

Abnormal Psych - Sem 5

1. People with psychological disorders often face situations in which
 - a) they experience extreme persecution from the society.
 - b) they receive adequate social and medical support that enables them to overcome their disorder.
 - c) the people close to them aren't sure how to respond to their symptoms.
 - d) their family ostracizes them.

2. Language, humor, and stereotypes all portray psychological disorders
 - a) in a negative light and people often fear that people suffering from these disorders are violent and dangerous.
 - b) in a positive light and enable the development of a healthy environment.
 - c) as arising out of the failure of society.
 - d) As content for ridicule in pulp fiction.

3. People with psychological disorders
 - a) experience temporary symptoms that do not significantly influence their lives.
 - b) experience profound and long-lasting emotional and social effects even after their symptoms are brought under control, before they resume their former lives.
 - c) can easily resume their former lives.
 - d) can never resume their former lives.

4. Clinical Significance of a behavior as a diagnostic criterion implies that;
 - a) the behavior may represent impairment that can't be measured.
 - b) the behavior is socially deviant.
 - c) the behavior does not involve any impairment but is socially deviant.
 - d) the behavior involves a measurable degree of impairment.

5. The behavior must have diagnostic validity, implies that;
 - a) the diagnoses predict future behavior or responses to treatment.
 - b) the diagnoses adds no value to the prediction or treatment.
 - c) the diagnoses can predict future behavior but can't predict responses to treatment.
 - d) the behavior does not meet the social norm.

6. Conflicts between individual and society
 - a) are counted as psychological disorders irrespective of whether they reflect a dysfunction.

- b) not counted as psychological disorders unless they reflect a dysfunction within the individual.
 - c) are the source of dysfunctional behavior.
 - d) indicate a greater pathology such as the presence of a personality disorder.
7. The causes of abnormal behavior can be classified in three major domains;
- a) Neurological, Medical and Genetic
 - b) Substance induced, Neurological and Psychological
 - c) Social, Economic and Political
 - d) Biological, Psychological and Socio-cultural
8. The chances of the son or daughter developing schizophrenia are
- a) greater if either of their parents is suffering from mood disorders as compared to children of parents who do not have mood disorder.
 - b) greater if either of their parents is suffering from it as compared to children of parents who do not have the disorder.
 - c) lesser if either of their parents is suffering from it as compared to children of parents who do not have the disorder.
 - d) Not influenced by family history.
9. Genetic inheritance, Medical Conditions, Brain Damage and Exposure to toxic substances are
- a) not considered as causes abnormality from the biological perspective.
 - b) considered as causes abnormality from the psychological perspective.
 - c) considered as causes abnormality from the biological perspective.
 - d) considered as causes abnormality from the evolutionary perspective.
10. Traumatic life experiences, Learned Associations, Distorted perceptions and Faulty ways of thinking are
- a) do not contribute to the development of abnormal behavior
 - b) considered as Psychological causes abnormality
 - c) considered as Neurological causes abnormality
 - d) only considered as Psychological causes for Axis-II disorders
11. Death of a beloved family member is
- a) a traumatic life experience.
 - b) one of the major causes of bereavement.
 - c) can cause burnout or psychological breakdown.
 - d) a distorted perception.
12. Hallucination is an example of
- a) common symptom anxiety

- b) distorted perception
- c) illusion
- d) faulty thought process

13. Delusions of Grandeur are

- a) is an example of faulty ways of thinking
- b) learned association
- c) overcompensation for insecurity
- d) examples of biological disturbances

14. Being raised by a sadistic parent may cause a person to establish a pattern of close relationships characterized by control and emotional hurt.

- a) is an example of socio-cultural causes of abnormality.
- b) is an example of biological causes of abnormality.
- c) is an example of behavioral causes of abnormality.
- d) is an example of psychological causes of abnormality.

15. _____ is a label that causes certain people to be regarded as different, defective, and set apart from mainstream members of society.

- a) Stigma
- b) Stereotype
- c) Discrimination
- d) Prejudice

16. Socio-cultural causes of abnormality can be divided in 3 broad categories

- a) Trauma, Delusions and Stigma
- b) Stigma, Discrimination and Social policies
- c) Medical issues, Discrimination and Prejudice
- d) Stereotype, Prejudice and Discrimination

17. Post Traumatic Stress Disorder is an example of a disorder that predominantly has

- a) Biological causes
- b) Developmental causes
- c) Psychological causes
- d) Socio-cultural causes

18. The Biopsychosocial Perspective discusses the

- a) the considerable interaction between biological, psychological and sociocultural causes of abnormality.
- b) the absence of interaction between biological, psychological and sociocultural causes of abnormality.
- c) states that the causes of abnormality are neatly divided and don't interact.

- d) is not applicable for Axis-I disorders.
19. The following explanation regard psychological disorders as the product of possession by evil or demonic spirits.
- a) Spiritual explanations
 - b) Shamanic explanations
 - c) Religious perspective
 - d) Humanitarian perspective
20. This ancient practice was used to drive evil spirits away through a physically and mentally painful form or ritual torture by a shaman, priest or a medicine man.
- a) Trephining
 - b) Bloodletting
 - c) Purging
 - d) Exorcism
21. The drilling of a hole in the skull, presumably as a way of treating psychological disorders during prehistoric times.
- a) Lobotomy
 - b) Trephining
 - c) Exorcism
 - d) Bloodletting
22. This book was an indictment of witches written by two Dominican monks in Germany in 1486, in which witches were denounced as heretics and devils who must be destroyed in the interest of preserving Christianity.
- a) The Discoverie of Witchcraft
 - b) Key of Solomon
 - c) Malleus Malificarum,
 - d) Directorium Inquisitorum
23. One of the proponents of the humanitarian approach that regards psychological disorders as a result of cruelty, stress or poor living conditions, is;
- a) Dorothea Dix
 - b) Carl Rogers
 - c) Benjamin Rush
 - d) Abraham Maslow
24. Deinstitutionalization that was designed to enhance the quality of life for people who had been held for years in public psychiatric hospitals, failed as
- a) it lead to increased inhumane treatment in psychiatric hospitals.
 - b) it lead to increased institutionalization.
 - c) many individuals left institutions only to find a life of poverty and neglect on the outside.
 - d) it lead to over-crowding in psychiatric hospitals.
25. This individual is considered as the funder of modern medicine.

- a) Hippocrates
 - b) Claudius Galen
 - c) Benjamin Rush
 - d) Plato
26. The German Psychiatrist who Published *The Pathology and Therapy of Mental Disorders* which proposed that “neuropathologies” were the cause of psychological disorders.
- a) Emil Kraepelin
 - b) Wilhelm Greisinger
 - c) Wilhem Wundt
 - d) Max Wertheimer
27. This individual is credited with the discovery of Classical Conditioning
- a) Ivan Pavlov
 - b) B. F. Skinner
 - c) John B. Watson
 - d) E. L. Thorndike
28. The behaviorist movement was popularized in USA by the following psychologist
- a) Ivan Pavlov
 - b) E. L. Thorndike
 - c) B. F. Skinner
 - d) John B. Watson
29. Rational Emotive Behavior Therapy approach was developed by
- a) Aaron beck
 - b) Albert Ellis
 - c) Fritz Perlz
 - d) Laura Perlz
30. What was Sigmund Freud’s profession before developed Psychoanalysis?
- a) Physician
 - b) Physiologist
 - c) Neurologist
 - d) Psychologist
31. The diagnoses must help guide the clinicians in making decisions about the treatment.
- a) Clinical utility
 - b) Clinical Significance
 - c) Diagnostic utility
 - d) Validity
32. Health care professionals that offer psychological services.
- a) Physicians
 - b) Psychologists
 - c) Social workers

- d) Clinician
33. People with degrees in medicine (MDs) who receive training in diagnosing and treating people with psychological disorders.
- a) Psychologists
 - b) Psychiatrists
 - c) Clinical Psychologist
 - d) Neurologists
34. Define client
- a) Person seeking psychological treatment.
 - b) In the medical model a person who receives treatment.
 - c) Patient.
 - d) None of the above.
35. A mental health professional with an advanced degree in the field of psychology and trained in diagnosis and therapy who provides direct service to clients.
- a) Counselor
 - b) Clinical Psychologists
 - c) Psychologist
 - d) Psychiatrist
36. The Doctoral degree that professional schools of psychology award and typically involves less training in research.
- a) EdD (Doctorate in education)
 - b) PhD (Doctorate in Philosophy)
 - c) PsyD (Doctorate in Psychology)
 - d) MD (Doctor of Medicine)
37. DSM full form
- a) Diagnostic and statistical Manual
 - b) Diagnostic and Statistical Manual of Mental Disorders
 - c) Diagnostic and Statistical Manual of Medical Disorders
 - d) None of the above
38. How many chapters is the DSM-5 divided in?
- a) 24 chapters
 - b) 20 chapters

- c) 22 chapters
- d) 32 chapters

39. How many official languages the ICD-10 is available in?

- a) 8 official languages
- b) 10 official languages
- c) 36 official languages
- d) 6 official languages

40. Which of the following is not true for Culture-bound syndromes?

- a) Within particular cultures, there are idiosyncratic patterns of symptoms, many of which have no direct counterpart to a specific *DSM-5* diagnosis.
- b) They are behavior patterns that exist only within particular cultures.
- c) The symptoms must not have any clear biochemical or physiological sources.
- d) These symptoms are recognized as disorders irrespective of culture.

41. A broad range of measurement techniques, all of which involve having people involve scorable information about their psychological functioning.

- a) Psychological Assessment
- b) Testing
- c) Differential Diagnoses
- d) Diagnosis

42. A psychometric criterion that specifies a test's instructions for administration and scoring.

- a) Instructions
- b) Norming
- c) Standardization
- d) Reliability

43. In addition to determining a test's reliability and validity,

- a) it is not important to take into account its applicability to test-takers from a diversity of backgrounds.
- b) it is important to take into account its applicability to test-takers from a diversity of backgrounds.

- c) it is important to take into account the ability level, first language, cultural background, and age of the test-takers.
- d) it is important to take into account the price of the test.

44. The tendency for clinicians unintentionally to make generic and vague statements about their clients that do not specifically characterize the client.

- a) Observer Effect
- b) Astrological Prediction
- c) Barnum Effect
- d) Examiner effect

45. Examples of Barnum Statements

- a) Predictions of behavior made using psychoanalysis.
- b) Predictions on horoscopes and fortune cookies.
- c) Medical Diagnoses.
- d) Results of a psychometrically sound Personality test.

46. A series of questions that clinician administer in a face to face interview with the client.

- a) Interview
- b) Panel interview
- c) Case history
- d) Clinical interview

47. A series of open-ended questions aimed at determining the client's reasons for being in treatment, symptoms, health status, family background, and life history.

- a) Unstructured Interview
- b) Clinical Interview
- c) Case History
- d) Intake Interview

48. A standardized set series of assessment questions, with a predetermined wording or order.

- a) Test
- b) Formal Interview
- c) Structured Interview

d) Interview

49. SCID-II

- a) Structured Interview
- b) Structured Clinical Interview for DSM-IV Disorders
- c) Structured Clinical Interview for *DSM-IV-TR* Axis I disorders
- d) Structured Clinical Interview for *DSM-IV* Personality Disorders

50. SCID-I

- a) Structured Interview
- b) Structured Clinical Interview for DSM-IV Disorders
- c) Structured Clinical Interview for *DSM-IV-TR* Axis I disorders
- d) Structured Clinical Interview for *DSM-IV* Personality Disorders

51. Which of the following statements is true:

- (i) During an unstructured interview the clinician may use cues from the clients appearance that give further indication of the client's symptoms, emotional state, or interpersonal difficulties.
 - (ii) The advantage of structured interview is that it is a systematic approach that is less subject to variations from clinician to clinician than an unstructured interview
- a) Statement (i) is true
 - b) Statement (ii) is true
 - c) Both statements are true
 - d) Both statements are false

52. A method of objectively assessing a client's behavior and functioning in a number of spheres, with particular attention to the symptoms associated with psychological disturbance.

- a) Case History
- b) Structured Interview
- c) Unstructured Interview
- d) Mental Status Examination

53. MMSE

- a) Mega Mental Status Examination
- b) Mental Status Examination
- c) Mini Mental Status Examination

d) Micro Mental Status Examination

54. Mini Mental Status Examination is a structured tool that clinicians use as a brief screening device to assess _____.

- a) Dementia
- b) Alzheimer's
- c) Schizophrenia
- d) Delirium

55. The outcome of a mental status examination is

- a) A diagnosis
- b) Differential diagnoses
- c) Prognosis
- d) A comprehensive description of how the client looks, thinks, feels, and behaves.

56. A form of measurement based on objective recording of the individual's behavior.

- a) Behavioral observation
- b) Behavioral self-report
- c) Behavioral assessment
- d) Behavioral interviewing

57. Process involving recording the recording of behavior in its natural context, such as the classroom or the home.

- a) Analog observation
- b) In-vivo observation
- c) Behavioral observation
- d) Behavioral interviewing

58. Assessment process in which clinicians take into account person's cultural, ethnic and racial background

- a) Racial profiling
- b) Assessment
- c) Multicultural assessment
- d) Behavioral assessment

59. A process of gathering information about a client's brain functioning on the basis of performance on psychological tests

- a) Neuropsychological assessment
- b) Adaptive testing

- c) Multicultural assessment
- d) Behavioral assessment

60. Assessment method that provides a picture of brain's structures or level of activity and therefore is a useful tool for looking at the brain.

- a) MRI
- b) PET
- c) Neuro-imaging
- d) EEG

61. A measure of changes in the electrical activity of the brain.

- a) MEG
- b) EEG
- c) ECG
- d) PET

62. The use of radiowaves rather than X-rays to construct a picture of the living brain based on the water content of various tissues.

- a) MRI
- b) fMRI
- c) PET
- d) CAT

63. A measure of brain activity in which a small amount of radioactive sugar is injected into an individual's bloodstream, following which a computer measures the varying levels of radiation in different parts of the brain and yields a multicolored image.

- a) SPECT
- b) MRI
- c) CAT
- d) PET

64. A theoretical perspective in which it is assumed that disturbances in emotions, behavior, and cognitive processes are caused by abnormalities in the functioning of the body.

- a) Biological Perspective
- b) Psychodynamic Perspective
- c) Behavioral Perspective
- d) Evolutionary Perspective

65. A chemical substance released from a neuron into the synaptic cleft, where it drifts across the synapse and is absorbed by the receiving neuron.

- a) Neuroleptic
- b) Neurotransmitter
- c) Enzymes
- d) Hormones

66. The proposal that people are born with a predisposition that places them at risk for developing a psychological disorder if exposed to certain extremely stressful life experiences.
- a) Biological Perspective
 - b) Epigenesis
 - c) Diathesis-stress Model
 - d) DNA Methylation
67. The expression of the genetic program in the individual's physical and psychological attributes.
- a) Genotype
 - b) Heredity
 - c) Phenotype
 - d) Inheritance
68. Biobehavioral abnormalities that are linked to genetic and neurobiological causes of mental illness.
- a) Endophenotype
 - b) Heredity
 - c) Inheritance
 - d) Phenotype
69. Somatic treatments that are intended to reduce the individual's symptoms by altering the levels of neurotransmitters that are believed to be involved in the disorder.
- a) Psychotherapeutic Medications
 - b) Psychosurgery
 - c) Electroconvulsive Therapy
 - d) Neuromodulation
70. The application of electrical shock to the head for the purpose of inducing therapeutically beneficial seizures.
- a) Deep brain stimulation
 - b) Neuromodulation
 - c) Electroconvulsive Therapy
 - d) Transcranial Magnetic Stimulation
71. An enduring pattern of perceiving, relating to and thinking about the environment and others.
- a) Personality
 - b) Persona
 - c) Trait Theory
 - d) Personality Trait
72. Trait theory proposing that there are five basic dispositions in personality.
- a) Five Factor Model
 - b) Eysenk Trait Theory
 - c) Chc Model
 - d) Trait Theory

73. In psychoanalytic theory, the structure of personality that gives the individual the mental powers of judgment, memory, perception, and decision making, enabling the individual to adapt to the realities of the external world.
- a) Id
 - b) Ego
 - c) Superego
 - d) Conscious
74. In psychoanalytic theory, the structure of personality that contains the sexual and aggressive instincts.
- a) Id
 - b) Ego
 - c) Superego
 - d) Unconscious
75. In psychoanalytic theory, the structure of personality that includes the conscience and the ego ideal; it incorporates societal prohibitions and exerts control over the seeking of instinctual gratification.
- a) Id
 - b) Ego
 - c) Superego
 - d) Unconscious
76. In psychoanalytic theory, loosely associated, idiosyncratic, and distorted cognitive representation of the world.
- a) Pleasure Principle
 - b) Secondary Process Thinking
 - c) Primary Process Thinking
 - d) Reality Principle
77. In psychoanalytic theory, a motivating force oriented toward the immediate and total gratification of sensual needs and desires.
- a) Pleasure Principle
 - b) Secondary Process Thinking
 - c) Primary Process Thinking
 - d) Reality Principle
78. In psychoanalytic theory, motivational force that leads the individual to confront the constraints of the external world.
- a) Pleasure Principle
 - b) Secondary Process Thinking
 - c) Primary Process Thinking
 - d) Reality Principle

79. In psychoanalytic theory, the kind of thinking involved in logical and rational problem solving.
- a) Pleasure Principle
 - b) Secondary Process Thinking
 - c) Primary Process Thinking
 - d) Reality Principle
80. A theoretical perspective in which it is assumed that abnormality is caused by faulty learning experiences.
- a) Behavioral Perspective
 - b) Sociocultural Perspective
 - c) Classical Conditioning
 - d) Cognitive Perspective
81. The learning of a connection between an originally neutral stimulus and a naturally evoking stimulus that produces an automatic reflexive reaction.
- a) Operant conditioning
 - b) Classical conditioning
 - c) Observational Learning
 - d) Conditioned Emotional Response
82. A variant of counterconditioning that involves presenting the client with progressively more anxiety provoking images while in a relaxed state.
- a) Counter Conditioning
 - b) Flooding
 - c) Systematic Desensitization
 - d) Implosive Therapy
83. A theoretical perspective in which it is assumed that abnormality is caused by maladaptive thought processes that result in dysfunctional behavior.
- a) Behavioral Perspective
 - b) Humanistic Perspective
 - c) Sociocultural Perspective
 - d) Cognitive Perspective
84. A form of cognitive therapy that helps clients accept the full range of their subjective experiences, such as distressing thoughts and feelings, as they commit themselves to tasks aimed at achieving behavior change that will lead to an improved quality of life.
- a) Acceptance and Commitment Therapy
 - b) Cognitive Restructuring
 - c) Cognitive Behavioral therapy
 - d) Client Centered Therapy
85. The humanistic theory that focuses on the uniqueness of each individual, the importance of allowing each individual to achieve maximum fulfillment of potential, and the need for the individual to confront honestly the reality of his or her experiences in the world.

- a) Client Centered therapy
 - b) Person Centered Therapy
 - c) Self-actualization
 - d) Motivational Interviewing
86. A method in client-centered therapy in which the clinician gives total acceptance of what the client says, does, and feels.
- a) Conditional Positive Regard
 - b) Acceptance
 - c) Unconditional Positive Regard
 - d) Trust
87. In humanistic theory, the maximum realization of the individual's potential for psychological growth.
- a) Client Centered therapy
 - b) Self-realization
 - c) Ego Integration
 - d) Self-actualization
88. The theoretical perspective that emphasizes the ways that individuals are influenced by people, social institutions, and social forces in the world around them.
- a) Behavioral Perspective
 - b) Humanistic Perspective
 - c) Sociocultural Perspective
 - d) Cognitive Perspective
89. A future-oriented and global response, involving both cognitive and emotional components, in which an individual is inordinately apprehensive, tense, and uneasy about the prospect of something terrible happening.
- a) Anxiety
 - b) Fear
 - c) Anxiety disorder
 - d) Neurosis
90. Disorders characterized by intense, irrational, and incapacitating apprehension.
- a) Anxiety
 - b) Anxiety disorder
 - c) Fear
 - d) Neurosis
91. A childhood disorder characterized by intense and inappropriate anxiety, lasting at least 4 weeks, concerning separation from home or caregivers.
- a) Disruptive mood dysregulation disorder
 - b) Generalized anxiety disorder
 - c) Separation Anxiety Disorder
 - d) Selective Mutism

92. A disorder originating in childhood in which the individual consciously refuses to talk, sometimes accompanying this refusal by oppositional or avoidant behavior.
- a) Disruptive mood dysregulation disorder
 - b) Generalized anxiety disorder
 - c) Separation Anxiety Disorder
 - d) Selective Mutism
93. An irrational and unabating fear of a particular object, activity, or situation.
- a) Specific Phobia
 - b) Phobia
 - c) Anxiety
 - d) Fear
94. A behavioral technique in which the client is immersed in the sensation of anxiety by being exposed to the feared situation in its entirety.
- a) Systematic Desensitization
 - b) Flooding
 - c) Contingency Management
 - d) Aversion Therapy
95. A procedure in which clients gradually expose themselves to increasingly challenging anxiety-provoking situations.
- a) Flooding
 - b) Contingency Management
 - c) Graduated Exposure
 - d) Aversion Therapy
96. A cognitive-behavioral method in which the client learns to stop having anxiety-provoking thoughts.
- a) Cognitive Behavior Therapy
 - b) Thought Blocking
 - c) Repression
 - d) Thought Stopping
97. An anxiety disorder characterized by marked anxiety of social situations in which the individual may be scrutinized by others.
- a) Social Anxiety Disorder
 - b) Agoraphobia
 - c) Social Phobia
 - d) Specific Phobia
98. An anxiety disorder in which an individual has panic attacks on a recurrent basis or has constant apprehension and worry about the possibility of recurring attacks.
- a) Illness Anxiety Disorder
 - b) Panic Disorder

- c) Panic Attack
 - d) Generalized Anxiety Disorder
99. A period of intense fear and physical discomfort accompanied by the feeling that one is being overwhelmed and is about to lose control.
- a) Illness Anxiety Disorder
 - b) Panic Disorder
 - c) Panic Attack
 - d) Generalized Anxiety Disorder
100. Intense anxiety about being trapped or stranded in a situation without help if a panic attack occurs.
- a) Panic Disorder
 - b) Panic Attack
 - c) Generalized Anxiety Disorder
 - d) Agoraphobia
101. The belief that panic disorder is caused in part by the tendency to interpret cognitive and somatic manifestations of stress and anxiety in a catastrophic manner.
- a) Anxiety Sensitivity Theory
 - b) Panic Disorder
 - c) Panic Attack
 - d) Agoraphobia
102. Acquired associations between an internal or external cue and feelings of intense anxiety.
- a) Conditioned Stimulus
 - b) Conditioned Fear Reactions
 - c) Conditioned Response
 - d) Conditioned Emotional Response
103. A behavioral technique used in the treatment of anxiety disorders that involves progressive and systematic patterns of muscle tensing and relaxing.
- a) Systematic Desensitization
 - b) Mindfulness training
 - c) Panic Control Therapy
 - d) Relaxation Training
104. Treatment that consists of cognitive restructuring, exposure to bodily cues associated with panic attacks, and breathing retraining.
- a) Systematic Desensitization
 - b) Mindfulness training
 - c) Relaxation Training
 - d) Panic Control Therapy

105. An anxiety disorder characterized by anxiety that is not associated with a particular object, situation, or event but seems to be a constant feature of a person's day-to-day existence.
- a) Generalized Anxiety Disorder
 - b) Panic Disorder
 - c) Separation Anxiety disorder
 - d) Anxiety Disorder
106. An anxiety disorder characterized by recurrent obsessions or compulsions that are inordinately time-consuming or that cause significant distress or impairment.
- a) Obsessive Compulsive Personality Disorder
 - b) Obsessive Compulsive Disorder
 - c) Obsession
 - d) Compulsion
107. A somatoform disorder in which individuals are preoccupied with the idea that a part of their body is ugly or defective.
- a) Bulimia
 - b) Body Dysmorphic Disorder
 - c) Anorexia Nervosa
 - d) Borderline Personality Disorder
108. A compulsion in which people have persistent difficulties discarding things, even if they have little value.
- a) Obsessive Compulsive Personality Disorder
 - b) Obsessive Compulsive Disorder
 - c) Hoarding
 - d) Compulsion
109. An impulse-control disorder involving the compulsive, persistent urge to pull out one's own hair.
- a) Trichotillomania
 - b) Excoriation
 - c) Obsessive Compulsive Disorder
 - d) Obsessive Compulsive Personality Disorder
110. Recurrent picking at one's own skin.
- a) Excoriation
 - b) Obsessive Compulsive Disorder
 - c) Obsessive Compulsive Personality Disorder
 - d) Trichotillomania
111. An anxiety disorder that develops after a traumatic event, with symptoms such as depersonalization, numbing, dissociative amnesia, intense anxiety, hypervigilance, and impairment of everyday functioning. People with this disorder may re-experience the event

and desperately avoid reminders of the trauma. These symptoms arise within the month following the trauma and last from 2 days to 4 weeks.

- a) Reactive Attachment Disorder
- b) Acute Stress Disorder
- c) Illness Anxiety Disorder
- d) Post-Traumatic Stress Disorder

112. A disorder involving a severe disturbance in the ability to relate to others in which the individual is unresponsive to people, is apathetic, and prefers to be alone rather than to interact with friends or family.

- a) Post-Traumatic Stress Disorder
- b) Social Anxiety Disorder
- c) Reactive Attachment Disorder
- d) Acute Stress Disorder

113. An anxiety disorder in which the individual experiences several distressing symptoms for more than a month following a traumatic event, such as a reexperiencing of the traumatic event, an avoidance of reminders of the trauma, a numbing of general responsiveness, and increased arousal.

- a) Panic Disorder
- b) Acute Stress Disorder
- c) Anxiety Disorder
- d) Post-Traumatic Stress Disorder

114. The individual with a dissociative disorder experiences:

- a) a temporary alteration in consciousness involving a loss of personal identity, decreased awareness of immediate surroundings, and odd bodily movements.
- b) a permanent alteration in consciousness involving a loss of personal identity, decreased awareness of immediate surroundings, and odd bodily movements.
- c) a temporary alteration in anxiety and stress.
- d) mania.

115. Dissociative identity disorder was formerly called:

- a) Multiple personality disorder (MPD)
- b) Split personality disorder (SPD)
- c) Multiple psychological disorder (MPD)
- d) Singular personality disorder (SPD)

116. People with dissociative personality disorder have

- a) a secondary identity associated with their given name.
- b) an alternate identity associated with their given name.
- c) a primary identity associated with their given name.

- d) multiple identities associated with their given name.
117. How many distinct identities or personality states, each with its own pattern of perceiving, thinking, and relating, as well as its own style of behavior, personal history, and self-image, does an individual with dissociative identity disorder have at a minimum?
- a) Nine
 - b) One
 - c) Five
 - d) Two
118. People with dissociative identity disorder also experience a form of amnesia, in which they:
- a) have gaps in their memory about aspects of their career.
 - b) have gaps in their memory about some aspects of their personal history.
 - c) have changes in their behaviour about some aspects of their personality.
 - d) have seizures.
119. According to socio-cognitive model of dissociative identity disorder:
- a) clients enact the roles that they feel (consciously or unconsciously) are demanded by the situation.
 - b) clients enact the roles that they feel unconsciously.
 - c) therapists enact the roles.
 - d) clients enact the roles that they feel (consciously or unconsciously) are demanded by their id.
120. Choose the right statement.
- a) Illness anxiety is the concept of repressed memories, the notion that some individuals are so overwhelmed by trauma that the experience is self-protectively pushed out of awareness.
 - b) Obsessive-compulsive disorder is the concept of repressed memories, the notion that some individuals are so overwhelmed by trauma that the experience is self-protectively pushed out of awareness.
 - c) Psychogenic dissociation is the concept of repressed memories, the notion that some individuals are so overwhelmed by trauma that the experience is self-protectively pushed out of awareness.
 - d) Schizoaffective anxiety is the concept of repressed memories, the notion that some individuals are so overwhelmed by trauma that the experience is self-protectively pushed out of awareness.
121. In this condition the individual forgets all events that occurred during a specified time interval.

- a) localized trauma
 - b) Continuous amnesia
 - c) Retrograde amnesia
 - d) localized amnesia
122. Which disorders include a variety of conditions in which psychological conflicts become translated into physical problems or complaints that cause distress or impairment in a person's life?
- a) Conversion
 - b) Factitious
 - c) Fugue
 - d) Somatoform
123. This is a condition in which a person who is confused about personal identity suddenly and unexpectedly travels to another place.
- a) Anxiety
 - b) Schizophrenia
 - c) Dissociative Fugue
 - d) Neurosis
124. Somatoform disorders include:
- a) a variety of conditions in which biological conflicts become translated into physical problems or complaints.
 - b) a variety of conditions in which psychological conflicts become translated into physical problems or complaints that cause distress or impairment in a person's life.
 - c) a variety of illnesses in which scientific conflicts become translated into physical problems.
 - d) Schizophrenia, obsessive-compulsive disorder, and more.
125. The term *somatoform* comes from the Greek word *soma*, meaning _____.
- a) Brain
 - b) Blood
 - c) Body
 - d) Mind
126. Somatoform disorders are considered psychological rather than physical disorders, because:
- a) there is physical abnormality that can explain the bodily complaint.
 - b) there is bodily abnormality that can explain the physical complaint.
 - c) there is no psychological abnormality.
 - d) there is no physical abnormality that can explain the bodily complaint.

127. This disorder involves this translation of unacceptable drives or troubling conflicts into bodily motor or sensory symptoms that suggest a neurological or other kind of medical condition.
- a) Conversion disorder
 - b) Multiple Personality disorder
 - c) Illness Anxiety
 - d) Trauma-related disorder
128. Conversion symptoms are also the physical expression of a psychological disturbance, but the translation from mind to body occurs in a way that defies
- a) Psychosocial logic
 - b) Psychoanalytical logic
 - c) Biological logic
 - d) Medical logic
129. La belle indifférence is:
- a) when the symptom is moved from the realm of the psychological to the realm of the physical, it no longer poses a threat to the individual's peace of mind.
 - b) When it is systematically described and categorized by the symptoms of hysteria.
 - c) when the symptom is moved from the realm of the physical to the realm of the psychological.
 - d) when the symptom is absent.
130. This disorder involves the expression of psychological issues through bodily problems that cannot be explained by any known medical condition or as being due to the effects of a substance.
- a)** Stress disorder
 - b)** Anxiety disorder
 - c)** Somatization disorder
 - d)** Trauma disorder
131. Somatization disorder is a relatively
- a) Common disorder
 - b) Rare disorder
 - c) Intolerable disorder
 - d) Painful disorder
132. Some individuals with somatization disorder may also be at risk for the following, even if they do not have a comorbid condition such as a depressive or personality disorder.
- a) Brain injury
 - b) Insomnia

- c) Dissociation
 - d) Suicide
133. People with this disorder are likely to become dependent on substances, either illicit drugs or prescription medications, in their efforts to alleviate their discomfort.
- a) Anxiety disorder
 - b) Pain disorder
 - c) Stress disorder
 - d) Trauma based disorder
134. This disorder involves deliberately feigning the symptoms of physical illness or psychological disorder for an ulterior motive.
- a) Malingering
 - b) Factitious
 - c) Munchausen's syndrome
 - d) MPD
135. Munchausen's syndrome involves:
- a) chronic cases in which the individual's whole life becomes free of therapy and medical help.
 - b) chronic cases in which the individual's whole life becomes consumed with the pursuit of medical care.
 - c) malign cases in which the individual's life becomes independent.
 - d) Symptoms like insomnia.
136. In the following disorder, people fake symptoms or disorders, not for the purpose of any particular gain but because of an inner need to maintain a sick role.
- a) Malingering
 - b) Munchausen's syndrome
 - c) Trauma Disorder
 - d) Factitious disorder
137. Primary gain is the avoidance of burdensome responsibilities because one is "disabled."
- a) True
 - b) False
 - c) None of the above
 - d) I don't know
138. This is the sympathy and attention the sick person receives from other people.
- a) Primary Gain
 - b) Secondary gain
 - c) Gain
 - d) Malingering