Understanding Abnormal Child Psychology 4th edition Phares Test Bank

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Understanding Abnormal Child Psychology (4e)

Test Bank

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Chapter 1

Conceptualizations of normality and abnormality in children and adolescents

Multiple Choice Questions

1. (p. 2) According to the textbook, if you could only ask one question to help understand a child's behavior, the question would be: a. Is there a family history of this behavior?
b. Is the teacher concerned about the behavior?
* c. How old is the child?
d. Does the family have insurance?

2. (p. 2) Developmental psychopathology includes:
a. The combination of the study of developmental processes and psychopathology
b. The study of behaviors, cognitions, and emotions that are abnormal, disruptive and distressing
c. Investigations of individuals across the lifespan, especially infants, children, and adolescents
* d. All of the above

3. (p. 3) Characteristics or events that increase the likelihood that a child will exhibit problems in the future are called:
a. Protective factors
* b. Risk factors
c. Zeitgeist
d. Adultomorphism

4. (p. 3) Characteristics or events that decrease the likelihood that a child will exhibit problems in the future, even when faced with adversity, are called:
a. V-Codes
b. Risk factors
* c. Protective factors
d. Continuity

5. (p. 3) For the most part, we can assume that crying in a 5-year-old means roughly the same thing as crying in a 15-year-old. This pattern suggests that crying shows _____ across development.
a. Discontinuity
* b. Continuity
c. Evidence
d. Validity

6. (p. 4) In your textbook, the case of Albert Einstein was used to illustrate that:
a. Psychopathology is more common in highly intelligent people

b. Parents who push their children (even against their children's own desires) show the most effective parenting style
c. Highly successful individuals rarely show signs of concern in their early childhood
* d. Unique behaviors may be adaptive rather than maladaptive

7. (p. 5) During the Middle Ages, treatment for what we now know as psychological disorders in children sometimes included:
a. Infanticide
b. Imprisonment
c. Publicly humiliated
* d. All of the above

8. (p. 6) In the mid- to late-1800s, the work by Dorthea Dix and the follow-up to the case of Mary Ellen served to:
a. Focus attention on genetic factors
b. Highlight the need for medication
* c. Increase humane treatment for troubled children
d. All of the above

9. (p. 7) Within the United States, World War II served to:
a. Increase the focus on the mental health needs of children
* b. Decrease the focus on the mental health needs of children
c. Provide more funding for prevention programs of children's problems
d. Increase research on child psychopathology

10. (p. 8) The first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-1), published in 1952,
* a. There were only a few disorders that focused on children
b. Had a cognitive-behavioral orientation
c. Listed the current treatments for psychological problems at the time
d. Included many disorders for children

11. (p.10) The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is published by the:
a. American Academy of Pediatrics
b. American Psychological Association
* c. American Psychiatric Association
d. International Classification of Diseases

12. (p. 10) Which of the following statements is TRUE about the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)?
a. There are almost no diagnoses that can be applied to children and adolescents
b. There is a section that lists "Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence"

* c. In contrast to *DSM-IV*, multiaxial evaluation is no longer used in DSM-5
d. Reliability of diagnoses in DSM-5 are similarly strong for both children and adults

13. (p. 8) The following is an example of adultomorphism:
a. The child definition of attention-deficit/hyperactivity disorder can be applied to adults
* b. The adult definition of depression can be applied directly to children
c. A 5-year-old child is treated like a 15-year-old adolescent
d. None of the above

14. (p. 10) A major change from DSM-IV to DSM-5 is:
a. Multiaxial evaluation is no longer used
b. The section entitled "Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence" has been changed to "Neurodevelopmental Disorders"
c. The diagnosis of mental retardation is now called intellectual disability
* d. All of the above

15. (p. 9) Dr. Chang is a clinical psychologist working in a community mental health center. She has just completed an evaluation of a 10-year-old boy who is showing signs of depression and anxiety. As Dr. Chang tries to establish which disorders, if any, are appropriate for the boy, she is engaging in the process of:
a. Intervention
* b. Differential diagnosis
c. Psychometric properties
d. Projective assessment

16. (p. 9) Although no longer in the current edition, in the previous two editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III and DSM-IV) had five axes to help diagnose clients. The inclusion of these five axes was called:
* a. Multiaxial evaluation
b. Differential diagnosis
c. The Kappa statistic
d. The medical model

17. (p. 9) Darryl is 11 years old. He gets into fights at school and he seems angry almost all of the time. At home, Darryl nearly always argues with his parents (who argue with each other a great deal). In particular, Darryl and his father seem to be engaged in a power struggle–with both trying to gain an upper hand on the other. Dr. Johnson just began working with family. If he wanted to note the parent-child relations problem between Darryl and his parents as part of the diagnostic impression, he would use a(n):
a. Clinical disorder diagnosis
* b. V-Code
c. Protective factor
d. Personality disorder

18. (p. 13) Reliability refers to _____, whereas validity refers to _____.
a. Children; Adults
b. The test; The outcome
* c. Consistency; Accuracy
d. Accuracy; Consistency

19. (p. 14) Within the United States, children with special needs have the right to free, appropriate education in the least restrictive environment with an individualized education program that has been developed in consultation with the child's parents. These rights are based on:
* a. Public Law 94-142 and Public Law 101-476
b. Standard practice since the Middle Ages
c. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5)
d. The Primary Mental Health Project (PMHP)

20. (p. 17) Examples of disorders that are being considered for inclusion in the next edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-6) are:
a. Family functioning disorder and Abuse-related disorder
b. Mixed oppositional-conduct disorder and Attention-deficit disorder (without hyperactivity)
* c. Suicidal behavior disorder and Nonsuicidal self injury
d. All of the above

21. (p. 14) Which of the following statements is FALSE?
a. The current DSM-5 is meant to be atheoretical
b. A strength of DSM-5 is that it is widely used by many different types of professionals within the United States
c. DSM-5 no longer uses multiaxial evaluation
* d. Diagnoses for children are more reliable than diagnoses for adults

22. (p. 22) Empirically based taxonomies are consistent with a(n) _____ approach to understanding children's emotional/behavioral problems.
* a. Dimensional
b. Categorical
c. Humanistic
d. Medical model

23. (p. 25) For her dissertation, Kathy would like to find out how many children and adolescents experience attention-deficit/hyperactivity disorder. Thus, she is studying:
a. Differential diagnosis
b. A multiaxial evaluation system
* c. Prevalence
d. Psychometric properties

24. (p. 27) When two disorders occur at the same time in the same child, it is called:
a. Empirically based taxonomy
* b. Comorbidity
c. Epidemiology
d. Test-retest reliability

25. (p. 28) Examples of internalizing problems include:
a. Anxiety
b. Depression
c. Withdrawn behavior
* d. All of the above

26. (p. 28) Jose is 13 years old and his mother describes him as a "terror." He is aggressive, he breaks nearly every rule at school, and he cannot seem to be controlled at home or at school. Jose's behavior can best be described as showing:
a. Internalizing problems
* b. Externalizing problems
c. Genetically-based problems
d. Environmentally-determined problems

27. (p. 28) When behaviors from the Child Behavior Checklist are compared across groups, which characteristic shows the most differences (i.e., showing at least 20% difference in the variance between children in different groups)?
a. Gender
b. Race/ethnicity
* c. Referred for treatment versus not referred
d. All of the above

28. (p. 31) Based on cross-cultural research between children in the United States and in Thailand, which of the following statements is TRUE?
a. Parents in both the U.S. and in Thailand were more troubled by internalizing problems than by externalizing problems
b. Teachers in both countries differed a great deal from parents in their perceptions of children's behavior
* c. Parents in the U.S. were much less likely to think that their children's behavior would improve than were parents in Thailand
d. Parents in Thailand were much less likely to think that their children's behavior would improve than were parents in the U.S.

29. (p. 30) Socioeconomic status is based on factors like:
a. Family income
b. Parental education
c. Parental occupation
* d. All of the above

30. (p. 34) Which of the following factors would a family theorist probably NOT consider meaningful in understanding a child's problems?
    a. Parental psychopathology
* b. Genetic predisposition
    c. Dysfunctional family structure
    d. Family members' difficulty in expressing emotions

31. (p. 18) The new diagnostic criteria proposed by the National Institute of Mental Health are known as:
    a. Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)
* b. Research Domain Criteria (RDoC)
    c. Primary Project (PP)
    d. Principle Diagnostic Assessment System (PDAS)

Short Answer or Essay Questions

1. Describe at least 3 major changes to the new DSM-5.

2. Define risk factor. What are the risk factors that are associated with the development of psychopathology? As you discuss the specific risk factors, please note whether these factors relate to one specific disorder or whether they serve as risk factors for a number of disorders.

3. Define protective factor. Provide three examples of protective factors.

4. Based on the previous DSM-IV, how were Axis I disorders and Axis II disorders similar and how were they different? Provide an example of each.

5. What is a V-Code? Provide three examples.

6. List two advantages and two disadvantages to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

7. Describe the differences between a categorical approach versus a dimensional approach to conceptualizing children's mental health problems.

8. Describe the historical traditions of treating children's emotional/behavioral problems.

9. Describe the current process of diagnosis for children and adolescents currently. Specifically, discuss whether there are certain disorders that can only be diagnosed for children versus adults.

10. Discuss the different contexts that are important in understanding abnormal child behavior.

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