1. Which of the following factors is the LEAST likely indicator of suicide risk?
   a. diagnosis of major depression
   b. prior suicide attempt
   c. diagnosis of schizophrenia
   d. ownership of a firearm
   e. diagnosis of a terminal illness

2. Major depression is diagnosed by the presence of symptoms for at least
   a. 3 weeks
   b. 2 weeks
   c. 4 days
   d. 1 week

3. Preoccupation with one or more delusions, or frequent auditory hallucinations is usually seen in which subtype of schizophrenia?
   a. catatonic type
   b. disorganized type
   c. undifferentiated type
   d. paranoid type

4. Which one of the following common medical conditions often presents as a psychiatric emergency?
   a. myocardial infarction
   b. chronic obstructive pulmonary disease
   c. alcohol withdrawal
   d. treatment with steroids
   e. all of the above

5. All of the above drugs used for treatment of panic disorder except
   a. Fluoxetine
   b. Imipramine
   c. Propranolol
   d. Risperidone
   e. Paroxetine
6. Good prognostic signs in schizophrenia include all of the following except
   a. supportive family structure
   b. sudden onset
   c. a family history of schizophrenia
   d. a history of good premorbid functioning

13. In assessing a patient's thinking, you note you are unable to follow the patient's ideas because they are bizarre and illogical and seem not to be linked in any understandable manner. This is probably:
   a. flight of ideas (distractible speech)
   b. loosening of associations (derailment)
   c. tangentially
   d. preservation
   e. blocking

14. You are the E.R. physician, which of the following patients would you be most concerned about as a suicide risk? The client:
   a. has a close relative who committed suicide 10 years ago
   b. has "passive" suicidal ideations, "I just wish I could go to sleep and not wake up"
   c. recently lost his job that he did not like
   d. has superficial cuts to her body, she claims are "so I can feel"
   e. who currently denies suicidal ideations but recently wrote a goodbye note and gave prize possessions away

16. Which of the following statements about the clinical course of schizophrenia is true?
   a. most patients experience multiple episodes of psychosis, from which they may not recover fully
   b. very few patients recover from the first episode of schizophrenia
   c. most of the deterioration that occurs in patients with schizophrenia takes place in the later phases of the illness
   d. deterioration is a continuous, downhill process
17. A patient is asked how she is feeling. She replies "astrocarious." This is an example of:

a. loosening of associations (derailment)
b. flight of ideas (distractible speech)
c. perservation
d. neologism
e. clanging

18. Atypical antipsychotics

a. have unique pharmacologic profiles compared with conventional antipsychotics
b. usually do not elevate prolactin levels
c. include clozapine, risperidone & olanzepine
d. all of the above
20. The Genain quadruplets:
   a. are a genetic sequence responsible for schizophrenia
   b. are a unique set of monozygotic women concordant for schizophrenia
   c. are discordant for the severity of their disorder
   d. B & C are correct

21. Which of the following statements regarding the Dopamine Hypothesis of Schizophrenia is correct:
   a. positive symptoms of schizophrenia are due to overactivity of dopamine pathways
   b. to date, 3 different dopamine receptors have been identified
   c. medications effective against the symptoms of schizophrenia are dopamine agonists
   d. dysfunction in neurotransmitter systems are straightforward and can be accounted for by dopamine alone

22. Schneiderian delusions include
   a. the belief that one's thoughts are broadcast aloud
   b. the belief that thoughts are inserted into one's head
   c. the belief that one's thoughts, feelings & behaviors are controlled by outside forces
   d. a & b only
   e. a, b & c
24. Which of the following statements regarding immune factors & schizophrenia is not correct?

a. it has been speculated that a genetic defect in immune function may influence the susceptibility of the developing fetal brain to early viral infection
b. it has been speculated that a genetic defect in immune function may influence the susceptibility of the developing fetal brain to associated immune response mechanisms
c. exposure to famine in utero increases the risk of schizophrenia
d. there is preclinical evidence that maternal stressors during pregnancy can alter immune variables in the offspring

25. Differential diagnosis of anxiety disorder should include:

a. hyperthyroidism
b. hypoglycemia
c. pheochromocytoma
d. ARC
e. all of the above

27. In regard to sex differences & schizophrenia:

a. males with schizophrenia are more likely to have a later onset of illness and better premorbid function outcome
b. females with schizophrenia show greater temporal and spatial variations in the rate of occurrence than males with schizophrenia
c. female offspring of mothers who experienced 1st trimester influenza are more likely to develop schizophrenia than male offspring
d. none of the above are correct
28. In evaluation of the patient you suspect may be suicidal, which statement is true:
   a. talking about suicide directly should be avoided because you may give the patient ideas
   b. future oriented patients generally do not pose a risk to themselves
   c. assessing for a cognitive disorder is irrelevant because suicide is a response to a mood disorder
   d. a nonlethal but concrete plan means that the patient is safe for discharge
   e. discharging the patient in the care of the family is always safe

29. Positive symptoms of schizophrenia include:
   a. disorganized behavior
   b. alogia
   c. disorganized social functioning
   d. asociality

30. Which of the following statements about schizophrenia is correct?
   a. the incidence of schizophrenia is 1.5%
   b. the mortality rate among schizophrenia patients is 8 times greater than that of the general population
   c. most of the cost of schizophrenia in the United States is due to lengthy hospital stays
   d. between 50 - 75% of schizophrenia patients suffering from an acute episode of the illness attempt suicide
PART II - MATCHING

Questions 31-35  Match the following group of statements with the appropriate description listed below:

a. denial
b. rationalization
c. reaction formation
d. suppression
e. repression

Five classmates are studying together for the Human Behavior II midterm:

31. Student A says that she doesn't need to study because the exam will probably be cancelled

32. Student B responds that he has never enjoyed anything more than studying for the Human Behavior II exam

33. Student C comes in late, she forgot that the exam was tomorrow

34. Student D confides that he has to work at not being anxious about Pathology when he's studying Human Behavior

35. Student E says she doesn't have to study the schizophrenia notes because she saw "A Beautiful Mind"
PART II - MATCHING

Questions 36-40  Match the following:

a. simple phobia panic
b. disorder
c. OCD
d. posttraumatic stress disorder
e. generalized anxiety disorder

36. episodic anxiety unattached to any object
37. chronic persistent anxiety
38. anxiety experienced after a specific event outside the range of human experience
39. anxiety attached to a particular situation/object leading to avoidance
40. anxiety because of disturbing unwanted thoughts
PART II - MATCHING

Questions 41-45  Match the following:

a. depression in childhood  
b. depression in adolescence  
c. depression in old age  
d. depression throughout the life cycle  
e. depression in bipolar disorders  

41. negativism and irritability may dominate clinical picture
42. psychomotor retardation may produce a clinical picture that mimics dementia
43. phobic and somatic symptoms are common
44. depressed mood **or** loss of pleasure is required to make the diagnosis
45. in clinical presentation, is indistinguishable from other types of major depression
PART II - MATCHING

Questions 46 - 50  Match the following:

a.  Bipolar I disorder  
b.  Bipolar II disorder  
c.  both  
d.  neither

46.  in elevated phase, psychosis is fairly common
47.  periods of elevation tend to alternate with periods of depression
48.  periods of elevation typically do not come to medical attention
49.  often treated by antidepressants alone
50.  flight of ideas is classical positive thought disorder
PART III - TRUE/FALSE

A - TRUE B - FALSE

51. The ability to assess problems in a useful way is called judgment.
52. Lifetime prevalence of major depression in women is about 25%
53. Females attempt suicide 3 to 4 times as frequently as males.
54. A person is brought into the emergency room by the police because she has been harassing passers-by screaming at them that the world is coming to an end. You learn that the woman belongs to a religious group that believes that the world's destruction is imminent. This woman would be diagnosed as delusional.
55. Patients who have been depressed and who suddenly appear to have improved must be asked about suicide.
56. Affect refers to what a person is feeling at the moment and can often be assessed by observation and inquiry.
57. The content of a non-bizarre delusion is theoretically possible.
58. Defense mechanisms are all maladaptive because they distort reality.
59. Depression is the most common diagnosis associated with suicide.
60. In primary care treatment of depression psychotherapy is indicated only if the patient requests it.
61. Depression is the second most common chronic illness seen in primary care setting.
62. Males are successful in committing suicide 2 to 3 times more frequently than females.
63. Drug treatment is indicated for patients who demonstrate mixed anxiety and depression symptoms.
PART III - TRUE/FALSE

A - TRUE    B - FALSE

64. The differential diagnosis between schizophrenia and Bipolar I disorder is usually straightforward after clinical examination.

65. Psychosis is judged clinically by the presence of hallucinations and delusions.

66. Depression may be missed in primary care settings, because patients are likely to complain mostly of constitutional symptoms.

67. Alcohol and/or drug dependence has little or no effect on suicide risk.

68. If a patient does not respond to one SSRI it is not advised to attempt treatment with another SSRI.

69. Chronic depression which lasts for more than 2 years is called dysthymia.

70. Formal thought disorder implies that the patient's thinking does not obey culturally shared rules; it is socially inappropriate.

71. There is a higher risk of suicide among professions including police, dentists, physicians.

72. In treating depression, the primary care physician must be prepared to see the patient weekly.

73. A toxicology screen is an important part of the diagnostic work-up for manic symptoms.

74. Some patients who present to the E.R. for assessment for suicidality are merely trying to get attention.

75. When stopping treatment with an SSRI, the drug should be tapered.
PART III - TRUE/FALSE

A - TRUE    B FALSE

76. Marital status is to be considered when assessing level of suicide risk.
77. After a patient has had several episodes of depression, continuous treatment with an antidepressant is recommended treatment.
78. There are reliable biological markers to indicate suicide risk.
79. Cognitive treatment for depression addresses negative patterns of thinking.
80. Among males, the frequency of suicide decreases with age.