

Abnormal Psychology Sem 6 KT QBANK

1. What would people with psychotic disorders have a difficulty with?
 - a. thinking or speaking in a coherent manner and may be distracted, and possibly tormented, by vivid images or voices.
 - b. Father-figures.
 - c. Working.
 - d. Clocks.
2. People who have psychotic disorders are so often rejected by others, they frequently are:
 - a. made leaders.
 - b. put on a pedestal.
 - c. isolated and have little opportunity for social interaction.
 - d. celebrated among friends and family.
3. Schizophrenia affects slightly more than 1 percent of the:
 - a. Senior citizens.
 - b. Infants.
 - c. adolescent population.
 - d. adult population.
4. Schizophrenia is a disorder with a range of symptoms involving:
 - a. Forming sexual thoughts.
 - b. disturbances in content of thought, form of thought, perception, affect, sense of self, motivation, behavior, and interpersonal functioning.
 - c. Sleeping, talking, and identifying self.
 - d. Rearranging objects, organizing the desk, cupboard, table.
5. The disorder that we currently call schizophrenia was first identified as a disease by a French physician:
 - a. Benedict Morel
 - b. Jean Arden
 - c. Pauline Gustave
 - d. Ben Moral
6. The fundamental features of the disorder that he identified are still commonly referred to as Bleuler's Four A's:
 - a. Association, Affect, Ambivalence, Autism
 - b. Alienation, Altruism, Attractiveness, Abnormal
 - c. Animal, Abience, Adience, Anima
 - d. Atomism, Applies, Arteria, Amnesia
7. Positive symptoms are viewed as direct:
 - a. lead-ins to the full expression of trauma.

- b. lead-ins to the full annihilation of psychosis.
 - c. lead-ins to the full expression of psychosis.
 - d. lead-ins to the partial expression of psychosis.
8. During this 6-month period is an _____ of symptoms, such as delusions, hallucinations, disorganized speech, disturbed behavior, and negative symptoms.
- a. Phallic phase
 - b. Latent phase
 - c. Passive phase
 - d. active phase
9. A prodromal phase is a:
- a. period prior to the active phase during which the individual shows progressive deterioration in social and interpersonal functioning.
 - b. period after the active phase during which the individual shows progressive deterioration in social and interpersonal functioning.
 - c. Final period during which the individual shows progressive deterioration in social and interpersonal functioning.
 - d. Unrelated to schizophrenia.
10. The active phase is followed by:
- a. Criticism from the patient's parents.
 - b. Therapy and medication.
 - c. A prodromal phase in which there are continuing indications of disturbance similar to the behaviours of the residual phase.
 - d. a residual phase in which there are continuing indications of disturbance similar to the behaviours of the prodromal phase.
- Schizophrenia is a disorder that has mystified people for centuries,
11. Delusions, or deeply entrenched false beliefs, are the _____ common disturbance of thought content associated with schizophrenia.
- a. Least
 - b. Most
 - c. Rarely
 - d. Poorly
12. A delusion can take many forms, all of which are dramatic indicators of:
- a. Least disturbances in a person's thinking.
 - b. severe disturbance in a therapist's thinking.
 - c. severe disturbance in a person's thinking.
 - d. No disturbance in a person's thinking.
13. People with schizophrenia have such disorganized and dysfunctional cognitive processes that their thinking may:
- a. lack cohesiveness and logic.
 - b. Have heightened cohesiveness and logic.
 - c. Suggest the unreal.

- d. Be cohesive and logical.

14. Hallucinations are:

- a. Unreal to the person with schizophrenia.
- b. Real to the person with schizophrenia.
- c. Real to the person with insomnia.
- d. Real to the person with sexual disorders.

15. Catatonic stupor is:

- a. a state of being sleepy all the time.
- b. a state of being manic to external stimuli.
- c. a state of being highly responsive to external stimuli, possibly to the point of being highly aware of one's surroundings.
- d. a state of being unresponsive to external stimuli, possibly to the point of being unaware of one's surroundings.

16. People with schizophrenia may move in:

- a. Common ways.
- b. uniform ways.
- c. Odd and disturbing ways.
- d. Perfect and symmetric ways.

17. What is alogia?

- a. It is when a person is highly formal and uses good vocabulary.
- b. It is when a person speaks excitedly without any particular reason.
- c. It is a loss of words or notable lack of spontaneity or responsiveness in conversation.
- d. It is a when a person speaks in a rapid pace.

18. Avolition involves:

- a. a lack of initiative and unwillingness to act.
- b. a spunk of initiative and willingness to act.
- c. initiative and excitement to act.
- d. Several ways to act and enact.

19. What is anhedonia?

- a. High sexual drive.
- b. Excitement in seeking pleasure from activities.
- c. High interest in or ability to experience pleasure from activities that most people find appealing.
- d. A loss of interest in or ability to experience pleasure from activities that most people find appealing.

20. The socially disturbed and isolated person is likely to be:

- a. Accepted by society and pulled out of the world of fantasy and delusion.
- b. Rejected and to retreat further into a world of fantasy and delusion.

- c. Punished by himself.
 - d. Cathartic.
21. When the prominent symptom in a person with schizophrenia is bizarre motor behaviors, the person is diagnosed as having schizophrenia of the:
- a. Differentiated type.
 - b. Paranoid type.
 - c. Catatonic type.
 - d. Undifferentiated type.
22. People with the paranoid type of schizophrenia have:
- a. Quirky speech patterns.
 - b. tremendous memory problems because of their internal brain issues.
 - c. Hardly any interpersonal problems because of their understanding nature.
 - d. tremendous interpersonal problems because of their suspicious and argumentative style.
23. Symptoms such as emotional dullness, social withdrawal, eccentric behavior, or illogical thinking would be diagnosed as having:
- a. schizophrenia, residual type
 - b. schizophrenia, paranoid type
 - c. schizophrenia, catatonic type
 - d. schizophrenia, undifferentiated type
24. Culture has a _____ relation to the diagnosis of schizophrenia.
- a. Complex
 - b. Simple
 - c. Unorganized
 - d. Multifaceted
25. Brief psychotic disorder is a disorder characterized by:
- a. a gradual onset of psychotic symptoms that last more than a month.
 - b. a sudden onset of psychotic symptoms that lasts less than a month.
 - c. a sudden onset of biological symptoms that lasts more than a month.
 - d. a sudden onset of psychotic symptoms that lasts for a year.
26. A very small percentage of women develop symptoms so severe _____ that they meet the diagnostic criteria for brief psychotic disorder.
- a. While they're pregnant
 - b. After their children grow up
 - c. Before they give birth
 - d. during the month following birth
27. What's the treatment of brief psychotic disorder?
- a. Usually consists of therapy and counselling only.
 - b. Usually consists of just medication.

- c. Usually consists of shock therapy
 - d. Usually consists of a combination of medication and psychotherapy.
28. The term *schizophreniform* means that:
- a. It's a rare form of schizophrenia.
 - b. The person is acting out the symptoms but aren't true.
 - c. a disorder takes the form of schizophrenia but is somehow different.
 - d. It's same as schizophrenia.
29. The diagnosis of _____ disorder applies to people who experience either a major depressive episode, a manic episode, or a mixed episode at the same time that they meet the diagnostic criteria for schizophrenia.
- a. schizophreniform
 - b. schizoaffective
 - c. schizophrenia
 - d. anxiety
30. What must the psychotherapist be prepared to deal with?
- a. abrupt symptom changes and with the client's unpredictable feelings and behaviours
 - b. uniform symptoms and with the client's predictable feelings and behaviors
 - c. client's friends and family
 - d. client's schedule and work life
31. People with delusional disorders have delusions that are:
- a. Same as schizophrenia.
 - b. Vivid and same as schizophrenia.
 - c. Not prominent and are commonly found in schizophrenia.
 - d. systematized and prominent but lack the bizarre quality commonly found in schizophrenia.
32. Grandiose type of delusional disorder is characterized by:
- a. the delusion that one is an extremely rude person.
 - b. the delusion that one is an extremely miserly person.
 - c. the delusion that one is an extremely important person.
 - d. the delusion that one is an extremely poor person.
33. Jealous type of delusional disorder is characterized by:
- a. the delusion that one's sexual partner is being loyal and kind.
 - b. the delusion that one is an extremely important person.
 - c. the delusion that one's business partner is doing harm.
 - d. the delusion that one's sexual partner is being unfaithful.
34. People with somatic type of delusional disorder believe that:
- a. the delusion that one's sexual partner is being unfaithful.

- b. they have a dreaded disease or that they are dying.
 - c. the delusion that one is an extremely important person.
 - d. the delusion that one is an extremely miserly person.
35. What is shared psychotic disorder?
- a. one or more people develop a delusional system as a result of a close relationship with a psychotic person who is delusional.
 - b. one or more people develop a bond as a result of insomnia.
 - c. A singular person develops a delusional system as a result of being lonely.
 - d. one or more people develop a delusional system as a result of sexual abuse.
36. Biological explanations of schizophrenia have their origins in the writings of _____ who thought of schizophrenia as a disease caused by a degeneration of brain tissue.
- a. William Carpenter
 - b. Kraepelin
 - c. William Buckhardt
 - d. William Hanes
37. The technologies of _____ have enabled researchers in schizophrenia to take a picture of the brain and to analyze that picture quantitatively.
- a. Shock therapy and other treatments
 - b. Psychotherapy and medication
 - c. computerized tomography (CT, or CAT, scan) and magnetic resonance imaging (MRI)
 - d. Electroencephalogram (EEG)
38. Ventricular enlargement is often accompanied by _____ a wasting away of brain tissue.
- a. Anxiety disorder
 - b. Psychological autopsy
 - c. cortical autopsy
 - d. cortical atrophy
39. What is dopamine hypothesis?
- a. the delusions, hallucinations, and attentional deficits found in schizophrenia can be attributed to an overactivity of neurons that communicate with each other via the transmission of dopamine
 - b. the delusions, hallucinations, and attentional deficits found in MPD
 - c. the delusions, hallucinations, and attentional deficits found in sexual disorders
 - d. the delusions, hallucinations, and attentional deficits found in mania
40. There is also evidence that deficits in the genes controlling _____ levels in the brain are associated with schizophrenia.
- a. Testosterone
 - b. Serotonin
 - c. Dopamine

- d. Estrogen
41. The closer a relative is to an individual with schizophrenia:
- a. The more the chances of treatment.
 - b. The least chances of treatment.
 - c. the greater the likelihood of concordance.
 - d. the lesser the likelihood of concordance.
42. Researchers have attempted to establish the existence of a relationship between schizophrenia and a condition known as:
- a. chromosome 19 deletion syndrome
 - b. chromosome 20 deletion syndrome
 - c. chromosome 23 deletion syndrome
 - d. chromosome 22 deletion syndrome
43. What are the concepts of endophenotypes?
- a. Biobehavioral abnormalities that are linked to genetic and neurobiological causes of mental illness.
 - b. Behavioral normalities that are linked to illness in the family.
 - c. Behavioral normalities that are linked to psychological illness among twins.
 - d. Behavioral normalities that are linked to illness among peers.
44. Researchers have also been especially interested in statistics documenting the development of schizophrenia in the offspring of mothers who:
- a. had bird flu after pregnancy.
 - b. Had bird flu during the first trimester of pregnancy.
 - c. had influenza during the first trimester of pregnancy.
 - d. had influenza during the third trimester of pregnancy.
45. According to the diathesis-stress model:
- a. individuals may inherit a vulnerability to MPD, which is expressed when the individual is exposed to stressors from the environment.
 - b. individuals may inherit a vulnerability to schizophrenia, which is expressed when the individual is exposed to stressors from the environment.
 - c. individuals may inherit a vulnerability to MPD, which is expressed when the individual is exposed to stressors from the family.
 - d. individuals may inherit a vulnerability to obsessive compulsive disorder, which is expressed when the individual is exposed to stressors from the environment.
46. In measures of saccades:
- a. participants visually follow a target, such as a small point of light on a dark background, while researchers record their eye movements.
 - b. participants physically follow a target, such as a person, while researchers record their foot movements.

- c. participants follow a target, such as a small animal, while researchers record their movements.
- d. participants follow an insect while researchers record their movements.

47. The Continuous Performance Test involves:

- a. Having the person being tested make a response when another person calls.
- b. having the person being tested make a noise when commanded.
- c. having the person being tested ignore a certain target stimulus that is displayed.
- d. having the person being tested make a response when a certain target stimulus is displayed.

48. In the antisaccade task, the participant is instructed to look in the direction _____ the side in which a stimulus is presented.

- a. parallel
- b. same
- c. opposite
- d. equidistant

49. The stress created by family members is reflected in the index of _____ which provides a measure of the degree to which family members speak in ways that reflect criticism, hostile feelings, and emotional over-involvement or over-concern.

- a. expressed emotion (EE)
- b. expressed eratism (EE)
- c. every emotion (EE)
- d. each emotion (EE)

50. Researchers in one study found that the poorer the socioeconomic conditions:

- a. the lower the risk for mental disability and psychiatric hospitalization.
- b. the risk for mental disability and psychiatric hospitalization is equal.
- c. the higher the risk for mental disability and psychiatric hospitalization.
- d. the higher the risk for mental disability and psychiatric independence.

51. What is brief psychotic disorder?

- a. A disorder characterized by a sudden onset of psychotic symptoms that lasts less than a month.
- b. A test characterized by a sudden onset of psychotic symptoms that lasts less than a month.
- c. A disorder characterized by a sudden onset of psychotic symptoms that lasts for a year.
- d. A disorder characterized by a sudden onset of psychotic symptoms that lasts less than a month.

52. What is Assertive Community Treatment (ACT)?

- a. a team of people with disorders meet psychiatrists and therapists.
- b. a team of students reach out to clients in their homes and workplaces.

- c. a team of professionals from sports, teaching, reach out to clients in their homes and workplaces.
 - d. a team of professionals from psychiatry, psychology, nursing, and social work reach out to clients in their homes and workplaces.
53. Twin studies show us that _____ factors must play a role; otherwise, identical twins would have a 100 percent concordance rate for this disorder.
- a. Home
 - b. Indoor
 - c. Internal
 - d. Environmental
54. The underlying idea of milieu therapy is that:
- a. The pressure to conform to conventional social norms of behaviour encourages the individual with schizophrenia from expressing problematic symptoms.
 - b. the pressure to conform to conventional social norms of behaviour discourages the individual with schizophrenia from expressing problematic symptoms.
 - c. the pressure to conform to conventional biological norms of behaviour discourages the individual with insomnia from expressing problematic symptoms.
 - d. the pressure to conform to conventional social norms of behaviour excites the individual with schizophrenia from expressing problematic symptoms.
55. In recent years, medications called _____ (previously referred to as “atypical antipsychotics”) have been more widely prescribed.
- a. second-generation antidepressants
 - b. zen-generation antipsychotics
 - c. second-generation antipsychotics
 - d. first-generation antipsychotics
56. What kind of metabolic disturbances have been reported as adverse side effects of taking SGAs?
- a. weight gain, hyperlipidemia (elevation of fats in the bloodstream), and hyperglycemia (increase in plasma glucose)
 - b. speech issues, sleeping disorders, loss of hearing
 - c. sleeping issues, mood disorders, indifference to temperatures
 - d. day dreaming, vivid dreaming, lucid dreaming
57. Which irreversible neurological disorder affects 10 to 20 percent of people who take some of the neuroleptics for a year or more?
- a. fardive dyskinesia
 - b. lardive dyskinesia
 - c. mardive dyskinesia
 - d. tardive dyskinesia
58. What is a nervous disease that is caused by an insufficiency of dopamine, with a medication that enhances dopamine activity?

- a. Chicken pox
- b. Alzheimer's disease
- c. Parkinson's disease
- d. Small pox

59. There are several categories of antipsychotic medication, also called major tranquilizers or _____.

- a. Neuroleptics
- b. Neuropelits
- c. Neuralpets
- d. Neuraltecs

60. Chlorpromazine (Thorazine) and thioridazine (Mellaril); middle-potency medications include trifluoperazine (Stelazine) and thiothixine (Navane) are:

- a. Low-potency therapies
- b. Low-potency medications
- c. High-potency medications
- d. Medium-potency medications

61. Haloperidol (Haldol) and fluphenazine (Prolixin) are:

- a. Low-potency therapies
- b. Low-potency medications
- c. High-potency medications
- d. Medium-potency medications

62. In addition to being categorized into types, schizophrenia is also viewed in terms of dimensions:

- a. (1) psychotic, (2) negative, and (3) disorganized.
- b. (1) psychotic, (2) positive, and (3) disorganized.
- c. (1) psychotic, (2) negative, and (3) organized.
- d. (1) biological, (2) negative, and (3) disorganized.

63. Schizophrenia is a disorder that has mystified people for:

- a. Weeks
- b. Days
- c. Months
- d. centuries

64. Involves periods of symptoms in which an individual experiences an unusually intense sad mood.

- a) Depressive Disorder
- b) Anxiety Disorder
- c) Dysphoria
- d) Adjustment Disorder

65. A mood disorder in which the individual experiences acute, but time-limited, episodes of depressive symptoms.
- a) Depressive Disorder
 - b) Major Depressive Disorder
 - c) Major Depressive Episode
 - d) Dysphoric Mood
66. The emotion of sadness.
- a) Depressive Disorder
 - b) Anxiety Disorder
 - c) Dysphoria
 - d) Dysthymia
67. Unpleasant feelings, such as sadness or irritability
- a) Depressive Disorder
 - b) Dysphoria
 - c) Dysthymia
 - d) Dysphoric Mood
68. A period in which the individual experiences intense psychological and physical symptoms related to a dysphoric mood.
- a) Depressive Disorder
 - b) Major Depressive Disorder
 - c) Major Depressive Episode
 - d) Dysphoric Mood
69. What is the lifetime prevalence of Major Depressive Disorder in USA?
- a) 16.67%
 - b) 17%
 - c) 15%
 - d) 30%
70. What is Persistent Depressive Disorder also known as?
- a) Depressive Disorder
 - b) Dysthymia
 - c) Dysphoria
 - d) Dysphoric Mood

71. "Recurrent thoughts of death or having suicidal thoughts, plans, or attempts". This criterion is observed in which of the following disorders.
- a) Dysthymia
 - b) Dysphoria
 - c) Major Depressive Disorder
 - d) Dysphoric Mood
72. A depressive disorder involving chronic depression of less intensity than major depressive disorders.
- a) Dysphoria
 - b) Major Depressive Disorder
 - c) Disruptive Mood Dysregulation Disorder
 - d) Persistent Depressive Disorder
73. A depressive disorder in children who exhibit chronic and severe irritability and have frequent temper outbursts.
- a) Disruptive Mood Dysregulation Disorder
 - b) Dysphoria
 - c) Major Depressive Disorder
 - d) Persistent Depressive Disorder
74. What is the 12-month prevalence for dysthymic disorder in U.S.?
- a) 3%
 - b) 1.5%
 - c) 5%
 - d) 2.5%
75. Changes in mood, irritability, dysphoria, and anxiety that occur during the premenstrual phase of the monthly menstrual cycle and subside after the menstrual period begins for most of the cycles of the preceding year.
- a) Premenstrual Stress Disorder
 - b) Postmenstrual Stress Disorder
 - c) Premenstrual Dysphoric Disorder
 - d) Polycystic Ovary Syndrome
76. PMDD was mentioned in which section of the DSM-IV-TR?
- a) Section I
 - b) Section II
 - c) Section III
 - d) Appendix

77. A feeling state that is more cheerful and elated than average, possibly even ecstatic.
- a) Euphoric Mood
 - b) Euphoria
 - c) Euthymia
 - d) Mania
78. A mood disorder involving manic episodes—intense and very disruptive experiences of heightened mood, possibly alternating with major depressive episodes.
- a) Mania
 - b) Manic Episode
 - c) Bipolar Disorder
 - d) Euphoria
79. The diagnosis used to describe a clinical course in which the individual experiences one or more manic episodes with the possibility, though not the necessity, of having experienced one or more major depressive episodes.
- a) Manic Episode
 - b) Bipolar Disorder
 - c) Bipolar II Disorder
 - d) Bipolar I Disorder
80. The diagnosis used to describe a clinical course in which the individual experiences one or more major depressive episodes and at least one hypomanic episode.
- a) Bipolar II Disorder
 - b) Manic Episode
 - c) Bipolar Disorder
 - d) Bipolar I Disorder
81. A period of elated mood not as extreme as a manic episode.
- a) Manic Episode
 - b) Hypomanic episode
 - c) Bipolar I
 - d) Bipolar II
82. A period of euphoric mood with symptoms involving abnormally heightened levels of thinking, behavior, and emotionality.
- a) Hypomanic episode
 - b) Bipolar I
 - c) Manic Episode
 - d) Bipolar II
83. What is the lifetime prevalence rate of bipolar disorder in the U.S.?
- a) 6%

- b) 5%
- c) 2%
- d) 3.9%

84. A form of bipolar disorder involving four or more episodes within the previous year that meet the criteria for manic, hypomanic, or major depressive disorder.

- a) Bipolar Disorder, rapid cycling
- b) Bipolar I
- c) Manic Episode
- d) Bipolar II

85. A mood disorder that, compared with bipolar disorder, involves a less intense vacillation between states of euphoria and dysphoria.

- a) Bipolar Disorder
- b) Cyclothymic Disorder
- c) Dysthymia
- d) Hypomania

86. The use of genetic testing to determine who will and will not improve with a particular medication.

- a) Pharmacotherapy
- b) Medication
- c) Pharmacogenetics
- d) Gene testing

87. Behavioral therapy for depression in which the clinician helps the client identify activities associated with positive mood.

- a) Behavioral Therapy
- b) Shaping
- c) Self-monitoring
- d) Behavioral Activation

88. A time-limited form of psychotherapy for treating people with major depressive disorder, based on the assumption that interpersonal stress induces an episode of depression in a person who is genetically vulnerable to this disorder.

- a) Cognitive Behavioral Therapy
- b) Psychotherapy
- c) Behavioral Therapy
- d) Interpersonal Therapy

89. A disorder in which an individual has recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving (1) nonhuman objects, (2) children or other nonconsenting persons, or (3) the suffering or humiliation of self or partner.

- a) Paraphilia
- b) Perversion
- c) Sexual Dysfunction

- d) Sexual disorder
90. Diagnosis in which a paraphilia causes distress and impairment.
- a) Paraphilia
 - b) Paraphilic Disorder
 - c) Sexual Dysfunction
 - d) Sexual disorder
91. A paraphilia in which an adult's sexual urges are directed toward children.
- a) Hebephilia
 - b) Ephebophilia
 - c) Pedophilia
 - d) Pedophilic Disorder
92. A paraphilic disorder in which an adult is sexually aroused by children or adolescents.
- a) Hebephilia
 - b) Ephebophilia
 - c) Pedophilia
 - d) Pedophilic Disorder
93. A paraphilic disorder in which a person has intense sexual urges and arousing fantasies involving the exposure of genitals to a stranger.
- a) Exhibitionistic Disorder
 - b) Voyeuristic Disorder
 - c) Fetishistic Disorder
 - d) Frotteuristic Disorder
94. A paraphilic disorder in which the individual has a compulsion to derive sexual gratification from observing the nudity or sexual activity of others.
- a) Exhibitionistic Disorder
 - b) Voyeuristic Disorder
 - c) Fetishistic Disorder
 - d) Frotteuristic Disorder
95. A paraphilic disorder in which the individual is preoccupied with an object and depends on this object rather than sexual intimacy with a partner for achieving sexual gratification.
- a) Exhibitionistic Disorder
 - b) Voyeuristic Disorder
 - c) Fetishistic Disorder
 - d) Frotteuristic Disorder
96. A paraphilic disorder in which the individual has intense sexually arousing fantasies of rubbing against or fondling an unsuspecting stranger.
- a) Exhibitionistic Disorder
 - b) Voyeuristic Disorder
 - c) Fetishistic Disorder

- d) Frotteuristic Disorder
97. A paraphilic disorder marked by an attraction to achieving sexual gratification by having painful stimulation applied to one's own body.
- a) Sexual Masochism Disorder
 - b) Sexual Sadism Disorder
 - c) Transvestic Disorder
 - d) Partialism
98. A paraphilic disorder in which sexual gratification is derived from activities that harm, or from urges to harm, another person.
- a) Sexual Masochism Disorder
 - b) Sexual Sadism Disorder
 - c) Transvestic Disorder
 - d) Partialism
99. Diagnosis applied to individuals who engage in transvestic behavior and have symptoms of a paraphilic disorder.
- a) Sexual Masochism Disorder
 - b) Sexual Sadism Disorder
 - c) Transvestic Disorder
 - d) Partialism
100. The representation of an individual's sexual fantasies and preferred practices.
- a) Relationship chart
 - b) Love graph
 - c) Interpersonal relationship tree
 - d) Lovemap
101. An abnormality in an individual's sexual responsiveness and reactions.
- a) Sexual Dysfunction
 - b) Sexual Aversion Disorder
 - c) Sexual Disorder
 - d) Paraphilia
102. A sexual dysfunction in males in which the individual has an abnormally low level of interest in sexual activity.
- a) Erectile Disorder
 - b) Male Hypoactive Sexual Desire Disorder
 - c) Male Hypoactive Arousal Disorder
 - d) Female Sexual Interest/Arousal Disorder
103. A sexual dysfunction in females characterized by a persistent or recurrent inability to attain or maintain normal physiological and psychological arousal responses during sexual activity.
- a) Erectile Disorder

- b) Male Hypoactive Sexual Desire Disorder
 - c) Male Hypoactive Arousal Disorder
 - d) Female Sexual Interest/Arousal Disorder
104. Sexual dysfunction in which a man cannot attain or maintain an erection during sexual activity that is sufficient to allow him to initiate or maintain sexual activity.
- a) Male Hypoactive Sexual Desire Disorder
 - b) Male Hypoactive Arousal Disorder
 - c) Erectile Disorder
 - d) Female Sexual Interest/Arousal Disorder
105. A sexual dysfunction in which a woman experiences problems having an orgasm during sexual activity.
- a) Female Orgasmic Disorder
 - b) Male Hypoactive Arousal Disorder
 - c) Erectile Disorder
 - d) Female Sexual Interest/Arousal Disorder
106. A sexual dysfunction in which a man experiences problems having an orgasm during sexual activity; also known as inhibited male orgasm
- a) Male Orgasmic Disorder
 - b) Delayed Ejaculation
 - c) Male hypoactive Sexual Desire Disorder
 - d) Premature Ejaculation
107. A sexual dysfunction in which a man reaches orgasm well before he wishes to, perhaps even prior to penetration.
- a) Male Orgasmic Disorder
 - b) Delayed Ejaculation
 - c) Premature Ejaculation
 - d) Male hypoactive Sexual Desire Disorder
108. A sexual dysfunction affecting both males and females that involves recurrent or persistent genital pain before, during, or after sexual intercourse.
- a) Male Orgasmic Disorder
 - b) Premature Ejaculation
 - c) Dyspareunia
 - d) Genito-Pelvic Pain/Penetration Disorder
109. A paraphilia in which the person is interested solely in sexual gratification from a specific body part, such as feet.
- a) Sexual Masochism Disorder
 - b) Sexual Sadism Disorder
 - c) Transvestic Disorder
 - d) Partialism

110. The sex determined by a person's chromosomes.
- a) Biological Sex
 - b) Gender Identity
 - c) Gender Dysphoria
 - d) Transsexualism
111. A person's inner sense of maleness or femaleness.
- a) Biological Sex
 - b) Gender Identity
 - c) Gender Dysphoria
 - d) Transsexualism
112. Distress that may accompany the incongruence between a person's experienced or expressed gender and that person's assigned gender.
- a) Biological Sex
 - b) Gender Identity
 - c) Gender Dysphoria
 - d) Transsexualism
113. A term sometimes used to refer to gender dysphoria, specifically pertaining to individuals choosing to undergo sex reassignment surgery.
- a) Bisexualism
 - b) Pansexualism
 - c) Gender Dysphoria
 - d) Transsexualism
114. Ingrained patterns of relating to other people, situations, and events with a rigid and maladaptive pattern of inner experience and behavior, dating back to adolescence or early adulthood.
- a) Personality Disorder
 - b) Personality Trait
 - c) Personality
 - d) Persona
115. Personality disorders are highly comorbid with which of the following?
- a) Criminal activity
 - b) Substance Abuse
 - c) Axis I disorders
 - d) None of the above
116. A personality disorder whose outstanding feature is that the individual is extremely suspicious of others and is always on guard against potential danger or harm.
- a) Schizoid Personality Disorder
 - b) Persecutory Delusions
 - c) Paranoid Personality Disorder
 - d) Schizotypal Personality Disorder

117. A personality disorder primarily characterized by an indifference to social relationships, as well as a very limited range of emotional experience and expression.
- a) Persecutory Delusions
 - b) Paranoid Personality Disorder
 - c) Schizotypal Personality Disorder
 - d) Schizoid Personality Disorder
118. A personality disorder that primarily involves peculiarities and eccentricities of thought, behavior, appearance, and interpersonal style. People with this disorder may have peculiar ideas, such as magical thinking and beliefs in psychic phenomena.
- a) Schizotypal Personality Disorder
 - b) Persecutory Delusions
 - c) Paranoid Personality Disorder
 - d) Schizoid Personality Disorder
119. Cluster A personality disorders include those that are marked by
- a) Odd, unusual or peculiar behavior
 - b) Dramatic, emotional or erratic behavior
 - c) Anxious, fearful or highly restricted behavior
 - d) All of the above
120. Cluster B personality disorders include those that are marked by
- a) Odd, unusual or peculiar behavior
 - b) Dramatic, emotional or erratic behavior
 - c) Anxious, fearful or highly restricted behavior
 - d) All of the above
121. Cluster C personality disorders include those that are marked by
- a) Odd, unusual or peculiar behavior
 - b) Dramatic, emotional or erratic behavior
 - c) Anxious, fearful or highly restricted behavior
 - d) All of the above
122. A personality disorder characterized by a lack of regard for society's moral or legal standards.
- a) Psychopathy
 - b) Sociopathy
 - c) Conduct Disorder
 - d) Antisocial Personality Disorder
123. The diagnosis of antisocial behavior has its origins in which book?
- a) The Mask of Sanity: An Attempt to Clarify Some Issues About the So-Called Psychopathic Personality
 - b) The Caricature of Love: A Discussion of Social, Psychiatric, and Literary Manifestations of Pathologic Sexuality

- c) The Animal Mind
 - d) None of these
124. A cluster of traits that form the core of antisocial personality.
- a) Psychopathy
 - b) Sociopathy
 - c) Conduct Disorder
 - d) Antisocial Personality Disorder
125. People with antisocial personality disorder do not actually experience feelings of remorse
- a) But, they may feign regret for harming others in order to get themselves out of a difficult situation when they get caught.
 - b) And, they won't even feign regret for harming others in order to get themselves out of a difficult situation when they get caught.
 - c) But, they may experience regret for harming others.
 - d) None of the above.
126. The proposition that people with antisocial personality and the other Cluster B disorders become better able to manage their behaviors as they age.
- a) Growth Hypothesis
 - b) Maturation Hypothesis
 - c) Development Hypothesis
 - d) Maturity Hypothesis
127. Insufficient amounts of the following enzyme is associated with antisocial personality disorder
- a) Diamine Oxidase
 - b) Triamine Oxidase
 - c) Monoamine Oxidase
 - d) Hexaaamine Oxidase
128. The Gene variant associated with Antisocial Personality disorder is,
- a) MAOB Gene
 - b) MAOC Gene
 - c) DAOA Gene
 - d) MAOA Gene
129. A personality disorder characterized by a pervasive pattern of poor impulse control and instability in mood, interpersonal relationships, and self-image.
- a) Borderline Personality Disorder
 - b) Antisocial Personality Disorder
 - c) Narcissistic Personality Disorder
 - d) Histrionic Personality Disorder
130. What is the lifetime prevalence of BPD in USA?
- a) 8%

- b) 7%
 - c) 9%
 - d) 5%
131. A defense, common in people with borderline personality disorder, in which individuals perceive others, or themselves, as being all good or all bad, usually resulting in disturbed interpersonal relationships.
- a) Idealization
 - b) Suppression
 - c) Splitting
 - d) Devaluation
132. Lack of awareness, understanding, or acceptance of emotions; inability to control the intensity or duration of emotions; unwillingness to experience emotional distress as an aspect of pursuing goals; and inability to engage in goal-directed behaviors when experiencing distress.
- a) Emotional imbalance
 - b) Neuroticism
 - c) Emotional dysregulation
 - d) Emotional instability
133. Treatment approach for people with borderline personality disorder that integrates supportive and cognitive-behavioral treatments to reduce the frequency of self-destructive acts and to improve the client's ability to handle disturbing emotions, such as anger and dependency.
- a) Cognitive Behavioral Therapy
 - b) Behavioral Therapy
 - c) Psychotherapy
 - d) Dialectical Behavior Therapy
134. A personality disorder characterized by exaggerated emotional reactions, approaching theatricality, in everyday behavior.
- a) Histrionic Personality Disorder
 - b) Narcissistic Personality Disorder
 - c) Antisocial Personality Disorder
 - d) Border line Personality Disorder
135. A personality disorder primarily characterized by an unrealistic, inflated sense of self-importance and a lack of sensitivity to the needs of other people.
- a) Histrionic Personality Disorder
 - b) Narcissistic Personality Disorder
 - c) Antisocial Personality Disorder
 - d) Border line Personality Disorder

136. A personality disorder whose most prominent feature is that the individual desires, but is fearful of, any involvement with other people and is terrified at the prospect of being publicly embarrassed.
- a) Obsessive Compulsive Personality Disorder
 - b) Dependent Personality Disorder
 - c) Avoidant personality Disorder
 - d) Other Personality Disorder
137. A personality disorder whose main characteristic is that the individual is extremely passive and tends to cling to other people, to the point of being unable to make any decisions or to take independent action.
- a) Obsessive Compulsive Personality Disorder
 - b) Dependent Personality Disorder
 - c) Avoidant personality Disorder
 - d) Other Personality Disorder
138. Intense perfectionism and inflexibility manifested in worrying, indecisiveness, and behavioral rigidity.
- a) Obsessive Compulsive Personality Disorder
 - b) Dependent Personality Disorder
 - c) Avoidant personality Disorder
 - d) Obsessive Compulsive Disorder