

## EPPP Final Review

106 terms | twaltz TEACHER

IQ-"Genetics"	<p>Correlations: <span>☆</span></p> <p>Identical twins reared together: .85</p> <p>Identical twins reared apart: .67</p> <p>Fraternal twins reared together: .58</p> <p>Bio siblings reared together: .45</p> <p>Bio siblings reared apart: .24</p> <p>Bio parent and child together: .39</p> <p>Bio parent and child apart: .22</p> <p>Adoptive parent and child: .18</p>
Schizophrenia-"Genetics"	<p>Concordance rates: <span>☆</span></p> <p>Identical twins: 48%</p> <p>Fraternal twins: 17%</p> <p>non-twin siblings: 10%</p> <p>child w/ both parents: 46%</p> <p>Any first degree relative increases risk above the general prevalence rate of 0.3 to 0.7%</p>
Alzheimer's disease	<p>Linked to ApoE4 gene on chromosome 19 <span>☆</span></p> <p>Also have atrophy in the enthorhinal cortex</p>
Huntington's Disease	<p>Early symptoms: rapid, repetitive, involuntary movements in the extremities and face; piano playing like finger movements <span>☆</span></p> <p>Late stage symptoms: difficulty swallowing and speaking</p> <p>Autosomal dominant genetic disorder: only need 1 parent</p>
Parkinson's disease	<span>☆</span>

	Early symptoms: slowness and poverty of movement	
Multiple sclerosis	Early symptoms: tingling, numbness, weakness in one limb	☆
Papez's circuit	is involved in the control of emotions (hippocampus, mammillary bodies, cingulate gyrus, and the anterior nuclei of the thalamus); is also involved in the acquisition of new memories	☆
Classical Conditioning Procedures by effectiveness	Delay Trace Simultaneous Backward	☆
Overshadowing: Classical conditioning	In a compound stimulus presentation in a novel NS1, NSx -->US pairing, only one NS becomes an effective CS	☆
Blocking: Classical conditioning	A new NS is not effectively paired with a US when it is introduced with a pre-existing CS	☆
Speed-Accuracy tradeoff	Engelhorn (1997) found that when training complex motor behavior, you get faster acquisition of complex responding when emphasizing speed over accuracy	☆
Baddeley (1986) age related deficits in working memory	Largely due to "central executive" that directs attention	☆
Item Response Theory	The point at which the curve intercepts the Y axis indicates the probability of answering the item correctly by guessing.	☆
Spearman-Brown formula	Is used to estimate the effects of adding or subtracting items to a test on its reliability coefficient	☆
Kuder-Richardson Formula 20	A measure of internal consistency reliability that characterizes the degree to which the outcome on one part of a text can be used to predict outcome on other parts of the same test.	☆

	This measure can be used with all test items are scored dichotomously (Y/N; T/F)	
Slope bias (in regressoin lines)	When there is differential validity such as when the validity coefficients for a predictor differ for different groups.	☆
Intercept bias	a measure systematically under or over predicts performance for a group	☆
Limits of criterion-related validity coefficient	The validity coefficient cannot be higher than the square root of a tests reliability coefficient.	☆
Effect Size Measures	Eta squared: the square of the correlation coefficient between tx and outcome Choen's d: mean difference divided by pooled variance	☆
Coefficient of multiple determination	characterizes the impact of adding or subtracting a predictor to a multiple regression equation will have a significant effect on its predictive accuracy	☆
Percentile Rank distribution shape	Rectangular (percentile is linear & does not reflect the number of observations at a particular point-- that would be a histogram)	☆
Path analysis	tests hypotheses about the causal relationships among 3 or more variables	☆
Logit analysis	A multivariate technique that uses two or more categorical variables to predict status on a single categorical variable [think Fortney]	☆
Multiple Regression	Requires that predictors and criterion variables be measured on a continuous scale	☆
Canonical correlation	There are multiple IVs and multiple DVs, all measured on continuous scales	☆
Split-plot ANOVA aka Mixed ANOVA	Used when you have more than one IV and multiple points of measurement over time	☆
Correction for guessing formula		☆

Corrected score =  $\# \text{ correct} - [\# \text{ wrong} / (\text{choices per answer} - 1)]$

Impact on measures of central tendency for a test:  
Mean is lower  
SD is higher

#### Test Construction key terms

Sensitivity: of those who have X (denominator), # the measure identifies as X (numerator)



Specificity: of those who ~X (denominator), # the measure identifies as ~X (numerator)

Positive Predictive Value: of those identified as X (denominator), how many actually have X (numerator)

Negative Predictive Value: of those identified as ~X (denominator), how many actually are ~X (numerator)

#### Test response answers and reliability

True/false: lowest reliability



The greater the likelihood an answer can be guessed, the lower the reliability

#### Sternberg's Triarchic Theory of Intelligence

3 factors:  
analytical, creative, and practical



#### Fritz Heider's (1958) Balance Theory aka P-O-X theory

P-person  
O-other person  
X-attitude object  
A cognitive constancy theory that predicts that a person is motivated to change an attitude when they experience inconsistencies in attitudes (i.e., imbalance in attitudes toward P, O, or X)



#### Social Comparison Theory

People compare their own attitudes, abilities and emotions to others particularly in situations that are uncertain or lack objective standards



Social Judgement Theory	<p>Initial level of discrepancy between one's position and another's is an important determinant of attitude change:</p> <p>Latitude of acceptance: low to no difference--thus agreement &amp; not attitude change</p> <p>Latitude of non-commitment: there is moderate discrepancy that can be bridged via communication</p> <p>Latitude of rejection: large discrepancy between positions, attitude change unlikely.</p>	☆
Group Impact on behavior	<p>Deindividuation: tendency to engage in uncharacteristic ways (e.g., increased aggression) under anonymous conditions</p> <p>Social facilitation: tendency to have improved task performance in the presence of others</p>	☆
Sherif's (1935) stationary light in dark room "autokinetic effect"	<p>Methods used to study conformity.</p> <p>High variability of movement estimates when alone.</p> <p>Conformed to estimates of others when in a group.</p>	☆
Sherif's (1961) Robber's Cave experiment	<p>Demonstrated that introducing a superordinate goal that was accomplishable only under conditions of cooperation = the most effective way to reduce intergroup competition and hostility.</p>	☆
Predictors of Re-Offense among Juvenile Offenders	<p>Strongest: early age of first offense predicts re-offense (-.346)</p> <p>Also Strong: age at first contact with the law and re-offense (-.341)</p> <p>Surprising weak relationship: correlation between prior arrests and re-offense (.058)</p> <p>History of maltreatment, SES and IQ also have very weak relationships</p> <p>[Schwalbe, Day, Frasier]</p>	☆
"Collateral" social organization and decision making	<p>Place greater emphasis on family and community than the self. Common in Native American communities.</p>	☆

Impact of stepparents	<p>mixed</p> <p>Younger children have less trouble adjusting than school-age children. Girls have slightly more adjustment problems than boys, but not a robust effect</p>	☆
Chin & Benne(1976) strategies for overcoming resistance to change in organizations	<p>Rational-empirical: information-based</p> <p>Normative-reeducative: peer pressure, social norms, collaboration</p> <p>Power-coercive: mandate change &amp; use a strong leader</p>	☆
Herzberg's "two-factor theory"	<p>Hygiene factors: e.g., money and basic working conditions can produce dissatisfaction, but do not impact satisfaction or motivation.</p> <p>Motivator factors: greater responsibility, autonomy, and challenge, etc. can be contributors to job satisfaction &amp; motivatoin</p>	☆
Cognitive Resource Theory (Fielder & Garcia, 1987)	<p>The impact of a leader's experience and intelligence on performance is moderated by the leaders level of stress.</p> <p>Low Stress: Leader IQ is positively related to performance</p> <p>High Stress: Leader IQ is negatively related to performance in high stress situations</p> <p>Experience: negatively related to performance in low stress situations; positively related to performance in high stress situations</p>	☆
Increasing cutoff scores on job selection tests	reduces the number of true negatives	☆
Protocol Analysis	Having a person think-aloud while solving a problem and analyzing the recording/transcript	☆
Rotating Shift		☆

Best when rotation is clockwise and either rapid (every 3 days) or slow (every 3 weeks)

Weekly rotations are only long enough to build up sleep deficits--thus most disruptive to circadian rhythms.

Anorexia Nervosa; Bulimia Nervosa; Body Dysmorphic Disorder

Anorexia: just restriction--body image disturbance is present but not the distinguishing characteristic (can have binge-purge subtype)



BDD: includes performance of repetitive behaviors or mental acts related to body image/weight concerns

Bulimia: self evaluations are unduly influenced by body weight and shape

Conduct Disorder vs. Oppositional Defiant Disorder

CD: frequent lying and running away from home  
ODD: less likely to demonstrate physical aggression toward peers.



Somatic symptom disorder

Essential feature: multiple somatic symptoms (without medical cause) that produce distress or disruption in daily life



Distinguishing Anxiety from Depression

Depression:  
high negative affect  
low positive affect  
low autonomic arousal



Anxiety:  
high negative affect  
high positive affect  
high autonomic arousal

MDD, recurrent

Psychosocial stressors play a more significant role in the precipitation of initial episodes than later episodes



Postpartum Depression



	<p>10-15% of new mothers develop postpartum major depression in the first few days following delivery.</p> <p>80% of new mothers experience "baby blues" with mood swings and sleep disturbances</p>	
Learning disorder comorbidities	<p>ADHD (20-30%)</p> <p>Tourette's Disorder</p> <p>Mood disorder</p>	☆
Illness Anxiety Disorder	<p>Essential feature: excessive worry about becoming ill, typically without somatic symptoms or only symptoms of mild intensity</p>	☆
OCD vs. OCPD	<p>OCPD does not require the presence of obsessions or compulsions--just preoccupation with orderliness, perfectionism, and control.</p>	☆
PTSD & Acute Stress Disorder	<p>Requires actual or threatened death, serious injury, or sexual violence.</p> <p>**Threat to physical integrity of self or others was removed in DSM-5</p>	☆
Non-Rapid Eye Movement Sleep Arousal Disorder	<p>Includes what were formerly known as sleep terror disorder and sleep walking disorder</p> <p>+commonly accompanied by a panicky scream, does not awake, unresponsive to others attempts to comfort, and does not remember in the morning.</p>	☆
REM Sleep Behavior Disorder	<p>involves episodes of arousal during REM sleep including vocalizations or complex motor behaviors consistent with the person's dream.</p> <p>Upon awakening, the person is alert and oriented.</p>	☆
Schizophrenia vs. Schizophreniform vs. Delusional disorder	<p>Schizophrenia requires symptoms to be present for 6 months. &lt; 6 months for Schizophreniform.</p> <p>Delusional disorder has less functional impairment than schizophrenia and less global than a personality disorder</p>	☆



Erotomaniac Delusion	Belief (false) that a specific person is in love with you. Typically of higher status.	☆
Antisocial Personality Disorder	By middle age, there is often a decrease in criminal behaviors & individuals may not meet full criteria. Interpersonal relationship problems tend to persist.	☆
TBI	post-traumatic amnesia duration is a more accurate indicator of severity and prognosis than the degree of retrograde amnesia	☆
Adolescent Suicide	Children from single parent families are at higher risk than those from dual-parent families	☆
WHODAS 2.0 Domains (there are 6)	<ol style="list-style-type: none"> <li>1. Understanding &amp; communicating</li> <li>2. Getting around</li> <li>3. Self-care</li> <li>4. Getting along with people</li> <li>5. Life activities</li> <li>6. Participation in society</li> </ol>	☆
Migraine Types	<p>Classic: begins with an aura</p> <p>Common: no aura, exacerbated by bending or lifting</p> <p>Cluster headaches: sharp unilateral pain with autonomic symptoms (dizziness)</p>	☆
Migraine Headache treatment	thermal biofeedback plus autogenic (relaxation) training is more effective than either treatment alone	☆
MMPI-2 Conversion disorder V patterns	<ol style="list-style-type: none"> <li>1 high (hypocondriasis/somatic)</li> <li>2 low (depression/low positive emotions)</li> <li>3 high (hysteria/cynicism)</li> </ol>	☆
MMPI-2 Psychotic V or paranoid valley	<ol style="list-style-type: none"> <li>6 high (Paranoia/ ideas of persecution)</li> <li>7 low (Dysfunctional negative emotions)</li> <li>8 high (Abberent experiences/Schizophrenia)</li> </ol>	☆

MMPI-2 Passive-aggressive V	4 high (Antisocial) 5 low (gender role) 6 high (Paranoia/ ideas of persecution)	☆
MMPI-2 Defensive profile (looking good attempt)	L high (Lie) F low (inFrequent) K high (Correction-looking good)	☆
MMPI-2 K	Suppressor variable: is used as a common "correction factor" for the clinical scales	☆
MMIP-2 VRIN & TRIN scales	Measure response consistency VRIN: variable response inconsistency TRIN: true response inconsistency	☆
MMPI-II Faking Bad	High F & low K  F: endorsing atypical items (infrequently endorsed in clinical samples) K: (ok) describing oneself in overly positive terms	☆
Eating disorder Treatment	Bulimia: impact on eating behaviors and attitudes toward weight/shape Short-term: CBT > BT or IPT Long-term: CBT = IPT	☆
Interpersonal Therapy	Four key problem areas are targeted: 1. grief 2. interpersonal role disputes 3. role transition 4. interpersonal deficits	☆
REBT	People are biologically prone to the acquisition of irrational beliefs based on natural tendencies toward moodiness, negativism, and excitement seeking	☆
Reality Therapy	Fulfilling ones biological and psychological needs (belongingness, power, and freedom) in a responsible way	☆
Self-in-relation therapy	A type of feminist therapy that focuses on the role of the relationship with mom in creating gender	☆

	differences in behavior	
Solution-focused therapy	Often look for "exceptions" to problems to identify experienced solutions to problems.	☆
Transtheoretical Model (Prochaska, Nrocross, DiClemente)	6 stages of change: Precontemplation Contemplation Preparation Action Maintenance Termination	☆
Harry Stack Sullivan's interpersonal psychiatry	Everything hinges on 1. need for satisfaction 2. need for security  interpersonal insecurity-->anxiety = basis for most psychiatric problems	☆
Gestalt therapy	focuses on the ability to act, decide, choose, and otherwise respond ("response-ability") Boundary disturbances: Introjection: person incorporates aspects of another person into him/herself (contact boundary is within the self)  Projection: the person attributes to other people their own aspects (contact boundary is located far in the environment)	☆
Psycho-analysis	Phobia = externalization of forbidden impulse	☆
Smoking intervention	Most effective intervention includes nicotine replacement, clinician support, and skills training for relapse prevention.	☆
Ferberizing infants with fussy beadtime and nighttime wakefulness	Involves a progressive waiting approach	☆
Weisz et al (1995) meta analysis		☆

of child & adolescent psychotherapy outcomes	Largest effect size for female adolescents (.86) About twice or more the effect for other sub-groups.	
Child's first words	At about 12 months Most words refer to objects that move or change (fewest words for static/unmoving objects).  Mands make up a smaller proportion	☆
Insecure-disorganized attachment	Correlated with parental abuse, neglect, and elevated levels of cortisol in the child during events of the Strange Situation.  Associated with childhood aggressive behavior problems	☆
Insecure/ambivalent attachment	In strange situation the child will hit or push mother when she approaches and continue to cry after she picks him/her up.	☆
Vygotsky	On cognitive development: it is initially interpersonal, and then becomes intrapersonal. E.g., speech begins as social, then becomes self directed (private) then becomes as a tool for thinking (internal speech)	☆
Piaget's 2 stages of moral development	Heteronomous: rule violations will be punished and they can only be changed by authorities  Autonomous: rules can be changed by consensus	☆
Piaget's Cognitive development stages	Sensorimotor stage (0-2y): object permanence, development of symbolic thought, cause effect  Preoperational stage (2-7y): symbolic play, problem-solving, egocentric (poor theory of mind), operations are irreversible, magical thinking, centration (inability to hold two ideas at once)  Concrete operations (7-11y): logical rules--	☆

conserve number, then liquid, length, weight, displacement volume

Formal operations (11+): hypothetico-deductive reasoning

Freud on hysteria

associated defense mechanism is repression (the most basic basic defense mechanism that underlies all others)



Freud's Psychosexual stages

Oral (0-1): oral pleasure



Anal (1-3):libido centered on anus; focus is on control of bodily wastes

Phallic (3-6): libido is centered on the genitals and primary task is to resolve desire for opposite sex parent and viewing same-sex parent as a rival. Guilt in this stage increases as the superego emerges and conscience develops

Latency (6-12): libidinal energy is diffuse; emphasis is on developing social skills rather than sexual gratification

Genital (12+): libido refocused on genitals, desire meets affection and the task is to produce mature sexual relationships

Erickson's model of psychosocial development (8 stages)

Infancy: basic trust vs. mistrust



Toddler: Autonomy vs. shame/doubt

Early childhood: initiative vs. guilt

School age: industry vs. inferiority

Teen: Identity vs. role confusion

	<p>Young adult: Intimacy vs. isolation</p> <p>Middle adult: generativity vs. stagnation</p> <p>Old age: ego integrity vs. despair; issues of mortality</p>	
<p>Alderfer's ERG theory: Existence, relatedness, growth</p>	<p>Unlike Maslow, this theory assumes that needs may become more important as they are fulfilled.</p> <p>No-linear process.</p> <p>++has more data support than Maslow</p>	☆
<p>Bonfrenbrenner</p>	<p>Microsystem: immediate environment</p> <p>Mesosystem: interactions within the microsystem</p> <p>Exosystem: proximal organization systems: school board, workplace, local industry</p> <p>Macrosystem: cultural beliefs, prevailing economic conditions, political ideology</p> <p>Chronosystem: generational/lifespan defining events</p>	☆
<p>Rutter's Indicators = risk factors for psychopathology</p>	<p>Severe marital discord</p> <p>Low SES</p> <p>Overcrowding/large family</p> <p>Parental criminality</p> <p>Maternal psychopathology</p> <p>Placement of child outside of home</p>	☆
<p>Motor milestones</p>	<p>1-3 months: objects in hand to mouth</p> <p>4-6m: roll, sit, stand with help, first teeth</p> <p>7-9m: Sits without support, crawl/creep, pull to standing</p> <p>10-12m: stands alone, walks with support, first steps</p> <p>13-15m: wide gait walk, creep up stairs, scribbles, uses a cup well</p>	☆

	<p>16-24m: runs clumsily, can use spoon, kick ball, turn book pages, 50% daytime toilet use</p> <p>25-36m: ride tricycle, throw a ball overhand, up stairs alternating feet, run without falling</p> <p>37-48m: Jumps with both feet, good finger coordination, can dress with simple clothes, toilet trained, stable hand preference</p>	
Kochanska & Knaak (2003) on effortful inhibitory control and the development of conscience	<p>Starts to become coherent at 22 months</p> <p>becomes a stable trait by 33 to 45 months</p> <p>children who have higher effortful control at 22 to 45 months have stronger consciences at 56 months</p>	☆
Kohlberg Cognitive theory of gender identity development's 3 stages	<p>1. Identity (age 3y)</p> <p>2. Stability</p> <p>3. Constancy (age 7+)</p>	☆
Big 5 personality (OCEAN)	<p>Openness to experience</p> <p>Conscientiousness</p> <p>Extraversion</p> <p>Agreeableness</p> <p>Neuroticism</p> <p>Openness to experience is poorly replicated in non-western cultures</p>	☆
Bandura's Reciprocal determinism	Involves interactions between a person's behavior, personal factors, and the environment	☆
Cultural views of mental disorders	<p>Emic: view that mental disorders can be manifested differently by people of different cultural groups</p> <p>Etic: view mental disorders to be culturally universal and manifested in similar ways by everyone</p>	☆
Sue & Sue (1990) minority group worldviews	<p>Likely:</p> <p>Internal locus of control &amp; external locus of responsibility</p>	☆

Westernized view:

Internal locus of control and internal locus of responsibility

Marginal/Oppressed individuals:

External locus of control and internal locus of responsibility

Boyd-Franklin (1989) African-american middle class family roles

tend to be egalitarian



Ethics: Malpractice claim

4 elements:

Psychologist had a duty of care to client

There was a breach of that duty

The breach led to demonstrable injury

The psychologist's acts were the cause of that injury

