

Mark Edwards

Sophomore Psychiatry
Exam II
March 31, 1994

SELECT THE ONE BEST ANSWER FOR EACH QUESTION.

1. Which one of the following is a common theme in the developmental history which may be important in predicting adult behavioral symptoms?

- C
- A. ability to play
 - B. externalizing blame for events
 - C. anticipation
 - D. a developing sense of humor
 - E. sublimatory activities

2. Important questions to be answered in making an initial patient disposition include all of the following EXCEPT:

- D
- A. Is the patient suicidal?
 - B. Does the patient need to be hospitalized involuntarily in a mental health unit?
 - C. Does the patient have a serious medical illness?
 - D. What are the recurring themes in the patient's dream life?
 - E. Is the patient psychotic?

3. All of the following are true regarding Transference and the Physician-Patient Relationship EXCEPT:

- D
- A. It is a valuable concept to understand unreasonable aspects of treatment behavior.
 - B. It is a volitional response by patients.
 - C. The majority of these responses are positive.
 - D. It may become problematic and related to regression due to stress.
 - E. It may become problematic and relate to preexisting personality issues.

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SELECT THE ONE BEST ANSWER FOR EACH QUESTION.

4. In the Doctor-Patient Relationship and the Biopsychosocial Model, all of the following are true **EXCEPT**:

C

- ~~A.~~ Patients need to be assessed within the context of supports and stressors.
- ~~B.~~ The genesis and exacerbation of an illness may be affected by psychosocial factors.
- ~~C.~~ Compliance may be affected by intrapsychic issues and social norms.
- ~~D.~~ Physical illness can precipitate psychological states that affect disease process.
- E. The biomedical model is a more appropriate model for full patient evaluation.

5. Which one of the following statements is **TRUE** concerning psychological tests?

B

- ~~A.~~ Psychological tests are not necessary if a comprehensive mental status examination has been conducted by a physician.
- B. Psychological tests can be seen, as a data-oriented extension of the mental status examination.
- ~~C.~~ Psychological tests can usually be substituted for a clinical interview.
- ~~D.~~ Most psychological tests assess "pure" measures of the underlying constructs that are being measured.
- ~~E.~~ None of the above.

6. The MMPI-2 (Minnesota Multiphasic Personality Inventory - 2) is primarily used to assess:

A

- A. symptom clusters and overall level of psychological adjustment.
- ~~B.~~ enduring personality traits and personality disorders.
- ~~C.~~ depression and anxiety.
- ~~D.~~ nonpathologic personality features.
- ~~E.~~ developmental disabilities.

7. A patient is being assessed by a psychologist. The psychologist is using ambiguous cards, many of which have an interpersonal theme. The psychologist asks the patient to tell a story about what is going on each card. This assessment procedure being utilized is the:

D

- ~~A.~~ MMPI-2
- ~~B.~~ Mini Mental Status Examination
- ~~C.~~ Millon Clinical Multiaxial Inventory II
- D. Thematic Apperception Test (TAT)
- ~~E.~~ Rorschach Projective Technique

ME
SELECT THE ONE BEST ANSWER FOR EACH QUESTION.

8. Which one of the following describes the Wechsler Adult Intelligence Scale-Revised?

- C
- A. An intelligence screening measure that may be used as part of the Mini Mental Status Examination.
 - B. An intelligence measure that uses Ration IQ (MA/CA X 100) determination with one set of norms for all adult age groups.
 - C. An intelligence measure that yields Performance IQ, Verbal IQ and Full Scale IQ with a standard deviation of 15.
 - D. A measure that assess both intelligence and achievement using writing samples and "culture fair" cognitive tasks.
 - E. An intelligence screening measure commonly used by physicians.

9. Which of the following would describe a physician's role in psychological assessment or screening?

- B
- A. Administration and interpretation of the MMPI-2
 - B. Administration and interpretation of screening tools such as the Zung Rating Scale for Depression.
 - C. Administration of the Rorschach Projective technique
 - D. Interpretation of the WAIS-R
 - E. All of the above.

10. Mental defense mechanisms have all of the following characteristics EXCEPT:

- D
- A. They are unconscious psychological mechanisms.
 - B. They emerge in a developmental sequence from less to more mature.
 - C. They play a role in most anxiety disorders.
 - D. They are observed primarily in patients with psychiatric disorders.
 - E. They may be episodic or habitual.

11. In psychoanalytic therapy, the phenomenon of transference:

- D
- A. occurs only in the relationship between the therapist and the patient.
 - B. impedes the progress of therapy because it distorts reality.
 - C. makes it difficult to reconstruct the patient's past.
 - D. involves the unconscious imposition of the experience of a past relationship onto a present one.
 - E. is manifested primarily in the patient's dreams.

SELECT THE ONE BEST ANSWER FOR EACH QUESTION.

12. Ethnocentrism is:

- B
- ~~A.~~ a relational concept that defines a group based on culture, language, religion or attachment to a place or kin ties.
 - B. the interpretation of the behavior of others in terms of one's own cultural values and traditions.
 - ~~C.~~ judging and interpreting the behavior and beliefs of others in terms of their tradition and experience.
 - ~~D.~~ the process that takes place when contact between two societies is so prolonged that one or both cultures change substantially.

13. You are asked to see in consultation a 67 year old white female who has no prior psychiatric history. She was recently brought to the hospital by her family who noted a few days ago that she abruptly began to "be up all night" and "see things that aren't there". Most of the time she is "confused" but occasionally will "make sense" when talking. When you arrive to examine her she appears restless and is disoriented to day, date and time. Based on this limited information, the most likely presumptive diagnosis would be:

- C
- ~~A.~~ Depression
 - ~~B.~~ Dementia
 - C. Delirium
 - ~~D.~~ Schizophrenia
 - ~~E.~~ Amnestic Disorder

14. From the signs and symptoms listed below, select the one which is LEAST suggestive of dementia.

- D
- ~~A.~~ memory impairment
 - ~~B.~~ visual-spatial impairment
 - ~~C.~~ problems with new learning
 - D. auditory hallucinations
 - ~~E.~~ apraxia

SELECT THE ONE BEST ANSWER FOR EACH QUESTION.

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15. All of the following regarding the electroencephalogram (EEG) are true EXCEPT.

- A. The EEG, in general, is diffusely slow in many delirious states secondary to toxic-metabolic etiologies.
- B. Sedative-hypnotic and alcohol withdrawal often produce low amplitude, fast wave activity on the EEG.
- C. In dementia the EEG is usually abnormal in the early stages.
- D. The EEG measures electrical activity on the surface of the brain.
- E. The EEG maybe abnormal in certain situations while the computerized tomographic scan (CT) and the magnetic resonance imaging scan (MRI) are normal (i.e. epilepsy).

16. Regarding dementia:

- A. neuropsychiatric symptoms due to B 12 deficiency do not occur unless B 12 levels are low and hematologic abnormalities are present.
- B. disorders of mood (i.e. depression, depressive syndromes) may co-exist with dementia and improve with usual treatments.
- C. Alzheimer's Disease and multi-farct dementia combined are the etiologies for dementia in less than 25% of the cases.
- D. illusions are best described as hallucinations.
- E. the level of alertness and awareness of immediate surroundings is usually abnormal in early stages of dementia.

17. The feature most characteristic of cortical dementia is:

- A. psychomotor slowing out of proportion to cognitive deficits.
- B. involuntary movements.
- C. delusions
- D. paranoia
- E. memory deficits

18. Regarding the epidemiology of organic mental disorders:

- A. more than 1/3 of the population over 65 is demented.
- B. delirium is rare among the hospitalized elderly, occurring in less than 5% over 65.
- C. delirium is associated with low morbidity and mortality in hospitalized patients.
- D. prescription and over-the-counter medications are common causes of delirium in the elderly.
- E. a diagnosis of Alzheimer's Disease is rare in nursing home patients.

SELECT THE ONE BEST ANSWER FOR EACH QUESTION.

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19. Which of the following is true with regard to the epidemiology of schizophrenia?

- ~~A.~~ Lifetime prevalence in the United States is about 5 percent.
- ~~B.~~ Homicide is much more common in schizophrenic patients than in the general population.
- C. Approximately 50 percent of patients with schizophrenia have attempted suicide and 10 percent succeed.
- ~~D.~~ There is a significant difference in the prevalence of schizophrenia between males and females.
- ~~E.~~ Schizophrenia is the least expensive of all mental health disorders in the United States.

20. Eugen Bleuler described schizophrenia in terms of its fundamental symptoms, the four "A's". Which of the following is Not one of these symptoms?

- A. Auditory hallucinations
- ~~B.~~ Problems with thought associations.
- ~~C.~~ Inappropriate or flat affect.
- ~~D.~~ Autistic thinking
- ~~E.~~ Psychotic ambivalence

21. Which of the following is true with regard to the biological evidence of schizophrenia?

- ~~A.~~ The dopamine hypothesis states that there is an underactivity of dopaminergic systems in schizophrenia.
- ~~B.~~ There are significant differences in the total cerebral blood flow between schizophrenic patients and normal controls.
- C. CT studies report enlargement of lateral and third ventricles in 10 to 50 percent of schizophrenic patients.
- ~~D.~~ EEG studies show no abnormalities in schizophrenic patients.
- ~~E.~~ No abnormalities have been reported in eye tracking in schizophrenic patients.

22. Features leading toward a good prognosis in schizophrenia include all of the following EXCEPT:

- ~~A.~~ Acute onset
- B. Positive family history
- ~~C.~~ Older age at onset
- ~~D.~~ Short duration
- ~~E.~~ Affective symptoms

SELECT THE ONE BEST ANSWER FOR EACH QUESTION.

23. Schizophrenic hallucinations are most commonly:

- ~~A.~~ Gustatory
- B. Auditory
- ~~C.~~ Visual
- ~~D.~~ Olfactory
- ~~E.~~ Tactile

24. DSM III-R diagnostic criteria for schizophrenia include all of the following **EXCEPT**:

- A. Presence of characteristic psychotic symptoms for at least a week's duration.
- B. Continuous signs of the illness for at least 6 months.
- C. Rule out a major mood disorder.
- D. Rule out an organic mental disorder.
- E. Positive family history of schizophrenia.

25. Which of the following is true with regard to the DSM III-R diagnostic criteria for brief reactive psychosis:

- ~~A.~~ Exacerbations and remissions occurring over a period of years.
- B. Sudden onset of psychosis after a stressful event with return to premorbid functioning within a period of one month.
- ~~C.~~ Has a duration of less than 6 months and associated with organic mental syndrome.
- ~~D.~~ Non-bizarre delusions lasting for at least one month without prominent hallucinations or bizarre behavior.
- ~~E.~~ The only symptom is encapsulated delusions, confined to a single area or person.

26. The main goal of maintenance strategy in treating schizophrenia with neuroleptics is:

- ~~A.~~ To control the lack of impulse control associated with schizophrenia.
- ~~B.~~ Treat the depression which is usually associated with schizophrenia.
- ~~C.~~ Sedate the patient to prevent agitation.
- D. Treat with the lowest useful dose to control active symptoms.
- ~~E.~~ Control of the negative symptoms of schizophrenia.

SELECT THE ONE BEST ANSWER FOR EACH QUESTION.

ME

27. In medical settings, patients with mood disorders often present with a myriad of physical symptoms. This syndrome is often referred to as:

- A. Unipolar Depression
- B. Bipolar Depression
- C. "Somatizing" Depression
- D. Adjustment Disorder
- E. Briquet's Syndrome

28. A patient with hypothyroidism who also has a disturbance in mood resembling major mood disorder may suffer from:

- A. Cyclothymia
- B. Organic Mood Disorder
- C. Melancholia
- D. Adjustment Disorder
- E. Dysthymic disorder

29. An example of learning hypotheses in depression in which the patient manifests passivity, withdrawal and hypoactivity in response to uncontrollable adverse events.

- A. Introversion
- B. Learned helplessness
- C. Repressed feelings
- D. Childhood bereavement
- E. Conversion

30. Heritability is particularly important in the etiology of:

- A. Bipolar Disorder
- B. Dysthymic Disorder
- C. Unipolar Disorder
- D. Adjustment Disorder
- E. Organic Mood Disorder

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SELECT THE ONE BEST ANSWER FOR EACH QUESTION.

A 60 year old married male presents to the Emergency Room with increasing symptoms of hopelessness, anorexia, a 15 pound weight loss, suicidal ideation, loss of interest in pleasurable activities, early morning awakening, spontaneous crying spells, psychomotor retardation, indecisiveness, and a sense of fatigue. A screening physical examination as well as preliminary laboratory work (including a thyroid profile) were normal.

31. A likely diagnosis is:
- A. hyperparathyroidism.
 - B. Malabsorption syndrome.
 - C. major depressive episode. ✓
 - D. dysthymic disorder.
 - E. none of the above

32. Laboratory testing will most likely reveal:
- A. megaloblastic anemia
 - B. hypercortisolism ✓
 - C. hypernatremia
 - D. uricemia
 - E. none of the above

33. A sleep electroencephalogram may show:
- ~~A. continuous sleep.~~
 - ~~B. efficient sleep.~~
 - ~~C. myoclonic jerks.~~
 - D. decreased REM latency time. ✓
 - E. none of the above

34. A likely cause for this syndrome is:
- A. heterogenous bioamine dysregulation ✓
 - B. enlarged lateral ventricles
 - C. decreased blood flow to the pituitary gland
 - D. increased acetylcholine production.
 - E. all of the above.

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35. Organic conditions can involve which of the following:

- A. mood ✓
- B. anxiety ✓
- C. personality ✓
- D. delusions and hallucinations ✓
- E. all of the above

36. CNS disturbances related to HIV infection can be related to:

- A. pneumocystis carinii pneumonia infection ✓
- B. toxoplasma gondii infection ✓
- C. cryptococcal meningitis infection ✓
- D. neurotropism of the HIV virus ✓
- E. all of the above

37. Generalized anxiety disorder can be diagnosed after symptoms have been present for at least :

- A. one week
- B. one month
- C. six weeks
- D. six months
- E. one year

38. Which one of the following is NOT a DSM III-R designated symptom for a panic attack?

- A. dyspnea ✓
- B. chills ✓
- C. paresthesia ✓
- D. urinary incontinence ✓
- E. choking ✓

SELECT THE ONE BEST ANSWER FOR EACH QUESTION.

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39. A 32 year old caucasian female presents to your office complaining of constant distress regarding her fear that she is going to die and leave her family in financial distress. She complains that she is depressed, tremulous, restless, irritable, and feels "on edge" much of the time. On physical exam you note she is diaphoretic and tachycardiac. Which of the following is the least likely explanation for her signs and symptoms.

- A. Major depressive episode
 B. Adjustment disorder
 C. Generalized anxiety disorder
 D. Alcohol withdrawal
 E. Simple phobia

40. Which one of the following is the estimated population Base Rate in the population for at least one personality disorder?

- A. 5-10%
 B. 10-20%
 C. 25-35%
 D. 35-45%
 E. Insufficient information given to answer question.

41. Ms. Brown is a patient of yours. During your interview with her you note that the following is consistent with her developmental and psychosocial history. She shows characteristics of being submissive and generally encourages others to make her major decisions. She is highly sensitive to rejection. Your review of her interpersonal history indicates that she has been tolerant of mistreatment in a number of previous relationships. She presents adjustment disorder symptoms following the breakup of an ongoing relationship in which she has been physically and emotionally abused. Which personality disorder diagnosis is most likely?

- A. Antisocial Personality
 B. Schizoid Personality
 C. Passive-Aggressive Personality
 D. Histrionic Personality
 E. Dependent Personality

SELECT THE ONE BEST ANSWER FOR EACH QUESTION.

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42. Which of the following statements would most accurately define a personality disorder?

- ~~A.~~ A collection of enduring patterns of relating to, perceiving, and thinking about oneself and environment which are displayed in a wide range of interpersonal contexts over time.
- ~~B.~~ A collection of enduring patterns of relating to, perceiving and thinking about oneself and environment which are displayed only in periods of increased psychosocial distress and are not present in a wide range of interpersonal contexts over time.
- C. Enduring patterns of relating to, perceiving and thinking about oneself and environment which are displayed interpersonally and in a wide variety of contexts, but may be understood as underlying psychodynamic conflicts and treated through psychodynamic psychotherapy.
- ~~D.~~ A collection of personality traits which are inflexible and maladaptive and result in either significant impairment in social or occupational functioning or subjective distress, and generally evident since early childhood.
- E. A collection of inflexible personality traits which is maladaptive and results in significant psychosocial impairment or subjective distress and exists only in the presence of a DSM III-R Axis I (clinical syndrome) disorder.

43. Which of the following is TRUE concerning the difficulty in accurately making personality disorder diagnoses?

- A. There is significant overlap among many personality disorders, making the assessment of personality disorders difficult, and diagnostic reliability is often below average.
- ~~B.~~ There are no existing systems for assessment of personality disorders except the MMPI which relies solely on patient report, and independent personality disorders are shown only as clinical syndromes.
- ~~C.~~ There is high diagnostic reliability in personality disorder diagnoses only in the anxious/fearful constellation of personality disorders and then, only when clinical judgement is the main source of clinical information.
- ~~D.~~ There is a less than 5% base rate of personality disorders in the clinic populations and the necessity of considering recent data on psychosocial functioning is difficult to ascertain.
- ~~E.~~ There are no objective, criterion-based assessment tools available to assist with the diagnosis of personality disorders which requires the clinician to rely solely on clinical judgement in making personality disorder diagnoses.

ME

SELECT THE ONE BEST ANSWER FOR EACH QUESTION.

44. You are involved in the treatment of Mr. Smith who is a 35 year old male. Your experience is that Mr. Smith has chronic mood and relationship instability and has an impaired sense of his inner self. He has no clear pattern of disregarding social convention and has no history of legal problems or of adolescent sociopathy. He often presents an overly dramatic symptom picture and is often involved with self-mutilation by cutting his arms as a means of "feeling something." He also has a history of a substance use disorder. At times it seems as if he experiences transient micropsychotic episodes. Which of the following is most consistent with Mr. Smith's presentation?

C

- ~~A.~~ Passive-Aggressive Personality Disorder
- ~~B.~~ Narcissistic Personality Disorder
- C.** Borderline Personality Disorder
- ~~D.~~ Antisocial Personality Disorder
- ~~E.~~ Multiple Personality Disorder

45. Which is not a DSM III-R Anxiety Disorder?

D

- ~~A.~~ Social phobia
- ~~B.~~ Agoraphobia without history of panic disorder
- ~~C.~~ Obsessive Compulsive Disorder
- D.** Psychogenic fugue
- ~~E.~~ Simple phobia

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Match the disorder with the appropriate sex ratio:

- A. More Common in males ✓
- B. More common in females
- C. About equal for males and females
- ~~D. It can only happen in males~~
- ~~E. It can only happen in females~~

- A 46. Social phobia
- B 47. Simple phobia
- C 48. Obsessive-Compulsive Disorder

?

- A. Social Phobia
- B. Agoraphobia
- ~~C. Normal Behavior Variant~~
- D. Generalized Anxiety Disorder
- E. Simple Phobia

- B 49. Fear of being in places from where escape might be difficult or in which help might not be available resulting in restriction of travel.
- E 50. Fear of a circumstantiated stimulus (object or situation) that is either avoided or endured with intense anxiety.
- D 51. Unrealistic or excessive anxiety and worry about two or more life circumstances accompanied by motor tension, autonomic hyperactivity and vigilance.
- A 52. A persistent fear that the person may do something or act in a way that will be humiliating or embarrassing.

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- A Alzheimer's Dementia
- B Pick's Disease
- C Parkinson's Disease
- D Jakob-Crutzfeldt Disease
- E Occult Hydrocephalus

- A 53. Primary example of a cortical dementia, chromosome 21 may be involved, more than 50% of nursing home patients.
- B 54. A rare cause of cortical dementia in patients 60-70 years old, often focal atrophy of frontal and temporal lobes.
- E 55. Triad of incontinence, dementia and gait disturbance; might respond to surgical drainage.
- C 56. Triad of Akinesia, rigidity and tremor; etiology related to degeneration of substantia nigra.
- D 57. Dementia of cortical type: 6-12 month course, transmissible.

- A Dementia related to defect of copper metabolism, degeneration of lenticular nucleus and liver.
- B Lethargy, dry skin, myxedema related to this dementia
- C Dementia that may have neuro changes prior to blood changes, peripheral neuropathy.
- D Dementia associated with multifocal white matter lesions of the CNS.
- E Multi-infarct dementia

- D 58. Multiple Sclerosis
- C 59. Vitamin B 12 Deficiency
- B 60. Hypothyroidism
- A 61. Wilson's Disease
- E 62. Dementia of subcortical type; related to hypertension, "stair step" worsening.

ME

For each of the numbered definitions listed below, select the lettered mental defense mechanisms being described.

- A Denial
- B Isolation of Affect
- C Intellectualization
- D Reaction-Formation
- E Repression

- E 63. E The unconscious exclusion from awareness of disturbing urges, thoughts or feelings.
- D 64. D Hate into love.
- A 65. A The person fails to acknowledge some aspect of external reality apparent to others.
- B 66. B Separation of a thought from a feeling.
- C 67. C Substitution of an acceptable motive to conceal one that is less acceptable.

The object-relationship theory is based on the internalized object relations within a person. Match the phases of development of object relationships with the specified time period.

- A birth to 1 month
- B 1 month to 5 months
- C 5 months to 7 months
- D 16 months to 24 months
- E 24 months to 36 months

- B 68. B Object constancy
- D 69. D Rapprochement
- E 70. E Differentiation
- A 71. A Autistic
- B 72. B Symbiotic

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Match the numbered items with the most appropriate DSM III-R Axis where they are coded.

- A Axis I
- B Axis II
- C Axis III
- D Axis IV
- E Axis V

- ~~73.~~ Severity of psychosocial stressors D
- ~~74.~~ Global assessment of functioning E
- ~~75.~~ Physical disorders and conditions C
- ~~76.~~ Mental retardation B
- 77. Developmental disorders and personality disorders B

Match the individual disorders with the appropriate group of disorders they belong to:

- A Organic Mental Disorders
- B Dissociative Disorders
- C Impulse Control Disorders
- D Somatoform Disorders
- E Mood Disorders

- E → A
- B
- C
- D
- A → E
- 78. Dysthymia
- 79. Multiple Personality Disorder
- 80. Trichotillomania
- 81. Hypochondriasis
- 82. Bipolar Disorder
