

PSYCHOPATHOLOGY  
PSY 469G

Winter 1988  
Tues, Thurs 11-12:20  
142 Straub

E. Schaughency  
395 Straub  
686-3936

Office Hours:  
Tues, Thurs: 1:30-3:30

Description: This course is intended as an overview of Psychopathology for advanced undergraduates and beginning graduate students. All students are expected to read the reading assignments from the required text, Abnormal Psychology and Modern Life (8th ed) by Carson, Butcher, and Coleman. In addition, graduate students in professional psychology programs (e.g. Counseling Psychology) are strongly encouraged to read relevant sections in the Diagnostic and Statistical Manual of Mental Disorders (third edition-revised, DSM-III-R; American Psychiatric Association, 1987). Another recommended supplement is Adams, H.I., & Sutker, P.B. Handbook of Psychopathology.

Grading: Grades will be based on performance on 3 tests=2 mid-terms and a final exam, as described below. Tests will cover lectures and assigned reading material. Tests will be a combination of multiple choice, short answer, and essay questions.

Mid-term I	50 pts	33%
Mid-term II	50 pts	33%
Final Exam		
Last third of course	50 pts	33%
First third of course	50 pts	*
Middle third of course	50 pts	*
Total	150 pts	100%

\*The cumulative portions of the final may serve as make-up portions for the first two mid-terms. Students will be given the higher of the two scores in determining their grade.

Of the 150 points, anyone earning:

A total of 135-150 points will receive an	A
A total of 120-134 points will receive a	B
A total of 105-119 points will receive a	C
A total of 90-104 points will receive a	D
Less than a total of 90 points will receive an	F

Based on the actual distribution of final grades, this criterion might be relaxed, but not stiffened.

**PSYCHOPATHOLOGY**  
**PSY 469G**  
**SYLLABUS**

January	7	What Is Psychopathology?	Chapter 1
	12	Biological, Psychosocial, Sociocultural Viewpoints	Chapter 3
	14	Etiology of Psychopathology	Chapter 4
	19	Stress & Adjustment Disorders	Chapter 5
	21	Anxiety Disorders	Chapter 6
	26	Personality Disorders	Chapter 7
	28	Mid Term I	
February	2	Psychological Factors & Physical Illness	Chapter 8
	4	Mood Disorders & Suicide	Chapter 9
	9	The Schizophrenias & Delusional (paranoid) Disorders	Chapter 10
	11	Substance-use & other addictive disorders	Chapter 11
	16	Sexual Disorders and Variations	Chapter 12
	18	Organic Mental Disorders & Mental Retardation	Chapter 13
	23	Mid Term II	
March	25	Behavior Disorders of Childhood & Adolescence	Chapter 14
	1	Clinical Assessment	Chapter 15
	3	Biologically-based therapies	Chapter 16
	8	Psychologically-based therapies	Chapter 17
	10	Contemporary Issues in Abnormal Psychology	Chapter 18
	17	3:15 p.m. Final	

PSYCHOPATHOLOGY  
(Psy 469G)  
FINAL EXAM

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Last Third of Course (50 points required)

Multiple Choice (1 pt each)

- 1) The essential feature of this disorder is a pervasive and unwarranted tendency to interpret the actions of people as deliberately demeaning or threatening. The disorder is:
  - a. Schizoid personality disorder
  - b. Schizotypal personality disorder
  - c. Borderline personality disorder
  - d. Paranoid personality disorder
- 2) The essential feature of this disorder is a pervasive pattern of indifference to social relationships and a restricted range of emotional experience and expression. The disorder is:
  - a. Schizoid personality disorder
  - b. Schizotypal personality disorder
  - c. Borderline personality disorder
  - d. Paranoid personality disorder
- 3) The essential feature of this disorder is a pervasive pattern of peculiarities of ideation, appearance, and behavior and deficits in interpersonal relatedness that are not of severity to meet the diagnostic criteria for schizophrenia. The disorder is:
  - a. Schizoid personality disorder
  - b. Schizotypal personality disorder
  - c. Borderline personality disorder
  - d. Paranoid personality disorder
- 4) The essential feature of this disorder is a pattern of irresponsible and antisocial behavior. The disorder is:
  - a. Narcissistic personality disorder
  - b. Borderline personality disorder
  - c. Antisocial personality disorder
  - d. Passive aggressive personality disorder
- 5) The essential feature of this disorder is a pervasive pattern of instability of self-image, interpersonal relationships, and mood. The disorder is:
  - a. Narcissistic personality disorder
  - b. Borderline personality disorder
  - c. Antisocial personality disorder
  - d. Passive aggressive personality disorder
- 6) The essential feature of this disorder is a pervasive pattern of grandiosity (in fantasy or behavior) hypersensitivity to the evaluation of others, and lack of empathy. The disorder is:
  - a. Narcissistic personality disorder
  - b. Borderline personality disorder
  - c. Antisocial personality disorder
  - d. Passive aggressive personality disorder

- 7) The essential feature of this disorder is a pervasive pattern of social discomfort, fear of negative evaluation, and timidity. The disorder is:
  - a. Passive aggressive personality disorder
  - b. Avoidant personality disorder
  - c. Obsessive-compulsive personality disorder
  - d. Dependent personality disorder
- 8) The essential feature of this disorder is a pervasive pattern of dependent and submissive behavior. The disorder is:
  - a. Passive aggressive personality disorder
  - b. Avoidant personality disorder
  - c. Obsessive-compulsive personality disorder
  - d. Dependent personality disorder
- 9) The essential feature of this disorder is a pervasive pattern of perfectionism and inflexibility. The disorder is:
  - a. Passive aggressive personality disorder
  - b. Avoidant personality disorder
  - c. Obsessive-compulsive personality disorder
  - d. Dependent personality disorder
- 10) The essential feature of this disorder is a pervasive pattern of passive resistance to demands for adequate social and occupational performance. The disorder is:
  - a. Passive aggressive personality disorder
  - b. Avoidant personality disorder
  - c. Obsessive-compulsive personality disorder
  - d. Dependent personality disorder
- 11) The essential feature is a distinct period during which the predominant mood is either elevated, expansive, or irritable, and associated symptoms, such as inflated self-esteem or grandiosity, decreased need for sleep, pressured speech, and excessive involvement with pleasurable activities (e.g., buying sprees, reckless driving, foolish business investments). The syndrome is:
  - a. Narcissistic personality disorder
  - b. Paranoid personality disorder
  - c. Delusional (paranoid) disorder
  - d. Manic episode
- 12) The essential feature is either depressed mood or loss of interest or pleasure in usual activities and associated symptoms, such as appetite disturbance, sleep disturbance, and feelings of worthlessness, or excessive or inappropriate guilt, for at least two weeks. The syndrome is:
  - a. Schizophrenic, catatonic type
  - b. Depressive episode
  - c. Dementia
  - d. Schizoaffective disorder
- 13) In bipolar disorder, the essential feature is
  - a. One or more manic episodes
  - b. One or more manic episodes with one or more major depressive episodes
  - c. One or more major depressive episodes
  - d. a or b

- 14) A type of schizophrenia in which the clinical picture is dominated by a marked decrease in reactivity to the environment, an apparently motiveless resistance to all attempts to be moved, maintenance of rigid posture, or voluntary assumption of inappropriate or bizarre postures. This type of schizophrenia is:
- a. Undifferentiated type
  - b. Disorganized type
  - c. Catatonic type
  - d. Paranoid type
- 15) A type of schizophrenia in which there is incoherence, marked loosening of associations, or grossly disorganized behavior and flat or grossly inappropriate affect, but none of the psychomotor disturbance of catatonia. This type of schizophrenia is:
- a. Undifferentiated type
  - b. Disorganized type
  - c. Catatonic type
  - d. Paranoid type
- 16) The type of schizophrenia in which there is preoccupation with one or more systematized delusions with frequent auditory hallucinations related to a single theme, and with no incoherence, loosening of associations, flat or inappropriate affect, catatonic behavior, or grossly disorganized behavior. This type of schizophrenia is:
- a. Undifferentiated type
  - b. Disorganized type
  - c. Catatonic type
  - d. Paranoid type
- 17) The type of schizophrenia in which there are prominent delusions, hallucinations, incoherence, or grossly disorganized behavior, but not flat or inappropriate affect or catatonia. This type of schizophrenia is:
- a. Undifferentiated type
  - b. Disorganized type
  - c. Catatonic type
  - d. Paranoid type
- 18) The essential factor of this disorder is the presence of persistent nonbizarre delusion that is not due to another disorder. This disorder is:
- a. Paranoid personality disorder
  - b. Schizophrenia, paranoid type
  - c. Delusional disorder
  - d. Manic episode
- 19) The essential feature of this disorder is sudden onset of psychotic symptoms of at least a few hours', but no more than one month's duration, with eventual full return to premorbid level of functioning. This disorder is:
- a. Schizophreniform disorder
  - b. Schizoaffective disorder
  - c. Brief reactive psychosis
  - d. Induced psychotic disorder
- 20) The essential feature of this disorder is a delusional system that develops in a second person as a result of a close relationship with another person (the primary case) who already has a psychotic disorder with prominent delusions. This disorder is:
- a. Schizophreniform disorder
  - b. Schizoaffective disorder
  - c. Brief reactive psychosis
  - d. Induced psychotic disorder

Identification: Define the following (2 pts each)

- 1) Vegetative signs
- 2) Cyclothymia
- 3) Hypomania
- 4) Dysthymia
- 5) Prodromial
- 6) Disturbance in content of thought
- 7) Thought disorder
- 8) Hallucination
- 9) Mood congruent
- 10) Tardive dyskinesia

- 1) Compare and contrast Manic Episode; Schizophrenia, Paranoid Type; and Delusional (Paranoid) Disorder
- 2) One of the highlights in your book presents a "lethality scale" for assessment of suicide potentiality. What are the risk factors contained on this scale?

SECTION 2: Midterm I Make-up (50 points).  
MULTIPLE CHOICE (1 pt each)

- 1) A multiaxial system, such as used in the DSM-III and III-R:
  - a. Provides information about the diagnostic criteria for the disorder, etiology, the treatment of choice, and prognosis on the separate axes.
  - b. Allows for a listing of presenting diagnosis (or diagnoses), long standing factors such as Personality Disorders or specific developmental disorders, physical problems, levels of psychosocial stress, and highest level of adaptive functioning.
  - c. Provides epidemiological information on the separate axes.
  - d. The DSM-III and III-R do not use a Multiaxial system.
- 2) The target subject or index case in a genetic study is referred to as:
  - a. A proband
  - b. The identified patient
  - c. Concordant for the disorder
  - d. None of the above
- 3) Concordance rates:
  - a. The number of new cases of the disorder
  - b. The total number (or proportion) of cases with the disorder in the population
  - c. The number of people who die from the disorder
  - d. Rates at which a diagnosis or a trait of one person is predictive of the same diagnosis or traits in relatives
- 4) According to the logic of family studies in behavioral genetics, if a disorder has a genetic component
  - a. The disorder should be higher among identical twins than fraternal twins
  - b. About the same in fraternal twins and siblings
  - c. Higher among relatives than non-relatives
  - d. All of the above
- 5) An assumption made in the classical twin study method is that:
  - a. Any greater similarity in dizygotic twins than nonzygotic twins can be accounted for by genetic factors.
  - b. Any greater similarity in monozygotic twins than dizygotic twins can be accounted for by genetic factors.
  - c. Any greater similarity in dizygotic twins than siblings can be accounted for by genetic factors.
  - d. Any greater similarity in same sexed twins than twins of the opposite sex can be accounted for by genetic factors.
- 6) In an adoption study:
  - a. The incidence of a disorder in adopted offspring whose biological parents have the disorder is compared to the incidence of that disorder in adopted offspring whose biological parents do not have the disorder.
  - b. The incidence of a disorder in the biological and adoptive relatives of an adoptee with the disorder is compared.
  - c. The incidence of a disorder in adoptees who have an affected biological parent, is compared with the incidence of the disorder in adoptees who are raised by adoptive parents with the disorder and whose biological parents are normal.
  - d. All of the above are types of adoptive studies.
- 7) The effects of drugs on behavior indicate that:
  - a. mental illness is caused by a virus
  - b. mental illness is caused by a bacteria
  - c. biochemical factors may be involved in psychopathology
  - d. a neurotransmitter imbalance causes mental disorders



- 8) Soft signs:
  - a. Are impaired performance on neurological screening measures
  - b. Indicate minimal brain damage
  - c. Are equivocal signs from which possible brain damage is inferred
  - d. a and c, but not b
- 9) A factor that lowers the individual's stress tolerance and paves the way for the appearance of a disorder is a:
  - a. Precipitating event
  - b. Maintaining factor
  - c. Predisposing factor
  - d. Modulating factor
- 10) The particular stress that triggers the disorder is a:
  - a. Precipitating event
  - b. Maintaining factor
  - c. Predisposing factor
  - d. Modulating factor
- 11) Environmental contingencies or reinforcers that tend to reinforce maladaptive behavior are:
  - a. Precipitating events
  - b. Maintaining factors
  - c. Predisposing factors
  - d. Modulating factors
- 12) Factors which either increase or decrease (buffer) the likelihood of developing a disorder are a:
  - a. Precipitating event
  - b. Maintaining factor
  - c. Predisposing factor
  - d. Modulating factor
- 13) Prediction as to the probable course and outcome of a disorder:
  - a. Epidemiology
  - b. Prodromial
  - c. Prognosis
  - d. Duration
- 14) The essential feature for adjustment disorder is:
  - a. A problem associated with a particular developmental phase or some other life circumstance problem (e.g., problems associated with entering school, leaving home, starting a new career, and changes involved in marriage, divorce and retirement) in which there is neither impairment in social or occupational functioning nor symptoms that are in excess of a normal and expectable reaction to the stressor.
  - b. A maladaptive reaction to an identifiable psychosocial stressor(s), that occurs within 3 months after the onset of the stressor, and has persisted for no longer than 6 months.
  - c. The development of characteristic symptoms following a psychologically distressing event that is outside the range of usual human experience and that would be markedly stressing to almost anyone (e.g., serious threat to one's life or physical integrity, serious threat or harm to one's children, spouse, or other close relatives or friends; sudden destruction of one's home or community, or seeing another person who has recently been or is being seriously injured or killed as the result of an accident or physical violence). The characteristic symptoms involve reexperiencing the traumatic events, avoidance of stimuli associated with the event, and increased arousal.
  - d. None of the above

- 15) The essential feature of Post Traumatic Stress Disorder is:
- A problem associated with a particular developmental phase or some other life circumstance problem (e.g., problems associated with entering school, leaving home, starting a new career, and changes involved in marriage, divorce and retirement) in which there is neither impairment in social or occupational functioning nor symptoms that are in excess of a normal and expectable reaction to the stressor.
  - A maladaptive reaction to an identifiable psychosocial stressor(s), that occurs within 3 months after the onset of the stressor, and has persisted for no longer than 6 months.
  - The development of characteristic symptoms following a psychologically distressing event that is outside the range of usual human experience and that would be markedly stressing to almost anyone (e.g., serious threat to one's life or physical integrity, serious threat or harm to one's children, spouse, or other close relatives or friends; sudden destruction of one's home or community, or seeing another person who has recently been or is being seriously injured or killed as the result of an accident or physical violence). The characteristic symptoms involve reexperiencing the traumatic events, avoidance of stimuli associated with the event, and increased arousal.
  - None of the above
- 16) The essential feature of phase of life problem or other life circumstance problem (V62.89) is:
- A problem associated with a particular developmental phase or some other life circumstance problem (e.g., problems associated with entering school, leaving home, starting a new career, and changes involved in marriage, divorce and retirement) in which there is neither impairment in social or occupational functioning nor symptoms that are in excess of a normal and expectable reaction to the stressor.
  - A maladaptive reaction to an identifiable psychosocial stressor(s), that occurs within 3 months after the onset of the stressor, and has persisted for no longer than 6 months.
  - The development of characteristic symptoms following a psychologically distressing event that is outside the range of usual human experience and that would be markedly stressing to almost anyone (e.g., serious threat to one's life or physical integrity, serious threat or harm to one's children, spouse, or other close relatives or friends; sudden destruction of one's home or community, or seeing another person who has recently been or is being seriously injured or killed as the result of an accident or physical violence). The characteristic symptoms involve reexperiencing the traumatic events, avoidance of stimuli associated with the event, and increased arousal.
  - None of the above
- 17) The essential feature of Agoraphobia is:
- A persistent fear of circumscribed stimulus (object or situation)
  - A persistent fear of one or more situations in which the person is exposed to possible scrutiny by others and fears that (s)he may do something or act in a way that will be humiliating or embarrassing.
  - A fear of being in places or situations from which escape might be impossible (or embarrassing) or in which help might not be available in the event of suddenly developing a symptom(s) that could be incapacitating or extremely embarrassing (e.g., dizziness, depersonalization, cardiac distress). As a result of this fear the person either restricts travel or needs a companion, or endures such situations despite intense anxiety.
  - None of the above

- 18) The essential feature of Social Phobia is:
- A persistent fear of circumscribed stimulus (object or situation)
  - A persistent fear of one or more situations in which the person is exposed to possible scrutiny by others and fears that (s)he may do something or act in a way that will be humiliating or embarrassing.
  - A fear of being in places or situations from which escape might be impossible (or embarrassing) or in which help might not be available in the event of suddenly developing a symptom(s) that could be incapacitating or extremely embarrassing (e.g., dizziness, depersonalization, cardiac distress). As a result of this fear the person either restricts travel or needs a companion, or endures such situations despite intense anxiety.
  - None of the above
- 19) The essential feature of Simple Phobia is:
- A persistent fear of circumscribed stimulus (object or situation)
  - A persistent fear of one or more situations in which the person is exposed to possible scrutiny by others and fears that (s)he may do something or act in a way that will be humiliating or embarrassing.
  - A fear of being in places or situations from which escape might be impossible (or embarrassing) or in which help might not be available in the event of suddenly developing a symptom(s) that could be incapacitating or extremely embarrassing (e.g., dizziness, depersonalization, cardiac distress). As a result of this fear the person either restricts travel or needs a companion, or endures such situations despite intense anxiety.
  - None of the above
- 20) Symptoms such as shortness of breath (dyspnea), faintness, palpitations, or accelerated heart-beat (tachycardia) and chest pain may be characteristic of:
- Panic attacks
  - Mitral Valve Prolapse Syndrome
  - Both a and b
  - Neither a nor b

IDENTIFICATION--Define the following (2 pts each)

- 1) Taxonomic approach to classification
- 2) Psychometric approach to classification
- 3) Taxometric approach to classification
- 4) Labelled deviance
- 5) Criterion of adjustment

- 6) Diathesis-stress
- 7) Associated feature
- 8) Social drift hypothesis
- 9) Disorder-engendering social roles
- 10) Subsequent elaboration

COMPLETION: 10 points

What are two functions of classification?

1. \_\_\_\_\_
2. \_\_\_\_\_

Name four potential dangers of classification.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Name four criteria for evaluating a classification system.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

SECTION 3: Midterm II Make-up (50 points)  
MULTIPLE CHOICE (1 pt)

- 1) The essential feature of Panic Disorders is:
  - a. Recurrent discrete periods of intense fear or discomfort, with at least four characteristic associated symptoms (e.g., shortness of breath, dizziness, palpitations, numbness), which are not initiated and maintained by an organic factor.
  - b. Unrealistic overexcessive anxiety and worry (apprehensive expectation) about two or more life circumstances.
  - c. Recurrent persistent ideas, thoughts, impulses, or repetitive, purposeful, intentional behaviors.
  - d. Preoccupation with the fear of having, or the belief that one has, a serious disease, based on the person's interpretation of physical signs or sensations as evidence of physical illness, for which thorough physical evaluation does not support the diagnosis of any physical disorder that can account for the physical signs or sensations or for the person's unwarranted interpretations of them.
- 2) The essential features of Generalized Anxiety Disorder is:
  - a. Recurrent discrete periods of intense fear or discomfort, with at least four characteristic associated symptoms (e.g., shortness of breath, dizziness, palpitations, numbness), which are not initiated and maintained by an organic factor.
  - b. Unrealistic overexcessive anxiety and worry (apprehensive expectation) about two or more life circumstances.
  - c. Recurrent persistent ideas, thoughts, impulses, or repetitive, purposeful, intentional behaviors.
  - d. Preoccupation with the fear of having, or the belief that one has, a serious disease, based on the person's interpretation of physical signs or sensations as evidence of physical illness, for which thorough physical evaluation does not support the diagnosis of any physical disorder that can account for the physical signs or sensations or for the person's unwarranted interpretations of them.
- 3) The essential feature of Obsessive-Compulsive Disorders is:
  - a. Recurrent discrete periods of intense fear or discomfort, with at least four characteristic associated symptoms (e.g., shortness of breath, dizziness, palpitations, numbness), which are not initiated and maintained by an organic factor.
  - b. Unrealistic overexcessive anxiety and worry (apprehensive expectation) about two or more life circumstances.
  - c. Recurrent persistent ideas, thoughts, impulses, or repetitive, purposeful, intentional behaviors.
  - d. Preoccupation with the fear of having, or the belief that one has, a serious disease, based on the person's interpretation of physical signs or sensations as evidence of physical illness, for which thorough physical evaluation does not support the diagnosis of any physical disorder that can account for the physical signs or sensations or for the person's unwarranted interpretations of them.

- 4) The essential feature of Hypochondriasis is:
  - a. Recurrent and multiple somatic complaints for which medical attention has been sought, but that is not apparently due to any physical disorder.
  - b. Preoccupation with the fear of having, or the belief that one has, a serious disease, based on the person's interpretation of physical signs or sensations as evidence of physical illness, for which thorough physical evaluation does not support the diagnosis of any physical disorder that can account for the physical signs or sensations or for the person's unwarranted interpretations of them.
  - c. An alteration or loss of physical functioning that suggests physical disorder, but cannot be explained by physical disorder or known pathophysiologic mechanism.
  - d. The intentional production of physical symptoms.
- 5) The essential features of Somatization Disorder are:
  - a. Recurrent and multiple somatic complaints for which medical attention has been sought, but that is not apparently due to any physical disorder.
  - b. Preoccupation with the fear of having, or the belief that one has, a serious disease, based on the person's interpretation of physical signs or sensations as evidence of physical illness, for which thorough physical evaluation does not support the diagnosis of any physical disorder that can account for the physical signs or sensations or for the person's unwarranted interpretations of them.
  - c. An alteration or loss of physical functioning that suggests physical disorder, but cannot be explained by physical disorder or known pathophysiologic mechanism.
  - d. The intentional production of physical symptoms.
- 6) The essential feature of Conversion Disorder is:
  - a. Recurrent and multiple somatic complaints for which medical attention has been sought, but that is not apparently due to any physical disorder.
  - b. Preoccupation with the fear of having, or the belief that one has, a serious disease, based on the person's interpretation of physical signs or sensations as evidence of physical illness, for which thorough physical evaluation does not support the diagnosis of any physical disorder that can account for the physical signs or sensations or for the person's unwarranted interpretations of them.
  - c. An alteration or loss of physical functioning that suggests physical disorder, but cannot be explained by physical disorder or known pathophysiologic mechanism.
  - d. The intentional production of physical symptoms.
- 7) The essential feature of Multiple Personality Disorder is:
  - a. Sudden inability to recall important personal information, not due to an organic mental disorder.
  - b. Sudden, unexpected travel away from home or customary work with the assumption of a new identity and an inability to recall one's previous identity.
  - c. The existence within the person of two or more distinct personalities or personality states.
  - d. The occurrence of persistent or recurrent episodes of an alteration in the perception of experience of the self in which the usual sense of one's own reality is temporarily changed.

- 8) The essential feature of Psychogenic Fugue is:
  - a. Sudden inability to recall important personal information, not due to an organic mental disorder.
  - b. Sudden, unexpected travel away from home or customary work with the assumption of a new identity and an inability to recall one's previous identity.
  - c. The existence within the person of two or more distinct personalities or personality states.
  - d. The occurrence of persistent or recurrent episodes of an alteration in the perception of experience of the self in which the usual sense of one's own reality is temporarily changed.
- 9) The essential feature of Psychogenic Amnesia is:
  - a. Sudden inability to recall important personal information, not due to an organic mental disorder.
  - b. Sudden, unexpected travel away from home or customary work with the assumption of a new identity and an inability to recall one's previous identity.
  - c. The existence within the person of two or more distinct personalities or personality states.
  - d. The occurrence of persistent or recurrent episodes of an alteration in the perception of experience of the self in which the usual sense of one's own reality is temporarily changed.
- 10) The essential feature of Depersonalization Disorder is:
  - a. Sudden inability to recall important personal information, not due to an organic mental disorder.
  - b. Sudden, unexpected travel away from home or customary work with the assumption of a new identity and an inability to recall one's previous identity.
  - c. The existence within the person of two or more distinct personalities or personality states.
  - d. The occurrence of persistent or recurrent episodes of an alteration in the perception of experience of the self in which the usual sense of one's own reality is temporarily changed.
- 11) The essential feature of Histrionic Personality Disorder is:
  - a. A pervasive pattern of grandiosity (in fantasy or behavior), hypersensitivity to the evaluation of others, and lack of empathy.
  - b. A pervasive pattern of instability of self-image, interpersonal relationships and mood.
  - c. A pattern of irresponsible and anti-social behavior.
  - d. A pervasive pattern of excessive emotionality and attention-seeking.
- 12) In Obsessive-Compulsive Disorder, the person's presenting symptoms may be:
  - a. In the cognitive domain only
  - b. In the motor domain only
  - c. In the cognitive and motor domains
  - d. All of the above
- 13) Systematic Desensitization:
  - a. Is a counter-conditioning technique which pairs an incompatible response (e.g., relaxation) with an anxiety provoking stimulus.
  - b. Is a technique in which the client is exposed to an anxiety provoking stimulus and then prevented from engaging in their usual response.
  - c. Is a technique in which the client is exposed to the anxiety provoking stimulus until the anxiety response is extinguished.
  - d. Is a technique in which the client is exposed to the issues which the anxiety provoking stimulus symbolizes.

- 14) Flooding
  - a. Is a counter-conditioning technique which pairs an incompatible response (e.g., relaxation) with an anxiety provoking stimulus.
  - b. Is a technique in which the client is exposed to an anxiety provoking stimulus and then prevented from engaging in their usual response.
  - c. Is a technique in which the client is exposed to the anxiety provoking stimulus until the anxiety response is extinguished.
  - d. Is a technique in which the client is exposed to the issues which the anxiety provoking stimulus symbolizes.
- 15) Exposure and response prevention
  - a. Is a counter-conditioning technique which pairs an incompatible response (e.g., relaxation) with an anxiety provoking stimulus.
  - b. Is a technique in which the client is exposed to an anxiety provoking stimulus and then prevented from engaging in their usual response.
  - c. Is a technique in which the client is exposed to the anxiety provoking stimulus until the anxiety response is extinguished.
  - d. Is a technique in which the client is exposed to the issues which the anxiety provoking stimulus symbolizes.
- 16) The "classic" conversion symptoms:
  - a. Dyspnea, palpitations, or tachycardia, cold or clammy hands
  - b. Suggest neurological involvement
  - c. Feeling keyed up or on edge, exaggerated startle response, difficulty concentrating, or mind going blank
  - d. None of the above
- 17) Autonomic hyperactivity:
  - a. Dyspnea, palpitations, or tachycardia, cold or clammy hands
  - b. Suggest neurological involvement
  - c. Feeling keyed up or on edge, exaggerated startle response, difficulty concentrating, or mind going blank
  - d. None of the above
- 18) Vigilance and scanning
  - a. Dyspnea, palpitations, or tachycardia, cold or clammy hands
  - b. Suggest neurological involvement
  - c. Feeling keyed up or on edge, exaggerated startle response, difficulty concentrating, or mind going blank
  - d. None of the above
- 19) The most prescribed and also a widely abused class of medication is:
  - a. Beta-adrenergic blocking agents (e.g., Propranolol AKA Inderal)
  - b. Tricyclic Anti-depressants
  - c. Benzodiazepines (e.g., Diazepam, AKA Valium)
  - d. Monoamine Oxidase Inhibitors
- 20) Medication which targets cardio-vascular symptoms (e.g., arrhythmias)
  - a. Beta-adrenergic blocking agents (e.g., Propranolol AKA Inderal)
  - b. Tricyclic Anti-depressants
  - c. Benzodiazepines (e.g., Diazepam, AKA Valium)
  - d. Monoamine Oxidase Inhibitors



IDENTIFICATION: Define the following (2 pts each)

- 21) Epidemiology
- 22) Double-blind study
- 23) Anxiolytics
- 24) Iatrogenic
- 25) Somatoform Disorders
- 26) Factitious Disorders
- 27) Malingering
- 28) Secondary gain
- 29) Doctor shopping
- 30) Panic Attack

COMPLETION: 10 pts

(2 pts) Define illness behavior: \_\_\_\_\_

\_\_\_\_\_  
(1 pt ea) According to Parsons (51) there are 4 assumptions that go along with illness behavior. They are:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Literature reviewed in class suggested that several factors may be involved in illness behavior. They are

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

According to Pilowsky (69; 78), what is the relationship to somatoform disorders and illness behavior?

\_\_\_\_\_  
\_\_\_\_\_