Chapter 02 Testbank

Student: _____

1.

In vicarious acquisition, fear is acquired by:

A. classical conditioning.
B. verbal transmission of fear-related information.
C. observing another person responding with fear to a threat.
D. All of the given options are correct.
E. None of the given options are correct.

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The most effective treatment for a specific phobia is:

A. counselling.
B. in vivo exposure.
C. imaginal exposure.
D. empathy.
E. conditioning.

3.

Development of a panic disorder requires:

A. a specific psychological vulnerability.
B. a generalised psychological vulnerability.
C. a generalised biological vulnerability.
D. All of the given options are correct.
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4.

People with social phobia avoid situations because they fear:

A. panic attacks.
B. re-experiencing trauma.
C. contamination by other people.
D. enclosed spaces.
E. embarrassment and negative evaluation by other people.

5.

According to the research evidence, the most effective treatment for obsessive-compulsive disorder is:

A. medication.
B. cognitive behaviour therapy.
C. psychosurgery.
D. behavioural macros.
E. skills training.

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Individuals with generalised anxiety disorder (GAD) typically experience worries about:

A. social threat but not physical threat.
B. physical threat but not social threat.
C. both social threat and physical threat.
D. neither social threat nor physical threat.
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According to Barlow (2002), the hallmark of anxiety is:

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B. avoidance symptoms
C. substance abuse symptoms
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B. PTSD develops in almost everyone who experiences a trauma.
C. PTSD is more common in men than in women.
D. All of the given options are correct.
E. None of the given options are correct.

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A. body sensations of impending panic.
B. memories of trauma.
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A. only positive beliefs about worrying.
B. only negative beliefs about worrying.
C. both positive and negative beliefs about worrying.
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Research supports the hypothesis that _____ is/are a specific feature of generalised anxiety disorder.

A. intolerance of uncertainty
B. positive meta-beliefs about worrying
C. worry about a few closely related themes
D. over-estimating one's ability to cope with negative events
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14.

Which of the following is *not* true of benzodiazepine medications in the treatment of generalised anxiety disorder?

A. They quickly reduce anxiety.
B. They produce drug tolerance and dependence.
C. They were frequently prescribed in the past.
D. The anxiety symptoms return after the medication is stopped.
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Which of the following is *not* a core feature of posttraumatic stress disorder?

A. mania
B. avoidance of stimuli related to the trauma
C. symptoms of re-experiencing the trauma
D. increased arousal
E. exaggerated startle response

16.

Seligman's preparedness theory suggests that:

A. there is a biological/evolutionary component to phobic fears.
B. anxiety is due to expectation of negative outcomes.
C. phobias are founded in unconscious mental conflicts.
D. false alarms lead to heightened vigilance.
E. humans are prepared to deal with certain threats.

17.

People with obsessive-compulsive disorder are more likely to have a poor outcome if their symptoms include:

A. excessive concern about their appearance.
B. compulsive checking.
C. hoarding.
D. hand washing.
E. obsessional thoughts.

18.

Obsessive-compulsive disorder has a prevalence rate of about:

A. 2 to 3 per cent.
B. 1 per cent.
C. 0.2 per cent.
D. 0.1 per cent.
E. 0.3 per cent

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Generalised anxiety disorder (GAD) has a lifetime prevalence of about:

A. 10 per cent.
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Which of the following is *not* true of cognitive behaviour therapy in the treatment of generalised anxiety disorder?

A. Treatment gains are maintained after therapy stops.
B. Clients are assisted to identify negative beliefs.
C. By the end of therapy, at most only 50 per cent of clients score in the non-clinical range on measures of symptoms.
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Which of the following is *not* one of the new approaches for helping people with GAD?

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Which of the following is *not* a change to anxiety disorders in the *DSM-5*?

A. There is a minimum period to receive a specific phobia diagnosis.
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C. A distinction is made between performance social phobia and generalised social phobia.
D. OCD is listed within 'Anxiety and Obsessive-Compulsive Spectrum'.
E. Specific phobia and panic disorder are combined into one diagnosis.

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Which of the following is a change to PTSD for the *DSM-5*?

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B. worrying about being involved in a car accident.
C. worrying about not being liked by others.
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B. are highly anxious.
C. are low on a measure of anxiety sensitivity.
D. catastrophise bodily sensations as dangerous.
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C. It is not comorbid with other disorders.
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B. the majority of phobic individuals report no memory of a pairing of an aversive event with the phobic object.
C. phobic fears are not evenly distributed across possible stimuli.
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Research supports the view that obsessional thoughts experienced by OCD sufferers are no different than those experienced by the general population. However, in OCD sufferers:

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B. the obsessional thought are very aggressive and/or sexual in nature.
C. the obsessional thoughts are awarded a special significance.
D. the obsessional thoughts arise 'out of the blue'.
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Which of the following is *not* a risk factor for developing PTSD after exposure to a trauma?

A. a history of psychological problems pre-dating the trauma
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In agorophobia sufferers avoid being in situations where:

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With regards to GAD, the Intolerance of Uncertainty Model interacts with three other processes that maintain GAD symptoms. *One* of them is:

A. holding positive beliefs about worry as a coping strategy.
B. holding negative beliefs about worry as a coping strategy.
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D. experiencing vivid negative images.
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Chapter 02 Testbank Key

1.

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Blooms: Analysis
Learning Objective: 2.1 Describe the nature of anxiety and models regarding the aetiology of anxiety disorders.
Section: The nature of fear and anxiety disorders

2.

The most effective treatment for a specific phobia is:

A. counselling.
B. in vivo exposure.
C. imaginal exposure.
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E. conditioning.

Blooms: Knowledge
Learning Objective: 2.2 Describe the diagnostic criteria, epidemiology, aetiology and treatments for specific phobias.
Section: Specific phobias

3.

Development of a panic disorder requires:

A. a specific psychological vulnerability.
B. a generalised psychological vulnerability.
C. a generalised biological vulnerability.
D. All of the given options are correct.
E. None of the given options are correct.

Blooms: Analysis
Learning Objective: 2.3 Describe the diagnostic criteria, epidemiology, aetiology and treatments for panic disorder and agoraphobia.
Section: Panic disorder and agoraphobia

4.

People with social phobia avoid situations because they fear:

A. panic attacks.
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C. contamination by other people.
D. enclosed spaces.
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Blooms: Comprehension
Learning Objective: 2.4 Describe the diagnostic criteria, epidemiology, aetiology and treatments for social anxiety disorder.
Section: Social anxiety disorder

5.

According to the research evidence, the most effective treatment for obsessive-compulsive disorder is:

A. medication.
B. cognitive behaviour therapy.
C. psychosurgery.
D. behavioural macros.
E. skills training.

Blooms: Analysis
Learning Objective: 2.6 Describe the diagnostic criteria, epidemiology, aetiology and treatments for obsessive-compulsive disorder.
Section: Obsessive-compulsive disorder (OCD)

6.

Individuals with generalised anxiety disorder (GAD) typically experience worries about:

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Blooms: Analysis
Learning Objective: 2.5 Describe the diagnostic criteria, epidemiology, aetiology and treatments for generalised anxiety disorder.
Section: Generalised anxiety disorder (GAD)

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According to Barlow (2002), the hallmark of anxiety is:

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Blooms: Analysis
Learning Objective: 2.1 Describe the nature of anxiety and models regarding the aetiology of anxiety disorders.
Section: The nature of fear and anxiety disorders

8.

Which of the following is *not* a major symptom cluster in the definition of posttraumatic stress disorder?

A. arousal symptoms
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C. substance abuse symptoms
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E. All of the given options are correct.

Blooms: Analysis
Learning Objective: 2.7 Describe the diagnostic criteria, epidemiology, aetiology and treatments for posttraumatic stress disorder.
Section: Posttraumatic stress disorder (PTSD)

9.

Biological, learning and cognitive models of posttraumatic stress disorder (PTSD) all recognise that:

A. PTSD is maintained by avoidance of reminders of the trauma.
B. PTSD develops in almost everyone who experiences a trauma.
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In Foa's 1991 randomised controlled trial of treatments for posttraumatic stress disorder, the treatment with the best long-term outcome was:

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Blooms: Application
Learning Objective: 2.7 Describe the diagnostic criteria, epidemiology, aetiology and treatments for posttraumatic stress disorder.
Section: Posttraumatic stress disorder (PTSD)

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The Rapee Information Processing Model of the development of generalised anxiety disorder (GAD) suggests that individuals with GAD selectively attend to:

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Blooms: Analysis
Learning Objective: 2.5 Describe the diagnostic criteria, epidemiology, aetiology and treatments for generalised anxiety disorder.
Section: Generalised anxiety disorder (GAD)

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Blooms: Comprehension
Learning Objective: 2.5 Describe the diagnostic criteria, epidemiology, aetiology and treatments for generalised anxiety disorder.
Section: Generalised anxiety disorder (GAD)

13.

Research supports the hypothesis that _____ is/are a specific feature of generalised anxiety disorder.

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C. worry about a few closely related themes
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Learning Objective: 2.5 Describe the diagnostic criteria, epidemiology, aetiology and treatments for generalised anxiety disorder.
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Blooms: Comprehension
Learning Objective: 2.2 Describe the diagnostic criteria, epidemiology, aetiology and treatments for specific phobias.
Section: Specific phobias

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People with obsessive-compulsive disorder are more likely to have a poor outcome if their symptoms include:

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Blooms: Analysis
Learning Objective: 2.6 Describe the diagnostic criteria, epidemiology, aetiology and treatments for obsessive-compulsive disorder.
Section: Obsessive-compulsive disorder (OCD)

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Obsessive-compulsive disorder has a prevalence rate of about:

A. 2 to 3 per cent.
B. 1 per cent.
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Blooms: Knowledge
Learning Objective: 2.6 Describe the diagnostic criteria, epidemiology, aetiology and treatments for obsessive-compulsive disorder.
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Learning Objective: 2.5 Describe the diagnostic criteria, epidemiology, aetiology and treatments for generalised anxiety disorder.
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Which of the following is *not* true of cognitive behaviour therapy in the treatment of generalised anxiety disorder?

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Section: The diagnosis of generalised anxiety disorder

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Chapter 02 Testbank Summary

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