide
    c. an inability to sleep
    d. intense sadness and feelings of worthlessness
    ANS: D  PTS: 1  REF: Assessing Mood Symptoms
    OBJ: 1  MSC: Factual
12. Luis's mother died suddenly, and he has experienced great sadness. Which statement indicates that this is clinical depression rather than normal mourning?
   a. He feels that he needs to mourn in order to adjust to his mother's death.
   b. He has experienced severe and incapacitating depression for more than three months.
   c. He cries when he thinks of his mother.
   d. He has experienced a short, intense period of dejection and sadness.

   ANS: B  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Applied

13. Timothy has been unable to function at work for five months since the death of his mother. He feels he is worthless and his friends notice that his thought processes seem faulty and he seems to be doing everything in "slow motion." Timothy's reaction to his mother's death ____.
   a. indicates a bipolar disorder
   b. can be considered within the normal limits of bereavement in most cultures
   c. indicates a severe depression
   d. would be considered mania in some cultures but normal bereavement in others

   ANS: C  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Applied

14. The cognitive symptoms of depression include ____.
   a. feelings of sadness, dejection, worthlessness, apathy, and crying spells
   b. social withdrawal, low energy, psychomotor retardation, and agitation
   c. appetite and weight changes, constipation, and sleep disturbances
   d. pessimism, guilt, and loss of interest and motivation

   ANS: D  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Factual

15. Harold says, "I cry for hours and feel a profound sense of loss. I experience no joy, but I can still see a positive future for myself. I know I am competent; I just feel very sad all the time." If Harold is experiencing depression, he illustrates ____.
   a. none of the cognitive signs but many of the affective ones
   b. most of the cognitive and affective signs
   c. most of the behavioral signs but none of the affective ones
   d. none of the affective signs but many of the cognitive ones

   ANS: A  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Applied

16. A psychologist describes a patient as showing certain cognitive symptoms associated with depressive reactions. Which patient is being described?
   a. Rachel, who is apathetic, anxious, and socially withdrawn
   b. Megan, who has a negative view of herself, her present experiences, and her future expectations
   c. Kate, who is crying, easily fatigued, and moves very slowly
   d. Wendy, who has physiological impairments in her nervous system, gastrointestinal system, and immune system

   ANS: B  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Conceptual
17. Which of the following is a behavioral symptom of depression?
   a. slowing down all body movements and speech
   b. becoming more and more involved with other people's problems
   c. having trouble getting to sleep but feeling full of energy
   d. having thoughts of suicide
   ANS: A  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Factual

18. Which of the following is a behavioral symptom of depression?
   a. increased activity level
   b. difficulties in concentration and decision making
   c. social withdrawal
   d. loss of motivation
   ANS: C  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Factual

19. Ralph has lost twenty pounds since he was fired from his job. He either cannot get to sleep or wakes up early and is exhausted the next day. These facts illustrate which symptoms of depression?
   a. cognitive
   b. affective
   c. behavioral
   d. physiological
   ANS: D  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Applied

20. Which of the following is a physiological symptom of depression?
   a. lowered productivity
   b. poor hygiene
   c. anhedonia
   d. lack of interest in eating and weight loss
   ANS: D  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Factual

21. Artie speaks so rapidly that people have a hard time keeping up with what he says. He also changes topics mid-sentence and, although much of what he says is understandable, his accelerated, disjointed speech and idiosyncratic phrases make it difficult to follow his train of thought. Artie is exhibiting which category of bipolar symptoms?
   a. affective
   b. behavioral
   c. cognitive
   d. physiological
   ANS: C  PTS: 1  REF: Bipolar Disorders
   OBJ: 3  MSC: Applied

22. Unlike depression, in mania, ____.
   a. the mood is elevated, expansive, or irritable
   b. mood changes occur without any changes in behavior
   c. the mood remains normal, while the cognitive and behavioral symptoms change
   d. mood changes do not affect social or occupational functioning
   ANS: A  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Factual
23. Which individual best illustrates the symptoms of mania?
   a. Jim, who has suddenly developed an aversion to sexual activity
   b. Paul, who has boundless energy and becomes angered when frustrated
   c. Alice, who is highly anxious about future events
   d. Esther, whose energy level is so low that she has become withdrawn from other people

   ANS: B  PTS: 1  REF: Bipolar Disorders
   OBJ: 3  MSC: Applied

24. Which of the following terms is correctly paired with its definition?
   a. Hypomania is when a person is beginning to feel depressed.
   b. Mania is when a person is "high" but totally coherent.
   c. Hypomania may involve poor judgment but not delusions.
   d. Mania is a less severe form of the disorder than hypomania.

   ANS: C  PTS: 1  REF: Bipolar Disorders
   OBJ: 3  MSC: Factual

25. For the past several weeks, Ian's thinking races from one idea to the next, and he cannot stay focused on any one idea. He feels pressure to keep on talking, feels a decreased need for sleep, and has been arrested for harassing pedestrians on the street. Of the following, what diagnosis would Ian most likely be given?
   a. bipolar disorder
   b. unipolar depression
   c. cyclothymic disorder
   d. dysthymic disorder

   ANS: A  PTS: 1  REF: Bipolar Disorders
   OBJ: 3  MSC: Applied

26. Winnie exhibits the essential feature of bipolar disorder, which is ____.
   a. depressed mood
   b. chronic fatigue
   c. changing moods from happy to serious
   d. one or more manic or hypomanic episodes

   ANS: D  PTS: 1  REF: Bipolar Disorders
   OBJ: 3  MSC: Applied

27. Romeo is grandiose in his thinking, incoherent in his speech, and so hyperactive he has hardly sat down in the past week. DeJuan is overactive and elated, starting projects but not completing them. However, he shows neither delusions nor incoherence in his speech. According to the DSM-IV-TR ,
   a. Romeo illustrates the hypomanic state, and DeJuan the manic state
   b. Romeo and DeJuan both illustrate the manic state
   c. Romeo and DeJuan both illustrate the hypomanic state
   d. Romeo illustrates the manic state, and DeJuan the hypomanic state

   ANS: D  PTS: 1  REF: Bipolar Disorders
   OBJ: 3  MSC: Applied
28. In the DSM-IV-TR, mood disorders are divided into which two major subcategories?
   a. unipolar depression and bipolar disorder
   b. bipolar I and bipolar II
   c. mild and severe
   d. major depression and dysthymic disorder

   ANS: A  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Conceptual

29. Taylor is diagnosed with major depressive disorder. One thing we are sure of is that he ____.
   a. will never have another episode of depression after this one
   b. is likely to have hallucinations
   c. does not alternate between depression and mania
   d. swings from extremely low energy to very high energy

   ANS: C  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Applied

30. Based on cross-cultural research, which woman has the lowest risk of developing depression?
   a. Selena, a middle-aged white widow
   b. Juana, a 20-year-old Hispanic college student
   c. Monica, a 25-year-old Native American
   d. Sharona, a 45-year-old white divorcee

   ANS: B  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Applied

31. After Shauna gave birth, she sunk into a major depressive episode. She was unable to care for herself or her baby. Fortunately, she did not have the energy to follow through on her thoughts of killing her baby. These symptoms suggest that Shauna is likely to have experienced which depressive specifier?
   a. melancholia
   b. catatonia
   c. postpartum onset
   d. seasonal pattern

   ANS: C  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Applied

32. Brianna has always been pessimistic. For the past three years, on most days she feels tired, guilty, and unable to concentrate. However, her eating, sleeping, and daily functioning have not been impaired. This chronic depressed state best illustrates ____.
   a. depression not otherwise specified
   b. cyclothymia
   c. major depression
   d. dysthymic disorder

   ANS: D  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Applied

33. For an event to qualify as a manic episode, the DSM-IV-TR says that ____.
   a. the state must last for at least one week
   b. there must also be a depressive episode
   c. there must be an elevated mood that does not impair functioning
   d. the state must last for two months

   ANS: A  PTS: 1  REF: Bipolar Disorders
   OBJ: 3  MSC: actual
34. Ronnie has recurrent major depressive episodes that alternate with hypomania. According to the DSM-IV-TR, Ronnie should be diagnosed with ____.
   a. bipolar I  
   b. bipolar II  
   c. cyclothymia  
   d. major depressive disorder not otherwise specified

   ANS: B  
   PTS: 1  
   REF: Bipolar Disorders

35. To decide whether a person should be diagnosed as bipolar I or bipolar II, a diagnostician must ask, ____.
   a. "Have any of your close relatives ever had this problem?"
   b. "How long have you felt depressed?"
   c. "Have you ever had a previous manic episode?"
   d. "How often do you feel depressed?"

   ANS: C  
   PTS: 1  
   REF: Bipolar Disorders

36. Nathan has a seven-year history of mild mood swings. When he is "high," he is coherent; when he is "low," he is never suicidal or unable to function. What is the best diagnosis for Nathan?
   a. cyclothymic disorder  
   b. bipolar disorder, mixed  
   c. major depressive disorder, mixed  
   d. dysthymic disorder

   ANS: A  
   PTS: 1  
   REF: Bipolar Disorders

37. Which series of events is least likely to happen?
   a. major depressive episodes that do not alternate with any manic episodes  
   b. manic episodes that do not alternate with depressive episodes  
   c. major depression that alternates with manic episodes  
   d. major depressive episodes that alternate with hypomania

   ANS: B  
   PTS: 1  
   REF: Bipolar Disorders

38. Bipolar disorder is to ____ disorder as major depression is to ____ disorder.
   a. dysthymic; cyclothymic  
   b. cyclothymic; anxiety  
   c. cyclothymic; dysthymic  
   d. psychotic; neurotic

   ANS: C  
   PTS: 1  
   REF: Bipolar Disorders

39. Gertrude has read an article in her local newspaper about "depressed cities" and "happy cities." She sees that the city where she lives is number one on the "depressed cities" list, and decides to move near her daughter, who lives in the number one "happy city." Gertrude will move from ____ to ____.
   a. Seattle, WA; Honolulu, HI  
   b. Detroit, MI; Miami Beach, FL  
   c. Tampa, FL; Honolulu, HI  
   d. Philadelphia, PA; Laredo, CA

   ANS: D  
   PTS: 1  
   REF: Unipolar Depressive Disorders
40. Rochelle suffers from bipolar disorder and Elaine suffers from unipolar disorder. Which statement best describes the reasons that one of these women is more likely than the other to miss work due to her illness?
   a. Because of her lack of energy and inability to focus, Rochelle will miss more work than Elaine.
   b. Because her depressive episodes are more severe and more persistent than Elaine's, Rochelle will miss more work.
   c. Because her depressive episodes are more severe and more persistent than Rochelle's, Elaine will miss more work.
   d. Their severe and persistent episodes of depression will result in both Rochelle and Elaine missing about the same amount of work.

   ANS: B  PTS: 1  REF: Bipolar Disorders
   OBJ: 3  MSC: Applied

41. What information do symptom features provide?
   a. information about typical time of onset and how long symptoms are expected to last
   b. a description of physiological symptoms that accompany the psychological ones
   c. a list of characteristics that may be associated with a disorder
   d. etiological data

   ANS: C  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Conceptual

42. Mrs. Smyth is diagnosed with depression because she has lost weight, expresses excessive guilt, and is unresponsive to pleasurable things. Further, she is mute and stands in one position for hours at a time. Which symptom features should also be noted with the diagnosis of depression?
   a. rapid cycling and behavioral apathy
   b. melancholia and catatonia
   c. postpartum pattern and catatonia
   d. melancholia and postpartum pattern

   ANS: B  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Applied

43. Which of the following is a type of study that supports the contribution of genetic factors to bipolar disorder?
   a. laboratory study
   b. twin study
   c. animal study
   d. sociocultural study

   ANS: B  PTS: 1  REF: Bipolar Disorders
   OBJ: 3  MSC: Factual

44. Greta's psychiatrist advises her to buy bright lights, which are to be turned on in the early morning hours of winter days to reduce her problem with depression. We can guess that Greta's problem is
   a. dysthymia due to medical condition
   b. seasonal affective disorder
   c. postpartum onset.
   d. rapid-cycling bipolar disorder

   ANS: B  PTS: 1  REF: Assessing Mood Symptoms
   OBJ: 1  MSC: Applied
45. Which of the following statements comparing depressive and bipolar disorders is accurate?
   a. There is stronger evidence of genetic influence for depressive disorders than for bipolar disorders.
   b. The age of onset is typically earlier for depressive disorders than for bipolar disorders.
   c. There is stronger evidence of genetic influence for bipolar disorders than for depressive disorders.
   d. Individuals with depressive disorders are more likely than those with bipolar disorders to attempt suicide.

   ANS: C    PTS: 1    REF: Bipolar Disorders
   OBJ: 3    MSC: Conceptual

46. A comparison of bipolar disorders with depressive disorders will show that _____.
   a. bipolar disorders are more common than depressive disorders
   b. both bipolar disorders and depressive disorders often coexist with other mental disorders
   c. women are more likely than men to suffer from both major depression and bipolar disorders
   d. relatives of individuals with both disorders are at equally high risk to develop both bipolar and depressive disorders

   ANS: B    PTS: 1    REF: Assessing Mood Symptoms
   OBJ: 1    MSC: Conceptual

47. Dr. DeVille thinks that depression occurs when people receive insufficient social reinforcement. We can guess that Dr. DeVille supports which perspective on depression?
   a. biological
   b. behavioral
   c. psychodynamic
   d. sociocultural

   ANS: B    PTS: 1    REF: Assessing Mood Symptoms
   OBJ: 1    MSC: Conceptual

48. Which of the following is the most comprehensive behavioral explanation of depression?
   a. Lewinsohn’s model
   b. Seligman’s model
   c. Beck’s model
   d. Freud’s model

   ANS: A    PTS: 1    REF: Assessing Mood Symptoms
   OBJ: 1    MSC: Factual

49. Dr. Thomasson is a psychoanalyst, and Dr. McGuire is a behaviorist. Both see separation and loss as important issues in depression, but they see them differently. One of those differences concerns the fact that _____.
   a. Dr. McGuire sees loss in terms of a reduced chance for reinforcement.
   b. Dr. Thomasson emphasizes how sympathy for the person experiencing the loss rewards helplessness.
   c. Dr. Thomasson sees loss as changing the hormonal balance within the depressive's body.
   d. Dr. McGuire highlights the symbolic nature of loss.

   ANS: A    PTS: 1    REF: Unipolar Depressive Disorders
   OBJ: 2    MSC: Applied
50. Concordance rates for bipolar disorders have been found to be ____ percent for monozygotic (MZ) twins.
   a. 100          c. 48
   b. 72          d. 14

   ANS: B          PTS: 1          REF: Bipolar Disorders
   OBJ: 3          MSC: Factual

51. Which of the following are key concepts in the behavioral explanation of depression?
   a. incomplete mourning and unexpressed anger
   b. irrational thinking and poor logic
   c. few reinforcers and poor social skills
   d. lack of imagination and self-absorption

   ANS: C          PTS: 1          REF: Unipolar Depressive Disorders
   OBJ: 2          MSC: Factual

52. Which of the following statements best mirrors Lewinsohn's view of depression?
   a. "The depressed person has a low self-concept that is made worse by poor family supports, but more important are the person's neurotransmitter imbalances."
   b. "Low rates of positive reinforcements are crucial, but prior level of stress and the person's loss of self-confidence lead to an increased vulnerability to depression."
   c. "Classically conditioned depression is combined with modeling of other depressed individuals until depression becomes almost contagious."
   d. "In addition to the stressors the person suffers, we must look at the unconscious conflicts that bubble to the surface."

   ANS: B          PTS: 1          REF: Unipolar Depressive Disorders
   OBJ: 2          MSC: Conceptual

53. A treatment involving the creation of routines in day-to-day life that has been effective in reducing relapse in bipolar disorder is ____.
   a. social rhythm therapy          c. family-focused therapy
   b. psychoeducation          d. cognitive-behavioral therapy

   ANS: A          PTS: 1          REF: Bipolar Disorders
   OBJ: 3          MSC: Factual

54. Dr. Lublin attributes depression to errors in thinking that result in pessimism, negative views of self, and feelings of hopelessness. Dr. Lublin is which kind of therapist?
   a. cognitive          c. behavioral
   b. humanistic          d. psychodynamic

   ANS: A          PTS: 1          REF: Unipolar Depressive Disorders
   OBJ: 2          MSC: Applied

55. Negative thoughts, low self-esteem, and errors in thinking are all concepts central to which theory of depression?
   a. biological          c. operant
   b. cognitive          d. psychodynamic

   ANS: B          PTS: 1          REF: Unipolar Depressive Disorders
   OBJ: 2          MSC: Conceptual
56. Which statement best illustrates Beck's explanation of depression?
   a. "Depression is primarily a problem in thinking; negative schemas make one feel depressed."
   b. "When opportunities for reinforcement are reduced, people do less and are therefore more likely to become depressed."
   c. "Depressives use internal and global causal attributions for negative events rather than external and specific attributions."
   d. "Depressives see the world with little distortion; they accurately appreciate the brutality of life."

   ANS: A    PTS: 1    REF: Unipolar Depressive Disorders
   OBJ: 2    MSC: Conceptual

57. Which situation best illustrates Beck's concept of overgeneralization in depressives?
   a. When it rains on the day of the picnic, the host feels he should have scheduled it for another day.
   b. Despite feeling great anger at his mother, a boy yells at himself.
   c. When a girl is complimented on her hair, she assumes that the person who complimented her was just showing pity for her.
   d. A man burns the toast one morning at breakfast and concludes that he is a worthless father and husband.

   ANS: D    PTS: 1    REF: Unipolar Depressive Disorders
   OBJ: 2    MSC: Conceptual

58. Professor Solomon is investigating the relationship between unipolar and bipolar disorders. Based on research that has already been conducted, she will most likely find that ____.
   a. There is little or no relationship between the two.
   b. There is some indirect relationship, but no direct relationship, between them.
   c. The two disorders are related or under the influence of common factors.
   d. The techniques and strategies currently used are not sufficiently sensitive to provide useful information about a relationship between the two disorders.

   ANS: C    PTS: 1    REF: Bipolar Disorders
   OBJ: 3    MSC: Applied

59. John has been diagnosed with bipolar disorder. Consistent with the dysregulation model of neurotransmission, we would expect that if John achieves important goals in his life, he will ____.
   a. become extremely depressed
   b. show elevated manic symptoms
   c. start planning his next goal
   d. relax before beginning his next adventure

   ANS: B    PTS: 1    REF: Bipolar Disorders
   OBJ: 3    MSC: Applied

60. Moods disorders differ from temporary emotional reactions to life events because they ____.
   a. have an impact in only one aspect of a person’s life
   b. do not persist over an extended period of time
   c. only occur for specific reasons
   d. are markedly out-of-proportion to life circumstances

   ANS: D    PTS: 1    REF: Assessing Mood Symptoms
   OBJ: 1    MSC: Factual
61. A person who believes that his or her behavior has little effect on the environment and who becomes passive and depressed illustrates which perspective on depression?
   a. Beck's low self-esteem
d. Freud's psychodynamic
   b. Seligman's learned helplessness
c. Lewinsohn's operant

ANS: B  PTS: 1  REF: Unipolar Depressive Disorders
OBJ: 2  MSC: Conceptual

62. Which quote best illustrates what Seligman means by learned helplessness?
   a. "Nothing I do will ever improve my situation."
d. "Many of the stresses in my life I brought on myself."
   b. "Everyone can dance well except me."
   c. "I can't remember anything good ever happening to me."

ANS: A  PTS: 1  REF: Unipolar Depressive Disorders
OBJ: 2  MSC: Conceptual

63. In therapy, a psychologist tries to convince a depressed woman that her actions do affect the environment and that even though uncontrollable events happened in the past, they need not happen again. This therapist is making use of principles from ____.
   a. psychodynamic theory
c. the biogenic theory of depression
   b. learned helplessness theory
d. the cognitive triad

ANS: B  PTS: 1  REF: Unipolar Depressive Disorders
OBJ: 2  MSC: Conceptual

64. The basic assumption of Seligman’s explanation for depression is that ____.
   a. both cognitions and feelings of helplessness are learned and that depression results from learned helplessness
   b. cognitions and but not feelings of helplessness are learned and that depression results from learned helplessness
   c. feelings but not cognitions of helplessness are learned and that depression results from learned helplessness
   d. high levels of negative cognitions coupled with stress results in depression

ANS: A  PTS: 1  REF: Unipolar Depressive Disorders
OBJ: 2  MSC: Factual

65. All of the following people were unsuccessful in getting a job after undergoing three interviews. Which person's thinking illustrates the depressive attributional style?
   a. Esther: "I may be terrible at job interviews, but the rest of my skills are exceptionally strong."
   b. Theresa: "I am always incompetent—in job interviews and everything else."
   c. Anthony: "I didn't get a job because of a bad streak of luck, and luck is always ripe for changing."
   d. Paul: "I didn't try my hardest; if I work at it, I can get a job."

ANS: B  PTS: 1  REF: Unipolar Depressive Disorders
OBJ: 2  MSC: Applied
66. Dr. Meredith works with clients from different cultural backgrounds who suffer from depression. Which of her clients is most likely to interpret his symptoms as being “heartbroken”?
   a. Suliman, who is from Saudi Arabia
   b. Yeh, who is Chinese
   c. Pepe, who is Mexican
   d. Ahote, who is Hopi

   ANS: D  PTS: 1  REF: Unipolar Depressive Disorders

67. Lewinsohn, Joinder, and Rohde (2001) compared Beck's and Seligman's theories. Their results ____.
   a. found both theories help us understand depression
   b. support Beck's theory over Seligman's, noting that high levels of negative cognitions coupled with stress predict subsequent depression
   c. support Seligman's theory over Beck's, noting that internal, stable, global attributions predict depression
   d. suggest that the diathesis-stress model is better than either Beck's or Seligman's for predicting both depressive and non-depressive disorders

   ANS: B  PTS: 1  REF: Unipolar Depressive Disorders

68. Which of the following is a sociocultural factor found to be significantly associated with depression?
   a. religion
   b. education
   c. socioeconomic status
   d. gene expression

   ANS: C  PTS: 1  REF: Unipolar Depressive Disorders

69. Individuals from which culture are especially likely to present bodily complaints when they are depressed?
   a. Chinese
   b. Irish American
   c. American Indian
   d. Italian American

   ANS: A  PTS: 1  REF: Unipolar Depressive Disorders

70. Which of the following will have similar effects on depressed moods for both Chinese and American adolescents?
   a. poor relationships with parents
   b. poor academic achievement
   c. parent's illness
   d. harsh discipline in childhood

   ANS: C  PTS: 1  REF: Unipolar Depressive Disorders

71. Research addressing the relationship between stress and depression suggests that ____.
   a. several minor stressors are more likely than one severe stressor to cause depression.
   b. acute stress is more likely than chronic stress to cause depression.
   c. exposure to dangerous events is more likely than loss and humiliation to cause depression.
   d. there is a bidirectional relationship between stress and depression so that stress can cause depression and depression can cause stress.

   ANS: D  PTS: 1  REF: Unipolar Depressive Disorders
72. According to Hammen and colleagues (1992), some people who respond to stress with depression 
   ____.
   a. contribute to their own stress  
   b. have social supports who make them dependent  
   c. see themselves as so independent that they refuse to accept help from others  
   d. have too much norepinephrine in the frontal lobes

   ANS: A  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Factual

73. A physician notices that twice as many female patients complain of depression as male patients. The 
   physician's first thought is that the cause is hormonal or genetic differences in the sexes. Research has 
   ____.
   a. shown that only males who have a genetic vulnerability develop depression.  
   b. been done extensively on this and results confirm that there is a hormonal basis for 
      depression  
   c. proven that this is never the case  
   d. suggested that environmental and social-cultural factors interact with biological factors, 
      such as genetic or hormonal differences between the sexes, to influence gender differences 
      in depression

   ANS: D  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Factual

74. The gender difference in depression may be more apparent than real. One factor that could explain 
   why women seem to be more prone to depression is that ____.
   a. women are socialized to be gentle and sensitive to others  
   b. women may have higher concentrations of particular hormones than men  
   c. depression in men may be hidden by other factors such as substance abuse or other 
      addictive behaviors  
   d. women's gender roles put them under so much stress that they feel greater helplessness 
      than men

   ANS: C  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Factual

75. Imagine that there is an equal level of stress in Gerald's and Mary's lives. Ruling out biological 
   differences, we might expect Mary to be more prone to depression if she ____.
   a. is employed outside the home and has no children  
   b. maintains a nontraditional sex role  
   c. sees herself as controlling her life situations  
   d. tends to ruminate and amplify her depressive moods

   ANS: D  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Applied
76. Evidence for heritability of bipolar disorders suggests that ____.
   a. no significant evidence regarding heritability and bipolar disorders has been discovered
   b. a gene for bipolar disorder exists on chromosome 11
   c. there is a complex genetic basis of bipolar disorders involving interactions among multiple genes
   d. the concordance rate for bipolar disorder is higher for dizygotic twins than for monozygotic twins

   ANS: C       PTS: 1       REF: Bipolar Disorders
   OBJ: 3       MSC: Factual

77. Suppose you bet $10,000 to find a person who had a mood disorder but whom you were not allowed to meet, interview, or know personally. For which person would you have a better than even chance of winning your bet?
   a. the identical twin of a person with unipolar depression
   b. a person raised in an adoptive home with depressed parents
   c. the fraternal twin of a person with unipolar depression
   d. the identical twin of a person with bipolar disorder

   ANS: D       PTS: 1       REF: Bipolar Disorders
   OBJ: 3       MSC: Conceptual

78. Which controversial treatment is considered by many clinicians to be the most rapid and effective for treating unipolar depression?
   a. ECT
   b. CBT
   c. MAOIs
   d. RET

   ANS: A       PTS: 1       REF: Unipolar Depressive Disorders
   OBJ: 2       MSC: Factual

79. Many studies have found that social support is especially important as a buffer against depression when people are exposed to stress. Recent research by Knowlton and Latkin (2007) showed that what specific kind of social support is particularly beneficial?
   a. psychological support, such as help with problem solving
   b. emotional support, such as having a "shoulder to cry on"
   c. social support that meets specific needs, such as financial assistance
   d. all types of social support are equally beneficial

   ANS: C       PTS: 1       REF: Unipolar Depressive Disorders
   OBJ: 2       MSC: Factual

80. Depressed behavior is related to ____.
   a. low levels of cortisol
   b. high levels of cortisol
   c. high levels of estradiol
   d. low levels of estradiol

   ANS: B       PTS: 1       REF: Unipolar Depressive Disorders
   OBJ: 2       MSC: Factual
81. Mrs. Watanabe is depressed. Her levels of serotonin and norepinephrine are quite low. What processes might account for this?
   a. The amount of reserpine in her brain is deficient.
   b. She was given cortisol when taking the dexamethasone suppression test.
   c. She does not have enough of the enzyme monoamine oxidase.
   d. There is excessive reuptake of various neurotransmitters in her brain.

   ANS: D  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Applied

82. Carmen does not want to take medication for her depression because she is concerned about putting toxins into her body. Based on research by Stathopoulou and colleagues (2006), Carmen's therapist might suggest that, in conjunction with psychotherapy, Carmen also ____.
   a. be treated by an acupuncturist
   b. have her chakras aligned by an Asian healer
   c. engage in moderate- to high-intensity exercise for 30 minutes two to four times a week
   d. take long relaxing walks with her dog

   ANS: C  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Applied

83. Rose, an elderly woman, suffers from depression. An evaluation at a sleep clinic is likely to find that Rose goes into REM sleep more ____ and has ____ REM sleep than non-depressed people.
   a. quickly; less  c. slowly; less
   b. quickly; more  d. slowly; more

   ANS: B  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Applied

84. When exploring the respective influences of heredity and environment in contributing to mood disorders, many researchers compare the instances of the disorders among the biological and adoptive families of people who have bipolar disorder. What do these comparisons show?
   a. The contributions of heredity and environment are relatively equal.
   b. There is little observable influence from either heredity or environment.
   c. The influences of environment are stronger than those of heredity.
   d. The influences of heredity are stronger than those of environment.

   ANS: D  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Factual

85. Research that assessed the role of stress in a person's life suggests that ____.
   a. most children are sufficiently resilient so that exposure to stress has little predictive value for depression later in life
   b. severity, chronicity, onset, and type of stress interact in causing depression
   c. encountering stress early in life helps children develop defenses for averting depression later in life
   d. stress early in life is only predictive of depression later in life for children who are genetically vulnerable

   ANS: B  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Factual
86. Noveck and Tompson (2007) surveyed people ages 13-24 to learn what makes them happy. The top answer was ____.
   a. lots of money
   b. spending time with friends
   c. spending time with family
   d. being able to do the things a person finds enjoyable

   ANS: C    PTS:  1    REF: Unipolar Depressive Disorders
   OBJ:  2    MSC: Factual

87. Jeannie, a 36-year-old woman, sees a psychiatrist while suffering from an initial episode of unipolar depression. Which biological treatment is her psychiatrist most likely to prescribe?
   a. electroconvulsive therapy
   b. SSRIs
   c. amphetamines
   d. MAOIs

   ANS: B    PTS:  1    REF: Unipolar Depressive Disorders
   OBJ:  2    MSC: Applied

88. Norm is told by his psychiatrist, "I'm giving you this drug to elevate your mood, but you must be sure not to eat such cheeses, wines, and other foods that might have tyramine in them. The interaction between the drug and tyramine can have dangerous consequences." What drug is Norm probably taking?
   a. an MAO inhibitor
   b. reserpine
   c. a tricyclic medication
   d. lithium

   ANS: A    PTS:  1    REF: Unipolar Depressive Disorders
   OBJ:  2    MSC: Applied

89. A recent concern about the use of SSRIs for treating depression is ____.
   a. their potential for addiction
   b. that their use may result in tremors and blurred vision
   c. the potential for suicide among young people
   d. that their use may result in the tyramine-cheese reaction, which is potentially lethal

   ANS: C    PTS:  1    REF: Unipolar Depressive Disorders
   OBJ:  2    MSC: Factual

90. Which of the following statements regarding ECT is accurate?
   a. It is usually reserved for severe depressions that have not responded to drug treatment.
   b. Because of the negative side effects of ECT, it is no longer used in the United States.
   c. The effects of ECT on reducing depressive symptoms have been well understood by researchers.
   d. ECT is generally the first treatment used with severely depressed individuals.

   ANS: A    PTS:  1    REF: Unipolar Depressive Disorders
   OBJ:  2    MSC: Factual
91. MRI images of the brains of individuals diagnosed with bipolar disorder indicate that grey matter abnormalities in areas are related to ____.
   a. emotional processing
   b. interference by neurotransmitters
   c. cognitive processing
   d. irregularity of transmission among specific neurotransmitters

   ANS: A  PTS: 1  REF: Bipolar Disorders
   OBJ: 3  MSC: Factual

92. A particular danger of hypomanic/manic symptoms occurring with depressive symptoms is ____.
   a. increased risk of dangerous behaviors
   b. excessive fatigue post-mania
   c. rapid cycling
   d. mixed features

   ANS: A  PTS: 1  REF: Bipolar Disorders
   OBJ: 3  MSC: Factual

93. Interpersonal psychotherapy for depression is most closely associated with ____.
   a. biological principles
   b. humanistic-existential thinking
   c. psychodynamic principles
   d. classical conditioning principles

   ANS: C  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Factual

94. The initial steps in cognitive-behavioral therapy usually requires that the client ____.
   a. learn to relax
   b. increase his or her activity in the world so that reinforcement is possible
   c. replace irrational thoughts with more rational alternatives
   d. become aware of his or her thoughts and emotions

   ANS: D  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Conceptual

95. Which therapy focuses on reducing depressive symptoms by helping the client to change automatic negative thoughts?
   a. sensate-focused therapy
   b. psychoanalytic therapy
   c. cognitive-behavioral therapy (CBT)
   d. interpersonal therapy (IPT)

   ANS: C  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Factual

96. Mel's therapist helps him create routines for his daily life, such as setting daily times for sleeping, eating, and exercising. This form of therapy for bipolar disorder is called ____.
   a. psychoeducation
   b. social rhythm therapy
   c. cognitive behavioral therapy
   d. interpersonal therapy

   ANS: B  PTS: 1  REF: Bipolar Disorders
   OBJ: 3  MSC: Applied
97. An insurance company is interested in the most effective treatment for acute unipolar depression. Based on recent research, the best advice to the company is, ____.
   a. "Medication, interpersonal psychotherapy, and cognitive-behavioral treatments are all equally effective."
   b. "Interpersonal psychotherapy is far more effective than either medication or cognitive-behavioral therapy."
   c. "Belief in treatment is enough—even placebo pills are as effective as psychotherapy or medication."
   d. "Only antidepressant medication is effective."
   
   ANS: A  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Conceptual

98. Which treatment of depression seems to have the lowest rate of relapse?
   a. bupropion   c. cognitive therapy
   b. electroconvulsive therapy   d. Prozac
   
   ANS: C  PTS: 1  REF: Unipolar Depressive Disorders
   OBJ: 2  MSC: Factual

99. A medication that has consistently-proven to be a preventive treatment of "classic" bipolar disorder is ____.
   a. norepinephrine
   b. the class of drugs called MAO inhibitors
   c. lithium
   d. serotonin
   
   ANS: C  PTS: 1  REF: Bipolar Disorders
   OBJ: 3  MSC: Factual

100. Although lithium can effectively treat bipolar disorder, one problem is that ____.
    a. it is too expensive for most patients to afford
    b. in large doses, it can produce severe memory loss
    c. the drug interacts with the tyramine in certain foods to produce a life-threatening side effect
    d. it has serious side effects that can occur if blood levels of lithium are not regularly monitored
    
    ANS: D  PTS: 1  REF: Bipolar Disorders
    OBJ: 3  MSC: Factual
ESSAY

1. Describe the difference between unipolar and bipolar depression. Be sure to include a description of the clinical characteristics of each.

ANS:
Unipolar depression involves multiple symptoms—including mood-related, cognitive, physical, and behavioral symptoms—that persist over time and cause impaired functioning. When depression occurs without the extreme positive mood (called mania), it is called unipolar depression. Specific depression symptoms include feeling sad, down, or blue; a loss of enjoyment and the inability to experience pleasure; irritability; negative thinking; pessimism; hopelessness; difficulty in concentration, memory, and decision making; feeling fatigued and without energy; agitation; increase or decrease in sleep; increase or decrease in appetite; and social withdrawal. To warrant a diagnosis of a unipolar depressive disorder, a person must never have had a manic or hypomanic episode. Bipolar disorder is much rarer than unipolar disorder and involves not only depression but also mania or hypomania. Individuals cycle between periods of elevated or depressed mood and normal mood. In many ways mania is the opposite of depression. It is a disorder marked by grandiose or irritable mood; increased energy, activity, and distractibility; and excessive engagement in pleasurable behaviors that may lead to painful consequences. Hypomania is a mild version of mania. To determine whether a person should be diagnosed with unipolar or bipolar disorder, the clinician must look beyond the client's present episode and get information about the client's previous history.

PTS: 1

2. Compare and contrast Lewinsohn's explanation of major depression with Seligman's attribution-learned helplessness approach.

ANS:
Lewinsohn and his colleagues developed a behavioral explanation for depression. This model suggests that a lack of reinforcements leads to feelings of depression. The lack of reinforcement can occur for reasons external to the person or can be an outgrowth of reduced activity. Either way, the depressed person engages in fewer and fewer actions that can be reinforced, so a downward spiral of negative emotions and reduced activity continues. In addition, the sympathy of others may inadvertently reward the depressed person for inaction, so the depression deepens further. Depressed individuals are seen as having weak social skills—they initiate few conversations, smile less, and complain more, therefore reducing their ability to obtain reinforcement. Lewinsohn’s model also indicates that prior to being depressed, individuals who experience major stresses may feel that they can no longer predict their world and, feeling they can no longer control events, become more self-critical. As self-awareness of inadequacy intensifies, the person functions less appropriately and feels less self-confident and more depressed. Therefore, in addition to strictly operant (stimulus-response-consequence) components, this model includes the cognitive and emotional elements of depression.

In Seligman’s model of depression, thoughts and feelings of helplessness are learned and depression results from learned helplessness—an acquired belief that one is helpless and unable to affect outcomes in one’s life. According to Seligman, people who feel helpless make causal attributions, or speculations about why they are helpless. Individuals who are depressed mistakenly generalize this view to other, controllable situations. Thus, depression is seen as a form of learned helplessness. Depressed individuals make “depressive” attributions and feel less in control of their lives. Attribution style focuses on the misperception of causes of negative events rather than the awareness of inadequacy. Seligman and his colleagues argue that depressives are pessimists: they see the causes of negative events as due to internal factors (them) and stable traits (rather than ones that can change with time or situation) and as affecting global rather than specific spheres of their lives.
In general, Lewinsohn and Seligman share common ground in assuming that a lack of activity and a belief in lost control are the keys to depression. However, Lewinsohn emphasizes the behavioral deficiencies of people prone to depression, while Seligman points out the attributional (cognitive) deficiencies.

PTS: 1

3. Evaluate the evidence for a biological cause for all mood disorders. How does this relate to methods of treatment?

ANS:
Biological factors appear to play a more prominent role in the etiology of bipolar disorders compared to unipolar disorders. Evidence indicates that unipolar depression is influenced by genetic factors whose ultimate phenotypic expression is highly dependent on environmental factors, and bipolar disorders are believed to have a complex genetic basis involving interactions among multiple genes. Twin studies have made it clear that inheritance plays a role in both major depression and bipolar disorders, although more so for the latter. The average concordance rate for bipolar disorders among identical twins is 72 percent; for unipolar depression it is 40 percent. In both disorders, the concordance rate drops to 10 to 14 percent for fraternal twins. Obviously, genetic endowment is important. Findings from adoption research strengthen the argument, since researchers have found that children reared by adoptive parents who have mood disorders are no more likely to develop the disorders than the general population. Only adoptees whose biological parents have the disorders are at higher risk. What exactly is inherited is harder to determine. Abnormally low levels of neurotransmitters (norepinephrine, serotonin, and dopamine) or abnormally low levels of receptor sensitivity to these chemicals are often found in depressives. It is not clear whether this is a cause or a result of depression. Other biological correlates of depression may represent inherited abnormalities. These include rapid onset and greater degree of rapid eye movement (REM) sleep in depressives and abnormally high levels of the adrenal hormone cortisol.

Electroconvulsive therapy (ECT) also has powerful, short-term effects on severe depression. It is not clear how ECT affects the brain. However, a biological cause of mood disorders does not require a biological treatment. Cognitive-behavioral and interpersonal psychotherapies have proved to be just as effective as antidepressants, and people who receive cognitive-behavioral treatments appear to be less vulnerable to relapse than those given medication.

PTS: 1
Chapter 9: Suicide

MULTIPLE CHOICE

1. A 90-year-old woman kills herself rather than continue suffering with terminal bone cancer. A teenager commits suicide when his girlfriend breaks up with him and his parents are unconcerned. A religious fanatic kills himself to protest religious persecution. These examples of suicide suggest that ____.
   a. suicide cannot be studied in a scientific manner
   b. all suicide stems from mental disorder
   c. there are many different reasons for suicide
   d. suicide is basically a sociological phenomenon

   ANS: C   PTS: 1   REF: Introduction   OBJ: 1
   MSC: Conceptual

2. Suicide should be discussed separately from depression because ____.
   a. there is little correlation between depression and suicide
   b. the cause of suicide is biological, while the cause of depression is environmental
   c. there are many causes of suicide, and it may represent a separate clinical entity
   d. suicide is more related to schizophrenia than to depression

   ANS: C   PTS: 1   REF: Introduction   OBJ: 1
   MSC: Factual

3. Dr. Sharma says, "Suicide does not deserve to be studied separate and apart from depression because it is not a major cause of death in the United States. Also, we are at a point in time when there is decreased openness to talking about issues of death and dying, the meaning of suicide, and the right to take one's own life. Moreover, suicide is not classified in DSM-IV-TR because most suicidal persons do not exhibit psychiatric symptoms." Which part of Dr. Sharma's statement is accurate?
   a. Suicide is not classified in DSM-IV-TR.
   b. Most suicidal persons do not exhibit psychiatric symptoms
   c. Suicide does not deserve to be studied separate and apart from depression because it is not a major cause of death in the United States.
   d. We are at a point in time when there is decreased openness to talking about issues of death and dying, the meaning of suicide, and the right to take one's own life.

   ANS: A   PTS: 1   REF: Introduction   OBJ: 1
   MSC: Applied
4. Dr. Elmer is interviewing the friends, family, and therapist of a person who committed suicide so that she can better understand the reasons for suicide. This assessment is ____.
   a. called a medical autopsy
   b. called a psychological autopsy
   c. relatively easy to do because it involves direct evidence
   d. based on the biological approach to mental disorders

   ANS: B  PTS: 1  REF: Correlates of Suicide
   OBJ: 1  MSC: Applied

5. ____ is patterned after a medical procedure and is a systematic attempt to understand the reasons for a person's suicide or homicide through case history analysis and interviews with family and friends.
   a. Psychological autopsy
   b. Terminal probe
   c. Anomic assessment
   d. Postmortem analysis

   ANS: A  PTS: 1  REF: Correlates of Suicide
   OBJ: 1  MSC: Factual

6. Which of the following is a problem associated with studying people who survive their suicide attempts for clues to understanding the reasons that a person commits suicide?
   a. Attempters are more likely to be adolescents.
   b. Attempters are more likely to have good skills in conflict resolution.
   c. People who succeed in ending their lives most likely died of a drug overdose.
   d. People who survive suicide attempts differ from those who are successful in their attempt.

   ANS: D  PTS: 1  REF: Correlates of Suicide
   OBJ: 1  MSC: Factual

7. Which of the following is among the ten common characteristics of suicide?
   a. Most people who end their own lives have clearly decided that they no longer want to live.
   b. A common emotions in suicide is apathy.
   c. Only a small minority of those who are successful in their suicide attempts have given some indication of their intentions.
   d. Suicide is a way to end intolerable psychological pain.

   ANS: D  PTS: 1  REF: Correlates of Suicide
   OBJ: 1  MSC: Factual
8. Professor Salazar is talking to his class about suicide among young people. He tells them, "Approximately 34,000 people kill themselves each year in the United States. Over the past ten years, suicides for young people aged 15 to 24 increased 20 percent for males and 42 percent for females. In 2007, suicide was the leading cause of death for young people aged 10 to 24 years old. Recent research also indicates that suicide rates are much higher for college students than for their peers who don't attend college." Which part of Professor Salazar's statement is accurate?
   a. Recent research indicates that suicide rates are much higher for college students than for their peers who don't attend college.
   b. Over the past ten years, suicides for young people aged 15 to 24 increased 20 percent for males and 42 percent for females.
   c. In 2007, suicide was the leading cause of death for young people aged 10 to 24.
   d. Approximately 34,000 people kill themselves each year in the United States.

ANS: D  PTS: 1  REF: Correlates of Suicide
OBJ: 1  MSC: Applied

9. "Suicidal ideation" refers to____.
   a. plot lines used by novelists when writing about people who kill themselves
   b. ideas about ways to convince others to commit suicide
   c. thoughts about suicide
   d. explanations of why people commit suicide

ANS: C  PTS: 1  REF: Correlates of Suicide
OBJ: 1  MSC: Factual

10. One of the most common purposes of suicide is____.
    a. to seek a solution to an unsolvable problem
    b. to get even with other people
    c. to make other people remember the person who committed suicide
    d. to achieve a higher state of existence

ANS: A  PTS: 1  REF: Correlates of Suicide
OBJ: 1  MSC: Factual

11. Rachel is studying suicide. She is surprised to learn that historically, people avoided talking about suicide because of____.
    a. the shame and stigma involved in taking one's life
    b. the pain of losing a loved one
    c. the lack of available statistics to make a discussion meaningful
    d. the aura of honor bestowed on people who take their own lives

ANS: A  PTS: 1  REF: Correlates of Suicide
OBJ: 1  MSC: Applied
12. Renowned psychologist Bruno Bettelheim ended his life with a lethal injection. He did so, at least in part, because ____.
   a. he was in intolerable, unremitting pain
   b. he was suffering from a terminal illness
   c. he did not want to be a burden to his family and friends
   d. he suffered from bipolar disorder and did not want to experience the depths of depression again

   ANS: C  PTS: 1  REF: A Multipath Perspective of Suicide
   OBJ: 2  MSC: Factual

13. Research by Furr and colleagues (2001) indicates that ____.
   a. suicide rates among college students are no higher than among a matched noncollege group
   b. money problems is the most common factor contributing to suicidal ideation and behavior among college students
   c. there is no perceived social stigma associated to suicide among college students
   d. almost all graduate students who seriously considered suicide in the past 12 months told someone

   ANS: A  PTS: 1  REF: Correlates of Suicide
   OBJ: 1  MSC: Factual

14. Research investigating the role of gender in suicide has found that ____.
   a. completed suicide rates are much higher for women than for men
   b. men are more likely than women to attempt suicide
   c. among young people, there is close to an equal number of males and females who attempt suicide and who complete it
   d. the highest rates of completed suicide are for men age 40 and older who suffer from health problems and depression

   ANS: D  PTS: 1  REF: Correlates of Suicide
   OBJ: 1  MSC: Factual

15. Which of the following is accurate about people who attempt suicide?
   a. Most of them leave suicide notes.
   b. Most of them want to cause pain for the people they leave behind.
   c. Approximately 70 percent of them drink alcohol before attempting to kill themselves.
   d. Virtually all of them suffer from a diagnosable mental disorder.

   ANS: C  PTS: 1  REF: A Multipath Perspective of Suicide
   OBJ: 2  MSC: Factual
16. Dr. Charon, a sociologist, is likely to find the lowest rates of suicide among people who are ____.
   a. divorced  
   b. single  
   c. widowed  
   d. married  
   
   ANS: D  
   PTS: 1  
   REF: Correlates of Suicide  
   OBJ: 1  
   MSC: Applied

17. ____ are more likely to attempt suicide; ____ are more likely to succeed at committing suicide.
   a. White adolescents; Native American adolescents  
   b. Females; males  
   c. White males over 40; African American males in their 20s  
   d. Unattached individuals; married persons  
   
   ANS: B  
   PTS: 1  
   REF: Correlates of Suicide  
   OBJ: 1  
   MSC: Conceptual

18. Which statement below is accurate?
   a. Suicide among young people aged 15-24 has increased by more than 40 percent in the past decade.  
   b. For every person who completes a suicide, there are about two who attempt it.  
   c. Suicide is much more common among college students than among people of the same age who are not in college.  
   d. It is relatively easy to tell if an "accident" was really a suicide.  
   
   ANS: A  
   PTS: 1  
   REF: Correlates of Suicide  
   OBJ: 1  
   MSC: Factual

19. Statistically, who is at greatest risk for committing suicide?
   a. Bobby, a 14-year-old African American male  
   b. Star, a 35-year-old Native American female  
   c. Stuart, a 65-year-old white male  
   d. Sue, a 30-year-old Japanese American female  
   
   ANS: C  
   PTS: 1  
   REF: Correlates of Suicide  
   OBJ: 2  
   MSC: Applied

20. Which elderly person is most likely to commit suicide if depressed?
   a. Harold, a married African American male  
   b. Lawrence, a married white American male  
   c. Vern, a divorced white American male  
   d. Vivian, a single African American female  
   
   ANS: C  
   PTS: 1  
   REF: Correlates of Suicide  
   OBJ: 1  
   MSC: Conceptual
21. Which person is at highest risk for committing suicide?
   a. Harriet L., a 35-year-old devout Catholic
   b. George T., an elderly white widower
   c. Martha K., a young married professional
   d. Abdullah J., a middle class married man of Syrian ancestry

   ANS: B     PTS: 1     OBJ: 1     MSC: Applied     REF: Correlates of Suicide

22. Which professional would be most likely to commit suicide?
   a. A CPA
   b. A pediatrician
   c. A teacher
   d. A psychiatrist

   ANS: D     PTS: 1     OBJ: 1     MSC: Factual     REF: Correlates of Suicide

23. When it comes to suicidal behavior, men are more likely than women to ____.
   a. actually kill themselves
   b. attempt suicide when psychotic
   c. attempt, but not complete, suicide
   d. use drug overdoses as their method

   ANS: A     PTS: 1     OBJ: 1     MSC: Factual     REF: Correlates of Suicide

24. Among children younger than fifteen, the most common suicide method tends to be ____., and for older children the most common suicide method is ____.
   a. jumping from buildings; drug overdose
   b. drug overdose; jumping from buildings
   c. firearms; poisoning
   d. drowning; firearms

   ANS: A     PTS: 1     OBJ: 1     MSC: Factual     REF: Correlates of Suicide

25. An emergency medical squad arrives at the house of a man who has killed himself. The odds are that the method of committing suicide was ____.
   a. breathing the fumes from the engine of a car in a closed garage
   b. ingesting barbiturates or other depressants
   c. using a knife to cut himself
   d. using a firearm

   ANS: D     PTS: 1     OBJ: 1     MSC: Applied     REF: Correlates of Suicide
26. A disturbing change in suicidal behavior is that women are now ____.
   a. more likely to use poisoning by barbiturates
   b. using firearms and explosives as methods of suicide more often
   c. more likely to commit suicide by "accident" as by any other method
   d. more likely to be in the lower socioeconomic levels of society

   ANS: B  
   PTS: 1  
   REF: Correlates of Suicide

27. Of the following countries, which has the highest suicide rate?
   a. China
   b. Hungary
   c. Saudi Arabia
   d. United States

   ANS: B  
   PTS: 1  
   REF: Correlates of Suicide

28. What is the primary reason that countries such as Italy and Ireland have lower suicide rates?
   a. The majority religion there has strong prohibitions against suicide.
   b. They do not experience the stressors common to promoting suicide, such as economic difficulties.
   c. They have longer summers, so fewer citizens experience seasonal affective disorder, which is often a precursor to suicide.
   d. They have better psychological facilities.

   ANS: A  
   PTS: 1  
   REF: Correlates of Suicide

29. Which statement is accurate?
   a. It is rare for people to communicate their intention to commit suicide.
   b. Suicide rates are generally at their highest during times of war.
   c. In the United States, Asian Americans have the highest overall rates of suicide.
   d. Most people who attempt suicide are ambivalent about dying.

   ANS: D  
   PTS: 1  
   REF: Correlates of Suicide

30. Which psychological state of mind is most predictive of suicidal behavior?
   a. depression
   b. dissociation
   c. anxiety
   d. obsessive-compulsive disorder

   ANS: A  
   PTS: 1  
   REF: A Multipath Perspective of Suicide
31. The stimulus for suicide is generally ____.
   a. frustration with life        c. ambivalence about living
   b. intolerable psychological pain  d. a desire to be remembered by others

   ANS: B        PTS: 1        REF: Correlates of Suicide
   OBJ: 1        MSC: Factual

32. Researchers who study suicide statistics believe that the number of actual suicides is ____.
   a. a pretty accurate reflection of reality
   b. probably 25-30 percent lower than what is reported
   c. probably 25-30 percent higher than what is reported
   d. probably underreported because of the concern about copycat suicides

   ANS: C        PTS: 1        REF: Correlates of Suicide
   OBJ: 1        MSC: Factual

33. Research by Drum and colleagues (2009) found that ____.
   a. more than 90 percent of undergraduate and graduate college students reported suicidal thoughts
   b. more than 50 percent of undergraduate and graduate college students reported suicidal thoughts
   c. more than 50 percent of undergraduate and graduate college students reported seriously considering suicide
   d. more than 90 percent of undergraduate and graduate college students reported seriously considering suicide

   ANS: B        PTS: 1        REF: Correlates of Suicide
   OBJ: 1        MSC: Factual

34. Consider these suicidal patients: Mary is in the depths of a severe depression. Jack is hospitalized for depression. Patty has just gotten her first weekend pass from the psychiatric hospital. Who is at highest risk for suicide?
   a. Mary
   b. Jack
   c. Patty
   d. Mary and Patty are equally high risks.

   ANS: C        PTS: 1        REF: Correlates of Suicide
   OBJ: 1        MSC: Applied
35. A friend of yours says, "I heard that suicide is correlated to depression and feeling hopeless. However, those who commit suicide rarely suffer from a mental disorder or abuse substances. In fact, when people are at the depths of depression, they are most likely to commit suicide." Which portion, if any, of your friend's statement is accurate?
   a. Suicide is correlated to depression and feeling hopeless.
   b. Suicide is most likely committed during the depths of depression.
   c. Those who commit suicide rarely suffer from a mental disorder.
   d. Those who commit suicide rarely abuse substances.

   ANS: A  PTS: 1  REF: A Multipath Perspective of Suicide
   OBJ: 2  MSC: Applied

36. Based on research by Beck et al. (1985), which of the following people is most likely to complete suicide?
   a. Morton, who is unrealistically optimistic
   b. Jed, who is depressed
   c. Zach, who thinks about suicide a good deal
   d. Lenny, who is very pessimistic

   ANS: D  PTS: 1  REF: A Multipath Perspective of Suicide
   OBJ: 2  MSC: Applied

37. Research seems to show that hopelessness and negative expectations about the future ____.
   a. are unrelated to the likelihood of suicide
   b. are even more strongly related to suicidal behavior than depression is
   c. cause suicide but not depression
   d. cause depression but not suicide

   ANS: B  PTS: 1  REF: A Multipath Perspective of Suicide
   OBJ: 2  MSC: Factual

38. Researchers attribute the link between alcohol and suicide to a condition that is characterized by a constriction of cognitive and perceptual processes and narrowing a person's focus on their personal problems. This explanation of the effects of alcohol on suicide is called ____.
   a. alcohol-induced myopia
   b. alcohol-induced presbyopia
   c. Korsakoff's syndrome
   d. alcohol-induced blindness

   ANS: A  PTS: 1  REF: A Multipath Perspective of Suicide
   OBJ: 2  MSC: Factual

39. Of the following widowed individuals, who has the lowest risk for suicide?
   a. Cleo, a white female
   b. Shanti, an African American female
   c. Jefferson, an African American male
   d. Martin, a white male

   ANS: B  PTS: 1  REF: A Multipath Perspective of Suicide
   OBJ: 2  MSC: Applied
40. A mental health professional wanting to reduce the risk of suicide in a client who uses alcohol would probably say, ____.
   a. "Stop drinking. Alcohol constricts your thinking, and that is dangerous."
   b. "If you stop drinking suddenly, you will experience alcohol myopia, a dangerous condition."
   c. "Alcohol myopia is a pleasant state that will probably reduce your likelihood of committing suicide."
   d. "I'm not worried about your drinking because you are less likely to take your life when sober than when intoxicated."

   ANS: A   PTS: 1   REF: A Multipath Perspective of Suicide
   OBJ: 2   MSC: Conceptual

41. A schizophrenic who commits suicide is most likely experiencing ____.
   a. delusions of persecution
   b. remission of symptoms
   c. auditory hallucinations
   d. an episode of depression

   ANS: D   PTS: 1   REF: A Multipath Perspective of Suicide
   OBJ: 2   MSC: Factual

42. Regina, a 60-year-old widow, is most likely to use which means of attempting suicide?
   a. a gun
   b. a knife
   c. sleeping pills
   d. hanging

   ANS: C   PTS: 1   REF: A Multipath Perspective of Suicide
   OBJ: 2   MSC: Applied

43. Dr. Ethan says, "Suicide rates vary with occupation and income group. They also vary depending on the individual's relationship to and interaction with society." Dr. Ethan's remarks reflect which perspective on suicide?
   a. sociocultural
   b. psychodynamic
   c. cognitive
   d. behavioral

   ANS: A   PTS: 1   REF: A Multipath Perspective of Suicide
   OBJ: 2   MSC: Conceptual

44. "In my view, suicide is related to the impact of sociocultural factors on a person." Who is most likely to have made this statement?
   a. Thomas Szasz
   b. Emile Durkheim
   c. Aaron Beck
   d. Sigmund Freud

   ANS: B   PTS: 1   REF: A Multipath Perspective of Suicide
   OBJ: 2   MSC: Conceptual
45. Camp Walakota is a "spiritual boot camp" for Cheyenne River Sioux Tribe teens. What does the camp do to try to improve the quality of life for the campers?
   a. It helps them assimilate into white culture.
   b. It provides them with remedial education so they can get jobs.
   c. It reacquaints them with their cultural heritage.
   d. It teaches them Western religious values.

   ANS: C  PTS: 1  REF: Correlates of Suicide
   OBJ: 1  MSC: Applied

46. Durkheim's theory suggests that ____.
   a. suicides are mostly selfish acts
   b. suicide is driven by unconscious, self-destructive motives
   c. suicide is caused primarily by a chemical imbalance in the brain
   d. suicide can result from an inability to integrate oneself with society

   ANS: D  PTS: 1  REF: A Multipath Perspective of Suicide
   OBJ: 2  MSC: Factual

47. Thieu is very committed to his religious and political views. He believes that his suicide by self-immolation will bring global attention to the plight of his people. If Thieu commits suicide, we might consider this type of suicide ____.
   a. anomic
   b. altruistic
   c. egoistic
   d. psychopathic

   ANS: B  PTS: 1  REF: A Multipath Perspective of Suicide
   OBJ: 2  MSC: Applied

48. Butch is Lakota. Which of the following is currently a risk factor that he and his friends face with regard to suicide?
   a. interaction with their elders
   b. invalidation of their cultural lifestyle
   c. marital discord
   d. resources for clinical care

   ANS: B  PTS: 1  REF: A Multipath Perspective of Suicide
   OBJ: 2  MSC: Applied

49. Suicide methods of those suffering from schizophrenia are often ____.
   a. violent and bizarre
   b. hanging
   c. drowning
   d. poisoning

   ANS: A  PTS: 1  REF: A Multipath Perspective of Suicide
   OBJ: 2  MSC: Factual
50. A researcher is investigating the neurotransmitters associated with suicide. She is likely to find that in those who complete suicide, ____.
   a. 5HIAA levels are abnormally low
   b. norepinephrine levels are abnormally high
   c. adrenalin levels are abnormally low
   d. serotonin levels are abnormally high

   ANS: A     PTS: 1     REF: A Multipath Perspective of Suicide
   OBJ: 2     MSC: Factual

51. Suppose that five years from now there is a blood test that assesses the likelihood of a person's committing suicide. It is likely that this test will measure the blood levels of ____.
   a. dexamethasone
   b. serotonin
   c. dopamine
   d. adrenalin

   ANS: B     PTS: 1     REF: A Multipath Perspective of Suicide
   OBJ: 2     MSC: Conceptual

52. Research addressing the connection between suicide and genetic factors suggests that ____.
   a. there is very little relationship between the two
   b. genetics plays a major role in susceptibility to suicide
   c. the relationship between the two is not clear
   d. environmental factors play a much stronger role than genetics

   ANS: C     PTS: 1     REF: A Multipath Perspective of Suicide
   OBJ: 2     MSC: Factual

53. Which statement about suicide among children and youths is accurate?
   a. The suicide rate in the United States has not changed over the past twenty-five years.
   b. Suicide is the third leading cause of death among adolescents, just behind auto accidents as a cause of death in adolescents.
   c. Children who commit suicide tend to have high levels of 5-HIAA in their brains and spinal cords.
   d. About 12,000 children between ages 5 and 14 attempt suicide each year in the United States.

   ANS: B     PTS: 1     REF: Victims of Suicide
   OBJ: 3     MSC: Factual

54. When children and adolescents mimic a previous suicide or imitate the suicide of a celebrity or close friend, this is considered a ____.
   a. “copy cat” suicide
   b. “black box” warning
   c. “bullycide”
   d. correlate of suicide

   ANS: A     PTS: 1     REF: Victims of Suicide
   OBJ: 3     MSC: Factual
55. An explanation for the increase in youth suicides relates to ____.
   a. the FDA warning of an increased suicide risk for children taking SSRI antidepressants
   b. unwelcome physical changes
   c. access to firearms
   d. degree of education

   ANS: A    PTS: 1    REF: Victims of Suicide
   OBJ: 3    MSC: Factual

56. Based on research, which teenager is at greatest risk for completing a suicide?
   a. Sandy, whose parents are both employed
   b. Sam, who is the family scapegoat
   c. Sarah, who shows little hostility
   d. Steve, who shows no signs of psychological impairment

   ANS: B    PTS: 1    REF: Victims of Suicide
   OBJ: 3    MSC: Applied

57. Research indicates that bully victims are _____ to consider suicide than non victims.
   a. 2 to 9 times
   b. 30 to 40 times
   c. 15 times
   d. just as likely

   ANS: A    PTS: 1    REF: Victims of Suicide
   OBJ: 3    MSC: Factual

58. Which statement concerning suicide among the young is most accurate?
   a. Adolescent males commit the majority of suicides.
   b. Adolescents are most likely to attempt suicide in the summer, and adults are at highest risk in the winter.
   c. Adolescent females commit the majority of suicides.
   d. The rates of suicide are relatively stable year-round.

   ANS: A    PTS: 1    REF: Correlates of Suicide
   OBJ: 1    MSC: Factual

59. When television newscasters dramatize suicides, there is the danger of ____.
   a. reducing the early identification of suicide attempters
   b. increasing the lethality of the methods that suicide attempters choose
   c. increasing the sense of depression among adolescents
   d. generating copycat suicides

   ANS: D    PTS: 1    REF: Victims of Suicide
   OBJ: 3    MSC: Factual
60. Norman is a 71-year-old white widower who is very depressed. He still lives in the small town that he grew up in and attends church every Sunday. He also attends many other regular social activities during the week. What statement regarding Norman's susceptibility to suicide is most accurate?
   a. Norman is at minimal risk to commit suicide.
   b. The fact that Norman is an elderly, white, depressed male puts him in a high-risk group, but his social support system is a positive sign.
   c. Norman displays all the risk factors associated with suicide and is likely to commit suicide.
   d. Norman requires immediate hospitalization.

ANS: B  PTS: 1  REF: Victims of Suicide
OBJ: 3  MSC: Applied

61. If we looked at the death records for a large city, we would probably find that suicide was most common among ____.
   a. Hispanic Americans
   b. elderly white men
   c. middle-aged women
   d. young white females

ANS: B  PTS: 1  REF: Victims of Suicide
OBJ: 3  MSC: Factual

62. A suicide prevention program in San Francisco, where there is a large Asian American population, would target efforts at ____.
   a. elderly women who are second- or third-generation Americans
   b. college students who have strong family ties
   c. elderly men who have just arrived in the United States
   d. young men who are second- or third-generation Americans

ANS: C  PTS: 1  REF: Victims of Suicide
OBJ: 3  MSC: Conceptual

63. Feelings of isolation and a sense of having failed to earn sufficient money are reasons why suicide rates are so high among ____.
   a. adolescent females
   b. first-generation Asian immigrants
   c. older black men
   d. third-generation Asian Americans

ANS: B  PTS: 1  REF: Victims of Suicide
OBJ: 3  MSC: Factual

64. Of the following groups of elderly men, which is at highest risk for suicide?
   a. Chinese who have just arrived in the United States
   b. American Indians
   c. African Americans living in rural areas
   d. Chinese who are acculturated and have strong family ties

ANS: A  PTS: 1  REF: Victims of Suicide
OBJ: 3  MSC: Factual
65. When working with a patient who is potentially suicidal, Dr. Gold uses a common three-step process. This would include which of the following?
   a. determining the degree of probability that the person will act on the suicidal wish
   b. establishing a suicide prevention center
   c. knowing what factors are highly correlated with stress
   d. beginning a program of psychotherapy

   ANS: A   PTS: 1   REF: Preventing Suicide
   OBJ: 4   MSC: Applied

66. Mental health professionals believe that potential suicide victims ____.
   a. always announce their intentions as an attention-seeking device
   b. are ambivalent about wanting to kill themselves
   c. cannot be dissuaded because they are psychotic
   d. are nearly impossible to detect

   ANS: B   PTS: 1   REF: Preventing Suicide
   OBJ: 4   MSC: Factual

67. A psychologist who is asked to assess patients' lethality is being asked to find out ____.
   a. the probability that they will choose to end their lives
   b. whether they will survive their suicidal actions
   c. whether other people will copy their actions
   d. which method they are like to choose when attempting suicide

   ANS: A   PTS: 1   REF: Preventing Suicide
   OBJ: 4   MSC: Factual

68. Early warning signs of suicide include ____.
   a. giving away belongings
   b. sudden changes in behavior
   c. putting affairs in order
   d. expressions of guilty feelings

   ANS: D   PTS: 1   REF: Preventing Suicide
   OBJ: 4   MSC: Factual

69. Some clues of suicidal intent are direct, and some are indirect. Which of the following is an indirect clue?
   a. A person loading a pistol and saying he knows how to use it on himself
   b. A student giving away his treasured collection of CDs
   c. An employee saying, "If I don't get the promotion, I'll kill myself."
   d. A teenager storing up depressant drugs and scheduling a time to take them

   ANS: B   PTS: 1   REF: Preventing Suicide
   OBJ: 4   MSC: Conceptual
70. Honey makes daily threats that she is going to kill herself and she has had made several unsuccessful attempts. Mental health professionals who work with suicidal clients know that ____.
   a. Honey is trying to get attention
   b. Honey is not serious about taking her life
   c. Honey's threats should be taken seriously
   d. Honey is more likely to kill someone other than herself

   ANS: C      PTS: 1      REF: Preventing Suicide
   OBJ: 4      MSC: Applied

71. "I'd make everyone happier if I just shot myself" is an example of a ____; revising one's will and giving away one's record collection are examples of ____.
   a. psychodynamic clue of suicide; behavioral clues of suicide
   b. behavioral clue of suicide; suicidal gestures
   c. suicidal gesture; suicide attempts
   d. verbal clue of suicide; behavioral clues of suicide

   ANS: D      PTS: 1      REF: Preventing Suicide
   OBJ: 4      MSC: Conceptual

72. Peter lives in a state that has one of the highest rates of suicide in the United States. Out of the following states, he must live in ____.
   a. New Jersey
   b. New York
   c. Massachusetts
   d. Nevada

   ANS: D      PTS: 1      REF: A Multipath Perspective of Suicide
   OBJ: 2      MSC: Factual

73. Providing intensive short-term help to assist potential suicide victims in resolving a life crisis is the aim of ____.
   a. traditional therapy
   b. crisis intervention
   c. suicide prevention
   d. insight psychotherapy

   ANS: B      PTS: 1      REF: Preventing Suicide
   OBJ: 4      MSC: Factual

74. Gary was hospitalized when he was considered at high risk for suicide. A team of counselors saw him for four hours every day for three days until his suicidal thinking was greatly reduced. The team was extremely active in mobilizing his family and occupational resources outside the hospital. This experience best illustrates ____.
   a. crisis intervention
   b. "right-to-suicide" interventions
   c. how psychotherapy is used with suicidal people
   d. suicide prevention programs

   ANS: A      PTS: 1      REF: Preventing Suicide
   OBJ: 4      MSC: Applied
75. High-intensity assessment and treatment during which professionals take charge of the suicidal individual's personal, social, and professional life outside the psychiatric facility characterize ____.
a. suicide prevention work  
c. crisis intervention work  
b. psychological autopsies  
d. paraprofessional assistance

ANS: C  PTS: 1  REF: Preventing Suicide  
OBJ: 4  MSC: Factual

76. What is the usual sequence of help in crisis intervention?
a. First, the client is helped to resolve the immediate crisis, and then traditional therapy is offered.  
b. First, the individual is treated as an outpatient, and then the individual comes in for inpatient medical treatment.  
c. First, relatives are contacted, and then the staff works on the crisis with the individual.  
d. First, traditional therapy explores the motivation for the crisis, then the individual is hospitalized to prevent the suicide, and then therapy is provided to the individual and his or her family.

ANS: A  PTS: 1  REF: Preventing Suicide  
OBJ: 4  MSC: Conceptual

77. Which perspective offers the most viable explanation of suicide?
a. multipath  
c. biological  
b. psychodynamic  
d. sociocultural

ANS: A  PTS: 1  REF: A Multipath Perspective of Suicide  
OBJ: 2  MSC: Factual

78. Which type of intervention has been established in local communities to help potentially suicidal individuals who are in acute distress but are not being formally treated?
a. suicide prevention centers  
c. community mental health clinics  
b. crisis intervention centers  
d. state mental hospitals

ANS: A  PTS: 1  REF: Preventing Suicide  
OBJ: 4  MSC: Factual
Imagine that there are two organizations in a community, Help Inc. and Open Door. Help Inc. is available to everyone in the community through a telephone contact. Callers are trained to assess suicidal callers. Open Door has a team of mental health professionals in a clinic where short-term help is given to those who are in immediate danger of suicide. Which description is accurate?

a. Help Inc. is a suicide prevention center.
b. Open Door is a suicide prevention center.
c. Help Inc. is a crisis intervention program.
d. Open Door is a community prevention program.

ANS: A  PTS: 1  REF: Preventing Suicide
OBJ: 4  MSC: Applied

Who would be expected to use the most violent and bizarre method for committing suicide?

a. Lisa, who has been diagnosed with unipolar disorder
b. David, who has been diagnosed with bipolar disorder
c. Mack, who has been diagnosed with schizophrenia
d. George, who has been diagnosed with antisocial personality disorder

ANS: C  PTS: 1  REF: A Multipath Perspective of Suicide
OBJ: 2  MSC: Applied

Kyoko is a well-trained suicide prevention hot line worker. She would ____.

a. never be involved in evaluating a caller's suicidal potential
b. always want to allow the suicidal caller to develop his or her own plan of action
c. always want to establish a good relationship with a suicidal caller
d. never ask the suicidal caller's age, religious preference, or name

ANS: C  PTS: 1  REF: Preventing Suicide
OBJ: 4  MSC: Applied

Ron works as a paraprofessional for a program that receives telephone calls twenty-four hours a day. He has been trained to evaluate an individual's risk of suicide. What kind of program does Ron probably work for?

a. a halfway house
b. an employee-assistance program
c. a crisis intervention unit in a mental hospital
d. a suicide prevention center

ANS: D  PTS: 1  REF: Preventing Suicide
OBJ: 4  MSC: Applied
83. Ignacio calls a telephone hot line because he is thinking of harming himself. The telephone counselor asks him if he is married, if he has ever harmed himself before, and the stressors he faces. Why are these questions being asked?
   a. The counselor is assessing his lethality.
   b. The counselor just wants to establish good rapport.
   c. The law requires this information about everyone who calls a telephone hot line.
   d. The counselor is performing a psychological autopsy.

   ANS: A       PTS: 1       REF: Preventing Suicide
   OBJ: 4       MSC: Applied

84. John calls a suicide prevention hot line in a desperate state of helplessness. A well-trained worker should focus John's attention on ____.
   a. research evidence that helplessness is a product of operant conditioning
   b. the fact that helplessness is a normal reaction to an absurd world
   c. specific interpersonal limitations related to his helplessness
   d. his strengths and resources to cope with his problems

   ANS: D       PTS: 1       REF: Preventing Suicide
   OBJ: 4       MSC: Applied

85. Which successful suicide would be considered a rare event?
   a. a suicide in which the individual was pessimistic about the future
   b. a suicide that is related to shame about an action that the individual had taken
   c. a suicide that is not connected to alcohol abuse
   d. a suicide that involved no previous suicide attempts

   ANS: C       PTS: 1       REF: Preventing Suicide
   OBJ: 4       MSC: Factual

86. Which statement about research on suicide prevention centers is accurate?
   a. Little research has been done on their effectiveness.
   b. Almost every study has shown that they save lives.
   c. Although callers universally find the counselors more helpful than friends, they are unlikely to call back a second time.
   d. A great deal of research shows that these centers are actually harmful to their clients.

   ANS: A       PTS: 1       REF: Preventing Suicide
   OBJ: 4       MSC: Factual
87. A controversy concerning suicide prevention centers is that ____.
   a. most communities are so upset with them that they are forced to close down
   b. they rarely assess the lethality of clients accurately
   c. they are open only during weekday business hours
   d. their effectiveness has not been appropriately researched

   ANS: D  PTS: 1  REF: Preventing Suicide
   OBJ: 4  MSC: Factual

88. Professor Jacobs is telling his class that suicide prevention centers are thought to be extremely helpful. He says, "Although they only evaluate suicidal potential, they typically operate twenty-four hours a day, seven days a week. Research shows that the phone counselors and these centers are effective." Which portion of the statement is accurate?
   a. They typically operate twenty-four hours a day, seven days a week
   b. Research shows that these centers are effective.
   c. They only evaluate suicidal potential.
   d. Research shows that the phone counselors are effective.

   ANS: A  PTS: 1  REF: Preventing Suicide
   OBJ: 4  MSC: Applied

89. In general, the evaluation of suicide prevention centers' effectiveness indicates that ____.
   a. nearly half of all adolescents who commit suicide call a hot line first, indicating that the prevention centers are ineffective
   b. for the vast majority of callers, they are very helpful
   c. although they may not stop every suicide, callers feel that the centers provide more help than their friends
   d. although convincing evidence for their success is lacking, it is possible that they help

   ANS: D  PTS: 1  REF: Preventing Suicide
   OBJ: 4  MSC: Factual

90. As a result of the increase in adolescent suicides, approximately 41 percent of schools in the United States have developed ____.
   a. community prevention programs
   b. suicide prevention programs
   c. crisis intervention programs
   d. mental health centers on high school campuses

   ANS: B  PTS: 1  REF: Victims of Suicide
   OBJ: 3  MSC: Factual
91. Local media gave extensive coverage to a traumatic incident in which a teacher doused herself with gasoline and lit herself on fire. The school administration assembled a mental health consulting team to reduce the risk of fire setting among the students. Their primary action was to ____.
   a. provide information to the students and their parents about what happened
   b. provide students and staff with an opportunity to express and understand their reactions to the event
   c. let students know that anyone caught with potentially lethal items would be suspended from school
   d. assess which students and teachers needed referrals to local therapists

ANS: B  PTS: 1  REF: Victims of Suicide
OBJ: 3  MSC: Applied

92. Which of the following would be a protective factor with regard to suicide intervention?
   a. government prohibitions against suicide
   b. easy access to mood-enhancing drugs
   c. an increased number of comedy programs on television
   d. restricting access to lethal means of suicide

ANS: D  PTS: 1  REF: Preventing Suicide
OBJ: 4  MSC: Factual

93. Vincent is conducting a survey to assess how Americans feel about the right of terminally ill individuals to end their lives. He is likely to find that ____.
   a. a large minority would approve
   b. a majority would approve
   c. there would be close to a fifty-fifty split between those who approve and those who disapprove
   d. a majority would disapprove

ANS: B  PTS: 1  REF: The Right to Suicide: Moral, Ethical, and Legal Issues
OBJ: 5  MSC: Applied

94. What is the legal status of physician assisted suicide among the various states in the United States?
   a. Although suicide is illegal in most states, the U.S. Court of Appeals for the 9th Circuit has upheld Oregon's decision to allow physician assisted suicide.
   b. The U.S. Court of Appeals for the 9th Circuit upheld the U.S. Attorney General's directive overturning Oregon's approval of physician assisted suicide, so assisted suicide is illegal in all fifty states.
   c. All of the states in the U.S. now have "living will" laws that permit physician-assisted suicide.
   d. Most states have determined that it is permissible for a parent or spouse to help a terminally ill patient end his or her life, but they do not allow physicians to do so.

ANS: A  PTS: 1  REF: The Right to Suicide: Moral, Ethical, and Legal Issues
OBJ: 5  MSC: Factual
95. If you hear a presentation by Thomas Szasz, you would most likely hear him say, ____.
   a. "Government has a moral duty to prevent an individual from taking his own life."
   b. "Ending one's life is an act of a moral agent (a person), who is ultimately responsible for that act."
   c. "Unless we can say words like death and suicide we can never help our clients cope with their relatives' suicides."
   d. "Prevention is much more efficient and effective than treatment."

ANS: B     PTS:  1
REF:    The Right to Suicide: Moral, Ethical, and Legal Issues   OBJ:  5
MSC:  Conceptual

96. Quality of life and quality of humanness are phrases used by ____.
   a. those who perform psychological autopsies
   b. telephone hot line counselor
   c. Thomas Szasz to argue for doctor-assisted suicide
   d. advocates of right-to-die laws

ANS: D     PTS:  1
REF:    The Right to Suicide: Moral, Ethical, and Legal Issues   OBJ:  5
MSC:  Factual

97. The Hemlock Society ____.
   a. dates back to the time of Socrates
   b. has been outlawed in the United States
   c. opposes assisted suicide
   d. advocates for people's right to end their lives

ANS: D     PTS:  1
REF:    The Right to Suicide: Moral, Ethical, and Legal Issues   OBJ:  5
MSC:  Factual

98. Dr. Jack Kevorkian ____.
   a. believed patients should be responsible for ending their own lives
   b. only helped terminally ill individuals commit suicide
   c. helped individuals commit suicide that did not have diseases that threatened to kill them in the immediate future
   d. believed physician assisted suicide is immoral.

ANS: C     PTS:  1
REF:    The Right to Suicide: Moral, Ethical, and Legal Issues   OBJ:  5
MSC:  Factual
99. One of the problems with defining quality of life and quality of humanness as the criteria for deciding between life and death is that ____.
   a. these definitions contradict dignified-dying laws
   b. these definitions contradict advance-directive laws
   c. they raise questions surrounding ethics and human values that are difficult to answer
   d. that these definitions assume that life is better than death

ANS: C  PTS: 1
REF: The Right to Suicide: Moral, Ethical, and Legal Issues  OBJ: 5
MSC: Factual

100. As a proponent of the right to suicide, Deborah probably believes that ____.
   a. when people lack the funds to receive good medical care, they have a right to end their lives
   b. suicide is a rational act
   c. it does not matter if a person is of sound mind; anyone who wishes to end his or her life has a right to do so
   d. no one should be talked out of a decision to commit suicide

ANS: B  PTS: 1
REF: The Right to Suicide: Moral, Ethical, and Legal Issues  OBJ: 5
MSC: Applied

ESSAY

1. Discuss how men and women differ in their efforts to end their lives. How do marriage, age, and ethnicity influence these differences?

ANS:
Although women are more likely than men to attempt suicide, men use more lethal means (e.g., firearms or hanging versus barbiturates); thus, men are four times more likely to be successful. Suicide rates for young males age 15-24 rose more than 40 percent in the last decade (50% for males and 12% for females). The highest risk group of all is white males over the age of 65, especially those who are not married. Being single, divorced, and widowed are all risk factors for suicide, with widowhood being a higher risk factor for white men and women and African American men, although at older ages divorce increases the risk. Marriage seems to be a buffer for men and women; single adolescents girls and single men in their thirties are especially at risk. The completed suicide rate for men is ten times that for women, although women attempt suicide three times as often as men.

Bearing in mind that older white males have the highest rate of completed suicides, in terms of ethnicity when combining males and females, Native American have the highest rate, followed by white Americans, Mexican Americans, African Americans, Japanese Americans, and Chinese Americans. Suicide is the second leading cause of death for American Indian youth, compared to being the third leading cause of death for white youngsters. Alcoholism, socioeconomic factors like poverty, and lack of validation of their cultural lifestyle are all particularly poignant risk factors for Native Americans.

PTS: 1
2. Discuss how the biological and sociocultural approaches explain the causes of suicidal behavior.

ANS:
We have only correlational data on the causes of suicide. Biological theorists propose that abnormalities in the nervous system will correlate with suicide, and they have found one that does: low levels of the chemical 5-HIAA in the cerebrospinal fluid of suicide victims. This chemical is a byproduct of the neurotransmitter serotonin, so it seems likely that deficiencies in serotonin might be associated with suicidal tendencies. Research shows that patients with low 5-HIAA levels are more likely to be depressed, aggressive, and impulsive than others, a combination that points toward suicide. Most remarkable is that low levels of 5-HIAA have been discovered in suicidal individuals who had no history of depression. An association exists, but it is not clear whether biology is cause, effect, or directly involved at all in suicide.

Almost 100 years ago, the great sociologist Emile Durkheim proposed a sociocultural theory of suicide that is still useful. In his view, suicide reflects a relationship between the suicidal individual and his or her community. Individuals who fail to develop a nurturing network of social supports are unable to function adequately and become isolated. Disconnected, these individuals end their lives rather than remain alone. Altruistic suicides are culturally supported acts to further a group's goals. Buddhist monks who killed themselves to protest the government of Vietnam in the 1960s and Iraqi "insurgents" who kill others while they blow up buildings and themselves with truck bombs illustrate this kind of suicide. Finally, there are suicides caused by wrenching changes in people's relationship to society. An economic crash, a sudden loss of social status, or being forced to emigrate from one's homeland may be yet another trigger for suicides. These categories, however, do more to describe types of suicides than to explain them. Further, as much as the biological approach puts too much emphasis on the inner molecular world, the sociocultural approach excludes the internal, psychological world. Neither perspective gives a complete answer; the multipath model—which incorporates biological, psychological, social, and sociocultural factors—gives a more complete picture of what suicide is and how it occurs.

PTS: 1

3. List and describe five different risk factors for suicide.

ANS:
Risk factors do not necessarily explain suicidal behavior but are the factors that are often found in the backgrounds of suicidal individuals. Five such risk factors include:

a. Suicidal thoughts and talk: An estimated 80 percent of suicides are preceded by some kind of warning, either direct or indirect.

b. Mental disorders, depressive disorders: Diagnosable depressive disorders have been implicated in 40 to 60 percent of suicides. About 15 percent of persons with a diagnosis of major depression or bipolar disorder will eventually kill themselves.

c. Alcoholism: This is associated with approximately 25 percent of suicide deaths, and the presence of depression along with alcoholism is a particularly severe risk factor.

d. Lethal methods: Basically, individuals who choose more lethal methods are more likely to complete a suicide than those who use nonlethal methods (e.g., firearms versus pills).

e. Isolation, living alone, loss of support: Being isolated and lacking the support of positive relationships may well limit a person's access to resources that would otherwise counteract hopelessness.

PTS: 1
MULTIPLE CHOICE

1. Nearly ____ percent of adolescent females and ____ percent of adolescent males report dieting to control their weight.
   a. 20; 10  
   b. 20; 20  
   c. 50; 20  
   d. 90; 50
   ANS: C  
   PTS: 1  
   OBJ: 1  
   MSC: Factual  
   REF: Eating Disorders

2. Which of the following may result in eating problems?
   a. the current focus on healthy eating  
   b. autonomy  
   c. self-determination  
   d. low self-esteem
   ANS: D  
   PTS: 1  
   OBJ: 1  
   MSC: Factual  
   REF: Eating Disorders

3. What is the paradox of eating disorders?
   a. Anorexia is more likely to occur in countries where malnutrition is prevalent.  
   b. The increasing emphasis on thinness in the United States is occurring as the population is becoming heavier.  
   c. As the popularity of healthy clubs is increasing in the United States, eating disorders are becoming more prevalent.  
   d. In the past decade, male prevalence rates of obesity have come to surpass female rates of obesity.
   ANS: B  
   PTS: 1  
   OBJ: 1  
   MSC: Factual  
   REF: Eating Disorders

4. In a study of perceptions about men's body shape in Germany, France, and the United States, ____.
   a. men and women both agreed that women prefer men to have a muscular body  
   b. men believed that women prefer a lean body, but women indicated they prefer muscular men  
   c. men and women both agreed that women prefer men to have a lean body  
   d. men believed women prefer men who have muscular bodies, while women stated a preference for an ordinary male body
   ANS: D  
   PTS: 1  
   OBJ: 1  
   MSC: Factual  
   REF: Eating Disorders

5. Which of these women would be expected to be least likely to have an eating disorder?
   a. Pilar, a Hispanic American  
   b. Therese, a Native American  
   c. Betty, a European American  
   d. Latisha, an African American
   ANS: D  
   PTS: 1  
   OBJ: 1  
   MSC: Applied  
   REF: Eating Disorders
6. A twelve-year study by Sui and colleagues (2007) determined that being ____ is the critical factor for long life.
   a. physically fit  
   b. of normal weight  
   c. psychologically fit  
   d. slightly underweight

ANS: A  PTS: 1  REF: Eating Disorders
OBJ: 1  MSC: Factual

7. Yoriko is a 17-year-old girl who is so fearful of gaining weight that she starves herself. She has missed five consecutive menstrual cycles. Although she correctly sees herself as having a skeletal figure, she does not think she has an eating disorder. Yoriko was diagnosed with anorexia. What is unusual about this case?
   a. It is unusual for an anorexic to deny having an eating disorder.
   b. It is unusual for a 17-year-old girl to have anorexia.
   c. It is unusual for an anorexic to miss five menstrual cycles.
   d. It is unusual for an anorexic to have an accurate body image.

ANS: D  PTS: 1  REF: Eating Disorders
OBJ: 1  MSC: Applied

8. Anorexia nervosa is defined by which of the following?
   a. a binge-purge cycle
   b. an individual with anorexia nervosa is generally of normal weight
   c. a distorted self-perception of body image
   d. a sense of loss of control over eating combined with purging

ANS: C  PTS: 1  REF: Eating Disorders
OBJ: 1  MSC: Factual

9. Which major psychiatric disorder claims the highest mortality rate?
   a. major depression  
   b. anorexia nervosa  
   c. bipolar disorder  
   d. schizophrenia

ANS: B  PTS: 1  REF: Eating Disorders
OBJ: 1  MSC: Factual

10. Which statement about anorexia nervosa is accurate?
    a. Despite having a skeleton-like appearance, most anorexics still consider themselves to be overweight.
    b. Anorexics who continually fast tend to be outgoing individuals.
    c. Although anorexics are phobic about gaining weight, they often maintain weight at normal or above-normal levels.
    d. Although self-starvation changes the anorexic's appearance, there are no serious physical complications to the disorder.

ANS: A  PTS: 1  REF: Eating Disorders
OBJ: 1  MSC: Factual
11. There are two subgroups of anorexia. They are ____.
a. anorexia and anorexia nervosa  
b. binge-eating/purging and restricting  
c. binge-eating/purging and binge-eating alone  
d. anxious and depressive  
ANS: B  PTS: 1  REF: Eating Disorders  
OBJ: 1  MSC: Factual

12. Kimberly is in a treatment program for eating disorders. She is more introverted than many of the other girls in the program and denies that she is hungry or has any psychological distress. Kimberly has ____.
a. restricting anorexia  
b. binge-eating/purging anorexia  
c. bulimia nervosa  
d. binge eating disorder  
ANS: A  PTS: 1  REF: Eating Disorders  
OBJ: 1  MSC: Applied

13. An associated characteristic linked to anorexia nervosa is ____.
a. personality disorders  
b. learning disorders  
c. factitious disorders  
d. posttraumatic stress disorder  
ANS: A  PTS: 1  REF: Eating Disorders  
OBJ: 1  MSC: Factual

14. In a five-year follow-up study of 95 treated female anorexics conducted by Ben-Tovim and colleagues (2001), one finding was that ____.
a. many patients with the binge-eating/purging type of anorexia developed the restricting subtype  
b. only 20 percent of the patients no longer met the criteria for an eating disorder  
c. most of the patients continued to have disturbed eating patterns, poor body image, and psychosocial difficulties  
d. none of the patients died from the disorder  
ANS: C  PTS: 1  REF: Eating Disorders  
OBJ: 1  MSC: Factual

15. A common Axis I disorder that often accompanies anorexia nervosa is ____.
a. bipolar disorder  
b. schizophrenia  
c. obsessive-compulsive disorder  
d. paranoid personality disorder  
ANS: C  PTS: 1  REF: Eating Disorders  
OBJ: 1  MSC: Conceptual
16. Which of the following is one of the reasons stated for the difficulty in interpreting the relationships between anorexia subtypes and personality disorders?
   a. The personality disorders may be a consequence of the anorexia.
   b. They could be the result of common environmental or genetic factors that underlie both anorexia and the personality disorder.
   c. Sociocultural variables complicate the relationship between anorexia subtypes and personality disorders.
   d. Research indicates no relationship between anorexia subtypes and personality disorders.
   ANS: B  PTS: 1  REF: Eating Disorders
   OBJ: 1  MSC: Factual

17. "Yo-yo" dieting has been found to be related to which of the following?
   a. long-term weight loss
   b. difficulties with posttraumatic stress
   c. chronic headaches
   d. altered immune functioning
   ANS: D  PTS: 1  REF: Eating Disorders
   OBJ: 1  MSC: Factual

18. Irene eats large quantities of high-calorie foods at least three times a week when she is alone or nervous. After binging, she induces vomiting. She is constantly concerned about her appearance, although she is of normal weight. An appropriate diagnosis for Irene is ____.
   a. anorexia nervosa
   b. overanxious disorder
   c. bulimia nervosa
   d. binge-eating disorder
   ANS: C  PTS: 1  REF: Eating Disorders
   OBJ: 1  MSC: Applied

19. Emily has the purging type of bulimia nervosa. She is likely to engage regularly in which of the following?
   a. fasting
   b. vomiting
   c. denies her thinness
   d. expresses fear of obesity
   ANS: B  PTS: 1  REF: Eating Disorders
   OBJ: 1  MSC: Applied

20. Compared to anorexia nervosa, bulimia ____.
   a. is much easier to diagnose on the basis of appearance
   b. is much more prevalent
   c. has little to do with self-control
   d. is unrelated to body size concern or weight
   ANS: B  PTS: 1  REF: Eating Disorders
   OBJ: 1  MSC: Conceptual
21. Sarah has the nonpurging type of bulimia. Sonia has the restricting type of anorexia. Which of the following is likely?
   a. They are both aware that their eating patterns are not normal.
   b. Sarah uses fasting as a way to control her weight but Sonia does not.
   c. They both are overly concerned with their weight.
   d. Sarah is at risk for comorbid mental disorders but Sonia is not.
   
   ANS: C   PTS: 1   REF: Eating Disorders
   OBJ: 1   MSC: Applied

22. The person with bulimia nervosa is most likely to be ____.
   a. underweight
   b. somewhat overweight
   c. of normal weight
   d. obese
   
   ANS: C   PTS: 1   REF: Eating Disorders
   OBJ: 1   MSC: Factual

23. For the past three months, Bess has eaten large quantities of high-calorie foods a couple of times a week. What other symptoms must she show to be diagnosed with bulimia?
   a. negative body image and compensatory actions after eating
   b. none, because binge eating is the critical symptom of bulimia
   c. the absence of at least three consecutive menstrual cycles
   d. self-starvation
   
   ANS: A   PTS: 1   REF: Eating Disorders
   OBJ: 1   MSC: Applied

24. A common complication of bulimia nervosa is ____.
   a. stomach cancer
   b. erosion of tooth enamel
   c. excessive hydration
   d. muscle atrophy
   
   ANS: B   PTS: 1   REF: Eating Disorders
   OBJ: 1   MSC: Factual

25. A bulimic woman is more likely than those in a nonclinical sample to give which type of response to life stressors?
   a. "Food was the first thing I loved that loved me back."
   b. "I need to outline my priorities."
   c. "I guess I need to think about how I can solve this problem."
   d. "This approach didn't work, so I'll have to come up with another one."
   
   ANS: A   PTS: 1   REF: Eating Disorders
   OBJ: 1   MSC: Conceptual

26. Which of the following is generally a comorbid condition with bulimia nervosa?
   a. schizoaffective disorder
   b. panic attack
   c. posttraumatic stress disorder
   d. mood disorders
   
   ANS: D   PTS: 1   REF: Eating Disorders
   OBJ: 1   MSC: Factual
27. Belle has bulimia and Amanda has anorexia. Outcome studies suggest that ____.
   a. Belle would probably have a more positive prognosis than Amanda
   b. Amanda would probably have a more positive prognosis than Belle
   c. Both would have a relatively poor prognosis
   d. there's a close to 100 percent recovery rate from bulimia

ANS: A        PTS: 1        REF: Eating Disorders
OBJ: 1    MSC: Applied

28. In a lecture on eating disorders, Professor Lublin noted that binge-eating has been classified as an Axis I disorder characterized by consumption of large amounts of food over a short period of time and accompanied by feelings of paranoia, but like bulimia the episodes are generally followed by use of compensatory behaviors like vomiting or fasting. Which of Professor Lublin's statements is accurate?
   a. Binge-eating has been classified as an Axis I disorder.
   b. Binge-eating is characterized by consumption of large amounts of food over a short period of time.
   c. Binge-eating is generally followed by use of compensatory behaviors like vomiting or fasting.
   d. Binge-eating is characterized by feelings of paranoia.

ANS: B        PTS: 1        REF: Eating Disorders
OBJ: 1    MSC: Applied

29. Which of the following is a way in which bulimia nervosa is similar to binge-eating disorder?
   a. engaging in compensatory behaviors after eating
   b. being secretive about eating
   c. individuals that have either disorder are generally overweight
   d. intense fear of becoming obese

ANS: B        PTS: 1        REF: Eating Disorders
OBJ: 1    MSC: Factual

30. Which of the following is one of the documented differences between African American and European American women with binge-eating disorder?
   a. African American women are more likely to show symptoms of psychiatric distress.
   b. African American women are more likely to be obese.
   c. African American women appear to have greater concerns about their weight.
   d. African American women are more likely to have been treated for eating problems.

ANS: B        PTS: 1        REF: Eating Disorders
OBJ: 1    MSC: Factual

31. Approximately what percentage of women in weight-control programs have binge-eating disorder?
   a. 5-10 percent
   b. 20-40 percent
   c. 50-65 percent
   d. 70-80 percent

ANS: B        PTS: 1        REF: Eating Disorders
OBJ: 1    MSC: Factual
32. Which of the following is a comorbid feature associated with binge-eating disorder?
   a. bipolar disorder  
   b. major depressive disorder  
   c. posttraumatic stress disorder  
   d. panic attack
   ANS: B  PTS: 1  REF: Eating Disorders
   OBJ: 1  MSC: Factual

33. Which of the following women has the best prognosis for recovery from her eating disorder?
   a. Andrea, who has restricting anorexia
   b. Bridgette, who has binge-eating/purging anorexia
   c. Carla, who has bulimia nervosa
   d. Darlene, who has binge eating disorder
   ANS: D  PTS: 1  REF: Eating Disorders
   OBJ: 1  MSC: Conceptual

34. Which of the following would fit the DSM-V category of eating disorder if not otherwise specified?
   a. Bernadette, who meets all the criteria for anorexia nervosa and has lost a significant amount of weight, but is only 25 pounds below normal weight
   b. Claudia, who engages in binge eating and compensatory activities less than once per week
   c. Darlene, who engages in binge-eating and purging more than once per week
   d. Allegra, who meets all the criteria for anorexia nervosa and does not have regular menses
   ANS: B  PTS: 1  REF: Eating Disorders
   OBJ: 1  MSC: Conceptual

35. Disturbed eating patterns includes which of the following?
   a. excessive exercising  
   b. excessive dieting  
   c. a high degree of social interaction  
   d. a overly positive self-image
   ANS: B  PTS: 1  REF: Eating Disorders
   OBJ: 1  MSC: Factual

36. What percentage of American women are able to achieve the size required for fashion models?
   a. 5 percent  
   b. 10 percent  
   c. 15 percent  
   d. 20 percent
   ANS: A  PTS: 1  REF: Etiology of Eating Disorders
   OBJ: 2  MSC: Factual

37. The DSM-V does not recognize ____ as an eating disorder despite its devastating medical and psychological consequences.
   a. anorexia nervosa  
   b. obesity  
   c. bulimia nervosa  
   d. eating disorders not otherwise specified
   ANS: B  PTS: 1  REF: Obesity
   OBJ: 4  MSC: Factual
38. Kobe is concerned about his younger brother taking anabolic steroids. As he researches this potentially fatal problem, he will find that _____% of boys between the ages of 15 and 18 have taken these drugs to gain more muscle mass.
   a. 6-7  c. 15-20
   b. 10-12 d. 20-22

ANS: A  PTS: 1  REF: Eating Disorders
OBJ: 1  MSC: Factual

39. A 2007 APA Task Force study found that television, music videos, lyrics, magazines, and advertising _____ women.
   a. socialize  c. sexualize
   b. demonize d. devalue

ANS: C  PTS: 1  REF: Etiology of Eating Disorders
OBJ: 2  MSC: Factual

40. Which of the following is one of the reasons that most adolescent girls give for dieting and concern over their bodies?
   a. their health  c. self-esteem
   b. criticisms by family members d. physical fitness

ANS: B  PTS: 1  REF: Etiology of Eating Disorders
OBJ: 2  MSC: Factual

41. In a study with high school and college females, participants were asked to examine and pick out potentially harmful female stereotypes. They indicated which of the following as being potentially harmful?
   a. Those that portray women as ultra-thin models
   b. Those that portray women as helpless or dumb
   c. Those that portray women as overweight
   d. Those that portray women relaxing

ANS: B  PTS: 1  REF: Etiology of Eating Disorders
OBJ: 2  MSC: Factual

42. When assessing male and female perceptions of their bodies, research by Bergstrom et al. (2004) found that _____.
   a. males were more likely than females to express dissatisfaction with their bodies
   b. females were more likely than males to express dissatisfaction with their bodies
   c. among both males and females, those with low self-esteem displayed the greatest degree of dissatisfaction with their bodies
   d. females perceived their bodies as larger than they would prefer, but smaller than what men would prefer

ANS: C  PTS: 1  REF: Etiology of Eating Disorders
OBJ: 2  MSC: Factual
43. The lifetime prevalence of anorexia nervosa is ____.
   a. 0.5 to 0.9 percent  
   b. 1.0 to 1.5 percent  
   c. 1.0 to 2.0 percent  
   d. 2.0 to 3.5 percent  
   ANS: A  PTS: 1  REF: Eating Disorders  
   OBJ: 1  MSC: Factual

44. Who would be most likely to express the most concern over body size and appearance and most likely to exhibit disturbed eating patterns?
   a. Jim, a gay male  
   b. Dan, a straight male  
   c. Danielle, a lesbian female  
   d. Eldon, a heterosexual male  
   ANS: A  PTS: 1  REF: Etiology of Eating Disorders  
   OBJ: 2  MSC: Applied

45. It is believed that the societal emphasis on thinness as being attractive ____.
   a. may contribute to the increasing incidence of eating disorders  
   b. has not been supported as a cause of eating disorders  
   c. is a sufficient explanation of eating disorders  
   d. is only mildly related to eating disorders  
   ANS: A  PTS: 1  REF: Etiology of Eating Disorders  
   OBJ: 2  MSC: Factual

46. Body dissatisfaction, the discrepancy between one’s perceived versus desired body weight or shape, is a(n) ____ in the development of eating disorders.
   a. robust risk factor  
   b. insignificant risk factor  
   c. mild risk factor  
   d. moderate risk factor  
   ANS: A  PTS: 1  REF: Etiology of Eating Disorders
   OBJ: 2  MSC: Factual

47. ____ has also been identified as a risk factor and may interact with body dissatisfaction to predict eating disorders.
   a. Maladaptive perfectionism  
   b. Dieting  
   c. Self-evaluation  
   d. Depression  
   ANS: A  PTS: 1  REF: Etiology of Eating Disorders  
   OBJ: 2  MSC: Factual

48. ____ may interact with maladaptive perfection and body dissatisfaction to create even greater risk for an eating disorder.
   a. The belief that one is inadequate in social relationships  
   b. Dieting  
   c. Depression  
   d. Self-control  
   ANS: A  PTS: 1  REF: Etiology of Eating Disorders  
   OBJ: 2  MSC: Factual
49. Socialization agents, such as peers, family members, and the media, help create ____.
   a. externalized notions of "thin is in" or "you can never be too rich or too thin"
   b. internalization of the thin ideal body image
   c. externalization of one's inner insecurities
   d. internalization of family values

   ANS: B  PTS: 1  REF: Etiology of Eating Disorders
   OBJ: 2  MSC: Conceptual

50. Marlin is told that he has many protective variables that help him avoid the impact of media on body image. Which of these protective factors would be considered personality variables?
   a. His strong social support
   b. His strong social bonds
   c. His self-determination and autonomy
   d. His ability to view attractiveness as only one of many important qualities

   ANS: C  PTS: 1  REF: Etiology of Eating Disorders
   OBJ: 2  MSC: Applied

51. Vincent and McCabe (2000) found that teasing and criticism about body weight or shape by family members predicts which of the following?
   a. body dysmorphic disorder
   b. dieting and eating problems
   c. maladaptive perfectionism
   d. depression

   ANS: B  PTS: 1  REF: Etiology of Eating Disorders
   OBJ: 2  MSC: Factual

52. Recent research by Neighbors and Sobal (2007) suggests that ____ may be the most responsive to messages regarding thinness.
   a. overweight women
   b. underweight women
   c. women who are normal weight
   d. overweight men

   ANS: B  PTS: 1  REF: Etiology of Eating Disorders
   OBJ: 2  MSC: Factual

53. Jane and Jan have been best friends since they were four years old. Even though both women have married and are raising families, and Jane has moved 2000 miles away, they remain best friends. Research by Christakis and Fowler (2007) suggests that if Jane becomes obese, ____.
   a. Jan will try to help her lose weight
   b. Jan will actually lose weight
   c. there is a 171% chance that Jan, too, will become obese
   d. it will have little, if any, effect on Jan's weight

   ANS: C  PTS: 1  REF: Obesity
   OBJ: 4  MSC: Applied
54. Rates of obesity are higher among members of which social class?
   a. upper
   b. middle
   c. lower
   d. There is no difference in rates of obesity based on social class.

   ANS: C  PTS: 1  REF: Obesity  OBJ: 4
   MSC: Factual

55. Sweden and Quebec both passed laws banning food advertising to children. What was the long-term effect of this ban?
   a. It had a positive effect in reducing the childhood obesity rate by 50%.
   b. It had a positive effect in reducing the childhood obesity rate by 25%.
   c. It had a mild effect in that the rate of childhood obesity remained stable, while it increased in most other countries.
   d. It showed no benefit in reducing childhood obesity in either country since the obesity rate increased in a manner similar to that of other countries.

   ANS: D  PTS: 1  REF: Obesity  OBJ: 4
   MSC: Factual

56. Nancy is planning to undergo the most common cosmetic procedure performed in the United States. She is planning to have ____.
   a. liposuction  c. breast implants
   b. a face lift  d. botox injections

   ANS: D  PTS: 1  REF: Eating Disorders  OBJ: 1
   MSC: Factual

57. Approximately ____ percent of individuals who are treated in eating disorder programs suffer from eating disorder NOS.
   a. 5 to 20
   b. 15 to 35
   c. 25 to 45
   d. 40 to 60

   ANS: D  PTS: 1  REF: Eating Disorders  OBJ: 1
   MSC: Factual

58. Which woman is the least likely to exhibit an eating disorder?
   a. Mei Li, who lives in China.
   b. Shoshana, who lives in Israel.
   c. Candice, who lives in Canada.
   d. Delores, who lives in the United States.

   ANS: A  PTS: 1  REF: Etiology of Eating Disorders  OBJ: 2
   MSC: Conceptual
59. Research by Powell, Calvin, and Calvin (2007) found that the most effective long-term method for treating obesity and sustaining weight loss is ____.
   a. dieting
   b. lifestyle interventions
   c. drug treatments
   d. combining lifestyle changes with drugs and/or surgery
   ANS: D       PTS: 1       REF: Treatments for Obesity
   OBJ: 5       MSC: Factual

60. Fijian girls who had developed eating disorders reported that their beliefs about ideal body image were influenced by ____.
   a. television
   b. magazines
   c. interacting with Western tourists
   d. school
   ANS: A       PTS: 1       REF: Etiology of Eating Disorders
   OBJ: 2       MSC: Factual

61. Jacquee is an African American woman. Unlike the typical European American woman, she is likely to ____.
   a. feel that being underweight is better than being overweight
   b. describe herself as being too fat and old
   c. equate thinness with beauty and success
   d. be satisfied with her weight and body size
   ANS: D       PTS: 1       REF: Etiology of Eating Disorders
   OBJ: 2       MSC: Applied

62. Which girl is most likely to be dieting?
   a. Shawna, a European American
   b. Lashawna, an African American
   c. Selena, a Hispanic American
   d. All are equally likely to be dieting
   ANS: A       PTS: 1       REF: Etiology of Eating Disorders
   OBJ: 2       MSC: Applied

63. Bergstrom et al (2004) found that men preferred which type of female figure?
   a. Men indicated a preference for an apple-shaped female body type
   b. Men indicated a preference for a ‘bony’ female body type
   c. Men indicated a preference for a muscular female body type
   d. Men indicated a preference for a heavier female body type
   ANS: D       PTS: 1       REF: Etiology of Eating Disorders
   OBJ: 2       MSC: Factual

64. A process of ____ occurs in which women or men and girls or boys begin to evaluate themselves according to external standards.
   a. social comparison
   b. maladaptive perfectionism
   c. self-evaluation
   d. dieting
   ANS: A       PTS: 1       REF: Etiology of Eating Disorders
   OBJ: 2       MSC: Factual
65. With respect to comparisons of African American women with white American women, which statement is accurate?
   a. Fewer African American women tend to be satisfied with their body size, weight, and appearance than are white women.
   b. Fewer African American women than white American women appear to have bulimia.
   c. Fewer African American women than white American women appear to have binge eating disorder.
   d. African American women are more concerned about weight.
   
   ANS: C    PTS: 1    REF: Etiology of Eating Disorders
   OBJ: 2    MSC: Factual

66. Which of the following is suggested by research comparing African American women and white women?
   a. Because African American women perceive themselves as being heavier than they actually are, they do not believe it is important to change their normal eating patterns.
   b. Media messages equating thinness with beauty have less impact on African American women.
   c. African American women are less likely than white women to have anorexia nervosa, bulimia nervosa, or binge-eating disorder.
   d. Because African American women have nonassertive roles in relationships and in the community, they are more influenced than white women by gender-restrictive messages.

   ANS: B    PTS: 1    REF: Etiology of Eating Disorders
   OBJ: 2    MSC: Factual

67. Which of the following is an accurate statement when comparing African American females with white American females?
   a. Both African American women and white American women believe that beauty is fleeting and decreases with age.
   b. Both African American women and white American women believe that it is better to be a little overweight than underweight.
   c. African American women perceived themselves to be thinner than they actually are, whereas white American women perceived themselves as being heavier than they actually are.
   d. 40 percent of African American females, compared with 50 percent of white American females, are satisfied with their current weight or body shape.

   ANS: C    PTS: 1    REF: Etiology of Eating Disorders
   OBJ: 2    MSC: Factual

68. Which female is most likely to have a disordered eating pattern (binging and purging)?
   a. Maciel, a Hispanic American 
   b. Belinda, an American Indian 
   c. Audrey, an Asian American 
   d. Doreen, a white American

   ANS: A    PTS: 1    REF: Etiology of Eating Disorders
   OBJ: 2    MSC: Applied
69. Vanessa has anorexia. It is likely that she shows which trait?
   a. perfectionism  
   b. rebelliousness  
   c. lack of control  
   d. helplessness

   ANS: A  
   PTS: 1  
   OBJ: 2  
   MSC: Applied  
   REF: Etiology of Eating Disorders

70. Which of the following characteristics is typical of both males and females with eating disorders?
   a. aggressiveness  
   b. low self-esteem  
   c. autonomy  
   d. self-determination

   ANS: B  
   PTS: 1  
   OBJ: 2  
   MSC: Factual  
   REF: Etiology of Eating Disorders

71. The psychologists who are administering the support group that Calista attends are doing research to look at psychological traits for families of the men and women in the disordered eating group. These psychologists are most likely to find ____.
   a. no consistent psychological traits  
   b. high rates of affective disorders  
   c. high rates of identity disorders  
   d. high rates of anxiety disorders

   ANS: B  
   PTS: 1  
   OBJ: 2  
   MSC: Applied  
   REF: Etiology of Eating Disorders

72. Lam et al. (2001) found that rates of ____ is higher among those with bulimia nervosa than in the general population.
   a. dysthymia  
   b. major depression  
   c. seasonal affective disorder  
   d. bipolar disorder

   ANS: C  
   PTS: 1  
   OBJ: 2  
   MSC: Factual  
   REF: Etiology of Eating Disorders

73. Which statement concerning the relationship between eating disorders and sexual abuse is accurate?
   a. There is no relationship between sexual abuse and eating disorders.  
   b. There is a direct link between sexual abuse and eating disorders.  
   c. Sexual abuse leads to eating disorders.  
   d. Sexual abuse may be indirectly related to eating disorders.

   ANS: D  
   PTS: 1  
   OBJ: 2  
   MSC: Conceptual  
   REF: Etiology of Eating Disorders

74. A clinical psychologist treating a woman with an eating disorder says, "Eating problems are associated with depressed mood, although we are not clear whether depression is the cause or the effect. What is clear is that sexual abuse is a causal factor in eating disorders." Research indicates that these remarks are ____.
   a. entirely false. Research fails to support either assertion.  
   b. partially true. Research rejects the association with depression but supports the idea that sexual abuse causes eating disorders.  
   c. partially true. Research supports the association with depression but rejects the idea that sexual abuse causes eating disorders.  
   d. entirely true. Research supports both assertions.

   ANS: C  
   PTS: 1  
   OBJ: 2  
   MSC: Conceptual  
   REF: Etiology of Eating Disorders
75. ____ appears to provide individuals with eating disorders some satisfaction in dealing with stress.
   a. The element of control
   b. Dieting
   c. Relaxation
   d. Passivity

   ANS: A  PTS: 1  REF: Etiology of Eating Disorders
   OBJ: 2  MSC: Factual

76. Which of the following did Strober et al. (2000) find with respect to first-degree relatives of patients
    with anorexia and bulimia?
   a. Relatives of those with anorexia were likely to have anorexia, but not bulimia.
   b. Relatives of those with bulimia were likely to have bulimia, but not anorexia.
   c. Relatives of those with anorexia or bulimia were as likely to have either eating disorder.
   d. There seemed to be no clear relationship.

   ANS: C  PTS: 1  REF: Etiology of Eating Disorders
   OBJ: 2  MSC: Factual

77. Research exploring the relationship between genetics and eating disorders suggests that ____.
   a. there is a strong genetic link for eating disorders
   b. there is a strong genetic link for anorexia and bulimia, but not for other eating disorders
   c. there is only a weak link between genetics and eating disorders
   d. although there is strong support for a connection between genetic and biological factors
      with eating disorders, more research is needed to determine the relationship

   ANS: D  PTS: 1  REF: Etiology of Eating Disorders
   OBJ: 2  MSC: Factual

78. A group-based intervention program described by Daigneault (2000), Chapman et al. (2010), and
    Richardson and Paxton (2010) for adolescent girls at risk for eating problems involved which of the
    following goals?
   a. Learning the appropriate ways to diet
   b. Learning to develop a neutral attitude toward their bodies
   c. Increasing their comfort in expressing their feelings to others
   d. Increasing compensatory skills

   ANS: C  PTS: 1  REF: Treatment of Eating Disorders
   OBJ: 3  MSC: Factual

79. Sands (1998) believes that in order for any treatment for eating disorders to be effective, it's necessary
    to acknowledge ____.
   a. underlying psychological issues
   b. family dynamics
   c. hereditary factors
   d. the social context

   ANS: D  PTS: 1  REF: Treatment of Eating Disorders
   OBJ: 3  MSC: Factual
80. Karen is dangerously thin and has been admitted to the hospital because of her anorexic condition. The initial goal of treatment will be to ____.
   a. get her to understand that she is in danger of killing herself
   b. restore weight
   c. begin family therapy sessions
   d. involve her in a group program with other anorexic girls

   ANS: B       PTS: 1       REF: Treatment of Eating Disorders
   OBJ: 3       MSC: Applied

81. In order not to sabotage weight gain, it is important that, at the same time that restoration of weight is undertaken, the patient receive ____.
   a. psychological support
   b. group therapy
   c. family therapy
   d. nutritional education

   ANS: A       PTS: 1       REF: Treatment of Eating Disorders
   OBJ: 3       MSC: Conceptual

82. Millie has been hospitalized because of her anorexia. She will receive psychological intervention to help her with which of the following?
   a. Learning how to find information about anorexia and other eating disorders on the Internet
   b. Learning to develop overcontrolled eating behaviors
   c. Learning to cope with muscle dysphoria
   d. Identifying and understanding the dysfunctional attitudes related to the eating disorder

   ANS: D       PTS: 1       REF: Treatment of Eating Disorders
   OBJ: 3       MSC: Applied

83. Victoria's team of physicians, psychiatrists, and psychotherapists will carefully monitor her physical condition during the refeeding phase of her treatment for anorexia because ____.
   a. she is likely to be terrified of dying of the disorder
   b. her apathy toward food may increase
   c. she may experience sudden severe physiological reactions
   d. she has to be dissuaded from trying new foods at this time

   ANS: C       PTS: 1       REF: Treatment of Eating Disorders
   OBJ: 3       MSC: Applied

84. Which approach to treating anorexia is designed to correct irrational preoccupation with weight and to encourage weight gain by allowing the patient to use the telephone, have visits from family and friends, and wear street clothes as weight is gained?
   a. psychodynamic
   b. behavioral
   c. cognitive-behavioral
   d. family systems

   ANS: B       PTS: 1       REF: Treatment of Eating Disorders
   OBJ: 3       MSC: Factual
85. Amy has just begun therapy for anorexia nervosa. She is in the hospital, where medical staff give her feedings to increase her weight. After she has gained sufficient weight, in order to maintain treatment gains achieved in the hospital, what will most likely be implemented as an outpatient?
   a. family therapy  
   b. stimulant medication  
   c. systematic desensitization  
   d. aversive conditioning

ANS: A  PTS: 1  REF: Treatment of Eating Disorders
OBJ: 3  MSC: Applied

86. When do conditions that might contribute to purging need to be identified for hospitalized bulimic patients?
   a. prior to admission  
   b. during the initial assessment  
   c. after treatment has begun  
   d. as soon as the patient is willing to discuss them

ANS: B  PTS: 1  REF: Treatment of Eating Disorders
OBJ: 3  MSC: Factual

87. Priscilla has been hospitalized because of her bulimia. Which of the following physical conditions might be expected to have resulted from her disorder?
   a. bowel obstructions  
   b. cardiac arrhythmias and electrolyte imbalance  
   c. panic attack  
   d. hypertension

ANS: B  PTS: 1  REF: Treatment of Eating Disorders
OBJ: 3

88. Important goals in treating bulimia are to normalize the eating pattern and to eliminate the binge-purge cycle. The disordered eating pattern is typically broken up by ____.
   a. implementing a routine of eating three meals a day with one to three snacks a day  
   b. implementing a routine of eating five meals a day  
   c. having the patient work with a nutritionist to plan on a more proper way to diet  
   d. using shock therapy whenever the patient considers vomiting

ANS: A  PTS: 1  REF: Treatment of Eating Disorders
OBJ: 3  MSC: Factual

89. Paula is searching for the most effective treatment for bulimia. Research suggests it is probably going to be a combination of ____.
   a. response prevention and family therapy  
   b. relaxation training and cognitive-behavioral therapy  
   c. cognitive-behavioral therapy and antidepressant medication  
   d. psychoeducational groups and stimulant medication

ANS: C  PTS: 1  REF: Treatment of Eating Disorders
OBJ: 3  MSC: Applied
90. Melissa is working with a group of adolescent girls who suffer from bulimia. The treatment includes cognitive-behavioral therapy and use of antidepressants. Judging by the research, how successful can Melissa expect the treatment to be?
   a. completely successful, with rates of recovery up to 90 percent
   b. modestly successful, with rates of recovery up to 75 percent
   c. somewhat successful, with rates of recovery of about 50 percent
   d. not very successful, with rates of recovery less than 20 percent
   ANS: C  PTS: 1  REF: Treatment of Eating Disorders
   OBJ: 3  MSC: Applied

91. Marcia has been diagnosed with binge-eating disorder. Which of the following characteristics would we expect to see in her?
   a. She is not concerned with her eating habits.
   b. She is underweight.
   c. She overeats and engages in regular compensatory behaviors such as purging.
   d. She has to deal with prejudices of overweight individuals.
   ANS: D  PTS: 1  REF: Treatment of Eating Disorders
   OBJ: 3  MSC: Applied

92. Having a body mass index (BMI) greater than 30 is the definition of ____.
   a. normal body weight
   b. bulimia nervosa
   c. obesity
   d. binge eating disorder
   ANS: C  PTS: 1  REF: Obesity
   OBJ: 4  MSC: Factual

93. Dorit has been asked to prepare a list of "forbidden" foods and to rank them in order of "dangerousness." Dorit is most likely in which phase of her treatment program for binge-eating disorder?
   a. first
   b. second
   c. third
   d. maintenance
   ANS: B  PTS: 1  REF: Treatment of Eating Disorders
   OBJ: 3  MSC: Applied

94. Tobacco use is the number one preventable cause of disease and death in the United States. What is number two?
   a. anorexia nervosa
   b. bulimia nervosa
   c. homicide
   d. obesity
   ANS: D  PTS: 1  REF: Obesity
   OBJ: 4  MSC: Factual

95. Being overweight or obese in childhood is related to an increased risk of which disease in adulthood?
   a. asthma
   b. cancer
   c. coronary heart disease
   d. hepatitis
   ANS: C  PTS: 1  REF: Obesity
   OBJ: 4  MSC: Factual
96. Approximately what percent of American adults would be classified as obese according to the BMI standards?
   a. 16  
   b. 33  
   c. 57  
   d. 66  
   ANS: B  PTS: 1  REF: Obesity  OBJ: 4  MSC: Factual

97. Researchers estimate that by 2015, _____ % of adults and _____ % of children and adolescents in the United States will be overweight or obese.
   a. 24; 12  
   b. 48; 24  
   c. 75; 24  
   d. 82; 32  
   ANS: C  PTS: 1  REF: Obesity  OBJ: 4  MSC: Factual

98. One theory for explaining the etiology of obesity suggests that humans inherited genes that helped our ancestors survive famine by storing fat. Unfortunately, that gene may be dysfunctional in an environment where high-fat foods are plentiful. This theory is called the ____.
   a. thrifty genotype hypothesis  
   b. fat gene theory  
   c. fat storage hypothesis  
   d. evolutionary hypothesis  
   ANS: A  PTS: 1  REF: Obesity  OBJ: 4  MSC: Conceptual

99. Because of its influence on affecting food palatability, scientists have been focusing their attention on the relationship between obesity and ____.
   a. serotonin  
   b. GABA  
   c. epinephrine  
   d. dopamine  
   ANS: D  PTS: 1  REF: Obesity  OBJ: 4  MSC: Factual

100. Hurley, a second-grader, is obese. From a psychological perspective, a critical concern would be factors related to ____.
    a. PTSD  
    b. negative mood states  
    c. apathy  
    d. aggressiveness  
    ANS: B  PTS: 1  REF: Obesity  OBJ: 4  MSC: Applied
1. Identify two eating disorders and describe the symptoms that characterize these disorders.

ANS:

(Answers may vary) a. In anorexia nervosa, a disorder found almost exclusively in women, fear of weight gain leads to self-starvation or eating and purging, with such consequences as low blood pressure and heart disease. Sufferers possess a distorted body image. b. The criteria for bulimia nervosa include eating large quantities of high-caloric foods at least twice weekly for three months, feeling a loss of control over eating, and following eating with compensatory behaviors: self-induced vomiting, purging, or fasting. Much more prevalent than anorexia, bulimia is unrelated to an individual's weight. Binges tend to be related to negative emotions. c. Binge-eating disorder is similar to bulimia nervosa; however, the binge eating is not following by vomiting, excessive exercise, or fasting (i.e., compensatory behaviors).

PTS: 1

2. What treatment strategies are effective in the treatment of eating disorders?

ANS:

Individuals with eating disorders tend to suffer from low self-esteem, depression, and perceived lack of control. Initial treatment for anorexia focuses on weight gain (by feeding tube, contingent reinforcement for weight gain, or both). Cognitive behavioral and family therapy sessions are common after weight gain, but relapse and continued obsession with weight are common. Bulimia has been somewhat successfully treated with psychotherapy, cognitive-behavioral therapy, and antidepressant medications; the most successful has been a combination of cognitive-behavioral therapy and use of antidepressant medications. Binge-eating disorder is most commonly treated with cognitive behavior therapy, although it has been more successful in eliminating the binging than in reducing weight.

PTS: 1

3. Define obesity and explain the reasons it is considered to be an epidemic in the United States. Discuss how, in a nation so obsessed with thinness, obesity has become such a problem. Explore the different treatment options and their effectiveness.

ANS:

Obesity is defined as having a body mass index (BMI) greater than 30—that standard has been lowered since 1997, at which time obesity was a BMI greater than 32.3 for women and 31.1 for men. Current BMI standards for being overweight are between 25-29.9. Currently two-thirds of American adults and 16 percent of children and adolescents are either overweight or obese. By 2015 it is projected that 75 percent of adults and 24 percent of children and adolescents will be overweight or obese, with the rates being even higher for non-Hispanic blacks, women, Mexican Americans, and Native Americans. Obesity is second only to tobacco use in terms of being a preventable cause of diseases and death. It increases the risk of many diseases, including coronary heart disease, Type 2 diabetes, and stroke, resulting in annual health care costs of up to $100 billion dollars a year and a reduction of life expectancy from between five to twenty years.
As with most other medical/psychological problems, obesity results from interactions among biological/genetic, psychological, social, and sociocultural influences. According to the "thrifty genotype" hypothesis, humans inherited genes that helped our ancestors survive famines by storing fat; however, those genes may now be dysfunctional because high-fat foods are plentiful in today's world. Genetic variations among the obese include brain structures (e.g., the hypothalamus) and hormones (e.g., leptin) that influence eating behaviors by regulating food consumption and appetite. A primary focus of scientists is the neurotransmitter dopamine because it affects food palatability.

Psychologically, obesity is related to negative mood states and poor self-esteem, which may be responses to the pervasive and often unrelenting harassment, teasing, and discrimination in school, work, and hiring practices experienced by the obese. Many family environment factors are also associated with overweight and obese children and adolescents, including teasing, parental eating patterns and attitudes about food, and mealtime atmosphere. Attitudes about obesity are also influenced by friends and social networks as well as by a person's community and social class (which may affect availability of foods such as fresh fruits and vegetables). Although advertising high-calorie foods is seen by some as a contributor to the problem, banning such ads doesn't seem to halt the increase in obesity rates.

Treatments include dieting, lifestyle changes, medications, and in extreme cases, gastric bypass surgery. Unless lifestyle changes are made to change diet and to include exercise, periodic ("yo-yo") dieting is not effective and actually increases the risk of cardiovascular disease, stroke, and altered immune functioning. Comprehensive interventions that combine lifestyle changes with drugs and/or surgery appear to be the most effective in sustaining weight loss.
MULTIPLE CHOICE

1. Which statement is an accurate summary concerning drug use?
   a. Only in recent years have people used chemicals to change their moods or levels of consciousness.
   b. Throughout history, people have used chemicals to change their moods, behavior, and levels of consciousness.
   c. All the chemicals used today to change people's moods are illegal.
   d. The only reason people put substances into their bodies is to cure their illnesses.
   
   ANS: B  PTS: 1  REF: Substance Use Disorders
   OBJ: 1  MSC: Applied

2. Psychoactive substances are substances that ____.
   a. alter moods, thought processes, or other psychological states
   b. are considered illicit drugs only
   c. have dependence potential but not abuse potential in users
   d. are available over-the-counter

   ANS: A  PTS: 1  REF: Substance Use Disorders
   OBJ: 1  MSC: Factual

3. Which of the following is an accurate definition of physiological dependence?
   a. state of adaptation that occurs after chronic exposure to a substance; can result in craving and withdrawal symptoms
   b. use of psychoactive substances in a way that produces intoxication, delirium, and other cognitive disorders
   c. use of psychoactive substances in a way that makes an individual dangerous to others in society
   d. ailments arising from the use of psychoactive substances that affect the central nervous system and cause social, occupational, psychological, or physical problems

   ANS: A  PTS: 1  REF: Substance Use Disorders
   OBJ: 1  MSC: Factual

4. An accurate definition of delirium tremens is ____.
   a. a life-threatening withdrawal symptoms that can result from chronic alcohol use
   b. a chronic alcohol intake of more than two drinks per day for men and more than one drink per day for women
   c. a lower-risk pattern of alcohol intake (no more than one or two drinks per day)
   d. a substance that causes a slowing of responses and generalized depression of the central nervous system

   ANS: A  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Factual
5. Which of the following drugs is considered non-addictive?
   a. LSD           c. alcohol
   b. cocaine       d. opium

   ANS: A          PTS: 1          OBJ: 2
   OBJ: Substances Associated with Abuse
   MSC: Factual

6. Bess has been using Valium for two years even though it impairs her work performance and jeopardizes her safety because she often drives while intoxicated by the medication. She shows neither tolerance nor withdrawal. According to the DSM-V, Bess's drug use illustrates ____.
   a. substance intoxication  c. substance abuse
   b. substance dependence     d. substance-induced disorder

   ANS: C          PTS: 1          OBJ: 1
   OBJ: Substance Use Disorders
   MSC: Applied

7. Jana has been diagnosed with substance abuse. Lyle has been diagnosed with substance dependence. According to the DSM-V, both of them must show ____.
   a. withdrawal symptoms when the drug is not in the body
   b. symptoms over a twelve-month period
   c. another mental disorder such as depression or mania
   d. tolerance to the drug's effects

   ANS: B          PTS: 1          OBJ: 1
   OBJ: Substance Use Disorders
   MSC: Applied

8. Tolerance and withdrawal are the hallmarks of substance ____.
   a. dependence  c. abuse
   b. consumption  d. use

   ANS: A          PTS: 1          OBJ: 1
   OBJ: Substance Use Disorders
   MSC: Conceptual

9. Avery has been snorting cocaine for over a year. In his attempts to achieve a high that is as euphoric as his first (which he will never be able to do), he now needs increasingly greater amounts of the drug. This demonstrates ____.
   a. physical dependence  c. tolerance
   b. withdrawal  d. addiction

   ANS: C          PTS: 1          OBJ: 1
   OBJ: Substance Use Disorders
   MSC: Applied

10. Dwayne has been using heroin for two years. While visiting his mother, he decides to stop. When he stops using the drug, Dwayne experiences shaking, irritability, and an inability to concentrate because he is going through ____.
    a. psychological dependence  c. addiction
    b. tolerance  d. withdrawal

   ANS: D          PTS: 1          OBJ: 1
   OBJ: Substance Use Disorders
   MSC: Applied
11. Stewart is a musician and often takes "speed" before his performances to help give him an "edge." Recently he has found that when he hasn't had a performance for several days and thus has not taken "speed," he begins to feel fatigued and dragged out. He becomes high, agitated, and can't concentrate on his music. Stewart is demonstrating ____.
   a. an addiction  c. psychological dependence
   b. symptoms of withdrawal  d. tolerance

   ANS: B  PTS: 1  REF: Substance Use Disorders
   OBJ: 1  MSC: Applied

12. In 2009, an estimated ____ met the criteria for a substance-use disorder at some time during the year.
   a. 22.5 million adolescents and adults  c. 5.2 million adolescents and adults
   b. 12.5 million adolescents and adults  d. 8.3 million adolescents and adults

   ANS: A  PTS: 1  REF: Substance Use Disorders
   OBJ: 1  MSC: Factual

13. The rate of illicit drug use is most prevalent among Americans who are ____.
   a. males and young adults  c. older adults
   b. of Asian ancestry  d. females

   ANS: A  PTS: 1  REF: Substance Use Disorders
   OBJ: 1  MSC: Factual

14. Studies of genetic variation involving the DRD2 gene affecting dopamine indicates ____.
   a. an increased risk for alcoholism, nicotine, cocaine, and opium dependence
   b. environment is a stronger predictor of substance dependence than genes
   c. no biological markers have been found yet that show a genetic link with addiction.
   d. the relationship between genes and addiction is weak

   ANS: A  PTS: 1  REF: Etiology of Substance Use Disorders
   OBJ: 3  MSC: Factual

15. Excessive drinking is especially problematic among those in college. According to research conducted by Sloane et al. (2010), ____.
   a. 10 percent of the college students polled reported binge-drinking and many reported drinking at least 6-9 days during the month
   b. half the college students polled reported binge-drinking and many reported drinking at least 6-9 days during the month
   c. 75 percent of the college students polled reported binge-drinking and many reported drinking at least 6-9 days during the month
   d. almost all college students polled reported binge-drinking and many reported drinking at least 6-9 days during the month

   ANS: B  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Substance Use Disorders

16. ____ refers to episodic drinking involving five or more drinks on a single occasion for men and four or more drinks for women.
   a. Binge drinking  c. Moderate drinking
   b. Heavy drinking  d. Sporadic drinking

   ANS: A  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Factual
17. Approximately what percentage of Americans are alcohol dependent?
   a. 2
   b. 5
   c. 16
   d. 30
   ANS: B  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Factual

18. Which of the following categories of substances cause a slowing down of responses, feelings of relaxation, and lower interpersonal inhibitions?
   a. depressants
   b. stimulants
   c. hormones
   d. hallucinogens
   ANS: A  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Factual

19. Sally is dependent on a drug that energizes her central nervous system and produces euphoria. It is likely that the drug is a ____.
   a. depressant
   b. stimulant
   c. hallucinogen
   d. painkiller
   ANS: B  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Applied

20. Because the drug Kelly takes makes him feel calm, relaxed, and more sociable, we can guess that the drug is ____.
   a. a depressant
   b. a stimulant
   c. an amphetamine
   d. LSD
   ANS: A  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Applied

21. Our bodies produce “clean-up” enzymes, including ____ , to counteract toxins that build-up as alcohol is metabolized.
   a. aldehyde dehydrogenase (ALDH)
   b. glucose
   c. testosterone
   d. acetylcholine
   ANS: A  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Factual

22. Which statement about alcohol consumption in the United States is accurate?
   a. Women drink two to five times as much as men.
   b. The heaviest drinking group is in the age range 28 to 35.
   c. Males in all age groups are more likely to drink alcohol and engage in binge and heavy drinking compared to females.
   d. Roughly 90 percent of all adults are drinkers.
   ANS: C  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Factual
23. Which statement about alcohol consumption and ethnicity in the United States is accurate?
   a. Asian Americans have the lowest levels of heavy and binge drinking.
   b. The level of consumption is roughly the same across the cultural dimension of ethnicity.
   c. Hispanic American women consume more alcohol than Hispanic American men.
   d. Drinking alcohol is less common among European Americans than Asian Americans.
   ANS: A PTS: 1 REF: Substances Associated with Abuse

   OBJ: 2 MSC: Factual

24. Due to the genetic make-up and physiology of Asians, the production of "clean-up" enzymes such as aldehyde dehydrogenase(ALDH) is _____, which may influence the low prevalence rates of alcoholism among Asians.
   a. minimized  
   b. maximized  
   c. unaffected  
   d. neutralized
   ANS: A PTS: 1 REF: Substances Associated with Abuse

   OBJ: 2 MSC: Factual

25. A man with a blood alcohol concentration level of 0.50 percent is seen at a hospital. We can guess that this man is ____.
   a. unconscious or dead  
   b. not an alcoholic  
   c. having trouble walking a straight line  
   d. feeling happy and uninhibited
   ANS: A PTS: 1 REF: Substances Associated with Abuse

   OBJ: 2 MSC: Conceptual

26. Frequently when alcohol is initially ingested, individuals report feeling "wild and excited." These feelings result because ____.
   a. the absorption of alcohol is quite slow, allowing one's expectancies to control behavior initially
   b. alcohol is a stimulant
   c. alcohol inhibits the functioning of the parasympathetic nervous system, thus allowing the sympathetic nervous system free reign
   d. alcohol depresses the inhibitory centers in the brain
   ANS: D PTS: 1 REF: Substances Associated with Abuse

   OBJ: 2 MSC: Conceptual

27. Dr. Applebaum says, "Contrary to popular belief, this substance actually functions to inhibit the central nervous system. At low doses it appears to cause disinhibition because the inhibitory centers of the brain are those first depressed. At high doses, this drug can cause unconsciousness and even death." What drug is Dr. Applebaum referring to?
   a. alcohol  
   b. cocaine  
   c. nicotine  
   d. cannabis
   ANS: A PTS: 1 REF: Substances Associated with Abuse

   OBJ: 2 MSC: Applied
28. Juan is feeling the negative physiological consequences of heavy, prolonged alcohol use. These effects probably include ____.
   a. extreme hyperactivity and delusions of persecution
   b. having flashbacks and hallucinating
   c. withdrawal symptoms of headache, fatigue, sweating, body tremors, and mood changes
   d. increased feelings of depression and anxiety

   ANS: C         PTS:  1         REF: Substances Associated with Abuse
   OBJ:  2         MSC: Applied

29. Among college students aged (18-24) each year, ____.
   a. over 2.1 million drive under the influence of alcohol
   b. 100,000 are injured under the influence of alcohol
   c. more than 1 million are assaulted by another student who has been drinking
   d. 200,000 are injured under the influence of alcohol

   ANS: A         PTS:  1         REF: Substances Associated with Abuse
   OBJ:  2         MSC: Factual

30. Faye is in a treatment program in which she gets either a voucher or cash incentive for verified abstinence, adhering to treatment goals, or taking prescribed medication. This type of treatment is called ____.
   a. motivational enhancement therapy
   b. contingency management
   c. cognitive-behavioral therapy
   d. aversion therapy

   ANS: B         PTS:  1
   REF: Methods and Effectiveness of Treatment for Substance Use Disorders
   OBJ:  4         MSC: Applied

31. Research conducted by Moss et al. (2010) suggests that among chronic heavy users of alcohol, ____ were most likely to remain dependent on alcohol.
   a. individuals with psychiatric disorders and a family history of alcoholism
   b. individuals who were heavy drinkers of alcohol in college
   c. males
   d. individuals who were divorced and unemployed

   ANS: A         PTS:  1         REF: Substances Associated with Abuse
   OBJ:  2         MSC: Factual

32. The most widely used psychoactive drug in the world is ____.
   a. caffeine
   b. nicotine
   c. marijuana
   d. Valium

   ANS: A         PTS:  1         REF: Substances Associated with Abuse
   OBJ:  2         MSC: Factual

33. Codeine, heroin, and morphine all ____ derived from the ____.
   a. stimulate the central nervous system; cannabis plant
   b. stimulate the central nervous system; coca plant
   c. depress the central nervous system; opium plant
   d. depress the central nervous system; marijuana plant

   ANS: C         PTS:  1         REF: Substances Associated with Abuse
   OBJ:  2         MSC: Conceptual
34. City health departments are interested in reducing the number of cases of AIDS. Because AIDS can be transmitted through needle sharing, health departments are most probably concerned if they see an increase in the use of ____.
   a. barbiturates
   b. marijuana
   c. crack cocaine
   d. heroin
   ANS: D  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Conceptual

35. A health class videotape says, "This drug comes from opium and is really scary because after feeling relaxed and happy, you develop a tolerance quickly and need more. Because most people put it in their bodies with needles, there is an increased risk of getting AIDS. The withdrawal effects are awful." What drug is being described?
   a. heroin
   b. marijuana
   c. LSD
   d. crack cocaine
   ANS: A  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Conceptual

36. Which statement about prescription opioids is accurate?
   a. Research indicates more males than females are addicted to prescription opioids, and many turn to criminal activities to support their drug habit.
   b. Research indicates dependency to prescription opioids rarely interferes with the dependent person's ability to maintain relationships and a career.
   c. Research indicates tolerance to prescription opioids builds up very gradually and withdrawal effects are slight or nonexistent.
   d. Research indicates many opioid-abusers began their habit with prescribed opioids, eventually buying prescription opioids illegally or trying heroin as a less expensive and even more lethal opioid.
   ANS: D  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Factual

37. Which statement about barbiturates is accurate?
   a. They represent the largest category of illegal drugs.
   b. Physical and psychological dependence can develop through use of barbiturates.
   c. Nonmedical use of barbiturates is highest among adolescents.
   d. Because their legal use is severely restricted, their limited availability makes it difficult to misuse or abuse.
   ANS: B  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Factual

38. Danielle's family is justifiably worried that her excessive use of a "downer" will lead to an accidental overdose and death. It further worries them that she often takes the drug with alcohol. Which drug are they probably concerned about?
   a. phencyclidine
   b. marijuana
   c. amphetamine
   d. barbiturate
   ANS: D  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Applied
39. Natalie uses cocaine, marijuana, and alcohol on a daily basis and shows tolerance. She's been doing this for almost two years now. According to the DSM-V, she meets the criteria for ____.
   a. multiple substance–induced cognitive disorder
   b. alcoholism but not addiction to the other two drugs
   c. cocaine, marijuana, and alcohol abuse
   d. polysubstance use

   ANS: D        PTS: 1        REF: Substances Associated with Abuse
   OBJ:  2        MSC: Applied

40. Mrs. Healy originally took this widely prescribed sedative medication to reduce anxiety and muscle tension. Now, however, she cannot deal with stress without using it, and she has developed a tolerance to it. What drug is she probably taking?
   a. Antabuse        c. phencyclidine
   b. Valium        d. caffeine

   ANS: B        PTS: 1        REF: Substances Associated with Abuse
   OBJ:  2        MSC: Applied

41. Which drug name is correctly paired with its general category of drugs?
   a. morphine—stimulant
   b. Valium—barbiturate
   c. Valium—benzodiazepine
   d. morphine—hallucinogen

   ANS: C        PTS: 1        REF: Substances Associated with Abuse
   OBJ:  2        MSC: Factual

42. Which of the following drugs belongs in the sedative category?
   a. amphetamine
   b. caffeine
   c. nicotine
   d. benzodiazepine

   ANS: D        PTS: 1        REF: Substances Associated with Abuse
   OBJ:  2        MSC: Factual

43. Dr. Wold cautions his class about amphetamine use. He says, "They speed up central nervous system activity, which can account for users' increased alertness, energy, and feelings of euphoria. They also increase appetite and sleep. However, they are not physically addictive and do not produce tolerance." Which part of Dr. Wold's statement is accurate?
   a. Their use increases appetite.
   b. They are not physically addictive and do not produce tolerance.
   c. They speed up central nervous system activity.
   d. Their use increases sleep.

   ANS: C        PTS: 1        REF: Substances Associated with Abuse
   OBJ:  2        MSC: Applied

44. ____ inhibits sleep, increases alertness, and speeds up central nervous system. It easily becomes habit forming, with rapid development of tolerance. Chronic users experience paranoid delusions and brain damage.
   a. Amphetamine
   b. Caffeine
   c. Barbiturate
   d. Heroin

   ANS: A        PTS: 1        REF: Substances Associated with Abuse
   OBJ:  2        MSC: Conceptual
45. Betty has tried to stop using a particular drug permanently, but her attempts have been unsuccessful. When she stops using, she experiences irritability and difficulty concentrating. Even though she has emphysema, a serious physical disorder, she continues to use it. Surprisingly, it is a legal drug. To which drug is Betty probably addicted?
   a. caffeine   c. marijuana
   b. alcohol    d. nicotine

ANS: D  PTS: 1  REF: Substances Associated with Abuse
OBJ: 2  MSC: Applied

46. The single most preventable cause of death in the United States is ____.
   a. drunk driving   c. drug overdose
   b. cigarette smoking d. alcohol toxicity

ANS: B  PTS: 1  REF: Substances Associated with Abuse
OBJ: 2  MSC: Factual

47. According to DiFranza (2007), the leading predictor of whether a teenager will become dependent on cigarettes and unable to quit is ____.
   a. if the teen's friends also smoke
   b. whether the teen felt relaxed immediately after taking the first puff
   c. how easily the teen can get cigarettes
   d. if the teen's parents smoke

ANS: B  PTS: 1  REF: Substances Associated with Abuse
OBJ: 2  MSC: Factual

48. When Russell is stressed, he takes cocaine because it slows his heart rate and makes him sleepy and hungry. He snorts the drug and is able to stop using it after a couple of uses. When the cocaine effects wear off, he feels depressed. What portion of Russell's substance use is likely?
   a. It is likely that cocaine slows his heart rate.
   b. It is likely that he will feel depressed after the cocaine effects wear off.
   c. It is likely that he will become able to stop using after a couple of uses.
   d. It is likely that cocaine makes him sleepy and hungry.

ANS: B  PTS: 1  REF: Substances Associated with Abuse
OBJ: 2  MSC: Applied

49. Research indicates that approximately ____ of those who use cocaine are rapidly dependent on the drug.
   a. 5%   c. 15%
   b. 10%  d. 20%

ANS: D  PTS: 1  REF: Substances Associated with Abuse
OBJ: 2  MSC: Factual
50. The constant desire for cocaine, the high cost of the substance, and the need for increased doses to achieve a “high” can cause users to ____.
   a. be prone to polysubstance use
   b. work harder to maintain relationships and a career
   c. be dangerous to others in society
   d. resort to criminal activities to support their drug habit
   ANS: D   PTS: 1   REF: Substances Associated with Abuse

51. Darryl, age 15, likes this drug because it is inexpensive, it produces an intense and immediate high, and, like cigarettes, it is smoked. The drug is ____.
   a. PCP
   b. crack
   c. amphetamine
   d. powder cocaine
   ANS: B   PTS: 1   REF: Substances Associated with Abuse

52. Which statement concerning crack cocaine is accurate?
   a. It is snorted through the nose.
   b. It produces a slower but more pleasant euphoria than regular cocaine.
   c. It is a form of cocaine that does not produce tolerance or withdrawal.
   d. It is a more potent form of cocaine that is smoked.
   ANS: D   PTS: 1   REF: Substances Associated with Abuse

53. Almost 17 million adults and adolescents report current use of this substance in the United States, but it is illegal. It produces mild perceptual and sensory distortions, and it is usually smoked. It is called ____.
   a. marijuana
   b. cocaine
   c. heroin
   d. nicotine
   ANS: A   PTS: 1   REF: Substances Associated with Abuse

54. Bernie is a heavy marijuana user who has developed impaired memory and concentration abilities. Although Bernie finds it to be relaxing, he is extremely concerned regarding the consequences of his marijuana use. What is unusual about Bernie's case?
   a. Most marijuana users are women.
   b. Marijuana use rarely results in impaired memory and concentration.
   c. Marijuana users tend to have a pervasive lack of concern regarding the consequences of marijuana use.
   d. Marijuana is used for its stimulant effects.
   ANS: C   PTS: 1   REF: Substances Associated with Abuse
55. The FDA banned pre-mixed, flavored alcoholic energy drinks and issued a warning that “the combination of caffeine and alcohol … poses a public health concern” because ____.
   a. high levels of caffeine combined with alcohol mask cues regarding intoxication
   b. high levels of caffeine combined with alcohol causes seizures
   c. high levels of caffeine combined with alcohol causes “drunkorexia”
   d. high levels of caffeine combined with alcohol are gateway activities leading to greater polysubstance use
   ANS: A      PTS: 1      REF: Substances Associated with Abuse
   OBJ: 2      MSC: Factual

56. A health teacher says, "Marijuana is a hallucinogen, although the DSM-V does not technically consider it one. Once the drug is taken, memory often is impaired. There are no medical uses for marijuana; it is strictly a recreational drug." Which part of the teacher's statement is accurate?
   a. Marijuana is a hallucinogen.
   b. There are no medical uses for marijuana.
   c. Marijuana is strictly a recreational drug.
   d. Once the drug is taken, memory often is impaired.
   ANS: D      PTS: 1      REF: Substances Associated with Abuse
   OBJ: 2      MSC: Applied

57. Mrs. Kowalski has cancer and glaucoma. To relieve her symptoms, she uses an illegal drug that she gets from her 18-year-old grandson. The drug is most likely ____.
   a. heroin
   b. phencyclidine
   c. crack cocaine
   d. marijuana
   ANS: D      PTS: 1      REF: Substances Associated with Abuse
   OBJ: 2      MSC: Applied

58. Which drug is associated with hallucinations, bad trips, and flashbacks?
   a. LSD
   b. amphetamine
   c. marijuana
   d. Valium
   ANS: A      PTS: 1      REF: Substances Associated with Abuse
   OBJ: 2      MSC: Factual

59. Carly has been having flashbacks, reexperiencing a "bad trip" she had two months ago. At that time she wound up in the hospital because she was having terrifying hallucinations. The drug Carly was using at that time must have been ____.
   a. phencyclidine
   b. LSD
   c. heroin
   d. crack
   ANS: B      PTS: 1      REF: Substances Associated with Abuse
   OBJ: 2      MSC: Applied
60. Timothy injected LSD intravenously. He experiences visual hallucinations and has developed a quick tolerance for the drug. In addition to the effects from LSD, Timothy has experienced fatigue and loss of inhibitions. What part of Timothy's case is usual?
   a. LSD produces tolerance.
   b. Side effects of fatigue and loss on inhibition are common with LSD.
   c. Visual hallucinations are common with LSD.
   d. LSD is generally injected, not taken orally.

   ANS: C  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Applied

61. Which negative consequence of using phencyclidine is most likely?
   a. uncontrolled aggression
   b. emphysema and lung cancer
   c. AIDS
   d. total tranquility and passivity

   ANS: A  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Factual

62. Herschel was brought to the hospital by six policemen who struggled to keep him from acting violently. He had been smoking a mixture of marijuana and a particular drug. During his first several days in the hospital, Herschel was either suspicious and violent or fearful. He staggered when he walked and slurred his words. Herschel was probably using marijuana and what drug?
   a. barbiturate
   b. LSD
   c. phencyclidine
   d. heroin

   ANS: C  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Applied

63. In support of the assertion that addiction is a disease, Wollschlaeger (2007) indicates that ____.
   a. recovering alcoholics must completely abstain from drinking because any consumption will set off the disease process
   b. under the right conditions, alcoholics can learn to limit their drinking to appropriate levels
   c. controlled drinking may work for some alcohol abusers
   d. alcoholics have the ability to control only some aspects of what causes the disease

   ANS: A  PTS: 1  REF: Methods and Effectiveness of Treatment for Substance Use Disorders
   OBJ: 4  MSC: Factual

64. Stephanie met Sam at a rave. As they were talking, Sam put a drug into Stephanie's drink when she turned her head to talk to a friend. When she woke up the next morning, she found herself in bed with Sam and learned he had raped her the night before, although she had no memory of the assault. It is most likely that the drug Sam put into Stephanie's drink was ____.
   a. ecstasy
   b. MDMA
   c. Rohypnol
   d. LSD

   ANS: C  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Applied
65. According to Walter (2001), progression from initial substance use to substance abuse follows a ____ sequence.
   a. typical  c. haphazard
   b. atypical  d. heterogeneous

ANS: A  PTS: 1  REF: Etiology of Substance Use Disorders
OBJ: 3  MSC: Factual

66. The results of Sher et al. (2010) research on genetic and environmental factors involved in alcohol abuse found that ____.
   a. genetic factors accounted for 56% of the risk of alcohol dependence while early environment made no significant contribution to risk
   b. genetic factors accounted for 75% of the risk of alcohol abuse, the genetic contribution was much greater for females than males
   c. genetic factors accounted for 55% of the risk of alcohol dependence while shared early environment made an 11% contribution to risk
   d. genetic factors made no significant contribution to risk of alcohol dependence while early environment made accounted for 56% of the risk of alcohol dependence

ANS: A  PTS: 1  REF: Etiology of Substance Use Disorders
OBJ: 3  MSC: Factual

67. Genetic influences that makes alcohol consumption aversive and thus reduces risk of alcoholism include the protective effects of ____.
   a. gender
   b. hormonal balance
   c. variations in genes that produce ALDH enzymes
   d. gene x environment interaction

ANS: C  PTS: 1  REF: Etiology of Substance Use Disorders
OBJ: 3  MSC: Factual

68. Molly heard that addiction may be due to changes in brain patterns and activity as a result of repeated drug use. When she asked her professor why this was so, he cited research by Brower (2006), which states that ____.
   a. what she heard was only a myth and is not true
   b. only individuals with familial alcoholism and drug addiction are likely to show these changes in brain patterns
   c. the chronic flooding of dopamine from drug use eventually results in the depletion of dopamine and other neurotransmitters involved in stress and reward
   d. the research is merely correlational and no one is certain why it happens

ANS: C  PTS: 1  REF: Etiology of Substance Use Disorders
OBJ: 3  MSC: Applied

69. It is likely that future research will find that ____ hold the key to further understanding the mechanisms involved in susceptibility to substance abuse.
   a. epigenetic changes and networks of genes
   b. individual genes
   c. environmental factors
   d. twin studies

ANS: A  PTS: 1  REF: Etiology of Substance Use Disorders
OBJ: 3  MSC: Factual
70. Based on their drug and alcohol use research of adolescents, Van Gundy and Rebellon (2010) found that ____ predicts later substance use.
   a. not having a high school diploma and being unemployed
   b. low socioeconomic status
   c. neglectful parents
   d. being of European decent

ANS: A  PTS: 1  REF: Etiology of Substance Use Disorders
OBJ: 3  MSC: Factual

71. The two main psychological motives for substance use appears to be ____.
   a. coping with stress and emotional symptoms
   b. sexual desire and aggression
   c. anxiety and inhibition
   d. hostility and depression

ANS: A  PTS: 1  REF: Etiology of Substance Use Disorders
OBJ: 3  MSC: Factual

72. Personality characteristic of ____, associated with rebelliousness, novelty-seeking, risk-taking and impulsivity, increases risk of substance use.
   a. behavioral undercontrol
   b. extraversion
   c. introversion
   d. aggression

ANS: A  PTS: 1  REF: Etiology of Substance Use Disorders
OBJ: 3  MSC: Factual

73. Alcoholism is more frequent for people in which socioeconomic class?
   a. poverty
   b. lower middle class
   c. middle class
   d. upper class

ANS: C  PTS: 1  REF: Etiology of Substance Use Disorders
OBJ: 3  MSC: Factual

74. Research conducted by Chalder and associates (2006) on adolescents with alcoholic parents indicated that ____.
   a. these adolescents reported drinking heavily and drinking alone, with the goal of becoming intoxicated and forgetting problems
   b. these adolescents reported having to take on adult responsibilities as children
   c. these adolescents reported only moderate social drinking and never drinking alone, because they feared the negative consequences of excessive alcohol use they witnessed in their parents
   d. these adolescents reported similar drinking patterns to adolescents with non-alcoholic parents

ANS: A  PTS: 1  REF: Etiology of Substance Use Disorders
OBJ: 3  MSC: Factual

75. Which of the following best describes the interaction of drugs that multiply one another’s effects when taken simultaneously?
   a. synergistic effect
   b. polysubstance effect
   c. dopamine effect
   d. intoxication effect

ANS: A  PTS: 1  REF: Substances Associated with Abuse
OBJ: 2  MSC: Factual
76. Which of the drugs has both stimulant and hallucinogenic properties?
   a. benzodiazepine                      c. Ecstasy or MDMA
   b. cocaine                            d. heroin

   ANS: C   PTS: 1   REF: Substances Associated with Abuse
   OBJ: 2   MSC: Factual

77. Tom asks his professor why the debate about whether addiction is or is not a disease is so important. His professors is likely to respond, ____.
   a. "The debate is not trivial because if addiction is a disease, addicts must totally refrain from any substance use at all; if it is not a disease, they could use substances in moderation."
   b. "The debate is not trivial because insurance companies will only pay for rehabilitation and treatment if addiction is classified as a disease."
   c. "The debate is not trivial because much more stigma is attached to addiction when it is seen as a disease."
   d. "The debate is not trivial because much more stigma is attached to addiction when it were seen as being under a person's control rather than as a disease."

   ANS: A   PTS: 1   REF: Methods and Effectiveness of Treatment for Substance Use Disorders
   OBJ: 3   MSC: Applied

78. Researchers have found that major relapse among alcoholics trying to quit drinking is related to ____.
   a. interpersonal conflicts              c. positive emotional states
   b. negative emotional states           d. social pressure

   ANS: B   PTS: 1   REF: Methods and Effectiveness of Treatment for Substance Use Disorders
   OBJ: 4   MSC: Factual

79. Andre is trying to abstain from using drugs. Which factors would be most likely to result in his relapse?
   a. the fact that he was a light user
   b. becoming strongly committed to succeeding in college
   c. having a demanding job that requires his committed involvement
   d. having begun his drug use at an early age

   ANS: D   PTS: 1   REF: Methods and Effectiveness of Treatment for Substance Use Disorders
   OBJ: 4   MSC: Applied

80. Risk of relapse following drug treatment is highest in which situation?
   a. Within the first three months of treatment completion
   b. When one is feeling very positive emotional states
   c. When one is under social pressure
   d. Several years after treatment has ended

   ANS: A   PTS: 1   REF: Methods and Effectiveness of Treatment for Substance Use Disorders
   OBJ: 4   MSC: Factual
81. Mindy, a 20-year-old female, and Mork, a 20-year-old male, are both in rehabilitation for problems with drug abuse. Which statement would be most accurate concerning their risk of relapse?
   a. Negative emotional states would be the greatest risk factor for both of them.
   b. Negative emotional states would be the greatest risk factor for Mork, and interpersonal conflicts would be the greatest risk factor for Mindy.
   c. Negative emotional states would be the greatest risk factor for Mindy, and interpersonal conflicts would be the greatest risk factor for Mork.
   d. Interpersonal conflicts would be the greatest risk factor for both of them.

   ANS: B   PTS: 1
   REF: Methods and Effectiveness of Treatment for Substance Use Disorders
   OBJ: 4   MSC: Applied

82. There are two types of relapse: _____, the process of weighing choices and making a conscious decision to use a substance; and _____, the process of automatic resumption of drug-seeking behavior in response to stressors or environmental cues associated with substance use.
   a. regulated relapse; compulsive relapse
   b. compulsive relapse; regulated relapse
   c. initial abstinence relapse; prolonged abstinence relapse
   d. prolonged abstinence relapse; initial abstinence relapse

   ANS: A   PTS: 1
   REF: Methods and Effectiveness of Treatment for Substance Use Disorders
   OBJ: 4   MSC: Factual

83. Marlon is physically dependent on heroin. If he stops using the drug, he may ____.
   a. experience withdrawal symptoms which are often severe, and include restlessness, muscle pain, insomnia, and cold flashes
   b. go right back to using again because of the bodily need for the drug
   c. have a potentially deadly withdrawal unless supervised by a doctor
   d. find that Antabuse makes the withdrawal symptoms much easier to take

   ANS: A   PTS: 1
   REF: Substances Associated with Abuse
   OBJ: 2   MSC: Applied

84. Peggy said that since she got to know George she realized that he has an alcoholic personality. According to the research on substance abuse and personality traits, which statement would be most accurate?
   a. While some personality traits are associated with drinking and other drug problems, there is no single alcoholic personality.
   b. Peggy is correct in concluding that some people actually do have an alcoholic personality.
   c. Although there is no single alcoholic personality, researchers have identified a specific drug abuse personality for other substances.
   d. Researchers are still trying to define specifically what the characteristics of the alcoholic personality are.

   ANS: A   PTS: 1
   REF: Etiology of Substance Use Disorders
   OBJ: 3   MSC: Applied
85. Which of the following reflects becoming intoxicated from chemical vapors found in a variety of common household products?
   a. “huffing”
   b. “sudden sniffing death”
   c. “drunkorexia”
   d. “crashing”

   ANS: A  PTS: 1  REF: Substances Associated with Abuse
   OBJ: 2  MSC: Factual

86. Which statement accurately reflects our knowledge of the causes of drug use?
   a. One personality style—the antisocial personality—is the basis for all drug use.
   b. Biological, psychological, social, and sociocultural influences are involved in drug use.
   c. All drug users have one thing in common: a genetic predisposition to use drugs.
   d. People start using drugs because they are forbidden; if drugs were legal, people would stop using them.

   ANS: B  PTS: 1  REF: Etiology of Substance Use Disorders
   OBJ: 3  MSC: Conceptual

87. Based on the research, which of the following individuals would be most likely to be a heavy drinker?
   a. Jim, who is Lutheran
   b. Bruce, who is Methodist
   c. Coleman, who is Catholic
   d. Manny, who is Jewish

   ANS: C  PTS: 1  REF: Etiology of Substance Use Disorders
   OBJ: 3  MSC: Applied

88. A "wet" culture, in which alcohol is integrated into daily life and activities, would be found in which country?
   a. France
   b. the United States
   c. Canada
   d. Sweden

   ANS: A  PTS: 1  REF: Etiology of Substance Use Disorders
   OBJ: 3  MSC: Factual

89. Stanley has entered a rehabilitation facility for treatment of his addiction to barbiturates. He is immediately prevented from using the drugs and experiences agitation, restlessness, increased respiration, and insomnia. This phase of treatment is called ____.
   a. detoxification
   b. opponent processing
   c. arousal
   d. primary rehabilitation

   ANS: A  PTS: 1
   REF: Methods and Effectiveness of Treatment for Substance Use Disorders
   OBJ: 4  MSC: Factual

90. Research on the Alcoholics Anonymous program suggests that it is ____
   a. superior to individual psychotherapy
   b. associated with increased feelings of self-efficacy, active coping, and the motivation to stop drinking, which are all predictors of a positive outcome
   c. superior to hospitalization
   d. effective for 95 percent of members who remain in the program for a period of two years

   ANS: B  PTS: 1
   REF: Methods and Effectiveness of Treatment for Substance Use Disorders
   OBJ: 4  MSC: Factual
91. A problem with using Antabuse to help alcoholics stop drinking is that ____.
   a. many people are allergic to it
   b. alcoholics inconsistently use it due to its adverse effects and few studies support its use
   c. the side effects are more harmful than drinking alcohol
   d. it has not been shown to be effective
   ANS: B   PTS:  1
   REF: Methods and Effectiveness of Treatment for Substance Use Disorders
   OBJ: 4   MSC: Factual

92. A company wants to reduce its health care costs by finding an effective way to help cigarette smokers quit permanently. Research suggests that the best medication treatment is ____.
   a. nicotine replacement therapy (NRT)
   b. varenicline
   c. bupropion
   d. naltrexone
   ANS: B   PTS:  1
   REF: Methods and Effectiveness of Treatment for Substance Use Disorders
   OBJ: 4   MSC: Factual

93. Which patient is getting the correct pharmacological treatment for his or her drug abuse problem?
   a. Zachary, who smokes marijuana, is getting methadone.
   b. Sue, who abuses cocaine, is getting Antabuse.
   c. Helmut, who injects heroin, is getting a nicotine patch.
   d. Ilene, who drinks heavily, is getting Naltrexone.
   ANS: D   PTS:  1
   REF: Methods and Effectiveness of Treatment for Substance Use Disorders
   OBJ: 4   MSC: Applied

94. Currently no effective pharmacological interventions for ____.
   a. stimulant abuse
   b. opioid abuse
   c. nicotine abuse
   d. alcohol abuse
   ANS: A   PTS:  1
   REF: Methods and Effectiveness of Treatment for Substance Use Disorders
   OBJ: 4   MSC: Factual

95. Ed has been prescribed methadone because he is addicted to heroin. How does it help?
   a. It reduces the cravings for heroin by substituting its own reduced sense of euphoria.
   b. It causes vomiting if heroin is used.
   c. It reduces the intensity of withdrawal symptoms.
   d. It stops his need to get high.
   ANS: C   PTS:  1
   REF: Methods and Effectiveness of Treatment for Substance Use Disorders
   OBJ: 4   MSC: Applied
96. Why has methadone treatment turned from being a simple solution to a major problem?
   a. It is extremely expensive.
   b. It has severe physical side effects, such as nausea and vomiting.
   c. It creates anxiety and depression in many people who take it.
   d. Like the heroin it replaces, it can also become addicting.

   ANS: D  
   PTS: 1  
   REF: Methods and Effectiveness of Treatment for Substance Use Disorders  
   OBJ: 4  
   MSC: Conceptual

97. Mr. Henderson is in treatment for cocaine dependence. After detoxification, he spent two weeks in an inpatient treatment facility, where he began attending Cocaine Anonymous meetings. Afterward, he went to outpatient group and individual counseling, while his family was involved in family therapy. This case illustrates ____.
   a. a behavioral approach to cocaine treatment
   b. a pharmacological approach to cocaine treatment
   c. the ineffectiveness of current cocaine treatment
   d. a multimodal approach to cocaine treatment

   ANS: D  
   PTS: 1  
   REF: Methods and Effectiveness of Treatment for Substance Use Disorders  
   OBJ: 4  
   MSC: Applied

98. Information campaigns in the media and school-based efforts to reestablish norms against drug use and for abstinence are examples of ____.
   a. prevention programs
   b. multi-modal treatment
   c. cognitive-behavioral treatment
   d. psychodynamic treatment

   ANS: A  
   PTS: 1  
   REF: Substances Associated with Abuse  
   OBJ: 4  
   MSC: Factual

99. Who has a more difficult time with smoking (nicotine) cessation?
   a. men
   b. women
   c. Hispanic Americans
   d. Asian Americans

   ANS: B  
   PTS: 1  
   REF: Methods and Effectiveness of Treatment for Substance Use Disorders  
   OBJ: 4  
   MSC: Factual

100. A psychological treatment approach that addresses ambivalence about giving up substance use and is used to prevent relapse is ____.
    a. psychodynamic therapy
    b. cognitive-behavioral therapy
    c. motivational enhancement therapy
    d. behavioral therapy

    ANS: C  
    PTS: 1  
    REF: Methods and Effectiveness of Treatment for Substance Use Disorders  
    OBJ: 4  
    MSC: Factual
1. Alcohol and narcotics are both depressants. Discuss how they have both similar and different effects on and consequences for those who are dependent.

ANS: Both alcohol and narcotics such as heroin and morphine depress the central nervous system and slow down responses. They help people feel more calm and relaxed. They may also increase users' sociability and make them feel less inhibited. The initial use of alcohol can have negative effects: Most people do not like the taste of alcohol the first time, and many people who also use heroin experience nausea. As use increases for either drug, a tolerance to its effects develops, so larger doses must be taken to get the same effect; an overdose of both alcohol and narcotics can be fatal, especially when the two forms of substance are used simultaneously. Reasons for using the drugs also change. Despite obvious negative consequences, use continues, in part, because taking the drug protects the user from uncomfortable withdrawal symptoms. The withdrawal effects in both cases can be quite severe. In both cases, the drugs dominate the users’ lives to the detriment of relationships, careers, and self-esteem.

There are significant differences in the effects of the two drugs. Alcohol has many consequences associated with excessive use including: tolerance, neurological problems (impaired motor skills, reduced reasoning and judgment, memory deficits, distractibility and reduced motivation), cardiovascular affects, and can cause such physical conditions as cirrhosis of the liver, cancer of the mouth and throat, alcoholic hepatitis, and heart failure. Alcoholics who continue to drink demonstrate continued declines in neurological functioning; sustained abstinence can lead to cognitive improvement although older, heavy-drinkers and those with alcohol-related seizures or liver disease demonstrate less recovery. Many alcoholics are able to function without severe disruption to their life – these so-called “high functioning alcoholics” work, raise families and maintain social relationships. Except for tolerance, heroin does not produce these consequences, but because it is injected, it produces puncture marks on the extremities and is associated with HIV infection as a result of sharing needles. Tolerance builds quickly with heroin use resulting in dependency and a need for increased doses to achieve desired effects. Additionally, long-term misuse of prescription opioids is linked with significant social problems. Because heroin is illegal and expensive, many addicts must turn to criminal activities to support their habit.

PTS: 1

2. Describe progression from initial substance use to substance abuse.

ANS: The progression from initial substance use to substance abuse follows a typical sequence. First, an individual decides to experiment with alcohol or drugs – perhaps to experience the effects, enhance self-confidence, rebel against authorities, imitate others or conform to social pressure. Second, the substance begins to serve an important purpose (such as reducing anxiety, producing feelings of pleasure or enhancing social relationships) and so consumption continues. Third, brain chemistry becomes altered from chronic use. In many cases, physiological dependency develops resulting in withdrawal symptoms and craving for the substance; it also become difficult to experience pleasure without the substance. Fourth, lifestyle changes occur due to chronic substance use. These changes may include loss of interest in previous activities and social relationships and preoccupation with opportunities to use the substance Consistent with the multipath model, in all four phases, biological, psychological, social, and sociocultural influences are involved.

PTS: 1
3. Describe the Treatment for Alcohol Dependence.

ANS:
Alcoholics Anonymous (AA) is a common intervention for alcoholism which regards alcoholism as a disease and advocates total abstinence. Research indicates that abstinence significantly increased chances of continued recovery and that AA is successful in the treatment of alcohol dependence. Strong affiliation with AA predicted better treatment outcome, and involvement with AA was associated with feelings of self-efficacy, active coping, and motivation to stop drinking which, in turn, are associated with positive outcome. Additional research has found that both therapy and participation in AA resulted in better outcome during a sixteen-year follow-up period compared to no intervention. Additionally, AA members reported new friendships and enhanced mood as well as increased coping skills and motivation for abstinence. There is also evidence that controlled drinking may work for some alcohol abusers; however, identifying which individuals can handle controlled drinking without major relapse is crucial.

Medications are used in the treatment of alcohol abuse. Antabuse (disulfiram) produces an aversion to alcohol, however alcoholics often use antabuse inconsistently due to its adverse effects and few studies support its use. Naltrexone is a medication used to reduce craving for and pleasure in using alcohol and has been found to reduce heavy drinking among individuals with strong cravings for alcohol yet it is less effective in sustaining abstinence.

Psychological and pharmacological approaches to alcohol treatment demonstrate only modest effects. For college students, face-to-face interventions using motivational interviewing and providing information correcting misperceptions of social norms regarding drinking demonstrated a reduction in alcohol-related problems. These methods combined with challenging positive expectancies regarding alcohol use successfully reduced heavy drinking in another group of college students. There is a need for continued research regarding treatments for alcoholism and need to increase access to alcohol treatment, as research indicates the decision to enter treatment is a crucial change point for those with alcohol dependence.

PTS: 1
MULTIPLE CHOICE

1. The group of disorders that is characterized by severely impaired cognitive processes, personality disintegration, affective disturbances, and social withdrawal is termed ____.
   a. mood disorders
   b. schizophrenia
   c. bipolar disorders
   d. schizotypal and schizoid personality disorders
   
   ANS: B  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Factual

2. Professor Brewer says, "Schizophrenia is a group of disabling disorders that frequently require hospitalization at enormous financial and psychological cost to patients, their families, and their friends. The lifetime prevalence in the United States is about 5 percent. It significantly affects more males than females. Because its causes are clearly understood, effective treatments have been developed." Which part of Professor Brewer's statement is accurate?
   a. The lifetime prevalence in the United States is about 5 percent.
   b. It significantly affects more males than females.
   c. Schizophrenia is a group of disabling disorders that frequently require hospitalization at enormous financial and psychological cost to patients, their families, and their friends.
   d. Because its causes are clearly understood, effective treatments have been developed.
   
   ANS: C  PTS: 1  REF: The Symptoms of Schizophrenia
   OBJ: 1  MSC: Applied

3. Cassie's therapist diagnosed her with "brief psychotic disorder." We can assume that for Cassie a psychological stressor ____.
   a. is not an issue that related to her disorder
   b. may or may not be present
   c. is usually present
   d. is always present
   
   ANS: D  PTS: 1  REF: Other Psychotic Disorders
   OBJ: 2  MSC: Applied

4. Which model views schizophrenia as a chronic medical condition that strives for a substantial return of function?
   a. The medical model
   b. The psychodynamic model
   c. The multipath model
   d. The recovery model
   
   ANS: D  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Factual
5. Which of the following statements about schizophrenia is accurate?
   a. Research suggests that schizophrenia is a distinct disorder.
   b. Individuals do not recover from schizophrenia.
   c. Lifetime prevalence rates of schizophrenia in the United States are about 4%.
   d. The causes of schizophrenia are not well understood.

   ANS: D

6. Which statement about the DSM-V’s criteria for diagnosing schizophrenia is accurate?
   a. A diagnosis of schizophrenia requires deterioration in functioning from a previous level at least some of the time within the previous six months.
   b. The chief characteristic of the disorder is uncontrollable emotions.
   c. The criteria are based on subjective judgments, not objective behaviors.
   d. The patient must be delusional to be diagnosed with schizophrenia.

   ANS: A

7. Which of the following symptoms is a primary characteristic of schizophrenia?
   a. short-term memory deficits
   b. fear of being left alone
   c. feelings of worthlessness
   d. marked disturbances in thinking

   ANS: D

8. Schizophrenia has four categories of symptoms. They include positive symptoms, negative symptoms, cognitive symptoms, and ___.
   a. delusional symptoms
   b. psychotic symptoms
   c. behavioral symptoms
   d. psychomotor abnormalities

   ANS: D

9. Mason hears voices and believes he is Napoleon. Jason shows no emotions, even in situations where strong reactions would be expected. Mason is exhibiting ____ symptoms of schizophrenia, and Jason is exhibiting ____ symptoms.
   a. positive; positive
   b. positive; negative
   c. negative; positive
   d. negative; negative

   ANS: B

10. Dominic tells you that he is married to Jennifer Lopez and that together they rule the world. Vincent tells you that all the other patients and the staff are talking about his case and what to do about him. Dominic suffers from delusions of ____, whereas Vincent suffers from delusions of ____.
    a. grandeur; reference
    b. control; grandeur
    c. persecution; control
    d. reference; persecution

    ANS: A
11. "My father poisons my food, and my mother has hired a hit man to shoot me. My boss is plotting to humiliate me, and my neighbor spies on me." These comments illustrate the schizophrenic symptom called ____.
   a. anhedonia                           c. delusions of persecution
   b. catatonia                           d. delusions of grandeur
   ANS: C      PTS: 1       REF: The Symptoms of Schizophrenia
   OBJ: 1      MSC: Conceptual

12. Patrick says, "I'm afraid to go to my in-laws' house because I hate them. Whenever I go there, they can hear whenever I think how much I hate them and that I think they should clean their house." What schizophrenic symptom is Patrick displaying?
   a. thought withdrawal                   c. nihilistic delusions
   b. delusions of reference              d. thought broadcasting
   ANS: D      PTS: 1       REF: The Symptoms of Schizophrenia
   OBJ: 1      MSC: Applied

13. Angela hears voices that tell her to commit suicide. She also tends to use many neologisms when she speaks and believes that the FBI is spying on her. Which of the following statements regarding Angela is accurate?
   a. Angela's negative symptoms are atypical for a psychotic disorder.
   b. Angela exhibits positive symptoms of schizophrenia.
   c. Angela exhibits negative symptoms of schizophrenia.
   d. Angela could be diagnosed with residual schizophrenia.
   ANS: B      PTS: 1       REF: The Symptoms of Schizophrenia
   OBJ: 1      MSC: Applied

14. Delusional individuals make errors during which stages of cognitive processing?
   a. hypothesis formation and evaluation  c. action and affect
   b. sensation and perception            d. planning and production
   ANS: A      PTS: 1       REF: The Symptoms of Schizophrenia
   OBJ: 1      MSC: Factual

15. A false belief that is firmly and consistently held despite contradictory evidence or logic is a ____.
   a. distortion                          c. delusion
   b. loose association                  d. hallucination
   ANS: C      PTS: 1       REF: The Symptoms of Schizophrenia
   OBJ: 1      MSC: Factual

16. Polly thinks that her father and mother have been replaced by two people who are simply acting as her father and mother. She believes that someone found people who look exactly like her parents and exchanged them. Polly's delusion is rare and is called ____.
   a. Capgras's syndrome                   c. delusions of thought broadcasting
   b. dementia praecox                     d. delusions of grandeur
   ANS: A      PTS: 1       REF: The Symptoms of Schizophrenia
   OBJ: 1      MSC: Applied
17. A clinical psychologist is interested in minimizing the delusions in a patient with schizophrenia. A method for doing this involves ____.
   a. weakening and then directly challenging the delusions
   b. relaxation training and response prevention
   c. exaggeration and humor, followed by aversive conditioning
   d. agreeing with the delusional ideas until they seem absurd

   ANS: A    PTS: 1    OBJ: 1    MSC: Conceptual

   REF: The Symptoms of Schizophrenia

18. Eldon's delusions frighten him and cause him to become angry. It is likely that ____.
   a. he will become violent
   b. he will never be able to challenge them
   c. often he will purposely enter situations he perceives to be dangerous, where he will encounter his delusions head on
   d. some of his delusions seem plausible and others are extremely bizarre

   ANS: D    PTS: 1    OBJ: 1    MSC: Applied

   REF: The Symptoms of Schizophrenia

19. Tuyet-Hoa hears voices in her head. These voices often tell her that she is a bad person and does not deserve to live. Tuyet-Hoa suffers from ____.
   a. auditory hallucinations
   b. somatic hallucinations
   c. nihilistic delusions
   d. thought insertion

   ANS: A    PTS: 1    OBJ: 1    MSC: Applied

   REF: The Symptoms of Schizophrenia

20. Sensory perceptions that are not directly attributable to environmental stimuli are called ____.
   a. ideas of reference
   b. hallucinations
   c. delusions
   d. loose associations

   ANS: B    PTS: 1    OBJ: 1    MSC: Factual

   REF: The Symptoms of Schizophrenia

21. Which statement about schizophrenic hallucinations is accurate?
   a. Hallucinations are directly related to environmental stimuli.
   b. Hallucinations are pathognomonic to schizophrenia.
   c. Hallucinations involve beliefs that are contrary to evidence.
   d. Hallucinations usually appear to be real to the person suffering from schizophrenia.

   ANS: D    PTS: 1    OBJ: 1    MSC: Factual

   REF: The Symptoms of Schizophrenia

22. Rudolph is experiencing the most common form of hallucination found in schizophrenia. He ____.
   a. has no feeling in his fingers or toes
   b. is hearing voices that no one else can hear
   c. is seeing images of God that no one else can see
   d. believes he is being threatened by forces that want to kill him

   ANS: B    PTS: 1    OBJ: 1    MSC: Applied

   REF: The Symptoms of Schizophrenia
23. Which statement about auditory hallucinations is accurate?
   a. They are the most common form of hallucinations.
   b. They are almost always malevolent.
   c. They involve back and forth conversations only 25 percent of the time.
   d. Most individuals who exhibit auditory hallucinations understand that they are imaginary.

   ANS: A  PTS: 1  REF: The Symptoms of Schizophrenia
   OBJ: 1  MSC: Factual

24. A patient with auditory hallucinations will experience the least distress when ____.
   a. he or she has no communication with the voices
   b. he or she has a two-way communication with the voices
   c. the voices are dominant
   d. the voices are insulting

   ANS: B  PTS: 1  REF: The Symptoms of Schizophrenia
   OBJ: 1  MSC: Factual

25. The most commonly reported experience for individuals who have auditory hallucinations is that ____.
   a. the voices have a distinct gender
   b. the voices belong to someone they know
   c. they have back-and-forth conversations with the voices
   d. they believe the voices are coming from outside themselves

   ANS: C  PTS: 1  REF: The Symptoms of Schizophrenia
   OBJ: 1  MSC: Factual

26. Current research addressing the question of whether psychotic symptoms should be challenged suggests that ____.
   a. it is dangerous to the patient's psychological well-being to challenge symptoms.
   b. it is best to teach the patient how to "get along with" the symptoms
   c. the patient is best served by learning to ignore the symptoms
   d. the therapist assess the patient's openness to confronting information before challenging the patient's beliefs

   ANS: D  PTS: 1  REF: The Symptoms of Schizophrenia
   OBJ: 1  MSC: Conceptual

27. Virginia's therapist notes that Virginia jumps from one topic to another and her replies are only tangentially related to the therapist's questions. This describes which symptom of schizophrenia?
   a. ideas of reference  
   b. negative affective symptoms  
   c. loosening of associations  
   d. thought insertion

   ANS: C  PTS: 1  REF: The Symptoms of Schizophrenia
   OBJ: 1  MSC: Applied
28. Daria has been diagnosed with schizophrenia and is being given an intelligence test. The examiner asks Daria what it means when one says, "Strike while the iron is hot." Daria replies, "You cannot iron clothes with a cold iron." Daria's response demonstrates ____.
   a. concrete thinking  
   b. ideas of reference  
   c. delusional thinking  
   d. poverty of speech
   ANS: A   PTS: 1   REF: The Symptoms of Schizophrenia
   OBJ: 1   MSC: Applied

29. Stefan and Darnell have been diagnosed with schizophrenia. Stefan walks around the room rapidly, talking endlessly and swinging his arms. Darnell stands in one position for hours at a time, responding to nothing. Which of the following is true about their behavior?
   a. Both Stefan's and Darnell's behaviors are common motor disturbances seen in schizophrenia.
   b. Stefan's behavior is typical of schizophrenia; Darnell's is extremely unlikely.
   c. Stefan's behavior never occurs in schizophrenia; Darnell's behavior is typical of schizophrenia.
   d. Neither Stefan's nor Darnell's behavior occurs in schizophrenia.
   ANS: A   PTS: 1   REF: The Symptoms of Schizophrenia
   OBJ: 1   MSC: Applied

30. Mary suffers from schizophrenia and usually shows a total lack of emotion. We cannot diagnose her as having primary symptoms of schizophrenia unless ____.
   a. she shows the symptoms of catatonic schizophrenia
   b. we can rule out the effects of medicine or institutionalization
   c. we see a complete absence of delusions
   d. she also shows loosening of associations
   ANS: B   PTS: 1   REF: The Symptoms of Schizophrenia
   OBJ: 1   MSC: Applied

31. The abnormal lack of emotion seen in schizophrenics is termed ____.
   a. emotional rigidity  
   b. affective apathy  
   c. catatonia  
   d. restricted affect
   ANS: D   PTS: 1   REF: The Symptoms of Schizophrenia
   OBJ: 1   MSC: Factual

32. Quincy is diagnosed as having schizophrenia because he shows negative symptoms. Which of the following symptoms is likely to be seen in Quincy?
   a. auditory and visual hallucinations
   b. ideas of reference and other symptoms of thought disturbance
   c. lack of motivation and restricted affect
   d. wild, inappropriate expression of emotions
   ANS: C   PTS: 1   REF: The Symptoms of Schizophrenia
   OBJ: 1   MSC: Applied
33. Recent research investigating cognitive symptoms associated with schizophrenia shows that ____.
   a. they are evidenced by deficits in the ability to absorb information, sustain attention, and use recently acquired information
   b. they occur in the later stages in the developmental course of the disorder
   c. they tend to disappear with treatment
   d. they are not typically considered to be a core component of schizophrenia

   ANS: A  PTS: 1  REF: The Symptoms of Schizophrenia
   OBJ: 1  MSC: Factual

34. Nick has schizophrenia and is experiencing the most common form of hallucinations, which are ____.
   a. auditory hallucinations
   b. gustatory hallucinations
   c. olfactory hallucinations
   d. tactile hallucinations

   ANS: A  PTS: 1  REF: The Symptoms of Schizophrenia
   OBJ: 1  MSC: Applied

35. Which of the following statements reflects a negative pattern of thinking associated with restricted affect symptoms?
   a. “If I show my feelings, others will see my inadequacy.”
   b. “I’m not going to find the right words to express myself.”
   c. “Why bother, I’m just going to fail.”
   d. “It takes too much effort to try.”

   ANS: A  PTS: 1  REF: Etiology of Schizophrenia
   OBJ: 4  MSC: Factual

36. Who of the following is experiencing symptoms of withdrawn catatonia?
   a. Louis, a schizophrenic who has paranoid ideations with high levels of anxiety and worry surrounding his belief of being a targeted for persecution.
   b. Lorenzo, a schizophrenic who is extremely unresponsive with respect to motor activity and movement.
   c. Lenny, who is experiencing persistent, non-bizarre delusions without other unusual or odd behaviors.
   d. Larry, who has no diagnosable disorder.

   ANS: B  PTS: 1  REF: The Symptoms of Schizophrenia
   OBJ: 1  MSC: Applied

37. Jennie "receives" secret messages from Will Smith every time she watches him on television talk shows or in movies. She believes he is in love with her and is telling her that he is planning to leave his wife to be with her. Jennie is most likely suffering from which delusional disorder?
   a. erotomania
   b. grandiosity
   c. jealousy
   d. persecution

   ANS: A  PTS: 1  REF: Other Psychotic Disorders
   OBJ: 2  MSC: Applied
38. Although Marlene's emotional responses are usually restricted, at totally inappropriate times she giggles. She also fantasizes aloud and speaks in an incoherent and absurd manner. Her behavior is extremely bizarre and childish. She matches the common conception of "crazy" and has been this way since childhood. The best diagnosis for her is ____.

a. Schizophrenia  
b. Brief Psychotic Disorder  
c. Schizophreniform Disorder  
d. Adjustment Disorder

ANS: A  PTS: 1  REF: Other Psychotic Disorders
OBJ: 2  MSC: Applied

39. Ardell had a schizophrenic episode and a subsequent schizophrenia diagnosis ten years ago. He was treated successfully with medication and returned to work. Nonetheless, Ardell still has some problems, including peculiar mannerisms and thoughts and unusual affect. What phase of schizophrenia best characterizes Ardell’s current level of functioning?

a. active phase  
b. prodromal phase  
c. residual phase  
d. no schizophrenia phase, since his schizophrenic episode was ten years ago

ANS: C  PTS: 1  REF: The Course of Schizophrenia
OBJ: 3  MSC: Applied

40. Milton frightened his family with his wild talking and frantic activity. Confined in a mental hospital for several days, he became completely immobile. He would take awkward postures for hours on end and allow himself to be "arranged" by others. With what symptoms of schizophrenia is Milton presenting?

a. disorganized symptoms  
b. bipolar symptoms  
c. catatonic symptoms  
d. paranoid symptoms

ANS: C  PTS: 1  REF: The Symptoms of Schizophrenia
OBJ: 1  MSC: Applied

41. Which of the following descriptions matches up with the symptoms?

a. Sarah hears voices and has minimal interest in social relationships—positive symptoms  
b. John thinks his thoughts are being broadcast on TV and has back and forth conversations with voices no one else can hear — negative symptoms  
c. Karen believes the FBI is after her and she cannot distinguish between their private thoughts and external reality—delusions  
d. Theodore shows decreased ability to initiate actions or speech, express emotions, or feel pleasure—positive symptoms

ANS: C  PTS: 1  REF: The Symptoms of Schizophrenia
OBJ: 1  MSC: Applied

42. Among the psychotic disorders once considered schizophrenia, the one that lasts at least one day but less than one month is ____.

a. Capgras's syndrome  
b. schizophreniaiform disorder  
c. brief psychotic disorder  
d. delusional disorder

ANS: C  PTS: 1  REF: Other Psychotic Disorders
OBJ: 2  MSC: Factual
43. Negative symptoms of schizophrenia are associated with ____.
   a. inferior premorbid social functioning
   b. loose associations
   c. executive functioning
   d. a higher prevalence of schizophrenia among family members

   ANS: A
   PTS: 1
   REF: The Symptoms of Schizophrenia
   OBJ: 1
   MSC: Factual

44. Dr. Henderson is trying to decide whether a new patient should be diagnosed as suffering from schizophrenia, schizophreniform disorder, or brief psychotic disorder. The information she should use is ____.
   a. whether there are positive or negative symptoms
   b. the pathognomonic symptoms of schizophrenia
   c. whether the person is old or young
   d. how long the symptoms have lasted

   ANS: D
   PTS: 1
   REF: Other Psychotic Disorders
   OBJ: 2
   MSC: Applied

45. Lydia Tan has been living with her paranoid schizophrenic husband on an isolated farm for so long that she has come to accept his irrational beliefs. When she visits her sister, her delusions weaken. Mrs. Tan's condition is called ____.
   a. schizophreniform disorder
   b. Capgras's syndrome
   c. schizoaffective disorder
   d. shared psychotic delusion

   ANS: D
   PTS: 1
   REF: Other Psychotic Disorders
   OBJ: 2
   MSC: Applied

46. Joelle has taken her son to many doctors claiming that he has Morgellons disease. She says that she often pulls fiber-like threads from his skin and that the boy has rashes and skin lesions that never heal. Which statement about this disease is accurate?
   a. It has been recognized as a medical disorder by the AMA.
   b. The CDC began conducting research on this disease in early 2008.
   c. Patients with the condition respond well to treatment with antibiotics.
   d. It is being designated as a delusional disorder in DSM-V.

   ANS: B
   PTS: 1
   REF: Other Psychotic Disorders
   OBJ: 2
   MSC: Applied

47. Iris, usually involved with her friends, has become withdrawn and isolated. She has stopped taking showers and changing her clothes. When asked what she is thinking, she describes, in scattered phrases, a frightening inner world of demons and threats. These symptoms illustrate which phase of schizophrenia?
   a. reactive
   b. residual
   c. active
   d. prodromal

   ANS: D
   PTS: 1
   REF: The Course of Schizophrenia
   OBJ: 3
   MSC: Applied
48. Which ordering of the phases of schizophrenia is accurate?
   a. residual, active, prodromal, premorbid  
   b. active, prodromal, premorbid, residual  
   c. premorbid, prodromal, active, residual  
   d. premorbid, active, residual, prodromal

   ANS: C  PTS: 1  REF: The Course of Schizophrenia

49. Which of the following is a reason that it is difficult to evaluate the chances of recovery from schizophrenia?
   a. Patients suffering from schizophrenia are often difficult to find for follow-up studies.
   b. Definitions of schizophrenia have changed over time.
   c. Psychotherapy for treating schizophrenia has not improved over time.
   d. Medications for treating schizophrenia have improved over time.

   ANS: D  PTS: 1  REF: The Course of Schizophrenia

50. Long-term follow-up studies investigating recovery from schizophrenia have found that ____.
   a. very few people recover from schizophrenia
   b. schizophrenia is an incurable disease that requires patients to remain on medications their entire lives
   c. many people recover from schizophrenia and no longer need medication
   d. with the help of psychotherapy and medication, most people are able to maintain a relatively symptom-free life

   ANS: C  PTS: 1  REF: The Course of Schizophrenia

51. Which factor is associated with the best chances for recovering from schizophrenia?
   a. Being male
   b. Being single
   c. Having a high educational background
   d. Having a low premorbid level of functioning

   ANS: C  PTS: 1  REF: The Course of Schizophrenia

52. A follow-up study by Wiersma and colleagues (1998) reported complete remission of symptoms for approximately what percentage of individuals diagnosed with schizophrenia?
   a. 11  
   b. 14  
   c. 25  
   d. 50

   ANS: C  PTS: 1  REF: The Course of Schizophrenia
53. Which statement about research on the genetics of schizophrenia is accurate?
   a. Too little genetic research has been done to come to any conclusions.
   b. Very few people believe that heredity plays a major role in causing schizophrenia.
   c. Such research shows that schizophrenia occurs only among identical and fraternal twins.
   d. Although there is much controversy, evidence indicates that genetic factors play an important, yet complicated, role.

   ANS: D  PTS: 1  REF: Etiology of Schizophrenia
   OBJ: 4  MSC: Factual

54. What is the current strategy for determining the role of genetics in schizophrenia?
   a. Conducting twin studies
   b. Identifying and studying endophenotypes
   c. Conducting adoption studies
   d. Identifying and studying the interaction between genes and the environment

   ANS: B  PTS: 1  REF: Etiology of Schizophrenia
   OBJ: 4  MSC: Factual

55. Researchers are exploring the role of quantifiable, heritable, trait-related characteristics that are thought to underlie illnesses that exist before, during, and following remission of a disorder. These characteristics are called ____.
   a. genotypes
   b. phenotypes
   c. endophenotypes
   d. genetic markers

   ANS: C  PTS: 1  REF: Etiology of Schizophrenia
   OBJ: 4  MSC: Factual

56. Which statement concerning differences in brain structure between individuals with and without schizophrenia is accurate?
   a. Individuals with schizophrenia have enlarged ventricles, individuals without schizophrenia do not.
   b. Older adults with schizophrenia have demonstrated a strikingly rapid loss of grey matter compared with non-affected age peers.
   c. Decreased cortical volumes have been found in individuals with schizophrenia, but not in people who do not have the disorder.
   d. The differences in brain structure between individuals with and without schizophrenia are relatively small.

   ANS: D  PTS: 1  REF: Etiology of Schizophrenia
   OBJ: 4  MSC: Factual

57. The recovery model of schizophrenia is based on four assumptions. Which of the following is one of those assumptions?
   a. All individuals with schizophrenia fully recover from the illness.
   b. Schizophrenia is a chronic disorder with an inevitably poor prognosis.
   c. Schizophrenia as a chronic medical condition that does not define the individual.
   d. Empowering the individual helps correct the sense of powerlessness and dependence that results from traditional medical health care.

   ANS: D  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Factual
58. Aaron has been diagnosed with schizophrenia. He has delusions of control, believing that his sister's teddy bear is trying to influence him. It is most likely that Aaron is ____.
    a. unaware of the illogical nature of his delusion
    b. faking the delusion to get attention
    c. using the delusion to escape responsibility for his actions
    d. aware that the delusion is illogical

ANS: A        PTS: 1        REF: The Symptoms of Schizophrenia
OBJ: 1        MSC: Applied

59. Research by Rossler and colleagues (2007) found which of the following psychotic-like experiences to be most common among the general, non-schizophrenic population?
    a. a belief that other people are aware of their thoughts
    b. a belief that someone can control their thoughts
    c. a belief that they have thoughts that are not their own
    d. hearing voices that other people do not hear

ANS: B        PTS: 1        REF: The Symptoms of Schizophrenia
OBJ: 1        MSC: Factual

60. Which of the following would be considered a negative symptom of schizophrenia?
    a. hallucinations
    b. delusions
    c. disorganized speech
    d. avolition

ANS: D        PTS: 1        REF: The Symptoms of Schizophrenia
OBJ: 1        MSC: Factual

61. Professor Dumbledore studies concordance rates as they affect schizophrenia. This means that he studies ____.
    a. the likelihood that adopted children share more in common with their biological parents than with their adoptive parents
    b. the likelihood that adopted children share more in common with their adoptive parents than with their biological parents
    c. the likelihood that both twins of a twin pair will show the same characteristics
    d. the occurrence of specific diseases in the general population

ANS: C        PTS: 1        REF: Etiology of Schizophrenia
OBJ: 4        MSC: Applied

62. When Dr. Arnold says his patient displays alogia, he means that she ____.
    a. experiences a lack of meaningful speech.
    b. experiences an inability to take action or become goal-oriented
    c. shows little or no emotional in situations that would call for strong emotional reactions
    d. displays emotions that are totally inappropriate to the situation.

ANS: A        PTS: 1        REF: The Symptoms of Schizophrenia
OBJ: 1        MSC: Applied
Dr. Brubaker says, "Cognitive symptoms of schizophrenia are generally present after the onset of the first psychotic episode, and even with treatment they tend to persist. Cognitive symptoms are one of the diagnostic criteria for schizophrenia and are not found among non-psychotic relatives of the patient." Which part of Dr. Brubaker's statement is correct?

a. Cognitive symptoms are one of the diagnostic criteria for schizophrenia.
b. Cognitive symptoms of schizophrenia are generally present after the onset of the first psychotic episode.
c. Even with treatment cognitive symptoms tend to persist.
d. Cognitive symptoms are not found among non-psychotic relatives of the patient.

ANS: C       PTS: 1       REF: The Symptoms of Schizophrenia
OBJ: 1       MSC: Applied

Because of the stigma attached to schizophrenia, a psychiatrist in which country is probably not likely to mention the diagnosis to patients and their family members?

a. Turkey  c. Canada
b. China   d. Denmark

ANS: A       PTS: 1       REF: The Symptoms of Schizophrenia
OBJ: 1       MSC: Factual

Of the following ethnic groups, which is most likely to be overdiagnosed with schizophrenia in the United States?

a. Anglo American  c. Hispanic American
b. Native American  d. Asian American

ANS: D       PTS: 1       REF: The Symptoms of Schizophrenia
OBJ: 1       MSC: Factual

Researchers looking for a physiological basis of schizophrenia ____.

a. have primarily focused on brain chemistry
b. have not found any physiological signs that lead solely to an invariant diagnosis of schizophrenia
c. have located a combination of genes that are responsible for schizophrenia
d. have primarily focused their research on brain pathology

ANS: B       PTS: 1       REF: Etiology of Schizophrenia
OBJ: 4       MSC: Conceptual

One area of support for the dopamine hypothesis is that ____.

a. a drug that increases dopamine activity reduces symptoms
b. high levels of dopamine are found in people with Parkinson's disease
c. high-risk children have lower dopamine levels
d. a drug that blocks dopamine activity reduces symptoms

ANS: D       PTS: 1       REF: Etiology of Schizophrenia
OBJ: 4       MSC: Factual
68. A physician prescribes perphenazine to a person with schizophrenia. If the person's symptoms are not reduced, ____.
   a. another drug such as amphetamine might be use
   b. another drug such as L-dopa might be used
   c. there should be no surprise since perphenazine increases dopamine activity
   d. there should be no surprise since many schizophrenic patients are not helped by antipsychotic medications
   
   ANS: D  PTS: 1  REF: Etiology of Schizophrenia
   OBJ: 4  MSC: Conceptual

69. Increased dopamine activity is associated with symptoms similar to those seen in ____., whereas reduced dopamine activity produces symptoms similar to those seen in ____.
   a. Alzheimer's disease; Parkinson's disease
   b. Parkinson's disease; Schizophrenia
   c. Schizophrenia; Alzheimer's disease
   d. Schizophrenia; Parkinson's disease
   
   ANS: D  PTS: 1  REF: Etiology of Schizophrenia
   OBJ: 4  MSC: Conceptual

70. Which of the following brain findings is typically associated with schizophrenia?
   a. increased cerebral volume  c. larger cortical structures
   b. ventricular enlargement  d. increase in the size of the thalamus
   
   ANS: B  PTS: 1  REF: Etiology of Schizophrenia
   OBJ: 4  MSC: Factual

71. Ron and Jon are identical twins, but only Jon shows the symptoms of schizophrenia. Brain imaging techniques are most likely to show that Jon has ____.
   a. more brain tissue than Ron
   b. smaller than normal ventricles
   c. a higher level of cerebral glucose metabolism during cognitive tasks than Ron
   d. ventricle enlargement
   
   ANS: D  PTS: 1  REF: Etiology of Schizophrenia
   OBJ: 4  MSC: Applied

72. Which of the following is likely to produce diagnostic errors?
   a. cultural similarities
   b. cultural differences
   c. assessment
   d. clinicians lack of unawareness regarding possible reactions to medications
   
   ANS: B  PTS: 1  REF: The Symptoms of Schizophrenia
   OBJ: 1  MSC: Factual
73. Gender differences regarding the age of onset of schizophrenia have been found and the age of onset of schizophrenia is earlier in males than females. When does the gender ratio shift and the percentage of women receiving a diagnosis schizophrenia exceeds that of men?
   a. in the mid-twenties  
   b. in the mid-thirties  
   c. in the mid-forties  
   d. in the mid-sixties
ANS: C  PTS: 1  REF: Etiology of Schizophrenia
OBJ: 4  MSC: Factual

74. Which statement best answers the question, "Do environmental factors cause schizophrenia?"
   a. "Since concordance rates are less than 50 percent in identical twins, environmental factors must play a causal role."
   b. "Environmental factors such as poor family communication are usually caused by schizophrenia, not the other way around."
   c. "There is little evidence that environmental factors contribute to the disorder."
   d. "If environmental influences play a causal role, it is probably in adulthood, close to the time when symptoms first appear."
ANS: A  PTS: 1  REF: Etiology of Schizophrenia
OBJ: 4  MSC: Conceptual

75. Lehman and Steinwachs (1998) found what relationship between family dysfunction and schizophrenia?
   a. Family dysfunction is a major causative factor for schizophrenia.
   b. Family dysfunction plays a minor role in developing schizophrenia.
   c. Research has failed to substantiate a causal link between family dysfunction and schizophrenia.
   d. Research has substantiated a link between family dysfunction and schizophrenia but can't say which causes the other.
ANS: C  PTS: 1  REF: Etiology of Schizophrenia
OBJ: 4  MSC: Factual

76. What is the general population's risk of developing schizophrenia?
   a. less than 1%  
   b. about 1%  
   c. 2%  
   d. 5%
ANS: B  PTS: 1  REF: Etiology of Schizophrenia
OBJ: 4  MSC: Factual

77. Even if a strong correlation is found between poor communication patterns in families and the presence of a schizophrenic child, researchers cannot tell ____.
   a. whether the communication patterns are the cause or the effect of the disorder
   b. what a suitable control group might be in which schizophrenia does not occur
   c. whether there has been any stress in the family
   d. whether the schizophrenia is severe
ANS: A  PTS: 1  REF: Etiology of Schizophrenia
OBJ: 4  MSC: Conceptual
78. Steve has just been discharged from the hospital with the diagnosis of residual schizophrenia. Steve's family is marked by high levels of intra-familial criticism, hostility, and emotional over-involvement. Which of the following statements is accurate?
   a. Steve's family environment probably influenced the onset of his disorder but will have little impact on his rate of relapse.
   b. Given Steve's diagnosis, his chances of relapse are minimal.
   c. Steve has a greater chance of relapse if he returns to his family than if he does not.
   d. Steve's family would receive a low EE score.

ANS: C    PTS: 1    REF: Etiology of Schizophrenia
OBJ: 4    MSC: Applied

79. Laura is 17 and has been diagnosed with schizophrenia. Her father often says to her, "You never tell me what's going on in your life. You keep secrets and make terrible mistakes in judgment. I want what's best for you, but you must change your attitude and start behaving like a human being!" The father's comments best illustrate which factor in schizophrenia?
   a. diathesis-stress
   b. expressed emotion
   c. cognitive impairment
   d. double-bind communications

ANS: B    PTS: 1    REF: Etiology of Schizophrenia
OBJ: 4    MSC: Applied

80. Expressed emotion has been shown to have which of the following relationships to schizophrenia?
   a. Families with high expressed emotion are most likely to see relapse in their schizophrenic members.
   b. Families with high expressed emotion are least likely to see relapse in their schizophrenic members.
   c. High expressed emotion causes schizophrenic thought disturbance in children.
   d. High expressed emotion is a genetically determined trait in schizophrenics with positive symptoms.

ANS: A    PTS: 1    REF: Etiology of Schizophrenia
OBJ: 4    MSC: Factual

81. What is a concordance rate?
   a. It is the likelihood that both members of a twin pair will show the same characteristic.
   b. It is the condition influencing brain structure neurodevelopment.
   c. It is the association between early developmental delay and later development of schizophrenia.
   d. It is the negative expectancy appraisals associated with negative symptoms.

ANS: A    PTS: 1    REF: Etiology of Schizophrenia
OBJ: 4    MSC: Factual

82. Which statement best describes the relationship between schizophrenia and socioeconomic level?
   a. There is no consistent relationship between schizophrenia and socioeconomic level.
   b. Schizophrenia is most common at the lower socioeconomic levels.
   c. Severe forms of the disorder are most common at the upper socioeconomic level; milder forms are more common at the lower socioeconomic levels.
   d. Schizophrenia is most common at the upper socioeconomic level.

ANS: B    PTS: 1    REF: Etiology of Schizophrenia
OBJ: 4    MSC: Conceptual
83. Sandy asked Professor Alperson how decreased volumes in cortical structures and enlarged ventricles predispose a person to schizophrenia. Having read the recent research, Professor Alperson says, ____.
   a. "They reduce dopamine activity in the brain by blocking dopamine receptor sites in post-synaptic neurons."
   b. "They increase the availability of dopamine and norepinephrine in the brain and increase the severity of the symptoms."
   c. "They may create subconnections between different brain regions, thereby overloading neural circuitry."
   d. "They may result in weak or aberrant connections between the different brain regions, leading to reductions in the integrative function of the brain."

ANS: D       PTS: 1       REF: Etiology of Schizophrenia
OBJ: 4       MSC: Applied

84. Meta-analyses of studies exploring the connection between psychosis and marijuana use conclude that ____.
   a. risk of psychosis is increased by 75% in marijuana users
   b. heavy use of marijuana increases the risk of psychosis by up to 200%
   c. psychotic symptoms observed with heavy marijuana use are due to the transitory effects of intoxication
   d. it is estimated that up to 25% of the cases of psychosis might not have occurred if marijuana had not been used

ANS: B       PTS: 1       REF: Etiology of Schizophrenia
OBJ: 4       MSC: Factual

85. Research with children who are at high risk for developing schizophrenia has found which of the following to be associated with improvement in symptoms?
   a. tough love
   b. caregivers' positive remarks
   c. structured discipline
   d. challenging irrational thoughts

ANS: B       PTS: 1       REF: Etiology of Schizophrenia
OBJ: 4       MSC: Factual

86. Cross-cultural studies regarding treatment of psychotic disorders suggest that ____.
   a. traditional healing is more effective than medication for individuals from non-Western cultures
   b. medication is more effective than traditional healing for individuals from non-Western cultures
   c. although medications may have some limited success for individuals from non-Western cultures, there are times when traditional healing may be more effective
   d. even for individuals from non-Western cultures, traditional healing has not been found to be effective for psychotic disorders

ANS: C       PTS: 1       REF: Etiology of Schizophrenia
OBJ: 4       MSC: Factual
87. Which of the following is considered by most mental health professions to be the beginning of a new era in treating schizophrenia?
   a. The introduction of the prefrontal lobotomy by Moniz in 1930
   b. The deinstitutionalization movement that begin in the mid-1950s
   c. The introduction of Thorazine in 1955
   d. The incorporation of milieu therapy in the 1880s

   ANS: C  PTS:  1  REF: Treatment of Schizophrenia
   OBJ:  5  MSC: Factual

88. Current treatment of schizophrenia typically involves ____.
   a. psychosurgery
   b. institutionalization and psychosocial therapy
   c. antipsychotic medication and electroshock therapy
   d. antipsychotic medication and psychosocial therapy

   ANS: D  PTS:  1  REF: Treatment of Schizophrenia
   OBJ:  5  MSC: Factual

89. Currently, which type of these medications is viewed as the most effective in terms of cost and treatment of symptoms for schizophrenia?
   a. Abilify
   b. Perphenazine
   c. Lithium carbonate
   d. Risperidone

   ANS: B  PTS:  1  REF: Treatment of Schizophrenia
   OBJ:  5  MSC: Factual

90. Which of the following statements concerning atypical antipsychotics is accurate?
   a. They are less effective for women, who need to take higher doses than do men.
   b. They have more side effects than some older neuroleptics.
   c. They cost ten times more than older antipsychotics.
   d. They offer significant relief from many of the negative symptoms of schizophrenia.

   ANS: C  PTS:  1  REF: Treatment of Schizophrenia
   OBJ:  5  MSC: Factual

91. Which ethnic group is most likely to explain schizophrenia in terms of social models?
   a. African-Caribbean
   b. Bangladeshi
   c. West African
   d. Whites in the United Kingdom

   ANS: A  PTS:  1  REF: Treatment of Schizophrenia
   OBJ:  5  MSC: Factual

92. Norma enters a psychiatric hospital. She is diagnosed with paranoid schizophrenia. Which type of treatment is most likely to be offered?
   a. antipsychotic medication and psychosocial therapy
   b. electroshock therapy
   c. prefrontal lobotomy
   d. covert sensitization and antidepressant medication

   ANS: A  PTS:  1  REF: Treatment of Schizophrenia
   OBJ:  5  MSC: Applied
93. Which patient taking antipsychotic medications is at greatest risk for developing tardive dyskinesia?
   a. Ahmed, a male, whose symptoms became evident a year ago
   b. Talal, a male, who has been taking the medication for ten years
   c. Corina, a female, who has been taking the medication for ten years
   d. Sergio, a male, whose dosage has been reduced because he has been in remission from his psychotic symptoms for a year

   ANS: C  PTS: 1  REF: Treatment of Schizophrenia
   OBJ: 5  MSC: Applied

94. Webster has been treated for schizophrenia for 20 years. He wants to avoid the risk of tardive dyskinesia. In order to do that, ____.
   a. his doctor would need to train his family members to increase their expressed emotion
   b. his doctor would need to decrease the dosage of his antipsychotic medication
   c. he would need to avoid taking Clozapine, and use only the antipsychotic drug Thorazine instead
   d. he would need to take part in psychosocial therapy to learn social skills

   ANS: B  PTS: 1  REF: Treatment of Schizophrenia
   OBJ: 5  MSC: Applied

95. You are a child psychologist doing an evaluation of an 8-year-old girl, Ramona. After you finish interviewing Ramona, you talk with her mother to get a history. During your discussion with Ramona's mother, you notice that she often smacks her lips, blinks her eyes, and thrusts her tongue out of her mouth. With what additional information do these observations of Ramona's mother provide you?
   a. It suggests that Ramona's mother is in the early stages of Parkinson's disease.
   b. It suggests that Ramona's mother is nervous and might have something to hide.
   c. It suggests that Ramona's mother has been taking an antipsychotic medication for some time and thus might have schizophrenia.
   d. It suggests that Ramona's mother has been taking an antipsychotic medication for some time and thus might have schizophrenia.

   ANS: D  PTS: 1  REF: Treatment of Schizophrenia
   OBJ: 5  MSC: Applied

96. At Lakeside Psychiatric Hospital, patients with schizophrenia get ____ treatment, which most clinicians now agree is most beneficial.
   a. antipsychotic medication and psychotherapy
   b. electroshock therapy and individual psychotherapy
   c. neuroleptic medication
   d. individual psychotherapy

   ANS: A  PTS: 1  REF: Treatment of Schizophrenia
   OBJ: 5  MSC: Applied

97. Because medicated and adequately functioning individuals with schizophrenia have been discharged from hospitals to stressful environments, one logical change in treatment is to ____.
   a. provide aversive conditioning therapy
   b. reduce the dosage of medication these people take
   c. provide skills training
   d. make the criteria for readmission to the hospital quite strict

   ANS: C  PTS: 1  REF: Treatment of Schizophrenia
   OBJ: 5  MSC: Conceptual
98. Hagrid is in a hospital environment that operates as a community in which the patients exercise a wide range of responsibilities and help make decisions and manage the wards. He is receiving what type of therapy?
   a. milieu  
   b. behavioral  
   c. cognitive behavioral  
   d. group home

ANS: A  
PTS: 1  
REF: Treatment of Schizophrenia

OBJ: 5  
MSC: Applied

99. When treating patients' auditory hallucinations, a cognitive-behavioral therapist is likely to begin by using ____.
   a. assessment  
   b. identification of negative beliefs  
   c. mindfulness training  
   d. collaborative analysis of symptoms

ANS: C  
PTS: 1  
REF: Treatment of Schizophrenia

OBJ: 5  
MSC: Conceptual

100. To reduce the relapse rate of the many schizophrenic patients who return to live with their families, a new type of intervention makes use of ____.
   a. psychoanalytic approaches to facilitate dream interpretation  
   b. a technique called milieu therapy  
   c. family members' communication and problem solving skills  
   d. medication to increase the patient's expression of emotion

ANS: C  
PTS: 1  
REF: Treatment of Schizophrenia

OBJ: 5  
MSC: Conceptual

ESSAY

1. Identify and describe the four symptom categories of schizophrenia.

ANS:
The symptoms of schizophrenia fall into four categories: positive symptoms, negative symptoms, cognitive symptoms and psychomotor abnormalities. Positive symptoms involve unusual thoughts or perceptions such as delusions (false beliefs), hallucinations, disordered thinking (i.e. shifting and unrelated ideas producing incoherent communication), and bizarre behavior. These positive symptoms can be influenced by the individual’s mood and can intensity with stress.

Negative symptoms are associated with an inability or decreased ability to initiate actions or speech, express emotions, or feel pleasure. Negative symptoms include avolition (an inability to take action or become goal-oriented), alogia (a lack of meaningful speech), asociality (minimal interest in social relationships), and restricted affect (little or no emotion in situations in which strong reactions are expected).

Cognitive symptoms include problems with attention and memory and difficulty developing a plan of action. Individuals with schizophrenia often have severe to moderately severe cognitive impairments, or poor “executive functioning.” This includes deficits in the ability to absorb and interpret information and make decisions based on that information; to sustain attention; and to retain and use recently learned information. Cognitive symptoms are often present before the onset of the first psychotic episode and tend to persist even with treatment.
Psychomotor abnormalities are extremes in activity level (either unusually high or unusually low), peculiar body movements or postures, strange gestures and grimaces, or a combination of these. People with excited catatonia are agitated and hyperactive. They may talk and shout constantly, moving or running until they drop from exhaustion. They sleep little and are continually “on the go.” Their behavior can become dangerous and involve violent acts. In sharp contrast, people experiencing withdrawn catatonia are extremely unresponsive with respect to motor activity. They show prolonged periods of stupor, mutism, and maintain strange postures despite their awareness of all that is going on around them.

PTS: 1

2. Identify and discuss the typical course of schizophrenia and its prognosis.

ANS: The typical course of schizophrenia consists of three phases: prodromal, active, and residual. The prodromal phase includes the onset and buildup of schizophrenic symptoms. During this phase, social withdrawal and isolation, peculiar behaviors, inappropriate affect, poor communication patterns, and neglect of personal grooming may become evident. Often, psychosocial stressors or excessive demands on an individual with schizophrenia in the prodromal phase result in the onset of prominent psychotic symptoms, and the person transitions into the active phase of schizophrenia. In this phase, the person shows full-blown symptoms of schizophrenia, including severe disturbances in thinking, deterioration in social relationships, and flat or markedly inappropriate affect. At some later time, the person may enter the residual phase, in which the symptoms are no longer prominent. In the residual phase, the symptom severity declines, and the individual may show milder impairment similar to that seen in the prodromal phase.

Most people with schizophrenia recover gradually rather than suddenly. Long-term studies have shown that many people with schizophrenia can lead productive lives, however full recovery is rare. Specifically, research conducted by Harrow et al. (2005) indicated over 40 percent of individuals diagnosed with schizophrenia showed one or more periods of recovery, and a sizable minority was not on any medication. Another study conducted by Wiersma and colleagues (1998) identified 25 percent of individuals diagnosed with schizophrenia in complete remission of symptoms, another 50 percent showed partial remission of symptoms accompanied by either anxiety and depression or negative symptoms, and 11 percent showed no recovery after the initial psychotic episode. Relapses however, also occurred in two-thirds of this sample, after which about one in six showed no remission of symptoms.

Regarding prognosis, there are factors associated with a positive outcome. Being female, married, having a higher premorbid level of functioning, and having a better educational background are associated with better outcomes. Research indicates that baseline predictors associated with recovery from schizophrenia include fewer negative symptoms; a prior history of good work performance and ability to live independently; and lower levels of depression and aggression (Shrivastava, Shah, Johnston, Stitt & Thakar, 2010). Social factors such as peer support/friends, work opportunities, being single or married as opposed to be separated, and reducing the stigma of schizophrenia also play an important role in the recovery process.

Early intervention and reduction of positive symptoms have shown to yield a more favorable course of the illness (Mihalopoulos, Harris, Henry, Harrigan & McGorry, 2009). Interventions to decrease stress from issues such as self-stigmatization, negative beliefs, and social skills deficits can significantly enhance recovery (Tsang et al., 2010).

PTS: 1
3. Describe a comprehensive treatment approach to schizophrenia that would not only be effective but also reduce the risk of relapse.

ANS:
A comprehensive treatment program would include antipsychotic medications (neuroleptics), psychosocial therapy, and skills training for both the individual and the family. It is quite clear that neuroleptics are effective in reducing symptoms in a large proportion of individuals with schizophrenia. Excessively high doses of these drugs can cause serious side effects and, over long periods of time, the involuntary movements of tardive dyskinesia. For these reasons, a comprehensive treatment approach should monitor drug dosage so that it is at the lowest level while still controlling symptoms.

At the same time, psychosocial therapies should be used to help individuals with schizophrenia gain control of their lives. Milieu therapy in hospital environments provides training in decision making and planning that schizophrenic patients need. Cognitive-behavioral treatments teach necessary coping and social skills. Cognitive-behavioral treatment of schizophrenia often includes the following steps: engagement, assessment, identification of negative beliefs, normalization, collaborative analysis of symptoms, and developing alternative explanations. Mindfulness training teaches patients to let go of angry or fearful responses to psychotic symptoms and let the psychotic symptoms come into consciousness without reacting. This process enhances feelings of self-control and significantly reduces negative emotions. Integrated Psychological Therapy, a highly effective therapy, helps patients identify their cognitive deficits and provides skills to overcome them.

However, since more than half of recovering patients return to live with their parents, treatment must extend to training in family communication—ways to reduce expressed emotion. Therapies that provide information to families about the nature of schizophrenia and methods of communicating without expressed emotion have greatly reduced relapse rates. Individuals with schizophrenia also need to learn coping skills so that they can identify and respond appropriately when family members become emotional. In sum, treatment should combine low but effective levels of medication, psychosocial and cognitive-behavior training, and family interventions designed to reduce relapse. Family and social skills training has proved to be more effective in preventing relapse than drug treatment alone.

PTS: 1
MULTIPLE CHOICE

1. Ali has difficulty speaking. He also experiences memory deficits as well as problems making plans and thinking abstractly. Ali suffers from behavioral disturbances that result from damage to the brain, which is technically referred to as ____.
   a. schizophrenia
   b. an identity disorder
   c. a mood disorder
   d. a neurocognitive disorder

ANS: D  PTS: 1  REF: Introduction  OBJ: 1  MSC: Applied

2. In neurocognitive disorders, ____.
   a. social and psychological factors play no role
   b. brain dysfunctions cause problems with thinking processes, memory, consciousness, and perception
   c. there may be symptoms of brain pathology, but no organic cause is assumed
   d. psychological factors cause the brain to malfunction

ANS: B  PTS: 1  REF: Introduction  OBJ: 1  MSC: Factual

3. Sanjay was diagnosed with a neurocognitive disorder. Which of the following could be the specific diagnosis?
   a. schizoaffective disorder
   b. dementia caused by infection
   c. mood disorder
   d. psychosis

ANS: B  PTS: 1  REF: Types of Neurocognitive Disorders  OBJ: 2  MSC: Applied

4. Professor Solomon tells her class, "Neurocognitive disorders are diagnosed through a process of elimination. Neurocognitive disorders may be due to a specific medical condition, a substance-induced condition, or may result from multiple etiologies. The category of neurocognitive disorders is arbitrary because other mental disorders may be associated with neurocognitive disorders and organic involvement. It is always difficult to measure, assess, and determine the causes of neurocognitive disorders." Which part of Professor Solomon's statement is accurate?
   a. Neurocognitive disorders are diagnosed through a process of elimination.
   b. Neurocognitive disorders may be due to a specific medical condition, a substance-induced condition, or may result from multiple etiologies.
   c. The category of neurocognitive disorders is arbitrary because other mental disorders may be associated with neurocognitive disorders and organic involvement.
   d. It is always difficult to measure, assess, and determine the causes of neurocognitive disorders.

ANS: B  PTS: 1  REF: Types of Neurocognitive Disorders  OBJ: 2  MSC: Conceptual
5. Which of the following is considered a possible cause of neurocognitive disorders?
   a. stress  
   b. anxiety  
   c. depression  
   d. traumatic brain injury (TBI)
   
   ANS: D  PTS: 1  REF: Etiology of Neurocognitive Disorders
   OBJ: 3  MSC: Factual

6. _____ describes memory impairment and declining cognitive functioning resulting from degenerative brain conditions.
   a. Delirium  
   b. Amnestic disorder  
   c. Dementia  
   d. Neurocognitive disorders not otherwise specified
   
   ANS: C  PTS: 1  REF: Types of Neurocognitive Disorders
   OBJ: 2  MSC: Factual

7. _____ and _____ are neuroimaging techniques that are used to produce images of metabolic activity in the brain.
   a. EEG; cerebral blood flow measurements  
   b. MRI; CAT scans  
   c. SPECT imaging; PET scans  
   d. MRI; PET scans
   
   ANS: C  PTS: 1  REF: The Assessment of Brain Damage
   OBJ: 1  MSC: Factual

8. Tonya is suspected of having a brain tumor. She goes to the hospital, where a detailed image of her brain is produced using a magnetic field and radio frequency pulses. What kind of brain assessment occurred?
   a. MRI  
   b. EEG  
   c. CAT scan  
   d. cerebral blood flow measurement
   
   ANS: A  PTS: 1  REF: The Assessment of Brain Damage
   OBJ: 1  MSC: Applied

9. Medical professionals utilize _____, which allow them to noninvasively visualize brain structures and monitor activity within the brain.
   a. neuroimaging techniques  
   b. psychological tests  
   c. neuropsychological tests  
   d. mental status examination
   
   ANS: A  PTS: 1  REF: The Assessment of Brain Damage
   OBJ: 1  MSC: Factual

10. Dr. Pushkin is seeing a new patient whom she suspects has a neurocognitive disorder. Dr. Pushkin wants to assess quickly the patient's overall cognitive functioning, including the patient's memory, attentional skills, and orientation to time and place. What instrument will Dr. Pushkin most likely use to conduct this assessment?
   a. objective personality testing  
   b. neuropsychological testing  
   c. neuroimaging techniques  
   d. mental status exam
   
   ANS: D  PTS: 1  REF: The Assessment of Brain Damage
   OBJ: 1  MSC: Applied
11. Brenda is undergoing a test that combines X-rays and computer analysis to assess her brain damage. Which test is being used?
   a. PET scan  
   b. CT scan  
   c. MRI  
   d. fMRI
   ANS: B  
   PTS: 1  
   REF: The Assessment of Brain Damage
   OBJ: 1  
   MSC: Applied

12. MRIs are superior to other neuroimaging techniques for which of the following reasons?
   a. They can be used with patients who have metal in their heads.
   b. They do not involve radiation exposure as with other imaging techniques.
   c. They are cost-efficient.
   d. They allow the patients to have mobility while the imaging is taking place.
   ANS: B  
   PTS: 1  
   REF: The Assessment of Brain Damage
   OBJ: 1  
   MSC: Factual

13. To assess neurocognitive functioning and evaluate the extent of brain damage, ____ is administered to objectively screen and measure consciousness following head injury or stroke.
   a. the Glasgow Coma Scale  
   b. a mental status exam  
   c. an fMRI  
   d. an EEG
   ANS: A  
   PTS: 1  
   REF: The Assessment of Brain Damage
   OBJ: 1  
   MSC: Factual

14. Strokes damaging the left side of the brain typically affect ____ as well as physical movement on the right half of the body; whereas strokes occurring within the right hemisphere can ____ in addition to impairing motor movement on the left side of the body.
   a. speech and language proficiency; impair judgment and short-term memory
   b. impair judgment and short-term memory; speech and language proficiency
   c. empathic abilities; increase impulsivity
   d. impulsivity; decrease empathic abilities
   ANS: A  
   PTS: 1  
   REF: Etiology of Neurocognitive Disorders
   OBJ: 3  
   MSC: Factual

15. The leading causes of traumatic brain injuries are ____.
   a. falls and vehicle accidents  
   b. vehicle accidents and assault  
   c. assault and being struck by an object  
   d. war and crime
   ANS: A  
   PTS: 1  
   REF: Etiology of Neurocognitive Disorders
   OBJ: 3  
   MSC: Factual

16. The three major categories of neurocognitive disorders listed in the DSM-5 are ____.
   a. minor neurocognitive disorder, major neurocognitive disorder, and delirium  
   b. minor neurocognitive disorder, major neurocognitive disorder, and dementia  
   c. Huntington’s disease, Alzheimer’s disease, and Parkinson’s disease  
   d. neurocognitive disorder, neurodegenerative disorder, and stroke
   ANS: A  
   PTS: 1  
   REF: Introduction
   OBJ: 1  
   MSC: Factual
17. In order to receive a DSM-5 major neurocognitive disorder diagnosis, individuals must demonstrate significant decline in ____.
   a. one or more cognitive domains and in the ability to meet the demands of daily life independently
   b. reality testing and in coping with stressors
   c. physical health and in psychological health
   d. visual-perceptual ability and in social cognition

   ANS: A   PTS:  1   REF:  Types of Neurocognitive Disorders
   OBJ:  2   MSC:  Factual

18. Late on Saturday night, Dennie is taken to the hospital after drinking twenty beers. His confusion, rambling, and incoherent speech stop as soon as the alcohol is out of his system. This incident illustrates ____.
   a. an amnestic disorder
   b. dementia
   c. delirium
   d. a neurocognitive disorder not otherwise specified

   ANS: C   PTS:  1   REF:  Types of Neurocognitive Disorders
   OBJ:  2   MSC:  Applied

19. Which elderly person is at highest risk for developing some type of dementia?
   a. Paige, a 80 year old female
   b. Paul, a 80 year old male
   c. Patty, a 65 year old depressed female
   d. Preston, a 65 year old depressed male

   ANS: A   PTS:  1   REF:  Types of Neurocognitive Disorders
   OBJ:  2   MSC:  Applied

20. Forgetting names of significant others and displaying difficulties with impulse control are examples of ____.
   a. dementia
   b. delirium
   c. depression
   d. anxiety

   ANS: A   PTS:  1   REF:  Types of Neurocognitive Disorders
   OBJ:  2   MSC:  Factual

21. The most prevalent neurodegenerative disorder is ____.
   a. stroke
   b. multi-infarct dementia
   c. vascular dementia
   d. Alzheimer's disease

   ANS: D   PTS:  1   REF:  Etiology of Neurocognitive Disorders
   OBJ:  3   MSC:  Factual

22. Rozee is 91 years old. Her doctor suspects that she may have Parkinson's disease because ____.
   a. she has hand and face tremors
   b. she was recently in a vehicle accident and injured her head
   c. she has become very impulsive
   d. she is experiencing seizures

   ANS: A   PTS:  1   REF:  Etiology of Neurocognitive Disorders
   OBJ:  3   MSC:  Applied
23. The prevalence of dementia for people age 65 or older is ____.
   a. 5% for men and 8% for women       c. 18% for men and 23% for women
   b. 11% for men and 19% for women     d. 32% for men and 44% for women

   ANS: B  PTS: 1  REF: Types of Neurocognitive Disorders
   OBJ: 2  MSC: Factual

24. Who has the lowest risk for developing dementia?
   a. Arlene, an 85-year-old woman recovering from a hip fracture
   b. Bonnie, a 70-year-old woman who recently had a stroke
   c. Cora, a 35-year-old woman who injured her head in a cycling accident
   d. Dora, a 35-year-old women who is being treated for heroin addiction

   ANS: C  PTS: 1  REF: Etiology of Neurocognitive Disorders
   OBJ: 3  MSC: Applied

25. The primary distinction between major and minor neurocognitive disorder is ____.
   a. the severity of cognitive decline and related decline in independent functioning
   b. the extent of the brain damage and neurochemical abnormalities
   c. the use of compensatory strategies
   d. there is no distinction, they are the same disorder

   ANS: A  PTS: 1  REF: Types of Neurocognitive Disorders
   OBJ: 2  MSC: Factual

26. Which of the following can cause a neurocognitive disorder?
   a. ischemic stroke          c. stress
   b. depression               d. aging

   ANS: A  PTS: 1  REF: Etiology of Neurocognitive Disorders
   OBJ: 3  MSC: Factual

27. A characteristic that distinguishes delirium from minor and major neurocognitive disorder is ____.
   a. acute onset of symptoms     c. decline in functioning
   b. gradual onset of symptoms   d. severity of symptoms

   ANS: A  PTS: 1  REF: Types of Neurocognitive Disorders
   OBJ: 2  MSC: Factual

28. When a neurocognitive disorder is characterized by significant memory impairment and cognitive disturbances, or significant disturbances in planning and abstracting in thought processes, it is considered to be ____.
   a. delirium
   b. a major neurocognitive disorder
   c. a minor neurocognitive disorder
   d. a neurocognitive disorder, not otherwise specified

   ANS: B  PTS: 1  REF: Types of Neurocognitive Disorders
   OBJ: 2  MSC: Conceptual
29. Terrance attempts to but is unable to lick his lips or whistle. What neurocognitive symptom is Terrance demonstrating?
   a. agnosia  
   b. aphasia  
   c. dementia  
   d. apraxia

ANS: D  PTS: 1  REF: The Assessment of Brain Damage
OBJ: 1  MSC: Applied

30. Jed can see and hear normally. However, when he picks up a fork, he tries to use it as an electric shaver. This failure to recognize the use of an object is called ____.
   a. agnosia  
   b. aphasia  
   c. apraxia  
   d. delirium

ANS: A  PTS: 1  REF: The Assessment of Brain Damage
OBJ: 1  MSC: Applied

31. Marcus is 83 and has a form of aphasia that makes it difficult for him to find the words he wants to say. He developed this condition very suddenly and has experienced a steady cognitive decline. Marcus was diagnosed with minor neurocognitive disorder. What aspect of his case is unusual?
   a. It is unusual for minor neurocognitive disorder to show a steady cognitive decline.
   b. It is unusual for minor neurocognitive disorder to occur in someone over 80.
   c. It is unusual for minor neurocognitive disorder to involve speech aphasia.
   d. It is unusual for minor neurocognitive disorder to have a sudden onset.

ANS: D  PTS: 1  REF: Types of Neurocognitive Disorders
OBJ: 2  MSC: Applied

32. 89-year-old Rose has had a gradual loss of memory in her daily life activities, such as remembering people's names and phone numbers. However, in her Bible study class, she makes insightful comments and understands the topic of discussion. This would suggest that Rose is experiencing ____.
   a. normal aging  
   b. early signs of Alzheimer's disease  
   c. early signs of dementia  
   d. a minor neurocognitive disorder

ANS: A  PTS: 1  REF: Types of Neurocognitive Disorders
OBJ: 2  MSC: Applied

33. Which statement about dementia is accurate?
   a. Between 20 and 40 percent of people over age 65 have some form of dementia.
   b. Dementia never involves hallucinations or delusions.
   c. The prevalence of dementia decreases after age 65.
   d. Dementia is associated with a wide range of disorders.

ANS: D  PTS: 1  REF: Types of Neurocognitive Disorders
OBJ: 2  MSC: Conceptual

34. Dr. Berkins told her gerontology students that there are three major etiological categories for neurocognitive disorders listed in DSM-5. These would include specific medical conditions, substance use, and ____.
   a. multiple etiologies  
   b. general psychological conditions  
   c. developmental delays  
   d. learning disabilities

ANS: A  PTS: 1  REF: Types of Neurocognitive Disorders
OBJ: 2  MSC: Applied
35. Episodes of delirium are common with the ill and the elderly because ____.
   a. they have less cerebral reserve and are likely to develop delirium with medical illness or
      surgical procedures
   b. their immune systems are compromised and are likely to develop delirium with medical
      illness or surgical procedures
   c. they are susceptible to infection-produced inflammation of tissues surrounding the brain
      and are likely to develop delirium with medical illness or surgical procedures
   d. delirium is as common among the ill and elderly as it is in the general population
   ANS: A
   PTS: 1
   OBJ: 2
   MSC: Factual
   REF: Types of Neurocognitive Disorders

36. Ian suddenly became incoherent at 3 a.m. yesterday. He was agitated and unable to focus his attention
    and did not know where he was when taken to the hospital. After two days, the cocaine was out of his
    system and his cognitive functioning returned to normal. What form of neurocognitive disorder did he
    display?
    a. none; he was experiencing withdrawal
    b. minor neurocognitive disorder
    c. delirium
    d. traumatic brain injury
   ANS: C
   PTS: 1
   OBJ: 2
   MSC: Applied
   REF: Types of Neurocognitive Disorders

37. Because of high blood pressure, lack of physical exercise, and heavy alcohol drinking, Donald is at
    risk for having ____.
    a. ischemic stroke
    b. traumatic brain injury
    c. Alzheimer’s disease
    d. frontotemporal lobar degeneration
   ANS: A
   PTS: 1
   OBJ: 3
   MSC: Applied
   REF: Etiology of Neurocognitive Disorders

38. The core feature of Alzheimer’s disease is ____.
    a. memory impairment
    b. hallucinations and delusions
    c. disorientation of place and time
    d. acute onset of symptoms
   ANS: A
   PTS: 1
   OBJ: 3
   MSC: Factual
   REF: Etiology of Neurocognitive Disorders

39. What is most important to survival and recovery from a traumatic brain injury?
    a. immediate medical intervention
    b. psychological testing
    c. social support
    d. optimism
   ANS: A
   PTS: 1
   OBJ: 3
   MSC: Factual
   REF: Etiology of Neurocognitive Disorders

40. Hazel was not wearing her helmet when she had an accident on her bicycle. As she fell, her brain was
    punctured by a broken spoke from the wheel of her bike, causing a rupture of her brain and
    hemorrhaging. Hazel experiences which type of head injury?
    a. concussion
    b. cerebral laceration
    c. contusion
    d. anoxia
   ANS: B
   PTS: 1
   OBJ: 3
   MSC: Applied
   REF: Etiology of Neurocognitive Disorders
41. "A physical wound or internal injury to the brain" is a definition of ____.
   a. infarction
   b. diaschisis
   c. traumatic brain injury
   d. cerebrovascular accident or stroke
   ANS: C
   PTS: 1
   OBJ: 3
   MSC: Factual
   REF: Etiology of Neurocognitive Disorders

42. Harold was involved in a fight and received several kicks to the head. A CAT scan revealed bruising of his cortex. Harold's symptoms suggest ____.
   a. that he suffered a contusion
   b. apraxia and agnosia
   c. that he suffered a stroke
   d. that a cerebral laceration occurred
   ANS: A
   PTS: 1
   OBJ: 3
   MSC: Applied
   REF: Etiology of Neurocognitive Disorders

43. Sophie was playing volleyball. As she was about to spike the ball over the net, another player on her team accidentally collided with her, and Sophie hit her head against one of the metal poles that held up the net. Sophie lost consciousness for a few seconds and, in a daze, she walked to the bench to sit down. Although she had a headache for a couple of weeks, she suffered no other effects from the blow. Sophie experienced what type of brain injury?
   a. a contusion
   b. a concussion
   c. a laceration
   d. a cerebrovascular accident
   ANS: B
   PTS: 1
   OBJ: 3
   MSC: Applied
   REF: Etiology of Neurocognitive Disorders

44. Priscilla was in an auto accident that caused her head to crash against the windshield. Her brain was pressed against the skull and bruised by the impact. She lost consciousness for three days, but none of the brain tissue was torn. Priscilla experienced a ____.
   a. cerebral laceration
   b. cerebrovascular accident
   c. stroke
   d. contusion
   ANS: D
   PTS: 1
   OBJ: 3
   MSC: Applied
   REF: Etiology of Neurocognitive Disorders

45. Hilary was involved in a shooting that left her with traumatic brain injury. She spent several weeks in a coma. Afterward, she experienced headaches, disorientation, confusion, and irritability, as well as depression. She was then diagnosed with chronic traumatic encephalopathy. What, if any, aspect of Hilary's case is unusual?
   a. It is unusual for people with a single traumatic brain injury to have a chronic traumatic encephalopathy diagnosis.
   b. It is unusual for people with traumatic brain injury to be in a coma for weeks.
   c. It is unusual for people with traumatic brain injury to feel depressed.
   d. It is unusual for people with traumatic brain injury to experience headaches, disorientation, confusion, and irritability.
   ANS: A
   PTS: 1
   OBJ: 3
   MSC: Applied
   REF: Etiology of Neurocognitive Disorders
46. Andre, age 16, has an open-head brain injury that has done extensive damage to his brain and a(n) ____ is performed to prevent pressure on other parts of his brain.
   a. craniectomy
   b. atherosclerosis
   c. compensatory strategy
   d. frontal cortex lobotomy

ANS: A  PTS: 1  REF: Etiology of Neurocognitive Disorders
OBJ: 3  MSC: Applied

47. Which of the following is a common outcome of severe brain trauma?
   a. complete recovery without intellectual or emotional difficulties
   b. complete intellectual recovery but continuing emotional problems
   c. complete emotional recovery but cognitive difficulties
   d. continuing cognitive difficulties and emotional disturbances

ANS: D  PTS: 1  REF: Etiology of Neurocognitive Disorders
OBJ: 3  MSC: Conceptual

48. Neurocognitive vascular disorders can result from ____ and ____.
   a. stroke; ongoing disruptions to the cardiovascular system
   b. Alzheimer’s disease; Parkinson’s disease
   c. psychosis; affective disturbances
   d. traumatic brain injury; hypertension

ANS: A  PTS: 1  REF: Etiology of Neurocognitive Disorders
OBJ: 3  MSC: Factual

49. A clogging of the arteries resulting from a build-up of plaque composed of fat, cholesterol, and other substances is called ____.
   a. atherosclerosis
   b. aphasia
   c. hypertension
   d. agnosia

ANS: A  PTS: 1  REF: Etiology of Neurocognitive Disorders
OBJ: 3  MSC: Factual

50. Dr. Metzner is the director of a large nursing home. He and his staff are likely which of the following among the stroke patients?
   a. impaired motor movement
   b. schizophrenia
   c. adjustment disorder
   d. post traumatic stress disorder

ANS: A  PTS: 1  REF: Etiology of Neurocognitive Disorders
OBJ: 3  MSC: Applied

51. Which statement about strokes is accurate?
   a. Survivors never recover.
   b. Survivors generally require short-term care.
   c. They are a significant cause of disability.
   d. Most strokes occur in individuals younger than 50 years of age.

ANS: C  PTS: 1  REF: Etiology of Neurocognitive Disorders
OBJ: 3  MSC: Factual
52. Mr. Pappadopolis has a neurocognitive disorder that has caused an interesting symptom: He no longer acknowledges the left side of his body. For example, he does not shave the left side of his face or button his left shirt cuff. This is a sign that he ____.
   a. has Parkinson's disease
   b. suffered a stroke
   c. is recovering from a traumatic brain injury
   d. has aphasia and agnosia

ANS: B      PTS: 1      REF: Etiology of Neurocognitive Disorders
OBJ: 3      MSC: Applied

53. *Vascular cognitive impairment, atherosclerosis, and spatial-visual neglect* are all terms associated with ____.
   a. Alzheimer's disease
   b. cerebral tumors
   c. strokes
   d. meningitis and encephalitis

ANS: C      PTS: 1      REF: Etiology of Neurocognitive Disorders
OBJ: 3      MSC: Factual

54. Logan has suffered a series of small strokes that caused deterioration of some of his intellectual and physical abilities, while leaving other abilities intact. Logan has which syndrome?
   a. Alzheimer's disease
   b. vascular dementia
   c. atherosclerosis
   d. presenile dementia

ANS: B      PTS: 1      REF: Etiology of Neurocognitive Disorders
OBJ: 3      MSC: Applied

55. Age-related decreases in cognitive function ____.
   a. occur in 35 to 45 percent of those over age 65
   b. usually begin in a person's early 40s and 50s
   c. can be prevented and reduced in some individuals by engaging in mentally stimulating exercises
   d. rarely can be stopped because they are genetically programmed

ANS: C      PTS: 1      REF: Treatment and Prevention Considerations
OBJ: 4      MSC: Factual

56. Wilma is 76 years old and has noticed that her memory is not as sharp as it was earlier in her life. This memory loss might be due to which of the following?
   a. epilepsy
   b. Alzheimer's disease
   c. playing computer games
   d. exposure to cognitively challenging tasks

ANS: B      PTS: 1      REF: Etiology of Neurocognitive Disorders
OBJ: 3      MSC: Applied
57. Age-related declines in cognitive functioning may not be noticed for which of the following reasons?
   a. The ability to recognize changes is one of the cognitive abilities that suffers, so the
deleclines tend to go unnoticed.
   b. People generally adapt to and compensate for age-related changes.
   c. The lack of commitment to and participation in rehabilitation services.
   d. The knowledge of possible cognitive decline can be more harmful than helpful.
ANS: B    PTS: 1    REF: Types of Neurocognitive Disorders
MSC: Conceptual

58. Research conducted by O’Donnell and colleagues (2010) and Hankey (2011) has found that factors
such as hypertension, smoking, abdominal obesity, limited physical activity, and stress account for
____ of the risk of stroke.
   a. 40 percent   c. 75 percent
   b. 60 percent   d. 90 percent
ANS: D    PTS: 1    REF: Etiology of Neurocognitive Disorders
OBJ: 3    MSC: Factual

59. A series of small strokes or a chronic decrease in blood flow lead to a degenerative condition known as
   ____.
   a. a specific medical condition   c. spatial-visual neglect
   b. vascular cognitive impairment   d. cerebral laceration
ANS: B    PTS: 1    REF: Etiology of Neurocognitive Disorders
OBJ: 3    MSC: Factual

60. The senior center in a large town is interested in the cognitive problems that its customers are likely to
have. Research suggests that which of the following will most likely be an impairment resulting from
the normal aging process?
   a. increasing disorientation and confusion
   b. impairment of cognitive skills occurring across all cognitive domains
   c. slower to complete mental or physical activities
   d. unaware and unconcerned about memory difficulties
ANS: C    PTS: 1    REF: Types of Neurocognitive Disorders
OBJ: 2    MSC: Factual

61. What is the strongest risk factor for dementia?
   a. lifestyle   c. age
   b. drug use   d. genetics
ANS: C    PTS: 1    REF: Types of Neurocognitive Disorders
OBJ: 2    MSC: Factual

62. At age 64, Mrs. Willis began a long mental decline. She first showed memory loss and irritability, then
delusions, social withdrawal, dementia, and finally death at age 68. An autopsy showed neurofibrillary
tangles and senile plaques in her brain. Mrs. Willis died of ____.
   a. Alzheimer's disease   c. epilepsy
   b. aphasia   d. ischemic stroke
ANS: A    PTS: 1    REF: Etiology of Neurocognitive Disorders
OBJ: 3    MSC: Applied
63. A handout on Alzheimer's disease says, "Alzheimer's is the third leading cause of dementia in older persons. It only affects the elderly, it causes marked deterioration in mental functioning without emotional disturbances, and it has no cure." Which portion of this statement is accurate?

a. It is accurate to say that Alzheimer's only affects the elderly.
b. It is accurate to say that Alzheimer's has no cure.
c. It is accurate to say that Alzheimer's is the third leading cause of dementia in older persons.
d. It is accurate to say that Alzheimer's causes marked deterioration in mental functioning without emotional disturbances.

ANS: B
PTS: 1
REF: Etiology of Neurocognitive Disorders
OBJ: 3
MSC: Conceptual

64. Neurofibrillary tangles, memory loss, and senile plaques are all related to ____.

a. Huntington's chorea  
   b. epilepsy  
   c. traumatic brain injury  
   d. Alzheimer's disease

ANS: D
PTS: 1
REF: Etiology of Neurocognitive Disorders
OBJ: 3
MSC: Factual

65. The cause of Alzheimer's disease is ____.

a. believed to be a product of hereditary and environmental factors  
   b. excessive drinking that leads to encephalopathy  
   c. the natural aging process  
   d. excessive blood flow in the brain

ANS: A
PTS: 1
REF: Etiology of Neurocognitive Disorders
OBJ: 3
MSC: Factual

66. Which of the following has been identified as a factor that can help reduce the risk and help slow the progression of Alzheimer's disease?

a. genetic endowment with the APOE-e4 gene  
   b. use of anti-inflammatory drugs  
   c. a healthy cardiovascular system  
   d. higher education

ANS: C
PTS: 1
REF: Etiology of Neurocognitive Disorders
OBJ: 3
MSC: Factual

67. Skip underwent a surgical procedure in which electrodes were implanted in his brain to reduce his tremors and other motor disturbances. Which disorder was being treated?

a. Huntington's disease  
   b. Cerebral vascular disorder  
   c. Parkinson's disease  
   d. Alzheimer's disease

ANS: C
PTS: 1
REF: Etiology of Neurocognitive Disorders
OBJ: 3
MSC: Applied
68. A physician says, "Most people know that AIDS leaves people open to deadly infections, but few are aware that dementia may be the first sign of HIV infection or AIDS. In serious cases, a diagnosis of AIDS delirium complex (ADC) is made. Prevalence of ADC among persons with HIV infection is between 30 to 40 percent in Western countries. Recently, medications have proven to improve symptoms of ADC once they develop." What about the physician's comments is correct?
   a. Dementia may be the first sign of HIV infection or AIDS.
   b. In serious cases, a diagnosis of AIDS delirium complex (ADC) is made.
   c. Medications have proven to improve symptoms of ADC.
   d. Prevalence of ADC among persons with HIV infection is between 30 to 40 percent in Western countries.

ANS: A  PTS:  1  REF: Etiology of Neurocognitive Disorders
OBJ:  3  MSC: Applied

69. Why might having AIDS produce dementia?
   a. Most people with AIDS have a history of Alzheimer's disease.
   b. Most people with AIDS are over age 65.
   c. The AIDS virus narrows the capillary walls and produces infarctions.
   d. The AIDS virus infects the brain and affects mental processes.

ANS: D  PTS:  1  REF: Etiology of Neurocognitive Disorders
OBJ:  3  MSC: Conceptual

70. Two sexually transmitted diseases that can cause significant neurocognitive impairment are ____.
   a. AIDS and syphilis
   b. syphilis and meningitis
   c. AIDS and encephalitis
   d. Parkinson's disease and Huntington's disease

ANS: A  PTS:  1  REF: Etiology of Neurocognitive Disorders
OBJ:  3  MSC: Factual

71. Young Billie has shown seizures followed by fever and constant sleep over three days. When he awakens, he is delirious and drowsy. He is probably suffering from the infection of the brain called ____.
   a. Huntington's disease.
   b. encephalitis
   c. meningitis
   d. Parkinson's disease

ANS: B  PTS:  1  REF: Etiology of Neurocognitive Disorders
OBJ:  3  MSC: Applied

72. Dr. Wayne says, "We know that the patient's cognitive disorder was caused by an infectious agent. That automatically rules out ____.”
   a. syphilis
   b. encephalitis
   c. AIDS dementia
   d. Huntington's disease

ANS: D  PTS:  1  REF: Etiology of Neurocognitive Disorders
OBJ:  3  MSC: Applied
73. It is a rare, genetically transmitted disorder that involves twitching movements, dementia, and death. Its symptoms begin to appear in childhood to late in life, onset most typically occurs during midlife. What is it?
   a. Huntington's disease  
   b. Alzheimer's disease  
   c. Parkinson's disease  
   d. Meningitis

   ANS: A  PTS: 1  REF: Etiology of Neurocognitive Disorders
   OBJ: 3  MSC: Factual

74. Which of the following organic brain disorders are incurable and always fatal?
   a. Alzheimer's disease and meningitis
   b. Huntington's disease and stroke
   c. stroke and meningitis
   d. Alzheimer's disease and Huntington's disease

   ANS: D  PTS: 1  REF: Etiology of Neurocognitive Disorders
   OBJ: 3  MSC: Factual

75. Symptoms of cerebral tumor depend on the size and location of the tumor; however, the most common effects of tumors are ____.
   a. disturbances of mood  
   b. disturbances of consciousness  
   c. dementia  
   d. disturbances in thinking

   ANS: B  PTS: 1  REF: Etiology of Neurocognitive Disorders
   OBJ: 3  MSC: Factual

76. Epilepsy refers to a ____.
   a. cause of a cognitive disorder  
   b. cognitive disorder that is genetically transmitted  
   c. cognitive disorder caused by infection  
   d. chronic neurological condition characterized by seizures

   ANS: D  PTS: 1  REF: Etiology of Neurocognitive Disorders
   OBJ: 3  MSC: Factual

77. Which statement about epilepsy is accurate?
   a. It is the most common form of neurological disorder.
   b. It cannot be diagnosed until young adulthood.
   c. It cannot be acquired through drug use or surgery.
   d. It is among the rarest forms of neurological disorder.

   ANS: A  PTS: 1  REF: Etiology of Neurocognitive Disorders
   OBJ: 3  MSC: Factual

78. Paulo is a young teenager whose eyelids occasionally flutter while he loses consciousness for two to three seconds. He is usually unaware that he has had a kind of seizure. Paulo's cognitive problems best illustrate ____.
   a. a stroke  
   b. a cerebral tumor  
   c. the early stages of Alzheimer's  
   d. epilepsy

   ANS: D  PTS: 1  REF: Etiology of Neurocognitive Disorders
   OBJ: 3  MSC: Applied
79. Sybil became somewhat dazed as she experienced the mildest form of head injury when she hit her head against an open cabinet door. She experienced a ____.
   a. cerebral laceration  
   b. contusion  
   c. concussion  
   d. stroke

   ANS: C  

   OBJ: 3  

   MSC: Applied

   REF: Etiology of Neurocognitive Disorders

80. Which statement about the cause of epilepsy is accurate?
   a. Epilepsy is caused by a combination of genetic vulnerability and poor parenting.
   b. It is now clear that epilepsy is caused by a genetic defect in chromosome 21.
   c. Personality factors are the most important vulnerability factor for the disorder.
   d. Epilepsy can have no apparent etiology or it can arise from causes such as brain tumors, head trauma, or substance abuse.

   ANS: D  

   OBJ: 3  

   MSC: Factual

   REF: Etiology of Neurocognitive Disorders

81. The fourth leading cause of dementia caused by degeneration of the frontal and temporal lobes of the brain and characterized by progressive decline in language and behavior is ____.
   a. frontotemporal lobar degeneration  
   b. Parkinson's disease  
   c. Huntington's disease  
   d. encephalitis

   ANS: A  

   OBJ: 3  

   MSC: Factual

   REF: Etiology of Neurocognitive Disorders

82. Which medications are sometimes prescribed to alleviate the depression associated with neurocognitive disorders?
   a. B vitamins  
   b. SSRIs  
   c. benzodiazepine  
   d. lithium carbonate

   ANS: B  

   OBJ: 4  

   MSC: Conceptual

   REF: Treatment and Prevention Considerations

83. When talking to the PTA group of her middle school, Ms. Kumin, the principal, advised the parents that the best way they could reduce the risk of head injuries for their children would be to ____.
   a. make sure the children wear helmets while skateboarding and bicycling  
   b. ride in the back seat of passenger vehicles  
   c. avoid dangerous activities such as skateboarding and bicycling  
   d. avoid participating in contact sports

   ANS: A  

   OBJ: 3  

   MSC: Applied

   REF: Etiology of Neurocognitive Disorders

   a. 10 percent  
   b. 20 percent  
   c. 30 percent  
   d. 40 percent

   ANS: B  

   OBJ: 3  

   MSC: Factual

   REF: Etiology of Neurocognitive Disorders
85. Which statement about strokes is correct?
a. They rarely happen in people under age 65.
b. They are the leading cause of dementia.
c. They are the fourth leading cause of death in the United States.
d. They are caused by an expansion of blood cells.

ANS: C       PTS: 1       REF: Etiology of Neurocognitive Disorders
OBJ: 3       MSC: Factual

86. Approximately 85% of all strokes are the result of ____.
a. reduced blood flow caused by a clot or severe narrowing of the arteries
b. blood vessels bursting
c. leakage of blood into the brain
d. vascular cognitive impairment

ANS: A       PTS: 1       REF: Etiology of Neurocognitive Disorders
OBJ: 3       MSC: Factual

87. Rozee suffers from vascular dementia. This form of dementia is caused by ____.
a. atherosclerosis
c. Alzheimer's disease
b. a series of small strokes
d. head trauma

ANS: B       PTS: 1       REF: Etiology of Neurocognitive Disorders
OBJ: 3       MSC: Applied

88. According to Mormino and colleagues (2008), as we age, neurons are gradually lost, the brain becomes smaller, and information is processed more slowly. For some, this brain atrophy leads to ____.
a. enlarged ventricles
b. depression
c. anxiety
d. declining memory and difficulty learning new material

ANS: D       PTS: 1       REF: Etiology of Neurocognitive Disorders
OBJ: 3       MSC: Factual

89. Normal age changes in the brain and occasional lapses in memory are ____.
a. common in healthy adults
b. uncommon in healthy adults
c. warrant a minor neurocognitive disorder diagnosis
d. insignificant changes

ANS: A       PTS: 1       REF: Etiology of Neurocognitive Disorders
OBJ: 3       MSC: Factual

90. Parkinson’s disease is diagnosed ____.
a. 50% more in men than in women
c. 85% more in men than in women
b. 50% more in women than in men
d. equally across gender

ANS: A       PTS: 1       REF: Etiology of Neurocognitive Disorders
OBJ: 3       MSC: Factual
91. Infection or reactions to prescription drugs among normal aging older patients can result in ____.
   a. memory loss and confusion    c. chronic illness
   b. Parkinson’s disease          d. schizophrenia

   ANS: A  PTS: 1  REF: Etiology of Neurocognitive Disorders
   OBJ: 3  MSC: Factual

92. Which cognitive disorder is characterized by atrophy of brain tissue?
   a. Alzheimer's disease
   b. vascular dementia
   c. Parkinson's disease
   d. epilepsy

   ANS: A  PTS: 1  REF: Etiology of Neurocognitive Disorders
   OBJ: 3  MSC: Factual

93. Dr. Jensen was discussing "improvement" with Rita and her daughter. Since Rita has been diagnosed with Alzheimer's disease (AD), what Dr. Jensen most probably means by "improvement" is that ____.
   a. Rita will recover completely
   b. Rita will regain some of her cognitive functioning
   c. Rita's rate of decline will be slowed
   d. as her AD progresses, Rita will be less aware of, and thus less troubled by, her cognitive decline

   ANS: C  PTS: 1  REF: Etiology of Neurocognitive Disorders
   OBJ: 3  MSC: Applied

94. Patients suffering from Alzheimer's disease (AD) most typically consider the most disturbing symptom to be ____.
   a. deterioration of memory
   b. loss of ability to problem solve
   c. loss of ability to think abstractly
   d. deterioration of their physical functioning

   ANS: A  PTS: 1  REF: Etiology of Neurocognitive Disorders
   OBJ: 3  MSC: Factual

95. A prospective study conducted by den Heijer and colleagues (2006) found that accelerated atrophy of the hippocampus and amygdala among cognitively intact elder people was predictive of subsequent development of which of the following conditions?
   a. Alzheimer's disease and dementia
   b. Huntington’s disease and Alzheimer’s disease
   c. epilepsy and encephalitis
   d. meningitis and encephalitis

   ANS: A  PTS: 1  REF: Etiology of Neurocognitive Disorders
   OBJ: 3  MSC: Factual
96. Research by Wilson and colleagues (2007) found that difficulty ____ may be one of the first signs of Alzheimer's disease (AD).
   a. recognizing old friends
   b. remembering phone numbers
   c. identifying smells
   d. remembering where items like glasses and keys have been placed

   ANS: C   PTS: 1   REF: Etiology of Neurocognitive Disorders
   OBJ: 3   MSC: Factual

97. Dobkin and colleagues (2006) found that ____ is a feasible and effective treatment with individuals who have cognitive deficits resulting from neurocognitive disorders.
   a. cognitive-behavioral therapy targeting depression
   b. psychoanalysis targeting childhood trauma
   c. motivational interviewing
   d. medication

   ANS: A   PTS: 1   REF: Treatment and Prevention Considerations
   OBJ: 4   MSC: Factual

98. Syphilis spirochete Treponema pallidum, the bacterium responsible for the development of syphilis, if left untreated can result in ____.
   a. destruction of brain tissue, seizures and ultimately death
   b. cognitive impairment and memory loss
   c. memory loss and difficulty performing familiar tasks
   d. poor judgment and decreasing social skills

   ANS: A   PTS: 1   REF: Etiology of Neurocognitive Disorders
   OBJ: 3   MSC: Factual

99. Dexter has hearing loss, significant cognitive difficulties, and has seizures due to a disease that he contracted as an infant from a virus. That disease most likely was ____.
   a. AIDS
   b. meningitis
   c. epilepsy
   d. encephalitis

   ANS: B   PTS: 1   REF: Etiology of Neurocognitive Disorders
   OBJ: 3   MSC: Applied

100. Joe has been diagnosed with delirium related to a "bad trip" when he used crack cocaine. It is likely that Joe ____.
    a. has a substance use problem
    b. will never use crack again
    c. will soon die from an overdose
    d. will develop other cognitive disorders as well

    ANS: A   PTS: 1   REF: Etiology of Neurocognitive Disorders
    OBJ: 3   MSC: Applied
1. Describe the different neurocognitive disorders. Indicate how to differentiate among the different neurocognitive disorders.

ANS:
DSM-5 indicates three categories of neurocognitive disorders: major neurocognitive disorder, minor neurocognitive disorder, and delirium. With each disorder the underlying medical circumstances causing the disorder is known. Neurocognitive disorders may be due to a specific medical condition, a substance-induced condition, or may result from multiple etiologies.

Major neurocognitive disorder involves deficits in one or more cognitive areas/domains (e.g. complex attention, decision making and judgment, learning and memory, visual perception, or social skills and behavior) and the degree of ability to independently meet the demands of daily living. Observation, interviews, and psychological or neuropsychological testing are utilized to identify skills that are impaired or lower than would be expected based on a person’s age, gender, education, culture, and degree of functioning prior to symptoms.

Minor neurocognitive disorder also involves deficits in at least one major cognitive areas/domains, however the degree of severity is lesser than that seen in major neurocognitive disorder. Individuals with this disorder may struggle with familiar tasks or engage in compensatory strategies to function accordingly. Extra effort may be needed to function day to day, however overall independent functioning is not compromised as with major neurocognitive disorder. Overall, the main distinction between major and minor neurocognitive disorder is the severity of cognitive decline and decline in independent functioning. It is common for an individual to be first diagnosed with a minor neurocognitive disorder and as time passes and symptoms intensify an individual could be reassessed and diagnosed with major neurocognitive disorder.

The primary distinctions of delirium from major and minor neurocognitive disorders are that it is an acute state of confusion or cognitive impairment as well as its having a fluctuating course. Delirium is also characterized by diminished awareness, disorientation, and impaired attention skills. Delirium often develops rapidly (e.g. hours or days) and symptoms range from mild to severe. These symptoms can include impaired orientation, disorganized patterns of thinking, and psychotic symptoms (e.g. delusions, hallucinations). Delirium is common and treatment for this disorder involves determining the underlying cause of the delirium which could include conditions such as high fever, dehydration, intoxication, or brain changes associated with a neurocognitive disorder. Delirium can present in the context of a minor or major neurocognitive disorder or it can present independently from these disorders.

PTS: 1

2. Describe the characteristics of dementia in general and Alzheimer's disease (AD) in particular. What is known about the cause of Alzheimer's and what appear to be some protective factors that reduce the risk of developing AD?

ANS:
Dementia is a term used across the neurocognitive and neurodegenerative disorders to describe the memory impairment and declining cognitive functioning resulting from degenerative brain conditions. Dementia produces such severe memory impairments that social, occupational, and self-care functioning drop significantly from prior levels. Many people with dementia show poor judgment and act impulsively. The onset of dementia is usually gradual; its effects are widespread and chronic, and they involve gradual cognitive deterioration. Age is the best studied and the strongest risk factor for dementia. The longer a person lives, the greater the chance of developing dementia.
Alzheimer's disease is the most prevalent neurodegenerative disorder and is the sixth leading cause of death in the United States. The onset of Alzheimer’s disease is insidious and characterized by progressive decline in cognitive, physical, and social functioning. Early signs of the disease are memory loss, irritability, and cognitive impairment, which gradually worsen over time. In addition to intellectual impairments, people with Alzheimer's gradually become withdrawn, depressed, apathetic, delusional, and neglectful of personal hygiene. Memory loss moves from forgetting appointments and how to get home to forgetting who they and relatives are. There is no cure for Alzheimer’s disease, those with this diagnosis survive about half as long as those of similar age without dementia, and those with slower rates of cognitive decline are more likely to survive longer than those with sharp decreases in cognitive functioning. Alzheimer's disease involves the formation of senile plaques (patches of degenerated nerve endings) as well as neurofibrillary tangles (abnormal, tangled mats of brain tissue filaments). It is hypothesized that these plaques cause oxidative injury, inflammation, and alterations in neurotransmitters which in-turn cause neuron death and significant brain atrophy. The etiology of Alzheimer’s disease is believed to be a product of hereditary and environmental factors. Several genes have been associated with the incidence of Alzheimer’s however the exact role of these genes is not known. A gene that increases risk for later-onset of Alzheimer’s disease is the APOE e4 gene, and those with this gene have a 25% increased likelihood of developing Alzheimer’s. Twin studies have identified that the heritability for Alzheimer’s is high, and that environmental influence should be the target of interventions to reduce risk and delay the onset of the disease. Protective factors include a healthy cardiovascular system, physical fitness, eating a healthy diet may help slow the progression and reduce risk of Alzheimer’s and other disorders involving dementia. Use of anti-inflammatory drugs may slow the accumulation of proteins implicated in Alzheimer’s disease.

3. What are some of the treatments for neurocognitive disorders?

ANS:
Treatment approaches vary greatly across neurocognitive disorders as these disorders have many different causes and associated symptoms. The major interventions have been rehabilitative, medical, and psychological. Most treatment programs are comprehensive, and they provide patients with a combination of medication, rehabilitation, therapy, and environmental modifications.

Rehabilitation services such as physical, occupational, speech and language therapy help individuals relearn skills or compensate for lost abilities. These interventions focus on strengths and deficits, and a person’s commitment to and participation in rehabilitation plays a key role in recovery. Brain imaging techniques are used to document brain changes achieved thorough rehabilitation.

Medications are dispensed according to the disorder being treated to help prevent, control or reduce the symptoms of some neurocognitive disorders. Sometimes medications are used to control emotional problems that accompany cognitive impairment. Cognitive-behavioral therapy is used to reduce the frequency or severity of problem behaviors, such as aggression or socially inappropriate conduct, to decrease anxiety or depression, or to improve functional skills. They may also include simplifying complex tasks, such as dressing, eating, or personal hygiene. Dobkin, Allen, and Menza (2006) developed a treatment for people with Parkinson's disease that involves training in stress management, behavioral modification, getting sound sleep, relaxation techniques, and cognitive restructuring.

Lifestyle changes are important for preventing or reducing the effects of cognitive disorders. For example, the risk of stroke is reduced by avoiding smoking, obesity, and hypertension. Mental stimulation is also important in reducing risk for diseases such as Alzheimer's and in improving cognitive functioning for people who have dementia.
Environmental interventions include such things as modifying the environment to increase safety and comfort while decreasing confusion and agitation. Providing a supportive environment for those with neurocognitive and degenerative disorder helps these individuals with declining abilities feel happier, live with more comfort, and live with dignity. Family and friend support and contact enhance the lives of those with dementia as well. It's also important to provide support for caregivers who often feel overwhelmed, helpless, frustrated, anxious, and angry. Education about the disorders is important and social support and respite care for the caregivers is critical.

PTS: 1
MULTIPLE CHOICE

1. _____ involve a conflict between one's anatomical sex and one's psychological feeling of being male or female.
   a. Gender dysphoria                  c. Sexual desire disorders
   b. Dissociative identity disorders   d. Paraphilias

   ANS: A  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Factual

2. Graham has been sexually active since he turned 16. After turning 20, he began to experience a problem with lack of arousal. Which category best fits Graham's disorder?
   a. gender dysphoria               c. sexual deviance disorder
   b. paraphilias                   d. sexual dysfunction

   ANS: D  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Applied

3. Scott has sexual fantasies and engages in sexual behavior that is focused on objects and situations that are not part of the usual pattern of affectionate sexual activity. His behavior often puts him at risk for being arrested. If Scott has a sexual problem, it is in the general category of ____.
   a. sexual dysfunctions           c. paraphilias
   b. gender dysphoria              d. sexual personality disorders

   ANS: C  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Applied

4. The highly publicized allegations against such well known people as former president Bill Clinton, boxer Mike Tyson, and golfer Tiger Woods underscore the magnitude and seriousness of problems related to ____.
   a. sexual dysfunction           c. paraphilias
   b. sexual addiction             d. gender dysphoria

   ANS: B  PTS: 1  REF: Sexual Dysfunctions
   OBJ: 2  MSC: Conceptual

5. Hypersexuality, or sexual addiction, ____.
   a. has been classified as a sexual disorder since DSM-III-R
   b. has recently been included as a sexual disorder in DSM-IV-TR
   c. has been broadened in DSM-IV-TR from its original name, nymphomania, to include men as well as women
   d. is not recognized as a classification of sexual disorder in the DSM

   ANS: D  PTS: 1  REF: Sexual Dysfunctions
   OBJ: 2  MSC: Factual
6. The definition of sexual disorders is ____.
   a. unique because it does not include subjective distress
   b. among the clearest of all forms of psychological disorders to identify
   c. based primarily on the statistical rarity criterion
   d. difficult because it is influenced by cultural norms and values

   ANS: D  PTS: 1  REF: What is "Normal" Sexual Behavior?
   OBJ: 1  MSC: Factual

7. Which of the following best describes the central problem in determining whether or not a sexual practice is abnormal?
   a. The abnormal behavior usually does not threaten society, impair social or occupational functioning, or cause distress to the individual.
   b. While the laws are usually clear about what is illegal, people are often unaware of the laws.
   c. Acceptable sexual practices differ between cultures and historical times.
   d. The DSM–IV-TR only lists sexual disorders that are illegal, not ones that are merely unusual or abnormal.

   ANS: C  PTS: 1  REF: What is "Normal" Sexual Behavior?
   OBJ: 1  MSC: Conceptual

8. Fetishism, low sexual drive, and gender identity conflict are considered deviant because they ____.
   a. threaten societal mores
   b. do not fall within normal arousal and activity patterns
   c. result in distress for the people who experience them
   d. result in impaired social functioning

   ANS: B  PTS: 1  REF: What is "Normal" Sexual Behavior?
   OBJ: 1  MSC: Conceptual

9. When Luz began studying the variation of sexual activities around the world, she was surprised to find that ____.
   a. unmarried people living together have more sex than married people living together or single people living alone
   b. twenty-five percent of adults worldwide have never had sex
   c. ten percent of people in the United States claim to have sex every day
   d. homosexuality was banned in ancient Greece

   ANS: A  PTS: 1  REF: What is "Normal" Sexual Behavior?
   OBJ: 1  MSC: Applied

10. Which of the following is a stage in the human sexual response cycle?
    a. appetitive  c. erectile
    b. dyspareunia  d. satyriasis

    ANS: A  PTS: 1  REF: What is "Normal" Sexual Behavior?
    OBJ: 1  MSC: Factual
11. Nancy has a sexual problem that is diagnosed as occurring during the appetitive phase of sexual response. We can guess that Nancy's problem involves ____.
   a. an inability to experience relaxation after orgasm
   b. difficulties during the last two stages of the response cycle
   c. difficulties concerning thoughts or fantasies about sex
   d. an inability to experience orgasm

   ANS: C  PTS: 1  REF: What is "Normal" Sexual Behavior?
   OBJ: 1  MSC: Applied

12. Shalisa has little desire for sexual activity; Karina experiences no vaginal lubrication despite direct sexual stimulation. Which person is paired with the correct stage of the sexual response cycle (during which the problem is experienced)?
   a. Shalisa—resolution; Karina—excitement
   b. Shalisa—appetitive; Karina—excitement
   c. Shalisa—arousal; Karina—appetitive
   d. Shalisa—appetitive; Karina—orgasm

   ANS: B  PTS: 1  REF: What is "Normal" Sexual Behavior?
   OBJ: 1  MSC: Applied

13. Mr. and Mrs. Bell are concerned about their sex lives. Mr. Bell is usually unresponsive to sexual stimulation after he has an orgasm. Mrs. Bell is capable of multiple orgasms. Prior to orgasm, Mrs. Bell experiences neither vaginal lubrication nor expansion of the clitoris. What should a therapist tell the Bells?
   a. "Mrs. Bell's lack of lubrication may reflect an arousal phase problem."
   b. "Everything the Bells experience is part of the normal sexual response cycle."
   c. "Mrs. Bell's having multiple orgasms is a sign of an orgasm disorder."
   d. "Mr. Bell's unresponsiveness is a sign of an orgasm disorder."

   ANS: A  PTS: 1  REF: What is "Normal" Sexual Behavior?
   OBJ: 1  MSC: Applied

14. Which statement about homosexuality is accurate?
   a. Homosexuals tend to regret being homosexual and can usually change their sexual orientation through psychotherapy.
   b. The human sexual response cycle does not apply to homosexual sex.
   c. Homosexuals show greater psychological disturbance and gender identity confusion than heterosexuals.
   d. Because of broader contextual issues, homosexual sexual concerns may differ significantly from those of heterosexuals.

   ANS: D  PTS: 1  REF: Etiology of Sexual Dysfunctions
   OBJ: 3  MSC: Conceptual

15. According to the current psychological and scientific perspective, homosexuality is considered ____.
   a. a normal variation in sexual behavior
   b. a problem that needs to be fixed
   c. the result of poor parenting
   d. nature's way of controlling overpopulation

   ANS: A  PTS: 1  REF: Gender Dysphoria
   OBJ: 6  MSC: Conceptual
16. Diane is a typical 68-year-old woman who is in a committed relationship. She indicates that sex is important in her life. It is likely that Diane will also state that ____.
   a. sex is more important than relationships
   b. relationships are more important than sex
   c. she is having more sex now that she is post-menopausal because she no longer worries about getting pregnant
   d. she is not satisfied with the quality of her sex life

   ANS: B  PTS: 1  REF: Aging, Sexual Activity, and Sexual Dysfunctions
   OBJ: 5  MSC: Applied

17. The Janus Report (1993) suggests that among the elderly, ____.
   a. sexual activity of people ages sixty-five and older declined little from that of their thirty-to forty-year-old counterparts
   b. sexual activity and enjoyment is quite low
   c. sexual dysfunctions actually decrease in frequency
   d. sexual activity and masturbation are seen as evil

   ANS: A  PTS: 1  REF: Aging, Sexual Activity, and Sexual Dysfunctions
   OBJ: 5  MSC: Factual

18. Elizabeth, married for six years, has no interest in either fantasizing or engaging in sexual activity. In fact, she does whatever she can to avoid situations where intercourse is a possibility. According to the DSM-IV-TR, Elizabeth has ____.
   a. the rarest form of sexual dysfunction
   b. a normal variant of the human sexual response cycle
   c. a sexual arousal disorder
   d. a sexual desire disorder

   ANS: D  PTS: 1  REF: Sexual Dysfunctions
   OBJ: 2  MSC: Applied

19. Joanne had orgasms infrequently even though she had been married happily for 12 years. She enjoys her sex life and her husband has no complaints. However, after learning that her friends are more sexually active, she asked her doctor for advice. Her doctor likely recommended ____.
   a. no treatment at all
   b. psychoanalysis
   c. sensate focus therapy
   d. hormone treatment

   ANS: A  PTS: 1  REF: Sexual Dysfunctions
   OBJ: 2  MSC: Applied

20. Although sex is an important part of people's lives, for many years, discussion of sexual topics was taboo. In the recent history of psychology, who first made sex an appropriate sexual topic for discussion?
   a. Alfred Kinsey, when he published his research findings about human sexual practices
   b. William Masters and Virginia Johnson, when they published their findings on the human sexual response
   c. Sigmund Freud, when he made the libido an important part of his psychoanalytic theory
   d. Helen Singer Kaplan, when she wrote about desire and sexual readiness

   ANS: C  PTS: 1  REF: What is "Normal" Sexual Behavior?
   OBJ: 1  MSC: Conceptual
21. George and Laura are seeing a sex therapist because of problems in their sex life. The therapist tells them that they are suffering from the most common complaint of couples seeking sex therapy. We could conclude from this statement that George and Laura are having problems with ____.
   a. sexual arousal.       c. orgasm
   b. hypoactive sexual desire   d. refraction
   
   ANS: B           PTS:  1       REF: Sexual Dysfunctions
   OBJ:  2           MSC:  Applied

22. Which of the following men has secondary erectile dysfunction?
   a. Bill, whose inability is caused by a physiological problem he was born with
   b. Charlie, whose inability has psychological causes
   c. Emmett, who has never had an erection sufficient for intercourse
   d. Del, who used to have adequate erections but is unable to do so now
   
   ANS: D           PTS:  1       REF: Sexual Dysfunctions
   OBJ:  2           MSC:  Applied

23. The reported estimates of erectile dysfunction have greatly increased over the past several years. Which statement is one of the contributing factors for the increase in reporting ED?
   a. The increase in social and occupational stressors is creating more stress and dysfunction in relationships.
   b. The availability of drugs like Viagra presents men with a non-intrusive treatment.
   c. There is an increasing assumption that the dysfunction may be caused by a psychological inadequacy rather than physical condition.
   d. There is significantly decreased acceptance of a woman's right to expect satisfaction in sexual relationships.
   
   ANS: B           PTS:  1       REF: Sexual Dysfunctions
   OBJ:  2           MSC:  Factual

24. Cynthia enters therapy because she is concerned about her inability to become sexually aroused. Which of the following is likely to be a reason to be explored by her therapist to help her learn why she experiences this disorder?
   a. She has an expectation that she should be sexually satisfied when she has sex.
   b. She was given information that was too realistic about sex when she was a child.
   c. She has never been sexually assaulted or molested.
   d. She has conflicts with her sexual partner.
   
   ANS: D           PTS:  1       REF: Sexual Dysfunctions | Etiology of Sexual Dysfunctions
   OBJ:  2-3        MSC:  Applied

25. Research on primary inhibited female orgasm suggests that the problem is ____.
   a. due to neurotransmitter deficits
   b. related to inhibited sexual desire
   c. not equivalent to primary orgasmic dysfunction in men
   d. much more widespread than previously believed
   
   ANS: C           PTS:  1       REF: Sexual Dysfunctions
   OBJ:  2           MSC:  Factual
26. Dr. Ward says, "Premature ejaculation is a relatively uncommon sexual dysfunction in which the inability to achieve an erection leads to ejaculating reflexively during instances of excessive sexual stimulation. It is a source of anguish for many males." What part of the statement is accurate?
   a. It is accurate to say that premature ejaculation involves an inability to achieve an erection.
   b. It is accurate to say that premature ejaculation is uncommon.
   c. It is accurate to say that premature ejaculation involves excessive sexual stimulation.
   d. It is accurate to say that premature ejaculation involves reflexive ejaculation.

ANS: D     PTS: 1     REF: Sexual Dysfunctions
OBJ: 2     MSC: Applied

27. Unlike ____, which can occur in both men and women, ____ is a problem for women only.
   a. vaginismus; dyspareunia    c. erectile dysfunction; inhibited arousal
   b. inhibited arousal; vaginismus d. premature ejaculation; vaginismus

ANS: B     PTS: 1     REF: Sexual Dysfunctions
OBJ: 2     MSC: Conceptual

28. Artise suffers from a rare disorder in which the uncontrolled spasms of her vaginal muscles prevents her husband from having intercourse with her. The disorder is ____.
   a. dyspareunia    c. a form of sexual aversion disorder
   b. paraphilia    d. vaginismus

ANS: D     PTS: 1     REF: Sexual Dysfunctions
OBJ: 2     MSC: Applied

29. Professor Newell tells her students, "Vaginismus is a relatively common sexual dysfunction involving recurrent or persistent pain in the genitals before, during, or after sexual intercourse. Masters and Johnson proposed that it may be caused by an impotent partner, rigid religious beliefs about sex, or painful intercourse. Surprisingly, a lack of history of incestuous molestation is often found in women with this disorder." Which part of Professor Newell's statement is accurate?
   a. Vaginismus is a relatively common sexual dysfunction.
   b. A lack of history of incestuous molestation is often found in women with this disorder.
   c. Vaginismus involves recurrent or persistent pain in the genitals before, during, or after sexual intercourse.
   d. Masters and Johnson proposed that it may be caused by an impotent partner, rigid religious beliefs about sex, or painful intercourse.

ANS: D     PTS: 1     REF: Sexual Dysfunctions
OBJ: 2     MSC: Applied

30. Which statement about the cause of sexual dysfunctions is accurate?
   a. Recent studies indicate that biological factors interact with psychological, social, and sociocultural factors to explain sexual disorders.
   b. Masters and Johnson tended to de-emphasize the importance of psychological factors.
   c. Almost all of them are primary forms of the disorders.
   d. Recent studies show that biological factors only explain secondary forms of the disorders.

ANS: A     PTS: 1     REF: Sexual Dysfunctions
OBJ: 2     MSC: Conceptual
31. Although the relationship between hormones and sexual functioning is complex and unclear, we would expect that low levels of testosterone would be associated with ____.
   a. paraphilias       c. premature ejaculation
   b. hypoactive desire disorder       d. vaginismus

ANS: B     PTS: 1     REF: Etiology of Sexual Dysfunctions
OBJ: 3     MSC: Factual

32. Giovanni has been treated with vascular surgery to increase blood flow to his genitals. When that did not cure his sexual dysfunction, he was given extra hormones. Now he is a candidate for implant surgery. What disorder is he most likely to suffer from?
   a. premature ejaculation       c. male orgasmic disorder
   b. hypoactive desire disorder       d. erectile dysfunction

ANS: D     PTS: 1     REF: Treatment of Sexual Dysfunctions
OBJ: 4     MSC: Applied

33. Oral medications like Viagra, Levitra, and Cialis ____.
   a. can cure erectile dysfunction
   b. may aid sexual arousal and performance by stimulating men's expectations
   c. improve sexual performance among men without sexual dysfunction by causing even stiffer erections
   d. have redefined erectile dysfunction as a medical problem rather than a quality-of-life issue

ANS: B     PTS: 1     REF: Treatment of Sexual Dysfunctions
OBJ: 4     MSC: Factual

34. Which of the following is considered a psychological factor that may cause sexual dysfunction?
   a. guilt, anger, or resentment toward one's sexual partner
   b. being raised in a strict religious environment
   c. desiring a closer relationship with one's sexual partner
   d. pain when engaging in sexual intercourse

ANS: A     PTS: 1     REF: Etiology of Sexual Dysfunctions
OBJ: 3     MSC: Factual

35. Which of the following is a psychological factor associated with female orgasmic dysfunction?
   a. being raised in a sexually permissive home
   b. having a partner who is sexually healthy and functional
   c. having a crippling fear of performance failure
   d. being over-informed about sexuality or sexual technique

ANS: C     PTS: 1     REF: Etiology of Sexual Dysfunctions
OBJ: 3     MSC: Factual

36. A sex therapist counsels his clients to masturbate and use both tactile exploration and sexual imagery both individually and with a partner. The clients who hear this advice are most likely to have which sexual dysfunction?
   a. sexual pain disorder       c. female orgasmic dysfunction
   b. premature ejaculation       d. paraphilia

ANS: C     PTS: 1     REF: Etiology of Sexual Dysfunctions
OBJ: 3     MSC: Conceptual
37. A therapist instructs Mrs. Weaver: "Stimulate your husband's penis until he feels ejaculation is about to happen, then stop all stimulation for a while. Continue with stimulation and then stop, repeating until he can tolerate longer periods of stimulation without ejaculating.” What sexual dysfunction is being treated?
   a. premature ejaculation  
   b. secondary erectile dysfunction  
   c. sexual aversion disorder  
   d. vaginismus
   
   ANS: A  
   PTS: 1
   OBJ: 4  
   MSC: Applied
   REF: Treatment of Sexual Dysfunctions

38. What disorder is being treated when a woman is taught to relax and then insert increasingly large dilators until the comfortable insertion of a penis is possible?
   a. dyspareunia  
   b. female orgasmic dysfunction  
   c. vaginismus  
   d. sexual aversion disorder
   
   ANS: C  
   PTS: 1
   OBJ: 4  
   MSC: Factual
   REF: Treatment of Sexual Dysfunctions

39. Jennifer is a classic "tomboy" and insists she has a penis. She says she wants to be a man when she grows up. Most children with gender identity conflicts such as Jennifer's ______.
   a. become transvestites  
   b. develop gender dysphoria as adults  
   c. do not develop gender dysphoria as adults  
   d. engage in paraphilias as adults
   
   ANS: C  
   PTS: 1
   OBJ: 6  
   MSC: Applied
   REF: Gender Dysphoria

40. Which description best illustrates gender dysphoria (transsexualism)?
   a. Pedro is sexually attracted to other men.  
   b. Carlos experiences sexual arousal only if he dresses in women's clothes.  
   c. Miguel is constantly preoccupied with thoughts of castration.  
   d. Luis has had poor social relationships because he has always been distressed about being a man.
   
   ANS: D  
   PTS: 1
   OBJ: 6  
   MSC: Applied
   REF: Gender Dysphoria

41. Connie's therapist attempts to replace the misconceptions and sexual myths that Connie has learned since childhood with accurate information about sexual anatomy and feelings. Which component of psychological treatment is the therapist using?
   a. anxiety reduction  
   b. education  
   c. communication training  
   d. graded tasks
   
   ANS: B  
   PTS: 1
   OBJ: 4  
   MSC: Applied
   REF: Treatment of Sexual Dysfunctions
42. Norman is diagnosed with gender dysphoria. We can confidently guess that as a child, he ____.
   a. was considered a very aggressive boy
   b. avoided rough-and-tumble activities
   c. was sexually attracted to other boys
   d. cross-dressed as a way of attracting attention from others

   ANS: B  PTS:  1  REF:  Gender Dysphoria
   OBJ:  6  MSC:  Applied

43. Research suggests which of the following regarding vaginismus among women?
   a. It is a genetic predisposition.
   b. It is the result of rigid religious beliefs about sex.
   c. The incidence of vaginismus is not known, but it is considered very rare.
   d. It is due to having a husband or partner who was impotent.

   ANS: C  PTS:  1  REF:  Sexual Dysfunctions
   OBJ:  2  MSC:  Factual

44. Which of the following is considered to be a biological influence of gender dysphoria?
   a. abnormal levels of testosterone
   b. excessive amounts of certain neurotransmitters
   c. lack of development in certain brain structures
   d. stress-related organ dysfunction

   ANS: A  PTS:  1  REF:  Gender Dysphoria
   OBJ:  6  MSC:  Factual

45. Keith is diagnosed with transsexualism (gender dysphoria) by a psychoanalyst. How is the therapist likely to explain his disorder?
   a. "You cross-dress because it allows you to experience sexual arousal."
   b. "As a child, you over-identified with your strong and independent father."
   c. "We will probably find that your mother encouraged you to dress up like a girl and may have punished him for being aggressive."
   d. "There must be some unresolved Oedipal issues."

   ANS: D  PTS:  1  REF:  Gender Dysphoria
   OBJ:  6  MSC:  Applied

46. The controversy about sex-conversion surgery will likely continue because ____.
   a. insurance companies are becoming more open to paying for the procedures
   b. the issue of personal freedoms continues to be a political "football"
   c. therapists have not done a very good job of screening which patients are good candidates for the surgery
   d. some patients benefit from the procedures and others seem to be emotionally worsened by it

   ANS: D  PTS:  1  REF:  Gender Dysphoria
   OBJ:  6  MSC:  Conceptual
47. How common is sexual reassignment surgery for treating gender identity disorder?
   a. It is the most common treatment.
   b. It is relatively rare (1 in 30,000 males and 1 in 100,000 females).
   c. It is less common than psychotherapy but more common than hormone therapy.
   d. It is more common than psychotherapy but less common than hormone therapy.

   ANS: B       PTS: 1       REF: Gender Dysphoria
   OBJ: 6       MSC: Factual

48. Which of the following is a psychological or social factor that is thought to contribute to development of gender dysphoria in boys?
   a. parental encouragement of the development of autonomy
   b. excessive attention and overprotection by the father
   c. a relatively powerful or overly involved father figure
   d. parental encouragement of feminine behavior

   ANS: D       PTS: 1       REF: Gender Dysphoria
   OBJ: 6       MSC: Factual

49. Which statement about treatment of transsexualism is accurate?
   a. Sex reassignment surgery is much less complicated for women who wish to be men than for men who wish to be women.
   b. Men who change to females are generally more satisfied with sex-conversion surgery than women who change to males.
   c. The only valuable therapy is sex reassignment surgery.
   d. Although therapy has been helpful for some transsexuals, sex change operations may be more appropriate for others.

   ANS: D       PTS: 1       REF: Gender Dysphoria
   OBJ: 6       MSC: Factual

50. Brenda was a transsexual who had a sex-change operation. She now calls herself Brad. Research on the outcome of these operations suggests that she will ____.
   a. get more negative reactions from others than if she were a man who changed to a woman
   b. quickly relapse to gender identity disorder
   c. be more satisfied with surgery than men who change to women
   d. never feel depressed again

   ANS: C       PTS: 1       REF: Gender Dysphoria
   OBJ: 6       MSC: Applied

51. The sexual disorders that involve intense sexual urges regarding situations, objects, or people that are not part of the usual arousal pattern leading to reciprocal and affectionate sexual activity are called ____.
   a. gender dysphoria
   b. paraphilias
   c. dyspareunia
   d. psychosexual disorders

   ANS: B       PTS: 1       REF: Paraphilic Disorders
   OBJ: 7       MSC: Factual
52. A man has persistent fantasies about having sex with non-consenting people. Although he has not acted on them, these fantasies have lasted for almost a year and cause the man severe distress. What diagnosis is appropriate and why?
   a. paraphilia, because the man has distressing fantasies with nonconsenting others even though he has not acted on them
   b. no mental disorder, because unless the man acts on his fantasies, there is no form of sexual deviance
   c. sexual dysfunction, because the man is not able to achieve sexual arousal normally
   d. gender dysphoria, because the man has fantasies about having sex with non-consenting people

   ANS: A  PTS: 1  REF: Paraphilic Disorders

53. An individual who presents with a paraphilia is likely to ____.
   a. have a homosexual orientation
   b. have experienced a stressful life event
   c. have more than one paraphilia
   d. be a female

   ANS: C  PTS: 1  REF: Paraphilic Disorders

54. Mary has a fetish for men's clothes and has two other forms of paraphilia as well. She is distressed with her fantasies and actions. These paraphilias have lasted several years. What aspect of Mary's case is unusual?
   a. It is unusual for a paraphilia to last several years.
   b. It is unusual for a woman to have paraphilias.
   c. It is unusual for a person to have more than one paraphilia.
   d. It is unusual for a person with a paraphilia to be distressed.

   ANS: B  PTS: 1  REF: Paraphilic Disorders

55. Which of the following individuals exhibits a paraphilia?
   a. Jules, who becomes sexually aroused when he sees his wife in a sexy negligee.
   b. Jake, who can only become sexually aroused when he is tied up and spanked by his partner.
   c. John, who consentually rubs against his wife to become sexually aroused.
   d. Joe, who becomes sexually aroused in the presence of an attractive woman.

   ANS: B  PTS: 1  REF: Paraphilic Disorders

56. When an object such as shoes or women's underwear is used during masturbation as the sole means of achieving sexual gratification and this practice is distressing, the diagnosis is ____.
   a. frotteurism
   b. fetishism
   c. transvestic fetishism
   d. transsexualism

   ANS: B  PTS: 1  REF: Paraphilic Disorders
57. Wayne has neither homosexual fantasies nor an attraction to other men. He knows he is male, but he can only achieve sexual arousal by shopping for women's clothes, dressing in them, and masturbating in front of a mirror. An appropriate diagnosis for Wayne is ____.
   a. gender dysphoria  c. transvestic disorder
   b. transsexualism  d. exhibitionism

ANS: C  PTS: 1  REF: Paraphilic Disorders
OBJ: 7  MSC: Applied

58. Brent has been diagnosed with transvestic disorder. Although he is married, he has long wanted a sex-change operation. He must dress as a woman to be able to have intercourse with his wife. If the diagnosis is accurate, what is unusual about Brent's case?
   a. It is unusual for cross-dressing to be used for heterosexual sex.
   b. It is unusual for a man to have transvestic disorder.
   c. It is unusual for a person with transvestic disorder to be married.
   d. It is unusual for a person with transvestic disorder to want a sex-change operation.

ANS: D  PTS: 1  REF: Paraphilic Disorders
OBJ: 7  MSC: Applied

59. Both transsexuals and transvestites cross-dress. What factor helps differentiate the two disorders?
   a. Transsexuals develop their interest in cross-dressing at a much later age than transvestites.
   b. Only transvestites are dissatisfied with their gender.
   c. Only transsexuals identify with the opposite gender.
   d. Transvestites tend to be homosexuals.

ANS: C  PTS: 1  REF: Paraphilic Disorders
OBJ: 7  MSC: Conceptual

60. ____ is a relatively common paraphilia and involves urges or fantasies about exposing one's genitals to strangers in order to cause shock in the observer.
   a. Exhibitionism  c. Fetishism
   b. Voyeurism  d. Frotteurism

ANS: A  PTS: 1  REF: Paraphilic Disorders
OBJ: 7  MSC: Factual

61. All of these men were diagnosed with exhibitionism. Which is typical of men with this disorder?
   a. Wayne, who maintains complete self-control throughout his episodes of exposing himself
   b. Lars, who is sexually aroused only by pictures of women in the nude
   c. Jim, who is 24 years old and married
   d. Arnold, who is 53 years old and unmarried

ANS: C  PTS: 1  REF: Gender Dysphoria
OBJ: 7  MSC: Applied
62. Jordan is an exhibitionist. He would be more likely than other men to _____.
   a. want no contact with the person to whom he exposes himself
   b. masturbate
   c. have sex with prostitutes
   d. molest young girls

   ANS: A  PTS: 1  REF: Paraphilic Disorders

   OBJ: 7  MSC: Applied

63. Which of the following is a paraphilia involving non-consenting others?
   a. fetishism
   b. frotteurism
   c. masochism
   d. transvestism

   ANS: B  PTS: 1  REF: Paraphilic Disorders

   OBJ: 7  MSC: Factual

64. Professor Diebold tells his class, "Pedophilia is a disorder in which an adult obtains sexual
    gratification through urges, acts, or fantasies of sexual contact with prepubescent children. The
    pedophile must be at least 14 years of age and at least five years older than the victim. Most
    pedophiles prefer boys, but some choose girls. Regrettably, sexual abuse of children is common."
    Which part of Professor Diebold's statement is accurate?
   a. Pedophilia is a disorder in which an adult obtains sexual gratification through urges, acts,
      or fantasies of sexual contact with prepubescent children.
   b. The pedophile must be at least 14 years of age and at least five years older than the victim.
   c. Most pedophiles prefer boys, but some choose girls.
   d. Sexual abuse of children is common.

   ANS: A  PTS: 1  REF: Paraphilic Disorders

   OBJ: 7  MSC: Applied

65. For the past three years, Larry has repeatedly fondled his preteen stepdaughter and has sworn her to
    secrecy. Larry's behavior illustrates _____.
   a. pedophilia
   b. voyeurism
   c. transvestic disorder
   d. sadomasochism

   ANS: A  PTS: 1  REF: Paraphilic Disorders

   OBJ: 7  MSC: Applied

66. Which statement about pedophilia is accurate?
   a. Most pedophiles are under 16 years of age and molest children nearly their same age.
   b. In most cases, one relative or friend of the family molests one child.
   c. Most pedophiles remain unaroused when they see hard-core pornographic films.
   d. Most pedophiles are highly intelligent and socially skilled.

   ANS: B  PTS: 1  REF: Paraphilic Disorders

   OBJ: 7  MSC: Factual

67. What sexual practice is nearly universally taboo around the world?
   a. incest
   b. oral sex
   c. homosexuality
   d. sadomasochism

   ANS: A  PTS: 1  REF: Paraphilic Disorders

   OBJ: 7  MSC: Factual
68. Norm is suspected of being a child molester. If he is a pedophile, which of the following could we expect?
   a. sexual arousal to slides of neutral, clothed women
   b. being acquainted with his victims
   c. high intelligence and right-hemisphere dysfunction
   d. lack of interest in hard-core pornography

   ANS: B   PTS: 1   REF: Paraphilic Disorders
   OBJ: 7   MSC: Applied

69. Serena has been sexually molested. Who is least likely to be the molester?
   a. her father
   b. her grandfather
   c. a stranger
   d. a family friend

   ANS: C   PTS: 1   REF: Paraphilic Disorders
   OBJ: 7   MSC: Applied

70. A therapist working with child victims of sexual abuse is likely to see symptoms that most closely parallel ____ in some cases.
   a. bipolar (manic-depressive) disorder
   b. dissociative identity (multiple personality) disorder
   c. paraphilias
   d. posttraumatic stress disorder

   ANS: D   PTS: 1   REF: Paraphilic Disorders
   OBJ: 7   MSC: Conceptual

71. Stefanie has intense sexually arousing fantasies of being utterly helpless while being tied up and humiliated and she finds sex partners who fulfill these urges. A reasonable diagnosis is ____.
   a. masochism
   b. that she was a victim of child sexual abuse
   c. pedophilia
   d. sadism

   ANS: A   PTS: 1   REF: Paraphilic Disorders
   OBJ: 7   MSC: Applied

72. Research with sadomasochists found that a large minority ____.
   a. reported that "straight" sex is more satisfying than sadomasochistic activities
   b. played either a dominant or a submissive role but not both.
   c. engaged in behaviors that caused only minor pain
   d. reported that they seek to injure others or be injured themselves

   ANS: C   PTS: 1   REF: Paraphilic Disorders
   OBJ: 7   MSC: Factual
73. Dr. Monte says about a patient, "As a child, he was often spanked on the bare buttocks by his very attractive governess. He cannot remember these incidents clearly, but as an adult he always associates pain with sexual arousal." Dr. Monte's patient probably has which disorder?
   a. voyeurism  
   b. exhibitionism  
   c. pedophilia  
   d. sadomasochism

ANS: D  PTS: 1  REF: Paraphilic Disorders
OBJ: 7  MSC: Applied

74. Recent research suggests what biological predisposition to pedophilia?
   a. low levels of testosterone and high levels of estrogen
   b. anomalies in the limbic system
   c. deficits in brain activation and less white matter in the brain
   d. hyperactive brain functioning and excessive white matter in the brain

ANS: C  PTS: 1  REF: Paraphilic Disorders
OBJ: 7  MSC: Factual

75. A key concept in the psychodynamic explanation of transvestic disorder, exhibitionism, sadism, and masochism is ____.
   a. excessive superego  
   b. castration anxiety  
   c. inadequate id impulses  
   d. the defense mechanism of projection

ANS: B  PTS: 1  REF: Paraphilic Disorders
OBJ: 7  MSC: Factual

76. Dr. Julius says to his exhibitionist patient, "Your dreams tell us that, for you, fear of castration requires that you prove to others that you still have a penis by exposing yourself. Once you acknowledge and overcome that fear, your need to exhibit will disappear." Dr. Julius holds which viewpoint on the disorder?
   a. psychodynamic  
   b. cognitive-behavioral  
   c. operant conditioning  
   d. humanistic-existential

ANS: A  PTS: 1  REF: Paraphilic Disorders
OBJ: 7  MSC: Applied

77. Suppose that, in a research study, slides of nude women were shown to men at the same time they held or stroked white feathers. If these stimuli were paired enough times for the feathers alone to produce an erection, this would ____.
   a. suggest that paraphilias are actually under the voluntary control of the individual
   b. suggest that paraphilias are unrelated to "preparedness"
   c. provide support for the biological perspective on paraphilias
   d. provide support for a learning perspective of paraphilias

ANS: D  PTS: 1  REF: Paraphilic Disorders
OBJ: 7  MSC: Conceptual
78. Dr. Estes treats patients who have sexually deviant behavior. He uses extinction and aversive conditioning to eliminate inappropriate behaviors and helps them acquire or strengthen appropriate behaviors. He also helps them develop social skills. Dr. Estes uses which approach for treating his patients?
   a. psychodynamic                       c. humanistic
   b. learning                            d. cognitive

   ANS: B  PTS: 1  REF: Paraphilic Disorders
   OBJ: 7   MSC: Applied

79. Ali is being treated for a shoe fetish. The therapist pairs electric shock with the sight and touch of shoes. The therapist also is teaching Ali to engage in appropriate social skills and how to feel sexual pleasure without resorting to shoes. The therapist probably supports which approach to treatment?
   a. learning                           c. biogenic
   b. psychodynamic                      d. cognitive

   ANS: A  PTS: 1  REF: Paraphilic Disorders
   OBJ: 7   MSC: Applied

80. Shame and humiliation are most likely to be used by behavior therapists to treat ____.
   a. people with sexual dysfunction       c. people with gender identity disorders
   b. masochists                          d. exhibitionists

   ANS: D  PTS: 1  REF: Paraphilic Disorders
   OBJ: 7   MSC: Factual

81. Tad is an exhibitionist. His therapist has him expose himself to a preselected group of females. He is made to be fully aware of his actions and thoughts because he must talk about his penis and his fantasies in front of these women. This form of treatment is ____.
   a. based on psychodynamic assumptions
   b. usually considered a form of chemical castration
   c. an example of aversive behavior rehearsal
   d. one that often backfires because many exhibitionists enjoy the procedure

   ANS: C  PTS: 1  REF: Paraphilic Disorders
   OBJ: 7   MSC: Applied

82. Which of the following is a problem with the research on the effectiveness of behavioral treatment for paraphilias?
   a. Most research involves the prison population.
   b. Most research involves single subjects.
   c. Most research is done a control group.
   d. Most research involves the use of multiple techniques on multiple participants.

   ANS: B  PTS: 1  REF: Paraphilic Disorders
   OBJ: 7   MSC: Factual
83. Which of the following is the best definition of statutory rape?
   a. taking a minor across state lines to engage in sexual activity
   b. sexual intercourse with a child younger than a certain age
   c. any form of sexual aggression
   d. sexual arousal produced by an object or non-consenting person

   ANS: B  PTS: 1  REF: Rape  OBJ: 8
   MSC: Factual

84. Which statement about rape and rapists is most accurate?
   a. Rape is a sexual act performed by men with higher-than-average sexual desire.
   b. Rapists are impulsive and are aroused quickly by sexual cues.
   c. Rapists usually rape women they do not know.
   d. Rape has more to do with power, aggression, and violence than with sex.

   ANS: D  PTS: 1  REF: Rape  OBJ: 8
   MSC: Factual

85. FBI statistics show that over the past several years in the United States, the number of reported rapes
   _____.
   a. has been slowly declining  c. has declined dramatically
   b. has risen dramatically  d. has remained relatively stable

   ANS: B  PTS: 1  REF: Rape  OBJ: 8
   MSC: Factual

86. Maria went on a date with a guy she knew from her office. After dinner, he attacked her and forced her to have sex. Maria's experience illustrates ____.
   a. incestuous sex  c. sadomasochism
   b. date rape  d. violent voyeurism

   ANS: B  PTS: 1  REF: Rape  OBJ: 8
   MSC: Applied

87. A group of 100 female undergraduate students are surveyed. More than half say they have been victims of sexual aggression. The men who coerced them into intercourse did so without planning to do so and manipulated them by using alcohol and interpreted their protests of sexual advances as meaning "go ahead." What, if any, aspect of this group's survey results is unusual?
   a. It is unusual for most acts of rape to be unplanned.
   b. It is unusual for one-half of undergraduate females to report being victims of sexual aggression.
   c. It is unusual for men who coerce sex to use alcohol.
   d. It is unusual for men who coerce sex to interpret protests as insincere.

   ANS: A  PTS: 1  REF: Rape  OBJ: 8
   MSC: Conceptual
88. Hal frequently coerces women into having intercourse. Assuming he shares typical characteristics with other men who force women to have sex, which of the following is most likely part of Hal’s history?
   a. He came from a home in which his mother was more dominant than his father
   b. He actively creates situations in which sexual encounters may occur
   c. He attributes his failed attempts at sexual encounters to perceived negative features of himself
   d. He tries to manipulate women into sexual encounters by promoting his positive attributes to them

   ANS: A     PTS: 1     REF: Rape     OBJ: 8
   MSC: Applied

89. During which phase of the rape trauma syndrome is the rape survivor likely to have feelings of self-blame, fear, and depression, and to believe she was responsible for the rape?
   a. short-term
   b. acute
   c. long-term
   d. reorganization

   ANS: B     PTS: 1     REF: Rape     OBJ: 8
   MSC: Factual

90. The duration and intensity of a woman's fear after being raped is related to _____.
   a. her perception of danger
   b. reliving the rape experience
   c. forcing herself to have sex immediately after the trauma
   d. having to deal with her feelings about it

   ANS: A     PTS: 1     REF: Rape     OBJ: 8
   MSC: Factual

91. Brad has committed several rapes. He has grave concerns about his own sexual adequacy, and he needs to intimidate women through rape. Using the three categories of rapists of Groth et al. (1977), Brad exemplifies which of the following?
   a. a fetishistic rapist
   b. an anger rapist
   c. a sadistic rapist
   d. a power rapist

   ANS: D     PTS: 1     REF: Rape     OBJ: 8
   MSC: Applied

92. According to the findings of Groth et al. (1977), there are several types of rapists, based on their motivation. Which man illustrates the most common type?
   a. Joseph, who feels confident and comfortable with women
   b. Melvin, who derives satisfaction from torturing women
   c. Pete, who believes he is trapped in a woman's body
   d. Henry, who compensates for feeling inadequate by intimidating women

   ANS: D     PTS: 1     REF: Rape     OBJ: 8
   MSC: Applied
93. In addition to research indicating rape has more to do with power, aggression, and violence, recent formulations and findings suggest that rape is partially ____.
   a. socioculturally motivated  
   b. biologically motivated  
   c. sexually motivated  
   d. motivated by fear

   ANS: C  PTS: 1  REF: Rape  OBJ: 8  MSC: Factual

94. The "cultural spillover" theory of rape suggests that a culture will have a high rate of rape when ____.
   a. violence is encouraged or condoned 
   b. there is a strong value placed on the frequency of heterosexual sex 
   c. corporal and capital punishments are not allowed 
   d. there is a lack of sex-role stereotyping

   ANS: A  PTS: 1  REF: Rape  OBJ: 8  MSC: Factual

95. Which of the following has Ellis argued is evidence that men's sex drive is stronger than women's?
   a. Women have an unconscious desire to be overpowered and raped. 
   b. Females masturbate more than males. 
   c. Men are more likely than women to report having sexual intercourse for reasons other than sexual gratification. 
   d. Men in all societies have higher self-reported desires for copulation and other forms of sexual experience.

   ANS: D  PTS: 1  REF: Rape  OBJ: 8  MSC: Factual

96. As an adolescent, Marla was in a brief incestuous relationship with her brother. Her sister Rhonda was in a long-term incestuous relationship with their father. We can expect that ____.
   a. Rhonda was more psychologically damaged than Marla 
   b. Rhonda's incestuous relationship was more mutual than Marla's 
   c. Marla was more psychologically damaged than Rhonda 
   d. There were few negative psychological effects on either woman

   ANS: A  PTS: 1  REF: Rape  OBJ: 8  MSC: Applied

97. Colin was convicted of rape. He is receiving the most common form of treatment society provides rapists, which is ____.
   a. aversive behavioral treatment 
   b. imprisonment without treatment 
   c. chemical castration with Depo-Provera 
   d. psychoanalytic psychotherapy

   ANS: B  PTS: 1  REF: Rape  OBJ: 8  MSC: Applied
98. One step used in behavior therapy for treating pedophiles and rapists involves ____.
   a. the need to relax when deviant stimuli are presented
   b. our cultural bias in favor of strong and independent men
   c. the individual's underlying needs for power and control
   d. the extinction of sexual responses to deviant stimuli

   ANS: D   PTS: 1   REF: Rape   OBJ: 8
   MSC: Factual

99. Surgical castration of sexual offenders ____.
   a. is the most common form of treatment in the United States
   b. uses electric shock to pair arousal with deviant stimuli
   c. in Europe shows low rates of relapse
   d. works because it makes the man unable to have intercourse

   ANS: C   PTS: 1   REF: Rape   OBJ: 8
   MSC: Factual

100. Chemical therapy with the hormone Depo-Provera, when used with pedophiles, is designed to ____.
   a. reduce psychological desire
   b. decrease the pedophile's anxiety when he sees a child
   c. induce anxiety when the individual sees a child
   d. make the pedophile physically incapable of having an erection

   ANS: A   PTS: 1   REF: Rape   OBJ: 8
   MSC: Factual

ESSAY

1. Describe the four stages of the human sexual response. Indicate how at least one form of sexual dysfunction can occur in each of these stages.

   ANS:
   Masters and Johnson did scientific observations of the human sexual response in the laboratory. The results of their studies and the clinical work of therapist Helen Singer Kaplan produced a four-stage model of the human sexual cycle. The appetitive phase begins the cycle and involves thoughts and desires for sexual arousal. Daydreaming about sex or more specific thoughts about individuals characterize this stage. When direct sexual stimulation occurs (although this need not involve physical touching), the excitement phase has begun. There are physiological changes in both sexes: increases in heart rate, blood pressure, and respiration rate. Blood flow to the genitals increases, causing an erection in the penis in men and engorgement of the clitoris in women. In men, the testes enlarge and elevate; in women, nipples become erect, the clitoris expands, and vaginal lubrication occurs. Sexual tension is released in the third phase, orgasm. In men, the base of the penis contracts and semen is propelled out. Men typically are unresponsive to sexual stimulation for a time after ejaculation. In women, the outer third of the vagina contracts rhythmically. Women are capable of having continued orgasms if stimulation is maintained. The fourth stage, resolution, has the body returning to normal levels of arousal.
The sexual dysfunction that most commonly brings couples to counseling is a lack of sexual desire, related to the first stage. Hypoactive sexual desire disorder occurs in roughly 15 percent of men and 20 to 35 percent of women. People with this disorder have little or no interest in actual or fantasized sexual activity, although they usually have the ability to experience orgasm. Sexual aversion disorder, quite rare in men, involves avoidance of sexual intercourse. Both of these sexual desire disorders can be caused by psychological or a combination of psychological and biological factors.

Male erectile disorder is an example of a sexual dysfunction of the excitement phase. It involves an inability to attain or maintain an erection sufficient for intercourse. Clinicians estimate that as many as one-half of men experience transient erectile problems and that between 10 million and 15 million American men have this disorder. Biological causes such as medical conditions can make men vulnerable to continued erectile problems because of anxiety over performance.

An example of a sexual dysfunction in the orgasm phase is female orgasmic disorder, also called inhibited female orgasm, which affects an estimated 10 percent of women. It is characterized by persistent delay in or inability to achieve orgasm with adequate stimulation during the excitement phase. However, as DSM-IV-TR notes, lack of orgasm during intercourse in which there is no manual stimulation of the clitoris represents a normal variation in the female sexual response. It is not clear what exactly normal female orgasmic functioning is. However, it is likely that with enough stimulation and interpersonal sensitivity the prevalence of female orgasmic disorder drops. There is no category of sexual dysfunction that characterizes the resolution phase.

2. Describe and differentiate gender dysphoria and transvestic disorder. What are the causes and treatments of these disorders?

ANS:
Gender dysphoria is another term for specified gender identity disorder. People with this disorder feel that they are trapped in the wrong body, that they are psychologically the opposite sex. It is much more common in males than in females. As children, boys avoid rough-and-tumble play and engage in feminine pursuits. They dress in girls' clothes and experience significant social impairments and subjective distress. Individuals with a transvestic disorder diagnosis are males who cross-dress, but for different reasons. Individuals with a transvestic disorder diagnosis identify themselves as males and are typically married heterosexuals who derive sexual arousal from cross-dressing. If a male cross-dresses and experiences no arousal, he cannot be considered an individual with a transvestic disorder. The causes of these disorders are not well understood, but gender identity is probably an outgrowth of lower testosterone levels and family environments in which Oedipal conflicts are unresolved or parents encourage feminine behavior, cross-dressing, and dependence on the mother. Psychoanalysts see the explanation of transvestic disorder as a symbolic refutation of castration fears by having an erection occur in women's clothes. Behaviorists emphasize the associations that are made between masturbation and specific objects and images. Treatment for gender dysphoria has involved psychotherapy and hormone therapy. For some, sex-change operations have been successful. Generally, female-to-male change is more satisfactory for the person.
3. Name and describe the characteristics of two paraphilias. Hypothesize on the origins of the paraphilias that you identify.

ANS:
(Answers will vary)
a. **Fetishism**—the key feature of this paraphilia is an intense sexual urge involving a nonsexual item—commonly an inanimate extension of the body such as clothing (e.g., women's undergarments, shoes, purses) or a material of a particular texture (e.g., rubber, leather). The fetish also might be a part of the body—for example, feet. The person holds, rubs, or wears the fetish while masturbating or asks the sexual partner to wear it. The person may be unable to experience sexual arousal without the fetish.

b. **Sexual sadism**—this paraphilia is characterized by sexually arousing urges and fantasies involving acts that inflict physical or psychological suffering on another person. The person may employ the fantasies during sexual activity or actually perform the acts with a consenting partner. The sadistic acts and fantasies involve having complete control over the other person.

The origins of paraphilias are unknown but may involve learning (classical or operant conditioning) or faulty cognitive processes or they may be due to poor social skills.

PTS: 1
MULTIPLE CHOICE

1. ____ disorders are characterized by inflexible, longstanding, and maladaptive personality traits that cause significant functional impairment, subjective distress, or a combination of both.
   a. Impulse control  
   b. Anxiety  
   c. Personality  
   d. Somatoform  
   ANS: C  PTS: 1  REF: Introduction  OBJ: 1  MSC: Factual

2. Dr. Salizar says, "People with these disorders function well enough so that they may not need therapy and they rarely seek help themselves. However, their patterns of behavior are longstanding and are so rigid that they greatly impair their social functioning or cause subjective distress." Dr. Salizar is most likely describing ____.
   a. anxiety disorders  
   b. impulse control disorders  
   c. somatoform disorders  
   d. personality disorders  
   ANS: D  PTS: 1  REF: Introduction  OBJ: 1  MSC: Applied

3. In his study of personality disorders, Armand is likely to find that ____.
   a. personality disorders are one of the most common reasons that individuals seek psychotherapy  
   b. diagnosing personality disorders is difficult  
   c. personality disorders are relatively uncommon in the general population  
   d. it is more common for men than for women to be diagnosed with personality disorders  
   ANS: B  PTS: 1  REF: Diagnosing Personality Psychopathology  OBJ: 2  MSC: Applied

4. According to available statistics, what is the lifetime prevalence of personality disorders?
   a. 2-6%  
   b. 9-13%  
   c. 13-19%  
   d. 20-25%  
   ANS: B  PTS: 1  REF: Introduction  OBJ: 1  MSC: Factual

5. The two diagnostic paths in the DSM-V for personality disorders are ____ and ____.
   a. personality trait domains; personality disorder types  
   b. Axis I; Axis II  
   c. introversion; borderline  
   d. cognitions; behaviors  
   ANS: A  PTS: 1  REF: Diagnosing Personality Psychopathology  OBJ: 2  MSC: Factual
6. Felix has been diagnosed with major depression. His psychologist has noted that he also demonstrates inflexible and maladaptive traits that impair his interpersonal functioning. According to the DSM-IV, which of the following statements concerning Felix is accurate?
   a. Felix will probably be assigned Axis I and Axis III diagnoses.
   b. Felix will probably be assigned Axis I and Axis IV diagnoses.
   c. Felix will probably be assigned Axis II and Axis IV diagnoses.
   d. Felix will probably be assigned Axis I and Axis II diagnoses.

   ANS: D   PTS: 1   REF: Diagnosing Personality Psychopathology
   OBJ: 1   MSC: Applied

7. A personality disorder diagnosis represents a(n) ____.
   a. temporary disruptions in the ability to function normally
   b. inflexible, long-standing, and maladaptive personality that causes significant functional impairment, subjective distress, or combinations of both for the individual
   c. child or adolescent disorder
   d. medical condition

   ANS: B   PTS: 1   REF: Introduction   OBJ: 1
   MSC: Factual

8. One reason that a diagnosis of personality disorders is challenging to make is ____.
   a. the symptoms are subtle.
   b. they create so much stigma for clients that most therapists don't want to diagnose them
   c. people with personality disorders often seek out therapy for other problems, which confounds diagnosis
   d. culture, ethnicity, and social background may lead to biases in diagnosis

   ANS: D   PTS: 1   REF: Diagnosing Personality Psychopathology
   OBJ: 1   MSC: Conceptual

9. Culture and ethnicity present challenges for diagnosing personality disorders because ____.
   a. in their effort to avoid being culturally biased, therapists could miss certain symptoms
   b. expressions of personality in one culture may differ from those in another culture
   c. there is so much overlap in cultural norms around the world that it's difficult to tease out cultural factors from symptoms.
   d. it is difficult to determine if diagnostic differences are due to biases in making diagnosis or to actual cultural differences

   ANS: B   PTS: 1   REF: Diagnosing Personality Psychopathology
   OBJ: 1   MSC: Conceptual

10. Dr. Smith specializes in working with clients who have personality disorders. According to the DSM-V, to make a diagnosis, his clients must have which of the following?
    a. impairment or problem that is unstable across time and situation
    b. the presence of another mental disorder or a general medical condition
    c. limited functioning that may be restricted to a specific episode of physical illness
    d. significant impairment or adaptive failure in the client’s sense of self and his/her ability to engage ineffective interpersonal functioning.

    ANS: D   PTS: 1   REF: Diagnosing Personality Psychopathology
    OBJ: 1   MSC: Applied
11. Dr. Drake has diagnosed a person with a personality disorder using the DSM-V criteria. We can assume that the ____
a. diagnosis is based on ratings on the levels of personality functioning scale, personality disorder types, and personality trait domains
b. diagnosis made was incremental; that is, the individual was rated as having mild to severe forms of a disorder
c. diagnosed person's symptoms began after the age of 18
d. diagnosed person's symptoms affect other people but not necessarily the individual or his or her social and occupational functioning

ANS: A  PTS: 1  REF: Diagnosing Personality Psychopathology
OBJ: 1  MSC: Applied

12. Consider an adult whose pattern of personality traits is quite inflexible and has been stable since adolescence. The person's behavior does not reflect another disorder and causes neither subjective distress nor impairments in social functioning. Can the person be diagnosed with a personality disorder?
a. Yes, the pattern of traits must simply begin in adolescence.
b. No, there must be an impairment in the capacity for effective functioning.
c. No, the personality pattern must reflect another disorder.
d. Yes, the pattern of traits must simply be inflexible and stable.

ANS: B  PTS: 1  REF: Diagnosing Personality Psychopathology
OBJ: 1  MSC: Conceptual

13. Professor Sue says, "DSM-V criteria for diagnosing psychological disorders are based on a categorical-continuum of traits hybrid model. Of the 10 personality disorders identified by the DSM-IV, only five seem to be categorical in nature. Thus, a person may be diagnosed with a personality disorder if they match a categorical type. If you have enough degree of match with certain traits then you have the disorder." Researchers have found that the one personality disorder that fits this categorical classification is ____.
   a. paranoid personality disorder  
   b. borderline personality disorder  
   c. narcissistic personality disorder  
   d. histrionic personality disorder

ANS: B  PTS: 1  REF: Diagnosing Personality Psychopathology
OBJ: 1  MSC: Applied

14. Which of the following is a weaknesses that has been identified in using a sole categorical approach to diagnosing personality disorders as in the DSM-IV Axis II category?
a. Some of the personality disorders lack a research base so it is not unusual for a person to meet criteria for an excessive number of personality disorders.
b. Diagnosticians show low reliability in being able to diagnose whether a client has a personality disorder
c. Personality disorders seem to be based on professional opinion
d. The boundaries used to determine normal personality features makes it too difficult to distinguish between appropriate and pathological levels of personality traits

ANS: A  PTS: 1  REF: Personality Domain Traits
OBJ: 6  MSC: Factual
15. While Penny is undergoing chemotherapy to treat her leukemia, she depends totally on her daughter to care for her, drive her to appointments, do her shopping, cleaning, and other household chores. According to the DSM-IV, does Penny meet the criteria for dependent personality disorder?
   a. Yes, because she is dependent on others and is unable to take care of her own responsibilities.
   b. No, not if the dependence is a temporary condition.
   c. The answer would depend on whether one takes a categorical or taxometric approach to diagnosing personality disorders.
   d. No, Penny appears to exhibit traits of avoidant personality disorder, not dependent personality disorder.

ANS: B  PTS: 1  REF: Diagnosing Personality Psychopathology
OBJ: 2  MSC: Applied

16. Which of the following is a dimension of traits that is used to identify a personality disorder?
   a. intelligence
   b. agreeableness
   c. impulsivity
   d. compulsivity

ANS: D  PTS: 1  REF: Personality Domain Traits
OBJ: 6  MSC: Factual

17. Research on the inheritance of personality traits suggests that ____.
   a. heredity predicts personality but only in situations where twins are reared in the same family environment
   b. the contributions of heredity and environment are extremely complex
   c. heredity is unimportant but living in the same family environment is strongly related to personality similarity
   d. heredity predicts personality but not personality disorders

ANS: B  PTS: 1  REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
OBJ: 4  MSC: Factual

18. Nguyen is writing a report on the personality disorder that has been studied most thoroughly, which is ____.
   a. antisocial personality disorder
   b. borderline personality disorder
   c. obsessive-compulsive personality disorder
   d. dependent personality disorder

ANS: A  PTS: 1  REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
OBJ: 4  MSC: Applied

19. Murray is diagnosed with a distinct personality disorder type. Which of the following behavior clusters is likely to characterize Murray, because it is one of the five personality disorder types in the DSM-V?
   a. He is emotional and dramatic, often acting erratically.
   b. He shows impulsive actions that result in tension release.
   c. He shows unwarranted suspiciousness and reluctance to trust others.
   d. He lacks self-confidence and is subordinate to whom he depends.

ANS: A  PTS: 1  REF: Personality Disorder Types
OBJ: 3  MSC: Applied
20. Women are more likely than men to be diagnosed with which personality disorder?
   a. antisocial  
   b. borderline  
   c. obsessive-compulsive  
   d. schizotypal  
   ANS: B  
   PTS: 1  
   REF: Diagnosing Personality Psychopathology  
   OBJ: 1  
   MSC: Factual

21. "My neighbor is suspicious of everyone, always holds grudges, and is hypersensitive to any criticism. He is moody, trusts no one, and he never changes his mind. His wife says he has always been this way." What DSM-V personality type or personality trait description does this best illustrate?
   a. paranoid  
   b. schizoid  
   c. borderline  
   d. compulsive  
   ANS: A  
   PTS: 1  
   REF: Personality Disorder Types  
   OBJ: 2  
   MSC: Applied

22. A psychologist is interviewing a refugee to this country who is unfamiliar with the majority culture here. In his former country, this person was spied on by the government and was the victim of robberies and assaults. Which personality disorder type or personality trait domain description must the psychologist be most cautious about identifying in diagnosis?
   a. borderline  
   b. obsessive-compulsive  
   c. negative emotionality  
   d. schizotypal  
   ANS: C  
   PTS: 1  
   REF: Personality Disorder Types  
   OBJ: 2  
   MSC: Conceptual

23. The DSM-V uses a hybrid approach in conceptualizing personality disorders. Some disorders are more _____ in nature whereas others are better described ____.  
   a. categorical; on a continuum  
   b. itemized; as dimensional  
   c. Axis I; on Axis II  
   d. psychoanalytic; as cognitive-behavioral  
   ANS: A  
   PTS: 1  
   REF: Diagnosing Personality Psychopathology  
   OBJ: 2  
   MSC: Factual

24. The treatment of choice for persons suffering from borderline personality disorder is ____.  
   a. dialectical behavior therapy (DBT)  
   b. medication  
   c. a combination of psychotherapy and medication  
   d. joining a support group  
   ANS: A  
   PTS: 1  
   REF: Personality Disorder Types  
   OBJ: 2  
   MSC: Factual
25. Albert, who is 25, lacks affection and is unwilling to participate in family activities. He has few hobbies other than building model airplanes, surfing the Internet on his computer, and reading. He has been withdrawn—but not depressed—since childhood, not really wanting to be in a relationship with anyone. He has no "strange" ideas, nor does he engage in "strange" behavior. Albert best illustrates which personality disorder type or personality disorder trait domain description?
   a. schizotypal
   b. avoidant
   c. schizotypy
   d. antisocial

   ANS: C   PTS: 1   REF: Personality Disorder Types

26. DSM-V uses a rating system to describe a personality disorder trait domain of a client. Thus, rather than considering the existence of a schizoid personality disorder diagnosis for a client, it is more accurate to describe that person as possessing varying degrees of personality traits associated with social withdrawal, social detachment, intimacy avoidance, and so forth that can ____.
   a. be assessed on a scaled continuum
   b. fit into a specific category
   c. treated with medication and psychoanalysis
   d. better be accounted for a mood disorder

   ANS: A   PTS: 1   REF: Personality Domain Traits

27. Which of the following statements is most likely to come from an individual with a high degree of match or "extremely descriptive: on the schizotypy trait domain continuum?
   a. "I have sometimes had the feeling that I was designed for greatness and that it is just a matter of time before others realize my superiority."
   b. "I have sometimes had the feeling that my dead grandmother is watching me."
   c. "I have sometimes had the feeling that others are spying on me and are out to get me."
   d. "I have sometimes had the feeling that my body is my greatest attribute and should be shown off to the fullest extent."

   ANS: B   PTS: 1   REF: Personality Disorder Types

28. One way to differentiate the schizotypy trait dimension from the schizotypal personality type is on the basis of thoughts, because the ____.
   a. schizotypal is more likely to have delusions and hallucinations
   b. schizotypy is more likely to have odd thoughts
   c. schizotypy is more likely to be obsessed with perfectionism and details
   d. schizotypal is more likely to think that others are out to get him or her

   ANS: B   PTS: 1   REF: Personality Disorder Types

29. Which childhood intervention has been found to reduce the incidence of schizotypal personality disorder and symptoms later in life?
   a. psychodynamic family therapy
   b. early environmental enrichment
   c. cognitive-behavioral therapy focusing on skills training
   d. person-centered therapy

   ANS: B   PTS: 1   REF: Diagnosing Personality Psychopathology
30. Vagueness, digressions, and odd ideas are key symptoms in ____
   a. schizotypy trait domain
   b. antisocial personality disorder
   c. obsessive-compulsive personality disorder
   d. schizotypal personality disorder

   ANS: D   PTS: 1   REF: Personality Disorder Types
   OBJ: 2   MSC: Factual

31. Research shows the strongest genetic relationship between schizophrenia and which personality disorder type or personality disorder trait domain?
   a. schizotypal
   b. schizotypy
   c. borderline
   d. avoidant

   ANS: A   PTS: 1   REF: Personality Disorder Types
   OBJ: 2   MSC: Factual

32. Shawn is diagnosed with schizotypal personality disorder. Research would suggest that his family ____.
   a. abused him when he was a child
   b. is full of men with antisocial personality disorder
   c. includes some people with schizophrenia
   d. engaged in substance abuse and comes from the lower socioeconomic classes

   ANS: C   PTS: 1   REF: Personality Disorder Types
   OBJ: 2   MSC: Factual

33. People are often attracted to Christine because she is flamboyant and emotionally very expressive. She rarely, however, develops any long-term relationships, because people experience her as shallow and self-centered. What personality disorder or trait description would Christine most likely be considered with her diagnosis?
   a. obsessive-compulsive
   b. antagonism
   c. schizotypy
   d. antisocial

   ANS: B   PTS: 1   REF: Personality Disorder Types
   OBJ: 3   MSC: Applied

34. Which of the following characterizes the disinhibition trait domain?
   a. impulsivity, distractibility, recklessness, irresponsibility
   b. perfectionism, perseverance, rigidity, orderliness, risk aversion
   c. unusual perceptions, unusual beliefs, eccentricity, cognitive dysregulation
   d. callousness, manipulativeness, grandiose narcissism, histrionism, hostility

   ANS: A   PTS: 1   REF: Personality Trait Domains
   OBJ: 6   MSC: Factual
35. Deena received a “extremely descriptive” rating for the antagonism personality trait domain as identified in the DSM-V. She is attention-seeking and egocentric. She displays little emotion but is charming. What part of Deena's personality profile is unusual?
   a. It is unusual for those with the antagonism personality trait to be charming.
   b. It is unusual for those with the antagonism personality trait to display little emotion.
   c. It is unusual for those with the antagonism personality trait to be attention-seekers.
   d. It is unusual for those with the antagonism personality trait to be egocentric.
   
   ANS: B       PTS: 1       REF: Diagnosing Personality Psychopathology
   OBJ: 3       MSC: Applied

36. A man is described as lacking in empathy, exploitative of others, arrogant, exaggerated in his own sense of self-importance, and constantly overestimating his talents and power over others. This description best reflects which personality disorder type or personality disorder trait domain?
   a. borderline
   b. obsessive-compulsive
   c. introversion
   d. antagonism

   ANS: D       PTS: 1       REF: Personality Disorder Types
   OBJ: 3       MSC: Conceptual

37. Dr. Abdul says, "My client has feelings of inferiority that must be denied. Therefore, he devalues others and thinks himself superior to everyone else. Our therapy sessions are monologues where he recounts his successes and everyone else's stupidity. And yet if I interrupt even once, he takes great offense." Dr. Abdul's client was assessed on a scaled continuum as “extremely descriptive” on which of the following personality disorder trait domains?
   a. antagonism
   b. borderline
   c. schizotypy
   d. negative emotionality

   ANS: A       PTS: 1       REF: Personality Disorder Types
   OBJ: 3       MSC: Applied

38. The key feature of borderline personality disorder is ____.
   a. shifts from normal to psychotic functioning
   b. intense fluctuations in mood, self-image, and interpersonal relationships
   c. a tendency to have paranoid delusions that are identical to those of schizophrenics
   d. demanding uncritical acceptance by authorities but needing criticism from family members

   ANS: B       PTS: 1       REF: Personality Disorder Types
   OBJ: 3       MSC: Factual

39. Dr. Williamson says, "The central feature of this personality disorder is extreme changes in mood leading to stormy interpersonal relationships. Chronic feelings of emptiness and boredom may lead to suicidal gestures. Women are three times more likely to be diagnosed than men." The disorder being described is ____.
   a. avoidant personality disorder
   b. obsessive-compulsive personality disorder
   c. borderline personality disorder
   d. antisocial personality disorder

   ANS: C       PTS: 1       REF: Personality Disorder Types
   OBJ: 3       MSC: Applied
40. Which statement about borderline personality disorder is accurate?
   a. Individuals with borderline personality disorder exhibit a strong sense of purpose.
   b. Individuals with borderline personality disorder never experience auditory hallucinations.
   c. Most of the literature about borderline personality disorder comes from the
cognitive-behavioral perspective.
   d. Biological factors may be responsible for the emotional volatility observed in individuals
   with borderline personality disorder.

   ANS: D   PTS: 1   REF: Personality Disorder Types

   OBJ: 3   MSC: Conceptual

41. Object splitting and faulty self-identity are two of the explanations for which personality disorder?
   a. antisocial  
   b. obsessive-compulsive  
   c. avoidant  
   d. borderline

   ANS: D   PTS: 1   REF: Personality Disorder Types

   OBJ: 3   MSC: Factual

42. Charlene's parents have been concerned about her for quite some time. After her recent suicide
    attempt, they sought professional help. They told the therapist that Charlene often goes into
    uncontrollable rages for no apparent reason. She has intense fluctuations in her mood, self-image, and
    interpersonal relationship, being extremely friendly one minute, then mean and hostile the next. She
    sometimes hears voices, although she's aware they are imaginary. What is the most likely
    diagnosis for Charlene?
   a. schizotypal personality disorder  
   b. avoidant personality disorder  
   c. borderline personality disorder  
   d. schizophrenia

   ANS: C   PTS: 1   REF: Personality Disorder Types

   OBJ: 3   MSC: Applied

43. According to Beck, a cognitive explanation for borderline personality disorder should emphasize ____.
   a. that the object splitting that occurred in the person's childhood
   b. that the person's beliefs that the world is dangerous and he or she is powerless and
      unacceptable
   c. that the person's inability to label emotions accurately
   d. two factors: autonomic arousal and imitation of models whose emotions were poorly
      controlled

   ANS: B   PTS: 1   REF: Personality Disorder Types

   OBJ: 3   MSC: Factual

44. "They crave attention but are hypersensitive to potential rejection. They fantasize about relationships
    but live the loner's life." Which personality disorder is being described?
   a. borderline personality disorder  
   b. antisocial personality disorder  
   c. schizotypal personality disorder  
   d. avoidant personality disorder

   ANS: D   PTS: 1   REF: Personality Disorder Types

   OBJ: 3   MSC: Conceptual
45. Carol spends most of her time at home with her parents. She wants to join the other students at school functions, but she is afraid she will do something inappropriate, resulting in embarrassment and rejection. Carol most likely would be diagnosed with which personality disorder?
   a. antisocial  
   b. obsessive-compulsive  
   c. avoidant  
   d. schizotypal  
   ANS: C  
   PTS: 1  
   REF: Personality Disorder Types  
   OBJ: 3  
   MSC: Applied

46. A patient who avoids responsibility, is submissive, unable to make decisions, and in need of constant reassurance from others would be diagnosed with ____.
   a. exhibiting negative emotionality personality traits  
   b. avoidant personality disorder  
   c. exhibiting antagonism personality traits  
   d. antisocial personality disorder  
   ANS: A  
   PTS: 1  
   REF: Personality Disorder Types  
   OBJ: 3  
   MSC: Conceptual

47. Those who would be identified by the DSM-IV with a dependent personality disorder would be described in terms of what personality traits according to the DSM-V?
   a. submissiveness, anxiousness, and separation insecurity  
   b. emotional liability and histrionism  
   c. grandiosity, manipulativeness, and callousness  
   d. intimacy avoidance, hostility, and unusual beliefs  
   ANS: A  
   PTS: 1  
   REF: Personality Disorder Types  
   OBJ: 3  
   MSC: Conceptual

48. Esther and Emily both lack self-confidence. Esther is fearful of criticism, so she keeps apart from others. Emily is unwilling to assume responsibility, so she stays in relationships with men who control her life. According to the DSM-V, Esther is ____, while Emily is ____.
   a. antagonistic; borderline  
   b. avoidant; negative emotionally  
   c. avoidant; borderline  
   d. antagonistic; negative emotionally  
   ANS: B  
   PTS: 1  
   REF: Personality Disorder Types  
   OBJ: 3  
   MSC: Applied

49. Janice complains that her husband, Arnie, is a workaholic. Arnie is so focused on productivity at work that he rarely has time for her or the children. Furthermore, she knows that he has missed important deadlines recently and cannot understand how this is possible, given the number of hours he works. When Arnie is at home, he is demanding and controlling and angry at Janice if things are not done to his specifications. What personality disorder type or trait domain would Arnie most likely be exhibiting?
   a. obsessive-compulsive  
   b. antisocial  
   c. schizotypy  
   d. antagonism  
   ANS: A  
   PTS: 1  
   REF: Personality Disorder Types  
   OBJ: 3  
   MSC: Applied
50. What is the relationship between OCPD and OCD?
   a. They are both characterized by the presence of obsessions.
   b. They have similar names.
   c. They are both characterized by a preoccupation with orderliness, perfectionism, and control.
   d. Individuals with both disorders recognize that their obsessive thoughts are irrational.

ANS: B  PTS: 1  REF: Personality Disorder Types
OBJ: 3  MSC: Conceptual

51. Chuck has no life plan; he simply lives from minute to minute. He can charm and manipulate others with skill. Although he has often been punished for lying and exploiting others, he neither learns from the experience nor feels anxiety or guilt. Chuck most likely has which of the following personality disorders?
   a. antisocial
   b. borderline
   c. obsessive-compulsive
   d. avoidant

ANS: A  PTS: 1  REF: Personality Disorder Types
OBJ: 3  MSC: Applied

52. Which conceptualization of antisocial personality disorder includes characteristics of good intelligence, shallow emotions, little life plan, failure to learn from experiences and absence of anxiety?
   a. Cleckley's
   b. J.C. Prichard’s
   c. Cooke and Michie’s
   d. Hare and Neumann’s

ANS: A  PTS: 1  REF: Personality Disorder Types
OBJ: 3  MSC: Factual

53. Carl is diagnosed as having antisocial personality disorder. He tends to be loyal to his friends but exploits others. He is witty and articulate and lies with great skill. What aspect of Carl's case is unusual for someone with an antisocial personality?
   a. People with antisocial personalities are rarely loyal to anyone.
   b. People with antisocial personalities tend to withdraw from people, not exploit them.
   c. People with antisocial personalities tend to be women.
   d. People with antisocial personalities are rarely witty and articulate.

ANS: A  PTS: 1  REF: Personality Disorder Types
OBJ: 3  MSC: Applied

54. One characteristic of the antisocial personality found in Cleckley's list of symptoms but not in the DSM-IV-TR criteria for the disorder is_____.
   a. criminality
   b. irritability
   c. lack of remorse
   d. superficial charm

ANS: D  PTS: 1  REF: Personality Disorder Types
OBJ: 3  MSC: Factual
55. A mental health center is planning a prevention program to reduce the number of people with antisocial personality disorder. Which population should they target?
a. young men from rural areas  
c. shy people with low self-esteem  
b. female high school students  
d. poor, urban males  
ANS: D  
PTS: 1  
REF: Personality Disorder Types
OBJ: 3  
MSC: Conceptual

56. The incidence of antisocial personality disorder is estimated to be ____ in the United States.
   a. 1-2%  
   b. 2-3%  
   c. 3-4%  
   d. 4-5%  
ANS: B  
PTS: 1  
REF: Personality Disorder Types
OBJ: 3  
MSC: Factual

57. Which of the following is one of the factors typically associated with antisocial personality disorder?
   a. an overly anxious demeanor  
   b. loyalty  
   c. an impulsive and irresponsible behavioral style  
   d. frequently convicted of crimes  
ANS: C  
PTS: 1  
REF: Personality Disorder Types
OBJ: 3  
MSC: Conceptual

58. A senior psychology major wants to do a research project on people with antisocial personality disorder who currently are in treatment. She asks her adviser if it will be easy to find subjects. Her adviser states that ____.
   a. "it will be hard because antisocial is the rarest form of personality disorder"
   b. "it will be hard because all antisocial personalities are in prison"
   c. "it will be easy because antisocial personalities are willing research subjects and are commonly in treatment"
   d. "it will be hard because antisocial personalities rarely seek treatment and will not be sincere subjects"
ANS: D  
PTS: 1  
REF: Personality Disorder Types
OBJ: 3  
MSC: Applied

59. Willie is in prison for murdering a motorist whose car he stole so Willie could take a joy ride. Bill has never been convicted of a crime. Both are diagnosed with antisocial personality disorder and have many traits in common. On which trait are they most likely to differ?
   a. Bill is more likely than Willie to feel a sense of remorse for his misdeeds.
   b. Bill is more likely than Willie to be in therapy.
   c. Bill probably has achieved a higher level of education than Willie.
   d. Bill probably has a lower level of education than Willie.
ANS: C  
PTS: 1  
REF: Personality Disorder Types
OBJ: 3  
MSC: Applied
60. A research psychologist wanted to study people with a particular personality disorder. She placed advertisements in newspapers that asked, "Are you adventurous? Do you lead an exciting, impulsive life? If you are the kind of person who'd do almost anything for a dare, send your name..." The researcher was interested in people with which personality disorder?
   a. antisocial  
   b. schizotypal  
   c. borderline  
   d. intermittent explosive
   
   ANS: A  PTS: 1  REF: Personality Disorder Types  
   OBJ: 3  MSC: Applied

61. The psychodynamic interpretation of antisocial personality suggests that, during childhood, ____.
   a. superego development was faulty  
   b. identification with the opposite-sex parent was especially strong  
   c. there was an over-identifiication with the same-sex parent  
   d. id impulses were not allowed to be expressed
   
   ANS: A  PTS: 1  REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type  
   OBJ: 4  MSC: Factual

62. A psychiatrist says, "People with antisocial personality disorder fail to learn from past experience despite the criticism of parents and others. They may promise to improve, but there is no sincerity in the words; they continue to break the rules of society. Such a person obviously has a weak superego that is unable to reign in his id." This psychiatrist most likely endorses which perspective?
   a. cognitive-behavioral  
   b. humanistic  
   c. family systems  
   d. psychodynamic
   
   ANS: D  PTS: 1  REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type  
   OBJ: 4  MSC: Conceptual

63. "The antisocial personality fails to learn ethical behavior because of a lack of positive role models and/or the presence of poor role models." This statement reflects which perspective?
   a. genetic  
   b. psychoanalytic  
   c. learning  
   d. central nervous system abnormality
   
   ANS: C  PTS: 1  REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type  
   OBJ: 4  MSC: Conceptual

64. A social-services agency manager who is interested in stopping delinquency read Loeber's (1990) review of research on the predictors of antisocial behavior in children. Consequently, she decided to invest most of her energies in ____.
   a. giving children more freedom  
   b. improving the quality of parental supervision  
   c. convincing parents to be more expressive with their children, even when they feel hostile  
   d. increasing the socioeconomic status of parents
   
   ANS: B  PTS: 1  REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type  
   OBJ: 4  MSC: Applied
65. People with antisocial personality disorder ____.
   a. hardly ever lie
   b. exhibit better-than-average perceptions about other people
   c. most likely come from low-income families
   d. have highly effective social skills

   ANS: D     PTS:  1
   REF:  Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
   OBJ: 4      MSC:  Factual

66. ____ is a term used to describe the indirect or passive behavior of females with antisocial personality disorder.
   a. Relational aggression
   b. Schizoid
   c. Acting-out
   d. Negative emotionality

   ANS: A     PTS:  1
   REF:  Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
   OBJ: 4      MSC:  Factual

67. Dr. Cirello is treating a 25-year-old man diagnosed with antisocial personality disorder. When Dr. Cirello investigates the man's family history, she is likely to learn that ____.
   a. both parents consistently reinforced him for being submissive
   b. the father exhibited antisocial behavior
   c. the mother had a serious mental condition
   d. both parents were shy and depressed

   ANS: B     PTS:  1
   REF:  Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
   OBJ: 4      MSC:  Applied

68. A psychologist says, "We know that genetics is the cause of antisocial personality disorder because the concordance rates for monozygotic (MZ) twins is higher than that for dizygotic (DZ) twins." Why should such findings be interpreted with caution?
   a. because concordance rates for twins do not provide information about the genetic cause of disorders
   b. because DZ twins may be more alike genetically than MZ twins
   c. because other factors, such as environmental influences, might influence the findings
   d. because concordance rates are not considered to be reliable statistics

   ANS: C     PTS:  1
   REF:  Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
   OBJ: 4      MSC:  Factual

69. Research investigating the rate of antisocial personality in adoptees with psychopathic biological parents suggests that genetic factors ____.
   a. play almost no role at all in the disorder
   b. are important only when the antisocial personality occurs in women
   c. are important in a small minority of cases
   d. play a significant role in the disorder

   ANS: D     PTS:  1
   REF:  Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
   OBJ: 4      MSC:  Conceptual
70. Early researchers primarily concentrated on ____ dimensions in their efforts to explain antisocial personality disorder.
   a. psychodynamic  c. learning
   b. biological  d. social

ANS: B  PTS: 1
REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
OBJ: 4  MSC: Factual

71. Which research suggests that a plausible explanation of antisocial personality disorder could be related to central nervous system abnormalities?
   a. MRIs and PET scans that investigate structural and activity abnormalities in the prefrontal portion of the brain and the lymbic amygdala circuitry.
   b. DNA research that explores an extra X chromosome as a factor implicated in antisocial personality disorder.
   c. Research that investigates the relationship between brain damage and antisocial personality disorder.
   d. EEG studies that support the existence of abnormal brain activity in the brains of individuals diagnosed with antisocial personality disorder.

ANS: A  PTS: 1
REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
OBJ: 4  MSC: Factual

72. What Dr. Daniels tells his class, "Research suggests abnormal brain wave activity in adults with antisocial personality disorder. Because the EEG is a precise diagnostic device, researchers have relied on EEGs for evidence of antisocial personality disorder. Many persons diagnosed with APD however, do not show EEG abnormalities. Additionally, evidence surrounding abnormal brain wave activity in people with antisocial personality disorder suggest causation of APD, and only 15 percent of individuals who have been diagnosed with APD exhibit abnormal EEG patterns." Which part of Dr. Daniels' statement is accurate?
   a. Only 15 percent of individuals who have been diagnosed with APD exhibit abnormal EEG patterns.
   b. Many persons diagnosed with APD do not show EEG abnormalities.
   c. The EEG is an precise diagnostic device.
   d. Evidence surrounding abnormal brain wave activity in people with antisocial personality disorder suggests causation of APD.

ANS: B  PTS: 1
REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
OBJ: 4  MSC: Applied

73. Dr. Jackson believes that antisocial personalities act as they do because they experience too little anxiety when being punished and too little emotional arousal under normal circumstances. Dr. Jackson's ideas mirror which theory?
   a. psychodynamic  c. cognitive
   b. autonomic nervous system  d. central nervous system

ANS: A  PTS: 1
REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
OBJ: 4  MSC: Applied
74. "Low arousal leads to the thrill-seeking behavior we see in antisocial personality disorder." This statement best reflects which explanation of the disorder?
   a. autonomic nervous system abnormality     c. family and socialization
   b. genetic                                  d. central nervous system abnormality

   ANS: A     PTS: 1
   REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
   OBJ: 4      MSC: Conceptual

75. According to Lykken, the difference between the psychopath who takes risks and the adventurer who takes risks is ____.
   a. whether they have abnormalities in the prefrontal lobes
   b. whether the thrill-seeking behaviors are destructive or constructive acts
   c. the degree of fear each experiences in the face of danger
   d. the degree of anxiety each experiences in the face of danger

   ANS: B     PTS: 1
   REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
   OBJ: 4      MSC: Conceptual

76. Some would call Rambo a fictional military hero. According to Lykken's research, he would share the same characteristics as ____.
   a. people who are cautious and fearful of stress
   b. individuals diagnosed with antisocial personality disorder
   c. individuals diagnosed with histrionic personality disorder
   d. normal individuals whose parents put a lot of pressure on them to succeed

   ANS: B     PTS: 1
   REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
   OBJ: 4      MSC: Applied

77. If Lykken is right about the role of fearlessness, we should find that ____.
   a. both psychopaths and heroes are fearful
   b. psychopaths are fearful, but heroes are fearful
   c. both psychopaths and heroes are fearless
   d. psychopaths are fearful, but heroes are fearless

   ANS: C     PTS: 1
   REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
   OBJ: 4      MSC: Conceptual

78. Jerry is diagnosed with APD. If the emotional underarousal explanation for the disorder is correct, we can predict that Jerry ____.
   a. shows extremely fast physiological reactions to novel stimuli
   b. has too little arousal under normal conditions
   c. experiences more arousal than the normal person
   d. has some form of damage in his frontal lobes

   ANS: B     PTS: 1
   REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
   OBJ: 4      MSC: Applied
79. Psychopaths are high in what Zuckerman calls _____. People with this trait want to seek adventures and thrills, are disinhibited, and are susceptible to boredom.
   a. openness to experience
   b. Big T's
   c. impulsive unsocialized sensation seeking
   d. thrill-seeking behaviors

   ANS: C    PTS: 1
   REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
   OBJ: 4    MSC: Factual

80. Under what set of circumstances would a psychopath learn to avoid an aversive situation more readily than a nonpsychopath?
   a. A psychopath would learn to avoid an aversive condition better than a nonpsychopath in situations that violate norms and rules.
   b. A psychopath would learn to avoid an aversive condition better than a nonpsychopath in situations where the probability of punishment is highly uncertain.
   c. A psychopath would learn to avoid an aversive condition better than a nonpsychopath if both were injected with testosterone prior to experiencing the aversive condition.
   d. A psychopath would learn to avoid an aversive condition better than a nonpsychopath if both were injected with adrenaline prior to experiencing the aversive condition.

   ANS: D    PTS: 1
   REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
   OBJ: 4    MSC: Conceptual

81. The director of a prison wants to improve the ability of antisocial personality prisoners to learn from their experience. Using research results, the director might ____.
   a. use feelings of guilt and shame as the main methods of punishment.
   b. punish wrongdoers by taking money away from them
   c. inject prisoners with depressants to reduce their arousal levels
   d. keep the prisoners guessing about whether they will be punished if they do something wrong

   ANS: B    PTS: 1
   REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
   OBJ: 4    MSC: Applied

82. According to research by Beck and colleagues, which statement best exemplifies an individual with antisocial personality disorder?
   a. "Other people are patsies."
   b. "I'm above the rules."
   c. "Relationships are messy."
   d. "Good will hides a hidden motive."

   ANS: A    PTS: 1
   REF: Multipath Analysis of One Personality Disorder: Antisocial/Psychopathic Type
   OBJ: 4    MSC: Factual
83. Various medications have been used to treat antisocial personality disorder. What can we say about their effectiveness?
   a. Antidepressants have had positive effect in reducing antisocial behavior.
   b. Tranquilizing drugs have been helpful in reducing antisocial behavior, however these individuals are not likely to follow though with self-medication.
   c. Stimulant drugs have been quite helpful in most cases.
   d. Although drugs are quite helpful, antisocial personalities tend to become addicted to them.

   ANS: B  PTS: 1
   REF: Treatment of Antisocial/Psychopathic Personality Disorder
   OBJ: 5    MSC: Factual

84. Because antisocial personalities exhibit ____ levels of anxiety, traditional treatment approaches, which require the cooperation from the client, have been very ____.
   a. low; effective
   b. high; effective
   c. high; ineffective
   d. low; ineffective

   ANS: D  PTS: 1
   REF: Treatment of Antisocial/Psychopathic Personality Disorder
   OBJ: 5    MSC: Conceptual

85. Gus has been diagnosed with antisocial personality disorder and is in treatment. His therapist supports Beck's cognitive approach to therapy. We can guess that Gus's therapist ____.
   a. rewards and punishes Gus's behavior immediately and consistently
   b. provides a physically and mentally stimulating environment so that Gus's thrill seeking is redirected into something constructive
   c. will attempt to get Gus to think less about himself and more about developing a sense of responsibility
   d. will use guilt and shame to stop Gus from thinking about the world and himself in an irrational manner

   ANS: C  PTS: 1
   REF: Treatment of Antisocial/Psychopathic Personality Disorder
   OBJ: 5    MSC: Applied

86. The director of a new treatment facility for delinquent youths is thinking about using behavior modification as the chief method of changing behavior. Your advice to the new director might be the following: ____.
   a. "This form of treatment will be effective if it is skill based, but maintaining behavior change requires help from peers and family."
   b. "Behavior modification relies too much on rapport building and cognitive factors to be successful."
   c. "Use behavior modification only if you can suppress the delinquent person's tendency to seek thrills."
   d. "Behavior modification is much less effective than therapies where there is less control."

   ANS: A  PTS: 1
   REF: Treatment of Antisocial/Psychopathic Personality Disorder
   OBJ: 5    MSC: Applied
87. Longitudinal research with antisocial personality disorder shows that ____.
   a. there is very little change in the antisocial behavior over time
   b. antisocial behavior gets progressively worse over time
   c. the prevalence of antisocial personality disorder diminishes over time
   d. because people with antisocial personality disorder engage in high-risk behaviors, most of them die prematurely

ANS: C  PTS: 1  REF: Treatment of Antisocial/Psychopathic Personality Disorder
OBJ: 5  MSC: Conceptual

88. Individuals with impulse control disorders have three characteristics in common. Which of the following is one of them?
   a. They often engage in sexually impulsive acts.
   b. They think and act in a narrowly defined manner.
   c. The feel and behave negatively toward others.
   d. They feel excitement or release after engaging in the act they cannot resist doing.

ANS: D  PTS: 1  REF: Personality Domain Traits
OBJ: 5  MSC: Factual

89. ____ disorders are characterized by a failure to resist temptation to engage in an act they know is wrong, coupled with a sense of excitement, gratification, or release after giving in to the temptation.
   a. Dissociative
   b. Personality
   c. Impulse control
   d. Anxiety

ANS: C  PTS: 1  REF: Treatment of Antisocial/Psychopathic Personality Disorder
OBJ: 5  MSC: Factual

90. Jerry is normally polite and controlled, but if he gets a wrong-number telephone call, he completely loses control. After shrieking at the caller, he may rip the phone out of the wall and hurl it across the room. Afterward, he is filled with guilt and shame. Which impulse control disorder does Jerry illustrate?
   a. pyromania
   b. Internet addiction
   c. kleptomania
   d. intermittent explosive disorder

ANS: D  PTS: 1  REF: Treatment of Antisocial/Psychopathic Personality Disorder
OBJ: 5

91. Tariq has episodes where he loses control of his aggressive impulses and assaults others. Sabira cannot resist impulses to steal things, even though she does not use or want them. Tariq best illustrates ____; Sabira best illustrates ____.
   a. intermittent explosive disorder; kleptomania
   b. intermittent explosive disorder; obsessive-compulsive disorder
   c. pyromania; kleptomania
   d. kleptomania; pyromania

ANS: A  PTS: 1  REF: Treatment of Antisocial/Psychopathic Personality Disorder
OBJ: 5  MSC: Applied
92. The DSM-V workgroup uses an overarching six-domain trait dimensional diagnostic system for assessing personality disorders. They refer to dimension as ____.
   a. a scaled continuum that can be used to measure (match) the degree to whether a persona possesses certain traits
   b. scientific support for the existence of the six personality disorders
   c. subjective clinical formulations
   d. etiological manifestation of personality disorders

ANS: A  PTS: 1  REF: Personality Domain Traits
OBJ: 5  MSC: Factual

93. Leshaun is diagnosed with pyromania. He suffers from no other psychological disorders, but gets intense pleasure from watching buildings burn. He has never set a fire to get revenge or for financial gain. What is unusual about Leshaun's case?
   a. It is unusual for a person with pyromania not to be motivated by revenge or financial gain.
   b. It is unusual for a man to have pyromania.
   c. It is unusual for a person with pyromania not to suffer also from mood disorders and/or substance abuse.
   d. It is unusual for a person with pyromania to get pleasure from watching a building burn.

ANS: C  PTS: 1
REF: Treatment of Antisocial/Psychopathic Personality Disorder
OBJ: 5  MSC: Applied

94. June suffers from kleptomania. What behaviors would be consistent with her disorder?
   a. She gambles compulsively.
   b. She is unable to resist the urge to steal things that she does not need.
   c. She sets fires because she likes to watch things burn.
   d. The number 13 distresses her so much that she won't go into a building that has more than 12 floors.

ANS: B  PTS: 1
REF: Treatment of Antisocial/Psychopathic Personality Disorder
OBJ: 5  MSC: Conceptual

95. The use of a new trait-domain assessment, the removal of five personality types, and the altered definition constituting personality pathology will most likely ____.
   a. be welcomed without criticism or resistance by the mental health field
   b. cause considerable upheaval in the mental health field
   c. will be appreciated by psychiatrists but not the remaining professionals in the mental health field
   d. will be completely rejected by the mental health field

ANS: B  PTS: 1
REF: Personality Domain Traits
OBJ: 6  MSC: Factual
96. In the DSM-IV, one of the categorical approach issues in assessing personality psychopathology is diagnostic accuracy. Research indicates excellent reliability in diagnosing whether a person has a personality disorder; however, ____.
   a. much lower reliability is demonstrated when classifying the precise type of personality disorder
   b. a person diagnosed with one personality disorder rarely meets criteria for others as well
   c. it is not known if classifying the precise type of personality disorder is clinically useful
   d. the validity of these findings is difficult to establish

ANS: A  PTS:  1  REF:  Personality Domain Traits
OBJ:  6  MSC:  Factual

97. ____ is one of the six DSM-V trait domains characterized by callousness, manipulativeness, grandiose narcissism, and negative feelings and behaviors toward others.
   a. Antagonism  c. Schizotypy
   b. Compulsivity  d. Negative emotionality

ANS: A  PTS:  1  REF:  Personality Domain Traits
OBJ:  6  MSC:  Factual

98. Which approach to personality helps researchers and clinicians assess personality disorders as a particular set of personality characteristics and to compare different disorders?
   a. the psychodynamic approach
   b. the behavioral approach
   c. the hybrid approach (personality types and personality traits) that combine categorical and dimensional characteristics to the diagnosis of personality disorders
   d. the multipath approach

ANS: C  PTS:  1  REF:  Personality Domain Traits
OBJ:  6  MSC:  Factual

99. Research, conceptual, and therapeutic reasons suggest that most personality disorders ____.
   a. are continuous in nature  c. are a disease of the brain
   b. are categorical in nature  d. are untreatable

ANS: A  PTS:  1  REF:  Personality Domain Traits
OBJ:  6  MSC:  Factual

100. A new impulse control disorder has been proposed for inclusion in the 2012 edition of DSM-V because it involves 15 percent of youth in this country, frequently isolating them from family and friends. This controversial disorder is ____.
    a. Internet addiction  c. self-absorption
    b. solitude addiction  d. television addiction

ANS: A  PTS:  1  REF:  Treatment of Antisocial/Psychopathic Personality Disorder
OBJ:  5  MSC:  Factual
1. List the six DSM-V personality trait domains, providing a description of the key characteristics of each domain and discuss how these domains are rated and diagnosed.

ANS:
The six personality trait domains of the DSM-V are as follows: negative emotionality, introversion, antagonism, disinhibition, compulsivity, and schizotypy.

Negative emotionality: those with characteristics that fall within this domain experience a range of negative emotions (e.g. anxiety, depression, guilt, shame, worry) and these negative emotions are reflected in their behavioral patterns and interpersonal relationships. Specific traits associated in this domain include emotional lability, anxiousness, submissiveness, separation insecurity, pessimism, low self-esteem, guilt/shame, self-harm, depressivity, suspiciousness.

Introversion: those with characteristics that fall within this domain withdraw from others whether the relationships are with intimate acquaintances or strangers. Their affective and expressive experiences are restricted or limited and they are limited in their ability to experience pleasure or joys in life. Specific traits associated in this domain include social withdrawal, social detachment, restricted affectivity, anhedonia, and intimacy avoidance.

Antagonism: individuals with characteristics that fall within this domain feel and behave negatively toward others and have a corresponding exaggerated sense of self-importance. The specific traits associated with this domain include callousness, manipulativeness, grandiose narcissism, histrionism, hostility, aggression, oppositionality, and deceitfulness.

Disinhibition: are characteristics of a person who seeks immediate gratification, is present oriented and will respond primarily to immediate or current internal and external stimuli. The past (past learning) and the future (future consequences) appear to be minimally important in motivation or behaviors. The specific traits associated with this domain include impulsivity, distractibility, recklessness, and irresponsibility.

Compulsivity is characterized by the tendency to think and act in a narrowly defined manner, ideals, standards and beliefs are unchanging and rigidly adhered defined, expects everyone to adhere to them. The specific traits associated with this domain include perfectionism, perseveration, rigidity, orderliness, and risk aversion.

The schizotypy domain includes behaviors and cognitions that considered odd or unusual. The specific traits associated with this domain include unusual perceptions, unusual beliefs, eccentricity, cognitive dysregulation, and dissociation.

An individual with impaired functioning due to possessing one or more of these personality traits can be diagnosed with a personality disorder. These personality trait domains are described a continuum and in terms of the degree by which a person possesses these personality traits. Personality traits are rated on the following 4-point scale: 0 = very little or not at all, 1 = mildly descriptive, 2 = moderately descriptive, and 3 = extremely descriptive. A rating of moderately or extremely descriptive with one or more of the trait domains would suggest a personality disorder.

PTS: 1
2. Evaluate the evidence that antisocial personality disorder stems from physiological abnormalities.

ANS:
Research demonstrates genetic influences surrounding antisocial personality disorder. The antisocial type has been found to be five times more common in first-degree biological relatives in males, and 10 times more common in first-degree biological relatives among females when compared to the general population. Also, there is some twin study evidence indicating that antisocial personality disorder may be an inherited problem since identical twins have higher concordance ratios than fraternal twins. These adoption studies, which separate the influence of genetics and environment, show that adoptees separated from their biological parents who have antisocial personalities raised by non-antisocial parents still exhibited higher rates of antisocial characteristics.

What exactly is inherited is more difficult to determine. Some evidence suggests that antisocial personalities have abnormal EEGs, but many people with antisocial personality have normal EEGs and the results of these studies are difficult to interpret. A more promising and consistent hypothesis is that antisocial personalities have abnormally low autonomic arousal, which explains both their inability to learn from experience and their tendency to be thrill-seekers. Because they are underaroused under normal circumstances, they are easily bored. Desiring stimulation, they engage in the impulsive, antisocial behaviors that foster arousal. Psychopaths learn more slowly and tire of learning more quickly than nonpsychopaths. Researcher such as Lykken and Farley emphasize the fearlessness and thrill-seeking characteristics of antisocial personalities, which they see as stemming from lower autonomic reactivity in situations where nonpsychopaths become fearful and frightened. Even when psychopaths report being fearful, they seem not to be able to produce physiological signs of fear. Combined, the evidence seems strong that psychopaths are less reactive autonomically, although it is still unclear why.

PTS: 1

3. Discuss and identify the modifications in the classification and diagnostic system of personality disorders from the DSM-IV to the DSM-V.

ANS:
The DSM-IV uses a categorical approach in conceptualizing personality disorders. The DSM-IV identifies 10 distinct personality disorders (antisocial, avoidant, borderline, obsessive-compulsive, schizotypal, paranoid, schizoid, histrionic, narcissistic, and dependent). The DSM-IV categorical approach has limitations because it uses “all or none” approach to classification, it is based on arbitrary diagnostic thresholds, and does not recognize the continuous nature of personality traits. Research has demonstrated some personality disorders are more categorical in nature whereas others are better described on a continuum of personality traits. In addition, scientific and clinical evidence has not supported five of these 10 personality disorders. These five personality disorders that are unsupported by the literature have been removed from the DSM-V because of the absence of research supporting these personality disorders as distinct entities and because of the excessive co-occurrence of these disorders resulting in patients getting diagnosed with more than one disorder making differentiation impossible. Thus, research suggests that these five types of personality disorders (e.g. paranoid, schizoid, histrionic, narcissistic, and dependent) are dimensional traits rather than free-standing entities. In order to account for both personality types and personality traits, modifications to the DSM-V include a hybrid approach that combine both categorical and dimension characteristics to the diagnosis of personality disorders and to conceptualizing personality disorders. For example, the DSM-V no longer recognizes the former narcissistic personality disorder as a distinct categorical type, and it is now more accurately described in terms of the degree by which a person possesses traits of grandiose narcissism, manipulativeness, and so on.
Research supports that the remaining five personality disorders (e.g. antisocial, avoidant, borderline, obsessive-compulsive, and schizotypal) are semi-categorical in nature. These personality types in the DSM-V are assessed on a continuum using a 5-point “degree of match” (e.g. good match, very good match) between the description of the personality type and the individual. In order to diagnose a personality disorder according to the DSM-V, both the personality types and personality trait domains are rated on at 5-point scale to determine the level of impairment (mild impairment or greater) in self and interpersonal functioning based on the Levels of Personality Functioning scale. This enables the DSM-V to account for the fact that people may possess a personality trait or disorder in varying degrees or at various times.

Because the definition of personality psychopathology have moved from a categorical description in the DSM-IV to a continuous description in the DSM-V, it is possible that there will be considerable criticism of the new version and that the prevalence rates of these disorders will change as a result. Ultimately these changes from the DSM-IV to the DSM-V will result in greater scientific and therapeutic utility and accuracy.

PTS: 1
Chapter 16: Disorders of Childhood and Adolescence

MULTIPLE CHOICE

1. Which statement about psychopathology among children and adolescents in the United States is accurate?
   a. Approximately 20 percent of the children in the United States suffer from a serious emotional or behavioral problem.
   b. About two percent of children have serious emotional or behavioral problems, and three-quarters of those children receive treatment.
   c. Nearly one-third of all children and adolescents have a serious emotional or behavioral problem.
   d. Although there are 63 million children with behavioral problems, most of them receive treatment.

   ANS: A  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Factual

2. Professor Kiley was contrasting childhood and adolescent psychiatric disorders with adult disorders. Which of the following statements that Professor Kiley made is accurate?
   a. Understanding the parallels between childhood and adolescent disorders and adult disorders helps reduce the complexity of making a diagnosis.
   b. Diagnosing children and adolescents is similar to diagnosing adults because behaviors observed in adulthood disorders are abnormal for children.
   c. Diagnosing children and adolescents is similar to diagnosing adults because there are similarities of symptoms presentation between childhood and adulthood.
   d. Accurate diagnosis and treatment requires a thorough understanding of normal child development as well as the risk factors and symptoms of childhood and adolescent psychiatric disorders.

   ANS: D  PTS: 1  REF: Introduction  OBJ: 1
   MSC: Applied

3. A news reporter defines neurodevelopmental disorder as "relatively mild childhood disorders that affect social interactions and communication skills. These disorders involve hallucinations or delusions but involve behavioral abnormalities that are not normally seen in any developmental stage." What portion of this statement is accurate?
   a. It is accurate to say that these disorders are relatively mild.
   b. It is accurate to say that these disorders involve hallucinations or delusions.
   c. It is accurate to say that these disorders affect social interactions and communication skills.
   d. It is accurate to say that these disorders involve abnormalities that are expressed in early adulthood.

   ANS: C  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Applied
4. When a child has a disorder that involves impaired development of the brain and central nervous system as well as affects psychological functioning in areas of social interaction, communication skills, and display of stereotyped interests and behaviors, the disorder is called a ____.
   a. form of childhood schizophrenia  
   b. learning disability  
   c. neurodevelopmental disorder  
   d. personality disorder
   
   ANS: C  
   PTS: 1  
   REF: Neurodevelopmental Disorders
   
   OBJ: 4  
   MSC: Factual

5. Which disorder does not fit with the others?
   a. autism spectrum disorder  
   b. Asperger's disorder  
   c. attention deficit/hyperactivity disorder  
   d. childhood disintegrative disorder
   
   ANS: D  
   PTS: 1  
   REF: Neurodevelopmental Disorders
   
   OBJ: 4  
   MSC: Conceptual

6. Which of the following is NOT one of the behaviors described by Kanner as an essential feature of autism?
   a. a severe inability to focus attention  
   b. extreme isolation and an inability to relate to other people  
   c. a psychological need for sameness  
   d. significant difficulties with communication
   
   ANS: A  
   PTS: 1  
   REF: Neurodevelopmental Disorders
   
   OBJ: 4  
   MSC: Factual

7. The term autistic disorder comes from the Greek autos. This reflects which key characteristic of people with the disorder?
   a. selfishness and guiltlessness  
   b. automatic quality of thinking  
   c. robot-like movements  
   d. profound aloneness and detachment
   
   ANS: D  
   PTS: 1  
   REF: Neurodevelopmental Disorders
   
   OBJ: 4  
   MSC: Factual

8. Charles was diagnosed with autistic disorder. He is extremely unresponsive to adults and does not speak. He first showed these abnormalities around the age of 6. What aspect of Charles's case is unusual for autistic disorder?
   a. It is unusual for a person with autistic disorder to show abnormalities first at age 6.  
   b. It is unusual for a person with autistic disorder to be male.  
   c. It is unusual for a person with autistic disorder to be unresponsive to adults.  
   d. It is unusual for a person with autistic disorder not to speak.
   
   ANS: A  
   PTS: 1  
   REF: Neurodevelopmental Disorders
   
   OBJ: 4  
   MSC: Applied

9. Which disorder is characterized by the DSM-V as qualitative impairment in social interaction and/or communication; restricted, stereotyped interests and activities; and delays or abnormal functioning in a major area before the age of three?
   a. intellectual disability  
   b. autism spectrum disorder  
   c. amnestic dissociative disorder  
   d. learning disorder
   
   ANS: B  
   PTS: 1  
   REF: Neurodevelopmental Disorders
   
   OBJ: 4  
   MSC: Factual
10. Which statement is correct about the prevalence of autism spectrum disorder?
   a. It is more common among the lower socioeconomic classes.
   b. It is more common among European Americans than among Asian Americans.
   c. It is more common among boys than among girls.
   d. Around 1 percent of children in the United States are born with autism.

   ANS: C PTS: 1 REF: Neurodevelopmental Disorders
   OBJ: 4 MSC: Factual

11. The prognosis for children with autism spectrum disorder ____.
   a. is generally encouraging
   b. suggests that impairments get progressively more severe until the autistic adult has few remaining capabilities
   c. is mixed; most children diagnosed with autism require support throughout their lifetime and those with milder symptoms may be self-sufficient and function reasonably well as adults
   d. is uniformly poor

   ANS: C PTS: 1 REF: Neurodevelopmental Disorders
   OBJ: 4 MSC: Factual

12. Wesley is eight and has been diagnosed with autism spectrum disorder. His symptoms include an extreme unresponsiveness to adults and a lack of meaningful speech. If Wesley has the typical pattern of autism symptoms, which other symptom can we expect?
   a. muscle tics of the face, arms, and hands
   b. repetitive, self-absorbed activities
   c. highly imaginative play
   d. anxiety attacks when left alone

   ANS: B PTS: 1 REF: Neurodevelopmental Disorders
   OBJ: 4 MSC: Applied

13. A child with autism spectrum disorder is observed interacting with his parents in a room full of toys. We are likely to see the child ____.
   a. aggressively use the toys, destroying some of them
   b. cling to the parents and refuse to play with the toys
   c. prefer interaction with the father rather than the mother or the toys
   d. make no eye contact with the parents while he plays

   ANS: D PTS: 1 REF: Neurodevelopmental Disorders
   OBJ: 4 MSC: Conceptual

14. Oscar is diagnosed as having autism spectrum disorder. When his mother says, "Here's your cereal," Oscar says, "Here's your cereal." What symptom does this illustrate?
   a. splinter skills
   b. differential reinforcement
   c. echolalia
   d. corporalia

   ANS: C PTS: 1 REF: Neurodevelopmental Disorders
   OBJ: 4 MSC: Applied
15. Three children were diagnosed with autism spectrum disorder. Kim would rather listen to a machine buzzing than hear her mother's voice. Len prefers to be left alone. Matt needs physical contact with his mother all the time. Which of the children has/have symptoms that are common in autism spectrum disorder?
   a. Kim and Len
   b. Matt only
   c. Kim only
   d. Len and Matt

ANS: A
PTS: 1
REF: Neurodevelopmental Disorders
OBJ: 4
MSC: Applied

16. Ricky sits in his bed and rocks back and forth for hours while staring off into space. It is likely that Ricky also ____.
   a. has an IQ below 70
   b. is highly creative
   c. has average intelligence
   d. is a savant

ANS: A
PTS: 1
REF: Neurodevelopmental Disorders
OBJ: 4
MSC: Applied

17. Professor Waddell's class discusses the controversy of medicating children. Professor Waddell says, "The controversy continues about the 'quick fix' nature of the medication prescribed to children and the tendency to use medication without first attempting psychotherapy or home/academic interventions. Another part of the controversy is the need to test the medications prescribed for youths on youths. Additionally, parents are concerned about the legislation that requires schools to recommend that their children be evaluated for ADHD. Because of this controversy, medication prescriptions for children and adolescents have dramatically decreased." With respect to Professor Waddell's statement, it is correct to say that a controversy exists concerning ____.
   a. the 'quick fix' nature of the medication and prescribed to children and the tendency to use medication without first attempting psychotherapy or home/academic interventions
   b. legislation that requires schools to recommend that their children be evaluated for ADHD
   c. the need to test the medications prescribed for youths on youths
   d. medication prescriptions for children and adolescents have dramatically decreased

ANS: A
PTS: 1
REF: Neurodevelopmental Disorders
OBJ: 4
MSC: Applied

18. Jason's mother claims that he can multiply large numbers in his head. She says he can figure out, for example, what day of the week it was on February 2, 1846. However, Jason was tested for intelligence and his IQ scored was below 70. What is a reasonable response to Jason's mother?
   a. "Your son sounds as if he is an autistic child with splinter skills."
   b. "What you say he can do is not possible; you must be mistaken."
   c. "Your son is demonstrating two common symptoms of autism—echolalia and stimulus over-selectivity."
   d. "The testing must have been mistaken; your son is probably an emotionally healthy genius."

ANS: A
PTS: 1
REF: Neurodevelopmental Disorders
OBJ: 4
MSC: Applied
19. It is rare for children with autism spectrum disorder to ____.
   a. become obsessive about keeping things the same
   b. exhibit self-stimulatory behaviors
   c. become fascinated with inanimate objects
   d. make eye contact with others

   ANS: D  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Factual

20. Tyrel was diagnosed with autism spectrum disorder and has an IQ below 70. Despite this, he can remember the name of every all-star baseball player for the past 30 years and can tell which day of the week December 3, 1908, fell on. Tyrel's behavior illustrates ____.
   a. superior short-term memory skills
   b. neurological impairments
   c. the term *autistic savant*
   d. echolalia

   ANS: C  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Applied

21. A splinter skill is said to exist when a ____.
   a. person's language ability is extraordinarily good but his or her motor and visual abilities are extremely poor
   b. child does very well on one or more isolated spatial and rote memory tasks but poorly on those requiring language
   c. person can develop a relationship with an inanimate object but not with a person
   d. child can retain information for only a short period of time

   ANS: B  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Factual

22. Which of the following points is one that poses problems in diagnosing autism spectrum disorder?
   a. Most signs of autism are extremely subtle or vague.
   b. There are no medical tests that can pinpoint autism.
   c. Autism is not diagnosed until age five or later.
   d. Autism can only be diagnosed when a person demonstrates basic math or reading skill development that is substantially below levels that would be expected based on the person’s chronological age and educational background.

   ANS: B  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Factual

23. Diagnosis of autism spectrum disorder is difficult because ____.
   a. most of these children relate well to adults
   b. many other disorders show splinter skills
   c. the symptoms do not appear until adolescence
   d. there are currently no medical tests to confirm autism and because of the confounding effects of intellectual impairment

   ANS: D  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Factual
24. Two children are thought to have intellectual disabilities, but one is suspected of being autistic, too. Which of the following situations would best help to identify the child with autistic disorder?
   a. The child speaks fluently and with creativity.
   b. The child shows splinter skills.
   c. The child is a girl.
   d. The child likes to relate to other children.

   ANS: B  PTS: 1  REF: Neurodevelopmental Disorders

25. Which childhood disorder has the latest onset?
   a. autism spectrum disorder
   b. attention-deficit hyperactivity disorder
   c. pediatric bipolar disorder
   d. enuresis

   ANS: C  PTS: 1  REF: Internalizing Disorders of Childhood

26. Audrey, an autistic child, would be expected to respond best to ____.
   a. adults
   b. babies
   c. children
   d. inanimate objects

   ANS: D  PTS: 1  REF: Neurodevelopmental Disorders

27. Which childhood disorder has the lowest prevalence?
   a. tic disorders
   b. attention-deficit hyperactive disorder
   c. autism spectrum disorder
   d. intellectual disability

   ANS: B  PTS: 1  REF: Neurodevelopmental Disorders

28. A syndrome characterized by average to above-average cognitive skills, intense focus on narrow interests, and one-sided social interactions is ____.
   a. Asperger’s disorder
   b. tic disorder
   c. learning disability
   d. intellectual disability

   ANS: A  PTS: 1  REF: Neurodevelopmental Disorders

29. Which of the following is a neurodevelopmental disorder?
   a. oppositional defiant disorder
   b. intellectual disability
   c. pediatric bipolar disorder
   d. post traumatic stress disorder

   ANS: B  PTS: 1  REF: Neurodevelopmental Disorders
30. Natalie has many of the symptoms of autism spectrum disorder but speaks normally and does not have intellectual disability. Since she seems to have a "mild" case of autistic disorder, another DSM-IV diagnosis she might get is ____.  
   a. encopresis  
   b. Asperger's syndrome  
   c. Tourette's syndrome  
   d. conduct disorder  
   ANS: B  PTS: 1  REF: Neurodevelopmental Disorders  
   OBJ: 4  MSC: Factual

31. The communication skill level associated with a severe impairment of autism spectrum disorder would be ____.  
   a. minimal or absent social communication  
   b. socially isolated and awkward  
   c. some atypical behaviors and social communication skills  
   d. no significant impairment in functioning  
   ANS: A  PTS: 1  REF: Neurodevelopmental Disorders  
   OBJ: 4  MSC: Factual

32. Nicole interacted with her parents in a normal manner until she was one year old. Then, at one, she stopped and became increasingly alone and bizarre. There was no medical reason for this change. What is an appropriate diagnosis for Nicole?  
   a. separation anxiety disorder  
   b. autism spectrum disorder  
   c. Tourette's syndrome  
   d. pediatric bipolar disorder  
   ANS: B  PTS: 1  REF: Neurodevelopmental Disorders  
   OBJ: 4  MSC: Applied

33. Candy is a two-year-old with a moderate intellectual disability. She appears to have extra skin at the inner corners of her eyelids, slanted eyes, a protruding tongue, and a single crease across the palm of her hand. What diagnosis would Candy most likely be given?  
   a. down syndrome  
   b. autism spectrum disorder  
   c. fragile X syndrome  
   d. learning disability  
   ANS: A  PTS: 1  REF: Neurodevelopmental Disorders  
   OBJ: 4  MSC: Applied

34. Bobbie Jo appeared to develop normally for the first year of her life, but then she began to exhibit severe isolation and communication difficulties as well as repetitive behaviors. Her head size, however, was normal. The most likely diagnosis would be ____.  
   a. autism spectrum disorder  
   b. Asperger's syndrome  
   c. intellectual disability  
   d. learning disability  
   ANS: A  PTS: 1  REF: Neurodevelopmental Disorders  
   OBJ: 4  MSC: Applied
35. Which of the following statements concerning the etiology of autism is correct?
   a. The most common etiological basis of autism noted so far is parental neglect or detachment.
   b. The early lack of normal development suggests biological rather than psychosocial factors.
   c. Researchers believe that there is one cause for autism that has yet to be discovered.
   d. Although psychological effects are important, biological factors play the most critical role.

   ANS: D  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Factual

36. Looking at the concordance rates for autism found in twin studies and family studies, Newschaffer and colleagues (2007) believe that autism is ____.
   a. primarily the result of genetic factors
   b. the result of genetic and environmental factors
   c. primarily the result of environmental factors
   d. primarily the result of sociocultural factors

   ANS: B  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Factual

37. In approaching the biological etiology of autism, there are a variety of biological perspectives. All of these approaches have identified biomarkers in the development of autism spectrum disorder and have confirmed ____.
   a. genetic risk factors, environmental risk factors, and gene x environmental interactions
   b. gene x environmental interactions
   c. genetic risk factors
   d. environmental risk factors

   ANS: A  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Factual

38. Research suggests that which neurotransmitter is particularly important in the development of autism?
   a. acetylcholine
   b. glutamate
   c. epinephrine
   d. serotonin

   ANS: D  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Factual

39. Susan refuses to have her daughter Zoe vaccinated against any of the common childhood diseases because Susan is afraid that vaccines can cause autism. As stated in the text, ____.
   a. Susan is right in saying that vaccines have been found to cause autism
   b. Susan's concerns are unwarranted because the research study suggesting that childhood vaccinations cause autism has been proven to be fraudulent.
   c. There has been no controversy documented regarding vaccinations and the development of autism spectrum disorder.
   d. The research on this matter has not been conclusive but the FDA believes the vaccines are safe.

   ANS: B  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Applied
40. Children who develop autism spectrum disorder have an innate vulnerability that is triggered by ____.
   a. stress                   c. down syndrome
   b. environmental toxins     d. social isolation

   ANS: B    PTS: 1          REF: Neurodevelopmental Disorders
   OBJ: 4    MSC: Factual

41. Which of the following is true with respect to the use of drug therapy for treating autism?
   a. Use of the antipsychotic medication Haloperidol has been discontinued because it has too many side effects.
   b. The hyperactivity drug Ritalin has been found to be helpful in alleviating many autism symptoms.
   c. Only one medication, the antipsychotic risperidone, has received FDA approval for the treatment of autism.
   d. SSRIs have been helpful and very effective in decreasing anxiety, repetitive behaviors, and impulsivity.

   ANS: C    PTS: 1          REF: Neurodevelopmental Disorders
   OBJ: 4    MSC: Factual

42. The parents of a child with autism spectrum disorder ask you for advice on the best treatment to eliminate the child's repetitive behaviors and improve his ability to verbalize. Your advice should be: ____.
   a. "Drug treatment has been the most effective approach for both symptoms."
   b. "No treatment has been very effective for these symptoms."
   c. "Behavior modification has been used effectively for both symptoms."
   d. "Behavior modification has been used effectively to reduce repetitive behaviors, but nothing has been effective in improving verbalization."

   ANS: C    PTS: 1          REF: Neurodevelopmental Disorders
   OBJ: 4    MSC: Factual

43. A researcher reports that in a long-term follow-up of comprehensive, early intervention and treatment with high-functioning autistics, many improved and exhibited self-sufficiency and reasonable functioning, although odd behaviors remained. The researcher's report sounds ____.
   a. unimpressive since most autistics improve without treatment
   b. the same as reports of changes that occur with drug therapy alone
   c. unrealistically optimistic
   d. quite realistic

   ANS: D    PTS: 1          REF: Neurodevelopmental Disorders
   OBJ: 4    MSC: Applied

44. Which mother would be at highest risk for giving birth to a child with down syndrome?
   a. Anna, who is Hispanic     c. Corina, who is European
   b. Bonnie, who is African American   d. Darla, who is Anglo American

   ANS: A    PTS: 1          REF: Neurodevelopmental Disorders
   OBJ: 4    MSC: Applied
45. Ross wants to develop a comprehensive program for treating children with neurodevelopmental disorders. Among the many characteristics of the program that he should include is ____.
   a. a family component
   b. psychodynamic therapy
   c. relaxation techniques
   d. structured discipline

   ANS: A   PTS: 1   REF: Neurodevelopmental Disorders
   OBJ: 4   MSC: Applied

46. Which statement about the diagnosis of childhood disorders using the DSM-V is accurate?
   a. Clinicians no longer have to decide whether behaviors are inappropriate or excessive to diagnose childhood disorders.
   b. In the latest edition, there are only seven diagnostic categories, so many children's problems are lumped together in overlapping categories.
   c. In the latest edition, the criteria have become very strict, so there has been a dramatic decrease in the number of children diagnosed.
   d. To determine if a child has an actual psychiatric disorder, clinicians consider the child’s age, developmental level, environmental factors, and symptoms that cause significant impairment in daily functioning over an extended period of time.

   ANS: D   PTS: 1   REF: Introduction   OBJ: 1
   MSC: Factual

47. Which of these disorders has the poorest prognosis?
   a. enuresis
   b. oppositional defiant disorder
   c. attention deficit/hyperactivity disorder
   d. conduct disorder

   ANS: D   PTS: 1   REF: Externalizing Disorders of Childhood
   OBJ: 2   MSC: Factual

48. LuAnne is described by her teacher as "a shy and anxious daydreamer who cannot keep on task and fails to pay attention to details. It takes LuAnne twice as long to complete worksheets as other students.” If LuAnne has a childhood disorder, it is probably ____.
   a. ADHD, predominantly inattentive type
   b. ADHD, combined type
   c. oppositional defiant disorder
   d. conduct disorder

   ANS: A   PTS: 1   REF: Neurodevelopmental Disorders
   OBJ: 4   MSC: Applied

49. Which of the following statements about attention deficit/hyperactivity disorder (ADHD) is accurate?
   a. It is considered a neurodevelopmental disorder.
   b. It is almost always diagnosed in late adolescence.
   c. It is rarely associated with academic or social problems.
   d. It is more common in females than in males.

   ANS: A   PTS: 1   REF: Neurodevelopmental Disorders
   OBJ: 4   MSC: Factual
50. Kendall, a popular first grader, is continuously in the principal's office. His teacher complains that he does not listen to instructions, he fails to finish his schoolwork, he fidgets and squirms in his seat, he often leaves his seat without permission, and he cannot seem to wait his turn during class activities. Whenever the principal calls Kendall's mother, she seems baffled by his behavior because Kendall does not have any problems at home, at church, shopping, or at daycare. What diagnosis is appropriate?
   a. ADHD, predominantly hyperactive type
   b. ADHD, predominantly inattentive type
   c. ADHD, predominantly combined type
   d. No disorder; his behaviors only appear to occur in one situation—school.

ANS: D     PTS: 1     OBJ: 4     MSC: Applied

51. Dr. Hamm says, "All children with attention problems are also hyperactive. They are more frequently girls and have more difficulty in unstructured situations. Fortunately most cases, the disorder and symptoms abate in adolescence." Which portion of this statement is accurate?
   a. It is accurate to say that all children with attention problems are hyperactive.
   b. It is accurate to say that children with attention problems have more difficulty in unstructured situations.
   c. It is accurate to say that attention problems abate in adolescence.
   d. It is accurate to say that attention problems are more frequent in girls.

ANS: B     PTS: 1     OBJ: 4     MSC: Applied

52. Jed has been diagnosed with ADHD, predominantly hyperactive-impulsive type. As he matures into adulthood, ____.
   a. he will most likely learn to adjust
   b. he will develop close friendships with other people who have problems similar to his
   c. he is likely to develop schizophrenia
   d. he may continue to experience symptoms—such as inattention, fidgeting, and impulsiveness

ANS: D     PTS: 1     OBJ: 4     MSC: Applied

53. Which of the following has been shown to help children with ADHD?
   a. giving them more freedom
   b. ignoring their inappropriate behavior
   c. giving more structure to their day
   d. using harsh punishment for inappropriate behavior

ANS: C     PTS: 1     OBJ: 4     MSC: Conceptual
54. Which of the following is a difficulty in diagnosing ADHD in preschool children?
   a. Co-occurrence with specific and social phobias.
   b. Parents are more indulgent of their children's behavior before they begin school.
   c. Recurrent verbal rage expressed by these preschoolers makes communication and assessment difficult.
   d. There is great variability in the attentional skills and energy level of preschoolers.

   ANS: D  PTS:  1  REF: Neurodevelopmental Disorders
   OBJ:  4  MSC: Factual

55. Which of the following is one of the central nervous system areas to be associated with ADHD?
   a. the occipital lobe
   b. the prefrontal cortex
   c. the occipital lobe
   d. the amygdala

   ANS: B  PTS:  1  REF: Neurodevelopmental Disorders
   OBJ:  4  MSC: Factual

56. What research findings provide an optimistic outlook suggesting that many children with ADHD eventually outgrow the disorder?
   a. neuroimaging studies that have found differences in ventricular size
   b. neuroimaging studies that have found developmental delays in the prefrontal regions of the brain
   c. twin studies that have found support for the role of environmental factors in ADHD
   d. drug studies that have explored the effect of dopamine levels on behavior and emotional functioning

   ANS: B  PTS:  1  REF: Neurodevelopmental Disorders
   OBJ:  4  MSC: Factual

57. Based on the fact that stimulant medications have been used effectively to treat ADHD, it is believed that the disorder may be caused by ___.
   a. inadequate levels of acetylcholine in the central nervous system
   b. an excess of serotonin in the central nervous system
   c. an excess of norepinephrine in the central nervous system
   d. inadequate dopamine and associated neurotransmitters that affect signal-flow to and from the frontal lobes

   ANS: D  PTS:  1  REF: Neurodevelopmental Disorders
   OBJ:  4  MSC: Factual
58. Your neighbor, whose daughter has been diagnosed with ADHD, asks your opinion of an article she just read in a popular magazine. According to the article, her daughter's ADHD symptoms are attributable to diet, and if chemical additives were cut out of her diet, her symptoms would decrease. What advice do you give your neighbor?
   a. You should tell your neighbor that research has not supported any connection between chemical additives and ADHD.
   b. You should tell your neighbor that the result of recent research is confounding and that the FDA recently agreed to respond to public concerns and hold a hearing about the affect of chemical additives.
   c. You should tell your neighbor that research has found that chemical additives cause ADHD.
   d. You should tell your neighbor that little research has actually been done to explore the connection between chemical additives in food and ADHD.

ANS: B
PTS: 1
REF: Neurodevelopmental Disorders
OBJ: 4
MSC: Applied

59. Dr. Henry is correct in recommending that treatment for José's hyperactivity include ____.
   a. medication alone
   b. cognitive-behavioral treatment alone
   c. parent-training programs
   d. comprehensive psychosocial and behavioral treatment combined with medications

ANS: D
PTS: 1
REF: Neurodevelopmental Disorders
OBJ: 4
MSC: Applied

60. What is considered to be evidence based behavioral and psychosocial treatment for ADHD?
   a. making the unconscious conscious and motivational interviewing
   b. self-control training and classroom management strategies
   c. building empathy and assertiveness-training
   d. anger management techniques and short-term day treatment

ANS: B
PTS: 1
REF: Neurodevelopmental Disorders
OBJ: 4
MSC: Factual

61. Which statement about treating attention deficit/hyperactivity disorders (ADHD) is accurate?
   a. Stimulant medication usually reduces attention span but leads to improved social behavior.
   b. Stimulant medication is prescribed in about 30 percent of cases.
   c. Modeling, parent training, and classroom contingency management programs have been far superior to drug therapy in effectiveness.
   d. Stimulant medication is prescribed to approximately 65% of the youth ages 4-17 who have been diagnosed with ADHD.

ANS: D
PTS: 1
REF: Neurodevelopmental Disorders
OBJ: 4
MSC: Factual
62. Schools that schedule recess for children would likely find that ____.
   a. children with ADHD will exhibit more aggressive behavior than if there were no recess
   b. children with ADHD will model inappropriate behaviors for non-ADHD children
   c. children with ADHD will become increasingly hyperactive than if they had no recess
   d. recess is beneficial in reducing the inappropriate behaviors of children with ADHD

   ANS: D  PTS:  1  REF: Neurodevelopmental Disorders
   OBJ:  4  MSC: Factual

63. The most commonly used class of drugs for treating ADHD are ____.
   a. tranquilizers
   b. stimulants
   c. antipsychotics
   d. narcotics

   ANS: B  PTS:  1  REF: Neurodevelopmental Disorders
   OBJ:  4  MSC: Factual

64. Leff and Crick (2010) assessed bullying among boys and girls. What did they find?
   a. Girls are more likely than boys to demonstrate relational bullying.
   b. Boys are more likely than girls to threaten their victims with social exclusion.
   c. Girls are just as likely as boys to show direct forms of bullying, like intimidating, controlling, or beating up other children.
   d. Girls are much more socially competent than boys and therefore do not generally engage in bullying behavior.

   ANS: A  PTS:  1  REF: Externalizing Disorders of Childhood
   OBJ:  2  MSC: Factual

65. Which statement concerning oppositional defiant disorder (ODD) is true?
   a. It is characterized by violence and other antisocial behaviors.
   b. It involves negativistic, argumentative, and hostile behavior but not serious violations of the rights of others.
   c. Its symptoms have little or no overlap with those of attention deficit/hyperactive disorders.
   d. It is an old category that is widely recognized around the world.

   ANS: B  PTS:  1  REF: Externalizing Disorders of Childhood
   OBJ:  2  MSC: Factual

66. Donald, age 13, refuses to obey his parents and blames others for his mistakes, but he does not engage in vandalism or other criminal acts. If Donald were to be diagnosed with a mental disorder, it would likely be ____.
   a. conduct disorder, adolescent onset type
   b. attention deficit/hyperactive disorders
   c. separation anxiety disorder
   d. oppositional defiant disorder

   ANS: D  PTS:  1  REF: Externalizing Disorders of Childhood
   OBJ:  2  MSC: Applied
67. Sam is chronically getting in trouble at school. He fights with other boys, has destroyed school property, and cheats on his assignments. Sam also has been arrested by the local police for setting fires and stealing. Sam most likely would be diagnosed with ____.
   a. antisocial personality disorder
   b. conduct disorder
   c. temper dysregulation disorder with dysphoria
   d. oppositional defiant disorder

   ANS: B  PTS: 1  REF: Externalizing Disorders of Childhood
   OBJ: 2  MSC: Applied

68. Which psychiatric disorder of childhood is characterized by chronic irritability and severe mood dysregulation as well as recurrent episodes of temper triggered by common stressors?
   a. temper dysregulation disorder with dysphoria
   b. conduct disorder
   c. oppositional defiant disorder
   d. antisocial personality disorder

   ANS: A  PTS: 1  REF: Externalizing Disorders of Childhood
   OBJ: 2  MSC: Factual

69. Milton gets into fights, steals, and has vandalized his school. Melissa has been apprehended for truancy many times, and she often runs away from home, uses drugs, and engages in prostitution. What can be said about these two teenagers?
   a. They both have oppositional defiant disorder.
   b. Milton has oppositional defiant disorder; Melissa has temper dysregulation disorder with dysphoria
   c. They both have conduct disorder.
   d. Milton has conduct disorder; Melissa has oppositional defiant disorder.

   ANS: C  PTS: 1  REF: Externalizing Disorders of Childhood
   OBJ: 2  MSC: Applied

70. Which statement about conduct disorder (CD) is accurate?
   a. Males with CD have a better prognosis than females with CD.
   b. Youths with CD who exhibit callous, unemotional personality traits with no remorse for their behavior may exhibit antisocial personality disorder in adulthood.
   c. Youths with CD display anger responses that are exaggerated in intensity and duration.
   d. Youths with CD do not demonstrate a serious violation of norms.

   ANS: B  PTS: 1  REF: Externalizing Disorders of Childhood
   OBJ: 2  MSC: Factual

71. Kazdin, Whitley, and Marciano (2006) assert that the most important factor for a positive outcome in children with oppositional, aggressive, or antisocial behaviors is ____.
   a. for parents and/or mentors to develop a therapeutic relationship with the children that involves empathy, warmth, and acceptance
   b. covert sensitization to reduce attention problems
   c. giving children more control over their environment
   d. providing assertiveness training to children to help them become more independent

   ANS: A  PTS: 1  REF: Externalizing Disorders of Childhood
   OBJ: 2  MSC: Factual
72. Ever since Steve was a toddler he was irritable, difficult to please, and often engaged in long temper tantrums with his parents and other children. As a child Steve continues to have anger episodes and outbursts, which are particularly pronounced when he is tired, hungry, does not get his way, or is being teased by other children. Steve most likely would be diagnosed with ____.
   a. temper dysregulation disorder with dysphoria
   b. oppositional defiant disorder
   c. conduct disorder
   d. pediatric bipolar disorder
   ANS: A  PTS: 1  REF: Externalizing Disorders of Childhood
   OBJ: 2  MSC: Applied

73. When treating delinquent youth, Dishion et al. (1999) caution that ____.
   a. behavioral therapy, especially aversive conditioning for antisocial behaviors, works well
   b. group interventions may increase substance abuse as well as antisocial and violent behavior
   c. group interventions may help youngsters learn appropriate forms of social interaction
   d. psychodynamic therapy is best for teaching them to control their aggressive impulses
   ANS: B  PTS: 1  REF: Externalizing Disorders of Childhood
   OBJ: 2  MSC: Factual

74. Which appears to be most effective for treatment of conduct disorders?
   a. Treatment for conduct disorder is most effective when it implements systematic desensitization for children and insight therapy for their parents.
   b. Treatment for conduct disorder is most effective when implemented before patterns of disruptive behavior are firmly established.
   c. Treatment for conduct disorder is most effective when it involves stimulant medication and social skills role playing.
   d. Treatment for conduct disorder is most effective when it utilizes hypnosis and psychoanalysis.
   ANS: B  PTS: 1  REF: Externalizing Disorders of Childhood
   OBJ: 2  MSC: Factual

75. Milton is a child abuser. If he is typical of most people who abuse children, we would expect him to ____.
   a. be psychotic
   b. have a high school diploma
   c. be over 30
   d. have been abused himself when he was a child
   ANS: D  PTS: 1  REF: Elimination Disorders
   OBJ: 3  MSC: Applied
76. Which category of childhood disorders is characterized by academic functioning that is substantially below that expected in terms of a person's chronological age, measured intelligence, and age appropriate education?
   a. learning disability    c. ADHD
   b. intellectual disability d. autism spectrum disorder

   ANS: A  PTS: 1  REF: Neurodevelopmental Disorders  
   OBJ: 4  MSC: Factual

77. Helen is administering an intelligence test to children to determine if they have a learning disability. She should be sure to _____.
   a. test several children at the same time as a way of reducing their anxiety
   b. make sure the children are relaxed by playing soft music as they take the test
   c. only give extra time to those who seem to need it
   d. be aware of each student's linguistic and cultural background

   ANS: D  PTS: 1  REF: Neurodevelopmental Disorders  
   OBJ: 4  MSC: Applied

78. Approximately ____% of students in the United States public schools have learning disabilities.
   a. 1     c. 8
   b. 5     d. 11

   ANS: B  PTS: 1  REF: Neurodevelopmental Disorders  
   OBJ: 4  MSC: Factual

79. In the United States, if academic progress is significantly compromised by a neurodevelopmental disorder, children ____.
   a. can only receive a comprehensive evaluation of skills
   b. are entitled to free educational services from age 3 to age 21, receive a comprehensive evaluation of skills every 3 years, and are entitled to an annual individualized education plan
   c. require their parents to advocate for their behalf in the American school system to meet their academic needs
   d. have few educational resources to access and assist their academic achievement

   ANS: B  PTS: 1  REF: Neurodevelopmental Disorders  
   OBJ: 4  MSC: Factual

80. Ms. Ribner has several students in her class with neurodevelopmental disorder. The best help and support she can offer them is to ____.
   a. teach them skills and develop their potential to the fullest extent possible
   b. provide them with remedial education.
   c. improve their interpersonal skills
   d. educate their parents about how to encourage their children to learn

   ANS: A  PTS: 1  REF: Neurodevelopmental Disorders  
   OBJ: 4  MSC: Applied
81. Etiology of intellectual disabilities (ID) differ depending on the level of intellectual impairment. Mild ID is often ____ and more severe ID is ____.
   a. idiopathic; related to genetic factors, brain abnormalities, or brain injury
   b. related to genetic factors, brain abnormalities, or brain injury; idiopathic
   c. related to genetic factors; related to brain injury
   d. parental neglect; attachment problems

ANS: A  PTS: 1  REF: Neurodevelopmental Disorders
OBJ: 4  MSC: Factual

82. Dr. Travis says, "People with intellectual disabilities have an IQ below 90 and must be diagnosed before age 18. Prevalence figures for the United States are 2-3%. People with intellectual disabilities have deficiencies in adaptive behavior that are lower than expected based on age or cultural background." What portion of this statement is accurate?
   a. It is accurate to say that intellectual disabilities involve an IQ below 90.
   b. It is accurate to say that intellectual disabilities must be diagnosed before age 18.
   c. It is accurate to say that prevalence figures for intellectual disabilities in the United States are 2-3%.
   d. It is accurate to say that people with intellectual disabilities have deficiencies in adaptive behavior that are lower than expected based on age or cultural background.

ANS: D  PTS: 1  REF: Neurodevelopmental Disorders
OBJ: 4  MSC: Applied

83. Joan scores 65 on an IQ test but does not show signs of adaptive problems. Can she be considered intellectually disabled?
   a. Maybe, but she must first show a low IQ after age 18.
   b. Yes, her IQ score requires such a diagnosis.
   c. No, her IQ test score is too high.
   d. No, she must show adaptive problems.

ANS: D  PTS: 1  REF: Neurodevelopmental Disorders
OBJ: 4  MSC: Applied

84. Which of the following is one of the assumptions about diagnosis and intervention for those with intellectual disabilities as established by the American Association of Intellectual and Developmental Disabilities (AAIDD)?
   a. Many forms of intellectual disabilities lead to psychotic conditions.
   b. Given ongoing, individualized support, the overall functioning of individuals with intellectual disabilities will improve.
   c. Conditions that used to be seen as responsive to intervention are now believed to be hopeless.
   d. All forms of intellectual disabilities produce about the same level of handicap.

ANS: B  PTS: 1  REF: Neurodevelopmental Disorders
OBJ: 4  MSC: Factual
85. Naomi is a child of poverty. She has inadequate nutrition, housing, and educational opportunities. Naomi has a mild intellectual disability. Her intellectual disability could possibly be considered ____.
   a. organic
   b. a result of genetic deficiencies
   c. untreatable
   d. a result of environmental factors such as socioeconomic disadvantage

   ANS: D  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Applied

86. Bud, age 10, was born with short fingers, slanted eyes, and a protruding tongue. He is moderately intellectually disabled. His parents were both in their forties when he was born. He probably has the form of intellectual disability called ____ and he has a high likelihood of developing ____.
   a. Alzheimer's disease; fetal alcohol syndrome
   b. down syndrome; heart problems
   c. fetal alcohol syndrome; Alzheimer's disease
   d. microcephaly; heart problems

   ANS: B  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Applied

87. Dr. Branch tells his pregnant patient, "Because you are 38 years old, we are going to do amniocentesis to see whether there is a normal number of chromosomes in your baby." What disorder is Dr. Branch concerned about?
   a. phenylketonuria (PKU)
   b. nongenetic biogenic retardation
   c. Down syndrome
   d. fetal alcohol syndrome

   ANS: C  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Applied

88. Which statement about the predisposing and etiological factors associated with intellectual disabilities is accurate?
   a. Heredity explains the cause of over one-half of all cases of intellectual disabilities.
   b. Down syndrome and fetal alcohol syndrome account for almost 75 percent of all cases of intellectual disabilities.
   c. More children develop intellectual disabilities because of infections and brain damage during infancy than because of all other causes put together.
   d. In a large majority of cases (80 percent), the cause of intellectual disabilities is not known.

   ANS: D  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Factual

89. Jack, Jim, and Justin all have intellectual disabilities. Jack's mother was a chronic alcoholic. Jim's mother beat him on the head repeatedly when he was an infant. Justin was born prematurely and suffered from a lack of oxygen at birth. The cause of intellectual disabilities for all three boys is due to ____.
   a. organic factors
   b. nongenetic biological factors
   c. genetic factors
   d. environmental factors

   ANS: B  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Applied
90. Children with this condition unusually demonstrate facial abnormalities, central nervous system dysfunction, and altered brain development. These children experience difficulty with attention, learning, memory, regulation of emotions, and executive functioning. Their mothers' drinking during pregnancy increases the likelihood of this form of intellectual disability, which is estimated to occur in less than 1% of live births in the United States.
   a. Down syndrome
   b. phenylketonuria (PKU)
   c. environmentally caused intellectual disability
   d. fetal alcohol syndrome
   ANS: D  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Factual

91. Adults with intellectual disabilities are at higher risk of developing ____ than are members of the general population.
   a. a depressive disorder
   b. an anxiety disorder
   c. post traumatic stress disorder
   d. an impulse control disorder
   ANS: A  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Factual

92. Which cause of mental retardation is 100 percent preventable?
   a. phenylketonuria (PKU)
   b. Down syndrome
   c. fetal alcohol syndrome (FAS)
   d. fragile X syndrome
   ANS: C  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Factual

93. The most common mental health disorder in childhood and adolescence are ____.
   a. anxiety disorders
   b. mood disorders
   c. post traumatic stress disorder
   d. pediatric bipolar disorder
   ANS: A  PTS: 1  REF: Internalizing Disorders of Childhood
   OBJ: 1  MSC: Factual

94. Children and adolescents with PTSD experience recurrent, distressing memories of shocking experiences and traumas that include threat of, direct, or indirect experience with ____.
   a. psychotic parents
   b. death, serious injury, or sexual violation
   c. depression, anxiety, or stress
   d. inconsistent primary care-givers
   ANS: B  PTS: 1  REF: Internalizing Disorders of Childhood
   OBJ: 1  MSC: Factual

95. Anxiety disorders specific to childhood include ____.
   a. school phobia, separation anxiety disorder, and selective mutism
   b. generalized anxiety disorder, panic disorder, and parent phobia
   c. social anxiety disorder, agoraphobia, and panic disorder
   d. obsessive-compulsive disorder, avoidant personality disorder, and generalized anxiety disorder
   ANS: A  PTS: 1  REF: Internalizing Disorders of Childhood
   OBJ: 1  MSC: Factual
96. The parents of a moderately retarded 24-year-old want their child to live in the best place for learning living skills. Which piece of advice is most reasonable?
   a. "Put your child in an institution; they know how best to deal with a retarded person."
   b. "Independent living is the best situation; it will force your child to adapt."
   c. "The place is not as important as whether the program has a goal of promoting social interaction and fostering competence."
   d. "Make sure you stay away from group homes; they never help."
   
   ANS: C  PTS: 1  REF: Neurodevelopmental Disorders
   OBJ: 4  MSC: Conceptual

97. ____ involves the induction of bleeding, bruising or pain by means of intentional self-inflicted injury in order to improve mood or experience respite from painful feelings.
   a. Non-suicidal self injury
   b. Reactive attachment disorder
   c. Temper dysregulation disorder with dysphoria
   d. Conduct disorder
   
   ANS: A  PTS: 1  REF: Internalizing Disorders of Childhood
   OBJ: 1  MSC: Factual

98. Research suggests that the most effective treatment for enuresis is ____.
   a. ignoring the problem and letting the child take responsibility for changing the behavior when he or she is ready
   b. increasing the depth of sleep with sleeping pills and at the same time, decreasing the volume of urine with medication
   c. aversive conditioning to make the child associate shame and guilt with bed-wetting
   d. providing support to the parents and child, setting up reward systems, or using a bedtime urine alarm
   
   ANS: D  PTS: 1  REF: Elimination Disorders
   OBJ: 3  MSC: Factual

99. Lakisha is 11 and still urinates into her clothes or in her bed. Her father also wet the bed when he was a youth. The prognosis is good that Lakisha's problems will end without treatment. The disorder she best illustrates is ____.
   a. Tourette's disorder
   b. attention deficit disorder
   c. enuresis
   d. encopresis
   
   ANS: C  PTS: 1  REF: Elimination Disorders
   OBJ: 3  MSC: Applied

100. Matthew is eight years old and defecates inappropriately almost daily. He has a history of constipation that has not been helped with laxatives, high-fiber diets, or other suggested remedies. Matthew would be diagnosed with ____.
    a. enuresis
    b. oppositional defiant disorder
    c. encopresis
    d. lazy bowel syndrome
    
    ANS: C  PTS: 1  REF: Elimination Disorders
    OBJ: 3  MSC: Applied
1. Describe the DSM-V diagnostic criteria for autism spectrum disorder.

ANS:
Symptoms of autism spectrum disorder fall into one of two categories according to the DSM-V criteria: deficits in social communication and social interaction; and repetitive behavior or restricted interests or activities. The first category, deficits in social communication and social interaction, includes the following: atypical social-emotional reciprocity (e.g., limited to no interest in social interaction), atypical nonverbal communication (e.g., little to no eye contact, absence of meaningful gestures or facial expressions), and difficulties in developing and maintaining relationships (e.g., failure to develop peer relationships appropriate to developmental level; lack of spontaneous seeking to share interests, or achievements with other people). The second category is repetitive behavior or restricted interests or activities that involve at least two of the following: Repetitive speech, movement, or use of objects (e.g., head-banging, arm-flapping, body rocking), intense focus on routines and strong resistance to change (e.g., rituals involving objects, lining up toys), intense fixations or restricted interests (e.g., fascination with certain objects), and atypical sensory reactivity (e.g., indifference to pain, heat, or cold).

Symptoms of autism spectrum disorder are not developmental delays but differences in development that cause impairment in everyday functioning. Degree of symptoms impairment ranges from mild to severe. Autism spectrum disorder is diagnosed based on multiple sources of information including clinical observation, parent interviews, developmental histories, autism screen inventories, and when there is persistence evidence of autism characteristics. Although behavioral differences are sometimes evident in infancy, autism is often not diagnosed until age three or later. Of note, the DSM-V workgroup determined that the social communication abnormalities, interpersonal relationship difficulties, desire for sameness, and narrow interests seen in Asperger’s syndrome are an extension of the autism spectrum continuum and as a result, the Asperger’s diagnosis has been eliminated from the DSM-V.

PTS: 1

2. Compare and contrast the symptoms involved in the externalizing disorders of childhood: temper dysregulation disorder with dysphoria, oppositional defiant disorder, and conduct disorder.

ANS:
Temper dysregulation disorder with dysphoria (TDD), oppositional defiant disorder (ODD), and conduct disorder (CD) are disruptive behavior disorder. These conditions are associated with symptoms that are socially disturbing and distressing to others. These disorders may make school achievement less likely and increase conflicts between the children who have these disorders and peers, parents, teachers, and others. Diagnosis of externalizing disorders requires a pattern of behavior that is 1) atypical for the child’s age and developmental level; 2) persistent (occurring consistently for at least one year); and 3) severe enough to cause significant impairment in social, academic or vocational functioning.

TDD involves significant irritability, mood dysregulation, and recurrent episodes of temper triggered by common childhood stressors. The predominant moods are irritable, angry or sad for children with TDD. ODD is characterized by a pattern of hostile, negativistic behavior in which the child loses his or her temper and defies adult requests. Anger and resentment are common emotions for these children, and they may engage in spiteful actions, but they usually do not break the law or act cruelly or viciously toward others. CDs are characterized by just this kind of behavior. Children with conduct disorders violate the rights of others by stealing, fighting, bullying, lying, destroying property, or acting cruelly toward animals or small children.
Family and social context play a large role in the development of externalizing disorders, as disruptive behavior is associated with harsh or inconsistent discipline, peer or maternal rejection, economic stress, large families, and marital breakdown. Underlying emotional issues are also common in these externalizing disorders. Depression frequently co-exists with ODD and TDD, and the pervasive negative affect associated with TDD is predictive of later depression. ODD often precedes the development of conduct disorders, and ODD and CD tend to co-occur with ADHD.

**PTS:** 1

3. **How are intellectual disabilities diagnosed and subdivided? What are the principle causes of intellectual disabilities?**

**ANS:**
A diagnosis of intellectual disabilities involves substantial intellectual deficits (scoring below 70 on an IQ test) and deficiencies in adaptive behaviors expected for the child's age group or culture. In other words, intellectual disability involves impairment in daily living skills, self-care, and other adaptive behaviors in addition to having an IQ below 70. The DSM-V specifies four subcategories of intellectual disability based on a range of IQ scores. Individuals diagnosed with a mild intellectual disability have an IQ in the 50-70 range. Mild intellectual disability is characterized by some affected daily living and social interactions skills. These individuals may need assistance with job skills or independent living yet they may marry and raise children. Moderate intellectual disability falls within the range of 35-49. Individuals in the moderate range may have functional self-care skills, may read a few basic words, and need lifelong support and supervision. Severe intellectual disability ranges from 20-34, and individuals within this range may recognize familiar people, have very limited communications skills, and require lifelong support. Profound intellectual disability involves IQ scores below 20. Social and vocational skills vary widely within these categories. Interestingly, the American Association on Intellectual Disabilities no longer uses IQ scores to subdivide forms of intellectual disabilities. They focus on the individuality and humanity of individuals with intellectual disabilities, and emphasize the need for supportive services.

Eighty percent of cases of intellectual disabilities have no clear cause. Genetic factors contribute to intellectual disabilities through genetic variations and genetic abnormalities. **Genetic abnormalities associated with intellectual disability include Down syndrome, a genetic condition in which there is an extra Chromosome 21. There are other genetic causes of intellectual disabilities such as fragile X syndrome. Nongenetic biological factors account for other cases of intellectual disabilities. For example, when mothers drink heavily during pregnancy, they can give birth to a child with fetal alcohol syndrome (FAS), a condition that includes a central nervous system dysfunction, altered brain development, reduced cognitive functioning, and attentional difficulties. Lack of oxygen during birth, head injuries, infections, toxic substances such as lead, and malnutrition are other prenatal, perinatal, or postnatal biological causes of intellectual disabilities. In some cases, environmental causes such as poverty, lack of attention, poor nutrition, and inadequate stimulation are primary influences that affect intellectual and adaptive functioning. Individuals from socioeconomically disadvantaged homes generally have less opportunity to reach their genetic potential. An enriching and encouraging home environment as well as ongoing educational intervention focused on targeted cognitive, academic, self-care, social and problem-solving skills can have a strong and positive influence on the development of children with intellectual disabilities.**

**PTS:** 1
MULTIPLE CHOICE

1. At one time, psychologists were primarily involved in evaluating criminal defendants for competency to stand trial. Now psychologists ____.
   a. primarily do evaluations for competency cases that involve the new "guilty, but mentally ill" defense
   b. are forbidden from doing such evaluations
   c. have expanded roles including giving expert opinions, organic brain functioning, traumatic injury, suicide, and deprogramming activities
   d. evaluate civil defendants for competency to stand trial

   ANS: C  PTS: 1  REF: Introduction OBJ: 1  MSC: Factual

2. Due to a mental condition, Jonathan seems unable to feed or care for himself. His family wants to put him in a treatment facility against his will. Joanna has told her therapist that she plans to kill her husband. The therapist is contemplating breaching this confidence so that the husband can be warned. Which case involves behavior that has legal and ethical implications?
   a. both Jonathan's and Joanna's cases
   b. neither Jonathan's nor Joanna's case
   c. Joanna's case only
   d. Jonathan's case only

   ANS: A  PTS: 1  REF: Introduction OBJ: 1  MSC: Applied

3. Which of the following cases is correctly matched with the issue it is used to illustrate?
   a. Brian David Mitchell— involuntary commitment
   b. Andrea Yates—competence to stand trial
   c. BL (“bag lady”)—determination sanity
   d. Tarasoff—therapist's obligation to breach confidentiality

   ANS: D  PTS: 1  REF: Introduction OBJ: 1  MSC: Factual

4. The basic premise of criminal law in the United States suggests that behavior is ____.
   a. fundamentally uncontrollable
   b. freely chosen
   c. a result of genes and our environment
   d. a product of both culture and family upbringing

   ANS: B  PTS: 1  REF: Criminal Commitment OBJ: 1  MSC: Factual
5. Which statement about criminal commitment is accurate?
   a. It means the incarceration of someone for having committed a crime.
   b. It occurs when people suffering from mental disorders are admitted to a psychiatric hospital against their will.
   c. It always requires a hearing to assess competency to stand trial.
   d. It leads to incarceration of only those people who are not responsible for their actions.

ANS: A  PTS: 1  REF: Criminal Commitment

6. One thing that John Hinckley, Kenneth Bianchi, and Jeffrey Dahmer have in common is that they all ____.
   a. were committed to a mental institution for treatment
   b. were found guilty and convicted to spend time in prison
   c. used the insanity defense
   d. were judged mentally incompetent to stand trial.

ANS: C  PTS: 1  REF: Civil Commitment

7. Which of the following statements is accurate regarding the term insanity?
   a. Insanity is a legal concept, a number of different standards are used as legal tests of insanity.
   b. Insanity is a psychological term used to describe severe pathology.
   c. Insanity has no psychological or legal meaning, it is a colloquialism used in this culture.
   d. Insanity is a legal term that is comparable with a psychological disorder.

ANS: A  PTS: 1  REF: Civil Commitment

8. In the case of Kenneth Bianchi, psychologists sought to determine whether his criminal behavior was actually due to the disorder called ____.
   a. multiple personality disorder (now called dissociative identity disorder)
   b. paranoid schizophrenia
   c. amotivational syndrome
   d. presenile dementia

ANS: A  PTS: 1  REF: Criminal Commitment

9. A question raised by the Tarasoff ruling is: ____.
   a. "How can a therapist decide whether a client is competent to stand trial?"
   b. "When is a therapist legally and ethically obligated to breach patient-therapist confidentiality?"
   c. "When does a therapist decide that the client should be involuntarily committed?"
   d. "What is the best way for therapists to protect their clients' rights?"

ANS: B  PTS: 1  REF: Introduction  OBJ: 1
MSC: Factual
10. What legal ruling established that defendants can be acquitted of a crime if it is proven that during the act of the crime the individual did not know the nature of his or her actions or did not know that what he or she was doing was wrong?
   a. The American Law Institute's Model Penal Code
   b. the Durham Rule
   c. the M'Naghten Rule
   d. irresistible impulse

   ANS: C          PTS:  1          REF: Criminal Commitment
   OBJ:  1          MSC: Factual

11. Which of the following broadened the criteria established in M'Naghten for using the insanity defense?
   a. the ALI model
   b. the irresistible impulse test
   c. the Durham rule
   d. the Model Penal Code

   ANS: B          PTS:  1          REF: Criminal Commitment
   OBJ:  1          MSC: Factual

12. A man who had delusions and hallucinations that told him to kill his parents is found not guilty by reason of insanity because, at the time of the crime, he did not know right from wrong. This insanity verdict ____.  
   a. is no longer possible in the United States
   b. is contradictory to the American Law Institute code
   c. illustrates the irresistible impulse idea
   d. illustrates the M'Naghten Rule

   ANS: D          PTS:  1          REF: Criminal Commitment
   OBJ:  1          MSC: Applied

13. Which of the following accurately pairs the insanity rule with its description?
   a. irresistible impulse—lack of willpower or control over behavior
   b. M'Naghten Rule—lack of willpower or control over behavior
   c. M'Naghten Rule—unable to help in one's defense
   d. irresistible impulse—did not know right from wrong

   ANS: A          PTS:  1          REF: Criminal Commitment
   OBJ:  1          MSC: Factual

14. The Durham (1954) decision suggested that insanity was ____.  
   a. an improper way for defendants to avoid responsibility
   b. too frequently successful, particularly in violent crimes
   c. always based on irresistible impulse
   d. a product of mental disease or defect as defined by mental health professionals

   ANS: D          PTS:  1          REF: Criminal Commitment
   OBJ:  1          MSC: Factual
15. An attorney says to his client, "If we can convince the judge that when you shot your mother, you either did not know it was a criminal thing to do or could not control your behavior because you had a mental disease (other than antisocial personality disorder), you should be found not guilty by reason of insanity." What legal standard is the attorney describing?
   a. *Durham* standard
   b. American Law Institute Model Penal Code
   c. *M'Naghten* Rule
   d. irresistible impulse standard
   
   ANS: B     PTS: 1     REF: Criminal Commitment
   OBJ: 1     MSC: Conceptual

16. When lawyers for Dan White, murderer of two San Francisco government officials, argued that his behavior was partially due to a diet of junk food, which legal concept was being used?
   a. involuntary commitment
   b. incompetence to stand trial
   c. diminished capacity
   d. least restrictive environment
   
   ANS: C     PTS: 1     REF: Criminal Commitment
   OBJ: 1     MSC: Factual

17. After John W. Hinckley, Jr. was acquitted of attempting to assassinate President Reagan on the basis of his plea of "not guilty by reason of insanity," _____.
   a. Congress passed the Insanity Reform Act of 1984, which based the definition of insanity on the individual's ability to understand his or her actions
   b. the American Law Institute wrote the Model Penal Code, which shifted the burden of determining criminal responsibility from experts to the jury
   c. the American Law Institute amended its Model Penal Code to include the concept of diminished capacity
   d. the federal courts amended the insanity laws to place a greater burden on the defendant to prove insanity in assassination cases that involve political figures
   
   ANS: A     PTS: 1     REF: Criminal Commitment
   OBJ: 1     MSC: Factual

18. The insanity defense is used in ____ of cases and is ____ successful.
   a. less than 1 percent; rarely
   b. about 5 percent; almost always
   c. about 10 percent; almost always
   d. about 20 percent; rarely
   
   ANS: A     PTS: 1     REF: Criminal Commitment
   OBJ: 1     MSC: Factual

19. The purpose of such new verdicts as "guilty, but mentally ill" and "culpable and mentally disabled" is to ____.
   a. increase the courts' awareness that mentally ill criminals are not responsible for their actions
   b. reduce the influence of mental health professionals in trials
   c. separate the issue of mental illness from individual responsibility for their actions
   d. eliminate the idea of personal responsibility from the law
   
   ANS: C     PTS: 1     REF: Criminal Commitment
   OBJ: 1     MSC: Factual
20. Pleas such as “culpable and mentally disabled,” “mentally disabled, but neither culpable nor innocent,” and “guilty, but mentally ill” allows ____.
   a. jurors to reach a decision that convicts individuals for their crimes, holds them responsible for their acts, and ensures that they are given treatment for their mental illness
   b. a judgment that a defendant has a factual and rational understanding of the proceeding and can rationally consult with counsel about his/her defense
   c. different states and municipalities use different tests of insanity with varying outcomes
   d. mental health professionals to come to a conclusion on what constitutes mental illness

ANS: A  PTS: 1  REF: Criminal Commitment
OBJ: 1  MSC: Factual

21. Mental state at the time of a crime is to ____ as mental state at the time before and during the trial is to ____.
   a. competency to stand trial; civil commitment
   b. dangerousness; civil commitment
   c. insanity; dangerousness
   d. insanity; competency to stand trial

ANS: D  PTS: 1  REF: Criminal Commitment
OBJ: 1  MSC: Conceptual

22. Which of the following is one of the criteria used to determine a defendant's competency to stand trial?
   a. Did the defendant understand what he or she was doing at the time the crime was committed?
   b. Does the defendant have a factual understanding of the proceedings?
   c. Did the defendant determine if he or she was a danger to others?
   d. Did the defendant exercise his or her right to refuse treatment?

ANS: B  PTS: 1  REF: Criminal Commitment
OBJ: 1  MSC: Factual

23. After a defendant screams at his attorney while in court for the fifth time, the judge says, "It seems likely that your client either does not know what is going on in these proceedings or cannot rationally consult with you." The judge is questioning the ____.
   a. attorney's desire to use civil commitment
   b. client's sanity
   c. attorney's privileged communication
   d. client's competency to stand trial

ANS: D  PTS: 1  REF: Criminal Commitment
OBJ: 1  MSC: Applied
24. Janice has bipolar disorder and refuses to take medication to control her manic episodes. She was arrested last night for disturbing the peace and assault. When she is brought into custody, it is apparent that she is experiencing a manic episode. She appears psychotic, and after a psychological evaluation, a psychologist files a report with the court indicating that Janice is not competent to stand trial. What will happen to Janice now?
   a. She will be given medication, and once her manic episode has been controlled, she will be released with no further court involvement.
   b. She will be confined in a prison hospital until she is deemed competent to stand trial.
   c. She will be represented during court proceedings by her legal guardian.
   d. She will be sent to a public psychiatric hospital until she is deemed competent to stand trial.

ANS: B  PTS:  1  REF:  Criminal Commitment
OBJ:  1  MSC:  Applied

25. Because of the *Jackson v. Indiana* (1972) decision, the determination that a person is incompetent to stand trial ____.
   a. cannot lead to an indefinite period of confinement solely on the grounds of incompetency
   b. can be obtained without giving the defendant due process
   c. now leads to an acquittal on all criminal charges
   d. now leads to an automatic finding of innocent by reason of insanity

ANS: A  PTS:  1  REF:  Criminal Commitment
OBJ:  1  MSC:  Factual

26. Milton was found not competent to stand trial. He was admitted to a psychiatric facility where, after many months, it was determined he was unlikely to regain competency. According to the Supreme Court ruling *Jackson v. Indiana*, what will happen to Milton?
   a. He will be tried for the crime he was accused of.
   b. He will remain in the psychiatric facility.
   c. Either he will be freed or civil commitment procedures will begin.
   d. He will be found "guilty, but mentally ill" and placed in a psychiatric hospital.

ANS: C  PTS:  1  REF:  Criminal Commitment
OBJ:  1  MSC:  Applied

27. The legal checks and balances that are guaranteed to everyone, such as the right to counsel and the right to present evidence, are called ____.
   a. the right to treatment
   b. due process
   c. civil commitment
   d. ethical standards

ANS: B  PTS:  1  REF:  Criminal Commitment
OBJ:  1  MSC:  Factual

28. Working with culturally different clients is unethical unless mental health professionals ____.
   a. have adequate training and expertise in multicultural psychology
   b. major in multiculturalism in graduate school
   c. participate in cultural emersion programs
   d. acknowledge culture

ANS: A  PTS:  1  REF:  Cultural Competence and the Mental Health Profession
OBJ:  6  MSC:  Factual
29. The case of *Durham vs. United States* (1954) left the task of defining mental illness to mental health professionals. This had the general result that ____.
   a. relying on psychiatric testimony has served to confuse the issues because both the prosecutor and defense bring in psychiatric experts, who often present conflicting testimony.
   b. many defendants were opting for a plea of insanity
   c. a huge rift developed between mental health professionals and the legal system
   d. the mental health professionals developed a stricter definition than the courts had previously followed

   ANS: A  PTS: 1  REF: Criminal Commitment
   OBJ: 1  MSC: Factual

30. The case of the “bag lady” (BL), demonstrates the involuntary confinement of a person perceived to be a threat to self or to others, even though no crime has been committed. This is termed ____.
   a. civil commitment
   b. institutionalization
   c. criminal commitment
   d. civil hospitalization

   ANS: A  PTS: 1  REF: Civil Commitment
   OBJ: 2  MSC: Factual

31. Carmelita's mother has contacted an attorney to begin civil commitment proceedings for Carmelita. We can guess that the mother is ____.
   a. highly concerned with the lifelong stigma that psychiatric hospitalization might cause her daughter
   b. convinced that Carmelita committed a crime while insane
   c. concerned that Carmelita is potentially a danger to herself or others
   d. aware that Carmelita cannot rationally assist her attorney in a criminal case

   ANS: C  PTS: 1  REF: Civil Commitment
   OBJ: 2  MSC: Applied

32. In the play *Harvey*, a man who says he sees a six-foot white rabbit is the target of people who want to admit him involuntarily to a psychiatric hospital. Why is this kind of civil commitment something to be avoided if at all possible?
   a. People who are in hospitals involuntarily are usually denied treatment.
   b. Civil commitment leads to the stigma of psychiatric hospitalization, major disruptions in the person's life, loss of control over one's life, and loss of self-esteem.
   c. People who are committed spend more time in the hospital than they would in prison if they were convicted of a crime.
   d. It takes away the person's due process rights.

   ANS: B  PTS: 1  REF: Civil Commitment
   OBJ: 2  MSC: Applied
33. A judge hears four cases involving civil commitment. Based on the criteria for civil commitment, which case is likely to be denied by the judge (i.e., the person will not be sent to a psychiatric facility involuntarily)?
   a. A man is so terrified of auditory hallucinations that he is likely to lose control and kill himself.
   b. A delusional woman is likely to kill her husband in the next several days.
   c. A starving psychotic man has no permanent residence and no way to stay out of subzero temperatures at night.
   d. A young married woman is seriously depressed after giving birth.

   ANS: D   PTS: 1   REF: Civil Commitment
   OBJ: 2   MSC: Applied

34. Civil commitment is the reason Hannah was hospitalized against her will. Which of the following is a criterion that could have been used in her civil commitment hearing?
   a. her parents' fear that she was about to lose emotional control
   b. her inability to care for herself
   c. her inability to consult rationally with her attorney
   d. her diagnosis of antisocial personality disorder

   ANS: B   PTS: 1   REF: Civil Commitment
   OBJ: 2   MSC: Applied

35. Research has found that in terms of predicting a client's potential dangerousness, mental health professionals ____.
   a. often overpredict violence
   b. often underpredict violence
   c. are less accurate than law enforcement officials at predicting violence
   d. are accurate at predicting violence, but not accurate at predicting clients' nonviolent behaviors

   ANS: A   PTS: 1   REF: Civil Commitment
   OBJ: 2   MSC: Factual

36. Proceedings have begun to have Angelina civilly committed because she is unable to care for herself and does not have the social network to provide for such care. This mean that Angelina is unable to provide which of the following for herself?
   a. personal hygiene
   b. employment
   c. medical care
   d. shelter

   ANS: D   PTS: 1   REF: Civil Commitment
   OBJ: 2   MSC: Applied

37. Dr. Chung says, "Psychologists are poor predictors of dangerousness for the same reason that meteorologists are poor at predicting when a tornado will occur." Dr. Chung means that dangerousness ____.
   a. is unrelated to the context in which it occurs
   b. never happens in the same place twice
   c. is something that is affected by the weather
   d. is a rare event

   ANS: D   PTS: 1   REF: Civil Commitment
   OBJ: 2   MSC: Conceptual
38. Defendant "A" is a serial killer. Defendant "B" is a mass murderer. Based on what we currently are able to predict, what will these two defendants have in common?
   a. Both are psychotic.
   b. Both are remorseful about their actions.
   c. Both are probably male.
   d. Both are filled with rage.

   ANS: C  PTS: 1  REF: Rights of Mental Patients
   OBJ: 3  MSC: Applied

39. Henry wants to have his wife Eleanor committed to a mental hospital because he believes she presents a danger to herself. What would be the first step in the civil commitment process?
   a. Henry or another concerned person would have to file a petition with the court to examine Eleanor.
   b. The court would appoint two mental health professionals to examine Eleanor.
   c. There would be a hearing to determine Eleanor's mental state and whether she poses any danger to herself.
   d. Because it might be too dangerous to wait for a hearing to be set, Henry must secure a temporary order to have Eleanor committed until a court hearing can take place.

   ANS: A  PTS: 1  REF: Civil Commitment
   OBJ: 2  MSC: Applied

40. Most civil commitments are based on which criterion?
   a. The person presents a clear and imminent danger to self or others.
   b. The person is unable to care for himself or herself or does not have the social network to provide for such care.
   c. The person is unable to make responsible decisions about appropriate treatment and hospitalization.
   d. The person is in an unmanageable state of fright or panic.

   ANS: B  PTS: 1  REF: Civil Commitment
   OBJ: 2  MSC: Factual

41. Mustafa's family has petitioned the court to have him involuntarily committed. The judge, having decided that Mustafa's mental health should be examined, performs the examination herself. Then, at an informal hearing, Mustafa was not allowed to testify. What part of this story is accurate?
   a. A judge is not the one to perform the examination.
   b. The person who is the target of a commitment cannot testify.
   c. Family members can petition for a civil commitment procedure.
   d. The person who is the target of a commitment is provided an informal hearing.

   ANS: C  PTS: 1  REF: Civil Commitment
   OBJ: 2  MSC: Applied
42. Critics of civil commitment argue that ____.
   a. patients who are committed will eventually be thankful that they got help
   b. patients who need treatment cannot be distinguished from those who do not
   c. civil commitment is for the benefit of those initiating commitment procedures and not for
      the individual
   d. patients who are treated against their will are liable to emerge from confinement even
      more disturbed

   ANS: C  PTS:  1  REF:  Civil Commitment
   OBJ:  2  MSC:  Factual

43. An attorney says, "You should not be able to confine (punish) a person on the basis of assuming that
   the person will harm someone. And you should certainly not be able to confine the person without a
   jury trial. It may be called 'treatment,' but it still feels to the person like imprisonment without having
   committed a crime." The attorney is criticizing ____.
   a. the deinstitutionalization movement
   b. competency to stand trial
   c. the right to treatment movement
   d. civil commitment

   ANS: D  PTS:  1  REF:  Civil Commitment
   OBJ:  2  MSC:  Applied

44. Which of the following is a predictors of dangerousness?
   a. a history of violence
   b. the belief of a concerned person that the individual in question is dangerous
   c. lack of appropriate self-care
   d. inability to make responsible decisions about appropriate treatment

   ANS: A  PTS:  1  REF:  Civil Commitment
   OBJ:  2  MSC:  Factual

45. In the film Minority Report, people were arrested and sentenced based on predictions that they were
   going to commit a specific crime at some future date, even though no crime had yet been committed.
   This scenario is similar to what type of proceeding that mental patients experience in the United States
   today?
   a. involuntary treatment
   b. involuntary civil commitment
   c. voluntary civil commitment
   d. criminal commitment

   ANS: B  PTS:  1  REF:  Civil Commitment
   OBJ:  2  MSC:  Applied

46. The Addington v. Texas (1979) ruling declared that ____.
   a. people who are involuntarily committed have no right to refuse medication that is given as
      treatment.
   b. irresistible impulse is no longer a valid definition of insanity
   c. the state must provide "clear and convincing evidence" (a level of proof of 75 percent
      certainty) before committing people
   d. people cannot be kept in mental institutions unless a certain quality of living environment
      is maintained

   ANS: C  PTS:  1  REF:  Rights of Mental Patients
   OBJ:  3  MSC:  Factual
47. An attorney says this to a judge in a civil commitment case: "Your honor, the Supreme Court in 1979 ruled that we cannot deny people their liberty by committing them to mental institutions involuntarily unless we have 'clear and convincing evidence' that they are mentally ill and potentially dangerous." What Supreme Court ruling is the attorney referring to?
   a. Addington v. Texas
   b. Tarasoff v. Board of Regents of the University of California
   c. Wyatt v. Stickney
   d. Jackson v. Indiana

ANS: A
PTS: 1
REF: Rights of Mental Patients
OBJ: 3
MSC: Applied

48. Addington v. Texas was a Supreme Court ruling on civil commitment. It changed the standard of proof so that ____.
   a. the judge or jury had to be 51 percent certain of the evidence to decide in favor of commitment
   b. it was set at a lower level of certainty than in criminal cases
   c. commitment could occur only if there was evidence "beyond a reasonable doubt."
   d. the judge or jury had to be 90 percent certain of the evidence to decide in favor of commitment

ANS: B
PTS: 1
REF: Rights of Mental Patients
OBJ: 3
MSC: Conceptual

49. Besides being famous for murdering many people, what else do Jeffrey Dahmer, Seung Hui Cho, Eric Harris, and Dylan Klebold have in common?
   a. Their aberrant thoughts and behaviors appear to have gone unrecognized or were ignored.
   b. They were all teenagers when they committed their heinous acts.
   c. They were all sexually abused by people they trusted when they were young.
   d. All of them had previous criminal records.

ANS: A
PTS: 1
REF: Rights of Mental Patients
OBJ: 3
MSC: Factual

50. Judge Franklin says, "This patient is fully able to care for herself. I recognize her need for psychological care but have decided that she should be placed in a halfway house rather than a state mental hospital." The judge's decision illustrates the principle of ____.
   a. duty to warn
   b. commitment based on dangerousness
   c. right to refuse treatment
   d. least restrictive form of treatment

ANS: D
PTS: 1
REF: Rights of Mental Patients
OBJ: 3
MSC: Applied
51. Max was committed to a psychiatric hospital six months ago as a result of his aggressive, combative, and physically threatening behavior. At the time of his hospitalization, his family and friends were afraid he was going to hurt someone. At the present time, however, Max is not demonstrating any physically threatening behavior. In addition, he has some minimal self-help skills and is believed to be able to function by himself with minimal supervision. What do the legal rights of mental patients suggest should be done with Max?
   a. There are no legal rights of mental patients that specifically address Max's situation.
   b. Based on the right to the least restrictive alternative, Max should be moved to a group home or halfway house.
   c. Based on the right to refuse treatment, Max should never have been hospitalized and should be released immediately.
   d. Based on the right to treatment, Max should remain in the hospital until the psychologists can predict with certainty that he is no longer a threat to himself or others.

ANS: B  PTS: 1  REF: Rights of Mental Patients
OBJ: 3  MSC: Applied

52. The case of *Wyatt v. Stickney* not only mandated that mental patients have a right to receive treatment, but also ruled that mental patients ____.
   a. are entitled to custodial care
   b. should be maintained in the least restrictive environment appropriate for their condition
   c. may be committed for no more than 72 hours unless a civil commitment proceeding has been initiated
   d. may not be forced to engage in work-related activities aimed at maintaining the institution in which they live

ANS: D  PTS: 1  REF: Rights of Mental Patients
OBJ: 3  MSC: Factual

53. An attorney says, "Patients who have been involuntarily confined for treatment have a constitutional right that is supported by cases such as *Rouse v. Cameron* and *Wyatt v. Stickney.*" What right is the attorney talking about?
   a. confidentiality
   b. right to treatment
   c. right to refuse treatment
   d. due process

ANS: B  PTS: 1  REF: Rights of Mental Patients
OBJ: 3  MSC: Conceptual

54. Suppose a mental patient's family sues a state hospital for failing to provide minimal treatment. What court decision would the family's lawyer probably cite?
   d. *Tarasoff v. Board of Regents of the University of California* (1976)

ANS: C  PTS: 1  REF: Rights of Mental Patients
OBJ: 3  MSC: Conceptual
55. Which case affirmed the right of the mentally ill to receive appropriate treatment and also asserted that physicians and institutions are liable for improper confinements?
   a. O'Connor v. Donaldson
   b. Tarasoff v. Board of Regents of the University of California
   c. Rennie v. Klein
   d. Addington v. Texas

   ANS: A       PTS: 1       REF: Rights of Mental Patients
   OBJ: 3       MSC: Factual

56. According to the 1982 ruling on right to treatment (Youngberg v. Romeo), who can define therapy?
   a. juries or judges
   b. the family and friends of the individual patient
   c. a judge
   d. mental health professionals

   ANS: D       PTS: 1       REF: Rights of Mental Patients
   OBJ: 3       MSC: Factual

57. May criminal defendants be forced to take medication that will make them competent to stand trial if doing so will likely result in their execution?
   a. No. That would clearly violate their constitutional rights.
   b. Yes. If medication is likely to improve the defendant's mental condition, both the state and the defendant should be entitled to have the case tried.
   c. No. Such actions would not be in the best interests of the defendant.
   d. Perhaps. In 2003 the Supreme Court put strict limits on involuntarily medicating mentally ill defendants to make them competent to stand trial, but guidelines are not well delineated.

   ANS: D       PTS: 1       REF: Rights of Mental Patients
   OBJ: 3       MSC: Conceptual

58. Marta has been diagnosed with catatonic schizophrenia and resides in a psychiatric hospital. When Marta takes her medication, her catatonic symptoms decrease significantly. However, Marta recently has started to refuse her medication, stating that she does not like the side effects. What should staff do?
   a. Given that Marta is refusing to take her medication, they should revoke her right to the least restrictive alternative and place her in a locked psychiatric ward.
   b. Nothing; Marta has the right to refuse treatment.
   c. Based on her right to the least restrictive alternative, they should move Marta to a group home in the community.
   d. Based on the right to treatment, they should force Marta to take her medications.

   ANS: B       PTS: 1       REF: Rights of Mental Patients
   OBJ: 3       MSC: Applied
59. An attorney is arguing before a judge that his client, involuntarily committed to a mental institution, is being forced to take medication and that medication is used only as a means of controlling patients, not treating them. He wants his client to be allowed to refuse medication. Which legal decision should the attorney use to support his position?
   a. *Rennie v. Klein*
   b. *Tarasoff v. Board of Regents of University of California*
   c. *Wyatt v. Stickney*
   d. *Durham* standard

ANS: A PTS: 1 REF: Rights of Mental Patients
OBJ: 3 MSC: Applied

60. The best example of a form of therapy that would be considered in violation of the least intrusive treatment principle is ____.
   a. rational-emotive therapy
   b. electroconvulsive therapy
   c. behavior therapy
   d. psychoanalytic therapy

ANS: B PTS: 1 REF: Rights of Mental Patients
OBJ: 3 MSC: Factual

61. The legal system uses three standards of proof: beyond a reasonable doubt, clear and convincing evidence, and preponderance of evidence. For mental health purposes, the burden of proof standards is ____.
   a. beyond a reasonable doubt
   b. clear and convincing evidence
   c. preponderance of evidence
   d. has yet to be determined by the judicial system

ANS: B PTS: 1 REF: Rights of Mental Patients
OBJ: 3 MSC: Factual

62. The policy in which people with mental disorders were moved out of large mental hospitals and back into agencies in their local communities beginning in the 1960s is called ____.
   a. communalization
   b. the right to receive treatment
   c. deinstitutionalization
   d. the least intrusive treatment principle

ANS: C PTS: 1 REF: Deinstitutionalization
OBJ: 4 MSC: Factual

63. Since its inception in the 1960s, the impact of deinstitutionalization has been to ____.
   a. reduce the need for community supports when mental patients are discharged
   b. decrease by 75 percent the number of people in institutions
   c. increase by 75 percent the average number of patients committed during the past 30 years
   d. virtually eliminate the homeless mentally ill

ANS: B PTS: 1 REF: Deinstitutionalization
OBJ: 4 MSC: Factual
64. A clinical psychologist says, "I want my patients to maintain as much contact with their home communities as possible and to get their treatment on an outpatient basis using drug treatment and psychotherapy so that they can stay in the community." These comments support the principle of ____.
   a. privileged communication  
   b. duty-to-warn  
   c. mainstreaming  
   d. right to refuse treatment

ANS: C  PTS: 1  REF: Deinstitutionalization
OBJ: 4  MSC: Applied

65. Which of the following was a major impetus supporting deinstitutionalization?
   a. funding for community programs, which made it possible for mental patients to be treated in a less restrictive environment closer to their homes
   b. the cases of Rennie v. Klein (1978) and Rogers v. Okin (1979)
   c. the passing of the “Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists” by the American Psychological Association (2003)
   d. the notion that many mental hospitals were primarily "warehouses for the insane" that provided little benefit to patients

ANS: D  PTS: 1  REF: Deinstitutionalization
OBJ: 4  MSC: Factual

66. Since deinstitutionalization began, huge numbers of former mental patients have been discharged from psychiatric facilities. It appears that possibly millions of them ____.
   a. no longer need treatment but remain unemployed
   b. have found ways to become employed and to overcome their mental illnesses
   c. are now in high-quality nursing homes and group residences
   d. are severely disabled, are suffering from schizophrenia and alcoholism, and are homeless

ANS: D  PTS: 1  REF: Deinstitutionalization
OBJ: 4  MSC: Factual

67. Much of the problem with deinstitutionalization appears to be the ____.
   a. lack of community preparation and resources for discharged patients
   b. ineffectiveness of medication given to discharged patients
   c. poor quality of care patients received in the hospital
   d. frequency with which misdiagnoses are made by mental health professionals

ANS: A  PTS: 1  REF: Deinstitutionalization
OBJ: 4  MSC: Factual

68. Critics of deinstitutionalization argue that ____.
   a. too much money has been spent on resources for individuals on the street
   b. it is a policy that allows states to relinquish their responsibility to care for patients unable to care for themselves
   c. discharged patients can make the transition to community living if they rely on friends and family for support
   d. not enough people with mental illness have been discharged from psychiatric hospitals

ANS: B  PTS: 1  REF: Deinstitutionalization
OBJ: 4  MSC: Factual
69. Homelessness is increasing at an alarming pace in the United States. Among the homeless, it is estimated that ____ to ____ suffer from a mental disorder.
   a. 10; 25  
   b. 20; 55  
   c. 30; 70  
   d. 50; 85
   ANS: C  PTS: 1  REF: Deinstitutionalization
   OBJ: 4  MSC: Factual

70. Research of mental patients who are placed in alternative community treatment programs such as providing permanent housing, special care, and concerned community treatment indicated that ____.
   a. patients in mental institutions enjoyed the hospital environment more than the alternative treatment environment  
   b. patients in mental institutions were less likely to become homeless than those in alternative treatment  
   c. outcomes were worse for those in alternative care than those in mental institutions  
   d. alternative treatment reduced homelessness and improved well-being
   ANS: D  PTS: 1  REF: Deinstitutionalization
   OBJ: 4  MSC: Factual

71. A psychologist says, "I believe that the therapeutic process involves such a deep personal association between therapist and patient that ethically it requires me to keep sensitive information secret from others." The psychologist is referring to ____.
   a. mainstreaming  
   b. due process  
   c. confidentiality  
   d. the patient's rights
   ANS: C  PTS: 1  REF: The Therapist-Client Relationship
   OBJ: 5  MSC: Conceptual

72. What is the ethical standard that protects clients from disclosure of information without their consent?
   a. confidentiality  
   b. privileged communication  
   c. duty to warn  
   d. due process
   ANS: A  PTS: 1  REF: The Therapist-Client Relationship
   OBJ: 5  MSC: Factual

73. Keeping client information confidential is ____.
   a. a desirable, but not essential, part of therapy  
   b. an issue with psychoanalytic therapists but not most others  
   c. assured in all circumstances, according to a United States Supreme Court ruling  
   d. an ethical, not a legal, obligation
   ANS: D  PTS: 1  REF: The Therapist-Client Relationship
   OBJ: 5  MSC: Factual
74. In a study of the public's view of confidentiality in the therapeutic relationship, it was found that *most* people ____.
a. think that therapists break confidentiality very frequently  
b. believe that whatever is discussed is never disclosed  
c. believe that confidentiality is against the law  
d. do not want a therapist to keep information confidential  

ANS: B  PTS: 1  REF: The Therapist-Client Relationship  
OBJ: 5  MSC: Factual

75. Privileged communication is a(n) ____.
   a. right that is held by the therapist, not the client  
b. narrower legal concept than confidentiality  
c. ethical obligation, not a legal one  
d. broader ethical concept than confidentiality  

ANS: B  PTS: 1  REF: The Therapist-Client Relationship  
OBJ: 5  MSC: Factual

76. A therapist says to her client, "What is said in this room is kept in strict confidence unless there are legal or therapeutic reasons to reveal it. Under most circumstances, though, you have control over what gets disclosed. Unless you give me permission, I will not disclose any confidential information."
   The therapist is describing the ____.
   a. therapist's right of confidentiality  
b. client's right to treatment  
c. therapist's duty to warn  
d. client's privileged communication  

ANS: D  PTS: 1  REF: The Therapist-Client Relationship  
OBJ: 5  MSC: Conceptual

77. Which statement about legal protection of therapists is *accurate*?
   a. The therapist-client relationship is not given the same legal protection as the attorney-client relationship.  
b. Not a single state in the United States has included the principle of client-privileged communication in its laws.  
c. The therapist-client relationship has the same legal protection as the attorney-client relationship.  
d. Psychiatric practices are regulated in only five states in the United States.  

ANS: C  PTS: 1  REF: The Therapist-Client Relationship  
OBJ: 5  MSC: Factual

78. Monica, age 12, gives her therapist convincing evidence that she was sexually molested by her stepfather from the time she was 8 until she was 11. According to the principle of privileged communication, the therapist ____.
   a. must divulge this information to the proper authorities  
b. must have a conference with the stepfather  
c. cannot divulge this information unless Monica waives confidentiality  
d. cannot divulge this information under any circumstances  

ANS: A  PTS: 1  REF: The Therapist-Client Relationship  
OBJ: 5  MSC: Applied
79. Under which of the following circumstances can a therapist divulge information about a client to a third party?
   a. if the third party is a qualified psychiatrist or psychologist
   b. if the therapist thinks such consultation is in the best interest of the client
   c. if the therapist has reason to believe that the client presents a danger to himself or herself or may potentially harm someone else
   d. if the therapist is a professor and will use the information to teach

   ANS: C   PTS: 1   REF: The Therapist-Client Relationship
   OBJ: 5   MSC: Conceptual

80. Dr. Vera learns in the midst of a therapy session that his client has been committing a series of violent rapes. Can Dr. Vera divulge this information to the police?
   a. Yes, but only if the client comes with the therapist to the police.
   b. Yes, however therapists are not mandated to breach confidentiality when clients inform them that they have committed past crimes, and that doing so would create liability for them.
   c. No, privileged communication is a right only the client can waive.
   d. No, criminal action is not an exception to confidentiality.

   ANS: B   PTS: 1   REF: The Therapist-Client Relationship
   OBJ: 5   MSC: Applied

81. Dr. Johnson's patient Lou was distraught and mentioned several times when he referred to his mother that he was "going to kill the bitch." Dr. Johnson is required by law to____.
   a. notify his supervisor
   b. do nothing
   c. warn the potential victim
   d. protect the potential victim

   ANS: C   PTS: 1   REF: The Therapist-Client Relationship
   OBJ: 5   MSC: Applied

82. Mr. P. told his therapist that he intends to shoot his ex-wife's new husband, and the therapist kept this information confidential. Lawyers are now suing the therapist because Mr. P. did shoot the new husband, as well as his ex-wife. What legal precedents will the plaintiff's attorneys probably use in the case?
   a. *Tarasoff* v. *Regents of the University of California*
   b. those dealing with the right to refuse treatment
   c. *O'Connor* v. *Donaldson* and *Wyatt* v. *Stickney*
   d. those dealing with least restrictive environment

   ANS: A   PTS: 1   REF: The Therapist-Client Relationship
   OBJ: 5   MSC: Applied

83. The duty-to-warn principle____.
   a. was first discussed in Judge Frank Johnson's ruling in *Wyatt* v. *Stickney*
   b. developed out of discontent over the insanity defense
   c. suggests that there are no circumstances when privileged communication can be waived
   d. came from the *Tarasoff* ruling

   ANS: D   PTS: 1   REF: The Therapist-Client Relationship
   OBJ: 5   MSC: Factual
84. "Protective privilege ends where public peril begins" summarizes ____.
   a. the duty-to-warn principle
   b. the concept of mainstreaming
   c. Thomas Szasz's position on patients' rights
   d. the American Law Institute standard for the insanity defense

   ANS: A  PTS: 1  REF: The Therapist-Client Relationship
   OBJ: 5  MSC: Factual

85. According to the Tarasoff case, a therapist who informs the police that a client intends to harm another person ____.
   a. is unlawfully breaking the principle of privileged communication
   b. can still be sued if he or she has failed to warn the potential victim
   c. has done all that can be reasonably expected
   d. has unlawfully intruded on the client's right to treatment

   ANS: B  PTS: 1  REF: The Therapist-Client Relationship
   OBJ: 5  MSC: Conceptual

86. Dr. Jenkins has a client who is violent. Dr. Jenkins is concerned that his client may engage in dangerous acts against others. If the client does become violent, Dr. Jenkins could be held accountable for which of the following?
   a. discussing the case with other experts
   b. warning potential victims
   c. due process
   d. providing the least restrictive environment

   ANS: B  PTS: 1  REF: The Therapist-Client Relationship
   OBJ: 5  MSC: Applied

87. In the case of Youngberg vs. Romeo (1982), the court ruled that Nicholas Romeo had a right to ____.
   a. refuse medication
   b. the least restrictive environment possible considering his mental status
   c. reasonable care and safety
   d. be mainstreamed back into his community

   ANS: C  PTS: 1  REF: Rights of Mental Patients
   OBJ: 3  MSC: Factual

88. Dr. Sheffield has found that forcing his patients to take medication has caused a problem with being able to treat them effectively. This problem is likely to be that ____.
   a. patients who are forced to take medication tend to become overmedicated and can't focus on therapy
   b. he becomes so exhausted from forcing treatment on the patients that his own personal resources become depleted and he can't focus on their therapy
   c. it is illegal in all cases to force treatment on anyone who is unwilling to embrace it
   d. patients who are forced into treatment resist it, which nullifies the potentially beneficial effects of therapy

   ANS: D  PTS: 1  REF: Rights of Mental Patients
   OBJ: 3  MSC: Applied
89. Which of the following is a cultural competence goal for mental health professionals identified by Sue and Sue (2008)?
   a. To provide all psychiatric patients regardless of culture are entitled to the least intrusive form of treatment.
   b. To develop appropriate intervention strategies that take into account the social, cultural, historical, and environmental influences on culturally different clients.
   c. Cultural dimensions must be taken into account to determine if danger to self or others is imminent.
   d. To avoid biased, discriminatory, and unethical treatment and do not ignore cultural backgrounds of clients.

   ANS: B  PTS:  1
   REF: Cultural Competence and the Mental Health Profession  OBJ:  6
   MSC: Factual

90. The solution suggested in the text for dealing with the problem of homeless individuals having poor psychological adjustment, as well as high arrests and convictions, is to ____.
   a. return them to mental institutions
   b. help them find meaningful work
   c. provide more and better community-based treatment facilities and alternatives
   d. require that they get treatment that includes medications and psychotherapy

   ANS: C  PTS:  1
   OBJ:  4
   REF: Deinstitutionalization
   MSC: Conceptual

91. A 13-year national study of client problems for undergraduates using counseling centers on campus shows that ____.
   a. students today have fewer emotional problems than students had in the 1990s
   b. there has been no substantial change in the severity of emotional problems that students face since the 1990s
   c. students who are entering college today have more severe emotional problems than in earlier years
   d. students' counseling resources have gotten progressively better over the years

   ANS: C  PTS:  1
   OBJ:  5
   REF: The Therapist-Client Relationship
   MSC: Factual

92. Lillian is considering going to a psychotherapist but has a fear that a male therapist might engage in sexual behavior with her. Then she reads the ethical principles of the national psychiatry, psychology, and social work organizations and finds that ____.
   a. all professional organizations condemn and prohibit sexual behavior between therapist and client
   b. none of the organizations directly condemns or prohibits sexual behavior between therapist and client
   c. social work condemns sexual behavior between therapist and client, but psychiatry and psychology have taken no position on this issue
   d. psychiatry and psychology condemn sexual behavior between therapist and client, but social work has taken no position on this issue

   ANS: A  PTS:  1
   OBJ:  5
   REF: The Therapist-Client Relationship
   MSC: Applied
93. To bring a civil lawsuit against a therapist for professional malpractice, which of the following conditions is required?
   a. The plaintiff must be contemplating having a professional relationship with the therapist.
   b. There must have been negligence in the care of the client that resulted in harm to the client.
   c. There must be a correlational relationship between the therapist's negligence and any harm suffered by the client.
   d. There must have been some breach of confidentiality by the therapist.

   ANS: B    PTS: 1    REF: The Therapist-Client Relationship

   OBJ: 5    MSC: Factual

94. Which of the following is a primary legal, moral, or ethical issue affecting the therapist-client relationship?
   a. the therapist's obligation to avoid sexual intimacies with clients
   b. the therapists' obligation to avoid charging excessive fees to indigent clients
   c. the therapist's duty to notify others of past harm or violence.
   d. he therapist's obligation to maintain a regular schedule during business hours

   ANS: A    PTS: 1    REF: The Therapist-Client Relationship

   OBJ: 5    MSC: Factual

95. When working with culturally different clients, a specific concern is that _____.
   a. The services offered to these clients may be antagonistic or inappropriate to their life experiences.
   b. The clients may not be amenable to being helped.
   c. The psychological problems these clients experience may be so severe that therapy may not be helpful.
   d. Clients who are culturally diverse may lack the cognitive skills to benefit from therapy.

   ANS: A    PTS: 1

   REF: Cultural Competence and the Mental Health Profession

   OBJ: 6    MSC: Factual

96. The “Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologist” passed by the American Psychological Association makes it clear that mental health service providers _____.
   a. need to become aware of how their own culture, life experiences, attitudes, values, and biases have influenced them
   b. are encouraged but not mandated to provide multiculturally competent treatment
   c. are to provide the least restrictive environment across cultures
   d. are to take action when a person is unable to care for himself or herself or does not have the social network to provide for such care

   ANS: A    PTS: 1

   REF: Cultural Competence and the Mental Health Profession

   OBJ: 6    MSC: Factual
97. It is believed by many mental health professionals that current concepts of mental health are ____.
   a. culture bound  
   b. insufficient  
   c. focused too heavily on minority issues  
   d. focused too heavily on abnormality instead of normality
ANS: A  
PTS: 1  
REF: Cultural Competence and the Mental Health Profession  
OBJ: 6  
MSC: Factual

98. The APA's guidelines on working with racial/ethnic minorities include which of the following issues?
   a. Therapists should educate their clients about the values and mores of the country where they live.
   b. Therapists are to provide the least restrictive environment across cultures.
   c. Therapists are to take action when a person is unable to care for himself or herself or does not have the social network to provide for such.
   d. Therapists must respect and consider using traditional healing approaches intrinsic to a client's culture.
ANS: D  
PTS: 1  
REF: Cultural Competence and the Mental Health Profession  
OBJ: 6  
MSC: Factual

99. A student asks her professor whether the American Psychological Association (APA) has ever taken a stand on the ethics of being culturally competent. The professor responds that the APA ____.
   a. refused to include such guidelines in its association codes
   b. wrote such guidelines into its original charter more than one hundred years ago
   c. has recently developed sets of guidelines for dealing with ethnic, linguistic, and culturally diverse populations, and for psychotherapy with lesbian, gay, and bisexual clients
   d. has planned to include such guidelines in its code of conduct but due to controversy has never actually done so
ANS: C  
PTS: 1  
REF: Cultural Competence and the Mental Health Profession  
OBJ: 6  
MSC: Applied

100. Dr. Warren is an European American psychotherapist who has moved her practice to a region of the country in which there are many Latin American clients. From an ethical perspective, she has a moral responsibility to ____.
   a. alter the social and cultural views of her Latin American clients so that they are more in harmony with the general American culture
   b. develop intervention strategies that take into account the cultural and environmental influences of her Latin American clients
   c. offer treatment only to European American clients
   d. provide the same style of treatment to Latin American clients as she does to others
ANS: B  
PTS: 1  
REF: Cultural Competence and the Mental Health Profession  
OBJ: 6  
MSC: Applied
ESSAY

1. Review the history of legal precedents on the insanity defense. Describe the current standing of this defense.

ANS:
Criminal law is based on the assumption that criminal behavior is freely chosen and the responsibility of the person who commits it. If, because of mental illness or intellectual disability, a person is not able to control his or her behavior or appreciate that what he or she is doing is wrong, that person should not be held as responsible as someone who has such control and understanding. One of the first cases to make this distinction was in 1843, when Daniel M'Naghten attempted to kill the British prime minister. Because he was quite delusional, M'Naghten was found not guilty by reason of insanity. At the time of the crime, he did not know right from wrong. This is a strictly cognitive standard for deciding insanity. A second major standard that developed was the irresistible impulse test. This says that defendants are not responsible if they cannot control their behavior.

In 1954, Judge David Bazelon ruled in Durham v. United States that defendants are not responsible if their behavior is the product of a mental disease or defect. This so-called products test or Durham standard put considerable influence in the hands of mental health professionals, who, as experts, could testify as to whether a mental illness existed and whether it produced the criminal behavior. Eventually, Bazelon himself withdrew his support for this position.

In 1962, the American Law Institute (ALI) produced guidelines to help jurors judge insanity. This code says that if, due to mental disease or defect, a person lacks substantial capacity either to appreciate the criminality of conduct or to conform conduct to the requirements of the law, the person is not responsible. Antisocial personality disorder was specifically excluded from the mental diseases or defects that might apply. The ALI code supported both the M'Naghten and irresistible impulse tests. In 1982, John Hinckley was found not guilty by reason of insanity when he was tried for attempting to assassinate President Ronald Reagan. The outrage that followed this verdict led to the Insanity Reform Act of 1984, which bases insanity totally on the M'Naghten cognitive standard. Still, some states have adopted alternative pleas, most of which involve a merging of guilt and disorder such as "guilty, but mentally ill." Despite attempts at reform, the insanity tests vary widely, and the use of the insanity plea remains controversial.

PTS: 1

2. The McLeods want their adult son, Brewster, to be involuntarily treated in a mental facility. Describe the criteria and procedures for civil commitment that they face. What legal protections exist against the abuse of Brewster's rights?

ANS:
The McLeods are trying to have their son involuntarily confined for treatment. This is called civil commitment. Although states vary in the criteria they use to commit individuals, there are general standards. In addition to being mentally ill, Brewster must be found to be (a) presenting an imminent danger to himself or others (suicide or homicide), (b) unable to provide for himself sufficient food, clothing, and shelter to live without danger, (c) unable to make responsible decisions about treatment so that severe deterioration is likely, or (d) in such an unmanageable state of panic that he will lose all control. It is important to note that all of these criteria involve judgments and, in many cases, predictions must be made about future behavior including dangerousness to self and others.
The law recognizes that involuntary hospitalization means depriving a person of his or her liberty despite the fact that no crime has been committed. The person's due process rights are protected in several ways. First, commitment can occur only through a court when the judge believes there is reasonable cause for such action. In Brewster's case, the judge would appoint two mental health professionals with no connection to each other so that Brewster could be evaluated with as little bias as possible. After Brewster was examined twice, a formal hearing would be held before the judge, at which point testimony would be given. Brewster would have a lawyer to represent him and would be allowed to speak for himself. If the judge determined that Brewster needed treatment, he or she would have to be 75 percent sure that Brewster was mentally ill and dangerous, according to the *Addington v. Texas* decision. *Addington* noted that while this was lower than the 90 percent certainty of "beyond a reasonable doubt" used in criminal cases, it was a higher standard of proof than that advocated by most mental health organizations. Further, the judge would either specify the time Brewster would be in treatment (usually less than one year) or declare that there be periodic review and assessment of his need to be in treatment.

PTS: 1

3. Name and describe two rights of mental patients.

ANS: (Answers will vary)

a. Mental patients have the *right to treatment*. This right basically ensures that patients cannot be confined without receiving active treatment in a humane environment (i.e., they cannot simply be sheltered or housed). In addition, persons cannot be confined who are not dangerous to themselves or to others or who are capable of surviving on their own or with the help of willing friends or family.

b. Mental patients have the right to the *least restrictive alternative*. The law requires that involuntarily committed patients should be confined in environments that are the least restrictive alternative (i.e., provide the greatest freedom consistent with their conditions in terms of personal security and the safety of others). Thus, some individuals might be able to live in group homes or board-and-care facilities in the community, where they have supervision but also some freedom, whereas only patients who would be considered to be a threat to themselves or to others would be confined in more restrictive facilities such as mental hospitals. Within the hospitals, some patients might require locked wards or restraints only when necessary to reduce harm to themselves or to others.

PTS: 1