Abnormal Psychology
Introduction

Abnormal Psychology Questions

- 25 to 30 questions will be on topics from this domain
- 60 to 70% of questions will be vignettes that list symptoms and ask for the diagnosis or identify a diagnosis and ask for the likely symptoms
- remaining questions will address etiology, most effective treatment, usual age of onset, gender ratio, or prognosis

Outline of Topics

- **Neurodevelopmental Disorders**
- **Schizophrenia Spectrum and Other Psychotic Disorders**
- **Bipolar Disorders and Depressive Disorders**
- **Anxiety Disorders and Obsessive-Compulsive Disorder**
- **Trauma- and Stressor-Related Disorders and Somatic Symptom Disorders**
- **Neurocognitive Disorders**
- **Personality Disorders**

Study and Test-Taking Strategies

- **Study Strategies:**
  - first priority is to become familiar with major diagnostic criteria
  - next priority is to become familiar with other information
- **Test-Taking Strategies:**
  - don’t over-focus on atypical symptoms
  - note the duration of symptoms
  - look for an answer that refers to cognitive-behavioral therapy
  - use the five-step process when answering questions

End Introduction

Abnormal Psychology

Neurodevelopmental Disorders: Intellectual Disability and Specific Learning Disorder

Intellectual Disability

- **Diagnostic Criteria:**
  - deficits in reasoning, problem-solving, and other areas of intellectual functioning
  - deficits in adaptive functioning that result in a failure to meet community standards of personal independence and social responsibility
  - onset of deficits during the developmental period

Intellectual Disability

- **Severity Levels:**
  - mild, moderate, severe, and profound
  - based on adaptive functioning in conceptual, social, and practical domains

Specific Learning Disorder

- **Diagnostic Criteria:**
  - persistent difficulty with academic skills for at least six months
  - academic skills are substantially below those expected for the individual's age and interfere with academic or occupational performance or activities of daily living
  - learning difficulties began during the school-age years and are not better accounted for by another mental disorder or other factor

Specific Learning Disorder

- **Comorbidity and Prognosis:**
  - co-occurring problems include delays in development of language and motor skills, attention and memory deficits, high rates of school dropout and unemployment, and increased risk for antisocial behavior
  - most frequent co-diagnosis is ADHD
  - outcomes improve with early intervention, but most children with this disorder continue to have difficulties in adolescence and adulthood

End
Neurodevelopmental Disorders:
Intellectual Disability and
Specific Learning Disorder

Abnormal Psychology

Neurodevelopmental Disorders: Autism Spectrum Disorder, Childhood-Onset Fluency Disorder, and Tourette's Disorder

Autism Spectrum Disorder

- **Diagnostic Criteria:**
  - persistent deficits in social interaction and communication
    - babies avoid eye contact, don't smile, and resist physical contact
    - older children have trouble interpreting the meaning of gestures and facial expressions and are indifferent to people's feelings
    - may exhibit speech abnormalities such as pronoun reversal or echolalia
  - restricted, repetitive patterns of behavior, interests, and activities
    - may engage in repetitive actions, be obsessed with an object or activity, and insist on sameness
  - presence of symptoms during the early development period
  - symptoms cause significant impairment in functioning

Autism Spectrum Disorder

- **Etiology:**
  - has a genetic contribution
  - linked to abnormalities in the cerebellum, amygdala, and hippocampus
  - associated with abnormal levels of norepinephrine, serotonin, and dopamine

Autism Spectrum Disorder

- **Prognosis:**
  - small number of adults are able to live and work independently
  - better prognosis is associated with verbal communication skills by age 5 or 6, an IQ over 70, and an absence of comorbid disorders
  - outcomes improved with early diagnosis and provision of evidence-based interventions based on applied behavioral analysis
    - early intensive behavioral interventions (EIBI) use reinforcement, stimulus control, and other operant conditioning techniques

Childhood-Onset Fluency Disorder

- **Diagnosis:**
  - disturbance in normal fluency and time patterning of speech that is inappropriate for the individual's age
  - disturbance causes anxiety about speaking or limits communication, social participation, or academic or occupational performance
- **Treatment:**
  - often includes habit reversal training which consists of awareness training, competing response training, and social support

Tourette's Disorder

- **Diagnosis:**
  - multiple motor tics and one or more vocal tics for at least one year with an onset before 18 years of age
- **Differential Diagnosis:**
  - Persistent Motor or Vocal Tic Disorder involves one or more motor or vocal tics for more than one year and onset before age 18
  - Provisional Tic Disorder involves one or more motor and/or vocal tics for less than one year and onset before age 18

Tourette's Disorder

- **Comorbidity:**
  - in children and adolescents, Obsessive-Compulsive Disorder and ADHD are the most common co-occurring disorders
  - in adults, common co-diagnoses are Major Depressive Disorder, Bipolar Disorder, and Substance Use Disorder
- **Treatment:**
  - often includes haloperidol or other antipsychotic drug
  - behavior therapy also used to help individuals manage their symptoms

End
Neurodevelopmental Disorders:
Autism Spectrum Disorder,
Childhood-Onset Fluency Disorder,
and Tourette's Disorder

Abnormal Psychology

Neurodevelopmental Disorders: Attention-Deficit/Hyperactivity Disorder

ADHD

- **Diagnostic Criteria:**
  - symptoms of inattention and/or hyperactivity-impulsivity for at least six months
    - inattention may involve forgetfulness, distractibility, difficulty with organization, and difficulty completing tasks
    - hyperactivity-impulsivity may include difficulty remaining seated, excessive talking, and frequently interrupting others
  - onset of some symptoms before age 12
  - impaired functioning in at least two settings

ADHD

- **ADHD in Adulthood:**
  - at least 60% of children with ADHD continue to have symptoms as adults
  - children, adolescents, and adults have many of the same associated symptoms, but the core symptoms change
    - Gross motor activity decreases in adulthood
    - inattention becomes the predominant symptom and interferes with work and other aspects of daily life

ADHD

- **Prevalence:**
  - rate is about 5% for children and 2.5% for adults
  - more common in males than females with a gender ratio of 2:1 for children and 1.6:1 for adults
- **Etiology:**
  - Genetic and environmental factors lead to neurobiological abnormalities
  - Neurobiological factors include neurotransmitter abnormalities and lower than-normal activity in the prefrontal cortex and basal ganglia and smaller-than-normal cerebellum

ADHD

- **Treatment:**
  - usually consists of a combination of medication and psychosocial interventions
    - a central nervous stimulant is the most commonly prescribed medication
    - psychosocial interventions include social skills training and training in self-management techniques for the individual and parent- and teacher-administered behavior management
  - research comparing the effects of medication and behavioral interventions has not provided consistent results

ADHD

- **Differential Diagnosis:**
  - Oppositional Defiant Disorder involves a pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness
  - Intermittent Explosive Disorder involves recurrent behavior outbursts that are due to a failure to control aggressive impulses

End
Neurodevelopmental Disorders:
Attention-Deficit/Hyperactivity Disorder

Abnormal Psychology

Practice Questions 1, 2, and 3

Practice Question #1

A DSM-5 diagnosis of Intellectual Disability requires deficits in intellectual functioning that are confirmed by clinical assessment and performance on an individualized, standardized intelligence test. With regard to the latter, a deficit in intellectual functioning is suggested by a Wechsler or Stanford-Binet IQ score that is at least how many standard deviations below the population mean?

a. .5
b. 1.0
c. 2.0
d. 2.5

Practice Question #2

Max M., age 6, and his parents are referred to you by Max's pediatrician. Based on your interview with Max's parents, you determine that Max has had signs of overactivity and impulsivity since he was a toddler and that his behaviors at home are consistent with a diagnosis of ADHD, predominantly hyperactive-impulsive presentation. To confirm this diagnosis, you would:

a. determine when Max's symptoms of hyperactivity and impulsivity began.
b. contact Max's teacher to discuss the nature of his behavior at school.
c. have Max's pediatrician prescribe a stimulant drug for Max and observe his reactions to the drug.
d. determine if there is a family history of ADHD.

Practice Question #3

Autism Spectrum Disorder is best described as being which of the following?

a. an idiopathic disorder
b. a psychosomatic disorder
c. a psychogenic disorder
d. a biogenic disorder

End
Practice Questions 1, 2, and 3

Abnormal Psychology

Schizophrenia Spectrum and Other Psychotic Disorders

Schizophrenia Spectrum Disorders

- **Characteristic Features:**
  - delusions are false beliefs that are firmly held
  - hallucinations are sensory perceptions that seem real but occur without external stimulation
  - disorganized thinking is usually inferred from the person's speech
  - grossly disorganized or abnormal motor behavior can take several forms
  - negative symptoms involve a restriction in the range and intensity of emotions or other functions

Schizophrenia

- **Diagnostic Criteria:**
  - two or more characteristic symptoms for at least six months with at least one month of active-phase symptoms (delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms)
  - at least one active-phase symptom must be delusions, hallucinations, or disorganized speech
  - for the remainder of the six-month period, the person may have prodromal or residual symptoms
  - level of functioning must be below previously attained level

Schizophrenia

- **Gender, Age, and Culture:**
  - onset is usually between late teens to early 30s but peak age of onset is earlier for males than females
  - some studies report a slightly higher prevalence rate for males
  - higher rate for African-Americans may be due to misdiagnosis

Schizophrenia

- **Course and Prognosis:**
  - usually chronic with complete remission being rare
  - a better prognosis has been linked to good premorbid adjustment, an acute and late onset, female gender, a precipitating event, a brief duration of active-phase symptoms, and an absence of anosognosia

Schizophrenia

- **Etiology:**
  - evidence of a genetic component is provided by research showing that concordance rates increase as genetic similarity increases
  - the dopamine hypothesis predicts that Schizophrenia is due to excessive levels of/or oversensitivity to dopamine
  - has also been linked to a number of brain abnormalities including enlarged ventricles and hypofrontality

Schizophrenia

- **Treatment:**
  - multimodal treatment includes an antipsychotic drug and psychosocial interventions for the patient and the patient's family
    - interventions for the patient may include psychoeducation, social skills training, supported employment, and cognitive-behavioral therapy
    - a goal of family interventions is to reduce negative expressed emotion

Schizophrenia

- **Differential Diagnosis:**
  - when symptoms last more than one month but less than six months, the diagnosis is Schizophreniform Disorder
  - when the duration of symptoms is one day to one month, the diagnosis is Brief Psychotic Disorder
  - Schizoaffective Disorder has concurrent psychotic symptoms and symptoms of a manic or major depressive episode with at least two weeks of delusions and hallucinations without prominent mood symptoms

End
Schizophrenia Spectrum and Other Psychotic Disorders

Abnormal Psychology
Practice Questions 4 and 5

Practice Question #4

If one of the children in a family develops Schizophrenia, what is the chance that a non-twin biological sibling of this child will also receive this diagnosis?

a. 1%
b. 10%
c. 25%
d. 45%

Practice Question #5

Your new client is Robert R., age 22, who is brought to therapy by his mother. Robert's mother tells you that he recently lost his job at a bookstore because of bizarre comments he was making to customers and because of his increasingly sloppy appearance. During your interview with Robert, he often changes topics suddenly and sometimes repeats the last few words of your questions. Robert tells you that voices in his head keep telling him that he can control other people with his thoughts. Assuming that Robert's symptoms began three months ago and that he has no previous history of similar symptoms, the most likely diagnosis is which of the following?

a. Schizophrenia
b. Delusional Disorder
c. Schizoaffective Disorder
d. Schizophreniform Disorder

End
Practice Questions 4 and 5

Abnormal Psychology

Bipolar and Depressive Disorders

Abnormal Psychology

Bipolar and Depressive Disorders

Mood Episodes

- **Manic Episode:**
  - abnormally elevated, expansive, or irritable mood and increased energy and goal-directed activity for at least one week with impaired functioning, need for hospitalization, or psychotic symptoms
- **Hypomanic Episode:**
  - same symptoms as manic episode but without impaired functioning, need for hospitalization, or psychotic symptoms and lasts for at least four days
- **Major Depressive Episode:**
  - depressed mood or loss of interest or pleasure in usual activities with distress or impaired functioning and lasts for at least two weeks

Bipolar Disorders

- **Diagnostic Criteria:**
  - Bipolar I Disorder requires one or more manic episodes with or without a history of major depressive or hypomanic episodes
  - Bipolar II Disorder requires at least one hypomanic episode and one major depressive episode
  - Cyclothymic Disorder requires numerous periods of hypomanic symptoms and depressive symptoms for at least two years in adults or one year in children and adolescents

Bipolar Disorders

- **Treatment:**
  - ordinarily includes a combination of medication and psychotherapy
  - medication-of-choice is a mood stabilizing drug
    - lithium is the first choice for acute mania and “classic” Bipolar Disorder that involves distinct manic and major depressive episodes
    - for people who don’t respond to lithium or can’t tolerate its side effects, valproate, carbamazepine, or other anticonvulsant is usually prescribed

Bipolar Disorders

- **Treatment (continued):**
  - psychotherapies include cognitive-behavioral therapy, interpersonal and social rhythm therapy, and family-focused treatment
    - cognitive-behavioral therapy focuses on modifying thoughts and behaviors that contribute to symptoms and teaching effective coping strategies
    - interpersonal and social rhythm therapy focuses on helping patients resolve interpersonal problems and stabilize daily routines
    - family-focused treatment focuses on reducing stress within the family and consists of psychoeducation, communication enhancement training, and problem-solving skills training

Major Depressive Disorder

- **Diagnostic Criteria:**
  - one or more major depressive episodes without manic or hypomanic episodes
- **Age and Culture:**
  - symptoms are somewhat age-related
    - in older adults, symptoms may be manifested as feelings of hopelessness, insomnia and decreased appetite, and prominent cognitive impairments
  - in some cultures (e.g., Latino, Asian), depression may be manifested primarily as somatic symptoms

Major Depressive Disorder

- **Specifiers:**
  - *with peripartum onset* applies when onset of symptoms is during pregnancy or the four weeks following delivery
    - symptoms include preoccupation with the infant's well-being
  - *with seasonal pattern* applies when there's a relationship between onset of mood episodes and a particular time of year
    - symptoms include irritability, hypersomnia, increased appetite and weight gain, and craving for carbohydrates
    - has been linked to increased melatonin, and phototherapy can be an effective treatment

Major Depressive Disorder

- **Etiology:**
  - linked to heredity and neurotransmitter abnormalities
    - evidence for a genetic contribution is provided by family and twin studies
    - the catecholamine hypothesis describes depression as the result of a low level of norepinephrine
    - more recently, depression has been linked to low levels of serotonin

Major Depressive Disorder

- **Etiology (continued):**
  - Seligman's original learned helplessness model attributes depression to repeated exposure to uncontrollable negative life events
    - 1970 revision added attribution theory and proposes that depression occurs when negative events are attributed to internal, global, and stable factors
    - 1980 revision predicts that negative events and attributions lead to depression only when they contribute to a sense of hopelessness

Major Depressive Disorder

- **Etiology (continued):**
  - Beck's cognitive theory attributes depression to a negative cognitive triad that consists of negative beliefs about oneself, the world, and the future
    - beliefs are the result of depressogenic schemas that develop early in life and may remain dormant until activated by loss, failure, or other negative life event
    - once activated, schemas predispose the individual to automatic thoughts and cognitive errors that support the negative cognitive triad
    - Cognitive errors include arbitrary inference, selective abstraction, and emotional reasoning

Major Depressive Disorder

- **Treatment:**
  - usually consists of a combination of an antidepressant and cognitive-behavioral therapy or interpersonal therapy
    - cognitive-behavioral therapy focuses on altering maladaptive thoughts and behavior patterns that are contributing to symptoms
    - interpersonal therapy focuses on resolving interpersonal difficulties that contribute to and result from depression

Persistent Depressive Disorder

- **Diagnostic Criteria:**
  - chronically depressed mood for at least two years in adults or one year in children and adolescents
- **Treatment:**
  - effectiveness of interpersonal therapy or cognitive therapy may be improved with periodic maintenance sessions or when combined with an antidepressant drug

Abnormal Psychology
Practice Questions 6 and 7

Practice Question #6

Janie J., age 15, is brought to therapy by her mother who says her daughter has recently become "a completely different person." She says Janie used to be a good student and was easy to get along with and popular with her peers. But since the break-up with her boyfriend six weeks ago, Janie has had frequent "mood swings" that alternate between being very silly to being short-tempered and irritable. Janie has also started sleeping only a couple of hours each night, is no longer talking to her best friend, and failed two exams at school. When you interview Janie, you learn she has started engaging in high-risk sexual behaviors with several different boys but feels like "nothing bad" will ever happen to her. Based on these symptoms, the most likely diagnosis for Janie is:

a. ADHD.
b. Conduct Disorder.
c. Bipolar I Disorder.
d. Bipolar II Disorder.

Practice Question #7

Your new client Amanda A., age 16, is well-groomed, friendly, and cooperative. However, she shows some signs of depression and hopelessness, and she tells you that these symptoms have lasted for just over one year. Your provisional DSM-5 diagnosis is:

a. Cyclothymic Disorder.
b. Persistent Depressive Disorder.
c. Major Depressive Disorder.
d. Bipolar II Disorder.

End

Practice Questions 6 and 7

Abnormal Psychology

Anxiety Disorders and Obsessive-Compulsive Disorder

Separation Anxiety Disorder

- **Diagnostic Criteria:**
  - developmentally inappropriate and excessive anxiety related to separation from home or attachment figures
  - duration of symptoms for at least four weeks in children and adolescents or six months in adults
- **Treatment:**
  - treatment-of-choice is behavioral or cognitive-behavioral therapy
  - when symptoms include school refusal, an initial goal is an immediate return to school

Specific Phobia

- **Diagnostic Criteria:**
  - intense fear of or anxiety about a specific object or situation which the individual avoids or endures with marked distress
- **Treatment:**
  - treatment-of-choice is exposure with response prevention, which involves extinguishing the fear by exposing the person to the feared object or situation and preventing him or her from engaging in usual avoidance

Social Anxiety Disorder

- **Diagnostic Criteria:**
  - intense fear of or anxiety about one or more social situations in which the person may be exposed to scrutiny by others
  - the situations are avoided or endured with intense fear or anxiety
- **Treatment:**
  - preferred treatment is cognitive-behavioral therapy that combines exposure, social skills training, applied relaxation, cognitive restructuring, and other techniques

Panic Disorder

- **Diagnostic Criteria:**
  - recurrent unexpected panic attacks
  - at least one attack followed by one month of concern about having additional attacks or about the consequences of an attack or by a maladaptive change in behavior related to the attack
- **Differential Diagnoses:**
  - before assigning the diagnosis, hyperthyroidism, hypoglycemia, cardiac arrhythmia, and other medical conditions that can produce symptoms of panic must be ruled out

Panic Disorder

- **Treatment:**
  - preferred treatment is a cognitive behavioral intervention that includes exposure
    - panic control therapy incorporates psychoeducation, relaxation training, cognitive restructuring, and interoceptive exposure

Agoraphobia

- **Diagnostic Criteria:**
  - marked fear of or anxiety about at least two of five situations: using public transportation, being in open spaces, being in enclosed spaces, standing in line or being part of a crowd, and being outside the home alone
  - person fears or avoids these situations due to concern that escape might be difficult or help unavailable if he or she develops incapacitating or embarrassing symptoms
- **Treatment:**
  - treatment-of-choice is in vivo exposure with response prevention

Generalized Anxiety Disorder

- **Diagnostic Criteria:**
  - excessive anxiety and worry about multiple events or activities for at least six months
- **Differential Diagnosis:**
  - nonpathological anxiety is easier to control, is in proportion to the threat posed by feared activities, and is less likely to be accompanied by physical symptoms
- **Treatment:**
  - treatment-of-choice is cognitive-behavioral therapy alone or in combination with medication

Obsessive-Compulsive Disorder

- **Diagnostic Criteria:**
  - involves recurrent obsessions and/or compulsions that are time-consuming or cause significant distress or impaired functioning
    - obsessions are recurrent thoughts, images, or impulses that the person experiences as disturbing or unwanted
    - compulsions are repetitive behaviors or mental acts that the person feels driven to perform, often to counteract an obsession

Obsessive-Compulsive Disorder

- **Etiology:**
  - one hypothesis is that OCD is due to low levels of serotonin
  - research has also linked it to abnormalities in several brain structures, including the orbitofrontal cortex, amygdala, thalamus, and basal ganglia
  - family and twin studies have confirmed that genetics plays a role

Obsessive-Compulsive Disorder

- **Treatment:**
  - treatment-of-choice is exposure with response prevention, medication, or a combination of the two
    - exposure involves exposing the person to the anxiety-arousing object, situation, or thought while preventing him or her from engaging in a compulsive ritual or usual avoidance behavior
    - preferred medication is an antidepressant that increases serotonin levels

Obsessive-Compulsive Disorder

- **Differential Diagnosis:**
  - Obsessive-Compulsive Personality Disorder (OCPD) does not involve true obsessions or compulsions but is characterized by a pervasive preoccupation with orderliness, perfectionism, and interpersonal control

End
Anxiety Disorders and Obsessive-Compulsive Disorder

Abnormal Psychology
Practice Questions 8 and 9

Practice Question #8

The distinction between Agoraphobia and Social Anxiety Disorder can be difficult because the two disorders share several characteristics. However, the presence of which of the following suggests that the correct diagnosis is Agoraphobia?

a. The person fears that he or she will exhibit embarrassing symptoms in certain social situations.
b. The person's symptoms do not include those associated with a panic attack.
c. The person is aware that his or her fears and anxiety are excessive or unreasonable.
d. The person's anxiety in feared situations is alleviated when he or she is accompanied by a friend.

Practice Question #9

Obsessive-Compulsive Disorder and Obsessive-Compulsive Personality Disorder share which of the following?

a. repetitive rituals
b. anhedonia
c. prominent obsessions and/or compulsions
d. orderliness, perfectionism, and interpersonal control

End
Practice Questions 8 and 9

Abnormal Psychology

Trauma- and Stressor-Related Disorders and Somatic Symptom Disorders

Reactive Attachment Disorder

- **Diagnostic Criteria:**
  - markedly disturbed and developmentally inappropriate attachment behaviors that involve inhibited and emotionally withdrawn behaviors toward adult caregivers
  - evidence that symptoms are related to exposure to extreme insufficient care
  - symptoms must be evident before the child is five years old and the child must have a developmental level of at least nine months

Disinhibited Social Engagement Disorder

- **Diagnostic Criteria:**
  - inappropriate and overly familiar verbal and physical behaviors with unfamiliar adults
  - evidence that symptoms are related to exposure to extreme insufficient care
  - child must have a developmental level of at least nine months

Posttraumatic Stress Disorder

- **Diagnostic Criteria:**
  - onset of symptoms must follow exposure to actual or threatened death, serious injury, or sexual violence
  - symptoms must last for more than one month and cause significant distress or impaired functioning
  - characteristic symptoms represent the following categories – intrusion, avoidance, negative changes in cognition and mood, and changes in arousal and reactivity

Posttraumatic Stress Disorder

- **Treatment:**
  - treatment-of-choice is a cognitive-behavioral intervention
    - cognitive processing therapy incorporates psychoeducation, cognitive restructuring, and exposure
  - eye movement desensitization and reprocessing (EMDR) is effective, but its effects may be due to exposure or nonspecific factors
  - psychological debriefing and similar single-session interventions are not recommended because they may worsen symptoms

Posttraumatic Stress Disorder

- **Differential Diagnosis:**
  - Acute Stress Disorder may be the appropriate diagnosis when symptoms have a duration of three days to one month
  - Adjustment Disorder may be the correct diagnosis when symptoms do not meet the criteria for PTSD, Acute Stress Disorder, or other disorder and began within three months of the stressor and resolve within six months after termination of the stressor or its consequences

Somatic Symptom Disorder

- **Diagnostic Criteria:**
  - one or more somatic symptoms that are distressing or cause a disruption in daily life along with excessive thoughts, feelings, or behaviors related to the symptoms
  - person must be symptomatic for more than six months
  - predominant pain specifier applied when pain is the primary symptom

Illness Anxiety Disorder

- **Diagnostic Criteria:**
  - preoccupation with having or acquiring a serious medical illness for at least six months with no actual physical symptoms or only mild symptoms
  - excessive health-related behaviors or maladaptive avoidance behaviors

Conversion Disorder

- **Diagnostic Criteria:**
  - disturbance in voluntary motor or sensory functioning that suggests a serious neurological or medical condition
  - evidence of incompatibility between the symptoms and known neurological or medical conditions
  - symptoms cause significant distress or impaired functioning or are sufficiently severe to warrant a medical evaluation

Factitious Disorder

- **Diagnostic Criteria:**
  - falsification of physical symptoms in oneself or another person with symptoms being related to an identified deception
  - person engages in the deception in the absence of an obvious external incentive for doing so
- **Differential Diagnosis:**
  - Malingering is characterized by the intentional production of false or exaggerated symptoms for the purpose of obtaining an external reward

End
Trauma- and Stressor-Related Disorders and Somatic Symptom Disorders

Abnormal Psychology
Practice Questions 10, 11, and 12

Practice Question #10

Despite the extensive research on EMDR as a treatment for PTSD, it continues to be a controversial treatment. The best conclusion that can be drawn from the research is that EMDR:

a. is clearly less effective than cognitive-behavioral interventions that include exposure.
b. seems to be effective only when it is applied within 24 hours after exposure to the traumatic event.
c. is effective, and eye movements are pivotal to its effectiveness.
d. is effective, but the reason for its effectiveness remains unclear.

Practice Question #11

For the past four months, Samantha S., age 34, has insisted that she is pregnant and has several signs of pregnancy including abdominal distention, breast tenderness, menstrual irregularities, nausea and vomiting, and weight gain. However, pregnancy tests and an ultrasound have confirmed that Samantha is, in fact, <u>not</u> pregnant, and there's no evidence that she has done something to produce her symptoms. Based on this information, the appropriate DSM-5 diagnosis for Samantha is:

a. Factitious Disorder Imposed on Self.
b. Somatic Symptom Disorder.
c. Conversion Disorder.
d. Other Specified Somatic Symptom and Related Disorder.

Practice Question #12

The presence of which of the following is more suggestive of a DSM-5 diagnosis of Malingering than Factitious Disorder?

a. The motive for symptom production is to adopt the “sick role."
b. The motive for symptom production is “secondary gain.”
c. The symptoms are physical rather than psychological in nature.
d. The symptoms are deliberately produced or feigned.

End

Practice Questions 10, 11, and 12

Abnormal Psychology

Neurocognitive Disorders

Delirium

- **Diagnostic Criteria:**
  - disturbance in attention and awareness
    - usually develops over a short period of time and fluctuates in severity over the course of the day
  - an additional disturbance in cognition – for example, memory impairment, alteration in language, or perceptual distortion
  - evidence that the disturbance is a direct physiological consequence of another medical condition, a medication, substance intoxication or withdrawal, or a toxin

Delirium

- **Risk Factors:**
  - existing brain disorder and certain medical conditions, medications, and substances
  - older age, especially when combined with a severe or chronic medical illness, change in medication, or surgery
- **Treatment:**
  - resolution of the underlying cause and environmental manipulation

Major and Mild Neurocognitive Disorders

- **Diagnostic Criteria:**
  - Major Neurocognitive Disorder requires evidence of a significant decline from a previous level of functioning in one or more cognitive domains that interferes with independence in everyday activities
  - Mild Neurocognitive Disorder requires evidence of a modest decline from a previous level of functioning in one or more cognitive domains that does not interfere with independence but may require greater effort or compensatory strategies

Major and Mild Neurocognitive Disorder

- **Differential Diagnosis:**
  - pseudodementia refers to a type of depression most common in older adults
    - pseudodementia is characterized by an exaggeration of cognitive problems, greater impairment in recall memory and procedural memory, and an abrupt onset of symptoms
    - Mild Neurocognitive Disorder is characterized by denial of cognitive problems, impairment in recall and recognition memory, greater impairment in declarative memory, and a gradual onset and progressive course

Alzheimer's Disease

- **Etiology:**
  - reduced acetylcholine in the hippocampus has been linked to memory loss
  - abnormally large number of neurotic plaques and neurofibrillary tangles, especially in the medial temporal structures, which include the entorhinal cortex, hippocampus, and amygdala

Alzheimer's Disease

- **Course:**
  - characterized by a gradual onset of symptoms and a slow, progressive decline that can be described in terms of three stages:
    - *Stage 1* involves memory loss, difficulty with complex tasks, and indifference, sadness, and irritability
    - *Stage 2* involves more severe memory problems, disorientation in familiar places, mood swings, and difficulty with normal daily activities
    - *Stage 3* involves severe disorientation, confusion, delusions and hallucinations, incontinence, and need for constant supervision and care

Vascular Neurocognitive Disorder

- **Diagnostic Criteria:**
  - symptoms consistent with a vascular etiology and evidence of cerebrovascular disease
- **Course:**
  - may involve an acute onset with partial recovery, a stepwise decline in functioning, or a progressive course with fluctuations in symptom severity and periods of stability
- **Risk Factors:**
  - include hypertension, diabetes, heart disease, high cholesterol, and cigarette smoking

End
Neurocognitive Disorders

Abnormal Psychology
Practice Questions 13 and 14

Practice Question #13

A patient whose corpus callosum has been severed to control severe epilepsy is blindfolded. When a familiar object is placed in his left hand and he is asked to say its name, he is unable to do so. However, when an unfamiliar object is placed in his right hand, he is able to say its name. Which of the following terms describes this phenomenon?

a. pure alexia
b. ideational apraxia
c. synesthesia
d. unilateral anomia

Practice Question #14

Which of the following best describes the memory impairment associated with Mild Neurocognitive Disorder Due to Alzheimer's Disease?

a. Episodic, semantic, and procedural memory are adversely affected to the same degree.
b. Procedural memory is more adversely affected than episodic and semantic memory.
c. Episodic and semantic memory are more adversely affected than procedural memory.
d. Episodic and procedural memory are more adversely affected than semantic memory.

End
Practice Questions 13 and 14

Abnormal Psychology

Personality Disorders

Personality Disorders

- **Characteristics:**
  - involve a persistent pattern of inner experience that deviates from the expectations of the person's culture
  - the pattern is pervasive, causes significant distress or impairment, and begins by early adulthood
  - the ten Personality Disorders are grouped into three clusters based on their primary features

Cluster A Disorders

- ***Paranoid Personality Disorder:***
  - distrust and suspiciousness with the belief that the intentions of others are hostile and malevolent
- ***Schizoid Personality Disorder:***
  - detachment from social relationships and a restricted range of emotional expression
- ***Schizotypal Personality Disorder:***
  - interpersonal deficits and eccentricities in cognition, perception, and behavior

Cluster B Disorders

- ***Antisocial Personality Disorder:***
  - disregard for and violation of the rights of others
  - person must be at least 18 years old, have characteristic symptoms since age 15, and have symptoms of Conduct Disorder before age 15
  - some symptoms (especially involvement in criminal activity) may diminish in severity and pervasiveness by mid-life

Cluster B Disorders

- ***Borderline Personality Disorder:***
  - instability in interpersonal relationships, self-image, and emotions, and marked impulsivity
  - most commonly diagnosed in individuals aged 19 through 34 and up to 75% no longer meet all diagnostic criteria by age 40
  - dialectical behavior therapy (DBT) has been found to be an effective treatment
    - combines individual outpatient therapy, group skills training, and telephone support
    - based on the assumption that the core feature of BPD is emotion dysregulation

Cluster B Disorders

- ***Histrionic Personality Disorder:***
  - excessive emotionality and attention-seeking behaviors in a variety of contexts
- ***Narcissistic Personality Disorder:***
  - grandiosity, need for admiration, and lack of empathy

Cluster C Disorders

- ***Avoidant Personality Disorder:***
  - social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluations
- ***Dependent Personality Disorder:***
  - excessive need to be taken care of that leads to submissiveness, clingy behavior, and fear of separation
- ***Obsessive-Compulsive Personality Disorder:***
  - preoccupation with orderliness, perfectionism, and mental and interpersonal control

End
Personality Disorders

Abnormal Psychology
Practice Questions 15 and 16

Practice Question #15

Mildred M., age 26, says she rarely experiences strong feelings, describes herself as a "loner," and says she doesn't really care what other people think of her. Based on these symptoms, the most likely diagnosis for Mildred is:

a. Avoidant Personality Disorder.
b. Schizotypal Personality Disorder.
c. Schizoid Personality Disorder.
d. Borderline Personality Disorder.

Practice Question #16

Borderline Personality Disorder is most commonly diagnosed in individuals who are ages:

a. 19 through 34.
b. 29 through 44.
c. 39 through 54.
d. 49 through 64.

End
Practice Questions 15 and 16