

Treatment of Mental Disorders

1. Which type of therapy focuses on the development of personal coping strategies that target solving current problems and changing unhelpful patterns in thoughts, behaviors, and emotional regulation?

- A. behaviorist
- B. psychoanalytic
- C. cognitive-behaviorist
- D. humanist

2. The following procedure has proven efficacy in reducing test anxiety:

1) Make a list of four or five scenes (events and thoughts) associated with test anxiety and rank them from low to high in terms of the amount of anxiety they trigger.

2) Practice a set of relaxation skills until relaxation comes readily such as tensing and relaxing key muscle groups, focusing awareness on breathing and doing full complete breaths, or picturing a relaxing scene with good associations.

3) Alternate picturing the relaxing image (30 seconds) with scenes associated with test anxiety (15 seconds) beginning with those scenes that trigger the least amount of anxiety. Move on to higher ranked scenes when the initial scenes produce little or no anxiety.

Which technique from behavior therapy is epitomized by the above procedure?

- A. operant conditioning
- B. aversion therapy
- C. flooding
- D. systematic desensitization

3. On the day of his first appointment, Rudy's therapist shared that the process in their sessions is not about Rudy being helped or healed by the her. Instead, their sessions are an exploration they create together in the here-and-now of the therapy. She explained that her own experience is also very much part of the therapy. Since we co-create our self-other experiences, the way a therapist experiences being with a client is useful in helping understand how the client experiences themselves.

What kind of psychotherapy is Rudy receiving?

- A. Gestalt
- B. humanistic
- C. cognitive-behavioral
- D. person-centered

4. Which of the following therapeutic techniques is based on classical conditioning principles?

- I. aversion therapy
- II. flooding
- III. behavioral activation
- IV. token economy

- A. I only
- B. I and II
- C. II and III
- D. I, II, III, and IV

5. Josephine's therapist maintains a kindly reticence and is reluctant to offer his own opinions during their therapy sessions. Which type of therapy does this exemplify?

- A. humanistic
- B. cognitive
- C. psychoanalytic
- D. behaviorist

6. Which of the following psychiatric medications is a dopamine antagonist?
- A. Prozac
 - B. Xanax
 - C. Zoloft
 - D. Haldol
7. At one point in the animated film, *The Iron Giant*, Hogarth is talking to his older friend, Dean. Hogarth relates the trouble he is having fitting in at school. Dean says, "Look, it's none of my business, but who cares what these creeps think of you? They don't make you what you are. You do. You are who you choose to be." Of the following psychologists, whose therapeutic approach does Dean's statement best exemplify?
- A. Carl Rogers
 - B. Aaron Beck
 - C. Carl Jung
 - D. Albert Ellis
8. The greatest demonstrated clinical effectiveness of electroconvulsive therapy is in the treatment of _____.
- A. schizophrenia
 - B. major depressive disorder
 - C. dissociative personality disorder
 - D. general anxiety disorder
9. The goal of cognitive therapy for depression is
- A. to reduce maladaptive behavior and increase positive behavior patterns
 - B. to help the patient develop insight into their unconscious processes
 - C. to help a person learn to recognize negative patterns of thought and replace them with healthier ways of thinking
 - D. to help the client develop a stronger, healthier sense of self, as well as access and understand their feelings to help gain a sense of meaning in life
10. A patient experiencing the manic phase of bipolar disorder is most likely to be prescribed
- A. haldol
 - B. thorazine
 - C. lithium
 - D. xanax
11. Which of the following is traditionally seen as playing a crucial and essential role in determining the client-therapist relationship in successful Freudian psychoanalysis?
- A. repression
 - B. resistance
 - C. transference
 - D. reaction-formation
12. Systematic desensitization is based on the principle of
- A. reciprocal inhibition
 - B. negative reinforcement
 - C. positive punishment
 - D. latent learning

- 13.** Flooding therapy is based on the idea that
- A.** depression is the result of faulty thinking
 - B.** dysfunctional habits are the result of reinforcement
 - C.** neurosis is the result of repression
 - D.** fears are maintained by avoidance
- 14.** As an example of the cognitive-behavioral model of addiction relapse, consider the following. In heavy traffic a recovering alcoholic decides one afternoon to exit the highway and travel on side roads. He realizes he is inadvertently driving by his old favorite bar. If he lacks coping mechanisms, he may experience a lapse—an isolated return to substance intoxication. This may produce _____ characterized by guilt for having gotten intoxicated and low efficacy for future abstinence in similar tempting situations. This is a dangerous pathway to full-blown relapse.
- A.** the abstinence violation effect
 - B.** an extinction burst
 - C.** avoidant behavior
 - D.** projection
- 15.** The Dodo bird verdict, derived through meta-analysis regarding the relative efficacy of different psychotherapies, determined which of the following as the most generally effective psychotherapy for treating anxiety and major depression?
- A.** cognitive-behavioral
 - B.** psychodynamic
 - C.** person-centered
 - D.** all of the above are roughly equivalent in their outcomes
- 16.** Mescaline's hallucinogenic properties stem from its structural similarities to dopamine and serotonin. Which of the following types of prescribed medication is most likely to cause symptoms similar to mescaline overdose if a person ingests mescaline with the medication already in their system?
- A.** benzodiazepene
 - B.** MAO inhibitor
 - C.** first generation antipsychotic
 - D.** barbiturate
- 17.** Of the following therapies for treatment of ADHD in children, which is the most effective?
- A.** stimulant medication
 - B.** cognitive behavioral therapy
 - C.** group therapy
 - D.** behavioral therapy plus stimulant medication
- 18.** Which of the following has been demonstrated experimentally to be an effective treatment for major depressive disorder?
- I. serotonin reuptake inhibitors
 - II. transcranial magnetic stimulation
 - III. electroconvulsive therapy
 - IV. cognitive behavioral therapy
- A.** I only
 - B.** I and II
 - C.** II and IV
 - D.** I, II, III and IV

19. The counseling technique of reflection is most closely associated with which of the following types of psychotherapy?
- A. Gestalt
 - B. psychodynamic
 - C. interpersonal
 - D. person-centered
20. Claudette's therapist, Dr. Robinson, invited her to participate in an exercise in which Claudette imagined her 'Inner Critic' sitting in a chair opposite her. In the exercise, Claudette shuttled back and forth between the two chairs, embodying the Critic in one chair and responding to it in the other. She was encouraged to argue against the Inner Critic and recognize its extreme and distorted logic. She spoke to it about the emotional pain and suffering that she had experienced from its criticisms. At one point Dr. Robinson stepped in and dialogued with the Critic directly. He defended Claudette, challenged the logic of the attacks, and generally pointed out the uselessness of the Critic. Which of the following best describes the therapeutic technique is Dr. Robinson is employing?
- A. cognitive-behavioral
 - B. Gestalt
 - C. interpersonal
 - D. psychodynamic
21. When a psychiatric patient recovers without any intervention it may be due to
- A. placebo effect
 - B. regression to the mean
 - C. self-serving bias
 - D. spontaneous remission
22. Which of the following statements best exemplifies the perspective of structural family therapy?
- A. Family problems arise from maladaptive boundaries and subsystems that are created within the overall family system of rules and rituals that governs their interactions.
 - B. Individuals choose relationships that attempt to heal insecure attachments from childhood. Negative patterns established by their parents are projected onto their partners.
 - C. People use stories to make sense of their experience and to establish their identity as a social and political constructs based on local knowledge.
 - D. Complications from social and political disparity between genders are identified as underlying causes of conflict within a family system.
23. The phrase 'neuroleptic-induced dopamine supersensitivity in the nigrostriatal pathway' is describing
- A. a symptom of opioid addiction
 - B. a side-effect of an antipsychotic medication
 - C. methamphetamine induced psychosis
 - D. a potential underlying cause of schizophrenia

24. Marcella suffers from obsessive compulsive disorder. She has particular issues with germs. Her therapist gave her the homework of touching a toilet seat and then refraining from washing her hands. Which of the following techniques does her therapist's advice best exemplify?
- A. exposure and response prevention
 - B. cognitive restructuring
 - C. mindfulness practice
 - D. systematic desensitization
25. For Ronda it felt like any moment of stress could unpredictably transform into a sudden rush of intense fear or dread. She would feel shortness of breath, smothering feelings, and nausea accompanied by chest-pain and fear of cardiac arrest. She sought help from a psychotherapist who diagnosed panic disorder. She was prescribed medication by an MD and Ronda and her therapist began sessions seeking the underlying cause of the anxiety leading to her distress. However, Ronda continued to experience several panic attacks per week. She visited a second therapist. Instead of seeking an underlying cause of her anxiety, her second therapist encouraged Ronda to learn how to recognize the first symptoms of a panic attack. Ronda related the fear of having a heart attack and her therapist helped her understand how chest pain could occur with anxiety. She taught Ronda to tell herself 'It's okay. I'm not having a heart attack.' Over time Ronda learned to recognize the early symptoms of a panic attack and became skilled at helping them dissipate. What type of therapy did the second therapist use to treat Ronda?
- A. behavior therapy
 - B. modeling
 - C. cognitive therapy
 - D. rational emotive behavior therapy
26. For which mental disorder are behavior therapy techniques especially effective in treating?
- A. major depressive disorder
 - B. anti-social personality disorder
 - C. specific phobia
 - D. borderline personality disorder
27. Looking at the empty mailbox, waiting for a package from the elite graduate program to which she had applied, Josephine became convinced that the delay must be because the admissions office was sending the rejection letters last. Which of the following types of cognitive distortion does this best exemplify?
- A. arbitrary inference
 - B. selective abstraction
 - C. personalization
 - D. overgeneralization
28. Because of the severity of his depression and the exhaustion of other treatment options, Alan is considering receiving electroconvulsive therapy. As a prelude to informed consent, Alan is notified of possible side-effects. Which of the following is the most common side-effect of ECT?
- A. increased suicidal ideation
 - B. memory loss
 - C. delusional thinking
 - D. as practiced today, there are few side-effects of ECT

29. A basic assumption of modern cognitive behavior therapy over traditional behaviorism is that people are capable of self-directed behavior change. Of the following theorists, whose research and theories were most responsible for this aspect of modern behavior therapy?

- A. Bandura
- B. Skinner
- C. Thorndike
- D. Wolpe

30. Mood stabilizers are used primarily for

- A. major depressive disorder
- B. dysthymia
- C. bipolar disorder
- D. borderline personality disorder

31. The psychosocial interventions that psychiatry residents in the United States are mandated to receive training in for professional practice are

- I. cognitive-behavior therapy
- II. interpersonal therapy
- III. psychoanalysis
- IV. structured family therapy

- A. I only
- B. I and II
- C. I and IV
- D. I, II, III, and IV

32. Despite the early promise of cognitive theories of depression, important questions remain. The proposition that both depression and anxiety are characterized by biases in all aspects of information processing, for example, has received little support. A closer comparison of studies that have provided evidence for depression-related biases with studies that have not can lead to a more comprehensive characterization of cognitive processing in depression that could have important implications for models of, and interventions for, depression. Moreover, whereas numerous studies have provided evidence that cognitive biases are present during current episodes of depression, empirical support for the presence of these biases outside of current episodes is more elusive. And even fewer investigators have tested explicitly the diathesis-stress model of depression by, for example, assessing biased processing prior to the first onset of depression to examine whether it predicts depression following the experience of a negative life event. Finally, there has been little connection between cognitive theories of depression and other aspects of depressive functioning. Few studies have examined how deficits in recall, attentional biases for negative material, and mood-congruent memory are related to each other and, more importantly, how they are related to the hallmark feature of depression—sustained negative affect.

The main point of the passage above is to call for future research to develop a better understanding of

- A. how negative affect in depression leads to cognitive biases
- B. how cognitive biases function as a state marker of depression
- C. whether or not cognitive biases predict depression following a negative life event
- D. the relationship between cognitive biases and the dysregulation of emotion in depression

- 33.** To date the most successful and effective psychotherapeutic approach for borderline personality disorder is
- A.** interpersonal therapy
 - B.** Gestalt therapy
 - C.** rational emotive behavior therapy
 - D.** dialectical behavior therapy
- 34.** The preferred first-line medications for treatment of generalized anxiety disorder are
- A.** benzodiazepenes
 - B.** selective serotonin reuptake inhibitors
 - C.** monoamine oxidase inhibitors
 - D.** dopamine reuptake inhibitors
- 35.** The therapeutic method of functional analysis is a tool for interpretation based on
- A.** operant conditioning
 - B.** neurobiology
 - C.** psychodynamic principles
 - D.** social and cultural context
- 36.** Which drug is similar in mechanism to Celexa?
- A.** Xanax
 - B.** Ativan
 - C.** Zoloft
 - D.** Thorazine

- 37.** There are relatively few studies and no randomized controlled trials that isolate pharmacological treatment strategies in bipolar patients with comorbid anxiety. Traditional bipolar treatments (such as lithium) tend to be less effective when anxiety coexists. Anticonvulsants have been studied in anxiety conditions. There is limited controlled evidence to support the use of these agents in comorbid anxiety. The efficacy of antidepressant agents, including the SSRIs and SNRIs, has been extensively demonstrated in anxiety conditions. These agents are often used to manage anxiety conditions when comorbid with BPD. Although controversial, the use of these agents is widespread in bipolar depression and its associated comorbidities. It has been found that rapid switching of moods may be more prominent in the face of early-onset bipolarity, anxiety comorbidity, and antidepressant activation. Second-generation antipsychotic agents have shown direct or adjunctive benefits in the treatment of anxiety conditions. Their additional role as mood stabilizers, with a relatively protective effect against bipolar mood switching, may be advantageous for the patient with comorbidities. The clinician's task is to treat the comorbid anxiety condition (along with its heightened attendant risks) while first insulating the patient against further destabilization of the primary mood disorder.

According to the author of the passage above, prescribing a drug such as Lexapro or Paxil to treat anxiety comorbid with bipolar disorder may be characterized by

- A.** a protective result against bipolar mood switching
- B.** an exacerbation of the core mood disturbance
- C.** extrapyramidal side effects
- D.** a decreased effectiveness in treating bipolar symptoms

38. Which of the following describes a feature shared by the therapeutic approaches to depression of Aaron Beck and Albert Ellis?

- A. staunch commitment to the basic operant and respondent paradigm in behavioral management
- B. the importance of transference in establishing the therapist-client relationship
- C. motivational-affective considerations as underlying depressive symptoms
- D. the relevance of information processing biases in depressed people's cognitions

39. Which of the following modern psychotherapies relies most heavily on neo-Freudian ideas?

- A. interpersonal psychotherapy
- B. rational emotive behavior therapy
- C. cognitive therapy
- D. strategic family therapy

40. Tina's therapist, Dr. Martin, believes in the importance of helping Tina gain insight into her difficulties. However, doctor Martin believes that insight is not sufficient for most people to recover from their psychiatric disorder or improve their psychological functioning. What kind of therapy is it likely that Dr. Martin practices?

- A. cognitive-behavioral therapy
- B. person-centered therapy
- C. psychoanalysis
- D. Gestalt therapy

41. The possibility of adopting a human science approach to research in counselling and psychotherapy raises a number of difficult issues. There are two main points of tension. On the one hand, by emphasizing human intentionality and purpose, the role of language and history in maintaining and creating meaning, and the interconnectedness of people, qualitative research/human science and psychotherapy are talking the same language and seeing the world from a similar standpoint. On the other hand, the cost of this similarity in world-view is that it directly opens up theories of therapy, and the way that therapists think about their work, to critical reappraisal. The second point of tension relates to the social function of therapy research. Therapy is inevitably a messy business. At the best of times, there is a lot happening in a therapy session that does not readily fit into any model or protocol. A positivist-empiricist, measurement-oriented approach to research simplifies and tidies up this complexity, and presents the world with an appearance of certainty in respect to what is known. The cost of a human science approach, therefore, may be to undermine public belief in the efficacy of therapy.

Which of the following approaches to psychology research most closely matches the 'human science approach' as described in the passage above?

- A. Freudian psychoanalysis
- B. constructivism
- C. positivism
- D. phenomenology

42. Which of the following descriptions is more consistent with strategic family therapy than structured family therapy?
- A. The family therapist is focused on hierarchy, power, roles, and responsibilities.
 - B. An emphasis is for the therapist to join with the family.
 - C. The family therapist is goal-directed, concise, articulate, and problem-focused.
 - D. The therapist's role is not stable and changes over time.
43. Researchers conducted a study to measure the phenomenon that occurs when female trauma therapists experience the physical state of the patient in a clinical context. Their research was influenced by developments in the psychotherapy world which was beginning to see a therapist's role in a therapeutic dyad as reflexive; that a therapist uses their bodies and 'self' as a tuning fork to understand their client's internal experience and to use this attunement as another way of being empathic with a client's internal world. Within the framework of the psychodynamic model, the phenomenon described would be considered a type of
- A. hysteria
 - B. conversion disorder
 - C. projection
 - D. countertransference
44. As a treatment plan to help him overcome his arachnophobia, Ryan's therapist asked him to rank various hypothetical encounters with spiders in order of unpleasantness. The therapist then taught Ryan some relaxation techniques, and in a subsequent session they paired relaxation with increasingly unpleasant levels of imaginary encounters with spiders. In addition to these procedures, Ryan's therapist recommended that they try to discover the underlying unconscious reason for his arachnophobia. In order to accomplish this goal, Ryan began keeping a dream journal which he and his therapist would analyze together. Which of the following best characterizes Ryan's therapeutic program?
- A. behavioral
 - B. psychodynamic
 - C. eclectic
 - D. cognitive-behavioral
45. Psychological treatments based on learning principles were originally conceptualized in terms of reinforcement governed peripherally by relationships between stimuli and responses. A major theoretical shift occurred, however, after the middle of the twentieth century, and cognitive processes came to be seen as playing a prominent role in the acquisition and retention of new behavior patterns. Of the theorists below, whose work was most responsible for laying the groundwork for this paradigm shift?
- A. Aaron Beck
 - B. Albert Bandura
 - C. Albert Ellis
 - D. B.F. Skinner

46. Which of the following is most similar to the concept of self-actualization, the ‘curative force’ in Carl Rogers’ humanistic psychotherapy?
- A. Jung’s concept of individuation
 - B. Bandura’s concept of self-efficacy
 - C. Ellis’ concept of mental wellness
 - D. Freud’s healthy ego
47. In Carl Rogers’ person-centered therapy, the concept of empathy describes a situation in which the therapist
- A. understands the client’s situation from the client’s point of view
 - B. sympathizes with the client’s difficulties
 - C. has confidence in the client’s potential for self-actualization
 - D. has unconditional positive regard for the client
48. During their sessions, Mariana’s therapist frequently asks her questions to help uncover the assumptions and evidence underpinning her thoughts in respect of problems, questions such as ‘What might be another explanation? Why else might it have happened?’ OR ‘What are worst outcome? What’s the most realistic outcome?’ OR ‘Imagine one of your friends in the same situation, what would I tell them?’ In cognitive behavioral therapy, this style of questioning is known as
- A. open-ended
 - B. A-not-A
 - C. Socratic
 - D. leading
49. Self-monitoring in cognitive-behavioral therapy is also called
- A. diary work
 - B. homework
 - C. behavioral experimentation
 - D. systematic desensitization
50. A person must meet which of the following requirements in order to obtain certification as a Certified Clinical Mental Health Counselor?
- I. Extensive work experience of clinical client contact
 - II. Passing score on the National Clinical Mental Health Counseling Examination (NCMHCE)
 - III. Coursework in multiple theories of psychotherapy and personality
 - IV. PhD or PsyD with a major study in counseling
- A. IV only
 - B. I, II, and III
 - C. II and IV
 - D. I, II, III, and IV

Answer Key

Treatment of Mental Disorders

- 1. C**—Cognitive behavioral therapy attempts to combine approaches from behavior therapy and cognitive therapy. CBT is focused on the construction and re-construction of people's cognitions, emotions and behaviors. Generally in CBT, the therapist, through a wide array of modalities, helps clients assess, recognize and deal with problematic and dysfunctional ways of thinking, emoting and behaving.
- 2. D**—Systematic desensitization, also known as graduated exposure therapy is a type of behavior therapy used to help effectively overcome phobias and other anxiety disorders. More specifically, it is a form of counter conditioning, a type of Pavlovian therapy developed by South African psychiatrist, Joseph Wolpe. The process of systematic desensitization occurs in three steps. The first step of systematic desensitization is the identification of an anxiety inducing stimulus hierarchy. The second step is the learning of relaxation or coping techniques. When the individual has been taught these skills, he or she must use them in the third step to react towards and overcome situations in the established hierarchy of fears. The goal of this process is for the individual to learn how to cope with, and overcome the fear in each step of the hierarchy.
- 3. A**—Gestalt therapy is an existential/experiential form of psychotherapy that emphasizes personal responsibility, and that focuses upon the individual's experience in the present moment, the therapist–client relationship, the environmental and social contexts of a person's life, and the self-regulating adjustments people make as a result of their overall situation. The approach Rudy's therapist is taking exemplifies the phenomenological view of the self in Gestalt psychology, in which how one experiences the other is inseparable from how one experiences oneself.
- 4. B**—Aversion therapy and flooding are based on classical conditioning (Pavlovian) principles. Behavioral activation and flooding are based on operant conditioning principles. In aversion therapy the patient is exposed to a stimulus while simultaneously being subjected to some form of discomfort. Flooding is another technique based on classical conditioning principles. In flooding, in order to demonstrate the irrationality of the fear, a psychologist would put a person in a situation where they would face their phobia at its worst. Under controlled conditions and using psychologically-proven relaxation techniques, the subject attempts to replace their fear with relaxation. In contrast, behavioral activation and token economy are based on operant conditioning principles (positive reinforcement). As a treatment for depression, behavioral activation often includes a token economy as part of its system of reinforcement to encourage positively oriented thoughts and behaviors.
- 5. A**—In humanistic therapy, especially the person-centered therapy developed by Carl Rogers, the therapist seeks to provide a nonjudgmental, accepting environment that provides unconditional positive regard in order to incite feelings of acceptance and value within the client.
- 6. D**—Haldol (haloperidol) is a conventional antipsychotic medication used in the treatment of schizophrenia among other conditions. Haldol is a dopamine receptor antagonist. Zoloft and Prozac are selective serotonin reuptake inhibitors often used in the treatment of depression. Xanax, a benzodiazepene, is a positive allosteric modulator of the GABA_A receptor.
- 7. D**—One of the main pillars of the Ellis' rational emotive behavior therapy is that irrational and dysfunctional ways and patterns of thinking, feeling and behaving are contributing to much, though hardly all, human disturbance and emotional and behavioral self-defeatism

and social defeatism. REBT generally teaches that when people turn flexible preferences, desires and wishes into grandiose, absolutistic and fatalistic dictates, this tends to contribute to disturbance and upset. Albert Ellis suggested a set of core, irrational beliefs or philosophies that humans tend to disturb themselves through. Among these is the belief that “I absolutely MUST, under practically all conditions and at all times, perform well (or outstandingly well) and win the approval (or complete love) of significant others. If I fail in these important—and sacred—respects, that is awful and I am a bad, incompetent, unworthy person, who will probably always fail and deserves to suffer.” Holding this belief when faced with adversity tends to contribute to feelings of anxiety, panic, depression, despair, and worthlessness.

8. **B**—Although generally only used when other treatments have failed, meta-analysis has demonstrated a large effect size (high efficacy relative to the mean in terms of the standard deviation) for ECT versus placebo, and versus antidepressant drugs.
9. **C**—The cognitive therapeutic model states that thoughts, feelings and behavior are all connected, and that individuals can move toward overcoming difficulties and meeting their goals by identifying and changing unhelpful or inaccurate thinking, problematic behavior, and distressing emotional responses. Choice ‘A’ exemplifies the behaviorist approach; choice ‘B’ the psychodynamic approach; and choice ‘D’ the humanistic approach.
10. **C**—Lithium is effective in treating acute manic episodes and preventing relapses in bipolar depression. Lithium is also an effective treatment for bipolar depression. Lithium reduces the risk of suicide, self-harm, and death in people with bipolar disorder.
11. **C**—Transference is a phenomenon characterized by unconscious redirection of feelings from one person to another. Freud considered the re-

direction of feelings from the client’s past onto the therapist an essential part of the psychoanalytic process. Freud wrote, “The patient is not satisfied with regarding the analyst in the light of reality as a helper and adviser who, moreover, is remunerated for the trouble he takes and who would himself be content with some such role as that of a guide on a difficult mountain climb. On the contrary, the patient sees in him the return, the reincarnation, of some important figure out of his childhood or past, and consequently transfers on to him feelings and reactions which undoubtedly applied to this prototype. This fact of transference soon proves to be a factor of undreamt-of importance, on the one hand an instrument of irreplaceable value and on the other hand a source of serious dangers. This transference is ambivalent: it comprises positive (affectionate) as well as negative (hostile) attitudes towards the analyst, who as a rule is put in the place of one or other of the patient’s parents, his father or mother.” (*An Outline of Psychoanalysis* - 1940.)

12. **A**—Reciprocal inhibition is the principle that a person can’t experience two conflicting responses simultaneously. The application of reciprocal inhibition in systematic desensitization is a form of classical conditioning. Systematic desensitization was described by its originators as counterconditioning.
13. **D**—Flooding therapy is a technique to help patients overcome specific phobias. The phobia is seen as having been maintained by avoidance, a behavior pattern promoted by negative reinforcement. By repeatedly exposing the patient to anxiety provoking stimulus in the absence of negative consequences, the therapy allows the avoidant behavior to extinguish.
14. **A**—The abstinence violation effect may occur when a person who has made a commitment to abstain from a substance or behavior has an initial lapse whereby the substance or behavior is engaged in at least once. The effect occurs as a feeling of helplessness or guilt, an internal at-

tribution of a global, stable cause for the lapse. As a model of relapse, helping a client become aware of the abstinence violation effect epitomizes the cognitive-behavioral approach to addiction treatment.

15. **D**—The Dodo bird verdict is a controversial topic in psychotherapy, referring to the claim that all psychotherapies, regardless of their specific components, produce equivalent outcomes. In opposition to the Dodo bird verdict, there are a growing number of studies demonstrating that some treatments produce better outcomes for particular disorders when compared to other treatments. The most compelling evidence against the Dodo bird verdict is illustrated by the research done on anxiety disorders. Many studies have found specific treatment modalities to be beneficial when treating anxiety disorders, specifically cognitive behavioral therapy (CBT).
16. **B**—L-Monoamine oxidases (MAO) are a family of enzymes that catalyze the oxidation of monoamines. Serotonin, melatonin, norepinephrine, and epinephrine are mainly broken down by MAO-A. Phenethylamine and benzylamine are mainly broken down by MAO-B. Both forms break down dopamine, tyramine, and tryptamine equally. MAOs also break down the psychedelic drugs whose properties derive from their structural similarity to monoamine neurotransmitters, ie. psilocybin, DMT and mescaline. Monoamine oxidase inhibitors (MAOIs) are chemicals that inhibit the activity of MAO. Of the choices listed, a MAOI is most likely to produce an interaction with mescaline with symptoms similar to mescaline overdose. Benzodiazepines enhance the effect of the neurotransmitter gamma-aminobutyric acid (GABA) at the GABA_A receptor. Barbiturates also enhance GABA_A receptors but through a somewhat different mechanism than benzodiazepines. First generation antipsychotics block dopamine receptors.
17. **D**—Combination treatment involving behav-

ioral therapy and stimulant medication has been demonstrated as the most effective available treatment for ADHD in children. (Make sure you read all of the answer choices.)

18. **D**—Although all four therapies have demonstrated effectiveness, TMS and ECT are not considered first-line treatments but are generally reserved for treatment resistant acute major depression.
19. **D**—Carl Rogers was famous for the counseling technique of reflection, which means summarizing what the client has said and verbalizing this to the client. As a communication strategy it involves two key steps: seeking to understand a speaker's idea, then offering the idea back to the speaker, to confirm the idea has been understood correctly. It attempts to "reconstruct what the client is thinking and feeling and to relay this understanding back to the client". Reflective listening is a more specific strategy than the more general methods of active listening. Empathy is at the center of Rogers' approach.
20. **B**—The two-chair (or empty chair) technique is a famous method of Gestalt therapy.
21. **D**—Spontaneous remission refers to recovery in the absence of intervention or treatment. 'Placebo effect' is not correct because delivery of a placebo would qualify as an intervention. 'Self-serving bias' and 'regression to the mean' make reference to an appearance of recovery which may or may not be true, so those choices don't address concerns of the question.
22. **A**—Structural family therapy addresses problems in functioning within a family. Structural Family Therapists strive to enter, or "join", the family system in therapy in order to understand the invisible rules which govern its functioning, map the relationships between family members or between subsets of the family, and ultimately disrupt dysfunctional relationships within the family, causing it to stabilize into healthier patterns.

- 23. B**—Antipsychotics are also known as neuroleptics. The primary mode of action of antipsychotic medications, such as thiorazine or haldol, is through the blocking of dopamine receptors. Blocking dopamine receptors in the mesolimbic and mesocortical pathways reduces schizophrenia symptoms. However, the effect of the medication on the nigrostriatal dopaminergic pathway is responsible for many of the side-effects of these medications that involve motor control processes. The question particularly refers to the hypothesized underlying mechanism of tardive dyskinesia. Tardive dyskinesia is a side-effect of antipsychotic medications characterized by repetitive, involuntary movements.
- 24. A**—Exposure and response prevention is a form of exposure therapy in which individuals confront their fears and discontinue their escape response.
- 25. C**—Cognitive therapy for panic disorder is based on the idea that panic attacks are frequently the result of misinterpreting normal bodily sensations as a sign of an impending physical or mental catastrophe. The misinterpretation generates a feedback effect in which anxiety, physical symptoms, and negative thoughts reinforce each other.
- 26. C**—Exposure-based methods of behavioural therapy are well suited to the treatment of phobias. Systematic desensitization and flooding are two techniques with a proven track record.
- 27. A**—Aaron Beck proposed that those with depression develop cognitive distortions, a type of cognitive bias sometimes also referred to as faulty or unhelpful thinking patterns. Beck referred to some of these biases as “automatic thoughts”, suggesting they are not entirely under conscious control. People with depression will tend to quickly overlook their positive attributes and disqualify their accomplishments as being minor or meaningless. They may also misinterpret the care, good will, and concern of others as being based on pity or susceptible to being lost easily if those others knew the “real person” and this fuels further feelings of guilt. The main cognitive distortions according to Beck are 1- Arbitrary inference (drawing conclusions from insufficient or no evidence) 2- Selective abstraction (drawing conclusions on the basis on just one of many elements of a situation) 3- Overgeneralisation (making sweeping conclusions based on a single event) 4- Magnification (exaggerating the importance of an undesirable event) 5- Minimisation (underplaying the significance of a positive event) 6- Personalisation (attributing negative feelings of others to oneself).
- 28. B**—Memory loss is the most common side-effect of ECT. Cognitive impairment is also sometimes noticed.
- 29. A**—In Bandura’s theory behavior is influenced by stimulus events, reinforcement, and by cognitive mediation. Learning involves a reciprocal interaction among the environment, cognition and individual behavior. People are capable of self-directed behavior change with the concept of self-efficacy embodying the individual’s belief that he can bring about desired change.
- 30. C**—A number of medications are used to treat bipolar disorder. The medication with the best evidence is lithium, which is effective in treating acute manic episodes and preventing relapses. Lithium is also an effective treatment for bipolar depression. Lithium reduces the risk of suicide, self-harm, and death in people with bipolar disorder. Several anticonvulsants are used in the treatment of bipolar disorder.
- 31. B**—There are a couple of reasons this question was included. Firstly, as a future doctor you should know this. IPT and CBT are the only psychosocial interventions that psychiatry residents in the United States are mandated to receive training in for professional practice. For this reason, interpersonal therapy will be elevated in the eyes of AAMC among oth-

er psychotherapies that have been developed. Interpersonal psychotherapy is a brief, attachment-focused psychotherapy that centers on resolving interpersonal problems and symptomatic recovery. It is an empirically supported treatment that follows a highly structured and time-limited approach and is intended to be completed within 12–16 weeks. IPT is based on the principle that relationships and life events impact mood and that the reverse is also true. The content of IPT's therapy was inspired by Attachment Theory and Harry Stack Sullivan's Interpersonal Psychoanalysis. Unlike psychodynamic approaches, IPT does not include a personality theory or attempt to conceptualize or treat personality but focuses on humanistic applications of interpersonal sensitivity. The aim of IPT is to help the patient to improve interpersonal and intrapersonal communication skills within relationships and to develop social support network with realistic expectations to deal with the crises precipitated in distress' and to weather 'interpersonal storms.'

32. **D**—Choice 'D' is the best of the choices at encapsulating the main idea of the passage. Choice 'A' assumes cognitive biases stem from negative affect which are definitely not assumed in the passage. Regarding choice 'B', the question of whether cognitive biases function as a trait marker would be more on point, but still not as good as 'D' even then. Regarding choice 'C' the focus is way too narrow to be the main idea.
33. **D**—Dialectical behavior therapy (DBT) is a modified form of cognitive behavioral therapy developed in late 1980s by Marsha M. Linehan, a psychology researcher at the University of Washington, to treat people with borderline personality disorder and chronically suicidal individuals. The primary dialectic within DBT is between the seemingly opposite strategies of acceptance and change. DBT combines standard cognitive behavioral techniques for emotion regulation and reality-testing with concepts of distress tolerance, acceptance, and mindful awareness. DBT is the first therapy that has

been experimentally demonstrated to be generally effective in treating BPD. The first randomized clinical trial of DBT showed reduced rates of suicidal gestures, psychiatric hospitalizations, and treatment drop-outs when compared to treatment as usual.

34. **B**—Commonly prescribed pharmaceutical treatments for generalized anxiety disorder include selective serotonin reuptake inhibitors (SSRIs) and benzodiazepenes. SSRIs are the preferred first line of treatment. SSRIs used for this purpose include escitalopram (Lexapro) and paroxetine (Paxil). The shortcomings of benzodiazepenes (cognitive impairment, addiction, etc.) make them optimal only for short-term relief of anxiety.
35. **A**—Functional analysis in behavioral psychology is the application of the laws of operant conditioning to establish the relationships between stimuli and responses. To establish the function of a behavior, one typically examines the "four-term contingency": first by identifying the motivating operations, then identifying the antecedent or trigger of the behavior, identifying the behavior itself as it has been operationalized, and identifying the consequence of the behavior which continues to maintain it.
36. **C**—Celexa and Zoloft are both selective serotonin reuptake inhibitors. Xanax and Ativan are both benzodiazepene GABA_A receptor positive allosteric modulators. Thorazine, a traditional antipsychotic, is a dopamine antagonist.
37. **B**—A theme in the passage is the challenge in treating bipolar disorder comorbidities of avoiding exacerbating other elements within the symptom complex, especially the core mood disturbance. In the particular context of the discussion in the question stem regarding SSRIs and SNRIs the point is made that "anti-depressant activation" has been associated with more rapid mood switching in bipolar depression.

39. **A**—An empirically supported treatment, interpersonal psychotherapy is a brief, attachment-focused psychotherapy that centers on resolving interpersonal problems and symptomatic recovery. Interpersonal therapy has theoretical foundations in the interpersonal psychoanalysis of Harry Stack Sullivan, who along with other neo-Freudians of his time repudiated Freud's drive theory while preserving and expanding many Freudian concepts. Rogers' person-centered psychotherapy and Gestalt therapy are two other prominent modern psychotherapies with neo-Freudian roots.
40. **A**—The statement is most congruent with the cognitive-behavioral approach. Person-centered therapy, psychoanalysis, and Gestalt therapy all place a greater emphasis on the importance of insight learning as the telos of therapy. While insight learning is important in cognitive-behavioral psychology, other forms of learning, including behavioral conditioning and learning through imitation, are important components of therapy.
41. **D**—This is a difficult, sophisticated question that comes down to the difference between constructivism and phenomenology, the two best answers. Positivism reflects the philosophical underpinnings of the empirical approach (so that is not correct.) The difficulty in the question relates to the issue of constructivism versus phenomenology. Constructivism describes how human beings create systems for meaningfully understanding their worlds and experiences. Phenomenology is primarily concerned with the reflection on and study of the structures of consciousness and the phenomena that appear in acts of consciousness. In that formulation, it almost appears that constructivism is the better answer. However, to get closer to the intent of the question, we have to ask which of the two standpoints is more critical of the empiricist-positivist approach to psychological research, ie. more in-line with the 'human science' of the passage? To understand the difference, it can be productive to reflect on the

theoretical underpinnings of Piaget's developmental theories, which are constructivist, versus the underpinnings of Rogers' humanistic, person-centered psychotherapy, which is phenomenological. In Piaget's theories, knowledge is constructed through experience. However, Piaget's approach is positivist, empiricist, and inferential in its research methods. In other words, the psychology researcher employs positivist methods to illuminate the subjectivity of psychological phenomena in constructivism. In phenomenology, though, the subjective experience of the individual is held to be the locus of meaningful knowledge. The phenomenological point of view challenges empirical, nomothetic approaches as misdirected. Rogers' theory was grounded in phenomenological thinking, where the role of the therapist is to listen to the person's unique report of their recent subjective experiences and assist in achieving insight. The phenomenological approach represents the stronger contrast to empiricism, in other words, so represents the better answer.

42. **C**—Strategic family therapy seeks to address specific problems using theoretical and clinical principles that have the potential of rapid effectiveness and successful outcome, especially with difficult, entrenched problems that have failed to improve in previous treatment efforts. The directness and problem focused orientation of strategic family therapy means that it can often be completed in a shorter time frame than structured family therapy.
43. **D**—The phenomenon of countertransference was first defined publicly by Freud in 1910 as being a result of the patient's influence on the therapist's unconscious feelings. Freud saw the countertransference as a purely personal problem for the analyst. The contemporary understanding of countertransference is generally to regard countertransference as a jointly created phenomenon between the therapist and the patient. The patient pressures the therapist through transference into playing a role congruent with the patient's internal world. However,

the specific dimensions of that role are colored by therapist's own personality.

44. **C**—Eclectic therapy is a therapeutic approach that incorporates a variety of therapeutic principles and philosophies. Ryan's therapist is combining a behavioral procedure based on classical conditioning principles (systematic desensitization) with Freudian dream interpretation, a psychodynamic method.
45. **B**—Bandura is the originator of social learning theory (renamed the social cognitive theory) and the theoretical construct of self-efficacy. It's very important to understand the critical role self-efficacy plays in cognitive theory describing mechanisms operating between the self and potential behaviors. (Reinforcement describes the mechanism of behaviors and consequences). Self-efficacy affects every area of human endeavor. By determining the beliefs a person holds regarding his or her power to affect situations, it strongly influences both the power a person actually has to face challenges competently and the choices a person is most likely to make.
46. **A**—Individuation in Jungian psychology can be defined as the achievement of self-actualization through a process of integrating the conscious and the unconscious.
47. **A**—In Carl Rogers' framework empathy means understanding another person's point of view without passing any judgement on the appropriateness of their emotions.
48. **C**—Socratic questioning is a cognitive restructuring technique in cognitive therapy. The purpose here is to help uncover the assumptions and evidence that underpin people's thoughts in respect of problems. Careful use of Socratic questioning enables a therapist to challenge recurring or isolated instances of a person's illogical thinking while maintaining an open position that respects the internal logic to even the most seemingly illogical thoughts.

49. **A**—Self-monitoring is a core technique in cognitive behavioral therapy. Diary work refers to most commonly utilized specific self-monitoring system. The other choices in this question are also techniques used in cognitive behavioral therapy.
50. **B**—The requirement is not a PhD or PsyD but a master's degree with a major study in counseling including at least 60 semester or 90 quarter hours of graduate-level academic credit in counseling.