

1. Which is NOT a current major model of mental abnormality?
 - A) biological
 - B) sociocultural
 - C) demonological
 - D) behavioral

2. The _____ help(s) to regulate emotions and memory.
 - A) basal ganglia
 - B) hippocampus
 - C) corpus callosum
 - D) thalamus

3. Which is NOT part of the cerebrum?
 - A) hypothalamus
 - B) hippocampus
 - C) amygdala
 - D) corpus callosum

4. The tiny space between the nerve ending of one neuron and the dendrite of the other is the:
 - A) receptor.
 - B) nucleus.
 - C) synapse.
 - D) transmitter.

5. Some research has suggested that _____ has been linked to exposure to certain viruses during childhood or before birth.
 - A) bipolar disorder
 - B) dissociative identity disorder
 - C) schizophrenia
 - D) depression

6. Psychotropic medications were developed in the _____ and since then have greatly changed the outlook for a number of mental disorders.
 - A) 1930s
 - B) 1950s
 - C) 1970s
 - D) 1990s

1. Discuss how the humanistic-existential model and the biological model differ in their understanding of causes of abnormality.
2. What are some advantages and disadvantages of using drugs in psychotherapy?
3. If a friend of yours needed treatment for depression, what would be advantages and disadvantages of your friend receiving either psychodynamic therapy or cognitive therapy? Which of these alternatives would you recommend to your friend?
4. How would the behavioral model explain how a person acquired an abnormal fear of dogs?
5. Describe group therapy, family therapy, and couple therapy. Discuss what each entails and give an example for each.
6. One unique part of the sociocultural model is the "community treatment" aspect, a key component of which is prevention. How do community treatment advocates accomplish prevention?
7. Define primary, secondary, and tertiary prevention. Provide an example of each.
8. Discuss the reasons that culture-sensitive therapy arose and the challenges it seeks to address.
9. Describe the origins of abnormality according to any three of these models: sociocultural, psychodynamic, behavioral, cognitive, humanistic-existential, biological.
10. Explain the biopsychosocial approach to understanding the causes of abnormality. Provide an example of how this approach might be applied to the causes of depression.
11. Many clinicians view their approach as "eclectic." What is an eclectic approach to abnormality? Describe at least one example of an eclectic approach to abnormality.
12. First, define nutraceuticals. Then compare them with conventional medications.

1. The explicit set of basic assumptions that gives structure to the understanding and investigation of an area is called a(n) _____.
2. According to the _____ model, physical processes are the cause of all human behavior.
3. According to psychoanalytic theory, the basic part of the personality focused on instinctual needs is the _____.
4. The superego can also be called the _____.
5. Ramon tries not to do bad things (he feels guilty when he does) and to live up to his parents' expectations. According to psychoanalytic theory, he has a well-developed _____.
6. According to psychoanalytic theory, infants are in the _____ stage.
7. According to psychoanalytic theory, adolescents are in the _____ stage.
8. Relationships are the focus of the psychodynamic approach called _____ theory.
9. The patient says whatever comes into her mind in the psychodynamic technique called _____.
10. If a patient changes the subject during psychodynamic therapy, the therapist might interpret it as _____.
11. The underlying symbolic meaning of a dream is its _____ content.
12. When a person describes a dream, he or she is MOST likely describing the _____ content.
13. Learned behaviors are the focus of the _____ approach.

1. In science, the perspectives used to explain phenomena are known as:
 - A) facts.
 - B) theories.
 - C) paradigms.
 - D) hypotheses.

2. The model or paradigm an investigator uses influences:
 - A) the symptoms of a particular disorder.
 - B) the treatment that is most effective for a disorder.
 - C) the questions and observations the investigator uses.
 - D) the culture in which the disorder is found.

3. The paradigm or model adopted by people in the Middle Ages to explain abnormal behavior would have been:
 - A) sociocultural.
 - B) biological.
 - C) cognitive.
 - D) demonological.

4. The model of abnormality that cites physical processes as being the key to behavior is the:
 - A) biological model.
 - B) sociocultural model.
 - C) psychodynamic model.
 - D) humanistic-existential model.

5. The model of abnormality that examines the effects of society and culture is the:
 - A) behavioral model.
 - B) sociocultural model.
 - C) psychodynamic model.
 - D) humanistic-existential model.

6. The model of abnormality that focuses on unconscious internal processes and conflicts in behavior is the:
 - A) cognitive model.
 - B) behavioral model.
 - C) sociocultural model.
 - D) psychodynamic model.

1. In science, the perspectives used to explain phenomena are known as:
 - A) paradigms.
 - B) organizers.
 - C) categories.
 - D) denominations.

2. Huntington's disease has been traced to a loss of cells in the:
 - A) hippocampus.
 - B) basal ganglia.
 - C) hypothalamus.
 - D) forebrain.

3. Depression has been linked to low activity of the neurotransmitters _____ and _____.
 - A) dopamine; endorphin
 - B) GABA; EDTA
 - C) serotonin; norepinephrine
 - D) cortisol; MDMA

4. _____ are chemicals released into the bloodstream.
 - A) Genes
 - B) Synapses
 - C) Neurotransmitters
 - D) Hormones

5. Which is an INACCURATE statement about the role of genes in abnormal behavior?
 - A) Genes probably play no part in mental disorders.
 - B) The Human Genome Project, completed in 2000, helped identify relationships between various genes and mental disorders.
 - C) Each human cell contains about 30,000 genes, some of which may contribute to mental disorders.
 - D) In most cases, several genes combine to help produce dysfunctional behavior.

6. Which is NOT one of the three types of biological treatments used today?
 - A) drug therapy
 - B) insulin coma
 - C) psychosurgery
 - D) electroconvulsive therapy