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When calculating the F-ratio for the one-way analysis of variance, which of the following provides an estimate of variability due to a combination of treatment effects plus error?

A. MSW
B. MSB
C. MSX
D. MSF

B IS CORRECT The F-ratio is calculated by dividing a measure of treatment effects plus error (MSB) by a measure of error only (MSW) to obtain an estimate of treatment effects. A is incorrect; MSW (mean square within) is a measure of error only. C is incorrect because MSX is not one of the terms used to calculate the F-ratio. D is incorrect because MSF is not one of the terms used to calculate the F-ratio.

An 18 year old who has received a diagnosis of ADHD is likely to obtain the highest score on which of the following WAIS-IV Indexes?

A. Verbal Comprehension
B. Working Memory
C. Processing Speed
D. Perceptual Reasoning

A IS CORRECT Individuals with ADHD usually score highest on the Verbal Comprehension Index, followed by the Perceptual Reasoning, Working Memory, and Processing Speed Indexes. The impact of ADHD on WAIS-IV scores is reported in the test’s Technical and Interpretive Manual and listed in the section on the WAIS-IV in the Psychological Assessment chapter of the study materials.

In the context of incremental validity, the positive hit rate is calculated by:

A. dividing the true positives by the false positives.
B. dividing the true positives by the total positives.
C. dividing the total positives by the true positives.
D. dividing the total positives by the false positives.

B IS CORRECT The positive hit rate is calculated by dividing the number of true positives by the total number of positives. It is the proportion of people who would have been selected on the basis of their predictor scores and were also successful on the criterion.

A 4-year-old child uses the word “doggie” to refer to the family dog but not to refer to the neighbor’s dog or to other dogs that she encounters. This is an example of:

A. overextension.
B. underextension.
C. an error in syntax.
D. a pragmatic error.

B IS CORRECT Young children make a number of predictable errors during the process of acquiring language. Underextension occurs when a child uses a word too narrowly like the child described in this question. A is incorrect because overextension occurs when a child uses a word too broadly (i.e., to refer to irrelevant or dissimilar objects or events). For example, a young child might refer to all furry, four-legged animals as “doggies.” C is incorrect because a syntax error is an error in sentence structure. For example, when children first begin to construct sentences, they often put words in the wrong order. D is incorrect because, with regard to language, pragmatics refers to social language skills and include adjusting language based on the situation, and using appropriate strategies for gaining attention and interrupting, and making appropriate eye contact during conversations.
As part of an assessment center, a small group of managerial candidates is given one or more problems to solve in a limited period of time that are similar to problems they’re likely to encounter on the job. While they discuss the problems, trained assessors observe and evaluate each candidate’s performance. This describes which of the following?

A. Leaderless group discussion
B. In-basket test
C. Trainability test
D. Quality circle

**A IS CORRECT** As its name suggests, a leaderless group discussion involves having a small group of participants work together without an assigned leader to solve a job-related problem or discuss a job-related issue. It is often included as one of the evaluation techniques in an assessment center. For the exam, you want to be familiar with the four techniques listed in the answer to this question. B is incorrect; the in-basket test is another technique included in an assessment center. It requires each candidate to take action on letters, memos, brief reports, etc. that are typical of those actually encountered by managers. C is incorrect because, when work samples include a structured period of learning and evaluation, they are referred to as trainability tests. D is incorrect because a quality circle is an OD intervention (not a technique used in assessment centers) that involves having a small voluntary group of employees who work together to meet regularly to discuss job-related problems and solutions.

**Histrionic Personality Disorder and Dependent Personality Disorder** share several characteristics. However, people with Histrionic Personality Disorder are more likely to:

A. exhibit excessive emotionality and active demands for attention.
B. exhibit a strong need for reassurance and approval from others.
C. respond to abandonment with feelings of emotional emptiness, anger, and self-injurious behaviors.
D. respond to abandonment with submissiveness and a search for a replacement relationship.

**A IS CORRECT** As described in the DSM-5, a characteristic that distinguishes Histrionic Personality Disorder from Dependent Personality Disorder is that the former is characterized by flamboyance, exaggerated emotionality, and excessive attention-seeking. Being familiar with the core features of Histrionic and Dependent Personality Disorders would have helped you identify the correct answer to this question. B is incorrect because a strong need for reassurance and approval from others is characteristic of both Histrionic Personality Disorder and Dependent Personality Disorder. C is incorrect because responding to real or imagined abandonment with feelings of emotional emptiness, anger, and self-injurious behaviors is characteristic of Borderline Personality Disorder. D is incorrect because responding to abandonment with submissiveness and a search for a replacement relationship that can provide support is characteristic of Dependent Personality Disorder.

Eliana, age 32, tells you that she often has trouble concentrating on her work and falling asleep at night because she’s constantly worrying about having cancer. She states that her older sister had surgery for breast cancer last year and her mother’s sister and uncle both had lung cancer. Eliana says she gets a physical exam every six months and has been reassured by the doctor that she’s okay, but she knows that, for some people, there are no symptoms of cancer until it’s too late to do anything about it. Eliana also tells you that she keeps checking her breasts for lumps and gets scared whenever she coughs because she thinks it might be an early sign of lung cancer. Eliana’s symptoms are most suggestive of which of the following DSM-5 disorders?

A. Body Dysmorphic Disorder
B. Somatic Symptom Disorder
C. Hypochondriasis
D. Illness Anxiety Disorder

**D IS CORRECT** Illness Anxiety Disorder is characterized by a preoccupation with having a serious illness, an absence of somatic symptoms or the presence of mild somatic symptoms, a high level of anxiety about one’s health, and performance of excessive health-related behaviors (care-seeking type) or maladaptive avoidance of doctors, hospitals, etc. (care-avoidant type). A is incorrect because Body Dysmorphic Disorder is characterized by a preoccupation with a defect or flaw in appearance that appears minor or unobservable to others. B is incorrect because Somatic Symptom Disorder involves the presence of somatic symptoms, while Illness Anxiety Disorder is characterized by the absence of somatic symptoms or the presence of only minimal symptoms. Eliana is worried about her health but does not actually have physical symptoms. C is incorrect because Hypochondriasis is a DSM-IV-TR diagnosis.

According to _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ , a person’s perception of the magnitude of a stimulus is directly proportional to the logarithm of the actual magnitude of the stimulus.

A. Fechner’s Law
B. Stevens’s Power Law
C. Weber’s Law
D. Gerstmann’s Law

**A IS CORRECT** The description in this question describes the prediction made by Fechner’s Law regarding the relationship between the actual intensity of a physical stimulus and perception of that intensity. For the exam, you want to be familiar with the three psychophysical laws listed in the answer choices. B is incorrect because Stevens’s Power Law predicts that perceived intensity of a stimulus is an exponential function of the actual intensity of the stimulus. C is incorrect because Weber’s Law predicts that the greater the intensity of a stimulus, the greater the increase in stimulus intensity needed for the increase to produce a just noticeable difference in intensity. D is incorrect because there is no “Gerstmann’s Law.” Instead, there’s a Gerstmann’s syndrome that you want to be familiar with. It is caused by damage to the left parietal lobe and its symptoms are finger agnosia, right-left confusion, agraphia, and acalculia.
A IS CORRECT Although Positive Psychotherapy does not entirely ignore negative events, as its name implies, it focuses primarily on positive events. Knowing that the name of the daily journal is the blessings (gratitude) journal may have helped you identify the correct answer to this question (see, e.g., M. E. P. Seligman, T. Rashid, and A. C. Parks. Positive psychotherapy. American Psychologist, 61, 774–788, 2006).

B IS CORRECT Blocking occurs when an association between a CS and a US has been made and, subsequently, the presence of the CS blocks an association being made between a new neutral stimulus and the US when the CS and the new neutral stimulus are presented together prior to the US. For the exam, you want to be familiar with the terms listed in the answers to this question. These are described in the Learning Theory chapter of the written study materials.

A IS CORRECT Development of the occupational scales of the KOIS involved including items in each scale that distinguished between different occupational groups. This is referred to as empirical criterion keying. The methods listed in the answers to this question are used to develop interest, personality, and other types of tests and are described in the Psychological Assessment chapter of the written study materials.
As reported by the Centers for Disease Control (CDC), the largest number of reported cases of chlamydia and gonorrhea is for:

A. males ages 15 to 19.
B. males ages 20 to 24.
C. females ages 15 to 19.
D. females ages 20 to 24.

C IS CORRECT The largest number of reported cases of these two sexually transmitted diseases is for females ages 15 to 19, followed by females ages 20 to 24. The CDC notes that the higher rates for females (versus males) may be due to several factors, including biological differences that place females at greater risk for sexually transmitted diseases and the fact that females are more likely to seek medical testing. The 2008 national survey data is the CDC’s most recently published data on rates of sexually transmitted diseases.

When a predictor’s reliability coefficient is .75, its criterion-related validity coefficient can be:

A. no less than .75.
B. no greater than .75.
C. no less than the square root of .75.
D. no greater than the square root of .75.

D IS CORRECT As indicated by the formula in the Test Construction chapter of the written study materials, a test’s criterion-related validity coefficient cannot exceed the square root of its reliability coefficient. Knowing the formula for the relationship between reliability and validity would have allowed you to identify the correct answer to this question.

In the United States, the most widely used diagnostic classification system is presented in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM); and the current version, the DSM-5, was published in 2013. It utilizes a categorical approach that divides the mental disorders into types that are defined by a set of diagnostic criteria and requires the clinician to determine whether or not a client meets the minimum criteria for a given diagnosis. To allow for individual differences in symptoms, the DSM-5 includes a polythetic criteria set for most disorders that requires a client to present with only a subset of characteristics from a larger list. As a result, two clients can have somewhat different symptoms but receive the same diagnosis. In contrast to previous versions of the DSM, the DSM-5 provides a nonaxial assessment system in which all mental and medical diagnoses are listed together with the primary diagnosis listed first. Psychosocial and contextual factors and level of disability are then listed separately, with psychosocial and contextual factors being indicated using International Classification of Diseases (ICD) codes and disability being assessed with the World Health Organization Disability Assessment Schedule and/or other relevant measure.

A. DSM-5’s Diagnostic Categories

The DSM-5 contains separate chapters for the 19 diagnostic categories listed in Table 1 as well as chapters for Other Mental Disorders, Medication-Induced Movement Disorders and Other Adverse Effects of Medication, and Other Conditions That May be a Focus of Clinical Attention. It provides the equivalent ICD-9-CM and ICD-10-CM codes, when applicable, for each diagnosis and condition.
When using the DSM-5, diagnostic uncertainty about a client’s diagnosis is indicated by coding one of the following: Other specified disorder is coded when the clinician wants to indicate the reason why the client’s symptoms do not meet the criteria for a specific diagnosis (e.g., “other specified depressive disorder, recurrent brief depression”). Unspecified disorder is coded when the clinician does not want to indicate the reason why the client’s symptoms do not meet the criteria for a specific diagnosis. In addition, the specifier provisional may be used when the clinician does not currently have sufficient information for a firm diagnosis but believes the full criteria for the diagnosis will eventually be met.

### B. Assessment Measures

The DSM-5 includes the following assessment measures:

- Disorder-specific severity measures correspond to DSM-5’s diagnostic criteria. Some of these measures are short-answer instruments that are completed by the individual, while others must be completed by the clinician. Like the cross-cutting measures, these measures are designed to be administered during the initial interview and then at regular intervals during treatment to monitor the client’s progress. A Clinician-Rated Dimensions of Psychosis Symptom Severity measure is included in the text, and a number of other severity measures are available online.

- The World Health Organization Disability Assessment Schedule, Version 2.0 (WHODAS 2.0) is included in the text and is also available online. It is used to assess level of disability in six domains: understanding and communicating, getting around, self-care, getting along with people, life activities, and participation in society.

- Personality inventories measure personality traits in five domains: negative affect, detachment, antagonism, disinhibition, and psychoticism. Inventories for adults, children, and adolescents are available online.

### C. Cultural Formulation

The DSM-5 provides three tools to help clinicians consider and understand the impact of a client’s cultural background on diagnosis and treatment.

1. **Outline for Cultural Formulation:** The Outline for Cultural Formulation provides guidelines for assessing four factors: the client’s cultural identity; the client’s cultural conceptualization of distress; the psychosocial stressors and cultural factors that impact the client’s vulnerability and resilience; and cultural factors relevant to the relationship between the client and therapist.

2. **Cultural Formulation Interview (CFI):** The CFI is a semi-structured interview consisting of 16 questions designed to obtain information on the client’s views regarding the social/cultural context of his/her presenting problems. It focuses on four domains: cultural definition of the problem; cultural perceptions of cause, context, and support; cultural factors affecting self-help and past help seeking; and cultural factors affecting current help seeking. Two versions of the CFI are included in the text: a version that is used to interview the client and a version that is used to interview an informant who has knowledge about the client’s problems and life circumstances.

3. **Cultural Concepts of Distress:** The DSM-5 defines cultural concepts of distress as the “ways that cultural groups understand, experience, communicate, suffering, behavioral problems, or troubling thoughts and emotions” (p. 758). It also distinguishes between three types of cultural concepts: Cultural syndromes are clusters of symptoms and attributions that co-occur among individuals from a particular culture and are recognized by members of that culture as coherent patterns of experience. Cultural idioms of distress are used by members of different cultures to express distress and provide shared ways for talking about personal and social concerns. Finally, cultural explanations refer to the explanatory models that members of a culture use to explain the meaning and causes of symptoms, illness, and distress. The CFI is useful for obtaining information on a client’s cultural concepts of...
Abnormal Psychology
The DSM-5 as a Diagnostic Tool: DSM-5 Psychology Written

distress, and the DSM-5 includes a Glossary of Cultural Concepts that describes several culture-specific syndromes—for example, ataque de nervios is a syndrome recognized by members of certain Latino cultures that is characterized by screaming, crying, trembling, and aggression and a sense of being out of control and often occurs in reaction to a stressful event involving the family.

Study Tip: Abnormal Psychology is heavily emphasized on the EPPP, so be sure to allot adequate study time to this chapter. About two-thirds of the questions will be application items and will either provide a list of symptoms and ask for the most likely diagnosis, name a disorder and ask for its symptoms, or ask how two disorders differ in terms of symptoms. Useful study strategies for these items include writing summaries or recording verbal summaries of the diagnostic criteria for the major disorders (those listed as key concepts at the beginning of each section) and frequently reviewing the summaries and relating the diagnostic criteria and associated features of the major disorders to examples in your clinical practice. The Study Aid provided in the Appendix is an active study tool that will help you remember the information you’ll need to answer exam questions on the key concepts covered in this chapter.

Programmed Review

The DSM-5 utilizes a (1)__________ approach that divides the mental disorders into types that are defined by a set of diagnostic criteria. To allow for symptoms of heterogeneity, the DSM includes a (2)__________ criteria set for most disorders. In contrast to the previous version of the DSM, the DSM-5 provides a (3)__________ assessment system. Uncertainty about a person’s diagnosis is indicated by coding (4)__________ when the clinician wants to indicate the reason why the client’s symptoms do not meet the criteria for a specific diagnosis.

The DSM-5 includes several assessment measures including (5)__________ symptom measures that are designed to be used in the initial client interview and during treatment to monitor progress as well as (6)__________ severity measures that correspond to DSM-5 diagnostic criteria. To help clinicians consider and understand the impact of a client’s cultural background on diagnosis and treatment, the DSM-5 includes an Outline for (7)__________ that provides guidelines for assessing the client’s cultural identity, the client’s cultural conceptualization of distress, the psychosocial stressors and cultural factors affecting the client’s vulnerability and resistance, and cultural factors relevant to the therapist-client relationship. It also includes a section on cultural concepts of distress that distinguishes between three types of concepts: cultural syndromes, cultural idioms of distress, and cultural (8)__________

Answers: (1) categorical; (2) polythetic; (3) nonaxial; (4) other specified disorder; (5) cross-cutting; (6) disorder-specific; (7) Cultural Formulation; (8) explanations

Fact Versus Expert Witness: A fact witness is a person who testifies as to what he or she has seen, heard, or otherwise observed regarding a particular event or occurrence as it actually took place. Fact witnesses are generally not allowed to offer an opinion, address issues that they do not have personal knowledge of or linked to hypothetical situations (APA, 1995, p. 7). An expert witness is a person who by reason of education or specialized experience possesses superior knowledge relevant to a subject about which persons having no particular training are incapable of forming an accurate opinion or deducing correct conclusions (Nolan & Nolan-Haley, 1990, p. 576). A person who has been qualified as an expert witness by the court is allowed to offer opinions and provide testimony based on hypothetical scenarios, (9)__________

Actuarial Versus Clinical Prediction: Actuarial predictions are based on empirically validated relationships between test results and target criteria and make use of a multiple regression equation or similar technique, while clinical predictions are based on the decision-maker’s intuition, experience, and knowledge. Studies comparing the two methods have generally found that the actuarial method alone is more accurate than clinical judgment alone. (10)__________

Autism Spectrum Disorder: For a diagnosis of Autism Spectrum Disorder, the individual must exhibit (a) persistent deficits in social communication and interaction across multiple contexts as manifested by deficits in social-emotional and nonverbal communication, and the development, maintenance, and understanding of relationships; (b) restricted, repetitive patterns of behavior, interests, and activities as manifested by at least two characteristic symptoms (e.g., stereotyped or repetitive motor movements, use of objects, or speech; inflexible adherence to routines, or ritualized patterns of behavior); (c) the presence of symptoms during the early developmental period; and (d) impaired functioning as the result of symptoms. The best outcomes are associated with an ability to communicate by age 5 or 6, an IQ over 70, and a later onset of symptoms. (11)__________

Beck Depression Inventory-II: The BDI-II contains 21 items that address the mood, cognitive, behavioral, and physical aspects of depression. The examinee rates each item in terms of severity on a 4-point scale that ranges from 0 to 3. The following score guidelines are often used: 0 to 13 = minimal depression; 14 to 19 = mild depression; 20 to 28 = moderate depression; and 29 to 63 = severe depression. (12)__________

Delirium: A diagnosis of Delirium requires (a) disturbance in attention and awareness that develops over a short period of time, represents a change from baseline functioning, and tends to fluctuate in severity over the course of a day and (b) additional disturbance in cognition (e.g., impaired memory, disorientation, impaired language, deficits in visuospatial ability, perceptual abnormalities). Symptoms must not be due to other Neurocognitive Disorder and must not occur during a severely reduced level of arousal (e.g., during a coma), and there must be evidence that symptoms are the direct physiological consequence of a medical condition, substance intoxication or withdrawal, and/or exposure to a toxin. (13)__________

Schizotypal Personality Disorder: Schizotypal Personality Disorder develops over a long period of time and is characterized by (a) pervasive social and interpersonal deficits involving acute discomfort with and reduced capacity for close relationships and (b) eccentricities in cognition, perception, and behavior as manifested by the presence of at least five symptoms—e.g., ideas of reference, odd beliefs or magical thinking that influence behavior; bodily illusions and other unusual perceptions; suspicious or paranoid ideation; inappropriate or constricted affect; lacks close friends or alters personal relationships other than first-degree relatives; excessive social anxiety. (14)__________
YOU HAVE QUESTIONS. WE HAVE ANSWERS.

Call 1-800-472-1931
and speak with an educational coordinator. Monday through Friday 7:00 a.m. - 5:00 p.m. (PT)