

Name _____

Psych 2AP3 Test #2: Autism, Anxiety, & Somatoform Disorders

Instructions: You have 50 minutes to complete the following 40 questions. Please **print** your name at the top of this paper, and return it with your scan sheet. On the scan sheet, print your ID number in the leftmost 7 boxes in the section at the top left marked "IDENTIFICATION NUMBER", and fill in the appropriate circle beneath each box. **Please be sure to code your ID correctly, since it is the ONLY way the computer has of identifying you!!** Please **PRINT** your name in the space marked "NAME" at the top right of the form, and **SIGN** your name underneath. In answering questions, be sure to mark darkly. **IF YOU CAN STILL READ THE NUMBER IN THE BUBBLE YOUR MARKING IS TOO LIGHT.**

- With respect to **face perception**, we noted that children with autism:
 - prefer to sort faces by attributes such as hairstyles and accessories rather than by emotional expression. [correct]
 - show the same difference in evoked response potentials (ERPs) to familiar versus unfamiliar faces as typical children show.
 - process faces using the same areas of the brain that typical children use to process faces.
 - show more activity in the fusiform gyrus of the temporal lobe, and less activity in the orbital prefrontal area when processing faces - the opposite pattern from typical subjects.
 - all of the above
- Research consistent with the **executive function theory** indicates that individuals with autism:
 - have a narrower attentional focus, and take longer to direct attention to peripheral locations.
 - have trouble with planning sequences of actions, as indicated by their performance on the Tower of Hanoi task.
 - have trouble shifting their mental set, as indicated by difficulties on the Wisconsin Card Sorting Task.
 - have difficulties inhibiting prepotent responses, as indicated by their performance on the Windows Task.
 - all of the above [correct]
- The deficits we see in autistic individuals when they describe the actions in Fritz Heider's animated cartoon of circles and triangles in motion indicate of problems with:
 - social perception [correct]
 - set shifting
 - attentional focus
 - memory for temporal sequencing of actions
 - none of the above
- Which of the following statements about the intense world theory is **NOT TRUE**?
 - It is based on the assumption that the strong response to sensory stimulation in autism is at the root of the entire autism spectrum.
 - It points to the fact that there is a high rate of autism among children of mothers who took valproic acid (VPA).
 - It points to the fact that VPA rats show stereotyped motor behavior and low levels of reactivity to sensory stimuli. [correct]
 - It points to the fact that VPA rats have more cortical cells, and more neural connections between the cortex and other areas of the brain.
 - all of the above ARE TRUE
- In discussing the structural and functional abnormalities in the brain of individual with autism we noted that studies have reported:
 - reduced functional connectivity between Wernicke's and Broca's area during language processing in autism. [correct]
 - greater cell density and dendritic arborization in the amygdala.
 - greatly increased interaction between the amygdala and the prefrontal cortex during face processing.
 - increased blood flow in the frontal lobe, especially in the left hemisphere.
 - none of the above
- Which of the following is **NOT** one of the points we made in discussing the possible genetic bases of autism?
 - the concordance rate for MZ twins is between 65-75%, and the concordance rate for DZ twins is between 3-10%.
 - heritability estimates based on concordance data average about 50-60%. [correct]
 - autism has been linked to a number of other disorders, like Fragile X syndrome, that have clear genetic bases.
 - there appear to be a large number of genes involved in the genetic diathesis for autism.
 - all of the above ARE points we made concerning the genetic bases of autism

7. The observation that the parents of children with autism have a much higher rate of other disorders (e.g., anxiety, depression) is an illustration of what characteristic of the genetic bases of autism?
 - a. pleiotropy [correct]
 - b. variable expressivity
 - c. etiological heterogeneity
 - d. genetic heterogeneity
 - e. none of the above

8. As your text notes, _____ has been associated with autism.
 - a. Down's syndrome
 - b. mutations of chromosome 23
 - c. fragile X syndrome [correct]
 - d. Huntington's disease
 - e. All of the above

9. As your text notes, the intensive behavior program designed by Ivar Lovaas for children with autism:
 - a. has not proven successful.
 - b. has shown promise, but not as much as medications.
 - c. helped almost half of the children in the treatment program achieve normal intellectual functioning. [correct]
 - d. helped most of the parents of autistic children learn to cope better with their children.
 - e. has proven successful only with high functioning adolescents and adults with autism.

10. In discussing the epidemiology of **Generalized Anxiety Disorder** we noted that:
 - a. it usually starts in the 20s or 30s [correct]
 - b. overall, it is the most common anxiety disorder.
 - c. very few patients with GAD are comorbid for another disorder.
 - d. GAD is equally common among males and females
 - e. none of the above

11. Which of the following would **NOT** be a common or expected symptom of Panic Disorder (PD)?
 - a. chest pain
 - b. sweating, trembling or shaking
 - c. dizziness
 - d. derealization or depersonalization
 - e. all of the above ARE common symptoms of PD [correct]

12. In discussing **panic attacks** we noted that:
 - a. they peak very quickly (typically within 10 minutes)
 - b. they can last up to 1 hour
 - c. they range in frequency from many per day to only once every few months
 - d. they often occur without warning
 - e. all of the above [correct]

13. A clinician sees an individual who meets the diagnostic criteria for Panic Disorder (PD). Based on our understanding of the prognosis for PD, the probability that this patient will require frequent and continuous treatment to manage his symptoms is about:
 - a. less than 10%
 - b. 15-20% [correct]
 - c. 25-35%
 - d. 40-50%
 - e. more than 50%

14. According to the **psychodynamic** view, we would expect **adult Panic Disorder symptoms** to be associated with _____ in childhood.
 - a. conduct disorder
 - b. separation anxiety [correct]
 - c. bed-wetting
 - d. single parenting
 - e. none of the above

15. In discussing the epidemiology of **Social Phobia** we noted that:
- Social Phobia is more common among women than among men.
 - the estimated lifetime prevalence (U.S.) of Social Phobia is about 12% [correct]
 - Social Phobia usually begins in the late 20s or 30s.
 - Social Phobia is usually acute, and has a high spontaneous remission rate.
 - none of the above
16. As your text notes, _____ provides evidence against a role for inherited factors in the development of phobias.
- the high concordance rate seen in fraternal twins
 - the impact of nonshared environmental factors [correct]
 - the preparedness hypothesis
 - the early onset of many phobic reactions
 - None of the above
17. As your text notes, research using panic provocation agents has revealed:
- the neurobiological basis for panic disorder.
 - that there is no biological explanation for panic disorder.
 - flaws in the studies using sodium lactate infusion.
 - that there are probably multiple biological explanations for panic disorder. [correct]
 - None of the above
18. According to the **psychodynamic view**, Specific Phobias involve a combination of two defense mechanisms:
- displacement and projection
 - projection and rationalization
 - projection and displacement
 - displacement and reaction formation [correct]
 - none of the above
19. We often find a positive response to sodium lactate infusion in which of the following anxiety disorders?
- Panic Disorder [correct]
 - Obsessive-Compulsive Disorder
 - Generalized Anxiety Disorder
 - Social Phobia
 - none of the above
20. Which of the following statements about our speaker Katherine's childhood and adolescence is **NOT** true?
- She experienced considerable bullying in primary school.
 - She experienced both anxiety and depression in high school.
 - Her social phobia did not begin until she arrived in university. [correct]
 - She has also experienced panic disorder and generalized anxiety disorder.
 - All of the above are TRUE
21. In discussing her social anxiety symptoms, Katherine noted that:
- she finds it very difficult to be in groups larger than 10-12 people.
 - she has reduced her anxiety by engaging in solitary rather than social activities.
 - she has found SSRIs and CBT helpful in dealing with her symptoms and maladaptive thoughts. [correct]
 - all of the above
 - none of the above
22. Evidence **consistent with the general behavioral model** of Specific Phobias comes from data indicating that:
- fear is conditioned more rapidly, and extinguished more slowly, to images of stimuli (e.g., snakes, spiders) that once posed a risk to human survival than to non-prepared images. [correct]
 - more than 75% of individuals with Specific Phobia can recall a fearful experience in the presence of the phobic object or situation.
 - specific phobias very seldom develop in adulthood.
 - the strength of specific phobias is positively associated with an individual's degree of neuroticism.
 - more than on one of the above

23. In discussing the epidemiology of **Obsessive-Compulsive Disorder (OCD)**, we noted that:
- the estimated lifetime prevalence (U.S.) is between 1 and 2%
 - OCD usually begins in adolescence or early adulthood.
 - in adults, OCD is equally prevalent among men and women.
 - when OCD begins in childhood, ratio of males to females is 3-1.
 - all of the above [correct]
24. In discussing the role of neurotransmitters in **Obsessive-Compulsive Disorder (OCD)**, we noted that:
- there is evidence of reduced serotonergic activity in OCD
 - when OCD symptoms are reduced, blood levels of serotonin and its metabolites increase.
 - the tricyclic antidepressant clomipramine, which enhances the reuptake of serotonin, is more effective than other tricyclic in reducing obsessions.
 - serotonin agonists increase obsessions in OCD patients. [correct]
 - more than one of the above [correct]
25. As your text notes with respect to **PTSD**:
- it rarely occurs with other disorders.
 - it develops in about 20% of those who report having experienced a traumatic event.
 - its symptoms vary considerably depending on the characteristics of the trauma and the victim. [correct]
 - it must develop within four weeks of the precipitating event in order for a diagnosis to be made.
 - None of the above
26. As your text notes, genetic factors account for _____ of the variance in PTSD symptom severity
- about 10%
 - about 30% [correct]
 - about 50%
 - about 75%
 - over 85%
27. The interoceptive conditioning model of anxiety applies most directly to which of the following anxiety disorders?
- Panic Disorder [correct]
 - Generalized Anxiety Disorder
 - Specific Phobias
 - Post-Traumatic Stress Disorder
 - None of the above
28. In our discussion of the role of **emotion regulation** in anxiety we noted that:
- high heart rate variability (HRV) indicates high levels of vagus nerve control over our response to emotional events. [correct]
 - low HRV is associated with low levels of anxiety in response to stress.
 - high HRV is associated with high levels of activity in the amygdala and limbic system.
 - all of the above
 - a and c only
29. In discussing the possible role of the Hypothalamic-Pituitary-Adrenal (HPA) axis in anxiety we noted that:
- individuals with anxiety (or depression) often show changes in the function of the HPA axis.
 - in non-human animals, early experience shapes HPA axis reactivity in a way that can be transmitted epigenetically to offspring.
 - in individuals with anxiety disorders, the HPA axis receives less moderating feedback from the prefrontal and cingulate cortexes.
 - all of the above
 - a and b only [correct]
30. Human studies of the short (s) and long (l) alleles of the 5-HTT transporter gene reveal that:
- individuals with one or two copies of the (s) allele are more resistant to depression later in life than individuals with two copies of (l) allele.
 - individuals with two (l) alleles have higher levels of amygdala activity to stressful stimuli than individuals with two copies of (s).
 - individuals with the (l) allele show uncoupling of cingulate-amygdala feedback circuit found in people carrying the (s) allele.
 - the (l) allele is found in more than 40% of the Caucasian population.
 - none of the above [correct]

31. Which of the following statements about the epidemiology of somatization disorder is **NOT TRUE**?
- Estimates of lifetime prevalence vary, but range no higher than about 2%
 - Women are many times more likely than men to receive this diagnosis.
 - The disorder usually begins in the teens or early 20s.
 - The disorder is chronic, and seldom disappears.
 - all of the above are TRUE [correct]
32. As your text notes, research on **hypochondriasis** has shown that people with the disorder tend to:
- ignore information about illness.
 - overestimate the dangerousness of diseases. [correct]
 - underestimate the dangerousness of diseases.
 - overestimate their ability to handle being ill.
 - All of the above
33. As your text notes, the most effective treatment to date for **somatization** disorder:
- does not decrease psychological distress. [correct]
 - results in only temporary changes in psychological symptoms.
 - does not decrease health care expenditures.
 - has not been shown to effect physical functioning.
 - None of the above
34. Which of the following is **NOT** one of the points we made in discussing the etiology of Somatization Disorder (SD)?
- SD is significantly more prevalent in first-degree relatives of patients than in the population at large.
 - SD patients often come from families whose members show symptoms of antisocial behavior and/or alcoholism.
 - First-degree relatives of SD patients have a higher rate than expected of marital problems, and teenage delinquency.
 - The concordance rate for SD is significantly higher in MZ twins than in DZ twins. [correct]
 - All of the above WERE discussed as indicating a genetic basis for Somatization Disorder.
35. The **primary gain** from a symptom _____, while the **secondary gain** from a symptom_____.
- is its ability to deal with an internal psychological problem ... is its role in obtaining external support from others. [correct]
 - is its role in obtaining external support from others ... is its ability to deal with an internal psychological problem
 - the true, unconscious reason for the symptom the false, conscious reasons the patient gives for the symptoms.
 - the reinforcement others give to the patient as a result of the symptom the activities or responsibilities that the symptom allows the patient to avoid.
 - none of the above
36. Which of the following is often associated with **Conversion Disorder**?
- the continued ability to function despite the symptoms; e.g., to avoid obstacles despite being unable to see.
 - an unusual lack of concern with the apparent seriousness of the symptoms.
 - an unusually sophisticated understanding of human physiology by the patient.
 - all of the above
 - a and b only [correct]
37. In discussing the epidemiology of **Conversion Disorder** (CD) we noted that:
- the lifetime prevalence in the general population is estimated at 5-8%.
 - estimates suggest that 10-12% of patients seen in medical practice meet the criteria for CD.
 - CD is more commonly diagnosed in females than in males [correct]
 - CD most often appears in the late 20s, early 30s, or even later.
 - all of the above
38. The psychodynamic model of **Conversion Disorder** (CD) suggests that CD symptoms:
- block expression of an unconscious impulse, and/or to allow the impulse to be gratified symbolically.
 - may represent a real or symbolic punishment for a forbidden impulse.
 - may allow the patient to escape or avoid an anxiety-producing situation.
 - allow the patient to assume the sick role and allow gratification of dependency needs.
 - all of the above [correct]

39. Which of the following statements is **NOT TRUE** of the communications model of **Conversion Disorder (CD)**?
- a. CD symptoms serve to symbolize and express an internal conflict. [correct]
 - b. CD symptoms express the patient's internal distress to others
 - c. CD symptoms are based on the patient's personal conception of physical illness.
 - d. CD symptoms vary in credibility depending on the extent of the individual's understanding of human physiology and disease.
 - e. all of the above are TRUE [correct]
40. According to the cognitive model of **hypochondriasis** that we discussed the individual:
- a. tends to interpret all events as negative, or even catastrophic.
 - b. is high in neuroticism.
 - c. misinterprets emotional arousal as illness. [correct]
 - d. tends to internalize the physical suffering of others.
 - e. more than one of the above

The End