

Fall 2018 P102c Abnormal Behavior: Final Exam Question Pool

Dear P102c'er,

The questions below represent the questions from which I will draw the final exam. Plan your answers out well and in detail in advance of the exam. You will have enough time to complete the exam, especially if you have prepared your responses and practiced writing them. I suggest that you take timed practice tests in which you select 8 questions and time yourself making sure that you can complete them in the 2 hours you will have available. You will need to bring 2 Blue Books blank (8in x 11in) for the exam. Answers will be limited to no more than 2 pages per question (front & back of 1 page). You and your fellow P102c'ers have been a joy to share the quarter with and our Tuesday evening soirees will be very much missed. Good luck to all of you on your upcoming finals!!! Hope to see you on campus next quarter (^-^)

1. Describe the primary features of schizophrenia. Compare and contrast positive, negative, and disorganized symptoms of schizophrenia and use specific examples from the videos shown in class and in the text to illustrate your answer. It has been suggested that the Schizophrenia Spectrum Disorders reflect a group of discrete disorders rather than representing a "continuum" of a single disorder. Describe the evidence supportive of a "one disorder" model of schizophrenia to evidence suggesting that schizophrenia may represent two or more different disorders.
2. Carefully distinguish between bipolar disorder, schizophrenia loading high on positive and negative symptoms, and moderate to severe neurocognitive disorder. Going beyond just describing each disorder, highlight the characteristics that they share in common and those that make each distinct. What types of medications would you prescribe (if any) for each of these disorders? Explain how each of the medications you prescribed act on the nervous system to improve functioning.
3. Describe the features that are common to both Gender Dysphoria Disorder and Body Dysmorphic Disorder. Indicate how Gender Dysphoria Disorder and Body Dysmorphic Disorder differ in their symptom set. How do each of these disorders differ in their response to cosmetic surgery? Speculate why.
4. Discuss three of the Major Neurocognitive Disorders (MND), their causes, and symptoms. Indicate how MNDs are distinguished from a) Schizophrenia Spectrum Disorders, b) Major Depressive Disorder, and ; c) Dissociative Disorders. Describe the overlap (i.e., features in common), if any, between the Major Neurocognitive Disorders and any three of the psychological disorders covered this quarter.
5. Based on the information provided by the video clips shown in class, what general features (symptoms) did the Honolulu Lumber Man share in common with the Word Salad Veteran with disorganized type schizophrenia and with 'On Top of the World' Mary (w/Bipolar Disorder)? What symptoms most clearly distinguished each of them. What type of clinical assessments (clinical evaluations) would best correctly diagnose these individuals?
6. Describe a diathesis-stress model (or gene-environment interaction model) as it has been applied to the development, maintenance, or relapse of each of the following: (a) Schizophrenia; (b) Neurocognitive Disorders; and (c) Personality Disorders. Provide supportive evidence (i.e., findings from studies) for the examples used in your response.
7. What aspects of human sexuality most clearly distinguish men and women? For which Sexual Disorders (Sexual Dysfunctions, Paraphilia, Gender Dysphoria Disorder) do these gender differences represent a vulnerability for developing the disorder (use 3 examples)?
8. Describe the defining characteristics common to the Paraphilic Disorders and provide examples of three different paraphilic disorders. Describe the process believed to underlie the development of paraphilia and how this model might explain the fact that over 90% of those diagnosed with paraphilia are men. Detail both biological and behavioral approaches to the treatment of Paraphilic Disorders.
9. Describe the symptoms that characterize the antisocial personality disorder and three biologically-based explanations for the cause of the disorder. Provide two examples how learning and social processes can contribute to the development, and maintenance of antisocial behaviors and why psychotherapy with this population has such low success rates. Antisocial personality disorder is diagnosed overwhelmingly in men. What personality disorder is most commonly diagnosed in women? What characteristics of antisocial personality disorder appear to overlap with those of the personality disorder you described for women?
10. Review the evidence consistent with the neurodevelopmental hypothesis regarding the causes of Schizophrenia-Spectrum Disorders.
11. How has dopamine dysregulation been implicated as a major contributor in schizophrenia? What evidence supports the dopamine hypothesis of schizophrenia? Describe how dopamine dysfunction explains both the positive and negative symptoms of schizophrenia. What other psychological disorders covered this quarter include symptoms that may also be due to dopamine dysfunction?

12. Describe the evidence that indicates the overall effectiveness of psychological therapies in the treatment of abnormal behavior. Describe evidence suggesting that psychological interventions are largely ineffective. Of the major forms of therapies used to treat abnormal behavior, which, in your opinion, has been the most effective across the broadest range of psychological disorders? Which of disorders we have covered this quarter appear to be most responsive to psychological therapies? Be sure your response provides supportive evidence for your conclusion.
13. Describe the evidence that indicates the overall effectiveness of psychological therapies in the treatment of abnormal behavior. Describe evidence suggesting that psychological interventions are largely ineffective. What types of therapies are the most effective across the broadest range of psychological disorders? What types of disorders are most responsive to psychological therapies?
14. For 1 through 3, provide 1-2 examples of where sociocultural factors have been shown to (1) define the characteristics of a psychological disorder; (2) increase or decrease the observed prevalence of a psychological disorder (3) determine the trajectory of the disorder (e.g., likelihood of relapse) and; (4) view the characteristics not as a disorder but as defining a societal role. Describe what you believe are the strongest demonstrations of sociocultural influences with respect to two of the following: 1) the definition, 2) diagnosis, 3) underlying causes, and/or 4) treatment; of psychological disorders.
15. You are a clinical psychologist presented with a 55 year old patient who has been brought into the emergency room with problems with memory, disorientation, and impaired intellectual appearing very agitated and combative with hospital staff. What steps would you take to sort out what the most likely cause of this patient's behaviors is? How would you determine if this person is suffering from a cognitive disorder? What other disorders/medical conditions or cognitive disorders would you need to rule out before deciding on a treatment plan? Discuss the differences between dementia, delirium, and depression with respect to cognitive impairments?

16-Using the vignette provided below entitled "Empty Shell", provide a diagnosis for this disorder along with your reasons for the appropriateness of the diagnostic category chosen. . Be sure to include "rule-outs" for competing diagnoses considered.

EMPTY SHELL

EMPTY SHELL: The patient is a 23-year-old veterinary assistant admitted for her first psychiatric hospitalization. She arrived late at night, referred by a local psychiatrist, saying *"I don't really need to be here."*

Three months before admission, the patient learned that her mother had become pregnant. She began drinking heavily, ostensibly in order to sleep nights. While drinking she became involved in a series of "one-night stands." Two weeks before admission, she began feeling panicky and having experiences in which she felt as if she were removed from her body and in a trance. During one of these episodes she was stopped by the police while wandering on a bridge late at night. The next day, in response to hearing a voice repeatedly telling her to jump off a bridge, she ran to her supervisor and asked for help. Her supervisor, seeing her distraught and also noting scars from a recent wrist-slashing, referred her to a psychiatrist, who then arranged for her immediate hospitalization.

At the time of the hospitalization, the patient appeared as a disheveled and frail, but appealing waif. She was cooperative, coherent, and frightened. Although she did not feel hospitalization was needed, she welcomed the prospect of relief from her anxiety and depersonalization. She acknowledged that she had feelings of loneliness and inadequacy and brief periods of depressed mood and anxiety since adolescence. Recently she had been having fantasies that she was stabbing herself or a little baby with a knife. She complained that she was *"just an empty shell that is transparent to everyone."*

The patient's parents divorced when she was three, and for the next five years she lived with her maternal grandmother and her mother, who had a severe drinking problem. The patient had night terrors during which she would frequently end up sleeping with her mother. At age six she went to a special boarding school for a year and a half, after which she was withdrawn by her mother, against the advice of the school. When she was eight, her maternal grandmother died; and she recalls trying to conceal her grief about this from her mother. She spent most of the next two years living with various relatives, including a period with her father, whom she had not seen since the divorce. When she was nine, her mother was hospitalized with a diagnosis of Schizophrenia. From age ten through college, the patient lived with an aunt and uncle, but had ongoing and frequent contacts with her mother. Her school record was consistently good. Since adolescence she has dated regularly, having an active but rarely pleasurable sex life. Her relationships with men usually end abruptly after she becomes angry with them when they disappoint her in some apparently minor way. She then concludes that they were *"no good to begin with."* She has had several roommates, but has had trouble establishing a stable living situation because of her jealousy of sharing her roommates with others and her manipulative efforts to keep them from seeing other people.

Since college she has worked steadily and well as a veterinary assistant. At the time of admission, she was working a night shift in a veterinary hospital and living alone.

17 Using the vignette provided below entitled "Wiggling Worms", provide a diagnosis for this disorder along with your reasons for the appropriateness of the diagnostic category or categories chosen. Be sure to include "rule-outs" for competing diagnoses considered.

Wiggling Worms

WIGGLING WORMS: Mr. Green, a 35-year old librarian, complains to his dermatologist that the "worms are still at it." He said that for the past several months, he has been developing open sores on both his forearms and thighs. He states that the sores are extremely itchy and bothersome to him, and he admits to being unable to resist picking at them and scratching them frequently. They sometimes are frankly painful and sometimes pus comes out of the sores. Mr. Green has a history of being extremely anxious about various health concerns. A year earlier, he was convinced he was suffering from vitamin deficiencies. Before that, he was focused on various chemical sensitivities.

Mr. Green reports having good social relations with family and several friends up until his problem with his worm infection began. He states that he is so pre-occupied with his condition that he has little interest in other pursuits and that since becoming infected, he is becoming increasingly disorganized. Mr. Green also states that two years ago, when taking a bath, he noted what he thought were lots of "little worms" floating in the bath water. Soon there-after he began to experience the feeling of these worms "digging under my skin." Mr. Green's avoided eye contact during the interview and he appeared very distracted at times at stalling off into space. His speech was coherent and goal-directed, but halting and lacking intonation (flat). His skin is normal other than the presence of heavy scabbing on two areas of each forearm and one area of his thigh. The lesion on the left thigh appears infected and is draining a small amount of purulent fluid.

After the skin exam, Mr. Green produces a small plastic baggie containing various fibrous-appearing threads, which he says he extracted from his skin lesions. He states that they are dead parasites and that he can often feel them crawling just under his skin. At times, he can see movement in his skin lesions, and sometimes he sometimes has been able to "capture" one of the worms and place them in the baggie. Microscopic examination and the dermatologist's conclusion was that no parasitic infection was present. When confronted with the medical findings, Mr. Green is dismissive and not reassured.

Mr. Green has brought his worm samples to multiple physicians who could not uncover evidence of parasites. He has increasingly felt that his co-workers and friends are avoiding him because of the worms. He also states that he began to see other evidence that he was giving off a strong "magnetic field" that was also driving people away from her. He explains that this field is "a result of the worms entering his spinal cord and traveling up and down, which generates a magnetic current." During the past year he has become increasingly withdrawn and socially isolated. He reports being so upset over his condition that he is considering quitting his job. Mr. Green denies depressed mood, delusions, or hallucinations. However, over the course of the interview, his answers became increasingly irrelevant and idiosyncratic. He did indicate that he has lost 15 pounds over the last 2 months, sleeping odd hours, and aside from going to work, has ceased engaging in planned or enjoyable activities. When asked how he spends his time when not at work, he states that he spends all his spare time researching these parasites on the internet. When asked about his job, he indicates that the magnetic field generated by the worms is interfering with his performance and he believes that his supervisor might soon be requesting that he resign from the library. Mr. Green's appearance was unkempt, he was unshaven, hair disheveled, and he exuded a pungent odor of urine. He states that he has avoided the bath or shower for several months out of his growing fear of infecting himself further with worms.