Test Bank Chapter 2: Attention-Deficit/Hyperactivity Disorder

Testing the Student's Knowledge of the Case

1. Ken Wilson's parents first sought treatment for Ken's behavior when he was:
a) 7 years old and was having trouble in first grade.
b) 3 years old and wouldn't sit still in church.
c) 1 year old and wouldn't sleep through the night.
d) 6 months old and wouldn't stop crying.
Answer: a

2. Ken Wilson lived with his:
a) Maternal grandmother, who was retired.
b) Mother, who was divorced and worked as a secretary, and his teenaged brother.
c) Father, who worked as a business manager, his stay-at-home mother, his older sister, and his younger brother.
d) Father, who worked as a postal carrier.
Answer: c

3. If Ken Wilson's behavior was corrected, he would:
a) Have a temper tantrum during which he would throw things, scream, and break toys.
b) Run away from home and spend the night hiding in the woods behind his house.
c) Start crying in a heartbroken manner and say that nobody had ever loved him.
d) Laugh defiantly and say that he couldn't care less.
Answer: a

4. Ken Wilson's behavior problems were brought to his parents' attention by:
a) His babysitter who called them back home when they were on a date at the movies.
b) The driver on his school bus.
c) His teacher at school.
d) His aunt when she tried to watch him for the weekend at her home.
Answer: c

5. To evaluate how he was acting, Ken Wilson's behavior at school was observed by his:
a) Therapist.
b) Mother.
c) Father.
d) Minister.
Answer: a

6. Ken Wilson's teacher filled out a scale to:
a) Report on Ken's behavior problems.
b) Identify which of the other children were Ken's friends.
c) Document all the different techniques she had tried to use with Ken.
d) Show which assignments he was missing and which subjects he was behind on.
Answer: a

7. At school, Ken Wilson's behavior was:
a) Distractible, aggressive, and fidgety, and bothered the other children.
b) Withdrawn, shy, fearful, nervous, and inhibited.
c) Goofy, playful, popular, and irreverent.
d) Mean, insulting, sadistic, violent, and he spoke in a hateful manner.
Answer: a

8. What did Ken Wilson's father think about Ken's behavior?
a) He was very worried it meant that Ken wouldn't be able to get into a good college.
b) He was angry at his wife for being too easy and letting Ken get away with things.
c) He thought it wasn't really a problem and that people were overreacting about it.
d) He thought everything Ken did was funny and encouraged him to misbehave.
Answer: c

9. Ken Wilson got into the most arguments with his:
a) Teacher.
b) Father.
c) Sister.
d) Best friend.
Answer: c

10. Before therapy, how did Ken Wilson's mother typically handle his misbehavior?
a) She spanked him violently.
b) She locked him in the laundry room.
c) She yelled at him.
d) She completely ignored it and let him do whatever he wanted.
Answer: c

11. Ken Wilson's therapist treated him using:
a) Contingency management (changing his behaviors by changing rewards and punishments in the environment).
b) Stimulant medication.
c) Family therapy (addressing the family alliances and boundaries and changing Ken's role as scapegoat in the family).
d) Antidepressant and antianxiety medication.
Answer: a

12. Why was time out in his room not working very well at first with Ken Wilson?
a) He was sneaking out of the window of his room to play in the backyard.
b) He wasn't staying in time out long enough.
c) He preferred being alone in time out.
d) He had lots of toys in his room and he would just go play with them.
Answer: d

13. As part of his treatment program, Ken Wilson was put on:
a) A sugar-free diet.

b) A diet to eliminate food coloring and preservatives.
c) A point system.
d) An exercise program.
Answer: c

14. One of the rewards that Ken Wilson could obtain for good behavior was:
a) A new puppy.
b) He could stay up past his bedtime.
c) $20.
d) A trip to the movies.
Answer: d

15. Ken Wilson's therapist began treatment by targeting only two problem behaviors and ignoring the others:
a) Because they were the only two things the parents would admit were problems.
b) Because the therapist was still in training and could only handle two things at a time.
c) To give the parents an early success and increase their enthusiasm about the therapy.
d) The therapist didn't want to hurt Ken's self-esteem.
Answer: c

16. Ken Wilson's treatment targeted his behavior:
a) At home, because his teacher did not want to be involved.
b) At school and at home.
c) At school, because his academic performance was at stake.
d) With his peers, because he was at risk for social rejection.
Answer: b

17. What was the outcome of Ken Wilson's treatment?
a) His parents could not follow through with the treatment recommendations and his behavior did not improve very much.
b) His parents became offended at one of the therapist's recommendations, and withdrew from treatment before it was over.
c) His behavior was significantly improved and treatment was concluded)
d) He had to repeat a grade in school and was briefly hospitalized before treatment was finished)
Answer: c

18. What changed between Ken Wilson's parents by the end of the treatment?
a) They decided to get a divorce.
b) They couldn't agree on the treatment recommendations.
c) His father began blaming his mother for Ken's behavior problems.
d) They were having fewer marital problems.
Answer: d

19. Explain how Ken Wilson's therapist used multiple sources of information to collect data on Ken's behavior problems.

20. Describe Ken Wilson's symptoms of attention-deficit/hyperactivity disorder.

21. Explain how Ken Wilson's therapist used contingency management to change Ken's behavior.

22. How did Ken Wilson's behavior problems affect the other members of his family?

Testing the Student's Understanding of the Case as it Relates to the Research Evidence

23. Which of the following was NOT one of the difficulties experienced by Ken and many other children with attention-deficit/hyperactivity disorder?
a) Getting frequent bacterial and viral infections
b) Problems learning
c) Problems making friends and getting along with other children
d) Taking risks and ignoring safety precautions
Answer: a

24. Attention-deficit/hyperactivity disorder:
a) Only causes problems in a school setting.
b) Is a disorder that first emerges at 5 years of age and then is grown out of by 12 years of age.
c) Is a lifelong disorder for the majority.
d) Goes away if properly treated.
Answer: c

25. What is the role of genetics in the etiology of attention-deficit/hyperactivity disorder?
a) Genes are not causally related.
b) Genes are strongly related.
c) No research has been done yet to evaluate the role of genetics.
d) Genes are weakly related.
Answer: b

26. What does the research say about television viewing and children's attention?
a) Watching a lot of television improves a child's ability to pay attention.
b) There is no relation between television viewing and attention.
c) Watching violent, fast-paced television shows at a young age seems to cause later problems with attention.
d) Children who have never watched television before have very poor ability to pay attention.
Answer: c

27. Which of the following has NOT been linked to attention-deficit/hyperactivity disorder?
a) Mothers smoking cigarettes during the pregnancy.
b) Mothers being distressed and highly anxious during the pregnancy.

c) Mothers eating a lot of raw vegetables during the pregnancy.
d) Complications during the birth of the child.
Answer: c

28. Which type of behavior is frequently seen in the relationships between children with attention-deficit/hyperactivity disorder and their mothers?
a) Children being provocative and mothers being physically abusive.
b) Children being disobedient and mothers being negative and inconsistent.
c) Children being fearful and anxious and mothers being overprotective.
d) Children being loving and affectionate and mothers being overly permissive.
Answer: b

29. Medication for attention-deficit/hyperactivity disorder:
a) Is not any better than a placebo.
b) Improves children's behavior and increases their concentration.
c) Is the only effective treatment.
d) Cures the disorder if it is taken for one month, and then can be discontinued.
Answer: b

30. Medication for attention-deficit/hyperactivity disorder:
a) Only works for toddlers and preschoolers.
b) Causes a lot of weight gain and the children frequently become obese.
c) Is underused because it is difficult to convince parents to give it to their child.
d) Is becoming more and more popular and may be overused.
Answer: d

31. What are some of the problems that people with attention-deficit/hyperactivity disorder are at risk for later in their lives?

32. Describe what kinds of experiences in watching television are linked with children's attention problems; why might this be the case?

33. Which treatments are most effective for attention-deficit/hyperactivity disorder?