

2000 Human Behavior Course Final Examination

LAST NAME

FIRST NAME

DATE

PLEASE **DO NOT** START THE TEST UNTIL YOU
ARE INSTRUCTED TO DO SO.

When you receive the exam, first CHECK that all pages are present. You should have xx pages counting the front and back cover pages.

There are XXX questions on this examination. Before you turn it in, be sure that you have marked a single response on the answer sheet for each examination question.

!! ANSWER KEY !!

1. According to DSM-IV, a diagnosis of somatization disorder requires
 - A. 3 symptoms.
 - B. **XX** 8 symptoms.
 - C. 13 symptoms.
 - D. 18 symptoms.
 - E. 23 symptoms.
2. According to DSM-IV, all of the following statements are TRUE of mental disorders EXCEPT:
 - A. A mental disorder is clinically significant
 - B. A mental disorders is a behavioral or psychological syndrome or pattern
 - C. **XX** A mental disorder represents a mental defect for legal purposes
 - D. A mental disorder is usually associated with current distress or disability
 - E. A mental disorder does not imply a specific level of impairment
3. According to DSM-IV, the essential feature of dissociative disorders is a disturbance in
 - A. **XX** Identity
 - B. Motor skills
 - C. Reality testing
 - D. Concentration
 - E. Orientation
4. Adjustment disorder with depressed mood or mixed mood is associated with which of the following findings compared with depressive disorders?
 - A. Increased rate of suicide.
 - B. Longer hospitalizations.
 - C. Higher rate of relapse.
 - D. **XX** More marital problems.
 - E. More psychotic episodes.
5. After a single use of cannabinoids, a patient will test positive via urine samples for up to
 - A. 12-24 hours.
 - B. **XX** 1-7 days.
 - C. 8-10 days.
 - D. 14 days.
 - E. 21 days.

!! ANSWER KEY !!

6. All of the following are potentially reversible causes of dementia EXCEPT
 - A. Subdural hematoma.
 - B. Normal-pressure hydrocephalus.
 - C. Vitamin B12 deficiency.
 - D. Hypothyroidism.
 - E. **XX** Parkinson's disease.

7. All of the following are routine laboratory tests to evaluate the depressed older adult EXCEPT
 - A. Electrocardiogram
 - B. Thyroid function tests (T4, TSH)
 - C. **XX** CT scan or MRI of the head
 - D. Vitamin B12 and folate
 - E. Urinalysis

8. All of the following are self-help groups important in the comprehensive treatment of drug abuse EXCEPT
 - A. Alcoholics Anonymous
 - B. **XX** Overeaters Anonymous
 - C. Cocaine Anonymous
 - D. Narcotics Anonymous
 - E. Drugs Anonymous

9. All of the following support the DSM-IV diagnosis of "psychological factors affecting general medical condition" EXCEPT:
 - A. Psychological factors interfere with the treatment of a general medical condition
 - B. Psychological factors represent an additional health risk
 - C. The physiological consequences of a stressful experience trigger the onset of a general medical condition
 - D. **XX** Worsening of a general medical condition triggers a psychological decline
 - E. Psychological factors delay recovery from a general medical condition

!! ANSWER KEY !!

10. All of the following therapies are behavioral EXCEPT
- A. Programmed practice
 - B. **XX** Solution focused therapy
 - C. Systematic desensitization
 - D. Exposure therapy
 - E. Biofeedback
11. At what age does a person normally transition from reliance on action dominance (expressing wishes and feelings in behaviors) to verbal dominance (expressing wishes and feelings in words) to get his/her innate needs met?
- A. Ages 1-3.
 - B. **XX** Ages 3-6.
 - C. Ages 7-9.
 - D. Ages 10-12.
 - E. Ages 13-17.
12. The battery most frequently used by neuropsychiatrists in clinical practice is the
- A. Mini-Mental State Exam.
 - B. Minnesota Multiphasic Personality Inventory.
 - C. Personality Assessment Inventory.
 - D. Halstead-Reitan Neuropsychological Test Battery.
 - E. Luria-Nebraska Neuropsychological Battery.
13. Behavioral signs of abnormal distress in an infant include all of the following **EXCEPT**:
- A. Excessive crying.
 - B. Pushing parents away.
 - C. Turning away from parents.
 - D. **XX** Seeking proximity to parents when a stranger appears.
 - E. Averting gaze with parents when parents are trying to engage with the infant.

!! ANSWER KEY !!

14. The BEST definition for psychotherapy is:
- A. A procedure in which any two people who seek to provide a mutually supportive and beneficial emotional relationship with each other.
 - B. **XX** Verbal interchange between an expert and a help-seeker, the goal of which is to alter characteristic patterns of behavior that are causing the help-seeker difficulties.
 - C. Analysis of a patient's internal conflicts by an expert, even if the patient does not consent to the intervention.
 - D. A procedure in which an expert is silent and somewhat unresponsive to a patient.
 - E. A procedure in which the therapist attempts to persuade a patient to change, using ration and logic, avoiding affects and behaviors which have heretofore resulted in psychosocial dysfunction for the patient.
15. In cases of treatment-resistant depression, the first action the clinician should consider is to
- A. Terminate therapy.
 - B. Begin electroconvulsive therapy (ECT).
 - C. Augment the current medication with a second drug.
 - D. **XX** Increase the dose of the current antidepressant medication.
 - E. Change medications.
16. Characteristic sleep changes occurring in late life include
- A. **XX** Decreased total sleep time
 - B. Tendency to stay up later
 - C. Decreased stage 1 and 2 sleep
 - D. Increased stage 3 and 4 sleep
 - E. Increased REM latency and REM sleep
17. In combat, ground personnel exposed to and reacting maladaptively to combat-related horror MOST need:
- A. **XX** Respite in a safe, supportive place.
 - B. DSM-IV psychiatric diagnosis to help in disposition.
 - C. Rapid evaluation by a psychiatrist.
 - D. Evacuation away from the theater.
 - E. All of the above.

!! ANSWER KEY !!

18. The commonest psychiatric problem in primary care is:
- A. Schizophrenia and psychosis
 - B. **XX** Mixed subsyndromal forms of psychosocial distress
 - C. Delirium
 - D. Personality disorders
 - E. None of the above
19. Delusional disorder is characterized by
- A. An onset between 20 and 40 years of age.
 - B. Bizarre delusions lasting at least 1 month.
 - C. **XX** Functioning that is not markedly impaired aside from the delusion.
 - D. Paranoid, disorganized, catatonic, and undifferentiated types.
 - E. A and C only.
20. The dependent personality shows all of the following characteristics EXCEPT
- A. **XX** Preoccupation with details
 - B. Avoidance of taking responsibility for self
 - C. Allowing others to assume responsibility
 - D. Higher prevalence in women
 - E. Discomfort when alone
21. Diagnostic reliability:
- A. Is the accuracy of a diagnostic determination
 - B. Is achieved when a diagnostic technique measures what it purports to measure
 - C. **XX** Is suggested when two different clinicians assess a patient around the same time and arrive at the same diagnosis
 - D. Means that the diagnosis is “always there when you need it”
 - E. Is suggested when patients who have a particular diagnosis consistently show up for their appointments
22. Dissociative disorders are MOST common in patients with
- A. Borderline personality disorder.
 - B. Dysthymia.
 - C. Anorexia nervosa.
 - D. A history of physical or sexual abuse.
 - E. **XX** A and D are correct

!! ANSWER KEY !!

23. Dissociative fugue involves all of the following EXCEPT
- A. Sudden, unexpected, purposeful travel away from home.
 - B. Loss of identity or assumption of a new identity.
 - C. Inability to recall important details of one's past.
 - D. **XX** An alternating pattern between the old and new identities.
 - E. All of the above are found in dissociative fugue
24. DSM-IV is what type of diagnostic classification?
- A. **XX** Categorical
 - B. Phonetic
 - C. Dimensional
 - D. Reflective
 - E. Integral
25. Each of the following is true about Post-Traumatic Stress Disorder (PTSD) EXCEPT:
- A. Thirty percent of victims of major natural disasters develop PTSD.
 - B. PTSD may have delayed onset, even years later.
 - C. **XX** Symptoms must not have been present for more than one month.
 - D. PTSD patients frequently experience social withdrawal and psychological numbing.
 - E. PTSD patients frequently experience behavioral arousal.
26. Ethical dilemmas in combat and disaster psychiatry include all of the following EXCEPT
- A. Return to duty decisions
 - B. Appropriate distribution of scarce emergency response resources
 - C. Triage decisions
 - D. Decisions regarding the welfare of the unit and mission versus the individual soldier
 - E. **XX** All of the above are ethical dilemmas in combat and disaster psychiatry

!! ANSWER KEY !!

27. Evidence that psychosocial factors influence immune function includes all of the following EXCEPT
- A. **XX** Under activity of the hypothalamic-pituitary-adrenal axis occurs in most depressed patients.
 - B. Stress and negative affect adversely impact the onset and progression of some viral infections that cause colds, influenza, and herpes.
 - C. Psychosocial variables may reduce natural killer cell activity
 - D. Research suggests that psychosocial treatments may improve natural killer cell activity
 - E. Anatomical evidence has confirmed central nervous system innervation of peripheral immune system organs.
28. Family therapy is a useful therapy when
- A. One or more family members find the family physically or emotionally “unsafe”
 - B. **XX** The family is disrupted by transition or crisis
 - C. The family lacks the will to be honest with one another
 - D. All of the above
 - E. None of the above
29. Factors precipitating adverse psychosocial reactions to combat include which of the following?
- A. Disability compensation
 - B. **XX** Intensity of combat
 - C. PTSD from childhood abuse
 - D. Personality style
 - E. “Medicalization” of symptoms
30. The following are TRUE for Diagnostic & Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) EXCEPT:
- A. It uses a diagnostic approach that is atheoretical and descriptive
 - B. **XX** It categorizes psychiatric disorders mainly on the basis of their pathophysiology.
 - C. It uses explicit criteria to define specific disorders.
 - D. It uses a multiaxial diagnostic system.
 - E. It instructs that mental retardation, and personality disorders should be listed on diagnostic Axis II.

!! ANSWER KEY !!

31. Following diagnosis of depression in a medically ill patient, the initial step in treatment of depression is
- A. **XX** Identification of causative toxic or medical factors.
 - B. Identification of biological markers.
 - C. Hospitalization.
 - D. Initiation of psychotherapy.
 - E. Initiation of pharmacological treatment.
32. The following psychosocial factors predict resilience in combat EXCEPT
- A. A history of high functioning during combat
 - B. **XX** Absence of personality disorders
 - C. Familiarity with equipment
 - D. A high level of training
 - E. Sound unit leadership
33. For an elderly man with depression and anxiety, with a medical history of prostatic hypertrophy, the antidepressant of choice (of those listed below) is
- A. Amitriptyline.
 - B. Bupropion.
 - C. **XX** Sertraline.
 - D. Buspirone.
 - E. Trazodone.
34. Forms of psychotherapy that may include psychoanalytic principles include all of the following EXCEPT
- A. Brief dynamic psychotherapy
 - B. Group psychotherapy
 - C. **XX** Systematic desensitization
 - D. Explorative psychotherapy
 - E. Supportive psychotherapy
35. General membership criteria when considering patients for group therapy include
- A. Motivation to change, able to perform group tasks, mental illness present
 - B. Motivation to change, able to perform group tasks, sound social supports
 - C. Able to perform group tasks, absence of mental illness, current relationship problem
 - D. **XX** Able to perform group tasks, problems match group goals, motivation to change
 - E. Motivation to change, prior therapy experience, absence of mental illness

!! ANSWER KEY !!

36. A good prognostic indicator for a child with autism is
- A. Later onset.
 - B. High IQ.
 - C. Good vocabulary.
 - D. A and C.
 - E. **XX** All of the above.
37. The “Global Assessment of Functioning” in DSM-IV
- A. Is a measure of a person’s characteristic level of functioning (“trait” functioning) but not their level of functioning at a single point in time (“state” functioning)
 - B. Measures impaired functioning due to mental, physical, and environmental conditions.
 - C. Is a measure of state functioning, but not a measure of trait functioning
 - D. **XX** Is appropriately listed on DSM-IV diagnostic axis V
 - E. **XX** Excludes impaired functioning due to environmental conditions. (question should read “includes impaired...)
38. Gradual de-idealization of both parents becomes a main focus of teenagers' relationship with his/her parents. All of the following are **TRUE** regarding this de-idealization process **EXCEPT**:
- A. De-idealization of parents eventually leads to more acceptable, adult-like, and human view of them.
 - B. De-idealization of parents is important to attaining a sense of having an emancipated identity.
 - C. The adolescent must gradually give up residual childhood wishes to have perfect and all-powering parents.
 - D. The de-idealization process is characterized by alternating patterns of idealizing and then being excessively critical of parents.
 - E. **XX** The process of de-idealization of parents is inhibited by cultural and developmental pressures for teenagers to make his or her own decisions.
39. An important principle of pediatric psychopharmacology is
- A. Using combinations of medication because they are more effective than a single medication.
 - B. **XX** Virtually never using medication as the only treatment.
 - C. Following guidelines established for adult patients because children are biologically similar.
 - D. All of the above.
 - E. None of the above.

!! ANSWER KEY !!

40. Increased mortality in schizophrenic patients is primarily due to
- A. Cancer.
 - B. Malnutrition.
 - C. Immunodeficiency.
 - D. Underutilization of medical services.
 - E. **XX** Suicide and accidents.
41. In the structural family therapy approach, the therapist
- A. Assumes a passive and nondirective role
 - B. **XX** Focuses on boundary issues between parents and children
 - C. Interprets unconscious thoughts and behaviors
 - D. Explains current behaviors in the context of past development
 - E. Separates children from parents during therapy sessions
42. Involuntarily hospitalized patients forfeit their right to
- A. Decline psychoactive medications
 - B. Free communications
 - C. Medical privacy
 - D. Medical confidentiality
 - E. **XX** None of the above
43. The lifetime prevalence of alcohol abuse is approximately
- A. 2%.
 - B. 5%.
 - C. **XX** 10%.
 - D. 20%.
 - E. 30%
44. Lithium
- A. **XX** Can cause leukocytosis
 - B. Lowers seizure threshold
 - C. Can cause leukopenia
 - D. Commonly causes tardive dyskinesia
 - E. Can cause severe withdrawal symptoms

!! ANSWER KEY !!

45. The majority of bulimic patients
- A. Have obsessive-compulsive symptoms.
 - B. **XX** Have signs and symptoms of depression.
 - C. Have a history of anorexia.
 - D. Have Russell's sign.
 - E. All of the above.
46. Marriages in which at least one of the spouses is a physician are at least as likely, and some say more likely, than non-medical marriages to fail. Of the possible contributory factors, which is MOST LIKELY to adversely affect the marriage?
- A. Disparity in income among the spouses.
 - B. Hours involved in physician training.
 - C. **XX** Compulsive personality traits in the physician spouse.
 - D. Risk of malpractice.
 - E. Managed health care.
47. Medical complications of anorexia nervosa include all of the following EXCEPT
- A. Leukopenia
 - B. **XX** Hypokalemic acidosis (question should read "alkalosis")
 - C. Arrhythmia
 - D. **XX** Decreased renal function
 - E. Fatty degeneration of the liver
48. Medication indicated for symptom reduction in patients with adjustment disorder includes
- A. Mood stabilizers for mood swings.
 - B. Antipsychotics for relief of anxiety.
 - C. B-blockers for relief of anxiety.
 - D. **XX** Benzodiazepines for relief of anxiety and insomnia.
 - E. All of the above
49. Mild mental retardation is characterized by
- A. An IQ between 45-55.
 - B. A life span of approximately 20 years.
 - C. A second grade academic level.
 - D. **XX** Ability to manage a job.
 - E. All of the above.

!! ANSWER KEY !!

50. The MOST common of all dissociative disorders is
- A. **XX** Dissociative amnesia.
 - B. Dissociative fugue.
 - C. Dissociative identity disorder.
 - D. Depersonalization disorder.
 - E. **XX** Dissociative trance disorder. (book is unclear that this disorder is still only experimental)
51. The MOST effective treatment of the mildly to moderately obese individual is
- A. Gastroplasty surgery
 - B. Very low calorie diet
 - C. Inpatient hospital treatment program
 - D. Residential treatment Program
 - E. **XX** Self-help or commercial program with continuous care
52. Most patients with factitious disorders
- A. Have jobs in the field of business.
 - B. Have multisystem complaints.
 - C. Are middle-aged men.
 - D. **XX** Are young women.
 - E. None of the above.
53. The MOST prevalent Axis II disorder is
- A. Paranoid personality disorder.
 - B. Narcissistic personality disorder.
 - C. **XX** Borderline personality disorder.
 - D. Antisocial personality disorder.
 - E. Histrionic personality disorder.
54. The MOST useful diagnostic laboratory measure for delirium is
- A. Positron-emission tomography.
 - B. Single photon emission computed tomography (SPECT).
 - C. Computed tomography (CT).
 - D. Skull series.
 - E. **XX** Electroencephalogram (EEG).

!! ANSWER KEY !!

55. Nefazodone
- A. Works mainly via serotonin reuptake inhibition.
 - B. Has significant anticholinergic effects.
 - C. Is associated with a high incidence of auditory hallucinations.
 - D. Does not cause much sedation.
 - E. **XX** Does not cause much sexual dysfunction.
56. A nonspecific curative factor in medical interventions is
- A. Developing a confiding relationship.
 - B. Providing opportunities for abreaction.
 - C. Providing information.
 - D. Providing a meaning to seemingly unrelated symptoms or events.
 - E. **XX** All of the above.
57. Normal limbic system functions such as vigilance and scanning of the environment can become pathologically exaggerated and result in paranoid psychosis. Mesolimbic tract neurons that mediate this effect terminate on receptors for what neurotransmitter?
- A. NMDA.
 - B. Acetylcholine.
 - C. **XX** Dopamine.
 - D. Norepinephrine.
 - E. Serotonin.
58. One of the diagnostic criteria for adjustment disorders specifies onset of the symptoms within how many months of the stressor?
- A. 1 month.
 - B. 2 months.
 - C. **XX** 3 months.
 - D. 6 months.
 - E. 9 months.

!! ANSWER KEY !!

59. Outpatient psychiatric consultation for the patient with somatization should focus on all of the following EXCEPT (discussion of this issue on p. 674-5 in the book is lousy)
- A. **XX** Reducing symptoms.
 - B. **XX** Prescribing psychotropic medication.
 - C. **XX** Finding the medical cause of symptoms.
 - D. **XX** Discovering the patient's explanation for their symptoms
 - E. **XX** Restoring function.
60. In patients with bulimia nervosa, antidepressant medication
- A. Is the treatment of choice
 - B. Is better than cognitive-behavioral therapy
 - C. **XX** Reduces binge-eating episodes
 - D. Has been proven effective in long-term studies
 - E. All of the above
61. Patients with a secondary thought disorder (a thought disorder caused by physical illness rather than psychosocial problems) typically have all of the following EXCEPT
- A. **XX** Psychiatric history.
 - B. Fluctuating consciousness.
 - C. Disorientation.
 - D. Associated medical illness.
 - E. Older age at onset.
62. A patient with schizophrenia, who is on an antipsychotic medication, begins to suffer dystonia, other extrapyramidal side effects (EPS), and urinary retention. The treatment of choice for the EPS in this patient is
- A. Benztropine.
 - B. Diphenhydramine.
 - C. Trihexyphenidyl.
 - D. **XX** Amantadine.
 - E. Propranolol.

!! ANSWER KEY !!

63. Patients suffering from acute depression also are often diagnosed with a personality disorder. In a study that assessed patients after successful treatment for depression
- A. Identical rates of personality disorder were diagnosed.
 - B. **XX** Personality disorders were diagnosed 50% less often.
 - C. Cluster A diagnoses were most commonly comorbid with depression.
 - D. The presence of a personality disorder was a predictor of good prognosis.
 - E. None of the above.
64. The preferred treatment for a patient with hallucinations from alcohol withdrawal is
- A. **XX** Benzodiazepines.
 - B. Brief, supportive counseling.
 - C. Talking the patient down from the hallucinations.
 - D. Antipsychotic medication.
 - E. Behavioral therapy with strict limit setting.
65. Posttraumatic stress disorder is characterized by all of the following EXCEPT
- A. Reexperiencing of traumatic events
 - B. Numbing of responsiveness
 - C. Excessive autonomic hyperarousal
 - D. Impairment of memory or concentration
 - E. **XX** Thought insertion
66. A patient's first panic attack may be precipitated by
- A. A life-threatening illness.
 - B. Loss of a close friend.
 - C. Giving birth to a child.
 - D. Use of a mind-altering drug (e.g., marijuana).
 - E. **XX** All of the above.
67. Patients selected for psychoanalysis must have
- A. Difficulty obtaining symptom relief through personal insights.
 - B. Pre-oedipal conflict.
 - C. Breakup of a recent supportive relationship.
 - D. Previous experience with therapy, which is more important than psychological mindedness.
 - E. **XX** Motivation to tolerate strong emotions to achieve personal understanding

!! ANSWER KEY !!

68. Possible factors associated with child abuse in the military include
- A. Frequent parental separations and reunions
 - B. Isolation from family or friends
 - C. Overseas assignment
 - D. Junior enlisted family sponsor
 - E. **XX** All of the above
69. The prevalence of bulimia nervosa in the general population is approximately
- A. **XX** 0.5%. (see book page 994)
 - B. **XX** 2%.
 - C. 5%.
 - D. 10%.
 - E. 15%.
70. Primary care-based treatment of depression usually emphasizes
- A. Brief individual psychotherapy.
 - B. Long-term individual psychotherapy.
 - C. Group psychotherapy.
 - D. Electroconvulsive therapy (ECT).
 - E. **XX** Antidepressant medication.
71. The primary goal of the military psychiatrist during combat is to
- A. Reduce distress
 - B. Reduce symptoms
 - C. **XX** Increase capacity to function
 - D. Avoid “medicalization” of combat-related distress
 - E. Identify and treat mental disorders
72. Puberty is defined as:
- A. Emergence of the belief in the power of analytic thinking in planning for the future.
 - B. Development of a gender identity.
 - C. Emergence of an emancipated identity.
 - D. **XX** Emergence of secondary sexual characteristics.
 - E. Development of a rebellious attitude toward parents and other authority figures.

!! ANSWER KEY !!

73. The rate of major or minor depression in pregnant women is:
- A. **XX** Similar to the rate for women who are not pregnant
 - B. Lower than the rate for women who are not pregnant
 - C. A little higher than the rate for women who are not pregnant
 - D. Much higher than the rate for women who are not pregnant
 - E. Epidemiological studies of depression among pregnant women have not been completed
74. Routine diagnostic testing to assess memory loss in the older patient includes all of the following EXCEPT
- A. **XX** CT scan or MRI of the head
 - B. Vitamin B12 and folate
 - C. Electrocardiogram
 - D. Thyroid function tests (T4, TSH)
 - E. Urinalysis
75. In social phobia, the patient's central fear is that he or she
- A. Will make a mistake.
 - B. Will be criticized.
 - C. **XX** Will embarrass him or her self.
 - D. Will embarrass another person.
 - E. None of the above.
76. Some women of childbearing age experience severe physical and emotional symptoms that cycle on and off in relationship to their menstrual cycle. The DSM-IV disorder diagnosed in these women is called:
- A. Late Luteal Phase Dysphoric Disorder
 - B. Premenstrual Syndrome
 - C. Premenstrual Pain Disorder
 - D. **XX** Premenstrual Dysphoric Disorder
 - E. None of the above
77. In supportive psychotherapy, the psychiatrist
- A. Supports the patient's reality testing.
 - B. Uses limit-setting techniques.
 - C. May select patients with ego deficits.
 - D. Uses cognitive restructuring.

!! ANSWER KEY !!

- E. **XX** All of the above.
78. The Tarasoff decision is a court decision that pertains to
- A. **XX** The duty to protect public safety when a patient is going to cause someone bodily harm
 - B. The duty to hospitalize the acutely suicidal patient
 - C. The right of the patient to refuse psychiatric medications
 - D. The patient's Bill of Rights
 - E. None of the above
79. The treatment of choice for specific phobia is
- A. Reassurance.
 - B. Psychoeducation.
 - C. **XX** Graded exposure.
 - D. Cognitive therapy.
 - E. An antidepressant.
80. The three essential ingredients of informed consent are
- A. Emergencies, incompetency, therapeutic privilege
 - B. **XX** Competency, information, voluntariness
 - C. Right to refuse treatment, self-determination, and information
 - D. Confidentiality, testimonial privilege, and voluntariness
 - E. None of the above
81. A 9-year-old boy presents to your office on referral by his pediatrician because of inattentiveness, impulsivity, hyperactivity, aggressiveness, both at home and at school. His parents request that you do "a test" to determine if he has attention-deficit hyperactivity disorder (ADHD). You
- A. Order an EEG
 - B. Order a PET scan
 - C. Check endogenous stimulant levels
 - D. **XX** Collect additional history
 - E. Order a Wechsler Intelligence Scale for Children (WISC)

!! ANSWER KEY !!

82. Upon gathering further data from the patient, family, and school, you diagnose the patient as having ADHD, but you also note during your exam that the boy frequently blinks and clears his throat. Should you elect to treat him with medication, you should consider
- A. Stimulant medications are likely to exacerbate a tic disorder
 - B. Reports have been made concerning a risk of sudden death with tricyclic antidepressants (TCAs) in children.
 - C. Clonidine has been reported efficacious in the treatment of Tourette's syndrome
 - D. The precise mechanism of action of stimulants is unknown
 - E. **XX** All of the above
83. Vaillant thought which of the following defense mechanisms was a "psychotic defense"?
- A. Fantasy
 - B. Projection
 - C. **XX** Denial
 - D. Repression
 - E. Acting Out
84. Vascular dementia is often cited as an example of a
- A. Cortical dementia.
 - B. Subcortical dementia.
 - C. **XX** Mixed dementia.
 - D. Pseudodementia.
 - E. Toxic-metabolic dementia.
85. Ventricular enlargement on structural imaging of schizophrenia patients is associated with
- A. Positive symptoms.
 - B. **XX** Negative symptoms.
 - C. Good response to treatment.
 - D. Lack of assaultive behavior.
 - E. History of head trauma.
86. Warning signs of malingering include all the following EXCEPT
- A. Symptoms are vague, ill defined, and do not conform to discrete diagnostic entities.
 - B. **XX** Injuries do not appear to be self-inflicted.
 - C. There is a history of recurrent injuries or accidents.
 - D. There is a concomitant diagnosis of antisocial personality disorder.
 - E. The patient requests addicting on commonly abused drugs to treat the disorder.

!! ANSWER KEY !!

87. What percentage of patients responds to an adequate trial of an antidepressant for depression?
- A. 40%.
 - B. 50%.
 - C. 60%.
 - D. **XX** 70%.
 - E. 80%.
88. What percentage of patients with major depressive disorders (MDD) eventually commit suicide?
- A. 10%.
 - B. **XX** 15%.
 - C. 20%.
 - D. 25%.
 - E. More than 25%.
89. Which medication, if discontinued abruptly, may cause a life-threatening withdrawal syndrome?
- A. Lithium.
 - B. **XX** A benzodiazepine.
 - C. A tricyclic antidepressant.
 - D. A selective serotonin reuptake inhibitor.
 - E. Venlafaxine.
90. Which of the following is TRUE about Dissociative Identity Disorder?
- A. Approximately 10% of psychiatric patients have it
 - B. The disorder most commonly appears in the third decade of life
 - C. There are no familial patterns of the disorder
 - D. 60% of those with the disorder are women and 40% are men
 - E. **XX** None of the above

!! ANSWER KEY !!

91. Which of the following medications provides an advantage for geriatric use as a result of its lack of anticholinergic and cardiac side effects?
- A. Doxepin.
 - B. **XX** Sertraline.
 - C. Amitriptyline
 - D. Imipramine.
 - E. None of the above.
92. Which of the following personality disorders responds to pharmacologic treatment?
- A. Narcissistic personality disorder.
 - B. Schizotypal personality disorder.
 - C. Histrionic personality disorder.
 - D. Borderline personality disorder.
 - E. **XX** B and D are correct
93. Which of the following statements about dissociative identity disorder (DID) is FALSE?
- A. Patients are symptomatic for approximately 6 years before diagnosis.
 - B. **XX** It is the most common dissociative disorder.
 - C. Its overall prevalence in North America is approximately 0.1%-1%.
 - D. It usually emerges between adolescence and the third decade of life.
 - E. Untreated, it is a recurrent and chronic disorder.
94. Which of the following statements is TRUE regarding anorexia nervosa?
- A. **XX** The following subtypes have been identified: restricting type and binge-eating/purging type
 - B. The following types have been identified: purging type and nonpurging type
 - C. Diagnostic criteria include severe anorexia or appetite loss
 - D. Diagnostic criteria include a weight loss leading to maintenance of body weight less than 75% expected for age and height.
 - E. Extensive weight loss often leads to fatigue and hypersomnia

!! ANSWER KEY !!

95. Which of the following supplies of medications is most likely to result in death if taken in an overdose attempt?
- A. **XX** 15-day supply of a tricyclic antidepressant.
 - B. 30-day supply of a benzodiazepine.
 - C. 30-day supply of bupropion.
 - D. 30-day supply of a selective serotonin reuptake inhibitor.
 - E. All of the above.
96. Which of the following treatments is NOT appropriate for patients with avoidant personality disorder?
- A. Assertiveness training.
 - B. Cognitive therapy that challenges pathological assumptions.
 - C. Selective serotonin reuptake inhibitors (SSRIs).
 - D. **XX** Antipsychotic medication.
 - E. None of the above treatments are appropriate for avoidant personality disorder
97. Which of the following is a TRUE statement about aversion therapy
- A. It is equivalent to punishment
 - B. When used for substance use disorders, relapse is unusual
 - C. It is equivalent to negative reinforcement
 - D. Is equivalent to extinction
 - E. **XX** Is closely related to classical conditioning
98. Which of the following is the best pairing of cognitive error and example?
- A. **XX** Arbitrary inference: "The Gulf War made me sick! What else could it be...?"
 - B. Catastrophic thinking: "Don't be silly; the wart on my nose has nothing to do with why I can't get a date."
 - C. Absolutist thinking: "When it rains, I always seem to step in a deep puddle."
 - D. Personalization: "Joey, seems like only when I'm out with you that the car goes haywire..."
 - E. Selective abstraction: "I always shake like a leaf when I'm in front of an audience!"

!! ANSWER KEY !!

99. Which of the following is NOT a symptom of both schizotypal personality disorder and schizophrenia?
- A. A persistent pattern of social and interpersonal deficits.
 - B. Ideas of reference.
 - C. Magical thinking.
 - D. **XX** Fixed false beliefs (i.e., delusions).
 - E. Paranoid ideation.
100. Which of the following is NOT one of the ways that group therapies help patients?
- A. **XX** Group provides a safe place for the development of subgroups that can practice competing for control of the group
 - B. A patient can observe other patients in the group and adopt successful strategies they are using
 - C. Other group members reduce the sense many patients have that they are alone with their problems
 - D. Group serves as a microcosm for the real world, allowing patients to practice interpersonal strategies and get feedback from the other patients about those strategies
 - E. Group serves as an opportunity for patients to bolster their own self-esteem by doing positive things for others
101. Which of the following have been found to be effective in the treatment of cocaine abuse and dependence?
- A. **XX** Drug urine test.
 - B. Interpersonal therapy. (next time suggest changing this to Relapse prevention)
 - C. **XX** Behavior therapy.
 - D. **XX** All of the above.
 - E. None of the above.
102. Which of the following is TRUE of Posttraumatic stress disorder (delayed)?
- A. Pattern occurring within a 12 month period
 - B. Persistent concern for at least 1 month (next time, make this something like "symptoms more often than not over a 6-month period)
 - C. Continuous signs for at least 6 months
 - D. **XX** Longer than 6 months without symptoms
 - E. Symptoms nearly every day for at least 2 weeks

!! ANSWER KEY !!

103. Which of the following disorders is comorbid in 25% of ADHD patients?
- A. Tourette's disorder.
 - B. **XX** Bipolar disorder.
 - C. Conduct disorder.
 - D. A and C.
 - E. All of the above.
104. Which of the following is TRUE?
- A. **XX** Panic disorder is NOT more frequent among patients with mitral valve prolapse than it is among the general population.
 - B. Hypoglycemia can cause panic disorder.
 - C. Panic disorder is distinguished from generalized anxiety disorder in that the onset of the former is always precipitated by a trauma.
 - D. All of the above.
 - E. None of the above.
105. Which of the following is the essential feature of hypochondriasis?
- A. Deficits affecting voluntary motor or sensory function.
 - B. Exaggerated symptoms.
 - C. History of physical complaints not explained by a known medical condition.
 - D. **XX** Fear of having a serious illness.
 - E. None of the above.
106. Which of the following statements regarding group therapy is TRUE?
- A. Ideal size of the group is 4 people (counting the therapist)
 - B. The maximum size of the group is 8
 - C. **XX** A good length for a group therapy session is about 60 minutes
 - D. Members must be allowed to rotate into and out of the group as they see fit
 - E. Therapists should avoid telling group members what to expect in group -- it limits what patients have time to accomplish on their own

!! ANSWER KEY !!

107. Which of the following statements pertaining to doctor-patient relationships is (or are) TRUE
- A. Sexual relationships are ethical if the patient is not currently in treatment.
 - B. Sexual relationships are ethical if they involve mutually consenting adults.
 - C. **XX** Sexual relationships are always unethical.
 - D. Sexual relationships are ethical as long as they occur outside the clinical setting.
 - E. Intimate relationships are ethical as long as sexual intercourse does not occur.
108. Which of the following is FALSE?
- A. **XX** Incompetence is clinically determined.
 - B. Lack of competency cannot be presumed from treatment of mental illness.
 - C. Only competent persons may give informed consent.
 - D. All of the above.
 - E. None of the above.
109. Which of the following patients with major depressive disorder is MOST likely to go undetected by their primary care doctor?
- A. Patient knows her problem is depression, but uses one or more physical symptoms as her "ticket" to see the generalist.
 - B. Patient presents with "I used to love dancing and going out, but I can't get excited about it anymore."
 - C. Patient presents with several persistent physical symptoms that she thinks at first are due to undiagnosed disease but later realizes she is under a lot of pressure at home.
 - D. **XX** Patient has several persistent physical symptoms that she feels are caused by a contaminant in the office ventilation system where she works.
 - E. ALL of these patients are unlikely to have major depression detected in primary care
110. Which of the following statements about MDD and dysthymic disorder (DD) is FALSE?
- A. **XX** MDD causes significantly more impairment in work, leisure activities, relationships, and general health than DD.
 - B. Comorbid conditions are approximately the same for MDD and DD.
 - C. MDD requires a depressed mood or a loss of interest or pleasure, whereas DD requires a depressed mood.
 - D. More symptoms are required to diagnose MDD than DD.
 - E. MDD and DD respond to the same antidepressant regimens.

!! ANSWER KEY !!

111. Which statement is TRUE concerning cognitive-behavioral therapy (CBT) for major depressive disorder?
- A. The effect size for CBT is about the same as for antidepressant medication
 - B. Antidepressant medication leads to a faster response than CBT does
 - C. Antidepressant medication is superior to CBT for the severely depressed patient.
 - D. A combination of CBT and antidepressant medication is optimal
 - E. **XX** All of the above statements are TRUE
112. A woman being seen in the emergency department after being raped says, "I can't think about it right now. I have to get myself back together first." She is using the psychological defense mechanism of:
- A. Denial.
 - B. Displacement.
 - C. Repression.
 - D. Sublimation.
 - E. **XX** Suppression

Questions 113 through 123 pertain to the following vignette:

A 40-year-old white married woman comes to the clinic with complaints of vague abdominal pain of three months duration and the certainty that she has cancer. She has been referred to the clinic after exhaustive medical examinations, the results of which have always been within normal limits. Despite numerous tests and hospitalizations, she continues to believe that she has cancer, but "the doctors just haven't found it yet."

Over the past three months, she has experienced early morning awakening and loss of appetite. She has lost 12 pounds, which she attributes to the effects of cancer. She is unable to find even momentary pleasure in anything and has been unable to do her housework. She thinks her family would be better off without her. She has a sad, mask-like facial expression. Her speech is monotonous and slow. Her sentences often begin after long, sighing exhalations. Tears come to her eyes when she begins to talk about the fact that her youngest child left for college three months ago.

Previously she had been well. She denies a previous history of similar symptoms and has received no prior medical or psychiatric help. Although regarded by others as unduly serious, formal, and perfectionistic, she takes pride in the way she is: "I guess I was a 'workaholic,' but that's the way I am."

!! ANSWER KEY !!

113. Which of the following is the MOST LIKELY Axis I diagnosis?
- A. Bipolar disorder.
 - B. Schizoaffective disorder.
 - C. **XX** Major depression (single episode).
 - D. Cancer of the pancreas.
 - E. Hypochondriasis.
114. Which of the following is the MOST LIKELY Axis II diagnosis?
- A. Obsessive-compulsive personality disorder
 - B. Avoidant personality disorder
 - C. Compulsive traits
 - D. Borderline personality disorder
 - E. **XX** No diagnosis on Axis II
115. This woman believes that she has cancer. If the doctor were to continue testing for medical causes of her symptoms even though the diagnostic yield is essentially nil, it would suggest to her that cancer is still possible. This would in turn reinforce her misplaced cancer beliefs. In this case, continued diagnostic testing would constitute a
- A. Predisposing factor
 - B. Precipitating factor
 - C. **XX** Perpetuating factor
 - D. All of the above
 - E. None of the above
116. Which of the following would NOT be used to justify a subclassification of melancholia?
- A. Significant weight loss.
 - B. Anhedonia.
 - C. Depression that is worse in the morning.
 - D. Marked psychomotor retardation.
 - E. **XX** Delusions of cancer.

!! ANSWER KEY !!

117. If the patient had a previous similar episode from which she completely recovered, the MOST probably diagnosis would be
- A. Dysthymic disorder
 - B. Cyclothymic disorder.
 - C. Bipolar disorder (depressed).
 - D. Atypical depression.
 - E. **XX** Major depression (recurrent)
118. The patient's insistence that she has cancer despite normal medical work-ups and reassurance is an example of
- A. **XX** A somatic delusion
 - B. Phobia
 - C. Conversion
 - D. Psychophysiological reaction
 - E. None of the above
119. Patients with this disorder
- A. Should not be asked about suicide.
 - B. **XX** Should be asked about suicide.
 - C. Rarely attempt suicide.
 - D. Make manipulative gestures but rarely complete suicide.
 - E. Are most likely to overdose, as opposed to using other means of suicide.
120. During treatment, which of the following should make the therapist LESS concerned about suicide?
- A. The patient's mood and energy level improves. (next time substitute motivation for mood)
 - B. The patient has a family history of suicide.
 - C. The patient tells about her suicidal ideas and plans, not disavowing them.
 - D. The patient made a suicide gesture one week ago.
 - E. **XX** None of the above.
121. Which of the following is NOT TRUE of suicide?
- A. About 25,000 suicides are reported annually in the United States.
 - B. Certified suicides constitute 12 deaths per 100,000 people each year.
 - C. Men commit suicide three times more frequently than women.
 - D. Among men, the rate of suicide peaks after age 45.

!! ANSWER KEY !!

- E. **XX** Marriage increases the risk of suicide.
122. The most appropriate pharmacotherapy would be
- A. Desipramine.
 - B. Haloperidol.
 - C. **XX** Desipramine and haloperidol. (in the future, need to 'trump up' psychosis in the vignette)
 - D. Desipramine and diazepam.
 - E. Haloperidol and diazepam.
123. Which of the following statements is FALSE?
- A. In some cases, depression has been associated with low brain norepinephrine levels.
 - B. Brain norepinephrine is metabolized to 3-methoxy-4-hydroxy-phenylglycol (MHPG).
 - C. Urinary levels of MHPG are statistically lower in groups of seriously depressed patients.
 - D. Desipramine primarily blocks the uptake of norepinephrine.
 - E. **XX** Amitriptyline primarily blocks the reuptake of norepinephrine.
124. Which of the following is the primary source of serotonergic neurons to the central nervous system?
- A. nucleus basalis of Meynert, located in the globus pallidus
 - B. locus coeruleus, located near the midline of the brainstem
 - C. **XX** raphe nuclei, located near the midline of the brainstem
 - D. nucleus basalis of Meissner, located near the midline of the brainstem
 - E. nucleus basalis of Meynert, located in the reticular core of the brainstem
125. Which of the following is an example of negative reinforcement in a 9 year old child?
- A. Extra weekly allowance is given when chores are completed every day that week.
 - B. Allowance is withheld if chores aren't completed every day that week.
 - C. **XX** Mother stops complaining when the child cleans her room.
 - D. Weekly allowance stays the same despite threats to withhold it, even though all chores aren't completed every day that week.
 - E. Weekly allowance is stopped and never restarted after a week of not doing chores.

!! ANSWER KEY !!

126. When a seven month old infant is fretful, reaches out, and seeks proximity to a parent when an unrecognized other is nearby, the infant is experiencing:
- A. **XX** Stranger anxiety.
 - B. Separation anxiety.
 - C. Assimilation anxiety.
 - D. Assommodation anxiety.
 - E. Body damage anxiety.
127. Which of the following is **MOST TRUE** about infants' attachments with their parents?
- A. The amount an infant cries is the best indicator of degree of attachment problems with one or both parents.
 - B. Fathers' attachment styles to infants tends to foster assimilation more than mothers' attachment styles.
 - C. **XX** Mothers tend to provide more soothing-calming and enveloping interchanges with infants than do fathers.
 - D. Fathers' attachments to infants is almost impossible to achieve during the first two years of life.
 - E. Smiles are innately given preferentially to mothers during the first six months of life by infants.
128. Which of the following statements is TRUE?
- A. Epidemiological studies have found a consistent association between depression and bereavement and elevated cancer risk.
 - B. Epidemiological studies have found a consistent association between stressful life events and elevated cancer risk.
 - C. **XX** Controlled clinical trials have shown improvements in the quality of life of cancer patients receiving group therapy.
 - D. Both A and C are true
 - E. A, B, and C are true
129. Which of the following best describe the relationship between Graves' Disease and psychological factors?
- A. Psychosocial stressors adversely impact disease risk and progression.
 - B. Psychosocial stressors may be related to disease risk but prospective studies are needed to clarify.
 - C. Psychosocial stressors are unrelated to disease risk but hasten disease progression.
 - D. There is insufficient evidence to suggest that psychosocial stressors affect disease progression.
 - E. **XX** B and D are correct.

!! ANSWER KEY !!

130. Which of the following drugs is recommended to treat delirium?
- A. Chlorpromazine.
 - B. Diphenhydramine.
 - C. **XX** Haloperidol.
 - D. Amitriptyline.
 - E. Chlorpheniramine.
131. Which of the following statements about psychoactive medication use during pregnancy is FALSE?
- A. Lithium use in the first trimester is associated with an increased risk of Ebstein's anomaly, a serious malformation of the tricuspid heart valve
 - B. Valproic acid use in the first trimester is associated with an increased risk of a neural tube defect
 - C. ECT is considered safe and effective for pregnant patients with severe mood disorders
 - D. **XX** Studies have not associated benzodiazepines with congenital anomalies
 - E. Agents used to treat extrapyramidal side effects of antipsychotic medications are associated with major and minor congenital anomalies
132. Which of the following disorders occurs more commonly among women than among men?
- A. Bipolar disorder.
 - B. Antisocial personality disorder.
 - C. Schizophrenia.
 - D. **XX** Major depressive disorder.
 - E. Obsessive-compulsive disorder.

Questions 133-134 pertain to the following vignette:

A 30-year-old man came to the clinic because over the past two years he has felt constantly edgy, tense, and vigilant. He complains of dizziness, sweating palms, ringing in the ears, and palpitations. These symptoms have been present most of the time and are not limited to discrete periods.

!! ANSWER KEY !!

133. The MOST LIKELY Axis I disorder is:
- A. **XX** Generalized anxiety disorder.
 - B. Panic disorder.
 - C. Obsessive-compulsive disorder.
 - D. Agoraphobia.
 - E. Agoraphobia with panic attacks.
134. Which of the following is LEAST LIKELY to have anxiety as a prominent symptom?
- A. Schizophrenia.
 - B. Hypochondriasis.
 - C. Obsessive-compulsive disorder.
 - D. Hyperthyroidism.
 - E. **XX** Obsessive-compulsive personality disorder.

Questions 135 through 137 pertain to the following vignette:

A young nursing student was admitted to the hospital for severe headache, nausea, vomiting, stiff neck, and sudden development of a dilated, light-fixed, right pupil. Eyelid ptosis and extraocular muscle weakness were not present. It was later discovered she had put an anticholinergic drug in her eye and that she had a history of multiple hospitalizations for obscure disorders. At one time, she had caused skin abscesses and bacteremia by injecting urine subcutaneously.

She left the hospital against medical advice but was shortly admitted to another hospital with opisthotonos and a history of having been bitten by a sick squirrel.

135. The MOST LIKELY diagnosis is
- A. Somatization disorder.
 - B. Malingering.
 - C. Briquet syndrome.
 - D. Hypochondriasis.
 - E. **XX** Factitious disorder with physical symptoms.
136. Which of the following disorders involves the intentional feigning of symptoms?
- A. **XX** Factitious disorder
 - B. Conversion disorder
 - C. Hypochondriasis
 - D. Somatization disorder
 - E. None of the above

!! ANSWER KEY !!

137. Somatization disorder may be differentiated from hypochondriasis in which of the following ways?
- A. **XX** There is an earlier age of onset in somatization disorder.
 - B. There is a more narrow range of somatic symptoms in somatization disorder.
 - C. Somatization disorder is more common in males.
 - D. There is more association with obsessive-compulsive traits.
 - E. There is more association with anal traits.

Questions 138 through 142 pertain to the following vignette:

Mr. Jones, a 55-year-old married man, was brought to the hospital by his family because he was found wandering several miles from his home. Over the past year, he has become anxious and agitated. He is unable to keep his checkbook balanced. He has become quite compulsive, carefully putting articles in the same place; however, he often forgets where he puts things and accuses others of stealing them.

On admission, he was disheveled and agitated. He did not know where he was or how he had arrived. His recent memory was poor. He showed marked deterioration in general intellectual functions. He was unable to copy three-dimensional figures or to assemble blocks into specific designs. Physical examination was unremarkable, EXCEPT for some hyperreflexia. Laboratory studies were normal.

138. The MOST LIKELY Axis I diagnosis is
- A. **XX** Dementia of the Alzheimer's type with early onset.
 - B. Dementia of the Alzheimer's type with late onset.
 - C. Vascular dementia
 - D. Dementia with Axis III diagnosis of myxedema.
 - E. Dementia with Axis III diagnosis of tertiary syphilis.
139. The Axis II diagnosis is
- A. Dependent personality disorder.
 - B. Compulsive personality disorder.
 - C. Paranoid personality disorder.
 - D. Schizoid personality disorder.
 - E. **XX** None of the above.

!! ANSWER KEY !!

140. Of the following, which is NOT characteristic of a cortical dementia?
- A. Early aphasia.
 - B. Impaired memory.
 - C. **XX** Chorea.
 - D. Early impairment of calculation skills.
 - E. Upright posture.
141. Axis V diagnosis, current global assessment of functioning (GAF), is approximately
- A. 10
 - B. **XX** 35
 - C. 55
 - D. 70
 - E. 20
142. Of the following, which is the MOST LIKELY diagnosis?
- A. Pick's disease.
 - B. Tertiary syphilis.
 - C. **XX** Alzheimer's disease.
 - D. Myxedema.
 - E. Normal pressure hydrocephalus.

Questions 143 through 147 pertain to the following vignette:

A 19-year-old woman is attempting to gain entrance to the White House to speak with the President of the United States. She states that she wishes to complain about mental health care in this country. She has threatened to harm White House staff, Secret Service personnel, and others for preventing her from seeing the President. When you examine her, she speaks rapidly and with pressured speech. She discusses, at length, her special powers and the fact that God speaks to her directly. Her family adds that she has not slept in several nights and that she has serious financial problems due to excessive use of her credit cards.

143. Which of the following DSM-IV diagnoses BEST describes this patient's condition?
- A. **XX** Bipolar I disorder (single manic episode, severe with mood congruent psychotic features).
 - B. Bipolar II disorder (most recent episode hypomanic, severe, with psychotic features).
 - C. Posttraumatic stress disorder.
 - D. Adjustment disorder with disturbance of conflict.
 - E. Intermittent explosive disorder.

!! ANSWER KEY !!

144. Which of the following medication combinations would be the MOST useful in treating this patient?
- A. Lithium carbonate/amitriptyline.
 - B. Lithium carbonate/aminophylline.
 - C. **XX** Lithium carbonate/haloperidol.
 - D. Paroxetine/haloperidol.
 - E. Paroxetine/thiothixene.
145. Which of the following laboratory studies would be essential to obtain prior to initiating the medications chosen in the preceding question?
- A. CT scan of the head.
 - B. EEG.
 - C. Liver panel.
 - D. **XX** Pregnancy test.
 - E. Vitamin B12 level.
146. A few hours after initiation of the therapy chosen, the patient complains of severe eye pain, and that his eyes feel “locked” in an elevated position. These symptoms are called
- A. Akathisia.
 - B. **XX** Acute dystonic reaction.
 - C. Parkinsonian syndrome.
 - D. Tardive dyskinesia.
 - E. Anticholinergic effect.
147. Which of the following is the MOST appropriate treatment of the condition described in the preceding question?
- A. Haloperidol 10 mg IM.
 - B. Haloperidol 10 mg IV.
 - C. Benztropine 2.0 mg PO.
 - D. **XX** Diphenhydramine 50 mg IV.
 - E. Amantadine 100 mg PO.

!! ANSWER KEY !!

Questions 148 through 153 pertain to the following vignette.

An agitated 24-year-old unmarried man is brought to the emergency room by the police. He has a five-year history of multiple-drug abuse. He does not work and lives with people he meets on the streets. In the past, he has supported himself through drug dealing and shoplifting. He reports having no friends.

About five years ago, he began to develop feelings of vague suspiciousness. He recognized that this was just his way of perceiving the world rather than reality. However, three days ago his suspiciousness increased. He now has trouble sleeping. He has become convinced that his neighbor is a member of the Mafia and is plotting to kill him. This evening, he went to his neighbor's house in an attempt to eavesdrop. The neighbor saw him and came to the door. The patient shot him.

148. Consider this man's current psychosis. In formulating his clinical situation, his history of chronic multi-drug abuse is BEST described as a
- A. **XX** Predisposing factor
 - B. Precipitating factor
 - C. Perpetuating factor
 - D. All of the above
 - E. None of the above
149. The Axis I differential diagnosis does NOT include
- A. Alcohol-induced psychotic disorder
 - B. Amphetamine-induced psychotic disorder
 - C. Amphetamine intoxication
 - D. Schizophrenic disorder (paranoid)
 - E. **XX** Dysthymic disorder
150. If this syndrome were alcoholic hallucinosis, the clinical history would include
- A. **XX** Auditory hallucinations
 - B. Clouding of consciousness
 - C. "Rum fits"
 - D. Family history of alcoholism
 - E. Prominent paranoid delusions

!! ANSWER KEY !!

151. If this syndrome were amphetamine-induced psychotic disorder with delusions, the clinical history would likely include
- A. **XX** Aggressiveness and hostility
 - B. Visual hallucinations
 - C. Psychomotor retardation
 - D. Bulimia
 - E. Strophosymbolia
152. The immediate treatment of choice for this person includes
- A. Insight-oriented psychotherapy
 - B. **XX** Antipsychotic medication and supportive psychotherapy
 - C. Barbiturates
 - D. ECT
 - E. Methadone
153. This patient's attorney could argue that his client is not legally responsible for shooting his neighbor because
- A. **XX** He was suffering from a substance-induced psychotic disorder at the time
 - B. The neighbor was, in fact, a member of the Mafia
 - C. He is incompetent to stand trial
 - D. He didn't know the gun was loaded
 - E. None of the above

Questions 154 through 156 pertain to the following vignette:

A 38-year-old black woman comes to the emergency department of a general hospital with her husband. She is agitated, diaphoretic, and tremulous. She cries out in fear of visual hallucinations, saying, "Police are around that corner; they are trying to shoot me!" She has a history of one myocardial infarction and 20 years of insulin-dependent diabetes mellitus.

154. All of the following are important questions to ask the patient and her husband in the immediate evaluation of this patient EXCEPT
- A. What food had the patient eaten in the 24 hours prior to presentation
 - B. What alcohol had the patient consumed in the past week
 - C. What were the timing and dosage of her insulin shots over the two days prior to presentation
 - D. Does she have a history of similar episodes
 - E. **XX** Does she suffer from phantom limb syndrome

!! ANSWER KEY !!

155. The MOST important single diagnostic test in this woman's immediate evaluation is
- A. **XX** A STAT glucose level
 - B. Serum TSH
 - C. CT scan of the head
 - D. Electrocardiogram
 - E. Electroencephalogram
156. The MOST important immediate medication for this patient would include
- A. Intramuscular lorazepam
 - B. **XX** Oral or intravenous glucose
 - C. Intramuscular haloperidol
 - D. Oral amoxapine
 - E. Oral fluoxetine

Questions 157-158 pertain to the following vignette:

A 27-year-old divorced elementary school teacher is coerced into psychiatric consultation by her mother. She states that her mother does not believe that a prominent major league baseball player is in love with her. She states that this relationship has been going on when she attended the baseball player's autograph signing party at a local mall since 2 years ago. Although they do not communicate directly, she watches his televised baseball games faithfully because he often uses baseball signals to communicate special messages to her. Her work is going well, although she has recently begun using her sick days to attend afternoon baseball games. Her home life is unremarkable except that the patient often neglects household tasks due to her extensive watching of televised baseball games. A physical examination and routine laboratory work are reported to be normal.

157. Which of the following BEST describes the patient's DSM-IV diagnosis?
- A. Delusional disorder (grandiose type)
 - B. Schizophrenia (undifferentiated type)
 - C. Bipolar II disorder (most recent episode hypomanic)
 - D. **XX** Delusional disorder (erotomanic type)
 - E. Delusional disorder (jealous type)

!! ANSWER KEY !!

158. The MOST effective psychotherapeutic approach to this patient is to
- A. Pretend to give credence to her delusional beliefs
 - B. Develop a paternalistic approach
 - C. Attempt to talk the patient out of her delusional beliefs, with logical reasoning
 - D. Confront the patient with the evidence that refutes the validity of her beliefs
 - E. **XX** Convey your skepticism regarding the validity of her beliefs, but that you accept and respect her as a person.

DIRECTIONS: Match the each culture-specific syndrome (in the left column) with the BEST response (in the right column):

- | | | |
|------|-----------------------------|--|
| 159. | C Ataques de Nervios | A. Syncopal-like episode among some African American groups |
| 160. | F Koro | B. Brooding, rage, then amnesia following humiliation |
| 161. | A "Falling Out" | C. Described in Puerto Ricans and other Hispanic groups. |
| 162. | G Hwa-Byung | D. Neurasthenia-like somatic syndrome in Nigerians |
| 163. | B Amok | E. A bizarre eating pattern based upon culturally-based views of appropriate body habitus |
| 164. | D "Brain Fag" | F. In some Asian countries, individuals may develop the panicked belief that their genitals are retracting into their abdomen. |
| | | G. Somatic response to anger and frustration among Koreans. |

!! ANSWER KEY !!

DIRECTIONS: For each of the five questions, select the **BEST** response from the list below:

- A. Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
 - B. Thematic Apperception Test
 - C. Rorschach
 - D. Wechsler Adult Intelligence Scale-Revised (WAIS-R)
 - E. Halstead Reitan
165. **B** The patient tells stories based on pictures
166. **E** Neuropsychological battery
167. **A** Empirically based personality test
168. **D** Verbal and performance tasks
169. **C** Projective test using abstract visual stimuli

!! ANSWER KEY !!

You have completed the exam.

Make sure your answer sheet contains one and only one response on all 169 exam questions.

Turn in your exam before you leave the room. Your exam will be returned to you via your student mailbox once we are certain that all students have taken it.

All of us in the Department of Psychiatry are looking forward to working and learning with you during the clinical months and years ahead. Best wishes & 'see you around'!