Tutorial Letter 202/3/2014

Abnormal Behaviour and Mental Health

PYC3702

Semesters 1 and 2

Department of Psychology

- Feedback – Assignment 02
- The Examination
- Assignment 03 – Module Evaluation Survey

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ABNORMAL BEHAVIOUR AND MENTAL HEALTH

TUTORIAL LETTER 202/2014

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Dear Student

This is the last tutorial letter you will receive from your PYC3702 lecturers. We trust that you have found this module interesting and that by now you not only have a thorough knowledge and understanding of abnormal behaviour, but will also play a proactive role in your community and will cooperate to prevent abnormal behaviour.

The examination is almost upon us and we trust that this tutorial letter will help you with your final preparations for the examination. We wish you all the best for the examination and hope that your hard work will be rewarded with good marks. If you are still experiencing any problems, or if there is anything about the contents of the course that is not clear, we appeal to you to contact one of your lecturers without delay.

1. Feedback on Assignment 02

As stated in Tutorial Letter 101/3/2014, Assignment 02 is a second compulsory assignment that helped you to prepare for the examination. The following chapters should have been studied in the prescribed book and Tutorial Letter:

Trauma and Stress-Related Disorders (Chapter 6, p. 157; Tutorial Letter 502/3/2014, p.28)
Somatic Symptom and Dissociative Disorder (Chapter 7, p. 185; Tutorial Letter 502/3/2014; p. 3)
Depressive and Bipolar Disorders (Chapter 8, p. 213; Tutorial Letter 502/3/2014, p. 76)
Suicide (Chapter 9, p. 249; Tutorial Letter 502/3/2014; p. 100)
Substance-Use Disorder (Chapter 10, p. 277; Tutorial Letter 502/3/2014, p. 43)
Sexual Dysfunction and Gender Dysphoria (Chapter 15, p. 443; Tutorial Letter 502/3/2014, 60)

This assignment is based on Learning Unit 8, 9, 10, 11, 12, and 13 of the Unisa Study Guide and the corresponding chapters in the prescribed book 7, 6, 10, 15, 8, and 9 respectively.

By now those of you who have submitted Assignment 02, will have received a printout in which the correct answers, your answers and your marks are recorded. If you have submitted Assignment 02 and have not yet received a printout, please contact Mrs C Nel immediately, either by telephone 012 – 4298233 or e-mail, nelc1@unisa.ac.za.

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

Read the following short case study carefully and then answer questions 1 and 2.

Busi, a 19-year-old first year university student, went with her roommate to the Student Counselling Services, as her friend was very worried about her as for the last week Busi had been going out every night and coming home heavily drunk and missing all her exams.

Busi, a well-liked, highly intelligent BA student who was involved in many social committees had just broken up with her boyfriend Thabo of eight weeks and presented to the psychologist as very distressed. During the interview, Busi disclosed that she easily formed close relationships with anyone and everyone. She knew that Thabo and her were meant for each other since they met at the local nightclub and from there their relationship became “intense”. They did everything together and it felt wonderful until Thabo, a week ago during a heated argument, said to her that he couldn’t be with her anymore. He said he couldn’t take her constant SMSing and her intense reactions when he said the wrong thing. Busi relayed that he accused her of “blowing hot and cold” and that she was “suffocating him” because he couldn’t talk with any of his female friends without her being “insecure”, or do his work in the bank without her disturbing him. He said she was just too “high maintenance” for him, demanding all his time.

During the interview, Busi told the psychologist that as a child she was raised by a number of different relatives as her mother had to work in another city. She does not know her biological father. While staying with an older female cousin, her cousin’s husband molested her from the age of ten until thirteen. The abuse stopped when Busi won a scholarship to go to boarding school for her high school years. She worked very hard and her teachers praised her performance. When she was fifteen she started dating and enjoyed the attention she received from her boyfriends over the years. Busi, however, found she quickly grew bored with her boyfriends, regarding them as “immature”. But now she really thought she had found her soul-mate in Thabo as he was “ambitious” and “strong” and very popular with everyone in their crowd.

The psychologist noticed recent scars of shallow cuts along the inside of her right arm near her elbow. On enquiring, Busi recounted to the psychologist, “It’s nothing, I just did that after the fight last Saturday as I wasn’t really thinking straight and felt stressed about Thabo and me, and I had an exam that Monday. I just felt so empty and everything was just too much! Before I knew it I took my razor and made the cuts. I felt calmer afterwards and cleaned up before my roommate used the bathroom. I wish I wasn’t such a terrible girlfriend so that Thabo would come back”.

Question 1.

According to the DSM-5 classification system, what principal diagnosis would the psychologist make in Busi’s case?

1. Disruptive Mood Dysregulation Disorder
2. Separation Anxiety Disorder
3. Factitious Disorder Imposed by Self
4. Borderline Personality Disorder

The correct answer is alternative **4**

Explanation: Alternative 1 is incorrect since Disruptive Mood Dysregulation Disorder is a disorder of Childhood and Adolescence (see Chapter 14 of Sue, Sue, Sue & Sue, 2013, p. 414). This diagnosis cannot be correct since Busi is an adult.

Alternative 2 is incorrect since Busi does not present with 3 or more DSM- 5 diagnostic criteria (refer to page 190/191 of the DSM-5) needed for such a diagnosis.

Alternative 3 is incorrect since “Factitious Disorder is characterized by the presentation of oneself to others as ill or impaired through the recurrent falsification of physical or psychological symptoms” (Sue et al.,

2013, p. 190). Busi does not present with these symptoms.

Alternative 4 is correct because Busi displays symptoms consistent with the DSM-5 diagnostic criteria for Borderline Personality Disorder (APA, 2013, p. 663). According to the DSM-5 classification system: "The essential feature of borderline personality disorder is a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in various contexts" (p. 663). A diagnosis of Borderline Personality Disorder is typically made after the age of 18 and Busi is 19 (p. 68 of the Tutorial Letter 502/3/2014). The table below matches some of Busi's symptoms to specific diagnostic criteria according the DSM-5 classification system (the diagnostic criteria are also found on page 84 of the Tutorial Letter 502/3/2014). This should assist you in logically arriving at a diagnosis of Borderline Personality Disorder.

Symptom	**DSM-5 Diagnostic Criteria**
"…she easily formed close relationships with anyone and everyone." "…she knew Thabo and her were meant for each other since they met…"	A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
"…going out every night and coming home heavily drunk and missing all her exams."	Impulsivity in at least two areas which are potentially self-damaging.
"…constant SMSing and intense reactions when he said something wrong."	Inappropriate, intense anger or difficulty controlling anger
"…Recent scars of shallow cuts along the inside of her right arm near her elbow."	Self-mutilating behaviour
"suffocating him" "insecure" "demanding all his time"	Frantic efforts to avoid real or imagined abandonment

Question 2

Identify **one** additional condition that the clinical psychologist diagnosed in Busi's case under the category of Other Conditions That May Be a Focus of Clinical Attention according to the DSM-5 classification system?

1. Borderline Intellectual Functioning
2. Personal history (past history) of sexual abuse in childhood
3. Malingering
4. Unemployment

The correct answer is alternative **2**

Explanation: Alternative 1 and 3 are incorrect since Borderline Intellectual Functioning refers to an intellectual disability which is not referred to in Busi's case after all she was awarded a scholarship for her intellectual abilities. Malingering refers to the intentional production if false or grossly exaggerated physical or psychological symptoms motivated by external incentives such as avoiding military duty or work or obtaining financial compensation. From the case information there is no indication that Busi has been motivated to feign symptoms in order to obtain an incentive.

Alternative 2 is correct because Busi has a history of being sexually abused as a child which corresponds with the category of Child Treatment and Neglect Problems catalogued under Other Conditions That May Be a Focus of Clinical Attention in the DSM-5 classification system (refer to p. 717 of the DSM-5).

Alternative 4 is incorrect since Busi is a student and not unemployed.

All of these alternatives are from Other Conditions That May Be a Focus of Clinical Attention. Please remember to STUDY pages 57-58 of your Tutorial Letter 501, as often individuals are diagnosed with more than one diagnosis, especially in relation to Other Conditions That May Be a Focus of Clinical Attention.

Question 3

Which **one** of the following are the main characteristics of Genito-Pelvic Pain/Penetration Disorder according to the DSM-5 classification system?

1. Lack of sexual desire and lack of orgasm
2. Premature ejaculation and erectile dysfunction
3. Lack of sexual desire and erectile dysfunction
4. Genital pain that interferes with intercourse

The correct answer is alternative **4**

Explanation: Alternative 1 is incorrect because lack of sexual desire and lack of orgasm is symptomatic of Female Sexual Interest/Arousal Disorder according to the DSM-5 classification system (APA, 2013, p. 433 or p. 451 of the prescribed textbook).

Alternative 2 is incorrect because premature ejaculation and erectile dysfunction is indicative of two different diagnoses according to the DSM-5 classification system i.e. Premature (Early) Ejaculation (APA, 2013, p. 443 or p. 451 of the prescribed textbook) and Erectile Disorder (APA, 2013, p. 426 or page 451 of the prescribed textbook).

Alternative 3 is incorrect because lack of sexual desire and erectile dysfunction is symptomatic of Male Hypoactive Sexual Desire Disorder according to the DSM-5 classification system (APA, 2013, p. 440).

Alternative 4 is correct because a diagnostic criterion for diagnosis of Genito-Pelvic Pain/Penetration Disorder according to the DSM-5 classification system is persistent or recurrent difficulty with vaginal penetration during intercourse (APA, 2013, p. 437). It involves “physical pain or discomfort associated with intercourse/penetration” (Sue, et al., 2013, p. 455).

Question 4

According to the DSM-5 classification system, the individual most likely to receive an appropriate diagnosis of Gender Dysphoria in Adolescents and Adults is - - - - -

1. Joe, (31-year-old) who gets sexually aroused from wearing women’s bras.
2. Lisa, (18-year-old), who is gay and has many traditional masculine traits.
3. Mark, (45-year-old) who feels like a woman trapped in a man’s body.
4. Sid, (18-year-old) who can only become sexually aroused while dressed like a woman.

The correct answer is alternative **3**

Explanation: Alternative 1 is incorrect since Joe’s behaviour is most consistent with a diagnosis of Fetishistic Disorder according to the DSM-5 classification system (refer to p. 469 of the prescribed textbook).

Alternative 2 is incorrect since Lisa’s behaviour is not diagnosable according to the DSM-5 classification system as a disorder. Homosexuality is not a mental disorder. Homosexuality, bisexuality, heterosexuality are examples of an individual’s sexual orientation.

Alternative 3 is correct since Gender Dysphoria in Adolescents and Adults according to the DSM classification system is defined as “A marked incongruence between one’s experienced/expressed gender and assigned gender…” (APA, 2013, p. 452). Mark experiences himself as a woman which is different to his biological/anatomical assignment as male.

Alternative 4 is incorrect since Sid’s behaviour is most consistent with a diagnosis of Transvestic Disorder

according to the DSM-5 classification system.

Question 5

Just the thought of sex makes Henry anxious. When exposed to sexual images, he reports feeling disgust. According to the DSM-5 classification system, Henry would likely be diagnosed with - - - - -.

1. Male Sexual Interest/Arousal Disorder
2. Male Hypoactive Sexual Desire Disorder
3. Sexual Aversion Disorder
4. Male Hyperactive Sexual Desire Disorder

The correct answer is alternative **3**

Explanation: Alternatives 1 and 4 are clearly incorrect since they do not exist as disorders according to the DSM-5 classification system.

Alternative 3 is the most correct as Sexual Aversion Disorder was previously regarded as a Sexual Dysfunction according to the DSM-IV-TR, but has not been included in the DSM-5 "due to rare use and lack of supporting research" (APA, 2013, p. 814) but has been relegated to Other Specified Sexual Dysfunction: Sexual Aversion. Henry's behaviour is most consistent with the symptoms of the previous DSM-IV-TR Sexual Aversion Disorder however due to its rare occurrence it would be diagnosed as follows according to the DSM-5 classification Other Specified Sexual Dysfunction: Sexual Aversion (APA, 2013, p. 450).

Alternative 2 is incorrect as a diagnosis of Male Hypoactive Sexual Desire Disorder according to the DSM-5 classification system refers to "persistently or recurrently deficient (or absent) sexual/erotic thoughts or fantasies and desire for sexual activity" (APA, 2013, p. 440).

Due to the manual changeover this question has not been scored in the assignment two. However please learn the DSM-5 classification of Other Specified Sexual Dysfunction: Sexual Aversion for exam purposes and it's symptoms on pg 451 of the prescribed textbook.

Question 6

Pitso, 18-years-old, has always experienced inner conflict about being male. He enjoys dressing in female clothing, has often fantasised about being a woman and has rejected male stereotypical games and activities since childhood. He experiences intense stress due to the fact that he is being stigmatised by people in the neighbourhood who are unable to accept his preference with regard to sexual orientation. Two months ago he attempted suicide as he felt he could no longer cope. Pitso is finally planning to leave the township in which he was raised as soon as he can afford it, in order to start a new life in the city as a woman.

Which **one** of the following DSM-5 diagnoses would be the most appropriate diagnosis in Pitso's case?

1. Homosexuality
2. Transvestic Disorder
3. Gender Dysphoria in Adolescents and Adults
4. Fetishistic Disorder

The correct answer is alternative **3**

Explanation: Alternative 1 is incorrect since homosexuality is not a disorder according to the DSM- 5 classification system. Homosexuality is not a mental disorder. Homosexuality, bisexuality, heterosexuality are examples of an individual's sexual orientation.

Alternative 2 is incorrect since Transvestic Disorder according to the DSM-5 classification system is diagnosable when a person is intensely sexually aroused by cross-dressing (Refer to the prescribed textbook on p. 469).

Alternative 3 is correct since Pitso experiences symptoms consistent with a diagnosis of Gender Dysphoria in Adolescents and Adults according to the DSM- 5 classification system. The table below should assist you in logically arriving at this diagnosis after referring to the DSM-5 diagnostic criteria for Gender Dysphoria in Adolescents and Adults (Refer to APA, 2013, p. 452 or Tutorial Letter 502/3/2014 page 68).

Symptoms	**DSM-5 Diagnostic Criteria**
"…always experienced inner conflict about being male."	A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration
"…he attempted suicide as he felt he could no longer cope."	The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.
"He enjoys dressing in female clothing…"	A strong desire to be of the other gender
"…has rejected male stereotypical games and activities since childhood"	A strong desire to be of the other gender

Alternative 4 is incorrect since Pitso's behaviour is not confined only to becoming sexually aroused by inanimate objects such as female undergarments and therefore he would not be diagnosed with Fetishistic Disorder.

Read the following case study and answer questions 7, 8 and 9.

Seventeen-year-old Aronia was reluctant to tell anybody that she was gang-raped. She felt guilty about having been disobedient towards her mother by telling her that she was staying for a sleepover at her friend's house. Instead, she had gone to a dance bar which required a minimum age of 21 for admission. During a skirmish in the backyard between a group of punkers, one of whom she was dancing with, the situation got out of hand and instead of fighting each other three men turned on her, alternately gang-raping her, while seven others were watching the rape scene in the poorly lit backyard. Someone must have taken her to hospital, since she only woke up the following day with a severe headache and bruises all over her body. She could not remember how she had gotten there, and the doctor and her mother were urging her to tell them what had happened. Apparently someone had phoned an ambulance without leaving a name or address. The ambulance had taken her to the hospital, and nobody could really say what had happened. When Aronia woke up the following day, she assured everybody that she was fine, and that she only had a few drinks too many. The doctor examined her and said she was severely bruised, urging her to tell him what happened. She however insisted that she could not remember. Everything seemed to be fine while she was in hospital, but a week after the incident, she began to experience flashbacks of the rape. The doctor had prescribed medication for her bouts of anxiety that arose from her thoughts of suddenly coming face to face with her rapists. She now began to use the medication as a way to banish the increasingly recurring flashbacks. When Aronia began to re-experience the event without warning and her mother noticed an increase in moodiness, irritability, aggressiveness and angry outbursts, she sent Aronia to a therapist. During the initial interview it appeared that Aronia was anxious to the point that she could not fall asleep, was constantly on edge, avoided thinking and talking about the event, and believed she would never feel happy again, since the joy had drained out of her body.

Question 7

According to the DSM-5, Aronia's symptoms could point to a number of possible disorder(s). Choose the disorder that fits her symptoms best.

1. Substance Related Disorder with memory impairment
2. Posttraumatic Stress Disorder
3. Acute Stress Disorder
4. Major Depressive Disorder

The correct answer is alternative **3**

Explanation: Alternative 1 is incorrect since Aronia only started using medication after she presented with symptoms.

Alternative 2 is incorrect since a diagnosis of Post-Traumatic Stress Disorder according to the DSM-5 classification system requires a manifestation of symptoms for more than one month.

Alternative 3 is correct. According to Sue et al (2013), Acute Stress Disorder is "characterised by anxiety and dissociative symptoms that occur within one month after exposure to a traumatic stressor" (p. 158). Aronia's symptoms manifested one week after her traumatic experience placing her diagnosis within the one month period required for a diagnosis of Acute Stress Disorder according to the DSM-5 classification system.

Alternative 4 is incorrect since Aronia's symptoms are not consistent with a DSM-5 classification system diagnosis for Major Depressive Disorder. Whilst, Aronia, displays symptoms of moodiness and irritability, she does not present with depressed mood associated with feelings of sadness, emptiness and hopelessness.

Question 8

During the following six weeks, Aronia's symptoms remained unchanged. She went to see her therapist and was told she was most likely suffering from - - - - - according to the DSM-5 classification system?

1. Generalised Anxiety Disorder with guilt
2. Posttraumatic Stress Disorder
3. Acute Stress Disorder
4. Major Depressive Disorder

The correct answer is alternative **2**

Explanation: Alternative 1 is incorrect since for a diagnosis of Generalised Anxiety Disorder to be diagnosable according to the DSM-5 classification system excessive anxiety or worry would have to occur for more days than not for at least 6 months (APA, 2013, p. 222). This immediately excludes this as a possible diagnosis.

Alternative 2 is correct since Aronia's symptoms of Acute Stress Disorder are sustained for over a month.

Alternative 3 is incorrect since Aronia's symptoms have exceeded the time frame of less than one month needed for a diagnosis of Acute Stress Disorder according to the DSM-5 classification system.

Alternative 4 is incorrect since Aronia's symptoms are not consistent with a DSM-5 classification system diagnosis for Major Depressive Disorder. Whilst, Aronia, displays symptoms of moodiness and irritability, she does not present with depressed mood associated with feelings of sadness, emptiness and hopelessness.

Question 9

Acute Stress Disorder and Post-traumatic Stress Disorder differ with regard to the following:

1. The number of symptoms individuals display.
2. The kind of stressors that were present.
3. The severity of stressors that were present in the real-life event.
4. The duration of the symptoms that were present.

The correct answer is alternative **4**

Explanation: A diagnosis of Acute Stress Disorder "is made when eight or more of the symptoms listed are present three days to one month after the traumatic event; PTSD is diagnosed when symptoms continue for more than one month" (Sue, et al., 2013, p. 159).

Question 10

In setting up the differential diagnosis for Aronia's abnormal behaviour the clinical psychologist considered Adjustment Disorder as a differential diagnosis. The psychologist however eliminated Adjustment Disorder as a final diagnosis due to which **one** of the following reasons - - - - - ?

1. Adjustment Disorder is only diagnosed if the duration of the symptoms last between 3 days and 4 weeks.
2. A diagnosis of an Adjustment Disorder is not made when an identifiable stressor causes marked distress.
3. The traumatic event Aronia experienced was too severe to be able to make a diagnosis of an Adjustment Disorder.
4. Aronia's symptoms are more accurately accounted for by another mental disorder.

The correct answer is alternative **4**

Explanation: Alternative 1 is incorrect since Adjustment Disorder according to the DSM-5 classification system. For Adjustment Disorder to be considered the development of emotional or behavioural symptoms in response to an identifiable stressor(s) needs to occur within three months of the onset of the stressor(s). Once the stressor or its consequences have terminated, the symptoms do not persist for more than an additional six months (Refer to DSM-5, p. 286 or refer to p. 37 of Tutorial Letter 502/3/2014).

Alternative 2 is incorrect since Adjustment Disorder according to the DSM-5 classification system is made when the development of emotional or behavioural symptoms is in response to an identifiable stressor (s) (Refer to DSM-5, p. 286 or refer to p. 37 of Tutorial Letter 502/3/2014).

Alternative 3 is incorrect since a diagnosis of Adjustment Disorder according to the DSM- 5 classification system may be diagnosable with a stressor of any severity. The difference lies in the symptom composition and severity (Refer to DSM-5, p. 286 or refer to p. 37 of Tutorial Letter 502/3/2014).

Alternative 4 is correct since Aronia's symptoms are most accurately accounted for by Acute Stress Disorder depending on the duration of symptoms (Refer to DSM-5, p. 286 or refer to p. 37 of Tutorial Letter 502/3/2014).

Question 11

Franco is completely and utterly preoccupied with the shape and size of his nose. Although no one else shares his opinion about his nose, he is convinced that his nose is horrible. He has already undergone plastic surgery three times in order to improve his nose. His opinion about his nose causes Franco serious psychological discomfort. Which **one** of the following DSM-5 diagnoses would be most applicable in Franco's case?

1. Conversion Disorder (Functional Neurological Symptom Disorder)
2. Somatic Symptom Disorder, Persistent, Severe
3. Anxiety Illness Disorder, care-seeking type
4. Body Dysmorphic Disorder

The correct answer is alternative **4**

Explanation: Alternative 1 is clearly incorrect since Conversion Disorder is characterised as a Somatic Symptom and Related Disorder according the DSM- 5 classification system that "involves motor, sensory, or seizure-like symptoms that are incongruent with any recognized neurological or medical disorder" (Sue, et al., 2013, p. 189). Franco clearly does present with these symptoms.

Alternative 2 is clearly incorrect since Somatic Symptom Disorder according to the DSM-5 classification system is diagnosable in individuals that "have multiple, current, somatic symptoms that are distressing or result in significant disruption of daily life" (DSM-5, 311). "Individuals with somatic symptom disorder tend to

have very high levels of worry about illness (Criterion B)" (APA, 2013, p. 311). Franco symptoms are not somatic as he does not exhibit anxiety due to an unhealthy preoccupation with perceived bodily illness.

Alternative 3 is incorrect since Illness Anxiety Disorder is characterised as a type of Somatic Symptom and Related Disorder according to the DSM-5 classification system which involves individuals repeatedly examining themselves, doing excessive information-gathering on suspected illnesses combined with a continuous need for seeking assurance and soothing from others (Tutorial Letter 502/3/2014, p. 6).

Alternative 4 is correct since Franco's symptoms are most consistent with Body Dysmorphic Disorder according to the DSM-5 classification system defined as "preoccupation with imagined defects in appearance or excessive concern with slight defects if they exist" (Sue, et al., 2013, p. 144).

Question 12

"At first, people drink alcohol to relieve tension. Then tolerance develops and they feel guilty as they drink larger amounts. Blackouts usually follow a loss of control of intake." What is being described?

1. Drinking that is based on peer pressure rather than physiological need.
2. The typical pattern of developing Alcohol Use Disorder, Severe.
3. The increased dosage of a substance relieves anxiety.
4. The typical course of developing Alcohol Intoxication.

The correct answer is alternative **2**

Explanation: Alternative 1 is clearly incorrect since alcohol intake is a consequence of individual tension relief that has inevitably resulted in increased physiological tolerance according to the question statement. The question statement makes no indication or mention of peer pressure.

Alternative 2 is correct. The table below should assist you in logically arriving at a diagnosis for Alcohol Use Disorder according to the Diagnostic Criteria for Alcohol Use Disorder in the DSM-5 classification system (APA, 2013, p. 491). Kindly note, only three of the possible eleven symptoms for Alcohol Use Disorder are discussed.

Symptoms	**DSM-5 Classification System**
"tolerance develops"	A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
"they feel guilty as they drink larger amounts"	There is a persistent desire or unsuccessful efforts to cut down or control alcohol abuse.
"blackouts usually follow a loss of control of intake"	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.

Alternative 3 is incorrect since according to the statement above an increase in alcohol intake increases tolerance but does not necessarily correlate to a relief in tension since guilt is increasingly experienced. In fact, heavy drinking is frequently accompanied by anxiety and other negative symptoms.

Alternative 4 is incorrect since Alcohol Intoxication "usually occurs as an episode usually developing over minutes to hours and typically lasting several hours" (APA, 2013, p. 498). The description of events in the question statement is indicative of a progression of events over a longer period of time that is made up of more than one incidence of alcohol intoxication. Alcohol intoxication according to the DSM-5 diagnostic criteria (p. 497) refers to recent ingestion of alcohol which results in clinically significant problematic behavioural or psychological changes that developed during, or shortly after, alcohol ingestion.

Question 13

Anna has been using marijuana for sixteen months. Using the drug has led to several minor traffic accidents and a marked drop in her school grades. She has been spending large amounts of time tracking down drug dealers to buy her cannabis from and spends most of her free time in her bedroom smoking pot. Her friends find her uninvolved and unhappy and she has stopped joining them for their weekly movie outing. Which **one** of the following diagnoses is most appropriate in Anna's case - - - - - according to the DSM-5 classification system?

1. Nonproblematic use of cannabis
2. Cannabis Intoxication
3. Cannabis Use Disorder, Moderate
4. Addiction to stimulants

The correct answer is alternative **3**

Explanation: Alternative 1 is incorrect as in the case study above the use of cannabis is problematic since it is affecting Anna's daily functioning. According to the DSM-5 (APA, 2013, p. 515) Non-problematic use of cannabis is difficult to identify when other substances are also used and individuals often deny heavy usage. Often individuals who use cannabis heavily are referred by others for treatment as other individuals are more aware of the impact of their impaired functioning.

Alternative 2 is incorrect since it Cannabis Intoxication "is the presence of clinically significant problematic behavioural or psychological changes that develop during, or shortly after, cannabis use" (APA, 2013, p. 516). It is indicative of an episode of intoxication shortly after cannabis is ingested. The case study above does not simply describe a single episode but rather provides a synopsis of prolonged cannabis use.

Alternative 3 is correct. For Cannabis Use Disorder to be diagnosed, two symptoms need to occur within a twelve month period. Anna exhibits more than two symptoms over a period of sixteen months. The table below should assist you in logically arriving at a diagnosis of Cannabis Use Disorder as per DSM-5 Diagnostic Criteria:

Symptoms	**DSM- 5 Diagnostic Criteria**
"…using marijuana for sixteen months..."	Cannabis is often taken in larger amounts or over a longer period than was intended
"Using the drug has led to several minor traffic accidents and a marked drop in her school grades"	Recurrent cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of cannabis
"…spending large amounts of time tracking down drug dealers to buy her cannabis from and spends most of her free time in her bedroom smoking pot"	Craving, or a strong desire or urge to use cannabis

Alternative 4 is incorrect since Stimulant Use Disorder describes "a pattern of amphetamine-type substance, cocaine, or other stimulant use..." (APA, 2013, p. 561).

Question 14

What explains the apparent feelings of relaxation and increased social behaviour that occur as the initial effects of alcohol ingestion?

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.

The correct answer is alternative **3**

Explanation: Alternative 3 is correct. Alcohol is a depressant that causes “generalised depression of the central nervous system and a slowing down of responses. Individuals taking depressants may feel relaxed and sociable due to lowered interpersonal inhibitions” (Sue, et al., 2013, p. 280). Ironically, because of loss of inhibitions people mistakenly believe that alcohol is a stimulant rather than a depressant.

Question 15

The condition called delirium tremens involves hallucinations and body tremors during withdrawal from - - - - -.

1. heroin
2. cocaine
3. alcohol
4. marijuana

The correct answer is alternative **3**

Explanation: Alternative 3 is correct since delirium tremens describes “life threatening withdrawal symptoms that can result from chronic alcohol use” (Sue, et al., 2013, p. 283). It “begins with profound anxiety, agitation, and confusion followed by seizures, disorientation, hallucinations, or extreme lethargy” (Sue, et al., 2013, p. 282).

Question 16

A person who has been diagnosed with Factitious Disorder Imposed on Self - - - - - while a person who has been diagnosed with Malingering - - - - -

1. deliberately displays physical or psychological symptoms with the purpose of pretending to be ill; deliberately displays false or exaggerated physical or psychological symptoms that are induced by a clear external motive.
2. is unaware that he/she is fabricating psychological or physical symptoms; is fabricating physical or psychological symptoms simply to pretend to be ill.
3. experiences actual physical or psychological symptoms but expresses them in an exaggerated manner; will deliberately take steps to make his/her child ill and then try to convince a doctor that the child is really ill.
4. is motivated to fabricate physical or psychological symptoms by the possibility of financial reward; fabricates physical and psychological symptoms as a result of inner conflict.

The correct answer is alternative **1**

Explanation: Alternative 1 is the correct answer as it contains the main criteria for both Factitious Disorder and Malingering.

Alternative 2 is eliminated because a person with Factitious Disorder deliberately displays psychological or physical symptoms, and the second sentence of alternative 2 is a criterion for Malingering Disorder.

Alternative 3 is eliminated as methods of illness falsification may include exaggeration in Factitious Disorder.

Alternative 4 is eliminated because the first sentence of alternative 4 is a criterion for Malingering, and does not apply to Factitious Disorder.

Question 17

For the past two years **Marge**, a 25-year-old woman, has gone from doctor to doctor with multiple vague somatic complaints involving gastrointestinal, sexual and pseudoneurological symptoms. Marge's anxiety about her health has remained very high and therefore she has spent much time in doctors' rooms and had sleepless nights thinking about her deteriorating health. However, the physiological cause of her complaints has remained obscure to the doctors despite her obvious distress. **Richard** suddenly became blind just after he found out about his wife's extra-marital affair. There is no physiological explanation for his blindness and his symptoms are not under voluntary control. According to the DSM-5 classification system **Marge's** abnormal behaviour could be classified as - - - - and **Richard's** abnormal behaviour as - - - - -

1. Conversion Disorder (Functional Neurological Symptom Disorder), Persistent episode, Without Psychological stressor; Factitious Disorder Imposed by Other.
2. Anxiety Illness Disorder, care-seeking type; Malingering.
3. Somatic Symptom Disorder, Persistent, Severe; Conversion Disorder (Functional Neurological Symptom Disorder, Acute episode, With Psychological Stressor (spouse's extra-marital affair)
4. Factitious Disorder Imposed by Self; Anxiety Illness Disorder, care-seeking type.

The correct answer is alternative **3**

Explanation: Alternative 3 is correct as Marge most likely suffers from Somatic Symptom Disorder, persistent, severe because Marge's anxiety about her health has remained very high and therefore she has spent much time in doctors' rooms and had sleepless nights thinking about her deteriorating health. It's persistent because for the past two years Marge went from doctor to doctor with multiple vague somatic complains, which is in accordance with the diagnostic criteria according to the DSM-5 for this disorder please refer to Tutorial Letter 502 pp. 9-10. It's severe because she manifests persistent and disproportionate thoughts about the seriousness of her symptoms, high levels of anxiety about health and spends excessive time on these symptoms-visits to doctors.

Richard, on the other hand, exhibits the symptoms required for a diagnosis of a Conversion Disorder (Functional Neurological symptom disorder), Acute episode, with Psychological stressor which include; a one or more altered voluntary motor or sensory function (he shows blindness) in which psychological factors are involved in either the exacerbation or initiation (the knowledge of his wife's extra-marital affair 'causing' the blindness) of this condition.

In both these disorders there is no underlying physiological or medical cause present. Alternatives 2 and 4 can be eliminated refer to question 16. In Somatic Symptom Disorder, the individual has significant somatic symptoms while individuals with Illness Anxiety Disorder have minimal somatic symptoms and are primarily concerned with the idea that they are ill.

Alternative 1 is incorrect, because Richard presents with Conversion Disorder (Functional Neurological Symptom Disorder) with psychological stressor (his wife's extra-marital affair). In Conversion Disorder the symptom is loss of function whereas in Somatic Symptom Disorder the focus is on the distress that the particular symptom/s can cause.

Question 18

Anna, 21-years-old, was a sickly child. She presented to Dr Breuer complaining of a variety of symptoms, specifically she stated the following: "my muscles are very rigid and I can't move them at all!" After doing a number of medical tests no physiological cause could be identified. Today Dr Breuer would conclude that Anna was suffering from a Conversion Disorder (Functional Neurological Symptom Disorder). Consequently Dr Breuer who was trained according to the psychodynamic perspective explained the development of Anna's disorder as follows:

1. The somatic reaction of the loss of physical function was caused by the repression of an inner sexual conflict.
2. Anna presented with the somatic symptoms in an effort to assume the sick-role and avoid her responsibilities.
3. Anna developed the current disorder due to a predisposition to developing somatic complaints due to her history of illness. As a result of anxiety-provoking thoughts about her health she misinterprets somatic sensations as an indicator of severe illness.
4. Due to her sickly childhood, Anna experienced a lot of care and attention from her parents which served as reinforcement for sick behaviour. Therefore Anna learnt to respond with somatic symptoms when faced with unpleasant circumstances.

The correct answer is alternative **1**

Explanation: The psychodynamic perspective highlights the use of the defense mechanism of repression to manage unbearable thoughts and memories by the individual ensuring that the unbearable thoughts "stay down" in the unconscious, however when this defense falters individuals then present with symptoms such as bodily symptoms in an attempt to manage the returning anxiety around their psychological conflicts. The somatic reaction provides a primary gain for the person by protecting her from the anxiety associated with the unacceptable desire or conflict; the need for this psychological protection gives rise to the physical symptoms. The secondary gain accrues when the person's dependency needs are fulfilled through attention and sympathy by others. Hence alternative 1 is correct.

Question 19

Lebo was involved in a car accident during which she sustained a slight injury to her neck. She was medically treated and during a follow-up visit two weeks later she was declared medically fit and healthy. Seven months later, however, Lebo visits the doctor again complaining that the pain is unbearable and insists on stronger medication. The doctor can see no physiological cause for her complaints. According to the DSM-5 classification system Lebo is probably suffering from - - - - -.

1. Malingering
2. Anxiety Illness Disorder
3. Conversion Disorder (Functional Neurological Symptom Disorder)
4. Somatic Symptom Disorder, With predominant pain

The correct answer is alternative **4**

Explanation: Alternative 4 is the correct answer, because the diagnostic criteria for Somatic Symptom Disorder, with predominant pain (this is a specifier for individuals whose somatic symptoms predominantly involve pain) is met. The focus on the disorder is on her complaint regarding pain.

Alternative 1 is eliminated because there is no obvious personal gain for Lebo's reporting of her pain.

Alternative 2 is eliminated because Lebo is not preoccupied with having or acquiring a serious, undiagnosed medical condition.

Alternative 3 is eliminated because the criteria for Conversion Disorder (Functional Neurological Symptom Disorder) are when one or more symptoms of altered voluntary motor or sensory function is present and Lebo does not present any altered voluntary motor or sensory function.

Question 20

The DSM-5 classification system identifies a category known as Dissociative Disorders which requires an understanding of key terms of abnormal behaviour. Carefully match the term with the correct definition:

- - - - - refers to a state in which the individual ceases to perceive the reality of the self or the environment and experiences feelings of unreality, whereas - - - - - refers to a loss of the sensation of the reality of one's surroundings.

1. Dissociation; depersonalisation
2. Derealisation; depersonalisation
3. Depersonalisation; derealisation
4. Derealisation; dissociation

The correct answer is alternative **3**

Explanation: Alternative 3 is correct as specifically, depersonalization is the experiences of unreality, detachment or being an outside observer with respect to one’s thoughts, feelings, sensations, body or actions. While derealisation involves the individual having experiences of unreality or detachment with respect to surroundings.

Alternative 1 and 4 are incorrect as dissociation involves the more general aspect of being detached from reality. Dissociation can be seen in with or without alterations in personal identity or sense of self. These alterations can include: a sense that self (depersonalisation) or the world (derealisation) is unreal and; a loss of memory (amnesia); forgetting identity or assuming a new self (fugue); and fragmentation of identity or self into separate streams of consciousness (Dissociative Identity Disorder), and even as a symptom in Posttraumatic Stress Disorder.

Alternative 2 is incorrect as the order of the terms are mismatched.

Question 21

Sarah, 43-years-old, at her husband’s insistence goes to the psychologist. In consultation, she relays to the psychologist that: “I feel like I experience my life as if I were a robot or mechanic-like. I have been feeling this sense of detachment for about three years. My head often feels like it is full of wool, as if I can’t access any useful thoughts or feelings. When I am with people, even my own children, I feel like I am in a bubble, cut off from what is happening. This has hugely impacted my relationships with others and my husband feels he is living with a lifeless doll most of the time”. According to the DSM-5 classification system Sarah’s abnormal behaviour could be classified as - - - - -.

1. Reactive Attachment Disorder
2. Dissociative Identity Disorder
3. Major Depressive Disorder, Severe
4. Depersonalisation/Derealisation Disorder

The correct answer is alternative **4**

Explanation: Alternative 4 is the correct answer, episodes of depersonalisation are characterised by a feeling of unreality or detachment from, or unfamiliarity with one’s whole self or from aspects of the self the individual may feel detached from his or her entire being. Sarah indicated that “I feel like I experience my life as if I were a robot or mechanic-like”, other symptoms were that she has had this sense of detachment for about 3 years. She knows that she has thoughts but “My head often feels like it is full of wool, as if I can’t access any useful thoughts or feelings.” Derealisation is also evident as Sarah indicated that, “When I am with people, even my own children, I feel like I am in a bubble, cut off from what is happening. This has

hugely impacted my relationships with others and my husband feels he is living with a lifeless doll most of the time”

Depersonalisation involves experiences of unreality, detachment or being an outside observer with respect to one’s thoughts, feelings, sensations, body or actions. While, Derealisation involves the experiences of unreality or detachment with respect to surroundings.

Alternative 1 is eliminated because Reactive Attachment Disorder notably impairs young children’s abilities to relate interpersonally to adults or peers and is associated with functional impairment across many domains of early childhood.

Alternative 2 is eliminated because the defining feature of Dissociative Identity Disorder is the presence of two or more distinct personality states appear to exist in one person. The disruption in identity involves marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behaviour, consciousness, memory, perception, cognition, and/or sensory-motor functioning. These signs and symptoms may be observed by others or reported by the individual.

Alternative 3 is eliminated because the essential feature of an episode of Major Depressive Disorder is a period of at least two weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities.

Read the following case study carefully and answer question 22.

Thembi, a 26-year-old college student, has been referred for psychotherapy. It is alleged that she has been abusing cocaine for the past year and is also involved in commercial sexual practices. In her conversation with the therapist this is what she said: “I know that what I’m doing is wrong, and I don’t like it because it has affected my academic performance and has strained my relationship with significant people in my life. I have tried to stop many times but I cannot just cope without a fix. I feel terrible that I have to sell my body to avoid feeling shaky, restless and nauseous whenever I cannot get hold of a fix. I have to have more and more coke just to get through the nights. A week ago I attempted suicide after being diagnosed HIV positive and this has made me feel hopeless about the future.”

Question 22

Given the information above, Thembi will most likely receive a diagnosis of Substance Use Disorder when utilising the DSM-5 classification system of - - - - -

1. Cocaine Abuse
2. Stimulant Use Disorder, Severe, Cocaine
3. Substance Dependence
4. Stimulant Withdrawal, Cocaine

The correct answer is alternative **2**

Explanation: Alternative 2 is the correct answer because Thembi fulfils the criteria for Stimulant Use Disorder, Severe, and Cocaine because she presents with more than six symptoms (eg. spent a lot of time in activities necessary to obtain cocaine like selling her body to get a fix, academic work is suffering, cocaine use has strained her relationship with significant people in her life, “I have to have more and more coke just to get through the nights,” continuous use of cocaine to avoid feeling shaky, restless and nauseous, she became HIV positive while participating in sexwork in an effort to maintain her misuse of cocaine) according to DSM-5 classification system.

Alternative 1 and Alternative 4 are eliminated because Cocaine Abuse and Substance Dependence are not regarded as correct labels for substance-related disorders in the DSM-5 classification system.

Alternative 4 is eliminated because Thembi does not manifest any withdrawal symptoms during the conversation with the therapist. She is also still using the drugs and has not stopped or reduced the intake of the substances she is dependent on.

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

Ben Small, a 34-year old administrator has a two year history of mood swings. When his mood is low, his activity level is severely reduced, he suffers severe distress and his functioning is markedly impaired.

Three weeks ago his co-workers and parents have noticed that Ben was extremely cheerful and talkative despite the fact that his wife had filed for divorce in the same week that Ben was not considered for a promotion he had put his heart on. Ben was also very restless, agitated and had no need for sleep. Quite suddenly he told his family he was going to be a famous rugby player and that he was going to join the Springbok rugby team. He sent an email to the manager of the Springbok team requesting a position in the team.

A week ago, Ben went to the local church and offered his services as a preacher. He was very excited about the new prospect and spoke a great deal about the Bible and heaven. He also advised the minister about preaching styles and firmly believes he has a special relationship with God who has chosen him to be His spokesperson. His speech became more and more incoherent and accelerated as he spoke about many things at the same time. He abruptly changed from one topic to another and became extremely irritated with others' inability to understand him. In contrast to his usual shy and quiet personality style and sober lifestyle, Ben not only became self-assured, he also became involved in sexual indiscretions. As his behaviour became intolerable, his employer gave him a final warning to which Ben reacted with anger by screaming and shouting at his employer.

Question 23

In diagnosing Ben's abnormal behaviour several disorders were considered. Three of these possible disorders were eliminated for the **wrong** reason/s. Identify the **one** disorder that was **eliminated** for the **correct** reason/s.

1. Acute Stress Disorder – Ben's current positive mood is in excess of what is expected in Acute Stress Disorder.
2. Disruptive Mood Dysregulation Disorder – the manifestation of anger when Ben received a final warning is not severe enough to warrant a diagnosis of Disruptive Mood Dysregulation Disorder.
3. Adjustment Disorder with Disturbance of Emotions and Conduct – the stressors Ben has experienced in the past few weeks are not severe enough to justify this diagnosis.
4. Borderline Personality Disorder – Ben's abnormal behaviour does not have a longstanding pattern of chronic instability. He only developed the mental disorder, which has a clear episodic nature, during his middle adult years.

The correct answer is alternative 4

Explanation: Alternative 4 is the correct answer Borderline Personality Disorder is diagnosed in early adulthood which has a longstanding pattern of chronic instability across the contexts of a person's life. Personality Disorders are not episodic in nature (Refer to p. 84 of your Tutorial Letter 501).

Alternative 1 was eliminated, Acute Stress Disorder occurs when one is exposed to actual or threatened death, serious injury and therefore positive mood is not one of the symptoms of Acute Stress Disorder.

Alternative 2 was eliminated because Disruptive Mood Dysregulation Disorder is not diagnosed after age 18.

Alternative 3 was eliminated because Adjustment Disorder is not made when criteria of another mental disorder is met more accurately.

Question 24

According to the DSM-5 classification system Ben's abnormal behaviour could be classified as - - - - -.

1. Bipolar I Disorder
2. Bipolar II Disorder
3. Cyclothymic Disorder
4. Adjustment Disorder with Mixed Emotions

The correct answer is alternative **1**

Explanation: Alternative 1 is the correct answer because Ben meets the criteria for Bipolar I Disorder. The Disorder has clearly impaired his social and occupational (his boss gave him a final warning and Ben reacted with anger by screaming and shouting at his boss) functioning. Ben has the following severe symptoms: his mood is persistently elevated and irritable, he has an inflated self-esteem and grandiose plans (to be a rugby player, playing for the Springboks of a delusional quality; he also offered his services as a preacher, and went about giving advice to the minister about preaching styles), he is much more talkative than usual, pressure of thoughts and flight of ideas are present, he was restless, agitated and had no need for sleep, his judgement is impaired in that he is involved in pleasurable activities which may have negative consequences (he has become involved in sexual indiscretions). The symptoms indicate that he is currently experiencing a manic episode. His history shows that when Ben's mood is low, his activity level is severely reduced, he suffers severe distress and his functioning is markedly impaired which are symptoms indicating an episode of Major Depressive Disorder.

Alternative 2 is eliminated for the following reason: a diagnosis of Bipolar II Disorder could not be made because the manic symptoms which Ben displays meet the criteria for a manic episode. These symptoms are far more severe than the symptoms that occur during hypomanic episode which are characteristic of Bipolar II Disorder.

Alternative 3 is incorrect as, although Ben he has a two year history of a mood disorder, Cyclothymic Disorder is eliminated because the diagnostic for Cyclothymic Disorder criteria includes: for at least two years there have been numerous periods with hypomanic symptoms that do not meet criteria for a full-blown hypomanic episode and numerous periods with depressive symptoms that do not sufficiently meet criteria for a major depressive episode.

Alternative 4 is eliminated because his symptoms meet criteria of another mental disorder more accurately. Ben as such shows key symptoms of a mood disorder.

Question 25

Ben's symptoms of grandiosity and irritability relate to the - - - - - domain of his mental disorder, his talkativeness relates to the - - - - - domain and his decreases need for sleep relates to the - - - - - domain of his disorder.

1. affective; behavioural; physiological
2. physiological; cognitive; behavioural
3. cognitive; affective; physiological
4. behavioural; physiological; affective

The correct answer is alternative **1**

Explanation: Alternative 1 is correct; refer to pp. 215-217 of prescribed textbook. Remember affective refers to emotions, behavioural refers to behaviours and the actions or activity level of the individual and physiological refers to bodily symptoms.

Alternative 2 and 3 is eliminated because cognitive symptoms refer to thoughts and the mental activities of an individual such as self-denigration and rumination.

Question 26

Ben's beliefs that he has special talents and a special relationship with God are called - - - - -.

1. ideas of reference
2. delusions of grandeur
3. bizarre delusions
4. referential delusions

The correct answer is alternative **2**

Explanation: A delusion of grandeur is a belief of where one believes that they have great talent or insight or having made an important discovery, however this belief is not matched by consensual reality. Ben believes he has a special relationship with God and that he was chosen by Him to be His spokesperson.

Alternative 1 is eliminated as ideas of reference involve the belief that casual events or people's remarks are referring to oneself when, they are not. Ideas of reference have less impact on the individual's functioning for example in Bipolar Disorder. If ideas of reference reach the point of strongly held beliefs or cause impairment of functioning and a loss of contact with broader reality, they become delusions of reference.

Alternative 3 is eliminated because a bizarre delusion is a delusion that is implausible for example aliens are coming out of one's stomach.

Alternative 4 is eliminated because this refers to when a neutral event is believed to have a special and personal meaning. For example, a person with schizophrenia might believe a billboard or a celebrity is sending a message meant specifically for them. Remember that a delusion is involves the individual holding an unshakable theory or belief in something false and unlikely, despite objective evidence to the contrary. Not all delusions are impossible, for example in rare cases some people are followed by the police and therefore if a person believes that they are being followed by the police but they are not being followed it is regarded as a non-bizarre delusion however if a person believes that aliens are coming out of their stomach this is regarded as a bizarre delusion as this can never really happen in objective reality.

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

Edith, a 32-year old woman, has been unable to function on almost all levels of her life since the death of her beloved husband five months ago. She is deeply depressed and has a general sense of worthlessness. She is also socially withdrawn and experiences no joy. She has lost 7 kg, cannot concentrate on her work and suffers from persistent insomnia. She has profoundly pessimistic beliefs about the future. Two days ago she attempted suicide by trying to gas herself. Edith is very disappointed that her suicide attempt has failed. Edith has no history of any mental disorders.

Question 27

Which **one** of the following would be the most appropriate DSM-5 diagnosis in Edith's case?

1. Intense Mourning
2. Persistent Depressive Disorder (Dysthymia)
3. Major Depressive Disorder
4. Premenstrual Dysphoric Disorder

The correct answer is alternative **3**

Explanation: Alternative 3 is correct as Edith most likely suffers from Major Depressive Disorder as she shows sufficient symptoms of a severe episode of Major Depressive Disorder for a period of five months. Her functioning is seriously impaired. She displays the following symptoms: deeply depressed mood, loss of pleasure and interest in life, weight loss, persistent insomnia, suicidal ideation, socially withdrawn, general sense of worthlessness, pessimistic beliefs.

Alternative 1 is eliminated because Edith's symptoms are in excess of the symptoms of a normal grief response (the symptoms persist for more than two months and include marked functional impairment, suicidal ideation). Edith met the criteria for Major Depressive Disorder for severity, duration and clinically significant distress and impairment.

Alternative 2 is eliminated because for a diagnosis to be made on Persistent Depressive Disorder (Dysthymia) Edith would have had to have depressed mood that lasted for two years (with no more than two months symptom-free).

Alternative 4 is eliminated because her mood symptoms do not follow a premenstrual pattern.

Question 28

According to the **behavioural perspective**, Edith's mental disorder can mainly be attributed to - - - - -.

1. the absence of proper role models in her life.
2. acute stress which caused unconscious conflicts to bubble to the surface.
3. the loss of a very important positive reinforcer.
4. her pessimistic thoughts about herself and her future.

The correct answer is alternative **3**

Explanation: Alternative **3** is correct as the behavioural perspective suggests that Edith's mental disorder can mainly be attributed to the loss of a very important positive reinforcer, her husband.

Alternative 1 refers to a social perspective, whereas alternative 2 makes reference to a psychodynamic perspective therefore alternative 1 and 2 are eliminated; refer to pp 226-227 of prescribed textbook.

Alternative 4 is eliminated as it explains Edith's disorder from a cognitive perspective.

Question 29

Which of the following actions would you regard as the **most appropriate** suicide preventative measures in Edith's case?

1. Recommend bed rest and potential counselling.
2. Provide Edith with the telephone number of a telephonic crisis intervention centre and give her family members specific guidelines about how to support her.
3. Provide preventative counselling and weekly monitoring.
4. Hospitalise Edith immediately, provide intensive medical and psychological treatment as well as comprehensive supervision.

The correct answer is alternative **4**

Explanation: Alternative 4 is correct as in assessing the seriousness of Edith's threat of suicide, it is clear that there is a strong probability that she might try to end her life again. The following risk factors are present: suicide attempt and the fact that she was very disappointed that her suicide attempt failed and a recent severe loss (death of her husband). With these risk factors in mind, Edith is at high risk of trying to commit suicide again.

The preventative measures mentioned in alternatives 1 and 2 apply to low-risk suicide cases and the preventative measures contained in alternative 3 apply to moderate-risk suicide cases.

Question 30

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

1. Severe depression is the primary precipitating cause in most cases of suicide.
2. Feelings of hopelessness or negative expectations about the future are even more strongly related to suicidal behaviour than depression.
3. Suicide is most likely when people are in the depths of a Major Depressive Episode.
4. Only a very small percentage of suicides are preceded by either verbal or nonverbal behavioural cues indicating the intention to commit suicide.

The correct answer is alternative **2**

Explanation: Alternative 2 is correct as theorists have found that hopelessness and negative expectations about the future may be a major catalyst in suicide and maybe even more of an important factor than depression and other mood states.

The aetiology of suicide is complex and it would be erroneous to ascribe the cause of suicide to a single disorder or factor, or a set of factors. Therefore Alternative 1 is incorrect as this statement is an oversimplification of the aetiology of suicide.

Alternative 3 is also incorrect as individuals in the midst of an episode of Major Depressive Disorder often show psychomotor retardation and lack of energy to the extent that they do not have the energy level to implement the actions involved in committing suicide.

Alternative 4 is incorrect, please refer to pp. 249-272 of the prescribed textbook.

2. The examination

The following general information and guidelines should help you with your final preparations for the examination.

2.1 If you have any questions concerning administrative aspects about the examination, please contact the Examination Section. Make sure that you know when and where you write the PYC3702 examination.

2.2 The examination paper consists of 70 multiple choice questions and the paper is marked out of 70. These marks are converted to a mark of 80. The other 20 marks come from your year mark. Both Assignments 01 and 02 count towards your year mark. You have two hours to complete the paper.

2.3 You have to indicate your answers on a mark reading sheet. Use an HB pencil to mark your answers on the mark reading sheet. Instructions for using the mark reading sheet are included with the paper. Please read these instructions carefully.

2.4 The examination paper covers the whole syllabus. The examination questions will be asked from the sections which you have to **study** in both your prescribed book and your Tutorial Letters 501, 502, and 503. Please refer to the Tutorial Letters 501, 502, and 503. The term **study** in the Tutorial Letters 501, 502, and 503 are used to indicate the sections in the prescribed book and Tutorial Letters 501, 502, and 503 which you have to study for the examination. You will need to have more than a theoretical knowledge of these sections as we will expect you to be able to apply your knowledge to short case studies.

2.5 The volume of the work is large and examinations are hugely stressful. However, if you use the remaining time fruitfully and apply yourself in a systematic way to your study time-table, you will be

well prepared for the examination.

Best of luck with the examination!

3. Assignment 03 – evaluation of the module

Assignment 03 is not compulsory and carries no examination credits. However, we kindly request that you submit this assignment. Your evaluation of the module will assist us to improve the module.

Best wishes with your studies: **Your lecturers in Abnormal Behaviour and Mental Health (PYC3702)**