

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

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

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.

Unit 14, October 20

1. Which of the following helps us to distinguish malingering from factitious disorder?
 - A. whether there is an easily understood benefit to the individual
 - B. whether the symptoms are chronic or acute
 - C. whether the causes are physical or psychological
 - D. whether the individual is in good contact with reality
2. In DSM-5, somatic symptom disorder and illness anxiety disorder tend to be distinguishable based on
 - A. having serious physical symptoms versus being preoccupied with possible disease.
 - B. whether there is a physical explanation for the symptoms.
 - C. whether the symptoms affect parts of the body that are under voluntary control.
 - D. the presence or absence of depressive symptoms.

3. The following question has more than one correct answer....

Which of the following would DSM-5 consider to be linked to a form of mental disorder?

- A. Cardiovascular disease
- B. Diabetes
- C. Arthritis
- D. None of the above; these are all medical conditions

Unit 15, October 20

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

DSM-5 lists sexual dysfunctions that affect which of the following stages in the sexual response cycle?

- A. Fantasy
- B. Desire
- C. Arousal
- D. Orgasm

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

Diagnosing a sexual dysfunction can be tricky; which of the following contributes to this difficulty?

- A. Culture and personal beliefs play an important role.
- B. A dysfunction is often misdiagnosed as a paraphilia.
- C. Sexual difficulties might reflect relationship problems.
- D. The causes are usually medical.

Unit 16, October 27

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

Which of the following is/are accurate with respect to brain dysfunction?

- A. Significant brain dysfunction occurs in most people who live past age 70.
- B. Symptoms of brain dysfunction may be reversible.
- C. Brain dysfunction occurs as a result of many different causes.
- D. Diagnosis requires that the cause be pinpointed.

2. _____ comes on suddenly and is reversible, while _____ comes on more gradually and is usually chronic.

- A. Dementia; aphasia
- B. Dementia; apraxia
- C. Delirium; dementia
- D. Delirium; aphasia

3. Rudolph is an 80-year old man who for the past few years has been showing more and more signs of significant memory loss, and he is often disoriented and confused. Which of the following diagnoses is most likely?

- A. Schizophrenia
- B. Neurocognitive disorder
- C. Major depressive disorder
- D. Dissociative amnesia

4. Frances has recently turned 68, and she begun to show signs of serious memory impairment. Her children have decided to start looking for a facility that specializes in dementia, and they hope to secure a place for her. What mistake are they making?
- A. Her problems might be due to a treatable cause and could be reversible.
 - B. There are no facilities that specialize in dementia.
 - C. Dementia cannot be diagnosed until the person is at least 70 years of age.
 - D. Memory impairment is a sign of Alzheimer's disease, not dementia.

Unit 17, October 29

1. If researchers say that they have discovered a *correlation* between two variables, they are saying that they have
- A. shown that the two variables go together in a predictable way.
 - B. identified a third factor that is influencing both variables.
 - C. pinpointed the causal relationship between the two variables.
 - D. determined that there is no relationship between the two variables.
2. A research team is arguing that its studies have shown that people who are depressed often have an abnormally low level of a certain neurotransmitter and that therefore this deficiency is the cause of their depressive disorder. What mistake of logic is this team making?
- A. Depression is a mental disorder, not chemical.
 - B. They are assuming a causal relationship based on a correlation.
 - C. They have not confirmed a diagnosis of depression.
 - D. They haven't defined what constitutes an "abnormally low" level.
3. Psychopathologists believe that it is important to study *resilience* because
- A. there are factors that might protect from as well as contribute to mental disorders.
 - B. people with mental disorders typically lack many important strengths.
 - C. even when it seems a mental disorder has run its course, it might often recur.
 - D. it is necessary to demonstrate that genetics play an important role in psychopathology.
4. Which of the following is NOT one of the perspectives that guide treatment and research in abnormal psychology?
- A. Etiological
 - B. Biological
 - C. Psychological
 - D. Social
5. A researcher has developed a drug that increases the body's production of a specific protein and has shown that administering that drug to patients with major depressive disorder helps to reduce their depression. The researcher is now arguing that a deficiency of this protein must be a major cause of depression. The researcher is "guilty" of
- A. reductionism.
 - B. mistaking correlation for causation
 - C. the treatment-etiology fallacy
 - D. relying on an out-of-date diagnosis.

Unit 18 part, November 3

1. Which of the following is NOT a reason that case studies do not represent very strong scientific evidence?
 - A. Hard to know if a specific case is the exception or rule
 - B. Little or no use of objective measurements
 - C. Too in-depth and take too long
 - D. Very difficult to replicate
2. Prof. Siegel is trying to help his students understand the *directionality* problem in interpreting correlations, which means he wants them to know that when variable A and variable B are correlated,
 - A. A could cause B or B could cause A.
 - B. the correlation could be positive or negative.
 - C. there could be other variables involved.
 - D. the direction of causation is from A to B.
3. In conducting an experiment, a researcher will manipulate the _____ variable to test the effect on the _____ variable.
 - A. correlated; non-correlated
 - B. experimental; correlated
 - C. dependent; independent
 - D. independent; dependent

Unit 18 remainder, November 5

4. A research team is designing an experiment on the benefits of light therapy in the treatment of depression, and they want to be sure that they control for individual differences among their participants; the usual way to do this in an experiment is to use
 - A. replication.
 - B. random assignment of participants.
 - C. random selection of participants.
 - D. double-blinding.
5. In a study of a new investigational drug, which of the following is the best illustration of the *placebo effect*?
 - A. Participants believe the new drug will help them.
 - B. The research assistants all know which participants are taking the new drug.
 - C. The study has produced strong results but those results cannot be replicated.
 - D. The study began with 100 participants, but 40 dropped out before the study ended.

Unit 19, November 5

1. Who can be licensed to treat mental disorders?
 - A. Only psychiatrists
 - B. Only psychiatrists and psychologists
 - C. Only psychiatrists, psychologists, and nurses
 - D. It varies from state to state.
2. Which of the following is a correct statement regarding which healthcare providers can prescribe medication?
 - A. Any licensed physician may prescribe.
 - B. Doctoral-level psychologists may prescribe in all but 4 of the 50 states.
 - C. Only board-certified psychiatrists may prescribe.
 - D. Psychologists do not have medical training and are thus prohibited from prescribing.

3. Although both deal with the mental status of a criminal defendant, competence to stand trial (CST) and not guilty by reason of insanity (NGRI) differ with respect to
- A. the presence of an irresistible impulse versus an inability to tell right from wrong.
 - B. the defendant's intelligence versus the defendant's conscious awareness.
 - C. the defendant's mental state at the time of the trial versus at the time of the crime.
 - D. psychological versus psychiatric expertise.
4. Studies of how well mental health professionals can predict dangerousness have shown that making such predictions
- A. can be greatly improved by the use of neuro-imaging tests.
 - B. is greatly improved when the person being assessed has been diagnosed with schizophrenia.
 - C. requires that the professional has degrees in both medicine and psychology.
 - D. is a very inexact science, and such predictions are frequently wrong.
5. Dr. Siegel's client has just told him that she has fantasies about killing her boss; must Dr. Siegel inform the authorities?
- A. He may not violate patient confidentiality.
 - B. Yes, but only if the client is psychotic.
 - C. Yes, he has a duty to warn if the threat seems at all credible.
 - D. Yes, but only if he knows that the client has a history of violence.

Unit 20, November 10

1. Which of the following is NOT one of the reasons that pinpointing a genetic basis for a mental disorder is difficult?
- A. Any disorder is likely to be linked to many genes.
 - B. The expression of a gene depends in part on environmental factors.
 - C. Genes cannot be detected in human samples.
 - D. There are thousands of possible genes.
2. If genetic factors play an important causal role in the occurrence of a particular mental disorder, we would expect the **concordance** rate for the disorder
- A. in identical twins to be significantly higher than in fraternal twins.
 - B. in fraternal twins to be significantly higher than in identical twins.
 - C. to differ little between identical and fraternal twins.
 - D. in identical twins to be at or close to 100 percent.
3. Which of the following is often mentioned as an important form of temperament that might play a role as a risk factor in emotional psychopathology?
- A. negative affectivity
 - B. multiple alleles
 - C. phenylketonuria (PKU)
 - D. extraversion
4. Children of schizophrenic mothers are at greater risk for both schizophrenia and Cluster A forms of personality disorders; with regard to the role of genetic factors in schizophrenia it is likely that
- A. there is a genetic influence specific to schizophrenia.
 - B. schizophrenia might be part of a family of related disorders that are influenced by genetics.
 - C. c. schizophrenia has no genetic basis.
 - D. d. differences in child-rearing practices are critical.

5. For which of the following does the scientific evidence strongly support the influence of **genetics**?
- A. Dissociative disorders
 - B. Schizophrenia and depressive and bipolar mood disorders
 - C. Only schizophrenia
 - D. None of these has strong evidence for genetics.

Unit 21, November 12

1. Norepinephrine, dopamine, and serotonin are all
- A. neurotransmitters that are thought to be involved in psychopathology.
 - B. catecholamines that inhibit nerve impulses.
 - C. amino acids that can cause brain damage.
 - D. alleles that contribute to heritability.
2. Dr. Siegel has told his patient that his tests show that her depression is being caused by a chemical imbalance in her brain. What is wrong with this statement?
- A. Chemical imbalances cause anxiety disorders, not depression.
 - B. Depression is a hereditary disorder, not a brain disorder.
 - C. There are no tests that can show such an imbalance.
 - D. The chemical imbalance would originate in her spinal cord, not her brain.
3. Dr. Feelgood is arguing that alcoholics are born with some form of biological abnormality that leads to the later development of alcohol use disorder, which means she is emphasizing
- A. exposure.
 - B. negative affectivity.
 - C. susceptibility.
 - D. toxins.
4. Which of the following has been most strongly emphasized in recent research as a **neurotransmitter** possibly linked to the etiology of schizophrenia?
- A. dopamine
 - B. endorphins
 - C. amphetamine
 - D. epinephrine
5. Mental health researchers are examining a variety of **prenatal factors** in psychopathology, and many believe that a leading cause of intellectual disability is
- A. monoamine imbalances.
 - B. protein deficiencies.
 - C. disruptions in circadian rhythms.
 - D. fetal alcohol syndrome.

Unit 22, November 17

1. Which one of the following is an accurate statement of how prescription medications are currently used in mental health?
- A. They are used to target the underlying physical cause.
 - B. Their use has declined markedly.
 - C. They are primarily used to achieve symptom relief.
 - D. They are only used in the treatment of severe mental illness.

2. Suzanne is taking a benzodiazepine to treat her anxiety. She should be concerned that
- A. she might become dependent on the drug.
 - B. she is at severe risk to "graduate" into using harder drugs, such as heroin.
 - C. when taken in high dosages, the drugs have potentially serious effects on a woman's reproductive ability.
 - D. mania is a relatively common side effect.
3. Selective serotonin reuptake inhibitors (SSRIs) are classified as "anti-depressants," but this can be misleading because
- A. there is little scientific evidence to show that they can counteract or reduce any depressive symptoms.
 - B. SSRIs are most effective in controlling symptoms of a thought disorder, not a mood disorder.
 - C. SSRIs are also used in the treatment of many other mental disorders.
 - D. SSRIs are known to greatly increase the risk of abusing alcohol or other drugs.

Unit 22 (cont'd) November 19

4. From various studies on the improvement of people treated for schizophrenia, the findings show that antipsychotic drugs
- A. radically improve patients' social recovery even when they do not control psychotic symptoms.
 - B. actually have little impact on psychotic symptoms.
 - C. not only reduce or eliminate psychotic symptoms, they also foster social recovery.
 - D. can reduce some symptoms but are, at best, only modestly helpful in promoting meaningful social recovery.
5. Which of the following most accurately captures what is currently known about Ritalin?
- A. It provides neither short-term nor long-term benefit.
 - B. As a stimulant, it has been shown to be helpful as an anti-depressant.
 - C. Its use is now being discouraged because of the high risk of chemical dependence.
 - D. Although used in the treatment of ADHD, its potential benefits can also be seen in normal individuals.

Unit 23 November 19

1. According to Freudian psychoanalytic theory, mechanisms of defense are _____ that _____.
- A. conscious; reduce anxiety
 - B. conscious; reduce depression
 - C. unconscious; reduce anxiety
 - D. unconscious; reduce depression
2. One of the key ways that humanistic approaches to understanding psychopathology differ from psychoanalytic and psychodynamic approaches is that humanistic psychologists strongly emphasize
- A. the client's own subjective experiences.
 - B. the client's unconscious motivations.
 - C. early childhood experiences, especially those of a sexual nature.
 - D. what people learn growing up by observing their parents.

3. Psychodynamic therapists suggest that conflicts over aggressive impulses could lead to a situation where the outward expression of aggression is blocked and the aggression is turned against oneself; this has been proposed as a possible factor in

- A. psychotic disorders.
- B. depressive disorders.
- C. anxiety disorders.
- D. eating disorders.

4. A psychodynamically-oriented psychologist is using the self-medication hypothesis to explain her drug-addicted patient's addiction. This means she believes that her patient

- A. is using drugs to express his unconscious wish to die.
- B. is using drugs as a way to medicate himself against emotional pain.
- C. will benefit from treatment with prescription medication.
- D. has regressed to an early stage of psychosexual development.

Unit 23 (cont'd) November 24

5. Support for intrapsychic theories comes mainly from case studies, but there is also quantitative research, and numerous studies have suggested that _____ might be a causal factor.

- A. reaction-formation
- B. low self-esteem
- C. poor parental role models
- D. peer pressure

Unit 24 November 24

1. A behavioral psychologist might favor the *two-factor model* of phobias and obsessive-compulsive disorder; the two factors refer to

- A. fixation at an early psychosexual stage and regression back to it.
- B. classical conditioning and negative reinforcement.
- C. a genetic predisposition and an environmental trigger.
- D. excessive vigilance and preparedness.

2. Gamblers typically lose much more often than they win, yet they keep gambling. A behaviorist would say that the _____ schedule of reinforcement leads to a high degree of _____.

- A. fixed; variability
- B. continuous; resistance to extinction
- C. variable-ratio; resistance to extinction
- D. variable ratio; extinction

3. According to one cognitive model of panic disorder, individuals might experience recurring panic attacks because they

- A. misinterpret some bodily sensations by viewing them as catastrophic.
- B. have an unresolved Oedipal complex.
- C. have unrealistic beliefs that they can control their anxiety symptoms.
- D. have become desensitized to their internal bodily sensations.

4. In Seligman's studies, he observed that after dogs were exposed to uncontrollable shocks, they
- A. exhibited behaviors similar to symptoms of a panic attack.
 - B. failed to try to learn to control shocks when they were put into a new situation where they could control them.
 - C. learned how to control shocks in a new situation much more quickly than other dogs.
 - D. became much more attached to the experimenter.
5. Dr. Siegel believes that substance use disorders might develop in part because of people's beliefs about what will happen to them as a result of some specific action. Dr. Siegel is emphasizing the importance of
- A. expectancies.
 - B. attributions
 - C. misinterpretations.
 - D. neurobehavioral markers.