

1999 Human Behavior Course Final Exam Key

LAST NAME

FIRST NAME

STUDENT NUMBER

DATE

PLEASE WAIT UNTIL YOU ARE INSTRUCTED TO
BEGIN THE EXAM BEFORE OPENING THE TEST.

There are 126 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.

DIRECTIONS: For all of the questions on the examination, mark the single best answer from the choices given. If you are not certain which response is the correct response, make your best guess.

1. 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.** 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.

2. A 25 year-old married insurance salesman is admitted to the medical service of a hospital by his internist after he (the patient) arrives at the emergency room, for the fourth time in a month, insisting that he is having a heart attack. The cardiologist's workup is completely negative. The patient states that his "heart problem" started six months earlier when he had a sudden episode of terror, chest pain, palpitations, sweating, and shortness of breath while driving across a bridge on the way to visit a prospective client. Not wanting to alarm his wife and family, he initially said nothing; but when attacks began to recur several times a month, he consulted his internist. The internist found nothing wrong and told him he should try to relax, take more time off from work, and develop some leisure interests. In spite of his attempts to follow this advice, the "spells" recurred with increasing frequency and intensity. The patient claims that he believes the doctors who say there is nothing wrong with his heart, but during his spells he still becomes acutely concerned that he is having a heart attack and will die. The **most likely** diagnosis for this patient is:
 - A. Conversion disorder.
 - B. Hypochondriasis.
 - C. Myocardial infarction.
 - D. Generalized anxiety disorder.
 - E.** Panic disorder.

3. In combat, ground personnel exposed to and reacting maladaptively to combat-related horror MOST need:
 - A.** 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.

4. According to DSM-IV, which of the following is a common characteristic of someone with a diagnosis of substance “abuse” (as opposed to “dependence”) diagnosis:
- A. Tolerance – the need for markedly increased amounts or a diminished effect of the same amount.
 - B. Unsuccessful efforts to cut down or control use of the abused substance.
 - C. Continued use of the drug in the face of serious adverse consequences (e.g. loss of job or a related health problem).
 - D. A characteristic physical withdrawal syndrome
 - E.** Recurrent substance use in situations that are physically hazardous (e.g., driving a car under while intoxicated).
5. Which of the following is a TRUE statement regarding the incidence and expression of signs and symptoms as influenced by sociocultural variables?
- A. Using strict definitions and diagnostic criteria, there is a great deal of similarity among major psychiatric diagnoses across cultures.
 - B. Cultural heterogeneity may result in substantial differences in expression of disease across different cultures.
 - C. There are diseases and syndromes (e.g., amok, koro, anorexia) that are relatively specific to one or a few cultures (culture-bound syndromes).
 - D. The signs and symptoms of schizophrenia are relatively constant across cultures, though the cultures may have different names for it (e.g. the Eskimos’ “nuthkavihak”).
 - E.** All of the above.
6. Which of the following is NOT associated with increased relative risk of suicide?
- A. Past history of a near-lethal suicide attempt.
 - B. Perception of poor social supports.
 - C. Disfiguring injury or chronic illness.
 - D.** Recent marriage.
 - E. Elder male (versus younger female).

7. Each of the following is true of the definition of each type of DSM-IV *dementia* EXCEPT:
- A. Global impairment (multiple neuropsychiatric deficits)
 - B. Persistent impairment of intellect, memory, or personality
 - ~~C.~~ Impaired consciousness
 - D. Significant impairment in social or occupational functioning
 - E. Significant decline from a previous level of social or occupational functioning.
8. Phenomenologically (diagnostic criteria-) based diagnoses are used in psychiatry because:
- A. Diagnostic categories define the boundary between health and illness (normal and pathological).
 - B. Diagnostic categories permit measurement of illness severity.
 - C. Diagnostic categories define disorders or conditions that predict likely treatment outcomes.
 - ~~D.~~ Both A and C.
 - E. A, B, and C are true.
9. The best definition of *psychosis* is:
- ~~A.~~ Significantly disordered thinking involving hallucinations, delusions, or other inability to test reality.
 - B. Signs and symptoms that make a person dangerous.
 - C. Misattribution of causes and effects in a patient's emotional world that causes social or occupational dysfunction.
 - D. Intense fear or sense of impending doom.
 - E. All of the above.
10. In becoming a member of a typical "work group," all of the following generally apply, EXCEPT:
- A. You should realize that you are changed as a member of the group.
 - B. You are wise to employ the process of "role reversal."
 - C. You should attend to body language and other non-verbal communication.
 - ~~D.~~ You should pay attention to your part/role in the group and the leader will handle the other tasks involved with making the group function.
 - E. You have a role in determining the authority of the group's leader.

11. Somatoform disorders, factitious disorders, and malingering can sometimes be difficult to distinguish. Each of the following differential diagnosis associations is true EXCEPT:
- A. Factitious disorder patients produce unconsciously derived behaviors in pursuit of primary (unconscious) gains.
 - B. Malingering patients produce consciously derived behaviors in pursuit of secondary (conscious) gains.
 - C. Conversion disorder patients produce unconsciously derived behaviors in pursuit of primary (unconscious) gains.
 - D. Factitious disorder patients produce consciously derived behaviors in pursuit of primary (unconscious) gains.
 - E. Malingering is not a psychiatric disorder, it is an accusation.
12. Some important factors that determine a child's reaction to the absence of a parent include:
- A. Length of the absence.
 - B. Remaining parent's ability to expand their parental role.
 - C. Quality of the relationship between the child and the departed parent.
 - D. Quality of the relationship between the child and the remaining parent.
 - E. All of the above
13. Examples of *nonspecific curative factors* operative in psychotherapy include:
- A. Discouraging abreaction so that the focus remains on outcomes
 - B. Avoiding a close, confiding relationship between therapist and patient
 - C. Maintaining an expectation of help and benefit
 - D. Reciprocal interchanges between therapist and patient about each others' problems
 - E. All of the above
14. Each of the following is a cardinal diagnostic feature of schizophrenia EXCEPT:
- A. Delusions
 - B. Hallucinations
 - C. Flat affect
 - D. Disturbed social or occupational function
 - E. Duration of symptoms less than six months

15. A 31 year-old white man presents with a one-month history of fatigue, worthless feelings, indecisiveness, 10 pound weight loss, diminished ability to experience pleasure, and early morning awakening. The most likely diagnosis is:
- A. Major depressive disorder
 - B. Cyclothymic disorder
 - C. Schizophreniform disorder
 - D. Schizophrenia
 - E. Stroke
16. Which of the following cross-cultural factors are obstacles to a military family's adjustment to an overseas assignment?
- A. Different child-rearing expectations in the host nation.
 - B. Language barriers.
 - C. Prohibitions on travel in the host country due to crime or disease.
 - D. Racism.
 - E. All of the above.
17. What is the difference between a *manic episode* and *Bipolar Disorder*?
- A. A patient cannot have a manic episode unless he or she has bipolar disorder.
 - B. A patient cannot have bipolar disorder unless there is or has previously been a manic episode.
 - C. A patient who has a manic episode, by definition, cannot have bipolar disorder.
 - D. A patient who has bipolar disorder must have had at least TWO manic episodes separated in time from each other by at least one month.
 - E. A patient can't be diagnosed with bipolar disorder unless they have a current manic episode.
18. Each of the following is a common "gateway" drug (first drug of abuse) EXCEPT:
- A. Caffeine
 - B. Beer
 - C. Cocaine
 - D. Cigarettes
 - E. Marijuana

19. The form of psychotherapy whose goal is to “make that which is out of conscious awareness available for conscious processing, through identifying patterns of behavior derived from early life experiences” is:
- A. Supportive psychotherapy
 - B. Cognitive psychotherapy
 - C. Milieu psychotherapy
 - D. Behavioral psychotherapy
 - E. Psychodynamic psychotherapy**
20. Factors important in choosing a psychopharmacological medication include all of the following EXCEPT:
- A. The patient’s diagnosis.
 - B. The patient’s target symptoms.
 - C. The patient’s past history of response to medications.
 - D. Family history of response to similar medications.
 - E. All of the above are important factors in choosing a medication.**
21. The commonest psychiatric problem in primary care is:
- A. Schizophrenia and psychosis
 - B. Mixed subsyndromal forms of psychosocial distress**
 - C. Delirium
 - D. Personality disorders
 - E. None of the above
22. Each of the following has been associated with anxiety symptoms and signs EXCEPT:
- A. Excessive activity of catecholamine-containing neurons.
 - B. Abnormally excessive locus coeruleus discharge.
 - C. Abnormally deficient activity of glutamate-containing neurons.**
 - D. Altered GABA/Benzodiazepine neuroreceptor activity.
 - E. Hypersensitivity of brainstem carbon dioxide chemoreceptors.

23. Somatization as a process is a normal human experience and not a psychiatric diagnosis unless there is significant disturbance in social or occupational functioning. Each of the following is an example of *nonpathological* somatization or *normal* illness behavior EXCEPT:
- A. Children taking advantage of having a minor cold to get extra attention at home.
 - B. Adults taking advantage of having a minor cold to get extra attention at home.
 - C. "Butterflies" in the stomach prior to taking the Human Behavior Course final examination.
 - D. Headache after taking the Human Behavior Course final examination.
 - E.** Consciously exagerrating back pain complaints after slipping on the ice at work in hopes of achieving a financial reward.
24. Which of the following causes of dementia are pathophysiologically reversible, i.e. treatments reverse the neurophysiology, not just remediate behavioral or cognitive symptoms?
- A. Dementia of the Alzheimer's Type
 - B. Dementia Associated with Parkinson's Disease
 - C.** Dementia Associated with Normal Pressure Hydrocephalus
 - D. Vascular Dementia
 - E. Dementia Associated with Huntington's Disease
25. Which of the following is true concerning sociocultural variables operative in the conduct and outcome of psychotherapy?
- A. There are no universal aspects of psychotherapy shared by all patients receiving this form of treatment.
 - B. Research has shown that hypnosis is not effective in decreasing use of pain medications among African-American patients.
 - C.** Among some cultures, traditional healing practices can be as, or more, effective than Western technological medical practices.
 - D. Temperament across cultures is a fixed biological "given" that is impervious to environmental influences.
 - E. All of the above.

26. Normal limbic system functions such as vigilance and scanning the environment can become pathologically exaggerated and result in paranoid psychosis. The mesolimbic tract neurons associated with this dysfunction terminate in which kind of neuroreceptor?
- A. NMDA
 - B. Acetylcholine
 - C. Dopamine**
 - D. Norepinephrine
 - E. Serotonin
27. All of the following statements are TRUE EXCEPT:
- A. 20-50% of primary care patients with Major Depressive Disorder are misdiagnosed or untreated.**
 - B. The presence of coexisting medical illness decreases the chance that a primary care physician will recognize Major Depressive Disorder.
 - C. Undiagnosed physical complaints (i.e., somatization) decrease the chance that a primary care physician will recognize Major Depressive Disorder.
 - D. Compared to specialized psychiatric settings, relatively few primary care patients with depression and/or anxiety spontaneously complain about emotional concerns.
 - E. There is a high chance that primary care patients referred to psychiatry will not complete the psychiatry visit (higher than the chance of completing a cardiology visit after primary care cardiologist referral or a surgical visit after primary care surgical referral, for example).
28. All of the following are DSM-IV anxiety disorders EXCEPT:
- A. Acute Stress Disorder
 - B. Adjustment Disorder with Anxious Mood**
 - C. Panic Disorder
 - D. Obsessive-Compulsive Disorder (NOT Obsessive-Compulsive Personality Disorder)
 - E. Social Phobia

29. You are asked to evaluate a 35-year old man with chronic paranoid schizophrenia and antisocial personality disorder, and he has assaulted hospital staff in the past. He has come to the emergency room now for reasons unclear. He is pacing, rambling incoherently, has alcohol on his breath, dried blood on his shirt, and a cut over his left eye that is covered with clotted blood. Before initiating your clinical assessment, you do all of the following EXCEPT:
- A. Ensure that hospital security personnel and/or the emergency room staff are standing by to assist you in the event the patient becomes agitated, threatening, or violent.
 - B.** Ensure that you approach the patient at an angle blocking his escape routes, so that other staff and patients are maximally protected.
 - C. Ensure the patient is in a room that offers little or no medical or other equipment that the patient can use as a weapon.
 - D. Ensure oral and intramuscular preparations of appropriate medicines (e.g., the antipsychotic haloperidol and the benzodiazepine lorazepam) are available for rapid use.
 - E. Ensure that leather physical restraints are immediately available, that they work, and that you obtain the assistance of the ER staff most experienced at using them.
30. Which of the following drugs (or drug classes) is NOT associated with a characteristic and protracted physiological withdrawal syndrome marked by objective signs on physical examination?
- A. Barbiturates
 - B. Alcohol
 - C. Opioids
 - D.** Cocaine
31. Delirium is one of the most common psychiatric disorders that occur among hospitalized medical-surgical patients. Each of the following is true about diagnosing delirium (acute confusional state) EXCEPT:
- A. Altered level of consciousness.
 - B.** Gradual development over at least two weeks.
 - C. Clinical course that fluctuates during the course of the day.
 - D. Disorientation on the mental status examination.
 - E. Reduced ability to focus, sustain, or shift attention.

32. All of the following are diagnostic criteria for a manic episode EXCEPT:
- A. Inflated self-esteem.
 - B. Increase in goal-directed activity (either socially, at work or school, or sexually)
 - C. Decreased need for sleep.
 - D.** Thoughts blocked or slowed to the point where speech is incoherent.
 - E. Distractibility.
33. Psychological autopsy studies suggest that 95 percent of individuals who commit suicide suffered at least one psychiatric disorder. Which of the following choices lists the psychiatric disorders most commonly associated with completed suicide in their appropriate order, from MOST COMMON TO LEAST COMMON?
- A. Schizophrenia > generalized anxiety disorder > substance abuse/dependence > delirium/dementia
 - B. Major depressive disorder > schizophrenia > delirium/dementia > substance abuse/dependence
 - C. Delirium/dementia > schizophrenia > substance abuse/dependence > major depressive disorder
 - D.** Major depressive disorder > substance abuse/dependence > schizophrenia > delirium/dementia
 - E. Generalized anxiety disorder > major depressive disorder > schizophrenia > substance abuse/dependence
34. Common adverse effects of antipsychotic (neuroleptic) medications include:
- A. Anticholinergic side effects.
 - B. Dystonias.
 - C. Parkinsonian effects.
 - D.** Ventricular dysrhythmias.
 - E. Akathisia.
35. Which of the following is a *subcortical* dementia?
- A. Dementia of the Alzheimer's Type
 - B. Vascular Dementia
 - C. Substance-Induced Persisting Dementia
 - D.** Dementia Associated with Parkinson's Disease
 - E. Dementia Associated with Major Depressive Disorder ("pseudodementia")

36. A 79 year-old black man in the ICU develops visual hallucinations and believes that the treatment team is trying to kill him. He has no past psychiatric history. The LEAST likely explanation for his clinical presentation is:
- A. CNS infection
 - B. Alcohol withdrawal delirium (Delirium Tremens)
 - C. Schizophrenia**
 - D. Hyponatremia
 - E. Corticosteroid medication
37. Each of the following is a cardinal characteristic of a *personality disorder* EXCEPT:
- A. Symptoms are ego-dystonic.**
 - B. There is social or occupational dysfunction.
 - C. Personality traits deviate markedly from the cultural norm.
 - D. Symptoms are pervasive; that is, they occur in a variety of different contexts and situations.
 - E. Symptoms become ingrained during adulthood or early adolescence and endure over time.
38. Skills important in preventive military psychiatry include which of the following?
- A. An understanding of sociocultural influences on the “sick role” and perception of illness.
 - B. An understanding of epidemiology.
 - C. Understanding of toxic and medical causes of behavioral and performance dysfunction.
 - D. A and C.
 - E. All of the above.**
39. Which of the following statements is TRUE:
- A. Less than 10% of the military is impaired by alcohol abuse or dependence.
 - B. The prevalence of alcohol abuse or dependence is significantly higher among women than men.
 - C. Women drink less than men but have greater resulting medical morbidity.**
 - D. There is no known association between any particular personality disorder and alcoholism in either men or women.
 - E. The “CAGE questions” are especially sensitive indicators of alcohol problems in the elderly.

40. 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.** 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.
41. Which of the following psychiatric disorders is NOT among the disorders most strongly associated with violent behavior:
- A. Paranoid schizophrenia
 - B. Amphetamine-induced psychosis
 - C. Schizoaffective disorder
 - D.** Agoraphobia
 - E. Schizophreniform disorder
42. Which of the following are often barriers for victims of physical, emotional, or sexual abuse, in terms of getting an appropriate medical evaluation or an effective psychosocial intervention?
- A. The patient's fear for her personal safety.
 - B. The patient's desire to protect her partner.
 - C. The physician's hesitancy to become involved due to legal or time concerns.
 - D. A and C.
 - E.** All of the above.
43. Each of the following is used to treat bipolar disorder, manic phase, EXCEPT:
- A. Carbamazepine (Tegretol)
 - B. Valproate (Depakote)
 - C.** Bupropion (Wellbutrin)
 - D. Lithium
 - E. Electroconvulsive Therapy (ECT)

44. The direct effect of alcohol can cause all of the following during intoxication, withdrawal, or prolonged use EXCEPT:
- A. Local anesthesia
 - B. Delirium
 - C. Seizures
 - D. Transient amnesia
 - E. Dementia
45. Select the one response that is FALSE. A small improvement in the effectiveness of primary care-based depression care can have a large population impact because:
- A. Most working people (80% or more) make one or more primary care visits each year.
 - B. Depression is among the most common clinical problems in primary care practice.
 - C. Depression is among the most disabling of chronic health problems.
 - D. Primary care-based treatment of depression is typically very good.
 - E. Effective treatments for major depression are available and many are feasible to implement in primary care settings.
46. Which of the following is TRUE about major depressive disorder?
- A. A person with a first degree relative who has a history of major depressive disorder has a relative risk of developing at least one episode of major depressive disorder 2-3 times greater than a person who has no first degree relatives with a history of major depressive disorder.
 - B. Patients with major depressive disorder have decreased REM sleep latency and reduced non-REM sleep time.
 - C. Patients with major depressive disorder have dysfunctional views of self, the environment, and the future.
 - D. Patients with major depressive disorder account for 50% or more of people who kill themselves.
 - E. All of the above.
47. The biopsychosocial treatment of *delirium* may include which of the following?
- A. Reverse any underlying disorders that are remediable.
 - B. Physical restraints.
 - C. Neuroleptic medication.
 - D. A and C.
 - E. All of the above.

48. Which of the following is TRUE about the incidence of Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD) following combat?
- A. Personnel in elite military units rarely experience ASD or PTSD.
 - B.** Incidence of ASD and PTSD among personnel in surrounded ground units is lower than among personnel in ground units with a defined front and protected rear.
 - C. Rear area Air Force bases have low rates of psychiatric casualties (e.g., ASD) in wartime.
 - D. In an intense land combat engagement, the ratio of psychiatric to physical casualties ranges from one in ten to one in five.
 - E. All of the above are true.
49. Which of the following is TRUE regarding alcohol abuse screening in general medical settings:
- A. Liver function tests (liver enzymes) are insensitive and nonspecific screening tools.
 - B. Nearly half of people with alcohol abuse or dependence has other psychiatric disorders.
 - C. Research suggests that early detection of alcohol problems is critical to preventing alcohol-related sequelae.
 - D. Women with alcohol problems are less likely to be identified on screening than are men with alcohol problems.
 - E.** All of the above are true.
50. In general, the first line medication for treatment of new-onset major depressive disorder is one of which of the following classes of antidepressants?
- A.** Selective serotonin reuptake inhibitors (SSRIs)
 - B. Secondary amine tricyclic antidepressants (TCAs)
 - C. Tertiary amine tricyclic antidepressants (TCAs)
 - D. Monoamine oxidase inhibitors (MAOIs)
 - E. Psychostimulants (e.g., methylphenidate (Ritalin))

51. The **second** most common form of dementia, comprising 17%-29% of all dementia patients, is:
- A. Vascular Dementia
 - B. Dementia Associated with Parkinson's Disease
 - C. Substance-Induced Persisting Dementia
 - D. Dementia Associated with Jakob-Creutzfeldt Disease
 - E. Dementia of the Alzheimer's Type
52. 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. All of the above.
53. Psychotherapy incorporates each of the following goals EXCEPT:
- A. Pervasive personality change
 - B. Relief of symptoms
 - C. Alteration of maladaptive and unhealthy patterns of behavior
 - D. Increased range of adaptive behaviors available to the patient
 - E. Changed perceptions of situations and the psychosocial environment
54. Each of the following is true about psychotherapy EXCEPT:
- A. The technical procedures performed during the evaluation of a potential psychotherapy patient are substantially different from the technical procedures of the psychotherapy itself.
 - B. Not everyone who wants psychotherapy is a good candidate for it.
 - C. Psychotherapy is prescribed for patients for specific indications, in a way parallel to the way we prescribe medications.
 - D. No form of psychotherapy has been shown to be superior to any other form of psychotherapy for any psychiatric disorder.
 - E. The target organ for psychotherapy is the brain.

55. Each of the following is an antidepressant medication, EXCEPT:
- A. Haloperidol (Haldol)
 - B. Amitriptyline (Elavil)
 - C. Paroxetine (Paxil)
 - D. Bupropion (Wellbutrin)
 - E. Trazadone (Desyrel)
56. Supportive resources available to military families or advantages of military family life include which of the following?
- A. Availability of an "Exceptional Family Member Program" for family members with significant medical, psychiatric, or learning problems.
 - B. The absence of significant racism.
 - C. Shared identification with a larger community.
 - D. The authoritarian and hierarchical nature of the military.
 - E. A and C
57. The following symptom threshold and symptom duration definitions apply to meeting criteria for a *major depressive episode*:
- A. Five or more symptoms for a two-week period.
 - B. Two or more symptoms for a two-week period.
 - C. Five or more symptoms for a one-month period.
 - D. Two or more symptoms for a one-week period.
 - E. Nine or more symptoms for a one-week period.
58. Marital status is associated with suicide in the following order, ranked from HIGHEST TO LOWEST suicide risk:
- A. Divorced > never married > married > married with kids
 - B. Divorced > married > married with kids > never married
 - C. Divorced > never married > married with kids > married
 - D. Never married > divorced > married > married with kids
 - E. Divorced > married with kids > married > never married

NOTE: THE NEXT FIVE EXAMINATION QUESTIONS RELATE TO THE FOLLOWING CLINICAL CASE EXAMPLE.

A 36 year-old divorced white man is brought to the emergency room by the police after they found him on the U.S. Senate steps proclaiming that the Russians were poised to invade the United States. He says that a transmitter/receiver in one of his teeth is receiving information from invisible agents who are threatening to kill him. He believes that via this transmitter, the Russians can put thoughts in his head and read his thoughts. He hears multiple voices that keep up a running commentary on his behavior. He is deeply suspicious of the emergency room staff, believing that some of them are among the agents that are plotting against him and against the nation. Thought content is centered on his fear that someone is out to “get” him and the nation. His attention and concentration are poor. He refuses to cooperate with tests of memory and orientation, but knows he is in a hospital in the Washington area. His mood is fearful. He denies desires or impulses to harm himself or others. He says he is hungry and sleepy. He has no money, but says he has no debts.

The patient has a history of three previous psychiatric hospitalizations for similar symptoms, and says he has taken medications before. He is not currently taking any medications. He says he quit taking his medication about a year ago when he quit going to his psychiatrist. The police say he has been picked up for similar behaviors four times during the past eight months, but has always eluded them previously before he could be brought to medical attention. He apparently has no home address, and says he lives on the street or in various homeless shelters. He has no job, and says he has no close family or friends. He becomes tearful when he says his mother, with whom he was close, died one year ago. His medical history is unknown, but his physical examination is normal except for unkempt appearance and mild orthostatic hypotension. His laboratory tests are normal except for mild anemia on his complete blood count (CBC). A toxic screen reveals no alcohol or drugs.

59. In the biopsychosocial formulation for this patient, which of the following is best considered a *predisposition*?

(This question refers to the case example)

- A. Past history of psychiatric hospitalizations
- B. Lack of a current job
- C. Toxic screen at time of evaluation that is negative for drugs and alcohol
- D. Impaired attention and concentration
- E. Refusal to cooperate with tests of memory and orientation

60. What is the most likely DSM-IV Axis I diagnosis for this patient?
(This question refers to the case example)
- A. Major depressive disorder, recurrent
 - B. Schizophreniform disorder
 - C. Schizophrenia, paranoid type**
 - D. Delusional disorder
 - E. Narcissistic personality disorder
61. What is the most likely DSM-IV Axis II diagnosis for this patient?
(This question refers to the case example)
- A. Schizoid personality disorder
 - B. Schizophreniform personality disorder
 - C. Schizophreniform disorder
 - D. No Axis II psychiatric diagnosis
 - E. There is not enough data to determine whether an Axis II disorder is present.**
62. From the data available in the case example, you would include each of the following in your differential diagnosis, EXCEPT:
(This question refers to the case example)
- A. Bipolar disorder, manic
 - B. Mood disorder due to a general medical condition, with manic features
 - C. Psychotic disorder due to a general medical condition
 - D. Schizoaffective disorder
 - E. No psychiatric diagnosis**
63. In the biopsychosocial treatment plan, each of the following medications is likely to be effective in treating this patient's signs and symptoms, EXCEPT:
(This question refers to the case example)
- A. Risperidone (Risperidol), preferentially a 5HT (serotonin)-2 neuroreceptor antagonist
 - B. Haloperidol (Haldol), a butyrophenone neuroleptic
 - C. Sertraline (Zoloft), a selective serotonin reuptake inhibitor**
 - D. Clozapine (Clozaril), preferentially a 5HT (serotonin)-2 neuroreceptor antagonist
 - E. Thioridazine (Mellaril), a phenothiazine neuroleptic

DIRECTIONS: For each numbered item, select the one lettered choice most closely associated with it. Lettered choices may be used once, more than once, or not at all.

F. A collection of individuals sharing a common racial background.

G. A collection of individuals with a similar psychological temperament.

75. **A** Biological Predisposition

A. Family history of major depressive disorder.

76. **B** Psychological Predisposition

B. Childhood history of repeated sexual abuse.

77. **F** Biological Precipitant

C. Sudden change in socioeconomic status.

78. **C** Social Precipitant

D. Referral for assistance with unemployment insurance.

79. **G** Biological Treatment

E. Cognitive-Behavioral Psychotherapy.

80. **E** Psychological Treatment

F. Recent use of anabolic steroids.

81. **D** Social Treatment/Intervention

G. Electroconvulsive Therapy (ECT).

H. None of the above.

82. **F** DSM-IV Axis I

A. Severe myocardial infarction within the past week

83. **C** DSM-IV Axis II

B. Current GAF Score 20, Highest GAF Past Year 55

84. **A** DSM-IV Axis III

C. Antisocial Personality Disorder

85. **E** DSM-IV Axis IV

D. Sublimation

86. **B** DSM-IV Axis V

E. No health insurance

87. **G** DSM-IV Axis VI

F. Major depressive disorder, single episode, moderate

G. None of the above

DIRECTIONS: For each numbered item, select the one lettered choice most closely associated with it. Lettered choices may be used once, more than once, or not at all.

- | | |
|--|--|
| 115. <input type="radio"/> B Borderline Personality Disorder | A. Cluster A (“odd, eccentric, or unusual”) |
| 116. <input type="radio"/> C Dependent Personality Disorder | B. Cluster B (“dramatic, emotional, or erratic”) |
| 117. <input type="radio"/> A Paranoid Personality Disorder | C. Cluster C (“anxious or fearful”) |
| 118. <input type="radio"/> E Passive-Aggressive Personality Disorder | D. Cluster D (“hateful or malevolent”) |
| 119. <input type="radio"/> B Antisocial Personality Disorder | E. Not in any DSM-IV personality cluster |
| 120. <input type="radio"/> C Avoidant Personality Disorder | |

DIRECTIONS: Mark each numbered item either TRUE or FALSE. If the statement is TRUE, THAN MARK ‘A’ ON YOUR ANSWER SHEET. If the statement is FALSE then mark response choice B.

121. B The suicide rate in the US is higher among black males is higher than among white males.
122. B US men attempt suicide more frequently than do US women.
123. A Research has shown that low cerebrospinal fluid levels of 5-Hydroxyindoleacetic Acid (5-HIAA), a serotonin metabolite, is associated with violence.
124. B Aberrant violent behavior is always best explained as the consequence of a psychiatric disorder.
125. A Impulsive violence is associated with Borderline Personality Disorder
126. B DSM-IV is a dimensional diagnostic classification system.

There are 126 questions on this examination.
Before you turn it in, please check your answer
sheet to ensure that you have marked one response
for each examination question.

ON BEHALF OF THE USU DEPARTMENT OF
PSYCHIATRY, **GOOD LUCK** IN THE FUTURE.
ALL OF US IN THE DEPARTMENT LOOK
FORWARD TO WORKING AND LEARNING WITH
YOU DURING THE CLINICAL MONTHS AND
YEARS AHEAD!
