
Psych 2AP3 Test #2: Anxiety, OCD, & Somatic Symptom 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 9-digit ID number in the section at the top left labeled "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.**

1. In discussing the epidemiology of Generalized Anxiety Disorder we noted that:
 - a. it usually starts in the teens or early 20s.
 - 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 [Correct]

2. Which of the following would **NOT** be a common or expected symptom of Panic Disorder (PD)?
 - a. sweating, trembling or shaking
 - b. derealization or depersonalization
 - c. fear of losing control or going crazy
 - d. hallucinations, especially visual hallucinations [Correct]
 - e. all of the above ARE common symptoms of PD

3. In discussing panic attacks we noted that:
 - a. they take up to an hour to reach their peak intensity.
 - b. they typically last only 3-5 minutes, and never more than 10-15 minutes.
 - c. they range in frequency from many per day to only once every few months [Correct]
 - d. there is almost always an 'aura' up to an hour beforehand that warns of their occurrence.
 - e. none of the above

4. In discussing the prognosis or outcome of Panic Disorder, we noted that:
 - a. nearly half of all individuals with PD recover completely, or almost completely, without any treatment at all.
 - b. about 20% of individuals with PD have symptoms that are mild or infrequent, and typically require only occasional treatment.
 - c. about 30-50% of patients with PD have symptoms continuously, and require frequent and continuous treatment.
 - d. all of the above
 - e. none of the above [Correct]

5. Mitral valve prolapse and a positive response to sodium lactate infusion have been linked to which disorder?
 - a. Agoraphobia
 - b. Generalized Anxiety Disorder
 - c. Panic Disorder [Correct]
 - d. Social Anxiety Disorder
 - e. None of the above

6. Which of the following statements about the epidemiology of Agoraphobia is **NOT** true?
 - a. Estimates of the lifetime prevalence of Agoraphobia in the U.S. range from about 2% to about 5%. [Correct]
 - b. Agoraphobia is usually diagnosed in early adolescence to mid-adolescence. [Correct]
 - c. Agoraphobia is more commonly diagnosed in women than in men.
 - d. The majority of individuals with Agoraphobia also have current (or have had) Panic Disorder.
 - e. All of the above are TRUE.

7. Among the differences that have been noted between individuals diagnosed with Panic Disorder (PD) and others, is the finding that, compared with others, individuals with PD:
 - a. are more susceptible to temporal lobe seizures.
 - b. show more rapid adaptation to repeated stimuli.
 - c. show lower levels of autonomic reactivity to intense stimuli.
 - d. have higher levels of EEG activity in the frontal lobes, especially the right prefrontal cortex.
 - e. none of the above [Correct]

8. 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

9. In discussing the epidemiology of **Social Phobia** we noted that:
 - a. Social Phobia usually begins in the late 20s or 30s.
 - b. Social Phobia is more common among women than among men.
 - c. the estimated lifetime prevalence (U.S.) of Social Phobia is about 6-8%
 - d. Social Phobia is usually acute, and has a high spontaneous remission rate.
 - e. none of the above [Correct]

10. In discussing the epidemiology of **Specific Phobias** we noted that:
 - a. the 12-month prevalence (U.S.) of Specific Phobia is estimated to be between 3 and 5%
 - b. the lifetime prevalence (U.S.) of Specific Phobia is estimated to be about 8 - 10%
 - c. Specific Phobias are more likely to develop in the 30s and 40s than in childhood or adolescence
 - d. Specific Phobias are about twice as common in females as in males. [Correct]
 - e. More than one of the above

11. As your text notes, the Heinrichs et al (2006) cross-cultural study of **social phobia** found that:
 - a. there was no relationship between social acceptance of attention-avoiding behaviors and levels of social anxiety.
 - b. the more that attention-avoiding behaviors were accepted in a given culture, the lower were the levels of social anxiety.
 - c. the less that attention-avoiding behaviors were accepted in a given culture, the greater were the levels of social anxiety.
 - d. the more that attention-avoiding behaviors were accepted in a given culture, the greater were the levels of social anxiety. [Correct]
 - e. None of the above

12. According to the psychodynamic view, Specific Phobias involve a combination of two defense mechanisms:
 - a. displacement and reaction formation. [Correct]
 - b. projection and reaction formation
 - c. projection and rationalization
 - d. displacement and projection
 - e. none of the above

13. Evidence consistent with the general behavioral model of Specific Phobias comes from data indicating that:
 - a. fear conditions more rapidly, and extinguishes more slowly, to images of stimuli (e.g., snakes, spiders) that once posed a risk to human survival than to non-prepared images. [Correct]
 - b. more than 75% of individuals with Specific Phobia can recall a fearful experience in the presence of the phobic object or situation.
 - c. the strength of specific phobias is positively associated with an individual's degree of neuroticism.
 - d. specific phobias very seldom develop in adulthood.
 - e. none of the above

14. Research by Barlow (2002) described in your text suggests that parents may play an important role in helping to reduce their children's risk of developing anxiety disorders by:
- receiving treatment for their own problems with anxiety.
 - ensuring that their children experience as few unexpected negative events as possible.
 - teaching their children early in life that they have control over their environment and thereby increasing their sense of control. [Correct]
 - praising their children frequently and thereby increasing their self-esteem
 - None of the above
15. According to **Eysenck's trait-based explanation for anxiety**:
- individuals high in neuroticism experience negative emotions more readily and more intensely than individuals low in neuroticism. [Correct]
 - introverts are more aware than extraverts of internal cues indicating fear or anxiety.
 - extraverts learn conditioned anxiety responses more quickly than do introverts.
 - introverts are more likely to interpret events in negative emotional terms.
 - all of the above
16. In our discussion of the role of **emotion regulation** in anxiety we noted that:
- low heart rate variability (HRV) indicates high levels of vagus nerve control over our response to emotional events.
 - low HRV is associated with high levels of activity in the amygdala and limbic system.
 - low HRV is associated with low levels of anxiety in response to stress.
 - both a and c
 - none of the above [Correct]
17. 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
18. As your text notes, research has focused on the role of _____, which is associated with both anxiety and depression.
- the corticotropin-releasing factor system [Correct]
 - the GABA-benzodiazepine system
 - the noradrenergic system
 - the serotonergic system
 - None of the above
19. Which of the following statements about the **Hypothalamic-Pituitary-Adrenal (HPA) axis** is **NOT** true?
- the pituitary gland responds to CRH by releasing ACTH.
 - CRH causes the pituitary to release glucocorticoid stress hormones. [Correct]
 - in response to ACTH the adrenal cortex releases glucocorticoid stress hormones.
 - in response to stress, the hypothalamus releases corticotropin releasing hormone (CRH).
 - all of the above are TRUE
20. 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]

21. Studies of the genetic bases of anxiety have focused on two genes for hypothalamic CRH receptors: CRH-R1 and CRH-R2. Mouse data on the actions of these two genes indicate that:
- mice without the CRH-R1 gene show less anxiety, while mice lacking the CRH-R2 gene show more anxiety
 - mice without the CRH-R1 gene show more anxiety, while mice lacking the CRH-R2 gene show less anxiety.
 - mice lacking either gene show more anxiety than normal mice.
 - the changes in anxiety appear to be due to alternations in the activity of the HPA axis.
 - more than one of the above [Correct]
22. 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.
23. 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.
24. Katherine noted that she received several DSM diagnoses for her symptoms. Which of the following is **NOT** one of them?
- OCD [Correct]
 - depression
 - social anxiety disorder
 - generalized anxiety disorder
 - Katherine received ALL of the above diagnoses.
25. Which of the following is **NOT** true concerning the epidemiology of Obsessive-Compulsive Disorder (OCD)?
- The estimated 12-month prevalence (U.S.) is about 5% [Correct]
 - 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 are TRUE
26. As your text notes, the **LEAST** frequent grouping of obsessions involve:
- hoarding [Correct]
 - symmetry obsessions
 - cleaning and contamination
 - forbidden thoughts or actions
 - None of the above
27. According to the **psychodynamic** view of the etiology of Obsessive-Compulsive Disorder (OCD):
- OCD is a symbolically disguised defense against a consciously unacceptable conflict. [Correct]
 - OCD often results from a psychological conflict that arose in the oral stage.
 - OCD is a defense against separation anxiety.
 - OCD is a disguised attempt to possess or identify with the primary caretaker.
 - none of the above
28. In discussing the role of neurotransmitters in Obsessive-Compulsive Disorder (OCD), we noted that:
- there is evidence of elevated serotonergic activity in OCD
 - when OCD symptoms are reduced, blood levels of serotonin and its metabolites are reduced.
 - the tricyclic antidepressant clomipramine, which blocks the reuptake of serotonin, is more effective than other tricyclic in reducing obsessions.
 - serotonin agonists increases obsessions in OCD patients.
 - all of the above [Correct]
29. The observation that acral lick in dogs responds to treatment by clomipramine is most consistent with which model of mental disorder?

- a. Judith Rappaport's phylogenetic subroutine model of Panic Disorder
 - b. the psychodynamic model of panic disorder.
 - c. Gorman's model of Obsessive-Compulsive Disorder
 - d. the behavioral model of specific phobias
 - e. none of the above [Correct]
30. Individuals with **Sydenham's chorea** show obsessive thoughts and compulsive rituals. We know that Sydenham's chorea involves damage to which part of the brain?
- a. the stria terminalis
 - b. the hypothalamus
 - c. the prefrontal lobes
 - d. the cerebellum
 - e. none of the above [Correct]
31. The **primary gain** from a symptom _____, while the **secondary gain** from a symptom_____.
- a. is its ability to deal with an internal psychological problem ... is its role in obtaining external support from others. [Correct]
 - b. is its role in obtaining external support from others ... is its ability to deal with an internal psychological problem
 - c. the true, unconscious reason for the symptom the false, conscious reasons the patient gives for the symptoms.
 - d. 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.
 - e. none of the above
32. As your text notes, someone with somatic symptom disorder is more likely than usual to have a family member with:
- a. schizophrenia
 - b. illness anxiety disorder
 - c. post-traumatic stress disorder
 - d. antisocial personality disorder [Correct]
 - e. All of the above
33. In discussing somatization disorder and gender, your text notes that somatization disorder is:
- a. more common among males, and it reflects high dependency.
 - b. more common among females, and it reflects high dependency. [Correct]
 - c. more common among males, and it reflects high aggression.
 - d. more common among females, and it reflects high aggression.
 - e. None of the above
34. Which of the following is often associated with **Conversion Disorder**?
- a. the continued ability to function despite the symptoms; e.g., to avoid obstacles despite being unable to see.
 - b. an unusual lack of concern with the apparent seriousness of the symptoms.
 - c. a lack of understanding of human physiology by the patient.
 - d. all of the above [Correct]
 - e. a and c only
35. In discussing the epidemiology of **Conversion Disorder** (CD) we noted that:
- a. the lifetime prevalence in the general population is estimated at 5-8%.
 - b. estimates suggest that 10-12% of patients seen in medical practice meet the criteria for CD.
 - c. CD is more commonly diagnosed in females than in males [Correct]
 - d. CD most often appears in the late 20s, early 30s, or even later.
 - e. all of the above
36. As your text notes, it is difficult to describe effective treatments for conversion disorder because:
- a. there have been very few systematic, controlled studies evaluating treatment. [Correct]
 - b. extensive research has found that there are no effective treatments for the disorder.
 - c. extensive research has found drugs work for some patients while cognitive-behavioral therapy works for others.
 - d. research in the 1970s suggested drug treatments worked; however, recent research suggests that drug treatments do not work.
 - e. More than one of the above
37. In discussing **behavioral models of Somatoform Disorders** (SD) we noted that:
- a. there is no clear behavioral model of somatoform disorders.
 - b. behaviorists stress the role of primary gain in the development and maintenance of SD symptoms.

- c. behaviorists suggest that positive reinforcement of SD symptoms by others may lead to gratification of the patient's needs for love and attention.
 - d. all of the above
 - e. a and c only [Correct]
38. 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
39. As we noted in class, one major difference between Somatic Symptom Disorder (SSD) and Illness Anxiety Disorder (IAD) is that:
- a. the anxiety about illness or health is much stronger in SSD than in IAD.
 - b. somatic symptoms do not have to be present to meet the criteria for IAD. [Correct]
 - c. SSD affects mainly women, while IAD is slightly more common among men than among women.
 - d. individuals with IAD accept assurances from medical specialists that they do not have a serious disorder, while patients with SSD are not reassured by such information.
 - e. More than one of the above
40. As your text notes, **Munchausen syndrome by proxy** (or factitious disorder by proxy) is characterized by:
- a. deliberate actions directed toward making a child sick. [Correct]
 - b. a parent developing the same symptoms that the child has.
 - c. a parent convincing a child to lie to a doctor about factitious symptoms
 - d. a parent lying to a doctor (e.g., saying that the child has had symptoms that never really existed).
 - e. None of the above

The End