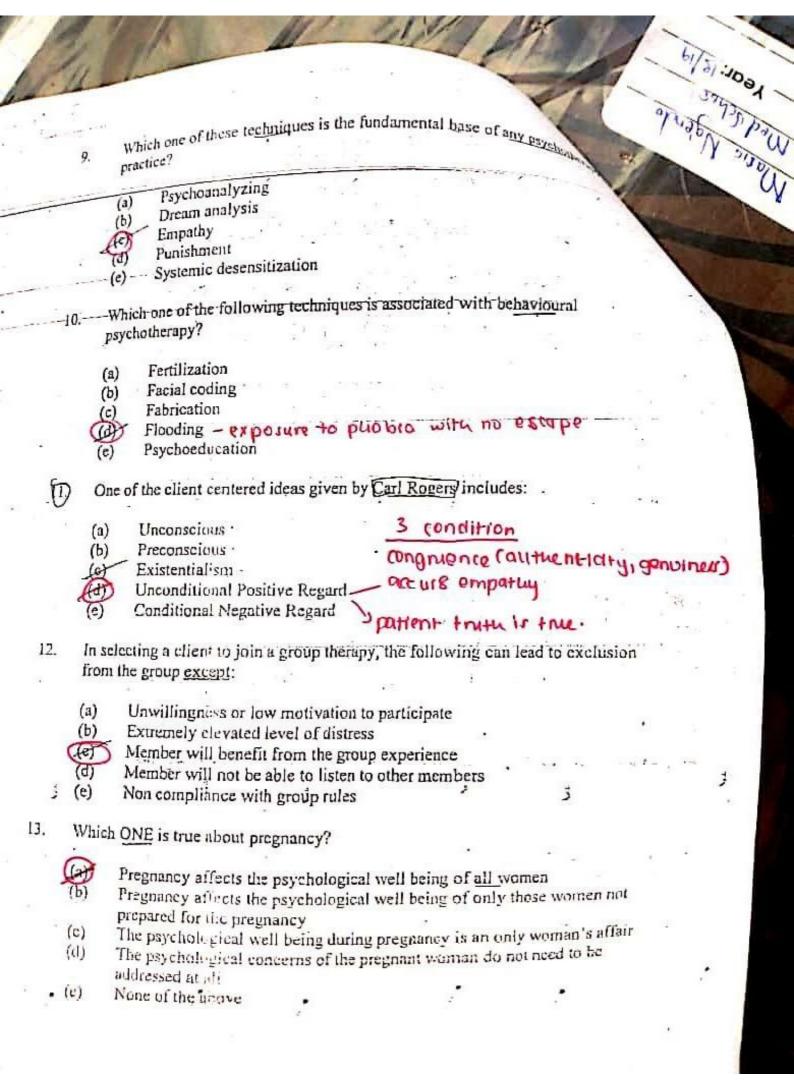
· IN	ISTRUCTIONS	The second second second
1)	Each question contains 5 suggested responses. Sele	ct the best response to each
	question.	
2)	· · · · · · · · · · · · · · · · · · ·	response.
3)	There is no penalty mark for wrong answer.	7 1- Wildian
		e 1. 1 - 2 - 4 - 4
	Which ONE of the following statements is the best	example of a good interview
1.	skill?	
	(a) Asking closed questions during the intervie	W
- 11	(b) Being sympathetic rather than empathetic	
	(a) Maintaining continuous eye cuntact	
	the statute assurances which are helpful	and an V
	The use of non-verbal methods of communi	Cadon
	Which of the following stages of Freud's theory of	nsychosexual development
2;	broadly coincides with Erickson's initiative versus	Guilt stage?
•	broadly coincides with chekson a minute	
	(a) Anal /	
•		
1.2	(d) Crat (e) Phallic .	
	(-)	and international
(3)	The following are considered founders of modern p	sychiaty except.
(2)	- Conditioning	· Freud
	I I I I I I I I I I I I I I I I I I I	Augus Paraller of Harris
	(b) Jean Etienne Dominique Esqui de	ed Valor - 1640 alled & Long
		warmacology.
	District at	
	(e) Eugene Bleuler	· Sigmound

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• Sigmound ... Page 1 of 49

· Erik Erickron



C	Mr. A		
	400		
	14. 71	0.0	
	(a) The group therapy number worker	The same of the sa	ACMINI TO THE REAL PROPERTY.
	(a)	Or	
1100 00	The group the	be run by a professionally named mental health	
10 Sugar - 1	Worker worker	bernst	31
	(c) Group therapy is the same (d) Group therapy is effective	and a professionally trained mental health	
	(d) Group therapy is effect.	e as support group in treatment of mental disorders	
86	- Urone it 's effective	- i Broup	
	Croup therapy is have str	ructured mental disorders	
	health problem	tuctured theoretical approach depending on the mental	
	5. Exposure d	gepending on the inclum	
- N - N - N - N - N - N - N - N - N - N	in many is an effective to	chavioural management technique that is useful	
**** T**	Behavior to all of the following an	chavioural management technique that is usefu	at
11.	Behaviour Therapy) except:	chavioural management technique that is usefu nental health problems in CBT (Cognitive	
	(u) Phati		
	I III Olas		
	(b) Relationship difficulties	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
· · · · · · · · · · · ·		2 1	
PATE TO SEE	(d) Sleeping disorders		2.2
	(e) Eating disorders		4
76.	A number of contract to		
	Behaviour Thankers of learning are	used in the principles of CBT (Cognitive ollowing is NOT a principle of	
	during Care. Which of the fe	used in the principles of CBT (Cognitive ollowing is NOT a principle of learning	
24 50	THE CHIT	See a principle of leathing	
	7(a) Operant condition:		
/	The state of the s		
70	(c) Classical conditioning		10000
	The state of the s	75	JETS!
	(d) Negative Reinforcement (e) Social learning	14	1 1 11 2
	t y special regulating	7. A A S 82	No. of the Paris
17.	Relaxation is shown to be attacked	Standard Asia Control Control Association and Parket Association in all Parket Control	4 1 201/201
1	is NOT a relaxation expression that he	managing anxiety. Which of the following	4 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Cognitive Behaviour Therapy)?	managing anxiety. Which of the following cen researched on in connection with CBT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
٠,	7-121		1 1 - 1 - 1
4. (1	Progressive muscle relavation	- Tarobront -> frequently weed	* 10.2511
Ch	Progressive Anxiety relaxation	- landoront -> frequently want	
(c.	Yoga .		10 (10 de 10
(d)		- Blaford back	of all man appearing and pro-
(e)	i control i cont	on ·	5,75,151
	Control of the Contro		1, 1
(c)	Hipnosis		And American Co.
S. 7	113010213		2.11
18. Acc	fording to CBT (Cognitive Hebryleus	Therapy) where do the make	
18. Acc	fording to CBT (Cognitive Hebryleus	Therapy) where do the early	
18. Acc	sording to CBT (Cognitive Behaviour adaptive schemas or buttom lines orig	unate from?	
18. Acc	sording to CBT (Cognitive Behaviour adaptive schemas or buttom lines orig	unate from?	
18. Acc	cording to CBT (Cognitive Behaviour adaptive schemas or buttom lines originated Current negative experiences and r	unate from?	
18. Acc mal (a) _(b)	cording to CBT (Cognitive Behaviour adaptive schemas or buttom lines originated Current negative experiences and relative experiences.)	relationships	
18 Acc mal (a) (b)	cording to CBT (Cognitive Behaviour adaptive schemas or buttom lines originated account to the control of the Courtest negative experiences and rearly childhood negative experience Peer pressure and friendship influences.	relationships ces and relationships	
18. Acc mal. (a) _(b) (c) (d)	cording to CBT (Cognitive Behaviour adaptive schemas or buttom lines originated account to the cognitive experiences and readship influences and friendship influences and free cognitive behaviour theraps do	relationships ces and relationships nees	
18. Acc mal. (a) _(b) (c)	cording to CBT (Cognitive Behaviour adaptive schemas or buttom lines originated account to the cognitive experiences and readship influences and friendship influences and free cognitive behaviour theraps do	relationships ces and relationships nees	
18. Acc mal. (a) _(b) (c) (d)	cording to CBT (Cognitive Behaviour adaptive schemas or buttom lines originated account to the control of the Courtest negative experiences and rearly childhood negative experience Peer pressure and friendship influences.	relationships ces and relationships nees	
18. Acc mal. (a) _(b) (c) (d)	cording to CBT (Cognitive Behaviour adaptive schemas or buttom lines originated account to the cognitive experiences and readship influences and friendship influences and free cognitive behaviour theraps do	relationships ces and relationships nees	
18. Acc mal. (a) _(b) (c) (d)	cording to CBT (Cognitive Behaviour adaptive schemas or buttom lines originated account to the cognitive experiences and readship influences and friendship influences and free cognitive behaviour theraps do	relationships relationships nees and relationships nees one in the sessions t starts managing their livelihoods	
18. Acc mal. (a) _(b) (c) (d)	cording to CBT (Cognitive Behaviour adaptive schemas or buttom lines originated account to the cognitive experiences and readship influences and friendship influences and free cognitive behaviour theraps do	relationships relationships nees and relationships nees one in the sessions t starts managing their livelihoods	
18. Acc mal. (a) _(b) (c) (d)	cording to CBT (Cognitive Behaviour adaptive schemas or buttom lines originated account to the cognitive experiences and readship influences and friendship influences and free cognitive behaviour theraps do	relationships relationships nees and relationships nees one in the sessions t starts managing their livelihoods	
18. Acc mal. (a) _(b) (c) (d)	cording to CBT (Cognitive Behaviour adaptive schemas or buttom lines originated account to the cognitive experiences and readship influences and friendship influences and free cognitive behaviour theraps do	relationships relationships nees and relationships nees one in the sessions t starts managing their livelihoods	
18. Acc mal. (a) (b) (c) (d)	cording to CBT (Cognitive Behaviour adaptive schemas or buttom lines originated account to the cognitive experiences and readship influences and friendship influences and free cognitive behaviour theraps do	relationships relationships nees and relationships nees one in the sessions t starts managing their livelihoods	
18. Acc mal. (a) _(b) (c) (d)	cording to CBT (Cognitive Behaviour adaptive schemas or buttom lines originated account to the cognitive experiences and readship influences and friendship influences and free cognitive behaviour theraps do	relationships relationships nees and relationships nees one in the sessions t starts managing their livelihoods	

		24.	WI	ich ONE of the following is NOT a general aim in CBT	f1 =+
			(a)	Modifying maladaptive behaviour patterns	
			(b)	Eliminating completely environmental conditions that	may be causing or
	*		_(_,	maintaining such problematic behaviors	41
			(c)	Improving clients' skills related to work and social int	cractions
			(d)	Resolve some inner conflicts and stress handicapping	and disabling the
		*	,	-client -	enderson in
	-		(c)	Restructuring a persons distorted cognition	- 1 2
		*			++-+
		25.	Whic	h ONE of the following statements is true about CBT?	Classes and Aller
					nearah
			(a)	All mentally ill persons can be managed using CBT ap	proach
			(b)	CBT process starts with behaviour modifications befor	e restructuring
10				client's distorted believe system	and the state of
		((c)	Some of the more responsive subjects one may not rem	ember the process
		((d)	Clients recruited for CBT always report feeling bored	that social skills
		-6	e	CBT is applied among clients with alcohol problems so	inat social skills
				are built on concrete process	
		and ver		ODE 1	
	2	6. 7	he fo	llowing CBT techniques are applied during CBT except:	
*				Listening as the patients talk about their emotional diffi-	culties
		100	3)	Assertive training	
)	Systematic desensitization	
			ナ	Systematic descrisitization	8*
		(d	10	Contingency management	18
		(c	Total Control	loken economy	
				of the following statements is true about aims of family	therapy?
	27.	. W	hich	of the following statement is	
	-		9	Therapist induces Arguments	
		(a)		Therapy improves communication	
		-(6)		herapy decrease autonomy for each member	
		(c)		t and the state of	
		(d)		he therapy does not improve agreement about 15 the he therapy increases distress in the member who is the	patient :
		(c)	. 1	he therapy increases distress in the metabolic	
			3	ne of the following is not true about models for family t	herapy?
	28.	Wh	ich u	ie of the following is the role about most	
		1771102		ne member is treated individually by another therapist	9-
	60	(m)	O	ne member is ireated murriagely by	
		(6)-	G	roup therapy is carried out in a family therapy session	4
		(c)	C	suples learn from listening to other families members	
		(d)	Al	I family members are seen together. If family members are seen together is the same therapist but a	at different times-
		·(e)	100	lividual therapy can go on with the same therapist out	11,0111
		(4)		and the situations:	
	29.	Fami	ly the	rapy is not indicated in following situations:	•
	~			toward family members	12
		(a)	· Co	mmunication problems between family members	
		(b)	-	t to the child	
		(c)	Torr	atment of young persons with Anorexia recommend	
		(d)	Dal.	apse prevention in Schizophrenia	
			11.	apse prevention is Semisophicala	Page 6 of 29
		(e)	111	the three to a trans-	Lafe
				₩.	

1 11 15		13	00,00	17.6
13 2			Nome	- WINE
	The following roles is not played by	a family therapist:	NON	10/10
	The following roles to the disagn	ement		A CONTRACTOR
1	identifying there understa	od and modify the rules		
			- \/	
	Liberty IVIDS and	torted ways of commun	icating - V	
	The stifutilly the			45
(e) literary the approach during family therapy	is that:		1
530 7	the approach during family includy			
- 31				
	Therapist focuses on one faith	family members to spe	eak to each other	
(1)	Therapist does not encourage System tasks focus on behavi	ours which occur rarely	y matable indication	
(d	System tasks focus on behavior Family members are not invo	lived in organizing a un	nemole indicating	
(C	when this would take place, of Therapist must set up tasks as	minimi of it min the		1 2
(e)	Therapist must set up tasks a	io injunisticas.		
	nil Kraepelin classified the followi	ng disorders except:		
32. En	nil Kraepeun etasani	. Class de mate	41.	
(a)	Demenia praecox	Horsing Vs episo	d dimedani)	
. (b)	Catatonic promator	demanted (moo	a anongers)	
(c)	Henephieme	szoputenta:		
(q)	Paranoid Cri du chat syndrome — Ohro	nD f awa \		
Let				
1/	ir patient tells you that he has sud	denly remembered bei	ng taken into hospital	
35. You	ar patient tells you that he has see child and having a microchip im	planted in his brain. O	f what is this	
223	mple?		FO. 505 1111	
EXO	1 C-41 VI 1 III	2.00		
(a)	Autochthonous delusion			
(b)	Delusion of reference			
(c)	Delusion memory			
(d)	Delusion mood		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.5
(e)	Delusion percept	3	,	4
	h ONE of the following is a 'ne	prological soft sign'?		
3 34. Whic	th ONE of the following is a me			22
(-)	Cognitive impairment			
(a)	Dysbindin genotype	7 10 10		
(b)	Impaired fist-edge-palm test	15.		
(c)	Positive stroop test			4
	Receptive dysphosia	19	-	
_(e)	1400km - 23-1	and depression r	xccpl:	
35. The fo	illowing are psychological treat	ments of deliveraging 23		
27. 1110 (0				
(a)	Cognitive behavious merapy	-		
(b)	Group therapy .	-		
(c)	Individual psychotherapy	9		•
(d)	Family therapy		Fage 7 of 29	to the second
-(e)	Electroconvulsive therapy		Fage 7 of 22	
17				
			Company of the Compan	-
				-

	(a)	Guilt				all of the follow	
	(b)			-		1 11 11 11 11	
P)	(c)	Inadequae	anure	100	-1 -1-		
•	-(0)	Positivity	y	10 6			
	(e)	Anger .	-		7		
37.	Prol	longed:		_		7.0.113	
		longed grieving	g due to loss	of pregna	ncy can occ	ur due to:	115
	-(a)	The loss an	d grief being	ı minimi			
	(b)				u by those	around her	
	(c)	The second	POLL HOID IN	C Dartman		aby	
	(d)	Miowing th	e cause of th	o lace of			
	(e)	Not worried	about futur	1022 01 L	regnancy		
	4				1	2,	F1 74-92
38.	The n	nost widely pre	escribed abo	rmeasles.		nt for attention o	La Chair
	hyper	activity disord	cr (A DHD)	imacologi	cui treatme	nt for attention o	encu
: :		,	er (ADCID)	15.			
	(a)	Diazepam			•	4000	
***	(b)	Ritalin	* +				
-	(c)	Lithium				4 2 4	12.
	(d)	Risperidone					
	(e)	Largactil		19			
	(-)	Largacin					
	Airruis	m, numour and	a sublimatio	n are nort	of which of	the following of	ofence
	nechan	m, numour and iisins?	sublimatio	n are part	of which of	the following o	lefence
r	nechan	m, numourand nisms? Immature	3 Sublimatio	n are part	of which o	the following o	defence
(1	nechan u) l	isins? Immature	a sublimatio	n are part	of which o	the following o	defence
(i) (i)_(ii)_	nechan a) l	isins? Immature Mature	a sublimatio	n are part	of which o	the following o	defence
(i) (i) (i) (i)	nechan a) 1 b) 1	isins? Immature Mature Neurotic	a sublimatio	n are part	of which o	the following o	defence
(i (i) (d) (d)	nechan	nisms? Immature Mature Neurotic Varcissistic	a sublimatio	n are part	of which o	the following o	defence
(i) (i) (i) (i)	nechan	isins? Immature Mature Neurotic	a sublimatio	n are part	of which o	the following o	defence
(c) (d) (e)	nechan	isins? Immature Mature Neurotic Varcissistic sychotic	5	,			
(c) (d) (e)	nechan	isins? Immature Mature Neurotic Varcissistic sychotic	5	,		ing characteris	
(c) (d) (e)	nechan	nisms? Immature Mature Veurotic Varcissistic sychotic with psychoger	nic pain disc nin, not due	j order have neoplastic	the follow	ring characteris	tics <u>except</u> :
(a) (a)	nechan a) 1 b) 1 c) N c) P tients v	nisms? Immature Mature Veurotic Varcissistic sychotic with psychoger	nic pain disc nin, not due	j order have neoplastic	the follow	ring characteris	tics <u>except</u> :
(a _(b (c (d (e Pa	nechan a) 1 b) 1 c) N l) P tients v Ha	nisms? Immature Mature Veurotic Varcissistic Sychotic with psychoger tve ongoing prive no signific	nic pain disc nin, not due ant ongoing	j order have neoplastic	the follow		tics <u>except</u> :
(a) (a)	tients v	nisms? Immature Mature Veurotic Varcissistic sychotic with psychoger tve ongoing prove no signification of the response proving prove a lite history	nic pain disc nin, not due ant ongoing	order have neoplastic pathophy	the follows: disease siological	ring characteris	tics <u>except</u> :
(a) (b)	tients v	nisms? Immature Mature Veurotic Varcissistic sychotic with psychoger tve ongoing prove no signification	nic pain disc nin, not due ant ongoing	order have neoplastic pathophy	the follows: disease siological	ing characterist	tics <u>except</u> :
(a) (b)	nechan a) 1 b) N c) N tients v Ha for The	issins? Immature Mature Veurotic Varcissistic sychotic vith psychoger ive ongoing prive no signification of the mission of the	nic pain disc nin, not due ant ongoing pain ry of inabdi	neoplastic pathophy ty to form	the follow disease siological any psych	ing characterist	tics <u>except</u> at account
(a) (b) (d)	nechan a) 1 b) 1 l) N lients v Ha for The beli	issins? Immature Mature Veurotic Varcissistic Sychotic with psychoger ive ongoing prive no signification the missing prive a life historic blems aviour and soc	nic pain disc nin, not due ant ongoing min y of inabili n has becon	neoplastic pathophy ty to form the the cen	the follow disease siological any psych tral focus	ring characterist mechanisms the ological view of their thought	tics <u>except</u> : at account
(a) (b)	nechan a) 1 b) 1 l) N lients v Ha for The beli	issins? Immature Mature Veurotic Varcissistic sychotic vith psychoger ive ongoing prive no signification of the mission of the	nic pain disc nin, not due ant ongoing min y of inabili n has becon	neoplastic pathophy ty to form the the cen	the follow disease siological any psych tral focus	ring characterist mechanisms the ological view of their thought	tics <u>except</u> : at account

41.	All of the following are specific somatoform except	disorders listed in DSMIV TR
-	(a) Conversion disorder	
	(b) Pain desorder	
	(c) Hypochondriaus	
	(d) Body dysmorphic disorder	
	(e) Differentiated somatoform disorder	
.42	A 30 year old female or second	
	A 30 year old female prisoner when invited by	the prison medical officer to come
	into the interview room takes four steps backy	vards from the door. She came into
	the room when the officer asked her to go awa behavioural disorders of schizophrenia is she e	exhibiting?
	(b) Ambitendency	
	Negativism .	
	(d) Satyriasis	
((e) None of the above	
43. V	Which ONE is odd amongst the following?	
(:	1) Paroxetine	
(6		
(c		
(d		
-(40)		
		100
44. A	40 year old female with a long history of Schiz	ophrenia relapses. On
CXI	unination she holds her arm and face in a pecu-	liar poster which is maintained
for	a few minutes at a time. What motor disorder	is she exhibiting?
(2)	Ambitendency	٠ .
(a)	Mannerism 1	* j
(b)	Schnauzkrampf	
(ĉ)		
(d)	Stereotypy None of the above	
(0)		
Λ 26	year old man is diagnosed with Schizophrenia	i. Which one of the following
predi	ets a poor prognosis?	
1.100	v	And the second second
(a)	Absence of negative symptoms	
	Being married	
(b)	tiens or no episodes in the past	
(c)	Good premorbid personality	
(d)	Gracinal onset	
1		
		1 age 9 of 29

				-	and the last			100	10 BY A
	_ 5	5. lr	Are often o				aviolation.		
_		30	People with inte	Heeting a		11 1 2 2			
	-	_(8	Arme	renti disa	bility, paye	hiatric de	1 7	of term	
		(b) - Dia-	ver daugnose	4	are disor	ders:	F-10	
			Diagnostic	overshadowa				-	
	1 3 7	(c)	D: Prevalence	ver dragnose overshadowi overshadowi	ng comple	tely explain	s the differe	nce in	-
	_	(d)	Diagnostic	overshadow:		The latest	1-1-1-1		
-		(c)	Diagnostic (overshadowi overshadowi	ig is not il	ue to bias of	Clinician	the sink	
			Are often ur	der diagnos	ig is delibe	erate ' '''	- status, and		
1	56.	Wh							1
		. ""	ich ONE of the I	ollowing is		1	+ +	0.14	
		(a)			rue regard	ing childho	od schizopt	renia?	
		1						1000	
		(b)	for childhood Bipolar disor	onset Schiz	only peen	well docum	nented to be	e a risk i	actor
	25	. (0)	Bipolar disor	der in abita	en in fran				+
		1.	Schizophreni	a	en is irequ	ently misdi	agnosed as	having	
78	1.1	(c)	Abuse or neg	lect does not	n fficial and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	arent is		. T
		(d)	Children with	Autiem Spe	attect one	S FISK for C	leveloping	psychos	entions
	3.	1.	delusions, and	thought die	order et	ruer posses	s pervasive	namuci	nations,
	•	(e)	Hallucinations	in autiem a	order enar	acteristics s	imilar to S	chizopii	rema
*	12	1		a an adrism a	re typican	y chronic			
100	57.	Whic	h of the following	in would No	T be seen	idaaad ia ba		-1 nost 6	f a
		neuro	psychological as	Sessment of	child?	idefell to be	an essenu	a part t	i a
				occount of	cunur	W. Y.	-		
	170	(a)	Medial history			77			
	•	(b)	Social history	- v	+				
5.		(c)	Behavioral obs	ervations of	the child	100	100		
		(d)	Psychological t	estino	the came		15		
	- 12	-(e) -	Magnetic Resor		na (M.(D.))		2		
) t		-(-/	iviagnene reson	mice mag	ng (ivitei)	1	-		4 5
5		A 7 ve	ar old girl is refe	total factors of	CRORPHILL	due to we		-fo	a.s. ed
		cehool	Che was record	In diameter	Sacsament	and to wo	rsening per	ionnan	ce at
		school.	She was recent	ry oraginiser	with Can	epsy and n	er medical	ions na	ve
			d frequent adjust						
			come mo <u>re soci</u>					rends	MJat ic
	-	the mos	t likely contribu	tor to her rea	eur boor	school peri	ormance?	3	
			500				10		2
	(Brian tumour			1884			
+	1		Depression						
	***	c) N	ledication side e	effect				*	
	. (6		ydrocephalous"						7 .
	(0	10.00	ubstance abuse						15
	. 10	, ,	read 3000 and 100 500 71						
						10.5		4.1	
		5:	2. 1	3					

to alternative to the	ne bell and pad method for the treatment
What is a simple and	ne bell and pad method for the treatment of
enuresis?	- a bull horn
Waking up the child usin	ter 2 to 3 hours of sleep when the bladder may be
(a) Setting an alarm Clock in	-) OE
(b) Setting an all capacity reaching full capacity	right to aid arousal when the bladder signals full
Keeping the lights of at	
capacity Buide after 4 t	om
(d) Restricting fluids after (e) None of the above	41.41
The psychiatrist assessment of ch	ildren commonly differs from the assessment of
70. The psychiatrist assessment with adults in ALL of the following with	ays except:
nuutis in	distance to the adults than to the
(a) The child's behaviour may	y cause greater distress to the adults than to the
(b) Children may not recognize	their behaviour as problematic to others
(e) Children often seek out ps	ychiatric assessment or treatment for themselves
(d) Children may attribute pro	blems to others and be unwilling to accept their
contribution	to the problem
(e) The adult's expectation for	the child may exceed the child's abilities
and the full full and a superior as	of ADHD (Attention Deficit Hyperactivity
71. Which of the following symptoms	rown when a child matures to adulthood?
Disorder) is most likely to be duty	TOWN WHEN a CHING INCCORD TO COMME
(a) Inattention	AND THE BESTER TO
	- man terrest to the same of t
	ulsivity
	•
72. A 74 year old man presents with m	emory impairment and behaviour that is out of
character Which of the following	cognitive tests is appropriate to test frontal
lobe function?	1
j "	³ , 3
(a) Benton Visual retention test	
(b) National adult reading test	
(c) Rey-Osterrieth Complex fig	rure test
	6
1 1) = · · · · · · · · · · · · · · · · · ·
23 A 76 year old warmy suffers a strol	ce due to a ruptured berry aneurysm in the
73. A 76 year old woman suffers a strot	etal lobe is affected. Which ONE of the
following tests would you expect to	be abnormal?
tottowing tests whiter our expert to	
(a) Colour vision testing	
(b) Copying intersecting per age	ons
(e) Lurius motor test	
(d) Semantic memory	t. 0
(a) Three object recall	Page 15 of 29
	Page 13 of 27

8/1	18 30		
11/1	W.	The psychiatric assessment of the child commonly differs from the assessment of the child commonly differs from the assessment of the child commonly different from the assessment of the child commonly different developmental levels are at different development	
1 112		ment of the child commonly afters from the Assessment	Igns
94		The psychiatric assessment of the child commonly division the assessment of the child common the assessment of the child common the assessment of the child common that th	The same of the sa
1 .	50.	The psychiatric following way and are at different developmental levels such that adults in all of the following way. The child and the clinician are at different developmental levels such that the child and the child and the child are on the assessment and treatment of the child.	012
- 1	30	The child and the clinician are at different developmental levels such the state of the child and the clinician are at different developmental levels such that they may have difficulties in communication they may have difficulties in communication. (a) The child and the clinician are at different developmental levels such that they may have difficulties in communication.	20
	_	THE WAR DIVERSE OF THE PARTY OF	3
			-
-			
	-	(c) The child's presenting pro	
4.			
		(c) The child's presenting problems most context (d) The child's presenting problems most context There are developmental differences in the presentation of mental illness (e) recallegorized in DSM-IV TR / DSM 5	
-		(e) - There are developmental differences as There are developmental differences as Categorized in DSM-IV TR / DSM 5	nt
		Which of the following is considered the single strongest predictor of adolesce which of the following is considered the single strongest predictor of adolesce	
		Which of the lollowing	
	51.	substance abus	
		inciveDPSS	
		Tell -7 I Financial Williams	
		A TO A STATE OF COUNTY AND A STATE OF THE ST	
		their deinking habits	
	124	(d) History of place of the History of Parental attitudes towards drinking and their drinking	
		(e) Parental attitudes towns as some structure, content and expressions of and control of Symbolic functioning, structure, content and expressions of and control of Symbolic functioning, structure, content and expressions of and control of	riote
		Symbolic functioning, structure, content and expressions of and control of aggression are characteristics of which component of the population — appropriate the structure of the population in aggression are characteristics and infants?	Hate
	52.	aggression are characteristics of which company	
		aggression are characteristics of mental status exam for toddlers and infants?	
	((a) Self-regulation	
		(a) Serve Galactioning (b) Intellectual functioning	
		Playr	
		(4) Affect and mood	
		A Unistedness /	2
35		An advantage of having a set of toys available in the office versus having the	c
	53. A	An advantage of having a set of toys available	1
	cl	the things the tropic from the transfer of the	
	-	a) Observation frustration with toys too difficult for the child's,	
:	(a	a) Observation irustration with toy	
1.		developmental level The child will be uninterested in new toys and more engaged with	
	(b	b) The child will be uninterested in new toy	
	,	interview - : sthe child is playing	
	(c)	- 111 III Fan more at case II the cline is project	
	(d)		
	(e)		12
	(0)	y thinks the skildbood-one	et
	54' W.	hich of the following is associated with better outcomes in childhood-ons	
	J4. W.	Vilent or the following to announced by the state of the	
	2¢	chizophrenin?	
	1.4	3 Tayle and of onset	
v.	(a)	Early age of onset	
	(p)) Nun-neute insidious onse.	
	2407		
	(d)) Low IQ	1 of 29
	(e)	Long duration of untreated psychosis Page I	
		· ·	

	12.
4. The following are associated with behaviour therapy except:	
DE Skinner Operant conditioning (rat)	1
Through Wolve - Describition - Dunbing Riv	
(d) J.B Watson - behaviourism - Albert experiment Cuite scared by (a) A. Lazerus (b) - Joseph Wolpe - Brieff Hilliam - Child Carlot (c) J.B Watson - behaviourism - Albert experiment of the scared by (c) A. Lazerus	testral
y anguitte	
5. The assertion that all behaviours are driven by antecedent events, experiences.	
There are no accidents; nothing happens by chance is known as:	
Psychic determinism Learned helplessness	-
(c) Unconditional positive regard - Cart Regers	
(d) Free association - what on your mind	
(e) Unconscious	11
6. What is transference?	
(a) Displacement of feelings from future experiences to past experiences.	- 1
(b) Displacement of ideas from mother to child	F . F
Displacement of feelings, attitudes, behavioural expectations and	2
attributes from important childhood relationships to current ones	į.
(d) Transferring material resources to a client's bank account	*
(e) Defense mechanism that helps to keep tab on feelings of security	1
Counter transference refers to:	!

The therapist projecting their own feelings ("issues," emotional baggage") onto their patient

(4) The patient projecting their own feelings (issues, emotional baggage) onto

The child projecting his/her feelings on the parents and parental rejection (c) of those feelings

Countering the transference made by the patient through a systematic (4)

Displacement of feelings, attitudes, behavioural expectations and (c) attributes from important childhood relationships to current ones

Us selfishly assisting others to avoid negative personal feelings refers to:

(11)	Sublimation	31	Mature Detense
(b)	Altruism		Altruitm
(d) (d)	Displacement Condensation Projection	1	Anticipen Humer
			Jublim &n

For questions 46 - 48

A 7 year old boy is brought to you by his parents on a referral by the school where the child is in class one. The boy does not have a major discipline problem but he frequently answers questions without being called on and is often out of his seat without permission. His school work is adequate but the teacher believes, "he could do better." He has difficulty completing tasks and appears to spend most of the class time day dreaming

- 46. Which additional piece of information would support the most likely etiology for his symptoms?
 - (a) A history of head injuries
 - (b) A history of neurological symptoms
 - (c) A history of tics
 - (d) His medication history
 - (e) Family psychiatry history
- 47. The most likely diagnosis is:
 - (a) Attention deficit hyperactivity disorder (ADHD)
 - (b) Conduct disorder
 - (c) Post Traumatic Stress Disorder
 - (d) Intellectual disability
 - (c) Autism spectrum disorder.
- Regarding treatment the best advice to the family would be that:
 - (a) He has a diagnosable disorder so he should not be held accountable for his symptoms
 - (b) He should alter his diet immediately
 - (e)- He needs intensive, probably long term psychotherapy
 - (d) Medication might be helpful
 - (e) They should probably NOT discuss his diagnosis with the teacher as it might be stigmatizing
- 49. Which of the following is among the most common projective techniques used in a child mental health interview in order for the child to express concerns indirectly?
 - (a) Asking questions about specific symptoms
 - (b) Drawing
 - (c) Have the child climb stairs to assess gross motor development
 - (d) Asking the child how he feels:
 - (e) Assessing fund of knowledge

8/1	18 30		
11/1	W.	The psychiatric assessment of the child commonly differs from the assessment of the child commonly differs from the assessment of the child commonly different from the assessment of the child commonly different developmental levels are at different development	
1 112		ment of the child commonly afters from the Assessment	Igns
94		The psychiatric assessment of the child commonly division the assessment of the child common the assessment of the child common the assessment of the child common that th	The same of the sa
1 .	50.	The psychiatric following way and are at different developmental levels such that adults in all of the following way. The child and the clinician are at different developmental levels such that the child and the child and the child are on the assessment and treatment of the child.	012
- 1	30	The child and the clinician are at different developmental levels such the state of the child and the clinician are at different developmental levels such that they may have difficulties in communication they may have difficulties in communication. (a) The child and the clinician are at different developmental levels such that they may have difficulties in communication.	20
	_	THE WAR DIVERSE OF THE PARTY OF	3
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4.			
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		Playr	
		(4) Affect and mood	
		A Unistedness /	2
35		An advantage of having a set of toys available in the office versus having the	c
	53. A	An advantage of having a set of toys available	1
	cl	the things the tropic from the transfer of the	
	-	a) Observation frustration with toys too difficult for the child's,	
:	(a	a) Observation irustration with toy	
1.		developmental level The child will be uninterested in new toys and more engaged with	
	(b	b) The child will be uninterested in new toy	
	,	interview - : sthe child is playing	
	(c)	- 111 III Fan more at case II the cline is project	
	(d)		
	(e)		12
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	(p)) Nun-neute insidious onse.	
	2407		
	(d)) Low IQ	1 of 29
	(e)	Long duration of untreated psychosis Page I	
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				-	and the last			100	10 BY A
	_ 5	5. lr	Are often o				aviolation.		
_		30	People with inte	Heeting a		11 1 2 2			
	-	_(8	Arme	reatt 0154	bility, paye	hiatric de	1 7	of term	
		(b) - Dia-	ver daugnose	4	are disor	ders:	F-10	
			Diagnostic	overshadowa				-	
	1 3 7	(c)	D: Prevalence	ver dragnose overshadowi overshadowi	ng comple	tely explain	s the differe	nce in	-
	_	(d)	Diagnostic	overshadow:		The latest	1-1-1-1		
-		(c)	Diagnostic (overshadowi overshadowi	ig is not il	ue to bias of	Clinician	the sink	
			Are often ur	der diagnos	ig is delibe	erate ' '''	- status, and		
1	56.	Wh							1
		. ""	ich ONE of the I	ollowing is		1	The state of	0.14	
		(a)			rue regard	ing childho	od schizopt	renia?	
		1						1000	
		(b)	for childhood Bipolar disor	onset Schiz	only peen	well docum	nented to be	e a risk i	actor
	25	. (0)	Bipolar disor	der in abita	en in fran				+
		1.	Schizophreni	a	en is irequ	ently misdi	agnosed as	having	
78	1.1	(c)	Abuse or neg	lect does not	n fficial and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	arent is		1 T
		(d)	Children with	Autism Spe	attect one	S FISK for C	leveloping	psychos	entione
	3.	1.	delusions, and	thought die	order et	ruer posses	s pervasive	namuci	nations,
	•	(e)	Hallucinations	in autiem a	order enar	acteristics s	imilar to S	chizopii	rema
*	12	1		a an adrism a	re typican	y chronic			
100	57.	Whic	h of the following	in would No	T be seen	idaaad ia ba		-1 nost 6	f a
		neuro	psychological as	Sessment of	child?	idefell to be	an essenu	a part t	i a
				occount of	cunur	W. Y.	-		
	170	(a)	Medial history			77			
	•	(b)	Social history	- v	+				
5.		(c)	Behavioral obs	ervations of	the child	100	100		
		(d)	Psychological t	estino	the came		15		
	- 22	-(e) -	Magnetic Resor		na (M.(D.))		2		
) t		-(-/	iviagnene reson	mice mag	ng (ivitei)	1	-		4 5
5		A 7 ve	ar old girl is refe	total factors of	CRORPHILL	due to we		-fo	a.s. ed
		cehool	Che was record	In diameter	Sacsament	and to wo	rsening per	ionnan	ce at
		school.	She was recent	ry oraginiser	with Can	epsy and n	er medical	ions na	ve
			d frequent adjust						
			come mo <u>re soci</u>					rends	MJat ic
	-	the mos	t likely contribu	tor to her rea	eur boor	school peri	ormance?	3	
			500				10		2
	(Brian tumour			1884			
+	1		Depression						
	***	c) N	ledication side e	effect				*	
	. (6		ydrocephalous"						7 .
	(0	10.00	ubstance abuse						15
	. 10	, ,	read 3000 and 100 500 71						
						10.5		4.1	
		5:	2. 1	3					

With regards to the parents of the child being evaluated, a child psychiatrist 59. should take all of the following considerations except The expectations as well as feelings about the evaluation should be elicited from the child's parents Parents may bring a mixed heritage of guilt, shame, concern and fear of being judged in seeking help for their child Parents may have unrealistically optimistic fantasies of "absolution" of unconscious guilt of hopes of quick cures Parents generally inform the child of the nature of the evaluation prior to arrival Parents generally have a well-formed understanding of psychiatric assessment and treatment from mass media sources In which of the following situations would the risk of developing Schizophrenia 60. be the lowest for a child? A child's Schizophrenic parent 12% has a non Schizophrenic identical (a) twin 0% A child's non Schizophrenic parent 0% has a Schizophrenic identical twin (b) A child's Schizophrenic parent 12% has a non Schizophrenic fraternal (c) twin 0% A child's non Schizophrenic parent 0% has a Schizophrenic fraternal twin (d) A child's non-Schizophrenic parent 0% has a non Schizophrenic sibling The following are correct about children below the age of 7 years in relation to 61: understanding death in the family except: Cannot comprehend the irreversibility of death (a) Can express their feelings in play therapy-(b) Has limited ability to verbalize their feelings (c) The children tend lowards magical thinking and ego centricity (d) The children are sensitive about being 'different' from their peers , (e) In attention deficit hyperactivity disorder (ADHD), which of the following is 62. NOT classified as a problem relating to page attention? Appears routinely forgetful (11) Experiences difficulties in waiting in turn Dislikes tasks involving mental effort e.g. homework Easily distracted (11) Appears not to listen, when spoken to

63	T1	he following are dep	ot antipsychotic	preparations 22	cent:		771
	(a)) Fluphenazine o	recanoate				
	(b)) Haloperidol de	maate				
	(0)		decaponte				
	(d)						
	(c)	Clozapine deca		n	childhood	disorders.	
		gression of mileston nich of the following	es is a common	presentation of	ed with regr	ession?-	
64.	. 110	ich of the following	medical condit	ions is associat			
	W	tich of the female	- !- Facti	ons	and the same		
	(a)	Central Nervous	s System Intech	0113			
	(b)	Phenylketonuria	1	12.50			
	(c)	Hypothyroidism	1				- 12
	(d)	Scizure disorder	7		100000	11.011-0	
		All of the shove					
	~	VAIDS is a risk fact	- for all of the	following disor	rders excep	•	
65.	HIV	VAIDS is a risk fact	or for all of the				-
	(a)	Schizophrenia Alcohol use diso	rder .				
	(b)	Altonor use disc					
	(c)	Depression Adjustment disor	rder				
	(d)	Admistment disor	oc.				
	_(e)	Anxiety disorder			41.0	tic to	et for
		dition to clinical and	d family history	, a near contin	matory diag	shoshe te	31 101
66.	In add	dition to chinear and	a tanina	12			
57	tic dis	sorder is:					
	(-)	Magnetic Resonar	nce Imaging				
	(a)	Single photon emi	ission computer	d tomography	7 / *		
2	(b)	Electroencephalog	reaut				
	(c)	Ble. Whence principality	nuel				
	(d)	Blood dopamine le	EVCI				
	(e)	Noi.c		5, 00		*	0.2
-			1: . :- C	lation which	h domain c	f factors	is
67.	in the I	our P's Model of p	sychiatric form	Idiation, which	tian tonder	a much or	the
	COCCETT	and with features th	at make the pro	senting condi	tion,endur	s, such as	LIIC
	severity	of the condition of	r compliance is	sues?			
	(a)	Predisposing?					
	(b)	Precipitating "	-				
	(4)	Perp mating			5 5 5		
		Protective '					
					*:		
	(e)	Persecutory !	•				•
68.	What is	the strongest risk fi	actor for youth	suicide?			
- 1	(a)	Majo: depression					
		•			,*		
		Diporal disorder					
	(c)	Substance use disord	der	100.00			
4	d) - 1	rior history of a su	icide attempt				
(e) I	Bordin ine personali	ity disorder				

to alternative to the	ne bell and pad method for the treatment
What is a simple and	ne bell and pad method for the treatment of
enuresis?	- a bull horn
Waking up the child usin	ter 2 to 3 hours of sleep when the bladder may be
(a) Setting an alarm Clock in	-) OE
(b) Setting an all capacity reaching full capacity	right to aid arousal when the bladder signals full
Keeping the lights of at	
capacity Buide after 4 t	om
(d) Restricting fluids after (e) None of the above	41.41
The psychiatrist assessment of ch	ildren commonly differs from the assessment of
70. The psychiatrist assessment with adults in ALL of the following with	ays except:
nuutis in	distance to the adults than to the
(a) The child's behaviour may	y cause greater distress to the adults than to the
(b) Children may not recognize	their behaviour as problematic to others
(e) Children often seek out ps	ychiatric assessment or treatment for themselves
(d) Children may attribute pro	blems to others and be unwilling to accept their
contribution	to the problem
(e) The adult's expectation for	the child may exceed the child's abilities
and the full full and a superior as	of ADHD (Attention Deficit Hyperactivity
71. Which of the following symptoms	rown when a child matures to adulthood?
Disorder) is most likely to be duty	TOWN WHEN a CHING INCCORD TO COMME
(a) Inattention	AND THE BESTER TO
	ulsivity
	•
72. A 74 year old man presents with m	emory impairment and behaviour that is out of
character Which of the following	cognitive tests is appropriate to test frontal
lobe function?	1
j "	³ , 3
(a) Benton Visual retention test	
(b) National adult reading test	
(c) Rey-Osterrieth Complex fig	rure test
	6
1 1) = · · · · · · · · · · · · · · · · · ·
23 A 76 year old warmy suffers a strol	ce due to a ruptured berry aneurysm in the
73. A 76 year old woman suffers a strot	etal lobe is affected. Which ONE of the
following tests would you expect to	be abnormal?
tottowing tests whiter our expert to	
(a) Colour vision testing	
(b) Copying intersecting per age	ons
(e) Lurius motor test	
(d) Semantic memory	t. 0
(a) Three object recall	Page 15 of 29
	Page 13 of 27

b= 1		The state of the s		6
	3, 4			
				1
	74. Which ONE of the followin Schizophrenia or bipolar dis	(n	The second of th	
	Schizophrenia or bipolar dis	sorder?	ve somatic therapy for	
	(a) Chlorpromazine (b) ECT	The State of		_
	(c) Hypnotherapy	e para dia		
	insulin coma thermore	. W. w		
	(e) Pyrotherapy			
	75. Which ONE of the following	notidenses	ost suitable in a patient who is	
	suffering from depression and	d has recently also ha	ost suitable in a patient who is d myocardial infarction?	
	(a) Amitryptylline			
	(b) Duloxetine		a e l'asi	
	(c) Mirtazapine	a la e		
	(d) Paroxetine (b) Sertraline			
1				
1	 Which of the following Neuro 	transmitters promote	s sleep?	
	(a) Acetylcholine	A F		
	(b) Dopmine			
l it	(c) Histamine			
F	(d) Noradrenaline (e) Serotonin			
		# , *	v isa	
	77. Which ONE of the following or patients who are still consuming		alcohol consumption in	
11 .		ig meonor:	L. C. S. S. S.	
	(a) Acamprosate		0 6	
	(b) Bupropior (e) Disulfirm			
.71	(d) Nalmefene			
	(e) Naltrexone	4	1	
	4	in the moneymous	afficients district which are	
	78. Ábout the use of artipsychotics the following induces a metabol	lic syndrome?	of orpolar disorder, which of	
			7 1	
	(a) Lamotrigine ·	õ	· · · · · · · · · · · · · · · · · · ·	
	(b) Lithiuh	V.		
	(c) Lorazepam (d) Olanzapine	C		
5.4	(e) Sodium valproate:	- S		
	7.5 J. S.		v 2 1027	
	79. In bipolar disorder, which of the	Tollowing is useful	in acute mania?	
	(a) Bupropion	1		
	(b) Carbamazepine		e -	
	(c) Imipramine			
	(d) Sertreline (c) Tranyleypromine			
	(c) Tranyleypromine			
	17		Page 16 of 29	

Man	ida fi	Port
100	To at	
are a second	THE WAY	41
)-0
		10
tubium?		100
80. Which of the following statements is true concerning lithium?	-	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		-
(d) Works best with rapid cycling potients		
(c) Is not absorbed from the kidney	ga, a , a to be	100
81. Side effects of lithium include the following except:		
(a) Leucocytosis (b) Acne		W
(c) Alonecia		·V
(d) T wave inversion and QRS narrowing	₩ N	
(c) Mentory impairment	26 47 10	
 Side effect of carbamazepine include all the following except: 		
(a) Ataxia		
(b) Diplopia		
(e) SIADH		
(d) - Agranulocytosis (e) Leucocytosis		
	lv'	
83. The following are early signs (plusma levels 1.5 - 2 mEq/l) of fithium toxici		
except:	Ea. e	
(a) Anorexia		
(h) Vomiting	-	
(c) Diarrhoea		
(d) Coarse tremor		To.
(e) Nystagmus		
B4. The following statements are true about carbamazepine except:	3	
(a) Is a GABA agonist		
(b) Affects calcium channels		
(c) Induces its own metabolism (d) Has a short half life		
The same that the text formation		
	*	
85. Which statement is FALSE concerning lamotrigine?		
	tue'	
(a) Seems to be more effective in treating depressive episodes of him to		
(b) Used less than other anticonvulstants for imposit Lisotoel	,	
(c) Voltage-gated sodium channel agonist		
(d) Inhibits the release of glutamate		
(e) Does not cause a rash as one of the main side effects		
	17 -520	
Page	17 of 29	

86	Ne Ne	uroleptic malignant syndrome uptorns except: High fever	1,		- in a Manager
	Syr	uptoms except:	is characterized	I by all of the falls	Mt.
	(a)	High fever		s we folio	wing signs and
	(b)	Nausea and vomiting			-
	(4)	Automatic instability			
	(d)	Muscle breakdown		14.14	
4	—(e)-	Elevated creatinine phospi	and the second		
87	Riel	France phospi	TORTHESE LITTES	-	
	- CLJK	factors for suicide may include	de all except:		1 1 -
	(a)	Low income			
	4p)	Being an atheist			
*	(c)	Family history of suicide			
	(d)	Chronic physical illness			*
	(e)	Single and divorced marital	status ·		to an and
88.	Recog	nised roles of a physician do	E .	L'A ONE EL	*
			es not include	WHICH ONE OF IN	ese?
	(a)	Promote well being			
	(p)	Prevent disease/disorder		16	
	(0)	To always provide custodial	care for the s	ick	
	(d)	Enliance recovery			
	(e)	Promote human rights			5
l (i	heraped a) A	y Kenyu Community based tie agencies in mental health leahalic anonymous	organizations h include the I	s that are directly following except	used as :
		arcotic unonymous	- 4	- e, a	
المادر		polar anunymous .	65 W 10	Add.	
-fel	* · · · · · · · · · · · · · · · · · · ·	mya association for the we	Hare of epilep	tics	
(e)	Se	hizophrenic foundation			
46 30		Lat 1 to hear or affect way			
		al government has the follow	owing roles in	n organization o	f mental health
ser	vices: 3	•	3		
(-1	7.			e local and	
(a)		improve government's res			
- (b)		ance effectiveness and eff	iciency of ho	spitals manager	nent
(c)-	- AH	D E are all true			
(d)	Inch	ease the role of local comm	nunity in ma	nagement of ho	spitals/facilities
(0)		ce mortality, morbidity as	The state of the s	10 10 20 10	•
(-)		nological/physical disorde	_		M.)
	payer	iological/physical disorde	.13		
91. Ekam	ples ni	psychiatric emergencies i	include the fi	ollowing <u>excep</u>	<u>t</u> :
* (.)	122	at a management and a section of			,
		nt aggressive patient	*		
(1)	Law -	lages of remission			
(c)	Suicia	al patient			
		in coma or semi coma			
(e)	L.S.A.C.	social crisis			
					Page 18 of 29

-	1/ town	COLD .	
+ 31	1	-6	The state of the s
1	8	3/	following are illness causing behaviour except:
	-		Weess Cousing behaviour
-	40-		following are illiminated
1: "	92	The	
		(a)	- Discour
l .		(b)	Deathlist and the
		(4)	High fat diet
		- (c)	form concepts and generality
		The C	Physical exercise High fat diel High fat diel phacity to form concepts and generalize items is called:
17	93.		Concrete
		(a)	Abstract unitaring
		(c)	- A Hachilana
		(d)	Rationalization
-	5 0	(c)	dars are influenced by the following
	-	Psych	Rationalization Rationalization blogical disorders are influenced by the following except:
	94.		Learned helplessness
	4	(a)	Trauma
	-	(b) (c)	Role problems
		(d)	Stress
		Lox	Conestveness to have deficits in which of the following
		Childr	Stress Cohesiveness en with ADHO are known to have deficits in which of the following brain
	95-	areas:	
			Perception
		(a)	Motor functioning
		(b)	Attention
		(11)	1 mary -
		(d)	Memory Sensory functioning of the following perinadal risk factors are for associated with attention - peractivity Disorder (ADHD)?
		(0)	trisk factors are portage
	96.	Which	of the following permanant (ADHD)? hyperactivity Disorder (ADHD)?
	1	deficit	лурегаситнэ -
			Low birth weight
		(a)	Maternal alcohol misuse Maternal alcohol misuse
		(b) (c)	Maternal alcohol misuse Measles, mumps and rubella vaccines Measles, mumps and rubella vaccines Parents who smoke during pregnancy increase the risk of having a child
	_	. 11	Parents who show day
		15/7/1	with ADHO
		(-1	Maternal stress
	232	(-)	lowing are signs of alcohol dependence except:
	97.	The fol	lowing are signs of alcolor deport
	551		•
	•	(a)	Tolerance /
		(h)	Withdrawal symptoms
		(c)	Hypersonnia
		(q)	Change of priorities Change of priorities Reinstatement to dependence after a period of abstinence Page 19 of 19
		(0)	Reinstalement to depart
-			

.98. Wh	high aca	1	
	hich of the following is a protective factor for good mental health? Low social class		
(2)	Exercise Exercise	JA 85 JA	19
(b)	Low social class		
(c)	Citoanization	12 mg 5-25 cg	_
(d) (e)	Economic recent		
	Early pregnancy		
99. Barri			
	ters to access to mental health services in the		_
(a)	Lack of knowledge about a services include the following except:	17-12-12-13-1	
(6)	Lack of knowledge about the services Lack of finance		
(c)	Stigma and discrimination	144	
(d)	- indecessibility		
(0)	Fear of mental health workers		
100 Whish		7.7	
Which	h of the following is NOT a primary	Maria India	
(0)	h of the following is NOT a primary prevention of mental illness?		
(a)	Social networks		
(b)	Being married		
	Positive self image	100	
(0)	Advice from family members		
	Effective treatment		
101. Which (ONE of the fall of		
	ONE of the following would you consider the commenest sexual ction in males?	×.,	
-,511,10	Aren in mates?		
(a) 1	Low desire.		
(b) A	Arousal problem		
	Premature ejaculation	2	
	Anorgasmia	2.10	6,
(e) P:	Pain disorders		
102. Which on	ne of the following would you consider the commonest sexual	31	
dysfunction	on in females?		
	ow desire		
	rousal problem	-	
(c) Pre	emature ejaculation		
(d) Ave	version		
	in disorder		
	N.9 , 14 + 2		
103. Sexual anxi	riety may predispose an individual to all the following except:		
1037 Element	and the state of t	,	
(a) Dysj	pareunia .		
	mature ejaculation		
	tiple orgasms		
44' 7'	•	200	
	fe of abstinence .		
(e) Vagin	inismias		
	Pan	c 20 of 29	
	125	V 40 01 50	

104	The following are known causes of sexual dysfunction in	males except:	
	(a) Diabetes mellitus		1 - 4 Carrent 1 - 5
	(b) Hypertension		
	(c) Antidepressants		
	(d) Vasectomy		
-	(c) Antihypertensives		
105	The following are known causes of dyspareunia in female	les except:	an ska
2.5		ACCEPTANCE OF THE PARTY OF THE	
	a di	202 B 2 C	
	madequate vaginal secretions		
	(d) Use of drying herbs in the vagina Vaginitis		
-	(c) Use of female condoms		
	ions 106 – 108		
Mary.	aged 15 years has lost 10kg in 6 weeks. She is very thin	but excessively co	oncerned
about	being overweight. Her daily intake is 10 cups of coffee:	7 27 532	
1.0	U	January Company	E 10 - 0
106.	Mary might have the following symptoms except:	9.5%	
2.0	(a) A reduced sex drive		
	Increased sporting activities		
٠	(c) Amenorthea	Attended to	
		and and the sale	2 3 100
	they may me net tell very sexually unitablish		
	(e) Increased body hair.		
	1.71	.95	1.
107.	The most likely diagnosis would be:	J. ***	41.5
15	(a) Fetishism	4 11	
	•	(0.5	. ,
		;	
١ ((c) Generalised anxiety disorder		3
((d) Bulimia Nervosa		
1	=) Anorexia Nervosa		
108. 7	The following have been suggested in the ctiology of	the above disord	er except:
	:) Hereditary factors		
	Socio cultural factors V		
(c	History of sexual abuse		
i.	1) Intellectual factors	•	
7.	Racial factors	1.0	
1	1		,
••	√ ·		14
			T)

	9. The	following is tru	e of alcohol	intoxication	and sexual	performan	
-1-11	(a)	1.1	1 1 1 2	14 12	wile Sexual	pertormance	except:
	-(b)	1 impairs sc	xual perform	ance			35.
	(c)	It decreases:	n erections	1	- 22		
	(d)	It reduces spe	sexual desire		200		
5	(e)	It increases s	exual risk tob	ring	51 3		
				1776			2. 2
110.	Unde	the following	condition, va	riation in se	xual behav	riour is consid	dared
	patho	logical - Sexua	Activity inv	olving:		Tour is consider	acteu.
2 3.40.00.00						E. 1173	
	(a)	Bonding in co	nsenting adu	ilts	1+		
	(6)	A 65 year old	woman and	a 22 year ol	d boy		
e (1)	(d)	Consenting ad	ult members	of a nuclea	r family .		1
	(d)	A 65 year old	man and a 22	2 year old be	by		
6.7	(e)	A consenting s	tranger	1.50		- 120	
111.	The fol	Invina stateme	ntr nea terra		•	- arrival and a	- 52
	1110 101	lowing stateme	ins are true v	viin regards	to paraphi	mas except:	
	(a) ·1	Most paraphilis	C ura waru sa	cictont to to	- 2.0		
5 5	(b) S	some are consi	dered crimes	in most on	caument .		
-							1.01.00
	10,	Antidepressants SSRIs)	particularly	the selectiv	c zerotom	in reuptake ir	ihibitors
-31	Contract Con	ther forms of t	reatment inc	luda ECT			
				THUE - LC.			
		eine that reduc	n tectnetarn		malua ma		
(c) - D	rugs that reduc	e testosteror		males may	y be used to	treat some
	c) - D	rugs that reduc rms of paraphi	e testosteror Jins		males may	y be used to	treat some
	(c) - D	rms of paraphi	lias ,	ne levels in			
· 112. A	(e) - D (fo	oms of paraphi old married m	lins un has a tele	escope which	th he uses	to watch wo	omen
- 112. A	(c) - D fo 45 year ndressing	oms of paraphi old married m į in the opposi	liss un has a tele te block at n	e levels in escope which ight. This	th he uses	to watch wo	omen
- 112. A	(c) - D fo 45 year ndressing	oms of paraphi old married m	liss un has a tele te block at n	e levels in escope which ight. This	th he uses	to watch wo	omen
• 112. A	(e) - D fo 45 year ndressing arringe.	oms of paraphi old married m g in the opposi The most like	liss un has a tele te block at n	e levels in escope which ight. This	th he uses	to watch wo	omen
- 112. A - ui m	e) - D fo 45 year ndressing arringe.	oms of paraphi old married m in the opposi The most like abitionism	line un has a tele te block at n ly diagnosis	escope which ight. This is:	th he uses	to watch wo	omen
• 112. A	e) - D fo 45 year ndressing arriage. Ext	oms of paraphi old married m g in the opposi The most like abitionism dophilia	lins un has a tele te block at n ly diagnosis	escope which ight. This is:	th he uses	to watch wo	omen
- 112. A - ui m	e) - D fo 45 year ndressing arriage. Ext	oms of paraphi old married m in the opposi The most like abitionism	lins un has a tele te block at n ly diagnosis	escope which ight. This is:	th he uses	to watch wo	omen
· 112. A - ui m (a) - (b)	e) - D fo 45 year arriage. Ext Pae Imp	oms of paraphi old married m g in the opposi The most like abitionism dophilia	lins un has a tele te block at n ly diagnosis	escope which ight. This is:	th he uses	to watch wo	omen
(a)	45 year ndressing arriage. Ext Pee Imp Voy	oms of paraphical magnitudes of the proof like of li	lins un has a tele te block at n ly diagnosis	escope which ight. This is:	th he uses	to watch wo	omen
· 112. A - ui m (a) - (b)	45 year ndressing arriage. Ext Pee Imp Voy	oms of paraphicological material materi	lins un has a tele te block at n ly diagnosis	escope which ight. This is:	th he uses	to watch wo	omen
(a) (b) (c) (c)	(c) - D for 45 year adressing arriage. Ext Pac Imp Voy Sext	oms of paraphicological matter properties of the properties of the properties of the paraphilis of the	line un has a tele te block at n ly diagnosis e dysfunctio	escope which is:	ch he uses behaviour	to watch wo	omen g his
· 112. A - ui m (a) - (b) (c) - (d) (e)	(c) - D for 45 year arriage. Ext Pee Imp Voy Sexu	oms of paraphicological matriced in the opposition of the most like in the	line un has a tele te block at n ly diagnosis e dysfunction	escope which is:	ch he uses behaviour	to watch wo	omen g his
· 112. A - ui m (a) - (b) (c) - (d) (e)	(c) - D for 45 year arriage. Ext Pee Imp Voy Sexu	oms of paraphicological matter properties of the properties of the properties of the paraphilis of the	line un has a tele te block at n ly diagnosis e dysfunction	escope which is:	ch he uses behaviour	to watch wo	omen g his
· 112. A - un m (a) (b) (c) (d) (e) 113. Abo PTS	de) - Diformation of the desired of	oms of paraphicological matried matrie	line un has a tele te block at n ly diagnosis e dysfunction	escope which is:	ch he uses behaviour	to watch wo	omen g his
(a) (b) (c) (d) (e) 113. Abo PTS	(c) - D for for 45 year ndressing arriage. Ext Pee Imp Voy Sext out 50% D includ Re ux	oms of paraphicological matried magnitudes of the prost like arbitrary of all cases of the following perioneing	line un has a tele te block at n ly diagnosis e dysfunction sexual abus tg except:	escope which is:	ch he uses behaviour	to watch wo	omen g his
· 112. A - un m (a) (b) (c) (d) (e) 113. Abo PTS	d5 year ndressing arriage. Ext Pact Imp Voy Sexual 50% D include Re extended to the content of	oms of paraphicological matried magnitudes of the prost like arbitrary of all cases of the following periencing ive thoughts	line un has a tele te block at n ly diagnosis e dysfunction sexual abus tg except:	escope which is:	ch he uses behaviour	to watch wo	omen g his
(a) (b) (c) (d) (e) 113. Abo PTS (a) (b)	d5 year ndressing arriage. Ext Pact Imp Voy Sext D include Re ext Intrusty Victor	oms of paraphicological matried magnitude of the prost like of the prost like of the process of the following of the followin	line un has a tele te block at n ly diagnosis e dysfunction sexual abus tg except:	escope which is:	ch he uses behaviour	to watch wo	omen g his
(a) (b) (c) (d) (e) 113. Abo PTS	d5 year ndressing arriage. Ext Pact Imp Voy Sexual 50% D include Re extended to the content of	oms of paraphicological matried magnitude of the prost like of the prost like of the process of the following of the followin	line un has a tele te block at n ly diagnosis e dysfunction sexual abus tg except:	escope which is:	ch he uses behaviour	to watch wo	omen g his
(a) (b) (c) (d) (e) 113. Abo PTS (a) (b)	d5 year ndressing arriage. Extended Page 1	oms of paraphicological matried magnitude of the prost like of the prost like of the process of the following of the followin	line un has a tele te block at n ly diagnosis e dysfunction sexual abus tg except:	escope which is:	ch he uses behaviour	to watch wo	omen g his

Day Sty	-			- of the	Suble
		ic strategies that are c	ommonly used duri	ng psycho	Subjet Class
. 7	attowing are specif	ie strategies man		· · · · · · · · · · · · · · · · · · ·	10- 015
114. The	by except:				043c
there	Sensate Couple for	ocus			3
(a)	Sensate Couple to	ocus Nerent coitus position	IS		1
(b)	Use of lubricants		,	100	
(c)	- e e e e e	fire.			1
(d)	Exchanging partn	ers	3/2	- 1	\ \
-(e)	Exchargas				
	PETE -Perpetrator	s of sexual abuse are	usually.		
115NOT-	I KOD.	5			
	Mentally ill	ar t- abi	ta .	-	
(n)	Plan and plot over	rtime if known to chi	d have low selfest	eem	
(b) (c)				ERM-	
(d)					
(a)	Are represented in	all socio economici	P. Oah-		
(0)	The state of the s	ng is correctly match	ed in terms of dep	ree of risk of	
which	one of the following	ng is correctly match	cu in terms of deg.	- 12	
116. Which	ssion of HIV:	*		* 1	
	**	123			
(a)	Anal sex - Moder	ate risk	2010200		
(1-)	Vaginal sex - Hig	her risk than anal sex			
(a)	Oral sex - Modern	ile risk			
(1)	Scarification - No	risk		3.5	
-42- 5	Sharing needles -	High risk			
			Lav Lava.	hear implicate	d
117. Which o	f the following is	not true of coltural p	ractices that have	neen mipheate	·
in the tra	nsmission of HIV	7?		100	
All 1.1.0					
(a) F	emale genital mu	tilation		-	•
as p	alvoamous marris	1905			
A SEC. MINE	· · · Fadalae	cent pirls by older II	ien		The track of
(c) M	wine cetenionia	beer from one drin	king utensit		
6.11 11	iaring ceremonia		3*		
	ife inheritance				
3		management of an	enisode of schizo	phrenia include	:
118. Social into	erventions for the	management in an		ā.	15
all of the	following except:	100			
(a) Ad	dressing need fo	r time off work/sche	201		
(b) Pro	tection of the pa	tients social suppor	t networks	Hopse related	
(0)	witing public ed	tients social supportugation that decrease	se/prevent mentar	Hilless relate	
(c) Pro	ividing painters				
81:2	ma	mente		it i maliant	is
(d) imp	aroving social ne	tworks amily during the wi	hole period of tim	ie mara panene	0.5
. (c) Lin	nt contact with 1	annly norther the m			
. syn	ipiomatic /				
				Page 23 of	29
				1,450 27 01	

	(a) Parkinson's disease
	(b) Hungtington's disease
5 475.	(c) Wilson's disease
	(d) Pick's disease
	(e) Binswanger's disease
120.	The commonest cause of dementia is:
	a) Dementia with Lewy body
	b) Frontal temporal dementia
	Alzheimer's dementia
	d) Vascular dementia
. (c) Creutzfeldt – Jacob disease
121. P.	redisposing factors to Alzheimer's disease include the following except:
121. 1	edisposing factors to Atzheimer's disease include the following
(a) Male sex
-CH	
(c)	
(d)	Positive family history
(e)	Post menopausal estrogen decline
122. Cli	nical features of Lewy body dementia include the following except: Prominent auditory hallucinations
(b)	Vivid visual hallucinations
(c)	Delicium
(d)	Park insonism features
(0)	Distarbed rapid eye movement (REM)
123. Pote	ntially reversible causes of dementia include the following except:
	Normal pressure hydrocephalous
(a)	General paralysis of the insane
(b)	General paralysis of the mount
(c)	Myxoedema .
_(d)	Semantic dementia
_(0)	Subdural hematoma
(c)	
(c)	and the standard and th
(c)	inations of antipsychotic drugs:
(c) (24. Comb	Should never be used
(c) (24. Comb (a)	Should never be used
(c) (24. Comb (a) (h)	Should never be used Can be used in special cases
(c) 124. Comb (a) (b) (c)	Should never be used Can be used in special cases Are invariably toxic Incomes the risk of relapse directly
(c) (24. Comb (a) (h)	Should never be used Can be used in special cases

125. Res	and in a state of	c	ers'	- 4	7.7	-
	arding the treatment o		The second secon			
(a)	Antipsychotic drug	s remain the fir	st line choice	Trelief		
(b) (c)	Antidepressants will Benzodiazepines si	hen used correct hould never be	used because	of their addict	tive '	
-(4)	The dose of tricycl	ic antidepressar	its should be	reduced gradu	ally to avoid	
(c)	An apparent worse	ning of sympton	ms may be se	en when start	ng treatment	
125	_with anti-depressan		2 2		. 46.	
. 126. Usefi	il interview technique	s include: ex	apr			
(a)	Summation	1		100		
(b)	Silence -	200				
(0)	Missing appointmen	nts -				
(d)	Homework	-			77	150
(e)	Directive questioning	ng	20.0		tel	rent
127. In revi	ewing a psychotic pa	tient the follow	ving are impo	rtant: CCU	ODIS LAND	use
45	Medications used, the	hair doses and	side effects		. 1	*
(b)	Social needs	ien doses and .	ide differi			
. (0)	The history from the	cantaker		.7		
(d)	Suicidal tendencies			-3	200	
(e)	Physical health	0.000		100		
(a) (b) (c) (d) (e) 129. 3 Regarding	is of sleep apnea. This likely to report all a likely wetting a person with alcount a likely a like	ohol abuse of t	he following			
to get the fee at the feet of		alated to	alcohol			
				r social probl	ems	
(0)	ontinued use despite filure to fulfill role (obligation at v	vark or hom	e because of	recurrent	
	T. d. Land			,		
* * * * * * * * * * * * * * * * * * * *	inking op to abuse alcohol	if advised to	stop			
(d)	op to abuse account	D	· .			
(e) · · · · ·	cidents are commo					
	following are symp	tons of depri	smon excen	<u>8U</u>		
		_	,			
(a) An	hedonia	a i			,	
25 (10) To	rminal insomnia					
			سع دستوليدن			
10	ought broadcasting as of interest to all t	pleasurable ac	HVITTES			
h	illistic delusions -	-			Page 25 of	29
(e) No	minute actual	7.			· orbit	

TEL			NA BA
-	(a) It is more neute than post parture de		
	(a) It is more seemed	e7	
	If is usually and state of debression	•	
	it affects 50 - poor - in tempsing syndrome		
	(d) It is characterised by persistent apathy (e) It is not associated with a second to the second tenders.		
	with Sicen disturbance		
	132. The basis for the therapeutic effect of electroconvulsive therapy (ECT		
	THE GLIDALO) is:	
	(b) Electrical stimulation of the term		
	VICTION IDSS		
	patient's attitude toward ECT		
	133. The following investigation is for mandatory before electroconvulsive		
	fort Fire	therapy:	
	(b) Liver function test	+	
	(c) Urea and electrolytes	· .	
8	(d) Urinalysis	•	
	(e) Fasting bload sugar		
	134. Electroconvulsive therapy is contraindicated in:	Ü.	
	14		
1.4	(a) Pregnancy		
	-(b) Persons with recent myocardial infarction		
	(c) Persons with controlled hypertension (d) Persons with history of febrile convulsions in childhood		
	 (d) Persons with history of febrile convulsions in childhood (e) Persons aged above 75 years 		
	(b) I craons aged acove 75 years		
	135. The following is a parasomnia:		
1			
	3 (a) Nightmare disorder		, ;
	(b) Narcolepsy		
	(c) Primary insomnia		
	(d) Breathing related sleep disorder		
	(e) Primary hypersonnia		
	136. Hypersonnia is likely to be due to:-		
	(e) Depreusion		
	(b) Schizophronia		
	(c) Mania		
	(d) Bone fracture		
	(e) Anxiety disorder		
	· · · · · · · · · · · · · · · · · · ·		
	, D	age 26 of 29	
,	,	uffe an mi as	

111 1 27 1 - 1
Marie de la companya del companya de la companya de la companya del companya de la companya de l
High doses of hypnotics are recommended for most patients High doses of hypnotics are recommended for most patients (1) High doses of hypnotics are recommended for most patients (2) High doses of hypnotics are recommended for most patients
High doses of hypnotics are recommended for the likely to (a) High doses of hypnotics are recommended for the likely to Dependence rarely occur (b) Dependence rarely occur what drug they are on since they are likely to patient should not know what drug they are on since they are likely to patient should not know what drug they are on since they are likely to patient should not know what drug they are on since they are likely to patient should not know what drug they are on since they are likely to patient should not know what drug they are on since they are likely to patient should not know what drug they are on since they are likely to patient should not know what drug they are on since they are likely to patient should not know what drug they are on since they are likely to patient should not know what drug they are on since they are likely to patient should not know what drug they are on since they are likely to patient should not know what drug they are on since they are likely to patient should not know what drug they are on since they are likely to the patient should not know what drug they are on since they are likely to the patient should not know what drug they are on since they are likely to the patient should not know what drug they are on since they are likely to the patient should not know what drug they are likely to the patient should not know what drug they are likely to the patient should not know what drug they are likely to the patient should not know what drug they are likely to the patient should not know what drug they are likely to the patient should not know what drug they are likely to the patient should not know what drug they are likely to the patient should not know what drug they are likely to the patient should not know what drug they are likely to the patient should not know what drug they are likely to the patient should not know what drug they are likely to the patient should not know what drug they are likely to the patient should not know what drug they are likely to the pat
(a) High dosts arely occur (b) Dependence rarely occur (c) Dependence rarely occur (d) Dependence rarely occur (e) Dependence rarely occur (f) Dependence rarely occur (g) Dependence ra
(b) Patient should not kind
(c) abuse it abused for investigations
(c) Panel is little or no need for investigations (d) There is little or no need for investigations
(e) [(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
138. Postparium psyclosis: Is an example of psychotic disorder not otherwise specified (2) Is an example of psychotic disorder and others (2) Is an example of psychotic disorder and Bipolar 1 Mood disorder
138. It am example of psychotic disorder and others
Poses no danger to the patients the disorder and Bipolat Poses no danger to the patients between the disorder and Bipolat Poses no danger to the patients and Bipolat Poses no danger to the Bipolat Poses no danger to the patients and Bipolat Poses no danger to the Bi
138. Postpartition 15 an example of psychotic disorder not other
(d) Hormonal treatment develop the disorder during are
(c) Most Roman psyclosis is:
(e) Most to (e) Mo
ie in the second
(a) Delirium (b) Confabulation
11 marsomnia
Passivity phenomena
(e) Delusion
hast be defined as:
140. A delusion can best be defined as:
(a) A false belief that meets specific psychological needs
micrepicselli in a manually present
(c) Perceptual representation of a sound of bounding evidence to the contrary
(d) View point able to be changed
is presented
(c) Dissociative reaction
141. In Schizophrenia psychotic symptoms such as hallucination, delusion
In Schizophrenia psychotic symptoms such as hallucination, defusion disorganized speech and grossly disorganized or catatonic behaviour are known
disorganized speech and grossy
as:
(a)—Positive symptoms
(b) Negative symptoms
(c) Mediating symptoms
(d) Casastrophic symptoms
(e) Perpetuating symptoms

		(2)	Factitious disorder			*	- 6
	0	(b)	Conversion disorder				
		(c)	Somatization disorder		40		
		(d)	Hypochondriasis ·		*		*
_		(c)	Obsessive disorder .				
		C)		740 80			400
	143.	Choo	se the correct answer with	regard to de	lirium:		
		(a)	Delirium is characterize	d by a disturt	nance of consc	iousness and	a change
		(b)	in cognition that develop	over a short	period of tim	c :	
		(0)	Tremor, mystagmus, in common neurological sy	motoms	and urinary in	continence ar	. ,,
		(c)	Abnormalities in mood,	percention a	nd behaviour a	re common p	sychiatric
			symptoms	perception a		************	Ni Sal
		(d)	Symptoms are worse at i	night			576
		(0)	All of the above are true		¥8		
							500
	144.	All of	the following are psychot	ic disorders o	except:		
		(a)-	Artisocial personality dis	sorder			
		(b)	Schizophrenia				
		(c)	Schizophrenyorm disord	ėr –			
		(d)	Delusional disorder			1*	
	50	(e)	Brief psychotic disorder		9		
			Carried Annual Carried Control of the Control of th				20
	145.	Psycho	education after an acute p	sychotic epi	sode should i	nclude:	
			Information to the patien	t and primar	v care provide	ers in the hor	ne
		(a)	Information about anticip	ated side eff	fects of medic	ations	
			Information about airresp	illness 4			3
		(c) ;	Information on course of Information on the diagno	neis		٠. د	
ŝ		(d)	Information on the diagra	0313			
		(a)	All of the above are true				
			. as Ountland	46 - 150)	0 85		2 .
	Theme:	Halluc	inations (For Questions 1	40-130)		14.	
			0.00			- 11	
	A Auu	oscopic					
	B. Extr		ne .				4
	C. Hyg						
	D. Hypi		9 9				
		nappmp				•	
		sthetic		*			
	G. Refle		4				
			an auditory				
			on auditory			8	
	1. Then	mic					

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Select the hallucination that is described in each of the following cases:

- 146. A patient with a persistent delusion that he is a vampure tells you that he often looks in mirrors and sees no reflection of himself at all B
- 147. A schizophrenic gentleman is convinced that he can hear foreign agents in a different city discussing amongst themselves how they are going to assassinate him
- 148. An anxious patient in the ward tells nursing staff how he saw a hooded figure coming to get him as he was about to fall asleep.
- 149. A patient becomes highly distressed in response to seeing workmen putting up a shelf on the ward. On questioning she states she can feel them hammering into her head.
- 150. An elderly gentleman with psychotic depression tells you that he hears a voice telling him that he is more evil than Hitler and how he should go about killing himself to save the world from his sinfulness.

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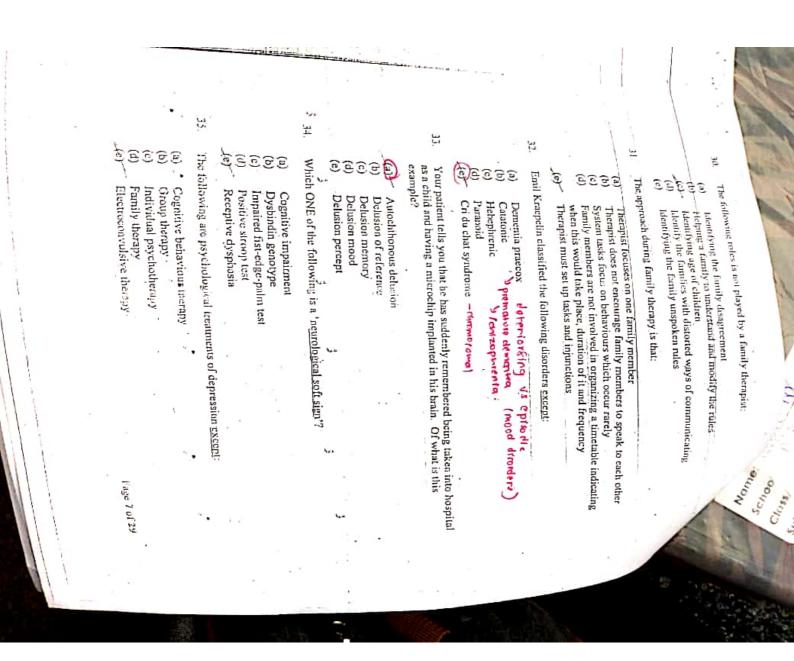
· IN	ISTRUCTIONS	
1)	Each question contains 5 suggested responses. Sele	ct the best response to each
	question.	
	· · · · · · · · · · · · · · · · · · ·	response.
3)	There is no penalty mark for wrong answer.	7 2 - 12 (3 d 2 s 2 s 2 s 2 s 2 s 2 s 2 s 2 s 2 s 2
1.	Which ONE of the following statements is the best	example of a good interview
1.	skill?	
	(a) Asking closed questions during the intervie	W
1	(b) Being sympathetic rather than empathetic	
	(c) Maintaining continuous eye contact	The cont
	(d) Premature assurances which are helpful The use of non-verbal methods of communi	ication V
_	Which of the following stages of Freud's theory of	psychosexual development
2;	broadly coincides with Erickson's initiative versus	Guilt stage?
	Bloadly comerce	
	(a) Anal /	
•	(b) Genital	
	Latency (socializen)	
	(d) Oral	
-	(e) Phallic .	
15	The following are considered founders of modern p	sychiatry except
(3,)		· Freud
	(a) Ivan Pavlor - Conditioning	Heda
	(b) Jean Etienne Dominique Esqual (b) Philippe Pinel Odroc & For 100001 Aff	red Adjor - Jervallty & theory o
	Philippe Pinel odvota Durque	Marmacology Childhood-
	Emil Kraeplin - general	- Cologgi
	(e) Eugene Bleuler	* Sigmound

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• Sigmound ... Page 1 of 49

· Erik Erickron

Behaviour therapy in CBT (Cognitive flebaviour Therapy) is base following except (a) Operant conditioning (b) Scientific knowledge of human nature (c) Classical conditioning (d) Only on Tradition western traditions (e) Learning principles Behaviour therapy in CBT-focuses on all-of the following except (e) Learning adaptive behavioural skills Behaviour therapy in CBT-focuses on all-of the following except (e) Learning adaptive behavioural skills Behaviour therapy in CBT-focuses on all-of the following except (e) Learning adaptive behavioural skills Self evaluation Self evaluation Self evaluation Social response Minimal cue False reassurance Clarification Amplification Amplification Amplification Symbolisation Repeated irrational thoughts Examining thoughts of the client during therapy is not used to as? ONE is it? Depression SAD (Seasonal Affective Disorder) Dementia	23. One of the following psychological proble Which ONE is it? (a) Eating disorder (b) Depression (c) SAD (Seasonal Affective Disorder) (d) PTSD (d) Pomentia	(a) Social response (b) Minimal cue (c) False reassurance (d) Clarification (e) Amplification 22. Behavioral agreet in Cognitive Behin: (a) Thought stopping (b) Relaxation (c) Symbolisation (d) Repeated irrational thoughts (e) Examining thoughts of the cl	(a) Self awareuess (b) Eliminating symptom (c) Learning adaptive beb (d) Searches of conscious (e) Self evaluation 21. Seeking to understand the mes	. 545-
	One of the following psychological problems cannot be managed using CBT. Which ONE is it? (a) Eating discorder (b) Depression (c) SAD (Sensonal Affective Disorder) (d) PTSD (e) Dementin	(a) Social response (b) Minimal cue (c) False reassurance (d) Clarification (e) Amplification Behavioral agreet in Cognitive Behavioral Therapy is not used to facilitate change in: (a) Thought stopping (b) Relaxation (c) Symbolisation (d) Examining thoughts (e) Examining thoughts of the client during therapy	A Self awareness (a) Self awareness (b) Eliminating symptom (c) Learning adaptive behavioural skills (d) Searches of conscious conflicts (e) Seaf evaluation Seeking to understand the message of a patient by asking for more information or for elaboration on a point during CBT process is referred to as?	Behaviour therapy in CBT (Cognitive Behaviour Therapy) is based on all of the following execut: (a) Operant conditioning (b) Scientific knowledge of human nature (c) Classical conditioning (c) Only on Tradition western traditions (c) Learning principles



-	(a)	Guilt			experience	all of the follows	ng except.
	(b)			- 1	-	11 11 11 11	
P ² II	(c)	Inadequa	rattere	1		- Carlo Balance Telephone -	
•	-{0)	Positivity	· y	T.O. 6			
	(e)	Anger		5	46	+1 U.+	
37.	Pro	longed:				7.0-11.3	
		longed grievin	g due to lo	ss of pregn	ancy can occ	ur due to:	11
	-(a)	The loss ar	id grief be	no mini-:			
	(b)					around her	4
	(c)	The state of the s	ADLL HOM	Inc partner		aby	
	(d)	MIOWING U	ic cause of	the lace of	ا€ مان داد باغاندید		
	(e)	Not worried	about for	UIC 1033 01	pregnancy		
	194		- Idi	are brefinar	icies	0 ₀ = .19	4.7
38.	The n	nost widely no	escribad -			A	
	hyper	activity disord	las /A DUIT	narmacolog	gical treatme	nt for attention of	clicit
•		and the transfer	ici (VDEII)) is:			1100
	(a)	Diazepam			•0		
	(b)					*	•
		Ritalin				JA 8. 9	122
	(c)	Lithium					
	(d)	Risperidone		- 59			
	(c)	Largactil					
1	(b)- 1	Immature Mature Neurotic	ž.				* 4
-						+ -	
		Varcissistic					
(e) P	svchotic		•			3.
	· ,	v			•		-
P	atients v	with psychogo	nic pain d	isorder hav	e the follow	ing characterist	ics except:
(a) На	ive ongoing p	ain, not di	ue neoplasi	ic disease		
(b)) Hi			ng pathoph	ysiological	mechanisms th	at account
		the respond					200
(c)		ve a life histo blems	ry of mah	dity to for	n any psych	ological view o	flife
(d)					ntral focus t	o their thought	s, feelings,
		aviour and so			chavion the		
(0)							

41.	All of the following are specific somatoform except	disorders listed in DSMIV TR
-	(a) Conversion disorder	
	(b) Pain desorder	
	(c) Hypochondriaus	
	(d) Body dysmorphic disorder	
	(e) Differentiated somatoform disorder	
.42	A 30 year old female or second	
	A 30 year old female prisoner when invited by	the prison medical officer to come
	into the interview room takes four steps backy	vards from the door. She came into
	the room when the officer asked her to go awa behavioural disorders of schizophrenia is she e	exhibiting?
	(b) Ambitendency	
	Negativism .	
	(d) Satyriasis	
((e) None of the above	
43. V	Which ONE is odd amongst the following?	
(:	1) Paroxetine	
(6		
(c		
(d		
-(40)		
		100
44. A	40 year old female with a long history of Schiz	ophrenia relapses. On
CXI	unination she holds her arm and face in a pecu-	liar poster which is maintained
for	a few minutes at a time. What motor disorder	is she exhibiting?
(2)	Ambitendency	. ز
(a)	Mannerism 1	, j
(b)	Schnauzkrampf	
(ĉ)		
(d)	Stereotypy None of the above	
(0)		
Λ 26	year old man is diagnosed with Schizophrenia	i. Which one of the following
predi	ets a poor prognosis?	
1.100	v	And the second second
(a)	Absence of negative symptoms	
	Being married	
(b)	tiens or no episodes in the past	
(c)	Good premorbid personality	
(d)	Gracinal onset	
1		
		1 age 9 of 29

For questions 46 - 48

A 7 year old boy is brought to you by his parents on a referral by the school where the child is in class one. The boy does not have a major discipline problem but he frequently answers questions without being called on and is often out of his seat without permission. His school work is adequate but the teacher believes, "he could do better." He has difficulty completing tasks and appears to spend most of the class time day dreaming

- 46. Which additional piece of information would support the most likely etiology for his symptoms?
 - (a) A history of head injuries
 - (b) A history of neurological symptoms
 - (c) A history of tics
 - (d) His medication history
 - (e) Family psychiatry history
- 47. The most likely diagnosis is:
 - (a) Attention deficit hyperactivity disorder (ADHD)
 - (b) Conduct disorder
 - (c) Post Traumatic Stress Disorder
 - (d) Intellectual disability
 - (c) Autism spectrum disorder.
- Regarding treatment the best advice to the family would be that:
 - (a) He has a diagnosable disorder so he should not be held accountable for his symptoms
 - (b) He should alter his diet immediately
 - (e)- He needs intensive, probably long term psychotherapy
 - (d) Medication might be helpful
 - (e) They should probably NOT discuss his diagnosis with the teacher as it might be stigmatizing
- 49. Which of the following is among the most common projective techniques used in a child mental health interview in order for the child to express concerns indirectly?
 - (a) Asking questions about specific symptoms
 - (b) Drawing
 - (c) Have the child climb stairs to assess gross motor development
 - (d) Asking the child how he feels:
 - (e) Assessing fund of knowledge