

PYC3702

(488920)

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ABNORMAL BEHAVIOUR AND MENTAL HEALTH

Duration 2 Hours

90 Marks

EXAMINATION PANEL AS APPOINTED BY THE DEPARTMENT**Closed book examination**

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This paper consists of 21 pages, instructions for completion of a mark reading sheet and an appendix (GAF Scale DSM-IV-TR classification system) on page 22

After completing your answers, you must hand in the following

- (i) The mark reading sheet
- (ii) The examination paper (All the pages must be handed in)

This examination paper consists of seventy items Your mark will be converted by the computer to a percentage

ENSURE THAT YOU HAVE WRITTEN YOUR STUDENT NUMBER, COURSE CODE AND UNIQUE NUMBER ON THE MARK READING SHEET
--

Please complete the attendance register on the back page, tear off and hand to the invigilator.

[TURN OVER]

Instructions

Answer the following multiple choice questions on the mark reading sheet

Read the instructions for completing the mark reading sheet **before** answering the questions

Please make sure that you have indicated the correct **UNIQUE PAPER NUMBER** on your mark reading sheet

Use only a **SOFT PENCIL** to answer the questions

Refer to the Appendix for the DSM-IV-TR GAF scale

Question 1

The definition of abnormal behaviour according to the relativist approach emphasises - - - - -

- 1 consistency across cultures
- 2 the individual's personality
- 3 cultural context
- 4 uniform treatment of behaviour

Question 2

The African perspective on psychopathology takes a holistic view of well-being. What are some of the primary causes of psychopathology according to this perspective?

- i Disharmony in relationships with people and ancestral spirits
- ii Sorcery
- iii An individual's calling by the ancestral spirits to be a diviner
- iv Supernatural creatures

- 1 i, ii, iii
- 2 i, iv
- 3 i, ii, iv
- 4 ii, iii, iv

Question 3

What is the name for the culture specific syndrome that causes anxiety and the belief that an enemy has poisoned one's food and liquid?

- 1 Monti wa letswele
- 2 Malombo
- 3 Sejeso
- 4 Ukuthwasa

[TURN OVER]

Question 4

In an African worldview people are seen as - - - - -

- 1 interconnected and part of the whole
- 2 individuals with competitive natures
- 3 separate from others and fundamentally connected to the environment
- 4 inherently different and destructive

Question 5

The typical profile or clinical picture of a disorder in the DSM-IV-TR reflects the - - - - -

- 1 treatments for mental disorders
- 2 causes of mental conditions
- 3 theoretical perspectives on abnormality
- 4 diagnostic criteria for psychological disorders

Question 6

The approach that considers continual interaction of cultural, biological, psychological and social influences and their effect on behaviour is called the - - - - -

- 1 psychobiological/biopsychological approach
- 2 systematic approach
- 3 socio-cultural approach
- 4 multidimensional integrative approach

Question 7

Within the multidimensional integrative approach to understanding psychopathology, learned helplessness is considered a - - - - - dimension

- 1 biological
- 2 neurological
- 3 emotional
- 4 psychological

Question 8

Your uncle spent most of his teen years in a hospital undergoing treatment for a severe physical illness. As an adult, he is rather shy and withdrawn, particularly around women. He has been diagnosed with Social Phobia and you believe that it is entirely due to lack of socialisation during his teen years. Your theory or model of what caused his Phobia is - - - - -

- 1 multidimensional
- 2 integrative
- 3 one-dimensional
- 4 biological

[TURN OVER]

Read the following and answer questions 9, 10, 11, 12, 13, 14 and 15.

John and Anna have been married for 5 years, during which their lovemaking has been gradually deteriorating. John complains that Anna stopped initiating sex and has been rejecting his sexual advances for the last 15 months. She openly admits to not feeling interested at all, which has not been the case in the past. The couple seeks help from a local therapist. After consulting with a medical practitioner, both were found to be healthy and not using any medication. The doctor consequently referred them to a psychologist for couple's therapy. During their sessions the psychologist observes the interaction and communication patterns between John and Anna as she believes that abnormal behaviour manifests as a symptom of a dysfunctional system. Due to the perspective the therapist subscribes to, she makes the following observations which she considers as significant.

- (a) During the sessions John sits turned slightly away from Anna
- (b) Anna rejects John's sexual advances
- (c) John tells Anna that he loves her but at the same time he makes snide comments regarding her age, body and appearance
- (d) John's verbal and non-verbal communication with Anna clearly conveys incongruent messages
- (e) Anna saying that she does not understand what John expects from her anymore
- (f) Anna reacts by directing sarcastic comments about John at the psychologist
- (g) The more John seems to ignore Anna, the more Anna becomes increasingly sarcastic and dismissive of John which clearly causes the escalation of this pattern
- (h) It is clear that John and Anna have become stuck in dysfunctional patterns of behaviour over time

Question 9

What DSM-IV-TR Sexual Disorder would a clinician most likely diagnose Anna with based on her description of her symptoms above?

- 1 Sexual Pain Disorder
- 2 Hypoactive Sexual Desire Disorder
- 3 Sexual Arousal Disorder
- 4 Sexual Aversion Disorder

Question 10

Sexual dysfunction arises when the sexual response cycle is disrupted. At which stage of the cycle is Anna experiencing problems?

- 1 Desire stage
- 2 Arousal stage
- 3 Orgasm stage
- 4 None of the above

Question 11

The psychologist who is seeing Anna and John most likely subscribes to the - - - - perspective

- 1 psychodynamic
- 2 biomedical
- 3 cognitive-behavioural
- 4 family systems

[TURN OVER]

Question 12

The perspective the psychologist subscribes to would term the pattern of behaviours observed in (a), (c), (d) and (e) as examples of - - - - and would consider this as demonstrated in point (f) dangerous because - - - -

- 1 structural dysfunction, it amplifies the uneven power distribution in John and Anna's relationship which causes Anna to feel insecure during sexual interactions
- 2 double bind communication, Anna is confused regarding John's messages and doesn't clarify what he means to convey, which gives rise to her inappropriate responses and so the distorted communication pattern within the system is maintained
- 3 disrespectful communication, Anna perceives John's comments as a frustration to attaining self-actualisation
- 4 vicarious conditioning, in this process Anna loses the positive reinforcement she needs from John to maintain her belief that he finds her sexually desirable and therefore loses her sexual appetite

Question 13

Observations (a) and (b) refers to - - - - communications whereas observations (c) and (f) refers to - - - - communication given the perspective to which the psychologist subscribes

- 1 negative, reactive
- 2 non-verbal, verbal
- 3 non-directive, directive
- 4 expressed emotions, ineffective

Question 14

Observation (g) is an example of what the psychologist would describe as - - - -

- 1 negative reinforcement
- 2 circular causality
- 3 ineffective cognitive schemas
- 4 nonsummativity

Question 15

Considering the perspective the psychologist subscribes to she will most likely describe the behaviour in (h) as - - - -

- 1 interpersonal fixation
- 2 morphogenesis
- 3 rigid patterns of negative reinforcement
- 4 morphostasis

Question 16

Which of the following symptoms are related to Sexual Pain Disorders?

- 1 Lack of sexual desire and lack of orgasm
- 2 Vaginismus and dyspareunia
- 3 Sexual aversion and erectile dysfunction
- 4 Hypoactive sexual desire and erectile dysfunction

[TURN OVER]

Question 17

Which **one** of the following is general in individuals with Paraphilias?

- 1 They have weaker than normal sexual desires
- 2 They are only aroused by bizarre imagery or actions
- 3 They are able to become sexually aroused under normal conditions
- 4 They are not distressed by their sexual fantasies and urges

Read the following short case study and then answer questions 18 and 19

Candice and **Ruby**, two healthy middle-aged women, were recently victims of an armed bank robbery. Not only did they lose all their money and valuables they had with them that day, they were also assaulted by the robbers. Both women were taken to hospital where they were examined and declared medically fit. **Candice** cannot remember anything that happened from about an hour before the robbery until she wakes up in her bed the next morning. **Ruby** on the other hand, can remember everything that happened during that day except for the robbery itself.

Question 18

Candice is probably suffering from - - - - amnesia while **Ruby** is probably suffering from - - - - amnesia

- 1 selective, continuous
- 2 localised, selective
- 3 generalised, localised
- 4 continuous, generalised

Question 19

Given **Candice** and **Ruby's** symptoms of memory loss, the most likely DSM-IV-TR diagnosis for **both** is, - - - -

- 1 Amnesic Disorder
- 2 Dissociative Amnesia
- 3 Malingering
- 4 Acute Stress Disorder

Question 20

Which **one** of the following alternatives contains the correct description of the given Anxiety Disorder?

- 1 **Agoraphobia** – Fear of places and situations in which it might be difficult or embarrassing to escape in case of a Panic Attack
- 2 **Specific Phobia** – Intense, unrealistic fears of being judged negatively by others when in public situations
- 3 **Obsessive-Compulsive Disorder** – Pre-occupation with orderliness, perfectionism and control
- 4 **Generalised Anxiety Disorder** – Persistent, high levels of anxiety and excessive worry over specific life circumstances that last for up to six weeks

[TURN OVER]

Question 21

A firmly held, but obviously false belief is a/n - - - - while an irresistible, repetitive urge to engage in a specific behaviour to relieve anxiety is a/n - - - -

- 1 *obsession, hallucination*
- 2 *delusion, compulsion*
- 3 *hallucination, stereotyped behaviour pattern*
- 4 *illusion, psychotic act*

Question 22

While travelling in the Gautrain **Vusi**, a young successful engineer suddenly notices that the world looks weird to him, objects seem oddly shaped and people appear robot-like **Martha**, while driving alone in her car suddenly, for a moment cannot remember where she is, how she got to that point in the road or where she is going **Martha** is the CEO of a successful company

According to the DSM-IV-TR classification system, **Vusi's** symptoms are most likely indicative of - - - - and **Martha's** symptoms of - - - -

- 1 *Dissociative Fugue, Dissociative Amnesia*
- 2 *Depersonalisation Disorder, Depersonalisation Disorder*
- 3 *Brief Psychotic Disorder, Dissociative Fugue*
- 4 *Depersonalisation Disorder, Delirium*

Question 23

Which one of the following statements about the psychodynamic explanation of Dissociative Identity Disorder is **not true**?

- 1 *Dissociative Identity Disorder involves the extreme use of repression*
- 2 *Even in the case of severe childhood abuse, a supportive environment and a resilient personality may prevent the development of Dissociative Disorder*
- 3 *The personalities usually differ from one another and are sometimes direct opposites*
- 4 *The change over from one personality to another produces periods of amnesia in the personality that has been displaced with the effect that none of the personalities are aware of each other*

Question 24

Abigail, who is suffering from Hypochondriasis according to the DSM-IV-TR classification system, has just had too much to eat and drink. She would probably interpret any resulting physical discomfort as - - - - We can expect her to see her physician - - - -

- 1 *her own fault for eating too much, almost never because she takes responsibility of her own health*
- 2 *the result of a poor combination of food, rarely as she would prefer to see a dietician*
- 3 *a sign that something is seriously wrong with her intestines, very often and even then remains anxious about her health*
- 4 *being the victim of someone's evil plan to poison her, rarely as she does not trust anybody*

[TURN OVER]

Question 25

Bonnie, an attractive woman, is suffering from Body Dysmorphic Disorder according to the DSM-IV-TR classification system. She was recently promoted to a management position and she is desperate to change her looks, especially her nose, which she describes as huge, ugly and crooked. Plastic surgery in her case will probably result in - - - - -

- 1 an improved self-image
- 2 substantial relief from her concerns about her nose, but new concerns will probably arise over time
- 3 little if any satisfaction
- 4 the development of new obsessions and compulsions

Read the following short case study and then answer questions 26, 27, 28 and 29.

Sandy has recurrent terrifying episodes that last 15 to 20 minutes. During these episodes her heart races so fast, she thinks she is having a heart attack. She sweats profusely, her hands and feet tremble uncontrollably, she has a strange numb feeling in her limbs and she feels as if she cannot breathe. She also has a constant sense of doom. For more than a month she has a constant fear that these attacks will recur. Currently Sandy interprets the slightest unpleasant bodily sensation as the precursor of a heart attack.

Question 26

Which one of the following DSM-IV-TR diagnoses would be the most appropriate Axis I diagnosis in Sandy's case?

- 1 Specific Phobia
- 2 Panic Disorder
- 3 Generalised Anxiety Disorder
- 4 Obsessive-Compulsive Disorder

Question 27

Sandy's symptom of fearfulness illustrates the - - - - - manifestation of her Axis I disorder, the symptoms of increased heart rate, numbness in her limbs and trembling illustrate the - - - - - domain and the symptom of impending doom illustrates the - - - - - manifestation of her Axis I Disorder

- 1 affective, somatic, cognitive
- 2 cognitive, behavioural, affective
- 3 somatic, affective, behavioural
- 4 behavioural, cognitive, somatic

Question 28

A therapist who adheres to the cognitive behavioural perspective, would probably attribute Sandy's Axis I disorder to - - - - -

- 1 a malfunction in the receptors monitoring oxygen in the blood which cause Sandy to feel that she cannot breathe
- 2 unconscious impulses which threaten to disrupt her thought processes
- 3 the misinterpretation of bodily symptoms as threatening events, which triggers a positive feedback loop that brings on another attack
- 4 disturbances of abnormalities in the serotonin receptors which contribute to changes in thinking and affect

[TURN OVER]

Question 29

A psychodynamic therapist will have a total different approach to Sandy's abnormal behaviour and the explanation thereof. He will focus on - - - - -

- 1 her sexual identity and the acceptance of her sexual role in her present intimate relationships
- 2 uncovering the unconscious determinants of her symptoms on issues such as separation and anger because of problematic parent-child relationships
- 3 the degree to which she displaces internal unconscious conflicts onto external somatic symptoms
- 4 the impact of external stimuli on her internal, unconscious functioning

Read the following case study carefully and then answer questions 30, 31, 32, 33, 34 and 35

For the past two months, **Elizabeth**, a 35 year old librarian and mother of two young pre-school girls, has been extremely down and pessimistic, anxious, sad, and troubled by *unexpected, uncontrollable weeping spells*. She also has extreme difficulty in concentrating at work. Although she is constantly dead tired, she wakes up in the early hours of the morning unable to get back to sleep. She has lost a lot of weight and feels old, ugly and worthless. Not only has Elizabeth lost all interest in her work, which she used to enjoy, she has also lost all joy in caring for her two young girls. Their needs and presence have become an unbearable source of irritation and frustration to Elizabeth who used to be a very loving and caring mother. Elizabeth feels extremely guilty and ashamed about her negative feelings toward her children and her inability to provide them a stable and happy home environment. She feels that she does not deserve to live any longer. She has begun to spend more time in bed, writing goodbye letters to her daughters, finalising her will and cleaning her revolver.

Elizabeth left her husband Rick three months ago after an episode during which he brutally hit and kicked her in front of the girls. Their older daughter, who tried to come to her rescue, was also severely beaten by Rick. Elizabeth became the victim of Rick's violent behaviour soon after the birth of their first child. She always forgave Rick for his violent, abusive behaviour in the hope that they would be a happy family one day. As she could no longer guarantee the safety of her children, she decided to leave Rick and she and the children moved into a women's shelter for abused women as she did not have any savings (her salary was paid into Rick's bank account and he controlled their finances). She had no friends or family she could turn to as Rick had insisted that she stop seeing and calling her friends and family during the first year of their marriage.

Question 30

In diagnosing Elizabeth's Axis I disorder, several disorders were considered and some of them were eliminated. Identify the disorder that was eliminated for the **correct** reason.

- 1 Generalised Anxiety Disorder. Elizabeth does not suffer from chronic, free-floating anxiety and worry.
- 2 Phobia. Elizabeth's anxiety continues in spite of the fact that she has left her abusive husband.
- 3 Malingering. By adopting a sick role to get help for herself and her children, Elizabeth manifests only psychological symptoms.
- 4 Somatoform Disorder. The somatic symptoms Elizabeth experiences are not severe enough to warrant a diagnosis of Somatoform Disorder.

[TURN OVER]

Question 31

According to the DSM-IV-TR classification system, Elizabeth's abnormal behaviour could be classified as ----- on Axis I and as ----- on Axis II

- 1 Adjustment Disorder with Depressed Mood, Spousal Abuse
- 2 Major Depressive Disorder, severe without psychosis, Deferred
- 3 Acute Stress Disorder, Dependent Personality Disorder
- 4 Generalised Anxiety Disorder, Traits of Histrionic Personality Disorder

Question 32

In terms of the DSM-IV-TR classification system, the following should be reported on Axes III, IV and V in Elizabeth's case based on the available information

- | | | |
|---|----------|---|
| 1 | Axis III | None |
| | Axis IV | No friends and family |
| | Axis V | 31 (current) |
| 2 | Axis III | Insomnia, weight loss |
| | Axis IV | Abusive husband and end of her marriage |
| | Axis V | 21 (current) |
| 3 | Axis III | Tiredness, weight loss |
| | Axis IV | No friends and family, abusive husband |
| | Axis V | 0 (inadequate information) |
| 4 | Axis III | None |
| | Axis IV | Abusive husband, end of her marriage, single parent, no family and friends, no home |
| | Axis V | 8 (current) |

Question 33

According to the behaviouristic perspective, Elizabeth's Axis I disorder can mainly be attributed to -----, while the cognitive-learning approach will attribute her mental disorder to -----

- 1 the absence of proper role models, her current negative life situation
- 2 uncontrollable stress and poor ego functioning, arbitrary inference
- 3 stress and the loss of positive reinforcers, learned helplessness
- 4 a lack of social support and a negative self-image, an absence of positive reinforcers in the event of severe stress

[TURN OVER]

Question 34

Which alternative contains the correct information regarding the influence of stress on the disorder Elizabeth has been diagnosed with on Axis I?

- 1 The brutal abusive incident three months ago is more likely to have led to the development of Elizabeth's disorder than several smaller stressors during the past two years would have
- 2 The acute nature of the stress Elizabeth experienced is more highly correlated to the development of her disorder than the chronic stress she experienced over many years
- 3 Elizabeth's condition has no clear relation to the stressor(s) she experienced
- 4 The fact that Elizabeth experienced large amounts of stress during her adult years made her more vulnerable to the development of her disorder than stress that she might have experienced growing up

Question 35

Which one of the following regarding the probability of suicide is **correct**?

- 1 The probability that Elizabeth will try to end her life at this stage is extremely high
- 2 Currently Elizabeth is at no risk to commit suicide, her energy is too low
- 3 Since Elizabeth is in a place of safety, the risk of suicide is minimal
- 4 In assessing Elizabeth's suicide risk, her depressed mood is a more important factor than her feelings of hopelessness and worthlessness

Question 36

The following factors correlate positively with suicide

- a) previous suicide attempt
 - b) impulsive and/or aggressive behaviour
 - c) social, work or financial loss
 - d) physical illness
 - e) cultural or religious beliefs that suicide is a noble resolution
 - f) direct or indirect suicide threats
- 1 a and c
 - 2 a, c, e and f
 - 3 c, d, e and f
 - 4 all of the above

[TURN OVER]

Read the following and answer question 37 and 38.

Richard has been experiencing the following symptoms for the past 12 days he is in a particular cheerful mood, he experiences delusions of grandeur and a decreased need for sleep, his speech is incoherent and he rambles on constantly, he is hyperactive and so distractible that his ability to function in his work environment has been seriously limited. **Richard** has no history of any previous mental disorder. **Donald** has a three year history of mild mood swings. When his mood is low, he feels sad and pessimistic but is still able to function. When he is in a good mood, which is currently the case, he feels very positive about himself and the world, he is talkative and he sleeps and eats less. His ability to function in his work environment is somewhat impaired as he begins various projects but does not complete them because he gets easily distracted by irrelevant stimuli from the environment.

Question 37

According to the DSM-IV-TR classification system **Richard's** abnormal behaviour can be classified as ----- and **Donald's** abnormal behaviour as -----

- 1 Delusional Disorder, Bipolar II Disorder
- 2 Bipolar I Disorder, Cyclothymic Disorder
- 3 Bipolar II Disorder, Dysthymic Disorder
- 4 Dysthymic Disorder, Mood Disorder Not Otherwise Classified

Question 38

Richard's incoherent speech and distractibility illustrate the ----- domain of his Axis I disorder, while the symptom of decreased need for sleep illustrates the ----- domain

- 1 cognitive, physiological
- 2 cognitive, affective
- 3 physiological, cognitive
- 4 behavioural, physiological

Question 39

According to the DSM-IV-TR classification system, which one of the following contains the correct pairing of the type of mood episode with the minimum duration diagnostic criteria?

- 1 Manic episode – 2 weeks
- 2 Hypomanic episode – 4 days
- 3 Major depressive episode – 1 week
- 4 Mixed episode – 1 week

[TURN OVER]

Read the following short case study and answer questions 40, 41, 42 and 43

Jabu, a 15 year old boy who had shingles (painful skin rash) when he was three, has repeatedly been arrested for theft and assault. In addition to shoplifting and other theft, he has been caught stealing money from his parents' wallets to buy tik that he has been using for a number of years. Jabu shows no guilt or remorse for the many ways he hurts others. Jabu has also been caught repeatedly setting fires as according to him he enjoys watching the flames and the scurry of the firefighters as they try to put out the blaze. Jabu has now been arrested for causing the fire that burnt down the local church. Throughout Jabu's childhood his parents constantly fought with one another and abused alcohol.

Question 40

Jabu's current Axis I DSM-IV-TR diagnosis/diagnoses is/are most likely the following - - - - -

- 1 Substance Abuse
- 2 Substance Dependence, Oppositional Defiant Disorder
- 3 Pyromania, Substance Abuse and Conduct Disorder
- 4 Substance Dependence, Kleptomania

Question 41

Jabu's current Axis II DSM-IV-TR diagnosis is most likely the following - - - - -

- 1 Antisocial Personality Disorder
- 2 Attention Deficit Hyperactivity Disorder – predominantly hyperactive type
- 3 Conduct Disorder with pyromania
- 4 None

Question 42

Jabu's current Axis III and IV DSM-IV-TR diagnoses are most likely the following - - - - -

- 1 Axis III None and Axis IV Problems related to the primary support group and interaction with the legal system
- 2 Axis III Physical effects of tik use and Axis IV Problems related to interaction with the legal system
- 3 Axis III Tik use and shingles and Axis IV Other psychosocial and environmental problems
- 4 Axis III Shingles and Axis IV Problems related to the social environment

Question 43

The development of Jabu's Axis I and/or II disorders were influenced by the fact that his parents constantly fought with one another. This is an example of the - - - - - dimension of the Multipath Model

- 1 biological
- 2 social
- 3 psychological
- 4 sociocultural

[TURN OVER]

Question 44

The reason Personality Disorders are diagnosed on Axis II of the DSM-IV-TR classification system is that

- 1 they relate to extreme deficits in functioning
- 2 there is a relationship between Personality Disorder and Mental Retardation
- 3 they are biological in nature
- 4 they relate to more ingrained and permanent features than other disorders

Question 45

When someone has a Personality Disorder the -----

- 1 person may believe there is nothing wrong with them
- 2 person is always distressed by their disorder
- 3 disorder may come and go
- 4 disorder tends to start suddenly

Question 46

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-IV-TR classification system **Emma's** abnormal behaviour could be classified as ----- on Axis ----- and **Michelle's** abnormal behaviour as ----- on Axis -----

- 1 Dysthymic Disorder- Axis II, Bipolar II Disorder- Axis I
- 2 Hystronic Personality Disorder- Axis I, Major Depressive Disorder- Axis I
- 3 Borderline Personality Disorder- Axis II, Cyclothymic Disorder- Axis I
- 4 Dissociative Identity Disorder – Axis II, Bipolar I Disorder chronic- Axis I

Read the following short case study and answer questions 47 and 48

Vuyo is normally polite and controlled but if he gets in the driver's seat of his car he becomes someone else When taxi's swerve in front of him he completely loses control, shouts profanities at the driver and tries to overtake the taxi and cut him off in traffic before driving off Vuyo's wife is honestly concerned that he might injure a taxi driver in the near future Afterward these incidences Vuyo calms down and is then filled with guilt and shame regarding his actions

Question 47

Which one of the following disorders does Vuyo most likely suffer from?

- 1 Multiple Personality Disorder
- 2 Antisocial Personality Disorder
- 3 Passive-aggressive Personality Disorder
- 4 Intermittent Explosive Disorder

[TURN OVER]

Question 48

Regarding the disorder Vuyo has correctly been diagnosed with, which one of the following statements is correct?

- 1 Vuyo most likely shows signs of general aggressiveness during episodes
- 2 The anger reaction Vuyo shows is understandable given the context of the traffic and the behaviour of the taxi's
- 3 Vuyo most likely does not always realise that his behaviour is wrong and harmful
- 4 The fact that this disorder has been diagnosed in Vuyo as a male is consistent with the research results showing the increased prevalence of this disorder among males over females

Read the following short case study and then answer questions 49, 50, 51 and 52

Victor was 12 years old when he was diagnosed with Paranoid Schizophrenia. Victor's parents migrated to South Africa from rural Zimbabwe in search of work just after Victor's birth. The family has been living in poverty in an informal settlement since arriving in Johannesburg. Victor's mother suffered from amafufunyane and tried to abort Victor by drinking poison. Victor's father was a strict, critical and emotionally cold father and openly resented Victor for being born. Victor believed himself to be worthless and maintained a pessimistic and hopeless view of his life. He often witnessed his father abuse his mother and when Victor was four years old Victor's father killed his mother in front of him by hitting her with a brick. During this incident Victor sustained serious back and leg injuries when he tried to help his mother. Victor, now 16 years old, has been smoking dagga regularly since childhood.

Question 49

Which statements indicate factors related to the biological dimension in the development of Victor's diagnosis of Schizophrenia according to the Multipath Model?

- (a) Victor father openly resented Victor for being born
- (b) Victor's mother tried to abort Victor by drinking poison
- (c) Victor sustained serious injuries
- (d) Victor's mother suffered from amafufunyane
- (e) Victor He often witnessed his father abuse his mother

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

[TURN OVER]

Question 50

Which statements indicate factors related to the socio-cultural dimension in the development of Victor's diagnosis of Schizophrenia according to the Multipath Model?

- (a) Victor was 12 years old when he was diagnosed with Paranoid Schizophrenia
- (b) Victor's mother suffered from amafufunyane
- (c) Victor's parents migrated to South Africa from rural Zimbabwe in search of work just after Victor's birth
- (d) The family has been living in poverty in an informal settlement since arriving in Johannesburg
- (e) Victor He often witnessed his father abuse his mother

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

Question 51

Which statements indicate factors related to the expressed emotion (EE) theory regarding possible effects on the relapse of Victor's diagnosis of Schizophrenia?

- (a) The family has been living in poverty in an informal settlement since arriving in Johannesburg
- (b) Victor's father was a strict, critical and emotionally cold father and openly resented Victor for being born
- (c) Victor's father openly resented Victor for being born
- (d) Victor has been smoking dagga regularly since childhood

- 1 c and d
- 2 b and c
- 3 a and d
- 4 None of the above

Question 52

Given Victor's DSM-IV-TR diagnosis of Paranoid Schizophrenia, we will expect the following symptoms during the active phase of his Schizophrenia

- 1 Paranoid delusions and disorganised speech
- 2 Paranoid hallucinations and disorganised behaviour
- 3 Paranoid delusions and hallucinations
- 4 Emotional numbness with flat and inappropriate affect

Question 53

Which one of the following statements correctly relates to hallucinations?

- 1 They are firmly and consistently held false personal beliefs not dissipated by contradictory evidence
- 2 They can entail both *bizarre* and non-bizarre content
- 3 A prerequisite is that they are dependent on environmental *stimuli*
- 4 They can entail both malevolent and benevolent content and a single or a combination of sensory modalities

[TURN OVER]

Read the short case study below and answer questions 54, 55 and 56

Mabel, a 65 years old, presents with the following symptoms thiamine deficiency, inability to remember recent information, confusion and disorientation because of her memory problems, and a history of alcohol dependence. Although she has not used alcohol for the past three months, she has continued to show impairment in her usual level of functioning

Question 54

In the process of diagnosing Mabel's abnormal behaviour various conditions should be considered. Which one of the following alternatives contains the correct reason why the considered condition was eliminated?

- 1 Mental retardation – Mabel does not show impairment in all areas of adaptive functioning
- 2 Major Depressive Disorder - Mabel manifests serious impairment in memory
- 3 Dissociative Amnesia - Mabel presents with a thiamine deficiency and a history of alcohol dependence
- 4 Substance Induced Dementia – Mabel shows both memory impairment and disorientation

Question 55

The most likely correct DSM-IV-TR diagnosis for Mabel given her symptoms is - - - - -

- 1 Substance (Alcohol) Induced Delirium
- 2 Dementia due to thiamine deficiency
- 3 Alcohol Withdrawal
- 4 Amnesic Disorder due to Wernicke's encephalopathy

Question 56

The correct diagnosis above is an example of the grouping of disorders namely - - - - -

- 1 Psychotic Disorders
- 2 Substance Related Disorders
- 3 Cognitive Disorders
- 4 Psychological Factors Affecting Medical Conditions

Question 57

Which alternative below provides the correct differentiating features between the two disorders?

- 1 **Dementia and Delirium** – both entail memory problems but only Dementia entails additional symptoms of agnosia, apraxia and aphasia
- 2 **Delirium and Amnesic Disorder** – both entail memory problems but only Amnesic Disorder entails additional disorientation
- 3 **Dementia and Amnesic Disorder** – both entail symptoms of confusion and disorientation but only Amnesic Disorder entails additional problems regarding learning new information or recalling previously learned information
- 4 **Delirium and Amnesic Disorder** – both entail symptoms of confusion and disorientation but only Delirium entails additional problems relating to executive functions

[TURN OVER]

Question 58

Which statement below is **not** accurate in describing the research findings in the study of the brains of individuals that suffered from Alzheimer's disease?

- 1 Research has found dysfunctions in neurotransmission in the brain especially involving dopamine and serotonin
- 2 Their brains have been found to be clogged with neurofibrillary tangles and senile plaques
- 3 Their brains show general atrophy of brain tissue
- 4 Their brain scans show less activity in the areas of the brain required for specific tasks of information processing and more activity in unrelated areas of the brain, in other words they show deficits in focussing of brain activity

Question 59

The DSM-IV-TR diagnosis of Substance Abuse can only be made under the following condition

- 1 When a variety of substances are used for at least six months
- 2 When use leads to intoxication
- 3 When it leads to withdrawal symptoms
- 4 When substance use leads to impairment in functioning over a two year period

Question 60

The tension-reduction model describes Alcohol Dependence as a means of anxiety and tension reduction but this view has come into disrepute for being too simplistic. Which of the following serves as justification for this critique?

- I Individuals with long term Alcohol Dependence show an increase in anxiety and depression not a reduction
 - II Anxiety is usually a co-occurring symptom and alcohol merely aggravates the condition
 - III The expectation that drinking alcohol is a "pleasurable activity and tension reducing" can interfere with the accuracy of self anxiety reports
 - IV Alcohol may act as a suitable anxiety reducer when the individual's attention is diverted away from environmental stressor with a suitable distraction
- 1 II,III
 - 2 II,IV
 - 3 IV, III
 - 4 I,IV

Question 61

According to the DSM-IV-TR classification system, heightened motoric activity, short attention span, impulsiveness and a significantly low school performance because of lack of self-control are symptoms of -----

- 1 Oppositional Defiant Disorder
- 2 Impulse Control Disorder
- 3 Attention Deficit/Hyperactivity Disorder, predominantly hyperactive type
- 4 Attention Deficit/Hyperactivity Disorder, predominantly combined type

[TURN OVER]

Question 62

When Mpho was six years old he was diagnosed by a psychiatrist with Attention Deficit Hyperactivity Disorder (ADHD) predominantly inattentive type. It was clear to the psychiatrist that Mpho was not suffering from any other disorder. Now 17 years old, Mpho still has difficulty concentrating, thus performs poorly at school. Mpho has frequently been arrested for criminal activity. What aspect of Mpho's case is unusual?

- 1 The fact that he as a boy was diagnosed with ADHD
- 2 The fact that he was diagnosed with ADHD predominantly inattentive type before the age of 7
- 3 The fact that he had academic problems
- 4 The fact that he engaged in frequent criminal activity

Read the following case study and answer questions 63, 64 and 65

Your client Mrs Cartwright is concerned about the well-being of her son Billy. The fact that he refuses to make eye contact and has emotional outbursts whenever she hugs him or touches his face troubles her. Teachers also report that Billy almost never interacts socially with other children in his play group and that he prefers playing alone. Billy's favourite pastime is the collection and stacking of toys in rows and he will repeat this activity countless times each day. Even though he is three years old he only communicates using single words and sometimes inappropriate short phrases and often will not respond when spoken to. Mrs Cartwright is also concerned about Billy's total disregard for personal safety. The preschool referred Billy to an occupational therapist which he has been seeing for the past two months.

Question 63

What is the most appropriate DSM-IV-TR diagnosis for Billy?

- 1 Rett's Disorder
- 2 Asperger's Disorder
- 3 Autistic Disorder
- 4 Mild Mental Retardation

Question 64

On which axis of the DSM-IV-TR will you indicate this diagnosis?

- 1 Axis I
- 2 Axis II
- 3 Axis III
- 4 Axis IV

Question 65

Recently, due to a crash in the stock market Mr Cartwright lost all his family savings. Mrs Cartwright has always been a housewife and the family fears for their survival. The marital conflict between Mr and Mrs Cartwright has been increasing substantially. Under these circumstances they are unable to pay for his continued treatment with the occupational therapist. On which axis/axes would you note the (i) family's financial dilemma and the (ii) marital conflict?

- 1 (i) Axis I, (ii) Axis II
- 2 (i) Axis III, (ii) Axis IV
- 3 (i) Axis IV, (ii) Axis IV
- 4 (i) Axis V, (ii) Axis V

[TURN OVER]

Read the following case study and answer questions 66, 67 and 68

A child psychologist has two clients both boys are around 8 years old, **Bobby** and **Jimmy** have always experienced problems at school **Bobby's** teacher has moved him to the front of the class with his own table to keep an eye on him because he disrupts the class and struggles to focus on the assigned task The second boy **Jimmy** has been caught stealing sentimental belongings from children in the class Both boys were also involved in physical confrontations with other children

Question 66

Jimmy's behaviour could indicate symptoms of - - - - -

- 1 Attention Deficit/Hyperactivity Disorder
- 2 Conduct Disorder
- 3 Oppositional Defiant Disorder
- 4 Reactive Attachment Disorder

Question 67

Bobby's behaviour could indicate the presence of - - - - -

- 1 Attention Deficit/Hyperactivity Disorder
- 2 Conduct Disorder
- 3 Oppositional Defiant Disorder
- 4 Reactive Attachment Disorder

Question 68

According to the DSM-IV-TR classification system, a diagnosis of Autistic Disorder must be made before the age of - - - - -, and a diagnosis of Attention Deficit/Hyperactivity Disorder before the age of - - - - -

- 1 3 years, 7 years
- 2 5 years, 3 years
- 3 6 years, 5 years
- 4 10 years, 15 years

Question 69

Lerato was treated in a state mental hospital for 14 years When she was discharged, she lived in a halfway house, where she was taught daily living skills Because of this transitional program, she has not been readmitted to the hospital in 10 years Lerato was the recipient of a successful - - - - - program

- 1 primary prevention
- 2 psychiatric community centre
- 3 tertiary prevention
- 4 secondary prevention

[TURN OVER]

Question 70

Bea, aged 3, has been soiling in her bed, at her desk at preschool and in her bed at night. This has been happening at least once a month for the past three months. Bea's class teacher is convinced Bea must be diagnosed as suffering from Encopresis. Which part(s) of this statement makes the diagnosis of Encopresis wrong?

- (a) Bea is aged 3
- (b) She has been defecating in her bed, at her desk at preschool and in her bed at night
- (c) This has been happening at least once a month for the past three months

- 1 a
- 2 c
- 3 b and c
- 4 none

TOTAL: [70]
GRAND TOTAL. [100]

[TURN OVER]

APPENDIX
Axis V (DSM-IV-TR)

Code (Note Use intermediate codes when appropriate, eg 45, 68, 72)

- 100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, person
91 is sought out by others because of his or her many positive qualities, has no symptoms
- 90 Absent or minimal symptoms (eg mild anxiety before an exam), good functioning in all areas, individual interested
81 and involved in a wide range of activities, socially effective, generally satisfied with life, no
more than everyday problems or concerns (eg an occasional argument with family members)
- 80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (eg difficulty
71 concentrating after family argument), no more than slight impairment in social, occupational, or school
functioning (eg temporarily falling behind in schoolwork)
- 70 Some mild symptoms (eg depressed mood and mild insomnia) OR some difficulty in social, occupational, or
61 school functioning (eg occasional truancy, or theft within the household), but generally functioning
pretty well, some meaningful interpersonal relationships
- 60 Moderate symptoms (eg flat affect and circumstantial speech, occasional panic attacks) OR moderate
51 difficulty in social, occupational, or school functioning (eg few friends, conflicts with peers or coworkers)
- 50 Serious symptoms (eg suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious
41 impairment in social, occupational, or school functioning (eg no friends, unable to keep a job)
- 40 Some impairment in reality testing or communication (eg speech is at times illogical, obscure, or irrelevant) OR
31 major impairment in several areas, such as work or school, family relations, judgement, thinking, or mood (eg
depressed man avoids friends, neglects family, and is unable to work, child frequently beats up
younger children, is defiant at home, and is failing at school)
- 30 Behaviour considerably influenced by delusions or hallucinations OR serious impairment in communication or
21 judgement (eg sometimes incoherent, behaviour grossly inappropriate, suicidal preoccupation) OR
inability to function in almost all areas (eg stays in bed all day, has no job, home, or friends)
- 20 Some danger of hurting self or others (eg suicide attempts without clear expectation of death, frequently violent,
11 manic excitement) OR occasionally fails to maintain minimal personal hygiene (eg smears faeces)
OR gross impairment in communication (eg largely incoherent or mute)
- 10 Persistent danger of severely hurting self or others (eg recurrent violence) OR persistent inability to
1 maintain minimal personal hygiene OR serious suicidal act with clear expectation of death
- 0 Inadequate information

PART 1 (GENERAL/ALGEMEEN) DEEL 1

STUDY UNIT e.g. PSY100-X STUDIE-EENHEID by PSY100 X		INITIALS AND SURNAME VOORLETTERS EN VAN	
1		3	
PAPER NUMBER VRAESTELNOMMER		DATE OF EXAMINATION DATUM VAN EKSAMEN	
2		4	
STUDENT NUMBER STUDENTENOMMER		EXAMINATION CENTRE (E.G. PRETORIA) EKSAMENSENTRUM (BY PRETORIA)	
6		5	
7		8	
9		9	

For use by examination invigilator
Vir gebruik deur eksamenopsiener

◆

IMPORTANT

- 1 USE ONLY AN HB PENCIL TO COMPLETE THIS SHEET
- 2 MARK LIKE THIS ➡
- 3 CHECK THAT YOUR INITIALS AND SURNAME HAS BEEN FILLED IN CORRECTLY
- 4 ENTER YOUR STUDENT NUMBER FROM LEFT TO RIGHT
- 5 CHECK THAT YOUR STUDENT NUMBER HAS BEEN FILLED IN CORRECTLY
- 6 CHECK THAT THE UNIQUE NUMBER HAS BEEN FILLED IN CORRECTLY
- 7 CHECK THAT ONLY ONE ANSWER PER QUESTION HAS BEEN MARKED
- 8 DO NOT FOLD

BELANGRIK

- 1 GEBUIK SLEGS N HB POTLOOD OM HIERDIE BLAD TE VOLTOOI
- 2 MERK AS VOLG ➡
- 3 KONTROLEER DAT U VOORLETTERS EN VAN REG INGEVUL IS
- 4 VUL U STUDENTENOMMER VAN LINKS NA REGS IN
- 5 KONTROLEER DAT U DIE KORREKTE STUDENTENOMMER VERSTREK HET
- 6 KONTROLEER DAT DIE UNIEKE NOMMER REG INGEVUL IS
- 7 MAAK SEKER DAT NET EEN ALTERNATIEF PER VRAAG GEMERK IS
- 8 MOENIE VOU NIE

PART 2 (ANSWERS/ANTWOORDE) DEEL 2

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Specimen only