Tutorial Letter 201/2/2016

Abnormal Behaviour and Mental Health

PYC3702

Semester 2

Department of Psychology

Feedback – Assignment 01

Bar code

Dear Student

After the completion of your first assignment we trust that you are well on your way to mastering the content of the Abnormal Behaviour and Mental Health course. We would like to encourage you to follow the recommended study programme (please refer to Tutorial Letter 101/3/2016, pp. 9-10) and work through the syllabus systematically. Abnormal Behaviour and Mental Health is not a subject you can master in one week. Over and above the facts that you have to know, you are also expected to display insight into the nature and causes of the various mental disorders, to be able to classify and explain them according to different theoretical perspectives, and to be able to make suggestions about how to prevent the various disorders. Superficial knowledge of the subject will only confuse you and result in poor examination performance.

Do not hesitate to contact one of your lecturers if you encounter any problems with your studies. If you cannot reach a particular lecturer, please phone the secretary in charge of Abnormal Behaviour and Mental Health, Mrs Cornia Nel at (012) 4298233. She will put you in contact with the lecturer who is available. The lecturers' e-mail addresses are:

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1 FEEDBACK ON ASSIGNMENT 01

Assignment 01 is based on Learning Units 1 to 7 of Tutorial Letter 501 and the corresponding chapters in the prescribed book. These sections are no more important than the other sections in the syllabus, but it is important that you master them, especially Learning Units 1 to 5 which lay the foundation for the rest of the syllabus.

By now those of you who have submitted Assignment 01, will have received a printout in which the correct answers, your answers and your marks are recorded. If you submitted Assignment 01 and have not yet received a printout, please contact Mrs C. Nel immediately, either by telephone (012) 4298233, e-mail nelc1@unisa.ac.za or by letter.

Compare your answers with the following correct answers. The aim of the feedback is to give you the correct information concerning each question and to explain the correct answers to you in case you have problems understanding them. Should you still experience problems and feel unsure about the learning material, we encourage you to contact one of the lecturers so that these problems can be solved.

We wish you success and hope you enjoy your studies!

This assignment is based on **learning units 1 to 7 in Tutorial Letter 501** and the corresponding chapters **1, 2, 3, 5 and 15** in the prescribed book.

Question 1

Sarie, a first year university student far from home, feels lonely, sad and dejected. Her academic performance is good and she gets along with the other women in her residence, but she experiences feelings of hopelessness and despair. Identify the criteria of abnormal behaviour that are most evidently met with regard to Sarie's case?

1. deviance; dysfunction
2. dangerousness to self or others; distress
3. distress; dysfunction
4. dangerousness to self or others; deviance

Feedback: The correct answer is alternative **2**.

Explanation: Sarie is at risk of hurting herself or attempting suicide as she is experiencing hopelessness and despair and she displays subjective distress as she feels lonely, sad and dejected. She is still functioning by going to class and interacting with others. She is not displaying notable deviance in terms of psychosis or antisocial acts in terms of societal norms.

The DSM's definition of mental disorders is built on the following criteria of abnormality namely: dangerousness, dysfunction, personal distress and deviance (Refer to pp. 8-10 of the prescribed textbook).

Dangerousness refers to the level of risk the person displaying abnormal behaviour poses in terms of harming themselves or others.

Dysfunction refers to the ability of an individual to fulfil daily life roles at home, at work/school or in relationships. Psychological problems can interfere with the functionality of the person to perform these roles productively.

Discomfort or distress refers to the level of intensity of the psychological suffering/ emotional reaction that the individual is experiencing.

Deviance refers to bizarre or unusual behaviour as an abnormal deviation from an accepted standard of behaviour. For example deviance can include antisocial acts against the law or a false perception of reality, taking into account cultural expectations.

These definitions are then integrated into a holistic, connected picture of mental health as the Multipath Model holds that it is important to understand mental health and illness taking into account all the facets of functioning before reaching a comprehensive diagnosis.

Question 2

Sbu believes he is Shaka Zulu, reborn. He believes that he is destined to lead the South African Defence Force to take over Botswana, Mozambique and Zimbabwe, and to form a new nation which he will lead and then pass on to his sons. He has accumulated spears and carries them around when walking down the street. Identify the criteria of abnormal behaviour that are most evidently met with regard to Sbu's case?

1. deviance; dysfunction
2. dangerousness to self or others; distress
3. dangerousness to self or others distress; dysfunction
4. dangerousness to self or others; deviance; dysfunction

Feedback: The correct answer is alternative **4**.

Explanation: Sbu is at significant risk of hurting himself or others as he is carrying weapons around the street and has lost contact with reality. He is not able to function as he cannot adhere to the rules of society and he believes and pursues ideas that are not consensually true with other members of society. His experiences are deviant in that they do not adhere to socially acceptable behaviour in society. Importantly, due to his grandiose delusion at present he does not feel personal distress, however overtime he may experience distress when his delusion does not hold and/or his situation enters into his awareness.

The DSM's definition of mental disorders is built on the following criteria of abnormality namely: dangerousness, dysfunction, personal distress and deviance (Refer to pp. 8-10 of the prescribed textbook). Also refer to the definitions outlined in Question 1's explanation.

Question 3

All the following are characteristics of the Western perspective regarding abnormal behaviour, **except** - - - - -.

1. harmony with nature
2. mastery of the universe
3. emphasis on experimentation
4. analytical and objective

Feedback: The correct answer is alternative **1**

Explanation: The African worldview emphasises and encourages harmony and balance in the universe and nature. According to the African worldview man is not the master of the universe, he is only the centre. However, although man is the centre of the universe, he does not consider himself the master. He acknowledges forces outside of himself, which are powerful. Forces outside of man, in the spirit world, control the order of the universe. Consequently, in terms of the African worldview man's primary task is to live in consonance with the forces that govern the universe through obeying the laws of the natural order, the moral order, the religious order and the mystical order. Mastery of the universe is characteristic of the Western worldview, which places emphasis on experimentation and objectivity, alternatives 2, 3 and 4 are thus, eliminated.

Question 4

Zama, 19 years old, has said to her mother that she hears voices telling her that there is an electrical current coming up from the floor and into her feet and legs. This current she adds is trying to pull her into the floor. She thus has resorted to not getting out of bed. Thirteen months ago, Zama abandoned her radiography studies, yet she spends her days and nights tirelessly working on coming up with a new machine to produce 3-D X-rays, isolated in her bedroom. She no longer goes out to see her friends and her self-care has deteriorated.

According to the African perspective, Zama's abnormal behaviour would be regarded as - - - - -.

1. Amafunfunyane
2. Ukuthwasa
3. Malombo
4. Sejeso

Feedback: The correct answer is alternative **1**

Explanation: Alternative 1 is the correct answer because Amafufunyane" according to the African perspective's view of abnormal behaviour is an illness associated with bewitchment or breaking of customs and often resulting in symptoms of mental illness. It is confused with thwasa, it is described as a form of spirit possession primarily due to witchcraft or sorcery. A mixture of soil and ants from a graveyard are believed to be used by the sorcerer to make a harmful concoction which he or she places in the path of the victim or puts in his or her food. The person so poisoned will become possessed by amafufunyane and will go mad. Amafufunyane is a mixed syndrome, where a person shows a diversity of syndromes ranging from Psychosis, Anxiety Disorders, Depressive Disorders and Bipolar and Related Disorders, to Conduct Disorder. The symptoms may include somatoform reactions (abdominal swelling), hysteria (excessive or uncontrollable emotion sometimes resulting in somatic symptoms (Sue et al., 12016, p. G-5)), suicidal tendencies, violent outbursts, listlessness, delusions (such as a belief that one has been bewitched), auditory hallucinations (hearing threatening voices of a foreign culture coming from the person's stomach), fearfulness, disorientation, aggressive and destructive behaviour, tactile hallucinations (strange moving sensations in the stomach) and physical pressure on the head. See page 36 of Tutorial letter 501 for more information.

Alternative 2 is incorrect because "Ukuthwasa" according to the traditional African perspective refers to a "creative illness" following a calling by the ancestral spirits to become a diviner. "Ukuthwasa" is also regarded as a healthy or positive calling by ancestors to become a traditional healer and it happens through a process of "thwasa".

Alternative 3 is also incorrect because "Malombo" is a form of spirit possession among the Venda, malopo and the Kgaga and Lobedu (Pedi groups). The illness manifests in the patient complaining of being physically unwell, which is usually ignored by others because the patient is not incapacitated. The illness progresses until the patient falls down and lies flat –in a state of trance. It is at this stage that the diviner tells the family to prepare for the malombo music service, which serves a therapeutic purpose resulting in the curing of the symptoms (Ralushai, 1986 in Mogale, 1999).

Alternative 4 is incorrect because Sejeso according to the African perspective is growth or pain in the stomach due to sorcery or witchcraft. Sejeso is most common among the Sotho-Tswana peoples. It is characterised by the belief that an enemy has poisoned one through food or drink and is often accompanied by intense anxiety. The sorcerer is said to put a concoction of muti, in their victim's food or drink which may result in sickness or death in some instances.

Question 5

With reference the African worldview, which one of the following statements best describes the concept of "Ubuntu"?

1. I think therefore I am.
2. I am because we are.
3. I feel therefore we are.
4. I do therefore I am.

Feedback: The correct answer is alternative **2**

Explanation: Alternative 2 is the correct answer because the statement "a person is a person because of other people" expresses the core of African traditional values which explains what it means to be "human". According to African worldview, personhood is understood as a process and a product of interconnectedness experienced and or achieved in the context of the community. It is also an affirmation of one's humanity through the recognition of an "other" in his or her uniqueness and difference. Furthermore, consistent with African worldview is a sense of connection and appreciation that extends beyond own family to the extended family. There is also a sense of "I am because we are" and a tendency to be part of and an obligation to the community. The African worldview places emphasis on humanity or "Ubuntu", which means that people are people in relation to other people. "Ubuntu" is also consistent with the concept of collective identity which encourages the importance of belonging to a cultural group; in a way reinforcing the sense and importance of community.

Alternatives 1, 3 and 4 are therefore eliminated.

Question 6

Boitumelo subscribes to the African worldview. Which **one** of the following characteristics most accurately explains his understanding of healing?

1. Empirically logical.
2. Emphasis on experimentation.
3. Supernatural and holistic.
4. Oriented to the future.

Feedback: The correct answer is alternative **3**

Explanation: Alternative 3 is the correct answer because according to the African worldview illness and healing are explained in terms of the natural and supernatural. Furthermore, holism is assumed in healing as there is a strong belief in the unity of the spirit, mind and matter. This implies that the physical and psychosocial systems are interconnected and changes in one system, inevitably bring about changes in all others.

Alternatives 1, 2 and 4 are incorrect as they are all characteristics of the Western worldview.

Question 7

Which **one** of the following statements **does not** apply to the causes of mental disorders according to the traditional African perspective regarding abnormal behaviour?

1. They are sent by the ancestors.
2. They are caused by exposure to a polluted environment.
3. They are caused by malicious people like sorcerers.
4. They are due to the breaking of customs and bewitchment.

Feedback: The correct answer is alternative **1**

Explanation: Alternative 1 is the correct answer because within a traditional African perspective ancestors do not cause mental disorders per se but there is a creative illness called “Ukuthwasa” (which is a healthy calling by the ancestors to become a diviner) and this is often confused with a mental disorder as a person experiencing “the illness” may appear to a person from a Western worldview as presenting with psychotic symptoms denoting some form of mental disorder. According to the traditional African perspective mental disorders are due to one or a combination of the following: **Exposure to a polluted environment** (Africans believe that there is a symbiotic relationship between the individual and his environment). Refer to page 33 of your study guide for the example: “**caused by malicious people such as witches and sorcerers** who cause magical injury through sorcery and witchcraft”. Refer to page 32 of your Tutorial Letter 501 for the example: “**due to breaking of customs and bewitchment** because “Amafufunyane” is an example of such an illness which is a form of spirit possession said to be due to bewitchment or breaking of customs, and is seen as being related to a negative relationship with the ancestors”.

Alternatives 2, 3 and 4 are therefore eliminated.

Question 8

All of the following are characteristics common to a diagnosis of Specific Phobia **except** - - - - -.

1. persistent, unrealistic fears of specific objects or situations.
2. significant attempts by the anxious individual to avoid the phobic situation or object.
3. exposure to a feared stimulus produces intense fear or panic attacks.
4. intense fear of being in public places where escape or help may not be available when confronted with the feared object.

Feedback: The correct answer is alternative **4**.

Explanation: The correct answer is alternative **4,** *intense fear of being in public places where escape or help may not be available when confronted with the feared object* as this symptom is not common to a diagnosis of Specific Phobia*.* Should alternative 4 only be about *intense fear of being in public places* (only one Agoraphobic situation), it would have fit the criteria of Specific Phobia but the fact that the fear in alternative 4 is specified as fear in public places *where escape or help may not be available when confronted with the feared object,* the alternative is eliminated as a common characteristic of Specific Phobia. The fear of Specific Phobia is about being harmed directly by the feared object or situation, not about an inability to escape or the unavailability of help when in the presence of the feared object or situation which is characteristic of Agoraphobia.

Alternatives 1, 2 and 3 contain the correct information about Specific Phobia*.* The essential features of *Specific Phobia* are (alternative 1) intense, unrealistic fears or anxiety triggered by the presence of a particular situation or object (the phobic stimulus). Exposure to the feared stimulus produces intense fear or panic attacks (alternative 3) and the phobic object or situation is actively avoided (or endured with intense fear or anxiety) (alternative 2).

Read the following short case study and answer questions 9, 10 and 11.

For the past six weeks Mandy, a Grade 2 learner whose parents went through a high-conflict divorce recently, has been experiencing excessive and persistent worries that something will happen to her mother and that she will be separated from her. She also experiences persistent nightmares with themes of being lost and separated from her mother and refuses to go to sleep without her mother being with her. Mandy refuses to leave the house without her mother.

Although she adjusted well to school in Grade 1, she currently refuses to go to school without her mother being with her all the time. An attempt by Mandy's mother to leave her in the care of her teacher, led to an episode of intense fear during which Mandy experienced feelings of choking, dizziness, accelerated heart rate, sweating and uncontrollable trembling and shaking of her body.

Question 9

According to the DSM-5 classification system, Mandy's principal diagnosis will be - - - - -?

1. Agoraphobia
2. Panic Disorder
3. Specific Phobia, Situational
4. Separation Anxiety Disorder

Feedback: The correct answer is Alternative **4**.

Explanation: Alternative 4, *Separation Anxiety Disorder,* is correct as Mandy has been experiencing excessive and persistent worries that something will happen to her mother and that she will be separated from her which is a hallmark feature of Separation Anxiety Disorder. Her extreme anxiety (with accompanying physical symptoms such as dizziness, accelerated heart rate and sweating) and clinging behaviour clearly exceed what may be expected from her developmental age.

Alternative 1, *Agoraphobia,* is incorrect. Unlike individuals with Agoraphobia, those with Separation Anxiety Disorder are not anxious about being trapped or incapacitated in situations from which escape is perceived as difficult in the event of panic-like symptoms or other incapacitating symptoms.

Alternative 2, *Panic Disorder,* is eliminated as Mandy clearly meets the DSM-5 criteria for Separation Anxiety Disorder. In Separation Anxiety Disorder the anxiety is primarily about the possibility of being away from the attachment figure and about unfortunate events befalling them, rather than being incapacitated by an unexpected panic attack which is a key feature of Panic Disorder.

Alternative 3, *Specific Phobia, Situational,* is incorrect as Mandy meets the DSM-5 criteria for Separation Anxiety Disorder. Specific Phobia, Situational is not diagnosed if the fear is specifically related to the *fear* of being separated from an attachment figure (as in Mandy's case). In such case, Separation Anxiety Disorder is diagnosed

Question 10

In addition to the principal diagnosis, Mandy would also be diagnosed with - - - - - according to the DSM-5 classification system.

1. Educational Problems
2. Social Anxiety Disorder
3. Adjustment Disorder with anxiety
4. Child Affected by Parental Relationship Distress

Feedback: The correct answer is Alternative **4**.

Explanation: The clinical psychologist would also need to pay attention to the fact that Mandy's parents went through a high conflict divorce recently, which probably caused Mandy significant personal distress

(*Child Affected by Parental Relationship Distress)*. This distress may affect the course, prognosis and treatment of the principal diagnosis. If the distress (losing her family and being exposed to the conflict between her parents) is not dealt with, it is likely that Mandy will miss school continuously which may lead to other problems such as educational problems in future (alternative 1) which will then also need to be diagnosed as a co-morbid disorder. In order to answer this question correctly, you need to be familiar with Other Conditions That May Be a Focus of Clinical Attention (Refer to Study Unit 5.1, Assessment and Classification of Abnormal Behaviour, Step 8, pages 49 to 50 of Tutorial Letter 501/2016 for more information on Other Conditions That May Be a Focus of Clinical Attention).

Alternative 1, *Educational Problems,* is eliminated as Mandy is not currently manifesting any academic or other educational problem such as problems with her teacher or other learners which is the focus of clinical attention.

Alternative 2, *Social Anxiety Disorder (Social Phobia),* is eliminated, as Mandy's age inappropriate fear and avoidance of school are the result of her excessive and persistent fear that something will happen to her mother and that she will be separated from her which is a hallmark feature of Separation Anxiety Disorder. Individuals with Separation Anxiety Disorder are usually comfortable in social settings when their attachment figure is present or when they are at home, while those with Social Anxiety Disorder (Social Phobia) may be uncomfortable when social situations occur at home or even in the presence of the attachment figure. Social Anxiety Disorder (Social Phobia) would have been diagnosed if Mandy's school avoidance was the result of fear of being judged negatively by others at school. Refer to Table 5.1, page 134 in your prescribed book for more information on Social Anxiety Disorder (Social Phobia).

Alternative 3, *Adjustment Disorder with anxiety,* is incorrect as Adjustment Disorder with anxiety is only diagnosed if the symptoms do not meet the criteria of another mental disorder. In Mandy's case, she meets the full criteria for another mental disorder namely Separation Anxiety Disorder, and therefore it would be incorrect to diagnose her with an Adjustment Disorder with anxiety. Adjustment Disorder with anxiety would be considered only if she did not meet the full criteria of another applicable mental disorder. It is also inaccurate to add a co-morbid diagnosis if the principal diagnosis adequately explains the symptoms.

Question 11

Mandy's symptom of unrealistic worry illustrates the - - - - - manifestation of her principal diagnosis, the symptoms of avoidance and clinging behaviour illustrate the - - - - - domain of this diagnosis and the symptom of fearfulness illustrates the - - - - - manifestation of her principal diagnosis.

1. affective; cognitive; somatic
2. cognitive; behavioural; affective
3. behavioural; affective; emotional
4. emotional; somatic; behavioural

Feedback: The correct answer is Alternative **2**.

Explanation: Alternative 2, *cognitive; behavioural, affective*, is correct. Please refer to explanation of Mandy's principal diagnosis provided in question **9**. Refer to Study Unit 7.1, Types of Anxiety Disorders, page 97 in Tutorial letter 501/3/2016 should you be unsure about the characteristic emotional, behavioural, physiological and cognitive symptoms of the Anxiety Disorders. The affective domain refers to emotional symptoms (e.g. fear of being separated from her mother), the behavioural domain refers to the individuals' behaviour (e.g. avoidance and clinging behaviour), the physiological domain refers to the individual's somatic symptoms (e.g. dizziness, shortness of breath and trembling) and the cognitive domain refers to cognitive symptoms (e.g. unrealistic worrisome thought).

Question 12

Since Beth was bitten by a dog eight months ago, she experiences recurrent terrifying episodes that last approximately 15 minutes. Beth's heart beats so fast, she believes she is having a heart attack, she sweats profusely and she feels a sense of doom. Since the first episode, Beth has feared having another episode. According to the DSM-5 classification system, Beth's abnormal behaviour can be classified as - - - - -.

1. Specific Phobia
2. Panic Disorder
3. Illness Anxiety Disorder
4. Somatic Symptom Disorder

Feedback: The correct answer is Alternative **2**.

Explanation: According to the DSM-5 classification system, a Panic Disorder entails recurrent unexpected panic attacks that has an abrupt onset, causing intense fear or intense discomfort and reaches a peak within minutes. Together with these characteristics the individual also exhibits at least four additional symptoms during the panic attack and for the diagnosis of Panic Disorder, at least one of the individual's panic attacks must be followed by at least a month of one or both of the following: (i) persistent concern or worry about an additional panic attack or the consequences of the panic attack; and/or (ii) significant maladaptive behaviour related to the attacks. It is clear that Beth fulfils the criteria for a diagnosis of a Panic Disorder as she experiences 'recurrent terrifying episodes' during which she experiences increase in heartbeat, fear that she is having a heart attack, profuse sweating and a sense of doom. This provides at least four additional symptoms. These 'episodes' last approximately 15 minutes and since the first episode approximately eight months ago, she has feared having another 'episode'.

Alternative 1 is incorrect as Beth fears another 'episode' (panic attack), irrelevant of a specific situation or object as is the key feature of a Specific Phobia. Alternative 3 is also incorrect as Beth does not manifest a preoccupation of having or acquiring a serious illness, and does not perform excessive health-related behaviours and is not easily alarmed about her general health status as would be the case for a diagnosis of an Illness Anxiety Disorder (which falls under the category of Somatic Symptoms and Related Disorders). As far as one can tell, Beth's alarm about her health – namely that she believes she is having a heart attack due to her accelerated heartbeat - occurs only during one of her 'episodes' (panic attacks) and is not present in her daily functioning outside of her episodes. Alternative 4 is also incorrect as somatic symptoms and anxiety about health tends to occur in acute episodes (during panic attacks) in Panic Disorder – such as Beth's anxiety and belief that she is having a heart attack during her episodes - whereas in Somatic Symptom Disorder, the anxiety and somatic symptoms are more persistent in daily functioning which is not evident in Beth's case.

Question 13

Helené is so afraid of being alone in public places or being caught in a crowd that she cannot bring herself to leave her house. The mere thought of being in these feared situations produces overwhelming anxiety and distress. According to the DSM-5 classification system, should these symptoms be present for - - - - - months, Helené is probably suffering from - - - - -.

1. six; Agoraphobia
2. twelve; Panic Disorder
3. six; Generalised Anxiety Disorder
4. twelve; Specific Phobia Situational

Feedback: The correct answer is alternative **1**.

Explanation: The essential feature of *Agoraphobia* is intense fear or anxiety triggered by the real or anticipated exposure to a wide range of situations (at least two situations) such as being caught in a crowd or being alone in enclosed public places such as in shops or cinemas or when using public transportation. This fear, anxiety and avoidance are persistent and last for *six months* or more and cause clinically

significant distress. As in Helené's case, individuals suffering from Agoraphobia typically experience thoughts that something terrible might happen should they be in these feared situations and fear that escape from these situations might be difficult or that help might not be available when panic- like or other embarrassing symptoms occur. As in Helené's case, individuals with Agoraphopia actively avoid these feared situations. The avoidance can become so severe that the person is completely housebound.

Alternative 2, *Panic Disorder,* is eliminated as Helené does not experience any recurrent, unexpected panic attacks nor does she fear another unexpected panic attack. Please refer to Tutorial letter 501/3/2016 Activity 7.9, page101 for the criteria of panic attack and Panic Disorder. Helené only experiences intense anxiety and distress at the thought of the feared situations (expected anxiety) and her symptoms therefore do not meet the criteria for Panic Disorder.

Alternative 3, *Generalised Anxiety Disorder*, is also eliminated. Individuals with Agoraphobia, as in Helené's case, have real or anticipatory anxiety that is focused on specific situations from which they believe escape might be difficult or in which help might be unavailable when they experience panic-like symptoms, whereas individuals with Generalised Anxiety Disorder worry, for at least six months excessively about a number of everyday situations or activities.

Alternative 4, *Specific Phobia Situational type*, is eliminated because Helené does not only fear one agoraphobic situation, she fears two situations namely being alone in public places and being caught in a crowd. Should she be afraid of only one situation, a diagnosis of Specific Phobia Situational type would have been considered.

Question 14

According to the General Adaptation Syndrome, an increase in lymphocyte production means that the body's - - - - and - - - - reaction to - - - - indicates that the body is fighting a developing disease.

1. immune system; the invading organism's; stress
2. physical; psychological; biological stressors
3. defences; its resistance to having a; biological stressors
4. suppression; repressive; psychological defences

Feedback: The correct answer is alternative **2**.

Explanation: Selye's General Adaptation Syndrome is an aspect of the medical model's explanation for understanding stress, which involves body/mind responses to biological stressors.

Alternatives 3 and 4 refer to psychoanalytic explanations, while alternative 1 does not correspond with Selye's General Adaptation Syndrome, as it does not include the psychological aspects of stress clearly.

Question 15

Which **one** of the following statements is most accurate in describing the aetiology of Obsessive-Compulsive Disorder according to all four dimensions of the Multipath Model?

1. Reduced availability of serotonin; cognitive distortions; controlling or critical parenting; demographically equally common in males and females.
2. Cognitive distortions; social vulnerabilities; anxiety reduction; poor impulse control.
3. Increased activity in the orbitofrontal cortex; lack of trust in one's performance; anxiety reduction; controlling or critical parenting.
4. Cultural differences in obsessions/compulsions; social vulnerabilities; subgroups differ regarding genetics; lower activation in the caudate nuclei.

Feedback: The correct answer is alternative **1**.

Explanation: Alternative 1 is the only option with all four correct etiological options in the four different dimensions of the Multipath model namely 'Reduced availability of serotonin' represents the biological domain; 'cognitive distortions; represents the psychological domain; 'controlling or critical parenting' represents the social domain; and 'demographically equally common in males and females' the sociocultural domain.

Alternative 2 contains three factors representing the psychological domain and one factor representing the social domain.

Alternative 3 contains one factor representing the biological domain, two factors representing the psychological domain and one factor representing the social domain.

Alternative 4 contains one factor representing the sociocultural domain, one factor representing the social domain and two factors representing the biological domain. Refer to your prescribed book on page 157 to study which factors are placed under which domain.

Read the short case study and answer questions 16, 17 and 18

Junaid, a Grade 7 learner is regarded as the school bully. He is aggressive and intimidates his co-learners at every opportune moment. Over the past three years he has been expelled from two schools and the principal of his current school has summoned Junaid's parents to a meeting to discuss Junaid's behaviour. The principal tells Junaid's parents that he has been caught threatening a classmate with a knife when this classmate caught Junaid stealing his new Nike sneakers from his sports bag. Junaid's parents acknowledged to the principal that they are extremely concerned regarding Junaid's behaviour as they have increasingly been trying to control Junaid who has been acting violently and extremely disrespectful of their rules. They said they considered Junaid a danger to their family as he had cut a piece out of the family's dog's ear when they tried to ground him for sneaking out of the house one night. The police contacted his parents to notify them of Junaid's arrest when the police found him smoking marijuana (dagga) with boys much older than him in the parking lot of the local mall.

Question 16

If the principal refers Junaid to a clinical psychologist, the most likely principal DSM-5 diagnosis to be made is - - - - -.

1. Antisocial Personality Disorder
2. Intermittent Explosive Disorder
3. Conduct Disorder
4. Bipolar I Disorder

Feedback: The correct answer is alternative **3**.

Explanation: Junaid fulfils all the DSM-5 diagnostic criteria for a Conduct Disorder. According to the DSM-5, a Conduct Disorder can be diagnosed when a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated. In addition, a minimum of three additional symptoms must have been present for at least the past 12 months (of which at least one of these being present in at least the past 6 months). These additional symptoms include aggression to people or animals, destruction of property, deceitfulness or theft, and/or serious violations of rules. Consideration must also be given to the individual's age as the diagnosis of Conduct Disorder is given to individuals younger than 18 years of age who manifest these symptoms or if 18 years and older only when the behaviours do not fully meet the DSM-5 diagnostic criteria of Antisocial Personality Disorder. Looking at Junaid's behaviour we clearly see there is a repetitive and persistent pattern of problematic behaviour as he has a well established reputation as being the school bully and has been expelled from two schools in the past three years. In addition to his aggressive and intimidating behaviour he has threatening a classmate with a knife, stolen another individual's property, and behaving violently and disrespecting the parental rules at home, and physically abused the family dog ('cut a piece out of the family's dog's ear'). His parents consider him a danger to their family and had been arrested for smoking marijuana with older boys.

Alternative 1 is not correct as even though Junaid seems to fulfil the criteria for the diagnosis of Antisocial Personality Disorder he is only in grade 7 which makes him around 12 years of age.

Alternative 2 is also incorrect as a diagnosis of Intermittent Explosive Disorder implies distinct 'outbursts' of aggressive behaviour, which are not characteristic of the individual's daily behaviour and the outburst are far in excess of the event that elicited the 'outburst' and are not premeditated. With Junaid it is clear that this is not the case as his aggressive etc. behaviour is persistent and characteristic of his daily functioning and clearly premeditated. Although some children and adolescents who have mood related disorders such as Major Depressive Disorder, Bipolar Disorder or Disruptive Mood Regulation Disorder may also show aggression, irritability and conduct problems, it is different than these behaviours as manifested in a Conduct Disorder. The main difference being the nature of the course of the behaviours. In Conduct Disorder the behaviours are present even in the absence of a current or recent mood disruption such as in a state of emotional arousal. Therefore, there is no evidence that the aggressive and conduct behaviours relate directly to a mood state such as a depressive or manic episode etc.

Alternative 4 is also incorrect as there is no mention or evidence of any adverse mood states or episodes such as depression or mania, as Junaid's behaviour has been consistent for at least the past three years.

Question 17

Which of the following additional diagnoses should the psychologist also make for Junaid's case according to the DSM-5 classification system?

a) Problems related to Family Upbringing
b) Educational Problem
c) Social Exclusion or Rejection e.g. bullying
d) Problems Related to Other Legal Circumstances
e) Child Physical Abuse

1. a, b and c
2. a, b, and d
3. b, c, and e
4. c, d and e

Feedback: The correct answer is alternative **2**.

Explanation: Additional diagnoses under the category Other Conditions That May Be a Focus of Clinical Attention, are made if it is the reason for the current visit to the psychologist/psychiatrist or helps to explain the need for a procedure or treatment. We need to remember that any diagnosis that is made relates to Junaid's behaviour and his interaction with others and the environment. Therefore, c) Social Exclusion or Rejection e.g. bullying is not a correct option as Junaid is doing the bullying and therefore not the victim of bullying. Likewise, e) Child Physical Abuse is not relevant as Junaid is not the victim of physical abuse. On this basis we can rule out alternatives 1, 3 and 4. Furthermore, a) Problems related to Family Upbringing (which is the category under which the correct diagnosis of specifically 'Parent-Child Relational Problem' resides) is relevant as Junaid's relationship with both his parents are under stress. His parent's consider him a danger to the family, and said that 'they are extremely concerned regarding Junaid's behaviour as they have increasingly been trying to control Junaid who has been acting violently and extremely disrespectful of their rules' which leads to tension and conflict between Junaid and his parents and which have on at least one occurrence lead to physical violence (e.g. Junaid cutting a piece out of the family dog when his parents tried to ground him for sneaking out of the house). It is therefore clear that his parents are experiencing problems disciplining Junaid and need assistance and guidance in this respect. It therefore points to issues that need to be addressed in the treatment plan of both Junaid and his family. Both points b) Educational Problem and d) Problems Related to Other Legal Circumstances, are also relevant to Junaid's case as he has been expelled from two schools in the past three years (point b) and he has been arrested for smoking marijuana (point d). These additional diagnoses therefore also point to issues relevant

to the treatment and management plan of both Junaid's individual behaviour as well as addressing the family interactions etc. Please refer to Activity 5.1, Step 8, pp. 49-50 in tutorial letter 501.

Question 18

Sue et al. (2016) describes Junaid's most probable principal diagnosis (refer to question 16), as a(n) - - - - - disorder among youth. Furthermore, the development of Junaid's specific disorder is described as - - - - - when explained according to the Multipath Model.

1. externalising; a disorder most strongly influenced by biological factors
2. internalising; a disorder influenced by a combination of the "low-activity MAOA" genotype and childhood maltreatment
3. Personality; a disorder which is caused due to fluctuating cortisol levels
4. Disruptive and Impulse Control; a disorder which is due to parental over involvement with an only child

Feedback: The correct answer is alternative **1**.

Explanation: According to Sue et al. (2016), externalising disorders of childhood are the group of disorders that involve symptoms that are distressing to others (p.511). Care should be taken to confuse these types of disorders with age appropriate defiance and noncompliance seen in especially the adolescent years. According to the authors the development of the externalising disorders, although influenced by all four dimensions of the Multipath Model, is most strongly influenced by etiological factors resorting under the biological dimension. Refer to your prescribed book pages 511 to 515 to study the issues involved with the externalising disorders. Note: remember that the DSM-5 does not have a category for 'Externalising disorders" as it is not a diagnostic grouping of abnormal behaviour but a theoretical grouping done by the authors of your prescribed book and you are therefore not able to 'diagnose' an externalising disorder' when following the DSM-5 classification system.

Alternative 2 is incorrect as a Conduct Disorder is not an internalising disorder as described by Sue et al. (2016), nor is 'childhood maltreatment' which is an etiological factor contained in the social dimension the main influencing etiological factor.

Alternative 3 is incorrect as a Conduct Disorder does not resort under the category of personality psychopathology.

Alternative 4 is also incorrect as 'Disruptive and Impulse Control' disorders are separate diagnosable disorders and not part of Conduct Disorder. The Disruptive and Impulse Control disorders are however also described as externalising disorders in Sue et al. Furthermore, the 'parental over involvement with an only child is not included as an aetiological factor in the Multipath Model of the development of Conduct Disorder.

Question 19

Emma's style of functioning in the past 25 years is characterised by fluctuations and instability in self-image, relationships and mood. **Michelle** has had many mild mood swings over the past 26 months. Her functioning is moderately impaired. She has never experienced a manic or mixed episode. According to the DSM-5 classification system **Emma's** abnormal behaviour could be classified as - - - - - and **Michelle's** abnormal behaviour as - - - - -

1. Persistent Depressive Disorder (Dysthymic Disorder); Bipolar II Disorder.
2. Histrionic Personality Disorder; Major Depressive Disorder.
3. Borderline Personality Disorder; Cyclothymic Disorder.
4. Dissociative Identity Disorder; Bipolar I Disorder, chronic.

Feedback: The correct answer is alternative **3**.

Explanation: Emma shows the key characteristics of Borderline Personality Disorder. Although she must fulfil all DSM-5 diagnostic criteria for a final diagnosis of Borderline Personality Disorder one should consider this diagnosis as a very strong differential diagnosis given the core symptoms shown. Michelle shows clear symptoms of Cyclothymic Disorder as described by the DSM-5 classification system (Sue et al., 2016, p. 258) and Tut502/2016 Learning Unit 12, p. 92. Make sure you can differentiate between these two disorders as Borderline Personality Disorder often co-occurs with Depressive and Bipolar Disorders. Key in differentiating between the two disorders is the onset and persistence of the symptoms. Because Borderline Personality Disorder is a personality disorder, the symptoms should have an early onset i.e. during childhood and adolescence and be persistent in the individual's life. Remember that the symptoms of personality disorders are pervasive throughout all spheres of the individual's life, is long-standing, and resistant to change and is clearly seen in how the individual perceives the world and relates to others. Cyclothymic Disorder on the other hand, primarily involves the individual's mood state. Usually the history of fluctuations in interpersonal relationships to the extent seen in Borderline Personality Disorder is not characteristic of Cyclothymic Disorder. Although Cyclothymic Disorder is a chronic disorder, the symptoms are of less intense severity than the other Bipolar Disorders. In other words, although she does show some symptoms, the symptoms do not meet the full DSM-5 diagnostic criteria for a manic-, hypomanic-, or major depressive episode.

Alternative 1 is incorrect as Emma clearly does not fulfil the criteria for Persistent Depressive Disorder (Dysthymic Disorder) as she shows fluctuations in mood which is not a feature of the disorder. In Persistent Depressive Disorder (Dysthymic Disorder) the individual shows a chronic history of a depressed mood. Also Michelle's fluctuations in mood are mild, she has no history of either a manic or mixed episode, and her functioning is only moderately impaired. Whereas in Bipolar II Disorder, the symptoms are far more severe and a history of at least one major depressive episode and one hypomanic episode is required.

Alternative 2 is incorrect as the nature of Emma's symptoms are not aligned with that of Histrionic Personality Disorder namely of excessive emotionality and attention seeking. Michelle also shows mild shifts in mood which is a feature of Cyclothymic Disorder and not of Persistent Depressive Disorder (Dysthymic Disorder) which rather shows, as the name suggests, a chronic persistent depressive mood.

Alternative 4 is incorrect as Dissociative Identity Disorder is a subtype of a Dissociative Disorder which is characterised by a "disruption and/or discontinuity in the normal integration of consciousness, memory, emotion, perception, body representation, motor control and behaviour" (APA, 2016, p. 291; and Sue et al., 2016, pp.216 - 217). No mention is made that Emma has shown any symptoms of this nature. Furthermore, the vignette of Michelle states that she has never experienced either a manic or a mixed episode which is needed to be able to make a diagnosis of a Bipolar I Disorder.

Read the following short case study and then answer question 20.

Herbert complains of persistent and distressing thoughts about dirt and germs. He cannot eat without washing his hands six times before every meal with a specific strong detergent. Although his hands are raw from his hand-washing rituals, he becomes overwhelmed with anxiety if he does not wash his hands repeatedly before every meal. **Richard** complains of an excessive, unrealistic longstanding fear of heights. He avoids heights wherever possible. He not only experiences overwhelming fear in the face of heights, he also experiences several distressing physical symptoms such as breathlessness, nausea and heart palpitations.

Question 20

According to the DSM-5 classification system, **Herbert's** abnormal behaviour could be classified as - - - - - and **Richard's** abnormal behaviour as - - - - -

1. Specific Phobia; Avoidant Personality Disorder.
2. Obsessive-Compulsive Personality Disorder; Agoraphobia.
3. Obsessive-Compulsive Disorder; Specific Phobia.
4. Specific Phobia; Panic Disorder.

Feedback: The correct answer is alternative **3**.

Explanation: Alternative 3, *Obsessive-Compulsive Disorder; Specific Phobia,* is correct for the following reasons: Herbert's symptoms meet the DSM-5 diagnostic criteria for Obsessive-Compulsive Disorder. The essential characteristics of Obsessive-Compulsive Disorder are recurrent obsessions (recurrent, persistent and intrusive thoughts, images or urges) and compulsions (repetitive behaviour that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly). Herbert experiences obsessions as he has repetitive, intrusive thoughts about dirt and germs. His recurrent and persistent thoughts about dirt and germs are time-consuming, distressing and clearly beyond his ability to control. Herbert also engages in repetitive hand-washing rituals which is indicative of a compulsion which is performed in response to his obsessions. **Richard** on the other hand meets the diagnostic criteria of a Specific Phobia i.e. Acrophobia. He has a marked, longstanding and out of proportion fear of a specific situation (heights) which he actively tries to avoid. Please refer to page 134 of the prescribed book, *Table 5.1, Anxiety Disorders* for a detailed description of Specific Phobia.

Alternative 1, *Specific Phobia; Avoidant Personality Disorder,* is incorrect. The diagnosis of *Specific Phobia* is ruled out in **Herbert's** case as his anxiety is a result of an obsession (intrusive thoughts about dirt and germs) and he shows other diagnostic criteria for Obsessive-Compulsive Disorder such as compulsions (rituals) which are time consuming. Rituals are not characteristic of Specific Phobia. **Richard** does not manifest symptoms of an *Avoidant Personality Disorder* which is characterised by a pervasive pattern of social inhibition, feelings of inadequacy and hypersensitivity to negative evaluation. The only avoidance behaviour he manifests, is the avoidance of heights.

Alternative 2, *Obsessive-Compulsive Personality Disorder; Agoraphobia,* is also eliminated because **Herbert** does not manifest symptoms of *Obsessive-Compulsive Personality Disorder* which is characterised by a pervasive pattern of preoccupation with orderliness, perfectionism as well as mental and interpersonal control at the expenses of flexibility, openness and efficiency. **Richard** does not meet the criteria for *Agoraphobia* which is characterised by intense fear or anxiety triggered by the real or anticipated exposure to a wide range of situations (at least two situations) such as being in open spaces, standing in line or being in a crowd or being outside of his home alone. Individuals diagnosed with Agoraphobia also believe escape from these feared situations might be difficult or that help might not be available.

Alternative 4, *Specific Phobia; Panic Disorder,* is also incorrect and therefore eliminated. As explained above, *Specific Phobia* (alternative 1) is ruled out in **Herbert's** case. **Richard** is also not manifesting the characteristic symptoms of a *Panic Disorder* such as recurrent, unexpected panic attacks and persistent concern about additional attacks. Richard *only* experiences anxiety when confronted with the feared situation (heights).

Question 21

According to the DSM-5 classification system which of the following criteria are required to make a diagnosis of Hoarding Disorder?

a) There is an inability to discard items regardless of their value.
b) A perceived need for items and distress over the thought of giving or throwing them away.
c) An accumulation of items that produces congestion and clutter in living areas.
d) Social pressure to discard is distressing because of emotional attachment to items.

1. a and b
2. a, b and c
3. a, c, and d
4. all of the above

Feedback: The correct answer is alternative **2**.

Explanation: Alternative 2, is the correct answer *as options a, b and c,* contain the DSM-5 criteria for Hoarding Disorder. Please refer to page 111 in Tutorial letter 501/2/2016 for the DSM-5 criteria for Hoarding Disorder.

Alternatives 3 and 4 are eliminated because they contain option d, *social pressure to discard is distressing because of emotional attachment to items,* which is not a DSM-5 criterion for Hoarding Disorder. Individuals with Hoarding Disorder save possessions for different reasons, not only because they are emotionally attached to their items. Some individuals with Hoarding Disorder save their possessions because of the perceived utility or aesthetic value of their possessions while others harbour strong sentimental attachments to their possessions. For example, some individuals with Hoarding Disorder find it difficult to discard of their possessions because they feel responsible for the fate of their possessions while others fear they might lose important information should they throw certain items away.

Question 22

Which of the following statements is correct about Obsessive-Compulsive Disorder?

a) The primary symptoms in OCD are obsessions, which are persistent, anxiety-producing thoughts or images, and compulsions involving the overwhelming need to engage in activities to counteract the anxiety or prevent the occurrence of the dreaded event.
b) The primary symptoms in OCD are obsessions involving an overwhelming need to engage in activities, add to the anxiety or prevent the occurrence of the dreaded event, and compulsions which are persistent, anxiety-producing thoughts or images.
c) Obsessions and compulsions do not occur separately from each other.
d) Compulsions are frequently performed to neutralise or counteract a specific obsession.

1. a and c
2. a and d
3. b and c
4. b and d

Feedback: The correct answer is alternative **2**.

Explanation: Alternative 2, option a, *the primary symptoms in OCD are obsessions, which are persistent, anxiety-producing thoughts or images, and compulsions involving the overwhelming need to engage in activities to counteract the anxiety or prevent the occurrence of the dreaded event* and option d, *compulsions are frequently performed to neutralise or counteract a specific obsession* is the correct answer

as these options contain the correct information about the characteristic symptoms of Obsessive-Compulsive Disorder.

Alternatives 1, 3 and 4 include options b and c which contain incorrect information about Obsessive-Compulsive Disorder. As explained in question 20, the essential characteristics of Obsessive-Compulsive Disorder are recurrent obsessions (recurrent, persistent and intrusive thoughts, images or urges) and compulsions (repetitive behaviours that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly). Obsessions are thoughts, images or urges not behaviours or rituals while compulsions are repetitive behaviour. Option c is incorrect as Criterion A of Obsessive-Compulsive Disorder specifies: *Presence of obsessions, compulsions, or both.* Please refer to page 110, Activity 7.19 of Tutorial letter 501/3/2016 for the DSM-5 diagnostic criteria for Obsessive-Compulsive Disorder.

Question 23

Mrs Van Rooyen is suffering from an Anxiety Disorder in which she has occasional panic attacks when shopping at the mall. This type of panic attack is referred to as - - - - -.

1. cued.
2. uncued.
3. situationally bound.
4. situationally predisposed.

Feedback: Omitted from marking.

Explanation: The DSM-5 only makes the distinction between an 'expected' and 'unexpected' panic attack. In the DSM-IV-TR the differentiation was made between 'unexpected (uncued)', 'situationally bound (cued)' and 'situationally predisposed'. However, the DSM-5 has collapsed the latter two concepts into one 'expected' panic attack definition.

Therefore, strictly speaking the old differentiation of cued/uncued/situational etc. is no longer considered. However, the DSM-5 definition for an 'expected' panic attack "… is panic attacks for which there is a clear cue or trigger…' would allow one to say that the 'old tem 'cued' is the same as the current term 'expected'. – due to the fact that this question was based on the older DSM and you are only expected to know the DSM-5, this question was omitted in the marking process.

Question 24

Dr Ndlovu says this about a pathological gambler: "Betting is like masturbation in that there is a build-up of inner tension and a need to release it, followed by both excitement and guilt." Dr Ndlovu's explanation suggests that he holds a - - - - - view of impulse-control disorders.

1. behavioural
2. genetic
3. psychodynamic
4. cognitive

Feedback: The correct answer is alternative **3,** but this question has been omitted from the marking process as it falls outside of the 2016 curriculum.

Question 25

The **key** feature of the Borderline Personality Disorder is - - - - -.

1. a tendency to experience paranoid delusions that are similar to those experienced in Schizophrenia.
2. the occurrence of severe fluctuations in mood and self-image.
3. the occurrence of shifts from normal to psychotic functioning.
4. the demand for unconditional acceptance by authorities but a need for feedback from family members.

Feedback: The correct answer is alternative **2**.

Explanation: Please refer to the DSM-5 diagnostic criteria of Borderline Personality Disorder on page 76 of TUT501/2016 and your prescribed book on pages 477 – 479 for the symptoms of Borderline Personality Disorder.

Alternative 1 and 3 are incorrect as the key feature of Borderline Personality Disorder does not include shifts from normal to psychotic functioning or paranoid delusions. Although an individual with Borderline Personality Disorder may experience auditory hallucinations, these psychotic symptoms are of a transient nature and is recognised by the individual as unacceptable, alien and distressing and does not represent a key feature of this disorder.

Alternative 4 is also incorrect as it points to the need for unconditional acceptance which is a key feature of Avoidant Personality Disorder although in this disorder (APD) the individual required insurances of unconditional acceptance from anyone before they would consider entering into a relationship with them – not only from authorities. The interpersonal relationships of individuals with Borderline Personality Disorder are volatile, unstable and intense. Due to their fluctuating mood and self-image, their impulsive response style and intense fear of abandonment, their relationships are very unstable. According to the DSM-5 (APA, 2016, p.664) they "may idealize potential caregivers or lovers at the first or second meeting, demand to spend a lot of time together, and share the most intimate details early in a relationship. However, they may switch quickly from idealizing other people to devaluing them, feeling that the other person does not care enough, does not give enough, or is not 'there' enough."

Question 26

Regarding the gender distribution of Personality Disorders, men are more likely to be diagnosed with - - - - - and - - - - - Personality Disorders, while women are more likely to be diagnosed with - - - - - and - - - - - Personality Disorders.

1. Antisocial; Obsessive-compulsive; Borderline, Dependent
2. Paranoid; Antisocial; Borderline, Histrionic
3. Paranoid; Histrionic; Narcissistic; Obsessive-compulsive
4. Obsessive-compulsive; Borderline; Paranoid, Histrionic

Feedback: This question has been omitted from the marking as it is based on an older version of the prescribed book.

Explanation: The information this question relates to is contained in table 15.1 on page 472 of your prescribed book. According to this information men are more likely to be diagnosed with Paranoid-, Schizoid-, Schizotypal-, Antisocial-, Narcissistic-, and Obsessive-compulsive Personality Disorders whilst females are more likely to be diagnosed with Borderline-, Histrionic- and Dependant Personality Disorder while the prevalence rate for Avoidant Personality Disorder is equal for men and women.

Question 27

Rihanna, 10 years old, is taken to a clinical psychologist by her concerned parents as she, over the last year has repeatedly pulled strands of her hair out despite ongoing efforts by her parents and even herself to stop the behaviour. Rihanna's behaviour has resulted in significant hair loss and distress as she is constantly teased at school for the patches of baldness that have emerged as a result of pulling out her hair. According to the clinical psychologist, Rihanna 's - - - - - to pull her hair out is in line with the DSM-5 diagnosis of - - - - -?

1. compulsion; Excoriation Disorder
2. obsession; Trichotillomania
3. obsession; Excoriation Disorder
4. compulsion; Trichotillomania

Feedback: The correct answer is alternative **4**

Explanation: A compulsion is defined as 'the need to perform acts or mental tasks to reduce anxiety' (Sue et al., 2016, p G-2) whereas an obsession is defined as an "intrusive repetitive thought or image that produces anxiety" (Sue et al., 2016, pp. 152 and G-7). It is therefore clear that Rihanna experiences a compulsion as she then acts on the compulsion by pulling out her hair to relieve the anxiety she experiences.

Alternative 1 and 3 are incorrect as Excoriation Disorder refers to the repetitive and recurrent picking of the skin that results in skin lesions which is clearly not the action Rihanna performs regarding the relief of her anxiety.

Question 28

A psychologist is asked by the Teddy Bear Clinic for Abused Children to do a presentation to parents at local schools showing how child abuse and neglect is a risk factor for individuals developing a mental disorder such as a Depressive or Anxiety Disorder. These presentations to parents are an example of - - - - -?

1. Primary Prevention
2. Risk Prevention
3. Secondary Prevention
4. Tertiary Prevention

Feedback: The correct answer is alternative **1**

Explanation: Alternative 1 is correct as the aim of Primary Prevention is to lower the incidence of possible *new* cases of mental disorders by strengthening or introducing information, resources or skills that promote mental health and by curbing community characteristics that threaten mental health (Refer to p. 14 of the Tutorial Letter 501).

Alternative 2 is incorrect as Risk Prevention is not a recognised term in this particular Prevention model.

Alternative 3 is incorrect as the aim of Secondary Prevention is to shorten the duration and to reduce their impact of mental disorders by detecting their presence in the early stages (Refer to p. 15 of the Tutorial Letter 501).

Alternative 4 is incorrect as Tertiary Prevention is aimed at facilitating the readjustment of an individual to the community after treatment for a mental disorder (Refer to p. 15 of the Tutorial Letter 501).

Question 29

In Community Psychology, the - - - - - model aims to prevent mental disorders in society, whereas, the - - - - - model aims to assist the poor and equalise opportunities in society.

1. social action; mental health
2. mental health; ecological
3. ecological; social action
4. mental health; social action

Feedback: The correct answer is alternative **3**

Explanation: Alternative 3 is correct as the ecological model sees the community as an ecosystem consisting of relationships which operate in an environmental context, while the mental health model is based on the explicit intention of preventing mental illness and its disruption of usual living patterns (Refer to p. 13 of the Tutorial Letter).

Alternatives 1, 2 and 4 are incorrect as the social action model aims to prevent mental illness by addressing the needs of the poor and attempting to equalise opportunities for upward social mobility (Refer to p. 13 of the Tutorial Letter 501/3/2016).

Question 30

Minimising the effects of psychiatric institutionalisation by facilitating individuals with mental disorders returning to their community refers to:

1. Primary prevention
2. Secondary-level treatment
3. First-level treatment
4. Tertiary prevention

Feedback: The correct answer is alternative **4**

Explanation: Alternative 4 is correct as the aim of tertiary prevention is to facilitate the readjustment of an individual to the community after treatment for a mental disorder that they already have (Refer to p. 15 of Tutorial Letter 501).

Alternative 1 is incorrect as Primary prevention interventions are efforts to lower the incidence of *new* cases of mental disorders by strengthening or introducing information, resources or skills that promote mental health and by curbing community characteristics that threaten mental health (Refer to p. 14 of the Tutorial Letter 501).

Alternative 2 and 3 are incorrect as First-level treatment and Secondary-level treatment are not recognised terms in this particular prevention model.

All the best with your studies!

Your Abnormal Behaviour and Mental Health Lecturers