

PYC3702

(492495)

May/June 2012

ABNORMAL BEHAVIOUR AND MENTAL HEALTH

Duration 2 Hours

90 Marks

EXAMINATION PANEL AS APPOINTED BY THE DEPARTMENT

This examination question paper remains the property of the University of South Africa and may not be removed from the examination venue.

EXAMINERS:

FIRST:	MRS H HENDERSON	MRS PB MOKGATLHE
	MRS E VISSER	DR BC VON KROSIGK
SECOND:	MRS KM MODUTLA	
EXTERNAL:	MRS E JORDAAN	

This paper consists of 21 pages, instructions for completion of a mark reading sheet, an appendix (GAF Scale. DSM-IV-TR classification system) on page 22, and 1 sheet for rough work on page 23

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.

This examination paper remains the property of the University of South Africa and may not be removed from the examination room.

[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 – the DSM-IV-TR GAF scale

Question 1

With reference to mental health, the African worldview is mainly characterized by - - - - while the Western worldview is mainly characterized by - - - -

- 1 competitiveness, holism
- 2 analytical thinking, essentialism
- 3 intuitiveness, individualism
- 4 holism, analytical thinking

Question 2

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

Question 3

The basis of the multidimensional integrative approach to understanding psychopathology is that each dimension on its own (psychological, biological, emotional, etc) - - - -

- 1 operates independently
- 2 is sufficient to explain psychopathology
- 3 builds on the dimension that precedes it
- 4 is influenced by the other dimensions

Question 4

Referring to behaviour and personality as polygenic means that both are - - - -

- 1 influenced by only a few genes, but each gene has a large effect
- 2 influenced by many genes, with each individual gene contributing a relatively small effect
- 3 only rarely influenced by individual genes
- 4 only as a result of our genetic inheritance

[TURN OVER]

Question 5

According to the family systems perspective, enmeshment refers to - - - - -

- 1 how the family members tend to convey double-bind messages to each other
- 2 power relationships among family members
- 3 the degree to which family members are over-involved with each other leading to mutual dependency
- 4 the redundant patterns of interaction within a dysfunctional family system

Read the following information that was extracted from an interview with Sibaya three weeks after her parent's death in a remote area of Mpumalanga, then answer questions 6, 7, 8, 9, 10, 11, 12 and 13.

- | | |
|---|--|
| a | Sibaya's family is known to live by a traditional lifestyle in the rural area of Mpumalanga, a place her family has called home for the past five generations |
| b | Sibaya's parents expected her to marry a local boy and continue the family tradition of running the household and bringing up children |
| c | Sibaya watched the glamorous secretaries on TV at a friend's house and dreamt of one day working in an office. So Sibaya left school at the age of 16 and followed her boyfriend to Gauteng to learn everything she needed to know for becoming a secretary |
| d | It was difficult for Sibaya to make a living while learning to become a secretary but she succeeded through sheer hard work and determination. Sibaya was hired by a big firm in Gauteng as a secretary shortly after completing her studies. |
| e | Still on probation, Sibaya now 22 years old, was working under stressful circumstances for long hours for months on end, without visiting at home, because she wanted to have a permanent position at the big firm |
| f | Her small salary only allowed her to travel to Mpumalanga once a year. She failed to attend a number of birth and marriage rituals in her village and the villagers began to speak openly about the ancestors withdrawing their protection from the family because Sibaya was breaking their traditional customs |
| g | It was said that the ancestors were also angry about Sibaya's neglect of her parents by visiting them too seldom and neglecting the custom of caring for her tribe |
| h | During a heavy thunderstorm her parents' hut was struck by lightning, killing both parents |
| i | On the day her parents died, all the taxi companies began a three day strike. Sibaya was unable to find alternative transport in time, and the funeral rites of her parents had to begin without her |
| j | Stressed out of her mind, she only arrived after the funeral, where she collapsed on her parents' grave. When someone tried to assist her in getting up, she suddenly felt faint and dizzy, felt as if she was choking, and as if her heart was beating irregularly, and she perspired profusely. She felt as if she was dying |
| k | Because Sibaya's community considered her as breaking with tradition and having disgraced her parents, they considered her as an outcast and Sibaya was isolated in the community without support or friends |
| l | Three weeks later, she could still not stop thinking about the horrible way her parents had died. She was unable to sleep, felt dissociated from everybody and everything, was highly aroused all the time, and got a choking feeling every time she saw her parents' burnt hut |
| m | Although she tried to avoid the hut, she continued to experience intense anxiety whenever she passed the burnt hut |

[TURN OVER]

Question 6

Which group of the above statements is related to Sibaya's sickness according to the African perspective?

- 1 a, c, d, e and j
- 2 c, b, e, k and l
- 3 e, f, g, i and j
- 4 d, f, h, i and m

Question 7

According to the African perspective Sibaya's illness can be expressed as - - - - -

- 1 Amafufunyana
- 2 Ukufa kwabantu
- 3 Umkhuhlane
- 4 Ukuthwasa

Question 8

Which one of the following statements is related to Sibaya's mental disorder from the DSM-IV-TR perspective?

- 1 b and g
- 2 d and g
- 3 e and h
- 4 e and f

Question 9

Given the information provided about Sibaya, especially in points (k) and (l), which disorder according to the DSM-IV-TR classification system could Sibaya most likely be diagnosed as suffering from - - - - -

- 1 Bereavement
- 2 Acute Stress Disorder
- 3 Obsessive-Compulsive Personality Disorder
- 4 Personality Disorder not otherwise specified

Question 10

The symptoms described in point (j) could indicate a - - - - -

- 1 Panic attack
- 2 Panic Disorder
- 3 Factitious Disorder
- 4 Conversion Disorder

[TURN OVER]

Question 11

Which alternative indicates factors related to the psychological dimension in the development of Sibaya's mental disorder according to the Multipath Model?

- 1 b, c, e, g and h
- 2 a, b, c, b and d
- 3 e, f, h, i, j, l and m
- 4 a, d, f, g, j, k and l

Question 12

Which alternative indicates the social dimension in the development of Sibaya's mental disorder according to the Multipath Model?

- 1 a, b and c
- 2 c, h, g and k
- 3 a, e, j and l
- 4 b, e and g

Question 13

Which alternative indicates factors related to the socio-cultural dimension in the development of Sibaya's mental disorder according to the Multipath Model?

- 1 a and b
- 2 c and e
- 3 d and i
- 4 f and l

Read the following short case study and answer questions 14, 15, 16, 17 and 18

Jabu and Mzamo, two sincere and well respected priests, were recently involved in a horrific taxi accident. Several people were killed in the accident. Jabu and Mzamo were both lucky to emerge from the accident with only minor physical injuries. The doctor who examined them after the accident declared them medically fit. **Jabu** cannot remember anything that happened since the taxi driver lost control of the taxi and is unable to retain any new information. **Mzamo** on the other hand, can remember everything about that specific trip except the accident itself.

Question 14

Jabu is probably suffering from - - - - - amnesia and **Mzamo** is probably suffering from - - - - - amnesia

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

[TURN OVER]

Question 15

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

- 1 Acute Stress Disorder
- 2 Factitious Disorder
- 3 Dissociative Amnesia
- 4 Dissociative Fugue

Question 16

In diagnosing Jabu and Mzamo's abnormal behaviour according to the DSM-IV-TR classification system, a diagnosis of Amnesic Disorder was considered but eliminated because - - - - -

- 1 the memory disturbances they suffer from are not etiologically related to either a medical condition or the effects of substances
- 2 neither of them show symptoms of aphasia, apraxia or agnosia
- 3 the onset of their memory problems was not associated with Delirium
- 4 neither of them manifest a disturbance in consciousness

Question 17

According to the psychodynamic perspective, Jabu and Mzamo's abnormal behaviour can be attributed to - - - - - of their traumatic experiences and/or - - - - -

- 1 total denial, a poorly developed super-ego
- 2 attempted avoidance, strong id impulses
- 3 incomplete repression, poor ego strength
- 4 unsuccessful conversion, strong super-ego

Question 18

A month later, in addition to his memory problem, Jabu also developed an intense fear of taxis. He can no longer perform his duties as a priest in the rural community as he cannot get himself to go near a taxi. The mere sight of a taxi causes him to "freeze up".

The most likely DSM-IV-TR diagnosis for Jabu, given his symptoms of fear and avoidance of taxis, is - - - - -

- 1 Panic Disorder
- 2 Specific Phobia
- 3 Agoraphobia
- 4 Malingering

[TURN OVER]

Question 19

Thabo, who lost everything he had in a devastating fire, experienced a sudden loss of memory. He left his hometown in Gauteng and travelled to Kwazulu-Natal where he established a new identity. He has no memory of his past life in Gauteng. **Jessica**, a young student, is watching a cricket game with friends when she suddenly begins to feel anxious and dizzy. Time seems to pass in slow motion and her friends appear to be the size of dolls. These feelings and sensations slowly fade as her senses return to normal.

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

- 1 Dissociative Fugue, Depersonalisation Disorder
- 2 Dissociative Identity Disorder, Brief Psychotic Disorder
- 3 Dissociative Amnesic Disorder, Histrionic Personality Disorder
- 4 Acute Stress Disorder, Brief Psychotic Disorder

Question 20

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

- 1 The multiple personalities serve a protective role by blocking out painful memories
- 2 Only one personality is evident at any one time
- 3 One or several personalities may be aware of the existence of the others
- 4 All children who suffer severe sexual abuse will develop some degree of Dissociative Identity Disorder

Question 21

Precious, who has been diagnosed with Conversion Disorder according to the DSM-IV-TR classification system by her general practitioner, was referred to a clinical psychologist for treatment. During the first session, the psychologist started questioning the correctness of the diagnosis. Which of the following information or observations alerted the psychologist that Precious might probably not be suffering from Conversion Disorder?

- 1 In spite of her total blindness, she is still able to avoid walking into objects
- 2 She developed the symptoms the same day when she found out that her husband was having an extramarital affair
- 3 During an intense emotional moment, it accidentally slipped out that her blindness was an act of revenge and to ensure that her husband would not leave her and the children
- 4 None of the specialists she consulted could confirm any problem with her eyesight

Question 22

Which one of the following is **not** a psychodynamic explanation for the somatic symptoms that manifest in Somatoform Disorders?

- 1 Somatic symptoms are functions of a dysfunctional family system and serve to protect the integrity of the family
- 2 To protect the individual from intense anxiety, the inner conflict is converted into a physical symptom
- 3 The focus on the physical symptoms keep the client from an awareness of the underlying conflict
- 4 Dependency needs are fulfilled through attention and sympathy which is elicited by the somatic symptoms

[TURN OVER]

Read the following short case study and answer questions 23 and 24.

For the past two years Ruben has been experiencing overwhelming urges to check things to ensure that they are in the right place and to place them in order if they are not. He spends hours organising his office, his house and his garage. He is also troubled by intrusive thoughts about things being out of order. Attempts to ignore these urges and thoughts cause him intense anxiety. Ruben sought professional help because his employer gave him a final warning due to the fact that he spends more time organising things than actually performing his duties.

Question 23

Ruben's urges are examples of - - - - and his intrusive thoughts are examples of - - - -

- 1 psychomotor agitation, bizarre ideas
- 2 mannerisms, illusions
- 3 stereotyped behaviour patterns, delusions
- 4 compulsions, obsessions

Question 24

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

- 1 Impulse Control Disorder
- 2 Obsessive-compulsive Disorder
- 3 Delusional Disorder
- 4 Obsessive Compulsive Personality Disorder

Read the following short case study and then answer questions 25, 26 and 27

Over the past three weeks Nevil, a 30-year old artist who recently received international acclaim as a promising artist, became noticeably quiet and socially withdrawn due to the international attention he was receiving. He spent hours just sitting passively in a corner in his studio, staring at nothing. He showed no interest in his art, food or any other activity. He could not sleep more than two to three hours per night and was obviously very tired, sad and depressed. For the past two days he has been pacing the floor constantly while professing the belief that his identity has been mistaken. Nevil firmly believes that he is Satan himself, that he is bringing death and disease to the world and that he would burn in hell forever.

Question 25

In diagnosing Nevil's Axis I disorder, using the DSM-IV-TR classification system, several disorders were considered and some were eliminated. Three of the following diagnoses were eliminated for the right reasons. Identify the disorder that was eliminated for the **wrong** reason.

- 1 Attention Deficit/Hyperactivity Disorder. Nevil had not manifested any attention problems or hyperactivity before the age of seven.
- 2 Paranoid Schizophrenia. Nevil manifests certain affective and behavioural symptoms that disqualify the diagnosis of Paranoid Schizophrenia. The duration of his disorder also does not fit the criteria for Paranoid Schizophrenia.
- 3 Bipolar I Disorder. Nevil has no history or current symptoms of mania, hypomania or mixed episode.
- 4 Delusional Disorder. Nevil's delusions are not bizarre and the duration of his symptoms does not fit the criteria of Delusional Disorder.

[TURN OVER]

Question 26

According to the DSM-IV-TR classification system, the most accurate Axis I diagnosis in Nevil's case is -----

- 1 Brief Psychotic Disorder
- 2 Delusional Disorder
- 3 Major Depressive Disorder, severe with psychotic features
- 4 Bipolar I Disorder, most recent episode mixed

Question 27

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

- 1 Axis III None
Axis IV International recognition as an artist
Axis V 21 (current)
- 2 Axis III Insomnia, loss of appetite
Axis IV Socially withdrawn and confusion about his identity
Axis V 31 (current)
- 3 Axis III Fatigue and insomnia
Axis IV Inability to work
Axis V 40 (current)
- 4 Axis III The somatic symptoms of his Axis I disorder
Axis IV The stress he is causing his environment
Axis V 18 (current)

Read the following short case study and then answer questions 28, 29 and 30

Dumisani, a 26-year old soccer coach, has a four year history of mild mood swings. When his mood is low he feels sad and pessimistic but is still able to function. When his mood is high, which is currently the case, his self-esteem is inflated and he is over-active but still coherent and able to perform his duties as a tennis coach. **Rose**, a 36-year old successful business woman, has been experiencing a decreased need for sleep and an increased need to talk continuously. For the past two weeks her mood has been extremely cheerful and elevated. Her thoughts races from one idea to the next and she cannot stay focussed on one idea. She has boundless energy and spends huge amounts of money during her spending sprees. She has made several serious business mistakes due to poor judgement.

Question 28

Dumisani and Rose's current mood states differ mainly with regard to -----

- 1 onset and duration
- 2 intensity and effect
- 3 etiology and course
- 4 onset and course

[TURN OVER]

Question 29

According to the DSM-IV-TR classification system, **Dumisani's** abnormal behaviour could be classified as -----

- 1 Cyclothymic Disorder
- 2 Bipolar II Disorder
- 3 Borderline Personality Disorder
- 4 Bipolar I Disorder, most recent episodes mixed

Question 30

According to the DSM-IV-TR classification system, **Rose's** abnormal behaviour could be classified as ---- .

- 1 Bipolar I Disorder, most recent episode mania
- 2 Impulse Control Disorder
- 3 Histrionic Personality Disorder
- 4 Brief Psychotic Episode

Question 31

Dumisani's inflated self-esteem illustrates the ----- aspect of his disorder while **Rose's** decreased need for sleep illustrates the ----- aspect of her disorder, her poor judgement the ----- aspect and her talkativeness the ----- aspect of her disorder

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

Question 32

If you, as a third year psychology student, were responsible for the development and implementation of a tertiary prevention programme for someone who had been hospitalised and treated for a severe episode of Major Depressive Disorder, your main focus would be -----

- 1 exploring that person's available social support structures and ensuring that the person becomes part of a social support group that meets the person's specific needs
- 2 finding a psychologist to whom you could refer the person for psychotherapy
- 3 to identify the person's negative self-critical thoughts that occur automatically and to replace his/her distorted negative thoughts with realistic interpretations of each
- 4 exploring the person's genetic vulnerabilities and strengthening the person's inner resources in an attempt to promote mental health

[TURN OVER]

Question 33

Which one of the following statements regarding suicide is **incorrect**?

- 1 One of the most consistently reported correlates of suicidal behaviour is alcohol consumption
- 2 Psychodynamic theorists believe that suicides are hostilities turned inward
- 3 Higher suicide rates are associated with a high- and low status (as opposed to middle status) occupations and with single or divorced status
- 4 People who threaten to commit suicide do it to get attention but are actually not serious about it and very seldom make such an attempt

Question 34

Dikeledi, who is suffering from a severe episode of Major Depressive Disorder, attempted suicide by trying to gas herself but was rescued by her husband. She refuses treatment. The **correct** response from her therapist would be that - - - -

- 1 Dikeledi's attempt was not serious and she is not a danger to herself
- 2 her case is unusual since very few individuals suffering from Major Depressive Disorder attempt suicide
- 3 she should be involuntarily hospitalised because she is a danger to herself
- 4 the danger is past and Dikeledi will not try to commit suicide again

Question 35

Which one of the following is **not** required for the diagnosis of Substance Dependence, according to the DSM-IV-TR classification system?

- 1 Inability to reduce drug use
- 2 Increased tolerance toward the drug
- 3 Having to spend increased time obtaining and using substances
- 4 Experiencing intoxication with smaller amounts of the substance

Question 36

According to the social dimension of the Multipath Model, key factor(s) in the development of Antisocial Personality Disorder is - - - -

- 1 parental rejection and neglect and failure of parents to love the child
- 2 extreme strictness in parental rules of conduct combined with unduly harsh punishments
- 3 parental overprotectiveness and 'smothering' leading to rejection of parental values by the child
- 4 spoiling the child and excessive permissiveness by the parents in their enforcement of the rules of conduct

Question 37

Which one of the following alternatives contains the **correct** cluster description and pairing with the specific Personality Disorder that falls into the described cluster?

- 1 Odd or eccentric – Narcissistic Personality Disorder
- 2 Dramatic, emotional or erratic – Schizotypal Personality Disorder
- 3 Anxious or fearful – Obsessive-Compulsive Personality Disorder
- 4 Odd or erratic - Histrionic Personality Disorder

[TURN OVER]

Question 38

Both Julius and Fred meet the diagnostic criteria for Paranoid Personality Disorder. Julius' friends are aware of his paranoia although he continues to live a meaningful life. Fred's paranoia is so extreme that he finds it hard to function in society. The Axes II and V, DSM-IV-TR diagnoses for these two individuals would be - - - - - and - - - - - respectively.

- 1 exactly the same, Julius will be rated higher than Fred
- 2 categorically different, Julius' diagnosis will involve less psychosocial and environmental stressors than Fred's
- 3 in the same category but reflect the different levels of pathology, Fred will receive a rating higher than Julius
- 4 in the same category but with different specifiers, Julius will receive an acute rating and Fred a chronic rating

Read the following case study and answer questions 39 and 40

Kefilwe has difficulty maintaining relationships because she goes back and forth from being a best friend to hating people in her life quite often. Her romantic relationships are always characterised by incredible loving passion alternating with episodes of horrible fighting, and sometimes she becomes violent. At times Kefilwe becomes so upset that she cuts herself and reports that this makes her feel better emotionally. A few times she had to be rushed to the hospital to receive stitches for these cuts.

Question 39

According to the DSM-IV-TR classification system, Kefilwe most likely suffers from a - - - - - Personality Disorder

- 1 Dependent
- 2 Histrionic
- 3 Borderline
- 4 Narcissistic

Question 40

Kefilwe's Personality Disorder will be diagnosed on Axis - - - - - and the fact that she cuts herself on Axis - - - - - of the DSM-IV-TR classification system

- 1 I, II
- 2 II, III
- 3 II, None
- 4 I, V

Question 41

Which of the following is **not** one of the defining characteristics of an Impulse Control Disorder?

- 1 Failure to resist the impulse, drive or temptation to engage in an act harmful to the person or to others
- 2 A sense of mounting arousal or tension before the act is committed
- 3 A sense of pleasure, release or gratification when the act is committed
- 4 A ritualistic set of behaviours designed to diminish the feelings of guilt after the act is committed

[TURN OVER]

Please read the following and answer questions 42, 43 and 44

Jeff lives in the townships with his mother and sister. In the mornings during the week instead of going to school, he will join his friends to smoke and use drugs. Jeff uses a local drug called Nyaope.

Question 42

What is the classification of the South African substance Nyaope?

- 1 Hallucinogens and depressant
- 2 Stimulants and depressant
- 3 Hallucinogen and stimulant
- 4 None of the above

Question 43

Nyaope is primarily a combination of - - - - -

- 1 Marijuana and ecstasy or tik
- 2 Dagga and heroin or mandrax
- 3 Heroin and mandrax or ecstasy
- 4 Tik and glue or LSD

Question 44

What are some of the symptoms associated with long term use of Nyaope?

- 1 Pulmonary complications
- 2 Lung problems
- 3 Liver and kidney damage
- 4 All of the above

[TURN OVER]

Read the following case study and answer questions 45, 46 and 47

When 21-year-old Byron was first diagnosed with a mental disorder, his family wanted to know if and how the disorder would progress and how it would affect him in the future. He was then sent to a mental institution, where he was medically treated under supervision of a psychiatrist. Two months later, Byron was symptom free and he was discharged and went back home. However, a month later the symptoms reappeared and he was again sent to the mental institution for further treatment. After Byron recovered from his abnormal behaviour, he moved into his own flat and began to work at a fast food outlet. Now aged 25, he left his home town to live and work in the UK. Subsequently, at the age of 21 years, Byron's younger sister has now also been diagnosed with the same mental disorder Byron was diagnosed with when he was 21 years old. This time, the family was assisted by a different mental health practitioner, who explained to them that the whole family needed treatment.

Question 45

According to the medical approach the fact that Byron's family wanted to know if and how his disorder would progress and how it would affect him in the future means they wanted to know Byron's - - - - -

- 1 pathology
- 2 prognosis
- 3 psychosocial profile
- 4 diagnosis

Question 46

Byron became symptom free after being in the institution for two months but his symptoms reappeared a month after he was sent home, therefore it appears that Byron's family environment has an exacerbating effect on the disorder. Which one of the following is a plausible conclusion for this occurrence?

- 1 Psychopathology is linked to genetic inheritance and heavily influenced by it
- 2 Byron's mental disorder can only be understood by applying the principle of ego defence mechanisms to his family's functioning
- 3 Byron's mental disorder can only be understood by applying the principle of nonsummativity to understand his family's functioning
- 4 Byron's diagnosis of a mental disorder has the consequence that he will never be able to function as well as individuals who has never received a diagnosis of a mental disorder

Question 47

Which alternative do you think is the **most** plausible explanation for the proposed family dysfunction of Byron's family with regard to **entropy and negentropy in the family system**?

- 1 Reciprocal communication patterns and appropriate feedback
- 2 An open or closed system and homeostasis or morphogenesis
- 3 Too much or too little information
- 4 Enmeshed roles and rigid boundaries

[TURN OVER]

Read the following case study and answer questions 48, 49 and 50

Stephanie - a university student – attended a party with a few of her classmates. The evening was enjoyable and at some point Stephanie's friends noticed her talking to a man before disappearing from the party for a couple of hours. When she returned her friends noticed that she was upset about something. A few days later she revealed to her friends that the man she was talking to, Harry, forced her to have sex with him even though she said "NO". Initially she kept the incident quiet as she was confused about what really happened as Harry did not injure her in any other way. Three weeks after the incident with Harry at the house party, Stephanie feels anxiety when going out with her friends and avoids nightclubs and parties altogether. She has been blaming herself for what happened.

On investigation it came to light that according to Harry's facebook profile, he plays rugby for the university and actively attends university social events. In conversation with some of his old girlfriends he was described as a "player" (someone who is always hitting on a different women), being manipulative and often tried to coerce vulnerable girls into situations where he could be alone with them. On one or two occasions he had apparently become very intimidating and forceful when the girls he 'hit' on at a party didn't want to pay him any attention.

Question 48

Stephanie's emotional reactions to social situations appear to be consistent with what phase of rape trauma syndrome?

- 1 Acute phase Regeneration
- 2 Anger phase Dissimulation
- 3 Acute phase Disorganisation
- 4 Acute phase Reorganisation

Question 49

Why does the incident qualify as rape?

- 1 Stephanie said she was raped and she wouldn't lie
- 2 Despite the fact that Stephanie did not agree and did not want to have sex with Harry he forced her into having sex
- 3 Stephanie's silence due to her confusion about the incident indicates she was raped
- 4 Harry actively attends university social events and has a history as being a player which indicates he is guilty of raping Stephanie

Question 50

If Harry were to be found guilty of rape, he will most likely be considered a - - - - given the information we have about him

- 1 anger rapist
- 2 sadistic rapist
- 3 normal sexually active university student
- 4 power rapist

[TURN OVER]

Read the following and then answer questions 51 and 52

Gwen has always liked to dress in high heels and short skirts even though she was born male. She feels empowered to tell people the exact date that Dr Troy and McNamara helped her to leave her old life as John forever. Unfortunately, Gwen's girlfriend, Jane, is unhappy about the sex reassignment procedure and feels that their relationship of many years is now strained and in danger of coming to an end.

Question 51

Taking into account the recent physical changes Gwen has undergone, what is the sexual orientation of Gwen?

- 1 Heterosexual
- 2 Bisexual
- 3 Homosexual
- 4 Transsexual

Question 52

Considering the above description, what diagnosis would John have received prior to his gender reassignment surgery?

- 1 Transvestic fetishism
- 2 Sexual Aversion Disorder
- 3 Gender Identity Disorder
- 4 Homosexuality

Question 53

In which one of the following disorders is physical contact with an unsuspecting person, the primary means of sexual gratification?

- 1 Exhibitionism
- 2 Voyeurism
- 3 Frotteurism
- 4 Fetishism

[TURN OVER]

Read the following synopsis and then answer questions 54, 55, 56 and 57

The following information is known regarding the life of Victor who was diagnosed with Paranoid Schizophrenia

- a Victor was 12 years old when he was diagnosed with Schizophrenia
- b Victor's parents migrated to South Africa from rural Zimbabwe in search of work just after Victor's birth
- c The family has been living in poverty in an informal settlement since arriving in Johannesburg
- d Victor's mother suffered from amafufunyane
- e Victor's mother tried to abort Victor by drinking poison
- f Victor's father was a strict, critical and emotionally cold father
- g Victor's father openly resented him for being born
- h Victor believed himself to be worthless and maintained a pessimistic and hopeless view of his life
- i Victor often witnessed his father abuse his mother
- j When Victor was four years old, Victor's father killed his mother in front of him by hitting her with a brick
- k During this incident Victor sustained a serious brain injury when he tried to help his mother
- l Victor has been smoking dagga regularly since childhood

Question 54

Which one of the above statements indicates factors related to the social dimension in the development of Victor's diagnosis of Schizophrenia according to the Multipath Model?

- 1 f, g, i and j
- 2 d, g, h and k
- 3 c, f, i and k
- 4 b, c, d, and e

Question 55

Which one of the above statements indicates factors related to the psychological dimension in the development of Victor's diagnosis of Schizophrenia according to the Multipath Model?

- 1 d, f, h and j
- 2 a, d, g and i
- 3 h, i, j and l
- 4 c, e, f and j

Question 56

Which one of the following statements **does not** describe the possible relationship between Victor's abuse of dagga and the development of his Schizophrenia?

- 1 The chronic abuse of dagga most likely resulted (at least partly) in the development of Victor's Schizophrenia
- 2 Because Victor had a predisposition for developing Schizophrenia he also had a higher risk for abusing dagga
- 3 Victor most likely was self-medicating with dagga to alleviate the symptoms of his Schizophrenia
- 4 The regular smoking of dagga increases the level of dopamine in the brain with the result that it in effect alleviates the active phase symptoms of Schizophrenia

[TURN OVER]

Question 57

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

- 1 Social withdrawal and isolation
- 2 Disorganised speech and behaviour
- 3 Paranoid delusions and hallucinations
- 4 Emotional numbness with flat and inappropriate affect

Question 58

Choose the alternative that contains the correct statement regarding the specific biological dimension factor and its hypothesised influence in the etiology of Schizophrenia according to the Multipath Model

- 1 Endophenotypes are the genes that have been identified as causing Schizophrenia by resulting in an excess of dopamine activity in certain synaptic sites
- 2 Abnormal neurotransmitter availability results in weaker or dysfunctional connectivity between the different areas of the brain resulting in smaller brain structures (e.g. hippocampal, prefrontal and orbitofrontal cortices) in individuals with Schizophrenia
- 3 Abnormal neurostructures, such as enlarged ventricles, serve as quantifiable, heritable, trait-related characteristics hypothesised to underlie the impairment in traits such as working memory, executive functions and sustained attention present in Schizophrenia
- 4 The fact that the concordance rate for Schizophrenia is lower than 50 percent indicates that genetic inheritance is the primary etiological factor

Read the following short case study and answer questions 59, 60, 61 and 62

Over the past two years Nomsa, a 61 year old retired medical doctor, has gradually been manifesting various symptoms. She has been finding it increasingly difficult to learn new information or to recall already learned information. She tries her utmost to hide these difficulties from her family but this is getting increasingly more difficult as she is also starting to experience other difficulties such as problems with sustaining attention and formulating and completing different plans and everyday tasks. These symptoms have started to affect her level of functioning and seem to be worse later in the day or when she is feeling tired. When her family comments on her difficulties she makes excuses that aim to minimise her symptoms or to ascribe it to other reasons such as that she thinks it might be a side-effect of the hypertension medication that the doctor prescribed for her and which she has been taking for the first time in her life during the past three months. Nomsa eventually consults the psychologist working at the clinic at the retirement village where she resides.

Question 59

Given Nomsa's symptom presentation the psychologist is most likely going to consider all but **one** of the following factors/conditions as important in evaluating Nomsa's symptoms with the aim of making a DSM-IV-TR Axis I diagnosis. Choose the condition the psychologist would not even consider.

- 1 Major Depressive Disorder
- 2 Mental Retardation
- 3 Delirium due to the side-effects of the hypertension medication
- 4 Cognitive impairment associated with normal aging

[TURN OVER]

Question 60

To arrive at the correct DSM-IV-TR diagnosis for Nomsa's condition, it is important for the psychologist to differentiate between the cognitive symptoms possibly produced by the side-effects of the medication, the presence of a depressive disorder, Dementia of the Alzheimer's type and symptoms due to cognitive impairment associated with normal aging. Choose the alternative that contains the correct differentiating considerations.

- 1 Nomsa is too young to be considered for Alzheimer's dementia and therefore her symptoms should be ascribed to the side-effects of her medication as this is a new medication she is using for the first time in her life
- 2 Nomsa is already 61 years old and therefore her cognitive abilities can be expected to be impaired to the extent that it will impair her level of functioning and therefore both Major Depressive Disorder and Alzheimer's Dementia is excluded as possible diagnoses
- 3 Nomsa has not undergone an MRI scan or brain biopsy and therefore the possibility of her symptoms being due to Alzheimer's disease can be excluded
- 4 The fact that Nomsa's symptoms are worse in the afternoon or when she is tired, that she attempts to hide her difficulties from her family and tries to minimise her symptoms when asked about them, indicates that her symptoms are most likely due to the possible presence of a dementia instead of a Major Depressive Disorder

Question 61

Which of the following symptoms does Nomsa manifest given the available information in the case study?

- 1 Memory impairment and confusion
- 2 Psychomotor retardation and executive dysfunction
- 3 Confusion and psychomotor retardation
- 4 Executive dysfunction and memory impairment

Question 62

Suppose the psychologist now refers Nomsa for a brain scan and the results indicate that brain atrophy is present. Given this fact and the accompanying symptoms discussed above, which one of the following DSM-IV-TR diagnoses will the psychologist most likely make in Nomsa's case?

- 1 Alzheimer's Dementia, early onset, without behavioural disturbance
- 2 Major Depressive Disorder, chronic, severe with behavioural features
- 3 Delirium due to side-effects of the hypertension medication
- 4 Vascular Dementia with Depressed Mood

Question 63

Giona is unable to process visual information in a way that makes sense. Although her eyes work fine and the visual areas in her occipital brain lobes function normally, her brain processes the visual material in a fragmented manner so she is unable to make any sense out of what she is seeing. Giona is suffering from -----

- 1 Pick's disease
- 2 Wernicke's syndrome
- 3 agnosia
- 4 apraxia

[TURN OVER]

Question 64

In diagnosing Attention-Deficit Hyperactivity Disorder predominantly inattentive type, the following symptom is characteristic

- 1 blurts out answers before questions have been completed
- 2 has difficulty awaiting one's turn
- 3 distractibility and inattention to detail
- 4 leaves one's seat in a classroom without permission

Question 65

An Oppositional Defiant Disorder is a - - - - Disorder and it is indicated on Axis - - - - of the DSM-IV-TR classification system

- 1 Personality, II
- 2 Learning, I
- 3 Disruptive Behaviour, I
- 4 Pervasive Developmental, II

Question 66

Christine has been diagnosed with Mental Retardation. She has minimal sensor-motor functioning and needs nursing care. She knows only basic emotional responses and has limited speech. She walks and responds to skills training in the use of her legs, hands and jaw. She is incapable of self-maintenance and has an IQ of 14.

Her level of retardation is best classified according to the DSM-IV-TR classification system as - - - - -

- 1 Mild
- 2 Moderate
- 3 Serious
- 4 Profound

Question 67

Jerry is a 5 year old who was diagnosed with Asperger's Disorder. He started a peculiar habit of walking around with his hands on his thighs and feels a compulsion to make a popping sound during interactions with people particularly in response to their questions. Even though Jerry speaks fluently at times and maintains eye contact he insists on rather making strange meaningless noises during social interactions, which makes others feel uncomfortable in his presence.

Which one of Jerry's behaviours **does not** fit the DSM-IV-TR diagnostic criteria for Asperger's Disorder

- 1 Walking with his hands on his thighs
- 2 Making popping noises when interacting with people
- 3 Verbal fluency
- 4 Maintaining eye contact

[TURN OVER]

Read the following short case study and answer questions 68 and 69

Before attending school Jill was a happy and content child with healthy interpersonal relationships relative to her age. Her problem started when she turned 7 and started attending grade one. Since day one school attendance has been a problem for Jill. Her Mother says Jill often tells her that she hates leaving her to go to school and often refuses to get out of the car when she is dropped off. One day it appeared she didn't come to school but it turned out she was hiding in the girls' locker room. Her parents decided to take her to a doctor after the second time she urinated in the car while being dropped off at school. The Doctor couldn't find a physical explanation for Jill's urination so he referred them to a psychologist.

Question 68

What DSM-IV-TR diagnosis on Axis I did the psychologist most likely give Jill?

- 1 Axis I Encopresis
- 2 Axis I Enuresis
- 3 Axis I Separation Anxiety Disorder
- 4 Axis I Reactive Attachment Disorder

Question 69

The psychologist initially considered Enuresis as a diagnosis but later disregarded this. Was his assertion correct?

- 1 Correct because Jill inappropriately voided in the car
- 2 Incorrect because a diagnosis can only be made after 3 months
- 3 Correct because Jill was not fearful or apprehensive of controlling her bladder
- 4 Incorrect because the doctor couldn't find evidence of laxatives in her urine

Question 70

Tolerance for a substance can be seen when - - - - -

- 1 repeated consumption of the same amount of the substance produces diminishing effects
- 2 significant others are more and more accepting of a substance user's problem
- 3 the substance user experiences shaking and irritability after he stops using the substance
- 4 increased dosage of the substance leads to stronger psychological effects

TOTAL: [90]
YEAR MARK: [10]
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
major impairment in several areas, such as work or school, family relations, judgement, thinking, or mood (eg
31 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
judgement (eg sometimes incoherent, behaviour grossly inappropriate, suicidal preoccupation) OR
21 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,
manic excitement) OR occasionally fails to maintain minimal personal hygiene (eg smears faeces)
11 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
 STUDE-EENHEID by PSY100-X

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

INITIALS AND SURNAME
 VOORLETTERS EN VAN

DATE OF EXAMINATION
 DATUM VAN EKSAMEN

PAPER NUMBER
 VRAESTELNOMMER

2

EXAMINATION CENTRE (E.G. PRETORIA)
 EKSAMENSENTRUM (BY PRETORIA)

5

STUDENT NUMBER
 STUDENTENOMMER

6	7	8	9	0
---	---	---	---	---

0) 0) 0) 0) 0) 0) 0) 0) 0) 0)
 1) 1) 1) 1) 1) 1) 1) 1) 1) 1)
 2) 2) 2) 2) 2) 2) 2) 2) 2) 2)
 3) 3) 3) 3) 3) 3) 3) 3) 3) 3)
 4) 4) 4) 4) 4) 4) 4) 4) 4) 4)
 5) 5) 5) 5) 5) 5) 5) 5) 5) 5)
 6) 6) 6) 6) 6) 6) 6) 6) 6) 6)
 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)
 8) 8) 8) 8) 8) 8) 8) 8) 8) 8)
 9) 9) 9) 9) 9) 9) 9) 9) 9) 9)

UNIQUE PAPER NO
 UNIEKE VRAESTEL NR

8	9	0
---	---	---

0) 0) 0) 0) 0) 0) 0) 0) 0) 0)
 1) 1) 1) 1) 1) 1) 1) 1) 1) 1)
 2) 2) 2) 2) 2) 2) 2) 2) 2) 2)
 3) 3) 3) 3) 3) 3) 3) 3) 3) 3)
 4) 4) 4) 4) 4) 4) 4) 4) 4) 4)
 5) 5) 5) 5) 5) 5) 5) 5) 5) 5)
 6) 6) 6) 6) 6) 6) 6) 6) 6) 6)
 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)
 8) 8) 8) 8) 8) 8) 8) 8) 8) 8)
 9) 9) 9) 9) 9) 9) 9) 9) 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

1	1) 2) 3) 4) 5)
2	1) 2) 3) 4) 5)
3	1) 2) 3) 4) 5)
4	1) 2) 3) 4) 5)
5	1) 2) 3) 4) 5)
6	1) 2) 3) 4) 5)
7	1) 2) 3) 4) 5)
8	1) 2) 3) 4) 5)
9	1) 2) 3) 4) 5)
10	1) 2) 3) 4) 5)
11	1) 2) 3) 4) 5)
12	1) 2) 3) 4) 5)
13	1) 2) 3) 4) 5)
14	1) 2) 3) 4) 5)
15	1) 2) 3) 4) 5)
16	1) 2) 3) 4) 5)
17	1) 2) 3) 4) 5)
18	1) 2) 3) 4) 5)
19	1) 2) 3) 4) 5)
20	1) 2) 3) 4) 5)
21	1) 2) 3) 4) 5)
22	1) 2) 3) 4) 5)
23	1) 2) 3) 4) 5)
24	1) 2) 3) 4) 5)
25	1) 2) 3) 4) 5)
26	1) 2) 3) 4) 5)
27	1) 2) 3) 4) 5)
28	1) 2) 3) 4) 5)
29	1) 2) 3) 4) 5)
30	1) 2) 3) 4) 5)
31	1) 2) 3) 4) 5)
32	1) 2) 3) 4) 5)
33	1) 2) 3) 4) 5)
34	1) 2) 3) 4) 5)
35	1) 2) 3) 4) 5)

10

36	1) 2) 3) 4) 5)
37	1) 2) 3) 4) 5)
38	1) 2) 3) 4) 5)
39	1) 2) 3) 4) 5)
40	1) 2) 3) 4) 5)
41	1) 2) 3) 4) 5)
42	1) 2) 3) 4) 5)
43	1) 2) 3) 4) 5)
44	1) 2) 3) 4) 5)
45	1) 2) 3) 4) 5)
46	1) 2) 3) 4) 5)
47	1) 2) 3) 4) 5)
48	1) 2) 3) 4) 5)
49	1) 2) 3) 4) 5)
50	1) 2) 3) 4) 5)
51	1) 2) 3) 4) 5)
52	1) 2) 3) 4) 5)
53	1) 2) 3) 4) 5)
54	1) 2) 3) 4) 5)
55	1) 2) 3) 4) 5)
56	1) 2) 3) 4) 5)
57	1) 2) 3) 4) 5)
58	1) 2) 3) 4) 5)
59	1) 2) 3) 4) 5)
60	1) 2) 3) 4) 5)
61	1) 2) 3) 4) 5)
62	1) 2) 3) 4) 5)
63	1) 2) 3) 4) 5)
64	1) 2) 3) 4) 5)
65	1) 2) 3) 4) 5)
66	1) 2) 3) 4) 5)
67	1) 2) 3) 4) 5)
68	1) 2) 3) 4) 5)
69	1) 2) 3) 4) 5)
70	1) 2) 3) 4) 5)

71	1) 2) 3) 4) 5)
72	1) 2) 3) 4) 5)
73	1) 2) 3) 4) 5)
74	1) 2) 3) 4) 5)
75	1) 2) 3) 4) 5)
76	1) 2) 3) 4) 5)
77	1) 2) 3) 4) 5)
78	1) 2) 3) 4) 5)
79	1) 2) 3) 4) 5)
80	1) 2) 3) 4) 5)
81	1) 2) 3) 4) 5)
82	1) 2) 3) 4) 5)
83	1) 2) 3) 4) 5)
84	1) 2) 3) 4) 5)
85	1) 2) 3) 4) 5)
86	1) 2) 3) 4) 5)
87	1) 2) 3) 4) 5)
88	1) 2) 3) 4) 5)
89	1) 2) 3) 4) 5)
90	1) 2) 3) 4) 5)
91	1) 2) 3) 4) 5)
92	1) 2) 3) 4) 5)
93	1) 2) 3) 4) 5)
94	1) 2) 3) 4) 5)
95	1) 2) 3) 4) 5)
96	1) 2) 3) 4) 5)
97	1) 2) 3) 4) 5)
98	1) 2) 3) 4) 5)
99	1) 2) 3) 4) 5)
100	1) 2) 3) 4) 5)
101	1) 2) 3) 4) 5)
102	1) 2) 3) 4) 5)
103	1) 2) 3) 4) 5)
104	1) 2) 3) 4) 5)
105	1) 2) 3) 4) 5)

106	1) 2) 3) 4) 5)
107	1) 2) 3) 4) 5)
108	1) 2) 3) 4) 5)
109	1) 2) 3) 4) 5)
110	1) 2) 3) 4) 5)
111	1) 2) 3) 4) 5)
112	1) 2) 3) 4) 5)
113	1) 2) 3) 4) 5)
114	1) 2) 3) 4) 5)
115	1) 2) 3) 4) 5)
116	1) 2) 3) 4) 5)
117	1) 2) 3) 4) 5)
118	1) 2) 3) 4) 5)
119	1) 2) 3) 4) 5)
120	1) 2) 3) 4) 5)
121	1) 2) 3) 4) 5)
122	1) 2) 3) 4) 5)
123	1) 2) 3) 4) 5)
124	1) 2) 3) 4) 5)
125	1) 2) 3) 4) 5)
126	1) 2) 3) 4) 5)
127	1) 2) 3) 4) 5)
128	1) 2) 3) 4) 5)
129	1) 2) 3) 4) 5)
130	1) 2) 3) 4) 5)
131	1) 2) 3) 4) 5)
132	1) 2) 3) 4) 5)
133	1) 2) 3) 4) 5)
134	1) 2) 3) 4) 5)
135	1) 2) 3) 4) 5)
136	1) 2) 3) 4) 5)
137	1) 2) 3) 4) 5)
138	1) 2) 3) 4) 5)
139	1) 2) 3) 4) 5)
140	1) 2) 3) 4) 5)

Specimen only