

Chapter 2: Social Anxiety Disorder

1. Children do not typically describe experiencing panic attacks in social situations, rather their anxiety tends to manifest as:
 - a. Bedwetting or toilet training problems
 - b. Crying or tantrums**
 - c. Hostility or resentment
 - d. Obsessive thoughts or actions
2. Which two disorders does SAD most frequently co-occur with?
 - a. Depression and anxiety disorders**
 - b. Depression and bipolar I disorder
 - c. Anxiety disorders and schizoaffective disorder
 - d. Anxiety disorders and bipolar I disorder
3. Research has shown that SAD and alcohol dependence are related, and it has been suggested that SAD may be a risk factor for the development of alcohol problems.
 - a. True**
 - b. False
4. What conclusion have researchers come to concerning the role of genetics in social anxiety?
 - a. There is no relation between genetics and the development of SAD.
 - b. One gene has been identified as the sole contributor to the development of SAD.
 - c. There are a few genes that are directly related to the development of the disorder, but these specific genes have yet to be identified.
 - d. It is likely that an underlying behavioral trait is genetically transmitted, which then contributes to the development of SAD and other psychopathologies.**
5. Which of the following neurotransmitters are most frequently associated with SAD?
 - a. Dopamine and Norepinephrine
 - b. Serotonin and Epinephrine
 - c. Serotonin and Dopamine**
 - d. Norepinephrine and Oxytocin
6. All of the following biases in information processing have been evaluated in individuals with SAD *except*:
 - a. Attentional bias
 - b. Emotional bias**
 - c. Judgment and interpretation bias
 - d. Imagery and visual memory bias

7. Infant temperament has no relation to the development of social and processing deficits seen in individuals with SAD.

- a. True
- b. False**

8. Which of the following limitations regarding the dissemination of empirically validated treatments for SAD do the authors highlight?

- a. Individuals with generalized SAD are less likely to seek treatment due to fear of what others think of them.**
- b. Clinicians generally prefer to not use empirically validated approaches in treating SAD.
- c. Empirically supported treatments for SAD are too costly.
- d. More research needs to be done in this area as there are currently no empirically validated treatments for SAD.

9. MAOIs are the “first-line” pharmacological treatments for SAD.

- a. True
- b. False**

10. To receive a diagnosis of SAD, the fear or anxiety must have lasted for:

- a. 3 months or more
- b. 6 months or more**
- c. 2 months or more
- d. 4 months or more

11. Which brain region has shown greater activation when individuals with SAD are shown threatening faces, with the magnitude of activation reflecting severity of SAD (Phan, Fitzgerald, & Nathan, 2006)?

- a. Insula
- b. Occipital cortex
- c. Hippocampus
- d. Amygdala**

12. A widely used CBT protocol for SAD includes which primary component?

- a. Exposure
- b. Homework
- c. Cognitive Restructuring
- d. All of the above**

13. Clark and Wells' (1995) cognitive behavioral model of SAD posits that
- a. Attention of the person with SAD is focused on internal symptoms of anxiety
 - b. Attention of the person with SAD is split between internal focus and an external search for indicators of evaluation
 - c. Subtle avoidance behaviors, such as conversing but remaining passive in the conversation, play a central role in the maintenance of SAD
 - d. Both a. and c.**