**Chapter 10: Key Concepts in the Science of Prevention and Promotion**

1. One important root of U.S. prevention efforts in the mid-20th century included studies that indicating that: (pp. 340–341)
   1. The need of mental health services greatly exceeded the available clinicians
   2. Minorities were more likely to receive severe mental health diagnoses
   3. Lower socioeconomic status individuals were more likely to be seen in groups than individually
   4. **All of the above**
2. \_\_\_\_\_ is anticipating a result and preparing for the impact, and \_\_\_\_\_ involves developing and reinforcing positive behaviors to replace maladaptive ones. (pp. 340–341)
   1. Promotion; prevention
   2. **Prevention; promotion**
   3. Promotion; promotion
   4. Prevention; prevention
3. According to Caplan’s prevention model, prevention efforts that target whole populations not in distress to reduce later incidence of a problem is referred to as: (pp. 342–343)
   1. **Primary prevention**
   2. Universal prevention
   3. Secondary prevention
   4. Indicated prevention
4. From the perspective of Caplan’s prevention terminology, prevention efforts provided to a person showing early signs of a disorder or distress is referred to as: (pp. 342–343)
   1. Primary prevention
   2. Universal prevention
   3. **Secondary prevention**
   4. Indicated prevention
5. Lacy is planning to establish a program at a local women, infants, and children (WIC) clinic that will help new parents learn the skills they need to promote their infants’ healthy development. Lacy’s program is an example of the National Academy of Medicine \_\_\_\_\_\_ prevention measure. (p. 343)
   1. **universal**
   2. selective
   3. primary
   4. indicated
6. The Kauai study by Emmy Werner found that children exposed to four or more risk factors in the first two years of life: (pp. 345–348)
   1. Led to serious behavioral and mental health problems before the end of adolescence for all children
   2. Led to delayed displays of criminal behavior among one-third of the children
   3. **Led to no serious problems and demonstrated resilience for one third of the children**
   4. Led to mental illness as adults for all children
7. Which of the following statements concerning the cumulative-risk hypothesis is true? (pp. 346–347)
   1. Only 50% of children can handle two or more risk factors
   2. Experiencing any risk factor in early childhood is detrimental
   3. When children are exposed to three or more risk factors negative outcomes increase exponentially
   4. **When children are exposed to four or more risk factors negative outcomes increase exponentially**
8. Masten and Powell called the relationships and resources that are part of everyday life which are helpful in overcoming adversity: (pp. 348–349)
   1. **Ordinary magic**
   2. Social opportunity
   3. Protective factors
   4. Resiliency
9. In the prevention equation presented in Chapter 10, factors such as social support and coping skills are: (pp. 349–350)
   1. Risk factors in Albee’s equation
   2. **Protective factors in Albee’s individual equation**
   3. Protective factors in Elias’s environmental equation
   4. Risk factors in Elias’s environmental equation
10. What is/are the primary goal(s) of resiliency research? (p. 350)
    1. To improve professional intervention strategies
    2. To decrease the prevalence of disorders and problem behaviors
    3. Develop strengths, supports positive development, and promote resiliency and thriving
    4. **Both b and c**
11. Meta-analyses of primary and secondary prevention programs indicated that these programs were: (pp. 355–356)
    1. Effective in changing attitudes but not behaviors
    2. Not effective in reducing problems or increasing competencies
    3. **Effective in reducing problems or increasing competencies**
    4. Both a and c
12. \_\_\_\_\_ is an evaluative process used to determine if the value of an intervention, program, or service justifies its cost. (p. 358)
    1. **Cost-effectiveness analysis**
    2. Cost-benefit analysis
    3. Cost-determination analysis
    4. None of the above
13. This evaluation method is a comparison of the costs spent to implement an intervention against the economic benefits gained. (pp. 358–359)
    1. Cost-effectiveness analysis
    2. **Cost-benefit analysis**
    3. Cost-determination analysis
    4. Cost-expectation analysis
14. In general, \_\_\_\_\_ prevention programs are more economically efficient than \_\_\_\_\_ prevention programs. (p. 360)
    1. Universal; targeted
    2. Global, universal
    3. **Targeted; universal**
    4. Individual; targeted
15. According to the National Academy of Medicine prevention terminology, a program to prevent alcohol abuse among men would be \_\_\_\_\_\_ if they showed no signs of abuse and \_\_\_\_\_\_ if they showed early symptoms of alcohol abuse. (p. 343)
    1. primary; secondary
    2. **selective; indicated**
    3. selective; secondary
    4. selective; universal
16. Factors mentioned in Chapter 10 that promote resilience include all of the following EXCEPT: (pp. 349–351)
    1. Cultural beliefs about the meaning of diversity
    2. Social support in workplaces and relationships
    3. Opportunities for positive growth while under stress
    4. **All of the above**
17. What conceptual model in Chapter 10 is based on action steps such as reducing stressful conditions, promoting individual coping skills, and promoting individual self-esteem? (p. 366)
    1. The Elias prevention equation
    2. Caplan’s model of prevention
    3. **The Albee prevention equation**
    4. None of the above
18. What are characteristics of successful school-based interventions to address bullying? (pp. 366–369)
    1. Classroom materials or activities on preventing violence
    2. Involving parents in interventions with bullies
    3. Schoolwide policies for swift consequences for bullies
    4. **All of the above**
19. Because HIV infection is such a relatively rare occurrence, programs designed to prevent HIV infection are often evaluated based upon their ability to: (pp. 361–364)
    1. Promote healthy sexual behaviors
    2. Increase participants’ ability to effectively communicate with the sexual partners
    3. Decrease the number of all STDs among participants
    4. **All of the above**
20. Which of the following is NOT a principle of effective prevention/promotion programs? (p. 357)
    1. Sufficient dosage
    2. **First-order change**
    3. Support for staff
    4. Appropriately timed