Strengthening the DSM 4th edition Garcia Test Bank

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1. **What is the central goal of the intersectionality/resiliency formulation (IRF)?**
   a. To simplify diagnosis by focusing on pathology only
   b. To integrate strengths, culture, and context into the diagnostic process
   c. To standardize clinician perspectives
   d. To eliminate cultural considerations from diagnosis
   Answer: b
   Rationale: The IRF balances pathology with strengths and contextual understanding for holistic diagnosis.
2. **Which of the following best defines culturally relevant practice?**
   a. Achieving a fixed level of cultural knowledge
   b. Ongoing engagement in self-awareness, humility, and relational attunement
   c. Focusing on language differences only
   d. Adopting universal clinical strategies for all clients
   Answer: b
   Rationale: Culturally relevant practice is a lifelong process emphasizing self-awareness, humility, and curiosity.
3. **Intersectionality helps clinicians:**
   a. Focus solely on race and ethnicity
   b. Recognize multiple interacting social identities that influence client experiences
   c. Separate clients into homogenous diagnostic groups
   d. Ignore differences within cultural groups
   Answer: b
   Rationale: Intersectionality captures the complexity of overlapping identities and experiences of privilege and oppression.
4. **Which of the following is a key limitation of the *DSM-5-TR* noted in this chapter?**
   a. Too much focus on culture
   b. Lack of mandatory integration of contextual and resilience factors
   c. Emphasis on clinician subjectivity
   d. Insufficient diagnostic categories
   Answer: b
   Rationale: The *DSM-5-TR* fails to require contextual inquiry, leaving cultural and resilience factors optional.
5. **Transformative change in culturally relevant practice involves:**
   a. Surface-level adjustments to terminology
   b. Systemic changes that promote social justice and equity
   c. Avoiding discussion of diversity or power
   d. Reducing client engagement in treatment decisions
   Answer: b
   Rationale: True cultural relevance transforms practice at personal, organizational, and systemic levels.

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6. **Cultural competence as a "status" is problematic because:**
   a. It discourages self-reflection and humility
   b. It ensures bias-free clinical practice
   c. It simplifies organizational accountability
   d. It promotes client empowerment
   Answer: a
   Rationale: Competence as a fixed status suggests finality; cultural competence must remain a continuous process.
7. **Bias in diagnosis can lead to:**
   a. Improved trust between clinician and client
   b. Overpathologizing or misdiagnosing marginalized groups
   c. Greater access to culturally responsive care
   d. Increased clinician curiosity and humility
   Answer: b
   Rationale: Diagnostic bias can distort understanding and perpetuate systemic disparities.
8. **According to the chapter, which of the following best defines culturally relevant interventions?**
   a. Interventions that ignore contextual factors
   b. Behaviors and practices that strengthen engagement and client trust
   c. Generic interventions applied universally
   d. Theoretical models that exclude lived experience
   Answer: b
   Rationale: Cultural relevance is measured by behaviors that demonstrate attunement and support engagement.
9. **Which of the following statements aligns with a strength-based diagnostic perspective?**
   a. The focus should remain on deficits and symptoms.
   b. Clients should be viewed as possessing both resources and challenges.
   c. Strengths are secondary to accurate labeling.
   d. Empowerment is unrelated to diagnosis.
   Answer: b
   Rationale: Strength-based diagnosis views clients as resilient, resourceful individuals.
10. **Clinicians must consider differences in privilege and social power because:**
    a. Power dynamics affect client engagement and perceptions of safety
    b. Power has no relevance in diagnosis
    c. Clients should adapt to clinician authority
    d. Privilege and marginalization are unrelated to mental health
    Answer: a
    Rationale: Power dynamics shape therapeutic interactions and diagnostic accuracy.

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