Paper instructions: 1. Often, the DSM-5 diagnosis of alcohol use disorder is not straightforward in college students, given the prevalence and social acceptance of binge drinking in this group (e.g., frequent fraternity and tailgate parties). Based on the DSM-5 definition provided in Case 14, how would you differentiate such drinking patterns from alcohol use disorder? At what level does such drinking cross over to the DSM-5 diagnosis of alcohol use disorder? 2. Anxiety and mood disorders often co-occur with alcohol use disorder. Why do you think this is the case? Do you think anxiety and mood disorders are more likely to occur before or after the onset of alcohol use disorder? Why? 3. Given the clear evidence for the strong role of genetic, neurological, and biological factors in autism spectrum disorders (ASD), what justifies the use of behavioral treatments for this disorder? Some individuals diagnosed with ASD have advocated against treatments that encourage/actively teach “masking” symptoms, such that people with ASD act more like people who are considered neurotypical. What do you think are the downsides of receiving these kinds of treatments as a person with ASD?