

*Test Bank for Strengthening the DSM
4th Edition by Garcia, Nedegaard,
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1. **What is the central goal of the intersectionality/resiliency formulation (IRF)?**

- a. To simplify diagnosis by focusing on pathology only
- b. To integrate strengths, culture, and context into the diagnostic process
- c. To standardize clinician perspectives
- d. To eliminate cultural considerations from diagnosis

Answer: b

Rationale: The IRF balances pathology with strengths and contextual understanding for holistic diagnosis.

2. **Which of the following best defines culturally relevant practice?**

- a. Achieving a fixed level of cultural knowledge
- b. Ongoing engagement in self-awareness, humility, and relational attunement
- c. Focusing on language differences only
- d. Adopting universal clinical strategies for all clients

Answer: b

Rationale: Culturally relevant practice is a lifelong process emphasizing self-awareness, humility, and curiosity.

3. **Intersectionality helps clinicians:**

- a. Focus solely on race and ethnicity
- b. Recognize multiple interacting social identities that influence client experiences
- c. Separate clients into homogenous diagnostic groups
- d. Ignore differences within cultural groups

Answer: b

Rationale: Intersectionality captures the complexity of overlapping identities and experiences of privilege and oppression.

4. **Which of the following is a key limitation of the *DSM-5-TR* noted in this chapter?**

- a. Too much focus on culture
- b. Lack of mandatory integration of contextual and resilience factors
- c. Emphasis on clinician subjectivity
- d. Insufficient diagnostic categories

Answer: b

Rationale: The *DSM-5-TR* fails to require contextual inquiry, leaving cultural and resilience factors optional.

5. **Transformative change in culturally relevant practice involves:**

- a. Surface-level adjustments to terminology
- b. Systemic changes that promote social justice and equity
- c. Avoiding discussion of diversity or power
- d. Reducing client engagement in treatment decisions

Answer: b

Rationale: True cultural relevance transforms practice at personal, organizational, and systemic levels.

6. **Cultural competence as a “status” is problematic because:**

- a. It discourages self-reflection and humility
- b. It ensures bias-free clinical practice
- c. It simplifies organizational accountability
- d. It promotes client empowerment

Answer: a

Rationale: Competence as a fixed status suggests finality; cultural competence must remain a continuous process.

7. **Bias in diagnosis can lead to:**

- a. Improved trust between clinician and client
- b. Overpathologizing or misdiagnosing marginalized groups
- c. Greater access to culturally responsive care
- d. Increased clinician curiosity and humility

Answer: b

Rationale: Diagnostic bias can distort understanding and perpetuate systemic disparities.

8. **According to the chapter, which of the following best defines culturally relevant interventions?**

- a. Interventions that ignore contextual factors
- b. Behaviors and practices that strengthen engagement and client trust
- c. Generic interventions applied universally
- d. Theoretical models that exclude lived experience

Answer: b

Rationale: Cultural relevance is measured by behaviors that demonstrate attunement and support engagement.

9. **Which of the following statements aligns with a strength-based diagnostic perspective?**

- a. The focus should remain on deficits and symptoms.
- b. Clients should be viewed as possessing both resources and challenges.
- c. Strengths are secondary to accurate labeling.
- d. Empowerment is unrelated to diagnosis.

Answer: b

Rationale: Strength-based diagnosis views clients as resilient, resourceful individuals.

10. **Clinicians must consider differences in privilege and social power because:**

- a. Power dynamics affect client engagement and perceptions of safety
- b. Power has no relevance in diagnosis
- c. Clients should adapt to clinician authority
- d. Privilege and marginalization are unrelated to mental health

Answer: a

Rationale: Power dynamics shape therapeutic interactions and diagnostic accuracy.