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
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
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.

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

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

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.