

TECEP® Test Description for PSY-350-TE

ABNORMAL PSYCHOLOGY

This exam assesses students' understanding and knowledge of a variety of human behaviors classified as abnormal. It evaluates students' knowledge and understanding of causes of abnormality, the prevalence of different forms of abnormal behavior, various theories that have been put forth to explain abnormal behavior, and common forms of treatment. (3 credits)

- **Test format:** 100 multiple choice questions (1 point each)
 - **Passing score:** 60%. Your grade will be reported as CR (credit) or NC (no credit).
 - **Time limit:** 2 hours.
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OUTCOMES ASSESSED ON THE TEST

- Identify the spectrum of behaviors encompassed by the term abnormal behavior.
 - Distinguish differences among the major theoretical viewpoints regarding causal factors, clinical assessment, and treatment.
 - Categorize abnormal behaviors into their various classes of disorder.
 - Compare and contrast therapeutic treatments, treatment approaches, and prevention strategies.
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TOPICS ON THE TEST AND THEIR APPROXIMATE DISTRIBUTION

The table below indicates the main topics covered by this exam and the approximate percentage of the exam devoted to each main topic. Under the main topic heading is a list of related—but more specific—topics. It is important to review these topics to determine how much prior knowledge you have and/or how much additional study is necessary.



Topic	Percentage
<p>Historical/Contemporary Views; Causal Factors; Clinical Assessment and Diagnosis</p> <ul style="list-style-type: none"> ● Elements of abnormality ● DSM definition of mental disorder ● Prevalence of mental disorders ● Historical and contemporary views of abnormal behavior ● Research approaches in abnormal psychology ● Causes and risk factors for abnormal behavior ● Diathesis-stress models ● Viewpoints and causal factors: biological, psychological, sociocultural ● Basic elements of clinical assessment: physical and psychosocial ● Different approaches to treatment 	25%
<p>Stress and Physical/Mental Health</p> <ul style="list-style-type: none"> ● Physical and psychological reactions to stress ● Prevention and treatment of stress disorders 	5%
<p>Panic/Anxiety Disorders; Somatoform/dissociative Disorders; Eating Disorders</p> <ul style="list-style-type: none"> ● Phobias ● Panic and anxiety disorders ● Somatoform and dissociative disorders ● Eating disorders and obesity ● Causal factors ● Treatment 	15%
<p>Substance Abuse Disorders</p> <ul style="list-style-type: none"> ● Alcohol abuse and dependence ● Drug abuse and dependence 	10%
<p>Personality Disorders; Sexual Issues</p> <ul style="list-style-type: none"> ● Personality disorders: Clusters A, B, C ● Using the DSM ● Sexual variants, abuse, dysfunctions 	10%
<p>Mood Disorders; Psychotic Disorders</p> <ul style="list-style-type: none"> ● Mood disorders: unipolar, bipolar ● Affect disorders: anxiety ● Suicide ● Psychotic disorders: schizophrenia, psychosis, delusions, hallucinations 	15%
<p>Neurocognitive Disorders</p> <ul style="list-style-type: none"> ● Delirium ● Dementia ● Head injuries 	5%



<ul style="list-style-type: none"> • Cognitive deficits 	
Childhood/Adolescent Disorders <ul style="list-style-type: none"> • Developmental disorders • Symptom disorders • Learning disabilities • Maladaptive behaviors 	5%
Therapy; Contemporary/Legal Issues <ul style="list-style-type: none"> • Types of treatment • How to evaluate successful treatments for disorders • Treatment approaches: psychosocial, sociocultural, biological • Prevention strategies: interventions and community-based treatment models • Legal challenges and issues for therapists, families, clients 	10%

STUDY MATERIALS

Below is a list of recommended study materials to help prepare you for your exam. Most textbooks in this subject include the topics listed above and will prepare you for the test. If you choose another text, be sure to compare its table of contents against the topic list to make sure all topics are covered.

Title
Butcher, J., Mineka, S., & Hooley, J. <i>Abnormal Psychology</i> (current edition). Boston, MA: Pearson.
Nevid, J., Rathus, S., & Greene, B. <i>Abnormal Psychology in a Changing World</i> (current edition). Boston, MA: Pearson.
Comer, R. J. <i>Fundamentals of Abnormal Psychology</i> (current edition). New York, NY: Worth Publishers.

SAMPLE QUESTIONS

The questions below are designed to help you study for your TECEP. Answering these questions does not guarantee a passing score on your exam.

Please note that the questions below **will not** appear on your exam.



1. Which of the following elements is considered sufficient to make a determination of abnormality?
 - a. Deviancy
 - b. Maladaptiveness
 - c. Suffering
 - d. None of the above

2. What term is used to describe the factors that play a role in causing a disease?
 - a. Prevalence
 - b. Resiliency
 - c. Etiology
 - d. Classification

3. The term psychological assessment refers to the
 - a. determination of how environmental factors impact the course of a disorder
 - b. process used by professionals to arrive at a diagnosis
 - c. development of a treatment plan for an individual client
 - d. procedures used to summarize a client's problem

4. Today there is a growing recognition of the fact that
 - a. cognitive factors primarily determine the course of both psychological and biological disorders
 - b. both behavioral and biological factors interact to determine health
 - c. most psychological disorders have a clearly-defined biological basis
 - d. it is unlikely that it will ever be possible to determine the causes of psychological disorders

5. Why is the new DSM-5 classification, which omits the concept of neurosis, considered an improvement?
 - a. Because the diagnostic criteria are based on shared, observable symptoms that are more clearly defined
 - b. Because each category now consists of symptoms with causal origins included
 - c. Because anxiety disorders are identified as such whether or not anxiety symptoms are expressed
 - d. Because each category that is identified includes specific etiology, symptoms, and potential treatments



6. Fear is a basic emotion that involves
- negative thoughts but no change in physiological arousal
 - the activation of the 'fight or flight' response
 - anxiety and concern about future events
 - a complex blend of stress and self-preoccupation
7. Which of the following disorders involves physical complaints or disabilities that occur in the absence of physical pathology?
- Anxiety disorders
 - Cognitive disorders
 - Somatoform disorders
 - Dissociative disorders
8. Which of the following conditions is NOT included in the DSM?
- Bulimia
 - Anorexia
 - Binge-eating
 - Obesity
9. Why does it make sense to view addiction as a mental disorder?
- Because the symptoms are behavioral
 - Because substance abuse often develops as an attempt to self-medicate negative mood states
 - Because the most effective treatments are psychological not medical
 - Because neurochemical imbalances underlie the problem behaviors
10. Unlike psychoactive substance abuse, psychoactive substance dependence usually involves
- the pathological use of the substance involved
 - the use of illegal substance that laws prohibit one from buying or using
 - physiological symptoms such as tolerance and/or withdrawal
 - continued substance use despite social and occupational problems
11. Sexual variants illustrate a theme in abnormal psychology better than any other category of disorder. Which theme?
- The importance of environmental stressors as a primary cause of disorders
 - The difficulty in defining the boundaries of normal and abnormal behavior
 - The impact of childhood experiences on one's social adjustment as an adult
 - The significant role that neurotransmitters play in affecting thought and behavior



12. Which of the following is true of personality disorders?
- They tend to be over-diagnosed due to the clarity of diagnostic criteria in the DSM.
 - They can be reliably diagnosed by experienced mental health professionals.
 - They are the most commonly-diagnosed disorder on Axis I of the DSM.
 - They are inconsistently diagnosed due to confusing characteristics in the DSM.
13. A person who suffers from psychotic depression that includes mood-incongruent or mood-congruent thinking
- has a more negative prognosis than someone with major depressive disorder
 - frequently does not display the classic symptoms of melancholia
 - usually responds rapidly to anti-depressant medications
 - will receive a diagnosis of compound depression that requires ECT treatment
14. There is some debate whether _____ is a variant of schizophrenia or a form of mood disorder.
- residual type schizophrenia
 - schizoaffective disorder
 - schizophreniform disorder
 - undifferentiated type schizophrenia
15. The child of a depressed parent is likely to
- develop enhanced coping skills in order to manage stress
 - find interests outside the home to avoid dealing with their parent
 - be at high risk for developing depression and other problems
 - avoid seeking committed relationships in adulthood
16. Which of the following is an accurate statement regarding individuals with neuropsychological damage?
- They often display moderate to severe psychopathology that includes hallucinations and delusions.
 - They may or may not display psychopathological symptoms.
 - They often manifest psychopathological symptoms that are the opposite of their pre-disorder personality.
 - They will develop psychopathology only when there is damage to areas of the frontal cortex.
17. Which of the following diseases is the most common cause of dementia?
- Alzheimer's disease
 - Korsakoff's disease
 - Huntington's disease
 - Parkinson's disease



18. Individuals who are moderately retarded
- a. can achieve partial independence in activities of daily living
 - b. can become self-supporting adults with appropriate training
 - c. are generally institutionalized
 - d. are usually diagnosed in infancy
19. What two professional groups deal extensively with people's emotional problems but typically do not have specific training in counseling?
- a. Research psychologists and guidance counselors
 - b. Psychiatrists and physicians
 - c. Clergy and social workers
 - d. Physicians and clergy
20. Cognitive-behavioral therapy is considered to be an effective therapeutic treatment for
- a. pervasive developmental disorders
 - b. gender identity disorders
 - c. panic disorder and generalized anxiety disorder
 - d. communication disorders and tic disorders
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ANSWERS TO SAMPLE QUESTIONS

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|--------|---------|---------|
| 1. (d) | 8. (d) | 15. (c) |
| 2. (c) | 9. (a) | 16. (b) |
| 3. (d) | 10. (c) | 17. (a) |
| 4. (b) | 11. (b) | 18. (a) |
| 5. (a) | 12. (d) | 19. (d) |
| 6. (b) | 13. (a) | 20. (c) |
| 7. (c) | 14. (b) | |

