1. PTSD is characterized by all of the following symptom clusters except:
   A. hyper arousal
   B. reexperiencing
   C. contextual
   D. avoidance

2. Elaine is negative and hostile to her teacher. She is often in trouble but always blames others. Adults perceive her as spiteful and annoying and she often misses out on activities in which she would like to participate, such as field trips, due to her attitude. The most likely diagnosis is:
   A. Attention Deficit Hyperactivity Disorder, inattentive type
   B. Oppositional Defiant Disorder
   C. Mild Mental Retardation
   D. Developmental Reading Disorder

3. The most difficult aspect of treating a patient with Anorexia Nervosa is usually helping them to:
   A. accept medications
   B. recognize need for treatment
   C. focus on school work and achievement
   D. start exercising
5. Psychopathology in children and adolescents:

   A. has the highest prevalence in latency aged children (ages 5-12)
   B. frequently overlooked by primary care physicians
   C. unrelated to the developmental stage of the child
   D. has a prevalence of 25%

6. According to Kesslers National Comorbidity Study, a little less than 50% of individuals diagnosed with PTSD will also have the following psychiatric disorder:

   A. panic disorder
   B. schizophrenia
   C. social phobia
   D. major depression
   E. histrionic personality disorder

7. The primary reason a person with Anorexia Nervosa, binge-purge type, might delay seeking treatment is:

   A. they spend all their money on food and can’t afford treatment
   B. they enjoy the bingeing process
   C. their friends and family discourage them from seeking treatment
   D. the illness is egosyntonic

9. When considering confidentiality in the psychiatric assessment of a child/adolescent:

   A. all information obtained during the interview is confidential and cannot be shared with parents
   B. the nature and extent of an adolescent’s sexual activities should be shared with the parents
   C. the psychiatrist is mandated to tell the parents about a teenager’s drug use
   D. confidentiality should be broken only when there is evidence of potential danger to the child or others
10. Treatment of depression in children and adolescents include:

   A. individual therapy  
   B. family therapy  
   C. antidepressants  
   D. A & B only  
   E. A, B & C  

11. A woman who is 5’6” with an ideal body weight of 127-143 pounds would need to weigh less than ____ pounds to meet the weight criteria for Anorexia Nervosa.

   A. 80 pounds  
   B. 85 pounds  
   C. 90 pounds  
   D. 100 pounds

12. When an individual remembers/experiences a trauma, and that experience includes sensory components (e.g., the smell of gas for an individual involved in a motor vehicle accident) and/or time dissociation, that experience is called:

   A. a flashback  
   B. an intrusive memory  
   C. a numbing response  
   D. a sensory recollection  
   E. a disassociative sensory memory

13. The diagnosis of Pervasive Developmental Disorder is contingent upon:

   A. impaired social interactions  
   B. impaired ability to communicate  
   C. restricted repetitive repertoire of activities and interests  
   D. A & B only  
   E. A, B & C

14. Anorexia Nervosa has a mortality rate reported as high as:

   A. 1%  
   B. 10%  
   C. 20%  
   D. 30%
15. All of the following are components of Prolonged Exposure Therapy for PTSD (described in the lecture) except:

   A. patient describes trauma out loud in the present tense
   B. a hierarchy of feared stimuli is developed
   C. combines imaginal and in vivo exposure techniques
   D. two fingers are waved in front of the patient's eyes to facilitate saccadic eye movements
   E. the patient listens to an audiotape of the imaginal session at home

16. A child who is manic will exhibit the following:

   A. irritability
   B. euphoria
   C. grandiosity
   D. somatic complaints

17. The diagnosis of Bulimia Nervosa requires that binge behavior be ongoing for at least:

   A. 3 week
   B. 3 months
   C. 6 months
   D. 3 years

18. Which item is the most accurate:

   A. individuals with PTSD should not be treated with psychotherapy
   B. individuals with PTSD are at an increased risk to have, or develop, a substance use disorder
   C. individuals with PTSD should not be treated with psychiatric medications
   D. individuals with PTSD are constitutionally weak
   E. none of the above

19. Jessica is a seven year old white female who daily refuses to go to school. She complains of frequent stomach aches in the morning. She is afraid to sleep alone in her bed at night, due to nightmares. Her greatest fear is that something will happen to her mother if Jessica leaves her for any length of time. Jessica’s most likely diagnosis is:

   A. school phobia
   B. depression
   C. separation anxiety disorder
   D. there is no diagnosis, Jessica is a normal seven year old girl
20. Bulimia Nervosa shares many of the same features as:
   
   A. Obsessive Compulsive Disorder  
   B. Major Depression  
   C. Generalized Anxiety Disorder  
   D. Schizoaffective Disorder

21. According to the lecture, to increase the accuracy of a PTSD diagnosis, an interviewer should use:
   
   A. monosyllabic words  
   B. commonly used, easy to understand terms, such as rape and physical assault  
   C. common medical phrases  
   D. a patient's close relative to conduct the interview  
   E. behaviorally specific terms and descriptors

22. Some differences which would point to mania rather than ADHD in children include:
   
   A. sexual preoccupation inconsistent with developmental level  
   B. emotional lability  
   C. a capacity to elicit emotional responses in others  
   D. family history of mood disorders  
   E. all of the above

23. The initial goal of treatment of Anorexia Nervosa is:
   
   A. normalization of body weight  
   B. psychotherapy to help patient gain insight into reasons for illness  
   C. family intervention to normalize family relationships  
   D. change patients distorted attitudes toward food

24. According to the National Comorbidity Study, the percentage of women meeting diagnostic criteria for PTSD following a rape is:
   
   A. 96%  
   B. 73%  
   C. 46%  
   D. 27%  
   E. less than 20%
26. A medication that is **NOT** recommended for the treatment of eating disorders is:

A. Zoloft (sertraline)
B. Buspar (buspirone)
C. Wellbutrin (bupropion)
D. Prozac (fluoxetine)

27. Jeffrey is a seven year old white male who presents with hyperactivity. He cannot sit still. He is easily angered when told “no” and has put a pillow over his baby sister’s face. He is in second grade and is in the top reading level. Jeffrey’s most likely diagnosis is:

A. Attention Deficit Hyperactivity Disorder, combined type
B. Sibling Rivalry
C. Separation Anxiety Disorder
D. More information is needed before diagnosis can be made
PART II – MATCHING

Questions 28 - 32

A. schizophrenia
B. delusional disorder
C. schizotypal personality disorder
D. a & b only
E. a, b & c

28. non-bizarre delusions
29. after an episode of illness, patients often fail to return to baseline function
30. though patient may have odd ideas, he or she does not have significant periods of psychosis
31. condition(s) impair(s) social relationships
32. Axis I Disorder(s)

Questions 33 - 37

The following patients are seen in the Emergency Room. Match the most likely diagnosis with the clinical description:

A. depression with psychotic features
B. delirium
C. dementia
D. delusional disorder
E. schizophrenia

33. A 75 year old man is brought to the Emergency Room by his wife. The man was working in the family grocery store until one week ago when he developed a cough and fever. Over the next few days he experienced some difficulty breathing and lethargy. During the night the patient became acutely confused and agitated. He reported that he saw scorpions and snakes in his bed.

34. A 75 year old woman is brought to the Emergency Room by her family. She is extremely agitated and claims that her neglectful behavior is responsible for her teenage granddaughter’s recent diagnosis of lymphoma. The woman has had difficulty sleeping and concentrating and has lost weight in the three weeks since her granddaughter’s diagnosis.
35. A 75 year old man is brought to the Emergency Room by his daughter because he has become extremely agitated, claiming that people are stealing from him. He has refused to leave his house for over 2 weeks because he believes that neighbors enter and steal things when he is gone. The patient was an active lawyer until three years ago when his worsening memory and forgetfulness made him unable to practice. He continues to live at home alone.

36. A 70 year old woman has lived in a group home for many years and is brought to the Emergency Room by the staff. A gifted high school student, she had a “nervous breakdown” in secretarial school and lived at home, unable to work, until her parents’ death necessitated placement. At present, she reports that the Taliban are trying to recruit her and they are sending messages via the microwave.

37. A 75 year old man is brought to the Emergency Room by his daughter. A widower, retired accountant and excellent dancer and bridge player, he has been a popular resident of the retirement community in which he lives. Two months ago, he developed the conviction that the manager of the community was in love with him and was indicating her passion by winking and smiling. He began to send her frequent love letters which disturbed her. Over the last few days his letters had become abusive calling her a “slut and coquette.”

Questions 38 - 42

The following women are being screened for a therapy group which will focus on relationships. Match the personality with the description.

A. avoidant personality  
B. dependent personality  
C. obsessive compulsive personality  
D. narcissistic personality  
E. schizotypal personality

38. My sister forced me to come here, but I know it’s a waste of time. I freeze in groups and make a fool of myself. No one will like me, and I’ll just feel miserable.

39. I have brought a list of twelve things I need to work on in this group. The first is to efficiently screen potential friends, the second is to decide whether I can realistically afford to go out more than once a week, the third is to try to lighten up. Do you think these are good ideas?
40. I want to know why I always fall for calloused men. At first they are really interested in admiring me, buying me nice presents and taking me on vacations. After a while they seem annoyed. I guess I’m too much woman for them.

41. I like the aura in this office and can feel good energy and healthy vibes. I usually don’t hang around people. I have a very delicate nervous system and am extremely upset by negative energy. It ruins my balance.

42. My boyfriend says I have to get a life and stop hanging on to him. He can be pretty mean, but I love him anyway. I’m afraid if I don’t make other friends he’ll leave me.

Questions 46 – 50

In “Personality Disorders in Primary Care” Pare’ and Rosenbluth list personality disorders and suggest strategies to manage them. Match the disorder with the appropriate strategy.

A. dependent personality
B. obsessive-compulsive personality
C. schizoid personality
D. paranoid personality
E. antisocial personality

46. Respect the patient’s need to be in control. Provide information promptly.

47. Insist on providing only medical treatment that is clearly indicated.

48. Provide exact details of medical procedures including comprehensive information about risks and benefits, and probable costs.
40. Recognize the patient’s need for reassurance. Be aware of the limits of your ability to support the patient.

50. Respect the patient’s need for privacy and distance.

Questions 51 - 55

Match the personality disorder with the physicians likely emotional response.

A. schizotypal personality disorder
B. dependent personality disorder
C. narcissistic personality disorder
D. histrionic personality disorder
E. paranoid personality disorder

51. The doctor feels ill at ease because of the patient’s oddities
52. The doctor feels defensive or frightened
53. The doctor feels an impulse to play all-knowing hero
54. The doctor feels angry at the patient’s entitlement
55. The patient feels exasperated by the patient’s exaggerations and need for attention

Questions 56 - 60

While the following interventions by the physician may be appropriate for more than one personality cluster, match one of the following clusters with the intervention most necessary to make that cluster comfortable or manageable.

A. Cluster A
B. Cluster B
C. Cluster C

56. avoid the temptation to put the patient at ease by being very friendly
57. focus on the issues that the patient raises emphasizing what the patient thinks rather than what the patient feels
58. reassure the patient without taking over all decision-making
59. be alert to staff splitting and require discussion and consensus about treatment
60. be vigilant about doctor/patient boundaries
Questions 61 - 65

Match the clinical description with the most likely diagnosis from the list below:

A. somatization disorder
B. conversion disorder
C. hypochondriasis
D. panic disorder
E. major depression

61. The patient is referred to neurology clinic for evaluation of numbness and tingling in her right arm. Review of the chart reveals that within the last six months she has had a GI work-up for burning stomach pain and requested acupuncture for back pain. Numerous work-ups for multiple complaints have failed to reveal any obvious etiology.

62. A new mother with a colicky six-week old has been struggling to keep her composure despite little sleep and a lot of anxiety. This morning she had a strong impulse to shake her baby. In the afternoon she developed numbness and tingling in both her arms which prevented her from lifting the baby.

63. A patient comes to her doctor complaining of low energy, difficulty sleeping, fatigue, backache, poor concentration and poor appetite. She feels overwhelmed about going back to work and develops numbness and tingling around her mouth with she thinks about it.

64. A man comes to the Emergency Room for evaluation of possible heart attack. Review of his chart reveals numerous work-ups to rule out an MI, but his worry persists. This evening he draped his left arm over his chair while watching TV. His left arm developed “pins and needles” which he fears could be a symptom of a heart attack.

65. A patient comes to the doctor for assessment of recurrent and sudden onset of intense discomfort accompanied by pounding heartbeat, sweating, chest pain, dizziness and numbness and tingling in her fingers and lips. These episodes last about 15 minutes.
Questions 66 - 70

Match the following disorders with the appropriate doctor’s response.

A. conversion disorder
B. somatization disorder
C. hypochondriasis
D. factitious disorder
E. malingering

66. give the patient a face-saving option for getting better, for example, physical therapy
67. confront the patient about the etiology of his/her symptoms and offer psychotherapy
68. consider suggesting cognitive/behavior treatment or trial of an SSRI
69. do not try to talk the patient out of symptoms, schedule regular appointments
70. confront the patient, do not offer treatment
PART III – TRUE/FALSE

A – TRUE B – FALSE

71. Amenorrhea for 6 months is a diagnostic criteria for Anorexia Nervosa.

73. Child development is divided into four subtypes: motor, language, cognitive, and social/emotional, of which only social/emotional is of importance to the child psychiatrist.

74. People with alexithyma do not appreciate emotional factors which influence their physical states.

75. Transfer of major care of patients with somatoform disorders from a primary care physician to a psychiatrists is often helpful.

76. Patients with Anorexia Nervosa have no appetite so it’s easy for them to lose weight.

77. The diagnosis of Mental Retardation is based only upon the client’s IQ. His/her ability to handle money, for example.

79. In factitious disorders, the patient is unaware of the motivations for his/her behavior.

80. Anorexia Nervosa is more common in the U.S. than is Bulimia Nervosa.

82. Because children under the age of seven have an unrealistic idea of death, they cannot actually be suicidal.

83. Substance abuse is seen more commonly in patients with Bulimia Nervosa than in patients with Anorexia Nervosa.
84. Patients with somatoform disorder often receive fragmented treatment because of doctor shopping.

85. Parotid gland enlargement can be seen in both Anorexia Nervosa and Bulimia Nervosa.

87. It is useful to do yearly intensive work-ups of patients with somatoform disorders to reassure them that they are not seriously ill

88. Rapid weight gain (5 pounds per week) is the goal in the treatment of Anorexia Nervosa so as to stimulate gastrointestinal functioning and minimize patient discomfort.

90. In pre-adolescent children, the prevalence of depression is equal in both boys and girls.