

Unit 1 September 3

1. Which of the following is NOT one of the considerations we use in trying to judge the abnormality of some behavior?
 - A. Deviance
 - B. Distress
 - C. Disruptiveness
 - D. Disability
2. When we use a specific name for a mental disorder, we run the risk that
 - A. we will think we have explained something
 - B. the name will become stigmatizing
 - C. Neither; there is no risk
 - D. Both A and B are risks
3. Which of the following would NOT be consistent with the medical model view of psychopathology?
 - A. There are well-defined objective criteria for mental illness.
 - B. Symptoms of the illness stem from something in the person's body.
 - C. Mental illness always involves significant loss of contact with reality.
 - D. Accurate diagnosis will lead to a proper treatment plan.

Unit 2 September 3

1. The discovery of the link between general paresis and syphilis
 - A. was the first of many discoveries that have made the organic view of psychopathology so widely endorsed.
 - B. is one of the few times that a specific physical cause has been found for a mental disorder.
 - C. was critical to the development of Freudian psychoanalysis.
 - D. led to growing recognition of the importance of sexually transmitted diseases in psychopathology.
2. The use of hypnosis in the 19th century by Charcot and others
 - A. was dismissed by most experts as a fraud.
 - B. led to it becoming a cure for many mental disorders.
 - C. added momentum to the growing emphasis on the role of psychological factors.
 - D. enabled researchers to study the brain using neurosurgery.

Unit 3 September 8

1. Several psychologists have just interviewed a patient. All of the psychologists agree that the patient is depressed. In fact, the patient is NOT depressed but has been taking a medication that gives the appearance of depression. The judgments of the psychologists are
 - A. valid, but not reliable.
 - B. reliable, but not valid.
 - C. neither reliable nor valid.
 - D. both reliable and valid.
2. Luigi has discovered that people who eat more spaghetti are less likely to show symptoms of depression. Based on this finding, what statement can be made about the relationship between spaghetti and depression?
 - A. Italians are happy.
 - B. Spaghetti prevents depression.
 - C. There is a positive correlation between spaghetti and depression.
 - D. There is a negative correlation between spaghetti and depression.

Unit 3 September 8

3. The key difference between a true experiment in science and case studies, surveys and correlational types of research designs is that the experiment

- A. uses trained observers.
- B. follows the same research participants over extended periods of time.
- C. intentionally manipulates at least some of the research participants to test the effect.
- D. produces results that can be generalized to the whole population.

Unit 3 September 10

4. Researchers need to use *inferential* statistics to show that

- A. the sample is not biased.
- B. the probability that the results occurred just by chance is low.
- C. the probability that the results occurred just by chance is high.
- D. the assignment of subjects to group was indeed random.

5. You have just finished reading a study and its results look impressive. However, you should still consider whether

- A. there was too much reliance on self-reports.
- B. the sample might have been biased.
- C. the results have been replicated by other researchers.
- D. all of the above

Unit 4 September 10

1. Dr. Schmidt believes that mental disorders can be classified like medical diseases and that there are distinct disorders that have little overlap in symptoms. Dr. Schmidt's views are most similar to which approach to classification?

- A. categorical
- B. prototypical
- C. behavioral
- D. dimensional

2. In contrast to **mental health** professionals, for **medical** professionals an accurate diagnosis is very important because most often a correct diagnosis

- A. ensures that the patient will survive.
- B. identifies the underlying cause of the patient's condition that needs to be treated.
- C. enables the medical professional to seek insurance reimbursement.
- D. shows that no other condition is present.

3. Mental health professionals are often uncomfortable with giving a person a diagnosis, because

- A. the DSM system is so complex that few people are able to use it well.
- B. there are so many different systems of diagnosis that it is hard to understand what an individual diagnosis means.
- C. a diagnosis can influence both other people's and the diagnosed person's perception of him/herself in negative ways.
- D. a diagnosis doesn't rely enough on what the person is willing to tell us.

Unit 4 September 15

4. The DSM-5 diagnostic criteria assign diagnoses on the basis of

- A. test results.
- B. response to treatment.
- C. causal factors.
- D. symptoms and signs.

5. Individuals who show signs and symptoms of one disorder often show signs and symptoms of another. This is known as

- A. co-morbidity.
- B. reification.
- C. differential diagnosis.
- D. stigmatization.

Unit 5 September 15

1. Albert recently lost his job and for the past few weeks he has been finding it hard to get motivated to look for work or even to get up each day and get dressed. In line with DSM-5, we would prefer a diagnosis of adjustment disorder rather than PTSD because

- A. he is responding to an ordinary life event rather than to a major tragedy or horrific experience.
- B. PTSD involves symptoms of anxiety, but Albert is experiencing depression.
- C. his difficulties have only been going on for a few weeks.
- D. his symptoms are relatively mild, whereas PTSD requires much more disabling types of symptoms.

The next question has multiple correct answers

2. Marylou has just survived a brutal sexual assault and is very upset. To make a diagnosis of posttraumatic stress disorder (PTSD), DSM requires which of the following?

- A. Intrusion symptoms associated with the trauma
- B. Loss of contact with reality
- C. Negative alterations in cognitions and mood
- D. Marked alterations in arousal and reactivity

3. Immediately after surviving a horrific highway accident, Francis appears dazed and is unable to describe to EMTs what just happened. In DSM-5, these types of symptoms are referred to as

- A. disabling.
- B. dissociative.
- C. obsessive.
- D. traumatic.

Unit 6 September 17

1. John fears being rejected by others and the humiliation that it would bring. As a result he tends to avoid social situations whenever possible. He would probably have a DSM diagnosis of

- A. social anxiety disorder
- B. agoraphobia
- C. separation anxiety disorder
- D. social phobia

2. Marjorie has recently experienced a severe panic attack. What else would you need to know in order to justify a diagnosis of panic disorder?
- A. This is the third such attack she has had in the past year.
 - B. She has become increasingly fearful of having more attacks.
 - C. Her attacks have been triggered by a specific situation.
 - D. Her panic attacks only occur when she leaves her house.
3. Mark lives in a relatively constant state of tension, worry, and diffuse uneasiness. He also suffers from relatively continuous "anxious apprehension." Which DSM disorder is Mark's presentation most consistent with?
- A. social phobia
 - B. panic disorder
 - C. generalized anxiety disorder
 - D. obsessive-compulsive disorder
4. In DSM-5, recurrent and unwanted thoughts or images are known as _____, and repetitive behaviors a person feels driven to perform are known as _____.
- A. Compulsions; obsessions
 - B. Compulsions; addictions
 - C. Addictions; obsessions
 - D. Obsessions; compulsions
5. Sally has been thinking a lot lately about her boyfriend, even daydreaming about him in class, to the point that her school work is beginning to suffer. Following the criteria in DSM-5, we would probably *not* diagnose obsessive-compulsive disorder because
- A. her thoughts are not unwanted and are not causing her marked distress.
 - B. she has only been experiencing this lately, not chronically.
 - C. the problem is only occurring in school.
 - D. she is not engaging in any compulsive rituals.

Unit 7 September 22

1. When mental health professionals speak of "double depression," they are referring to a situation where
- A. the person's symptoms qualify as both a major depressive episode and have also been present in milder form for a very long time.
 - B. the symptoms are much more severe than what is usually seen in depression.
 - C. the symptoms have lasted at least twice as long as what is typical for a depressive episode.
 - D. the depressive symptoms are occurring along with the symptoms of an entirely different disorder.
2. In DSM-5, the distinction between bipolar I disorder and bipolar II disorder is based on
- A. whether there is also a history of depression
 - B. whether there is also a history of anxiety
 - C. whether the symptoms are related to a medical condition
 - D. how severe the symptoms are

3. For the last four weeks, Harry has begun to experience almost constant sadness and has lost interest in most of his activities. He has been sleeping excessively, has little or no energy, has difficulty concentrating, believes he is not a good person, and wishes he were dead. Unfortunately, we have no information about his prior history. We can be reasonably confident that Harry meets the DSM-5 criteria for _____.
- A. persistent depressive disorder
 - B. a major depressive episode, which could be part of bipolar disorder or major depressive disorder
 - C. adjustment disorder with depression, severe
 - D. major depressive disorder without mania
4. Jackson is thinking about killing himself and has a definite plan. What should we assume?
- A. That he is experiencing a major depressive episode
 - B. That he has some form of depressive disorder
 - C. That he has some form of mental disorder
 - D. None of the above
5. Marylou has been very tense and nervous lately, worrying about her marriage and her job and her health. She has also been feeling very sad and has lost interest in everyday activities and is struggling with low self-esteem. In terms of how DSM-5 deals with anxiety and depression, it makes most sense to
- A. view Marylou as experiencing both an anxiety disorder and a depressive disorder.
 - B. determine whether the anxiety or the depression came first and then diagnose just that one disorder.
 - C. assess which problem is the more severe and then diagnose just that one disorder.
 - D. defer any diagnosis and adopt a wait-and-see attitude to see which problem is still present after 3 months.

Unit 8 September 24

1. Which of the following terms does DSM-5 use for the diagnosis of clinically-significant problems with alcohol?
- A. alcoholism
 - B. alcohol use disorder
 - C. alcohol abuse
 - D. alcohol addiction
2. With respect to looking at how much a person drinks to determine whether there should be a diagnosis of a problem with alcohol, DSM-5
- A. requires that the person consume at least 3 alcohol drinks every day.
 - B. requires that the person gets drunk at least once a week.
 - C. requires that the person consumes alcohol drinks more days than not.
 - D. has no specific requirement for the amount or frequency of alcohol consumption.
3. With regard to its classification of the disorders linked to alcohol and other psychoactive drugs, DSM-5
- A. recognizes alcohol intoxication as a disorder but not drug intoxication.
 - B. presents very similar sets of symptoms for any substance use disorder.
 - C. presents one set of symptoms for alcohol use disorder and a different set of symptoms for other drug disorders.
 - D. classifies alcohol use disorder as non-addictive and drug use disorders as addictions.

4. Which of the following is currently accepted by DSM-5 as a form of behavioral addiction?

- A. compulsive exercising
- B. hypersexuality
- C. gambling disorder
- D. all of these

Unit 8 September 29

5. Seth is fascinated by women's shoes. He has recurrent, intense, sexually-arousing fantasies and often seeks out contact with women's high heels, often stealing such items and then using them to help him masturbate. As a result, his marriage and his work have been suffering. Seth is probably manifesting what DSM-5 would call a

- A. paraphilic disorder.
- B. sexual dysfunction.
- C. sexual addiction.
- D. sexual perversion.

Unit 9 September 29

The following question *has more than 1 correct answer*....

1. Angela is very concerned about her appearance and has been dieting almost all the time to help her lose weight, sometimes consuming only a hundred calories a day. Which of the following would you also need to know about Angela to justify a diagnosis of anorexia nervosa?

- A. Whether she is severely below normal weight
- B. Whether she binges and purges
- C. How long she has been dieting
- D. Whether she has an intense fear of gaining weight

2. Maxine is bingeing frequently, but she never makes herself purge (vomit). However, she has not been gaining weight because she works out in a gym for several hours almost every day. Following DSM-5, we would probably diagnose

- A. compulsive exercising disorder.
- B. bulimia.
- C. anorexia.
- D. unspecified eating disorder.

3. Caroline has been bingeing frequently, consuming large quantities of food even when not hungry, and feeling guilty about her binges. However, she is not purging or showing signs of any other form of compensatory behavior. According to DSM-5, Caroline

- A. could be diagnosed with bulimia, non-purging type.
- B. would probably be diagnosed with some form of depressive disorder.
- C. should be diagnosed with an impulse-control disorder.
- D. might warrant a diagnosis of binge-eating disorder.

4. Which of the following statements is true about eating disorders?

- A. Binging is common in bulimia but can also occur in anorexia.
- B. Bulimics usually maintain below-average body weight.
- C. Bulimics engage in bingeing/purging eating patterns, but anorexics do not.
- D. Mortality rates for bulimia and anorexia are almost the same.

Unit 10 October 1

1. In DSM-5, personality disorders are diagnosed on the basis of
 - A. short-term fluctuations in traits.
 - B. symptoms of emotional distress.
 - C. long-term maladaptive traits.
 - D. none of the above; DSM-5 has eliminated this category
2. Which of the following is NOT a *problem* associated with DSM-5's concept of personality disorders?
 - A. Affected individuals rarely seek help.
 - B. The different patterns overlap with each other.
 - C. The disorders are chronic and do not respond well to treatment.
 - D. Personality is better viewed dimensionally rather than as rigid categories.
3. Individuals with antisocial personality disorder
 - A. continually disregard and violate the rights of others.
 - B. have low self-esteem.
 - C. have usually had normal childhoods and do not show symptoms until they reach adulthood.
 - D. are isolated and avoid contact with other people.
4. In DSM-5, borderline personality disorder
 - A. is characterized by emotional instability and severe problems in interpersonal relationships.
 - B. is defined as a mid-point between psychosis and normalcy.
 - C. has been replaced with a new diagnosis of emotionally unstable personality disorder.
 - D. has been eliminated entirely because it reflects a bias against females.
5. Dr. Siegel is evaluating a 9-year old boy who seems to cling too much to his parents. Dr. Siegel is thinking of a diagnosis of dependent personality disorder. Why is this NOT a good idea?
 - A. Dependent personality disorder occurs more often in girls.
 - B. Personality disorders should not be diagnosed until the person is an adult.
 - C. This pattern is more typical of someone with avoidant personality disorder.
 - D. The parents are probably the ones who should be evaluated.

Unit 11 October 6

1. Which symptom does this quote best illustrate? "Money is as green as grass but don't think I smoke marijuana. I smoke cigarettes which kill me. I am a killer without a gun. A son of a gun."
 - A. anhedonia
 - B. hallucinations
 - C. delusions
 - D. loose associations
2. Psychosis is a striking and essential feature of many severe mental disorders. To say that a person is "psychotic" means that the person
 - A. has a strong tendency to be unpredictably violent.
 - B. has experienced a significant loss of contact with reality.
 - C. is unable to know right from wrong.
 - D. is showing abrupt shifts in personality from one pattern to another.

3. What is the major diagnostic factor that helps us to differentiate between schizophrenia, schizophreniform disorder, and brief psychotic disorder?
- A. the presence of delusions and hallucinations
 - B. the age of people when they develop the disorder
 - C. the degree of emotional instability and disconnection from other people
 - D. the duration of symptoms
4. In DSM-5's classification of schizophrenia, symptoms such as delusions, hallucinations, and grossly disorganized speech or behavior are
- A. associated with a good prognosis for full recovery.
 - B. very difficult to distinguish from symptoms seen in emotional disorders.
 - C. essential to making the diagnosis.
 - D. observed in only a small percentage of cases.
5. Your text includes the Cluster A personality disorders in the unit that covers *psychotic disorders* rather than the unit on *personality disorders* because
- A. the Cluster A disorders also involve delusions and hallucinations and other psychotic symptoms.
 - B. personality disorders do not exist as a separate category of psychopathology.
 - C. unlike other personality disorders, Cluster A disorders are of shorter duration and tend to be more episodic.
 - D. Cluster A disorders seem to be part of a broad spectrum of schizophrenia and other psychotic disorders.

Unit 12 October 8, 2015

The following question has more than 1 correct answer.....

1. Which of the following would be an example of dissociation?
- A. Experiencing a trance-like state
 - B. Losing memories of an event
 - C. Having a hallucination
 - D. Being in shock after a terrible accident
2. Friends have noticed that Franklin seems to have different personalities. Sometimes he is very friendly and kind, but at other times he can be very mean and nasty. Which of the following would DSM-5 require for us to consider a diagnosis of dissociative identity disorder?
- A. Many different friends would have to observe these changes in personality.
 - B. The "mean and nasty" Franklin would have little sense of being connected to the "friendly and kind" Franklin.
 - C. A mental health professional would have to observe these changes in personality.
 - D. These changes in personality would have to be directly associated with Franklin's use of intoxicating substances.
3. The inclusion of what is now called gender dysphoria in DSM-5 has been controversial because
- A. this might simply be a different state of being, like being gay or lesbian, not a pathology.
 - B. the belief that one is the opposite sex is clearly a bizarre delusion, for which the proper diagnosis would be schizophrenia.
 - C. gender is determined by genetics.
 - D. DSM-5 already recognizes transvestic disorder as a form of paraphilia, so this new diagnosis is not needed.

Unit 13 October 15, 2015

1. Dr. Siegel has completed his evaluation of a 7-year old child, and based on the child's IQ score of 60, Dr. Siegel has made the diagnosis of intellectual disability. What mistake has Dr. Siegel made?

- A. He has not requested any blood test for chromosomal abnormality.
- B. He has used the wrong cutoff; intellectual disability requires an IQ score below 60.
- C. He has based his diagnosis entirely on an IQ test score.
- D. He has used the term intellectual disability, but the correct term is mental deficiency.

2. The following question has more than 1 correct answer....

DSM-5 identifies multiple areas of difficulty as part of its description of autism spectrum disorder. Which of the following would be among those areas required for the diagnosis?

- A. Deficits in social interaction and communication
- B. Sub-normal intelligence
- C. Restricted, repetitive patterns of behavior or interest
- D. Temper outbursts and aggressiveness

3. Attention-deficit/hyperactivity disorder has significant *behavioral* symptoms. However, your textbook presents ADHD as a form of *cognitive* psychopathology because

- A. hyperactive symptoms are uncommon.
- B. the behavioral difficulties seem to reflect problems associated with executive functions.
- C. the correct name for this disorder is attention deficit disorder (ADD).
- D. it is closely linked to intellectual disabilities.

4. Dr. Siegel has completed his assessment of an 8-year old boy. Based on the teacher's descriptions of the boy's classroom behavior, Dr. Siegel has diagnosed ADHD. What mistake has Dr. Siegel made?

- A. He has focused on behavior, not mental abilities.
- B. He has based his diagnosis on difficulties in only one setting.
- C. The DSM-5 term is ADD, not ADHD.
- D. ADHD cannot be diagnosed until after puberty.