

Behavioral Health #1 – Psychiatric Disorders: Part 1

- 1) A medical student develops pre-test anxiety just prior to their Step 1 board examination. Which of the following would NOT be an expected symptom?
 - a) Palpitations
 - b) Constipation
 - c) Muscle tension
 - d) Irritability
 - e) Hyperventilation
 - f) Difficulty achieving orgasm
- 2) A medical student is taking their final osteopathic manipulation practical exam and the clinician asks the student to diagnose and treat the thoracic inlet. The student realizes they did not study this particular technique, and their heart starts racing. Which of the following best describes this reaction?
 - a) Anxiety
 - b) Vigilance
 - c) Anger
 - d) Fear
 - e) Tension
- 3) Cognitive theory holds that which of the following is the underpinning to psychiatric problems, such as mood disorders or phobias?
 - a) Learned behavior
 - b) Pathologic anxiety
 - c) Drug abuse
 - d) Chemical imbalance
 - e) Irrational thoughts
- 4) Which of the following neurotransmitters is NOT associated with anxiety?
 - a) Gamma-aminobutyric acid (GABA)
 - b) Epinephrine
 - c) Norepinephrine
 - d) Serotonin (5-HT)
- 5) An MRI study has related panic disorders to a specific defect in the right temporal lobe. Structural studies involving head CT and MRI occasionally show what change in patients with anxiety disorders?
 - a) Ventricular enlargement
 - b) Wernicke area hyperplasia
 - c) Broca area hyperplasia
 - d) No changes to the frontal, temporal, and occipital lobe
 - e) Parahippocampal gyrus ischemia
- 6) Which of the following is defining of a panic disorder, rather than a panic attack?
 - a) Agoraphobia; fear of a public panic attack where escape is in doubt
 - b) Panic attacks that are unexpected
 - c) Irrational belief of one's inability to survive future panic attacks
 - d) Irrational belief accompanied by hyper-vigilance of body functions
 - e) Irrational belief leading to future panic attacks
 - f) Persistent fear of subsequent panic attacks

- 7) Panic disorder studies have led to a focus on the brainstem, including the locus ceruleus, median raphe nucleus, limbic system, and prefrontal cortex. Yohimbine (Yocon) stimulates the firing of the locus ceruleus and elicits high rates of panic-like activity in those with panic disorder. This drug, along with clonidine (Catapres), falls under what pharmacologic category?
- Alpha1-receptor agonist
 - Alpha1-receptor antagonist
 - Alpha2-receptor agonist
 - Alpha2-receptor antagonist
 - Beta-receptor blocker
- 8) Which of the following is NOT true regarding genetic factors associated with panic disorders?
- Monozygotic twins are more likely to be concordant than dizygotic twins
 - First-degree relatives have a 4 to 8-fold higher risk for panic disorders when compared with first-degree relative that have other psychiatric disorders
 - Currently, no specific chromosomal location has been linked to panic disorder
 - Panic disorders are mostly transmitted in an autosomal recessive pattern
- 9) Which of the following is NOT true of the clinical features of panic disorder?
- Patients are often able to name the source of their fear
 - An attack often begins with a 10-minute period of rapidly increasing symptoms
 - For diagnosis, DSM-IV-TR requires the first attacks to be unexpected
 - The major mental symptoms are extreme fear and sense of impending doom
 - Attacks generally last 20 to 30 minutes and rarely more than an hour
 - Patients with panic disorder may be misdiagnosed with hypochondriasis
- 10) A 25-year-old female presents to the emergency department with chest pain. The patient says she feels like her heart is beating out of her chest. She also complains of nausea, sweaty hands, and feeling like she is choking. History reveals this episode occurred while in the checkout line at a grocery store that she usually avoids. She felt like everyone was staring at her and was very aware of her heart beating. Which of the following would NOT be an appropriate management option for this patient?
- ECG, CBC, and electrolytes
 - Pertinent history of previous panic attacks
 - Benzodiazepines (e.g. lorazepam)
 - Cardiac enzymes and cath-lab admit
 - Primary care follow-up
- 11) Which of the following is NOT true of the epidemiology of panic disorders?
- Affect 1.5% to 5% of Americans
 - Women are twice as likely to develop panic disorder
 - Onset is common after age 40
 - Episodes may appear very often and may subside for weeks
 - Onset of initial attack can typically occur within six months of a major life stressor, such as loss of employment or marital separation
- 12) Which of the following is the first-line treatment for panic disorders in the primary care setting, with symptom stabilization within four months?
- Serotonin reuptake inhibitors (SSRIs, e.g. fluvoxamine, sertraline)
 - Benzodiazepines (e.g. alprazolam, lorazepam)

- c) Tricyclic antidepressants (TCAs)
 - d) Serotonin-norepinephrine reuptake inhibitor (SNRIs, e.g. venlafaxine)
 - e) Cognitive behavioral therapy and psychodynamic therapy without medication
- 13) Ceasing long-term therapy of which of the following requires tapering over a 10 to 16 week period to minimize withdrawal?
- a) Serotonin reuptake inhibitors (SSRIs, e.g. fluvoxamine, sertraline)
 - b) Benzodiazepines (e.g. alprazolam, lorazepam)
 - c) Tricyclic antidepressants (TCAs)
 - d) Serotonin-norepinephrine reuptake inhibitor (SNRIs, e.g. venlafaxine)
 - e) Cognitive behavioral therapy and psychodynamic therapy without medication
- 14) A student becomes very nervous just prior to giving a graded presentation in front of class. Their heart rate increases and they feel “butterflies” in their stomach. However, shortly after the presentation begins these feelings subside. Which of the following best describes this situation?
- a) Panic attack
 - b) Panic disorder
 - c) Social anxiety disorder
 - d) Performance anxiety disorder
 - e) Physiologic anxiety
- 15) Which of the following is NOT true of social anxiety disorder?
- a) Social encounter evokes physical symptoms (e.g. blushing, sweating)
 - b) Prevalence is 3% to 13% of Americans and 10% to 20% in outpatient clinics
 - c) Onset is spontaneous and not related to humiliating experiences
 - d) Disorder course is continual and may be lifelong in duration
 - e) Many patients have co-occurring mental health diagnosis such as depression
- 16) A medical student is on their first surgical rotation and is assisting on a hip replacement surgery. The student is given a Yankauer suction and asked to help remove blood and fluids from the surgeon’s field of view. At one point, an incision causes a large pool of blood to form. If the student has a blood-injection-injury type of phobia, which they may not have realized until this point, what strong reaction would most likely occur?
- a) Drop in basal body temperature (hypothermia)
 - b) Extreme anxiety (need to run from the OR immediately)
 - c) Autonomic hyperactivity (tachycardia, vomiting, diarrhea)
 - d) Vasovagal reflex (bradycardia, syncope)
 - e) Fear (inability to move, urination)
- 17) During a cruise vacation, a 23-year-old man is asked by his friends to go on a SCUBA diving excursion. The man immediately feels palpitations and asks specifically about sharks. When the friends tell him, “Well, sharks do live in the ocean,” the man becomes diaphoretic and slightly dyspneic. Which of the following is most likely?
- a) Specific phobia
 - b) Social phobia
 - c) Obsessive compulsive disorder
 - d) Panic disorder without agoraphobia
 - e) Panic disorder with agoraphobia
- 18) Social phobia disorders may be treated with SSRIs, although they can take up to 12 weeks to show clear therapeutic effects. Prior to therapy, a social phobia inventory

(SPIN) may be completed which assesses fear, avoidance, and physiological discomfort. What is the cutoff value for the SPIN?

- a) 15
 - b) 19
 - c) 25
 - d) 33
 - e) 41
- 19) Which of the following types of specific phobia (simple phobia) is often familial and associated with fainting?
- a) Animal (e.g. snakes, spiders)
 - b) Natural environment (e.g. darkness)
 - c) Blood injection injury (e.g. needles)
 - d) Situational (e.g. elevators, bridges)
 - e) Other (e.g. fear of illness, fear of falling)
- 20) What is the most studied and probably the most effective treatment for phobias?
- a) SSRIs
 - b) Benzodiazepines
 - c) Hypnosis and supportive therapy
 - d) Insight-oriented psychotherapy
 - e) Behavior therapy (e.g. systematic desensitization)
- 21) Which of the following should NOT be prescribed for anxiety or insomnia?
- a) Short-acting benzodiazepines (e.g. midazolam/Versed, lorazepam/Ativan)
 - b) Long-acting benzodiazepines (e.g. diazepam/Valium, prazepam/Centrax)
 - c) Antidepressants (e.g. sertraline/Zoloft, fluvoxamine/Fluvox)
 - d) Barbiturates (e.g. phenobarbital, secobarbital)
 - e) Buspirone (BuSpar) or neuroleptics
- 22) An adult man presents with abnormal hand movements. The patient states he wants to get the germs off his hands and continually makes hand-wringing motions. He appears very nervous and says he washed his hand 122 times yesterday. He says during work meetings, he has to leave every 10 minutes to wash his hands. The patient says he also likes to count the corners of the room and says, "I've calculated the distance between your head and the window, and it's about two feet." When the patient is told about citalopram (Celexa) and that it may take two-weeks for the medication to start, the patient stops listening. Soon after, the patient says he was trying to calculate the number of hours in those two-weeks and then the number of minutes it would take for the drug to work. Which of the following is most likely?
- a) Specific or social phobia
 - b) Obsessive compulsive personality
 - c) Obsessive compulsive disorder (OCD)
 - d) Panic disorder without agoraphobia
 - e) Post-traumatic stress disorder (PTSD)
- 23) Dysregulation of what neurotransmitter is hypothesized as the major problem with obsessive-compulsive disorder?
- a) Serotonin
 - b) GABA
 - c) Norepinephrine

- d) Acetylcholine
 - e) Dopamine
- 24) Which of the following is NOT true of obsessive-compulsive disorder?
- a) More than half of patients with OCD have a sudden onset
 - b) A stressful event is associated with symptoms onset in 50% to 70% of patients
 - c) Patients often seek treatment within a year of symptom onset
 - d) Nearly one third of OCD patients have major depressive disorder
 - e) Poor disorder prognosis includes yielding to compulsions, childhood onset, and bizarre compulsions
- 25) Which of the following, along with venlafaxine, is first-line therapy for OCD?
- a) SSRIs
 - b) Benzodiazepines
 - c) Electroconvulsive therapy (ECT)
 - d) Psychosurgery (e.g. cingulotomy)
 - e) Behavior therapy (e.g. systematic desensitization)
- 26) What score on the Yale-Brown Obsessive-Compulsive Scale would signify a patient with mild OCD who may be worth treating?
- a) 0
 - b) 8
 - c) 16
 - d) 24
 - e) 32
- 27) A male police officer presents with anxiety. He says a previous physician wanted to put him on Paxil, but "I can't be on drugs and carry a gun." His wife thinks he "needs to see a shrink." The patient says the anxiety started after an incident where a "worthless piece of garbage hit a child in an intersection then fled the scene." He remembers being the first officer on scene and calling his own son several times that night. Further questioning reveals he recently "went off" on a driver who was speeding in a school zone and was suspended from work for a day for using vulgarities and harassing the speeder. Which of the following is most likely?
- a) Major depression
 - b) Generalized anxiety disorder (GAD)
 - c) Obsessive compulsive disorder (OCD)
 - d) Panic disorder without agoraphobia
 - e) Post-traumatic stress disorder (PTSD)
- 28) Which of the following appears to be decreased in patients with PTSD, which can include patients being treated for breast cancer, post-myocardial infarction, post-coronary artery bypass surgery, or after a surgery performed under inadequate anesthesia?
- a) Corticotropin releasing factor
 - b) Cortisol
 - c) Epinephrine
 - d) Norepinephrine
- 29) Which of the following groups of people is most likely to develop PTSD?
- a) Young children
 - b) Elderly
 - c) Adults

- d) A & B
e) B & C
- 30) A war veteran presents with extreme anxiety at the sight or sound of helicopters. He has an exaggerated startle reflex and difficulty sleeping. He has taken up drinking as a means to cope with his distress. Which of the following treatment options is contraindicated in this patient?
- a) Serotonin reuptake inhibitors (SSRIs, e.g. fluvoxamine, sertraline)
 - b) Benzodiazepines (e.g. alprazolam, lorazepam)
 - c) Tricyclic antidepressants (TCAs)
 - d) Serotonin-norepinephrine reuptake inhibitor (SNRIs, e.g. venlafaxine)
 - e) Behavior therapy (e.g. systematic desensitization)
- 31) During a psychiatric examination, a patient scores over 50 on a PTSD Checklist Civilian Version (PCL-C). What is the first-line treatment of choice for this patient?
- a) Serotonin reuptake inhibitors (SSRIs, e.g. fluvoxamine, sertraline)
 - b) Tricyclic antidepressants (TCAs)
 - c) Cognitive behavioral therapy (CBT)
 - d) Serotonin-norepinephrine reuptake inhibitor (SNRIs, e.g. venlafaxine)
 - e) No treatment is necessary for this patient
- 32) A 32-year-old female presents with paroxysmal anxiety over the past year. The patient states that she has more “bad” days than “good” days and has trouble controlling her worry. She has been seeing a massage therapist for her muscle tension and worries about her husband, as she is often irritable toward him. She has been having trouble at work due to fatigue and restlessness at night. When asked, she is unable to pinpoint a cause of her anxiety and sometimes worries about many different things. She is not taking any medications. Which of the following is most likely?
- a) Major depression
 - b) Generalized anxiety disorder (GAD)
 - c) Obsessive compulsive disorder (OCD)
 - d) Panic disorder without agoraphobia
 - e) Post-traumatic stress disorder (PTSD)
- 33) A patient completes a GAD-7 with a score higher than 10. What is the first-line treatment of choice for this patient?
- a) Cognitive behavioral therapy (CBT)
 - b) Tricyclic antidepressants (TCAs)
 - c) Benzodiazepines (e.g. alprazolam, lorazepam)
 - d) Serotonin-norepinephrine reuptake inhibitor (SNRIs, e.g. venlafaxine)
 - e) Serotonin reuptake inhibitors (SSRIs, e.g. fluvoxamine, sertraline)
- 34) A 78-year-old retired lumber-company president presents after a series of attacks where he felt apprehension, restlessness, and as if the “walls were caving in” around him. He says when he got dressed and went outside, the feelings subsided. Lab tests show macrocytic anemia and B12 deficiency. Which of the following is most likely?
- a) Anxiety disorder due to a general medical condition, with generalized anxiety
 - b) Anxiety disorder due to a general medical condition, with panic attacks
 - c) Anxiety disorder due to a general medical condition, with OCD
 - d) Panic disorder without agoraphobia
 - e) Panic disorder with agoraphobia

35) A medical student presents with a history of anxiety, tearfulness, and feelings of hopelessness. They have been having a lot of trouble studying for a board examination. When they begin studying for the exam, they feel depressed and often give up within an hour. Four months later, on follow-up, the student has adapted and their emotional response appears to have repaired itself. Which of the following is most likely?

- a) Major depressive disorder
- b) Adjustment disorder with anxiety
- c) Generalized anxiety disorder (GAD)
- d) Obsessive compulsive disorder (OCD)
- e) Post-traumatic stress disorder (PTSD)

36) Adjustment disorders are defined as beginning within how many months of a life stressor?

- a) One
- b) Two
- c) Three
- d) Four
- e) Six

37) An adult male presents with complaints of anger and inability to work. History reveals his father was killed during a grocery store robbery a month prior and since then he has “gotten into trouble.” History reveals he has been drinking heavily and was recently cited for reckless driving and punching a police officer. Which of the following is most likely?

- a) Adjustment disorder with depressed mood
- b) Adjustment disorder with anxiety
- c) Adjustment disorder with disturbance of conduct
- d) Adjustment disorder with mixed anxiety and depressed mood
- e) Separation anxiety

38) Which of the following usually affects children between ages 5-7 and 11-14, may involve faking an illness such as a sore throat, and can involve nightmares, clinging behavior, and shadowing parents around the house?

- a) Post-traumatic stress disorder (PTSD)
- b) Obsessive compulsive disorder (OCD)
- c) Generalized anxiety disorder (GAD)
- d) Adjustment disorder with anxiety
- e) Separation anxiety

39) A student presents for a physical exam. History reveals they feel bad on some days and may even feel worse on particular days. At times, they have bursts of energy during the day, allowing them to study for long periods of time. Which of the following best describes this patient's episodes?

- a) Major depressive episodes
- b) Manic episodes
- c) Mixed episodes
- d) Hypomanic episodes
- e) Euthymia

40) Which of the following is specific to a unipolar disorder?

- a) History of major depressive episodes

- b) History of manic episodes
 - c) History of hypomanic episodes
 - d) History of mixed episodes
 - e) None of the above
- 41) Which of the following is NOT associated with depression?
- a) Insomnia or hypersomnia nearly every day
 - b) Inappropriate feelings of guilt or worthlessness
 - c) Increased or decreased appetite
 - d) High energy level without fatigue
 - e) Suicidal ideation
- 42) Which of the following biogenic amines are most associated with mood disorders?
- a) Norepinephrine and serotonin
 - b) Serotonin and histamine
 - c) Tyramine and acetylcholine
 - d) Norepinephrine and epinephrine
 - e) Dopamine and serotonin
- 43) Which of the following neurochemistry changes of severe unipolar (endogenous) depression shows an increase when measured?
- a) Blood cortisol
 - b) Dopamine
 - c) Serotonin
 - d) Norepinephrine
- 44) The Hamilton Rating Scale for Depression scores severe depression as being higher than what number?
- a) 10
 - b) 13
 - c) 14
 - d) 17
 - e) 21
- 45) A patient completes a Beck Depressive Inventory (BDI), scoring between 5 and 10 points. Which of the following is the interpretation of these results?
- a) Denial of depression, faking good
 - b) These ups and downs are considered normal
 - c) Borderline clinical depression
 - d) Moderate depression
 - e) Severe depression, suggesting possible exaggeration of depression
- 46) Which of the following was designed not to be diagnostic but to provide a quantification of stress, and has results interpreted as likelihood of suffering an accident or injury within a year?
- a) Zung Depression Scale
 - b) Geriatric Depression Scale
 - c) Social Readjustment Rating Scale
 - d) Hamilton Rating Scale for Depression
 - e) Beck Depressive Inventory (BDI)
- 47) Which of the following has a maximum achievable score of 80?
- a) Zung Depression Scale

- b) Geriatric Depression Scale
 - c) Social Readjustment Rating Scale
 - d) Hamilton Rating Scale for Depression
 - e) Beck Depressive Inventory (BDI)
- 48) A second-year medical student presents with complaints of “feeling horrible every day.” History reveals since coming to medical school the patient has great difficulty sleeping, is bored with their life, feels like they are worthless, and feels guilty for not studying. When friends call her to go out, she usually feels too tired and is not excited to join. Although her main activity is studying, she has difficulty concentrating and has started eating a great deal more than she used to. She states that at times she feels her life is not worth living. Physical exam reveals bilateral Veraguth folds of the upper eyelids. Which of the following is most likely?
- a) Adjustment disorder with depressed mood
 - b) Adjustment disorder with anxiety
 - c) Adjustment disorder with disturbance of conduct
 - d) Adjustment disorder with mixed anxiety and depressed mood
 - e) Major depression
- 49) About two-thirds of all depressed patients contemplate suicide and 10 to 15 percent commit suicide. Diagnosis includes either a depressed mood most of the day or markedly diminished interests in most activities. It also requires 5+ symptoms during what time period?
- a) One-day
 - b) Two-days
 - c) One-week
 - d) Two-weeks
 - e) One-month
- 50) Manic episodes are characterized by a persistent elevated, expansive, or irritable mood lasting at least how long?
- a) One-day
 - b) Two-days
 - c) One-week
 - d) Two-weeks
 - e) One-month
- 51) Which of the following is NOT characteristic of a manic episode?
- a) Excessive alcohol use and inflated self-esteem
 - b) Pathologic gambling and a tendency to disrobe in public
 - c) Wearing clothing and jewelry of bright colors in outlandish combinations
 - d) Increased need for sleep, feeling un-rested even after 12 hours of sleep
 - e) Flight of ideas, distractibility, early morning long distance phone calls
- 52) Hypomanic episodes are defined as lasting for how many days?
- a) One day
 - b) Two days
 - c) Three days
 - d) Four days
 - e) Five days

- 53) Which mood disorder is characterized as an episode of major depression and an episode of hypomania, but never having an episode of mania or a mixed episode?
- a) Major depression
 - b) Dysthymia
 - c) Bipolar I disorder
 - d) Bipolar II disorder
 - e) Cyclothymia with rapid cycling
- 54) Phototherapy (2,500-10,000lux) is a common treatment for which of the following?
- a) Postpartum depression
 - b) Cyclothymia
 - c) Social anxiety
 - d) Major depression
 - e) Seasonal pattern disorder
- 55) Which of the following is believed to occur during darker winter months?
- a) Increased melatonin and serotonin
 - b) Decreased melatonin and serotonin
 - c) Increased melatonin and decreased serotonin
 - d) Decreased melatonin and increased serotonin
- 56) Major depressive disorder consists of at least how many major depressive episodes?
- a) One
 - b) Two
 - c) Three
 - d) Four
 - e) Six
- 57) A 33-year-old homemaker and mother of a 4 year old son is referred by her PCP for psychiatric evaluation due to complaints of daily depression for the past two weeks, inability to concentrate, feels as if her life is not worth much, and sleep impairment, since her marital separation about eight weeks ago, after 5 years of marriage. The separation was due to her husband's cocaine habit, emotional abuse, and physical abuse of her. They tried marriage counseling but her husband discontinued after two sessions when his cocaine habit became the topic of discussion. She has no history of depression, and having been popular in high school, having been a party organizer wherever she worked. She has no family history of mood disorders, or violence. She returned to her husband about five weeks ago and for two weeks all went well, but for the past three weeks he had again returned to abusive behavior. She now feels worthless that she could not save her marriage. She has lost interest in doing much except caring for her son. Which of the following is most likely?
- a) Dysthymic disorder
 - b) Major depressive episode
 - c) Major depressive disorder
 - d) Generalized anxiety disorder
 - e) Adjustment disorder with depressed mood
- 58) A diagnosis of major depression requires 5 or more criteria within a two-week period. Dysthymia requires only 2 of the symptomatic criteria with the past:
- a) Two weeks
 - b) Six months

- c) One year
 - d) Two years
 - e) Five years
- 59) A 49-year-old housewife was evaluated in a central Appalachian clinic on referral from her PCP. The chief complaint was chronic depression. Client was pale, plainly dressed, hair combed straight back, and no makeup. Her eyes were filled with tears during most of the evaluation. She claimed all her life “her nerves have been busted,” and consequently she has felt depressed all her life. She acknowledged feeling helpless and hopeless. She had multiple physical complaints and it became apparent that she would respond positive to every query. Her life long depression was worsening. She has lived in the Appalachian area all her life, has never been anywhere else. Quit school in the 8th grade, and dropped out since she said she could not learn. She has lost energy and just sits around the house all day without interest to do anything. Complained of interrupted sleeping patterns, and 10lbs weight loss over the last 2 months. She explained that she would forget what people would say to her immediately after being told something. She claimed to not be suicidal. Her husband, of 27 years, is drawing a disability pension for black lung disease having worked in a coalmine. Which of the following is most likely?
- a) Dysthymic disorder
 - b) Major depressive episode
 - c) Major depressive disorder
 - d) Generalized anxiety disorder
 - e) Adjustment disorder with depressed mood
- 60) A 22-year-old woman presents after being told by her mother to see a doctor. She seems extremely happy but complains about the price of gas. “I love driving! I could drive all day long,” she says. Yesterday while she was driving she had to stop and write down all of her ideas about the economy and how to solve world problems. The clinician finds it difficult to interrupt her as she’s talking. History reveals she hasn’t slept in three days and was admitted to the hospital six months ago for similar behavior. She says, “The judge didn’t like that I overcharged my credit card online.”
- a) Bipolar disorder with single manic episode
 - b) Bipolar disorder with most recent episode manic
 - c) Bipolar disorder with most recent episode hypomanic
 - d) Bipolar disorder with most recent episode depressed
- 61) Which of the following is true of Bipolar II disorder, when compared with Bipolar I?
- a) Involves manic states
 - b) Prone to psychotic symptoms
 - c) Prone to delusional behavior
 - d) Has a higher risk of suicide
 - e) Involves only hypomanic states
- 62) A 37-year-old female part-time psychology graduate student was referred by her psychotherapist for a medication consultation. The chief complaints are depressed mood and panic attacks. She is employed as a home health aide, but she has already matriculated a Ph D in sociology. She is unhappy looking and admitted to having been unhappy most of her life. Her father was emotionally abusive. She had made several suicidal gestures throughout her life beginning about age 14-years-old. She entered psychotherapy precipitated by a heterosexual relationship break up about 4 years ago,

with complaints of panic attacks. She would awaken in the middle of the night, unable to go back to sleep and then overslept the following day sometimes as much as 18 hours. In spite of a chronic depression the patient has disclosed that she experiences abnormally elevated mood swings that would last 2-3 days, but many episodes during the past six months. During these episodes she would function on 4-5 hours of sleep, run up huge telephone bills, with racing thoughts. Her mood swings have never resulted with her getting into trouble, and she has been able to continue to work. Which of the following is most likely?

- a) Major depression
 - b) Dysthymia
 - c) Bipolar I disorder
 - d) Bipolar II disorder
 - e) Cyclothymia
- 63) Which of the following is characterized by periods of hypomania occurring over at least two years, as well as periods of mild depression?
- a) Major depression
 - b) Dysthymia
 - c) Bipolar I disorder
 - d) Bipolar II disorder
 - e) Cyclothymia
- 64) Electroconvulsive therapy (ECT) is recommended for all of the following EXCEPT:
- a) Major depressive disorders
 - b) Bipolar disorders
 - c) Anxiety disorders
 - d) Manic episodes
 - e) Schizophrenia
- 65) Which of the following treatments is recommended for mood disorders?
- a) Deep brain stimulation (DBS)
 - b) Repetitive transcranial magnetic stimulation (rTMS)
 - c) Vagus nerve stimulation (VNS)
 - d) All of the above
 - e) None of the above
- 66) An elementary school boy begins to have poor school performance. After episodes of agitation and separation anxiety, the child is brought to a clinician. History reveals the child has tried to run away on occasion. The child says sometimes he hears funny voices when no one is around. Which of the following is most likely?
- a) Depression
 - b) Separation anxiety
 - c) Oppositional
 - d) Malingering
 - e) Normal child
- 67) Which of the following medical conditions is NOT associated with depression?
- a) Cerebral vascular accident
 - b) Graves disease
 - c) Multiple sclerosis
 - d) Huntington disease

- e) Parkinson disease
- f) Hypoparathyroidism

Match the behaviors with the most likely personality disorders:

- 68) Impulsive and reckless a) Borderline, paranoid, obsessive-compulsive, antisocial
- 69) Suicidal attempts b) Borderline, histrionic
- 70) Poor compliance, distrust, irritability c) Schizoid, schizotypal
- 71) Poor communication skills d) Antisocial, borderline, histrionic
- 72) Expects excessive demands e) Paranoid, narcissistic, histrionic
- 73) Angry outburst, ignoring medical advice f) Narcissistic, histrionic, dependent
- 74) Which of the following personality disorders is part of Cluster A (odd or eccentric)?
- a) Antisocial personality disorder (APD)
 - b) Borderline personality disorder (BPD)
 - c) Histrionic personality disorder
 - d) Schizoid personality disorder
 - e) Narcissistic personality disorder (NPD)
- 75) Personality disorders affect an estimated 15% of the U.S. population and have a 30% to 50% prevalence in psychiatric treatment facilities. What is the age of onset for these disorders?
- a) Early childhood
 - b) Adolescence
 - c) Mid-adulthood
 - d) Late-adulthood
 - e) Very elderly
- 76) Somatization disorder (Briquet syndrome) is strongly associated with which of the following?
- a) Antisocial personality disorder (APD)
 - b) Borderline personality disorder (BPD)
 - c) Histrionic personality disorder
 - d) Schizoid personality disorder
 - e) Narcissistic personality disorder (NPD)
- 77) Low levels of 5-hydroxyindoleacetic acid (5-HIAA) are seen in patients who are:
- a) Apathetic
 - b) Antisocial or borderline
 - c) Depressed and suicidal
 - d) Impulsive or aggressive
 - e) Narcissistic or dependent
- 78) High endogenous endorphin levels may be associated with people who are:
- a) Apathetic
 - b) Antisocial or borderline
 - c) Depressed and suicidal
 - d) Impulsive or aggressive
 - e) Narcissistic or dependent
- 79) Slow wave EEG activity is seen in some patients who are:
- a) Apathetic
 - b) Antisocial or borderline
 - c) Depressed and suicidal

- d) Impulsive or aggressive
- e) Narcissistic or dependent

80) A 75-year-old male at a routine medical check up with his PCP, explains to the physician that he has been caring for his bedridden wife for several weeks. The male is apparently in good health, with no evidence of impairment in thinking, cognitive abilities or memory. He is reluctant to seek out help for his wife insisting that he is able to continue to care for her. History included that the patient has never been treated for a mental disorder, he is a retired attorney, has been married for 45 years and as one daughter. He described himself as a person who would make all his decisions only on "rational thought." His wife is the only person that he said he ever trusted. He has always been extremely careful not to reveal anything of himself to others, assuming others would then attempt to take something away from him. He obviously refuses help from acquaintances because he is suspect of their motives. He never reveals his identity to a caller without first questioning the caller as to nature of the business. He has stored letters from certain clients in a secret safe box so that he could use them as evidence in the event the clients would ever attempt to sue him for mismanagement of an estate. He does not have time for play but participates in only that which is said to be useful work, e.g., for hours on end he will monitor his stock market investments, since he cannot trust brokers as he has suspected many times that brokers have committed errors with his account and have tried to cover up fraudulent deals. Which of the following is most likely?

- a) Paranoid personality disorder
- b) Obsessive-compulsive personality disorder
- c) Schizotypal personality disorder
- d) Avoidant personality disorder
- e) Schizoid personality disorder

81) A 35-year-old night security guard at a bank comes to the clinic. He likes his job because he can enter the private world of his thoughts without interruptions from other people. Even though his numerous years of service make him eligible for a daytime security position, the patient repeatedly turns down the opportunities because daytime work would require him to deal with bank employees and customers. The patient has lived more than 20 years in a small room at a rooming house. He has no television or radio, and has resisted attempts by other residents to involve him in social activities. He is not interested in small talk and prefers to be left alone. Neighbors, co-workers, and even his own family members (whom he also avoids) perceive him as very peculiar, and strikingly cold and detached. When his brother died, the patient did not attend the funeral because he did not want to receive the sympathetic wishes from relatives and others.

Which of the following is most likely?

- a) Paranoid personality disorder
- b) Obsessive-compulsive personality disorder
- c) Schizotypal personality disorder
- d) Avoidant personality disorder
- e) Schizoid personality disorder

82) A 41-year-old man was referred to a community mental health center activities program for help in improving his social skills. He had a lifelong pattern of social isolation with no friends. He spent long hours worrying that his angry thoughts about his older brother would cause his brother harm. Patient had worked in the past as a clerk in

civil service, but lost his job due to poor attendance and low productivity. At the time of the evaluation, the patient was distrustful. He described in elaborate and often irrelevant detail his rather uneventful and routine daily life. For example, he had spent an hour a half in a pet store deciding which of two brands of fish food to buy, as he explained their relative merits. For 2 days he had studied the washing instructions on a new pair of jeans, he wondered “did wash before wearing” mean that the jeans were to be washed before the first time, or did they have to be washed each time they were to be worn? He did not regard these concerns as senseless, though he did acknowledge the amount of time spent thinking about them might be excessive. He described how he would often buy several different brands of the same item, e.g., can openers and would keep them in their original bag in his closet expecting that at some future time they would be useful. He was reluctant to spend money on items that he actually needed, in spite of a healthy bank account balance. He was able to recite his running daily bank account total, but became anxious not knowing whether certain checks had been posted. He feared group therapy for the potential vulnerability he would experience by self-disclosure. Which of the following is most likely?

- a) Paranoid personality disorder
- b) Obsessive-compulsive personality disorder
- c) Schizotypal personality disorder
- d) Avoidant personality disorder
- e) Schizoid personality disorder

83) A patient presents because “the judge told me to come.” He says some stuff got stolen from a house in the neighborhood and they think it was him. “But I didn’t do nothing, I have an airtight alibi.” The patient says instead of jail, he got probation, so he feels he outsmarted the judge. He says when he was 12-years-old, he took a car and drove to another state just because he could. He has a history of reform school but left because he didn’t want someone “telling him what to do, when to sleep, and what to eat.” He says he was in jail recently for hitting a guy with a baseball bat after sleeping with his girlfriend. When asked if he cheated on her ever, he says, “I wouldn’t call it cheating, there were lots of one night stands but they didn’t mean anything.” Which of the following is most likely?

- a) Borderline personality disorder
- b) Narcissistic personality disorder
- c) Antisocial personality disorder
- d) Histrionic personality disorder

84) Which of the following is NOT true of antisocial personality disorder (APD)?

- a) Patients may present to the Emergency Department with injuries due to altercation or substance intoxications
- b) Patients may have difficulty with physician authority
- c) APD may develop due to inconsistent, impulsive parenting or poor limit setting and discipline
- d) APD has no genetic predisposition, thus children raised separate from parents who have APD will not develop APD
- e) Patients tend to be noncompliant, disrupt the hospital setting, and leave against medical advice (AMA)

85) A woman presents complaining that you, the clinician, told her to be more assertive and that she tried it and that you are “dead wrong, what do you have to say about your advice now.” She says she was bored and afraid of being alone, so she went to the bar. At the bar, “someone hit on me, now my husband thinks I’m cheating on him. If he leaves me, I’ll be all alone.” History reveals she drank too much, got in an altercation at the bar, and was kicked off the dart team. When she got home, she cut her arm with a kitchen knife so “people could see how empty I am inside.” Further history reveals that she was neglected as a child. Which of the following is most likely?

- a) Borderline personality disorder
- b) Narcissistic personality disorder
- c) Antisocial personality disorder
- d) Histrionic personality disorder

86) Dialectical behavioral therapy (DBT) involves reducing life-threatening behaviors, weekly psychotherapy, and weekly group therapy sessions. This is a treatment option for which of the following?

- a) Borderline personality disorder
- b) Narcissistic personality disorder
- c) Antisocial personality disorder
- d) Histrionic personality disorder

87) A 44-year-old female high school teacher, who is notorious for her outlandish behavior and inappropriate flirtatiousness, presents to the clinic. Several of her students have complained to the principal about her seductive behavior during individual meetings. She often greets students with overwhelming warmth and apparent concern over their welfare, leading some to find her appealing and engaging, but they invariably become disenchanted once they realize how shallow she is. To her colleagues, she brags about minor accomplishments as if they were major victories. Yet if she fails to achieve a desired objective, she sulks and has been known to even break down into tears. She is so desperate for the approval of others that she will change her stories to suit whomever she is talking to at the time. Because she is always creating crises, and never reciprocates the concern of others, people have become immune and unresponsive to her frequent plea for help and attention. Which of the following is most likely?

- a) Borderline personality disorder
- b) Narcissistic personality disorder
- c) Antisocial personality disorder
- d) Histrionic personality disorder

88) Which of the following disorders presents with individuals who are enmeshed in their own accomplishments, crave admiration, have unrealistically inflated views of their talents, and may become angry when criticized?

- a) Borderline personality disorder
- b) Narcissistic personality disorder
- c) Antisocial personality disorder
- d) Histrionic personality disorder

89) A 45-year-old postal employee was evaluated at a clinic specializing in the treatment of depression. By self-report, his depression has been constant since the 1st grade, without a period of normal mood for more than a few days at a time. His depression has been accompanied by lethargy, little or no interest or pleasure in anything, trouble

concentrating, and feelings of inadequacy, pessimism and resentment. His periods of normal mood occur only when he is home alone. He cannot remember ever feeling comfortable in a social milieu. As a child if he was asked to speak in front of a group his mind would go blank. He avoided birthday parties due to overwhelming anxiety. If he had to attend a function, he would typically remain silent. During his life from childhood through adulthood, when he met new people, he would do so with his eyes lowered, fearing their scrutiny, expecting to feel humiliated and embarrassed. He was convinced that everyone around him thought of him as a jerk and dumb. He never had a best friend, but did have some childhood neighbor playmates. As a teenager, he was terrified of girls, and to the present he has never had a date. He blames his depression for a lack of interest and a lack of energy. He attended college, did well for a while, but his grades slipped. He had trouble finding employment due to embarrassment at interview questions. That is when he took a Civil Service test since there was no interview, only a written test. He works the evening shift, which has little contact with others. He has refused several promotions, since he would be then expected to socially interact. He still has no friends, and attends no social activities with co-workers. He has never experienced a sudden anxiety or a panic attack in social situations. His anxiety builds to high levels as anticipation in social situations. He has never had a psychotic symptom. Which of the following is most likely?

- a) Obsessive compulsive personality disorder
- b) Antisocial personality disorder
- c) Dependent personality disorder
- d) Borderline personality disorder
- e) Avoidant personality disorder

90) The patient is a 45-year-old lawyer who seeks treatment at his wife's insistence. She is fed up with his emotional coldness, rigid demands, bullying behavior, sexual disinterest, and long work hours. The patient feels no particular distress in marriage. However, he does disclose that he is troubled by problems at work. These problems include: that he has a reputation for being the hardest driving member of the law firm, famous for handling many cases at the same time, he has verbalized his displeasure regarding the lack of perfectionistic work product from his staff who complain about his attention to detail and inability to delegate. As a consequence, he has had three assistants leave him, which means he has more to do and now cannot make decisions for being too overwhelmed. The patient speaks of his family in loving terms but has difficulty understanding their flexible values and seemingly liberal morality. The patient becomes furious when plans are altered. He is ferocious competitor at sports, but reluctant to play since he has proven by experience to not be the best at sports. Which of the following is most likely?

- a) Obsessive compulsive personality disorder
- b) Antisocial personality disorder
- c) Dependent personality disorder
- d) Borderline personality disorder
- e) Avoidant personality disorder
- f) Schizoid personality disorder
- g) Paranoid personality disorder

Behavioral Health #2 – Psychiatric Disorders: Part 2

- 1) Which of the following is considered a positive symptom of schizophrenia?
 - a) Poor hygiene
 - b) Affective flattening
 - c) Meaningless communication
 - d) Hallucinations
 - e) Avolition
- 2) A patient is brought to the Emergency Room and tells the physician to “stay away from me.” The clinician asks if the patient knows where he is. “I’m in hell, and keep that man over there away from me.” There is no other man in the room. The clinician asks if the patient knows what year it is. The patient says, “It’s 1984, divided by four, four walls, it’s hot in here, hot in hell.” Hospital history reveals the patient is on olanzapine. Which of the following is most likely?
 - a) Obsessive compulsive
 - b) Schizophrenia
 - c) Neuroleptic malignant syndrome
 - d) Antisocial personality
 - e) Borderline personality
- 3) Which of the following types of schizophrenia is associated with flat affect and emotions, rambling speech and thoughts, and fragmented delusional ideas?
 - a) Paranoid type
 - b) Catatonic type
 - c) Disorganized type
 - d) Undifferentiated type
 - e) Residual type
- 4) Positive schizophrenic symptoms, such as psychosis and disorganization, have been associated with:
 - a) Dopamine D2 receptor hyperactivity
 - b) Dopamine D2 receptor hypoactivity
 - c) Serotonin 5-HT3 receptor hyperactivity
 - d) Serotonin 5-HT3 receptor hypoactivity
 - e) Serotonin 5-HT4 receptor hyperactivity
- 5) Which of the following is NOT associated with pre-morbid schizophrenia?
 - a) Smooth-pursuit eye movements
 - b) Perceptual motor speed and mental flexibility
 - c) Eye-tracking and fine-motion task deficits
 - d) Over-reactions and under-reactions
 - e) High IQ scores
- 6) Schizophrenia has higher incidence in those born in urban U.S. areas as well as those born during what season of the year, possibly due to increased viral illnesses?
 - a) Fall
 - b) Winter
 - c) Spring
 - d) Summer
- 7) What was the outcome of the 1966 study involving 47 adoptees of hospitalized schizophrenic mothers and 50 adoptees that did not have schizophrenic mothers?

- a) Schizophrenia was found only in children with schizophrenic mothers
 - b) Schizophrenia was found equally in both groups
 - c) Schizophrenia was found only in children without schizophrenic mothers
 - d) Schizophrenia was more prevalent in the group without schizophrenic mothers
 - e) Neither group was found to have schizophrenia
- 8) Which of the following showed the highest incidence (47%) of schizophrenia?
- a) General population
 - b) Sibling schizophrenia
 - c) One parent schizophrenia
 - d) Dizygotic twin sibling
 - e) Both parents schizophrenic
 - f) Monozygotic twin schizophrenic
- 9) Which of the following is NOT true regarding schizophrenia?
- a) Low prefrontal dopamine activity may be associated with positive symptoms
 - b) Increased dopamine activity in the mesolimbic areas or the mesocortical tracts may be associated with positive symptoms
 - c) Antipsychotic (neuroleptic) medications alleviate positive symptoms
 - d) Antipsychotic medications work by block the brain's receptor sites for dopamine
- 10) Which of the following is NOT a serotonin-dopamine antagonist, which may decrease positive symptoms in schizophrenia?
- a) Risperidone (Risperdal)
 - b) Quetiapine (Seroquel)
 - c) Clozapine (Clozaril)
 - d) Olanzapine (Zyprexa)
 - e) Phenothiazines (e.g. Chlorpromazine, Prochlorperazine, Promethazine)
- 11) Which of the following neurologic "soft signs" is seen in 60% to 70% of schizophrenic patients?
- a) Stereognosis abnormalities
 - b) Coordination abnormalities
 - c) Gait abnormalities
 - d) Balance abnormalities
 - e) All of the above
- 12) Although there is a lack of sensitive or specific evidence for diagnosis, what is the most commonly seen neuro-radiologic finding in schizophrenia, which may be the cause of poor neuroleptic response, poor premorbid adjustment, predominance of negative symptoms, and possible pattern of familial transmission?
- a) Smaller brain, larger sulci, diffuse neuritic process thinning
 - b) Decreased grey matter volume with white matter abnormalities
 - c) Increased size of the lateral ventricles
 - d) Normal CSF spaces
 - e) Left sylvian fissure enlargement and auditory P300 measure
- 13) A schizophrenic provides crudely formed responses with a lack of imagination or creativity when looking at different inkblots. What test are they taking?
- a) Rorschach test
 - b) Thematic apperception test (TAT)

- c) Wechsler adult intelligence test (WAIS)
 - d) Myers-Briggs test
 - e) Minnesota multiphasic personality inventory, 2 (MMPI-2)
- 14) Which of the following tests has an Sc scale that measures for characteristics in disturbed thinking (bizarre mentation, peculiarities of perception, delusions, and hallucinations), in mood, and in behavior?
- a) Rorschach test
 - b) Thematic apperception test (TAT)
 - c) Wechsler adult intelligence test (WAIS)
 - d) Myers-Briggs test
 - e) Minnesota multiphasic personality inventory, 2 (MMPI-2)
- 15) Who first recognized schizophrenia and proposed three types of psychoses including manic-depressive illness, paranoia, and dementia praecox?
- a) Emil Kraepelin
 - b) Ivan Pavlov
 - c) Kurt Schneider
 - d) Sigmund Freud
 - e) Eugene Bleuler
- 16) Who defined schizophrenia as a “split personality” and used four A’s to describe it, including associations, ambivalence, affect, and autism?
- a) Emil Kraepelin
 - b) Ivan Pavlov
 - c) Kurt Schneider
 - d) Sigmund Freud
 - e) Eugene Bleuler
- 17) Who contended that schizophrenia could be diagnosed with only one “first rank” symptom (e.g. hearing voices, delusional perceptions), while “second rank” symptoms (e.g. paranoia, affective extremes) were more vague?
- a) Emil Kraepelin
 - b) Ivan Pavlov
 - c) Kurt Schneider
 - d) Sigmund Freud
 - e) Eugene Bleuler
- 18) Which of the following is the most common sensation hallucination seen in schizophrenia?
- a) Auditory
 - b) Visual
 - c) Olfactory
 - d) Tactile
 - e) Gustatory
 - f) Synesthesia
- 19) Which sensation hallucination may signify a potential seizure disorder, especially complex partial seizures?
- a) Auditory
 - b) Visual
 - c) Olfactory

- d) Tactile
 - e) Gustatory
 - f) Synesthesia
- 20) A schizophrenic patient splashes you with water as you begin a physical exam. When you ask why, the patient states, "It's holy water, I'm the Pope!" This is an example of what type of delusion?
- a) Persecution
 - b) Grandiosity
 - c) Referential thinking
 - d) Thought broadcasting
 - e) Thought insertion
 - f) Thought extraction
- 21) Which of the following loosened associations seen in schizophrenia involves inventing words?
- a) Word salad
 - b) Echolalia
 - c) Concreteness
 - d) Neologisms
 - e) Primitive logic
- 22) Which of the following is a term used for schizophrenic patients who make inappropriate mannerisms and grimacing, such as laughing suddenly for no reason?
- a) Akathisia
 - b) Bradykinesia
 - c) Echopraxia
 - d) Hebephrenia
 - e) Tardive (choreoathetotic) dyskinesia
- 23) Manfred Bleuler found which of the following to be true of the course and prognosis of schizophrenia?
- a) Earlier life onset resulted in better prognosis
 - b) Most remained schizophrenic throughout life
 - c) Most returned from schizophrenia to normal functioning
 - d) Most fluctuated between a residual phase and a recurring active phase
- 24) Along with chlorpromazine (Thorazine), which of the following treatments for schizophrenia is associated with akathisia, Parkinsonian-like symptoms, and tardive dyskinesia?
- a) Haloperidol (Haldol)
 - b) Risperidone (Risperdal)
 - c) Olanzapine (Zyprexa)
 - d) Clozapine (Clozaril)
- 25) A schizophrenic patient presents with agitation that appears to be exacerbation of the psychosis. Charting from the home he was staying at reveals he has not taken his medication in some time. Physical exam reveals high fever, sweating, increased pulse, increased blood pressure, and muscle rigidity. If neuroleptic malignant syndrome (NMS) is suspected, what is the treatment of choice?
- a) Methyldopa (Aldomet)
 - b) Dantrolene (Dantrium)

- c) Reserpine (Harmony)
 - d) Trifluoperazine (Stelazine)
 - e) Thioridazine (Navane)
- 26) Which of the following is true of people with schizophrenia?
- a) Have a higher homicide rate than the general population
 - b) Have a lower homicide rate than the general population
 - c) Have a higher suicide rate than the general population
 - d) Have a lower suicide rate than the general population
- 27) Which of the following is a useful strategy for managing schizophrenic patients?
- a) Use of long-acting antipsychotics (haloperidol, fluphenazine, perphenazine) to eliminate the need to take daily pills
 - b) Pill boxes labeled with the day of the week to help caregivers
 - c) Engaging family members in oral medication distribution
 - d) Patient and family education about schizophrenia
 - e) All of the above
- 28) A 44-year-old single, unemployed male was brought to the ED by the police for having struck an elderly woman in his apartment building. The patient's chief complaint is, "she and the rest of them deserved more than that for what they have put me through." The patient has been continuously ill since the age of 22. During his first year of law school, he grew progressively suspicious that his classmates made him the brunt of their jokes. He noticed they would make nasal sounds whenever he would enter the classroom. On one occasion he notified the police for having believed a female with whom he became involved, was kidnapped and replaced with a look-alike when she broke off the relationship. The law school directed him to leave and seek psychiatric intervention. After he left law school, he found a job as an investment's counselor at a bank. He held the job for 7 months. During that time he became progressively suspicious of having received distracting signals from co-workers and he became withdrawn. He noticed that it was at that time he began to hear voices. He was fired and soon afterwards hospitalized at age 24. He has not worked since. During his life he has been hospitalized 12 times with the longest admission having been 8 months. But within the last 5 years he has only had 1 hospitalization. He has a history of discontinuing his psychotropic medication shortly after he leaves the hospital. At this time in his life he has isolated himself, except for a few family meals. He manages his own finances, and cooks and cleans for himself. He believes his apartment is the center of a large communication system that involves all 3 major TV networks, and many "actors" in his neighborhood. He contends that he has secret cameras in his apartment. When he leaves his apartment the "actors" are all on guard to keep him under surveillance. His thoughts and voices are controlled by machines. He was admitted for treatment. Which of the following is most likely?
- a) Schizophrenia, paranoid type
 - b) Schizophrenia, catatonic type
 - c) Schizophrenia, disorganized type
 - d) Schizophrenia, undifferentiated type
 - e) Schizophrenia, residual type
- 29) A 40-year-old male, who looks 10 years younger, is brought to the hospital by his mother for his 12th hospitalization. The reason she brought him to the hospital was due to her fear of him. He was dressed in a ragged overcoat, bedroom slippers, and a baseball

cap. He wears several medallions around his neck. His affect ranges between anger at his mother to giggling, and seductiveness toward the interviewer. His speech and mannerisms have a childlike quality. His mother reported that he discontinued taking his medications about a month ago, and since that time he began to hear voices, and act more bizarrely. When asked what he does all day, he responded with “eating wires and lighting fires.” His spontaneous speech is often incoherent and marked with clang (rhyming). His first hospitalization occurred after he dropped out of high school at age 16, and since that time he has never been able to attend school or to hold a job. He has been treated with neuroleptics during his hospitalizations, but fails to be compliant with medications when he leaves. The result is that he again becomes disorganized. He lives with his elderly mother, but disappears for several months at a time. He is eventually arrested by police for vagrancy. There is no history of drug or alcohol abuse. Which of the following is most likely?

- a) Schizophrenia, paranoid type
- b) Schizophrenia, catatonic type
- c) Schizophrenia, disorganized type
- d) Schizophrenia, undifferentiated type
- e) Schizophrenia, residual type

30) Patient is a 39-year-old female, who presented with a stooped posture and childlike face surrounded by scraggly braids tied with pink ribbons. She was referred for psychiatric evaluation for possible hospitalization by her PCP, who was concerned about her low level of functioning. Her only complaint to her PCP was “I have a decline in self care and a low life level.” Her mother reported that there has indeed been a decline, but that has been progressive over many years. In the last few months, the patient has remained in her room, mute and still. Twelve years ago, the patient was a supervisor in the OT dept., of a large hospital, lived in her own apartment, and engaged to a young man. He broke off the engagement, and she became increasingly disorganized, wandered aimlessly in the street, and wore mismatched clothing. She was fired from her job and eventually was hospitalized via a police petition. The police had to force entry into her apartment, which was in shambles, filled with papers and food, and broken objects. The hospitalization lasted 3 months, and there is no information available. Upon discharge she returned to her mother’s house, but failed to fill her prescription. Over the years the patient has become more withdrawn and less functional. Most of her time is spent watching TV and cooking. Her cooking is to mix bizarre combinations of ingredients, i.e., broccoli and cake mix. She stopped bathing and brushing her teeth. She continually ate less food, but denied appetite disturbances, but lost 20 lbs over the past several years. She slept odd hours, became enuretic, which filled the room with a pungent odor. At the interview she sat still, answered appropriately, did not appear to be on guard. But her answers became irrelevant and interspersed with a mantra, “I’m safe, I’m safe.” Which of the following is most likely?

- a) Schizophrenia, paranoid type
- b) Schizophrenia, catatonic type
- c) Schizophrenia, disorganized type
- d) Schizophrenia, undifferentiated type
- e) Schizophrenia, residual type

31) Schizophreniform disorder is similar to schizophrenia, however the disorder lasts at least one month and no longer than:

- a) Two months
- b) Three months
- c) Six months
- d) Nine months
- e) One year

32) Brief psychiatric disorder may be associated with a stressful event (natural disaster, death of relative) or with limited coping (financial crisis, academic problems). It is similar to schizophrenia (disorganized speech, hallucinations, and delusions) but lasts no longer than:

- a) One day
- b) One week
- c) One month
- d) Three months
- e) Six months

33) While interviewing an 18-year-old female patient, you find she has delusions, hallucinations, and strange choreiform movements. Documentation reveals this patient has had these symptoms for about six months, initially starting with auditory hallucinations. The patient is extremely cheerful when talking to you. The next day, you interview the same patient but this time she is crying and extremely sad about her life.

Which of the following is most likely?

- a) Schizophreniform disorder
- b) Schizoaffective disorder
- c) Brief psychiatric disorder
- d) Schizotypal personality disorder
- e) Schizoid personality disorder

34) Patient is a 44-year-old mother of 3 teenagers. She has been hospitalized for treatment of depression. One year ago she became psychotic subsequent to relationship dissolution. She was frightened that people would kill her, and she heard voices of friends and strangers talking about killing her. She reported being able to hear her own thoughts being broadcasted, aloud for all to hear. For a 3-week period she remained in her apartment, had new locks put on windows and doors, kept the shades down and avoided everyone but her immediate family. She has been unable to sleep because the voices keep her awake. She has been unable to eat because of a lump she felt in her throat. Now she cannot say whether she was depressed, but denied having been elated or overactive. Her family persuaded her to admit herself to a hospital where she underwent a 6-week course of antipsychotic medication treatment and psychotherapy. As a consequence the voices stopped. She remembered feeling back to normal for 1-2 weeks, but then seemed to lose her energy or motivation again. She became increasingly depressed, lost her appetite, early awakening at 4:00 A.M. to 5:00 A.M. and then unable to return to sleep. Her concentration was impaired to read a newspaper or to watch TV. Since her discharge, she has done very little but sit in her apartment and stare at the walls. Her children have managed most of the cooking, shopping, and paying the bills. She has continued outpatient therapy and maintained on antipsychotic medications for the past 3-months. There has been no recurrence of the psychotic symptoms since the medication was

discontinued, but she remains depressed with all the accompanying symptoms. There is no evidence of a diagnosable illness before last year. She has been separated for 10-years without any other relationships. Which of the following is most likely?

- a) Schizophreniform disorder
- b) Schizoaffective disorder
- c) Brief psychiatric disorder
- d) Schizotypal personality disorder
- e) Schizoid personality disorder

35) Patient is 32-years-old, single, unemployed male who migrated from India to the U.S. when he was 13-years-old. His brother brought him to the ED after neighbors complained that he was standing on the street harassing people about his religious beliefs. Patient lived with his brother and his sister-in-law for the past 7 months, having attended outpatient clinic. During the past 4 weeks, his behavior has become increasingly more disruptive. He awakens his brother at all hours of the night to discuss religion. He often seems to respond to voices that only he hears. He neither bathes nor changes his clothes. His first episode of disorder was 5 years ago, with two subsequent episodes each requiring hospitalization for a few months. The patient reports to hear several voices throughout the day which comment on his behavior and they discuss him in third person. The voices can be insulting of his mannerisms. It is due to the voices that he cannot remain employed because the voices disrupt his concentration. Between episodes the patient is withdrawn but popular in the neighborhood. For the past 6 months with increasing insistence the voices have been telling him that he is the Messiah, Jesus, Moses, and Vishnu and he should begin a new religious epoch of human history. He has begun to experience increasing surges of energy and needs little sleep. His brother described the patient as having become more preoccupied with the voices and disorganized in his daily activities. Upon having been interviewed, the patient was euphoric, with rapid speech and hard to follow. He paced up and down the hallway, and upon seeing the physician, grabbed the doctor's arm, put his face about 2 inches of the doctor's and talked with rapidity and enthusiasm about his religious insights, and how God has given him the energy and enthusiasm to do this work. In the middle of the monologue, the patient shifts the topic to compliment the physician about how well his tie matches his shirt. When limits are placed on the patient, the patient became angry and loud. Which of the following is most likely?

- a) Schizophreniform disorder
- b) Schizoaffective disorder
- c) Brief psychiatric disorder
- d) Schizotypal personality disorder
- e) Delusional disorder

36) A 25-year-old woman presents with complaints of "a man who will not stop flirting with her." History reveals the man, a 25-year-old coworker, has never had a conversation with the woman and works in a different department. The man seems to be happily married. The patient says he looks her direction "with those eyes" and always wears the cologne "that only I like." She goes on the he "uses black pens because they are my favorite and types in a sexy manner when he knows I'm listening." Further questioning rules out schizophrenia "A" criteria. Which of the following is most likely?

- a) Schizophrenia

- b) Delusional disorder, persecution
 - c) Delusional disorder, jealous
 - d) Delusional disorder, grandiose
 - e) Delusional disorder, erotomania
- 37) Which of the following describes somatoform disorder?
- a) Intentional symptom production and intentional motivation
 - b) Unconscious symptom production and intentional motivation
 - c) Intentional symptom production and unconscious motivation
 - d) Unconscious symptom production and unconscious motivation
- 38) Which of the following describes factitious disorder?
- a) Intentional symptom production and intentional motivation
 - b) Unconscious symptom production and intentional motivation
 - c) Intentional symptom production and unconscious motivation
 - d) Unconscious symptom production and unconscious motivation
- 39) Which of the following describes malingering?
- a) Intentional symptom production and intentional motivation
 - b) Unconscious symptom production and intentional motivation
 - c) Intentional symptom production and unconscious motivation
 - d) Unconscious symptom production and unconscious motivation
- 40) Which of the following is NOT appropriate management of a somatoform disorder?
- a) Treat symptoms of the bio-psycho-social condition
 - b) Investigate multiple or unexplained symptoms as they may signify potentially treatable disorders, substance abuse, or past sexual abuse
 - c) Obtain a good patient history to uncover correlations between symptoms and life stressors
 - d) Label as a somatization disorder in most cases
 - e) Acknowledge symptoms to foster a doctor-patient relationship
- 41) Somatization disorders are characterized by symptoms of many systems that cannot be account for by medical illness, but may be due to cytokines. Which of the following is NOT a component of diagnosis for somatization disorders?
- a) At least four pain symptoms (joint pain, rectal pain, pain during intercourse)
 - b) At least two gastro-intestinal symptoms (nausea, vomiting, diarrhea)
 - c) At least three abnormal vital signs (bradycardia, hypertension, hypoglycemia)
 - d) At least one sexual symptom (irregular menses, ejaculatory dysfunction)
 - e) At least one pseudo-neurological symptom (fainting, blindness, weakness)
- 42) Helen, a 29-year-old woman, is seeking treatment because her physician said there was nothing more he could do for her. When asked about her physical problems, Helen recited a litany of complaints, including frequent episodes when she cannot remember what has happened to her and other times when her vision is so blurred that she cannot read the words on a printed page. Helen enjoys cooking and doing things around the house, but she becomes easily fatigued and short of breath for no apparent reason. She often is unable to eat the elaborate meals she prepares because she either cannot swallow or feels nauseated. According to Helen's husband, their sexual relations have ebbed to the point where they have intercourse only about once a month, usually at his insistence. Helen complains of painful cramps during her menstrual periods and at other times she feels that her insides "are on fire." Which of the following is most likely?

- a) Delusional disorder, erotomania
 - b) Somatization disorder
 - c) Malingering
 - d) Conversion disorder
 - e) Factitious disorder
- 43) A 46-year-old housewife was referred for consultation by her PCP. In the course of the consultation she revealed marital conflicts. Her symptoms involved feelings of dizziness, accompanied by nausea about 4-5 nights week. During these episodes she had the feeling of floating, and unable to maintain her balance. Inexplicably, the attacks almost always occurred about 4:00 P.M. at which time she usually had to lie down and nap until 7:00 P.M. or 8:00 P.M. After recovering from an episode she would typically spend the rest of the evening watching TV. More often than not she would fall asleep in the living room and go to bed about 2:00 A.M. She had been given medical clearance by her PCP as well as by an ENT. Hypoglycemia was ruled out by glucose tolerance tests. At one point, the patient complains of complete loss of sensation in her left leg. A Hoover test shows pressure on the clinician's hand when held under the left leg, while the patient lifted their right leg. Babinski sign is absent. She described her husband to be a tyrant, demanding, and verbally abusive. She admitted to a feeling of dread in anticipation of his return home from work. She was emotionally conditioned to hear his accusations of a messy house, and of her tardiness with dinner. As a result he would take the children to a fast food establishment to get supper. After his returned home, he would watch TV in the bedroom, and they had minimal conversation. In spite of their troubles, the patient claimed that she loved her husband and desired to remain in the marriage. Which of the following is most likely?
- a) Hypochondriasis
 - b) Somatization disorder
 - c) Pain disorder
 - d) Conversion disorder
 - e) Factitious disorder
- 44) A 38-year-old radiologist complains of occasional twinges of mild abdominal pain, sensations of "fullness", "bowel rumblings", and a firm abdominal mass that he can sometimes feel in his left lower quadrant. He is evaluated after a 10-day stay at an out of state diagnostic center to which he was referred by a gastroenterologist. The gastroenterologist had been unable to convince the patient that the physical complaints were without medical evidence. At the center, the radiologist underwent extensive laboratory examinations, X-rays of the entire gastrointestinal tract, esophagoscopy, gastroscopy, and colonoscopy. All examinations were negative for physical disease. The radiologist, instead of being relieved about the findings, became resentful and disappointed. He also underwent a psychiatric evaluation at the center, but maintain only a superficial level of disclosure with the psychiatrist. Over the past few months he has become convinced that the symptoms are the result of carcinoma of the colon. He tests his stool for occult blood weekly, and spends 15 minutes day palpating his abdomen. When he was 13 he was detected with a heart murmur, and had a younger brother die in early childhood of congenital heart disease. Evaluation of the murmur proved benign, but the patient worries that something else was missed. Over years he has had similar

experiences with sensing a symptom, excessive worry, and negative physical examinations. Which of the following is most likely?

- a) Hypochondriasis
- b) Somatization disorder
- c) Pain disorder
- d) Conversion disorder
- e) Factitious disorder

45) A 29-year-old married woman presented to a neurologist after an orthopedic examination failed to uncover the cause of the patient's pain. About 4-months previous she had been riding in a car with her husband, and involved in a minor traffic accident. She was thrown forward, but was prevented by her seat belt from hitting the windshield or dashboard. Three days later she began to complain of a stiff neck and sharp pains radiating down both arms, and included her spine to the small of her back, and both legs. The patient was attractive, statuesque in obvious distress who described her injury and symptoms in vivid detail, tracing the course of her pain, down her arms and legs using her hands. She frequently smiled at the neurologist. She performed each test of neurological function with precision and appeared to relish the attention. The neurological examination findings were totally within normal limits. An inquiry into the patient's personal history revealed no previous history of emotional disturbance. She is employed as a computer programmer and had been married for 4-years and had no children. Until recently her marriage had been smooth, although at times her husband would comment that he believed they were "sexually mismatched." He was interested in frequent and imaginative sex, while she was satisfied with weekly intercourse without variation or need for foreplay. Two weeks before the accident, she discovered another woman's telephone number in her husband's wallet. He admitted to the affair and rationalized that the relationship was only for "sexual release." At the time of the accident they had argued in the car. They agreed to try and satisfy each other, but because of her pain she was unable to have any sexual contact with her husband. Along with psychotherapy, which of the following would be most useful for this patient's disorder?

- a) Narcotics
- b) Sedatives
- c) Hypnotics
- d) Antidepressants
- e) Acupuncture and acupressure

46) A 45-year-old man presents for physical examination at the request of an attorney. The patient is in a soft neck brace, although he has not seen a physician for his complaint prior to now. They present disability policy paperwork, which he wants you to complete for their upcoming court case. Physical exam reveals mixed positive and negatives, including a Spurling test, straight leg raise test, and Hoover test. The patient objects to a cervical X-ray and further diagnostic testing, but requests narcotics for the intense pain. Which of the following is most likely?

- a) Hypochondriasis
- b) Malingering
- c) Pain disorder
- d) Conversion disorder
- e) Factitious disorder

47) A 28-year-old female below the left knee amputee who recently underwent a spinal fusion was referred by her orthopedic surgeon for a psychiatric consultation. The chief complaint was that the patient was not complying with physical therapy. Patient was described as oddly ingratiating and cheerful and did not seem to be appropriately troubled by her deteriorating medical disability or disfigurement. The back injury was sustained 5 years ago as a result of a domestic violent act. Over the ensuing two years she underwent multiple surgical procedures on her back. Her amputation was result of a motor cycle accident in which she sustained burns to her left ankle which became chronic over eighteen months, and unresponsive to medical interventions, to ultimately relegated her to a wheelchair since prosthesis could not be fit to edemas, infections and skin grafts. During her rehabilitation for her leg, she also developed UTIs, gastroenteritis, diarrhea, fevers, rash on her back and torso, and atypical mental status changes. She refused to comply with safety procedures, e.g., left her wheelchair unlocked and bed rail down. The staff became suspicious and searched her room. They found furosemide (a diuretic), cathartics, and a tourniquet, which explained many of the unexplained metabolic abnormalities and lack of progress. It was also hypothesized that the UTI labs may actually have identified fecal contaminants. Which of the following is most likely?

- a) Hypochondriasis
- b) Malingering
- c) Pain disorder
- d) Conversion disorder
- e) Factitious disorder

48) Münchausen syndrome is an extreme and dramatic form of factitious disorder. It may be present as proxy, where a person with a psychiatric disorder abuses another person such as a mother poisoning her child's milk. Which of the following characteristic behaviors of Münchausen syndrome involves pathologic lying?

- a) Pseudologia fantastica
- b) Laparotomophilia migrans
- c) Hemorrhagica histrionica
- d) Neurologica diabolica
- e) Dermatitis artifacta
- f) Cardiopathia fantastica
- g) Hyperpyrexia figmentatica

49) A psychiatric evaluation was requested by an ED physician for an 18-year-old male who was brought to the medical center by the police. The patient appears exhausted and shows evidence of prolonged exposure to the sun. He is disoriented to date, and to place, and is distractible but can be re-focused with prompting. He recalled sailing with friends on a Florida weekend cruise about a week prior to the date he is in the ED. They encountered rough seas, and his memory ends at that point, with no recollection of what became of his companions. He has to be reminded several times that he is in the hospital, and each time he is told he seems surprised. There is no evidence of a head injury or dehydration. Electrolytes and cranial nerve examination are unremarkable. As a result of his exhaustion he is permitted to sleep or about 6 hours. Upon awakening he is more attentive, but continues to be unable to recall events after they set sail. He is now aware that he is in the hospital, but is unable to recall contents of the previous interview and the fact that he had fallen asleep. He can recall having been a student at a southern college,

with a B average, had a small group of close friends, and had a good relationship with his family. He denied any previous psychiatric treatments, and denied ever having abused drugs or alcohol. A sodium amytal interview was performed. During the interview he revealed that neither he nor his companions were experienced sailors capable of coping with a ferocious storm. He used a life jacket and tie line but his companions failed to do so and were washed overboard. He lost control of the boat and it was only to good luck a lifeline that he was saved. A Coast Guard cutter found him after about 3 days of floating on the sea. Which of the following is most likely?

- a) Dissociative fugue
- b) Depersonalization disorder
- c) Dissociative amnesia
- d) Factitious disorder
- e) Dissociative identity disorder

50) A 42-year-old male who was brought to the ED by the police. Patient was involved in an argument and fight at a diner where he was employed. When the police began to question the patient he gave a name but had no identification. He had drifted into the town several weeks prior and began working as a short order cook. No charges were brought against him, but he agreed to accompany the police to the ED for an examination. In the ED, he was able to accurately identify the town, and the date, but could not recall his past, of which the patient agreed that it seemed unusual that he could not recall his past. However, the patient did not seem to be particularly upset about his lack of recollection. There was no indication of drug or alcohol abuse. A physical examination revealed no head trauma or any other physical abnormalities. When the police conducted a further investigation, they discovered that he fit the description of a missing person who had disappeared about four weeks ago from a city about 200 miles away. The patient's wife was invited to the town where he lived, and positively identified him as her husband. She continued to report that her husband experienced job related difficulties for the past eighteen months. He had been passed over for promotions, and his work had come under criticism. As several of the patient's staff left the company for one reason or another, he found it increasingly difficult to meet productivity. Work stress made home life difficult. Prior to the work stress, she described that he has always an easygoing man, and gregarious. Immediately preceding his disappearance he had withdrawn from his wife and had a violent argument with an 18-year-old son. The son called him a failure and 2 days later the patient disappeared. The patient stated that he did not recognize the woman who was his wife. Which of the following is most likely?

- a) Dissociative fugue
- b) Depersonalization disorder
- c) Dissociative amnesia
- d) Factitious disorder
- e) Dissociative identity disorder

51) A 35-year-old social worker is referred for psychiatric care for treatment of chronic pain caused by a reflex sympathetic dystrophy in her right forearm and hand. Her medical history included: asthma, migraine headaches, diabetes mellitus, and obesity. She was found to be highly hypnotizable, from which she quickly learned to control her pain. Personal history involved a brief marriage, but divorced for 10 years with no interest to remarry. Psychiatric history involved reports of strange occurrences. E.g., having filled

her gas tank when she left work on her way home, but the next morning the gas tank sometimes would be half empty. Her odometer sometimes registered 50-100 miles that were put on overnight. She had no memory of having driven anywhere once she was home from work. She also had significant gaps in her memory from her childhood. During a hypnosis session when asked about the time losses, she responded with a different voice, "it's about time you knew about me." This alter had a different name and told about the night drives which were retreats to a nearby seashore to "work out her problems." The alter seemed more abrupt and hostile than was the host personality which seemed more compliant and concerned about others. During therapy about six alters emerged and organized along a dependent – aggressive continuum. The recollections that emerged from the personalities involved physical and sexual abuse at the hands of her father and of others. Her mother forced her to cook and to clean at an early age. After four years of psychotherapy, the patient became able to integrate portions of these personality states. Periodically, the alters would continue to fight among each other, but the patient was aware of the situation. Which of the following is most likely?

- a) Dissociative fugue
- b) Depersonalization disorder
- c) Dissociative amnesia
- d) Factitious disorder
- e) Dissociative identity disorder

52) A 20-year-old male college student sought psychiatric consultation because he was worried that he might be going insane. For the past two years he experienced an increasing number of episodes in which he felt outside himself. These feelings were accompanied by a sense of deadness in his body. During these episodes his balance was compromised and he would stumble into furniture, especially in public. At these times he felt a lack of natural control of his body. His thought seemed to have been foggy. He associated these feelings with having received intravenous anesthetic medications for an appendectomy some five years prior. He would fight his lack of coordination by shaking his head and yelling at himself to stop. This would momentarily clear his mind and restore his sense of autonomy, but only temporarily as the feelings of deadness and of being outside of himself would return. Gradually over a period of several hours the unpleasant experiences faded. At the time of treatment, these symptoms had a frequency of about twice a week, for about three to four hours. For fear of having these experiences if/when he would drive, he would not drive unless he had someone else along with him. His girlfriend grew unsure of his mental health and broke off the relationship. His college grades actually improved after the relationship ended, since he now had more time to study. In spite of having been discouraged by his symptoms, he slept well at night, had no change in appetite, and did not experience any impairment in concentration. He was not fatigued because of his worry. Which of the following is most likely?

- a) Dissociative fugue
- b) Depersonalization disorder
- c) Dissociative amnesia
- d) Factitious disorder
- e) Dissociative identity disorder

53) Which of the following is NOT characteristic of bulimia nervosa?

- a) Binging and purging

- b) Laxative or diuretic use
 - c) Poor sexual adjustment
 - d) Electrolyte imbalance and dental cavities
 - e) Callous on fingers, enlarged parotid and salivary glands
 - f) Kleptomania
- 54) Which of the following is NOT characteristic of anorexia nervosa?
- a) Binging and purging
 - b) Laxative or diuretic use
 - c) Amenorrhea and lanugo
 - d) Cardiac abnormalities
 - e) High mortality
- 55) Which of the following is NOT usually seen in bulimia nervosa?
- a) Elevated amylase levels
 - b) Elevated serum potassium
 - c) Decreased magnesium
 - d) Arrhythmias
 - e) Gastroesophageal reflux esophagitis
- 56) Which of the following is NOT usually seen in anorexia nervosa?
- a) Cachexia
 - b) Low pulse and blood pressure
 - c) Poor oral hygiene
 - d) High temperature or fever
 - e) Hypokalemia, depressed RBC count, elevated LDH
 - f) Increased cortisol and positive dexamethasone suppression test
- 57) Which of the following have been implicated in anorexia nervosa and bulimia nervosa?
- a) Norepinephrine and serotonin
 - b) Serotonin and histamine
 - c) Tyramine and acetylcholine
 - d) Norepinephrine and epinephrine
 - e) Dopamine and serotonin
- 58) Hospitalization is NOT necessary for eating disorder patients who:
- a) Are below 85% average body weight for age, sex, and height
 - b) Have dehydration or hypotension
 - c) Have electrolyte imbalances
 - d) Have cardiac arrhythmias or suicidal ideations
 - e) Consume 10,000 to 20,000 calories at one sitting
- 59) Which of the following has been shown to be the most effective form of therapy for patients with bulimia nervosa?
- a) Three-phase Maudsley method
 - b) Cognitive based therapy
 - c) Family therapy
 - d) Pharmacotherapy only
 - e) No therapy has been shown to be effective

60) The SCOFF questionnaire for eating disorders asks questions about making yourself sick, losing control, losing one stone, feeling fat, and food dominating one's life. Weight loss of "one stone" refers to how many pounds?

- a) 1
- b) 7
- c) 10
- d) 14
- e) 22 (10kg)

61) The ESP test and the Eating Attitudes Test (EAT) are also used for assessing eating disorders. The EAT-26 has a 90% accuracy rate and an assessment cutoff score of:

- a) 5
- b) 10
- c) 15
- d) 20
- e) 25

62) Substance abuse is defined as significant impairment or distress (unable to fulfill obligations, legal involvement, hazardous to use drug, interference with social life) occurring within what time period?

- a) One month
- b) Three months
- c) Six months
- d) Nine months
- e) One year

63) Substance dependence involves how many criteria occurring within 12-months, including tolerance, withdrawal, trying to stop, or doctor hopping to obtain the desired substance?

- a) One or more criteria
- b) Two or more criteria
- c) Three or more criteria
- d) Four or more criteria
- e) Five or more criteria

64) Which of the following is a preoccupation with acquiring drugs or alcohol, compulsive, use and recurrent relapse to drugs or alcohol?

- a) Substance abuse
- b) Substance dependence
- c) Substance intoxication
- d) Substance withdrawal
- e) Addiction

65) Which of the following is categorized as Step Two in the gateway drug theory?

- a) No drug use
- b) Legal drugs (cigarettes, alcohol)
- c) Prescription drugs
- d) Marijuana
- e) Illicit drugs (hallucinogens, opioids, inhalants)

66) Which of the following is NOT true of substance abuse?

- a) Higher in tobacco smokers and associated with employment issues

- b) Depressed or anxious patients may self medicate
 - c) High stress occupations (e.g. physicians) present earlier
 - d) Associated with infections, burns, fractures, and track marks
 - e) Higher with positive family history and relationship problems
- 67) What is the most abused drug of all ages?
- a) Tobacco
 - b) Alcohol
 - c) Marijuana
 - d) Amphetamines
 - e) Opioids
- 68) Which of the following is NOT true regarding alcoholism?
- a) Shrinkage seen in the frontal cortex has been found to correlate to impaired short-term memory and problem solving
 - b) Decreased blood flow and metabolic rates have been shown in the cortex
 - c) Decreased blood flow and metabolic rates have been shown in the cerebellum
 - d) Alcoholism is considered genetically complex
 - e) Serotonin and GABA gene defects may be associated with alcoholism
- 69) A currently intoxicated patient is picked-up by an ambulance after a bar fight. The patient is currently in a delirious state and says he hears voices. The patient claims he can stop drinking but gets sick when he does so. Which of the following should be the next step in management?
- a) Admit to the hospital
 - b) Admit to outpatient detox unit
 - c) Admit to inpatient detox unit
 - d) Turn over patient to police
 - e) Allow patient to return home
- 70) An intoxicated patient is being interviewed after no withdrawal or emergency situation is found to exist. The patient is asked if they have completely abstained from alcohol for a period of months to years. The patient says they have, however they did not have outpatient follow-up after an inpatient stay. What is the next step?
- a) Ask what obstacles interfere with the patient's sobriety
 - b) Be more confrontational and motivational, use close medical monitoring
 - c) Begin inpatient treatment with outpatient follow-up
 - d) Ask why, who, or what sabotaged the recovery and deal with saboteur
 - e) Begin long-term outpatient treatment program, use close medical monitoring
- 71) An elevation above 30 units of which of the following is an indicator of heavy drinking?
- a) Alkaline phosphatase (ALP)
 - b) Alanine transaminase (ALT)
 - c) Aspartate transaminase (AST)
 - d) Gamma-glutamyl transferase (GGT)
 - e) Serum glutamic oxaloacetic transaminase (SGOT)
- 72) Concentrations of blood ethanol at what level, without signs of intoxication, shows the patient has some level of alcohol tolerance?
- a) 10mg/dL
 - b) 50mg/dL

- c) 100mg/dL
 - d) 200mg/dL
 - e) 300mg/dL
- 73) In general, the body is able to metabolize approximately how many drinks (12oz beer, 4oz wine, or 1oz 100-proof shot) per hour?
- a) One
 - b) Two
 - c) Three
 - d) Four
 - e) Six
- 74) Type I alcoholism is associated with 75% of male alcoholics. Which of the following is NOT associated with Type I, but instead Type II alcoholism?
- a) Onset of alcohol-related problems before age 25
 - b) Low degree of spontaneous alcohol seeking behavior
 - c) Low percentage of alcohol-related fighting
 - d) Rare or infrequent feelings of guilt and fear about alcohol dependence
 - e) Low degree of novelty seeking and high degree of harm avoidance
- 75) Which of the following is a common cause of anemia in alcoholics?
- a) Hepatic dysfunction, especially with acetaminophen ingestion
 - b) Folate deficiency
 - c) Vitamin B deficiencies
 - d) Thiamin deficiency
 - e) Pancreatic insufficiency
- 76) Which of the following is most indicative of Wernicke-Korsakoff syndrome, typically seen in nutritionally depleted alcoholic patients?
- a) Cognitive deficits
 - b) Memory impairment
 - c) Staggering gait
 - d) Difficulty problem solving
 - e) Anterograde and retrograde amnesia
- 77) Which of the following is true of fetal alcohol syndrome (FAS)?
- a) It is likely the leading known preventable cause of mental retardation
 - b) A single drink per week during the third trimester is not harmful
 - c) Up to one drink per day during the third trimester is not harmful
 - d) A & B
 - e) A & C
- 78) Which of the following is associated with 100% chance of alcoholism?
- a) High score on the Ten Question Drinking History (TQDH)
 - b) 1 of 4 CAGE screening questions
 - c) 2 of 4 CAGE screening questions
 - d) 3 of 4 CAGE screening questions
 - e) 4 of 4 CAGE screening questions
 - f) Neither TQDH nor CAGE can predict alcoholism
- 79) Which letter of the CAGE questionnaire asks about morning drinking, as well as drinking patterns and compulsiveness?
- a) E

- b) G
 - c) A
 - d) C
 - e) None ask about morning drinking habits
- 80) Which of the following is used as a rehabilitation drug to aid in preventing relapses among recovering alcoholics?
- a) Fluoxetine (Prozac)
 - b) Disulfiram (Antabuse)
 - c) Sertraline (Zoloft)
 - d) Naltrexone (ReVia)
 - e) Naloxone (Narcan)
- 81) Which of the following creates acute alcohol sensitivity and when taken with alcohol will cause negative symptoms such as those associated with “hangover?”
- a) Fluoxetine (Prozac)
 - b) Disulfiram (Antabuse)
 - c) Sertraline (Zoloft)
 - d) Naltrexone (ReVia)
 - e) Naloxone (Narcan)
- 82) MDMA (“ecstasy”), an amphetamine, causes the release of catecholamines in the reward pathway. The reward pathway is suspected to be heavily implicated in the addicting mechanisms for amphetamines. Which of the following is NOT a clinical feature that would be seen in a patient who has taken ecstasy?
- a) Anxiety, talkative, heightened alertness
 - b) Euphoria, impaired judgment, poor discretion
 - c) Hyper-vigilance, anorexia
 - d) Pupillary constriction (miosis)
 - e) Increased pulse rate, increased blood pressure, ectopic beats
- 83) Methamphetamine (“meth”) causes which of the following to be released in synapses in the nucleus accumbens, prefrontal cortex, and striatum, while blocking normal metabolism of these neurotransmitters?
- a) Norepinephrine and serotonin
 - b) Serotonin and histamine
 - c) Tyramine and dopamine
 - d) Norepinephrine and epinephrine
 - e) Dopamine and norepinephrine
- 84) Which of the following is NOT a negative effect associated with methamphetamines?
- a) Formication (bugs crawling under the skin)
 - b) Hypersomnia (24-28 hours or more)
 - c) Chills and hypothermia
 - d) Hallucinations, suicidal tendencies, depression
 - e) Weight loss, stroke, irritability
- 85) What is the most dangerous stage of methamphetamine use, which involves 3-15 days of sleep deprivation, paranoid, violence, and possibly criminal behavior?
- a) Stage 1: Rush
 - b) Stage 2: High
 - c) Stage 3: Binge

- d) Stage 4: Tweaking
 - e) Stage 5: Crashing
- 86) Which of the following is true of methamphetamine, when compared with cocaine?
- a) High last 20 to 30 minutes
 - b) Drug metabolism half-life (50%) takes 12 hours
 - c) Used as a local anesthetic
 - d) Does not affect dopamine transport
 - e) Is very dissimilar from Parkinson disease in the effect on dopamine neurons
- 87) Cardiac arrhythmias, muscle twitching, and psychomotor excitement can occur when what caffeine intake level is reached?
- a) 100mg
 - b) 240mg
 - c) 500mg
 - d) 1,000mg
 - e) 10grams
- 88) In the first step of a rapid caffeine-tapering regimen, a decaffeinated beverage is substituted for how many titrated caffeinated beverages?
- a) One
 - b) Two
 - c) Three
 - d) Four
 - e) Six
- 89) Delta-9-tetrahydrocannabinol (THC) is the common active ingredient in marijuana (“pot”, “dope”, “weed”). What effect does marijuana have at different doses?
- a) Stimulant at both low and high doses
 - b) Depressant at both low and high doses
 - c) Depressant and appetite enhancer at both low and high doses
 - d) Stimulant at low doses and depressant at high doses
 - e) Depressant at low doses and stimulant at high doses
- 90) Which of the following is NOT seen with marijuana use?
- a) Bradycardia and decreased breathing rate
 - b) Lower testosterone levels and sperm count
 - c) Increased appetite and impaired reaction time
 - d) Confusion, euphoria, memory impairment
 - e) Poor judgment, anxiety, delusions
 - f) Amotivational syndrome
- 91) Cocaine stimulates the ventral tegmental area (VTA), which is associated with the nucleus accumbens; This is one of the brain’s pleasure centers. Cocaine also affects the corticomesolimbic reward circuit, preventing the uptake of which particular neurotransmitter, leading to strong feelings of euphoria?
- a) Serotonin
 - b) GABA
 - c) Norepinephrine
 - d) Acetylcholine
 - e) Dopamine
- 92) Which of the following is NOT a sign of cocaine use?

- a) Constricted blood vessels, myocardial infarction
 - b) Increased body temperature
 - c) Dilated pupils (mydriasis)
 - d) Vertigo, acting erratic, acting violent
 - e) Decreased heart rate, decreased blood pressure
- 93) Which of the following hallucinogens is presented in forms such as gelatin sheets, sugar cubes, and “microdots”, and bind to serotonin receptors causing an abnormal exaggerated activation?
- a) Methylenedioxyamphetamine (MDA)
 - b) Mescaline (from cactus)
 - c) Psilocybin (from mushrooms)
 - d) Lysergic acid diethylamide (LSD)
 - e) MDMA (ecstasy)
- 94) Which of the following is NOT true regarding hallucinogens, such as LSD?
- a) Cause poor judgment and user may be a danger to themselves or others
 - b) Impair perception of time, person, and/or place
 - c) May involve flashbacks within a year of use, triggered by situations or other drug use (e.g. marijuana)
 - d) May involve flashbacks a long time after use, such as when the user cracks their neck as the drug is stored within CSF
 - e) Causes pupillary dilation, tremors, paranoia, and anxiety
- 95) Which of the following inhalant types involves whip cream containers?
- a) Solvents
 - b) Gases
 - c) Nitrates
 - d) Aerosols
- 96) What method of inhalant administration involves putting an inhalant-soaked rag into the mouth?
- a) Sniffing
 - b) Snorting
 - c) Spraying
 - d) Bagging
 - e) Huffing
 - f) Inhaling via balloons
- 97) Which of the following is NOT true regarding inhalant abuse?
- a) Leads to a reduction in brain size (cerebral cortex, cerebellum, brain stem)
 - b) Causes symptoms similar to alcohol (slurred speech, euphoria, dizziness)
 - c) Can lead to polyneuropathy, aplastic anemia, and cerebellum disorders
 - d) Hearing loss, peripheral neuropathies, and CNS damage are reversible
 - e) Hepatotoxicity, arrhythmia, kidney damage, and sudden death can occur
- 98) Nicotine generally activates what type of receptors?
- a) Serotonin
 - b) GABA
 - c) Norepinephrine
 - d) Acetylcholine
 - e) Dopamine

99) Which of the following smoking cessation aids does not contain nicotine and may be useful for patients with depression?

- a) Habitrol patch
- b) Prostep patch
- c) Bupropion HCl
- d) Polacrilex gum
- e) NRT nasal spray

100) An opiate is a naturally occurring (e.g. morphine, codeine) or semi-synthetic (e.g. oxycodone, hydromorphone) opium alkaloid, whereas an opioid is limited to fully synthetic (e.g. fentanyl, tramadol) or endogenous (e.g. endorphins) forms. What is the most widely used form of opium?

- a) Morphine
- b) Heroin
- c) Pentazocine (Talwin)
- d) Codeine
- e) Hydromorphone (Dilaudid)
- f) Meperidine (Demerol)

101) Although most opioids act on the mu receptor, which of the following acts largely on the kappa receptor?

- a) Morphine
- b) Hydromorphone
- c) Pentazocine
- d) Heroin
- e) Tramadol

102) A teenager is brought to the Emergency Department by his mother. The 17-year-old boy is found to have coining marks covering his back. His mother states that she found shaking him on the bathroom floor. She thought he was “possessed” so she tried to help by removing the evil spirits. Physical exam reveals the boy is nearly unconscious and has pinpoint pupils. Track marks are seen on his left antecubital fossa and breathing is slow and shallow. Which of the following should be administered?

- a) Hydromorphone (Dilaudid)
- b) Meperidine (Demerol)
- c) Pentazocine (Talwin)
- d) Naloxone (Narcan)
- e) Morphine sulfate

103) Intoxication with which of the following may cause dilated pupils (mydriasis), agitation, tremor, and increased deep tendon reflexes?

- a) Morphine
- b) Meperidine (Demerol)
- c) Pentazocine (Talwin)
- d) Hydromorphone (Dilaudid)
- e) Codeine

104) An adult male is brought to the Emergency Department for bone fractures and psychiatric evaluation. While in police custody the man attempted to escape, separating his handcuffs, but causing a left Colles fracture in the process. On physical exam, the patient is clearly agitated, has a rapid pulse, rapid respiratory rate, and high blood

pressure. The patient says he is in now pain, although his left ulna is protruding from the skin. Visual exam reveals horizontal nystagmus. Which of the following is most likely?

- a) Heroin
 - b) Cocaine (crack)
 - c) Phencyclidine (PCP)
 - d) Methamphetamine
 - e) Lysergic acid diethylamide (LSD)
- 105) The benzodiazepine-related hypnotics zolpidem (Ambien), zalpeplon (Sonata), and eszopiclone (Lunesta) are used as sleep aids because they do not affect stage 4 sleep and:
- a) Have rapid onset and long duration
 - b) Have rapid onset and short duration
 - c) Have delayed onset and long duration
 - d) Have delayed onset and short duration
- 106) Which of the following barbiturates (sedative-hypnotics) is the longest acting?
- a) Phenobarbital
 - b) Pentobarbital
 - c) Secobarbital
 - d) Amobarbital
 - e) Butobarbital
- 107) PET scans have linked benzodiazepines with what neurotransmitter receptors?
- a) Serotonin
 - b) GABA
 - c) Norepinephrine
 - d) Adenosine
 - e) Dopamine
- 108) Which of the following groups is most likely to abuse sedative-hypnotics or become addicted?
- a) Young females (teenagers)
 - b) Young males (teenagers)
 - c) Young men with no criminal record
 - d) Adults with major acute pain
 - e) Elderly patients

Behavioral Health #3 – Psychiatric Disorders: Part 3

- 1) Which of the following is NOT true of delirium?
- a) Disturbance of the sleep-wake cycle
 - b) Illusions or hallucinations
 - c) Psychomotor disturbances
 - d) Impaired cognition and memory
 - e) Chronic condition with slow onset
- 2) Advancing age is perhaps the most common risk factor seen in dementia. What part of the brain is usually degenerated in dementia?
- a) Cerebral cortex
 - b) Cerebellum
 - c) Mesolimbic system
 - d) Cingulate gyrus

- e) Medulla or pons
- 3) Which of the following is NOT typical of dementia?
- a) Forgetfulness and difficulties with familiar activities
 - b) Problems with special and temporal orientation
 - c) Wandering, loss of initiative, impaired judgment
 - d) Mood swings and behavioral changes related to acute medication change or acute medical problem (e.g. B1 thiamine deficiency)
 - e) Language problems and personality changes occurring over time
- 4) Sleep homeostasis (sleep-wake cycle) is affected by what neurotransmitter, which is blocked by caffeine?
- a) Norepinephrine
 - b) Adenosine
 - c) Dopamine
 - d) Serotonin
 - e) GABA
- 5) Which of the following hypothalamic nuclei is involved in circadian rhythm regulation?
- a) Medial preoptic nucleus
 - b) Supraoptic nucleus
 - c) Paraventricular nucleus
 - d) Anterior hypothalamic nucleus
 - e) Suprachiasmatic nucleus
- 6) Which of the following stages of sleep accounts for 40-50% of total sleep time and involves light sleep, slowed brain waves, and reduced heart rate?
- a) Stage I: beta
 - b) Stage II: alpha
 - c) Stage III: theta
 - d) Stage IV: delta
 - e) Rapid eye movement (REM) sleep
- 7) What stage of sleep is considered “deep,” can involve sleep walking or sleep talking, and involves lowered blood pressure, lowered body temperature, and immobility?
- a) Stage I: beta
 - b) Stage II: alpha
 - c) Stage III: theta
 - d) Stage IV: delta
 - e) Rapid eye movement (REM) sleep
- 8) Which stage of sleep involves increased heart rate, increased respirations, and increased cerebral blood flow to areas such as the thalamus and primary visual cortex?
- a) Stage I: beta
 - b) Stage II: alpha
 - c) Stage III: theta
 - d) Stage IV: delta
 - e) Rapid eye movement (REM) sleep
- 9) Which of the following is true of hypnagogic hallucinations during REM sleep?
- a) Ordinary state of dreams persisting after sleep and before waking up
 - b) Ordinary state of dreams that occur just before falling to sleep

- c) Short term and may be induced by emotional intensity
 - d) Can involve sagging jaw and drooping eyelids
 - e) Can involve buckling at the knees and dropping carried objects
- 10) Which of the following is true of hypnopompic hallucinations during REM sleep?
- a) Ordinary state of dreams persisting after sleep and before waking up
 - b) Ordinary state of dreams that occur just before falling to sleep
 - c) Short term and may be induced by emotional intensity
 - d) Can involve sagging jaw and drooping eyelids
 - e) Can involve buckling at the knees and dropping carried objects
- 11) A medical student would like to take a short nap to help feel refreshed. If the student wanted to complete one sleep cycle (non-REM + REM), how long should they sleep for?
- a) 20-minutes
 - b) 45-minutes
 - c) 1-hour and 30-minutes
 - d) 2-hours and 15-minutes
 - e) 3-hours
- 12) Which of the following may be true for the sleep cycle of a depressed individual or a narcoleptic individual?
- a) Longer in depressed individuals and shorter in narcoleptics
 - b) Shorter in depressed individuals and longer in narcoleptics
 - c) Longer in depressed individuals and narcoleptics
 - d) Shorter in depressed individuals and narcoleptics
 - e) Unchanged in both individuals
- 13) Which of the following is characteristic of a parasomnia, not a dyssomnia?
- a) Changes in the amount of sleep or sleeplessness
 - b) Abnormal behavior during sleep
 - c) Poor quality of sleep
 - d) Abnormal sleep timing
- 14) Which of the following is NOT characteristic of insomnia, which affects about 15% of Americans?
- a) Delayed sleep
 - b) Interrupted sleep
 - c) Restless sleep
 - d) Somnolence
 - e) All are characteristic
- 15) Which of the following is NOT true of narcolepsy?
- a) Involves cataplexy (loss of muscle tone)
 - b) Can have “nap attacks” that involve 10-20 minutes of refreshing sleep
 - c) Sudden shifts from wakefulness to sleep and can occur while driving, eating, or during a conversation
 - d) Most often caused by a virus or deterioration of the supraoptic nucleus
 - e) Can involve hypnagogic pre-sleep dreams and hypnopompic false perceptions that occur while awakening from sleep
 - f) Onset is usually teens or early twenties
 - g) Two or more sleep-onset REM periods during a multiple sleep latency test (MSLT) can be diagnostic

- 16) What is the cutoff score for possible pathological sleepiness when using the Epworth Sleepiness Scale?
- a) 1
 - b) 6
 - c) 7
 - d) 9
 - e) 12
- 17) Which of the following is the most common form of breathing related sleep disorder and involves snoring as well as 60-90 second periods of non-breathing?
- a) Hypoventilation syndrome
 - b) Circadian rhythm sleep disorder
 - c) Central sleep apnea (CSA)
 - d) Somnambulism
 - e) Obstructive sleep apnea (OSA)
- 18) An obese patient with cardiovascular disease presents with sleep complaints. An overnight session in the sleep apnea lab reveals decreased oxygenation levels to peripheral tissue along with fragmented rest. Which of the following is most likely?
- a) Hypoventilation syndrome
 - b) Circadian rhythm sleep disorder
 - c) Central sleep apnea (CSA)
 - d) Somnambulism
 - e) Obstructive sleep apnea (OSA)
- 19) An Emergency Physician presents with a migraine headache and feeling extremely “worn down.” The physician recently was on a three-day trip giving presentations at an Emergency Medicine convention. Normally, the clinician works weekend and night shifts. Which of the following is most likely?
- a) Circadian rhythm sleep disorder
 - b) Sleep terror disorder
 - c) Nightmare disorder
 - d) Somnambulism
 - e) Central sleep apnea
- 20) Dreams that provoke anxiety, leading to nightmare disorder, always occur during what phase of sleep?
- a) Stage I: beta
 - b) Stage II: alpha
 - c) Stage III: theta
 - d) Stage IV: delta
 - e) Rapid eye movement (REM) sleep
- 21) An elderly male presents at the request of his son, after he had filed police reports for multiple robberies. The patient states that someone came into his house at night and re-arranged object and would even cook partial meals at times. The patient was recently started on a benzodiazepine to help him get sleep. Which of the following is most likely?
- a) Circadian rhythm sleep disorder
 - b) Sleep terror disorder
 - c) Nightmare disorder
 - d) Somnambulism

- e) Central sleep apnea
- 22) A young child is brought to the primary care clinic by his mother after several bouts of “scary dreams.” The mother states that the child will wake up in the middle of the night, sit up in bed, and scream at the top of his lungs. The child usually falls asleep again soon after. Which of the following is most likely?
- a) Circadian rhythm sleep disorder
 - b) Sleep terror disorder
 - c) Nightmare disorder
 - d) Somnambulism
 - e) Central sleep apnea
- 23) Which of the following is true of sexuality during development?
- a) Exploration of genitals by an 18-month-old is considered abnormal sexual behavior
 - b) Exploration and fondling by a 3-year-old to determine sexual differences is considered sexual acting behavior
 - c) At 4-5 years, children begin sexual curiosity questioning and parents need to provide accurate answers with age appropriate depth
 - d) It is abnormal for adolescents, especially those undergoing puberty, to masturbate
 - e) Young adults should not be provided STD information unless sexually active
- 24) Masters and Johnson split sexual behavior into two responses, one of vasocongestion and one of myotonia. Which component of the phase response cycle increases with age and involves being resistant to stimulation?
- a) Excitement phase
 - b) Plateau phase
 - c) Orgasm phase
 - d) Resolution phase
 - e) Refractory period
- 25) A 25-year-old female presents for counseling regarding her inability to arouse her boyfriend. Her boyfriend, a medical student, has become almost completely unresponsive to her attempts at sexual activity. She says he uses the excuse “boards are soon” and goes back to studying. She has been successful one time over the past month and states she has bought costumes and lingerie. Which of the following is most likely (her boyfriend)?
- a) Hypoactive sexual desire disorder
 - b) Sexual arousal disorder
 - c) Orgasmic disorder
 - d) Sexual aversion disorder
 - e) Premature ejaculation
- 26) At a college party, a 19-year-old female invites a 19-year-old male into a back room to “show him something.” The nervous man is distracted but soon notices the woman has taken off her clothes. The man’s heart starts to race and he vomits on the woman. Which of the following is most likely?
- a) Normal physiologic response
 - b) Sexual arousal disorder
 - c) Premature ejaculation
 - d) Sexual aversion disorder

- e) Hypoactive sexual desire disorder
- 27) A female presents with complaints of difficult intercourse with her boyfriend. She states that since she put on some weight, she “no longer feels sexy” in bed. History reveals minor pain during sex, minor difficulty with penetration, and “feeling dry.” Which of the following is most likely?
- a) Vaginismus
 - b) Sexual arousal disorder
 - c) Dyspareunia
 - d) Sexual aversion disorder
 - e) Hypoactive sexual desire disorder
- 28) Which of the following refers to an inability to allow for penetration, is relatively common, and may occur later in life even if the woman has previously enjoyed painless intercourse?
- a) Vaginismus
 - b) Sexual arousal disorder
 - c) Dyspareunia
 - d) Sexual aversion disorder
 - e) Hypoactive sexual desire disorder
- 29) Paraphilias are a bifurcated situation in which there is a clinical aspect as well as a legal aspect that may interfere with the rights of others. Which of the following, along with frottage, is considered a “hands on” behavior?
- a) Pursing pornography
 - b) Pedophilia
 - c) Scatology
 - d) Exhibitionism
 - e) Voyeur acts
- 30) Which of the following psychosocial factors for paraphilias involves a distorted sexual self-image and seeking a mate like one’s parent?
- a) Oedipal struggle
 - b) Social learning theory
 - c) History of victimization
- 31) Which of the following plays a role in paraphilias?
- a) Chromosomal abnormalities
 - b) Abnormal hormone levels
 - c) Neurological signs
 - d) A & B
 - e) All of the above
- 32) Which of the following is NOT true of sex offenses?
- a) Any sexual behavior with a child
 - b) Any sexual behavior with a non-consenting adult
 - c) Physical conditions (e.g. intoxication) are non-consensual
 - d) Mental capacity disorders (e.g. developmental disabilities) are non-consensual
 - e) At least 10% of sex offenders have a history of a serious and persistent mental illness (SMI)
- 33) Which of the following is true of sexual offenders?
- a) Utilize secrecy, dishonesty, and thinking errors to perpetuate their deviance

- b) Usually are not interested in hurting the involved child, but on final analysis they do cause physical, emotional, or psychological harm
 - c) Typically grooms victims via such acts as purposefully exposing their genitalia, giving gifts, and using normal physical contact (e.g. tickling)
 - d) Can be regressed in that they function as typical adults but under stress they prefer the company of children who cannot refuse their advances
 - e) Can be fixated in that they seek women with children or seek out social roles that involve children such as scout leaders or Santa Clause
 - f) All of the above
- 34) Which of the following is NOT true when assessing female rape victims?
- a) Try to obtain a detailed history of the assault
 - b) Have police and a victim advocate available
 - c) Perform the exam alone to reduce patient anxiety
 - d) Conduct standardized rape exam procedures
 - e) Refer for psychotherapy due to high rate of post-traumatic stress disorder
- 35) Which of the following treatment options for sex offenders involves measuring tumescence while sexually suggestive audio or video clips are being played?
- a) Clinical polygraph
 - b) Penile plethysmography
 - c) Abel Assessment
 - d) Anti-androgen therapy
 - e) Cognitive behavioral therapy
- 36) Which of the following is arousal with inanimate objects, such as used underwear of the opposite sex?
- a) Exhibitionism
 - b) Fetishism
 - c) Frotteurism
 - d) Pedophilia
 - e) Voyeurism
- 37) Which of the following involves rubbings one's genitalia against an unsuspecting stranger for sexual pleasure?
- a) Exhibitionism
 - b) Fetishism
 - c) Frotteurism
 - d) Pedophilia
 - e) Voyeurism
- 38) Which of the following is also known as scopophilia and involves observing an unsuspecting individual for sexual arousal?
- a) Exhibitionism
 - b) Fetishism
 - c) Frotteurism
 - d) Pedophilia
 - e) Voyeurism
- 39) Which of the following involves inflicting painful stimulation or humiliation on a victim for sexual excitement, and may culminate in the protracted death of the victim?
- a) Sexual masochism

- b) Sexual sadism
 - c) Transvestic fetishism
 - d) Scatologia
 - e) Necrophilia
- 40) Which of the following involves making obscene phone calls for sexual pleasure?
- a) Sexual masochism
 - b) Sexual sadism
 - c) Transvestic fetishism
 - d) Scatologia
 - e) Coprophilia
- 41) Which of the following involves sexual satisfaction from defecation?
- a) Necrophilia
 - b) Scatologia
 - c) Coprophilia
 - d) Urophilia
 - e) Masturbation
- 42) Which of the following involves sexual satisfaction from enemas?
- a) Urophilia
 - b) Zoophilia
 - c) Klismaphilia
 - d) Coprophilia
 - e) Hypoxyphilia
- 43) The patient is a 25-year-old female graduate student who asked for a psychiatric consultation because of marital discord and depression. She has been married for 5 years, during which time she and her husband have been in school. For the past 3 years, her academic performance has been consistently better than his. She attributed this disparity in grades to their frequent, and intense arguments. During the arguments she noted that she experienced a feeling of sexual excitement when her husband screamed at her or hit her in a rage. Sometimes she would taunt him until he had intercourse with her in a brutal fashion, as if she were being raped. She experienced the brutality and sense of being punished as sexual excitement. About a year ago, she found herself often ending arguments by storming out of the house. On one occasion she went to a "single's bar" picked up a man, and got him to slap her as part of their sexual activity. She found the "punishment" to be sexually exciting and subsequently fantasized about being beaten during her masturbation to orgasm. She found that she enjoyed physical punishment at the hands of male strangers, than any other type of sexual stimulus. Consequently she sought out experiences where she would be whipped or beaten as part of sexual activity. Her sexual behavior was not the catalyst for her consultation. Instead she was concerned that she was not unable to live with her husband, nor did she want to live without him. She had suicidal fantasies stemming from the fear that he would leave her. She realized the dangerousness of her sexual behavior, and was mildly ashamed of it, but was conflicted to find treatment for a behavior that gave her so much pleasure. Which of the following is most likely?
- a) Sexual masochism
 - b) Sexual sadism
 - c) Transvestic fetishism

- d) Scatologia
 - e) Necrophilia
- 44) Mental retardation is defined as a sub-average general intellectual functioning before age 18 (or 22 in Pennsylvania) as well as how many limitations in adaptive functioning (e.g. communication, safety, self-care, or social skills)?
- a) One
 - b) Two
 - c) Three
 - d) Four
 - e) Five
- 45) A child with an IQ of 45 would be considered?
- a) Profound mental retardation
 - b) Severe mental retardation
 - c) Moderate mental retardation
 - d) Mild mental retardation
 - e) Normal IQ
- 46) In the Classification of Educational Mental Retardation, what IQ level first meets the criteria for being educable, versus trainable?
- a) 30
 - b) 40
 - c) 50
 - d) 60
 - e) 70
- 47) Which of the following causes of mental retardation is associated with mental retardation, seizures, and adenoma sebaceum?
- a) Down syndrome
 - b) Fragile X
 - c) Prader-Willi
 - d) Phenylketonuria
 - e) Rett syndrome
 - f) Tuberous sclerosis
 - g) Lesch-Nyhan syndrome
- 48) Which of the following is associated with hypogonadism and compulsive eating?
- a) Down syndrome
 - b) Fragile X
 - c) Prader-Willi
 - d) Phenylketonuria
 - e) Rett syndrome
 - f) Tuberous sclerosis
 - g) Lesch-Nyhan syndrome
- 49) Which of the following is associated with choreoathetosis and self-mutilation, such as of the fingers or lips?
- a) Down syndrome
 - b) Fragile X
 - c) Prader-Willi
 - d) Phenylketonuria

- e) Rett syndrome
 - f) Tuberous sclerosis
 - g) Lesch-Nyhan syndrome
- 50) Which of the following only occurs in female and involves mental retardation, microcephaly, autistic features, scoliosis, diminished bone density, and abnormal stereotypical hand movements?
- a) Down syndrome
 - b) Fragile X
 - c) Prader-Willi
 - d) Phenylketonuria
 - e) Rett syndrome
- 51) Which of the following maternal infections is associated with a 50% risk of mental retardation for the newborn if the mother is infected during the first month of pregnancy?
- a) Measles
 - b) Mumps
 - c) Rubella
 - d) Roseola
 - e) Toxoplasmosis
- 52) Which of the following methods for addressing mental retardation falls under secondary or tertiary prevention?
- a) Socialize the community to the strengths of the disabled, and not focusing on the disability
 - b) Medical treatments to intervene with and rectify metabolic and endocrine disorders
 - c) Educated the disabled with adaptive skills training and communication skills
 - d) Cognitive behavioral therapy and family education
 - e) Normalization therapy
- 53) Which of the following is NOT true of autism?
- a) Blood serotonin levels tend to be higher
 - b) There is a greater prevalence in males
 - c) A fragile site on the X chromosome has been identified
 - d) Monozygotic twins have higher incidence
 - e) Epileptiform abnormalities on EEG are common
- 54) Which of the following is an autism-specific screening tool?
- a) Denver Developmental Screening Test, II (DDST-II)
 - b) Social Communication Questionnaire (SCQ)
 - c) Bayer Infant Neurodevelopment Screener (BINS)
 - d) Eyberg Child Behavior Inventory/Stutter-Eyberg Student Behavior Inventory
 - e) Conners Rating Scale-Revised Long Form (CRS-R)
 - f) Ages & Stages Questionnaire (ASQ)
- 55) Which of the following has shown to cure autism?
- a) Behavior modification
 - b) Family therapy
 - c) Special education
 - d) Occupational therapy
 - e) Medications

f) None of the above

56) A three and a half years old, first born child is brought in. His physical appearance, motor development and self help skills were all age appropriate, but his parents were alerted early in his life as his was reluctant to respond to social contacts. In comparison, to a second child who enjoyed social communication, the patient was quite different. The patient appeared aloof from others, did not greet his mother in the mornings, or his father upon arrival home from work. If left with a baby sitter he would scream most of the time. He had no interest in other children and most of the time ignored his brother. His babbling had no conversational intonation. At age three, he could understand simple practical instructions, and his speech consisted of echoing some words and phrases he heard in the past with the original speaker's accent and intonation. He could use one or two phrases to indicate simple needs. e.g., If he said "do you want a drink," meant that he was thirsty. He did not communicate by facial expression or gesture or mime. He did pull someone's hand and placed it on an object he wanted. He was fascinated by bright lights and spinning objects. He would stare at these objects and laugh, while flapping hands and dancing on tiptoe. He was attached to a miniature car, which he held in his hand day and night, but never played imaginatively with this or any other toy. He could assemble jigsaw puzzles rapidly whether the picture side was exposed or hidden. From age 2 he collected kitchen utensils and arranged them in repetitive patterns all over the floors of the house. These pursuits, together with occasional periods of aimless running around constituted his whole repertoire of spontaneous activities. The major management problem was his intense resistance to any attempt to change or extend his interests. Removing his miniature car, disturbing his puzzles, or retrieving an egg whisk or a spoon for its legitimate use in preparing foods precipitated temper tantrums that could last an hour or more, with screaming, kicking and biting himself or others. These tantrums could be cut short by restoring the status quo. Patient was tested for hearing impairment, but results were negative. Intelligence testing produced a mental age of 3 years, in non-language dependent skills, but only 18 months in language comprehension. Which of the following is most likely?

- a) Rett syndrome
- b) Attention deficit disorder
- c) Autism
- d) Childhood disintegration disorder
- e) Asperger syndrome

57) A pre-school boy is brought in for acting obsessively. On physical exam, the boy is found to have repetitive finger flapping and an aversion for loud noises. Questioning reveals the child is obsessed with snakes and baseball statistics. A recent IQ test was slightly above normal. The boy is able to list the batting averages for the past three years for at least twenty baseball players. The child admits to having two close friends. Which of the following is most likely?

- a) Rett syndrome
- b) Attention deficit disorder
- c) Autism
- d) Childhood disintegration disorder
- e) Asperger syndrome

- 58) What stage of Rett syndrome involves periodic breathing irregularities and loss of purposeful hand movements or spoken language?
- a) Stage I
 - b) Stage II
 - c) Stage III
 - d) Stage IV
- 59) Which of the following is true of Rett syndrome genetics?
- a) Monozygotic concordance is 100% and dizygotic concordance is 0%
 - b) Monozygotic concordance is 100% and dizygotic concordance is 100%
 - c) Monozygotic concordance is 50% and dizygotic concordance is 100%
 - d) Monozygotic concordance is 50% and dizygotic concordance is 50%
 - e) Monozygotic concordance is 0% and dizygotic concordance is 100%
- 60) Complete loss of age-appropriate skills, including bladder or bowel control, between 2 and 10 years old is associated with which of the following?
- a) Rett syndrome
 - b) Attention deficit disorder
 - c) Autism
 - d) Childhood disintegration disorder
 - e) Asperger syndrome
- 61) A 9-year-old male is brought by his mother to a mental health clinic because of increasingly disobedient and difficult to manage behavior at school. During the past month, he had sworn at his teacher and was suspended from school for 3 days. He was also reprimanded by the police for having ridden his bicycle in the street, something against which he had been repeatedly cautioned, and he failed to use pedal brakes and rode his bike into a store window shattering it. He has demonstrated a management problem since nursery school, with progressively escalating problems. Whenever he is without close supervision he seems to get into trouble. By history in school, he has been reprimanded for teasing, tripping, and kicking other children. He is described as bad tempered and irritable, even though he seems to enjoy school. Often he appears to be trying to deliberately annoy others, but he defends himself by stating others started the arguments. He has not been involved in any serious fights, but has exchanged blows with another child from time to time. His grades are good, despite his episodic refusal to what his teacher tells him to do. At home his behavior is variable. Some days he is defiant and rude, needing to be told many times to do things before he will do them. While on other days he is charming and volunteers to be helpful. His unhelpful days seem to predominate. The least little thing upsets him, and as a result he will shout and scream. At times he is spiteful and mean toward his younger brother. He generally completes his school assignments and home chores. He is on the go a lot, but does not seem to be restless. The concern about him is more about attitude than concern for his restlessness. He tells minor lies, but seems to be honest with significant situations. Which of the following is most likely?
- a) Conduct disorder
 - b) Attention deficit hyperactivity disorder
 - c) Autism
 - d) Childhood disintegration disorder
 - e) Oppositional defiant disorder

62) On the day before a patient's 16th birthday he was admitted to a psychiatric unit of a general hospital nearby where he lives. He had slashed his wrist with a butcher knife, severing nerves and tendons in his left hand. He drifted in and out of consciousness during the night, finally summoning help from a friend's mother in the morning. The patient is the son of Vietnamese mother and an American serviceman. He lived with his mother in Saigon until he was 2 years old, when he came to the U.S. to be adopted by an American family. He was apparently abused (burned and beaten) by the adopted family and removed to a foster home where he briefly stayed. At age 2.5 years he was placed and adopted by his current family. He was initially reserved and uncommunicative, but did well in his new surroundings. He was bright and an attractive male. He always managed to get along with friends, but his relationship with his parents was stormy. By the time he became a junior in high school he was associating with a group of counter-culture adolescents who skipped school, and who smoked marijuana, they shoplifted beer and disparaged the values of their parents and school. During this association, his grades dropped and he got into trouble for shooting squirrels with his BB gun, he had also blown up mailboxes with firecrackers, and was involved in physical altercations with jocks at his school. When he was 14, his parents separated, and the patient chose to remain with his father, as his mother moved to another state. His misdemeanors escalated and he and his friends were arrested for having borrowed a car of a vacationing neighbor to go joyriding. By age 15, he was deemed truant more days than he was in school, and was using drugs such as LSD, mescaline, glue and marijuana. His parents sent him to military school, but he was expelled a month before his psychiatric inpatient admission. On admission to the hospital, he was described as appealing, waiflike young man who was immediately adored by the adolescent girls also patients on the unit. Upon confrontation, he revealed that he was actually dropping acid with some friends. He thought he heard a police siren, and in an attempt to save himself from being arrested, he slashed his wrist and then lost consciousness. He denied having been depressed, but found his life to be pointless and it made no difference if he lived or died. Which of the following is most likely?

- a) Conduct disorder
- b) Attention deficit hyperactivity disorder
- c) Autism
- d) Childhood disintegration disorder
- e) Oppositional defiant disorder

63) A 9-year-old boy is referred to a child psychiatrist at the request of the school. The patient had been suspended twice already in the school year, each suspension for a day in length. Teachers complain that he is restless and his classmates are unable to remain focused. The patient is said to hardly ever be in his seat, but roams the classroom, talking to other children while they are working. During the brief times when the teacher is able to get him to remain seated, he fidgets with his hands and feet, and drops objects on the floor. He never seemed to know what he is going to do next, and has suddenly acted outrageously. For instance, his most recent suspension was the result of having been caught swinging from a fluorescent light fixture over the blackboard. The class was in an uproar because he was unable to get down from the light. His mother reported that his behavior was difficult since he was a toddler, and by the time he was 3 he was unbearably restless and demanding. He has always required little sleep and would awaken before

anyone else in the morning, at 4:30 A.M. or 5:00 A.M. At those times he would get into everything, such as having demolished the kitchen. At age 4 he managed to unlock the door and wander into a busy main street. He was initially rejected by a pre-school program because of his difficult behavior. After a difficult year in kindergarten, he was placed in a special behavioral program for 1 and 2 graders. He is now in a regular class for most subjects, but spends a lot of time in a resource room with a special education teacher. In his own class he is unable to participate in games because he is unable to wait his turn. Psychological tests have revealed that he has average ability, and his achievements are only slightly below expected levels. His attention span is severely impaired, and he has no interest in TV, dislikes games and toys that require any concentration or patience. He is not popular with other children and at home prefers to be outdoors playing with his dog or riding his bike. He has been treated with methylphenidate in small doses. While compliant with the medication his behavior was more manageable in school in that he was less restless and more attentive. Which of the following is most likely?

- a) Conduct disorder
 - b) Attention deficit hyperactivity disorder
 - c) Autism
 - d) Childhood disintegration disorder
 - e) Oppositional defiant disorder
- 64) A score of four or more checkmarks that appear in darkly shaded areas in which of the following tests is suggestive of ADHD?
- a) Brown ADD Rating Scales for Children
 - b) World Health Organization Adult ADHD Screening Tool
 - c) Wender Utah Rating Scale (WURS)
 - d) Copeland Symptom Checklist for ADD
- 65) Medications acting through what pathways of the CNS appear to most directly treat ADHD?
- a) Serotonin
 - b) GABA
 - c) Norepinephrine
 - d) Acetylcholine
 - e) Dopamine
- 66) Which of the following is considered first-line therapy for ADHD?
- a) Bupropion
 - b) Venlafaxine
 - c) Methylphenidate
 - d) Clonidine
- 67) Enacted by U.S. Congress on October 30th, 2000, what is Public Law 106-402?
- a) Prevents the hospitalization of individuals with schizoid personality disorder
 - b) Allows individuals with developmental disabilities to live independently
 - c) Grants clinicians the ability to force 72-hour holds on individuals who may harm themselves (commit suicide) or harm others
 - d) Prevents educational withholdings from individuals with panic disorders
 - e) Allows mental ill individuals to seek emergency care when needed
- 68) What is the most likely effect of chronic marijuana use?

- a) Cerebral atrophy
 - b) Paroxysmal hypoxia
 - c) Subarachnoid hemorrhage
 - d) Pulmonary disease
 - e) No harmful effects are seen
- 69) A schizophrenic patient presents with leg pain. Examination reveals foot numbness and several ulcers. History reveals the patient has diabetes. Which axis correlates to the patient's schizophrenia?
- a) Axis I
 - b) Axis II
 - c) Axis III
 - d) Axis IV
 - e) Axis V
- 70) In the above schizophrenic patient, which axis correlates to their diabetes?
- a) Axis I
 - b) Axis II
 - c) Axis III
 - d) Axis IV
 - e) Axis V

Behavioral Health #4 – Mental Status Examination

- 1) When performing a mental status examination (MSE), step one involves assessing general description, including appearance, behavior, and attitude. Which of the following is a component of behavior?
- a) Defensive
 - b) Seductive
 - c) Hyperactive
 - d) Cognitive impairment
 - e) Dismissing or rejecting
- 2) A patient is being assessed and demonstrates inappropriate attitudes of calm about a severe disability. Which of the following is most descriptive of this patient?
- a) Labile
 - b) Dysphoric
 - c) Melancholia
 - d) Anhedonia
 - e) La belle indifference

Match the mood description with the signs or symptoms:

- | | |
|---|----------------|
| 3) General dissatisfaction | a) Melancholia |
| 4) Overestimation of self importance | b) Dysphoric |
| 5) Changes between euphoria and depression | c) Anhedonia |
| 6) Withdrawal from all pleasurable activities | d) Labile |
| 7) Severe depressed state | e) Expansive |
- 8) Which of the following is described as the clinician's observations regarding the mood of the patient?
- a) Appearance
 - b) Behavior

- c) Attitude
 - d) Mood
 - e) Affect
- 9) Which of the following describes difficulty enunciating?
- a) Dysphonia
 - b) Dysarthria
 - c) Dysprosody
 - d) Poverty of speech
 - e) Poverty of content
- 10) A patient presents with complaints of formication after taking cocaine. What type of hallucination is this?
- a) Hypnagogic
 - b) Hypnopompic
 - c) Visual
 - d) Tactile
 - e) Somatic
- 11) Which of the following is associated with chronic alcohol abuse with clear sensorium (versus delirium tremens with clouded sensorium) and is most often auditory in nature?
- a) Hallucinoses
 - b) Command hallucinations
 - c) Somatic hallucinations
 - d) Gustatory hallucinations
 - e) Olfactory hallucinations
- 12) Which of the following delusions, or fixed false beliefs, involves certain gestures, comments, and environmental cues directed at the individual?
- a) Persecutory
 - b) Referential
 - c) Erotomania
 - d) Grandiosity
 - e) Jealousy
 - f) Nihilistic
- 13) Which of the following delusions is the belief that the world is ending?
- a) Somatic
 - b) Nihilistic
 - c) Poverty
 - d) Referential
 - e) Persecutory
- 14) Which of the following thought contents is a pathological need to act on an obsession, which produces anxiety if resisted?
- a) Egoomania
 - b) Hypochondria
 - c) Compulsion
 - d) Panphobia
 - e) Delusion
- 15) Which of the following thought processes involves giving information that may not be related to the original inquiry?

- a) Loose associations
 - b) Circumstantiality
 - c) Tangentiality
 - d) Neologisms
 - e) Echolalia
- 16) Which of the following thought processes involves making nonsensical words that have meaning only to the creator of the word?
- a) Loose associations
 - b) Circumstantiality
 - c) Tangentiality
 - d) Neologisms
 - e) Echolalia
 - f) Blocking
 - g) Perseveration
- 17) Which of the following is a syndrome seen in older individuals that usually occurs at nighttime?
- a) Twilight state
 - b) Disorientation
 - c) Somnolence
 - d) Clouding
 - e) Sundowning
- 18) Which of the following describes a disturbed consciousness with hallucinations?
- a) Twilight state
 - b) Disorientation
 - c) Somnolence
 - d) Clouding
 - e) Sundowning
- 19) Which of the following describes a false feeling of unfamiliarity with a real situation that a person has experienced?
- a) False memory
 - b) Anterograde amnesia
 - c) Retrograde amnesia
 - d) Déjà vu
 - e) Jamaise vu
 - f) Blackout
- 20) Which of the following is seen in alcoholics during drinking bouts and usually indicates that reversible brain damage has occurred?
- a) False memory
 - b) Anterograde amnesia
 - c) Retrograde amnesia
 - d) Déjà vu
 - e) Jamaise vu
 - f) Blackout
- 21) During a mental status examination, a patient is asked to subtract the number 7 from 100 several times in a row (serial 7s). This is testing which of the following?
- a) Concentration

- b) Attention
 - c) Distractibility
 - d) Visual-spatial ability
 - e) Abstract thought
- 22) A patient is given a drawing of two interlocking pentagons and asked to re-draw the image. This is testing which of the following?
- a) Concentration
 - b) Attention
 - c) Distractibility
 - d) Visual-spatial ability
 - e) Abstract thought
- 23) A patient is given a “what if” situation dealing with an unopened postal letter that is stamped and next to a mailbox. What is this situation meant to assess?
- a) Impulsivity
 - b) Judgment
 - c) Insight
 - d) Reliability
- 24) Asking a patient what the proverb, “people in glass houses should not throw stones” means to them is assessing which of the following?
- a) Judgment
 - b) Perception
 - c) Reliability
 - d) Speech
 - e) Insight
- 25) Asking a patient, “Did you ever think the world was not real?” is assessing which of the following?
- a) Judgment
 - b) Perception
 - c) Reliability
 - d) Speech
 - e) Insight
- 26) What is the median mini mental status examination (MMSE) score for individuals with at least 9 years of schooling or who are 18-24 years old?
- a) 19
 - b) 23
 - c) 25
 - d) 27
 - e) 29

Behavioral Health #5 – Techniques & Special Populations

- 1) The Full Scale Intelligence Quotient (FSIQ) is a standardized score made from the verbal intelligence quotient (VIQ) and performance intelligence quotient (PIQ). The mean score is 100 and the approximate standard deviation is:
- a) 5
 - b) 10
 - c) 15

- d) 20
 - e) 25
- 2) Who developed IQ based on the equation (mental age) / (chronological age)?
- a) Alfred Binet
 - b) Theodore Simon
 - c) David Wechsler
 - d) William Stern
 - e) A & B
- 3) Who developed the WAIS-II and WISC tests (among the most widely used) based on verbal and performance subsets, and defined intelligence as “the capacity to act purposefully, to think rationally, and to deal effectively with the environment”?
- a) Alfred Binet
 - b) Theodore Simon
 - c) David Wechsler
 - d) William Stern
 - e) A & B
- 4) Who constructed the first intelligence measure and felt lower IQ meant a need for more teaching, not an inability to learn?
- a) Alfred Binet
 - b) Theodore Simon
 - c) David Wechsler
 - d) William Stern
 - e) A & B
- 5) A patient is asked to repeat number forward and backward. What component of the verbal IQ is this testing?
- a) Arithmetic
 - b) Comprehension
 - c) Digital span
 - d) Information
 - e) Similarities
- 6) Intelligence testing is criticized in that it is difficult to ensure that test items are equally meaningful or difficult for:
- a) Elderly patients
 - b) Teenagers
 - c) Members of different races
 - d) Members of different religious groups
 - e) Members of different socioeconomic classes
- 7) Which of the following PIQ sub-scales is a WAIS-III addition that measures abstract nonverbal reasoning ability by selecting a design that completes a sequence or pattern?
- a) Matrix reasoning
 - b) Object assembly
 - c) Picture completion
 - d) Digit symbol/coding/animal
 - e) Block design
- 8) Which factor of the Stanford-Binet Test would assess the ability to isolate the inappropriate feature in visual material and social intelligence?

- a) Fluid reasoning
 - b) Quantitative reasoning
 - c) Visual-spatial reasoning
 - d) Short term/working memory
- 9) Which of the following is NOT true of neuropsychological tests?
- a) Assess cognitive functioning such as memory, attention, and executive functioning
 - b) Are the most effective differential diagnostic methods to differentiate pathophysiological dementia from age-related cognitive decline
 - c) Have quantitative results, which are compared to normative standards
 - d) Identifies brain functioning from simple motor performance to complex reasoning and problem solving
 - e) Brain physiology obtained by CT, MRI, EEG, and PET scans provide a vast amount of useful information regarding the functioning of the brain
- 10) Which neuropsychological test determines the location and effects of specific brain lesions via abstracting ability, manual dexterity, localization, and other subtests?
- a) Bender-Gestalt
 - b) Benton-Visual Retention
 - c) Halstead-Reitan
 - d) Luria-Nebraska Neuropsychological Battery
 - e) Halstead Neuropsychological Battery with 80% hit rate
- 11) How many cards are copied when a patient takes a Bender-Gestalt neuropsychological test?
- a) 3
 - b) 6
 - c) 9
 - d) 12
 - e) 15
- 12) In personality testing, which of the following is considered a trait dynamic?
- a) Height
 - b) Occupation
 - c) Living arrangements
 - d) Activities
- 13) Which of the following personality tests is intended to reveal personality features, drives, emotions, and motivations that may be unconscious when the test taker creates stories for 10 stimulus cards?
- a) Rorschach Inkblot Test
 - b) Thematic Apperception Test (TAT)
 - c) Children's Apperception Test (CAT)
 - d) Incomplete Sentence Blank
 - e) Draw A Person, House-Tree-Person
- 14) Which of the following tests involves comparing the response to 10 stimulus cards to popular and unpopular standard responses?
- a) Rorschach Inkblot Test
 - b) Thematic Apperception Test (TAT)
 - c) Children's Apperception Test (CAT)

- d) Incomplete Sentence Blank
 - e) Draw A Person, House-Tree-Person
- 15) During a House-Tree-Person test, a child draws a house with only one window and a very small door. What meaning might this have?
- a) The child wishes to be left alone
 - b) The child may have anger management issues that are worse at home
 - c) The child may be withholding information about themselves or their home
 - d) The child may have autism and thus an inherent fear of sunlight
 - e) The child does not plan on going into construction
- 16) Which of the following measures of an objective test, such as those seen in national licensure examinations, is the extent to which the test is measuring what it is intended to measure?
- a) Inter-rater reliability
 - b) Correlation
 - c) Validity
 - d) Test-re-test reliability
- 17) In the Minnesota Multiphasic Personality Inventory, 2 (MMPI-2), which of the following describes the (L)ie scale?
- a) Detects deviant or atypical responses that may include paranoid thinking, antisocial attitudes, and unlikely poor physical health
 - b) Detects typical responses of individuals with a higher than normal IQ
 - c) Sensitive to individuals who deny psychopathology and present themselves in an unlikely favorable light or exaggerate psychopathology
 - d) Asks questions about dating, love life, and sexual deviancy
 - e) Asks questions that most anyone would acknowledge to have experienced such as minor flaws and weaknesses
- 18) In the MMPI-2, which of the following describes the (F) infrequency?
- a) Detects deviant or atypical responses that may include paranoid thinking, antisocial attitudes, and unlikely poor physical health
 - b) Detects typical responses of individuals with a higher than normal IQ
 - c) Sensitive to individuals who deny psychopathology and present themselves in an unlikely favorable light or exaggerate psychopathology
 - d) Asks questions about dating, love life, and sexual deviancy
 - e) Asks questions that most anyone would acknowledge to have experienced such as minor flaws and weaknesses
- 19) In the MMPI-2, which of the following describes the (K) suppressor?
- a) Detects deviant or atypical responses that may include paranoid thinking, antisocial attitudes, and unlikely poor physical health
 - b) Detects typical responses of individuals with a higher than normal IQ
 - c) Sensitive to individuals who deny psychopathology and present themselves in an unlikely favorable light or exaggerate psychopathology
 - d) Asks questions about dating, love life, and sexual deviancy
 - e) Asks questions that most anyone would acknowledge to have experienced such as minor flaws and weaknesses
 - f) Like the Mellon Clinical Multiaxial Inventory, focuses primarily on personality disorders as identified in the DSM-IV using actuarial based rate data

- 20) Which of the following describes parasuicide?
- a) Harm to oneself with an intent to die; shooting self in head with a gun
 - b) Thoughts of committing suicide, but no attempt
 - c) Harm to oneself with attention seeking behavior; cuts on one's arms
 - d) Suicide attempt without an attempt to die; taking six acetaminophen
- 21) Which of the following is NOT one of the top five risk factors for suicide?
- a) Prior suicidal behavior
 - b) Age (45 and older)
 - c) Alcohol dependence
 - d) Irritation, rage, violence
 - e) Female gender
- 22) Which of the following is considered suicide prevention in high-risk situations with "uncooperative" individuals?
- a) Involuntary hospitalization
 - b) Assessment of level of risk
 - c) Identifying the message
 - d) Engaging social support
 - e) Voluntary hospitalization
- 23) The Scale of Suicidal Ideation (SSI) is a 19-item rating scale that can be used to evaluate a patient's suicidal ideations. Higher scores correlate to greater suicidal ideation. What is the maximum score for the SSI?
- a) 11
 - b) 19
 - c) 25
 - d) 38
 - e) 57
- 24) Medical risk factors are associated with 35-40% of completed suicides and as many as 70% of those over the age of 60. Which of the following common medical disorders associated with suicide has the highest risk?
- a) Cancer, especially advanced
 - b) AIDS and chronic renal failure
 - c) Multiple sclerosis
 - d) Hypertension
 - e) Rheumatoid arthritis
- 25) Suicide is the eight-leading cause of overall death (2003) and the third-leading cause in those 15-24 years old. Suicide is the fastest growing tragedy for children 10-14 years old. What is the most common method of suicide?
- a) Cutting
 - b) Overdose
 - c) Suffocation
 - d) Firearms
 - e) Falls and drowning
- 26) Which of the following is NOT true of suicide?
- a) Physicians should be hesitant to discuss suicide as this discussion may encourage individuals to commit suicide
 - b) As depression lifts, the person may be more suicidal

- c) Suicide is a reaction to a feeling of having no other viable alternatives
 - d) There is no genetic predisposition for suicide
 - e) Women make more attempts at suicide than men do
- 27) Which of the following should be avoided when assessing suicide risk?
- a) Inquire if someone is thinking about killing themselves
 - b) Take every suicidal statement, threat, or action seriously
 - c) Listen without judgment or without problem solving
 - d) Ask how their survivors would feel if they killed themselves
 - e) Inquire about a primary cause as this may reduce suicide potential
- 28) Which of the following forms of child abuse would involve voyeurism of a child bathing or dressing and obtaining child pornography?
- a) Physical injury
 - b) Mental injury
 - c) Sexual abuse
 - d) Child exploitation
 - e) Serious physical neglect
- 29) Which of the following professionals is legally exempt from reporting suspected child abuse?
- a) Physician
 - b) Minister
 - c) Nursing assistant
 - d) Emergency medical technician
 - e) None of the above
- 30) What is the most common form of child maltreatment?
- a) Psychological abuse
 - b) Physical abuse
 - c) Sexual abuse
 - d) Neglect abuse
- 31) Which of the following is a common sign of Shaken Baby Syndrome?
- a) Sexually transmitted disease in young children
 - b) Broken bones in first year of life
 - c) Soft tissue bruises
 - d) Scalp lacerations
 - e) Retinal hemorrhages
- 32) Domestic violence tends to follow a cycle of tension building, acute incident, and honeymoon phase. What is the likely modus operandi of domestic violence?
- a) Anger mismanagement
 - b) Dislike and disgust
 - c) Power and control
 - d) Emotional frustration
 - e) Revenge
- 33) Which of the following is NOT true of domestic abuse?
- a) The leading cause of injury to women in the U.S.
 - b) Is a non-mandatory reportable offense
 - c) Ask a spouse to leave the room so you can question the patient about abuse rather than referring to a protection and advocacy program

- d) Affects about 5 million women annually in the U.S.
 - e) Should be discussed with females who have implausible trauma
- 34) An elderly patient is brought to the Emergency Department by ambulance. The patient was found barely conscious at their home, where they live under the care of their son. The patient is dehydrated and has untreated bedsores. The patient's clothing smells strongly of urine. Which of the following types of elder abuse is most likely?
- a) Physical abuse
 - b) Sexual abuse
 - c) Neglect abuse
 - d) Financial exploitation
 - e) Psychological abuse
- 35) Elder abuse is a mandatory reportable offense. Which of the following is NOT a common sign of elder abuse?
- a) Impaired nutrition
 - b) Bruising over bony prominences
 - c) Bruising on interior surfaces of limbs
 - d) Internal abdominal injuries
 - e) Wrist friction burns
- 36) Which of the following is NOT an effective method of delivering bad news and prognosis?
- a) Confirming all the facts of the case
 - b) Ascertaining the extent of which the patient already understands their condition
 - c) Establishing how much the patient wants to know
 - d) Delivering the worst news first in a straightforward manner
 - e) Responding to the patient's feelings
- 37) Which of the following is specifically for terminally ill individuals who have a certified diagnosis of less than 6 months to live?
- a) Bereavement care
 - b) Disease modifying therapy
 - c) Palliative care
 - d) Supportive care and symptom control
 - e) Hospice care
- 38) Seeking a second opinion on a terminal prognosis is commonly seen at what stage of bereavement?
- a) Acceptance
 - b) Depression
 - c) Bargaining
 - d) Anger
 - e) Disbelief
- 39) What stage of bereavement may be twofold in the realization of what a terminally ill patient has already lost (health, independence) and what they will lose (family, friends)?
- a) Acceptance
 - b) Depression
 - c) Bargaining
 - d) Anger
 - e) Disbelief

- 40) Which of the following is an abnormal grief reaction (depression)?
- a) Illusions of the deceased
 - b) Loss of appetite with 5lb weight loss
 - c) Crying and expressed sadness
 - d) Minor sleep disturbances and survivor guilt
 - e) Consideration of suicide and feelings of hopelessness
- 41) In his second year of medical school, Hans Selye developed the general adaptation syndrome (GAS). This system is three tiered involving alarm, resistance, and exhaustion. In the first tier, alarm, what hormone is released?
- a) Antidiuretic hormone (ADH, vasopressin)
 - b) Adrenocorticotropin hormone (ACTH)
 - c) Growth hormone (somatotropin, GH)
 - d) Follicle-stimulating hormone (FSH)
 - e) Thyrotropic hormone (TSH)
- 42) Which of the following is NOT seen with chronic stress?
- a) Increased susceptibility to colds and other infections
 - b) Decreased number of WBCs
 - c) Decreased NK cell activity
 - d) Decreased cortisol levels
 - e) Decreased in T cells
- 43) Which of the following is characteristic of Type B personality?
- a) Are very competitive and encourage their children to be competitive
 - b) Are able to relax without guilt and are patient
 - c) Are prone to heart disease and high blood pressure
 - d) Like to do many things in a very short period of time
 - e) Tend to ignore the symptoms of illness
- 44) A score between 150-300 on the social re-adjustment rating scale (SRRS) increases the risk of an accident within a year by:
- a) 20%
 - b) 30%
 - c) 50%
 - d) 70%
 - e) 80%
- 45) What is rated as the highest score on the SRRS, a score of 100?
- a) Death of spouse
 - b) Divorce
 - c) Sex difficulties
 - d) Fired from work
 - e) Son or daughter leaves home
- 46) Which of the following relaxation techniques involves imagining each muscle group to be “warm and heavy” and internal organs to be “quiet and relaxed?”
- a) 7-4-7 breathing technique
 - b) Jacobsonian progressive muscle relaxation
 - c) Autogenic relaxation
 - d) Biofeedback

- 47) Which of the following is a long-term therapy option involving free association, dream interpretation, concept of resistance, and transference?
- a) Cognitive therapy
 - b) Psychodynamic psychotherapy
 - c) Psychoanalysis
 - d) Client centered therapy, Rogerian
 - e) Client centered therapy, Gestalt therapy
 - f) Client centered therapy, behavioral therapy
- 48) Which of the following is effective for adjustment, somatoform, dissociative, and anxiety disorders?
- a) Cognitive therapy
 - b) Psychodynamic psychotherapy
 - c) Psychoanalysis
 - d) Eye movement desensitization reprocessing (EMDR)
 - e) Family and group therapy
- 49) Which of the following involves gaining a positive outlook on the future and is recommended for typical depressive, anxiety, and personality disorders?
- a) Cognitive therapy
 - b) Psychodynamic psychotherapy
 - c) Psychoanalysis
 - d) Eye movement desensitization reprocessing (EMDR)
 - e) Family and group therapy
- 50) Although future behavior cannot be predicted, which of the following is used to assess violent potential?
- a) Degree of tension (DT), real or perceived
 - b) Control over the expression of tension (CET)
 - c) Control over the relative environment (CRE)
 - d) $(CET + CRE) / DT$
 - e) $DT + CET + CRE$
 - f) $DT * (CET + CRE)$
- 51) When interviewing a suspected dangerous person, which of the following can best provide information on weapons, threats, and targets of potential violence?
- a) Context of the patient's perception of hostility
 - b) History of violent behavior
 - c) Control of impulses
 - d) Mental status examination (MSE)
 - e) Significant other interview
- 52) Which of the following is NOT a mandatory reporting condition?
- a) Child abuse
 - b) Elder abuse
 - c) Suicide intention
 - d) Domestic abuse
 - e) Intended serious bodily harm on another
- 53) Per the American Psychiatric Association, confidentiality may be breached (including notifying potential victims) in which of the following situations?
- a) The patient probably will commit murder

- b) The patient probably will commit suicide
 - c) A bus driver who shows markedly impaired judgment
 - d) A pilot who shows markedly impaired judgment
 - e) All of the above
- 54) According to the Pennsylvania Mental Health Law (Title 50, Chapter 15, § 7301), which of the following is NOT a component of “clear and present danger” defined within the past 30 days?
- a) Admitted for anger management issues
 - b) Inability to maintain safety and self-protection
 - c) Suicidal
 - d) Self-mutilation
 - e) Harm to self or others due to a mental disorder or disability
- 55) Involuntary emergency examination and treatment, in Pennsylvania (§ 7302), should not exceed what time frame?
- a) 24-hours
 - b) 48-hours
 - c) 72-hours
 - d) 120-hours
 - e) 148-hours
- 56) When a patient is taken to a facility for an involuntary emergency examination, this exam must take place by a physician within what time frame?
- a) 15-minutes
 - b) 30-minutes
 - c) 1-hour
 - d) 2-hours
 - e) 3-hours
- 57) Extended involuntary emergency treatment certified by a judge or mental health review officer, in Pennsylvania (§ 7303), should not exceed what time frame?
- a) 14-days
 - b) 30-days
 - c) 45-days
 - d) 60-days
 - e) 90-days
- 58) In Pennsylvania (§ 7304), court ordered involuntary treatment should not exceed what time frame?
- a) 14-days
 - b) 30-days
 - c) 45-days
 - d) 60-days
 - e) 90-days

Behavioral Health #6 – Foundations of Psychiatry

- 1) Which of the following represents Thomas Szasz’s theory on normality?
- a) What people do, or do not do
 - b) Self-actualization model, aka ideal
 - c) Parts of a whole

- d) Disease model, aka health
 - e) Statistical model, aka biostatistical
- 2) Carl Rogers said that closeness of fit (congruence) was the basis behind what theory?
- a) What people do, or do not do
 - b) Self-actualization model, aka ideal
 - c) Parts of a whole
 - d) Disease model, aka health
 - e) Statistical model, aka biostatistical
- 3) A child is told by their parent to be good in order to get permission for activities. This gives the child a sense that love is conditional and the child develops anxiety and insecurity about not being good. This conditional acceptance is a component of which of the following models of normality?
- a) What people do, or do not do
 - b) Self-actualization model, aka ideal
 - c) Parts of a whole
 - d) Disease model, aka health
 - e) Statistical model, aka biostatistical
- 4) Which of the following correctly describes Maslow's Hierarchy of Needs in order?
- a) Self-Actualization, Esteem, Love, Safety, Physiological
 - b) Self-Actualization, Love, Esteem, Safety, Physiological
 - c) Physiological, Safety, Esteem, Love, Self-Actualization
 - d) Physiological, Safety, Love, Esteem, Self-Actualization
 - e) Safety, Physiological, Esteem, Self-Actualization, Love
- 5) Which of the following models of normality states that abnormality is found at the tail ends of a Gaussian curve?
- a) What people do, or do not do
 - b) Self-actualization model, aka ideal
 - c) Parts of a whole
 - d) Disease model, aka health
 - e) Statistical model, aka biostatistical
- 6) A clinician is doing a study to determine how many people in a city will contract West Nile virus during the summer of 2009. This study is looking at:
- a) Sensitivity
 - b) Specificity
 - c) Reliability
 - d) Prevalence
 - e) Incidence
- 7) In a study on West Nile virus, which of the following would designate the number of currently existing cases in a city?
- a) Sensitivity
 - b) Specificity
 - c) Reliability
 - d) Prevalence
 - e) Incidence
 - f) Positive predictive value
 - g) Negative predictive value

8) Statistical analysis is being performed on how graders assess the written portion of a medical school admission test. If more than one rater derives the same score for any given written essay, there is said to be good inter-rater:

- a) Reliability
- b) Specificity
- c) Probability
- d) Validity
- e) Sensitivity
- f) Prevalence
- g) Incidence
- h) P-level
- i) Z-score
- j) Variance

9) An Emergency Department clinician is performing a study on chest pain. The clinician takes the number of cases of acute myocardial infarction with chest pain and divides by the number of chest pain cases, which may include pneumonia, reflux, or other pathology. This result yields what type of information on acute myocardial infarction?

- a) Reliability
- b) Specificity
- c) Probability
- d) Validity
- e) Sensitivity
- f) Prevalence
- g) Incidence
- h) P-level
- i) Z-score
- j) Variance

10) Which of the following statistical measures assesses a test's ability to detect the condition for which it is testing, with a higher score ruling out disease?

- a) Reliability
- b) Specificity
- c) Probability
- d) Validity
- e) Sensitivity
- f) Prevalence
- g) Incidence
- h) P-level
- i) Z-score
- j) Variance

11) Which of the following statistical measures assesses a test's ability to identify patients who do not have a condition for which it is testing, with a higher score ruling in disease?

- a) Reliability
- b) Specificity
- c) Probability
- d) Validity
- e) Sensitivity
- f) Prevalence
- g) Incidence
- h) P-level
- i) Z-score
- j) Variance

12) Which of the following is used to identify a disorder from the features of another disorder, such as in a differential diagnosis?

- a) Reliability
- b) External validity
- c) Predictive validity
- d) Descriptive validity
- e) Variance

13) A pulmonologist develops an algorithm to diagnose pneumonia within her hospital. Which of the following would refer to the ability of this algorithm to be useful in other hospitals around the world?

- a) Reliability
- b) External validity
- c) Predictive validity
- d) Descriptive validity

- e) Variance
- 14) What is the mode, a measure of central tendency, of the following number set: 70, 72, 75, 77, 82, 85, 89, 92, 92, 95, 99 with the sum divided by eleven equaling 84.36?
- a) 84.36
 - b) 85
 - c) 70
 - d) 99
 - e) 92
- 15) What percentage of data is found within one standard deviation of the mean?
- a) 50%
 - b) 68%
 - c) 96%
 - d) 99.8%
 - e) 99.99%
- 16) Which of the following is the assumption that the variables of a population under study are identical (having no differences)?
- a) Confidence level
 - b) Null hypothesis
 - c) Confidence interval
 - d) Alternate hypothesis
 - e) P-level
- 17) Which of the following is NOT a factor that affects confidence intervals?
- a) Population mean
 - b) Percentage sample
 - c) Sample size
 - d) Population size
- 18) What is customarily treated as the borderline acceptable error level when assessing p-values, which estimate the degree to which the results are representative to the population as a whole?
- a) 5%
 - b) 1%
 - c) 0.5%
 - d) 0.05%
 - e) 0.005%
- 19) During a study, the null hypothesis is not rejected when it is in fact false (Type II error). What is the most likely cause of this error?
- a) High population variability
 - b) Percentage sample around 50%
 - c) Population data skewed to one end
 - d) Small sample size
 - e) Vast population size
- 20) A microbiologist is trying to determine how many bacteria exist on a Petri dish. He uses several tiny areas on the plate as "trials." This data could best be modeled using what type of distribution?
- a) Gaussian (normal) distribution
 - b) Chi-square distribution

- c) Binomial distribution
 - d) Log-normal distribution
 - e) Poisson distribution
- 21) Which of the following refers to differences in how researchers observe the sample population, and is usually represented as $(N - 1)$?
- a) Reliability
 - b) Specificity
 - c) Probability
 - d) Validity
 - e) Sensitivity
 - f) Prevalence
 - g) R-value
 - h) P-level
 - i) Z-score
 - j) Variance
- 22) Which of the following would be used for incidence rates of rare diseases, since they do not normally distribute in the population?
- a) Standard error of the mean
 - b) Parametric test
 - c) Poisson distribution
 - d) Non-parametric test
 - e) Binomial distribution
- 23) Which of the following is specifically designed to evaluate statistical differences for samples of 30 or less?
- a) Analysis of variance (ANOVA)
 - b) Chi-square test
 - c) Binomial test
 - d) t-test
 - e) Poisson test
- 24) Which of the following refers to variables that are only measured, not manipulated?
- a) Dependent
 - b) Independent
 - c) Correlational
 - d) Experimental
- 25) Which of the following coefficients shows the most correlation between variables?
- a) +0.5
 - b) +0.66
 - c) 0
 - d) -0.33
 - e) -0.75
- 26) A professor would like to determine the highest relative score between an anatomy and embryology exam. The exams have a different number of total points, different mean, and different standard deviation. Which of the following can be used to compare these different exams and determine what the highest relative score is?
- a) t-test
 - b) z-score
 - c) r-value
 - d) p-value
 - e) Degrees of freedom (df)
- 27) Which of the following Pearson r-values shows the least correlation?
- a) +0.5

- b) +0.66
 - c) 0
 - d) -0.33
 - e) -0.75
- 28) When comparing one sample to another, the equation (number of columns minus one) * (number of rows minus one) gives which of the following?
- a) t-test
 - b) z-score
 - c) r-value
 - d) p-value
 - e) Degrees of freedom (df)
- 29) Which of the following suggests that normality is the successful completion of a developmental process (Piaget, Vygotsky, Erikson, and Perls)?
- a) What people do, or do not do
 - b) Self-actualization model, aka ideal
 - c) Parts of a whole
 - d) Disease model, aka health
 - e) Statistical model, aka biostatistical
- 30) When a child associates a new object in the environment by using understanding already in existence (e.g. learning that all spoons can be utensils), it is called:
- a) Schema
 - b) Accommodation
 - c) Equilibrium
 - d) Assimilation
 - e) Adaptation
- 31) When a child expands their schema into more abstract awareness (e.g. learning that a spoon or similar object can be used to move things, like shovel sand), it is called:
- a) Sensorium
 - b) Accommodation
 - c) Equilibrium
 - d) Assimilation
 - e) Adaptation
- 32) Which Piaget stage goes from birth to age 2 and involves object permanence, where out of sight does not equate with out of existence?
- a) Preoperational
 - b) Formal operational
 - c) Sensorimotor
 - d) Concrete operational
- 33) A 5-year-old girl enjoys making fake food with a play oven, “forts” out of blankets and chairs, and is very egocentric. What Piaget stage does this correspond to?
- a) Preoperational
 - b) Formal operational
 - c) Sensorimotor
 - d) Concrete operational
- 34) Who identified the Zone of Proximal Development and whose social-development theory stands in direct opposition to traditional teaching methods, such as lecture?

- a) Erik Erikson
 - b) Jean Piaget
 - c) Lev Vygotsky
 - d) Frederick & Laura Posner Perls
 - e) Adolf Meyer
- 35) Which of Erikson's psychosexual (developmental) stages would refer to someone who tries to take apart and reassemble a radio, resulting in a broken radio?
- a) Basic trust vs. mistrust (birth to 1-year-old)
 - b) Autonomy vs. shame/doubt (1- to 3-years-old)
 - c) Initiative vs. guilt (3- to 6-years-old)
 - d) Industry vs. inferiority (6- to 11-years-old)
 - e) Identity vs. identity confusion (11- to 20-years-old)
 - f) Intimacy vs. isolation (20- to 30-years old)
 - g) Generativity vs. stagnation (30- to 65-years-old)
 - h) Integrity vs. despair (65-years-old to death)
- 36) Gestalt theory (Perls) proposes four major interruptions of unity. Which describes a medical student who feels down only because others around them feel that way?
- a) Confluence
 - b) Introjection
 - c) Projection
 - d) Retroflexion
- 37) Which of the following interruptions of unity refers to a woman who masturbates while fantasizing about being with a famous male actor?
- a) Confluence
 - b) Introjection
 - c) Projection
 - d) Retroflexion
- 38) Who is referred to as the dean of psychiatry, known for his psychobiological approach to abnormal behavior?
- a) John Watson
 - b) Sigmund Freud
 - c) Erik Erikson
 - d) Jean Piaget
 - e) Adolf Meyer
- 39) Who believed that people operate on a psychic energy, "in source" via nutrients, and "out source" via respiration, muscle activity, and thinking?
- a) John Watson
 - b) Sigmund Freud
 - c) Erik Erikson
 - d) Jean Piaget
 - e) Adolf Meyer
- 40) Which of the following is a function of the left cerebral hemisphere?
- a) Pattern recognition
 - b) Attention
 - c) Language
 - d) Line orientation

- e) Detection of complex auditory tones
- 41) Disturbance of the basal ganglia, including the head of the caudate nucleus, is believed to be involved in which of the following?
- a) Major depression
 - b) Generalized anxiety disorder (GAD)
 - c) Obsessive compulsive disorder (OCD)
 - d) Panic disorder without agoraphobia
 - e) Post-traumatic stress disorder (PTSD)
- 42) Which of the following serves as a central relay point for incoming nervous messages and emotions?
- a) Cerebellum
 - b) Thalamus
 - c) Hypothalamus
 - d) Right hemisphere
 - e) Left hemisphere
- Match the function with the anatomical location:*
- 43) Future planning, judgment, inhibitory functions, movement a) Amygdala
- 44) Speech, language, memory, aggressiveness, learning b) Temporal lobes
- 45) Visual-spatial perception, body sensation, touch c) Frontal lobes
- 46) Essential for the formation of long term memories d) Parietal lobes
- 47) Involved with emotions, can activate fight of flight response e) Hippocampus
- 48) The limbic system (hippocampus, amygdala, hypothalamus) receives input from the cerebral cortex and passes signals on to which of the following?
- a) Globus pallidus
 - b) Nucleus accumbens
 - c) Neostriatum
 - d) Substantia innominata
 - e) Substantia nigra
- 49) Which of the following is the primary transmitter of the PNS and is involved in dementia, such as with Alzheimer disease?
- a) Norepinephrine
 - b) Dopamine
 - c) Acetylcholine
 - d) Serotonin
- 50) What dopamine receptor subtype seems to be the major site of action for traditional antipsychotic medications?
- a) D1
 - b) D2
 - c) D3
 - d) D4
- 51) A deficit of which of the following is believed to be implicated in depression?
- a) Norepinephrine
 - b) Dopamine
 - c) Acetylcholine
 - d) Serotonin
 - e) All of the above

- 52) Which of the following performs inhibitory roles in regulating behavior and is involved with mood, sleep, pain, sensitivity, appetite, sexuality, and impulse control?
- a) Norepinephrine
 - b) Dopamine
 - c) Acetylcholine
 - d) Serotonin
 - e) All of the above
- 53) Who developed behavioralism and experimented on “little Albert” by striking a metal bar with a hammer (loud noise) behind Albert whenever he reached for a white rat?
- a) John Watson
 - b) Sigmund Freud
 - c) BF Skinner
 - d) Ivan Pavlov
 - e) Adolf Meyer
- 54) In Pavlov’s famous dog experiment, which of the following corresponds to salivation without meat powder but after a bell sound?
- a) Unconditioned response (UCR)
 - b) Unconditioned stimulus (UCS)
 - c) Conditioned response (CR)
 - d) Controlled stimulus (CS)
 - e) None of the above
- 55) Who developed the concept of operant conditioning (consequences of behavior) in that pleasurable consequences would be repeated and painful consequences would be avoided?
- a) Harry Harlow
 - b) Sigmund Freud
 - c) BF Skinner
 - d) Ivan Pavlov
 - e) Aaron Beck
- 56) A person gets into their car and hears a constant bell, telling them to buckle their safety belt, which is compliant with a state safety law. Buckling their belt quiets the sound of the bell. This is an example of:
- a) Positive reinforcement
 - b) Positive punishment
 - c) Negative reinforcement
 - d) Negative punishment
- 57) Spanking a child who disobeys is an example of:
- a) Positive reinforcement
 - b) Positive punishment
 - c) Negative reinforcement
 - d) Negative punishment
- 58) Imprisonment of sex offenders is an example of:
- a) Positive reinforcement
 - b) Positive punishment
 - c) Negative reinforcement
 - d) Negative punishment

- 59) What was the outcome of Harry Harlow's infant rhesus monkey study?
- a) Infants spent more time clinging to the surrogate monkey (cloth or wire) that provided the most amount of nourishment
 - b) Infants spent more time clinging to the closest surrogate monkey, regardless of nourishment
 - c) Infants spent more time clinging to the wire surrogate monkey, regardless of nourishment
 - d) Infants spent more time clinging to the cloth surrogate monkey, regardless of nourishment
 - e) Infants avoided nourishment from surrogate monkeys and eventually starved
- 60) Who developed the cognitive-behavioral theory of the negative cognitive triad, involving a view of self ("I'm no good"), a view of world ("The world is a dangerous place"), and a view of future ("I'll always get the dirty end of the stick")?
- a) Harry Harlow
 - b) Albert Ellis
 - c) BF Skinner
 - d) Ivan Pavlov
 - e) Aaron Beck
- 61) Who developed rational emotive therapy (RET) that uses the A, B, C, approach of activating event, belief system, and consequences?
- a) Harry Harlow
 - b) Albert Ellis
 - c) BF Skinner
 - d) Ivan Pavlov
 - e) Aaron Beck
- 62) Which of the following Freudian stages occurs between 18 and 36 months, is consistent with Erikson's stage of autonomy vs. shame/doubt, and establishes independence?
- a) Puberty (genital) stage
 - b) Anal stage
 - c) Latency stage
 - d) Phallic (Oedipal/Electra) stage
 - e) Oral stage
- 63) Which of the following is the arbitrator between the sexual and aggressive urges, is governed by the "reality principle," and is protected from anxieties by "defense mechanisms?"
- a) Id
 - b) Ego
 - c) Super ego
 - d) None of the above
- 64) Which of the following operates on the "pleasure principle," containing sexual and aggressive instincts not accessible to conscious awareness?
- a) Id
 - b) Ego
 - c) Super ego ("ego ideal")
 - d) None of the above

- 65) Which of the following of Freud's defense mechanisms involves unconsciously "forgetting" negative events, such as child abuse?
- a) Displacement
 - b) Repression
 - c) Denial
 - d) Projection
 - e) Suppression
- 66) A man is in a very friendly relationship with a woman and has feelings of being unfaithful to his wife with this woman. As a defense mechanism, he teases his wife that her coworkers have crushes on her. This is an example of:
- a) Displacement
 - b) Repression
 - c) Denial
 - d) Projection
 - e) Suppression
- 67) A woman comes home after a very frustrating day at work. She immediately yells at her husband, who has done nothing wrong. What defense mechanism is this?
- a) Displacement
 - b) Repression
 - c) Denial
 - d) Projection
 - e) Suppression
- 68) Thinking "happy thoughts" about a previous pleasant experience as a way to consciously block out a current phobia is an example of:
- a) Displacement
 - b) Repression
 - c) Regression
 - d) Projection
 - e) Suppression
- 69) A man has homosexual tendencies that he can't acknowledge to himself or others. He becomes very "macho" in behavior and lashes out at any behavior in other men that seems homosexual. This is an example of:
- a) Reaction formation
 - b) Regression
 - c) Introjection
 - d) Identification
 - e) Fixation
- 70) A young woman combats her feelings of powerlessness from being abused as a child by abusing her children. This is an example of what defense mechanism?
- a) Reaction formation
 - b) Regression
 - c) Introjection
 - d) Identification
 - e) Fixation
 - f) Passive aggression

71) A person has aggressive impulses but, instead of acting on them, they join a football team where their aggression is channeled into team play. This is one of the healthiest defense mechanisms, and is known as:

- a) Sublimation
- b) Rationalization
- c) Acting out
- d) Intellectualization
- e) Isolation
- f) Passive aggression

72) A student uses imaginary statistics to defend a personal position. This is an example of which defense mechanism?

- a) Sublimation
- b) Rationalization
- c) Acting out
- d) Intellectualization
- e) Isolation
- f) Passive aggression

73) An adolescent is told by his parents to take out the garbage, but he doesn't want to. He knows that the garbage pickup is in the morning so if he procrastinates enough then someone else will take out the garbage. This is an example of:

- a) Sublimation
- b) Rationalization
- c) Fantasy
- d) Intellectualization
- e) Isolation
- f) Passive aggression

74) Per Jung's psyche, which of the following is a component of his consciousness level, not his collective unconscious (archetypes)?

- a) Extroverted and introverted
- b) Persona, the need to be seen in a good light
- c) Anima (males)
- d) Animus (females)
- e) The Shadow

75) Eric Berne, in his book "I'm OK, You're OK," put forth the concept of transactional analysis. Which of these styles refers to finding an egalitarian balance where one neither seeks permission or grants approval to the other?

- a) Parent to child
- b) Child to parent
- c) Parent to adult
- d) Adult to adult
- e) Child to adult

76) Margaret Mahler, noted with the theory of object-relations, developed six stages of infant growth. Which stage is referred to as separation-individuation?

- a) Normal autism
- b) Symbiosis
- c) Differentiation

- d) Practicing
 - e) Rapprochement
 - f) Object constancy
- 77) John Bowlby developed attachment theory. Which component of this theory involves a mother developing concern for her infant and making skin-to-skin contact?
- a) Attachment
 - b) Security
 - c) Bonding
 - d) Stranger anxiety
 - e) Separation anxiety
- 78) Otto Kernberg developed the term “malignant narcissism” and is regarded as the world’s leading expert in:
- a) Obsessive compulsive personality disorder
 - b) Antisocial personality disorder
 - c) Dependent personality disorder
 - d) Borderline personality disorder
 - e) Avoidant personality disorder
- 79) Psychoanalysis, usually a 45-min session, is useful for all of the following EXCEPT:
- a) Suicidal ideation
 - b) Depression
 - c) Dissociative identity disorders
 - d) Personality disorders
- 80) A clinician has had very bad experiences while working with drug-seeking patients. A new patient arrives who appears to be seeking drugs. The clinician immediately feels frustration and hostility toward this patient, without taking the time to listen to the patient’s complaints. This is an example of:
- a) Accommodation
 - b) Introjection
 - c) Transference
 - d) Retroflection
 - e) Countertransference
- 81) Brief dynamic psychotherapy (Peter Sifneos) may be useful for patients with anxiety, depression, grief reactions, chronic procrastination, simple phobias, and interpersonal difficulties. It differs from psychoanalysis in that the therapist is active, sessions are once weekly, and the maximum duration is:
- a) 3-months
 - b) 6-months
 - c) 1-year
 - d) 2-years
 - e) 3-years
- 82) Crisis intervention, which is usually six weeks in duration, is a combination of:
- a) Dynamics and socioeconomics
 - b) Danger and opportunity
 - c) Opportunity and empathy
 - d) Anger and empathy
 - e) Danger and anger

- 83) After the 1942 Coconut Grove nightclub fire in Boston, which led to the death of 492 patrons, Eric Lindemann developed what type of counseling?
- a) Post traumatic stress
 - b) Cognitive behavioral
 - c) Psychodynamic
 - d) Crisis intervention
 - e) Emergency medical
- 84) Which of the following forms of group psychotherapy is frequently time-limited, appealing in a managed care environment, and may be used for anger-management?
- a) Classic
 - b) Psycho-educational
 - c) Confrontational
 - d) Self help
- 85) Differentiation of self is the core goal underlying whose form of family therapy?
- a) Salvador Minuchin
 - b) Albert Ellis
 - c) Murray Bowen
 - d) Harry Harlow
 - e) Aaron Beck
- 86) Minuchin developed a family therapy style with family structure problems ranging from diffusion to inappropriately rigid. Which of the following is an alignment issue where family members team-up against another family member?
- a) Enmeshment
 - b) Disengagement
 - c) Detouring coalition
 - d) Triangulation
 - e) Weak executive functioning
- 87) Which of the following assist techniques in family therapy involves the therapist supporting an individual or subsystem against the rest of the family?
- a) Boundary formation
 - b) Restructuring
 - c) Enactment
 - d) Reframing
 - e) Unbalancing
 - f) Joining
- 88) Dialectical behavioral therapy (DBT) involves reducing life-threatening behaviors, weekly psychotherapy, and weekly group therapy sessions. This is a treatment option for which of the following?
- a) Borderline personality disorder
 - b) Narcissistic personality disorder
 - c) Antisocial personality disorder
 - d) Histrionic personality disorder
- 89) Which of the following has been found to be useful for those with traumatic underpinning, such as post-traumatic stress disorder or anxiety disorder, and involves a direct holistic approach with a neural burst evoked by repeated saccades?
- a) Cognitive therapy

- b) Psychodynamic psychotherapy
 - c) Psychoanalysis
 - d) Eye movement desensitization reprocessing (EMDR)
 - e) Family and group therapy
- 90) Which of the following involves unlearning an unwanted reaction, makes use of homework assignments, and prepares individuals for the worst-case scenario?
- a) Group therapy
 - b) Clinical polygraph
 - c) Abel Assessment
 - d) Family therapy
 - e) Cognitive behavioral therapy
- 91) Which of the following forms of therapy uses reciprocal inhibition and creates a gradient hierarchy of anxiety-provoking situations?
- a) Biofeedback
 - b) Relaxation techniques
 - c) Systematic desensitization
 - d) Hypnosis
 - e) Prayer
 - f) Breathing therapy
 - g) Assertiveness training
- 92) Which of the following forms of therapy utilizes guided imagery and autogenic relaxation where there is a feeling of warmth and heaviness throughout the body?
- a) Biofeedback
 - b) Relaxation techniques
 - c) Systematic desensitization
 - d) Hypnosis
 - e) Prayer
 - f) Breathing therapy
 - g) Assertiveness training

Behavioral Health #7 – Pharmacology: Part One

- 1) The monoamine hypothesis of depression says there is a deficiency in serotonin, norepinephrine, and/or dopamine. What is the initial therapy of choice for uncomplicated major depression?
- a) Tricyclic antidepressant (TCA)
 - b) Lithium and thyroid hormone
 - c) Serotonin selective reuptake inhibitor (SSRI)
 - d) Serotonin-norepinephrine reuptake inhibitor (SNRI)
 - e) 10,000lux phototherapy or electroconvulsive therapy
 - f) Norepinephrine-dopamine reuptake inhibitor (NDRI)
- 2) Which of the following SSRIs (similar to fluoxetine/Prozac) has the most indications, including major depression, OCD, panic disorder, anxiety disorder, PTSD, and PMDD?
- a) Citalopram (Celexa)
 - b) Escitalopram (Lexapro)
 - c) Fluvoxamine (Luvox)
 - d) Paroxetine (Paxil)

- e) Sertraline (Zoloft)
- 3) Which of the following SSRIs does NOT have seizure potential?
- a) Citalopram (Celexa)
 - b) Escitalopram (Lexapro)
 - c) Fluoxetine (Prozac)
 - d) Fluvoxamine (Luvox)
 - e) Paroxetine (Paxil)
 - f) Sertraline (Zoloft)
- 4) The most common side effects of SSRIs involve what system?
- a) Cardiovascular (arrhythmia, hypotension)
 - b) Endocrine (galactorrhea, SIADH)
 - c) Reproductive (decreased libido, impotence)
 - d) Gastrointestinal (nausea, diarrhea, dry mouth)
 - e) Hepatorenal (liver impairment, kidney impairment)
- 5) SSRIs and SNRIs are contraindicated with concomitant use of which of the following?
- a) Monoamine oxidase inhibitors (MAOIs)
 - b) ACE inhibitors or benzodiazepines
 - c) Tricyclic antidepressant (TCA)
 - d) Serotonin-norepinephrine reuptake inhibitor (SNRI)
 - e) Serotonergics (triptans, tramadol) or antidopaminergics
- 6) Suicide risk increases in which of the following age groups taking an SSRI?
- a) Children (11-18)
 - b) Young adults (18-24)
 - c) Adults (25-35)
 - d) Adults (36-45)
 - e) Elderly (>65)
- 7) A patient is being tapered off citalopram (Celexa) and begins developing a dysphoric mood, agitation, dizziness, and anxiety. Which of the following is most likely?
- a) Normal reaction
 - b) Hyponatremia with warfarin effect
 - c) Discontinuation syndrome
 - d) Neuroleptic malignant syndrome
 - e) Patient began taking St. John's Wort
- 8) Most SSRIs fall under what pregnancy risk category?
- a) A: No risk
 - b) B: No evidence of risk in humans
 - c) C: Risk cannot be ruled out
 - d) D: Positive evidence of risk
 - e) X: Contraindicated in pregnancy
- 9) Which of the following is a good option for augmenting SSRI treatment in a patient with insomnia?
- a) Lithium
 - b) Bupropion
 - c) Modafinil
 - d) Trazodone
 - e) Thyroid hormone

- 10) Which of the following is a good option for augmenting SSRI treatment in a patient with fatigue and lack of concentration?
- Lithium
 - Bupropion
 - Modafinil
 - Trazodone
 - Thyroid hormone
- 11) Venlafaxine (Effexor) and duloxetine (Cymbalta) fall under what drug category?
- Tricyclic antidepressants
 - Atypical antipsychotics
 - Serotonin selective reuptake inhibitors
 - Serotonin-norepinephrine reuptake inhibitors
 - Norepinephrine-dopamine reuptake inhibitors
- 12) Which of the following is an uncommon side effect of SNRIs?
- Headache
 - Nausea and diarrhea
 - Asthenia (weakness)
 - Nervousness
 - Sedation
- 13) Wellbutrin XL (bupropion) is the only antidepressant (NDRI) currently approved for:
- Postpartum depression
 - Cyclothymia
 - Social anxiety
 - Borderline personality disorder
 - Seasonal pattern disorder
- 14) Zyban tablets (bupropion) are useful in which of the following scenarios?
- Depressed patient who would like to stop smoking
 - Patient with major depression and a history of seizures
 - Patient with a long history of bulimia
 - Depressed patient who wants to cure their anorexia nervosa
 - Child (<18-years-old) with major depression and liver dysfunction
- 15) Mirtazapine (Remeron), a tetracyclic antidepressant that antagonizes alpha-2 adrenergic receptors, has all of the following side effects EXCEPT:
- Weight gain
 - Sexual dysfunction
 - Dry mouth
 - Somnolence
 - Increased appetite
- 16) The triazolopyridines trazodone and nefazodone are 5-HT₂ antagonists and weak 5-HT reuptake inhibitors. Trazodone may cause dizziness, sedation, and priapism. The use of nefazodone is limited by what life-threatening effect?
- Cardiac arrhythmias
 - Hepatic failure
 - Renal failure
 - Tonic-clonic seizures
 - Immune complex mediated RBC hemolysis

17) TCAs (amitriptyline, nortriptyline) are inexpensive antidepressants and can be given as once-daily dosing. However, they have a narrow therapeutic index and an overdose can lead to which of the following?

- a) Cardiac arrhythmias
- b) Hepatic failure
- c) Renal failure
- d) Tonic-clonic seizures
- e) Immune complex mediated RBC hemolysis

18) Which of the following is a secondary amine, which have less sedation, less orthostatic, and less anticholinergic activity when compared to tertiary amines?

- a) Amitriptyline (Elavil)
- b) Nortriptyline (Pamelor)
- c) Doxepin (Sinequan)
- d) Trimipramine (Surmontil)
- e) Imipramine (Tofranil)

19) A man is on several medications, including antidepressants and antihypertensives. He presents with mydriasis and becomes constipated. What is the cause of his symptoms?

- a) Tricyclic antidepressants (TCAs)
- b) Monoamine oxidase inhibitors (MAOIs)
- c) Serotonin selective reuptake inhibitors (SSRIs)
- d) Serotonin-norepinephrine reuptake inhibitors (SNRIs)
- e) Norepinephrine-dopamine reuptake inhibitors (NDRIs)

20) A woman on antidepressants attends a fine dining experience with friends. At the event, she has several wines and cheeses. She is later brought in with a hypertensive crisis. What is the cause of her symptoms?

- a) Tricyclic antidepressants (TCAs)
- b) Monoamine oxidase inhibitors (MAOIs)
- c) Serotonin selective reuptake inhibitors (SSRIs)
- d) Serotonin-norepinephrine reuptake inhibitors (SNRIs)
- e) Norepinephrine-dopamine reuptake inhibitors (NDRIs)

21) Which of the following is recommended for acute relief of generalized anxiety disorder and potentiates the effects of GABA?

- a) Benzodiazepines
- b) Tricyclic antidepressants (TCAs)
- c) Monoamine oxidase inhibitors (MAOIs)
- d) Serotonin selective reuptake inhibitors (SSRIs)
- e) Serotonin-norepinephrine reuptake inhibitors (SNRIs)
- f) Norepinephrine-dopamine reuptake inhibitors (NDRIs)

22) Which of the following is considered second-line for generalized anxiety disorders, such as in the case of an elderly patient with drug abuse potential?

- a) Benzodiazepines
- b) Tricyclic antidepressants (TCAs)
- c) Monoamine oxidase inhibitors (MAOIs)
- d) Serotonin selective reuptake inhibitors (SSRIs)
- e) Serotonin-norepinephrine reuptake inhibitors (SNRIs)
- f) Norepinephrine-dopamine reuptake inhibitors (NDRIs)

- 23) Cognitive behavioral therapy (CBT) is the treatment of choice for mild:
- Major depression with suicidal ideation
 - Generalized anxiety disorder (GAD)
 - Obsessive compulsive disorder (OCD)
 - Panic disorder without agoraphobia
 - Post-traumatic stress disorder (PTSD)
- 24) Which of the following are indicated as a first-line therapy for panic disorders?
- SSRIs
 - SNRIs
 - TCA's
 - Benzodiazepines
 - CBT
 - Any of the above
- 25) Which of the following are recommended as first-line drug therapy for post-traumatic stress disorder and social anxiety disorder (SAD)?
- Benzodiazepines
 - Tricyclic antidepressants (TCAs)
 - Monoamine oxidase inhibitors (MAOIs)
 - Serotonin selective reuptake inhibitors (SSRIs)
 - Serotonin-norepinephrine reuptake inhibitors (SNRIs)
 - Norepinephrine-dopamine reuptake inhibitors (NDRIs)
- 26) What is the preferred agent, combined with CBT, for bulimia nervosa when no other comorbid conditions exist?
- Divalproex (Depakote)
 - Fluoxetine (Prozac)
 - Olanzapine (Zyprexa)
 - Methylphenidate (Ritalin)
 - Bupropion (Wellbutrin)
- 27) Which of the following is contraindicated in bulimia nervosa?
- Divalproex (Depakote)
 - Fluoxetine (Prozac)
 - Olanzapine (Zyprexa)
 - Methylphenidate (Ritalin)
 - Bupropion (Wellbutrin)

Behavioral Health #8 – Pharmacology: Part Two

- 1) Hyperactivity of which of the following dopamine pathways is associated with positive symptoms of schizophrenia?
- Mesolimbic pathway
 - Mesocortical pathway to DLPFC (dorsolateral prefrontal cortex)
 - Mesocortical pathway to VMPFC (ventromedial prefrontal cortex)
 - Nigrostriatal pathway
 - Tuberoinfundibular pathway
- 2) Hypoactivity of which of the following dopamine pathways is associated with negative symptoms and affective symptoms?
- Mesolimbic pathway

- b) Mesocortical pathway to DLPFC (dorsolateral prefrontal cortex)
 - c) Mesocortical pathway to VMPFC (ventromedial prefrontal cortex)
 - d) Nigrostriatal pathway
 - e) Tuberoinfundibular pathway
- 3) Hypoactivity of which of the following dopamine pathways is associated with negative symptoms and cognitive symptoms?
- a) Mesolimbic pathway
 - b) Mesocortical pathway to DLPFC (dorsolateral prefrontal cortex)
 - c) Mesocortical pathway to VMPFC (ventromedial prefrontal cortex)
 - d) Nigrostriatal pathway
 - e) Tuberoinfundibular pathway
- 4) Which of the following is considered a first-generation antipsychotic for schizophrenia?
- a) Dozapine (Clozamil)
 - b) Risperidone (Risperdal)
 - c) Haloperidol (Haldol)
 - d) Olanzapine (Zyprexa)
 - e) Quetiapine (Seroquel)
 - f) Clozapine (Clozaril)
- 5) Dopamine D2 blockade by schizophrenia drugs can lead to extrapyramidal symptoms (EPS) including akathisia (restlessness), dystonia (muscle spasms), Parkinson-like signs (lead-pipe rigidity, resting tremor), and eventually tardive dyskinesia. This is due to the effects on which pathway?
- a) Mesolimbic pathway
 - b) Mesocortical pathway to DLPFC (dorsolateral prefrontal cortex)
 - c) Mesocortical pathway to VMPFC (ventromedial prefrontal cortex)
 - d) Nigrostriatal pathway
 - e) Tuberoinfundibular pathway
- 6) A patient being treated for schizophrenia is also given an anticholinergic agent (diphenhydramine, amantadine, propranolol) to help prevent tardive dyskinesia. Which of the following is characteristic of tardive dyskinesia?
- a) Choreiform movements and tongue movements
 - b) Hemiballismus unilateral violent movements
 - c) Athetosis contorted torsion or twisting
 - d) Dystonia sustained torsion and facial grimacing
 - e) Involuntary, compulsive, repetitive, stereotyped tics
- 7) Hyperprolactinemia can occur while treating schizophrenia when antipsychotic D2 antagonists affect which pathway?
- a) Mesolimbic pathway
 - b) Mesocortical pathway to DLPFC (dorsolateral prefrontal cortex)
 - c) Mesocortical pathway to VMPFC (ventromedial prefrontal cortex)
 - d) Nigrostriatal pathway
 - e) Tuberoinfundibular pathway
- 8) A negative side effect of antipsychotic agents is a lack of pleasure or reward due to interference with which of the following pathways?
- a) Mesolimbic pathway

- b) Mesocortical pathway to DLPFC (dorsolateral prefrontal cortex)
 - c) Mesocortical pathway to VMPFC (ventromedial prefrontal cortex)
 - d) Nigrostriatal pathway
 - e) Tuberoinfundibular pathway
- 9) Antipsychotics are usually contraindicated in patients with CNS depression or respiratory depression. Which of the following is considered high-potency and thus is more likely to cause extrapyramidal signs?
- a) Perphenazine (Trilafon)
 - b) Chlorpromazine (Thorazine)
 - c) Loxapine (Loxitane)
 - d) Haloperidol (Haldol)
 - e) Thioridazine (Mellaril)
- 10) Which of the following has a low risk of EPS but a high anticholinergic potency, high risk of orthostatic hypotension, high risk of sedation, and high risk of QTc prolongation?
- a) Perphenazine (Trilafon)
 - b) Trifluoperazine (Stelazine)
 - c) Loxapine (Loxitane)
 - d) Haloperidol (Haldol)
 - e) Thioridazine (Mellaril)
- 11) Many atypical antipsychotics affects the dopamine pathway as well as which of the following serotonin receptors?
- a) 5-HT1
 - b) 5-HT2
 - c) 5-HT3
 - d) 5-HT4
 - e) 5-HT5
- 12) Which atypical antipsychotic is the most efficacious, has a high risk of sedation, high risk of weight gain, and requires blood monitoring for agranulocytosis?
- a) Aripiprazole
 - b) Clozapine
 - c) Quetiapine
 - d) Olanzapine
 - e) Risperidone
- 13) Atypical antipsychotics may make which condition worse?
- a) Diabetes
 - b) Eczema
 - c) Fibromyalgia
 - d) Epilepsy
 - e) Osteomalacia
- 14) Which of the following is considered initial monotherapy for bipolar I disorder, acute depressive episode, and for acute mania?
- a) Lithium carbonate (Lithobid, Lithane)
 - b) Antianxiety (alprazolam, diazepam)
 - c) Anticonvulsant (carbamazepine, valproate)
 - d) Antidepressant (Zoloft, Pamelor)
 - e) Beta blocker (propranolol, pindolol)

- 15) Which of the following is true of lithium therapy?
- a) Do not discontinue therapy abruptly
 - b) Avoid NSAIDS, use Tylenol instead
 - c) Low sodium and dehydration can lead to toxicity
 - d) Therapeutic index is narrow so levels should be monitored
 - e) All of the above
- 16) Which of the following is a first-line valproic acid agent for bipolar disorder, is especially useful for rapid cycling, is also used for mania, and is contraindicated in hepatic impairment?
- a) Divalproex (Depakote)
 - b) Fluoxetine (Prozac)
 - c) Olanzapine (Zyprexa)
 - d) Lamotrigine (Lamictal)
 - e) Carbamazepine (Tegretol)
- 17) Which of the following bipolar disorder medications is second-line, usually for lithium refractory patients, may cause SIADH, and is thought to enhance GABA?
- a) Divalproex (Depakote)
 - b) Fluoxetine (Prozac)
 - c) Olanzapine (Zyprexa)
 - d) Lamotrigine (Lamictal)
 - e) Carbamazepine (Tegretol)
- 18) Which of the following bipolar disorder medications is approved for maintenance therapy and is thought to inhibit Na⁺ channels and glutamate?
- a) Divalproex (Depakote)
 - b) Fluoxetine (Prozac)
 - c) Olanzapine (Zyprexa)
 - d) Lamotrigine (Lamictal)
 - e) Carbamazepine (Tegretol)
- 19) Which of the following sleep disorder treatments has the quickest onset and shortest half-life?
- a) Benzodiazepines (triazolam, quazepam)
 - b) GABA agonists (zolpidem, zaleplon, eszopiclone)
 - c) Ramelteon (Rozerem)
 - d) Valerian (herb)
 - e) Melatonin
- 20) Which of the following is a melatonin receptor agonist (MT1, MT2)?
- a) Benzodiazepines (triazolam, quazepam)
 - b) GABA agonists (zolpidem, zaleplon, eszopiclone)
 - c) Ramelteon (Rozerem)
 - d) Valerian (herb)
 - e) Melatonin
 - f) Positive airway pressure (CPAP)
- 21) What is the treatment of choice for obstructive sleep apnea?
- a) Benzodiazepines (triazolam, quazepam)
 - b) GABA agonists (zolpidem, zaleplon, eszopiclone)
 - c) Ramelteon (Rozerem)

- d) Valerian (herb)
 - e) Melatonin
 - f) Positive airway pressure (CPAP)
- 22) A patient presents with excessive daytime sleepiness that has gotten to the point of dozing off while driving. Which of the following would be a useful treatment?
- a) Diphenhydramine (Unisom)
 - b) Doxylamine (Nyquil)
 - c) Pyrilamine (Midol)
 - d) Fluoxetine (Prozac)
 - e) Modafinil (Provigil)
- 23) Which of the following would be a useful treatment for a patient with cataplexy (sudden and transient episode of loss of muscle tone, often triggered by emotions)?
- a) Diphenhydramine (Unisom)
 - b) Doxylamine (Nyquil)
 - c) Pyrilamine (Midol)
 - d) Fluoxetine (Prozac)
 - e) Modafinil (Provigil)
- 24) Which of the following would be useful in jet lag, shift work sleep disorder, and adult sleep terrors?
- a) Benzodiazepines
 - b) Tricyclic antidepressants (TCAs)
 - c) Monoamine oxidase inhibitors (MAOIs)
 - d) Serotonin selective reuptake inhibitors (SSRIs)
 - e) Serotonin-norepinephrine reuptake inhibitors (SNRIs)
- 25) Which form of dementia has Parkinsonism, fluctuations in cognitive impairment, and visual hallucinations?
- a) Frontotemporal dementia
 - b) Dementia with Lewy bodies
 - c) Vascular dementia
 - d) Alzheimer disease
- 26) Which of the following treatments for Alzheimer disease is an NMDA receptor antagonist, approved for moderate-severe disease?
- a) Donepezil (Aricept)
 - b) Memantine (Namenda)
 - c) Galantamine (Razadyne)
 - d) Rivastigmine (Exelon)
 - e) Vitamin E and ginkgo biloba
- 27) Which of the following is NOT a treatment option for ADHD?
- a) Mixed amphetamine salts
 - b) Tricyclic antidepressants
 - c) Acetylcholinesterase inhibitors
 - d) Dextroamphetamine
 - e) Methylphenidate

AnswerKey

Psych #1

1) B
2) D
3) E
4) B
5) A
6) B
7) C
8) D
9) A
10) D
11) C
12) A
13) B
14) E
15) C
16) D
17) A
18) B
19) C
20) E
21) D
22) C
23) A
24) C
25) A
26) B
27) E
28) B
29) D
30) B
31) A
32) B
33) A
34) B
35) B
36) C
37) C
38) E
39) E
40) A
41) D
42) A
43) A
44) D

45) B
46) C
47) A
48) E
49) D
50) C
51) D
52) D
53) D
54) E
55) C
56) B
57) B
58) D
59) A
60) B
61) D
62) D
63) E
64) C
65) E
66) A
67) B
68) D
69) B
70) E
71) C
72) F
73) A
74) D
75) B
76) C
77) D
78) A
79) B
80) A
81) E
82) C
83) C
84) D
85) A
86) A
87) D
88) B
89) E
90) A

Psych #2

1) D
2) B
3) C
4) A
5) E
6) B
7) A
8) F
9) A
10) E
11) E
12) C
13) A
14) E
15) A
16) E
17) C
18) A
19) C
20) B
21) D
22) D
23) D
24) A
25) B
26) C
27) E
28) A
29) C
30) D
31) C
32) C
33) B
34) A
35) B
36) E
37) D
38) C
39) A
40) D
41) C
42) B
43) D
44) A
45) D

46) B
47) E
48) A
49) C
50) A
51) E
52) B
53) C
54) D
55) B
56) D
57) A
58) E
59) B
60) D
61) D
62) E
63) C
64) E
65) D
66) C
67) B
68) A
69) A
70) E
71) D
72) C
73) A
74) D
75) B
76) E
77) A
78) E
79) A
80) D
81) B
82) D
83) E
84) C
85) D
86) B
87) D
88) A
89) E
90) A
91) E

92) E
 93) D
 94) D
 95) D
 96) E
 97) D
 98) D
 99) C
 100) B
 101) C
 102) D
 103) B
 104) C
 105) B
 106) A
 107) B
 108) E

Psych #3

1) E
 2) A
 3) D
 4) B
 5) E
 6) B
 7) D
 8) E
 9) B
 10) A
 11) C
 12) D
 13) B
 14) D
 15) D
 16) D
 17) E
 18) A
 19) A
 20) E
 21) D
 22) B
 23) D
 24) E
 25) A
 26) D
 27) B

28) A
 29) B
 30) A
 31) E
 32) E
 33) F
 34) C
 35) B
 36) B
 37) C
 38) E
 39) B
 40) D
 41) C
 42) C
 43) A
 44) B
 45) C
 46) C
 47) F
 48) C
 49) G
 50) E
 51) C
 52) C
 53) A
 54) B
 55) F
 56) C
 57) E
 58) B
 59) A
 60) D
 61) E
 62) A
 63) B
 64) B
 65) C
 66) C
 67) B
 68) D
 69) A
 70) C

Psych #4

1) C

2) E
 3) B
 4) E
 5) D
 6) C
 7) A
 8) E
 9) B
 10) D
 11) A
 12) B
 13) B
 14) C
 15) C
 16) D
 17) E
 18) A
 19) E
 20) F
 21) A
 22) D
 23) B
 24) A
 25) B
 26) E

Psych #5

1) C
 2) D
 3) C
 4) E
 5) C
 6) E
 7) A
 8) A
 9) E
 10) C
 11) C
 12) A
 13) B
 14) A
 15) C
 16) C
 17) E
 18) A
 19) C

20) D
 21) E
 22) A
 23) D
 24) B
 25) D
 26) A
 27) D
 28) D
 29) E
 30) D
 31) E
 32) C
 33) C
 34) C
 35) B
 36) D
 37) E
 38) E
 39) B
 40) E
 41) B
 42) D
 43) B
 44) C
 45) A
 46) C
 47) C
 48) B
 49) A
 50) E
 51) E
 52) D
 53) E
 54) A
 55) D
 56) D
 57) B
 58) E

Psych #6

1) A
 2) B
 3) B
 4) D
 5) E

- | | | | |
|-------|-----------------|-----------------|-------|
| 6) E | 52) D | 4) D | 21) F |
| 7) D | 53) A | 5) A | 22) E |
| 8) A | 54) C | 6) A | 23) D |
| 9) C | 55) C | 7) C | 24) A |
| 10) E | 56) C | 8) C | 25) B |
| 11) B | 57) B | 9) D | 26) B |
| 12) D | 58) D | 10) C | 27) C |
| 13) B | 59) D | 11) D | |
| 14) E | 60) E | 12) E | |
| 15) B | 61) B | 13) E | |
| 16) B | 62) B | 14) A | |
| 17) A | 63) B | 15) B | |
| 18) C | 64) A | 16) B | |
| 19) D | 65) B | 17) A | |
| 20) E | 66) D | 18) B | |
| 21) J | 67) A | 19) A | |
| 22) D | 68) E | 20) B | |
| 23) D | 69) A | 21) A | |
| 24) A | 70) D | 22) F | |
| 25) E | 71) A | 23) C | |
| 26) B | 72) D | 24) F | |
| 27) C | 73) F | 25) D | |
| 28) E | 74) A | 26) B | |
| 29) C | 75) D | 27) E | |
| 30) D | 76) C | | |
| 31) B | 77) C | | |
| 32) C | 78) D | Psych #8 | |
| 33) A | 79) A | 1) A | |
| 34) C | 80) E | 2) C | |
| 35) D | 81) C | 3) B | |
| 36) B | 82) B | 4) C | |
| 37) D | 83) D | 5) D | |
| 38) E | 84) B | 6) A | |
| 39) B | 85) C | 7) E | |
| 40) C | 86) D | 8) A | |
| 41) C | 87) E | 9) D | |
| 42) B | 88) A | 10) E | |
| 43) C | 89) D | 11) B | |
| 44) B | 90) E | 12) B | |
| 45) D | 91) C | 13) A | |
| 46) E | 92) B | 14) A | |
| 47) A | | 15) E | |
| 48) B | Psych #7 | 16) A | |
| 49) C | 1) C | 17) E | |
| 50) B | 2) E | 18) D | |
| 51) A | 3) B | 19) B | |
| | | 20) C | |