**Abnormal Psychology**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Block \_\_\_\_\_\_

**Diagnosis/Disorder:**

**Definition:**

**Symptoms** (at least 3):

1.

2.

3.

**Causes** (at least 2):

1.

2.

**Treatments** (at least 2):

1.

2.

**Two** Additional Facts (Risk factors, etc.):

1.

2.

**Three** More Facts (**optional for a √+**):

1.

2.

3.

***Three Video* Facts** (if applicable):

1.

2.

3.

**Abnormal Psych**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Block \_\_\_\_\_\_**

**Topic:**

**10 FACTS (√+ plus 3)**

**1.**

**2.**

**3.**

**4.**

**5.**

**6.**

**7.**

**8.**

**9.**

**10.**

**(#11-13 optional for a √+)**

**11.**

**12.**

**13.**