Abnormal Psychology

CREDIT HOURS 3
LEVEL UPPER

CATALOG NUMBER PSYx310
EXAM CODE 459

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Before You Choose This UExcel Exam

Uses for the Examination

• Excelsior College, the test developer, recommends granting three (3) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination.

• Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing.

• Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable grade.

Exam-takers who have applied to Excelsior College should ask their academic advisor where this exam fits within their degree program.

Exam-takers not enrolled in an Excelsior College degree program should check with the institution from which they wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit. Those who intend to enroll at Excelsior College should ask an admissions counselor where this exam fits within their intended degree program.

Examination Length and Scoring

The examination consists of approximately 130 questions, most of which are multiple choice; for samples of all the item types on this exam, see the sample items in the back of this guide. Some items are unscored, pretest items. The pretest items are embedded throughout the exam and are indistinguishable from the scored items. You will have three (3) hours to complete the examination. Your score will be reported as a letter grade.

UExcel Exam Resources

Excelsior College Bookstore

The Excelsior College Bookstore offers recommended textbooks and other resources to help you prepare for UExcel exams.

The bookstore is available online, at: www.excelsior.edu/bookstore

UExcel Practice Exams

The official UExcel practice exams are highly recommended as part of your study plan. Once you register for your UExcel exam, you are eligible to purchase the corresponding practice exam, which can be taken using any computer with a supported Web browser. Each practice exam includes two forms that you may take within a 180-day period.

Excelsior College Library

Enrolled Excelsior College students can access millions of authoritative resources online through the Excelsior College Library. Created through our partnership with the Sheridan Libraries of The Johns Hopkins University, the library provides access to journal articles, books, websites, databases, reference services, and many other resources. Special library
Preparing for UExcel Exams

How Long Will It Take Me to Study?

A UExcel exam enables you to show that you’ve learned material comparable to one or more 15-week, college-level courses. As an independent learner, you should study and review as much as you would for a college course. For a three-credit course in a subject they don’t know, most students would be expected to study nine hours per week for 15 weeks, for a total of 135 hours.

Study Tips

Become an active user of the resource materials. Aim for understanding rather than memorization. The more active you are when you study, the more likely you will be to retain, understand, and apply the information.

The following techniques are generally considered to be active learning:

• preview or survey each chapter

• highlight or underline text you believe is important

• write questions or comments in the margins

• practice re-stating content in your own words

• relate what you are reading to the chapter title, section headings, and other organizing elements of the textbook

• find ways to engage your eyes, your ears, and your muscles, as well as your brain, in your studies

• study with a partner or a small group (if you are an enrolled student, search for partners on MyExcelsior Community)

• prepare your review notes as flashcards or create recordings that you can use while commuting or exercising

When you feel confident that you understand a content area, review what you have learned. Take a second look at the material to evaluate your understanding. If you have a study partner, the two of you can review by explaining the content to each other or writing test questions for each other to answer. Review questions from textbook chapters may be helpful for partner or individual study, as well.
Using UExcel Practice Exams

We recommend taking the first form of the practice exam when you begin studying, to see how much you already know. After taking the first practice exam, check your performance on each question and find out why your answer was right or wrong. This feedback will help you improve your knowledge of the subject and identify areas of weakness that you should address before taking the exam. Take the second form of the practice exam after you have finished studying. Analyze your results to identify the areas that you still need to review.

Although there is no guarantee, our research suggests that students who do well on the practice exams are more likely to pass the actual exam than those who do not do well (or do not take advantage of this opportunity).

About Test Preparation Services

Preparation for UExcel® exams and Excelsior College® Examinations, though based on independent study, is supported by Excelsior College with a comprehensive set of exam learning resources and services designed to help you succeed. These learning resources are prepared by Excelsior College so you can be assured that they are current and cover the content you are expected to master for the exams. These resources, and your desire to learn, are usually all that you will need to succeed.

There are test-preparation companies that will offer to help you study for our examinations. Some may imply a relationship with Excelsior College and/or make claims that their products and services are all that you need to prepare for our examinations.

Excelsior College is not affiliated with any test preparation firm and does not endorse the products or services of these companies. No test preparation vendor is authorized to provide admissions counseling or academic advising services, or to collect any payments, on behalf of Excelsior College. Excelsior College does not send authorized representatives to a student’s home nor does it review the materials provided by test preparation companies for content or compatibility with Excelsior College examinations.

To help you become a well-informed consumer, we suggest that before you make any purchase decision regarding study materials provided by organizations other than Excelsior College, you consider the points outlined on our website at www.excelsior.edu/testprep.

Preparing for This Exam

Prior Knowledge

A knowledge of concepts usually learned in an introductory psychology course is assumed.

Using the Content Outline

Each content area in the outline includes (1) the recommended minimum hours of study to devote to that content area and (2) the most important sections of the recommended resources for that area. These annotations are not intended to be comprehensive. You may need to refer to other chapters in the recommended textbooks. Chapter numbers and titles may differ in other editions.

This content outline contains examples of the types of information you should study. Although these examples are numerous, do not assume that everything on the exam will come from these examples. Conversely, do not expect that every detail you study will appear on the exam. Any exam is only a broad sample of all the questions that could be asked about the subject matter.

Using the Sample Questions and Rationales

Each content guide provides sample questions to illustrate those typically found on the exam. These questions are intended to give you an idea of the level of knowledge expected and the way questions are typically phrased. The sample questions do not sample the entire content of the exam and are not intended to serve as an entire practice test.
Recommended Resources for the UExcel Exam in Abnormal Psychology

The study materials listed below are recommended by Excelsior College as the most appropriate resources to help you study for the examination. For information on ordering from the Excelsior College Bookstore, see page 1 of this guide. You may also find resource materials in college libraries. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

Textbook
This textbook was used by the examination development committee to verify all questions on the exam. These study materials may be purchased from the Excelsior College Bookstore. www.excelsior.edu/bookstore

Optional Textbook
This textbook was identified by examination development committee as a resource to help you gain a deeper understanding of the subject.

Recommended URLs
The following topics may be on the exam but are not covered in the recommended textbook.


http://repository.upenn.edu/dissertations/AAI8624018/

Philippe Pinel—humanitarian treatment for people suffering from mental illness http://en.wikipedia.org/wiki/Philippe_Pinel
http://www.britannica.com/EBchecked/topic/460995/Philippe-Pinel

Carl Rogers approach to therapy—goals http://en.wikipedia.org/wiki/Carl_Rogers
http://www.muskingum.edu/~psych/psycweb/history/rogers.htm

Huntington’s chorea as cause of dementia http://www.alz.org/dementia/huntingtons-disease-symptoms.asp
http://en.wikipedia.org/wiki/Huntington%27s_disease
http://web.stanford.edu/group/hopes/cgi-bin/wordpress/2010/06/dementia-in-huntingtons-disease/

schizophrenia—dopamine, catatonic & symptoms, symptom—derailment, extrapyramidal symptoms of long-term use of antipsychotic medications in the treatment of schizophrenia – lipsmacking, who is most likely to develop schizophrenia (hereditary), incidence of schizophrenia, identical twins occurrence of schizophrenia

Disorganized http://www.psyweb.com/Mdisord/SchizoDis/distype.jsp
Disorganized and Catatonic
http://psychcentral.com/lib/schizophrenia-fact-sheet/0001570

Catatonic symptoms
http://www.psyweb.com/mdisord/SchizoDis/cattype.jsp

http://www.mentalhealthamerica.net/conditions/schizophrenia

Extrapyramidal symptoms of long-term use of antipsychotic medications in the treatment of schizophrenia – lipsmacking
http://www.nimh.nih.gov/health/topics/schizophrenia/index.shtml

The National Institute of Mental Health (NIMH) is part of the National Institutes of Health (NIH), a component of the U.S. Department of Health and Human Services.

Tardive dyskinesias (TDs)
http://emedicine.medscape.com/article/1151826-overview#showall, free log in required


Who is most likely to develop schizophrenia (hereditary)
http://www.schizophrenia.com/research/hereditygen.htm

http://www.hopkinsmedicine.org/healthlibrary/conditions/mental_health_disorders/schizophrenia_85,P00762/

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2826121/

Heredity, Twins, Occurrence in general population

Schizophrenia occurrence rate
http://www.nimh.nih.gov/health/topics/schizophrenia/index.shtml

National Institute of Mental Health

symptom – Derailment
http://www.schizophrenia.com/ami/diagnosis/mrBIPOL.html
Retrieved 11/21/2014

http://psychcentral.com/encyclopedia/2008/derailment/
Retrieved 11/21/2014

Residual Schizophrenia
http://psychcentral.com/lib/residual-schizophrenia/000149

http://medical-dictionary.thefreedictionary.com/residual+schizophrenia

https://bbrfoundation.org/frequently-asked-questions-about-schizophrenia

The following topics may be on the exam, but are not covered in the recommended resources. You may research them yourself through Google or Wikipedia, or find them in the optional textbook:


Edward Schneidman—suicide prevention

Agnosia as symptom of dementia

Alzheimer disease—acetylcholine neurotransmitter causing development of

Analogue study as type of research

Ancient Greek Humoral Theory of disorder—characteristics of a person with choleric

Barbiturates impact, such as Seconal and Valium

Biofeedback as stress management technique for individual that suffers from migraines

Biological perspective—psychopathology

Causation in research

Causes of chronic heart disease—stress, hostility, high levels of anger

Correlation in research

Criterion for determining whether or not a persona has a psychological disorder—impairment in functioning

Development of phobic disorder through vicarious learning

Dissociative amnesia—diagnostic distinction

Dissociative fugue—diagnostic distinction

Dopamine antagonist—presumed mechanism of action of conventional antipsychotic medications

Dopamine theory of schizophrenia—antipsychotic drugs reduce frequency of hallucinations and delusions

Double blind definition
Dream analysis as a core treatment technique
Durham vs. United States—legal definition of insanity
Ertomania as type of delusion
Hallucinations
General statistics on highest risk group in US for suicide attempts
Humanistic therapy—client (person)-centered
Identical twins occurrence of schizophrenia
Impairment in functioning—determination of psychological disorder
Incidence of a disorder
Institutionalization trends from 1950 to 1990s of mentally ill persons in state psychiatric hospitals
La belle indifference
Learned helplessness theory—unavoidable negative events
Melatonin as treatment for dyssomnias
Mental status examination—evaluating appearance, thought processes, mood, intellectual functioning, and sensorium
Obsessive-compulsive behaviors—anxiety avoidance
Operational definition in research
Overgeneralization behavior
Paranoia—hearing difficulties
Patient right—least restrictive alternative
Percent of people affected by personality disorders
Percent of population that will develop schizophrenia at some point during lifetime
Percent of population that will have a schizophrenic episode sometime during lifetime
Persecution as type of delusion
Phobic behaviors—anxiety avoidance
Prevalence of a disorder
Primary prevention approach to address physical child abuse
Psychoanalytic treatment techniques
Psychophysiological disorder—scores on the Social readjustment Rating Scale
San Francisco model program for HIV prevention
Neologism psychotic symptom of schizophrenia
Self-actualization—which therapeutic perspective
Shaping in behavior modification
Single-case experimental design—multiple baseline
Sociological Theory—anomic suicide
Test standardization in research
Transsexualism

Type A, Type B, etc... Personality, psychological diathesis
Underarousal hypothesis
Unipolar disorder—genetic contribution to etiology
Uses of diagnostic classification

Reducing Textbook Costs
Many students know it is less expensive to buy a used textbook, and buying a previous edition is also an option. The Excelsior College bookstore includes a buyback feature and a used book marketplace, as well as the ability to rent digital versions of textbooks for as long as students need them. Students are encouraged to explore these and the many other opportunities available online to help defray textbook costs.

Open Educational Resources
Saylor Foundation: Abnormal Behavior
http://www.saylor.org/courses/psych401/
The Saylor Foundation provides free, high quality courses through online, self-paced, free learning resources.

Annenberg Learner
http://www.learner.org/resources/series60.html
Annenberg Learner is a free educational resource for teachers and students.

iTunes U
Many colleges and universities make courses available through iTunes U and OER Commons.
Content Outline

General Description of the Examination

The UExcel Abnormal Psychology examination is based on material typically taught in a one-semester, three-credit, upper-level course in abnormal psychology.

The examination measures knowledge and understanding of the historical background of abnormal psychology; major conceptualizations in the field; and the nature and descriptions of psychological disorders, as well as their definitions, classification, etiology, and major treatments.

Those beginning to study for this exam should be familiar with the concepts usually learned in an introductory psychology course.

Learning Outcomes

After you have successfully worked your way through the recommended study materials, you should be able to demonstrate the following learning outcomes:

1. Describe the basic concepts of abnormal psychology and its historical development.
2. Describe the paradigms in science, psychopathology, and intervention.
3. Recognize DSM-IV-TR diagnoses and explain how the validity and reliability of the diagnoses are established.
4. Identify and classify each disorder, describe the different theories and research into its causes, and review the available treatments.
5. Recognize the problems encountered by health professionals.
6. Describe the complex interaction between scientific findings and theories.
7. Explain the role of ethics and the law in abnormal psychology.
Content Outline

The content outline describes the various areas of the test, similar to the way a syllabus outlines a course. To fully prepare requires self-direction and discipline. Study involves careful reading, reflection, and systematic review.

The major content areas on the Abnormal Psychology examination, the percent of the examination, and the hours to devote to each content area are listed below.

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Percent of the Examination</th>
<th>Hours of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Introduction and Basic Issues</td>
<td>25%</td>
<td>34</td>
</tr>
<tr>
<td>II. Disorders</td>
<td>60%</td>
<td>81</td>
</tr>
<tr>
<td>III. Treatment, Prevention, and Legal Issues</td>
<td>15%</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

NOTE: Occasionally, examples will be listed for a content topic to help clarify that topic. However, the content of the examination is not limited to the specific examples given.

I. Introduction and Basic Issues

25 PERCENT OF EXAM | 34 HOURS OF STUDY

Kring, et al. (13th ed., 2016)

Ch. 1, Introduction and Historical Overview
Ch. 2, Current Paradigms in Psychopathology
Ch. 3, Diagnosis and Assessment
Ch. 4, Research Methods in Psychopathology

A. Historical development

1. History of psychopathology from early demonology through humanitarian reforms
2. The mental health professions

B. Definitions and changing historical conceptions of “abnormal” behavior

C. Research approaches in abnormal psychology (for example: methods, strengths and weaknesses, applications, interpretations, and ethical issues)

D. Theories, paradigms, and perspectives

1. Biological
2. Psychodynamic
3. Behavioral/learning
4. Cognitive
5. Humanistic
6. Sociocultural
7. Diathesis-stress

E. Classifications and diagnoses

2. Issues in classification (for example: reliability, validity, problems of labeling)
F. Assessment
   1. Interviewing
   2. Psychological testing
   3. Behavioral and cognitive assessments
   4. Biological, medical, psychophysiological, and neuropsychological assessments
   5. Issues in assessment (for example: reliability, validity, bias)

II. Disorders

60 PERCENT OF EXAM | 81 HOURS OF STUDY

NOTE: You should be familiar with descriptions, current and historical views of major causal factors, and treatments for the disorders listed in this section. Main chapter references in the Kring textbook are indicated for each category.

A. Anxiety disorders (Ch. 6 and 7)
   1. Panic disorder and agoraphobia
   2. Specific and social anxiety disorder
   3. Obsessive-compulsive related and trauma related disorders
   4. Generalized anxiety disorder
B. Mood disorders (Ch. 5)
   1. Depressive disorders
   2. Bipolar disorders
   3. Suicide
C. Somatic symptom related disorders (for example: complex somatic symptom disorder, illness anxiety disorder, functional neurological disorder, malingering, factitious disorder) (Ch. 8)
D. Dissociative disorders (for example: dissociative amnesia, fugue, dissociative identity disorder, depersonalization/derealization disorder) (Ch. 8)
E. Psychological factors affecting physical conditions (for example: essential hypertension, asthma)
F. Eating disorders (for example: anorexia nervosa, bulimia nervosa, binge eating disorder) (Ch. 11)

G. Sexual disorders (Ch. 12)
   1. Sexual dysfunctions
   2. Paraphilias (for example: exhibitionism, fetishism, transvestic fetishism, pedophilia, voyeurism, frotteurism, sexual sadism, sexual masochism)

H. Substance use disorders (Ch. 10)
   1. Alcohol use disorder
   2. Tobacco use disorder
   3. Dependence on and abuse of other substances (for example: marijuana, opiates, stimulants, hallucinogens, ecstasy, PCP)

I. Schizophrenia spectrum and other psychotic disorders (Ch. 9)
   1. Schizophrenia (including etiological models, symptomology, genetic and environmental influences, and social functioning)
   2. Other (for example: schizoaffective disorder, brief psychotic disorder, delusional disorder)

J. Life-span developmental disorders (Ch. 13 and 14)
   1. Disorders that are usually first evident in childhood and adolescence (for example: autism spectrum disorder, attention-deficit hyperactivity disorder, conduct disorder)
   2. Specific learning disorder
   3. Problems associated with aging (for example: delirium, dementia)

K. Personality disorders (Ch. 15)
   1. Cluster A: eccentric types (schizotypal, paranoid, schizoid)
   2. Cluster B: erratic types (antisocial, histrionic, borderline, narcissistic)
   3. Cluster C: fearful types (avoidant, dependent, obsessive-compulsive)
   4. Issues in diagnosis (for example: gender or class bias in classification)
III. Treatment, Prevention, and Legal Issues

15 PERCENT OF EXAM | 20 HOURS OF STUDY

Kring, et al.

Treatment sections of individual chapters

Ch. 16, Legal and Ethical Issues

A. Approaches to treatment (for example: psychoanalytic; cognitive/behavioral; social learning; humanistic/existential; group, marital, and family therapy; biological)

B. Issues of treatment (for example: efficacy, effectiveness, empirical validation, cultural and ethnic factors)

C. Specific community approaches
   1. Prevention and crisis intervention
   2. Deinstitutionalization and community mental health

D. Legal and ethical issues
   1. The law and abnormal behavior (for example: commitment, the insanity defense)
   2. Ethical issues (for example: the right to treatment, informed consent, confidentiality)
The sample questions give you an idea of the level of knowledge expected in the exam and how questions are typically phrased. They are not representative of the entire content of the exam and are not intended to serve as a practice test.

Rationales for the questions can be found on pages 14–17 of this guide. In that section, the correct answer is identified and each answer is explained. The number in parentheses at the beginning of each rationale refers to the corresponding section of the content outline. For any questions you answer incorrectly, return to that section of the content outline for further study.

1. Which research method in abnormal psychology is best suited for identifying cause and effect relationships?
   1) epidemiological
   2) correlational
   3) experimental
   4) observational

2. Which concept is central to understanding the relationship between the psychodynamic therapist and the patient?
   1) anxiety threshold
   2) transference
   3) empathy
   4) response hierarchy

3. According to Sigmund Freud's psychoanalytic paradigm, what is the source of most of the important determinants of human behavior?
   1) conscious
   2) preconscious
   3) superego
   4) unconscious

4. Which course of action by a therapist illustrates a cognitive-behavioral approach?
   1) encouraging the client to explore early-life experiences
   2) helping the client to change mistaken assumptions and increase self-efficacy
   3) providing the client with insight about unconscious motives
   4) using hypnosis to help the client forget painful life experiences

5. What is the essential feature of borderline personality disorder?
   A pervasive pattern of
   1) instability in a variety of areas
   2) inflexibility and perfectionism
   3) constant attention seeking
   4) callousness in interpersonal relationships
6. A person is diagnosed as having an avoidant personality disorder, a major depression, and hypertension. How would these diagnoses be recorded using the multiaxial system of DSM?

<table>
<thead>
<tr>
<th>Axis I</th>
<th>Axis II</th>
<th>Axis III</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) avoidant personality</td>
<td>major depression</td>
<td>hypertension</td>
</tr>
<tr>
<td>2) major depression</td>
<td>avoidant personality</td>
<td>no diagnosis</td>
</tr>
<tr>
<td>3) major depression</td>
<td>avoidant personality</td>
<td>hypertension</td>
</tr>
<tr>
<td>4) hypertension</td>
<td>major depression</td>
<td>avoidant personality</td>
</tr>
</tbody>
</table>

7. How were items for the clinical scales of the Minnesota Multiphasic Personality Inventory (MMPI) ultimately selected?

Item selection was based on:
1) the judgments made by clinicians familiar with the symptoms included in the diagnostic categories.
2) how well items differentiated between groups of individuals without psychiatric diagnoses and a group with a specific diagnosis.
3) specific theories of personality related to behavioral traits.
4) the diagnostic criteria of the DSM.

8. What is the most common complication of panic disorder?
1) agoraphobia
2) cardiovascular disease
3) bipolar disorder
4) migraine headache

9. A child acquires a phobia after being bitten by a dog. The initial fear most likely developed through which process?
1) classical conditioning
2) operant conditioning
3) cognitive dissonance
4) social learning

10. What is a persistent, irrational thought or impulse that is very difficult to dismiss or control?
1) a compulsion
2) a delusion
3) an illusion
4) an obsession

11. How is dissociative identity disorder best defined?
1) two or more loosely organized, incomplete personalities or personality states
2) two or more distinct, well-developed personalities or personality states
3) two or more personalities, each with well-developed thought processes, but loosely organized emotional processes
4) two or more personalities, each with well-developed emotional processes, but loosely organized thought processes

12. Compared to patients with hypochondriasis, patients with conversion disorders are likely to have which manifestation?
1) heightened awareness of new symptoms
2) preoccupation with bodily processes
3) specific physical symptoms
4) fear of real illness

13. Which statement exemplifies depersonalization?
1) “I sometimes feel like I’m not in control of myself, like I’m just watching myself from the outside.”
2) “I hear voices telling me what to do. I’m afraid I will die if I don’t obey the voices.”
3) “Life is so impersonal and meaningless that I feel like ending it all.”
4) “I secretly think I was born into the body of the wrong sex.”

14. Which stress-related disorder is most common among children?
1) asthma
2) hypertension
3) migraine headaches
4) ulcer
15. What personality pattern is seemingly shared by men who engage in voyeurism or exhibitionism?
   1) fearfulness, social immaturity, and avoidance of direct social contact
   2) deep-seated rage directed at women, with wishes for revenge
   3) latent homosexual strivings
   4) great social confidence and many brief sexual encounters

16. Which is the most effective treatment for bipolar disorder?
   1) implosion
   2) lithium carbonate
   3) psychoanalysis
   4) electroconvulsive therapy (ECT)

17. A person says that “thoughts are leaking out of his neuro-hole.” Which characteristic of schizophrenia is this person displaying?
   The person is
   1) exhibiting overinclusiveness.
   2) expressing a delusion of grandeur.
   3) using a neologism.
   4) experiencing thought broadcasting.

18. Low-birth-weight infants and children who are malnourished are at higher risk for which condition?
   1) separation anxiety disorder
   2) conduct disorder
   3) anorexia nervosa
   4) mental retardation

19. Which symptom would a person who has Alzheimer’s disease be most likely to display?
   1) delirium
   2) delusions
   3) dementia
   4) dysthymia

20. A therapist is treating a client’s depression by helping the client to learn how to initiate and end conversations, make small talk, and maintain eye contact. The therapist’s treatment is most likely based on the belief that depression is caused by which factor?
   The client’s inability to
   1) feel physically attractive
   2) openly express anger
   3) obtain social reinforcers
   4) focus on the problems of others
**SECTION FOUR**

**Rationales**

1.(IC)

1) Epidemiological studies are specifically designed to assess the frequency of a disorder with a population. Case studies are often useful for generating hypotheses about cause and effect relationships, but are rarely used for testing these hypotheses systematically.

2) Correlational studies do not permit definitive cause and effect conclusions to be drawn because the researcher does not systematically manipulate the variables.

*3) Experimental studies require a researcher to randomly assign participants to conditions and systematically manipulate independent variables.

4) Observational studies do not permit cause and effect relationships to be determined because the researcher records naturally occurring events in the environment. The researcher does not systematically manipulate variables.

2.(IIIA)

1) Although the concept of anxiety threshold is discussed by many personality theorists, it does not play a key role in the relationship between psychodynamic therapists and patients.

*2) Transference, the tendency of the patient to view the therapist as similar to an important figure in the patient’s life (for example, a parent), is believed by psychoanalysts to be necessary for therapeutic improvement.

3) Empathy is a Rogerian concept that refers to a therapist’s ability to relate to a client’s feelings.

4) A response hierarchy is a component of the systematic desensitization technique used by behavior therapists.

3.(ID2)

1) Freud considered conscious experience to be very limited, involving only a small part of the personality.

2) The preconscious refers to memories and thoughts that can be brought to consciousness, but are not currently at the conscious level.

3) The superego refers to the moral standards of an individual instilled by one’s family and culture in childhood.

*4) Freud argued that the primary motivation for behavior stems from the id urges, which are entirely unconscious.

4.(ID3/4)

1) Cognitive-behavioral therapists tend to focus on current, rather than historical, factors.

*2) Cognitive-behavioral therapists believe that abnormal behaviors result from faulty thoughts and assumptions that a person uses continually.

3) Insight into unconscious motives is emphasized by psychodynamic therapists.

4) Hypnosis is usually used by psychodynamic therapists seeking to understand unconscious motives.

*correct answer
5. (IIM2)
1) Instability in mood, self-concept, and interpersonal relationships is one of the central features of borderline personality disorder.
2) Inflexibility and perfectionism are behaviors typically observed in individuals with obsessive-compulsive personality disorder.
3) Although constant attention seeking is sometimes seen in patients with borderline personality disorder, this behavior is more typical of individuals with histrionic personality disorder.
4) Callousness in interpersonal relationships is a primary feature of both narcissistic and antisocial personality disorders.

6. (IE1)
1) Avoidant personality should be diagnosed on Axis II, major depression on Axis I.
2) Hypertension should be noted on Axis III (general medical conditions).
3) Major clinical disorders are diagnosed on Axis I, personality disorders on Axis II, and general medical conditions on Axis III.
4) Hypertension should be noted on Axis III, major depression on Axis I, and avoidant personality on Axis II.

7. (IF2)
1) Judgments by clinicians are often subjective and frequently there is low agreement among clinicians regarding the diagnosis of symptoms.
2) The MMPI was designed to be a reflection of empirical research. Only items that were shown to differentiate between psychiatric and control groups were included on the test.
3) The MMPI was intended to be atheoretical regarding the cause and treatment of disorders.
4) The MMPI is not linked to the DSM system.

8. (IIA1)
1) Agoraphobia, the fear of situations from which escape would be difficult or embarrassing, or in which help would be difficult to obtain in the event of a panic attack, is a common consequence of panic disorder.
2) Cardiovascular disease is not a common complication of panic disorder.
3) Bipolar disorder is not a complication of panic disorder.
4) Migraine headaches are not a complication of panic disorder.

9. (IIA2)
1) Classical conditioning occurs when an initially neutral stimulus (for example, a dog) is paired with a powerful stimulus (for example, a bite/pain) so that the neutral stimulus acquires the ability to provoke a response (for example, fear).
2) Operant conditioning focuses on how consequences (for example, reinforcement) shape behavior.
3) Cognitive dissonance occurs when a person simultaneously holds two contradictory beliefs or ideas.
4) Social learning refers to the acquisition of responses through the observation of others.

10. (IIA3)
1) Compulsions are ritualistic behaviors that an individual repeatedly and uncontrollably presents.
2) Delusions are false beliefs that distort reality and are commonly experienced by people suffering from schizophrenia.
3) Illusions are perceptual tricks or distortions.
4) Obsessions are defined as persistent, irrational thoughts or impulses.
11.(IID)
1) The personalities in multiple personality disorder are not believed to be loosely organized or incomplete.

*2) The personalities in multiple personality disorder are believed to be both distinct and well-developed.

3) The personalities in multiple personality disorder are believed to possess highly organized emotional processes.

4) The personalities in multiple personality disorder are believed to possess highly organized thought processes.

12.(IIC)
1) Individuals with hypochondria are more likely to be vigilant for the onset of new symptoms than are individuals with conversion disorder.

2) Individuals with conversion disorder appear to be almost indifferent to their symptoms.

*3) The key diagnostic feature of conversion disorder is the presence of physical symptoms that have no apparent physical cause.

4) Clients with hypochondria are more concerned with the potential of illness than are those diagnosed as having conversion disorder.

13.(IID)
*1) Depersonalization refers to the feeling that one is separate from one's body.

2) Hearing voices is an example of a hallucination.

3) This statement signifies that the client is experiencing suicidal thoughts.

4) This statement is likely to be made by a person diagnosed with either transsexualism or gender identity disorder.

14.(IIE)
*1) Asthma is the most common childhood stress-related disorder.

2) Hypertension (high blood pressure) is likely to have its onset in adulthood.

3) Migraines are not frequently observed in children.

4) Ulcers are likely to have their onset in adulthood.

*correct answer

15.(IIIG2)
*1) Research with men who have been diagnosed with either voyeurism or exhibitionism often indicates that they are socially withdrawn.

2) Most men who engage in voyeurism or exhibitionism do not report feelings of anger.

3) Most men who are diagnosed with either voyeurism or exhibitionism are heterosexual.

4) Research evidence suggests that most men who engage in voyeurism or exhibitionism are socially withdrawn.

16.(IIB)
1) Implosion, a variant of imaginal flooding, is not used in the treatment of bipolar disorder.

*2) Lithium carbonate is one of the standard pharmacological treatments for bipolar disorder.

3) Psychoanalysis has not been found to be effective in the treatment of bipolar disorder.

4) Although electroconvulsive therapy (ECT) is sometimes used with patients who have bipolar disorder and are experiencing depression, it is not a standard or first-choice treatment for bipolar disorder.

17.(II-I)
1) Overinclusiveness refers to the tendency to erroneously treat different stimuli as though they belong to the same category.

2) Delusions of grandeur refer to irrational and persistent beliefs that one is all-powerful or extremely important to the world. These beliefs are sometimes expressed by some clients who are diagnosed as having schizophrenia or another psychotic disorder.

*3) Neologisms are invented words that some clients with schizophrenic symptoms create and use.

4) Thought broadcasting refers to the delusional belief that others can hear one’s private thoughts.
18.(IIK2)
1) Separation anxiety disorder has not been shown to be related to either low birth weight or malnourishment.

2) No relationship has been reported between conduct disorder and low birth weight or malnourishment.

3) Anorexia nervosa is an eating disorder that is most likely to have its onset in adolescent girls who have not experienced either low birth weight or previous malnourishment.

*4) Low birth weight and malnourishment have been shown to be causes of poor brain development which can result in mental retardation.

19.(III)
1) Delirium is characterized by a disturbance in consciousness and awareness accompanied by changes in cognition that cannot be accounted for by memory loss.

2) Although patients with Alzheimer’s disease sometimes develop paranoid delusions, these delusions are not a defining feature of Alzheimer’s disease.

*3) Dementia is characterized by the presence of multiple and severe cognitive deficits, especially memory loss. Dementia is the primary feature of Alzheimer’s disease.

4) Dysthymia, a chronic form of depression, is not a key feature of Alzheimer’s disease.

20.(IIIA)
1) Most therapists do not believe that the client’s capacity to feel physically attractive is highly related to the client’s level of social skills.

2) Therapists who believe that the client is unable to openly express anger would typically use the technique of assertiveness training.

*3) These techniques are designed to increase the frequency of social behaviors displayed by the client. They would most likely be used by a therapist who believes the depression is caused by a lack of reinforcement from other people.

4) Therapists who believe that the client’s depression is due to an inability to focus on the problems of others would use techniques designed to increase the client’s empathy.
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