

AP PSYCHOLOGY ULTIMATE CRAM SHEET

Complete Exam Review • All 5 Units (Redesigned 2024-25) • Key Psychologists • Must-Know Terms • FRQ Strategy • 2026 Exam

1. EXAM FORMAT & SCORING

Section	Details	Weight
Section I: MCQ	75 questions • 90 minutes • 4 answer choices per question	66.7%
Section II: FRQ	2 free-response questions • 70 minutes • FRQ 1: Article Analysis (AAQ) • FRQ 2: Evidence-Based (EBQ)	33.3%
Total Time	2 hours 40 minutes • Digital exam via Bluebook app • No break between sections	
Scoring	No penalty for guessing — ANSWER EVERY QUESTION	

Score Conversion (approximate)

5: ~75-100% composite • 4: ~65-74% • 3: ~50-64% • 2: ~40-49% • 1: <40%
FRQ Scoring: Points for each correct component. No deduction for wrong info, but **contradictions within an answer CAN lose points**. Use psychological terminology precisely. **NEW for 2026-26:** FRQ 1 (AAQ) analyzes a peer-reviewed research article. FRQ 2 (EBQ) requires evidence-based argumentation. Both test all 4 science practices.

2. ALL UNITS — KEY CONCEPTS, TERMS & PSYCHOLOGISTS

△ **NOTE:** The College Board redesigned AP Psychology in 2024-25, consolidating from 9 units into 5. The core content below remains tested — it is now organized under: (1) Biological Bases of Behavior, (2) Cognition, (3) Development & Learning, (4) Social Psychology & Personality, (5) Mental & Physical Health.

U1 Scientific Foundations of Psychology 10-14%

Key Concepts: History of psychology, major perspectives (biological, behavioral, cognitive, humanistic, psychodynamic, sociocultural, evolutionary, biopsychosocial). Subfields of psychology. Research ethics (APA guidelines, informed consent, debriefing, IRB, confidentiality).

Perspectives: Structuralism (Wundt/Titchener, introspection) → Functionalism (James) → Behaviorism (Watson/Skinner) → Humanistic (Maslow/Rogers) → Cognitive revolution (1960s) → Modern integrative approaches.

Key People: Wilhelm Wundt (first psych lab, 1879), William James (functionalism), Sigmund Freud (psychoanalysis), John Watson (behaviorism/Little Albert), B.F. Skinner (operant conditioning), Mary Whitton Calkins (first female APA president), Margaret Floy Washburn (first female PhD in psychology), Charles Darwin (evolutionary basis), Dorothea Dix (mental health reform).

U2 Biological Bases of Behavior 8-10%

Key Concepts: Neural communication (neurons, action potential, synapse, neurotransmitters). Structure/function of nervous system (CNS vs PNS, somatic vs autonomic, sympathetic vs parasympathetic). Endocrine system (hormones, glands). Brain structures & functions. Hemispheric specialization, split-brain research. Brain plasticity. Neuroimaging (fMRI, PET, CT, EEG). Genetics (nature vs nurture, twin/adoption studies, behavioral genetics).

Neurotransmitters: Acetylcholine (memory, muscle), Dopamine (pleasure, movement), Serotonin (mood, sleep), GABA (inhibitory, calming), Glutamate (excitatory, memory), Norepinephrine (alertness), Endorphins (pain relief).

Key People: Phineas Gage (frontal lobe damage), Roger Sperry & Michael Gazzaniga (split-brain), Paul Broca (Broca's area/speech production), Carl Wernicke (Wernicke's area/comprehension).

U3 Sensation and Perception 8-8%

Key Concepts: Thresholds (absolute, difference/JND, Weber's Law, signal detection theory). Sensory adaptation. Vision (rods/cones, trichromatic vs opponent-process theory, feature detectors). Hearing (place theory vs frequency theory). Other senses (touch, pain: gate-control theory, taste, smell, vestibular, kinesthesia). Gestalt principles (proximity, similarity, closure, continuity, figure-ground). Depth cues (binocular: convergence, retinal disparity; monocular: linear perspective, relative size, interposition, texture gradient). Perceptual constancies (size, shape, color). Top-down vs bottom-up processing. Perceptual set. Selective attention (cocktail party effect, inattention blindness, change blindness).

Key People: Gustav Fechner (psychophysics), Ernst Weber (Weber's Law), David Hubel & Torsten Wiesel (feature detectors), Eleanor Gibson (visual cliff).

U4 Learning 7-9%

Classical Conditioning (Pavlov): UCS → UCR (unlearned). CS → CR (learned). Acquisition, extinction, spontaneous recovery, stimulus generalization, stimulus discrimination. Watson's Little Albert (conditioned fear). Garcia & Koelling (taste aversion/biological preparedness).

Operant Conditioning (Skinner): Reinforcement (+positive: add good, -negative: remove bad) increases behavior. Punishment (+positive: add bad, -negative: remove good) decreases behavior. Schedules: fixed-ratio, variable-ratio (highest/steadiest response rate), fixed-interval, variable-interval. Shaping, chaining, token economy, Thorndike's Law of Effect.

Observational Learning (Bandura): Bobo doll experiment. Modeling, mirror neurons. Attention → Retention → Reproduction → Motivation.

Other: Latent learning (Tolman, cognitive maps), learned helplessness (Seligman), insight learning (Kohler).

U5 Cognitive Psychology 13-17%

Memory: Encoding (automatic vs effortful, levels of processing — Craik & Lockhart). Storage: sensory (<1 sec), short-term/working (7±2 items, ~20 sec, Miller), long-term (unlimited). Atkinson-Shiffrin model. Types of LTM: explicit/declarative (episodic + semantic) vs implicit/nondeclarative (procedural, priming). Retrieval: recall vs recognition, priming, context-dependent & state-dependent memory, serial position effect (primacy + recency). Forgetting: encoding failure, storage decay, retrieval failure, interference (proactive = old blocks new; retroactive = new blocks old), motivated forgetting (repression). Misinformation effect (Loftus), source amnesia, false memories. Amnesia: anterograde (can't form new, HM) vs retrograde (lose old).

Thinking & Language: Concepts, prototypes, algorithms vs heuristics (availability, representativeness), confirmation bias, fixation (mental set, functional fixedness), framing effect, overconfidence. Language: phonemes, morphemes, syntax, semantics. Chomsky's LAD/universal grammar. Whorfian/Sapir-Whorf hypothesis (linguistic determinism/relativity).

Key People: Hermann Ebbinghaus (forgetting curve), Elizabeth Loftus (false memory), Noam Chomsky (language acquisition device), Benjamin Whorf (linguistic relativity), George Miller (magical number 7).

U6 Developmental Psychology 7-9%

Prenatal: Teratogens (alcohol → FAS, drugs, viruses). Zygote → embryo → fetus.

Infancy: Reflexes (rooting, sucking, Moro). Maturation. Temperament. Attachment: Harlow (contact comfort > food), Ainsworth's Strange Situation (secure, avoidant, anxious/ambivalent, disorganized), Imprinting (Lorenz).

Piaget's Cognitive Stages: Sensorimotor (0-2, object permanence), Preoperational (2-7, egocentrism, lack conservation), Concrete Operational (7-11, conservation, logical thought), Formal Operational (12+, abstract thought, hypothetical reasoning).

Vygotsky: Zone of proximal development, scaffolding, social learning.

Erikson's 8 Psychosocial Stages: Trust vs Mistrust (infant) → Autonomy vs Shame (toddler) → Initiative vs Guilt (preschool) → Industry vs Inferiority (elem) → Identity vs Role Confusion (teen) → Intimacy vs Isolation (young adult) → Generativity vs Stagnation (middle) → Integrity vs Despair (late).

Kohlberg's Moral Development: Preconventional (self-interest), Conventional (social norms/law), Postconventional (universal principles). Carol Gilligan critiqued male bias.

Adolescence: Puberty, identity formation (Marcia). **Adulthood/Aging:** Fluid vs crystallized intelligence, social clock, Kubler-Ross stages of grief.

U7 Motivation, Emotion, and Personality 11-15%

Motivation: Instinct theory, drive-reduction theory (homeostasis), arousal theory (Yerkes-Dodson Law: moderate arousal = best performance), incentive theory, Maslow's Hierarchy (physiological → safety → belonging → esteem → self-actualization). Hunger: lateral hypothalamus (hunger ON), ventromedial hypothalamus (hunger OFF), set-point theory, ghrelin/leptin. Eating disorders: anorexia, bulimia, binge-eating.

Emotion: James-Lange (body → emotion), Cannon-Bard (simultaneous), Schachter-Singer Two-Factor (arousal + cognitive label = emotion), Lazarus (appraisal theory). Facial feedback hypothesis. Ekman's basic universal emotions (happiness, sadness, anger, fear, disgust, surprise). Amygdala = fear processing.

Personality — Psychoanalytic: Freud: id/ego/superego, psychosexual stages (oral, anal, phallic/Oedipus, latency, genital), defense mechanisms (repression, denial, projection, displacement, sublimation, rationalization, reaction formation, regression). Neo-Freudians: Jung (collective unconscious, archetypes), Adler (inferiority complex, Horney (challenged penis envy)).

Humanistic: Maslow (self-actualization), Rogers (unconditional positive regard, self-concept, real vs ideal self).

Trait: Allport, Cattell (16PF), Eysenck. **Big Five (OCEAN):** Openness, Conscientiousness, Extraversion, Agreeableness, Neuroticism. MMPI-2 (personality test).

Social-Cognitive: Bandura (reciprocal determinism, self-efficacy), Locus of control (Rotter): internal vs external.

U8 Clinical Psychology 12-16%

Psychological Disorders: DSM-5 classification. Medical model vs biopsychosocial. Anxiety disorders: GAD, panic disorders, phobias, social anxiety, OCD (obsessions = thoughts, compulsions = behaviors), PTSD. Somatic symptom disorders. Dissociative disorders: DID, dissociative amnesia. Depressive disorders: MDD (low serotonin/norepinephrine), Bipolar disorder (mania + depression). Schizophrenia: positive symptoms (hallucinations, delusions, disorganized speech) vs negative symptoms (flat affect, social withdrawal); dopamine hypothesis, enlarged ventricles. Personality disorders: antisocial, borderline, narcissistic. Eating disorders. Neurodevelopmental: ADHD, autism spectrum.

Treatment: Psychotherapy: psychoanalytic (free association, dream analysis, transference), humanistic/person-centered (Rogers: empathy, genuineness, unconditional positive regard), behavioral (systematic desensitization, flooding, aversion therapy, token economy), cognitive (Beck's CBT: identify/challenge cognitive distortions; Ellis's REBT), group/family therapy. Biomedical: psychopharmacology — antidepressants (SSRIs: Prozac, Zoloft), antipsychotics (block dopamine), anti-anxiety (benzodiazepines), mood stabilizers (lithium), ECT, TMS, psychosurgery (lobotomy — historical), Deinstitutionalization. Eclectic approach = most common.

Key People: Rosenhan ("On Being Sane in Insane Places"), Aaron Beck (CBT), Albert Ellis (REBT), Philippe Pinel (mental treatment).

U9 Social Psychology 8-10%

Attribution: Fundamental attribution error (overestimate disposition, underestimate situation for others). Self-serving bias. Actor-observer bias.

Attitudes & Persuasion: Cognitive dissonance (Festinger). Central vs peripheral route (Elaboration Likelihood Model). Foot-in-the-door, door-in-the-face techniques.

Conformity: Asch line experiment (37% conformed). Normative (fit in vs informational/correct). **Obedience:** Milgram shock experiment (65% obeyed to max). Factors: proximity, authority figure, institutional prestige.

Group Dynamics: Social facilitation (perform better on easy tasks with audience), social loafing (less effort in groups), deindividuation (lose self-awareness in group), groupthink (Janis), group polarization, bystander effect (Darley & Latane, diffusion of responsibility).

Prejudice & Discrimination: Stereotypes (cognitive), prejudice (affective), discrimination (behavioral). In-group/out-group bias. Scapegoat theory. Just-world phenomenon. Contact hypothesis (Allport). Implicit bias.

Aggression: Frustration-aggression hypothesis. Social learning. Biological factors (amygdala, testosterone).

Attraction: Proximity, physical attractiveness, similarity, reciprocity. Mere exposure effect.

Altruism: Prosocial behavior, reciprocity norm, social-responsibility norm.

Key People: Solomon Asch (conformity), Stanley Milgram (obedience), Philip Zimbardo (Stanford Prison Experiment, situational power), Leon Festinger (cognitive dissonance), Muzafar Sherif (Robbers Cave, realistic conflict theory), Jane Elliott (blue eyes/brown eyes exercise).

3. MUST-KNOW PSYCHOLOGISTS QUICK REFERENCE

Psychologist	Known For	Unit	Psychologist	Known For	Unit
Ivan Pavlov	Classical conditioning; dogs salivating to bell (UCS/UCR/CS/CR)	4	Solomon Asch	Conformity (line study); normative social influence	9
B.F. Skinner	Operant conditioning; Skinner box; reinforcement schedules	4	Elizabeth Loftus	False memories; misinformation effect; eyewitness unreliability	5
John Watson	Behaviorism founder; Little Albert experiment (conditioned fear)	1,4	Noam Chomsky	Language Acquisition Device (LAD); universal grammar; nativist	5
Albert Bandura	Bobo doll (observational learning); self-efficacy; reciprocal determinism	4,7	Mary Ainsworth	Strange Situation; attachment styles (secure, avoidant, anxious)	6
Sigmund Freud	Psychoanalysis; id/ego/superego; defense mechanisms; psychosexual stages; unconscious	7	Harry Harlow	Rhesus monkey contact comfort > food; attachment research	6
Jean Piaget	Cognitive development stages (sensorimotor through formal operational); schemas	6	Leon Festinger	Cognitive dissonance theory (attitude change to match behavior)	9
Erik Erikson	8 psychosocial stages (trust vs mistrust through integrity vs despair)	6	Martin Seligman	Learned helplessness (dogs); positive psychology	4
Lawrence Kohlberg	Moral development (preconventional, conventional, postconventional)	6	Aaron Beck	Cognitive Behavioral Therapy (CBT); cognitive distortions	8
Abraham Maslow	Hierarchy of needs; self-actualization; humanistic psychology	7	Hermann Ebbinghaus	Forgetting curve; spacing effect; nonsense syllables	5
Carl Rogers	Person-centered therapy; unconditional positive regard; self-concept	7,8	Roger Sperry	Split-brain research; hemispheric specialization	2
Stanley Milgram	Obedience experiment (shock study); 65% obeyed authority to max level	9	Carol Gilligan	Critiqued Kohlberg; ethic of care in female moral development	6
Philip Zimbardo	Stanford Prison Experiment; power of situation over disposition	9	Alfred Adler	Inferiority complex; neo-Freudian; individual psychology	7

4. 50 MOST-TESTED AP PSYCHOLOGY TERMS

- Classical Conditioning** — Learning by association; neutral stimulus paired with UCS becomes CS that elicits CR
- Reinforcement** — Any consequence that increases a behavior; positive (add pleasant) or negative (remove unpleasant)
- Schema** — Mental framework for organizing/interpreting information; assimilation vs accommodation (Piaget)
- Fundamental Attribution Error** — Overestimating personality and underestimating situation when explaining others' behavior
- Neurotransmitter** — Chemical messengers crossing synaptic gap (dopamine, serotonin, acetylcholine, GABA, etc.)
- Absolute Threshold** — Minimum stimulation needed to detect a stimulus 50% of the time
- Sensory Adaptation** — Diminished sensitivity after constant stimulation (stop noticing a smell)
- Encoding** — Processing info into memory; effortful (studying) vs automatic (time, space, frequency)
- Proactive Interference** — Old memories disrupt recall of new information (old phone # blocks new)
- Misinformation Effect** — Incorporating misleading info into memory after an event (Loftus)
- Priming Effect** — How an issue is presented influences decisions (90% survival vs 10% mortality)
- Conservation** — Understanding quantity stays same despite appearance change; develops concrete operational
- Zone of Proximal Development** — Gap between what child can do alone vs with help (Vygotsky)
- Yerkes-Dodson Law** — Moderate arousal leads to optimal performance; too little or too much impairs it
- Defense Mechanisms** — Unconscious strategies ego uses to reduce anxiety (repression, projection, displacement, etc.)
- Big Five (OCEAN)** — Personality traits: Openness, Conscientiousness, Extraversion, Agreeableness, Neuroticism
- Groupthink** — Desire for group harmony overrides realistic evaluation of alternatives (Janis)
- Deindividuation** — Loss of self-awareness/restraint in group situations (anonymity)
- Mere Exposure Effect** — Increased liking for something simply because of repeated exposure to it
- Circadian Rhythm** — ~24-hour biological clock; regulated by suprachiasmatic nucleus (SCN) & melatonin
- Double-Blind Procedure** — Neither participants nor researchers know who received treatment; controls bias
- Independent Variable (IV)** — Factor manipulated by experimenter (the cause)
- Random Assignment** — Assigning participants to groups by chance; reduces confounding variables
- Major Depressive Disorder** — 2+ weeks of depressed mood, loss of interest; linked to low serotonin
- Systematic Desensitization** — Behavioral therapy pairing relaxation with feared stimuli hierarchy (Wolpe)

5. FRQ STRATEGY — THE "DEFINE, EXPLAIN, APPLY" METHOD

The Golden Formula (Use for EVERY FRQ point)

Step 1 — DEFINE: Give a clear, textbook definition of the term. "Confirmation bias is the tendency to search for information that confirms one's preexisting beliefs."

Step 2 — EXPLAIN: Show you understand the concept. "This means people selectively attend to evidence supporting their views while ignoring contradicting evidence."

Step 3 — APPLY: Connect DIRECTLY to the scenario given. Use names/details from the prompt. "In this case, Sarah only reads news articles that agree with her political views, which demonstrates confirmation bias because she is selectively seeking confirming information."

ALL THREE STEPS are needed for full credit on each point!

FRQ Rules & Common Mistakes

- Write in complete sentences — bullet points may not receive credit
- Label each part (A, B, C...) to match the question
- Use EXACT psychological terminology — don't paraphrase "operant conditioning" as "learning from rewards"
- Don't contradict yourself — writing correct AND incorrect info = no credit
- Never write more than needed — extra wrong info can hurt you
- Apply to the SPECIFIC scenario — generic examples = partial or no credit
- Don't define terms not asked about — no bonus points for extras
- Budget time: ~35 min per FRQ. Outline first (1-2 min), then write
- If unsure, still attempt every part — no penalty for trying

6. BRAIN ANATOMY QUICK REFERENCE

Cerebral Cortex (4 Lobes)

Frontal Lobe: Planning, decision-making, personality, judgment, motor cortex (precentral gyrus), Broca's area (speech production), Prefrontal cortex = executive function, impulse control. Phineas Gage = frontal lobe damage → personality change.

Parietal Lobe: Somatosensory cortex (postcentral gyrus: touch, pain, temperature, pressure). Spatial processing.

Temporal Lobe: Auditory cortex (hearing), Wernicke's area (language comprehension), memory processing.

Occipital Lobe: Visual cortex (processes sight). Damage = cortical blindness.

Mnemonic for lobe order (front to back): Front Porch To Ocean = Frontal, Parietal, Temporal, Occipital

Subcortical Structures & Other

Thalamus: Sensory relay station (ALL senses EXCEPT smell) → routes to correct cortex area.

Hypothalamus: Regulates hunger, thirst, body temp, sex drive; controls pituitary gland ("master gland"); 4 F's: fighting, fleeing, feeding, mating.

Amygdala: Emotion processing (especially fear and aggression). Linked to emotional memories.

Hippocampus: Forming new explicit/declarative memories. Damage = anterograde amnesia (HM/Henry Molaison).

Cerebellum: "Little brain"; coordination, balance, motor learning (procedural memory).

Medulla: Breathing, heart rate, basic life functions (brainstem).

Reticular Formation: Arousal, alertness, attention filtering (brainstem).

Corpus Callosum: Connects left & right hemispheres. Cut = split brain (Sperry).

Limbic System: Amygdala + hippocampus + hypothalamus = emotion, memory, motivation.

Mnemonic: The Hypothalamus Always Has Control = Thalamus, Hypothalamus, Amygdala, Hippocampus, Cerebellum

7. RESEARCH METHODS ESSENTIALS

Types of Studies

Experiment: Manipulates IV, measures DV, uses random assignment. ONLY method that shows causation.

Correlational: Measures relationship between 2 variables. Shows strength/direction but NOT causation. Coefficient: -1 to +1. Closer to |1| = stronger.

Survey: Self-report questionnaires/interviews. Large samples possible but social desirability bias, wording effects.

Naturalistic Observation: Observe in natural setting, no manipulation. Descriptive only.

Case Study: In-depth study of one individual/group. Rich detail but can't generalize.

Longitudinal: Same group over time (expensive, attrition). **Cross-Sectional:** Different age groups at one time (faster but cohort effects).

Key Experimental Terms

IV (Independent Variable): What the researcher changes/manipulates.

DV (Dependent Variable): What is measured/observed as outcome.

Control Group: No treatment; baseline comparison.

Experimental Group: Receives the treatment/IV.

Random Assignment: Participants randomly placed in groups (reduces confounds). Different from random sampling (selection).

Confounding Variable: Uncontrolled factor that may influence DV.

Operational Definition: Specific, measurable definition of a variable.

Single-Blind: Participants don't know their group. **Double-Blind:** Neither participants nor researchers know.

Placebo: Inactive treatment given to control group.

Informed Consent: Participants know what's involved before agreeing.

Debriefing: Full disclosure after study, especially if deception used.

Statistics You Must Know

Measures of Central Tendency: Mean (average), Median (middle), Mode (most frequent). Outliers affect mean most.

Normal Distribution: Bell curve. 68% within 1 SD, 95% within 2 SD, 99.7% within 3 SD.

Standard Deviation: Measure of spread/variability around the mean.

Skewed Distributions: Positively skewed = tail right (mean > median). Negatively skewed = tail left (mean < median).

Statistical Significance: $p < .05$ = results unlikely due to chance alone.

Reliability: Consistency of measure (test-retest, split-half). **Validity:** Does it measure what it claims? (content, predictive, construct).

EXAM TRAP: Correlation NEVER equals causation. A third variable or reverse causation could explain the relationship.

8. MOST-TESTED TOPICS & COMMON EXAM TRAPS

Top Exam Traps Students Fall For

- Negative reinforcement ≠ punishment. Negative reinforcement INCREASES behavior by removing something unpleasant (taking aspirin to remove headache). Punishment DECREASES behavior.
- Correlation ≠ causation. Even $r = 0.99$ does NOT mean one variable causes the other. Third variable problem!
- Random assignment ≠ random sampling. Assignment = placing in groups (internal validity). Sampling = selecting participants (external validity).
- Broca's vs Wernicke's. Broca's = broken speech (production). Wernicke's = wordy but wrong (comprehension).
- Proactive vs retroactive interference. Pro = old disrupts new. Retro = new disrupts old. "Pro" = forward; "Retro" = backward.
- Sensory memory ≠ short-term memory. Sensory = fraction of a second, automatic. STM = 20-30 seconds without rehearsal.
- Reliability ≠ validity. A test can be reliable (consistent) but NOT valid (measuring the wrong thing).
- Sympathetic vs parasympathetic. Sympathetic = "fight or flight" (arousal). Parasympathetic = "rest and digest" (calming).
- Anterograde vs retrograde amnesia. Anterograde = can't form NEW memories. Retrograde = can't recall OLD memories.

Highest-Yield Topics (Most Frequently Tested)

- Classical & operant conditioning — appears almost every exam (MCO + FRQ)
- Research methods & statistics — 10-15 MCOs typically; IV/DV/confounds
- Memory models & errors — encoding, storage, retrieval, interference
- Brain structures & neurotransmitters — know functions cold
- Piaget's stages + Erikson's stages — tested every year
- Psychological disorders & treatments — symptoms + correct therapy type
- Social psychology experiments — Milgram, Asch, Zimbardo, bystander
- Sensation & perception — thresholds, Gestalt principles, depth cues
- Defense mechanisms — know all 8 and be able to identify in scenarios
- Perspectives/approaches — which perspective explains a behavior?

FRQ topics that appear most often: Classical conditioning, operant conditioning, memory, developmental stages, social psychology concepts, brain anatomy, psychological disorders + treatments, research methods.

9. MNEMONICS & MEMORY TRICKS

Personality & Motivation

Big Five (OCEAN): Openness, Conscientiousness, Extraversion, Agreeableness, Neuroticism

Maslow's Hierarchy (bottom up): Please Stop Bothering Every Student = Physiological, Safety, Belonging, Esteem, Self-actualization

Freud's Psychosexual Stages: Old Age Pensioners Love Gossip = Oral, Anal, Phallic, Latency, Genital

Defense Mechanisms (Roy Pr. Dr.): Repression, Regression, Reaction Formation, Projection, Rationalization, Displacement, Denial, Sublimation

Erikson's stages: Trust, Autonomy, Initiative, Industry, Identity, Intimacy, Generativity, Integrity — "TAI-I-I-GI"

Brain, Bio, & Sensation

Neurotransmitters: Does Some Awesome Good Enough Neurological work = Dopamine, Serotonin, Acetylcholine, GABA, Endorphins, Norepinephrine

Sympathetic vs Parasympathetic: Sympathetic = "S" for Stress/Speed up. Parasympathetic = "P" for Peace/Pause

Broca's vs Wernicke's: Broca's = Broken speech (can't produce). Wernicke's = Wordy/Wrong (can't comprehend)

Gestalt Principles: Close People Seem Connected First = Closure, Proximity, Similarity, Continuity, Figure-ground

Rods vs Cones: Rods = dim light, peripheral (more of them). Cones = Color, Central (fovea), sharp detail

Learning, Memory, & Research

Piaget's Stages: Some People Can't Focus = Sensorimotor, Preoperational, Concrete operational, Formal operational

Kohlberg's Levels: Pre-Con-Post = Preconventional (self), Conventional (society), Postconventional (principles)

Interference: PRO = old blocks new (proactive, "forward" in time). RETRO = new blocks old (retroactive, "backward" in time)

Reinforcement: Reinforcement = Repeat behavior (+add good OR -remove bad). Punishment = Prevent behavior (+add bad OR -remove good)

Schedules of Reinforcement resistance to extinction: Variable-Ratio > Variable-Interval > Fixed-Ratio > Fixed-Interval. "VR is the VIP" (highest response rate)

Correlation: "Correlation is not causation" — tattoo this on your brain. Even perfect correlations don't prove cause.

10. LAST-MINUTE TIPS & TEST DAY STRATEGY

MCQ Strategy

- **Answer EVERY question.** No penalty for guessing. Never leave blanks.
- **Eliminate 2 wrong answers first,** then choose from remaining options.
- **Watch for "absolute" words** (always, never, only, all) — these are usually WRONG.
- **Watch for "qualifying" words** (often, sometimes, may, tends to) — these are usually RIGHT.
- **Read all options** before choosing. The "best" answer may not be the first correct-looking one.
- **Pace yourself:** 75 questions in 90 min = ~72 seconds each. More time per question than the old format. Flag and move on if stuck.
- **Two answers seem right?** Choose the one that is MOST directly supported by psychology. Avoid overthinking.
- **"All of the above" and "None of the above"** — if you know 2+ are correct, pick "all of the above."
- **Context clues in the question** often point to the unit/concept being tested.

Test Day Essentials

- **Sleep > cramming.** Your hippocampus consolidates memories during sleep. 7-8 hours minimum.
- **Eat protein + complex carbs** before the exam (not just sugar).
- **Bring:** #2 pencils (MCQ), blue/black pens (FRQ), photo ID, water, snack.
- **Don't change answers** unless you're certain. First instinct is usually correct.
- **FRQ time management:** Spend ~35 min per FRQ. Write an outline first (1-2 min), then write. If time is running out, write in bullet form with key terms.
- **Use ALL the time.** Review flagged MCQs. Re-read FRQ responses for contradictions.
- **State-dependent memory:** Study in similar conditions to test (same level of caffeine, same seat position if possible).
- **When stuck on FRQ:** Identify which unit the term belongs to. Think of the textbook definition. Apply it to the scenario using specific names/details from the prompt.

FINAL REMINDER: On FRQs, the graders are looking for **psychological terminology used correctly in context.** Define it, explain it, apply it to the scenario. Every. Single. Term.