

## Chapter 10 teacher

1. Disorders of sexuality and sexual functioning fit into three broad categories: one of which is called sexual dysfunctions. This refers to:
  - a. Problems with the normal sexual response cycle (A)
  - b. Sexual urges or fantasies involving unusual sources of gratification problems
  - c. An individual is dissatisfied with their own biological sex and have a strong desire to be a member of the opposite sex.
  - d. Problems with sexual fantasies
  
2. Disorders of sexuality and sexual functioning fit into three broad categories: one of which is called paraphilias. This refers to:
  - a. Problems with the normal sexual response cycle
  - b. Sexual urges or fantasies involving unusual sources of gratification problems (A)
  - c. An individual is dissatisfied with their own biological sex and have a strong desire to be a member of the opposite sex.
  - d. Problems with sexual fantasies
  
3. Disorders of sexuality and sexual functioning fit into three broad categories: one of which is called gender identity disorders. This refers to:
  - a. Problems with the normal sexual response cycle
  - b. Sexual urges or fantasies involving unusual sources of gratification problems

c. An individual is dissatisfied with their own biological sex and have a strong desire to be a member of the opposite sex (A)

d. Problems with sexual fantasies

4. In 2000, men between the ages of 16-44 years reported having had an average of

a.12.7 (A)

b.31.3

c.41

d.4.6

sexual partners respectively in their lifetime

5. In 2000, women between the ages of 16-44 years reported having had an average of

a.12.7

b.6.5 (A)

c.3.4

d.4.6

sexual partners respectively in their lifetime

6. What percentage of men and women reported having had a homosexual relationship in their lifetime?

- a. 2.6%(A)
- b. 3.9%
- c. 1.9%
- d. 4.6%

7. Frequency of sexual activity was significantly higher in 2000 than 1990. What percentage of men reported having had vaginal intercourse in the previous month?

- a. 72% (A)
- b. 82%
- c. 62%
- d. 42%

8. Frequency of sexual activity was significantly higher in 2000 than 1990. What percentage of women reported having oral sex in the previous month?

- a. 76% (A)
- b. 26%
- c. 36%
- d. 56%

9. Frequency of sexual activity was significantly higher in 2000 than 1990. What percentage of women reported having had vaginal intercourse in the previous month?

- a. 76% (A)
- b. 36%
- c. 46%
- d. 56%

10. Frequency of sexual activity was significantly higher in 2000 than 1990. What percentage of men reported having oral sex in the previous month?

- a. 78% (A)
- b. 58%
- c. 48%
- d. 68%

11. Increases in sexual activity are accompanied by significant rises in sexually transmitted infections – What percentage rise in men between 1990 and 1999?

- a. 20% (A)
- b. 10%
- c. 15%
- d. 25%

12. Increases in sexual activity are accompanied by significant rises in sexually transmitted infections – What percentage rise in women between 1990 and 1999?

- a. 56% (A)
- b. 16%
- c. 26%
- d. 36%

13. Which of the following are stages in the sexual response cycle?

- a. Desire
- b. Resolution
- c. Arousal
- d. All of the above (A)

14. Which two of the following have been identified by DSM-IV-TR as specific disorders of the desire stage of the sexual response cycle?

- a. Hypoactive Sexual Desire Disorder (A)
- b. Sexual Aversion Disorder (A)
- c. Sexual dysfunction disorder
- d. Dysthymic sexual disorder

15. Hypoactive Sexual Desire Disorder is one of the disorders of the desire stage of the sexual response cycle. Which of the following is a description of the above?

- a. A persistent and recurrent deficiency or absence of desire for sexual activity and absence of sexual fantasies that cause the individual marked distress or interpersonal difficulty (A)
- b. A persistent and recurrent desire for sexual activity and presence of sexual fantasies that cause the individual marked distress or interpersonal difficulty
- c. A persistent and recurrent headache
- d. A persistent and recurrent use of pornographic material that causes the individual marked distress or interpersonal difficulty

16. Sexual Aversion Disorder is one of the disorders of the desire stage of the sexual response cycle. Which of the following is a description of the above?

- a. Aversion to and active avoidance of genital sexual contact with a sexual partner in circumstances where this aversion gives rise to marked distress and interpersonal difficulty (A)
- b. Aversion to and active avoidance of a sexual partner in circumstances where this aversion gives rise to marked distress and interpersonal difficulty
- c. Aversion to and active avoidance of masturbation in circumstances where this aversion gives rise to marked distress
- d. Aversion to and active avoidance of oral in circumstances where this aversion gives rise to marked distress and interpersonal difficulty

17. Lack of desire is not unusual and often not a problem for many individuals and surveys suggest that as many as

- a. 1 in 3 (A)
- b. 1 in 5
- c. 1 in 4
- d. 1 in 2

women report a lack of desire for sex in the previous 12 months

18. Lack of desire is not unusual and often not a problem for many individuals and surveys suggest that as many as

- a. 1 in 6 (A)
- b. 1 in 4
- c. 1 in 10
- d. 1 in 5

men report a lack of desire for sex in the previous 12 months

19. Problems with sexual desire may also stem directly from problems elsewhere – either in the sexual cycle or in personal relationships. Which of the following are examples?

- a. Erectile problems in men
- b. Poor communication between women and their partners
- c. Fear of loss of control
- d. All of the above (A)

20. Which of the following feelings are closely associated with sexual aversion disorder?

- a. Anxiety
- b. Disgust
- c. Fear
- d. All of the above (A)

21. The second stage of the sexual cycle is arousal and problems associated with this stage are defined by DSM-IV-TR as Female Sexual Arousal Disorder. Which of the following are characteristics of this disorder?

- a. A persistent or recurrent inability to attain an adequate lubrication-swelling response of sexual excitement, or to maintain this state until the completion of sexual activity.  
(A)
- b. A persistent or recurrent inability to attain orgasm
- c. A persistent or recurrent inability to arouse ones partners sexual desire
- d. A persistent or recurrent inability to concentrate

22. It is important to note that Female Sexual Arousal Disorder is defined primarily in terms of a deficiency in a physical or physiological response, and as a result may be caused by a range of physical or physiological factors, which include

- a. Hormone imbalances
- b. Diabetes
- c. Medications being taken for other disorders
- d. All of the above (A)

23. Surveys suggest that as many as

a. 1 in 5 (A)

b. 1 in 10

c. 1 in 8

d. 1 in 3

women report problems with vaginal lubrication on a regular basis

24. The second stage of the sexual cycle is arousal and problems associated with this stage are defined by DSM-IV-TR as Male Erectile Disorder. Which of the following are characteristics of this disorder?

a. A persistent or recurrent inability to attain an adequate erection or to maintain the erection until completion of sexual activity. (A)

b. A persistent or recurrent inability to attain orgasm

c. A persistent or recurrent inability to arouse ones partners sexual desire

d. A persistent or recurrent inability to concentrate

25. Male Erectile Disorder can manifest itself in a number of different ways Which of the following are characteristic of this disorder?

a. A failure to attain an erection from the outset of sexual activity,

b. First experiencing an erection but then losing tumescence prior to penetration,

c. Losing tumescence during penetration but prior to orgasm

d. All of the above (A)

26. Which of the following represents the percentage of males who experience erectile dysfunction?

- a. 10%(A)
- b. 15%
- c. 20%
- d. 5%

27. The causes of male erectile disorder are complex, and appear to range across physical, psychological and sociocultural factors. Which of the following are NOT considered causes of erectile disorder?

- a. High blood pressure
- b. Diabetes
- c. Heart disease
- d. Diet (A)

28. Achieving an erection is an essential part of the sexual act and many males may acquire what is known as performance anxiety. This refers to:

- a. Fear of having sex in a public place
- b. Fear of failing to achieve a sustained erection (A)
- c. Fear of criticism from the sexual partner
- d. Fear of not achieving orgasm

29. Orgasm is the third stage of the sexual cycle Which of the following is NOT one of the DSM-IV-TR defined disorders of this stage
- Female Orgasmic Disorder,
  - Male Orgasmic Disorder
  - Premature Ejaculation.
  - Dysfunctional orgasmic disorder (A)
30. A persistent or recurrent delay in or absence of orgasm following normal sexual excitement which causes the individual marked distress or interpersonal difficulty is called:
- Female Orgasmic Disorder (A)
  - Dysfunctional Orgasmic Disorder
  - Aclimactic Disorder
  - Female Climactic Disorder
31. A persistent or recurrent delay in or absence of orgasm following normal sexual excitement which causes the individual marked distress or interpersonal difficulty is called:
- Male Orgasmic Disorder (A)
  - Dysfunctional Orgasmic Disorder
  - Aclimactic Disorder
  - Male Climactic Disorder
32. Which of the following is a term that describes genital pains occurring possibly before, during or after sexual intercourse, in both males and females?
- Dysmenhorea
  - Dyskinesia
  - Dyspraxia
  - Dyspareunia (A)

33. In American surveys, what percentage of women have reported pain during sexual activity

- a. 14% (A)
- b. 24%
- c. 34%
- d. 44%

34. In American surveys, what percentage of men have reported pain during sexual activity

- a. 3% (A)
- b. 13%
- c. 23%
- d. 33%

35. The persistent or recurrent involuntary contraction of the perineal muscles surrounding the outer third of the vagina when vaginal penetration is attempted is known as:

- a. Vaginismus (A)
- b. Perinealitis
- c. Perivaginitis
- d. Vaginitis

36. Of all women who seek psychological therapy for sexual dysfunctions, what percentage is suffering from vaginismus?

- a. 15-17% (A)
- b. 20-25%
- c. 25-27%
- d. 32-37%

37. .In a study by Fugl-Meyer & Fugl-Meyer (1999) what proportion of men reporting erectile disorder found it problematic?

- a. 69% (A)
- b. 79%
- c. 59%
- d. 89%

38. In a study by Fugl-Meyer & Fugl-Meyer (1999) what proportion of women reporting erectile disorder found it problematic

- a. 45%(A)
- b. 35%
- c. 25%
- d. 15%

39. In The Two-Factor Model of Masters & Johnson model of sexual dysfunction there are two important components, both of which contributed to sexual dysfunction. The first component consisted of a learned or conditioned factor where adverse early sexual experiences had given rise to a learnt fear or anxiety response whenever the individual was engaged in sexual activity  
Which of the following adverse experiences may NOT contribute to sexual dysfunction

- a. Psychosexual trauma,
- b. Religious and social taboos
- c. Embarrassing or belittling early experiences with sex
- d. Toilet training (A)

40. In The Two-Factor Model of Masters & Johnson model of sexual dysfunction there are two important components, both of which contributed to sexual dysfunction. The second component of this model is the spectator role. This consists of:

- a. The individual constantly monitoring their own sexual performance
- b. The individual constantly monitoring the responses of their partner
- c. The individual's self focus preventing focus on the stimuli that is providing sexual arousal and sexual pleasure,
- d. All of the above (A)

41. Because chronic negative emotions such as depression or anxiety are likely to interfere significantly with sexual performance. Studies suggest that

a. 62% (A)

b. 22%

c. 32%

52%

of those people with depression are also likely to have a sexual dysfunction.

42. In women, depressive symptoms have been shown to be associated with deficits in:

a. Sexual fantasy

b. Sexual arousal

c. Orgasmic function

d. All of the above (A)

43. Men with depression are almost

a. Twice (A)

b. Three times

c. Four times

d. Five times

as likely to experience erectile dysfunction as nondepressed men

44. What percentage of men suffering from erectile disorder also have been diagnosed with anxiety disorders

a. 20% (A)

b. 30%

c. 40%

d. 10%

45. One view of the causes of sexual dysfunction is that chronic sexual dysfunction is caused by a combination of immediate causes and remote causes (Kaplan, 1974).

Which of the following are immediate causes that are factors that may directly influence sexual performance?

- a. Performance anxiety
- b. Communication problems between partners
- c. Clumsy technique
- d. All of the above (A)

46. One view of the causes of sexual dysfunction is that chronic sexual dysfunction is caused by a combination of immediate causes and remote causes (Kaplan, 1974).

Which of the following are remote causes that are factors that may directly influence sexual performance?

- a. Shame and guilt about sexual activity
- b. General feelings of inadequacy
- c. Feelings of conflict brought about by long-term life stress
- d. All of the above (A)

47. Which of the following are considered biological causes of sexual dysfunction?

- a. Dysfunction caused by an underlying medical condition
- b. Dysfunction caused by hormonal abnormalities
- c. Changes in sexual responsiveness caused by ageing.
- d. All of the above (A)

48. Which of the following biological and medical factors have NOT been linked to Female arousal and orgasmic disorder?

- a. Multiple sclerosis
- b. Diabetes
- c. Antidepressants (e.g. SSRIs such as Prozac)
- d. Cystic Fibrosis (A)

49. Sexual pain disorders may have an organic or medical origin, and these may include which of the following?

- a. Painful allergic reactions to contraceptive creams, condoms or diaphragms
- b. Gynaecological diseases

- c. Infections of the vagina, bladder or uterus
- d. All of the above (A)

a. Which of the following is NOT a hormone on which sexual desire and subsequent arousal and orgasm are dependent?

- a. Testosterone
- b. Estrogen
- c. Prolactin
- d. Prostaglandin (A)

b. In men, erectile dysfunction is associated with high levels of:

- a. Prolactin (A)
- b. Testosterone,
- c. Estrogen
- d. Prostaglandin

52. In women, either high or low levels of which of the following of can cause sexual desire problems?

- a. Prolactin
- b. Testosterone
- c. Estrogen (A)
- d. Prostaglandin

53. A study of Australian men over the age of 40 yrs indicated what percentage of those men surveyed reported one or more reproductive health disorder, including erectile dysfunction?

- a. 34%(A)
- b. 24%
- c. 44%
- d. 54%

54. Which of the following was a treatment that was a result of the publishing of Masters & Johnson (1970) book Human Sexual Inadequacy?

- a. Direct treatments (A)
- b. Individual treatments
- c. Indirect treatments
- d. Organic treatments.

55. Direct treatments are techniques targeting the specific sexual performance deficit. Which of the following two are examples of these techniques used to help clients with premature ejaculation?

- a. Stop-start technique (A)
- b. Squeeze technique (A)
- c. Distraction technique
- d. Counting technique

56. A direct treatment method designed to deal with symptoms of erectile dysfunction or male and female orgasmic disorder is the:

- a. Tease technique. (A)
- b. Squeeze technique
- c. Tickle technique
- d. Stroke technique

57. For individuals with arousal or orgasmic problems, directed masturbation training is often helpful (Heiman, 2002). This involves the use of:

- a. Educational material
- b. Videos
- c. Erotic materials
- d. All of the above (A)

58. Perhaps the most well-known drug treatment for sexual dysfunction is Viagra. The generic term for this drug is?

- a. Fluoxetine
- b. Sildenafil citrate (A)
- c. Metronidazole

d. Diclofenac

59. Studies suggest what percentage of men taking Viagra can achieve erection within 60 minutes of administration?

- a. 75%(A)
- b. 65%
- c. 85%
- d. 55%

60. Viagra has also proved to be an effective treatment for male erectile disorder, with over what percentage of client's treated with Viagra over a 1-3 year period expressing satisfaction with their erections and their ability to effectively engage in sex?

- a. 95%(A)
- b. 85%
- c. 75%
- d. 65%

61. The drug yohimbine is used to treat erectile dysfunctions. Yohimbine works by:

- a. Facilitating norepinephrine excretion in the brain (A)
- b. Facilitating dopamine production brain
- c. Facilitating serotonin excretion in the brain
- d. Facilitating testosterone production

62. Mechanical devices such as the penile prosthesis have been developed for non-reversible organic-based erectile problems. Over a period of 7 years, the penile prosthesis was found to be successful at dealing with erectile dysfunction in what percentage of patients?

- a. 25%
- b. 82% (A)
- c. 53%

d. 70%

63. Which of the following is a treatment for erectile dysfunction?

- a. Vacuum erection device (VED) (A)
- b. Hoover erection device (HED)
- c. Piston erection tool (PET)
- e. Erectile dysfunction pump (EDP)

64. DSM-IV-TR defines paraphilias as recurrent, intense sexually arousing fantasies, sexual urges, or behaviours, generally involving which of the following?

- a. Nonhuman objects (e.g. fetishes)
- b. The suffering or humiliation of oneself or one's partner
- c. Children or other non-consenting persons
- d. All of the above (A)

65. A diagnosis of fetishism is given when a person experiences which of the following:

- a. Intense sexually arousing fantasies and urges involving non-animate objects, and this causes them personal distress or affects social and occupational functioning (A)
- b. Intense sexually arousing fantasies that occur while observing an unsuspecting person who is naked, in the process of undressing, or engaging in a sexual activity
- c. Sexual arousal and satisfaction from the psychological or physical suffering of others

d. Intense, recurrent sexual urges to touch and rub up against non-consenting people

66. Some individuals with fetishism develop a fascination with an individual object to the point where normal sexual activity no longer occurs. This is known as:

- a. Partialism (A)
- b. Voyeurism
- c. Frotteurism
- d. Exhibitionism

67. When a heterosexual male experiences recurrent, intense sexual arousal from cross-dressing in women's attire, and this causes significant distress or impairment in social or occupational functioning, this is known as:

- a. Covert cross dressing disorder
- b. Transvestic fetishism (A)
- c. Transgender fetishism
- d. Performance fetishism

68. Which two of the following are necessary for a diagnosis of sexual masochism?

- a. Sexual arousal and satisfaction from being humiliated, beaten, bound or otherwise made to suffer (A)
- b. Urges cause significant distress or social and occupational impairment (A)
- c. Sexual arousal and satisfaction from the psychological suffering of others
- d. Sexual arousal and satisfaction from the physical suffering of others

69. Which two of the following are necessary for a diagnosis of sexual sadism?

- a. Urges cause significant distress or social and occupational impairment (A)
- b. Sexual arousal and satisfaction from the psychological and physical suffering of others (A)
- c. Sexual arousal and satisfaction from being humiliated
- d. Sexual arousal and satisfaction from being made to suffer

70. Frotteurism involves which of the following?

- a. Observing an unsuspecting person who is naked, in the process of undressing, or engaging in a sexual activity
- b. Sexual fantasies about exposing the penis to a stranger
- c. Sexual arousal and satisfaction from the psychological and physical suffering of others
- d. Intense, recurrent sexual urges to touch and rub up against non-consenting people (A)

71. Which paraphilia involves sexual fantasies about exposing the penis to a stranger, which are usually strong and recurrent to the point where the individual feels a compulsion to expose himself?

- a. Voyeurism
- b. Exhibitionism (A)
- c. Expositionism
- d. Frotteurism

72. Observing an unsuspecting person who is naked, undressing, or engaging in a sexual activity is known as:

- a. Non consentism
- b. Voyeurism (A)
- c. Exhibitionism
- d. Frotteurism

73. Paedophilia is defined as sexual attraction towards prepubescent children. To be diagnosed with paedophilia, the individual must be

- a. 5 (A)
- b. 10
- c. 3
- d. 2

years older than the victim

74. Paedophilia is defined as sexual attraction towards prepubescent children, normally of below what age?

- a. 10
- b. 13 (A)
- c. 16
- d. 8

75. Incest is listed as a specific sub-type of paedophilia in DSM-IV-TR. In which of the following ways do men who indulge in incest differ from other paedophiles?

- a. By indulging in sexual activity with children of a slightly older age
- b. By having a relatively normal heterosexual sex life outside of the incestuous relationship
- c. By limiting activities to their immediate family
- d. All of the above (A)

76. Paedophiles become sexually aroused by sexually immature children and are sometimes also known as:

- a. Preference molesters (A)
- b. Non consent molesters
- c. Minor molester
- d. Pree-teen molester

77. Child rapists may only get full sexual gratification from harming and even murdering their victims. Such behaviour often occurs with comorbid diagnosis of which TWO of the following?

- a. Personality disorder (A)
- b. Sexual sadism (A)
- c. Castration anxiety
- d. Frotteurism

78. High rates of sexual activity (known as hypersexuality), have been linked with which of the following?

- a. Paraphilias
- b. Anxiety
- c. Depression
- d. All of the above (A)

79. Psychodynamic interpretations of sexual sadism would associate the sadist searching relief from castration anxiety by:

- a. Taking on the role of castrator rather than castrated (A)
- b. Dressing in womens clothing
- c. Seeking out partners who have been castrated
- d. Performing castration on a consenting partner

80. Abel, Gore, Holland, Camp et al. (1989) identified which beliefs as cognitive distortions in paedophiles?

- a. Children want sex with adults
- b. Sexual contact with children is socially acceptable
- c. Sexual contact with children is not harmful
- d. All of the above (A)

81. Polaschek & Ward (2002) suggested that sex offenders may have developed integrated cognitive schemata that guide the offender's interactions with their victims and justify their behaviour. They termed these as:

- a. Implicit Theories (A)
- b. Justified actions
- c. Cognitive dissonance
- d. Responsibility bias

82. Evidence suggests that levels of which male hormone may help to maintain paraphilic behaviour once it has been acquired?

- a. Androgens (A)
- b. Estrogens
- c. Progestagens
- d. None of the above

83. The assumption that inappropriate stimuli have become positively associated with sexual arousal and sexual satisfaction underlies which therapy?

- a. Diversion therapy
- b. Aversion therapy (A)
- c. Cognitive behavioural therapy
- d. De-conditioning therapy

84. A form of aversion therapy where the client does not actually experience the pairing of sexual stimuli with aversive outcomes, but imagines these associations during controlled treatment sessions is known as:

- a. Classical conditioning

- b. Covert conditioning (A)
- c. Operant conditioning
- d. Overt conditioning

85. One of the outcomes of masturbatory satiation as a treatment for paraphilias is:

- a. Sexual satisfaction becomes ineffective because it is experienced in excess (A)
- b. Sexual satisfaction becomes ineffective because it is paired with an aversive outcome
- c. Sexual satisfaction becomes ineffective because it is paired with sedatory drugs
- d. Sexual satisfaction becomes ineffective because hormone levels have been reduced

86. Orgasmic Reorientation is a treatment for paraphilias which aims to:

- a. Suppress inappropriate or distressing sexual activities and replace them with acceptable sexual practices (A)
- b. Pair inappropriate or distressing sexual activities with an aversive stimulus
- c. Suppress inappropriate or distressing sexual activities through drug administration
- d. Suppress inappropriate or distressing sexual activities through castration

87. Cognitive treatment these paraphilias often involves cognitive behaviour therapy (CBT) which is adapted to help the client to identify dysfunctional beliefs. Which of the following is a way in which functional beliefs can be challenged?

- a. By demonstrating to clients that their dysfunctional beliefs are based on their deviant sexual behaviour rather than being justifiable reasons for the behaviour
- b. By helping clients to see how they might misinterpret the behaviour of their victims to be consistent with their dysfunctional beliefs
- c. By discussing dysfunctional beliefs within existing individual and broader social norms in order to demonstrate that the client's beliefs are not shared by most other members of society
- d. All of the above (A)

88. A way of curbing sexual appetite in those paraphilics who persistently offend is to use which class of drugs?

- a. Antidepressants
- b. Antipsychotics
- c. Antiandrogen (A)
- d. Antibiotics

89. Medroxyprogesterone acetate (MPA) and cyproterone acetate (CPA) are testosterone lowering drugs commonly used with persistent sexual offenders. They have the effect of:

- a. Reducing the frequency of erection

- b. Reducing the frequency of ejaculation
- c. Inhibiting sexual arousal
- d. All of the above (A)

90. Our gender identity seems to have been determined for as long as we have lived, and we think, act and dress accordingly. However, some individuals develop feelings that they have a sense of gender that is opposite to the biological sex they were born with. This is known as:

- a. Cross gender disorder
- b. Gender incompatibility disorder
- c. Gender dysphoria (A)
- d. Bi-gender disorder

91. Which of the following is included in the DSM-IV-TR diagnostic criteria for Gender Identity Disorder (GID)?

- a. The individual exhibits a strong and persistent cross-gender identification
- b. There must be clear evidence of persistent discomfort with their existing biological sex, and strong feelings of their current gender role being inappropriate
- c. There must be evidence of significant distress or impairment in social, occupational, or other important areas of functioning as a result of these feelings
- d. All of the above (A)

92. Gender reassignment surgery involves a relatively irreversible process of changing the body's physical characteristics to be consistent with the individual's feelings of gender. The lead-up to surgery is approached in a graduated way. Which of the following are stages of gender reassignment surgery?

- a. At least 3-months of counselling or psychotherapy
- b. Hormone treatment to initiate physical changes
- c. Dress and present themselves as their preferred gender for at least 1 year
- d. All of the above (A)

93. Relapse prevention training for sex offenders helps:

- a. Those close to them to identify signs that they may re-offend
- b. Offenders to live in isolation outside of communities to lower risk of re-offending
- c. Offenders to recognise circumstances, situations, moods and types of thought that put them at risk of re-offending (A)
- d. Individuals who may be at risk to defend themselves

94. When treating sexual dysfunctions, it is important that the client is able to guide their own behaviour and reduce anxiety. One means of doing this is through the use of:

- a. Meditation
- b. Self-instructional training (A)
- c. Partner-instructional training
- d. Group therapy

95. Sexual masochists can often cause their own suffering, and one prominent example involves the individual using a noose or plastic bag to induce oxygen deprivation during masturbation. This is known as:

- a. Hypoxyphilia (A)
- b. Necrophilia
- c. Corpophilia
- d. Paedophilia

96. Which of the following is not part of the Sex Offenders Treatment Program?

- a. Modifying and controlling deviant arousal
- b. Learning emotional management skills
- c. Learning to avoid situations where triggers for sexual offending are common
- d. All of the above (A)

97. For many couples, sexual dysfunction is simply another manifestation of the couple's inability to communicate effectively with one another. What type of training is used to overcome this problem?

- a. Self instructional training
- b. Sexual skills and communication training (A)
- c. Directed masturbation training
- d. Interpersonal training

98. Sexual dysfunction may be closely associated with relationship problems. In order to identify if there are any implicit payoffs within the relationship for maintaining the sexual dysfunction a therapist may suggest:

- a. Psychoanalysis
- b. Couples therapy (A)
- c. Self instructional training
- d. Orgasmic reorientation training

99. Gender Identity Disorder (GID) can also be comorbid with a number of Axis I disorders. According to Hepp, Kraemer, Schnyder, Miller et al. (2005) what percentage of a sample with GID fulfilled the criteria for a comorbid current and/or lifetime Axis I diagnosis?

- a. 25%
- b. 71% (A)
- c. 55%
- d. 32%

100. Which of the following is not a risk factor for the development of paraphilias?

- a. Hypersexuality
- b. Childhood abuse
- c. Childhood neglect
- d. Early drug abuse (A)