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Chapter One Sample Questions

1. Which of the following does **NOT** represent one of the changes made in the transition from DSM-IV to DSM-5? (pp. 4–5)

*A. DSM-5 adopted more of a categorical approach to diagnosis rather than a dimensional approach.

B. DSM-5 utilizes a nonaxial diagnostic system.

C. DSM-5 incorporated the DSM-IV "child/adolescent" disorders into chapters with adult disorders.

D. DSM-5 takes more of a "spectrum" approach to some categories of diagnoses (e.g., schizophrenia, autism).

2. Motivational interviewing: (p. 7)

A. Is generally incorporated at the end of treatment.

*B. Is designed to help support a client's readiness for change.

C. Is least successful for ambivalent clients.

D. Has not been found useful for substance use or eating disorders.

3. Regarding the outcome of treatment: (pp. 10–12)

A. The therapist's race, religion, and cultural background are some of the most important variables.

B. The therapist's theoretical orientation is the most powerful influence on outcome.

C. Outcome is totally determined by the therapist; clients have little influence on the outcome of therapy.

*D. The quality of the therapeutic alliance is the best predictor of outcome.

4. When deciding on the setting where treatment will take place: (pp. 13–14)

A. Inpatient treatment is usually the best option.

B. Inpatient hospitalization should not be utilized for those who are in danger of harming themselves or others.

*C. The least restrictive setting that provides optimal care for the person's needs is usually the best choice.

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D. Issues like the person's diagnosis, severity of symptoms, and financial resources are generally not considered.

5. Regarding empirically supported treatments (ESTs): (pp. 15–17)

A. Very few currently exist. (<15).

B. A comprehensive list of ESTs is available for every DSM disorder.

*C. According to the American Psychological Association, there are currently more than 75 ESTs and the list has been growing.

D. While there are some ESTs for adults, there are currently no ESTs for children and adolescents.

6. When determining the emphasis of a therapeutic approach, which of the following is true? (pp. 18–20)

*A. Evocative approaches are more process oriented and view the person as the expert on his or her own life.

B. Directive approaches put the client totally in charge and emphasize such things as catharsis and support.

C. Insight-oriented approaches are necessary because insight is essential for change to occur.

D. Once you know the diagnosis, the correct treatment can be determined with certainty regardless of individual variables of the client

7. Which of the following is **NOT** true regarding decisions about the number of people in therapy (e.g., individual, group, family)? (pp. 20–21)

A. Individual therapy is often a good starting point, especially for those in treatment for the first time.

*B. Individual therapy is usually the best approach for those who wish to address interpersonal problems.

C. Those who are extremely fearful or aggressive are generally not good candidates for group therapy.

D. Empirically supported family therapy approaches exist for treating issues like anorexia, depression, and schizophrenia.

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8. Which of the following represents an “adjunctive service” for those receiving treatment? (p. 25)

A. An exercise program.

B. Biofeedback.

C. Volunteer services to improve socialization.

*D. All of the above.

9. True or False. Medication will often be a main component of treatment for those with severe mental health disorders like schizophrenia or bipolar disorder. (p. 22)

*A. True.

B. False.

10. True or False. Nonmedical clinicians today need little information about medications, their interactions, and side effect profiles; that information is solely of concern to psychiatrists. (p. 23)

A. True.

*B. False.

11. True or False. Only about 20% of people in the U.S. will experience a mental health disorder at some point in their lifetime. (p. 26)

A. True.

*B. False.

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