**UNIVERSITY OF NAIROBI**

**College Of Health Sciences**

**SCHOOL OF MEDICINE**

**DEPARTMENT OF PSYCHIATRY**

**PSYCHOTRAUMA CONTINUOUS ASSESSMENT TEST**

**DATE 19/01/2016 TIME 2 P.M – 3 P.M**

**DIRECTIONS:**

1. **Each Question Below Contains Five Suggested Responses.**
2. **Select The One Best Response To Each Question.**
3. **Write The Answer On The Answer Sheet Provided.**

**Questions 1-2**: The format for the reporting of diagnoses detailed by the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-V) is multi-axial. Each case is assessed along several axes, each of which is descriptive of a different class of information.

1. The presence of a personality disorder would be reported on
2. Axis I
3. Axis II
4. Axis III
5. Axis IV
6. Axis V
7. A physical illness that was relevant to either diagnosis or management would be reported on

A) Axis I

B) Axis II

C) Axis III

D) Axis IV

E) Axis V

1. The mental status examination includes all the following EXCEPT
2. Thought process
3. Mood and affect
4. State of consciousness
5. Family history
6. Memory
7. A person sitting alone and behaving as if listening intently suddenly begins to nod and mutter a loud. This person most likely is experiencing
8. A delusion
9. An illusion
10. A hallucination
11. An idea of reference
12. A flight of ideas
13. The capacity of formulae concepts and generalize them is called
14. Concrete thinking
15. Abstract thinking
16. Delusional thinking
17. Intellectualization
18. Rationalization
19. The diagnosis of alcohol dependence includes all the following EXCEPT
20. Impaired social or occupational functioning
21. The need for daily drinking to function adequately
22. Lack of tolerance for alcohol
23. An inability to cut down or stop drinking
24. Pathological use of alcohol
25. The differential diagnosis of obsessive-compulsive personality disorder includes all the following conditions EXCEPT
26. Depression
27. Anxiety disorder
28. Phobias
29. Schizophrenia
30. Impulse disorder
31. Battered and abused children are
32. Usually from poor families
33. Most frequently affected from ages 6 to 8
34. Commonly born to parents who were themselves abused
35. Most often abused by their fathers
36. Most frequently female
37. Characteristically the personality disorders
38. Are minor disturbances that respond quickly to treatment
39. Cause little impairment in adaptive functioning
40. Rarely cause any subjective distress
41. Are usually evident by adolescence
42. Often have periods of remission up to 1 year
43. Individuals with which disorder fake symptoms or disorders as part of a need to maintain the sick role
44. Factitious disorder by proxy
45. Factitious disorder
46. Hypochondriacal disorder
47. Malingering disorder
48. Malingering disorder by proxy
49. Dissociative fugue is characterized by
50. Hereditary basis of aetiology
51. The subject deteriorating in memory
52. The subject learning a new language
53. The subject making a purposeful journey
54. The subject retaining is first name only
55. Which one of the following anxiety disorders has the earliest age of onset
56. Generalized anxiety disorder
57. Obsessive Complex Disorder
58. Panic Disorder
59. Posttraumatic stress disorder
60. Social Phobia
61. The most common psychiatric cause of Accident and Emergency (Casualty)
62. Panic Attacks
63. Alcohol use
64. Personality disorder
65. Phobic avoidance
66. Psychosis
67. According to….a delusion is un-understandable
68. Jean Piaget
69. Erik Erikson
70. Karl Jaspers
71. Eric Fromm
72. Aaron Beck
73. The term “schizophrenia” was coined by Blueler in 1911 to mean
74. Split personality
75. Split will
76. Split psychic functions
77. Split skull
78. Multiple personality
79. Which of the following features of the early environment has not been shown to increase the risk of developing depression in later life
80. Maternal post natal depression
81. Non- caring and over protective parenting
82. Parental death in childhood
83. Parental divorce
84. Sexual abuse
85. Obsessive rituals
86. Respond well to psychoanalysis
87. Are regarded as sensible
88. Are not resisted
89. Reduce anxiety
90. Are usually antisocial
91. Which of the following is a diagnostic feature of borderline personality disorder
92. Attempts to avoid real or imagined abandonment
93. Depression
94. Suicide
95. Self harm
96. Childhood sexual abuse
97. The following is not a risk factor in child abuse
98. Aggression in one or both parents
99. Child less than one year old
100. Older parents
101. Persistently crying baby
102. Physically handicapped baby
103. A child presenting with school non-attendance together with anxiety or misery is
104. Probably a poor academics achiever
105. Most commonly due to physical illness
106. Likely to be an only child
107. More likely to be a girl rather than a boy
108. Often the youngest child
109. The mind-body problem
110. Idealists accorded primacy of the psyche
111. Materialists emphasized physicochemical processes
112. Philosophers and theologians regarded the mind to be a special attribute of human beings
113. Philosophers were not monistic and dualistic theorists
114. Did not puzzle Greek, Hebrew and Indian cultures
115. The biopsychosocial model
116. Was championed by George Engel
117. Offers an integrationist vision
118. Have not been studied by Karl Popper and Sir John Eccles
119. The universe is an interacting set of events and processes
120. Mental states have rules, processes and structures
121. Theories of the unconscious is associated with
122. Franz Anton Mesmer
123. Albert Einstein
124. James Braid
125. Hippolyte-Marie Bernheim
126. Jean-Martin Charcot
127. The structural Model
128. Includes the Ego and Id
129. Identifies the etiological role of intrapsychic conflict
130. Does not delimeate the existence of defence mechanisms
131. Clarifies the role of anxiety as a sign of unconscious conflict
132. Identifies 2 major modes of thought
133. Studies in human development
134. Have contradicted Freudian theories
135. Have not elucidated the role of brain chemical mechanisms in the etiology of psychoses and anxiety reactions
136. New drugs with more specific behavioral impacts have been discovered
137. Human beings deliberately engage in certain stressful activities
138. Advances in information processing confirm biopsychosocial model
139. The following are associated with the physical illnesses of stress
140. Elton John
141. Claude Bernard
142. Walter Cannon
143. Hans Selye
144. Holmes and Rahe
145. Signs and symptoms of denial phase of stress include;
146. Selective inattention
147. Partial amnesia
148. Fantasies of counteract reality
149. Numbness
150. Frantic overactivity to withdrawal
151. Strategies for coping with threats involve
152. Not changing the mental focus
153. Not altering modalities of thought
154. Shifting roles
155. Seeking new or additional information
156. Use of humor, philosophical or religious perspectives
157. Mental and physical suffering in PTSD is report
158. Shattered and torn apart
159. Devastated and fallen apart
160. Nothing seems sacred or special anymore
161. Dead inside
162. Different from everybody else
163. Potentially traumatic events and stressors include:
164. Forced nudity
165. Forcing to eat or drink
166. Having an affair
167. Witnessing parents’ fear reactions
168. Damage to or loss of body part
169. Anxiety includes
170. Hyperventilation
171. Loss of confidence
172. Ability to concentrate
173. Inability to make decisions
174. Discouragement
175. Dissociated Traumatic Memory Material
176. The dissociated material is not highly emotional
177. The dissociated material is relatively non-verbal
178. Traumatic memories can be triggered by stressful emotions
179. Is in active memory
180. Intrusion lead to present awareness and identity
181. Traumatic events and triggers include:
182. Police
183. Seeing, crime on T.V
184. Lover’s naked body
185. Firefighting
186. Unpleasant confrontation
187. Varieties of dissociation may not include;
188. Depersonalization
189. Amnesia
190. Dissociative flashbacks
191. Fugue
192. Dissociative identity disorder
193. Indications of dissociation include;
194. Body becomes still or stiff
195. Emotions become flat or numb
196. Eyes do not blink rapidly or f\*\*\*
197. Falls asleep during the day
198. Experiences overactivity or withdrawal
199. Mood disturbances common among those with PTSD include
200. Depression
201. Anxiety
202. Hostility
203. Grief for losses
204. Neither of the above
205. Deliberate self-injury
206. Expresses pain that can’t be verbalized
207. Attempts to connect emotional pain to physical pain
208. Paradoxically does not relieve pain
209. Is a way to feel alive
210. Can be an attempt to attach to parents
211. Pre-trauma vulnerabilities include;
212. A history of prior traumatization
213. Underdeveloped protective skills
214. Developed problem solving skills
215. Personality and habitually negative thought patterns
216. Females have a greater risk for developing PTSD
217. Risk factors that exist the development of PTSD
218. Lack of family support
219. Emotional unavailability
220. The victim’s being disbelieved, stigmatized, shamed or shunned
221. Conspiracy of silence
222. Lack of treatment
223. Costs and consequences of PTSD include
224. Impaired relationships
225. Social acceptance and insertion
226. Good sexual functioning and adjustment
227. Drug addictions
228. Eating disorders
229. A 26 year is brought to clinic 24 at Kenyatta National Hospital with a history of crying a lot, waking up at 2.00am, lack of interest in her job and fearing that life is not worth living for the last 6 months. She gives a history of having lost her friend in a car accident in which she was the only survivor.
230. What is the most likely diagnosis?
231. List other signs or symptoms of the disorder mentioned above
232. John is a form two student in secondary school in Nairobi. He is admitted at casualty with symptoms ranging from excessive worry to tension, feeling keyed up and tingling body parts.
233. What is the most likely diagnosis of John’s condition?
234. List 5 disorders that are classified under the same category in the DSM IV of the disorders.
235. What are some of the associated features of Post-Traumatic Stress Disorders?
236. John Wilson summarized that PTSD impacts on one’s psychology, self-concept, development and attachment capacities (including capacities for intimacy, love, bonding and sexuality). List below some of the possible impacts of untreated PTSD.
237. Many of the symptoms of head injury are similar to PTSD. List some of them below
238. List Erik Erikson’s stages of development
239. What are the 5 stages through which a dying person progresses according to Elizabeth Kubler Ross?
240. Which area in the brain is associated with processing of emotions?
241. The following have been associated with stress studies
242. Charles Figley
243. Richard Nixon
244. Glenn R. Schiraldi
245. Bruno Bettelheim
246. Burgess A.