

PYC3702 Abnormal Behaviour and Mental Health Exams

This document is a compilation of UNISA Exam Questions and Answers

Answers are motivated by a combination of:

- References
- Short summaries/reasoning regarding the relevant topic(s) in question. (Incorrect options are also marked where applicable, in order to identify and disregard red-herring alternatives)

Assignments covered are:

- 2016 May-June
- 2016 October-November
- 2017 May-June
- 2017 October-November

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May/June 2016

QUESTION 1

In class, Professor Bell defines ___ as the view adopted by a person that regards symptoms of mental disorders as the same in all cultures and societies.

- 1) Ukuthwasa
- 2) Cultural relativism
- 3) Cultural-bound syndrome
- 4) Cultural-universality

Answer: The correct answer is (4)

Refer: TL501, pg. 35

Reasoning:

- Cultural universality (option 4) refers to behavior being similar across cultures, and in contrast
- Cultural relativity (option 2) refers to behavior being understood differently according to each culture.
- Ukuthwasa (option 1) according to the traditional African perspective refers to a “creative illness” following a calling by the ancestral spirits to become a diviner (isangoma).

QUESTION 2

Which assumption about the development of mental disorders is not accurate according to the underlying principles of the Multipath Model?

- 1) No one theory is adequate to explain the development of mental disorders.
- 2) All four dimensions of the model contribute equally to the aetiology of mental disorders.
- 3) Psychological and biological assets can help protect individuals from the development of mental disorders.
- 4) The model acknowledges that aetiological factors combine in reciprocal ways in the development of mental disorders.

Answer: The correct answer is (2)

Refer: Sue et al., pg. 36

Reasoning: According to the Multipath Model, abnormal behaviour can very seldom be explained in full by one theoretical model. The Multipath Model proposes the consideration of combinations of interacting biological, psychological, social and sociocultural factors in explaining abnormal behaviour.

QUESTION 3

Bina, normally an energetic and optimally coping mother of three young children, recently became unable to go shopping, prepare meals, or even dress her children. Bina’s current unusual behavior illustrates Sue et al’s (2016) practical definition of abnormality called ___.

- 1) disorientation
- 2) distress
- 3) dysfunction
- 4) deviance

Answer: The correct answer is (3)

Refer: Sue et al., pg. 9

Reasoning: Four major means of judging psychopathology include distress, deviance, dysfunction, and dangerousness.

One way to assess dysfunction is to compare an individual’s performance with the requirements of a role he is expected to fulfil. Another way to assess dysfunction is to compare and individual’s performance with his/her potential.

QUESTION 4

A psychologist says, "There are certain mental disorders for which we can find little evidence of brain pathology." This psychologist's statement reflects a/n ___ viewpoint.

- 1) Organic
- 2) Biogenic
- 3) Humanistic
- 4) Psychological

Answer: The correct answer is (1)

Refer: Sue et al., pp. 30-31

Reasoning: The biological, or organic, viewpoint holds that mental disorders are the result of physiological damage/disease.

The psychological viewpoint (option 4) stresses an emotional basis for mental illness.

Read the following brief case study and answer questions 5, 6 and 7.

Since childhood, 22-year old Tshetlha, has always been a very sensitive and overly emotional individual, who has an intense fear of being rejected and humiliated. His fear is so overwhelming to the extent that he withdraws from social interactions and has recently declined a job promotion for fear of criticism from work colleagues. Although Tshetlha desires to have relationships with others and have an active social life, the fear of possible rejection leads him to withdraw from social relationships. He has admitted recently that he would like to have a relationship with a young woman who he knows from church and fantasizes about her as the ideal woman, however he is highly uncertain whether she would like him and thus he is very reluctant to take a risk and ask her out on a date as he anticipates that he will experience unbearable feelings of inadequacy if she refuses to go out with him.

According to his adoptive mother, Mrs. Swanepoel reported that she has raise Tshetlha as her own as his biological mother who was the family domestic worker disappeared when he was only 5 years old. Throughout his life, Mrs. Swanepoel did not see the need to perform any traditional rituals for Tshetlha during the different phases in his life in line with African traditional customs, instead he was raised within Western Cultural practices. When Tshetlha graduated from university he experienced a spade of bad luck which the family gardener. Mr Pitso attributed to the fact that the necessary African rituals were not performed and as a result he remained vulnerable to the different life adversities as his ancestors did not know him.

However, Mrs. Swanepoel strongly believes that Tshetlha only needs to consult with a psychologist in order to assist him with his interpersonal difficulties. According to Mr. Pitso, his recollection of Tshetlha's father, also like Tshetlha, was a loner who kept mostly to himself and people always said that he was socially inept in other people's company.

QUESTION 5

From an African perspective, the gardener, Mr. Pitso's explanation on the cause of Tshetlha's significant interpersonal difficulties can be viewed as ___.

- 1) a form of depersonalization
- 2) bad spell from sorcerers who are against his family
- 3) Amafufunyane
- 4) "Go latlha Maseko"/ukulatlha amasiko

Answer: The correct answer is (4)

Refer: TL501, pg. 40

Reasoning: Go latlha maseko/setso (Sesotho) or ukulatlha amasikoin (isiZulu) is the failure to perform the traditional practices. For example, due to western influence, people might not believe in African rituals. This might anger the ancestors who will cause ill-health or other types of problems in a person's life, and therefore the correct option.

Amafunfunyane is an example of an illness which is a form of spirit possession said to be primarily due to witchcraft or sorcery.

QUESTION 6

If Tshetlha was to consult a Western-trained psychologist and a sangoma, which one of the following statements most accurately reflects their different understandings of Tshetlha’s abnormal behavior?

- 1) According to the psychologist, Tshetlha is presenting with a specific type of Personality Disorder, while the sangoma understands the cause of Tshetlha’s abnormal behaviour as resulting from a failure to practice traditional African practices.
- 2) Tshetlha’s psychologist believes that the cause of his abnormal behavior due to the stress of being a recent graduate, similarly the sangoma agrees with this explanation and thinks that Tshetlha must take the psychologist’s advice and to anticipate that once he settles into young adulthood his interpersonal difficulties will no longer be a cause for concern.
- 3) The psychologist believes that the cause of Tshetlha’s illness could be explained in terms of his family interpersonal dynamics, whereas the sangoma emphasizes Tshetlha’s intrapsychic dynamics in her causal explanation.
- 4) The psychologist believes that Tshetlha is not personally responsible for his illness as he was born that way, however, the sangoma viewed Tshetlha as personally responsible for the cause of his abnormal behavior as he must have upset ancestors for him to develop this type of behavior.

Answer: The correct answer is (1)

Refer: TL501, pg. 40

Reasoning: Go latlha maseko/setso (Sesotho) or ukulatlha amasikoin (isiZulu) is the failure to perform the traditional practices. For example, due to western influence, people might not believe in African rituals. This might anger the ancestors who will cause ill-health or other types of problems in a person’s life.

Option 4 is incorrect since it is untrue that psychologists believes that people with personality disorders are necessarily “born that way”. The multipath model lists psychological, social and sociocultural factors together with biological factors.

QUESTION 7

If the psychologist was to diagnose Tshetlha according to the DSM-5 classification system, he would most likely receive a diagnosis of ___?

- 1) Avoidant Personality Disorder
- 2) Paranoid Personality Disorder
- 3) Social Anxiety Disorder
- 4) Adjustment Disorder with anxiety

Answer: The correct answer is (1)

Refer: Sue et al., pg. 134

Reasoning: Social Anxiety Disorder (option 3) is characterized by an irrational fear of being scrutinized/judged by others; extreme self-consciousness in social situations. Exposure to feared stimulus produces intense fear or panic attacks. Avoidance responses are almost always present. Anxiety dissipates when phobic situation is not being confronted.

Avoidant Personality Disorder (option 1) is a pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. Avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection
2. Is unwilling to get involved with people unless certain of being liked
3. Shows restraint within intimate relationships because of the fear of being shamed or ridiculed

4. Is preoccupied with being criticized or rejected in social situations
5. Is inhibited in new interpersonal situations because of feelings of inadequacy
6. Views self as socially inept, personally unappealing, or inferior to others
7. Is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing.

People with Avoidant PD does not desire to be alone. They want an active social life, but fear social contact. Primary defense mechanism: fantasy.

QUESTION 8

Which one of the statements is a key assumption of the African worldview of humankind?

- 1) A holistic sense of interconnectedness between humans, God and nature, where humans are the centre of the universe from which all can be understood and explained.
- 2) The focus on individuals in terms of their uniqueness as humans, and their development in terms of optimal or pathological functioning.
- 3) Rootedness in the past, staying in the natural rhythm with time, and that there is no need to over focus on the future as it is still to be lived.
- 4) The human is complete, separate psychological entity who is the centre of his or her subjective universe.

Answer: The correct answer is (3)

Refer: TL501, pg. 29

Reasoning: Option 1 is incorrect since humans are not the centre of the universe in the African worldview.

Option 2 is incorrect as the focus is on community, and not on the individual.

Option 4 is incorrect, as the human is incomplete without nature, each other, God and the ancestors according to the African worldview

QUESTION 9

According to the African perspective, which one of the following statements describes the phenomenon of “sefifi” as ___?

- 1) Sent by malicious people
- 2) Regarded as a form of spirit possession
- 3) Bad luck which can only be removed through a cleansing ritual
- 4) Improper carrying out of traditional cleansing practices

Answer: The correct answer is (3)

Refer: TL501, pg. 40

Reasoning: A widow is regarded as contagious as she has “senyama” or “sefifi” which means bad luck due her husband’s death. The bad luck can be cured if the widow and the youngest child in the family are cleansed by bathing with a herb concoction as recommended by a traditional healer after the death of her husband.

A person who is menstruating or who had sex that day is also regarded as having “sefifi”. Such people are not allowed to enter the same room as a new-born baby or a sick person because they might pass their bad luck or illness to the baby or aggravate the condition of the sick person.

QUESTION 10

Angus, 40 years old, lives alone and works from home as a computer programmer. Since a young age, his entire life revolves around computers and he has never felt the need for an intimate relationship. He prefers not to interact with other people and with the help of the Internet he completes most of his errands and activities without leaving his house. When he is forced to go to his company’s offices for meetings, he feels uneasy and tries to make these meetings as short as possible, never staying to chat with his colleagues afterwards. Angus is indifferent to the praise of his colleagues regarding his exceptional programming abilities.

According to the DSM-5 classification system, Angus will most likely be diagnosed with ___?

- 1) Avoidant Personality Disorder
- 2) Schizoid Personality Disorder
- 3) Anti-social Personality Disorder
- 4) Panic Disorder with Agoraphobia

Answer: The correct answer is (2)

Refer: Sue et al., pg. 472

Reasoning: People with Avoidant Personality Disorder (option 1) does not desire to be alone. They want an active social life, but fear social contact. Therefore option 1 is incorrect.

The DSM-5 diagnostic criteria for Schizoid Personality Disorder (option 2) is:

Pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. Neither desires nor enjoys close relationships, including being part of a family
2. Almost always chooses solitary activities
3. Has little, if any, interest in having sexual experiences with another person
4. Takes pleasure in few, if any, activities
5. Lacks close friends or confidants other than first-degree relatives
6. Appears indifferent to the praise or criticism of others
7. Shows emotional coldness, detachment, or flattened affectivity

QUESTION 11

A diagnosis of an Anxiety Disorder according to the DSM-5 classification system is considered when

_____.

- 1) symptoms of anxiety activate proactive behavior
- 2) signs of avoidance are present in fear-provoking contexts
- 3) the anxiety symptoms are mild, causing fleeting uneasiness
- 4) the anxiety symptoms interfere with everyday functioning and well-being

Answer: The correct answer is (4)

Refer: Sue et al., pg. 138

Reasoning: The anxiety, worry, or physical symptoms must cause clinical significant distress and/or impairment in social, occupational, or other important areas of functioning in order to be classified according to the DSM-5.

Read the following case study and then answer questions 12 and 13

Simba Chirebvu is a 23-year old Zimbabwean working as an articles clerk at a big law firm in South Africa. During his limited visits home, he barely responds to his mother's attempts at finding out how he has been coping in South Africa. He only responds in short answers such as "it is nobody's business."

His mother noticed that her son became very upset with the store clerk, who according to Simba, deliberately brought him shoes to try on which did not fit him. When Simba's mother confronted her son about his behavior, he declared that, "I am not hostile. The store clerk is."

Simba told his mother that he is considering not going back to South Africa in the new year because he is convinced that there are people in the law firm who are trying to exploit and harm him. He is also certain that his two-month relationship is doomed because his girlfriend turned down his invitation to accompany him to visit his family in Zimbabwe. Subsequently, he is now convinced his girlfriend is cheating on him.

According to his mother, Simba even as a child has always been suspicious of other's intentions and became easily jealous when his previous girlfriends spoke with other male peers. She has continually noticed that Simba does not easily trust others and once offended, continues to hold grudges.

QUESTION 12

Which one of the following DSM-5 diagnosis would a psychologist consider in Simba's case?

- 1) Obsessive Compulsive Disorder
- 2) Delusional Disorder, Jealous Type
- 3) Paranoid Personality Disorder
- 4) Borderline Personality Disorder

Answer: The correct answer is (3)

Refer: Sue et al., pp. 171-173

Reasoning: Paranoid Personality Disorder is characterized by a pervasive distrust and suspiciousness of others such as that their motives are interpreted as malevolent, beginning early adulthood and present in a variety of contexts,

QUESTION 13

A psychodynamic therapist noticed that Simba was predominantly using ___ as a defense mechanism to deal with his hostile feelings in his interpersonal relationships.

- 1) aggression
- 2) projection
- 3) displacement
- 4) sublimation

Answer: The correct answer is (2)

Refer: Sue et al., pg. 52

Reasoning: Projection is distancing oneself from unwanted desires or thoughts by attributing them to others.

QUESTION 14

A psychologist makes the following statement regarding a client diagnosed with Antisocial Personality Disorder. "The client appears to have an inborn temperament towards aggressiveness, sensation-seeking, impulsivity and a disregard for others." The psychologist is referring to the ___ dimension of the aetiology of Antisocial Personality Disorder according to the Multipath Model, with specific reference to ___.

- 1) biological; genetic influences
- 2) psychological; autonomic nervous system abnormalities
- 3) social; gender influences
- 4) sociocultural; faulty superego development

Answer: The correct answer is (1)

Refer: Sue et al., pp. 487-489

Reasoning: The key-word is "inborn" – referring to genetic biological influences.

QUESTION 15

Which one of the following statements reflect the psychodynamic perspective of the psychological dimension of the Multipath Model's explanation of the development of Antisocial Personality Disorder?

- 1) Unconscious core beliefs such as that the world is hostile and other people are weak, influence the individual's behavior through the mechanism of the so-called 'predatory strategy'.
- 2) Delay or impeding of learning by inherent neurobiological characteristics of individuals who exhibit Antisocial Personality Disorder.
- 3) Faulty superego development which allows the id impulses that operate from the pleasure principle, to dominate the personality.

- 4) Lack of positive role models or the presence of poor role models, in developing prosocial behaviours.

Answer: The correct answer is (3)
Refer: Sue et al., pp. 489-491
Reasoning: Psychodynamic Perspectives state that: The psychopath's absence of guilt and frequent violation of moral and ethical standards are the result of faulty superego development. The ego develops adequately, but the personality is dominated by id impulses (pleasure principle). Psychopaths did not adequately identify with their parents and thus did not internalize the values and morals of society. Fixation may also have occurred.

QUESTION 16

Which one of the following characteristics does not fit in the description of Conduct Disorder?

- 1) Violent or aggressive behavior
- 2) Theft or deceit
- 3) Vandalism or damage to property
- 4) Angry, irritable mood

Answer: The correct answer is (4)
Refer: Sue et al., pg. 513
Reasoning: The categories listed in Conduct Disorder are: <ul style="list-style-type: none"> • Aggression to people and animals • Destruction of property • Deceitfulness or theft • Serious violations of rules

QUESTION 17

Which one of the following statements reflects the Multipath Model psychological dimension in relation to the aetiology of Conduct Disorder?

- 1) Aggressive behaviours are associated with harsh or inconsistent discipline from parents
- 2) Antisocial behaviours are linked with deficits in social information processing
- 3) Early maternal rejection has been associated with disruptive behavior in children
- 4) Large family size and/or overcrowding in the home leads to conduct disorders in children

Answer: The correct answer is (2)
Refer: Sue et al., pg. 515
Reasoning: Biological factors exert the greatest influence on the development of CD (Conduct Disorder). Aggressive behaviour has been linked to abnormal neural circuitry and resultant deficits in social information processing as well as reduced activity in the amygdala in stations associated with fear; these deficits may result in a decreased ability to learn from socializing punishment. <u>Disruptive</u> behaviour is associated with large families, marital breakdown, economic stress, crowded living conditions, harsh or inconsistent discipline, and maternal or peer rejection.

QUESTION 18

According to Sue et al (2016) which one of the following statements about suicide is incorrect?

- 1) A stable marriage or relationship makes suicide less likely
- 2) Females have higher rates of suicidal thoughts and suicide attempts
- 3) Suicides occur more frequently during the holiday season
- 4) One of the most consistently reported correlates of suicide behavior is alcohol consumption

Answer: The correct answer is (3)
Refer: Sue et al., pp. 283-285
Reasoning:

- The completed suicide rate for men is about 4 times that for women. Women are more likely to attempt suicide, but men are more successful because they use more lethal means. Therefore option 2 is true, and therefore eliminated.
- The lowest incidence of suicide is found among people who are married. A stable marriage or relationship makes suicide less likely. Therefore option 1 is true and therefore eliminated.
- One of the most consistently reported correlates of suicidal behavior is alcohol consumption (Ali et al., 2013; Soref, 2013). Therefore option 4 is true and eliminated as a possible answer.

Read the following case study carefully and then answer questions 19, 20, 21 and 22

For the past eight months, Emi has been experiencing continuous high levels of anxiety and worrisome thoughts about various aspects of her and her family member's lives. She constantly worries about her job, her finances, her family's safety and her children's future and the possibility that her two children might have inherited the same kind of intrusive worrisome thoughts and anxiety. Emi became relatively housebound as she is fearful that other people might notice her high levels of anxiety and inability to control it.

Although Emi realizes that her anxiety and time-consuming worries are excessive and have a negative impact on her productivity and interpersonal relationships, she cannot control them. She feels on edge and irritable and experiences problems falling and staying asleep in spite of the fact that she feels constantly tired and exhausted.

QUESTION 19

A clinical psychologist ruled out Obsessive-Compulsive Disorder (OCD) as a possible diagnosis. Identify the alternative that confers the correct reason why OCD was ruled out as a diagnosis in Emi's case.

- 1) Emi's intrusive worrying thoughts are about real-life concerns and are not linked to repetitive behaviours or mental acts.
- 2) Emi realizes that her worries and anxiety are excessive but cannot control them.
- 3) Emi's symptoms are causing her to experience significant distress.
- 4) The symptoms Emi is experiencing are time-consuming.

Answer: The correct answer is (1)

Refer: Sue et al., pg. 151

Reasoning: Options 2, 3 and 4 are characteristics of both OCD and GAS.

QUESTION 20

Given the information in the case study, Emi's behavior could be classified as -__ according to the DSM-5 classification system.

- 1) Agoraphobia
- 2) Specific Phobia
- 3) Generalised Anxiety Disorder
- 4) Social Anxiety Disorder (Social Phobia)

Answer: The correct answer is (3)

Refer: Sue et al., pg. 148

Reasoning:

Definition	Time Frame	Symptoms/Criteria
Excessive, uncontrollable and often irrational worry	<ul style="list-style-type: none"> 6 months Age of Onset: usually childhood or adolescence 	Three or more of the following symptoms: <ol style="list-style-type: none"> Restlessness – on edge Easily fatigued Difficulty concentrating – going blank Irritability Muscle tension Sleep disturbance Accompanied by symptoms such as vigilance, muscle tension, restlessness, edginess, and difficulty concentrating. <i>Gender and Cultural Factors:</i> Up to 2 times more prevalent in females.

QUESTION 21

Which of the following alternatives contains the incorrect information regarding the Multipath Model’s explanation of the aetiology of the disorder Emi is diagnosed with?

- Hereditary factors play a very strong role in the development of the disorder.
- An infant whose mother has anxiety symptoms and who is less responsive towards the infant is at greater risk to develop the disorder.
- Individuals with this disorder probably have incorrect beliefs regarding worry and assume that worry is an effective way to deal with problems.
- Stressful situations such as being the victim of bullying, poverty and poor housing may influence the development of this disorder.

Answer: The correct answer is (3)

Refer: Sue et al., pp. 149-150

Reasoning:

Multipath Model - Etiology of GAD (Generalized Anxiety Disorder)			
Biological	Psychological	Social	Socio-Cultural
Some genetic influence	Lower threshold for uncertainty	Lack of social network	Stressful or poor living conditions
Overactive fear network	Anxiety-evoking schemas	Separation or loss	Prejudice and discrimination
Abnormalities with GABA receptors	Use of worry as coping	Anxious or nonresponsive parents	Low socioeconomic status
	Worry about worrying	Peer conflicts and victimization	

QUESTION 22

A week after Emi’s consultation with the psychologist she had a huge fallout with her line manager during which he threatened to report her to the CEO of the company. During the encounter with her manager, Emi experienced intense symptoms of anxiety accompanied by feelings of choking and dizziness. Since that episode, Emi is terrified that she might experience another similar episode of intense anxiety. Would you ____.

- change the diagnosis to Panic Disorder?
- change the diagnosis to Acute Stress Disorder?
- add a secondary diagnosis of Adjustment Disorder with anxiety?
- add a secondary diagnosis of Other Problem Related to Employment?

Answer: The correct answer is (4)

Refer: Sue et al., pp.134, 166,167

Reasoning: A Panic Disorder is diagnosed when both 1) and 2) occur.

- 1) Recurrent unexpected panic attacks occur.
- 2) At least one of the panic attacks has been followed by one month (or more) of one (or more) of the following:
 - a) Persistent concern or worry about having additional attacks.
 - b) A significant change in behaviour related to the attack.
 - c) The disturbance is not attributable to the physiological effects of a substance or another medical condition.
 - d) d. The disturbance is not better explained by another mental disorder.

There is not enough evidence in the timeline that Emi's fear lasted for a month or more, therefore option 1 is eliminated.

- Acute Stress Disorder relates to an exposure to actual or threatened death, serious injury, or sexual violation, therefore option 2 is eliminated.
- Adjustment Disorder is the development of emotional or behavioural symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s) where the stress-related disturbance does not meet the criteria for another mental disorder *and is not merely an exacerbation of a pre-existing mental disorder.* Therefore option 3 is eliminated.

QUESTION 23

Sue has been diagnosed with Body Dysmorphic Disorder (BOD). In addition to her pre-occupation with the symmetry of her eyes, which one of the following behaviours would be most supportive of the diagnosis of BOD?

- 1) Sue asking everybody's opinion about the symmetry of her eyes.
- 2) Sue collecting and trying out hundreds of different types of eyeshadows and mascaras in an attempt to correct the perceived asymmetry of her eyes.
- 3) Recurrent plucking of her eyebrows which resulted in hair loss
- 4) Repetitive mirror checking in response to her preoccupation.

Answer: The correct answer is (4)

Refer: Sue et al., pg. 151

Reasoning: Symptoms of Body Dysmorphic Disorder include repetitive behaviors such as checking mirror, applying make-up to mask flaw, comparing to others.

QUESTION 24

The essential feature of Hoarding Disorder is persistent difficulty discarding items because of ____.

- a) Fatigue and loss of energy
- b) Delusions of grandeur
- c) A perceived need for the items
- d) Distress associated with giving or throwing the items away
- e) Intrusive obsessions

1) a and b

2) b and d

3) c and d

4) d and e

Answer: The correct answer is (3)

Refer: Sue et al., pg. 151

Reasoning:

Diagnostic Criteria for Hoarding Disorder
<p>A. Persistent difficulty discarding or parting with possessions, regardless of their actual value.</p> <p>B. This difficulty is due to a perceived need to save the items and to distress associated with discarding them.</p>

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

Each morning before Amy can leave her house, she feels driven to lock and unlock the three outer doors of her house seven times in a specific order before she can finally lock each door with the 15th turn of the key. Although her behavior is very time-consuming, Amy does not trust her memory and fears that she might leave her house open to housebreakers should she not perform these safety rituals.

QUESTION 25

According to the DSM-5 classification system, the diagnosis of ____ can be made in Amy's case.

- 1) Specific Phobia
- 2) Generalised Anxiety Disorder
- 3) Obsessive Compulsive Disorder
- 4) Delusional Disorder, Persecutory Type

Answer: The correct answer is (3)
Refer: Sue et al., pg. 151
<p>Reasoning: Presence of obsessions, compulsions, or both:</p> <p>Obsessions are defined by (1) and (2):</p> <ol style="list-style-type: none"> 1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress. 2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e. by performing a compulsion). <p>Compulsions are defined by (1) and (2):</p> <ol style="list-style-type: none"> 1. Repetitive behaviours (e.g. hand washing, ordering, checking) or mental acts (e.g. praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly. 2. The behaviours or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviours or mental acts are not connected in a realistic way with what they are designed to neutralise or prevent, or are clearly excessive.

QUESTION 26

Amy is demonstrating ____ as a cognitive characteristic of the disorder she is diagnosed with

- 1) morality bias
- 2) probability bias
- 3) confirmatory bias
- 4) disconfirmatory bias

Answer: The correct answer is (4)
Refer: Sue et al., pg. 158
<p>Reasoning: Individuals with OCD often have a disconfirmatory bias – that is, they search for evidence that might show that they failed to perform the ritual correctly.</p>

QUESTION 27

According to Sue et al (2016) research which one of the following statements is correct?

- 1) The elderly are considered as a high risk group for suicide
- 2) Victims of bullying are at a higher risk for suicide
- 3) Females are at a lower risk for completed suicide than men
- 4) Physicians and dentists have the lowest average rates of suicide

Answer: The correct answer is (2)

Refer: Sue et al., pp. 274-285

Reasoning:

- Physicians, lawyers, law enforcement personnel, and dentists have higher than average rates of suicide, therefore option 4 is incorrect.
- The completed suicide rate for men is about 4 times that for women. Women are more likely to attempt suicide, but men are more successful because they use more lethal means. Therefore option 3 seems correct, however, the fact that females does not succeed as easily as males, does not make the risk lower. Therefore option 3 is incorrect
- Suicide rates among older adults are high compared to the general population; indeed, suicide rates for elderly men are the highest for any age group (CDC, 2013)
- Victims of bullying are 2 – 9 times more likely to consider suicide than those not subjected to bullying.

QUESTION 28

Which one of the following statements best describes the prominent feature of Illness Anxiety Disorder?

- 1) Symptoms are fabricated or induced in oneself or others
- 2) Individual is preoccupied with their health and excessively worried about having a serious illness
- 3) Motor and sensory disturbances reported by the individual that are incompatible with medical findings
- 4) Presence of somatic symptoms reported by the individual cause high anxiety

Answer: The correct answer is (2)

Refer: Sue et al., pg. 201

Reasoning: The DSM-5 diagnostic criteria for Illness Anxiety Disorder is:

- Preoccupation with having or acquiring a serious illness
- Somatic symptoms are not present or only mild in intensity
- High level of anxiety about health
- Performs excessive health related behaviors or exhibits maladaptive avoidance
- Not better explained by another mental disorder such as SSD, Panic Disorder, GAD, Body Dysmorphic Disorder, OCD, or Delusional Disorder, somatic type.

QUESTION 29

All of the following statements provide aetiological explanations of Somatic Symptom and Related Disorders according to the Multipath Model except?

- 1) Genetic factors only modestly contribute to these disorders.
- 2) According to the cognitive-behavioural perspective, somatic symptoms defend against the awareness of unconscious emotional issues.
- 3) The sick-role assumed by individuals with a Somatic Symptom and Related Disorder is self-reinforcing because it allows individuals to escape unpleasant circumstances and avoid responsibility.
- 4) Individuals with Somatic Symptom and Related Disorders frequently have parents or family members with chronic physical illnesses.

Answer: The correct answer is (2)

Refer: Sue et al., pp. 206-207

Reasoning:

Multipath Model - Etiology of Medical Disorders (Somatic Symptom and Related Disorders)			
Biological	Psychological	Social	Socio-Cultural
Innate sensitivity to body sensations	Bodily sensation preoccupation	Parental models for injury or illness	Economic stressors
Lower threshold for pain	Anxiety or stressful event producing physical reactions	Reinforcement from others for physical symptoms	Degree of knowledge about medical concepts
History of illness or injury	Catastrophic thoughts regarding bodily sensations	Attention and escape from responsibilities	Cultural acceptance of physical symptoms
Impaired neural connectivity	Social isolation		

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

Lisa, a 24-year-old single mother of a two-week old baby, was placed under observation after her family reported the onset of a strange behavior. Shortly after the father of her baby abandoned her on the eve of the delivery of her baby, Lisa began waking up screaming, believing that insects were nesting and crawling under the skin of her hands. Lisa also experienced similar sensations during waking hours when she described the sensation as the reason she was unable to hold and care for her baby. After a full medical examination, doctors could not find a medical reason for Lisa's sensation in her hands. Doctors provided Lisa with proof that there was no evidence that insects were nesting or crawling under the skin of her hands, but this did little to ease her seemingly tortured and anxious disposition as she became convinced that she could hear the insects when she placed her hands to her ears.

QUESTION 30

Which of the following DSM-5 disorders was ruled out as a possible diagnosis since Lisa did not display a preoccupation with excessive thoughts about the physical sensations that she was experiencing?

- 1) Somatic Symptom Disorder
- 2) Schizophrenia
- 3) Delusional Disorder
- 4) Brief Psychotic Disorder

Answer: The correct answer is (1)

Refer: Sue et al., pg. 198

Reasoning: SSD is defined as: Excessive distress over somatic symptoms that are accompanied with high levels of health-related anxiety.

QUESTION 31

In diagnosing Lisa's disorder the psychologist also ruled out Major Depressive Disorder, with peripartum onset due to which of the following reasons?

- a) There is no evidence of sad or irritable mood
- b) Symptoms are present for less than two weeks
- c) The presence of psychotic symptoms
- d) She developed the symptoms during the stressful period surrounding the birth of the baby
- e) There is no evidence of Lisa's loss of energy
- f) Her inability to form an emotional bond and care for her new baby

- g) The absence of harming herself or the baby
- 1) a and b
 - 2) a, b and c
 - 3) a, e, f and g
 - 4) d, e, f, and g

Answer: The correct answer is (1)

Refer: Sue et al., pp. 234-236

Reasoning: Options c, d, f and g is not criteria for Major Depressive Disorder. Option e is criteria (but not on its own) for Major Depressive Disorder (four or more)

QUESTION 32

Given the timeframe of Lisa’s symptoms, which one of the following DSM-5 disorders is the principal diagnosis Lisa is most likely to be diagnosed with?

- 1) Somatic Symptom Disorder, Severe
- 2) Adjustment Disorder
- 3) Delusional Disorder, somatic type
- 4) Brief Psychotic Disorder, with postpartum onset

Answer: The correct answer is (4)

Refer: Sue et al., pg. 392

Reasoning:

Comparison of Brief Psychotic Disorder, Schizophreniform Disorder and Schizophrenia			
	Brief Psychotic Disorder	Schizophreniform Disorder	Schizophrenia
Duration	< 1 month	< 6 months	6 months +
Psychosocial Stressor	Likely present	Usually present	May or may not be present
Symptoms	Emotional turmoil, psychotic symptoms	Emotional turmoil, psychotic symptoms	Emotional reactions variable, psychotic symptoms
Outcome	Return to premorbid functioning	Possible return to premorbid functioning	Return to premorbid functioning is uncommon
Familial Problem	No information	Some increased risk of schizophrenia among family members	Higher prevalence of schizophrenia among family members

QUESTION 33

In Lisa’s case, which other diagnosis according to the DSM-5 classification system might also be a co-morbid diagnosis?

- 1) Adjustment Disorder with anxiety
- 2) Amafunfunyana
- 3) Relationship Distress with Intimate Partner
- 4) Separation Anxiety Disorder, Severe

Answer: The correct answer is (3)

Refer: Sue et al., pg. 93

Reasoning: DSM-5 Other conditions that may be a Focus of Clinical Attention

Read below the follow-up study case of Lisa carefully and then answer questions 34, 35 and 36

As weeks progressed into months, Lisa’s symptoms worsened considerably. She would sit for long periods of time rocking herself backwards and forwards in a rigid manner. As a result of Lisa’s inability to engage in any goal-directed behavior, she did not return to work after her maternity leave had expired. Therapy sessions became difficult since Lisa’s speech became incoherent and even frightful at times when she narrated how the voices in her head were telling her to hurt the baby. She was subsequently hospitalized and was denied any contact with her baby.

QUESTION 34

According to the DSM-5 classification system, Lisa would most likely be diagnosed with which one of the following disorders if her symptoms lasted for more than one month but less than six months?

- 1) Schizophrenia
- 2) Schizophreniform Disorder
- 3) Schizoaffective Disorder
- 4) Schizotypal Personality Disorder

Answer: The correct answer is (2)

Refer: Sue et al., pg. 396

Reasoning:

Comparison of Brief Psychotic Disorder, Schizophreniform Disorder and Schizophrenia			
	Brief Psychotic Disorder	Schizophreniform Disorder	Schizophrenia
Duration	< 1 month	< 6 months	6 months +

QUESTION 35

According to the DSM-5 classification system, Lisa would most likely be diagnosed with which one of the following disorders if her symptoms lasted more than six months?

- 1) Schizophreniform Disorder
- 2) Schizoaffective Disorder
- 3) Schizophrenia
- 4) Schizotypal Personality Disorder

Answer: The correct answer is (3)

Refer: Sue et al., pg. 392

Reasoning:

Comparison of Brief Psychotic Disorder, Schizophreniform Disorder and Schizophrenia			
	Brief Psychotic Disorder	Schizophreniform Disorder	Schizophrenia
Duration	< 1 month	< 6 months	6 months +

QUESTION 36

The sensation of skin-crawling is categorized as which one of the following hallucination types?

- 1) Olfactory
- 2) Tactile
- 3) Auditory
- 4) Visual

Answer: The correct answer is (2)

Refer: Sue et al., pg. 269

Reasoning: Hallucinations may involve a single sensory modality or a combination of modalities: auditory, visual, olfactory (smelling), tactile (feeling), and gustatory (tasting).

QUESTION 37

Which of the following scenarios best illustrates the concept of dissociation?

- 1) While traveling from home to work and thinking about an important meeting, Jonathan notices that he has travelled several kilometres without remembering anything about the drive.
- 2) At a high school reunion, Kerry cannot remember the names of some of her former classmates.
- 3) A nervous actress, Marlene, cannot remember her lines during the opening of a play
- 4) Even after two weeks in the hospital, Thomas remains unconscious following a motorcycle accident.

Answer: The correct answer is (1)

Refer: Sue et al., pg. 213

Reasoning: Dissociation is defined as the action of disconnecting or separating or the state of being disconnected.

QUESTION 38

Jane Doe has total memory loss of her previous life. Even when her parents identified her when she appeared on television, she claimed she could not remember them as her parents. Jane exhibits ____.

- 1) Dissociative amnesia
- 2) Localized amnesia
- 3) Selective amnesia
- 4) Systematized amnesia

Answer: The correct answer is (1)

Refer: Sue et al., pg. 293

Reasoning: Dissociative amnesia is the sudden inability to recall autobiographical information. (not due to ordinary forgetting or other physical conditions.)

There are 5 types of dissociative amnesia:

- 1) *Localised amnesia:* (most common). A failure to recall events that occur during a certain period of time, usually a highly stressful and emotionally painful period.
- 2) *Selective amnesia:* inability to remember certain details of an incident. Some but not all of the events of a (usually traumatic) experience can be recalled.
- 3) *Generalised amnesia:* (rare). Total inability to recall any aspect of one's life.
- 4) *Systematised amnesia:* the loss of memory for a specific category of information.
- 5) *Continuous amnesia:* the individual forgets each new event as it occurs.

QUESTION 39

According to Sue et al (2016), research shows that men who are sexually aggressive share common characteristics. They tend to ____.

- a) Have more sexual partners than non-sexually aggressive men
 - b) Have been neglected or physically or sexually abused in their childhood
 - c) Manipulate women into sexual encounters by plying them with alcohol
 - d) Misinterpret women's friendliness as provocation
 - e) Have their first sexual experience later in life than men who are not sexually aggressive
 - f) Take advantage of opportunistic situations in order to have a sexual encounter
- 1) a and b
 - 2) b and c
 - 3) a, b, c and d
 - 4) a, c, e and f

Answer: The correct answer is (3)

Refer: Sue et al., pg. 461

Reasoning:

Men who try to coerce women into intercourse share certain characteristics. They tend to:

1. Actively create the situation in which sexual encounters may occur;
2. Interpret women's friendliness as provocation or their protests as insincerity;
3. Try to manipulate women into sexual favours by using alcohol or date rape drugs;
4. Attribute failed attempts at sexual encounters to perceived negative features of the woman, thereby protecting their egos;
5. Come from environments of parental neglect or physical or sexual abuse;
6. Initiate coitus earlier than men who are not sexually aggressive; and
7. Have more sexual partners than males who are not sexually aggressive.

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

Last year, Pamela (16 years old), was attacked and raped by a group of men on her way home from school. After raping her, they tried to stab her to death. The perpetrators escaped and the police have not arrested anyone. Since this horrifying event, Pamela has not been herself. She is unable to keep the memories of the attack out of her mind, as these thoughts keep on surfacing and impede her concentration in class and she has no way of controlling them. She has difficulty walking back from school because the route took her past the site of the attack, so she would have to go the long way home, even then she remains hypervigilant. She feels as though she has no real future. At night, she would have nightmares of the rape, and would wake up screaming. At home she continually felt anxious, tense and easily startled.

QUESTION 40

In Pamela's case, a clinical psychologist would consider a principle diagnosis of ___ according to the DSM-5 classification system.

- 1) Victim of rape
- 2) Posttraumatic Stress Disorder
- 3) Adjustment Disorder with mixed emotions
- 4) Acute Stress Disorder

Answer: The correct answer is (2)

Refer: Sue et al., pg. 167

Reasoning: The main difference between Acute Stress Disorder and Post-Traumatic Stress Disorder is the Timeframe.

- Acute Stress Disorder = 3 days to 1 month after the stressor.
- PTSD = duration of the disturbance is more than 1 month.

QUESTION 41

In addition to the principle diagnosis Pamela's clinical psychologist would consider the comorbid diagnosis of ___ according to the DSM-5 classification system

- 1) Victim of crime
- 2) Major Depressive Disorder
- 3) Adjustment Disorder with anxiety
- 4) Unspecified Problem Related to the Social Environment

Answer: The correct answer is (1)

Refer: Sue et al., pg. 93

Reasoning: DSM-5 diagnostic criteria Other Problems that may be a Focus for Clinical Attention

QUESTION 42

Pamela's teacher realized that Pamela's behavior has changed and suggested that she should go see a psychologist for individual psychotherapy. The teacher's recommendation is an example of ____ intervention.

- 1) primary prevention
- 2) secondary prevention
- 3) tertiary prevention
- 4) crisis prevention

Answer: The correct answer is (2)

Refer: PYC3702/501, pg. 14

Reasoning:

- *Primary prevention* is an effort to (1) lower the incidence of new cases of behavioural disorders by strengthening or adding to resources that promote mental health and (2) by eliminating community characteristics that threaten mental health.
- Secondary prevention (option 2) is an attempt to shorten the duration of mental disorders and to reduce their impact. If a disorder is detected early and effective treatment can be found, it is possible to minimize the impact of the disorder or to prevent it from developing into a more serious and debilitating form.
- The goal of tertiary prevention (option 3) is to facilitate the readjustment of the person to community life after hospital treatment for a mental disorder. The focus is on reversing the effects of institutionalization and on providing a smooth transition to a productive life in the community.

Read the following short case study and answer questions 43, 44 and 45

Puso is a 36-year old advertising executive and was always anxious at work-related social gatherings. He began drinking alcohol on weekends during his first year at the new firm with the hope that this would help him to become less anxious, and indeed after a few drinks he became the life and soul of every party. He felt the pressure to be "one of the boys" and what started as a few drinks of beer to help him loosen up at weekend parties, increasingly resulted in him consuming large amounts of alcohol throughout the numerous social events. He attributed his increased drinking to pressures at work and the desire to feel comfortable in social situations. Over time, all the partying caused him to drink heavily and he was often late for work. When his boss finally gave him a warning to "shape up or ship out", he decided to stop drinking, however, despite the numerous warnings and arguments with his colleagues regarding his drinking and receiving a diagnosis of liver cirrhosis by his family physician, he struggled to control his drinking. Every time he attempted to avoid drinking he would experience agitation, sweating and irritability. A psychologist who was asked by Puso's family physician to assess him explained the possible cause of his drinking behavior to his increased need to fit in and become more comfortable in social situations.

QUESTION 43

Which one of the following DSM-5 diagnoses would you consider to be the most appropriate principal diagnosis in Pusó's case?

- 1) Alcohol Use Disorder
- 2) Adjustment Disorder
- 3) Alcohol Intoxication
- 4) Unspecified Alcohol Related Disorder

Answer: The correct answer is (1)

Refer: Sue et al., pg. 353

Reasoning:

DSM-5 diagnostic criteria for Alcohol Use Disorder

- A. A **problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least 2 of the following, occurring within a 12-month period:**
1. Alcohol is often taken in larger amounts or over a longer period than was intended.
 2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
 3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from the effects.
 4. Craving, or a strong desire or urge to use alcohol.
 5. Recurrent alcohol use resulting in a failure to fulfil major role obligations at work, school, or home.
 6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
 7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
 8. Recurrent alcohol use in situations in which it is physically hazardous.
 9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
 10. Tolerance, as defined by either of the following:
 - a. a need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
 - b. markedly diminished effect with continued use of the same amount of alcohol.
 11. Withdrawal, as manifested by either of the following:
 - a. the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for alcohol Withdrawal from the specific substances (pp. 499-500, APA, 2013)
 - b. Alcohol (or a closely related) substance such as a benzodiazepine is taken to relieve or avoid withdrawal symptoms.

Severity specifiers:

- Moderate: 2 – 3 symptoms
- Severe: 4 or more symptoms

Specify if:

- With Physiological Dependence: evidence of tolerance or withdrawal (i.e. either Item 4 or 5 is present)
- Without Physiological Dependence: no evidence of tolerance or withdrawal (i.e. neither Item 4 nor 5 is present)

QUESTION 44

The psychologist explained the likely cause of Puso’s principal diagnosis to be due to ___ according to the ___ dimension of the Multipath Model

- 1) psychological dependency, biological
- 2) behavioural under control, psychological
- 3) social pressure, social
- 4) coping with life transitions, sociocultural

Answer: The correct answer is (3)

Refer: Sue et al., pg. 349

Reasoning:

Multipath Model - Etiology of Substance Abuse Disorder			
Biological	Psychological	Social	Socio-Cultural
Hereditary influences	Self-medicating of mental illness	Parental and peer models	Cultural norms and values
Dopamine reward/stress pathways	Stressful emotions	Social pressures	Media influences
Brain chemistry alterations	Behavioural under-control	Childhood maltreatment	Societal stressors
Psychological dependency	Coping with life transitions		Coping with discrimination

QUESTION 45

The apparent feelings of relaxation and increased social behavior that occurs as the initial effects of alcohol ingestion in Puso’s case can be attributed to ___.

- 1) depression of the inhibitory centres of the brain
- 2) activation of the inhibitory centres of the brain
- 3) depression of the autonomic nervous system
- 4) stimulation of the autonomic nervous system

Answer: The correct answer is (1)

Refer: Sue et al., pg. 330

Reasoning:

Substance	Short Term Effects
<u>Central Nervous System</u> Depressants Alcohol, Opioids, Sedatives, hypnotics, anxiolytics	Relaxant, Loss of inhibitions, Pain relief, Sedation, Sedation, Drowsiness, Anxiety reduction, impaired judgement

QUESTION 46

Sally is dependent on a drug that energises her central nervous system and produces euphoria. It is likely that the drug she is taking is a ____. Kelly takes a drug that makes her feel calm, relaxed and more sociable. We can conclude that the drug that Kelly is using is most likely a/n ____.

- 1) stimulant, depressant
- 2) stimulant, amphetamine
- 3) hallucinogen, opiate
- 4) barbiturate, anxiolytic

Answer: The correct answer is (1)

Refer: Sue et al., pg. 330

Reasoning:	
<u>Central Nervous System</u> Depressants Alcohol, Opioids, Sedatives, hypnotics, anxiolytics	Relaxant, Loss of inhibitions, Pain relief, Sedation, Sedation, Drowsiness, Anxiety reduction, impaired judgement
<u>Central Nervous System</u> Stimulants Caffeine Amphetamines Cocaine	Energiser, Attention enhancer Energiser, Euphoriant, Attention enhancer Energiser, Euphoriant

QUESTION 47

Which of the following are associated with long-term use of mandrax?

- a) Kidney damage
 - b) Delirium Tremens
 - c) Toxic psychosis
 - d) Epilepsy
- 1) a and b
 - 2) a and d
 - 3) c and d
 - 4) a, b and c

Answer: The correct answer is (3)

Refer: PYC3702/502, pg. 55

Reasoning:

Mandrax, “buttons”, “mandies”, “whites”:

- Users crush the tablets, mix it with dagga, and smoke it.
- Results in euphoria and relaxation, but later leads to weakness, vomiting, and stomach pains.
- Long-term effects: epilepsy, serious emotional problems, toxic psychosis.

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

Mohammed, a 65-year-old boxing champion and current trainer, has progressively been manifesting worrying symptoms over the past few years. It all started with a tingling and stiffness in his arms and legs, causing him increasingly difficulty in all his fitness training activities. He is unable to jump rope or jog and even has difficulty walking without often stumbling. Furthermore, he has been finding it difficult to hold full cups of coffee and other liquids without spilling. He finds that he can no longer get around as quickly as he used to and sometimes it seems as if his arms and legs have a will of their own. More recently people around him have started noticing that Mohammed is increasingly finding it difficult to talk, slurring his words and using the wrong names for everyday objects. Mohammed has difficulty remembering significant information regarding his former career and family life and is no longer able to figure out opponent’s weak points and accordingly plan a match strategy fir the boxers he trains. His reaction speed is slowed and he can no longer act as his trainees’ sparring partner as he finds he cannot anticipate their next move, and even if he could he is not able to counteract the moves quickly enough. This has now become so bad that he was forced to hire a trainer to take over the training of the boxers at his gym.

Mohammed consulted a neurologist specializing in sport medicine who sent him for a neurological evaluation. The doctor suspects Parkinson’s Disease as MRI scans showed atrophy of the brain in the motor regions of the brainstem.

QUESTION 48

Given the symptoms in the case study, Mohammed will most likely be diagnosed as ___ because he exhibits ___.

- 1) Mild Neurocognitive Disorder due to Parkinson’s disease; modest decline in at least one area of cognitive functioning and the ability to meet the demands of daily living
- 2) Major Neurocognitive Disorder due to Parkinson’s disease; significant decline in one or more areas of functioning and the ability to meet the demands of daily living
- 3) Major Neurocognitive Disorder due to Parkinson’s disease, modest decline in at least one area of cognitive functioning
- 4) Major Neurological Disorder due to Parkinson’s disease; significant decline in perceptual-motor functioning and the ability to meet the demands of daily living

Answer: The correct answer is (4)

Refer: Sue et al., pg. 403

Reasoning:

- The main difference between Mild and Major Neurocognitive Disorder, is that in Major Neurocognitive Disorder, the DSM-5 lists interference with daily activities in Major, but not in Mild Neurocognitive Disorder. Therefore option 1 is incorrect.
- Option 3 is incorrect, as Major is significant – not modest.
- Option 4 is a better answer as it states the decline as in one or more cognitive domain (perceptual motor functioning), while option 2 just states areas of functioning. Refer to the DSM-5 diagnostic criteria for Major Neurocognitive Disorder.

DSM-5 diagnostic criteria for Major Neurocognitive Disorder
<p>A. Evidence of significant cognitive decline from a previous level of performance in one or more cognitive domains (complex attention, executive function, learning and memory, language, perceptual-motor, or social cognition) based on:</p> <ol style="list-style-type: none"> 1. Concern, of the individual, a knowledgeable informant, or the clinician that there has been a significant decline in cognitive function; and 2. A substantial impairment in cognitive performance, preferably documented by <u>standardised</u> neuropsychological testing or, in its absence, another quantified clinical assessment. <p>B. The cognitive deficits interfere with independence in everyday activities (i.e. at a minimum, requiring assistance with complex instrumental activities of daily living such as paying bills or managing medications).</p>

QUESTION 49

The symptoms Mohammed is experiencing regarding tingling and stiffness in his arms and legs, inability to jog and jump rope, to move around quickly and to hold liquids without spilling, all refer to the ___ symptoms of his ___ domain being affected.

- 1) psychological; social cognition
- 2) physical; perceptual-motor
- 3) physical; executive ability
- 4) psychological; perceptual-motor

Answer: The correct answer is (2)

Refer: Sue et al., pg. 419

Reasoning: In neurocognitive disorder due to PD, motor symptoms are evident at least 1 year prior to noticeable cognitive decline.

QUESTION 50

Mohammed's increasing difficulty communicating effectively for example using the wrong names for everyday objects, is termed ____.

- 1) agnosia
- 2) apraxia
- 3) aphasia
- 4) anhedonia

Answer: The correct answer is (3)

Refer: PYC3702/503, pg. 8

Reasoning:

- Agnosia (option 1) is an impairment of ability to recognize or identify familiar objects, entities, or people, usually as a result of a neurological deficit or disorder despite an intact sensory system.
- Apraxia (option 2) is a loss or diminution in ability, caused by neurological impairment to perform purposeful movements or gestures on request despite an intact motor system.
- Aphasia (option 3) is an impairment of expression or comprehension of language caused by injury or disease in the language centres of the brain.
- Anhedonia (option 4) is a loss of the capacity to derive pleasure from normally pleasant experiences.

QUESTION 51

A prominent feature of Mild Neurocognitive Disorder Due to Alzheimer's disease is ____.

- 1) wandering
- 2) forgetting what one ate for breakfast in the morning
- 3) not being able to dress or bathe oneself
- 4) forgetting one's childhood

Answer: The correct answer is (2)

Refer: Sue et al., pg. 414

Reasoning:

- Option 3 is incorrect because Mild Neurocognitive Disorder is a minor decline in performance in one or more cognitive area; compensatory strategies may be required to maintain independence. Option 3 shows a significant decline.
- Alzheimer's disease is declining cognitive functioning, including early, prominent memory impairment.

QUESTION 52

According to the DSM-5, a neurocognitive disorder caused by a toxin which has a rapid onset and involves a disturbance in consciousness and changes in cognition such as memory impairment, disorientation and language and perceptual disturbances, as well as reduced ability to focus, sustain or shift attention together with disorganized patterns of thinking is diagnosed as ____.

- 1) Delirium
- 2) Major Neurocognitive Disorder due to substance/medication use
- 3) Intellectual Disability, severe
- 4) Dementia

Answer: The correct answer is (1)

Refer: Sue et al., pg. 405

Reasoning:

DSM-5 Diagnostic criteria for Delirium
<p>A. A disturbance in attention (i.e. reduced ability to direct, focus, sustain, and shift attention) and awareness (reduced orientation to the environment).</p> <p>B. The disturbance develops over a short period of time (usually hours to a few days), represents a change from baseline attention and awareness, and tends to fluctuate in severity <u>during the course of the day</u>.</p> <p>C. An additional disturbance in cognition (e.g. memory deficit, disorientation, language, visuospatial ability, or perception).</p> <p>D. The disturbance in Criteria A and C are not better explained by another pre-existing, established, or evolving neurocognitive disorder and do not occur in the context of a severely reduced level of arousal such as a coma.</p> <p>E. There is evidence from the history, physical examination, or laboratory findings that the disturbance is a direct physiological consequence of another medical condition, substance intoxication or withdrawal (i.e. due to a drug of abuse or to a medication), or exposure to a toxin, or is due to multiple etiologies.</p>

QUESTION 53

Jack, 45-years old, has been happily married for 10 years until a year ago. He decides to seek psychological help because his marriage is being negatively affected by his loss of interest in sex with his wife. In the interview with the therapist, Jack discloses that he has not had any sexual thoughts or fantasies for the past year. Jack further reports that he is neither having an affair nor abusing alcohol or any other substance. When assessing Jack’s abnormal behavior, the psychologist would most likely consider a diagnosis of ____, according to the DSM-5 classification system.

- 1) Male Hypoactive Sexual Desire Disorder
- 2) Premature (Early) Ejaculation Disorder
- 3) Delayed Ejaculation Disorder
- 4) Erectile Disorder

Answer: The correct answer is (1)

Refer: Sue et al., pg. 438

Reasoning:

<ul style="list-style-type: none"> • Male Hypoactive Sexual Desire Disorder (option 1) is persistently or recurrently deficient or absent sexual thoughts, fantasies or desire for sexual activity for approximately six months causing significant distress. • Premature (Early) Ejaculation (option 2) is ejaculation with minimal sexual stimulation before, during, or shortly after penetration. This option is incorrect. • Erectile Disorder (option 4) is repeated failure to obtain or maintain erections during partnered sexual activities and occurs in the majority of sexual occasions over at least 6 months. This option is incorrect.

QUESTION 54

The psychological dimension in the Multipath Model’s explanation for the aetiology of Sexual Dysfunction, suggests that ___ play a role in Female Sexual Interest/Arousal Disorder, while ___ plays a role in Erectile Disorder.

- 1) relational problems and rape, cultural scripts
- 2) medical condition and guilt, age-related changes
- 3) negative thoughts and dysfunctional beliefs, apprehension about sexual functioning
- 4) hormonal deficiencies and negative thoughts, relational problems

Answer: The correct answer is (3)

Refer: Sue et al., pg. 444

Reasoning:

Multipath Model - Etiology of Sexual Dysfunction			
Biological	Psychological	Social	Socio-Cultural
Physical and medical conditions (chronic illness, vascular diseases, medication, substance abuse, etc.)	Situational or coital anxiety or guilt	Relational problems with partner	Cultural scripts
Hormonal deficiencies	Performance anxiety	Negative parental attitudes towards sex in childhood	Gender roles
Autonomic nervous system reactivity to anxiety	Negative attitudes towards sex	Rape or sexual abuse/molestation	Age-related changes
	Fear of pregnancy, HIV infection or venereal disease	Strict religious and moralistic upbringing	

QUESTION 55

Murangi, 30-year-old female, is seeking professional help as she has been experiencing persistent vaginal pain during sexual intercourse for the last eight months. She claims that the pain is not due to a lack of lubrication in her vagina. According to the DSM-5 classification system, Murangi is diagnosed with ___.

- 1) Female Orgasmic Disorder
- 2) Genito-Pelvic Pain/Penetration Disorder
- 3) Female Sexual Interest/Arousal Disorder
- 4) Vaginismus

Answer: The correct answer is (2)

Refer: Sue et al., pg. 441

Reasoning: Genito-Pelvic Pain/Penetration Disorder involves four symptom dimensions:

- difficulty having intercourse,
- genito-pelvic pain,
- fear of pain or vaginal penetration,
- tension of the pelvic floor muscles.

Vaginismus (option 4) is involuntary spasm of the outer third of the vaginal wall that prevents or interferes with sexual intercourse. Considered rare.

Read the following short case study and then answer questions 56 and 57

Mr. Randell, 40-year-old sought psychological help because he is on the verge of losing his wife as she caught him wearing her lingerie. He tearfully disclosed to her that he has been secretly stealing

women's underwear since he was an adolescent. Furthermore, he explained that when wearing female lingerie he becomes sexually aroused and then proceeds to masturbate.

QUESTION 56

In considering a differential diagnosis, the clinical psychologist immediately ruled out ___ because Mr. Rendell did not report incongruence between his experienced gender and his assigned gender.

- 1) Voyeuristic Disorder
- 2) Fetishistic Disorder
- 3) Transvestic Disorder
- 4) Gender Dysphoria Disorder in Adolescents and Adults

Answer: The correct answer is (4)

Refer: Sue et al., pg. 449

Reasoning: Gender Dysphoria is a marked incongruence between one's experienced/expressed gender and assigned gender.

QUESTION 57

Which one of the following DSM-5 diagnoses would you consider to be the most appropriate principal diagnosis in Mr. Rendell's case?

- 1) Fetishistic Disorder
- 2) Transvestic Disorder
- 3) Gender Dysphoria Disorder in Adolescents and Adults
- 4) Frotteuristic Disorder

Answer: The correct answer is (2)

Refer: Sue et al., pg. 455

Reasoning:

- Fetishistic Disorder (option 1) is sexual attraction and fantasies involving non-living objects such as female undergarments.
- Transvestic Disorder (option 2) is intense sexual arousal by cross-dressing.
- Gender Dysphoria (option 3) is a marked incongruence between one's experienced/expressed gender and assigned gender.
- Frotteuristic Disorder (option 4) is Urges, acts or fantasies of touching or rubbing against a non-consenting person.

QUESTION 58

Which one of the following alternatives correctly indicates how grief differs from Major Depressive Disorder (MDD)?

- 1) The predominant affect in grief is persistent depressed mood with an inability to enjoy pleasure for a period of at least two months, while in MDD the depressed mood is fluctuating with episodes of dysphoria and feelings of emptiness associated with disappointment and loss.
- 2) The pain of grief is persistent and generally intensifies when reminded of happy times spent with the deceased, while the depressed mood in MDD is fluctuating and tied to specific thoughts and preoccupations.
- 3) In grief feelings of worthlessness and self-loathing are common, whereas in MDD the self-esteem is generally preserved.
- 4) Thoughts of death and dying are common in both grief and MDD. The grieving person's thoughts are generally focused on the deceased and possibly joining the deceased, whereas a person diagnosed with MDD would consider ending his/her own life because of feeling worthless, underserving of life or unable to cope with life.

Answer: The correct answer is (4)

Refer: TL 502/2018, pg. 83

Reasoning:

Distinction between grief and Major Depressive Disorder

- In grief the predominant affect is feelings of emptiness and loss, while in Major Depressive Disorder it is persistent depressed mood and the inability to anticipate happiness or pleasure.
- The dysphoria in grief is likely to decrease in intensity over days to weeks and occurs in waves, the so-called pangs of grief. These waves tend to be associated with thoughts or reminders of the deceased. The depressed mood of Major Depressive Disorder is more persistent and not tied to specific thoughts or preoccupations.
- The pain of grief may be accompanied by positive emotions and humour that are uncharacteristic of the pervasive unhappiness and misery characteristic of Major Depressive Disorder.
- The thought content associated with grief generally features a preoccupation with thoughts and memories of the deceased, rather than the self-critical or pessimistic ruminations seen in Major Depressive Disorder.
- In grief, self-esteem is generally preserved, whereas in Major Depressive Disorder feelings of worthlessness and self-loathing are common. If self-derogatory ideation is present in grief, it typically involves perceived failings vis-à-vis the deceased (e.g., not visiting frequently enough, not telling the deceased how much he or she was loved).
- If a bereaved individual think about death and dying, such thoughts are generally focused on the deceased and possibly about joining the deceased, whereas in Major Depressive Disorder such thoughts are focused on ending one's own life because of feeling worthless, undeserving of life, or unable to cope with the pain of depression.

(APA, 2013, p. 161).

Read the following case study and then answer questions 59 and 60

Sammy is an intelligent 14-year-old Grade 8 learner of a very supportive private school. Her concerned parents took her for a psychological evaluation because of her severe temper outbursts. These temper outbursts occurred on average twice per week for the past three months when she was frustrated with schoolwork. Sammy's parents report that their daughter is well behaved and pleasant in situations that are not related to schoolwork. They also report that Sammy complains about the academic challenges of secondary school in spite of her supportive school environment and her good intellectual and academic abilities.

QUESTION 59

The clinical psychologist ruled out Disruptive Mood Dysregulation Disorder (DMDD) as a possible diagnosis. Identify the alternative that contains all the correct reasons why a diagnosis of DMDD was ruled out

- a) Onset of temper outbursts is after age 10
- b) The outbursts are present in only one setting
- c) The temper outbursts occur on average twice a week
- d) There is no evidence that her mood between outbursts is irritable or angry
- e) Sammy is a girl
- f) The abnormal behavior is present for the past three months
- g) The temper outbursts are in response to frustration

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

Answer: The correct answer is (3)

Refer: Sue et al., pg. 509

Reasoning: Temper Disruptive Mood Dysregulation Disorder (DMDD) is characterized by chronic irritability and severe mood dysregulation, including recurrent episodes of temper triggered by common childhood stressors (e.g. interpersonal conflict, being denied a request). Anger reactions (e.g. verbal rage and physical aggression towards people and property) are significantly exaggerated in both intensity and duration. DMDD is considered a depressive disorder; although behavioural symptoms are directed outwards, they are reflective of an irritable, angry, or sad mood state. Although behaviour patterns associated with DMDD often begin in early childhood, diagnosis requires that symptoms persist beyond age six; the onset of symptoms must occur before age ten. The pervasive negative affect associated with DMDD is predictive of later depression.

QUESTION 60

Which one of the following DSM-5 diagnosis would you consider to be the most likely principal diagnosis in Sammy’s case?

- 1) Bipolar 1 Disorder with contextual pattern
- 2) Major Depressive Disorder with mixed features
- 3) Intermittent Explosive Disorder
- 4) Oppositional Defiant Disorder

Answer: The correct answer is (3)

Refer: Sue et al., pg. 477

Reasoning:

DSM-5 diagnostic criteria for Intermittent Explosive Disorder
<p>A. Recurrent behavioural outbursts representing a failure to control aggressive impulses as manifested by either of the following:</p> <ol style="list-style-type: none"> 1. Verbal aggression (e.g. temper tantrums, tirades, verbal arguments, or fights) or physical aggression toward property, animals, or other individuals, occurring twice weekly, on average, for a period of 3 months. The physical aggression does not result in damage or destruction of property and does not result in physical injury to animals or other individuals. 2. Three behavioural outbursts involving damage or destruction of property and/or physical assault involving physical injury against animals or other individuals occurring within a 12-month period. <p>B. The magnitude of aggressiveness expressed during the recurrent outbursts is grossly out of proportion to the provocation or to any precipitating psychosocial stressors.</p> <p>C. The recurrent aggressive outbursts are not premeditated (i.e. they are impulsive and/or anger based) and are not committed to achieve some tangible objective (e.g. money, power, intimidation).</p> <p>D. The recurrent aggressive outbursts cause either marked distress in the individual or impairment in occupational or interpersonal functioning, or are associated with financial or legal consequences.</p> <p>E. Chronological age is at least 6 years (or equivalent developmental level).</p> <p>F. The recurrent aggressive outbursts are not better explained by another mental disorder (e.g. major depressive disorder, bipolar disorder, disruptive mood dysregulation disorder, a psychotic disorder, antisocial personality disorder, borderline personality disorder) and are not attributable to another medical condition (e.g. head trauma, Alzheimer’s disease) or to the physiological effects of a substance (e.g. a drug of abuse, a medication). For children ages 6 – 18 years, aggressive behaviour that occurs as part of an Adjustment Disorder should not be considered for this diagnosis.</p>

Read the following case study carefully and then answer questions 61, 62, 63 and 64

Artie, a 22-year old student, describes her mood as sad and 'down' most of the time for the past two years. Since she has left home at the age of 18, Artie has become socially withdrawn and avoids interaction with other people. The only time she felt happy and content during the last two years was during a three-week holiday which she spent with fellow students doing archaeological excavations in Egypt. Her depressed mood returned when she got back to South Africa.

For the past two years, Artie has been experiencing an increased need for sleep and she lacks energy and drive. She finds it very difficult to focus on her studies. Her self-esteem is low and most of the time she experiences feelings of hopelessness and helplessness.

Although Artie's grades are above the class average, she firmly believes that she is a lousy student who will never be able to find a job. The poor results she obtained in a recent test that contained several questions about topics that were not included in the syllabus, have led to her increased depressed mood. Artie took all the blame for her poor results without considering the fact that it was an unfair paper and that the lecturer made a mistake with regards to the content of the paper.

QUESTION 61

Given the information in the case study, Artie's abnormal behavior could be classified as ___ according to the DSM-5 classification system

- 1) Adjustment Disorder with depressed mood
- 2) Major Depressive Disorder, recurrent
- 3) Persistent Depressive Disorder (Dysthymia)
- 4) Cyclothymic Disorder

Answer: The correct answer is (3)

Refer: Sue et al., pg. 236

Reasoning:

Persistent Depressive Disorder (Dysthymia)

Definition	Time Frame	Symptoms/Criteria
Depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others	<ul style="list-style-type: none"> • 2 years 	<ul style="list-style-type: none"> • Presence, while depressed, of 2 or more of the following: <ul style="list-style-type: none"> ○ Poor appetite or overeating ○ Insomnia or hypersomnia ○ Low energy or fatigue ○ Low self-esteem ○ Poor concentration or difficulty making decisions ○ Feelings of hopelessness • During 2-year period never been without symptoms for 2 months at a time • Criteria for major depressive disorder may be continually present for 2 years • Never been manic or hypomanic episode

QUESTION 62

The emotional symptoms of the disorder Artie is diagnosed with include ___ while cognitive symptoms include ___.

- 1) feelings of sadness, hopelessness and worthlessness, pessimism, difficulty concentrating and negative thinking
- 2) apathy, pessimism about the future and low energy, self-esteem and negative thinking

- 3) dysphoria and low energy levels, the need for more sleep, distractibility and lowered productivity
- 4) feeling tired and hopeless, the belief that she is worthless and there is little hope for the future

Answer: The correct answer is (1)

Refer: Sue et al., pg. 231

Reasoning:

Symptoms of Depression	
Domain	Depression Symptoms
Mood	Sadness, emptiness and worthlessness, apathy, hopelessness
Cognitive	Pessimism, guilt, difficulty concentrating, negative thinking, suicidal thoughts
Behavioural	Social withdrawal, crying, low energy, lowered productivity, agitation, poor hygiene
Physiological	Appetite and weight changes, sleep disturbance, aches and pain, loss of sex drive

QUESTION 63

Which one of the following statements reflects the behavioural explanation of the disorder Artie is diagnosed with?

- 1) Artie's feelings of helplessness are at the core of the disorder
- 2) Social withdrawal and isolation decreased Artie's chances of receiving positive reinforcement
- 3) Artie's disorder can be attributed to negative self-schemas
- 4) The development of the disorder Artie is suffering from can be attributed to a combination of stressful interpersonal events and academic challenges

Answer: The correct answer is (2)

Refer: Sue et al., pg. 231

Reasoning:

Symptoms of Depression	
Domain	Depression Symptoms
Mood	Sadness, emptiness and worthlessness, apathy, hopelessness
Cognitive	Pessimism, guilt, difficulty concentrating, negative thinking, suicidal thoughts
Behavioural	Social withdrawal, crying, low energy, lowered productivity, agitation, poor hygiene
Physiological	Appetite and weight changes, sleep disturbance, aches and pain, loss of sex drive

QUESTION 64

Regarding Seligman's cognitive learning approach, which one of Artie's negative attributes is paired correctly with the example?

- 1) "My low test mark is a reflection of my ineffective study methods and poor academic abilities." – Internal attribution
- 2) "My low test mark is the result of my lack of time to prepare for the test." – Stable attribution
- 3) "I am a lousy student." – Specific attribution
- 4) "I am the type of person who will not find a well-paid job." – Global attribution

Answer: The correct answer is (1)

Refer: Sue et al., pg. 244

Reasoning: Internal attribution; they conclude that it is their own fault

QUESTION 65

Simon is diagnosed with Bipolar II Disorder. One aspect we are sure of is that ____.

- 1) although he experiences episodes of depressed mood, the criteria for a current or past Major Depressive Episode has never been met.
- 2) he has never had a manic episode.
- 3) his functioning is markedly impaired during episode of hypomania.
- 4) he suffers from insomnia and weight changes.

Answer: The correct answer is (2)

Refer: Sue et al., pg. 257

Reasoning:

Comparison of Bipolar Disorders			
Criteria	Bipolar I Disorder	Bipolar II Disorder	Cyclothymic Disorder
Manic Episode	At least 1 week-long episode	No history of mania	No history of mania
Hypomanic Episode	May be present	At least 1 episode	Numerous episodes
Major Depressive Episode	May be present	At least 1 episode	No history of major depressive episodes, only milder depression
Psychotic Features	May be present	Not specified	Not specified

QUESTION 66

According to Sue et al (2016) the perinatal biological dimension of the aetiological pathway of Intellectual Disability has been linked to ____.

- 1) Fragile X-syndrome
- 2) Asphyxia
- 3) Fetal Alcohol Syndrome
- 4) Meningitis

Answer: The correct answer is (2)

Refer: Sue et al., pg. 532

Reasoning: From a non-genetic biological perspective; during the perinatal period, Intellectual Disability can result from birth trauma, prematurity, or asphyxiation. The most common birth condition associated with ID is prematurity and low birth weight.

QUESTION 67

A clinical psychologist is asked to assess 10-year-old Peter as he has been unable to establish a close bond with significant others. Peter is described by his foster parents as shy and avoidant, and reluctant to seek or respond to nurturing from them. His foster parents took Peter in at the age of six after both his biological parents were found to have severe Substance Use Disorders prior to the birth of their child. What DSM-5 diagnosis would be the clinical psychologist most likely make in Peter's case?

- 1) Separation Anxiety Disorder
- 2) Reactive Attachment Disorder
- 3) Disinhibited Social Engagement Disorder
- 4) Avoidant Personality Disorder

Answer: The correct answer is (2)

Refer: Sue et al., pg. 506

Reasoning: Reactive Attachment Disorder is characterized by a consistent pattern of inhibited, emotionally withdrawn behavior towards adult caregivers.

QUESTION 68

A psychologist is asked to do a talk on the likely causes of bedwetting to parents at a local preschool. The psychologist relays the following correct information.

- 1) Inattention and hyperactivity are common among children with Enuresis
- 2) Severe nocturnal Enuresis is usually due to social and emotional stressors
- 3) Sporadic Enuresis is due to hereditary factors
- 4) Biological factors of Enuresis include a hypersensitive or small bladder

Answer: The correct answer is (4)

Refer: Sue et al., pg. 517

Reasoning:

- Although severe nocturnal enuresis is usually due to hereditary factors, more sporadic bedwetting is associated with social and emotional stressors. Therefore options 2 and 3 are incorrect.
- Biological influences affected by genetics include delays in maturation of the urinary tract and development of normal rhythms of urine production and a hypersensitive or small bladder. Therefore, option 4 is correct.

QUESTION 69

Johnny has been psychologically assessed and has an IQ score of 53. The psychologist explains to his parents that Johnny will likely be able to ____.

- 1) have an intimate relationship, raise children and secure employment with assistance
- 2) communicate basic needs, read a few basic words and prepare meals under supervision.
- 3) recognize familiar people and have limited communication with people.
- 4) recognize people but need ongoing care with feeding and toileting needs under complete supervision.

Answer: The correct answer is (1)

Refer: Sue et al., pg. 532

Reasoning:

Level	Approx IQ Range	Ability Preschool age (<6 years)	Ability School age (6-20 years)	Ability Adult Age (21 years +)
Mild	50-69	Can develop social and communication skills; motor coordination is slightly impaired; often not diagnosed until later age	Can learn up to about Grade 6 by late adolescence; can be expected to learn appropriate social skills	Can usually achieve sufficient social and vocational skills for self-support; may need guidance and assistance during times of unusual social or economic stress; can establish long-term intimate relationships and raise children

QUESTION 70

Six-year-old Danny is referred by his school teacher to the psychologist. For the past year Danny’s teacher has struggled to have him in her class as Danny never sits still, but fidgets constantly in his seat. He also creates havoc in the classroom disturbing his classmates who are trying to complete their work. Danny shouts out answers even when it is not his turn to answer questions, he talks constantly to his peers when the teacher has explicitly told her learners to silently complete their work at their desks. However, Danny does not remain long at his desk as he is always going across

the classroom annoying his classmates by borrowing their stationary even though he has his own stationary.

Which DSM-5 diagnosis is most likely to be diagnosed in Danny's case?

- 1) Attention Deficit/Hyperactivity Disorder – Inattention Type
- 2) Attention Deficit/Hyperactivity Disorder – Hyperactivity and Impulsivity Type
- 3) Oppositional Defiant Disorder
- 4) Conduct Disorder, early onset

Answer: The correct answer is (2)

Refer: Sue et al., pg. 520

Reasoning:

- Inattention: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with the developmental level and that negatively impacts directly on social and academic/occupational activities.
 1. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
 2. Often has trouble holding attention on tasks or play activities.
 3. Often does not seem to listen when spoken to directly.
 4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g. loses focus, side-tracked).
 5. Often has difficulties organizing tasks and activities.
 6. Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
 7. Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
 8. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
 9. Is often forgetful in daily activities.
- Hyperactivity and Impulsivity: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with the developmental level and that negatively impacts directly on social and academic/occupational activities.
 1. Often fidgets with or taps hands or feet, or squirms in seat.
 2. Often leaves seat in situations where remaining seated is expected.
 3. Often runs about or climbs in situations where it is not appropriate. (Note: In adolescents or adults may be limited to feeling restless).
 4. Often unable to play or take part in leisure activities quietly.
 5. Is often "on the go" acting as if "driven by a motor".
 6. Often talks excessively.
 7. Often blurts out an answer before a question has been completed.
 8. Often has trouble waiting his/her turn.
 9. Often interrupts or intrudes on others (e.g. butts into conversations or games or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

October/November 2016

Read the case study below and then answer questions 1 and 2.

Sane, a 32-year-old married woman, was sunbathing on a secluded beach in Zanzibar, while her husband was attending conference meetings at their hotel. A friendly-looking man chatted to her, however, as the afternoon became evening, the man made sexual advances towards her and when she resisted, he raped her. Six weeks later, Sane, at her husband's recommendation, consults a clinical psychologist. Since the incident Sane feels ashamed and guilty about the attack. She wishes that she had not gone to the beach by herself and spoken to a stranger. She can no longer face her own reflection and feels dirty. Sane also admits to withdrawing from others, even her husband and children who are desperate to help her. Sane finds herself constantly thinking back to the scene of the rape and imagines various scenarios, and she cannot sleep longer than two hours. She is unable to resume her normal life and has not gone back to work, because everything reminds her of the rape and she finds herself "on edge" around males that she does not know. She cannot bear her husband touching her and refuses any kind of sexual contact since the rape.

Question 1

According to the DSM-5 classification system, the principal diagnosis for Sane would be - - - - -

- 1) Rape
- 2) Post-traumatic Stress Disorder
- 3) Female Sexual Interest/Arousal Disorder
- 4) Acute Stress Disorder

Answer: The correct answer is (2)

Refer: Sue et al., pg. 167

Reasoning: The symptoms that Sane is experiencing is attributable to both Acute Stress Disorder (option 4) as well as PTSD (option 2). The difference between the two lies in the time frame. The time frame for ASD is 3 days to 1 month, while the time frame for PTSD is 1 month or more. Sane has been experiencing symptoms for 6 weeks.

Option 1 is eliminated. Although she has been raped, the consequences refer to the disorder she acquired due to the rape.

Option 3 is incorrect, as her symptoms is more than sexual arousal, but includes withdrawal, memories, sleep disturbance.

Question 2

Sane will most likely receive an additional diagnosis of - - - - -, according to the DSM-5 classification system in the category of Other Conditions That May Be a Focus of Clinical Attention

- 1) Adult Sexual Abuse by Non-partner, Confirmed
- 2) Adult Maltreatment
- 3) Exploitation
- 4) Sexual Assault

Answer: The correct answer is (1)

Refer: Sue et al., pg. 93

Reasoning: DSM-5 Other conditions that may be a Focus of Clinical Attention

Question 3

Which one of the following psychological factors may contribute to the development of Sexual Dysfunctions?

- 1) An excess or lack of testosterone
- 2) Autonomic nervous system reactivity to anxiety
- 3) Negative thoughts and dysfunctional beliefs about sex
- 4) Neutral attitudes towards sex

Answer: The correct answer is (3)

Refer: Sue et al., pg. 444

Reasoning:

Multipath Model - Etiology of Sexual Dysfunction			
Biological	Psychological	Social	Socio-Cultural
Physical and medical conditions (chronic illness, vascular diseases, medication, substance abuse, etc.)	Situational or coital anxiety or guilt	Relational problems with partner	Cultural scripts
Hormonal deficiencies	Performance anxiety	Negative parental attitudes towards sex in childhood	Gender roles
Autonomic nervous system reactivity to anxiety	Negative attitudes towards sex	Rape or sexual abuse/molestation	Age-related changes
	Fear of pregnancy, HIV infection or venereal disease	Strict religious and moralistic upbringing	

Question 4

According to Sue et al (2016) biological, neurohormonal factors such as - - - - - and, psychological factors such as - - - - - may contribute to the development of Gender Dysphoria in boys

- 1) Differences in brain connectivity, chronic life stressors
- 2) A lack or excess of sex hormones, excessive attention and overprotection by the mother
- 3) Suffering a traumatic brain injury, depression
- 4) A lack or excess of cortisol, Premature (Early) Ejaculation

Answer: The correct answer is (2)

Refer: Sue et al., pg. 449

Reasoning: Factors thought to contribute to the disorder in boys include parental encouragement of feminine behaviour, discouragement of the development of autonomy, excessive attention and overprotection by the mother, the absence of an older male as a model, a relatively powerless or absent father figure, a lack of exposure to male playmates, and encouragement to cross-dress.

Question 5

According to the DSM-5 classification system, Genito-Pelvic Pain/Penetration Disorder includes the following four symptom dimensions

- a) No or reduced initiation of sexual intercourse
- b) Difficulty having sexual intercourse
- c) Genito-pelvic pain

- d) Tension of pelvic floor muscles
 - e) Fear of pain or vaginal penetration
 - f) Repeated failure to obtain or maintain erections during partnered sexual activities
- 1) a, b, c and e
 - 2) a, b, d and f
 - 3) c, d, e and f
 - 4) b, c, d and e

Answer: The correct answer is (4)

Refer: Sue et al., pg. 441

Reasoning: Genito-Pelvic Pain/Penetration Disorder involves four symptom dimensions:

- difficulty having intercourse,
- genito-pelvic pain,
- fear of pain or vaginal penetration,
- tension of the pelvic floor muscles.

Question 6

According to the DSM-5 classification system, which one of the following is not classified as an Orgasmic Disorder?

- 1) Delayed Ejaculation
- 2) Female Orgasmic Disorder
- 3) Premature (Early) Ejaculation
- 4) Genito-Pelvic Pain/Penetration Disorder

Answer: The correct answer is (4)

Refer: Sue et al., pg. 441

Reasoning: Genito-Pelvic Pain/Penetration Disorder involves four symptom dimensions:

- difficulty having intercourse,
- genito-pelvic pain,
- fear of pain or vaginal penetration, and
- tension of the pelvic floor muscles.

This is the only disorder above that does not relate to orgasms.

Read the case study below and then answer questions 7, 8, 9, 10, 11 and 12

Duma, a 40-year-old man was brought to the psychiatric hospital by the border police when he attempted to pass through the South African army checkpoint on the Northern Botswana border, ignoring the commands of patrol guards. In their report, the guards stated Duma was running about wildly, assaulting people and breaking things. His speech was vague and incoherent. He was agitated and became violent without any provocation.

Enquiries made by the psychologist revealed that Duma's illness started three years before he was admitted to the hospital. According to his wife, Duma's condition started gradually, with symptoms of listlessness, sleep disturbance, a lack of emotion, social withdrawal and unprovoked bouts of anger which deteriorated month by month. Duma often complained that he was hearing voices in his stomach, which spoke in a foreign language. The voices told him that his colleagues wanted to take his position at work. On one occasion, the voices told him that they had come to kill him as someone else had been earmarked for his position. Whenever he became angry he blamed the voices for causing his anger. Duma always had a suspicious nature and blamed his wife for orchestrating malicious plans behind his back.

Nonetheless, Duma was a hardworking executive, but his symptoms became so severe that his wife left him taking their two children with her. Eventually, the severity of his symptoms escalated to such an extent that it affected his overall functioning and he subsequently lost his job a year ago. During the clinical interview, Duma reported that he had been bewitched by his jealous colleagues who were not happy with his success. He further reported that insects were also moving inside his body and at times he could hear voices threatening to kill him. Duma's brothers were of the opinion that their brother has always led a more western way of life, neglecting to perform any rituals and customs during significant milestones in his life. They have always been worried about him as he did not appease his ancestors during the critical events in his life. Thus, they strongly believed that their brother's strange behaviour could be due to punishment from the ancestors who might have been angered by the fact that he is not following the culturally prescribed code of conduct. Duma grew up in a rural village and his father was mostly away from home as he was working in the mines in Gauteng. His mother was in and out of hospital as she was said to be suffering from "bouts of madness". As a result, Duma and his siblings were mostly raised by their paternal grandmother. According to his brothers Duma had always been a very difficult person to live with. Even when they were growing up, Duma was known as the "suspicious lad of the village". As a teenager Duma was convinced that his parents did not love him and were planning to kill him by "poisoning his food". He never believed that his wife loved him and on several occasions accused her of having affairs with male colleagues. Throughout his entire adult life, he bore grudges towards everybody including his wife and members of his own extended family whom he accused of being malicious and jealous of him.

Question 7

According to the DSM-5 classification system, Duma's principal diagnosis will be - - - -, if he was to be diagnosed by a clinical psychologist subscribing to a Western worldview. In addition, to the principal diagnosis, Duma would also be diagnosed with - - - - according to the DSM-5 classification system.

- 1) Schizophrenia, Obsessive-compulsive Personality Disorder
- 2) Schizophrenia, Paranoid Personality Disorder
- 3) Schizophreniform Disorder, Schizoid Personality Disorder
- 4) Brief Psychotic Disorder, Schizotypal Personality Disorder

Answer: The correct answer is (2)

Refer: Sue et al., pg. 396

Reasoning: Options 3 and 4 is eliminated due to the time frame. Option 1 is eliminated as Duma does not suffer from compulsions, but rather paranoia.

Comparison of Brief Psychotic Disorder, Schizophreniform Disorder and Schizophrenia			
	Brief Psychotic Disorder	Schizophreniform Disorder	Schizophrenia
Duration	< 1 month	< 6 months	6 months +
Psychosocial Stressor	Likely present	Usually present	May or may not be present
Symptoms	Emotional turmoil, psychotic symptoms	Emotional turmoil, psychotic symptoms	Emotional reactions variable, psychotic symptoms
Outcome	Return to premorbid functioning	Possible return to premorbid functioning	Return to premorbid functioning is uncommon
Familial Problem	No information	Some increased risk of schizophrenia among family members	Higher prevalence of schizophrenia among family members

Question 8

If Duma were to consult a traditional healer, he might be said to be suffering from - - - - which is - - .

- 1) Amafunfunyane, based on the view that the environment is potentially dangerous
- 2) Ukuthwasa, associated with major life events
- 3) Amafunfunyane, it is due to bewitchment and breaking of customs
- 4) Ukuthwasa, an illness that he inherited from his mother

Answer: The correct answer is (3)

Refer: PYC3702/501, pg. 37

Reasoning:

- Amafunfunyane (option 1 and 3) is a form of spirit possession due to witchcraft/sorcery. Amafunfunyane is a mixed syndrome. Syndromes include psychosis, anxiety-based disorder, mood disorder, and conduct disorder. Symptoms include somatoform reactions (abdominal swelling), hysteria, suicidal tendencies, violent outbursts, listlessness, delusions, auditory hallucinations, fearfulness, disorientation, aggressive and destructive behaviour, tactile hallucinations, and physical pressure on the head.
- Ukuthwasa (option 2 and 4) is a positively regarded illness which is a calling to become a traditional healer.

(sent by ancestors).

Question 9

The symptoms Duma reported that (a) 'Insects were moving in his body' and (b) 'hearing voices in his stomach speaking a foreign language' are both hallucinations which fall under the - - - - symptoms of his principal disorder. Furthermore, (a) is an example of a - - - - hallucination while (b) is an example of a - - - - hallucination

- 1) positive, (a) tactile, (b) auditory
- 2) negative, (a) somatic, (b) gustatory
- 3) positive, (a) visual, (b) auditory
- 4) negative, (a) tactile, (b) somatic

Answer: The correct answer is (1)

Refer: Sue et al., pg. 396

Reasoning:

- Positive symptoms of Schizophrenia seem to reflect an excess or distortion of normal functions, are present during the active phase of schizophrenia, and tend to respond well to treatment. Symptoms include delusions, hallucinations, and disorganised thinking.
- Negative symptoms seem to reflect a loss of or diminished normal functioning, are associated with inferior premorbid functioning, and have a poorer prognosis. Symptoms include flat or restricted affect, alogia, anhedonia, avolition, and asociality.
- Hallucinations may involve a single sensory modality or a combination of modalities: auditory, visual, olfactory (smelling), tactile (feeling), and gustatory (tasting).

Question 10

Duma's brothers subscribe to the African Worldview. Which one of the following alternatives most accurately explains their understanding of mental health?

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

Answer: The correct answer is (3)

Refer: PYC3702/501, pg. 32

Reasoning: According to the African worldview, mental problems are the result of failure in human relations. Behaviours threatening the equilibrium of the social system (selfishness, envy) are pathological. Sorcery or disharmony in the relationship between a person and his/her ancestors is held responsible for many forms of psychopathology. Holistic and cosmological – minimal distinction between physical and mental functioning. Mind and body are interconnected, and affect each other. No distinction between the individual and the group. Treatment often involves the social context.

Question 11

When considering the context within which Duma holds the belief that "he has been bewitched by his jealous colleagues who are not happy with his success" could be an example of how - - - - - can influence how symptoms of Duma's principal disorder is displayed or interpreted. A psychologist working from the Western worldview may consider this belief as - - - - - representing - - - - - behaviour, while a traditional healer working from the African worldview might consider this belief as - - - - -

- 1) trauma, a hallucination, abnormal, an abnormal reaction as a result of failure to master nature
- 2) an emotional state, anhedonia, adaptive, a state of heightened intuition and consciousness
- 3) family structures, agnosia, resilient, as a result of Duma's inability to orient himself to the future
- 4) culture, a delusion, abnormal, an expected consequence of breaking of customs

Answer: The correct answer is (4)

Refer: TL 501/2018, pg. 38

Reasoning:

The African Worldview does not see man as master to nature, therefore alternative 1 is incorrect. Anhedonia (option 2) is decreased ability to experience pleasure from positive stimuli or degradation in the recollection of previously experienced pleasure. Therefore option 2 is incorrect.

The African Worldview is not future-oriented – but past-oriented, therefore alternative 3 is incorrect.

Question 12

Given the information from the case study, which one of the following is not regarded as the role of the ancestors from an African perspective?

- 1) Maintenance of mental health
- 2) Provide protection against evil and destructive forces
- 3) To be worshipped by their descendants
- 4) Protect welfare of their descendants

Answer: The correct answer is (3)

Refer: TL 501/2018, pg. 30

Reasoning: According to the African worldview, all people, animal and plant worlds are filled with spirit. There is, therefore, an interrelationship between the three. Even in death, the spirits of the ancestors are significant. However, *the ancestors are not worshipped as is commonly believed*; they are honoured. The manner in which people relate to one another and the rituals that surround the slaughtering of animals in appeasing the ancestors are examples of the sense of spirituality that characterises this perspective. People believe in the supernatural and in natural explanations for illness.

Question 13

According to the DSM-5 classification system, the diagnoses of Acute Stress Disorder and Post-Traumatic Stress Disorder are similar. However, a diagnosis of Acute Stress Disorder requires at least ----- symptoms from any symptom cluster of a duration of ----- to -----, whereas Post-traumatic Stress Disorder requires at least ----- symptoms from each symptom cluster of a duration of more than ----- since the traumatic event.

- 1) Acute Stress Disorder six, two days, two weeks, PTSD one, six months
- 2) Acute Stress Disorder six, two days, 30 days, PTSD one or two, six months
- 3) Acute Stress Disorder nine, three days, one month, PTSD one or two, one month
- 4) Acute Stress Disorder nine, two days, 30 days, PTSD one, three months

Answer: The correct answer is (3)

Refer: Sue et al., pg.167

Reasoning: The timeframe for PTSD is one month or more.

Acute stress Disorder is characterized by flashbacks, hyper vigilance, avoidance and other symptoms – similar to PTSD, however the timeframe for Acute Stress Disorder is 3 days to 1 month after exposure to the stressor/trauma.

Question 14

Masego has intense and terrifying feelings that she is no longer real and that she is looking at herself from a distance. She told the psychologist, "I know I have feelings but I don't feel them", and, "My thoughts also don't feel like my own". These feelings have caused major impairments in her work and personal life. Which one of the following DSM-5 diagnoses is the most appropriate in Masego's case?

- 1) Delusional Disorder
- 2) Dissociative Identity Disorder
- 3) Obsessive-Compulsive Disorder
- 4) Depersonalisation/Derealisation Disorder

Answer: The correct answer is (4)

Refer: Sue et al., pp. 215-216

Reasoning:

Delusional Disorder (option 1) is persistent delusions without other unusual or odd behaviors, tactile and olfactory hallucinations related to the delusional theme may be present with a duration of at least 1 month. Hallucinations are not prominent and are related to the delusional theme. Functioning otherwise is not markedly impaired.

Dissociative Identity Disorder (Option 2) is two or more relatively independent personality states appear to exist in one person, including experiences of possession.

Obsessive-Compulsive Disorder is the presence of obsessions, compulsions, or both:

Obsessions are defined by (1) and (2):

1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.
2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e. by performing a compulsion).

Compulsions are defined by (1) and (2):

1. Repetitive behaviours (e.g. hand washing, ordering, checking) or mental acts (e.g. praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.
2. The behaviours or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviours or mental acts are not connected in a realistic way with what they are designed to neutralise or prevent, or are clearly excessive.

Depersonalisation Disorder/Derealisation Disorder is experiences of unreality, detachment or being an outside observer with respect to one's thoughts, feelings, sensations, body, or actions or surroundings. Dreamlike state – therefore this option is incorrect.

Question 15

The Personality Disorders are grouped into three clusters Cluster B is characterised by - - - - - behaviours - - - - - is an example of a Personality Disorder in that cluster

- 1) odd or eccentric, Histrionic Personality Disorder
- 2) dramatic, emotional or erratic, Antisocial Personality Disorder
- 3) anxious or fearful, Borderline Personality Disorder
- 4) dramatic, emotional or erratic, Avoidant Personality Disorder

Answer: The correct answer is (2)

Refer: Sue et al., pg. 471

Reasoning: The DSM-5 lists 10 Personality Disorders (PD) in 3 clusters:

- Cluster A: Odd or eccentric behaviour – Paranoid, Schizoid, and Schizotypal Personality Disorders.
- Cluster B: Dramatic, emotional, or erratic behaviour – Histrionic, Narcissistic, Antisocial, and Borderline Personality Disorders.
- Cluster C: Anxious and fearful behaviour – Avoidant, Dependent, and Obsessive-Compulsive Personality Disorders.

Question 16

According to the DSM-5 classification system, all of the following are characteristics of Dissociative Amnesia with dissociative fugue except - - - - -

- 1) episodes of wandering away (usually from home) or their customary place of dally activities
- 2) during the episode a person usually adopts a new identity with complete amnesia for earlier life
- 3) onset is gradual, often in the presence of severe ongoing stress
- 4) onset is sudden, often in the presence of severe stress

Answer: The correct answer is (3)

Refer: Sue et al., pg. 293

Reasoning: Dissociative fugue (fugue state): confusion over personal identity (often involving the partial or complete assumption of a new identity), accompanied by unexpected travel away from home. Recovery from a fugue state is often abrupt and complete, lasting only a few hours or days. However, some may last for months.

Option 3 is the incorrect option, as Dissociative Amnesia is the *sudden* inability to recall autobiographical information.

Question 17

Following the assessment by the psychologist, Gina received an IQ score of 30. She lives in a fully staffed group home where she is trained in basic adaptive skills and communication. She can communicate by pointing with her fingers. According to the DSM-5 classification system, Gina is diagnosed with - - - - Ella's IQ score was assessed and her score was 90 and she was experiencing academic failure and concentration difficulties. According to the DSM-5 classification system, Ella should receive the diagnosis of

- | | |
|---------------------------------------|-----------------------------------|
| 1) Intellectual Disability, Mild; | Intellectual Disability, Moderate |
| 2) Intellectual Disability, Severe; | Intellectual Disability ruled out |
| 3) Intellectual Disability, Profound; | Intellectual Disability, Moderate |
| 4) Intellectual Disability, Mild; | Intellectual Disability, Mild |

Answer: The correct answer is (2)

Refer: Sue et al., pg. 532

Reasoning: The approximate IQ range is as follows:

- Mild; 50 – 69
- Moderate; 35 – 49
- Severe; 20 – 34
- Profound; 19 or below

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

Emily, a 27-year-old woman, has been experiencing intense mood swings for the past 14 months which cause severe impairment in her occupational and social functioning. When she is "high" (which lasts approximately two weeks), her mood is irritable, her thinking grandiose, her speech incoherent and her judgement poor. During these episodes, she is overactive and has little need for sleep. When she is "low" (which lasts two to four weeks), she is very tired and withdrawn. she feels intensely sad and worthless and incapable of being successful. She is also very pessimistic, her appetite is very poor and she suffers from terminal insomnia as well as amenorrhea. Her drastic mood changes cannot be predicted as they do not follow a specific pattern.

Question 18

In diagnosing Emily's abnormal behaviour according to the DSM-5 classification system, Premenstrual Dysphoric Disorder is considered as a possible diagnosis. Would you - - - -

- 1) eliminate it as a possible diagnosis because mood swings are not characteristic of Premenstrual Dysphoric Disorder?
- 2) eliminate it as a possible diagnosis because the symptoms do not follow a clear premenstrual pattern?
- 3) eliminate it as a possible diagnosis since women of Emily's age very seldom suffer from Premenstrual Dysphoric Disorder?
- 4) make the diagnosis of Premenstrual Dysphoric Disorder as a second diagnosis as Emily is not only suffering from amenorrhea but she also manifests the core features of this disorder?

Answer: The correct answer is (2)

Refer: Sue et al., pg. 236

Reasoning: Premenstrual Dysphoric Disorder is characterized by severe depression, mood swings, anxiety, or irritability occurring in the final week before the onset of menses, for at least 1 year. Symptoms improve within a few days of menstruation and are minimal or absent in the week following menstruation.

Question 19

According to the DSM-5 classification system, the principal diagnosis in Emily's case is - - - - -

- 1) Bipolar I Disorder
- 2) Bipolar II Disorder
- 3) Cyclothymic Disorder
- 4) Major Depressive Disorder with mixed features

Answer: The correct answer is (2)

Refer: Sue et al., pg. 257

Reasoning:

- (Option 1) Bipolar I is diagnosed when individuals (with or without a history of major depression) experience at least one manic episode. (Manic symptoms need to be present most of the day, nearly every day, for at least one week.) Hypomanic episodes mixed with depression are common in Bipolar I, particularly in women, and approximately 25% of episodes involve rapid cycling, a pattern involving four or more significant mood swings per year.
- (Option 2) Bipolar II is diagnosed when there has been at least 1 major depressive episode lasting at least 2 weeks and at least 1 hypomanic episode lasting at least 4 consecutive days. Depression is the prominent feature of Bipolar II; it is often a mixed depression involving concurrent hypomanic symptoms. Symptoms are usually most severe during depressive episodes, with almost three fourths of those with Bipolar II reporting severe role impairments while depressed. (The primary distinction between Bipolar I and Bipolar II is the severity of the symptoms during energized episodes; that is, whether or not (1) symptoms are hypomanic or manic; (2) ongoing for at least one week; and (3) severe enough to significantly impair social or occupational functioning. A history of at least one ongoing manic episode resulting in significantly impaired functioning is required for a Bipolar I diagnosis.)
- Option 3 - Cyclothymic Disorder is milder hypomanic symptoms that are consistently interspersed with milder depressed moods for at least 2 years.
- Major Depressive Disorder is the occurrence of at least one major depressive episode (at least two-week duration). No history of mania or hypomania. Symptoms are: Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
 - o Depressed mood most of the day, nearly every day.
 - o Markedly diminished interest or pleasure in all, or almost all, activities most of the day.
 - o Significant weight loss or gain or appetite changes.
 - o Insomnia or hypersomnia nearly every day.
 - o Psychomotor agitation or retardation nearly every day.

Question 20

The intern psychologist was asked to link the correct criteria with the corresponding Personality Disorder. Identify the correct alternative.

- 1) Paranoid Personality Disorder, cognitive and perceptual distortions, suspiciousness and paranoid ideation
- 2) Avoidant Personality Disorder, pervasive social inhibition based on fear of being rejected
- 3) Dependent Personality Disorder, pattern of grandiosity, need for admiration and lack of empathy.
- 4) Obsessive-compulsive Personality Disorder, social avoidance based on pervasive distrust and limited desire for social connections

Answer: The correct answer is (2)

Refer: Sue et al., pg. 483

Reasoning:

- The cognitive and perceptual distortions referred to in option 1 refers to Schizotypal Personality Disorder and is therefore incorrect.
- Option 3 refers to Narcissistic Personality Disorder and is therefore incorrect.
- Option 4 refers to Schizoid Personality Disorder and is therefore incorrect.

Question 21

Temba and Leroy both have problems with self-confidence, especially in close relationships. Temba is fearful of criticism, so he keeps away from others even though he longs to be part of a group of his peers. Leroy has an acute discomfort in close relationships as well as displays cognitive distortions and eccentric behaviour. According to the DSM-5 classification system, Temba shows symptoms of - - - - Personality Disorder, while Leroy shows features of - - - - Personality Disorder

- 1) Avoidant, Schizotypal
- 2) Antisocial, Histrionic
- 3) Schizotypal, Schizoid
- 4) Schizoid, Schizotypal

Answer: The correct answer is (1)

Refer: Sue et al., pg. 483

Reasoning:

- A person with Schizoid Personality Disorder neither desires nor enjoys close relationships, including being part of a family.
- A person with Schizotypal Personality Disorder has a pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior
- People with Avoidant Personality Disorder does not desire to be alone – they want an active social life, but fear social contact.

Question 22

Tom, a 47-year-old, engineer, consults with a clinical psychologist as his wife has complained about their lack of sexual interaction for over a year. Tom avoids sex with his wife because of his inability to maintain an erection during intercourse with her, on almost all occasions. He voices that he feels like "a complete failure" and finds his feelings of inadequacy unbearable. Tom is able to enjoy masturbating when having sexual fantasies that involve caning, biting and burning women with hot wax. The psychologist notes the contrast between his aggressive fantasies and his loving and considerate behaviour towards his wife. Tom admits that he is becoming very worried about his mixed feelings towards women, as he has come close to cheating on his wife, by dialling the number of a sex worker. According to the DSM-5 classification system, the psychologist will likely make the following diagnosis/es in Tom's case?

- 1) Male Erectile Disorder
- 2) Voyeuristic Disorder
- 3) Male Hypoactive Sexual Desire Disorder
- 4) Male Erectile Disorder, Sexual Sadism Disorder

Answer: The correct answer is (4)

Refer: Sue et al., pg. 438

Reasoning:

- Erectile Disorder is the repeated failure to obtain or maintain erections during partnered sexual activities and occurs in the majority of sexual occasions over at least 6 months.
- Voyeuristic Disorder is urges, acts or fantasies of observing an unsuspecting person disrobing or engaging in sexual activity.
- Male Hypoactive Sexual Desire Disorder is persistently or recurrently deficient or absent sexual thoughts, fantasies or desire for sexual activity for approximately six months causing significant distress.
- Sexual Sadism Disorder is sexually arousing urges, fantasies, or acts associated with inflicting physical or psychological suffering.

Question 23

A psychopathology student explains Generalised Anxiety Disorders (GAD) to a fellow student. Which of the following descriptions regarding GAD are correct?

- a) GAD is regarded as an Anxiety Disorder by the DSM-5 classification system
 - b) GAD is characterised by moderate levels of worry and anxiety
 - c) The anxiety and worry must be present for at least 12 months before it can be diagnosed as GAD
 - d) The individual finds it difficult to control the worries and anxiety
 - e) The anxiety is associated with physical symptoms such as fatigue, muscle tension and restlessness
 - f) Although GAD is categorised as an Anxiety Disorder, the anxiety and worries do not cause significant distress and/or impairment in functioning
 - g) Genetic factors seem to play a major aetiological role
 - h) A lower threshold for uncertainty which leads to worry and anxiety is emphasised by the cognitive theories as an aetiological factor
 - i) Level of income and marital status do not seem to play any significant role in the development of GAD
- 1) a, e, f, i
2) b, c, d, h
3) a, d, e, h
4) c, d, e, g

Answer: The correct answer is (3)

Refer: Sue et al., pg. 134

Reasoning:

- GAD is *excessive (not moderate)*, uncontrollable and often irrational worry for at least 6 months (not 12 months). Therefore, option b is incorrect, eliminating alternative 2 and option c is incorrect, thereby eliminating alternative 2 and 4.
- Individuals suffering from GAD find it difficult to control their worries, therefore option d is correct, thereby eliminating alternative 1.

Read the following short case study and then answer questions 24 and 25.

Since he got divorced eight months ago, Thabo has suffered repeated unexpected episodes of extreme dizziness and shortness of breath with intense chest pain, heart palpitations, sweating and uncontrollable trembling. During these terrifying, incapacitating episodes which last approximately 10 minutes, the world seems strange and unreal and Thabo has a sense of impending doom. Twice he rushed to the hospital convinced that he was having a heart attack. Various medical tests and examinations were done at the hospital. All the results of the tests and examinations were within normal limits.

Since the second episode Thabo is continuously worried about additional episodes and has made drastic changes to his lifestyle such as avoiding exercise and reorganising his daily schedule to ensure that help is available in the event of an episode. Although Thabo used to be outgoing and active, he is now socially withdrawn and moody.

To cheer him up, his brother insisted that they go to a spinning class at the gym. Shortly after the warm-up started, Thabo had another episode of intense anxiety and physical discomfort.

Question 24

According to the DSM-5 classification system, Thabo's behaviour can be diagnosed as ---.

- 1) Specific Phobia
- 2) Panic Disorder
- 3) Agoraphobia
- 4) Illness Anxiety Disorder

Answer: The correct answer is (2)

Refer: Sue et al., pp.134

Reasoning:

- Option 1 (Specific Phobia is irrational fear of specific objects or situations with little or no danger. Exposure produces intense fear or panic attacks.
- Panic Disorder (option 2) is recurrent and unexpected panic attacks. Concern about expected future panic attacks or about losing control. Can occur with or without agoraphobia.
- Agoraphobia (option 3) is fear of being trapped in situation or place from which escape might be difficult (or possibly embarrassing) or in which help will not be readily available if individual experiences a panic attack. Fear is out of proportion to actual danger posed by the feared situation.
- Illness Anxiety Disorder (option 4) is persistent health anxiety and/or concern that one has an undetected physical illness, few or no somatic complaints.

Question 25

In the Cognitive-Behaviouristic explanation of Thabo's last episode of intense anxiety and physical discomfort, it is assumed that - - - -

- 1) the episode was the result of observational learning
- 2) the symptoms originated out of defences against unconscious anger and resentment
- 3) the exercise class was an unconditioned stimulus that resulted in the episode
- 4) inaccurate cognitions and somatic symptoms created a feedback loop that resulted in increasing anxiety

Answer: The correct answer is (4)

Refer: Sue et al., pg. 146

Reasoning: Cognitive Behavioural Perspective: Panic attacks are attributed to the individual's interpretation of unpleasant bodily sensations as indicators of an impending disaster. Cognitions and somatic symptoms can best be viewed as a positive feedback loop that results in increasingly higher levels of anxiety.

Read the following case study and then answer question 26

Dalene resigned from her job and became housebound when her husband threatened to hire a professional cleaning company to clean their house of the large number of "useless" items Dalene has been saving for several years. Massive unorganised piles of old clothes, books, plastic containers, tins, newspapers and magazines clutter their house to such an extent that they only have access to

their beds and a small section of one bathroom. In spite of her husband's annoyance and threats, Dalene cannot resist the urge to keep on adding to her possessions. Catherine, on the other hand, has been collecting teaspoons for many years from all over the world. Friends and family members have contributed to her collection of 1 400 teaspoons. These teaspoons are categorised according to country of origin and kept in beautiful glass display cabinets. Her family and friends enjoy listening to the stories pertaining to the origin of the teaspoons.

Question 26

According to the DSM-5 classification system, Dalene's behaviour can be diagnosed as - - - - and Catherine's behaviour as - - - -

- 1) Hoarding Disorder because Dalene's symptoms meet the full DSM-5 criteria of Hoarding Disorder, None, because Catherine's behaviour is not causing her distress or impairment in functioning
- 2) Obsessive-Compulsive Disorder because Dalene is obsessed with her possessions, Obsessive-Compulsive Personality Disorder, because Catherine manifests clear symptoms of perfectionism by categorising her collection
- 3) None, since Dalene clearly enjoys adding to her collection, Hoarding Disorder because Catherine has 1 400 teaspoons which indicates excessive acquisition
- 4) Agoraphobia because Dalene does not want to leave her house, she has even resigned from her work in order to stay home, Obsessive-Compulsive Disorder because Catherine's obsession with teaspoons led other people to add to her collection

Answer: The correct answer is (1)
--

Refer: Sue et al., pg. 151

Reasoning: Hoarding Disorder is congested living conditions due to accumulation of items and distress over the thought of discarding these, regardless of their value.

Read the following short case study and then answer question 27.

Since being crowned second princess in a provincial beauty pageant, Tammy has become obsessed with her tummy. She is convinced that her tummy caused her the first place in the competition. She has adjusted her exercise routine and diet drastically, she has also consulted several personal trainers and doctors in a desperate attempt to improve the look of her tummy. Tammy spends hours in front of the mirror checking her tummy which is regarded as exceptionally well-toned by her friends and the professionals she has consulted. Tammy's concerns about her tummy "imperfection" cause her severe distress.

Question 27

According to the DSM-5 classification system, Tammy's abnormal behaviour can be classified as - - - -

- 1) Obsessive-Compulsive Disorder
- 2) Narcissistic Personality Disorder
- 3) Body Dysmorphic Disorder
- 4) Illness Anxiety Disorder

Answer: The correct answer is (3)
--

Refer: Sue et al., pg. 151

Reasoning:

- | |
|--|
| <ul style="list-style-type: none"> • Obsessive-Compulsive Disorder is characterized by the presence of obsessions, compulsions, or both. These obsessions or compulsions are rigid, and time-consuming. Obsessions are defined by (1) and (2): 1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and |
|--|

unwanted, and that in most individuals cause marked anxiety or distress. 2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e. by performing a compulsion).

- Narcissistic Personality Disorder (option 2) is a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy.
- Body Dysmorphic Disorder (option 3) is the preoccupation with an imagined defect in appearance in a normal appearing person, or an excessive concern over a slight physical defect where the individual regards the defect with embarrassment or loathing.
- Illness Anxiety Disorder (option 4) is a persistent health anxiety and/or concern that one has an undetected physical illness, with few or no somatic complaints that is present for at least 6 months.

Read the following short case study and then answer question 28.

Matema, an adolescent whose parents are going through an acrimonious divorce, spends many hours picking the skin on her thighs. Despite the ugly lesions on her thighs which she tries to hide and which cause her severe distress, she cannot resist picking her skin. A few months ago, she has also started pulling the delicate hairs from her eyebrows and although people began to comment negatively on her eyebrow hair loss, which she tries to camouflage by using heavy makeup, she cannot resist the urge to pull these hairs. The embarrassment of these negative comments adds to her distress about her skin lesions and she feels totally out of control and worthless.

Question 28

According to the DSM-5 classification system, Matema's abnormal behaviour can be classified as - - -

- 1) Excoriation Disorder
- 2) Obsessive-Compulsive Disorder
- 3) Body Dysmorphic Disorder and Impulse Control Disorder
- 4) Excoriation Disorder and Trichotillomania

Answer: The correct answer is (4)

Refer: Sue et al., pg. 151

Reasoning:

Trichotillomania (Hair Pulling) Disorder

Definition	Time Frame	Symptoms/Criteria
Recurrent and compulsive hair pulling that causes significant distress and results in hair loss.	<ul style="list-style-type: none"> • Age of onset: Usually before age 17 • Occur sporadically during the day or, • For sustained periods of time that may last for hours • Younger children usually outgrow behavior. 	

Excoriation (Skin Picking) Disorder

Definition	Time Frame	Symptoms/Criteria
Repetitive and recurrent picking of the skin and resultant skin lesions.	<ul style="list-style-type: none"> • Age of onset: Usually before age 17 • Occur sporadically during the day or, • For sustained periods of time that may last for hours • Younger children usually outgrow behavior. 	<ul style="list-style-type: none"> • The individual spends one or more hours per day thinking about, resisting, or picking the skin. • The behaviour causes significant distress. • Episodes are preceded by rising tension;

Question 29

Lisa, a very conservative young woman, has persistent and upsetting images about sexual activities with her pastor. Since these intrusive images cause her severe distress, Lisa has tried different strategies to ignore them but without any success. The only way she can reduce the anxiety caused by these images is to whisper five consecutive prayers, begging for forgiveness. Lisa's behaviour is not only causing her severe distress, it is also very time-consuming. According to the DSM-5 classification system, Lisa's abnormal behaviour can be classified as - - - -

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

Answer: The correct answer is (3)
Refer: Sue et al., pg. 151
Reasoning:
<ul style="list-style-type: none"> • Individuals with Impulse Control Disorders fail to resist an impulse to perform a certain act that could have negative outcomes for themselves and/or others. They experience tension/arousal before the act and feel relieved, excited, or gratified once they have committed the act or given in to the impulse/urge, i.e. Pyromania or Kleptomania. Therefore option 2 is incorrect. • Obsessive-Compulsive Disorder is not a Personality Disorder, therefore option 4 is incorrect. (The pattern for a Personality Disorder is stable and of long duration, and its onset can be traced back to at least adolescence or early adulthood)

Read the following short case study and then answer questions 30, 31, 32, 33 and 34.

Since the unexpected death of her loving, supportive husband 18 months ago, Rose has been very sad and depressed. She has lost interest in her work, children and social life and experiences no pleasure doing the things she once enjoyed. She has become socially withdrawn and sits for long hours in front of her computer watching recordings of her beloved husband. Her face is expressionless and her movements slow and automatic. In spite of feeling extremely tired, Rose cannot sleep more than three hours a night. She awakens in the early hours of the morning unable to fall asleep again. She has no appetite and has lost a lot of weight. Rose perceives her life as empty and worthless and has recurrent thoughts of suicide. Lately, she has begun to manifest faulty perceptions of reality. She has delusions of unworthiness, feels guilt for supposed horrible wrongdoings and believes that her body is rotting away.

Question 30

Which one of the following will be the most appropriate diagnosis in Rose's case according to the DSM-5 classification system?

- 1) Adjustment Disorder
- 2) Persistent Depressive Disorder (Dysthymia)
- 3) Major Depressive Disorder
- 4) Delusional Disorder

Answer: The correct answer is (3)
Refer: Sue et al., pp. 234-236
Reasoning:

Option 2, Dysthymia is depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others – for at least 2 years. Since Rose has only had symptoms for 18 months she does not qualify for a diagnosis of Dysthymia.

Major Depressive Disorder (option 3) is the occurrence of at least one major depressive episode (at least two-week duration). No history of mania or hypomania.

Symptoms are:

Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

- o Depressed mood most of the day, nearly every day.
- o Markedly diminished interest or pleasure in all, or almost all, activities most of the day.
- o Significant weight loss or gain or appetite changes.
- o Insomnia or hypersomnia nearly every day.
- o Psychomotor agitation or retardation nearly every day.
- o Fatigue or loss of energy nearly every day.
- o Feelings of worthlessness or excessive or inappropriate guilt.
- o Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- o Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation.

Question 31

Which of the following specifiers would apply to Rose's diagnosis?

- a) moderate
- b) severe
- c) with melancholic features
- d) with mood-incongruent psychotic features
- e) somatic type
- f) with catatonia

- 1) a, e
- 2) b, c
- 3) d, e
- 4) b, f

Answer: The correct answer is (2)

Refer: Sue et al., pp. 234-236

Reasoning:

- Severity is based on the number of criterion symptoms, the severity of those symptoms, and the degree of functional disability.
 - o Mild: Few, if any, symptoms in excess of those required to make the diagnosis are present, the intensity of the symptoms is distressing but manageable, and the symptoms result in minor impairment in social and occupational functioning.
 - o Moderate: The number of symptoms, intensity of symptoms, and/or functional impairment is between those specified for “mild” and “severe”.
 - o Severe: The number of symptoms is substantially in excess of that required to make the diagnosis, and the intensity of the symptoms is seriously distressing and unmanageable, and the symptoms markedly interfere with social and occupational functioning.

Therefore, option a is incorrect and option b is correct, eliminating alternative 1 and 3.

- Melancholia is a pervasive depressive mood involving lack of reaction to pleasurable stimuli, extreme lethargy, intense guilt, and severe weight loss.

- Catatonia is a state of apparent unresponsiveness to external stimuli that can include mutism; taking a specific posture and not moving; or extreme agitation with purposeless, excessive motor activity.

Question 32

Rose's symptoms of sadness, emptiness and worthlessness illustrate the - - - - manifestation of her diagnosis, the symptoms of guilt, negative thinking and suicidal ideation illustrate the - - - - domain of this diagnosis and the symptoms of weight loss and insomnia illustrate the - - - - manifestation of her diagnosis

- 1) mood, cognitive, physiological
- 2) cognitive, behavioural, affective
- 3) behavioural, affective, emotional
- 4) emotional, physiological, behavioural

Answer: The correct answer is (1)

Refer: Sue et al., pg. 231

Reasoning:

Symptoms of Depression	
Domain	Depression Symptoms
Mood	Sadness, emptiness and worthlessness, apathy, hopelessness
Cognitive	Pessimism, guilt, difficulty concentrating, negative thinking, suicidal thoughts
Behavioural	Social withdrawal, crying, low energy, lowered productivity, agitation, poor hygiene
Physiological	Appetite and weight changes, sleep disturbance, aches and pain, loss of sex drive

Question 33

According to the Behavioural explanation, the development and maintenance of Rose's current mental disorder can be attributed to

- a) Impoverished childhood years with limited appropriate role models
 - b) Insufficient social reinforcement
 - c) Social withdrawal with reduced chances for reinforcement
 - d) Negative schemas about herself
 - e) Her current passive behaviour and errors in thinking
 - f) Her perception that her life is empty and worthless
- 1) a, d
 - 2) b, c
 - 3) d, f
 - 4) e, f

Answer: The correct answer is (2)

Refer: Sue et al., pg. 241

Reasoning: The aetiology of Mood Disorders state the following:

- The psychodynamic emphasises unconscious conflicts associated with loss and anger.
- The behavioural perspective focuses on reduced reinforcement during a loss.
- The cognitive perspective focuses on the individual experiencing a depressive mood's cognitive distortions and low self-esteem.
- According to the biological perspective, a deficit of two neurotransmitters, norepinephrine and serotonin, may lead to depression.

Question 34

The clinical psychologist notes Rose's thoughts of suicide as a risk factor when assessing - - - - -, whereas taking into account the level of intensity of the subjective psychological suffering that Rose is experiencing is assessing her level of - - - - -

- 1) deviance, dysfunction
- 2) dangerousness, distress
- 3) deviance, dysfunction
- 4) dangerousness, dysfunction

Answer: The correct answer is (2)

Refer: Sue et al., pg. 9

Reasoning:

- Dangerousness refers to a level of risk, (dangerousness of a client – to themselves or to others).
- Distress refers to the level of intensity of the suffering (extreme or prolonged vs. moderate or fleeting).
- Dysfunction refers to the comparison of performance to the role the client is expected to fulfil or to the client's potential.
- Deviance is more closely related to a statistical average. (comparing the client to the norm)

Question 35

According to Sue et al, (2016), research addressing the relationship between stress and depression argues that-----

- 1) chronic stress is much more likely to cause a first depressive episode than is severe, acute stress
- 2) harsh childhood years with a lack of secure attachments and trusting relationships with caregivers helps children develop defences for averting depression when experiencing stress later in life
- 3) there is a bidirectional relationship between stress and depression as was found that stress can cause depression and depression can cause stress
- 4) there is no significant relationship between stress and depression

Answer: The correct answer is (3)

Refer: Sue et al., pg. 240

Reasoning:

- One study found that having dysfunctional parents who created stressful home condition influenced vulnerability to stress. Individuals from such families may fail to acquire adaptive skills and positive self-images, which in turn brings on more stress, which can trigger depression. Therefore option 2 is incorrect.
- Depression can also cause stress. Stress and depression appear to be bidirectional. Therefore option 4 is incorrect.
- Acute stress is more highly related to depression than chronic stress. Therefore, option 1 is incorrect.

Question 36

The key distinguishing characteristic between Bipolar I Disorder and Bipolar II Disorder is - - - - -

- 1) the presence and or history of a major depressive episode
- 2) the presence and or history of a manic episode
- 3) the presence and or history of a hypomanic episode
- 4) the presence and or history of distinct periods of elevated, expansive or irritable mood

Answer: The correct answer is (2)

Refer: Sue et al., pg. 257

Reasoning: The primary distinction between Bipolar I and Bipolar II is the severity of the symptoms during energized episodes; that is, whether or not:

- (1) symptoms are hypomanic or manic;
- (2) ongoing for at least one week; and
- (3) severe enough to significantly impair social or occupational functioning.

A history of at least one ongoing manic episode resulting in significantly impaired functioning is required for a Bipolar I diagnosis.

Question 37

A mental disorder characterised by impairment in functioning, a cyclical pattern of chronic, mild mood swings not reaching the levels of the DSM-5 criteria for manic, hypomanic or major depressive episodes is called - - - - -

- 1) Adjustment Disorder with mixed disturbances of emotions
- 2) Persistent Depressive Disorder (Dysthymia)
- 3) Cyclothymic Disorder
- 4) Borderline Personality Disorder

Answer: The correct answer is (none of the above?)

Refer: Sue et al., pg. 256

Reasoning:

- One of the criteria for Adjustment Disorder (option 1) is that once the stressor or its consequences have terminated, the symptoms do not persist for more than an additional 6 months. Therefore, not cyclical nor chronic. This means that option 1 is incorrect.
- Cyclothymic Disorder is when numerous hypomanic episodes have alternated with milder depression for at least 2 years (with no more than 2 months symptom-free) for adults, or 1 year for children and adolescents, with no history of major depression or mania.
- Dysthymia is when depressed mood has been experienced for most of the day, for more days than not, as indicated by either subjective account or observation by others, for a period of 2 years (with no more than 2 months symptom free), with no history of manic or hypomanic episode. Criteria for Major Depressive Disorder may be continuously present for 2 years.
- Borderline Personality Disorder is *intense* (not mild) fluctuations in mood, self-image, and interpersonal relationships. Therefore option 4 is incorrect.

(Option 1 and 4 is eliminated. However, the question specifically relates to 'not reaching the levels of a a) manic, b) hypomanic or c) major depressive episode'. Option 2 (Cyclothymic Disorder) includes hypomanic episodes, and option 3 (Dysthymia) includes Major Depressive Criteria.)

Read the following case study and then answer questions 38, 39, 40 and 41.

Kgosi, a 21-year-old university student spends most of his afternoons drinking beer in a bar with his friends. Over the last eight months on regular nights out, after 8 to 10 glasses, he becomes argumentative, challenging one of his bigger companions to step outside with him and fight.

Normally, Kgosi is a quiet, unaggressive person, but at times like these, he speaks in a loud voice challenging the bigger guy to fight him, apparently with no good reason. When the fight does not develop, he becomes distressed and tearful spending long periods of time staring into his beer glass. After more beers, he begins to tell long and indiscreet stories about his ex-girlfriends. His attention drifts when others talk and he finds the most trivial things like tipping over a beer glass, so humorous that he laughs so loudly until the bartender gives him a warning look, which usually calms him down. However, prior to his admission, the incident in the bar involved him tripping and falling to the floor and injuring his arm, which led to his friends taking him to the hospital. The next day, Kgosi wakes up apologetic, and presents as he is when sober, as such, shy and trying to please others. According to his uncle, Kgosi had always been clingy towards nurturing figures. Kgosi's uncle heard from Kgosi's mother that Kgosi was always keen to make friends and do what they wanted, however he lost many of his friends because of his tendency to become excessively reliant on them. It was as if he could not cope without a friend constantly guiding him. Ever since his parents' divorce he became excessively close to his mother. He could rarely leave home without his mother for most of his school career. When he left for University, he made a few friends and now he does not attend lectures or undertake any activity unless a close friend accompanies him. He has a low self-esteem and has always allowed his friends to make decisions for him. A year ago, Kgosi became deeply distressed when his mother passed away in a car accident. It would appear that he battled to cope with her death since he tried to commit suicide but was found by his uncle with a handful of sleeping pills. His uncle who subsequently became his guardian has never known him to use alcohol or any other substance.

Question 38

According to the DSM-5 classification system, the principal diagnosis for Kgosi's abnormal behaviour would be-----

- 1) Alcohol Use Disorder
- 2) Alcohol Dependence
- 3) Alcohol Intoxication
- 4) Alcohol Tolerance

Answer: The correct answer is (3)

Refer: Sue et al., (2016) pg. 331

Reasoning:

- Alcohol Tolerance (option 4) is defined by either of the following:
 - (a) a need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
 - (b) markedly diminished effect with continued use of the same amount of alcohol.
 This option is eliminated as the DSM-5 does not list Alcohol Tolerance as a diagnosis.
- The diagnostic criteria for Alcohol Intoxication (option 3) is:
 - A. Recent ingestion of alcohol.
 - B. Clinically significant problematic behavioural or psychological changes (e.g. inappropriate sexual or aggressive behaviour, mood lability, impaired judgement) that developed during, or shortly after, alcohol ingestion.
 - C. One (or more) of the following signs and symptoms developing during, or shortly after, alcohol use:
 1. Slurred speech.
 2. Incoordination.
 3. Unsteady gait.
 4. Nystagmus.
 5. Impairment in attention or memory.

- | |
|--|
| <p>6. Stupor or coma.</p> <p>D. The signs and symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication with another substance.</p> |
|--|

Question 39

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

- 1) Avoidant Personality Disorder
- 2) Schizoid Personality Disorder
- 3) Dependent Personality Disorder
- 4) Antisocial Personality Disorder

<p>Answer: The correct answer is (3)</p>

<p>Refer: Sue et al., (2016) pg. 484</p>

<p>Reasoning:</p>

<p>The diagnostic criteria for Dependent Personality Disorder is:</p>

<p>A pervasive and excessive need to be taken care of that leads to submissive and clinging behaviour and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:</p>
--

- | |
|---|
| <ol style="list-style-type: none">1. Has difficulty making everyday decisions without an excessive amount of advice and reassurance from others2. Needs others to assume responsibility for most major areas of his/her life.3. Has difficulty expressing disagreement with others because of fear of loss of support or approval (Note: Do not include realistic fears of retribution).4. Has difficulty initiating projects or doing things on his/her own (because of a lack of self-confidence in judgement of abilities rather than a lack of motivation or energy)5. Goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant6. Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself/herself7. Urgently seeks another relationship as a source of care and support when a close relationship ends8. Is unrealistically preoccupied with fears of being left to take care of himself/herself. |
|---|

Question 40

The effect of Kgosi's alcohol with regard to his increased sociability and disruptive behaviour could be explained by the psychologist as follows - - - - -

- 1) alcohol increases inhibition of aggressive impulses
- 2) alcohol increases the central nervous system functioning, thus making it easier for individuals to be more sociable
- 3) alcohol increases disinhibition of aggressive impulses
- 4) alcohol makes one more socially inhibited

<p>Answer: The correct answer is (3)</p>

<p>Refer: Sue et al., (2016) pg. 331</p>

<p>Reasoning: Short-term effects of alcohol use include a loss of inhibitions, therefore options 1 and 4 is eliminated.</p>
--

<p>Once swallowed, alcohol is quickly absorbed into the bloodstream and begins to depress central nervous system functioning, therefore option 2 is incorrect.</p>
--

Question 41

Should a clinical psychologist recommend individual therapy for Kgosi, his/her recommendation would be an example of - - - - -

- 1) Primary Prevention
- 2) Crisis Prevention
- 3) Secondary Prevention
- 4) Tertiary Prevention

Answer: The correct answer is (3)

Refer: PYC3702/501, pg. 14

Reasoning:

- Primary prevention (option 1) interventions are efforts to lower the incidence of new cases of mental disorders by strengthening or introducing information, resources or skills that promote mental health and by curbing community characteristics that threaten mental health
- Crisis intervention (option 2) is aimed at providing intensive short-term help to a patient in resolving an immediate life crisis. The patient may be immediately hospitalized, given medical treatment, and seen by a psychiatric team for 2-4 hours every day until the person is stabilized and the immediate crisis has passed. Since Kgosi has previously tried committing suicide, and alcohol plays a role in suicide, Kgosi would be at risk of another attempt.
- Secondary Prevention (option 3) refers to an attempt to shorten the duration of mental disorders and to reduce their impact by detecting their presence in the early stages to apply prompt effective treatment
- Tertiary Prevention (Option 4) is to facilitate the readjustment of an individual to the community after treatment for a mental disorder that they have

Read the following short case study and then answer questions 42, 43 and 44

Martina, is a 48-year-old conservative woman who has attended church every Sunday since she married her husband, Arthur, 30 years ago. Martina decided to consult a psychologist since she has been experiencing numerous stressors at home, the worst of which is her discovery of her husband's extramarital affair that has been ongoing for the past 15 years. According to Martina, her marriage had always been perfect, except when it came to sex. Although Martina managed to achieve orgasms with her husband on a regular basis before she became pregnant two years into their marriage, she reports that her interest in having sexual intercourse gradually diminished after the birth of their only daughter. Her husband was initially understanding and supportive, but later grew frustrated with Martina's mounting excuses to avoid having sexual intercourse. Eventually, after numerous verbally aggressive conversations, Martina and Arthur settled into a routine whereby they would have sex once a month after Arthur received his salary. Arthur, who would normally make sarcastic remarks to their friends and family about his "Frigid Ice Queen", suddenly turns up the romance on payday, buying her flowers and chocolates before they commence with their rather "short and mechanical" session of "love-making" wherein Arthur would reach climax within one minute of penetration. Martina reports that she has always thought that sex was rather dirty, immoral and embarrassing and did not have much interest in sex at all. Her attitudes towards sex was confirmed, when early in their marriage, Arthur had a new "kinky suggestion" every other week in order to spice up their sex life. These suggestions included cross-dressing, role-plays, spanking each other, and having group sex among many other fantasies, which Martina disapproved of.

Question 42

Martina likely qualifies for a DSM-5 diagnosis of - - - - -, whereas Arthur likely qualifies for a DSM-5 diagnosis of - - - - -?

- 1) Female Sexual Interest/Arousal Disorder, Fetishistic Disorder
- 2) Female Sexual Interest/Arousal Disorder, Premature (Early) Ejaculation
- 3) Female Orgasmic Disorder, Premature (Early) Ejaculation
- 4) Sexual Masochism Disorder, Sexual Sadism Disorder

Answer: The correct answer is (2)
Refer: Sue et al., pg. 444
Reasoning: Female Sexual Interest/Arousal Disorder is the lack of or significantly reduced sexual interest/arousal. Premature (Early) Ejaculation Disorder is the ejaculation with minimal sexual stimulation before, during, or shortly after penetration.

Question 43

The psychologist should avoid making a diagnosis of Transvestic Disorder in the case of Arthur for the following reason

- 1) His cross-dressing behaviour, although isolated, actually causes clinically significant distress to Martina
- 2) Psychologists are not qualified to make diagnoses of Transvestic Disorder
- 3) Transvestic Disorder is not a recognised DSM-5 disorder
- 4) His sexual arousal and gratification does not depend solely on his urges, fantasies and acts related to cross-dressing

Answer: The correct answer is (4)
Refer: Sue et al., pg. 455
Reasoning: Transvestic Disorder is the intense sexual arousal by cross-dressing.

Question 44

The Multipath Model of Sexual Dysfunctions would explain the development of Martina's sexual problems as stemming from - - - - -

- 1) negative thoughts and attitudes towards sex
- 2) relationship difficulties with her partner
- 3) cultural scripts and values related to sex
- 4) all of the above

Answer: The correct answer is (4)
Refer: Sue et al., pg. 444
Reasoning:

Multipath Model - Etiology of Sexual Dysfunction			
Biological	Psychological	Social	Socio-Cultural
Physical and medical conditions (chronic illness, vascular diseases, medication, substance abuse, etc.)	Situational or coital anxiety or guilt	Relational problems with partner	Cultural scripts
Hormonal deficiencies	Performance anxiety	Negative parental attitudes towards sex in childhood	Gender roles
Autonomic nervous system reactivity to anxiety	Negative attitudes towards sex	Rape or sexual abuse/molestation	Age-related changes
	Fear of pregnancy, HIV infection or venereal disease	Strict religious and moralistic upbringing	

Read the following short case study and then answer questions 45, 46, 47 and 48.

Trevor is a 36-year-old financially powerful owner of multiple telecommunications businesses in South Africa. He has been in a relationship with Sarah, a qualified chartered accountant, for the past five years and they had moved in together in the last six months. Trevor and Sarah, who describe themselves as "social elites", consulted a psychologist after Sarah made a shocking discovery about Trevor's sexual escapades that involves him cajoling homeless women on the street into performing "embarrassing" sexual activities with him. Specifically, Trevor reports that he derives sexual satisfaction from exerting power over these women and gets turned on by humiliating them over their lower socio-economic status. He often directs them to go on their knees to beg for his attention "like dogs" and would urinate on their clothes and force them to wear the items in public. Trevor likes to keep souvenirs of his sexual escapades in the form of the women's dirty underwear, which he regularly smells in order to arouse himself and he reports that he finds it impossible to become sexually aroused otherwise. According to Trevor, he believes that he is suffering from a sex addiction and verbalises he wishes to be admitted to a psychiatric hospital to "rehabilitate him from his addiction"

Question 45

According to the DSM-5 classification system, Trevor meets the criteria for a diagnosis of - - - - -, which is characterised by sexual attraction and fantasies involving - - - - -

- 1) Sexual Masochism Disorder, inflicting physical or psychological suffering
- 2) Sexual Sadism Disorder, being humiliated, bound, or made to suffer
- 3) Fetishistic Disorder, objects or non-genital body parts
- 4) Sadistic Rape Disorder, having non-consensual sexual intercourse with unsuspecting victims

Answer: The correct answer is (3)
Refer: Sue et al., pg. 453
Reasoning: Fetishistic Disorder is the sexual attraction and fantasies involving non-living objects such as female undergarments.

Question 46

Trevor's sexual urges, fantasies and acts of urinating on his sexual partners' clothes and making them beg "like dogs" for his attention qualifies him for an additional diagnosis of --- on the condition that - - -

- 1) Sadistic Rape Disorder, it causes clinically significant distress to his sexual partners
- 2) Sexual Sadism Disorder, he feels markedly distressed by this behaviour
- 3) Sexual Sadism Disorder, he acted on the urges with consenting adults
- 4) Sexual Masochism Disorder, he feels embarrassed by his behaviour

Answer: The correct answer is (3)

Refer: Sue et al., pg. 453

Reasoning: Sexual Sadism Disorder is the sexually arousing urges, fantasies, or acts associated with inflicting physical or psychological suffering. Had Trevor's actions involve non-consenting adults, this would have been Sadistic Rape.

Question 47

Should Trevor be admitted to a rehabilitation clinic for treatment of his abnormal behaviours, this would constitute as a - - - - -, whereas therapy to assist him to integrate back into the community after his discharge would constitute as a - - - - -

- 1) Primary prevention strategy, secondary prevention strategy
- 2) Secondary prevention strategy, secondary prevention strategy
- 3) Tertiary prevention strategy, secondary prevention strategy
- 4) Secondary prevention strategy, tertiary prevention strategy

Answer: The correct answer is (4)

Refer: PYC3702/501, pg. 14

Reasoning:

- Secondary prevention is an attempt to shorten the duration of mental disorders and to reduce their impact. If a disorder is detected early and effective treatment can be found, it is possible to minimize the impact of the disorder or to prevent it from developing into a more serious and debilitating form.
- The goal of tertiary prevention is to facilitate the readjustment of the person to community life after hospital treatment for a mental disorder. The focus is on reversing the effects of institutionalization and on providing a smooth transition to a productive life in the community.

Question 48

Trevor's belief that he is suffering from a 'sex addiction' and should receive psychological treatment to prevent further disruption of his 'normal sexual functioning' is consistent with - - - - - in community psychology

- 1) The Social Action Model
- 2) The Mental Health Model
- 3) The African Model
- 4) The Biological Model

Answer: The correct answer is (2)

Reasoning:

Theoretical models in community psychology:

- Mental health model – preventing mental illness and its disruption of usual living patterns.
- Social action model – addresses the needs of the poor, and attempts to equalize opportunities for upward social mobility.
- Ecological model – sees the community as an ecosystem consisting of relationships which operate in an environmental context.

- Organisational model – focuses on understanding and preventing mental disorders in organisations. (Method for facilitating change and development in people).

Question 49

Lionel firmly believes that he is married to Beyonce Knowles and that together they own Las Vegas. Vuyo tells the clinical psychologist that all the other patients and the staff are talking about his case and what to do about him. A psychologist states that Lionel suffers from a delusion of - - - - -, whereas Vuyo suffers from a delusion of - - - - -

- 1) control, grandeur
- 2) persecution, control
- 3) grandeur, reference
- 4) reference, persecution

Answer: The correct answer is (3)

Refer: Sue et al., pp.366-367

Reasoning:

Delusions	
Type of Delusion	Content of Delusion
Persecutory	Belief that one is going to be harmed/harassed by an individual or an organisation
Grandiose	Belief that one has exceptional abilities/wealth/fame
Erotomaniac	False belief that another is in love with him/her
Nihilistic	Belief that a major catastrophe will occur
Somatic	Pre-occupation with health and organ function
Referential	Belief that certain gestures, comments, environmental cues, etc. are directed at you (gossip)
Jealousy	Belief that partner/spouse is unfaithful
Religious	Belief that one is Jesus/Moses etc.
Loss of Control	Belief of loss of control over mind or body, or being manipulated by others, and includes thought withdrawal/insertion/control.

Question 50

Which one of the following alternatives illustrates correctly the relationship between Schizophrenia and Expressed Emotion?

- 1) Families with high expressed emotion are more likely to see relapse in their family members with Schizophrenia
- 2) Families with high expressed emotion are least likely to see relapse in their family members with Schizophrenia
- 3) Low expressed emotion causes thought disturbance related to Schizophrenia in children
- 4) Low expressed emotion is a genetically determined trait in individuals with Schizophrenia with prominent positive symptoms

Answer: The correct answer is (1)

Refer: Sue et al., pg. 383

Reasoning:

- Expressed emotion (EE), a negative communication pattern found among some relatives of individuals with schizophrenia, has been associated with higher relapse rates.
- It is possible that the stress of a high EE environment may lead directly to relapse. Those with schizophrenia whose parents are rated high in EE are more likely to recount negative and stressful memories involving their parents than those whose parents are low on EE.

- A more severely ill individual may cause more negative or high EE communication patterns in relatives. The severity of the illness means that the chances of relapse are high.

Read the following short case study and then answer question 51.

Brett (six years old), an only child born to parents in their early 40s after a difficult pregnancy, with an induced labour at 36 weeks, is brought by his parents to the clinical psychologist on the recommendation of his concerned teacher. As an infant, Brett was undemanding and passive. His mother reported that his motor development proceeded appropriately but language development was delayed as at 18 months Brett was still not speaking. During creche and preschool, Brett remained uninterested in interacting with peers and avoided eye contact with people. At two years old, Brett's language development was still underdeveloped and he was resistant to any changes in routine, as any changes were met with Brett having a temper tantrum. Furthermore, Brett insisted on playing with only his dinosaur toys in repetitive ways. By age 6, Brett spoke in a monotone voice and used language in a very literal way. He also only engaged in solitary play, away from peers, and when separated from his mother for an extended period of time would tantrum until she returned. His teacher was worried that he would not cope with the demands of Grade 1 the following year.

Question 51

According to the DSM-5 classification system, Brett meets criteria for a diagnosis of - - - - -

- 1) Schizophrenia
- 2) Autism Spectrum Disorder
- 3) Separation Anxiety Disorder
- 4) Conduct Disorder

Answer: The correct answer is (2)

Refer: Sue et al., pg. 523

Reasoning:

Autism Spectrum Disorder is persistent deficits in social communication and social interaction across multiple contexts as manifested by the following symptoms that Brett suffers from (among others):

- Deficits in social-emotional reciprocity,
- poorly integrated communication,
- deficits in developing and maintaining relationships,
- repetitive patterns of behavior,
- insistence of sameness.

Question 52

Bobby, a healthy eight-year old, was brought to the psychologist by his parents as he continues to wet his bed. His mother reports that he has never been able to achieve complete night-time dryness since she had potty-trained him at three years old. However, Bobby verbalised that, "I sometimes have slept the whole night through without wetting my bed. However, on further exploration, experiencing a dry bed was not sequentially or predictably achieved by him. His parents were worried as Bobby was to go on a school camping trip later this year and they were concerned that his peers may tease him for wetting his sleeping bag.

According to the DSM-5 classification system, the psychologist will likely make the following diagnosis/es in Bobby's case - - - - -

- 1) Enuresis
- 2) Enuresis, Parent-Child Relational Problem

- 3) Oppositional Defiant Disorder, Parent-Child Relational Problem
- 4) Separation Anxiety Disorder

Answer: The correct answer is (1)

Refer: Sue et al., pg. 517

Reasoning:

DSM-5 diagnostic criteria for Enuresis

- A. Repeated void of urine into bed or clothes, whether involuntary or intentional.
- B. The behaviour is clinically significant as manifested by either a frequency of twice a week for at least 3 consecutive months or the presence of clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.
- C. Chronological age is at least 5 years (or equivalent developmental level).
- D. The behaviour is not due exclusively to the physiological effects of a substance (e.g. a diuretic, an antipsychotic medication) or another medical condition (e.g. diabetes, spina bifida, a seizure disorder).

Question 53

According to Sue et al (2016) which one of the following prenatal factors is potentially linked to Intellectual Disability in children?

- 1) Fetal Alcohol Syndrome
- 2) Head Injury
- 3) Asphyxia
- 4) Meningitis

Answer: The correct answer is (1)

Refer: Sue et al., pg. 533

Reasoning: From a non-genetic biological perspective; during the perinatal period, Intellectual Disability can result from birth trauma, prematurity, or asphyxiation. The most common birth condition associated with ID is prematurity and low birth weight. Therefore option 3 refers to the perinatal perspective (during birth).

During the prenatal period, the developing foetus is susceptible to viruses and infections, drugs and alcohol, radiation, and poor nutrition. Alcohol intake can significantly affect embryonic and foetal development. Although there is a continuum of detrimental neurological and behavioural effects resulting from alcohol consumption during pregnancy (foetal alcohol spectrum disorders (FASD)), the greatest concern is for those with foetal alcohol syndrome (FAS).

Question 54

Kim, an adolescent, has been telling her friends "I am better off dead, I am not worth anything, I don't have a future and nobody would miss me anyway". How should Kim's friends deal with her remarks?

- 1) They should seek professional help for Kim because at least 80 percent of people who eventually commit suicide give warning signs
- 2) They should ignore it. Their attention to her remarks might reinforce suicidal ideation
- 3) They should disregard them because the overwhelming majority of adolescents who talk about suicide do not commit suicide
- 4) They should ignore her remarks because her remarks only reflect typical teenage acting out behaviour

Answer: The correct answer is (1)

Refer: Sue et al., pp. 274-285

Reasoning: The common interpersonal act in suicide is communication of intention. At least 80% of suicides are preceded by either verbal or nonverbal behavioural cues indicating their intentions.

Question 55

According to Sue et al (2016) which one of the following statements is incorrect?

- 1) Males are at a higher risk for attempted suicide than females
- 2) The elderly are considered as a high risk group for suicide
- 3) Victims of bullying are at a higher risk for suicide
- 4) Females are at lower risk for completed suicide than males

Answer: The correct answer is (1)

Refer: Sue et al., pp. 283-285

Reasoning:

- The completed suicide rate for men is about 4 times that for women. Women are more likely to attempt suicide, but men are more successful because they use more lethal means. Therefore option 1 is untrue and option 4 is true.
- Victims of bullying are 2 – 9 times more likely to consider suicide than those not subjected to bullying. Therefore option 3 is true.
- Suicide rates among older adults are high compared to the general population; indeed, suicide rates for elderly men are the highest for any age group (CDC, 2013) Therefore, option 2 is true.

Question 56

According to Sue et al (2016) which one of the following occupations do not have a higher than average rate of suicide?

- 1) Musicians
- 2) Lawyers
- 3) Dentists
- 4) Physicians

Answer: The correct answer is (1)

Refer: Sue et al., pp. 283-285

Reasoning: Physicians, lawyers, law enforcement personnel, and dentists have higher than average rates of suicide.

Read the following case study and then answer questions 57, 58 and 59.

Ali, 67-years-old, has difficulty finding the right word when speaking and manifests modest cognitive impairment on the Mini Mental Status Exam. He also experiences memory deficits as well as problems making plans and thinking abstractly although he is able to still fulfil basic activities of daily living. His symptoms result from a Traumatic Brain Injury (TBI) he sustained in a minibus taxi accident six months ago which caused him to suffer posttraumatic amnesia for events surrounding the accident

Question 57

According to the DSM-5 classification system, Ali would most likely receive a principal diagnosis of - - - due to Traumatic Brain Injury?

- 1) Selective Mutism
- 2) Major Neurocognitive Disorder

- 3) Dissociative Amnesia
- 4) Mild Neurocognitive Disorder

Answer: The correct answer is (4)

Refer: Sue et al., pg. 403

Reasoning: The main difference between Mild and Major Neurocognitive Disorder, is that in Major Neurocognitive Disorder, the DSM-5 lists interference with daily activities in Major, but not in Mild Neurocognitive Disorder.

Question 58

Given the symptoms Ali experiences, the psychologist will add the following specifying information to his principal diagnosis - - - - -.

- 1) without behavioural disturbance
- 2) with behavioural disturbance
- 3) with situational delirium
- 4) without dissociative fugue

Answer: The correct answer is (1)

Refer: Sue et al., pg. 403

Reasoning:

Specify:

- Without behavioural disturbance: If the cognitive disturbance is not accompanied by any clinically significant behavioural disturbance.
- With behavioural disturbance (specify disturbance): If the cognitive disturbance is accompanied by a clinically significant behavioural disturbance (e.g. psychotic symptoms, mood disturbance, agitation, apathy, or other behavioural symptoms).

Question 59

Ali's symptoms regarding his inability to think abstractly and make plans refer to the occurrence of - - - - -

- 1) negative symptoms of his posttraumatic amnesia
- 2) executive dysfunction symptoms
- 3) aphasia and agnosia due to his mental disorder
- 4) memory impairment due to the TBI

Answer: The correct answer is (4)

Refer: PYC3702/503, pg. 8

Reasoning:

- Aphasia (option 3) is an impairment of expression or comprehension of language caused by injury or disease in the language centres of the brain. Agnosia (option 3) is an impairment of ability to recognize or identify familiar objects, entities, or people, usually as a result of a neurological deficit or disorder despite an intact sensory system. Therefore, since Ali suffers from Aphasia, there is no evidence of Agnosia, and option 3 is thus incorrect.

Question 60

A disturbance in - - - - - and which is also accompanied by a change in - - - - - is the main feature of Delirium

- 1) learning and memory, perceptual-motor functioning
- 2) attention or awareness, baseline cognition

- 3) perceptual-motor functioning, baseline cognition
- 4) the psychological domain, perceptual-motor functioning

Answer: The correct answer is (2)

Refer: Sue et al., pg. 405

Reasoning:

DSM-5 Diagnostic criteria for Delirium	
A.	A disturbance in attention (i.e. reduced ability to direct, focus, sustain, and shift attention) and awareness (reduced orientation to the environment).
B.	The disturbance develops over a short period of time (usually hours to a few days), represents a change from baseline attention and awareness, and tends to fluctuate in severity <u>during the course of the day</u> .

Question 61

With regard to the category of Neurocognitive Disorders within the DSM-5 classification system, the cognitive domain of 'complex attention' includes difficulties related to - - - - -

- 1) recognition of emotions and theory of mind
- 2) immediate memory span and recent memory
- 3) planning, decision-making and error correcting
- 4) sustained, selective and divided attention and processing speed

Answer: The correct answer is (4)

Refer: Sue et al., pg. 403

Reasoning:

Cognitive Domains	
Cognitive Domain	Examples of Symptoms or Observations
<u>Complex Attention</u> Sustained, selective and divided attention and processing speed.	<ul style="list-style-type: none"> • Major: difficulty in environments with multiple stimuli, easily distracted. Unable to attend unless input is restricted and simplified. Difficulty holding and recalling new information. Unable to perform mental calculations. Thinking takes longer than usual and components need to be simple to be processed. • Mild: normal tasks take longer. Errors are found in routine tasks and work needs to be double checked. Thinking is easier when not competing.

Question 62

The DSM-5 classification system recognises that the essential symptoms of the - - - - - Disorders all represent a decline from a previously attained level of functioning

- 1) Substance-Related and Addictive
- 2) Neurodevelopmental
- 3) Neurocognitive
- 4) Somatic Symptom and Related

Answer: The correct answer is (3)

Refer: Sue et al., pg. 403

Reasoning: The predominant feature of Neurocognitive Disorders is a clinical deficit in cognitive functioning that represents a significant change from a previous level of functioning.

Question 63

According to the dopamine hypothesis, - - - - - may result from - - - - - dopamine activity at certain synaptic sites in the brain

- 1) Depression, excess
- 2) Depression, diminished
- 3) Schizophrenia, diminished
- 4) Schizophrenia, excess

Answer: The correct answer is (4)
Refer: Sue et al., pg. 378
Reasoning: According to the dopamine hypothesis, schizophrenia may result from excess dopamine at certain synaptic sites.

Question 64

A diagnosis of Brief Psychotic Disorder differs from a diagnosis of Schizophreniform Disorder in that psychotic episodes in Brief Psychotic Disorder have a duration of ----- but -----, while psychotic episodes in Schizophreniform Disorder have a duration of ----- but -----

- 1) at least one day, less than one month, at least one month, less than six months
- 2) at least one month, less than six months, at least six months, less than twelve months
- 3) at least one day, less than three months, at least three months, less than six months
- 4) at least one week, less than one month, at least one month, less than three months

Answer: The correct answer is (1)								
Refer: Sue et al., pg. 392								
Reasoning:								
Comparison of Brief Psychotic Disorder, Schizophreniform Disorder and Schizophrenia								
<table border="1"> <thead> <tr> <th></th> <th>Brief Psychotic Disorder</th> <th>Schizophreniform Disorder</th> <th>Schizophrenia</th> </tr> </thead> <tbody> <tr> <td>Duration</td> <td>< 1 month</td> <td>< 6 months</td> <td>6 months +</td> </tr> </tbody> </table>		Brief Psychotic Disorder	Schizophreniform Disorder	Schizophrenia	Duration	< 1 month	< 6 months	6 months +
	Brief Psychotic Disorder	Schizophreniform Disorder	Schizophrenia					
Duration	< 1 month	< 6 months	6 months +					

Question 65

The loosening of associations In Schizophrenia is an example of a ----- symptom and is also referred to as-----

- 1) negative, cognitive slippage
- 2) negative, alolia
- 3) positive, cognitive slippage
- 4) positive, alolia

Answer: The correct answer is (3)
Refer: Sue et al., pg. 370
Reasoning:
<ul style="list-style-type: none"> • <i>Positive symptoms:</i> Symptoms of schizophrenia that involve unusual thoughts or perceptions such as delusions, hallucinations, thought disorder, or bizarre behaviour. • <i>Negative symptoms:</i> symptoms of schizophrenia associated with an inability or decreased ability to initiate actions or speech, express emotions, or feel pleasure. • <i>Loosening of associations (cognitive slippage):</i> continual shifting from topic to topic without any apparent logical or meaningful connection between thoughts. Characteristic of schizophrenia.

Question 66

Jackson is a 27-year-old accountant. For the last four years, Jackson has travelled over 200kms a day in his commute to and from work in Cape Town, because of his conviction that a tsunami would strike Cape Town at night. He refuses to work later than 16h00 because of his efforts to return to his

inland home before nightfall. Jackson enjoys water sports such as scuba diving and Jet skiing but never stays over night near the coast. He believes that the sea becomes vengeful at night and that any interaction with the sea in the dark will result in evil. According to the DSM-5 classification system, which disorder is Jackson most likely to be diagnosed with?

- 1) Generalised Anxiety Disorder
- 2) Paranoid Personality Disorder
- 3) Panic Disorder
- 4) Delusional Disorder

Answer: The correct answer is (4)

Refer: Sue et al., pg. 392

Reasoning:

DSM-5 diagnostic criteria for Delusional Disorder

A. Presence of one (or more) delusions with a duration of 1 month or longer.

B. Criterion A for Schizophrenia has never been met.

Note: Hallucinations, if present, are not prominent and are related to the delusional theme (e.g. the sensation of being infested with insects associated with delusions of infestation).

C. Apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired and behaviour is not obviously odd or bizarre.

D. If manic or major depressive episodes have occurred, these have been brief relative to the duration of the delusional periods.

E. The disturbance is not attributable to the direct physiological effects of a substance or another medical condition and is not better explained by another medical disorder, such as Body Dysmorphic Disorder or Obsessive-Compulsive Disorder.

Question 67

Schizoaffective Disorder is diagnosed when an individual demonstrates psychotic symptoms that meet the diagnostic criteria for ----- combined with symptoms of ----- or ----- that continue for the majority of the time the ----- are present

- 1) Schizophrenia, major depressive, manic episode, schizophrenic symptoms
- 2) Schizophrenia, major depressive, manic episode, schizophrenic symptoms
- 3) Cyclothymic Disorder, major depressive, manic episode, Cyclothymic symptoms
- 4) Cyclothymic Disorder, major depressive, manic episode, Cyclothymic symptoms

Answer: The correct answer is (1/2)

Refer: Sue et al., pg. 392

Reasoning: (Note that option 2 is a duplication of option 1, and option 4 is a duplication of option 3)

Schizoaffective Disorder includes symptoms that meet the criteria for both mood episodes, (major depressive or manic) and psychosis. However, to be diagnosed as Schizoaffective Disorder the psychotic symptoms must prevail for at least two weeks in the absence of prominent mood episode symptoms and the mood episode symptoms must be present for a majority of the time of the total duration of the active and residual portion of the illness.

Question 68

Valerie is a 45-year-old domestic worker, who after having her appendix removed, still has been experiencing intense abnormal pains for the last eight months. These abdominal pains have left Valerie highly distressed to the point of being unable to perform her usual duties at times. Her long-term employers have been sympathetic to Valene's intense preoccupation with her abdominal pain.

They have subsequently seen two different specialists that have ruled out any medical basis for her reportedly experience of extreme pain. These reports have done little to alleviate Valerie's anxiety and she has subsequently complained of palpitations and dizziness. According to the DSM-5 classification system, which one of the following disorders is Valerie most likely to be diagnosed with?

- 1) Obsessive-Compulsive Disorder
- 2) Somatic Symptom Disorder
- 3) Illness Anxiety Disorder
- 4) Conversion Disorder

Answer: The correct answer is (4)

Refer: Sue et al., pg. 202

Reasoning:

DSM-5 diagnostic criteria for Conversion Disorder

- A. One or more symptoms or deficits altered voluntary motor or sensory function.
- B. Clinical findings provide evidence of incompatibility between the symptom and recognized neurological or medical conditions.
- C. The symptom or deficit is not better explained by another medical or mental disorder.
- D. The symptom or deficit causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or warrants medical evaluation.

Question 69

Lincoln is a 50-year-old truck driver who recently witnessed a horrific accident that involved the deaths of multiple people. Within a few hours after witnessing this traumatic event, Lincoln reported a loss of vision in his left eye which has caused him significant distress. After running an extensive battery of tests, doctors have been unable to make a definitive medical diagnosis. According to the DSM-5 classification system, which one of the following disorders is Lincoln most likely to be diagnosed with?

- 1) Somatic Symptom Disorder
- 2) Factitious Disorder
- 3) Post-traumatic Stress Disorder
- 4) Conversion Disorder

Answer: The correct answer is (4)

Refer: Sue et al., pg. 202

Reasoning: The time frame for Somatic Symptom Disorder is more than 6 months and the time frame for PTSD is more than 1 month. Therefore, options 1 and 3 is eliminated. Factitious Disorder is the recurrent falsification of physical or psychological symptoms. Therefore option 2 is eliminated.

Question 70

Jill has been recently dismissed from her second job in a row after routinely calling in ill with headaches. She has also refused to participate in canvassing for clients outside her work premises, which was a requirement for attracting new business in her last job, citing a sudden onset of headaches that prevented her from becoming involved in such activity. There is no evidence to suggest that Jill has these headaches since she never handed in a sick note from a doctor to verify these headaches, reporting that she feels better after just resting at home. The psychologist who Jill consulted concluded that according to the DSM-5 classification system Jill presents with - - - - -

- 1) Somatic Symptom Disorder
- 2) Factitious Disorder

- 3) Malingering
- 4) Conversion Disorder

Answer: Option 3 is correct.

Refer: Sue et al., pg. 203

Reasoning: Malingering is the deliberate or false or severely exaggerated physical or psychological symptoms – motivated by external incentives i.e. avoiding military duty, financial compensation etc.

May/June 2017

Read the following case study and answer questions 1, 2, 3, 4 and 5

Gadifele, a 46-year-old accountant's husband, Tshepo, died nine months ago, after a short illness. According to tradition and customs Gadifele was given strict instructions that she needs to respect the mourning process and not bring shame to her in-laws or late husband's memory. According to Gadifele, her relationship with Tshepo has been characterised by his infidelity and continuous emotional and physical abuse she has had to endure. Tshepo spent most of the weekends at his mistress' house and beat Gadifele up every time she asked about his escapades.

Tshepo moved out of their common home four months prior to his death and died at his mistress' house. Gadifele was subsequently informed by her in-laws that her husband had died and would have to be buried at their home. Gadifele had to put her reservations and unresolved emotional issues regarding Tshepo aside as she was informed by her in-laws that they regarded Gadifele as Tshepo's traditional wife as Tshepo had paid lobola for her. They wanted to hear nothing about his so-called mistress.

Based on the aforementioned, she was expected to observe all traditional rites pertaining to her husband's burial. Gadifele was really infuriated by what she regarded as abuse by her in-laws as she felt no one was willing to listen to her side of the story. When people came in to pay their respects, they were reminded by her in-laws' elders that they were not to shake Gadifele's hand or hug her, but to only converse with her from a distance.

Gadifele refused to wear black as part of the mourning process as she said that she is a modern woman who does not believe in tradition. She also strongly felt that she was not going to grieve for a man who left her for another woman. Gadifele became involved in two serious accidents shortly after the funeral in which she nearly lost her life. Her in-laws attributed the cause of the accidents to her failure to perform prescribed traditional practices.

Question 1

According to the traditional healer, which one of the following conditions could Gadifele be suffering from?

- 1) Demonic possession
- 2) Sejeso
- 3) Sefifi
- 4) Go lahla maseko/ ukulahla amasiko

Answer: The correct answer is (3)

Refer: PYC3702/TL501, pg. 34

Reasoning:

- Sefifi (option 3) refers to a widow that is regarded as contagious as she has “senyama” or “sefifi” which means bad luck due her husband’s death. The bad luck can be cured if the widow and the youngest child in the family are cleansed by bathing with a herb concoction as recommended by a traditional healer after the death of her husband.
- Sejeso (option 2) refers to growth or pain in the stomach due to sorcery or witchcraft.
- Option 4 refers to the failure to perform the traditional practices. For example, due to western influence, people might not believe in African rituals. This might anger the ancestors who will cause ill-health or other types of problems in a person’s life.

Question 2

From an African perspective, Gadifele's in-laws' explanation on the cause of her accidents can be viewed as - - - - -

- 1) unresolved grief
- 2) bad spell from sorcerers who are against her family
- 3) go lahla maseko/ ukulahla amasiko
- 4) boloi/Ubuthakathi

Answer: The correct answer is (3)

Refer: PYC3702/TL501, pg. 40

Reasoning:

- Option 3 refers to the failure to perform the traditional practices. For example, due to western influence, people might not believe in African rituals. This might anger the ancestors who will cause ill-health or other types of problems in a person's life.
- Option 4 can be described as sorcery/witchcraft, or use of supernatural power to harm or kill someone, usually an enemy.

Question 3

Gadifele's in-laws' insistence that she is neither hugged nor touched by anyone during the mourning period is based on which one of the following beliefs from an African perspective?

- 1) As a widow, she has senyama/sefifi and as a result may become contagious to anyone who comes close to her
- 2) As a widow, she might become overly emotional with too much sympathy
- 3) As a widow, she might become vulnerable to temptation and fall to obey cultural rules
- 4) As a widow, she has moriti wa letsele and as a result has bad luck due to her husband's death

Answer: The correct answer is (1)

Refer: PYC3702/TL501, pg. 34

Reasoning: Sefifi refers to a widow that is regarded as contagious as she has "senyama" or "sefifi" which means bad luck due her husband's death. The bad luck can be cured if the widow and the youngest child in the family are cleansed by bathing with a herb concoction as recommended by a traditional healer after the death of her husband.

A person who is menstruating or who had sex that day is also regarded as having "sefifi". Such people are not allowed to enter the same room as a new-born baby or a sick person because they might pass their bad luck or illness to the baby or aggravate the condition of the sick person.

Question 4

From a traditional African perspective, - - - - - is a ritual practice that Gadifele was expected to carry out in mourning the death of her husband

- 1) go tlola
- 2) go roula
- 3) go gatsiwa mohlala
- 4) go lahla maseko/ ukulahla amasiko

Answer: The correct answer is (2)

Refer: PYC3702/TL501, pg. 40

Reasoning: Go roula is the rule that a widow has to wear black clothes for 12 months to show that she is mourning for her husband. This only applies to wives, not husbands. If this practice is not properly followed, it can cause illness.

Question 5

If Gadifele was to have sexual intercourse with a man whilst she is still in the mourning period, the man concerned might develop - - - - according to the traditional African perspective

- 1) sefifi
- 2) sejes
- 3) makgome
- 4) senyama

Answer: The correct answer is (3)

Refer: PYC3702/TL501, pg. 40

Reasoning: Makgome (option 3): After the death of the husband, a widow is prohibited from having a sexual relationship with anyone. Widows are supposed to abstain from sexual activities for a period of one year. If this practice is ignored, they can cause serious illness to themselves and to anyone who had sexual contact with them.

Question 6

Which one of the following commonly used substances in South Africa is correctly paired with its general category of type of substance?

- 1) Tik - stimulant
- 2) Cocaine - depressant
- 3) Ritalin - hallucinogen
- 4) Alcohol – stimulant

Answer: The correct answer is (1)

Refer: PYC3702/TL502, pg. 54

Reasoning:

- Tik (option 1) is a metamphetamine (upper – stimulant)
- Cocaine (option 2) is a central nervous stimulant
- Ritalin (option 3) is a amphetamine (upper)
- Alcohol (option 4) is a central nervous system depressant

Uppers include cocaine, ecstasy, tik, crystal meth or methamphetamine and amphetamines. These substances stimulate the brain and increase heart rate. Typical signs of stimulants are high energy levels, insomnia, irritability, increased excitability, hyperactivity, abrupt mood changes, and nervousness.

Question 7

Jerry a 40-year-old man went to a concert and smoked Cannabis. A few hours later he was rushed to a hospital due to his impaired motor coordination and judgement, tachycardia and symptoms of conjunctival injection. According to the DSM-5 classification system, Jerry's condition can be diagnosed as-----

- 1) Cannabis Use Disorder, Mild
- 2) Cannabis Intoxication
- 3) Cannabis-Induced Psychotic Disorder
- 4) Cannabis Withdrawal

Answer: The correct answer is (2)

Refer: Sue et al., pg. 340

Reasoning: Diagnostic criteria for Cannabis Intoxication is as follows:

- A. Recent use of cannabis.
- B. Clinically significant problematic behavioural or psychological changes (e.g. impaired motor coordination, euphoria, anxiety, sensation of slowed time, impaired judgement, social withdrawal) that developed during, or shortly after, cannabis use.
- C. Two (or more) of the following signs and symptoms developing within 2 hours of cannabis use:
 - 1. Conjunctival injection.
 - 2. Increased appetite.
 - 3. Dry mouth.
 - 4. Tachycardia.
- D. The signs and symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication with another substance.

Question 8

According to Sue et al (2016) social factors play a significant role in the development of Substance Related Disorders. Which one of the following statements regarding the social dimension of Substance Related Disorders according to the Multipath Model is incorrect?

- 1) The influence of social factors on substance abuse is the same across the lifespan, exerting different effects at different ages
- 2) Victimization and stressful life events in childhood, including neglect and emotional, physical, and sexual abuse are strongly associated with substance abuse later in life.
- 3) Various social factors affect the decision to initiate substance use, including pressure from peers, a wish to fit in socially, attempts to rebel and challenge authority or interest in taking risks
- 4) Family attitudes and behaviours towards drinking and drugs (including prescription medication) affect the adolescent's likelihood of experimenting with substances

Answer: The correct answer is (1)

Refer: Sue et al., pg. 346

Reasoning: The influence of social factors on substance abuse varies across the lifespan, exerting different effects at different ages. I.e. attempts to rebel will be prominent in adolescence but not in more mature individuals.

Question 9

Which of the following are associated with long-term use of Mandrax?

- a) Kidney damage
 - b) Delirium Tremens
 - c) Toxic Psychosis
 - d) Epilepsy
- 1) a and b
 - 2) a and d
 - 3) c and d
 - 4) All the above

Answer: The correct answer is (3)

Refer: PYC3702/502, pg. 55

Reasoning: Long-term effects of Mandrax use: epilepsy, serious emotional problems, toxic psychosis.

Question 10

According to the - - - - perspective, childhood trauma and fixation in the oral stage is considered an explanation for the development of Alcohol Use Disorder. This explanation falls within the - - - - dimension's explanation of Alcohol Use Disorder according to the Multipath Model as Cited in Sue et al (2016)

- 1) psychodynamic, psychological
- 2) traditional explanations, socio-cultural
- 3) hereditary explanations, biological
- 4) learning explanations, social

Answer: The correct answer is (1)

Refer: Sue et al., pg. 345

Reasoning: Psychodynamic explanations for Substance Use Disorders emphasises the role of childhood traumas during the oral stage of development, which results in painful conflicts involving dependency needs. During stress or encounters with situations reminiscent of the original conflicts, symptoms such as anxiety, depression, and hostility begin to occur. Alcohol is seen as (1) releasing inhibitions and allowing the repressed conflicts to be expressed or (2) enabling people to obtain oral gratification and to satisfy oral dependency needs.

Question 11

A local high school has become popular for having information campaigns in the media as well as school-based efforts to re-establish norms against drug use and to promote drug abstinence amongst learners. These types of efforts can be regarded as examples of - - - - prevention programmes

- 1) primary
- 2) secondary
- 3) cognitive-behavioural
- 4) community based tertiary

Answer: The correct answer is (1)

Refer: PYC3702/501, pg. 14

Reasoning: Primary prevention is an effort to (1) lower the incidence of new cases of behavioural disorders by strengthening or adding to resources that promote mental health and (2) by eliminating community characteristics that threaten mental health.

Read the following short case study and then answer question 12, 13, 14, 15 and 16.

Sophie, 16 years old was referred to the clinical psychologist at the hospital ten days ago. Sophie and her family went on holiday where she had acquired a spinal cord injury due to a diving accident. Sophie verbalised to the psychologist that she was having frightening memories where she had a sense of reliving the event daily. She felt that she was on 'constant alert' and nervous and felt very unsafe in the hospital. Sophie also felt that she could not sleep as she was experiencing nightmares about drowning in water, nor could she concentrate on the plot of any film or book that she tried to read in her hospital bed and she often felt like she was in a daze.

Furthermore, Sophie reported that she "didn't see the point anymore of life as diving competitions were her life and now there was nothing". The doctors had informed Sophie that she would never be able to dive again. She avoided going near water and the nurses had resorted to giving her a sponge bath so that she did not become anxious when seeing a body of water such as a bath. Sophie's parents and her boyfriend were becoming increasingly worried and overprotective as their usually happy teenager was now prone to irritability and in the last week has refused to see them and her boyfriend when they came to the hospital, as she informed the psychologist that 'she didn't want to ruin their lives as well'.

Question 12

During the assessment, the clinical psychologist considered several mental disorders as possible diagnoses in Sophie's case. Identify the alternative that contains the correct information about the specific disorder that the psychologist considered and the conclusion reached in her decision making.

- 1) Major Depressive Disorder should be ruled out at this stage. Sophie manifests several symptoms that are not characteristic of Major Depressive Disorder and these symptoms have been present for less than 14 days
- 2) Generalised Anxiety Disorder should be ruled out because Sophie's feelings of distress have continued for several days since the accident occurred and her worries and anxiety remain intense
- 3) Obsessive-compulsive Disorder should be considered as a co-morbid diagnosis as Sophie experiences accident related intrusive thoughts which she cannot control
- 4) Adjustment Disorder should be considered as a co-morbid diagnosis as, in addition to her accident, Sophie must make major adjustments to her lifestyle and activities of daily living as a result of her physical condition

Answer: The correct answer is (1)

Refer: Sue et al., pp. 234-236

Reasoning: Option 2 is incorrect, as GAD is excessive anxiety and worry over life circumstances for at least 6 months. The reason given in option 2 is incorrect.
 Option 3 is incorrect, as OCD is the presence of obsessions and/or compulsions. Intrusive thoughts occur in other diagnoses too, therefore, the reason given in option 3 is incorrect.
 Option 4 is incorrect, as Sophie still needs to make the major adjustments to her lifestyle and daily living after being discharged from hospital. It is too early and therefore a presumptuous diagnosis.

Question 13

According to the DSM-5 classification system, the principal diagnosis for Sophie would be - - - - -

- 1) Adjustment Disorder, With mixed emotions
- 2) Post-traumatic Stress Disorder
- 3) Depersonalisation/Derealisation Disorder
- 4) Acute Stress Disorder

Answer: The correct answer is (4)

Refer: Sue et al., pg. 167

Reasoning: Option 2 is incorrect, as the timeframe for PTSD is one month or more. Acute stress Disorder is characterized by flashbacks, hyper vigilance, avoidance and other symptoms – similar to PTSD, however the timeframe for Acute Stress Disorder is 3 days to 1 month after exposure to the stressor/trauma.

Question 14

The psychologist with whom Sophie consulted six weeks after the incident, when her symptoms had not dissipated, would most likely diagnose Sophie's abnormal behaviour as a(n) - - - - according to the DSM-5 classification system?

- 1) Adjustment Disorder, With anxiety
- 2) Generalized Anxiety Disorder
- 3) Acute Stress Disorder
- 4) Post-traumatic Stress Disorder

Answer: The correct answer is (4)
Refer: Sue et al., pg. 167
Reasoning: See answer to question 13

Question 15

Which one of the following aspects represents an aetiological factor in the social dimension of the Multipath Model (Sue et al, 2016) for the development of Sophie's principal disorder diagnosed in Question 13 above?

- 1) The fact that Sophie is unwilling to share what had happened with her loved ones.
- 2) The fact that her gender (being a woman) makes her twice as vulnerable to stress
- 3) The fact that her boyfriend does not understand and support her
- 4) The fact that she is unable to make meaning with regard to the diving accident.

Answer: The correct answer is (1)
Refer: Sue et al., pg. 167
Reasoning: Lack of social support

Multipath Model - Etiology of Acute and PTSD			
Biological	Psychological	Social	Socio-Cultural
Sensitized autonomic system	Pre-existing anxiety or depression	History of childhood maltreatment	Female gender
HPA axis dysfunction	Severity of trauma	Lack of social support	Immigration/refugee status
Amygdala reactivity	Interpersonal trauma	Social isolation	Exposure to prior trauma
SS genotype	Negative emotions		Discrimination
Lack of fear extinction	Catastrophic thinking		

Option 2 refers to the socio-cultural dimension
Options 3 (interpersonal trauma) and 4 refers to the psychological dimension

Question 16

According to Cognitive Behavioural perspective, within the psychological dimension of the Multipath Model (Sue et al., 2016), Sophie's thought that her life is worthless as she will never be a diver again is regarded a(n) - - - -

- 1) realistic thought about self
- 2) functional appraisal about the future
- 3) dysfunctional thought about herself
- 4) as an outcome of negative reinforcement

Answer: The correct answer is (3)
--

Refer: Sue et al., pg. 172

Reasoning: Dysfunctional cognitions - self-blame, or a negative view of the world

Question 17

Individuals who are diagnosed with Intellectual Disability, Moderate, - - - - -

- 1) can achieve partial independence in activities of daily living
- 2) can become self-supporting adults with appropriate training
- 3) are generally in need of 24-hour care and supervision throughout their life
- 4) are usually diagnosed in infancy and are unable to attend school

Answer: The correct answer is (2)

Refer: Sue et al., pg. 531

Reasoning: Moderate Intellectual Disability (35-49) has the following prognosis:

- Can talk or learn to communicate; social awareness is poor; motor coordination is fair; can profit from training in self-help.
- Can learn some social and occupational skills; can progress to junior primary school level in schoolwork; may learn to travel alone in familiar places.
- May achieve self-support by performing unskilled or semiskilled work within sheltered workshops; needs supervision and guidance when under mild social or economic stress.

Question 18

Peter, who is eight months old, shows the following physical characteristics, namely, slanted eyes, epicanthal folds and a flat nose which, according to Sue et al (2016), points to the aetiology of - - - -

- 1) Fragile X Syndrome
- 2) Prader-Willi Syndrome
- 3) Down's Syndrome
- 4) Fetal Alcohol syndrome

Answer: The correct answer is (3)

Refer: Sue et al., pg. 533

Reasoning: The distinctive physical characteristics associated with Down Syndrome include a single crease across the palm of the hand, extra skin at the inner corners of the eyelids, slanted eyes, a protruding tongue, harsh voice, and incomplete or delayed sexual development.

Question 19

In relation to the biological dimension of the Multipath Model as cited in Sue et al (2016), children with Attention Deficit Hyperactivity Disorder are known to have deficits in executive functioning, and specifically have difficulty inhibiting responses. Which of the following brain areas normally controls these types of functions?

- 1) The thalamus
- 2) The amygdala
- 3) The parietal lobes
- 4) The frontal lobe

Answer: The correct answer is (4)

Refer: Sue et al., pg. 521

Reasoning: Frontal lobe abnormalities involving networks associated with sustained attention appear to persist into adulthood, even when ADHD symptoms subside.

Question 20

According to the DSM-5 classification system, Encopresis is diagnosed when the following criteria are met

- a) soiling their clothes, bed or other inappropriate places
- b) where involuntary bowel movement occurs
- c) where involuntary or voluntary bowel movement occurs
- d) at least once a week
- e) at least once a month
- f) for at least 3 months
- g) for at least 6 months
- h) child must be at least 5 years of age
- i) child must be at least 4 years of age

- 1) a, c, e, f and i
- 2) a, b, d, f, and h
- 3) a, c, d, f and i
- 4) c, e, g, and h

Answer: The correct answer is (1)
Refer: Sue et al., pg. 517
Reasoning: Encopresis is defecating into one's clothes, the floor, or other inappropriate places at least once per month for 3 months. Child must be at least 4 years old.

Read the following case study carefully and then answer questions 21, 22, 23, 24, 25 and 26.

Mavis and her husband John, were both partners in a well-respected law firm. In spite of being happily married, they never had children as Mavis, who grew up in an orphanage after the death of her parents, refused to have children as she did not want a possible repetition of her unhappy and lonely childhood years.

Five months ago, John was shot by a convicted client and died on his way to hospital. Since John's tragic death, Mavis' functioning, especially her occupational functioning, has been seriously impaired.

Not only has she postponed several consultations with clients, she has also refused to appear in court on behalf of clients. After receiving a warning from the senior partners of her firm, she sought the professional help of a clinical psychologist.

During the first consultation with the psychologist Mavis appeared tense but not depressed or preoccupied with the memories of her deceased husband. She described the onset of her problems vividly, while listening to the doctor informing her about John's death at the hospital, she suddenly noticed a dramatic increase in her heart rate. She felt intense stabbing pains in her chest and had difficulty breathing. She started to tremble uncontrollably, felt dizzy, had a numb feeling in both her arms and feared that she was going to die from a heart attack. The doctor noticed her discomfort and she was taken to the emergency unit where several medical tests were performed. No abnormality was detected. Since that first episode, Mavis had several similar distressing episodes which lasted for 10 to 15 minutes at least once a week. Several times, she had rushed to the hospital convinced that she was having a heart attack. All the examinations and results of tests were within normal limits.

Mavis constantly worries about re-occurring episodes. Mavis also has an intense fear of losing control or suffering a heart attack while consulting with clients and being in places such as the court room where medical help would not be easily available should she suffer a heart attack during one of these unexpected, overwhelming episodes.

Mavis could not identify a specific trigger for the episodes that followed the first episode. However, she became aware of the slightest physiological changes such as an increase in heartrate and faster breathing and realised that these physiological changes exacerbate her fear that she may suffer another uncontrollable episode.

Question 21

According to the DSM-5 classification system, the principal diagnosis in Mavis' case is ---

- 1) Social Phobia
- 2) Panic Disorder
- 3) Illness Anxiety Disorder
- 4) Adjustment Disorder with Anxiety

Answer: The correct answer is (2)

Refer: Sue et al., pg. 134

Reasoning: Panic Disorder is recurrent and unexpected panic attacks. Concern about expected future panic attacks or about losing control. Can occur with or without agoraphobia.

Question 22

In diagnosing Mavis' abnormal behaviour according to the DSM-5 classification system, Generalised Anxiety Disorder (GAD) was ruled out as a possible diagnosis. Would you - - - - with this decision as --- ?

- a) agree, Mavis does not worry about a variety of events and activities
- b) agree, Mavis manifests symptoms of worry for less than six months
- c) agree, Mavis does not show any of the additional characteristic symptoms of GAD
- d) agree, Mavis is suffering from unexpected episodes of high-intensity anxiety which eliminates GAD as a possible diagnosis
- e) agree, GAD is characterised by distress but not by significant impairment in functioning
- f) disagree, GAD should be made in combination with the principal diagnosis

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

Answer: The correct answer is (3)

Refer: Sue et al., pg. 134

Reasoning: GAD is excessive, uncontrollable and often irrational worry for a period of 6 months or more. It is characterized with the following symptoms: Three or more of the following symptoms:

- 1. Restlessness – on edge
- 2. Easily fatigued
- 3. Difficulty concentrating – going blank
- 4. Irritability
- 5. Muscle tension
- 6. Sleep disturbance

Accompanied by symptoms such as vigilance and edginess.

- Option f is incorrect, thereby eliminating alternative 1
- Option a is correct. Thus alternative 3 is correct.

Question 23

In diagnosing Mavis' abnormal behaviour according to the DSM-5 classification system, Agoraphobia is considered as a comorbid diagnosis. Which of the following decisions regarding the diagnosis of Agoraphobia in Mavis' case is correct?

- 1) Agoraphobia should be eliminated as a comorbid diagnosis because Mavis only fears one of the five situations listed in the DSM-5 criteria for Agoraphobia for a period of less than six months
- 2) Agoraphobia should be eliminated as a comorbid diagnosis as Mavis does not meet any of the DSM-5 criteria for Agoraphobia
- 3) The diagnosis of Agoraphobia as a comorbid diagnosis should be made as Mavis clearly meets the full DSM-5 criteria for Agoraphobia
- 4) No additional diagnosis should be made, but Agoraphobia should be used as a specifier to add to the information that is relevant regarding the treatment of her abnormal behaviour

Answer: The correct answer is (1)

Refer: Sue et al., pg. 134

Reasoning: Agoraphobia is the fear of being trapped in situation or place from which escape might be difficult (or possibly embarrassing) or in which help will not be readily available if individual experiences a panic attack. Fear is out of proportion to actual danger posed by the feared situation. The time frame is 6 months or more. The symptoms are:

Two or more of the following situations are feared:

- Being in a crowd of people or standing in line,
- Using public transportation
- Being in open spaces
- Being in enclosed places
- Being outside of home alone.

Question 24

Which one of the following would be regarded as important in the development of Mavis' principal diagnosis according to the biological dimension of the Multipath Model cited in Sue et al (2016)?

- 1) High heritability
- 2) The functioning of the amygdala
- 3) Increased availability of serotonin
- 4) An increase in GABA receptors in the hippocampus

Answer: The correct answer is (2)

Refer: Sue et al., pg. 145

Reasoning:

Multipath Model - Etiology of Panic Disorder			
Biological	Psychological	Social	Socio-Cultural
Modest heritability	Anxiety sensitivity or physiological vigilance	Anxiety-filled social environment	Fewer panic attacks among Asian and Hispanic adolescents
Decreased availability of serotonin and GABA	Catastrophic thoughts	Separation or loss	Gender differences (more common in women)
Amygdala and fear circuitry reactivity	Conditioning	Peer victimization	Cultural differences in expression

Question 25

According to the Cognitive Behavioural Perspective, it is assumed that the development and maintenance of Mavis' principal diagnosis can be attributed to - - - - -

- 1) the lack of proper role models during her childhood
- 2) the loss of an important social reinforcer when her husband died
- 3) Mavis' inability to control the overwhelming, distressing episodes of anxiety
- 4) the misinterpretation of unpleasant bodily sensations which create a feedback loop that results in increasing anxiety

Answer: The correct answer is (4)

Refer: Sue et al., pg. 145

Reasoning: Cognitive Behavioural Perspective: Panic attacks are attributed to the individual's interpretation of unpleasant bodily sensations as indicators of an impending disaster. Cognitions and somatic symptoms can best be viewed as a positive feedback loop that results in increasingly higher levels of anxiety.

Question 26

According to the social dimension of the Multipath Model cited in Sue et al (2016), the development of Mavis' principal diagnosis can be explained as follows:

- 1) Stressful childhood experiences probably interacted with a biological predisposition towards anxiety which results in the principal diagnosis
- 2) The fact that Mavis is a woman with a stressful career makes her more susceptible to developing this kind of disorder
- 3) Mavis clearly has a negative attributional style and makes erroneous assumptions about her experiences
- 4) The shooting of her husband attracted wide public attention which probably contributed to her experiencing uncontrollable stress levels and feeling out of control.

Answer: The correct answer is (1)

Refer: Sue et al., pg. 145

Reasoning:

Multipath Model - Etiology of Panic Disorder			
Biological	Psychological	Social	Socio-Cultural
Modest heritability	Anxiety sensitivity or physiological vigilance	Anxiety-filled social environment	Fewer panic attacks among Asian and Hispanic adolescents
Decreased availability of serotonin and GABA	Catastrophic thoughts	Separation or loss	Gender differences (more common in women)
Amygdala and fear circuitry reactivity	Conditioning	Peer victimization	Cultural differences in expression

Option 2 refers to the sociocultural dimension
 Option 3 is an internal factor and relates more to the psychological dimension

Read the following case study carefully and then answer question 27

Claire, a 17-year-old girl, is referred to a psychologist by a dermatologist after she admitted to him that the loss of her hair is the result of her recurrently pulling it out in an attempt to broaden her forehead, which she believes is too small and makes her look ugly and dumb. A photo of Claire before she began pulling her hair out shows an attractive adolescent

Question 27

According to the DSM-5 classification system, Claire's behaviour can be diagnosed as - - - - -

- 1) Body Dysmorphic Disorder
- 2) Obsessive-Compulsive Disorder
- 3) Delusional Disorder, somatic type
- 4) Trichotillomania (Hair Pulling Disorder)

Answer: The correct answer is (1)
Refer: Sue et al., pg. 151
<p>Reasoning:</p> <ul style="list-style-type: none"> • Option 4 is the Recurrent and compulsive hair pulling that causes significant distress and results in hair loss. • Option 1 is a preoccupation with an imagined defect in appearance in a normal appearing person, or an excessive concern over a slight physical defect. Symptoms for BDD is as follows: <ul style="list-style-type: none"> ○ Repetitive behaviors such as checking mirror, applying make-up to mask flaw, comparing to others ○ Significant distress ○ BDD is underdiagnosed, because people don't want to bring attention to their "problem". ○ Individuals with BDD often engage in compulsive behaviours (skin picking, excessive grooming, seeking constant reassurance regarding their appearance). ○ Individuals with BDD regard their "defect" with embarrassment and loathing, and constantly worry that other people are looking at or thinking about it. ○ Some people with BDD may recognize that their beliefs are untrue. ○ BDD tends to be chronic and difficult to treat. ○ Muscle dysphoria, the belief that one's body is too small or insufficiently muscular, is a form of BDD (bodybuilders with a pathological obsession with muscularity).

While Claire engages in pulling out her hair, her motives for doing so is the deciding factor why option 4 is an incorrect diagnosis. She is not doing it out of a compulsion, but rather in an attempt to broaden her forehead, an imagined defect.

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

Charlize, a 25-year-old nursery school teacher, was brought to the psychiatric unit of the hospital by her husband as he could no longer handle her behaviour. Charlize was extremely agitated, talkative and active on admission. She could not understand why her husband insisted on professional help for her and accused him of being jealous of her happiness and ability to enjoy life. Her husband noticed a marked change in her behaviour three weeks ago when she began to talk loudly and continuously in a very intrusive way without making any sense. She, out of character, would initiate several social activities one after the other but lose interest in them before any of these activities could be carried out. She became very restless and slept very little. Her strange behaviour became an embarrassment to him. She would sing suggestive songs and dance in a provocative manner in public places without considering the context. Her mood was clearly expansive but she would become aggressive when he tried to calm her down. She refused to go back to her workplace as a teacher as she became convinced that she would be the next Mrs World and that she should rather prepare herself for her reign. This unfounded conviction led to several buying sprees in spite of the fact that they barely had enough money to make ends meet.

Question 28

In diagnosing Charlize's abnormal behaviour according to the DSM-5 classification system, both Borderline Personality Disorder and Attention-Deficit/Hyperactivity Disorder were considered but both disorders were ruled out because of one very specific reason namely

- 1) She did not manifest any distress
- 2) The current symptoms represent a distinct episode
- 3) Her symptoms caused severe impairment in functioning
- 4) She did not show any insight into her abnormal behaviour

Answer: The correct answer is (2)

Refer: Sue et al., pg. 472

Reasoning: Both BPD and ADHD are persistent and pervasive disorders.

Question 29

According to the DSM-5 classification system, the principal diagnosis in Charlize's case is - - - - -

- 1) Bipolar I Disorder
- 2) Bipolar II Disorder
- 3) Cyclothymic Disorder
- 4) Delusional Disorder, grandiose type

Answer: The correct answer is (1)

Refer: Sue et al., pg. 257

Reasoning:

- (Option 1) Bipolar I is diagnosed when individuals (with or without a history of major depression) experience at least one manic episode. (Manic symptoms need to be present most of the day, nearly every day, for at least one week.) Hypomanic episodes mixed with

depression are common in Bipolar I, particularly in women, and approximately 25% of episodes involve rapid cycling, a pattern involving four or more significant mood swings per year.

- (Option 2) Bipolar II is diagnosed when there has been at least 1 major depressive episode lasting at least 2 weeks and at least 1 hypomanic episode lasting at least 4 consecutive days. Depression is the prominent feature of Bipolar II; it is often a mixed depression involving concurrent hypomanic symptoms. Symptoms are usually most severe during depressive episodes, with almost here fourths of those with Bipolar II reporting severe role impairments while depressed. (The primary distinction between Bipolar I and Bipolar II is the severity of the symptoms during energized episodes; that is, whether or not (1) symptoms are hypomanic or manic; (2) ongoing for at least one week; and (3) severe enough to significantly impair social or occupational functioning. A history of at least one ongoing manic episode resulting in significantly impaired functioning is required for a Bipolar I diagnosis.)
- Option 3 is incorrect since Cyclothymic Disorder is milder hypomanic symptoms that are consistently interspersed with milder depressed moods for at least 2 years. (Charlize's episode started only 3 weeks ago)

Since Charlize did not have a major depressive episode, Option 2 is eliminated.

Question 30

Charlize's symptoms of grandiosity and euphoria illustrate the - - - - domain of the mental disorder she is suffering from, while the symptom of poor judgement illustrate the - - - - domain of the mental disorder she is suffering from

- 1) mood; cognitive
- 2) behavioural, mood
- 3) cognitive, behavioural
- 4) psychotic; physiological

Answer: The correct answer is (3)

Refer: Sue et al., pg. 260

Reasoning: Poor judgement relates to Charlize's behavior, therefore option 3 is correct.

Read the following case study and then answer questions 31 and 32.

Jenny, a 40-year-old widow, is markedly depressed since the death of her husband two and a half years ago. Her depressed mood interferes with her concentration and ability to work. She experiences an increased need for sleep but still feels tired during the day. Her overeating has led to a 15kg weight gain, she feels guilty about all the "bad things" she has done and for not being a better wife to her husband.

Question 31

According to the DSM-5 classification system, Jenny will most likely receive the diagnosis of - - - -

- 1) Bereavement, chronic
- 2) Major Depressive Disorder
- 3) Adjustment Disorder with depressed mood
- 4) Persistent Depressive Disorder (Dysthymia)

Answer: The correct answer is (4)

Refer: Sue et al., pg. 236

Reasoning:

Dysthymia is depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others for a period of at least **2 years**. Symptoms are:

- Presence, while depressed, of 2 or more of the following:
 - o Poor appetite or overeating
 - o Insomnia or hypersomnia
 - o Low energy or fatigue
 - o Low self-esteem
 - o Poor concentration or difficulty making decisions
 - o Feelings of hopelessness
- During 2-year period never been without symptoms for 2 months at a time
- Criteria for major depressive disorder may be continually present for 2 years
- Never been manic or hypomanic episode

Major Depressive Disorder is the occurrence of at least one major depressive episode (at least **two-week duration**). No history of mania or hypomania.

Symptoms are:

- Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
 - o Depressed mood most of the day, nearly every day.
 - o Markedly diminished interest or pleasure in all, or almost all, activities most of the day.
 - o Significant weight loss or gain or appetite changes.
 - o Insomnia or hypersomnia nearly every day.
 - o Psychomotor agitation or retardation nearly every day.
 - o Fatigue or loss of energy nearly every day.
 - o Feelings of worthlessness or excessive or inappropriate guilt.
 - o Diminished ability to think or concentrate, or indecisiveness, nearly every day.
 - o Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation.

Because of the time frame, a diagnosis of Dysthymia makes more sense.

Question 32

According to the Behavioural explanation, the development of Jenny's mental disorder can be attributed to-----

- 1) learned helplessness
- 2) loss of social reinforcement
- 3) polarised thinking
- 4) increased attention to negative events in life/life events

Answer: The correct answer is (2)

Refer: Sue et al., pg. 237

Reasoning:

- The psychodynamic emphasises unconscious conflicts associated with loss and anger.
- The behavioural perspective focuses on reduced reinforcement during a loss.
- The cognitive perspective focuses on the individual experiencing a depressive mood's cognitive distortions and low self-esteem.
- According to the biological perspective, a deficit of two neurotransmitters, norepinephrine and serotonin, may lead to depression.

Question 33

Genetics and heredity play an important role in the development of Schizophrenia. Which one of the following statements regarding the biological dimension of Schizophrenia according to the Multipath Model (Sue et al, 2016) is incorrect?

- 1) Researchers have found that closer blood relatives of individuals diagnosed with Schizophrenia run a greater risk of developing the disorder
- 2) The dopamine hypothesis suggests that Schizophrenia may result from excess dopamine activity at certain synaptic sites
- 3) The use of cocaine, amphetamines, alcohol and cannabis appears to increase the chances of developing Schizophrenia
- 4) Current contemporary research focuses on attempting to identify the specific gene or genes that cause Schizophrenia

Answer: The correct answer is (2)
Refer: Sue et al., pg. 376
Reasoning: According to the dopamine hypothesis, schizophrenia may result from excess dopamine at certain synaptic sites.

Question 34

Which one of the following statements, according to Sue et al (2016), about Schizoaffective Disorder is incorrect?

- 1) Schizoaffective Disorder has features of both schizophrenia combined with symptoms of a major depressive or manic episode that continue for the majority of the time the Schizophrenic symptoms are present
- 2) Schizoaffective Disorder is a commonly diagnosed disorder, prevalent predominately in men
- 3) Younger individuals with this disorder tend to have the bipolar subtype whereas older people are more likely to have the depressive subtype
- 4) Diagnosis of Schizoaffective Disorder is difficult

Answer: The correct answer is (1)
Refer: Sue et al., pg. 392
Reasoning: Schizoaffective Disorder includes symptoms that meet the criteria for both mood episodes (major depressive or manic) and psychosis. However, to be diagnosed as Schizoaffective Disorder the psychotic symptoms must prevail for at least two weeks in the absence of prominent mood episode symptoms and the mood episode symptoms must be present for a majority of the time of the total duration of the active and residual portion of the illness. If the mood episodes persist apart from the psychotic symptoms, the diagnosis of a separate Major Depressive or Bipolar Disorder should be considered depending on the nature of the mood episode being manifested.

Read the following case study and answer questions 35 and 36

Franky, a 29-year-old freelance photographer, has progressively developed the conviction that he is malformed. He has made repeated visits to his doctor over the last three months convinced that this malformation occurred from an alien impregnation of his mother's womb. When asked to provide details of this malformation, Franky reported that his body is not in proportion with his head resulting in him looking more like an alien than his biological father. Despite repeated efforts by his doctor to disprove his belief scientifically, Franky continues to believe otherwise.

Question 35

The consulting psychologist asked to provide a possible diagnosis of Franky, is most likely to provide which one of the following diagnoses according to the DSM-5 classification system?

- 1) Brief Psychotic Disorder
- 2) Delusional Disorder
- 3) Body Dysmorphic Disorder
- 4) Dissociative Identity Disorder

Answer: The correct answer is (2)

Refer: Sue et al., pg. 392

Reasoning:

- The duration for Brief Psychotic Disorder is less than one month. Franky has had repeated visits to the doctor over the last three months. Therefore option 1 is ruled out.
- Body Dysmorphic Disorder (option 3) is the preoccupation with an imagined defect in appearance in a normal appearing person, or an excessive concern over a slight physical defect where the individual regards the defect with embarrassment or loathing. The oddity of Franky's conviction is not so much in the "malformation", but rather his conviction of the source of the malformation – namely alien impregnation.
- Dissociative Identity Disorder (Option 4) is two or more relatively independent personality states appear to exist in one person, including experiences of possession – therefore ruled out.
- Delusional Disorder (option 2) is persistent delusions without other unusual or odd behaviors, tactile and olfactory hallucinations related to the delusional theme may be present with a duration of at least 1 month. Hallucinations are not prominent and are related to the delusional theme. Functioning otherwise is not markedly impaired.

Question 36

Franky's constant belief that his body is not in proportion with his head despite contrary scientific evidence is an example of - - - - -

- 1) somatic delusion
- 2) persecutory delusion
- 3) visual hallucination
- 4) compulsive thoughts

Answer: The correct answer is (1)

Refer: Sue et al., pg. 365

Reasoning:

- Option 2 applies when the central theme of the delusion involves individual's belief that he/she is being conspired against, cheated, spied on, followed, poisoned or drugged, maliciously maligned, harassed, or obstructed in the pursuit of long-term goals. Therefore eliminated.
- Option 4 (eliminated) is defined by (1) and (2):
 - 1) Repetitive behaviours (e.g. hand washing, ordering, checking) or mental acts (e.g. praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.
 - 2) The behaviours or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviours or mental

acts are not connected in a realistic way with what they are designed to neutralise or prevent, or are clearly excessive.

- A hallucination (option 3) is a perception in the absence of external stimulus that has qualities of real perception. Thereby eliminated.

Read the following case study and answer questions 37, 38, 39 and 40.

Sam, a 30-year-old attorney, has been reported by his girlfriend as exhibiting concerning behaviour. Over the last three months, Sam has become socially withdrawn believing that his body emits a revolting odour. He has spent thousands of Rands buying toiletries he believes are needed to help combat his dreadful body odour. This behaviour persists despite intervention from close family and friends reassuring Sam that he doesn't have any such condition. During this time, Sam has also progressively become more difficult to understand as his speech is often incoherent. His family has sought help for Sam's frequent outbursts which involve periods of hyperactivity and loud rantings that shift from one topic to another without any logical flow.

Question 37

Which one of the following disorders is Sam most likely to be diagnosed with according to the DSM-5 classification system?

- 1) Schizophrenia
- 2) Schizophreniform Disorder
- 3) Schizoaffective Disorder
- 4) Schizotypal Personality Disorder

Answer: The correct answer is (2)

Refer: Sue et al., pg. 392

Reasoning:

- Schizophrenia (option 1) is characterized by severely impaired cognitive processes, personality disintegration, mood disturbance and social withdrawal – and has a duration of at least 6 months. Since Sam has only had the symptoms for 3 months, this option is ruled out.
- Schizophreniform Disorder (option 2) is psychotic episodes with a duration of at least 1 month but less than 6 months.
- Schizoaffective Disorder (option 3) is a condition involving the existence of both symptoms of schizophrenia and major depressive or manic symptoms. Sam does not display symptoms of a major depressive or manic episode, therefore this option is eliminated.
- Schizotypal Personality Disorder (option 4) is a personality disorder. Personality Disorders has an inflexible, pervasive, stable pattern of long duration, and its onset can be traced back to at least adolescence or early adulthood. Therefore, this option is eliminated.

Comparison of Brief Psychotic Disorder, Schizophreniform Disorder and Schizophrenia			
	Brief Psychotic Disorder	Schizophreniform Disorder	Schizophrenia
Duration	< 1 month	< 6 months	6 months +
Psychosocial Stressor	Likely present	Usually present	May or may not be present
Symptoms	Emotional turmoil, psychotic symptoms	Emotional turmoil, psychotic symptoms	Emotional reactions variable, psychotic symptoms
Outcome	Return to premorbid functioning	Possible return to premorbid functioning	Return to premorbid functioning is uncommon
Familial Problem	No information	Some increased risk of schizophrenia among family members	Higher prevalence of schizophrenia among family members

Question 38

Sam's symptoms of a lack of meaningful speech patterns and his frequent shifts from one topic to another without any logical flow, are examples of - - - - - and - - - - -

- 1) alogia, loosening of associations
- 2) avolition, loosening of associations
- 3) alogia, anhedonia
- 4) avolition, anhedonia

Answer: The correct answer is (1)

Refer: Sue et al., pg. 372

Reasoning:

- Avolition is the inability to take action or focus on goals.
- Alogia is a lack of meaningful speech.
- Anhedonia is decreased ability to experience pleasure from positive stimuli or degradation in the recollection of previously experienced pleasure.

Question 39

Sam's symptoms continue to persist five months after his initial diagnosis was made three months after his symptoms initially appeared. Given the extended duration of his symptoms which one of the following disorders according to the DSM-5 classification system would be Sam's current diagnosis?

- 1) Schizophrenia
- 2) Schizophreniform Disorder
- 3) Schizoaffective Disorder
- 4) Schizotypal Personality Disorder

Answer: The correct answer is (1)

Refer: Sue et al., pg. 392

Reasoning:

Comparison of Brief Psychotic Disorder, Schizophreniform Disorder and Schizophrenia			
	Brief Psychotic Disorder	Schizophreniform Disorder	Schizophrenia
Duration	< 1 month	< 6 months	6 months +

Question 40

Sam's frequent outbursts which involve periods of hyperactivity and loud rantings, is an example of

- 1) excited catatonia
- 2) avolition
- 3) alogia
- 4) anhedonia

Answer: The correct answer is (1)

Refer: Sue et al., pg. 371

Reasoning:

- Avolition is the inability to take action or focus on goals.
- Alogia is a lack of meaningful speech.
- Anhedonia is decreased ability to experience pleasure from positive stimuli of degradation in the recollection of previously experienced pleasure.
- Catatonia: A condition characterized by marked disturbance in motor activity – either extreme excitement or motoric immobility. Excited catatonia: the person is agitated and hyperactive, and may talk and shout constantly, and run until they drop from exhaustion. May involve violent acts.

Question 41

South Africa's suicide rates are among the highest in the world, and our teens are particularly at risk. Last week, a 14-year-old grade 9 learner shot herself with her father's gun. Just months ago, a 16-year-old boy's body was found hanging from a tree at school.

An identifiable risk factor according to Sue et al (2016) in both cases discussed above would be

- 1) easy access to lethal methods
- 2) previous suicide attempt or intent
- 3) self-injurious behaviour
- 4) loneliness

Answer: The correct answer is (2)

Refer: Sue et al., pg. 273

Reasoning: The common interpersonal act in suicide is communication of intention. At least 80% of suicides are preceded by either verbal or nonverbal behavioural cues indicating their intentions.

Question 42

According to the Multipath Model of Suicide in Sue et al (2016) - - - - -

- 1) low dopamine levels are associated with increased aggression and impulsivity which are characteristics that may increase suicidality
- 2) the psychological states most strongly associated with suicide are depression and impulsivity
- 3) one of the most consistently reported correlates of suicidal behaviour is alcohol consumption

- 4) suicidal ideation and completed suicide is highest among men

Answer: The correct answer is (3)

Refer: Sue et al., pg. 280

Reasoning:

- Low *serotonin* levels in the brain influence suicide. Therefore option 1 is incorrect.
- The psychological state of mind most correlated with suicide is depression and *hopelessness*. Therefore, option 2 is incorrect.
- One of the most consistently reported correlates of suicidal behaviour is alcohol consumption.
- The completed suicide rate for men is about 4 times that for women. Women are more likely to attempt suicide, but men are more successful because they use more lethal means. Therefore option 4 is incorrect.

Question 43

Which one of the following is not a DSM-5 criterion for a diagnosis of Illness Anxiety Disorder?

- 1) Excessive anxiety about health
- 2) Repeatedly checks for signs of illness
- 3) Serious somatic symptoms and signs of illness are evident
- 4) Preoccupation with having or contracting a serious illness

Answer: The correct answer is (3)

Refer: Sue et al., pg. 201

Reasoning: Illness Anxiety Disorder is a persistent health anxiety and/or concern that one has an undetected physical illness, *with few or no somatic complaints* that is present for at least 6 months.

Read the following case study and answer questions 44, 45, 46, 47 and 48.

Two years ago, Bradley, a 26-year-old soldier, was deployed from his hometown in Kraaifontein to a military base in Johannesburg, leaving his wife and sickly new born son behind. This sudden deployment caused significant stress for Bradley. Three months after his transfer, he started experiencing severe and persistent burping and difficulties swallowing which was beyond his voluntary control. He complained to a psychologist at his sick bay that his symptoms caused him feelings of shame and embarrassment, as his burping becomes worse when he is in stressful situations at work such as during parades and roll call.

His senior officer has made numerous complaints over Bradley's "strange and socially deplorable behaviour" at work, whereas his unusual condition has earned him the reputation of 'army clown' amongst his colleagues. Despite the sometimes comical nature of Bradley's burping, he does not see it as a laughing matter, as he is now avoiding all social contact out of shame and is also on a final warning at work. He is desperate for help as he stands to lose his job, which he loves.

Bradley has been to numerous medical doctors, including a neurologist, a gastrologist and an ear, nose and throat specialist. Despite extensive medical examinations, he was found to be in top physical shape.

The psychologist noticed that Bradley experiences feelings of extreme guilt and stress for choosing his career over his new family, just like his own absent father had done.

The psychologist compiled the following DSM-5 differential diagnosis based on the information presented by Bradley.

- a) *Somatic Symptom Disorder*
- b) *Conversion Disorder (Functional Neurological Symptom Disorder)*
- c) *Generalised Anxiety Disorder*
- d) *Illness Anxiety Disorder*
- e) *Factitious Disorder imposed on Self*
- f) *Malingering*

Question 44

The psychologist correctly decides to eliminate ---, due to the fact that - - - - -

- 1) Malingering, Bradley's employees find his symptoms to be funny
- 2) Conversion Disorder, he does not manifest any weakness or paralysis
- 3) Illness Anxiety Disorder, Bradley is experiencing severe somatic symptoms
- 4) Somatic Symptom Disorder, Bradley's symptoms are not accompanied by fear of having an undiagnosed medical condition

Answer: The correct answer is (2)

Refer: Sue et al., pg. 202

Reasoning:

- Malingering (option 1) is deliberate or false or severely exaggerated physical or psychological symptoms – motivated by external incentives i.e. avoiding military duty, financial compensation etc. Therefore, although the elimination of Malingering is correct, the reason for the elimination in option 1 is incorrect.
- Conversion Disorder - also called Functional Neurological Symptom Disorder (option 2) is sensory or motor impairment suggestive of a neurological disorder but with no underlying medical cause. Symptoms include:
 - Paralysis/weakness
 - Abnormal movement
 - Swallowing symptoms/globus
 - Speech symptoms e.g. dysphonia
 - Non-epileptic/psychogenic seizures
 - Sensory loss/anaesthesia
 - Special sensory symptom (i.e. visual disturbance)
 - Mixed symptoms
- Illness Anxiety Disorder (option 3) is persistent health anxiety and/or concern that one has an undetected physical illness, few or no somatic complaints. Although this option is correctly eliminated, the reason for doing so is incorrect. Bradley's main concern is the uncontrolled burping that is affecting his career, not the fear of an unidentified illness.
- Somatic Symptom Disorder (option 4) is excessive distress over somatic symptoms that are accompanied with high levels of health-related anxiety. Duration is 6 months or more. The reason for eliminating this option is incorrect.

Question 45

According to the DSM-5 classification system - - - - - Disorder is consistent with Bradley's symptoms of persistent burping and swallowing difficulties, because - - - - -

- 1) Somatic Symptom, Bradley is now avoiding all social contact
- 2) Illness Anxiety, Bradley feels distressed and ashamed about his burping
- 3) Conversion; Bradley developed his symptoms in response to significant life stressors

- 4) Factitious, Bradley's symptom is causing him clinically Significant impairment in social and occupational functioning

Answer: The correct answer is (1)
Refer: Sue et al., pg. 199
Reasoning: Factitious Disorder (option 4) is characterized by the presentation of oneself to others as ill or impaired through the recurrent falsification of physical or psychological symptoms. Since Bradley is not faking the symptoms, this option is incorrect. Refer to the answer in question 44 to see why options 2 and 3 is also incorrect.

Question 46

According to the Psychodynamic Model, Bradley's physical symptoms are likely caused by - - - - such as ----

- 1) stress; Bradley losing his job
- 2) genetic factors, inheriting certain traits from his father
- 3) unconscious conflicts, Bradley's feelings of guilt for leaving his family
- 4) reinforcement of symptomatic behaviours, Bradley's burping being rewarded by laughter from his colleagues

Answer: The correct answer is (3)
Refer: Sue et al., pg. 207
Reasoning: <ul style="list-style-type: none"> • Option 2 refers to the biological dimension and is therefore incorrect. • Option 4 (although incorrect factually) refers to the social dimension • Options 1 and 3 refer to the psychological dimension, however option 1 refers to the Cognitive Behavioural Perspective and option 3 refers to the Psychodynamic Perspective.

Question 47

According to the Multipath Model's explanation for the development of Somatic Symptom and Related Disorders, Bradley's involuntary physical symptoms may be caused by - - - - which is an example of the psychological dimension of this model.

- 1) anxiety or stressful events
- 2) impaired neural connectivity
- 3) cultural acceptance of physical symptoms
- 4) attention and escape from responsibilities

Answer: The correct answer is (1)			
Refer: Sue et al., pg. 207			
Reasoning:			
Multipath Model - Etiology of Medical Disorders (Somatic Symptom and Related Disorders)			
Biological	Psychological	Social	Socio-Cultural
Innate sensitivity to body sensations	Bodily sensation preoccupation	Parental models for injury or illness	Economic stressors
Lower threshold for pain	Anxiety or stressful event producing physical reactions	Reinforcement from others for physical symptoms	Degree of knowledge about medical concepts
History of illness or injury	Catastrophic thoughts regarding bodily sensations	Attention and escape from responsibilities	Cultural acceptance of physical symptoms
Impaired neural connectivity	Social isolation		

Question 48

The psychologist recommends hypnotherapy to reduce the severity of Bradley's behavioural symptoms. This recommended intervention is an example of - - - - prevention.

- 1) tertiary
- 2) primary
- 3) secondary
- 4) community

Answer: The correct answer is (3)

Refer: PYC3702/501, pg. 14

Reasoning:

- Primary prevention (option 2) is an effort to (1) lower the incidence of new cases of behavioural disorders by strengthening or adding to resources that promote mental health and (2) by eliminating community characteristics that threaten mental health.
- Secondary prevention (option 3) is an attempt to shorten the duration of mental disorders and to reduce their impact. If a disorder is detected early and effective treatment can be found, it is possible to minimize the impact of the disorder or to prevent it from developing into a more serious and debilitating form.
- The goal of tertiary prevention (option 1) is to facilitate the readjustment of the person to community life after hospital treatment for a mental disorder. The focus is on reversing the effects of institutionalization and on providing a smooth transition to a productive life in the community.

Question 49

- - - - Personality Disorder is characterised by peculiar thoughts and behaviours as well as poor interpersonal relationships, whereas - - - - Personality Disorder is characterised by a socially isolated, emotionally cold personality style with indifference towards others

- 1) Antisocial; Avoidant
- 2) Schizotypal, Schizoid
- 3) Schizoid, Schizotypal
- 4) Schizophreniform; Antisocial

Answer: The correct answer is (2)

Refer: Sue et al., pg. 472

Reasoning:

Personality Disorder	Symptoms	Gender Differences	Prevalence
Cluster A - Odd and Eccentric Behavior			
Paranoid PD	Unwarranted suspiciousness, hypersensitivity, reluctance to trust others, intimacy avoidance, hostility, unusual beliefs	Somewhat more common in males	2.3 – 4.4%
Schizoid PD	Social withdrawal, social detachment, intimacy avoidance, restricted affectivity, anhedonia – socially isolated, emotionally cold personality style with indifference towards others.	Somewhat more common in males	3.1 – 4.9%
Schizotypal PD	Peculiar thoughts and behaviors, poor interpersonal relationships	Higher in males	2.0 – 4.0%

Question 50

Martelize, 21 years old, was referred to a psychologist by her mother, who is concerned that Martelize is sometimes extremely happy and at other times becomes angry and despondent for no reason. She also has difficulties maintaining her friendships as she often goes from idealising her best friends to hating them in a short period of time. Martelize also tends to look down on herself, complains of feelings of emptiness and often engages in self-injurious behaviours such as cutting herself. Martelize is likely to meet the DSM-5 criteria for - - - - -

- 1) Borderline Personality Disorder
- 2) Bipolar Disorder
- 3) Disruptive Mood Dysregulation Disorder
- 4) Histrionic Personality Disorder

Answer: The correct answer is (1)

Refer: Sue et al., pg. 472

Reasoning:

- Borderline Personality Disorder (option 1) is a pervasive pattern of instability of interpersonal relationships, self-image and affects, and marked impulsivity – with 5 or more of the following symptoms:
 - Frantic efforts to avoid real or imagined abandonment (mutually exclusive from point 5)
 - Unstable and intense interpersonal relationships
 - Identity disturbance
 - Impulsivity in at least 2 areas that are potentially self-damaging (mutually exclusive from point 5)
 - Recurrent suicidal behavior, gestures, threats or self-mutilation
 - Affective instability - Marked reactivity of mood
 - Chronic feeling of emptiness
 - Difficulty controlling anger
 - Transient, stress-related paranoid ideation or severe dissociative symptoms
- For Bipolar Disorder (option 2) it is necessary to meet the criteria for a manic episode. Since there is no mention of increased level of energy, this option can be ruled out.
- Histrionic Disorder (option 4) is a pervasive pattern of excessive emotionality and attention seeking with five or more of the following symptoms:
 - Uncomfortable in situations where not center of attention
 - Inappropriate sexually seductive behavior
 - Rapidly shifting and shallow expression of emotions
 - Use physical appearance to draw attention to self
 - Excessively impressionistic style of speech lacking in detail
 - Theatricality and exaggerated expression of emotion
- Disruptive Mood Dysregulation Disorder (option 3) is severe recurrent episodes of temper outbursts (on average 3 or more times per week), including verbal rage or physical aggression. Symptoms present for at least 12 months, in at least 2 different settings.

Question 51

Obsessive-Compulsive Personality Disorder is characterised by - - - - -

- 1) peculiar thoughts and behaviours and poor interpersonal relationships
- 2) intense fluctuations in mood, self-image, and interpersonal relationships
- 3) perfectionism, controlling interpersonal behaviour, devotion to details and rigidity
- 4) excessive dependence on others, submissiveness and an inability to assume responsibilities

Answer: The correct answer is (3)

Refer: Sue et al., pg. 472

Reasoning: OCD is a pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness and efficiency.

- Option 1 refers to Schizotypal Personality Disorder
- Option 2 refers to Borderline Personality Disorder
- Option 4 refers to Dependent Personality Disorder

Question 52

According to the Cognitive Behavioural Perspective, Paranoid Personality Disorder is caused by - - - -

- 1) a cold and emotionally impoverished childhood lacking in empathy
- 2) classical conditioning, wherein the mistrust of others are reinforced through repeated punishment
- 3) the use of projection, a defence mechanism in which unacceptable impulses are denied and attributed to others
- 4) the use of an untrusting mental schema through which the individual filters and interprets the responses of others

Answer: The correct answer is (4)

Refer: Sue et al., pg. 473

Reasoning: Projection is a defense mechanism in which unacceptable impulses are denied and attributed to others- according to psychodynamic theorists. From a cognitive-behavioural perspective, individuals with this disorder may filter and interpret the responses of others through an untrusting mental schema.

Read the following case study carefully and answer questions 53 and 54.

Jack, a 20-year-old, has been with his girlfriend for two years now. Initially Jack and his girlfriend used to have brief sexual intercourse which was always initiated by the girlfriend. He sought psychological help because his girlfriend is threatening to leave him because he avoids being intimate with her. His girlfriend accuses him of having an affair. Jack indicated that he is not having an affair, but rather he does not fantasise nor daydream about sex at all.

Question 53

According to Sue et al, (2016) Jack can be seen as having a disruption on which phase of the sexual response cycle?

- 1) The arousal phase
- 2) The appetitive phase
- 3) The orgasm phase
- 4) The resolution phase

Answer: The correct answer is (2)

Refer: Sue et al., pg. 436

Reasoning:

Four stages of the normal sexual response cycle:

- The *appetitive phase* is characterised by the person’s interest in sexual activity. The person begins to have thoughts or fantasies surrounding sex. He or she may begin to feel attracted to another person and to daydream increasingly about sex.

- The *arousal phase*, which may follow or precede the appetitive phase, is heightened and intensified when specific and direct – but not necessarily physical – sexual stimulation occurs. Heart rate, blood pressure, and respiration rate increase. In the male, blood flow increases in the penis, resulting in an erection. The ridge around the head of the penis turns deep purple, and the testes enlarge and elevate in preparation for ejaculation. In the female, the breasts swell, nipples become erect, blood engorges the genital region, and the clitoris expands. Vaginal lubrication reflexively occurs, and a sex flush may appear on the skin (usually later in this phase).
- The *orgasm phase* is characterised by involuntary muscular contractions throughout the body and the eventual release of sexual tension. In the man, muscles at the base of the penis contract, propelling semen through the penis. In the woman, the outer third of the vagina contracts rhythmically. Following orgasm, men enter a refractory period during which they are unresponsive to sexual stimulation. However, women are capable of multiple orgasms with continued stimulation.
- The *resolution phase* is characterised by relaxation of the body after orgasm. Heart rate, blood pressure, and respiration return to normal.

Question 54

Which one of the following DSM-5 diagnoses would be the most appropriate diagnosis in Jack's case?

- 1) Gender Dysphoria
- 2) Erectile Disorder
- 3) Male Hypoactive Sexual Desire Disorder
- 4) Premature (Early) Ejaculation

Answer: The correct answer is (3)

Refer: Sue et al., pg. 438

Reasoning:

- Gender Dysphoria (option 1) is a marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, and therefore incorrect.
- Erectile Disorder (option 2) is Repeated failure to obtain or maintain erections during partnered sexual activities and occurs in the majority of sexual occasions over at least 6 months. This option is incorrect.
- Male Hypoactive Sexual Desire Disorder (option 3) is persistently or recurrently deficient or absent sexual thoughts, fantasies or desire for sexual activity for approximately six months causing significant distress.
- Premature (Early) Ejaculation (option 4) is ejaculation with minimal sexual stimulation before, during, or shortly after penetration. This option is incorrect.

Question 55

According to the Multipath Model's (Sue et al, 2016) explanation for the aetiology of Sexual Dysfunctions, the psychological dimension suggests that - - - - plays a role in sexual dysfunctions, while the social dimension explains sexual dysfunctions could be as a result of - - - -

- 1) negative attitudes toward sex, age-related changes
- 2) hormonal deficiencies, relational problems with partner
- 3) performance anxiety, gender roles
- 4) situational anxiety: strict religious upbringing

Answer: The correct answer is (4)

Refer: Sue et al., pg. 444

Reasoning:

Multipath Model - Etiology of Sexual Dysfunction			
Biological	Psychological	Social	Socio-Cultural
Physical and medical conditions (chronic illness, vascular diseases, medication, substance abuse, etc.)	Situational or coital anxiety or guilt	Relational problems with partner	Cultural scripts
Hormonal deficiencies	Performance anxiety	Negative parental attitudes towards sex in childhood	Gender roles
Autonomic nervous system reactivity to anxiety	Negative attitudes towards sex	Rape or sexual abuse/molestation	Age-related changes
	Fear of pregnancy, HIV infection or venereal disease	Strict religious and moralistic upbringing	

Question 56

According to the - - - - theory, the aetiology of Paraphilic Disorders can result from a person's modelling their behaviour on the behaviour of others who have carried out paraphilic acts

- 1) Psychodynamic
- 2) Humanistic
- 3) Learning
- 4) Cognitive

Answer: The correct answer is (3)

Refer: Sue et al., pg. 459

Reasoning: Learning theorists stress the importance of early conditioning experiences. Accidental association between sexual arousal and exposure to situations, events, acts, or objects may result in the development of paraphilias and/or a Paraphilic Disorder.

Question 57

The Men's Health clinic organised a nation-wide campaign to create awareness of the factors that contribute to sexual dysfunction in men. This is an example of - - - -

- 1) primary prevention
- 2) secondary prevention
- 3) tertiary prevention
- 4) community prevention

Answer: The correct answer is (1)

Refer: PYC3702/501, pg. 14

Reasoning: Primary prevention is an effort to (1) lower the incidence of new cases of behavioural disorders by strengthening or adding to resources that promote mental health and (2) by eliminating community characteristics that threaten mental health.

Read the following case study carefully and answer questions 58 and 59.

Lerato, a teenage girl from the age of six was continually sexually abused by her alcoholic father and another family friend. Her father threatened to sexually abuse her younger siblings if she told anyone about the abuse. Lerato became suicidal but felt that she had to stay alive to protect her siblings. She ran away from home after being raped by her father and several of his friends as a "birthday present" for one of them. She left and aimlessly started walking the street, apparently without attracting attention.

After about three days, she was stopped by the police. When questioned, she could not recall recent events or give her current address, furthermore, she could not provide the policeman with her name and stated that she is 10 years old. The policeman took Lerato to a place of safety where she saw a psychologist.

Question 58

The psychologist's principal diagnosis according to the DSM-5 classification system in Lerato's case is likely to be - - - - -

- 1) Dissociative Identity Disorder
- 2) Acute Stress Disorder
- 3) Dissociative Amnesia with dissociative fugue
- 4) Depersonalisation/Derealisation Disorder

Answer: The correct answer is (3)

Refer: Sue et al., pg. 293

Reasoning:

- Dissociative Identity Disorder (option 1) is two or more relatively independent personality states appear to exist in one person, including experiences of possession. This option is incorrect.
- Acute Stress Disorder (option 2) is characterized by intrusion symptoms, negative mood, Dissociative symptoms, avoidance symptoms and arousal symptoms. Lerato only manifests dissociative symptoms, therefore this option is eliminated.
- Dissociative Amnesia with Dissociative Fugue is the inability to recall personal identity and past:
 - With sudden departure to new area.
 - Confusion about personal identity.
- Depersonalisation Disorder/Derealisation Disorder is experiences of unreality, detachment or being an outside observer with respect to one's thoughts, feelings, sensations, body, or actions or surroundings. Dreamlike state – therefore this option is incorrect.

Question 59

The psychologist would also make a DSM-5 diagnosis from the category Other Conditions that May be a Focus for Clinical Attention in Lerato's case namely- - - - -

- 1) Housing Problem
- 2) Upbringing Away from Parents
- 3) Child Physical Abuse
- 4) Child Sexual Abuse

Answer: The correct answer is (4)

Refer: Sue et al., pg. 93

Reasoning: DSM-5 Other conditions that may be a Focus of Clinical Attention

Question 60

Regarding the psychological dimension of the Multipath Model (Sue et al, 2016), the Psychodynamic explanation for the development of Lerato's principal diagnosis is due to - - - - -

- 1) repression of childhood trauma
- 2) disruptions in encoding of memories
- 3) negative cognitive schemas
- 4) loss of social support

Answer: The correct answer is (1)

Refer: Sue et al., pg. 293

Reasoning:

Multipath Model - Etiology of Dissociative Disorders			
Biological	Psychological	Social	Socio-Cultural
Brain activation pattern differences between different personalities	Hypnotizability or suggestibility	Child abuse or trauma	Media portrayals of dissociative disorders
Hippocampus and amygdala volume reduction	Ability to dissociate	Lack of social support	Role enactment
Temporal lobe involvement	Exposure to stress or trauma	Mislabeling dissociative experiences	May involve experience of possession
Neural memory inhibition	Inability to deal with stress	Iatrogenic therapist effects	

Question 61

Peter, 14-years-old, has accurately been described as a delinquent, whereas Craig, 16-years-old, has been diagnosed with Conduct Disorder according to the DSM-5 classification system. Which alternative contains the most accurate assumptions we are able to make regarding these two boys based on the information provided above?

- 1) We should expect no difference between the behavioural patterns displayed by Peter and Craig, especially those related to the violation of the rights of others, the violation of major age-appropriate societal norms or rules which includes showing aggression to people and animals, the destruction of property and deceitfulness and/or theft
- 2) We expect that Peter will show a persistent pattern of getting arrested due the legal offences he commits throughout his life, whereas Craig's key symptoms as he grows older will entail mainly a lack in prosocial emotions in a variety of relationships and settings
- 3) We know that Peter has committed at least one legal offence in his lifetime Craig most likely manifests a persistent and repetitive behavioural pattern of at least 12-month duration in which the fights of others or major age-appropriate societal norms or rules are violated including showing aggression to people and animals, destruction of property, deceitfulness and/or theft
- 4) The behaviour Peter manifests excludes him from receiving a diagnosis of a Conduct Disorder whereas the diagnosis Craig received predisposes him to developing Antisocial Personality Disorder as an adult

Answer: The correct answer is (3)

Refer: PYC3702/TL501, pg. 80

Reasoning: Option 2 is incorrect since the prognosis for Conduct Disorder is poor, especially with childhood onset; often leads to criminal behaviours, antisocial acts, and problems in adult adjustment.

Although delinquency is not synonymous with having a Conduct Disorder, the two frequently overlap. A delinquent is someone under the age of 18 years who has committed a legal offence, whereas a young person diagnosed with Conduct Disorder has a psychological disorder.

Question 62

When, according to the DSM-5 classification, a clinician makes a diagnosis of Conduct Disorder certain specifiers need to be considered. One of these specifiers is "With limited prosocial emotions" Which one of the following is not one of the aspects considered under this specifier for the diagnosis?

- 1) Lack of remorse or guilt
- 2) Unconcerned with performance
- 3) Shallow or deceitful affect
- 4) Emotional dysregulation symptoms

Answer: The correct answer is (4)

Refer: Sue et al., pg. 513

Reasoning: The following characteristics are listed under this specifier:

- Lack of remorse or guilt.
- Callous – lack of empathy.
- Unconcerned about performance.
- Shallow or deficient affect.

Question 63

Ever since Steve was a toddler, he was irritable and difficult to please. He often threw intense temper tantrums in front of his parents and other children. Steve, now 16-years-old, continues to have angry episodes and outbursts, which are not premeditated yet sometimes involve physical injury. His actions during these short episodes cause Steve a lot of personal distress, especially as his behaviour during these episodes far outweighs the incident that triggers these episodes in the first place.

The most likely diagnosis of Steve's abnormal behaviour according to the DSM-5 classification system will be - - - - -

- 1) Intermittent Explosive Disorder
- 2) Oppositional Defiant Disorder
- 3) Conduct Disorder
- 4) Paediatric Bipolar Disorder

Answer: The correct answer is (1)

Refer: Sue et al., pg. 477

Reasoning: IED is recurrent behavioral outburst representing a failure to control aggressive impulses of an individual that is at least 6 years old. The magnitude of aggressiveness expressed during the recurrent outbursts is grossly out of proportion to the provocation or to any precipitating psychosocial stressors.

The recurrent aggressive outbursts are not premeditated (i.e. they are impulsive and/or anger based) and are not committed to achieve some tangible objective (e.g. money, power, intimidation).

The recurrent aggressive outbursts cause either marked distress in the individual or impairment in occupational or interpersonal functioning, or are associated with financial or legal consequences.

Question 64

Which of the following statements is accurate regarding the biological dimension of the Multipath Model's (Sue et al, 2016) explanation for the aetiology of Conduct Disorder?

- a) Regarding the externalising disorders, social factors, such as parental role modelling and early maternal rejection, appear to exert the greatest influence on the development of Conduct Disorder
 - b) Antisocial behaviour has been linked to brain abnormalities associated with deficits in social information processing
 - c) Antisocial behaviour has been linked to brain abnormalities associated with reduced activity in the amygdala in situations associated with fear
 - d) Cortisol levels seem to play a role in the symptom production of individuals with Conduct Disorder. Elevated cortisol levels have been associated with symptoms of impulsive aggression, whereas low cortisol levels occur in youth with callous and unemotional traits and predatory aggression
- 1) a, b and c
 - 2) b, c and d
 - 3) a, c and d
 - 4) All of the above

Answer: The correct answer is (2)

Refer: Sue et al., pg. 515

Reasoning:

- Alternative a refers to the social dimension and is therefore excluded. Biological factors exert the greatest influence on the development of CD (Conduct Disorder).
- Aggressive behaviour has been linked to abnormal neural circuitry and resultant deficits in social information processing as well as *reduced activity in the amygdala in situations associated with fear*; these deficits may result in a decreased ability to learn from socializing punishment. Therefore, b and c is correct.
- *Elevated stress hormones* (cortisol is a stress hormone) are associated with symptoms of impulsive aggression, whereas low cortisol levels are associated with callous-unemotional traits and predatory aggression. Therefore, option d is correct.

Read the short case studies and then answer questions 65 and 66.

Due to birth complications Mary, now 10 years of age, was diagnosed according to the DSM-5 classification system. Her disorder includes both intellectual and adaptive functioning deficits. Mary has been placed in a foster home as her parents weren't able to provide her with the adequate care she needed.

David, 18-years-old, on the other hand, sustained a traumatic brain injury in a motorbike accident when he was 16 years of age and now shows severe cognitive impairment. This impairment represents a significant decline from his previous level of performance in at least two of the six cognitive dimensions. As a result, he too received a diagnosis. Due to his severe cognitive difficulties and therefore, greatly impaired behaviour, David has been the target of incessant bullying in his school.

Question 65

Given the information above, it is most likely that Mary received a principal diagnosis of --- whereas David received a principal diagnosis of - - - - , according to the DSM-5 classification system.

- 1) Intellectual Disability, Major Neurocognitive Disorder
- 2) Attention Deficit/Hyperactivity Disorder, Post-traumatic Stress Disorder
- 3) Autistic Spectrum Disorder, Mild Neurocognitive Disorder
- 4) Reactive Attachment Disorder, Conversion Disorder

Answer: The correct answer is (1)

Refer: Sue et al., pp. 403, 532

Reasoning:

- Option 2 is ruled out as ADHD is persistent attentional problems and/or impulsive, hyperactive behaviors and does not relate to intellectual deficits.
- Option 3 is ruled out as MND relates to a modest decline in at least one major cognitive area – and not severe cognitive difficulties.
- Option 4 is ruled out as RAD is a consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers and does not refer to intellectual disability.

Question 66

When using the DSM-5 classification system, a clinician diagnosing both Mary and David would not only diagnose the principal disorder, but would consider additional diagnoses regarding Other Conditions that May Require Clinical Attention. Considering this category, the clinician most likely added an additional diagnosis for Mary namely - - - - . as well as for David namely - - - -

- 1) Inadequate Housing, Acculturation Difficulty
- 2) Housing Problem, Academic or Educational Problem
- 3) Upbringing Away from Parents, Social Exclusion or Rejection
- 4) Child Neglect, Confirmed, Child Psychological Abuse, Confirmed

Answer: The correct answer is (3)

Refer: Sue et al., pg. 93

Reasoning: A foster home is not ‘inadequate housing’ or a ‘housing problem’. Also, Mary’s parents did not ‘neglect’ her, they were unable to provide her with the care she needed. The bullying that David is enduring points to Social Exclusion or Rejection.

Question 67

Strokes damaging the left hemisphere of the brain typically affect - - - - , as well as physical movement on the right half of the body, whereas strokes occurring within the right hemisphere can - - - - in addition to impairing motor movement on the left side of the body

- 1) speech and language proficiency, impair judgment and short-term memory
- 2) judgment and short-term memory, impair speech and language proficiency
- 3) ability to feel empathy, increase impulsivity
- 4) impulse control, decrease empathy

Answer: The correct answer is (1)

Refer: Sue et al., pg. 412

Reasoning: Strokes damaging the left side of the brain typically affect speech and language proficiency as well as physical movement on the right half of the body. Strokes occurring within the right hemisphere can impair judgment and short-term memory,

increase impulsivity, and affect visual-spatial skills (e.g. fastening buttons or judging distance and speed while driving) and motor movement on the left side of the body. Visual problems (blurry or double vision) are sometimes seen in those with a right-hemisphere stroke, including spatial-visual neglect, a failure to attend to or process large portions of what is seen, most frequently in the left field of vision.

Question 68

According to the DSM-5 classification system the primary symptom in Delirium is a disturbance in

- 1) attention
- 2) memory
- 3) cognition
- 4) reality testing

Answer: The correct answer is (3)

Refer: Sue et al., pg. 405

Reasoning: Delirium is a disturbance in consciousness. Absence of full-blown delusions and hallucinations. Memory problems and impairment of cognitive functioning such as focusing, sustaining, and shifting attention.

- Option 4 is incorrect since the disturbance in reality testing refers to Schizophrenia.
- Option 1 is incorrect, since ADD/ADHD relates to disturbance in attention.
- Option 2 is incorrect, since amnesic patients are not necessarily delirious.

Read the following list carefully and then answer questions 69 and 70.

It is often difficult to distinguish symptoms of normal aging from those involved in a Neurocognitive Disorder. Below you will find a list of some of the symptoms involved in either normal aging or a Neurocognitive Disorder

- a) *Has difficulty or requires assistance with normal day-to-day activities*
- b) *Frequently forgets words or recently learned information and uses incorrect words and repeats the same questions or comments*
- c) *Experiences occasional distractibility*
- d) *Experiences poor judgement and falls to remember important dates or details*
- e) *Is slower to complete mental or physical activities.*
- f) *Has difficulty completing familiar tasks*
- g) *Occasionally forgets a name, word or appointment*
- h) *Shows concern about occasional forgetfulness*
- i) *Occasionally gets lost.*

Question 69

Choose the alternative that correctly groups the symptoms (provided in the list above) involved in normal aging.

- 1) b, d, f and i
- 2) a, c, d and f
- 3) c, e, g, h and i
- 4) a, b, d, e, g and h

Answer: The correct answer is (3)

Refer: Sue et al., pg. 404

Reasoning:

Normal Aging or Neurocognitive Disorder?	
Normal Ageing	Major Neurocognitive Disorder
Independent in most activities	Requires assistance with daily activities
Occasionally misplaces things and locates them after searching	Places items in unusual locations; may not recall objects are missing
Occasionally forgets a name, word, or appointment	Frequently forgets words or recently learned information; uses incorrect words
Follows written or verbal directions without difficulty	Difficulty following written or verbal directions
Slower to complete mental or physical activities	Difficulty performing familiar tasks
Concern about occasional forgetfulness	Unaware or unconcerned about memory difficulties
Occasional distractibility	Poor judgment; fails to remember important details
Continues interacting socially; occasionally tired	Decreasing social skills, declining social engagement, passivity
Occasionally gets lost	Increasing disorientation and confusion
Normal changes in mood	Personality changes, drastic mood shifts

Question 70

Choose the alternative that correctly groups the symptoms (provided in the list above) involved in a Neurocognitive Disorder

- 1) c, f and i
- 2) a, b, d and f
- 3) b, e, g, h and i
- 4) a, c, e, g and h

Answer: The correct answer is (2)

Refer: Sue et al., pg. 404

Reasoning: See answer to question 69

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Question 1

According to the DSM-5 classification system, the diagnosis of Acute Stress Disorder and Post-Traumatic Stress Disorder are very similar. However, a diagnosis of Acute Stress Disorder requires that the symptoms are present for at least - - - - - to - - - - -, whereas for Post-Traumatic Stress Disorder the symptoms must be present for more than - - - - - since the traumatic event

- 1) Acute Stress Disorder two days, two weeks, PTSD six months
- 2) Acute Stress Disorder two days, 30 days, PTSD six months
- 3) Acute Stress Disorder three days, one month, PTSD one month
- 4) Acute Stress Disorder two days, 30 days, PTSD three months

Answer: The correct answer is (3)

Refer: Sue et al., pg. 167

Reasoning: The time frame for Acute Stress Disorder is 3 days to 1 month after exposure to trauma (stressor). The time frame for PTSD is 1 month or more.

(Delayed expression: full diagnostic criteria not met until 6 months after the event.)

Question 2

According to the biological dimension of the Multipath Model explaining the aetiology of Post-Traumatic Stress Disorder, which area of the brain has been identified as preparing the body for "flight or fight" by releasing hormones?

- 1) The amygdala
- 2) The medial prefrontal cortex
- 3) The hypothalamic-pituitary-adrenal (HPA) axis
- 4) The frontal lobes

Answer: The correct answer is (1)

Refer: Sue et al., pg. 167

Reasoning:

Multipath Model - Etiology of Acute and PTSD			
Biological	Psychological	Social	Socio-Cultural
Sensitized autonomic system	Pre-existing anxiety or depression	History of childhood maltreatment	Female gender
HPA axis dysfunction	Severity of trauma	Lack of social support	Immigration/refugee status
Amygdala reactivity	Interpersonal trauma	Social isolation	Exposure to prior trauma
SS genotype	Negative emotions		Discrimination
Lack of fear extinction	Catastrophic thinking		

Read the following short case study and then answer questions 3 and 4

From birth to age four, Amanda's single mother in who's care Amanda was, could not adequately take care of Amanda. Amanda's mother was actively abusing drugs and had moved many times to escape her violent boyfriends. Furthermore, Amanda was exposed to explicit adult sexual activity when her mother was high on drugs. At five-years old, Amanda was placed in a foster home and by seven years old, she had experienced five different foster homes. Her current foster parents were concerned by her recurrent anger outbursts. Amanda also showed no

preferential affection towards them and would go off with anyone without checking where her foster-parents were first. She indiscriminately sought attention and affection from adult strangers, sometimes touching them inappropriately. She could not engage socially with her peers and was disinterested in interactive play with them. She also often engaged in isolative, sexualised behaviour.

Question 3

According to the DSM-5 classification system, Amanda's principal diagnosis is - - - - -

- 1) Attention-Deficit/Hyperactivity Disorder
- 2) Disinhibited Social Engagement Disorder
- 3) Disruptive Mood Dysregulation Disorder
- 4) Reactive Attachment Disorder

Answer: The correct answer is (2)

Refer: Sue et al., pg. 506

Reasoning: The symptoms and criteria for Disinhibited Social Engagement Disorder is as follows:

- Pattern of behavior in which a child actively approaches and interacts with unfamiliar adults
 - o Absent reluctance in approaching and interacting with unfamiliar adults
 - o Overly familiar verbal or physical behavior
 - o Diminished or absent checking back with adult caregiver after venturing away
 - o Willingness to go off with an unfamiliar adult
- Include socially inhibited behavior
- Child has experienced a pattern of extremes of insufficient care
 - o Social neglect
 - o Repeated changes in primary caregivers
 - o Rearing in unusual settings

Question 4

According to the DSM-5 classification system, Amanda's secondary diagnosis in the category of Other Conditions That May Be a Focus of Clinical Attention would include

- 1) Disruption of Family by Separation or Divorce
- 2) Child Sexual Abuse, Child Neglect
- 3) Child Neglect
- 4) Wandering Associated with a Mental Disorder

Answer: The correct answer is (3)

Refer: Sue et al., pg. 93

Reasoning: DSM-5 diagnostic criteria Other Problems that may be a Focus for Clinical Attention

Read the following case study and then answer questions 5 and 6.

Sbu, ten years old, was experiencing academic and significant interpersonal difficulties. The psychologist's assessment revealed an IQ score of 63 on a standardised intelligence test

Question 5

According to the DSM-5 classification system, Sbu should receive the diagnosis of - - - - -

- 1) Intellectual Disability, Mild
- 2) Intellectual Disability, Moderate
- 3) Intellectual Disability, Severe
- 4) Intellectual Disability, Profound

Answer: The correct answer is (1)

Refer: Sue et al., pg. 531

Reasoning: The approximate IQ range is as follows:

- Mild; 50 – 69
- Moderate; 35 – 49
- Severe; 20 – 34
- Profound; 19 or below

Question 6

The psychologist then continues to explain to Sbu's parents that the prognosis of Sbu's diagnosed disorder (Question 5) could involve the following - - - - -

- 1) Sbu's motor and speech development will be impaired. He will achieve limited self-care and therefore will need full-time nursing care to assist him through his life
- 2) Sbu will be able to learn to communicate with others and will be able to perform basic hygiene under supervision. He will likely be able to perform semi-skilled work in a supervised, protective workshop environment
- 3) Sbu will be able to learn basic numeracy and language skills and as an adult will be able to be trained to perform semi-skilled work. He will need guidance when encountering mild stress
- 4) Sbu will be able to complete his primary school education with assistance. He is likely to achieve social and work skills to support his basic adult needs. He may need guidance when under unusual social or financial stress

Answer: The correct answer is (4)

Refer: Sue et al., pg. 531

Reasoning: The prognosis for Mild Intellectual Disability is as follows:

Can learn up to about Grade 6 by late adolescence; can be expected to learn appropriate social skills. Can usually achieve sufficient social and vocational skills for self-support; may need guidance and assistance during times of unusual social or economic stress; can establish long-term intimate relationships and raise children.

Question 7

According to the DSM-5 classification system, Enuresis is diagnosed when the following criteria are met

- a) the wetting of clothes or bed is repeated
 - b) involuntary voiding of urine
 - c) voluntary voiding of urine
 - d) voiding of urine occurs at least twice a week
 - e) voiding of urine occurs at least once a day
 - f) symptoms of enuresis is present for at least 3 months
 - g) symptoms of enuresis is present for at least 6 months
 - h) chronological age of child is at least 5 years of age
 - i) chronological age of child is at least 4 years of age
- 1) b, c and e
 - 2) a, c, d and f
 - 3) a, b, e, f and h
 - 4) a, b, c, d, f and h

Answer: The correct answer is (4)

Refer: Sue et al., pg. 517

Reasoning:

Definition	Time Frame	Symptoms/Criteria
Periodic voiding of urine into one's clothes or bed, or onto the floor during the day or night	<ul style="list-style-type: none"> • 2 x per week, 3 months • 5 years old 	<ul style="list-style-type: none"> • Repeated void of urine whether involuntary or intentional • Twice a week for at least 3 months • At least 5 years old • Specify if nocturnal only or Diurnal or both

Read the following case study and then answer questions 8, 9 and 10

Billy, a three-and-a-half-year-old boy, is brought to the clinical psychologist for an assessment. His mother reports that he was born full term following a normal pregnancy and delivery. At 18 months, he underwent medical surgery due to bouts of Inflammation of the middle ear. At the time, his mother also had concerns that he was not speaking any words, but his doctor said, "let's wait and see". A follow-up appointment was scheduled with the paediatrician for when he turned two years old where it became evident that Billy was 'developmentally delayed' and the doctor advised that Billy start attending special interventions. Since the age of two, Billy has attended three preschools. He was asked to leave his previous schools because of behavioural problems. Since he began preschool, his teachers have reported that he appears to be "In his own world", will not follow new instructions easily and largely ignores the children in the class.

Billy's mother further reports that he has been in good health recently. She voices, tearfully, that all of his milestones were delayed, particularly his language. She denies any history of developmental regression.

She adds that Billy has made progress, since starting with special interventions, and he will now use single words like "Juice" and "cookie" to make requests.

At home, Billy is described as a "handful", especially when his routine is disrupted, but he will usually calm down when his mother turns on his favourite TV cartoon programme. Billy's mother states that he will have prolonged tantrums when denied what he wants, and the tantrums will often occur when they are attempting to leave their house. During these tantrums, he will frequently bang his head and bite his hand, which frightens her. For some time now, she has been concerned that Billy does not like to play with his similar aged cousins during family get-togethers, but she thought this was because he was an only child and did not like to share.

Question 8

During the assessment, the clinical psychologist ruled out Disruptive Mood Dysregulation Disorder as a diagnosis in Billy's case. Identify the alternative that is the correct reason for Disruptive Mood Dysregulation Disorder being ruled out.

- 1) Because of delayed speech development, Billy's temper outbursts only involve behavioural acting out reactions
- 2) Billy's tantrums are accompanied by self-injurious behaviour
- 3) Billy's temper outbursts are triggered by situations that Billy perceives as stressful
- 4) Billy is only three-and-a-half years old

Answer: The correct answer is (4)

Refer: Sue et al., pg. 509

Reasoning: The diagnosis of Disruptive Mood Dysregulation Disorder is not applied to children with a developmental age of less than 6 years or children older than 18 years.

Question 9

The clinical psychologist also ruled out Selective Mutism as a diagnosis in Billy's case. Identify the alternative that is the correct reason for Selective Mutism being ruled out.

- 1) Billy does not have the age-related language capacity to speak fluently in any social situation
- 2) Billy does make use of certain words to communicate his needs
- 3) Billy is not socially well adjusted and does not have much opportunity to speak
- 4) The abnormal behaviour exceeds a year

Answer: The correct answer is (1)

Refer: Sue et al., pg. 506

Reasoning: The essential feature of selective mutism is a consistent failure to speak in specific social situations in which the child is expected to speak, even though the child has normal language skills and speaks in other situations.

Question 10

According to the DSM-5 classification system, Billy meets criteria for a diagnosis of - - - - -

- 1) Attention-Deficit/Hyperactivity Disorder
- 2) Autism Spectrum Disorder
- 3) Separation Anxiety Disorder
- 4) Oppositional Defiant Disorder

Answer: The correct answer is (2)

Refer: Sue et al., pg. 523

Reasoning: The criteria for Autism Spectrum Disorder is as follows:

- Persistent deficits in social communication and social interaction across multiple contexts as manifested by the following:
 - o Deficits in emotional reciprocity
 - o Deficits in nonverbal communicative behaviors used for social interaction
 - o Deficits in developing, maintaining relationships and understanding relationships
- Restricted, repetitive patterns of behavior, interests or activities as manifested by:
 - o Stereotyped or repetitive motor movements, use of objects or speech
 - o Insistence on sameness, inflexible adherence to routines or ritualized patterns of behavior
 - o Highly restricted, fixated interests that are abnormal in intensity or focus
 - o Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment
- Symptoms must be present in early developmental period

Question 11

The general attributes of the Western worldview focuses on - - - - - while the African worldview focuses on

- 1) competition , uniqueness
- 2) being one with nature, mastery of nature
- 3) the survival of the individual, the survival of the community
- 4) separateness and interdependence , co-operation and independence

Answer: The correct answer is (3)

Refer: PYC3702/TL501, pg. 29

Reasoning: The Western worldview focuses on individuality, privacy, and self-reliance, while the African worldview focuses on humanity or Ubuntu (people are people in the presence of other people).

Question 12

Seboko's parents subscribes to the African worldview. Which one of the following attributes most accurately reflects their understanding of mental health?

- 1) Analytical
- 2) Mastery of the universe
- 3) Intuitive, spiritual
- 4) Objective

Answer: The correct answer is (3)

Refer: PYC3702/TL501, pg. 32

Reasoning: According to the African worldview, mental problems are the result of failure in human relations. Behaviours threatening the equilibrium of the social system (selfishness, envy) are pathological. Sorcery or disharmony in the relationship between a person and his/her ancestors is held responsible for many forms of psychopathology. Holistic and cosmological – minimal distinction between physical and mental functioning. Mind and body are interconnected, and affect each other. No distinction between the individual and the group. Treatment often involves the social context.

Question 13

The Universalist approach emphasises all of the following except

- 1) consistency across cultures
- 2) that all people are alike
- 3) cultural context
- 4) that all people require uniform treatment

Answer: The correct answer is (3)

Refer: PYC3702/TL501, pg. 26

Reasoning: The universalist approach is an etic approach. It assumes universally-accepted definitions of abnormality and methodology, and that the human psyche and mental illness is universal. The universalist approach enables us to make easy comparisons across a range of contexts, but may also detract from our understanding of environmental influences and the unique motivations of individuals.

Question 14

Which one of the following statements applies to "Moriti wa letswele" according to the African perspective on psychopathology?

- 1) It is based on the view that the environment is potentially dangerous
- 2) It is associated with maternal care
- 3) It is characterised by a psychogenic pain
- 4) It is sent by the ancestors

Answer: The correct answer is (3)

Refer: PYC3702/TL501, pg. 36

Reasoning: Moriti wa letswele (Sotho-Tswana): female condition characterised by a psychogenic pain which usually occurs under the left breast.

Read the following case study and answer questions 15, 16, 17, 18, 19 and 20.

Leago, a 20-year-old university student, has been referred for psychotherapy. It is alleged that she has been abusing alcohol for the past year and is also involved in a sexual relationship with a 60-year-old man (Kumkani) who she regards as her blesser. She knows that her blesser is married with four children and she is only interested in the "blesser/blessee" relationship because of the financial rewards that comes with it.

She met Kumkani through a mutual friend and he became her source of financial support as he catered for her every desire. In the beginning, she felt uncomfortable about the relationship and would feel better after a few drinks, which would make her feel less anxious and less inhibited. She certainly enjoyed belonging to an elite team of "blessees", and what started as a few glasses of wine to help her loosen up at weekend parties, increasingly resulted in her consuming a few bottles of wine throughout the week. She attributed her increased drinking to pressures at University and the desire to be comfortable in social situations.

Over the past two years, all the partying caused her to drink heavily and she would often skip her classes and failed to submit most of her assignments. She was given a final warning by her lecturers that she would be expelled if she did not improve her behaviour, at which point she decided to stop drinking.

However, the more her lecturers complained, the more she felt she needed greater amounts of the substance to cope with her challenges. Whenever she went to class without a drink, she would experience psychomotor agitation, sweaty palms, nausea and irritability and wasn't able to attend to what the lecturer was saying, or to take proper class notes, or answer any questions the lecturer might ask her. Leago found it increasingly difficult to cope with the effects of being without a drink and she decided to have a few drinks with the hope that no one would notice. However, her continued drinking resulted in declined academic performance and strained family relationships. According to her aunt, Leago had a traumatic childhood with her father dying when she was only nine years old and her widowed mother being known as a 'township drunkard'. She would often leave Leago and her siblings to fend for themselves. Her aunt decided to take Leago in after matric in order to assist her with the payment of her tertiary studies. Leago's aunt received a phone call from one of Leago's lecturers who informed her that Leago is facing a possible expulsion because of her declining academic performance. When confronted by her clearly distraught aunt, Leago became emotionally distressed and tried to commit suicide by taking an overdose of sleeping pills. She was taken to an emergency healthcare facility for medical attention.

Question 15

Which one of the following DSM-5 diagnoses would be the appropriate principal diagnosis In Leago's case?

- 1) Narcissistic Personality Disorder with substance abuse
- 2) Borderline Personality Disorder with self-injurious behaviour
- 3) Alcohol Use Disorder
- 4) Unspecified Alcohol-Related Disorder

Answer: The correct answer is (3)

Refer: Sue et al., pg. 353

Reasoning: The diagnostic criteria for Alcohol Use Disorder is as follows:

- Problematic pattern of alcohol use leading to clinically significant impairment or distress
- Alcohol often taken in larger amounts, over longer period than was intended
- Desire or unsuccessful efforts to cut down or control
- Craving
- Failure to fulfill major role obligations
- NB activities given up or reduced

- Tolerance
- Withdrawal

Question 16

With reference to the social dimension of the Multipath Model, - - - - - played a major role in the development of Leago's principal diagnosis

- 1) Physiological dependency
- 2) Behavioural under-control
- 3) Social pressure
- 4) Coping with life transitions

Answer: The correct answer is (3)

Refer: Sue et al., pg. 349

Reasoning: Alternative 1 refers to the biological dimension, while alternative 2 and 4 refer to the psychological dimension.

Multipath Model - Etiology of Substance Abuse Disorder			
Biological	Psychological	Social	Socio-Cultural
Hereditary influences	Self-medicating of mental illness	Parental and peer models	Cultural norms and values
Dopamine reward/stress pathways	Stressful emotions	Social pressures	Media influences
Brain chemistry alterations	<u>Behavioural under-control</u>	Childhood maltreatment	Societal stressors
Psychological dependency	Coping with life transitions		Coping with discrimination

Question 17

Which one of the following symptoms that Leago manifests indicates that she has developed tolerance towards alcohol?

- 1) Leago's need for markedly increased amount of alcohol to obtain the desired effect
- 2) Leago's continued use of alcohol despite adverse impact on her academic performance
- 3) Leago's symptoms of agitation, sweaty palms, nausea and irritability
- 4) Leago feeling less anxious and less inhibited after using alcohol

Answer: The correct answer is (1)

Refer: Sue et al., (2016) pg. 331

Reasoning: Tolerance, as defined by either of the following:

- a need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
- markedly diminished effect with continued use of the same amount of alcohol.

Question 18

Which one of the following symptoms that Leago manifests indicates that she is experiencing symptoms of withdrawal from alcohol?

- 1) Leago's need for markedly increased amount of alcohol to obtain the desired effect
- 2) Leago's continued use of alcohol despite adverse impact on her academic performance
- 3) Leago's symptoms of psychomotor agitation, sweaty palms, nausea and irritability
- 4) Leago's declined academic performance and strained family relationships

Answer: The correct answer is (3)

Refer: Sue et al., (2016) pg. 331

Reasoning: Alternative 1 refers to tolerance and not to withdrawal.

The diagnostic criteria for withdrawal is the following:

Two (or more) of the following, developing within several hours to a few days after the cessation of (or reduction in) alcohol use:

1. Autonomic hyperactivity (e.g. sweating or pulse rate greater than 100 bpm).
2. Increased tremor.
3. Insomnia.
4. Nausea or vomiting.
5. Transient visual, tactile, or auditory hallucinations or illusions.
6. Psychomotor agitation.
7. Anxiety.
8. Generalised tonic-clonic seizures.

Question 19

Which one of the following refers to factors related to the biological dimension in the development of Leago's mental disorder according to the Multipath Model (as cited In Sue et al, 2016)?

- 1) Leago's father died when she was nine years old, which resulted in her experiencing a lot of stress
- 2) Leago's aunt was distraught by her situation, which also created distress for Leago
- 3) Leago experienced a decline in her academic performance, which resulted in a lot of stress for her
- 4) Leago's mother was considered as a 'township drunkard', which implies a genetic predisposition

Answer: The correct answer is (4)

Refer: Sue et al., pg. 349

Reasoning: The other alternatives refer to the social, socio-cultural and psychological dimensions.

Multipath Model - Etiology of Substance Abuse Disorder			
Biological	Psychological	Social	Socio-Cultural
Hereditary influences	Self-medicating of mental illness	Parental and peer models	Cultural norms and values
Dopamine reward/stress pathways	Stressful emotions	Social pressures	Media influences
Brain chemistry alterations	Behavioural under-control	Childhood maltreatment	Societal stressors
Psychological dependency	Coping with life transitions		Coping with discrimination

Question 20

Leago's explanation of apparently feeling relaxed and experiencing increased sociability that occurred due to the initial effects of the alcohol she ingested, is due to alcohol's - - - - -

- 1) depression of the inhibitory centres in the brain
- 2) activation of the inhibitory centres in the brain
- 3) depression of the autonomic nervous system
- 4) stimulation of the autonomic nervous system

Answer: The correct answer is (1)

Refer: Sue et al., pg. 330

Reasoning: Alcohol's short-term effect is that it is a relaxant and leads to loss of inhibitions.

Read the following case study carefully and then answer questions 21,22,23 and 24.

John, a 23-year-old master's student in civil engineering, was referred to a clinical psychologist by his research supervisor who realised that John's extreme and pervasive worries were hampering his research progress.

John appears pale and nervous and describes himself as having been a "worrier" for many years. He has always assumed that it is normal to take life seriously and worry about various aspects of life as his mother, a single parent, also worries about everything.

As a postgraduate student, John worries a lot about what his supervisor would think of him and revises chapters of his dissertation several times before submitting them to his supervisor. He also worries about his finances, his relationships, his mother, and whether he will ever find a good job. John experiences difficulty concentrating on his research, feels nervous, restless and irritable, and experiences problems falling asleep at night as he becomes flooded by anxiety and worrisome thoughts about all aspects of his life as soon as he goes to bed.

Although John realises that most of his worries are unfounded, he cannot distance himself from worrying about everything that might possibly go wrong.

Question 21

In diagnosing John's abnormal behaviour according to the DSM-5 classification system, Obsessive-Compulsive Disorder was ruled out as a possible diagnosis. Would you - - - -?

- 1) agree with this decision, as John does not manifest any compulsive behaviour
- 2) disagree with the decision as John's thoughts about the worrisome aspects of his life alleviate his anxiety
- 3) disagree with the decision, as John is clearly unable to control the intrusive, worrisome thoughts
- 4) agree with the decision as John worries about real -life concerns and none of his worries has content that is odd, irrational or of a magical nature

Answer: The correct answer is (4)

Refer: Sue et al., pg. 151

Reasoning: Alternative 1 is incorrect, since the diagnostic criteria for OCD states the presence of obsessions, compulsions – or both. Therefore, the absence of compulsions does not disqualify this diagnosis. (Although obsessions and compulsions can occur separately, they frequently occur together. Only 25% of those with OCD report distressing obsessions without compulsive behaviours.)

Question 22

According to the DSM-5 classification system, the principal diagnosis of - - - - is made in John's case

- 1) Panic Disorder
- 2) Social Anxiety Disorder (Social Phobia)
- 3) Obsessive-Compulsive Disorder
- 4) Generalised Anxiety Disorder

Answer: The correct answer is (4)

Refer: Sue et al., pg. 148

Reasoning: GAS is defined as excessive, uncontrollable and often irrational worry. Symptoms are: Three or more of the following symptoms:

1. Restlessness – on edge
2. Easily fatigued

3. Difficulty concentrating – going blank
 4. Irritability
 5. Muscle tension
 6. Sleep disturbance
- Accompanied by symptoms such as vigilance, muscle tension, restlessness, edginess, and difficulty concentrating.

Question 23

Which of the following factors, according to the biological dimension of the Multipath Model (cited in Sue et al, 2016), can be regarded as important in the development of John's abnormal behaviour?

- 1) A genetic predisposition
- 2) An underactive fear network
- 3) Chronic activation of the sympathetic nervous system
- 4) Insufficient activation of the prefrontal cortex in anxiety-provoking situations

Answer: The correct answer is (1)

Refer: Sue et al., pg. 149

Reasoning:

Multipath Model - Etiology of GAD (Generalized Anxiety Disorder)			
Biological	Psychological	Social	Socio-Cultural
Some genetic influence	Lower threshold for uncertainty	Lack of social network	Stressful or poor living conditions
Overactive fear network	Anxiety-evoking schemas	Separation or loss	Prejudice and discrimination
Abnormalities with GABA receptors	Use of worry as coping	Anxious or nonresponsive parents	Low socioeconomic status
	Worry about worrying	Peer conflicts and victimization	

Question 24

Which of the following factors would be regarded as important in the development and maintenance of John's abnormal behaviour according to the psychological dimension of the Multipath Model as Cited in Sue et al (2016)?

- a) Worry about worrying
 - b) Anxious parents
 - c) Dysfunctional role models
 - d) Lower threshold for uncertainty
 - e) Use of worry as coping mechanism
 - f) Anxiety-evolving schemas
- 1) a and d
 - 2) b, c and f
 - 3) a, b, c and e
 - 4) a, d, e and f

Answer: The correct answer is (4)

Refer: Sue et al., pg. 149

Reasoning:

Multipath Model - Etiology of GAD (Generalized Anxiety Disorder)			
Biological	Psychological	Social	Socio-Cultural
Some genetic influence	Lower threshold for uncertainty	Lack of social network	Stressful or poor living conditions
Overactive fear network	Anxiety-evoking schemas	Separation or loss	Prejudice and discrimination
Abnormalities with GABA receptors	Use of worry as coping	Anxious or nonresponsive parents	Low socioeconomic status
	Worry about worrying	Peer conflicts and victimization	

Question 25

Which of the following statements about compulsive behaviours in Obsessive-Compulsive Disorder are correct?

- a) Compulsive behaviours are typically goal directed, fulfilling a realistic purpose
 - b) Compulsive behaviours are aimed at reducing distress triggered by obsessions
 - c) Compulsions are often performed according to rules that must be applied rigidly
 - d) Compulsions are often time-consuming
 - e) Compulsions serve a specific purpose and are not a source of distress or impairment
 - f) Sexual compulsions, gambling and pathological collecting behaviour are all examples of compulsive behaviour
- 1) a, c and e
 - 2) b, c and d
 - 3) a, e and f
 - 4) b, d and f

Answer: The correct answer is (2)

Refer: Sue et al., pg. 151

Reasoning: Compulsions are defined by (1) and (2):

1. Repetitive behaviours (e.g. hand washing, ordering, checking) or mental acts (e.g. praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.
2. The behaviours or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviours or mental acts are not connected in a realistic way with what they are designed to neutralise or prevent, or are clearly excessive.

The obsessions or compulsions are time-consuming (e.g. take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Question 26

----- distinguishes normal collecting behaviour from Hoarding Disorder

- 1) Insight into behaviour
- 2) The value of the collected items
- 3) The amount of the collected items
- 4) Persistent difficulties in discarding or parting with collected items

Answer: The correct answer is (2)

Refer: Sue et al., pg. 151

Reasoning: Alternative 1 is incorrect, as Hoarding Disorder can be diagnosed with good or fair insight. The diagnostic criteria for Hoarding Disorder is as follows:

- Persistent difficulty discarding or parting with possessions, regardless of their value
- Perceived need to save these items and distress associated with discarding them
- Accumulation of possessions that congest living areas
- Significant distress or impairment in areas of functioning
- The hoarding is not attributable to another medical condition
- The hoarding is not better explained by the symptoms of another disorder

Question 27

Which of the following descriptions regarding Bipolar and Related Disorders are correct?

- a) Individuals with Bipolar I Disorder have experienced at least one manic episode
 - b) Manic episodes are severe, involve severe impairment of occupational or psychosocial functioning, and may involve psychotic features and or hospitalisation
 - c) Manic episodes last at least 10 days or less if hospitalisation is necessary
 - d) During a manic episode mood may be irritable rather than euphoric and cheerful
 - e) Bipolar II Disorder requires, in addition to one major depressive episode, at least one manic episode
 - f) Individuals with hypomania very seldom manifest symptoms of over-activity, impulsivity and rapid speech
 - g) Cyclothymic Disorder involves mild hypomanic symptoms alternating with major depressive episodes for at least 12 months
- 1) a, b, and d
 - 2) a, e, and g
 - 3) b, c and f
 - 4) c, d and e

Answer: The correct answer is (1)

Refer: Sue et al., pg. 257

Reasoning:

- Milder hypomanic symptoms that are consistently interspersed with milder depressed moods for at least 2 years – therefore alternative g is incorrect.
- Hypomania is characterized by significantly increased levels of activity or energy (including decreased need for sleep) combined with an elevated, expansive, or irritable mood, therefore alternative f is incorrect.
- The definition of Bipolar I disorder states: At least one manic episode that has impaired social or occupational functioning, may or may not experience depression or psychotic symptoms. Therefore, alternative a is correct.
- There is no history of mania in Bipolar II disorder. Therefore, alternative e is incorrect.

By means of elimination of incorrect options, then, the correct answer is (1)

Comparison of Bipolar Disorders			
Criteria	Bipolar I Disorder	Bipolar II Disorder	Cyclothymic Disorder
Manic Episode	At least 1 week-long episode	No history of mania	No history of mania
Hypomanic Episode	May be present	At least 1 episode	Numerous episodes
Major Depressive Episode	May be present	At least 1 episode	No history of major depressive episodes, only milder depression
Psychotic Features	May be present	Not specified	Not specified

Question 28

For the past 18 months Josh, an intelligent ten-year-old boy, had several severe temper outbursts per week, both at home and at school. A diagnosis of Disruptive Mood Dysregulation Disorder is only justified in Josh's case if his mood between the outbursts - - - - -

- 1) is hypomanic
- 2) is depressed
- 3) is irritable or angry
- 4) fluctuates between sadness and elation

Answer: The correct answer is (2)
--

Refer: Sue et al., pg. 509

Reasoning: Disruptive Mood Dysregulation Disorder is classified under Depressive Disorders.
--

Question 29

For the past two years Rita, a 19-year-old student, has experienced intense sadness, concentration problems and food cravings every month for two to three days prior to the onset of her periods. These episodes have a negative effect on her academic performance as well as her relationship with her boyfriend.

A clinical psychologist would probably - - - - -

- 1) make the diagnosis of Persistent Depressive Disorder (Dysthymia)
- 2) make the diagnosis of Factitious Disorder Imposed on Self
- 3) not make any diagnosis as Rita does not meet the criteria for any mental disorder and rather refer her to a gynaecologist
- 4) make the diagnosis of Premenstrual Dysphoric Disorder

Answer: The correct answer is (4)
--

Refer: Sue et al., pg. 236

Reasoning: PMDD involves serious symptoms of depression, irritability, and tension that appear the week before menstruation and remit soon after the onset of menses.
--

PMDD requires that at least 5 of the symptoms occur during the premenstrual period, including significant mood swings, anger, irritability or increases in interpersonal conflict; depressed mood, sense of hopelessness or self-deprecation; or anxiety or tension.
--

Other premenstrual symptoms include difficulty concentrating; social withdrawal; lack of energy; food cravings or overeating; insomnia or excessive sleepiness; feelings of being overwhelmed; or physical symptoms such as weight gain, bloating, or breast tenderness.
--

These are similar to the physical and emotional symptoms of premenstrual syndrome (PMS); however, PMDD produces significant distress or interference with social and interpersonal relationships or academic/occupational functioning.
--

Question 30

Audrey, a young woman, has a history of Bipolar I Disorder. For the past week, her mood has been markedly elevated and expansive. She sleeps very little but still feels energetic, she is quite talkative and active. She also reports - - - - - which indicates that she is currently experiencing a hypomanic rather than a manic episode

- 1) increased appetite
- 2) good insight into her condition
- 3) increased academic productivity
- 4) ego-dystonic psychotic symptoms

Answer: The correct answer is (3)
--

Refer: Sue et al., pg. 257

Reasoning: Hypomania is characterized by significantly increased levels of activity or energy (including decreased need for sleep) combined with an elevated, expansive, or irritable mood.

- The individual may appear quite distractible, change topics frequently, and generate many disconnected ideas.
- Increased goal-directed behaviour – although projects may be started but not finished – and increased creativity.
- Intense focus on pleasurable activities without concern for consequences.
- Excessive talking, dominating conversations, acting in a self-important manner.
- Hypomanic episodes do not involve a loss of contact with reality (psychosis), nor do they cause marked impairment in social or occupational functioning or a need for hospitalization.
- The energetic, goal-directed activity is sometimes associated with increased productivity.
- Hypomania sometimes progresses into a full manic episode.

Read the following case study carefully and then answer questions 31 and 32

Thembi, a 50-year-old widow, was admitted to a hospital after she had tried to gas herself. Over the past few months, since the death of her only child, Thembi has become increasingly depressed with loss of energy, self-deprecating ideas, feelings of guilt and diminished ability to concentrate. She has lost a lot of weight due to a marked loss of appetite. She also has regular early morning awakenings with an inability to fall back to sleep despite feeling excessively tired and exhausted. She has become socially withdrawn and has lost all joy in life. On realising that her suicide attempt had failed, Thembi has become very sad and lies motionless in her bed for many hours at a time.

Question 31

Which of the following DSM-5 diagnoses would be the most appropriate in Thembi's case?

- 1) Intense mourning
- 2) Adjustment Disorder with depressed mood
- 3) Persistent Depressive Disorder (Dysthymia) with catatonia
- 4) Major Depressive Disorder, severe with melancholic features

Answer: The correct answer is (4)

Refer: Sue et al., pp. 234-236

Reasoning: Option 3 is incorrect because Dysthymia is a depressed mood that lasted for at least 2 years (with no more than 2 months symptom free)

Question 32

According to the Behavioural explanation, the development and maintenance of Thembi's current abnormal behaviour can be attributed to - - - - -

- 1) insufficient role models
- 2) loss of social reinforcement
- 3) negative schemas about herself
- 4) thinking patterns associated with learned helplessness

Answer: The correct answer is (2)

Refer: Sue et al., pp. 234-236

Reasoning: Depression occurs when people receive insufficient social reinforcement. This lack of reinforcement may be due to losses such as unemployment, divorce, or death of a friend or

family member. Depression results from the void created by changes in accustomed levels of reinforcement (e.g. love, affection, companionship).

Read the following case study and then answer questions 33,34,35,36 and 37.

Eddie, a 26-year-old taxi driver, had reportedly begun to display strange behaviour over a three-week period. He refused to drive certain routes explaining that he saw little gremlin-like creatures running on the roads.

He explained that these creatures audibly tormented him if he drove these routes. His wife described Eddie's version of events during this three-week period as incoherent and frightening. She was confused with the sudden onset of Eddie's behaviour, as well as with the sudden return of Eddie to his normal behaviour within a month after the symptoms had first began.

Over the last four months, Eddie's symptoms have unfortunately returned. Eddie furthermore developed a lethargy that left him demotivated to continue trying to take alternate routes to avoid the gremlin-like creatures. He has quit his job and appears to have little or no interest in finding other employment. Eddie has progressively begun to withdraw from interacting with his family and meeting with his friends at the local shebeen on a Friday night.

Question 33

Had Eddie seen a psychologist within the first month that his symptoms initially developed, he would most likely have been diagnosed with - - - - according to the DSM-5 classification system

- 1) Schizophreniform Disorder
- 2) Brief Psychotic Disorder
- 3) Delusional Disorder
- 4) Schizophrenia

Answer: The correct answer is (2)

Refer: Sue et al., pg. 392

Reasoning: Option 4 is incorrect because the time frame for schizophrenia is 6 months. Option 1 is incorrect because Schizophreniform Disorder is psychotic episodes with a duration of at least 1 month but less than 6 months. Eddie had this episode for only 3 weeks. Brief Psychotic Disorder (option 2) is psychotic episodes with a duration of at least 1 day but less than 1 month. Delusional Disorder (option 3) is persistent delusions without other unusual or odd behaviors, tactile and olfactory hallucinations related to the delusional theme may be present, but with a time frame of 1 month.

Question 34

Had Eddie seen a psychologist within the last four months during which his symptoms had returned, he would most likely have been diagnosed with - - - - according to the DSM-5 classification system?

- 1) Schizophreniform Disorder
- 2) Brief Psychotic Disorder
- 3) Delusional Disorder
- 4) Schizophrenia

Answer: The correct answer is (1)

Refer: Sue et al., pg. 396

Reasoning: Option 4 is incorrect because the time frame for schizophrenia is 6 months. Option 1 is correct because Schizophreniform Disorder is psychotic episodes with a duration of at least 1 month but less than 6 months. Brief Psychotic Disorder (option 2) is psychotic episodes with a duration of at least 1 day but less than 1 month.

Delusional Disorder (option 3) is persistent delusions without other unusual or odd behaviors, tactile and olfactory hallucinations related to the delusional theme may be present, but with a time frame of 1 month.

Question 35

Eddie's symptom of lethargy that has left him demotivated is known as - - - - -

- 1) alogia
- 2) anhedonia
- 3) asociality
- 4) avolition

Answer: The correct answer is (4)

Refer: Sue et al., pg. 372

Reasoning:

- Avolition (option 4) is the inability to take action or focus on goals.
- Alogia (option 1) is a lack of meaningful speech.
- Asociality (option 3) is minimal interest in social relationships.
- Anhedonia (option 2) is decreased ability to experience pleasure from positive stimuli or degradation in the recollection of previously experienced pleasure.

Question 36

Eddie's symptom of minimal interest in social relationships is known as - - - - - and is one of the - - - - - characteristics of his disorder

- 1) alogia, atypical
- 2) anhedonia, positive
- 3) asociality, negative
- 4) avolition, core

Answer: The correct answer is (3)

Refer: Sue et al., pg. 372

Reasoning:

- Avolition (option 4) is the inability to take action or focus on goals.
- Alogia (option 1) is a lack of meaningful speech.
- Asociality (option 3) is minimal interest in social relationships.
- Anhedonia (option 2) is decreased ability to experience pleasure from positive stimuli or degradation in the recollection of previously experienced pleasure.

Question 37

Eddie's symptom of his inability to experience pleasure with previously enjoyed experiences, such as spending time with his family and with his friends at the shebeen, is known as - - - - -. This symptom is also characteristic of - - - - -

- 1) alogia, Selective Mutism
- 2) anhedonia, Major Depressive Disorder
- 3) asociality, Schizoid Personality Disorder
- 4) avolition, Major Neurocognitive Disorder

Answer: The correct answer is (2)

Refer: Sue et al., pg. 372

Reasoning:

- Avolition (option 4) is the inability to take action or focus on goals.

- Alogia (option 1) is a lack of meaningful speech.
- Asociality (option 3) is minimal interest in social relationships.
- Anhedonia (option 2) is decreased ability to experience pleasure from positive stimuli or degradation in the recollection of previously experienced pleasure.

Question 38

According to Sue et al (2016), which of the following characteristics sharply increases the likelihood of developing Schizophrenia?

- a) High levels of suspiciousness and paranoia
 - b) Recent deterioration in functioning, especially social withdrawal
 - c) Substance abuse
 - d) Increasing frequency of unusual thoughts
- 1) a
 - 2) b and c
 - 3) a, b and c
 - 4) all of the above

Answer: The correct answer is (4)

Refer: Sue et al., pg. 392

Reasoning: The use of cocaine, amphetamines, alcohol, and especially cannabis appear to increase the chances of developing a psychotic disorder. Therefore, option c is correct and alternative 1 is eliminated. Unusual thoughts is a positive symptom of schizophrenia, therefore option d is correct and thus also alternative 4.

Question 39

Which of the following statements according to Sue et al (2016) best describes the prodromal phase of Schizophrenia?

- 1) During this phase, individuals primarily show the positive symptoms of Schizophrenia
- 2) During this phase, individuals display signs of social withdrawal and isolation, peculiar behaviour, inappropriate affect, poor communication patterns, and neglect for personal grooming
- 3) During this phase, symptoms are no longer prominent in that psychotic behaviour and symptom severity decline
- 4) During this phase, individuals lead a productive life although complete recovery is rare

Answer: The correct answer is (2)

Refer: Sue et al., pg. 373

Reasoning: Prodromal phase: includes the onset and buildup of schizophrenic symptoms. Social withdrawal and isolation, peculiar behaviours, inappropriate affect, poor communication patterns, and neglect of personal grooming may become evident. Changes in hairstyles or clothing style may be an attempt to maintain his/her identity. Residual phase: symptoms are no longer prominent. Symptom severity declines, and the individual may show milder impairment similar to that seen in the prodromal phase. Option 3 refers to the residual phase. Option 4 is incorrect since recovery prognosis is not rare.

Question 40

Which one of the following cues is a direct risk factor for adolescent suicide according to research aimed at combatting suicide among adolescents (as Cited by Sue et al, 2016)?

- 1) verbalised intent
- 2) reckless behaviour
- 3) increased alcohol or drug use
- 4) prolonged or unexpected farewells

Answer: The correct answer is (1)

Refer: Sue et al., pg. 273

Reasoning: The common interpersonal act in suicide is communication of intention. At least 80% of suicides are preceded by either verbal or nonverbal behavioural cues indicating their intentions.

Read the following case study and answer questions 41, 42, 43 and 44

Mr Smith is a 53-year-old father of two-year-old, David. His ex-wife, Mrs Smith, expressed serious concern regarding the frequency with which he takes their son, without good reason, to various specialists. She is particularly concerned that David has been subjected to numerous invasive tests and medical procedures, on Mr Smith's insistence.

Despite the reassurances of these medical specialists that David is healthy, Mr Smith continues to fabricate symptoms and complaints of gastro-intestinal issues. Mr Smith even went so far as to induce a nappy rash on David's bottom using abrasive chemicals in order to prove the severity of David's alleged medical symptoms.

Mr Smith has previously admitted to his psychologist that he always had dreams of being a medical doctor and that he gains a sense of vindication from discussing David's alleged medical problems with those medical professionals who are willing to listen to his concerns.

Question 41

From the information provided in the case study, Mr Smith can be diagnosed with - - - - according to the DSM-5 classification system. This disorder is characterised by - - - -

- 1) Malingering, feigning illness for an external purpose or incentive
- 2) Illness Anxiety Disorder, the preoccupation of having or contracting a serious illness
- 3) Somatic Symptom Disorder, excessive attention and treatment seeking for alleged medical concerns
- 4) Factitious Disorder, inducing or simulating illness on oneself or another for the purpose of gaining the attention of medical professionals

Answer: The correct answer is (4)

Refer: Sue et al., pg. 204

Reasoning: Factitious Disorder is intentional falsification of medical or psychological signs and symptoms in oneself, or others. It is associated with the identified deception, in the absence of obvious external rewards.

Question 42

Which one of the following DSM-5 diagnoses would be most appropriate for David?

- 1) No Diagnosis
- 2) Child Physical Abuse
- 3) Illness Anxiety Disorder
- 4) Factitious Disorder imposed on another

Answer: The correct answer is (1)

Refer: Sue et al., pg. 204

Reasoning: When Imposed on Another, when an individual falsifies illness in another vulnerable other this diagnosis is made in relation to the perpetrator, not the victim. Therefore, option 4 is incorrect.

While this constitutes child abuse (option 2), where David's father intentionally created a rash using abrasive chemicals, this is not a listed mental disorder under the DSM-5, therefore David is not to be diagnosed. His father is the one with the mental disorder, not him.

Question 43

According to the cognitive behavioural perspective as contained in the psychological dimension of the Multipath Model, - - - - is a possible factor that could help explain the development of Mr Smith's behaviour

- 1) repression of unresolved conflict
- 2) the degree of knowledge about medical concepts
- 3) reinforcement from others for physical symptoms
- 4) the repetitive activation of the sympathetic nervous system

Answer: The correct answer is (1)

Refer: Sue et al., pg. 204

Reasoning: Alternative 4 relates to the biological dimension and is therefore incorrect. Alternative 2 refers to the socio-cultural dimension and is therefore incorrect. Alternative 3 refers to the social dimension and is therefore incorrect.

Question 44

Following intensive treatment in a psychiatric unit, a psychologist recommends that Mr Smith join a support group for clients with similar diagnoses as his' to prevent a relapse and repeated hospitalisation for the diagnosed condition. This is a form of - - - - prevention

- 1) group based
- 2) secondary
- 3) tertiary
- 4) community based

Answer: The correct answer is (1)

Refer: PYC3702/501, pg. 14

Reasoning:

- Group therapy (option 1): members of the group are initially strangers. Groups may be formed to treat older clients, unemployed workers, or pregnant women; to treat clients with similar psychological disturbances; or to treat people with similar therapeutic goals. Most group therapies focus on interrelationships and the dynamics of interaction among members.
- Secondary prevention (option 2) is an attempt to shorten the duration of mental disorders and to reduce their impact. If a disorder is detected early and effective treatment can be found, it is possible to minimize the impact of the disorder or to prevent it from developing into a more serious and debilitating form. Example: teachers can identify children who are not adjusting to the school environment. These children can be helped by teachers, parents, or school counsellors.
- The goal of tertiary prevention (option 3) is to facilitate the readjustment of the person to community life after hospital treatment for a mental disorder. The focus is on reversing the effects of institutionalisation and on providing a smooth transition to a productive life in the community. Example: Hospitalised patients are given "passes", and encouraged to leave the hospital for short periods of time. This helps them to slowly readjust to life outside the hospital while still receiving therapy.

Question 45

According to the DSM-5 Classification system, individuals diagnosed with Somatic Symptom Disorder show a pattern of - - - - - which occurs for a period of - - - - -

- 1) preoccupation with health and excessive worry about serious illness, at least 6 months
- 2) reporting and reacting to pain or other distressing physical or bodily symptoms, at least 6 months
- 3) preoccupation with health and excessive worry about serious illness, at least 12 months
- 4) reporting and reacting to pain or other distressing physical or bodily symptoms, at least 12 months

Answer: The correct answer is (2)
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Refer: Sue et al., pp. 206-207

Reasoning: SSD is characterized by excessive distress over somatic symptoms that are accompanied with high levels of health-related anxiety for a period of 6 months or more.
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Question 46

According to the psychodynamic perspective Somatic Symptom and Related Disorders are caused by - - - - -, whereas the cognitive behavioural perspective assumes that such disorders are caused by

- 1) a history of childhood illness or trauma, impaired neural connectivity
- 2) neurotic parenting, lack of neurocognitive stimulation in early childhood
- 3) the repression of sexual or other conflicts, reinforcement of the sick role
- 4) catastrophic misinterpretations of inner conflicts, the repression of negative thinking

Answer: The correct answer is (3)
--

Refer: Sue et al., pp. 206-207

Reasoning:

- Psychodynamic perspective: Somatic symptoms are a defense against the awareness of unconscious emotional issues. Primary gain: protecting the person from the anxiety associated with the unacceptable conflict. Secondary gain: the person's dependency needs are fulfilled through attention and sympathy.
- Cognitive-behavioural perspective: Reinforcement, modelling, cognitions, or a combination of these factors play an important role in the development of these disorders. Somatic sensitivity, a low pain threshold, a history of illness, and receiving parental attention for somatic symptoms are risk factors for somatic disorders.

Question 47

Which one of the following statements about Personality Disorders is incorrect?

- 1) People with personality psychopathology often function well enough to get along without aid from others and may not see themselves as having a problem
- 2) People with personality psychopathology often show tell-tale signs in childhood
- 3) A diagnosis of any Personality Disorder cannot be made unless it is preceded by a mental disorder in childhood
- 4) A diagnosis of a Personality Disorder should not be made before late adolescence

Answer: The correct answer is (3)
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Refer: Sue et al., pg. 471

Reasoning: The age of onset in certain personality disorders, i.e. Paranoid Personality Disorder is early adulthood. Therefore, option 3 is incorrect.

Question 48

----- Personality Disorder can be differentiated from ----- Personality Disorder in that the former is characterised by a pervasive pattern of grandiosity, need for admiration, and lack of empathy, whereas the latter is characterised by a pervasive pattern of disregard for and violation of the rights of others

- 1) Antisocial, Narcissistic
- 2) Narcissistic, Borderline
- 3) Antisocial, Borderline
- 4) Narcissistic, Antisocial

Answer: The correct answer is (4)

Refer: Sue et al., pg. 481

Reasoning: Narcissistic Personality Disorder definition; Pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy.
Antisocial Personality Disorder definition; Pervasive pattern of disregard for and violation of the rights of others

Question 49

Which of the following Personality Disorders belong to the Cluster A Personality Disorders, characterised by odd or eccentric behaviours?

- a) Antisocial Personality Disorder
 - b) Borderline Personality Disorder
 - c) Narcissistic Personality Disorder
 - d) Paranoid Personality Disorder
 - e) Histrionic Personality Disorder
- 1) d
 - 2) e
 - 3) a, b and d
 - 4) a, b, c and e

Answer: The correct answer is (1)

Refer: Sue et al., pg. 471

Reasoning:

- Cluster A: Odd or eccentric behaviour – Paranoid, Schizoid, and Schizotypal Personality Disorders.
- Cluster B: Dramatic, emotional, or erratic behaviour – Histrionic, Narcissistic, Antisocial, and Borderline Personality Disorders.
- Cluster C: Anxious and fearful behaviour – Avoidant, Dependent, and Obsessive-Compulsive Personality Disorders.

Question 50

Jabu, a 40-year-old man, is the chief editor of a national newspaper. He has been known to make bragging statements such as that he is a very special person and as close as a man will get to the image of God. Jabu tends to become extremely upset when someone questions his decisions, he expects his employees to give him constant praise and tends to lack empathy for his employees. Jabu's relationships at work and at home are suffering because of his behaviour. He is likely to meet the DSM-5 criteria for -----

- 1) Bipolar I Disorder
- 2) Delusional Disorder
- 3) Schizotypal Personality Disorder

4) Narcissistic Personality Disorder

Answer: The correct answer is (4)

Refer: Sue et al., pg. 481

Reasoning: Narcissistic Personality Disorder definition; Pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy.

Question 51

In explaining the causes for Borderline Personality Disorder, the cognitive behavioural perspective posits that individuals with this disorder seem to hold three basic assumptions, namely

a) The world is dangerous, b) I am powerless, and c) - - - -

- 1) I am inherently perfect
- 2) I am inherently isolated
- 3) I am inherently unacceptable
- 4) I am inherently irresponsible

Answer: The correct answer is (3)

Refer: Sue et al., pg.

Reasoning: Believing in these assumptions, individuals with BPD become fearful, vigilant, guarded, defensive and reactive.

Read the following case study carefully and then answer questions 52, 53, 54, 55 and 56.

Mulalo, aged 22, feels humiliated after being caught on several occasions by the campus police peeping at women changing. His initial act of sexually deviant behaviour occurred at the age of 16 when he was reprimanded by the school's gym coach for watching his unsuspecting female classmates changing after gym class. During his session with a psychologist on campus, he admitted to being sexually aroused by watching women undress as well as stealing female undergarments from the women's gym locker room, which he then sniffs while he is masturbating

Question 52

The psychologist excluded Transvestic Disorder as a possible diagnosis. Which one of the following options is the correct reason for this being ruled out?

- 1) Mulalo does not report an overwhelming desire to become a woman
- 2) Mulalo has experienced deviant sexual behaviour since adolescence
- 3) Mulalo's main motive for stealing female undergarments is not for him to wear but rather to use for stimulation during masturbation
- 4) Mulalo experiences recurrent intense sexual arousal from the use of female undergarments while masturbating

Answer: The correct answer is (3)

Refer: Sue et al., pg. 455

Reasoning: Transvestic Disorder: Intense sexual arousal by cross-dressing.

Question 53

The psychologist excluded Sexual Masochism Disorder as a possible diagnosis. Which one of the following options is the correct reason for this being ruled out?

- 1) Mulalo does not experience fantasies of the women being humiliated
- 2) Mulalo experiences intense sexual arousal from watching women undress
- 3) Mulalo does not experience guilt or remorse for his sexual deviant behaviour

- 4) Mulalo does not experience recurrent sexual arousal from being humiliated during sexual acts

Answer: The correct answer is (4)

Refer: Sue et al., pg. 453

Reasoning: Sexual Masochism Disorder: Sexual urges, fantasies, or acts associated with being humiliated, bound, or made to suffer.

Question 54

The psychologist's principal diagnosis according to the DSM-5 classification system in Mulalo's case is likely to be - - - - Disorder

- 1) Exhibitionistic
- 2) Voyeuristic
- 3) Paedophilic
- 4) Frotteuristic

Answer: The correct answer is (2)

Refer: Sue et al., pg. 453

Reasoning: Voyeuristic Disorder: Urges, acts or fantasies of observing an unsuspecting person disrobing or engaging in sexual activity. Begins around age 15; tends to be chronic. Voyeurs tend to be young males; they may masturbate during or after the episode.

Question 55

The psychologist would also make an additional diagnosis of - - - - Disorder according to the DSM-5 classification system in Mulalo's case

- 1) Fetishistic
- 2) Paedophilic
- 3) Frotteuristic
- 4) Exhibitionistic

Answer: The correct answer is (1)

Refer: Sue et al., pg. 453

Reasoning: Fetishistic Disorder: Sexual attraction and fantasies involving non-living objects such as female undergarments.

Question 56

The psychologist would also make a DSM-5 diagnosis from the category Other Conditions that May be a Focus for Clinical Attention in Mulalo's case namely - - - -

- 1) educational problems
- 2) phase of life problem
- 3) adult antisocial problem
- 4) problems related to other legal circumstances

Answer: The correct answer is (4)

Refer: Sue et al., pg. 93

Reasoning: DSM-5 diagnostic criteria Other Conditions that may be a Focus of Clinical Attention

Read the following case study carefully and answer questions 57, 58 and 59.

Ms Jeffreys, a well-respected 33-year-old married school librarian was arrested for disorderly conduct, when she was found at the Michelangelo Hotel, half-naked, engaged in an altercation with

a man. She denied knowledge of how she got to the hotel, although the man insisted that she had come there under a different name for a voluntary sexual encounter. Ms Jeffreys described significant amnesia for the first 12 years of her life, with the feeling that her "life started at 12 years old". She reported that much of her life since childhood was also interrupted by episodes of amnesia and confusion, relating for example to her work, her marriage, the birth of her children and her sex life with her husband.

Ms Jeffreys reported changes in skills, for example, she was often told that she played piano well but had no memory of it. Her husband re-reported that she had always been "forgetful" of conversations and family activities. He also noted that at times, she would speak like a child, at times, she would adopt a Nigerian accent, and at other times, she would uncharacteristically be angry and provocative. Ms Jeffreys had no recall of these episodes and she was shocked at what she was told. When she was asked about her earlier years, Ms Jeffreys appeared to enter a trance-like state and in a child-like voice stated, "I Just don't want to be locked in the closet". Over time in therapy, the psychologist noted that Ms Jeffreys had different alter identities and that each had their own age, facial expressions, voice tone, and contained certain aspects of Ms Jeffreys history.

Gradually, the alters described a history of family chaos, brutality, and neglect during the first 12 years of Ms Jeffrey's life, until her mother who was also an alcoholic achieved sobriety and fled from her husband, taking her children with her. Ms Jeffreys, in the alter identities, described episodes of physical and sexual abuse and emotional torment by her father.

Question 57

In diagnosing Ms Jeffreys' abnormal behaviour according to the DSM-5 classification system, which one of the following was the main reason for ruling out Post-Traumatic Stress Disorder (PTSD) as a possible diagnosis?

- 1) Ms Jeffreys does not experience any recurrent nightmares regarding the traumatic events in her life
- 2) Her amnesia symptoms did not relate only to her memories of traumatic events but for many everyday events
- 3) Her mood fluctuations are ascribed to changes in identity and is not a result of emotional reactivity to a traumatic experience
- 4) Ms Jeffreys has an inability to recall important aspects of her traumatic past

Answer: The correct answer is (1)

Refer: Sue et al., pg. 167

Reasoning: PTSD is marked by the following symptoms:

Presence of one or more of the following symptoms:

1. Memories
2. Dreams
3. Flashbacks
4. Psychological distress at exposure to internal or external cues
5. Marked physiological reactions

It is characterized by flashbacks, hyper vigilance, avoidance and other symptoms.

The inability to remember important aspects of the trauma (option 4) is a characteristic of PTSD, and therefore incorrect in terms of the premise of the question.

Question 58

The psychologist's principal DSM-5 diagnosis in Ms Jeffreys' case is likely to be - - - - -

- 1) Acute Stress Disorder
- 2) Dissociative Identity Disorder
- 3) Bipolar I Disorder
- 4) Depersonalisation/Derealisation Disorder

Answer: The correct answer is (2)

Refer: Sue et al., pg. 216

Reasoning:

Dissociative Identity Disorder

Definition	Time Frame	Symptoms/Criteria
Two or more relatively independent personality states appear to exist in one person, including experiences of possession		<ul style="list-style-type: none"> • Disruption of identity characterized by 2 or more distinctive personality states: Involves marked discontinuity in sense of self and sense of agency • Recurrent gaps in the recall of everyday events, important personal information and/or traumatic events • Disturbance is not a normal part of broadly accepted cultural or religious practice

Question 59

The psychologist would make an additional DSM-5 diagnosis from the category Other Conditions That May Be a Focus of Clinical Attention in Ms Jeffreys' case, namely, - - - -

- 1) Occupational Problem
- 2) Adult Antisocial Behaviour
- 3) Parent-child Relational Problem
- 4) Other Personal History of Psychological Trauma

Answer: The correct answer is (4)

Refer: Sue et al., pg. 93

Reasoning: DSM-5 diagnostic criteria Other Conditions that may be a Focus of Clinical Attention

Question 60

The psychodynamic model's explanation for Ms Jeffrey's principal diagnosis outlines the following causal factors - - - -

- 1) encapsulating or wailing off of the traumatic experiences
- 2) developing faulty cognitive schemas about past experiences
- 3) ineffective parental role models in childhood
- 4) an inherited genetic disorder that follows an intergenerational pattern of utilising dissociation

Answer: The correct answer is (1)

Refer: Sue et al., pg. 218

Reasoning:

Multipath Model - Etiology of Dissociative Disorders			
Biological	Psychological	Social	Socio-Cultural
Brain activation pattern differences between different personalities	Hypnotizability or suggestibility	Child abuse or trauma	Media portrayals of dissociative disorders
Hippocampus and amygdala volume reduction	Ability to dissociate	Lack of social support	Role enactment
Temporal lobe involvement	Exposure to stress or trauma	Mislabeled dissociative experiences	May involve experience of possession
Neural memory inhibition	Inability to deal with stress	Iatrogenic therapist effects	

Alternative 4 refers to the biological dimension, alternative 2 refers to the cognitive behavioural dimension and option 3 refers to the social dimension.

Question 61

Maddy, a 13-year-old girl, and Thando, a 12-year-old boy, have both been diagnosed with Conduct Disorder according to the DSM-5 classification system. Based on the information in Sue et al (2016) their gender difference would lead us to accurately expect the following.

- 1) Maddy would more likely manifest symptoms such as truancy, substance abuse or chronic lying whereas Thando will be more likely to rather show symptoms such as fighting and aggressive theft
- 2) Maddy would more likely manifest more prosocial behaviour such as showing regret regarding her behaviour whereas Thando would more likely deny his behaviour when confronted
- 3) Maddy would more likely use emotional manipulation techniques such as flirting to get the emotional attention that she demands from others, whereas Thando would more likely make use of force and threats to get what he wants
- 4) As Thando grows up he will be more likely than Maddy to develop symptoms that meet the full DSM-5 diagnostic criteria for Antisocial Personality Disorder later in life

Answer: The correct answer is (1)

Refer: Sue et al., pg. 514

Reasoning: Boys with CD are often involved in confrontational aggression, e.g. fighting and aggressive theft, whereas girls are more likely to display truancy, substance abuse or chronic lying.

Question 62

When, according to the DSM-5 classification, a clinician makes a diagnosis of Conduct Disorder, certain specifiers need to be considered. One of these specifiers regards the 'type of onset based on the age of onset'. Which one of the following is an accurate statement regarding the correct diagnostic specifier?

- 1) Childhood-Onset type at least one criterion characteristic of Conduct Disorder with onset before 10 years of age
- 2) Adolescent-Onset type at least two criteria characteristics of Conduct Disorder with onset after 10 years but before 13 years
- 3) Unspecified onset absence of any criteria characteristic of Conduct Disorder before age of 10 years
- 4) Adult-Onset type at least one criterion characteristic of Conduct Disorder With onset before 16 years and meeting all diagnostic criteria at 18 years of age

Answer: The correct answer is (1)

Refer: Sue et al., pg. 513

Reasoning:

Childhood onset: 1 symptom before age 10
--

Adolescent onset: absence of symptoms before age 10

Unspecified onset: not enough info

Question 63

According to the DSM-5 classification system, Conduct Disorder and Oppositional Defiant Disorder are both diagnosable disorders of childhood and adolescence. Sue et al (2016) further classify both these disorders as externalising disorders of childhood. Which one of the following statements is inaccurate regarding the similarities between these two disorders?

- 1) Both these disorders are disruptive behaviour disorders
- 2) Both these disorders are associated with symptoms that are socially disturbing and distressing to others
- 3) Diagnosis of both these disorders requires a pattern of behaviour that is i) atypical for the child's age and developmental level, II) persistent, and III) severe enough to cause significant impairment in social, academic or vocational functioning
- 4) In both these disorders anger and resentment are common emotions and children with both these disorders may engage in spiteful actions which usually do not involve breaking the law or acting in a cruel or vicious manner towards others

Answer: The correct answer is (4)
--

Refer: Sue et al., pg. 514

Reasoning: In CD, emotions are superficial and used primarily to manipulate others. Also, ODD does not necessarily involve illegal action (i.e. spiteful, non-compliance and annoying behavior), yet, CD does involve breaking the law, i.e. theft, arson etc.

Question 64

According to the DSM-5 classification system, Intermittent Explosive Disorder is a disorder in the category of Disruptive, Impulse-Control and Conduct Disorders. Which of the following statements regarding Intermittent Explosive Disorder (IED) are accurate?

- a) A diagnosis of IED involves recurrent outbursts of extreme verbal or physical aggression that occur approximately twice a week for at least three months
 - b) Three outbursts occurring within a one-year period involving damage or injury to people, animals or property
 - c) The outbursts occur suddenly in response to minor provocation and do not involve premeditation
 - d) Between outbursts, the individual's mood is normal, however, the outbursts themselves seem to be aimed at achieving some tangible outcome
 - e) A central diagnostic criterion involves that a diagnosis of IED is exclusive of a diagnosis of any of the other Disruptive, Impulse-Control and Conduct Disorders
 - f) For a child to be diagnosed with IED they should be at least 6 years old, as this is the age at which it is presumed that children have learnt to control their aggressive impulses
 - g) A diagnosis of IED is associated with early exposure to familial aggression, violence and interpersonal trauma
 - h) The average age of onset of IED is 12 years old
- 1) a, c and d
 - 2) b, d, e and f
 - 3) a, b, d, e and g
 - 4) a, b, c, f, g and h

Answer: The correct answer is (4)

Refer: Sue et al., pg. 477

Reasoning: Verbal or physical aggression occurring twice weekly for 3 months – does not result in damage or injury. Therefore, option a is correct, thus eliminating alternative 2.
 Three behavioral outbursts involving damage/injury within 12- months. Therefore, option b is correct, thus eliminating alternative 1.
 Option d is incorrect, as the outbursts are not aimed at a tangible outcome (premeditated).
 At least 6 years old – therefore, option f is correct, thus elimination alternatives 1 and 3.

Question 65

According to Sue et al (2016), Oppositional Defiant Disorder appears to have two components namely, i) - - - - , which seems to predict future depressive symptoms, and II) defiant and oppositional behaviour, that seems to predict future - - - - -

- 1) the involvement of negative affect and emotional dysregulation, delinquency and Conduct Disorder
- 2) a biological component e.g. reduced neurotransmitter receptor activity, learning ability and homicidal probability
- 3) predisposition to exaggerated anger and impulsive reactions, substance abuse and suicidal tendencies
- 4) the ability to access environmental support, ability to develop emotional bonding in interpersonal relationships

Answer: The correct answer is (1)

Refer: Sue et al., pg. 512

Reasoning: i) I.e. angry, irritable mood

Question 66

Which one of the following statements is inaccurate regarding the Neurocognitive Disorders (NCD)?

- 1) NCDs involve a significant deficit in cognition and are present since birth or develop during early childhood
- 2) Medical assessment and determining specific aetiology for the presenting NCD are important components of the diagnostic process regarding NCD
- 3) In the DSM-5 classification system, the criteria for diagnosing NCDs are all based on the following dimensions; complex attention, executive function, learning and memory, language, perceptual motor and social cognition
- 4) The underlying pathology that produces the NCD's also indicates the nature and age of onset of the different subtypes of NCD

Answer: The correct answer is (1)

Refer: Sue et al., pg. 403

Reasoning: Some NCD's such as NCD due to Traumatic Brain Injury is not something that was present since birth or early childhood, as this can be accidental. Therefore alternative 1 is inaccurate and thus the correct answer.

Read the following case study and then answer questions 67 and 68

While receiving treatment for a severe medical condition 45-year-old Peter, also manifests symptoms that mainly involve a disturbance in consciousness, memory problems and impairment of cognitive

functioning regarding focussing, sustaining and shifting attention. Although Peter does not experience any delusions and hallucinations, his symptoms result in an impairment of functioning

Question 67

Peter's most likely principal diagnosis according to the DSM-5 classification system is ---

- 1) Delirium due to a general medical condition
- 2) Conversion Disorder
- 3) Mild Neurocognitive Disorder due to a general medical condition
- 4) Schizophrenia

Answer: The correct answer is (1)

Refer: Sue et al., pg. 405

Reasoning:

Delirium

Definition	Time Frame	Symptoms/Criteria
An acute state of confusion involving diminished awareness, disorientation, and impaired attentional skills	Acute onset and fluctuating course. Over the course of hours or days.	<ul style="list-style-type: none"> • Disturbance in attention and awareness • Fluctuate in severity <u>during the course of the day</u> • An additional disturbance in cognition • Disturbance is direct physiological consequence of another medical condition, substance intoxication/withdrawal, exposure to a toxin

Question 68

Given the DSM-S principal diagnosis that Peter received, one would expect that Peter's symptoms would have - - - - -

- 1) developed over a short period (hours or days)
- 2) developed gradually over the last 12 months
- 3) been present for at least the last six months
- 4) included numerous additional symptoms relating to other cognitive dimensions

Answer: The correct answer is (1)

Refer: Sue et al., pg. 405

Reasoning: Delirium has an acute onset – over the course of hours or days.

Question 69

According to the DSM-S diagnostic criteria, a diagnosis of a Neurocognitive Disorder due to - - - - - will entail a minimal decline in learning, memory or perceptual-motor skills, but will however entail a progressive decline in language and behaviour, significant changes in behaviour, personality and social skills, progressive difficulty with fluent speech or word meaning, and muscle weakness

- 1) Parkinson's Disease
- 2) Alzheimer's Disease
- 3) Dementia with Lewy Bodies
- 4) Frontotemporal Lobar Degeneration

Answer: The correct answer is (4)

Refer: Sue et al., pg. 419

Reasoning: Frontotemporal Lobar Degeneration (FTLD) is characterized by progressive declines in language and behaviour; the deficits result from degeneration in the frontal and temporal lobes of the brain. FTLD presents in 3 distinct ways, depending on the area of the brain undergoing neuronal loss:

1. Significant changes in behaviour and personality (e.g. extreme disinhibition or intense apathy);
2. Progressive difficulty using words and naming objects; or
3. Difficulty forming words and using language.

Question 70

Who has the lowest risk for developing dementia?

- 1) Bonnie, a 70-year-old woman who recently had a stroke
- 2) Neo, an 85-year-old woman recovering from a hip fracture
- 3) Zinzi a 35-year-old woman who injured her head in a bicycle fall
- 4) Dora, a 35-year-old woman who is being treated for excessive alcohol use

Answer: The correct answer is (4)

Refer: Sue et al., pg. 403

Reasoning: Dementia is a term used to describe the memory impairment and declining cognitive functioning (i.e. the symptoms of neurocognitive disorder) resulting from degenerative brain conditions. Dementia is characterised by gradual onset and continuing cognitive decline. Age is the strongest risk factor for dementia. Therefore, options 1 and 2 is eliminated.

Chronic traumatic encephalopathy (CTE) is a progressive, degenerative condition diagnosed when autopsy reveals diffuse brain damage resulting from ongoing head trauma. CTE is associated with psychological symptoms such as depression and poor impulse control as well as a significantly increased risk of dementia in later adulthood. Thus, since both Zinzi and Dora is 35 years old, the correct answer is 3.