Test Bank

to accompany

Abnormal Psychology
1st edition
by Kring et al.

WILEY

Chapter 2
Diagnosis and assessment

1. Taking the same test twice is called _____ reliability.
@ Learning Outcome 2.1: Distinguish the different types of reliability and validity. Test–retest reliability measures the extent to which people being observed twice or taking the same test twice, perhaps several weeks or months apart, receive similar scores.
*a. Test–retest.
b. Interrater.
c. Alternate-form.
d. Internal consistency.
e. Scorer.

2. _____ reliability uses two forms of a test rather than giving the same test twice.
@ Learning Outcome 2.1: Distinguish the different types of reliability and validity. Alternate-form reliability: the extent to which scores on the two forms of the test are consistent.
a. Test–retest.
b. Interrater.
*c. Alternate-form.
d. Internal consistency.
e. Scorer.

3. _____ assesses whether the items on a test are related to one another.
@ Learning Outcome 2.1: Distinguish the different types of reliability and validity. Internal consistency reliability assesses whether the items on a test are related to one another.
a. Test–retest reliability.
b. Interrater reliability.
c. Alternate-form reliability.
*d. Internal consistency reliability.
e. Scorer reliability.

4. Whether a measure adequately samples the domain of interest is called _____ validity.
@ Learning Outcome 2.1: Distinguish the different types of reliability and validity. Content validity refers to whether a measure adequately samples the domain of interest.
*a. Content.
b. Criterion.
c. Concurrent.
d. Predictive.
e. Construct.

5. Criterion validity can be assessed by evaluating the ability of the measure to predict some other variable that is measured at some point in the future is called _____.
@ Learning Outcome 2.1: Distinguish the different types of reliability and validity. Criterion validity can be assessed by evaluating the ability of the measure to predict some other variable that is measured at some point in the future, often referred to as predictive validity.
*a. Predictive validity.
b. Content validity.

c. Item validity.
d. Construct validity.
e. Face validity.

6. Criterion validity is evaluated by determining whether a measure is associated in an expected way with some other measure. If both variables are measured at the same point in time, the resulting validity is referred to as:
@ Learning Outcome 2.1: Distinguish the different types of reliability and validity. If both variables are measured at the same point in time, the resulting validity is referred to as concurrent validity.
a. Predictive validity.
b. Content validity.
c. Item validity.
d. Construct validity.
*e. Concurrent validity.

7. _____ validity is relevant when we want to interpret a test as a measure of some characteristic or construct that is not observed simply or overtly.
@ Learning Outcome 2.1: Distinguish the different types of reliability and validity. Construct validity is a more complex concept. It is relevant when we want to interpret a test as a measure of some characteristic or construct that is not observed simply or overtly (Cronbach & Meehl, 1955; Hyman, 2002). A construct is an inferred attribute, such as anxiousness or distorted cognition.
a. Predictive.
b. Content.
c. Item.
*d. Construct.
e. Concurrent.

8. In _____, the _____published its first *Diagnostic and Statistical Manual* (DSM).
@ Learning Outcome 2.2: Identify the basic features, historical changes, strengths and weaknesses of the DSM. In 1952, the American Psychiatric Association published its first *Diagnostic and Statistical Manual* (DSM).
a. 1947, APA.
*b. 1952, APA.
c. 1944, WHO.
d. 1951, WHO.
e. 1960, APA.

9. Which of the following is not correct?
@ Learning Outcome 2.2: Identify the basic features, historical changes, strengths and weaknesses of the DSM. The DSM-5 does not use the five axes of DSM-IV-TR.
a. The DSM-5 uses three axes.
*b. The DSM-5 uses the five axes of DSM-IV-TR.
c. The DSM-5 does not use the five axes of DSM-IV-TR.
d. In the DSM-5 the first axes is psychiatric and medical diagnoses.
e. The DSM-5 has axes which include psychosocial and contextual factors (ICD-10 Z codes) and disability.

10. The DSM-5 was released in:

@ Learning Outcome 2.2: Identify the basic features, historical changes, strengths and weaknesses of the DSM. DSM-5 is the current diagnostic system of the American Psychiatric Association. It was released in 2013.
a. 2016.
b. 2014.
*c. 2013.
d. 2010.
e. 2008.

11. Which of the following is a cultural concept of distress?
@ Learning Outcome 2.2: Identify the basic features, historical changes, strengths and weaknesses of the DSM. The DSM-5 includes nine cultural concepts of distress in the 'Glossary of cultural concepts of distress' to describe syndromes that are likely to be seen within specific regions. Dhat syndrome, Shenjing shuairuo (neurasthenia), Taijin kyofusho, Ataque de nervios, Amok, Ghost sickness.
a. Hikikomori (withdrawal).
b. Ataque de nervios.
c. Amok.
d. Hikikomori (withdrawal).
*e. All of the above.

12. A therapist must be mindful of the role of _____ differences in the ways in which people describe their problems.
@ Learning Outcome 2.2: Identify the basic features, historical changes, strengths and weaknesses of the DSM. A therapist must be mindful of the role of cultural differences in the ways in which people describe their problems.
a. Social.
b. Gender.
c. Religious.
*d. Cultural.
e. None of the above.

13. The presence of a second diagnosis is called _____.
@ Learning Outcome 2.2: Identify the basic features, historical changes, strengths and weaknesses of the DSM. One side effect of the huge number of diagnostic categories is a phenomenon called comorbidity, which refers to the presence of a second diagnosis.
a. Prognosis.
b. Overlapping.
c. Dual diagnosis.
*d. Comorbidity.
e. None of the above.

14. _____ is the new classification system that is based on neuroscience and genetic data rather than just clinical symptoms.
@ Learning Outcome 2.2: Identify the basic features, historical changes, strengths and weaknesses of the DSM. Termed the Research Domain Criteria, or RDoC, this system is currently conceived as a roadmap for research that will lead to the development of a new classification system that is based on neuroscience and genetic data rather than just clinical symptoms (Insel, 2014).
a. DSM-5.

b. ICD-10.
*c. RDoC.
d. (a) and (b).
e. None of the above.

15. An approach to assessment in which a person is or is not a member of a discrete grouping is called _____.
@ Learning Outcome 2.2: Identify the basic features, historical changes, strengths and weaknesses of the DSM. Categorical classification: an approach to assessment in which a person is or is not a member of a discrete grouping.
*a. Categorical classification.
b. Classification.
c. Dimensional diagnostic systems.
d. Axial.
e. None of the above.

16. Psychological assessment methods are often used to _____.
@ Learning Outcome 2.3: Describe the goals, strengths and weaknesses of psychological approaches to assessment. To make a diagnosis, mental health professionals can use a variety of assessment measures and tools. Beyond helping to make a diagnosis, psychological assessment techniques are used in other important ways. For example, assessment methods are often used to identify appropriate therapeutic interventions. Furthermore, repeated assessments are very useful in monitoring the effects of treatment over time. Assessments are also fundamental to conducting research on the causes of disorder.
a. Make a diagnosis.
b. Identify appropriate therapeutic interventions.
c. Monitoring the effects of treatment over time.
d. Conducting research on the causes of disorder.
*e. All of the above.

17. One way in which a _____ is different from a casual conversation is the attention the interviewer pays to how the respondent answers questions—or does not answer them.
@ Learning Outcome 2.3: Describe the goals, strengths and weaknesses of psychological approaches to assessment. One way in which a clinical interview is different from a casual conversation is the attention the interviewer pays to how the respondent answers questions—or does not answer them.
a. Case study.
b. Observation.
*c. Clinical interview.
d. Survey.
e. All of the above.

18. A _____ sets out questions in a prescribed fashion for the interviewer.
@ Learning Outcome 2.3: Describe the goals, strengths and weaknesses of psychological approaches to assessment. At times, mental health professionals need to collect standardised information, particularly for making diagnostic judgements based on the DSM. To meet that need, investigators use a structured interview, in which the questions are set out in a prescribed fashion for the interviewer. One example of a commonly used structured interview is the Structured Clinical Interview (SCID).
a. Unstructured interview.

*b. Structured interview.
c. Observation.
d. Survey.
e. All of the above.

19. _____ can be conceptualised as the subjective experience of distress in response to perceived environmental problems.
@ Learning Outcome 2.3: Describe the goals, strengths and weaknesses of psychological approaches to assessment. Stress can be conceptualised as the subjective experience of distress in response to perceived environmental problems.
a. Frustration.
b. Conflict.
*c. Stress.
d. Pressure.
e. All of the above.

20. The LEDS focuses on _____ stressors.
@ Learning Outcome 2.3: Describe the goals, strengths and weaknesses of psychological approaches to assessment. The LEDS focuses on major stressors, such as deaths, job losses and romantic breakups.
*a. Major.
b. Minor.
c. Daily.
d. Perceived.
e. All of the above.

21. In a _____, the person is asked to complete a self-report questionnaire indicating whether statements assessing habitual tendencies apply to him or her.
@ Learning Outcome 2.3: Describe the goals, strengths and weaknesses of psychological approaches to assessment. In a personality inventory, the person is asked to complete a self-report questionnaire indicating whether statements assessing habitual tendencies apply to him or her.
a. Survey.
b. Interview.
c. Observation.
*d. Personality inventory.
e. Case study.

22. The Minnesota Multiphasic Personality Inventory was developed in _____ by _____.
@ Learning Outcome 2.3: Describe the goals, strengths and weaknesses of psychological approaches to assessment. The Minnesota Multiphasic Personality Inventory (MMPI) was developed in the early 1940s by Hathaway and McKinley (1943) and revised in 1989 (Butcher, Dahlstrom, Graham, Tellegen, & Kraemer, 1989).
a. 1940; Tellegen.
b. 1946; Butcher.
*c. 1943; Hathaway and McKinley.
d. 1947; Dahlstrom.
e. 1989; Tellegen, & Kraemer.

23. Which of the following is not relevant to projective tests?

@ Learning Outcome 2.3: Describe the goals, strengths and weaknesses of psychological approaches to assessment. A projective test is a psychological assessment tool in which a set of standard stimuli—inkblots or drawings—ambiguous enough to allow variation in responses is presented to the person. The assumption is that because the stimulus materials are unstructured and ambiguous, the person's responses will be determined primarily by unconscious processes and will reveal his or her true attitudes, motivations and modes of behaviour. This notion is referred to as the projective hypothesis.
a. They use a set of standard stimuli.
b. The stimulus materials are unstructured and ambiguous.
*c. The stimulus material elicit a conscious response.
d. The person's responses are determined primarily by unconscious processes.
e. Unconscious processes reveal the person's true attitudes, motivations and modes of behaviour.

24. Which of the following are types of intelligence tests?
@ Learning Outcome 2.3: Describe the goals, strengths and weaknesses of psychological approaches to assessment. The most commonly administered tests include the Wechsler Adult Intelligence Scale, 4ᵗʰ edition (WAIS-IV, 2008); the Wechsler Intelligence Scale for Children, 5ᵗʰ edition (WISC-IV, 2014); the Wechsler Preschool and Primary Scale of Intelligence, 4ᵗʰ edition (WPPSI-IV, 2012); and the Stanford–Binet, 5ᵗʰ edition (SB5, 2003); IQ tests are regularly updated and, like personality inventories, they are standardised.
a. Wechsler Adult Intelligence Scale.
b. The Stanford–Binet test.
c. Thematic Apperception Test.
*d. (a) and (b).
e. (a), (b) and (c).

25. Observing and tracking one's own behaviour is called _____.
@ Learning Outcome 2.3: Describe the goals, strengths and weaknesses of psychological approaches to assessment. Cognitive behaviour therapists and researchers often ask people to observe and track their own behaviour and responses, an approach called self-monitoring. Self-monitoring is used to collect a wide variety of data, including moods, stressful experiences, coping behaviours and thoughts.
a. Self-motivation.
*b. Self-monitoring.
c. Self-analysis.
d. Self-reinforcement.
e. Self-control.

26. _____ scans and tests reveal the structure of the brain.
@ Learning Outcome 2.4: Describe the goals, strengths and weaknesses of neurobiological approaches to assessment. Brain imaging CT and MRI scans reveal the structure of the brain. PET reveals brain function and, to a lesser extent, brain structure. fMRI is used to assess both brain structure and brain function.
a. CT.
b. MRI.
c. PET.
d. fMRI.
*e. All of the above.

27. Which of the following are relevant to neuropsychological assessment?
@ Learning Outcome 2.4: Describe the goals, strengths and weaknesses of neurobiological approaches to assessment. Neuropsychological assessment: behavioural tests such as the Halstead–Reitan and Luria–Nebraska assess abilities such as motor speed, memory and spatial ability. Deficits on particular tests help point to an area of possible brain dysfunction.
a. Deficits on particular tests help point to an area of possible brain dysfunction.
b. They assess abilities such as motor speed, memory and spatial ability.
c. They assess intellectual functioning.
*d. (a) and (b).
e. (a), (b) and (c).

28. Which of the following is not a neuropsychological test?
@ Learning Outcome 2.4: Describe the goals, strengths and weaknesses of neurobiological approaches to assessment. Neuropsychological assessment: behavioural tests such as the Halstead–Reitan and Luria–Nebraska assess abilities such as motor speed, memory and spatial ability. Deficits on particular tests help point to an area of possible brain dysfunction
a. The Halstead–Reitan test.
b. The Luria–Nebraska battery.
c. Bender-Gestalt test.
d. Tower of London test.
*e. Draw-a-person test.

29. Which assessment reveals electrical activity in the autonomic nervous system?
@ Learning Outcome 2.4: Describe the goals, strengths and weaknesses of neurobiological approaches to assessment. Psychophysiological assessment includes measures of electrical activity in the autonomic nervous system, such as skin conductance or in the central nervous system, such as EEG.
a. Brain imaging.
b. The Stanford–Binet test.
c. Neurotransmitter assessment.
d. Neuropsychological assessment.
*e. Psychophysiological assessment.

30. A _____ is a psychologist who studies how dysfunctions of the brain affect the way we think, feel and behave?
@ Learning Outcome 2.4: Describe the goals, strengths and weaknesses of neurobiological approaches to assessment. A neuropsychologist is a psychologist who studies how dysfunctions of the brain affect the way we think, feel and behave.
a. Cognitive psychologist.
*b. Neuropsychologist.
c. Gestalt psychologist.
d. Clinical psychologist.
e. All of the above.

31. Types of psychophysiological assessments include _____.
@ Learning Outcome 2.4: Describe the goals, strengths and weaknesses of neurobiological approaches to assessment. Electrocardiogram (EKG); electrodermal responding; electroencephalography.
a. Electrocardiogram (EKG).
b. Electrodermal responding.

c. Electroencephalography.
d. (a) and (b).
*e. (a), (b) and (c).

32. _____ is used to assess both brain structure and brain function.
@ Learning Outcome 2.4: Describe the goals, strengths and weaknesses of neurobiological approaches to assessment. Brain imaging CT and MRI scans reveal the structure of the brain. PET reveals brain function and, to a lesser extent, brain structure. fMRI is used to assess both brain structure and brain function.
a. CT.
b. MRI.
c. PET.
d. fMRI.
*e. (c) and (d).

33. A _____, typically an acid, is produced when a neurotransmitter is deactivated.
@ Learning Outcome 2.4: Describe the goals, strengths and weaknesses of neurobiological approaches to assessment. A metabolite, typically an acid, is produced when a neurotransmitter is deactivated.
*a. Metabolite.
b. Portion.
c. Glucose.
d. HCL.
e. All of the above.

34. _____ show brain activity changes while a person is doing different tasks.
@ Learning Outcome 2.4: Describe the goals, strengths and weaknesses of neurobiological approaches to assessment. Functional magnetic resonance images (fMRI): with this method, researchers can measure how brain activity changes while a person is doing different tasks, such as viewing an emotional film, completing a memory test, looking at a visual puzzle or hearing and learning a list of words.
a. CT.
b. MRI.
c. PET.
*d. fMRI.
e. Electroencephalography.

35. The Australian Psychology Accreditation Council requires all psychology graduates in Australia to have received training in _____.
@ Learning Outcome 2.5: Discuss the ways in which culture and ethnicity impact diagnosis and assessment. The Australian Psychology Accreditation Council requires all psychology graduates in Australia to have received training in cultural competence, including with Aboriginal and Torres Strait Islander cultures.
a. Psychological assessment.
b. Neurological assessment.
c. Cognitive assessment.
*d. Cultural competence.
e. Aptitude.