**Chapter 1: The Science and Practice of Abnormal Child Psychology**

# Test Bank

## Multiple Choice

1. Epidemiologists often report the prevalence of a medical or psychological disorder. What is “prevalence”?

a. the number of people in a population with a given disorder

b. the percentage of people in a population with a given disorder

c. the number of new cases of a disorder in a population

d. the percentage of new cases of a disorder in a population

Ans: B

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status (SES), and ethnicity.

Cognitive Domain: Knowledge

Answer Location: Overall Prevalence  
Difficulty Level: Easy

2. Which of the following is NOT an essential component of the *DSM-5* definition of a mental disorder?

a. a pattern of behavior that occurs within an individual

b. a behavior that reflects an underlying dysfunction

c. the consequences of the behavior cause distress or disability

d. the disturbance is long lasting

Ans: D

Learning Objective: LO 1.2. Critically evaluate the *DSM-5* concept of “mental disorder” as it applies to children and adolescents.

Cognitive Domain: Knowledge

Answer Location: How Does DSM-5 Define a Mental Disorder?  
Difficulty Level: Medium

3. How do developmental psychopathologists characterize abnormal behavior?

a. behavior that interferes with children’s competence and does not meet the demands of the environment

b. behavior that leads to psychological distress, impairment, and risk of harm to self or others

c. behavior that leads to psychological distress, impairment, or risk of harm to self or others

d. behavior that is statistically different than the behavior of the typical child

Ans: A

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Knowledge

Answer Location: Adaptive vs. Maladaptive Development  
Difficulty Level: Medium

4. Clinical interventions that are not grounded in psychological science can harm children and families. Which of the following is NOT a way identified in the text that scientifically uninformed practice can hurt clients?

a. Ineffective treatments can cause parents to lose hope in psychology and treatment in general.

b. Ineffective interventions can cost parents time and money.

c. Ineffective treatments have been proven to substantially increase the rates of depression in parents.

d. Ineffective treatments can be physically harmful to children.

Ans: C

Learning Objective: LO 1.4. Explain why evidence-based practice is important when treating children and families.

Cognitive Domain: Comprehension

Answer Location: Importance  
Difficulty Level: Hard

5. Wakefield’s (1992) concept of “harmful dysfunction” \_\_\_\_\_\_.

a. provides criteria for differentiating normal from abnormal behavior

b. requires all mental disorders to have an underlying biological cause

c. asserts that genetic and biological factors play a greater role in psychopathology than social-cultural factors

d. assumes that a biological or medical cause of a person’s psychopathology has been ruled out before a psychiatric diagnosis is assigned

Ans: A

Learning Objective: LO 1.2. Critically evaluate the *DSM-5* concept of “mental disorder” as it applies to children and adolescents.

Cognitive Domain: Comprehension

Answer Location: How Do We Identify “Abnormal” Behavior in Children?  
Difficulty Level: Medium

6. Which of the following is true of students providing services to children in need?

a. If students have been trained to provide evidence-based treatment, the treatment will be effective.

b. Students should not question the evidence for the intervention or the ethics behind the intervention.

c. Once students have been trained to provide an intervention, it is safe and ethical for them to do so without supervision.

d. It is recommended that students ask themselves whether there are alternative services that might provide greater benefits to the clients than the ones being provided.

Ans: D

Learning objective: LO 1.4. Explain why evidence-based practice is important when treating children and families.

Answer Location: How Can Students Help Children in an Evidence-Based Manner?

Cognitive Domain: Comprehension

Difficulty Level: Medium

7. Which of the following statements about prevalence is true?

a. Point prevalence can never be less than lifetime prevalence for a given disorder.

b. Point prevalence can never be more than lifetime prevalence for a given disorder.

c. Only lifetime prevalence measures the percentage of people with a disorder at each age.

d. Only point prevalence measures the severity of people’s disorders.

Ans: B

Learning Objective: LO1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status (SES), and ethnicity.

Cognitive Domain: Analysis

Answer Location: Overall Prevalence  
Difficulty Level: Hard

8. Which of the following is NOT a challenge mentioned in your text when determining prevalence of mental disorders in children and adolescents?

a. There is no single agency that tracks the prevalence of mental disorders in children and adolescents.

b. There is no standard definition of what constitutes mental disorder.

c. Epidemiological studies use different methods to collect data, each of which yields a slightly different result.

d. Some people do not want to participate in lengthy surveys, or provide inaccurate information.

Ans: B

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status, and ethnicity; LO 1.2. Critically evaluate the *DSM-5* concept of “mental disorder” as it applies to children and adolescents.

Cognitive Domain: Comprehension

Answer Location: Overall Prevalence  
Difficulty Level: Medium

9. How has the overall prevalence of mental health disorders among children changed over the past several decades?

a. It has increased.

b. It has decreased.

c. It has remained unchanged.

d. It increased initially and then decreased to former levels.

Ans: A

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status (SES), and ethnicity.

Cognitive Domain: Knowledge

Answer Location: Overall Prevalence  
Difficulty Level: Easy

10. Which of the following is true of comorbidity?

a. It is rare.

b. It refers to the experience of having one disorder, recovering, and then having a different disorder.

c. It is especially common in individuals with depression.

d. It is much more common in children than in adolescence.

Ans: C

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status (SES), and ethnicity.

Cognitive Domain: Knowledge

Answer Location: Overall Prevalence  
Difficulty Level: Hard

11. Medication used to treat a psychological disorder is called \_\_\_\_\_\_.a. psychotropic

b. behavioral

c. neurotropic

d. hallucinogenic

Ans: A

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status (SES), and ethnicity.

Cognitive Domain: Knowledge

Answer Location: Use of Medication  
Difficulty Level: Easy

12. Which of the following best describes the relationship between psychotropic medication and age?

a. Adolescents are more likely to receive psychotropic medication, even though they are less likely than young children to experience psychological disorders.

b. Children are more likely to receive psychotropic medication, typically because their psychological disorders tend to be more severe than adolescents’.

c. Adolescents are more likely to receive psychotropic medication because they are more likely to experience psychological disorders, and the severity of these disorders tends to be greater than the severity of children’s disorders.

d. There are no major differences in the rates of psychotropic medication prescriptions between children and adults.

Ans: C

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status (SES), and ethnicity.

Cognitive Domain: Comprehension

Answer Location: Use of Medication  
Difficulty Level: Hard

13. What does the study of facilitated communication demonstrate about the value (or harm) of ignoring empirically-based interventions in favor of other forms of treatment?

a. that empirically based literature is not always well founded and sometimes alternative treatments are vastly more effective

b. that the stigma that accompanies mental illness treatment can drive families to seek help from non-mainstream sources

c. that interventions that are not empirically based can be harmful to clients and their families

d. that culture must be taken into account when determining how much to rely on empirically based interventions

Ans: C

Learning objective: LO 1.4. Explain why evidence-based practice is important when treating children and families.

Answer Location: Importance

Cognitive Domain: Analysis

Difficulty Level: Hard

14. Since 1995, the percentage of youth receiving medication to treat their psychological problems has \_\_\_\_\_\_; the percentage of youth receiving therapy to treat their psychological problems has \_\_\_\_\_\_.

a. increased; stayed the same

b. increased; decreased

c. increased; increased

d. stayed the same; increased

Ans: A

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status (SES), and ethnicity.

Cognitive Domain: Comprehension

Answer Location: Use of Medication

Difficulty Level: Medium

15. Which of the following is NOT one of the sociodemographic factors that is considered especially important for understanding psychological disorders, according to your text?

a. age

b. gender

c. birth order

d. socioeconomic status

Ans: C

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status (SES), and ethnicity.

Cognitive Domain: Knowledge

Answer Location: What Factors Influence Prevalence of Childhood Disorders?  
Difficulty Level: Easy

16. Which of the following best describes the relative rates of mental disorders in children and adolescents of different sexes?

a. Boys are more likely than girls to experience mental disorders in childhood, but boys and girls are equally likely to experience mental disorders in adolescence.

b. Boys are more likely than girls to experience mental disorders in childhood, but girls are more likely to experience mental disorders in adolescence.

c. Boys and girls have equal rates of mental disorders in childhood and in adolescence.

d. Boys and girls have equal rates of mental disorders in childhood with boys experiencing more mental disorders in adolescence.

Ans: B

Learning Objective: Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status, and ethnicity.

Cognitive Domain: Knowledge

Answer Location: Gender  
Difficulty Level: Hard

17. Your text describes a study (Hamilton, Strange, et al., 2015) about stressful events that involved important people or relationships in children’s and adolescents’ lives. The results of this study imply that \_\_\_\_\_\_.

a. depression was related to the number of interpersonally dependent stressors the participants experienced

b. depression was related to the timing of the interpersonally dependent stressors, with those occurring earlier in childhood having a greater impact

c. depression was related to a feeling of personal responsibility over the stressors

d. boys were more likely to ruminate over interpersonally dependent stressors

Ans: C

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status (SES), and ethnicity; LO 1.3 Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Comprehension

Answer Location: Gender  
Difficulty Level: Medium

18. Which of the following is NOT represented in socioeconomic status (SES)?

a. parents’ reputation in the community

b. parents’ level of education

c. parents’ employment

d. family income

Ans: A

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status (SES), and ethnicity.

Cognitive Domain: Knowledge

Answer Location: Socioeconomic Status  
Difficulty Level: Easy

19. Your textbook reports findings from a recent study (Frick, 2013) that found an association between single-parent families and increased mental health problems. Which of the following can we conclude from this study?

a. Those with low SES will go on, more often than not, to develop mental disorders.

b. Low SES causes mental disorders.

c. Mental disorders makes it more likely for a second parent to leave the home.

d. There is a relationship between single-parent households and increased rates of mental disorder, but the cause cannot be determined from this study.

Ans: D

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status(SES) , and ethnicity.

Cognitive Domain: Analysis

Answer Location: Socioeconomic Status  
Difficulty Level: Medium

20. Which of the following best describes prevalence rates of mental disorders?

a. Autism spectrum disorder has roughly the same prevalence across all ethnic groups in the United States.

b. All childhood psychological disorders so far studied are more prevalent among African American and Latino children compared to White children.

c. The prevalence of some disorders, such as anxiety disorders, are higher among White children than among non-White children.

d. The prevalence of conduct problems is highest among Latino children, compared to those of other ethnic groups.

Ans: C

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status (SES), and ethnicity.

Cognitive Domain: Comprehension

Answer Location: Ethnicity  
Difficulty Level: Hard

21. What is the appropriate role of anecdotes (personal, individual stories of experiences) in clinical practice?

a. Anecdotes alone can safely and ethically guide clinical practice.

b. Anecdotes may contribute to clinical judgment and can be useful when combined with empirical evidence.

c. Anecdotes should not be drawn upon at all in clinical practice, either in discussions with clients or in planning treatment.

d. Anecdotes are safe to consider as models in certain cases, without additional empirical evidence, but only when the anecdote is very similar to the case at hand.

Ans: B

Learning objective: LO 1.4. Explain why evidence-based practice is important when treating children and families.

Answer location: Importance

Cognitive Domain: Analysis

Difficulty Level: Medium

22. Approximately what percentage of children and adolescents diagnosed with mental disorders receive treatment?

a. 20%

b. 50%

c. 75%

d. 100%

Ans: B

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status (SES), and ethnicity.

Cognitive Domain: Knowledge

Answer Location: Access to Treatment  
Difficulty Level: Easy

23. Compared to children and adolescents with other disorders, those with anxiety disorders \_\_\_\_\_\_.

a. were most likely to receive treatment

b. were most likely to be treated by a pediatrician rather than a mental health professional

c. were most likely to receive psychotropic medication

d. were most likely to be from low-SES backgrounds

Ans: B

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status (SES), and ethnicity.

Cognitive Domain: Knowledge

Answer Location: Access to Treatment  
Difficulty Level: Medium

24. Which of the following is NOT a common barrier to treatment for psychological disorders of childhood?

a. Families are unable to pay for evidence-based treatments.

b. Evidence-based treatment is not available in many communities.

c. Stigma prevents individuals from seeking treatment for mental disorders.

d. No evidence-based treatments have been identified for most childhood psychological disorders.

Ans: D

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status(SES) , and ethnicity.

Cognitive Domain: Knowledge

Answer Location: Barriers to Treatment  
Difficulty Level: Medium

25. Which of the following is consistent with the statistical deviancy approach to defining abnormality?

a. Roughly 2% of the population has an IQ below 70; those with an IQ under 70 might, therefore, be considered abnormal.

b. Those who act out against the rules of society and are thus considered deviant would meet the definition of abnormality.

c. Those who are severely impaired by their inability to make and maintain meaningful social relationships would be considered abnormal.

d. If 50% of the population had suicidal thoughts, this 50% would be considered abnormal.

Ans: A

Learning Objective: LO 1.2. Critically evaluate the *DSM-5* concept of “mental disorder” as it applies to children and adolescents.

Cognitive Domain: Analysis

Answer Location: How Do We Identify “Abnormal” Behavior in Children?

Difficulty Level: Medium

26. The belief that the degree of disability best defines abnormality is most consistent with which approach?

a. statistical deviancy

b. impairment

c. psychological distress

d. cultural deviancy

Ans: B

Learning Objective: LO 1.2. Critically evaluate the *DSM-5* concept of “mental disorder” as it applies to children and adolescents.

Cognitive Domain: Comprehension

Answer Location: How Do We Identify “Abnormal” Behavior in Children?  
Difficulty Level: Easy

27. Which of the following approaches to defining *abnormality* is INCORRECTLY paired with one of that approach’s serious drawbacks?

a. Statistical deviancy fails to account for the fact that something can be rare but not harmful.

b. Impairment fails to account for the fact that some mental illnesses are not associated with impairment in functioning.

c. Psychological distress fails to account for the subjectivity of quantifying distress.

d. Cultural deviancy fails to account for how the norms of cultures vary.

Ans: D

Learning Objective: LO 1.2. Critically evaluate the *DSM-5* concept of “mental disorder” as it applies to children and adolescents.

Cognitive Domain: Application

Answer Location: How Do We Identify “Abnormal” Behavior in Children?   
Difficulty Level: Hard

28. Which is the best definition of *beneficence*?

a. generosity

b. helping and promoting others’ welfare

c. sharing results of a study

d. confidentiality

Ans: B

Learning Objective: LO 1.4. Explain why evidence-based practice is important when treating children and families.

Cognitive Domain: Knowledge

Answer Location: Importance  
Difficulty Level: Medium

29. Which of the following is true of evidence-based practice?

a. It relies on empirically validated methods, not on clinical judgment.

b. It can only be implemented if individuals with sociocultural backgrounds similar to that of the client have been investigated empirically.

c. It entails following well-established treatments rigidly to ensure validity.

d. It is important for providing ethical care to children and families.

Ans: D

Learning Objective: LO 1.4. Explain why evidence-based practice is important when treating children and families.

Cognitive Domain: Analysis

Answer Location: Definition  
Difficulty Level: Medium

30. Which of the following statements about psychobiological causes for childhood psychological disorders is NOT true?

a. Most childhood disorders do not have specific biological causes that have been identified.

b. Specific biological abnormalities that have been identified are not present in every child with a disorder.

c. We cannot infer that the biological abnormalities cause a disorder in every case.

d. The mind and the brain are completely separate and the brain cannot influence or cause mental problems independently.

Ans: D

Learning Objective: LO 1.2. Critically evaluate the *DSM-5* concept of “mental disorder” as it applies to children and adolescents.

Cognitive Domain: Comprehension

Answer Location: How Does *DSM-5* Define Mental Disorder?  
Difficulty Level: Medium

31. Which of the following is NOT one of the ways in which ethnicity and culture affect and interact with the diagnostic process?

a. Different cultural values affect the behaviors that are considered problematic.

b. Cultural differences can cause problems in the assessment and diagnostic process.

c. Ethnic minorities are often underrepresented in mental health research.

d. Having a clinician who is of the same ethnicity as the client is vital to the diagnostic process.

Ans: D

Learning Objective: LO 1.2. Critically evaluate the *DSM-5* concept of “mental disorder” as it applies to children and adolescents.

Cognitive Domain: Comprehension

Answer Location: How Does Culture Affect the Identification of Childhood Disorders?  
Difficulty Level: Medium

32. Probabilistic epigenesis is \_\_\_\_\_\_.

a. not endorsed by developmental psychopathologists

b. the belief that development is characterized by distinct levels of analysis that do not interact

c. the belief that genes determine the psychopathological outcome of a child

d. the belief that different levels of analysis, such as brain structure and peer relationships, interact to shape children’s developmental outcomes

Ans: D

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Comprehension

Answer Location: Development Over Time  
Difficulty Level: Medium

33. What is believed to be true of levels of analysis according to probabilistic epigenesis?

a. Genetics can influence biology and psychology, but biology and psychology cannot influence genetics.

b. Biology and psychology can influence genetics, but genetics cannot influence biology and psychology.

c. Genetics can influence biology and psychology and biology and psychology can influence genetics.

d. Genetics can influence biology but not psychology.

Ans: C

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Comprehension

Answer Location: Development Over Time  
Difficulty Level: Medium

34. According to a developmental psychopathology perspective, infants’ attending to language is a(n) \_\_\_\_\_\_ behavior.

a. adaptive

b. probabilistic

c. universal

d. maladaptive

Ans: A

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Application

Answer Location: Adaptive vs. Maladaptive Development  
Difficulty Level: Easy

35. Brandi has been barely talking when around other people. From the perspective of developmental psychopathology, which of the following is NOT necessarily true?

a. This is abnormal behavior.

b. We need to determine whether this behavior is adaptive to her environmental context.

c. We need to know how old Brandi is.

d. We need to know from what culture Brandi comes.

Ans: A

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Application

Answer Location: Adaptive vs. Maladaptive Development  
Difficulty Level: Medium

36. Your textbook describes behavior parent training as a well-established treatment for children with ADHD. This means it has \_\_\_\_\_\_.

a. at least one study showing treatment is helpful, but with methodological limitations

b. at least two large, randomized controlled studies, conducted by independent researchers, showing treatment is better than placebo or an existing treatment

c. at least two large, randomized controlled studies showing treatment is better than placebo or an existing treatment

d. at least one well-designed study showing treatment is better than no treatment or several studies with methodological limitations

Ans: B

Learning Objective: LO 1.4. Explain why evidence-based practice is important when treating children and families.

Cognitive Domain: Knowledge

Answer Location: Definition  
Difficulty Level: Medium

37. Which of the following is the primary task of infancy, according to Erik Erikson?

a. to develop the strength and dexterity to walk and babble

b. to develop emotional connections with people and objects

c. to establish a sense of trust in a responsive and nurturing caregiver

d. to distinguish among different entities in the environment

Ans: C

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Comprehension

Answer Location: Developmental Pathways  
Difficulty Level: Medium

38. As identified in the text, in what way is development in childhood considered to be hierarchical?

a. Mastery of later skills and behaviors depends on successful development of earlier ones.

b. Adults guide the behaviors of adolescents, who in turn often guide the behavior of younger children.

c. Infants become children, who become adolescents, who become adults.

d. More advanced skills can compensate for earlier skills that have not been mastered.

Ans: A

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Comprehension

Answer Location: Developmental Pathways  
Difficulty Level: Hard

39. Betsy was diagnosed with social anxiety disorder in childhood. If Betsy experiences homotypic continuity, which of the following is most likely to be true of her in adolescence?

a. Betsy would no longer have anxiety symptoms.

b. Betsy would still be diagnosed with social anxiety disorder.

c. Betsy would still have anxiety, but her symptoms might change over time such that a different diagnostic label for anxiety is more appropriate.

d. Betsy would be likely to meet criteria for multiple anxiety disorders.

Ans: B

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Application

Answer Location: Continuity vs. Change  
Difficulty Level: Medium

40. Nonmaleficence can best be described by the saying \_\_\_\_\_\_.

a. “First, do no harm.”

b. “There’s a bad apple in every bin.”

c. “Always see the silver lining.”

d. “If at first you don’t succeed, try, try again.”

Ans: A

Learning Objective: LO 1.4. Explain why evidence-based practice is important when treating children and families.

Cognitive Domain: Comprehension

Answer Location: Importance

Difficulty Level: Medium

41. Marvin has always displayed depressive symptoms and both of his parents suffer from depressive disorders. Marissa has no family history of depression and only began to show depressive symptoms after the death of her father. If both Marvin and Marissa are diagnosed with the same depressive disorder, this is an example of \_\_\_\_\_\_.

a. multifinality

b. homotypic continuity

c. equifinality

d. individual differences

Ans: C

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Application

Answer Location: Continuity vs. Change  
Difficulty Level: Medium

42. Robbie likes to talk about trains, in all situations: whether at home, at school, at church; whether with others or by himself, Robbie likes to talk about trains. Doing so makes him happy. This tendency might best be described as \_\_\_\_\_\_.

a. cultural deviancy

b. behavioral rigidity

c. statistical anomaly

d. psychological distress

Ans: B

Learning objective: LO 1.2. Critically evaluate the *DSM-5* concept of “mental disorder” as it applies to children and adolescents.

Cognitive Domain: Application

Answer location: How Do We Identify “Abnormal” Behavior in Children?

Difficulty level: Easy

43. Equifinality implies that if we know the disorder the child has, \_\_\_\_\_\_.

a. we can infer the cause

b. we can infer the prior diagnosis

c. we can infer the duration of disturbance

d. we cannot infer the causes because different people can arrive at the same diagnosis by different routes

Ans: D

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Analysis

Answer Location: Continuity vs. Change  
Difficulty Level: Medium

44. Prognosis is often difficult to specify because of \_\_\_\_\_\_.

a. equifinality

b. mutifinality

c. homotypic continuity

d. wariness clients have of clinicians

Ans: B

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Analysis

Answer Location: Continuity vs. Change  
Difficulty Level: Hard

45. Which of the following is true of most disorders, as described in the text?

a. Most disorders show homotypic continuity.

b. Most disorders show heterotypic continuity.

c. Most disorders show spontaneous remission (they go away on their own after a while without treatment).

d. Most disorders are subject to equifinality but not multifinality.

Ans: B

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Knowledge

Answer Location: Continuity vs. Change  
Difficulty Level: Medium

46. Which of the following is true of risk factors?

a. They are always biological.

b. They ensure that the individual will develop psychopathology.

c. They tend to compound (the greater number of risk factors, the greater the likelihood of a mental disorder).

d. They are specific (generally, certain risk factors confer risks for particular disorders).

Ans: C

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Comprehension

Answer Location: What Determines the Course of Children’s Development?  
Difficulty Level: Medium

47. If we know a child has experienced child maltreatment, which of the following is NOT true?

a. Individual factors make it hard to predict what the child’s outcome will be.

b. Knowledge about the child’s protective factors can help form a more accurate prediction of what the child’s outcome will be.

c. Multifinality makes it hard to predict what this child’s outcome will be.

d. Without psychological intervention, it is almost certain the child will go on to have an abusive relationship with other children.

Ans: D

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Application

Answer Location: What Determines the Course of Children’s Development?

Difficulty Level: Medium

48. What is resilience?

a. the lack of risk factors

b. the existence of protective factors

c. the tendency to develop competence despite risk factors

d. the tendency to develop competence whether risk factors are present or not

Ans: C

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Comprehension

Answer Location: What Determines the Course of Children’s Development?  
Difficulty Level: Hard

49. The integration of the best available research with clinician’s expertise in the context of patient characteristics, culture, and preferences is known as \_\_\_\_\_\_.

a. holistic therapy

b. humanistic therapy

c. evidence-based practice

d. clinical judgment

Ans: C

Learning Objective: LO 1.4. Explain why evidence-based practice is important when treating children and families.

Cognitive Domain: Knowledge

Answer Location: Definition   
Difficulty Level: Easy

50. As discussed in your text, which of the following is NOT one of the primary factors considered by clinicians who adopt an evidence-based approach in their practice?

a. scientific research—What methods of assessment and forms of treatment work best for a child with this disorder, according to the research literature?

b. clinical expertise—What is the best way for me to assess and treat this child according to my own professional judgment and experience?

c. historical perspective— What were past approaches to treating this problem and how do they apply to this case?

d. patient characteristics— In what ways do the child’s age, gender, or sociocultural background or the family’s beliefs and preferences about therapy affect the treatment provided?

Ans: C

Learning Objective: LO 1.4. Explain why evidence-based practice is important when treating children and families.

Cognitive Domain: Knowledge

Answer Location: Definition  
Difficulty Level: Hard

## True/False

1. Point prevalence is the percentage of individuals with a disorder at a certain point in time, while lifetime prevalence refers to all individuals with the disorder at any point in their life.

Ans: T

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status (SES) , and ethnicity.

Cognitive Domain: Knowledge

Answer Location: Overall Prevalence  
Difficulty Level: Medium

2. Incidence rates cannot exceed prevalence rates for a given disorder.

Ans: T

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status(SES) , and ethnicity.

Cognitive Domain: Analysis

Answer Location: Overall Prevalence  
Difficulty Level: Hard

3. Abnormality depends upon age, environmental context, and culture.

Ans: T

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Comprehension

Answer Location: Adaptive vs. Maladaptive Development  
Difficulty Level: Easy

4. Ineffective interventions can harm clients and their families by undermining their trust in the therapeutic process.

Ans: T

Learning Objective: LO 1.4. Explain why evidence-based practice is important when treating children and families.

Cognitive Domain: Comprehension

Answer Location: Importance  
Difficulty Level: Easy

5. If there have been 100 new cases of posttraumatic stress disorder in children in a given town this year, that number would be the point prevalence rate.

Ans: F

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status(SES) , and ethnicity.

Cognitive Domain: Knowledge

Answer Location: Overall Prevalence  
Difficulty Level: Easy

6. Based on the best available data, 20% of youth in the United States currently suffer from a mental or behavioral disorder.

Ans: F

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status(SES) , and ethnicity.

Cognitive Domain: Knowledge

Answer Location: Overall Prevalence  
Difficulty Level: Hard

7. One of the strengths of defining abnormality based on degree of impairment is that it takes into account the distress of those around the individual.

Ans: F

Learning Objective: LO 1.2. Critically evaluate the *DSM-5* concept of “mental disorder” as it applies to children and adolescents.

Cognitive Domain: Comprehension

Answer Location: How Does *DSM-5* Define a Mental Disorder?  
Difficulty Level: Comprehension

8. The *DSM-5* definition of mental disorder highlights how disorders are dependent on the relationships between people and do not merely exist within the diagnosed individual.

Ans: F

Learning Objective: LO 1.2. Critically evaluate the *DSM-5* concept of “mental disorder” as it applies to children and adolescents.

Cognitive Domain: Comprehension

Answer Location: How Does *DSM-5* Define a Mental Disorder?  
Difficulty Level: Medium

## Essay

1. Explain Wakefield’s (1992) concept of “harmful dysfunction.”

Ans: Must have **both** (a) dysfunction, a failure in some internal mechanism to work in an adaptive way (the way it was naturally selected to operate) and (b) this dysfunction must cause harm (limit or threaten the person in some way).

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Knowledge

Answer Location: How Do We Identify “Abnormal” Behavior in Children?   
Difficulty Level: Medium

2. What does “probabilistic epigenesis” mean?

Ans: The interaction of genetics, brain structure and functioning, psychological development, family interactions and peer relationships, and the broader sociocultural context in which the person lives to shape children’s development.

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Knowledge

Answer Location: Development Over Time  
Difficulty Level: Medium

3. Define the concept of “resilience.”

Ans: Avoiding negative outcomes even in the presence of risk factors

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Knowledge

Answer Location: What Determines the Course of Children’s Development?  
Difficulty Level: Easy

4. How common is the use of psychotropic medication among youth in the United States?

Ans: 7.5% of all school-age children and adolescents are taking at least one psychotropic medication.

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status(SES) , and ethnicity.

Cognitive Domain: Comprehension

Answer Location: Use of Medication  
Difficulty Level: Medium

5. Explain and provide an example of equifinality.

Ans: Equifinality is a developmental pathway upon which different people can arrive at the same outcome via different initial circumstances.

Learning Objective: LO 1.3. Understand and give examples of some of the basic principles of developmental psychopathology.

Cognitive Domain: Comprehension

Answer Location: Continuity vs. Change  
Difficulty Level: Easy

6. What are the strengths and weaknesses of defining *abnormality* based on the child or adolescent’s degree of impairment?

Ans: Strengths: Adequately takes into account the individual’s distress. Weaknesses: Many mental disorders do not show overt impairment in functioning.

Learning Objective: LO 1.2. Critically evaluate the *DSM-5* concept of “mental disorder” as it applies to children and adolescents.

Cognitive Domain: Analysis

Answer Location: How Do We Identify “Abnormal” Behavior in Children?   
Difficulty Level: Medium

7. How might an adolescent’s ethnicity, religion, or culture influence the likelihood that he might be diagnosed with a mental disorder or be considered “abnormal”?

Ans: “Members of minority groups living in the US have different cultural values that affect their views of children, beliefs about child rearing, and behaviors they consider problematic.”; “Recent immigrants living in the United States often encounter psychosocial stressors associated with acculturation.”; “Language and cultural differences can cause problems in assessment and diagnosis of minority youths.”; “Ethnic minorities are often underrepresented in mental health research.”

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status (SES), and ethnicity.

Cognitive Domain: Analysis

Answer Location: How Does Culture Affect the Identification of Childhood Disorders?   
Difficulty Level: Medium

8. You are a volunteer at a residential treatment facility for children with intellectual disabilities. Over several weeks, you notice that the type of therapy practiced at the facility does not have empirical support and other methods of treatment that have greater empirical support are not being used. What would you do?

Ans: Talk to clinic director; bring evidence of other treatments. Call the authorities if necessary.

Learning Objective: LO 1.4. Explain why evidence-based practice is important when treating children and families.

Cognitive Domain: Analysis

Answer Location: How Can Students Help Children in an Evidence-Based Manner?  
Difficulty Level: Medium

9. Your book describes how treatment rates of children’s disorders has increased by 24% in the past decade. Does this indicate that overall prevalence of disorder has increased? Why or why not?

Ans: Not necessarily. It could just be that the prevalence has stayed the same and more people are getting treated; correlation does not imply causation.

Learning Objective: LO 1.1. Describe the prevalence of childhood disorders and how prevalence varies as a function of children’s age, gender, socioeconomic status(SES) , and ethnicity.

Cognitive Domain: Analysis

Answer Location: Overall Prevalence  
Difficulty Level: Hard

10. What are some reasons to prevent mental disorder? Can you think of any reasons this might not be a useful goal?

Ans: Reasons to prevent include the negative effects on children and their families, the expense, the toll on caregivers, societal costs such as incarceration and rehabilitation, and special services at school. Reasons not to treat might include perpetuating stigma and neurotypicality, eliminating diversity in individuals, particularly when there’s no or little harm, and the harms associated with incorrect treatment.

Learning Objective: LO 1.2. Critically evaluate the *DSM-5* concept of “mental disorder” as it applies to children and adolescents.

Cognitive Domain: Analysis.

Answer location: Overall Prevalence

Difficulty Level: Medium.

11. What are some of the challenges of a statistical deviancy approach to defining *abnormality*?

Ans: Not all infrequent behaviors are indicative of mental disorders. They may be minor, for instance. Also, there is an inequivalence of the extremes. Someone who is extremely intelligent usually wouldn’t be considered as having a disorder.

Learning Objective: LO 1.2. Critically evaluate the *DSM-5* concept of “mental disorder” as it applies to children and adolescents.

Cognitive Domain: Analysis.

Answer location: How Do We Identify “Abnormal” Behavior in Children?

Difficulty Level: Medium.

12. What does it mean for a behavior to be “adaptive”? Can a disruptive behavior ever be adaptive?

Ans: An adaptive behavior allows a child to develop social, emotional, and behavioral competence over time and meet the changing demands of the environment. However, adaptive behaviors are relative to the environmental context. The age of the child must be taken into account. We can also see that sometimes problematic behavior can result in an attempt to cope with a challenging environment (the book tells the story of Xavier who runs away from home overnight and earns low grades, attempting to escape physical maltreatment from home. That’s not necessarily maladaptive considering his environment).

Learning Objective: LO 1.2. Critically evaluate the *DSM-5* concept of “mental disorder” as it applies to children and adolescents.

Cognitive Domain: Analysis

Answer location: How Do We Identify “Abnormal” Behavior in Children?

Difficulty Level: Medium.