## **Question Bank**

# CC-8 (Psychopathology)

## Unit-I

## Long Questions (6 marks):

- 1. What do you understand by 'Psychopathology'? Discuss how will you explain Abnormal behaviour.
- 2. Define abnormality. Discuss different criteria of understanding the concept of abnormality.
- 3. Discuss the classificatory system of understating abnormal behaviour.
- 4. What do you understand by Assessment? Describe different diagnostic tests to assess psychological disorder
- 5. What is Rating Scales? Describe different types of rating scales used in psychological assessment.
- 6. Discuss how 'History taking Interview' is being conducted.
- 7. What do you understand by Mental State Examination? Discuss the different aspects of Mental State Examination.
- 8. Discuss the Psychodynamic perspective of understanding abnormal behaviour
- 9. Explain the abnormal behaviour from the Behavioural perspective.
- 10. "The way you think, the way you become". Explain the statement in understanding abnormal behaviour.
- 11. Explain abnormal behaviour in terms of Humanistic-Existential perspective.
- 12. Discuss the view point of Socio-cultural perspective to understand abnormal behaviour.
- 13. What is projective test? Discuss different projective tests used to understand abnormality.

## Short Questions: (2 marks)

- 1. Write briefly on DSM-IV-TR.
- 2. Describe the AXIS system in DSM-IV.

- 3. What is MMPI?
- 4. What is Projective test?
- 5. Write briefly on Word Association Test.
- 6. Briefly describe the concept of 'Unconditional Positive Regards'
- 7. What is Self-Actualization?
- 8. Explain the Dynamic Aspects of mind.
- 9. What is Free Association?
- 10. What do you understand by Mental State Examination?
- 11. Normal Vs Abnormal
- 12. What is a Diagnostic test?
- 13. What do you understand by Cognitive Distortions?
- 14. Symptoms Vs. Syndrome

## Unit-II

## Long Questions (6 marks):

- 1. Explain the Anxiety Disorder in terms of DSM-IV TR. Discuss the symptoms and treatment of Generalized Anxiety Disorder
- 2. Discuss the symptoms, causes and treatment of Phobic Disorder.
- 3. "Obsessive Compulsive Disorder is a devastating illness". Explain the statement.
- 4. Discuss the causes and treatment of Obsessive-Compulsive Disorder.
- 5. Discuss the diagnostic criteria of major depressive disorder (MDD). Explain the clinical features of MDD.
- 6. What do you understand by Bipolar Mood Disorder? Discuss the clinical features and causes of Bipolar mood disorder.
- 7. Discuss the causes and treatment of Bipolar Mood Disorder.
- 8. "Dysthymia is a mild form of Depression"; Justify.
- 9. Discuss the causes and treatment of Dysthymia.
- 10. Discuss the difference between the Bipolar I and Bipolar II mood disorder.

## Short Questions: (2 marks)

- 1. Hypomania
- 2. Cyclothymia
- 3. What is Social Phobia?
- 4. Explain Agoraphobia.
- 5. What is Obsessive rumination?
- 6. Define compulsion.
- 7. Clinical features of Dysthymia.
- 8. Key difference between Social Phobia and Agoraphobia.
- 9. "If there is compulsion, there must be obsession. However, if there is obsession, there may or may not be compulsion." Explain the above statement.
- 10. What is 'Exposure Response Prevention'?
- 11. Write briefly about Modelling.
- 12. Implosion or flooding technique
- 13. Serotonin and Anxiety
- 14. Is OCD hereditary?
- 15. Relationship of 'Psychosexual stages of development' and OCD.
- 16. Depression and suicide
- 17. Differentiate between Suicidal ideation, Suicidal Plan and Suicidal attempt.

## Fill in the blanks:

- 1. Long term mild depression is called as \_\_\_\_\_\_.
- The best technique for treating the person with OCD is \_\_\_\_\_\_.
- 3. Irrational, Repititive, Intrusive thoughts are technically called as \_\_\_\_\_\_.
- 4. Irrational, Repetitive, Intrusive behaiours are technically known as \_\_\_\_\_\_.
- 5. A person fears of scrutiny by others, have excessive anxiety and avoid going to social situations indicates that, the person might be suffering from \_\_\_\_\_\_.
- 6. A condition where the person have extreme anxiety about being in situation where escape is not possible, is the key feature of \_\_\_\_\_\_ disorder.
- In \_\_\_\_\_\_ disorder, the anxiety shoots up within 10 minutes and reached up to its' peak.
- According to DSM-IV-TR, the symptoms of depression must be present at least for \_\_\_\_\_\_ weeks are diagnosed as depressive disorder.

- According to DSM-IV-TR, the symptoms of mania must be present at least for \_\_\_\_\_\_ days to be considered as Manic episode.
- 10. Modelling is a technique used for treatment of \_\_\_\_\_\_ disorder.
- 11. Some research says that, decrease in the level of serotonin leads to \_\_\_\_\_\_and increase in serotonin leads to anxiety.

## Unit-III

## Long Questions (6 marks):

- 1. Describe the diagnostic criteria and clinical features of Borderline personality disorder.
- 2. Discuss the symptoms and clinical features of Paranoid personality disorder.
- 3. Describe the diagnostic criteria and clinical features of Anxious Personality disorder.
- 4. What do you understand by Personality Disorder? Discuss the causes and treatment of Personality disorder.
- 5. What is Impulsive personality disorder? Discuss its causes and treatment.
- 6. Discuss the Dissociative Disorder. Describe the causes and treatment of Dissociative disorder.

## Short Question (2marks)

- 1. Classification of personality disorder (DSM-IV)
- 2. Key clinical symptoms of Schizoid Personality disorder.
- 3. Key clinical features of avoidant/anxious personality disorder.
- 4. Causes of dependent personality disorder.
- 5. Causes of dissociative disorder.

## Fill in the blanks:

- 1. \_\_\_\_\_\_ personality disorder is characterized by extreme idealization and devaluation of others.
- According to DSM-IV, on \_\_\_\_\_\_ axis personality disorder is diagnosed and drecorded.
- According to DSM IV diagnostic criteria, antisocial and borderline personality disorder fall under Cluster \_\_\_\_\_.

- A person suffering from personality disorder who shows symptoms of "difficulty in making decision and highly depends on others' advice" is categorized under \_\_\_\_\_\_ Personality disorder.
- A person enjoyed being alone, neither desire nor enjoy close relationships, almost always choose solitary activity, indicates that the person might be suffering from \_\_\_\_\_\_ personality disorder.
- 6. Cluster A of personality disorder is mostly dominated by \_\_\_\_\_\_ behaviour.
- Cluster \_\_\_\_\_ of personality disorder is dominated by symptoms of being fearful, anxious and introvert type traits.

## Unit-IV

- 1. Downward Arrow Technique is a technique of Psychodynamic Thrapy. (True/False)
- 2. When the therapist develops a deep sense of attachment and start getting emotionally involved with his/her client, it is called transference. (True/False).
- 3. Hallucination is a negative symptom of Schizophrenia. (True/False)
- 4. PACT is a rehabilitation programme for people with schizophrenia. (True/False)
- 5. Schema is the core belief of the person. (True/False)
- 6. Delusions false unshakable perceptions. (True/False)
- 7. A category of schizophrenia where the person displays odd behaviour it is called paranoid schizophrenia. (True/False)
- 8. Aaron Beck is the father of Cognitive Behaviour Therapy. (True/False)
- 9. A person having a family history of Schizophrenia, will also develop Schizophrenia in his/her life. (True/False)
- 10. Socratic questioning is a method of Cognitive Behaviour Therapy. (True/False)

## Fill in the blanks:

- 1. Cognitive Behaviour Therapy is developed by\_\_\_\_\_-.
- 2. Deep feeling and emotional attachment of the client towards the therapist is called
- 3. Fixed, False, Firm, Unshakable belief is called \_\_\_\_\_\_.
- 4. Psychodynamic therapy has its root from the work of \_\_\_\_\_\_.
- 5. \_\_\_\_\_ is called the royal road to unconscious.

- 6. According to Cognitive Behaviour Therapy, the method to record the thoughts, feelings and behaviour in a copy is called \_\_\_\_\_\_.
- 7. Asocialization is a \_\_\_\_\_\_ symptoms of Schizophrenia.
- 8. Misinterpretation of perception or experiences in schizophrenia is known as
- 9. Maintaining rigid and immobile postures in schizophrenia is known as schizophrenia.
- 10. The main aim of psychodynamic therapy is to explore the clients'
- 11. Programme for Assertive Community Treatment is used for treatment of \_\_\_\_\_\_\_\_\_ disorder.
- 12. The technique used in treating depression, where the patient keeps the record of his/her thoughts, feelings, and behaviour is known as \_\_\_\_\_.

#### Long Questions (6 marks):

- 1. Discuss the Key assumptions of Psychodynamic Therapy. Elaborate on different techniques used in Psychodynamic Therapy.
- 2. Discuss the cognitive-behavioral model to treat mental disorder. Explain with suitable example.
- 3. Describe the key cognitive and behavioural techniques used in Cognitive Behaviour Therapy of Aaron Beck.
- 4. What is Schizophrenia? Discuss different types of Schizophrenia.
- 5. Describe the diagnostic criteria of Schizophrenia. Discuss the causes of Schizophrenia.
- 6. Describe the clinical features of Schizophrenia. Describe different methods used to treat a person with Schizophrenia.

## Short Questions: (2 marks)

- 1. Describe the Cognitive tirad.
- 2. Explain the Downward Arrow Technique
- 3. What is Cognitive Disputing?
- 4. Cognitive Distortions
- 5. What is Defence Mechanism?

- 6. Write briefly on Dream Analysis.
- 7. What is free association?
- 8. Describe Jacobson's Progressive Muscles Relaxation Exercise.
- 9. What is transference?
- 10. Describe the concept of counter-transference
- 11. Describe the negative symptoms of Schizophrenia.
- 12. What is Hallucination? Describe different types of Hallucinations.
- 13. Differentiate between hallucination and delusion.
- 14. Describe the key clinical features of Catatonic Schizophrenia.
- 15. Discuss how dopamine is related to schizophrenia.
- 16. Write briefly about 'Programme for Assertive Community Treatment'
- 17. Rehabilitation and Schizophrenia.
- 18. Catatonic schizophrenia
- 19. Paranoid schizophrenia
- 20. Behaiour modification
- 21. Token economy
- 22. Thought stopping
- 23. Waxy flexibility
- 24. Formal thought disorder
- 25. Catatonic stupor
- 26. Defence Mechanism