

Chapter 11 Teachers

1. Personality disorders consist of a loosely-bound cluster of sub-types that have which of the following common features:
 - a. they are characterized by an enduring pattern of behaviour that deviates markedly from expectations within that culture
 - b. they are associated with unusual ways of interpreting events, unpredictable mood swings, or impulsive behaviour
 - c. they result in impairments in social and occupational functioning
 - d. All of the above (A)

2. Two of the most well-known Personality disorders are
 - a. Borderline Personality Disorder (A & B)
 - b. Antisocial Personality Disorder
 - c. Associative Personality Disorder
 - d. Dissociative Personality Disorder

3. DSM-IV-TR lists 10 diagnostically independent personality disorders, and these are organized into which of the following primary clusters
 - a. odd/eccentric personality disorders
 - b. dramatic/emotional personality disorders
 - c. anxious/fearful personality disorders
 - d. All of the above (A)

4. Odd/Eccentric Personality Disorders are called Cluster A.. which of the following is not one of the three sub-types of Cluster A
 - a. Paranoid Personality Disorder
 - b. Schizotypal Personality Disorder**
 - c. Schizoid Personality Disorder
 - d. Multiple Personality Disorder (A)

5. Which of the following is NOT a characteristic of individuals with paranoid personality disorder
 - a. avoidance of close relationships
 - b. are often spontaneously aggressive to others
 - c. often feel that they have been deeply and irreversibly betrayed by others

d. avoidance of public places (A)

6.: Individuals with Schizoid Personality Disorder are often described as

a. loners' who have very few, if any, close relationships with others

b. failure to express a normal range of emotions

c. appear to get little sensory or intellectual reward from any activities.

d. All of the above (A)

6. Individuals with schizotypal personality disorder usually exhibit

a. 'eccentric' behaviour marked by odd patterns of thinking and communication

b. discomfort with close personal relationships

c. often exhibit unusual ideas of reference

d. All of the above (A)

7. Which of the following is not a subtype of Dramatic/Emotional Personality Disorders (Cluster B)

a. Antisocial Personality Disorder

b. Borderline Personality Disorder

c. Narcissistic Personality Disorder

d. Schizoid Personality Disorder (A)

8. 8. Which of the following is a subtype of Dramatic/Emotional Personality Disorders (Cluster B)

a. Histrionic Personality Disorder (A)

b. Paranoid Personality Disorder

- c. Schizotypal Personality Disorder
- d. Schizoid Personality Disorder

9. The term '**sociopath**' or '**psychopath**' is sometimes used to describe which type of personality disorder

- a. Antisocial Personality Disorder APD (A)
- b. Histrionic Personality Disorder
- c. Paranoid Personality Disorder
- d. Schizotypal Personality Disorder

10. The behaviour of individuals with APD deviates substantially from what we would consider to be normal standards of social behaviour, morality and remorse, and is very closely linked with adult criminal behaviour. For example, a survey of prison populations in 12 Western countries found that

- a. 47% (A)
- b. . 27%
- c. 17%
- d. 67%

of male inmates met the diagnostic criteria for APD

11. In 1999 the UK Home Office and the Department of Health published a report that introduced a new term – '**dangerous people with severe personality disorders**' (DSPD). This refers to individuals who exhibit

- a. criminal behaviour in need of restraint.(A)
- b. Antisocial behaviour
- c. Prosocial behaviour

d. Schizotypal behaviour

12. Which of the following is not considered to be a cardinal feature of Borderline

Personality Disorder (BPD) :

- a. eccentric' behaviour marked by odd patterns of thinking and communication (A)
- b. An enduring pattern of instability in personal relationships
- c. a lack of a well-defined and stable self-image
- d. regular and predictable changes in moods

13. In Borderline Personality Disorder the results of the emotional roller-coaster and fear of abandonment and rejection are

- a. regular and unpredictable shifts in self-image
- b. prolonged bouts of depression
- c. deliberate self-harm
- d. All of the above (A)

14. Which of the following is not considered to be a result of the emotional roller-coaster and fear of abandonment and rejection experienced in Borderline Personality Disorder?

- a. suicidal ideation
- b. impulsive behaviour such as drug abuse
- c. physical violence
- d. unusual ideas of reference (A)

15. Because of its close association with mood disorders, depression, and suicide, some researchers have argued that BDP may well be a form of:

- a. Depression (A)

- b. Social Phobia
- c. Obsessive Compulsive Disorder
- d. Schizophrenia

16. Zanarini, Frankenburg, Dubo, Sickel et al., (1998) found that

- a. 96.3% (A)
- b. 46.3%
- c. 56.3%
- d. 76.3%

of individuals diagnosed with BPD met the criteria for a mood disorder

17. Zanarini, Frankenburg, Dubo, Sickel et al., (1998) found that

- a. 88.4% (A)
- b. 48.4%
- c. 58.4%
- d. 78.4%

of individuals diagnosed with BPD met with the criteria for an anxiety disorder

18. Zanarini, Frankenburg, Dubo, Sickel et al., (1998) found that

- a. 47.8% (A)
- b. 27.8%
- c. 37.8%
- d. 17.8%

of individuals diagnosed with BPD met with the criteria for panic disorder

19. Zanarini, Frankenburg, Dubo, Sickel et al., (1998) found that

- a. 45.9% (A)
- b. 25.9%
- c. 55.9%
- d. 15.9%

of individuals diagnosed with BPD met with the criteria for social phobia

20. The individual with narcissistic personality disorder routinely overestimates their abilities and inflates their accomplishments, and is characterized by

- a. a pervasive need for admiration
- b. a lack of empathy with the feelings of others (A&B)
- c. impulsive behaviour such as drug abuse
- d. unusual ideas of reference

21. Campbell (1999) found that individuals with narcissistic personality disorder tend to prefer partners that are

- a. openly admiring rather than openly loving (A)
- b. openly loving rather than openly admiring
- c. openly hostile
- d. openly promiscuous

22. Because of the apparent lack of empathy and the tendency to exploit others for self-benefit, narcissistic personality disorder has been compared with

- a. Antisocial personality Disorder (A)
- b. Histrionic Personality Disorder
- c. Paranoid Personality Disorder
- d. Schizotypal Personality Disorder

23. Individuals with histrionic personality disorder are

- a. attention-seeking and unhappy when they are not the centre of attention. (A)
- b. Withdrawn and antisocial
- c. Overly extrovert
- d. All of the above

24. Individuals with histrionic personality disorder are often described as

- a. shallow,
- b. self-dramatising,
- c. easily influenced
- d. All of the above (A)

25. Anxious/Fearful personality disorders constitute cluster C. Which of the following is not one of these ?

- a. Avoidant Personality Disorder
- b. Dependent Personality Disorder
- c. Obsessive-Compulsive Personality Disorder
- d. Histrionic Personality Disorder (A)

26. The main features of avoidant personality disorder are

- a. persistent social inhibition
- b. feelings of inadequacy
- c. hypersensitivity to negative evaluation
- d. All of the above (A)

27. Some clinicians believe that antisocial personality disorder and social phobia are both components of a broader

- a. social anxiety spectrum (A)
- b. Social identity spectrum
- c. Broad spectrum disorder
- d. generalised anxiety disorder

28. Dependent Personality Disorder is characterised by a

- a. a pervasive and excessive need to be taken care of (A)
- b. a pervasive and excessive need to take care of others
- c. a pervasive and excessive need to be in a relationship
- d. All of the above

29. Individuals with Dependent Personality Disorder exhibit

- a. submissive and clinging behaviour
- b. have great difficulty making everyday decisions
- c. passive behaviours
- d. All of the above (A)

30. The characteristics of dependent personality disorder appear to fall into two distinctive categories:

- a. attachment/abandonment
- b dependency/incompetence (A&B)
- c. detachment/singularity
- d. aggressive/passive

31.: Individuals with Obsessive-Compulsive Personality Disorder show

- a. exceptionally perfectionist tendencies
- b. a preoccupation with orderliness
- c. They will stick to rules
- d. All of the above (A)

32. Data from American and European studies suggest that the prevalence rates for personality disorders in the general population is around

- a. 13-14% (A)
- b. 23-24%
- c. 33-34%
- d. 43-44%

33. From Data from American and European studies obsessive-compulsive, avoidant, and paranoid personality disorders are the most common, with prevalence rates ranging between

- a. 2-7% (A)
- b. 9-14%
- c. 17-23%
- d. 47-60%

34. There are some significant gender differences in prevalence rates in Personality disorders. What percentage of individuals diagnosed with borderline personality disorder are female?

- a. 55%
- b. 65%

c. 75% (A)

d. 15%

35. There was thought to be a significant gender bias in histrionic personality disorder, with women accounting for around what percentage of those diagnosed?

a. . 65% (A)

b. 25%

c.35%

d.45%

36. There are a number of risk factors for personality disorders which one of these is not included?

a. living in inner cities

b low socioeconomic class

c. being a young adult

d. gender (A).

37. which of the following is a significant risk factor for developing a personality disorder (Johnson, Cohen, Brown et al., 1999) – especially borderline personality disorder (Heffernan & Cloitre, 2000),

a. Childhood sexual abuse

b. . Childhood verbal abuse

c. . Childhood physical abuse

d All of the above (A)

38. The formalistic similarities between Cluster A disorders and schizophrenia have led researchers to argue that they are part of a broader

- a. schizophrenia spectrum disorder (A)
- b. Schizotypal spectrum disorder
- c. social anxiety spectrum
- d. Broad spectrum disorder

39. In the case of both paranoid and schizoid personality disorders, psychodynamic theorists have argued that the causes of these disorders lie in which of the following

- a. the relationships that the sufferer had with their parents (A)
- b. the relationship the sufferer has with themselves
- c. The nature of the sufferers defence mechanisms
- d. the nature of the sufferers childhood attachment.

40. According to psychodynamic theory which of the following is NOT deemed to be characteristic of the parents of an individual with paranoid personality disorder, p

- a. demanding,
- b. distant,
- c. over rigid
- d. absent (A)

41. In personality disorders some of the Cluster B disorders share a number of characteristics in common . which of the following is NOT one of those

- a. impulsivity
- b. lack of empathy
- c. aggressiveness

d. passivity (A)

42. Because Antisocial Personality Disorder is closely associated with criminal and antisocial behaviour, considerable effort has been invested in attempting which of the following?

- a. to identify childhood and adolescent behaviours that may help to predict later adolescent and adult APD
- b. to ascertain whether there is an inherited or genetic component to APD,
- c. to identify any biological or psychological processes that may be involved in APD
- d. All of the above (A)

43. Because personality disorders are enduring patterns of behaviour that persist from childhood into adulthood, one of the best predictors of APD in adulthood is a diagnosis of

- a. Conduct disorder (A)
- b. Attention Deficit Disorder
- c. Attachment Disorder
- d. Childhood anxiety

44. Persistent and aggressive behaviour before the age of 11-years is also a good predictor of APD in adulthood. Which of the following is also a good predictor?

- a. low IQ
- b. low self-esteem
- c. early fighting
- d. All of the above (A)

45. Weishaar (2003) suggested that behaviour of individuals with APD appears impulsive and unpredictable due to switching quickly and unpredictably between:

- a. Dysfunctional schemas (A)
- b. Dysfunctional memory
- c. Dysfunctional hearing
- d. Dysfunctional Balance

46. Young et al. proposed five important **schema modes** that determine the responses and reactions of individuals with APD. It is claimed that they are developed as a result of:

- a. Abuse and neglect experienced during childhood (A)
- b. Drug abuse as a teenager
- c. Failure to learn from experience and their inability to empathize with the feelings of others
- d. Inactivity in the brain circuits believed to mediate fear learning

47. Which of the following are **schema modes** that determine the responses and reactions of individuals with APD as proposed by Young et al?

- a. The Abandoned and Abused Child mode
- b. The Angry and Impulsive Child mode
- c. The Punitive Parent mode
- d. All of the above (A)

48. There are a number of physiological characteristics shown by individuals with APD. These include which of the following?

- a. Significantly lower levels of anxiety than normal control participants

- b. Lower reactivity and baseline levels of physiological indicators of anxiety such as skin conductance
- c. Failure to exhibit increased startle reactions when being shown stimuli designed to elicit negative emotions
- d. All of the above (A)

49. Individuals with APD frequently fail to show any signs of fear learning in aversive conditioning procedures and functional brain imaging studies have shown that this failure to learn is accompanied by:

- a. Inactivity the limbic-prefrontal circuit (A)
- b. Over activity in the limbic-prefrontal circuit
- c. Enlarged ventricles
- d. Damage in the frontal lobes

50. More recent research has linked BPD with bipolar disorder, and the two are often comorbid. A number of individuals with BPD belong to a broader:

- a. bipolar disorder spectrum (A)
- b. . social anxiety spectrum
- b. Social identity spectrum
- d. Generalised anxiety spectrum

51. Deltito, Martin, Riefkohl, Austria et al. (2001) have estimated that what percentage of individuals wiiht BPD belong to a broader bipolar disorder spectrum?

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

d.54%

52. Evidence suggests that individuals with BPD have a number of brain abnormalities that may give rise to impulsive behaviour. They tend to possess relatively low levels of the brain neurotransmitter:

- a. Serotonin (A)
- b. Glutamate
- c. Acetylcholine
- d. GABA

53. Evidence suggests that individuals with BPD have a number of brain abnormalities that may give rise to impulsive behaviour. There is evidence for dysfunction in brain:

- a. Dopamine (A)
- b. Circuitry
- c. Anatomy
- d. Corpus callosum functioning

54. Evidence suggests that individuals with BPD have a number of brain abnormalities that may give rise to impulsive behaviour. There is evidence for dysfunction in brain Dopamine activity which is known to play an important role in:

- a. Emotion information processing
- b. Impulse control
- c. Cognition
- d. All of the above (A)

55. Neuroimaging techniques of individuals with BPD have revealed abnormalities in a number of brain areas. Which of the following is not thought to be implicated?

- a. Frontal lobe functioning
- b. Hippocampus
- c. Amygdala
- d. Cerebellum (A)

56. According to psychodynamic theory, people are motivated to respond to the world through the perspectives they have learnt from important other people in their developmental past. This is called:

- a. Object-relations theory **(A)**
- b. Object permanence theory
- c. Distorted perspective theory
- Ego defence theory

57. Psychodynamic theories of personality disorders that individuals with weak egos engage in a defence mechanism called:

- a. Splitting (A)
- b Spiking
- c. Blanking
- d. Racketeering

58. There are high levels of comorbidity between the different personality disorders. According to Zanarini & Gunderson (1997) what percentage of individuals with BPD also display antisocial behaviour and meet the diagnostic criteria for antisocial personality disorder?

- a. 10-47% (A)
- b. 5-20%
- c. 15-30%
- d. 1-5%

59. Young, Klosko & Weishaar (2003) to suggest that individuals with BPD may develop a similar set of dysfunctional schema modes to those acquired by individuals with:

- a. APD (A)
- b. Schizotypal spectrum disorder
- c. social anxiety spectrum disorder
- d. Broad spectrum disorder

60. Psychodynamic theories of narcissistic PD have argued that the traits associated with this disorder result from childhood experiences with:

- a. Cold, rejecting parents (A)
- b. Over protective parents
- c. Sibling bullying
- d. Absent parent

61. Narcissistic personality disorder is also closely associated with antisocial personality disorder (APD),. Which of the following is not a way in narcissistic individuals will regularly act:

- a. Self-motivated
- b. Deceitful

- c. Aggressive
- d. Withdrawn (A)

62. Psychodynamic theories often differ as to the causes of the conflicts that underlie attention seeking and dramatic behaviour in Histrionic Personality Disorder. Some theorists suggest that the disorder is fostered by inconsistencies in parental attitudes towards:

- a. Sex (A)
- b. Food**
- c. Toilet training
- d. Discipline

63. Psychodynamic theories often differ as to the causes of the conflicts that underlie attention seeking and dramatic behaviour in Histrionic Personality Disorder. Some suggest that the disorders arises form childhood experience of parental behaviour which is:

- a. Cold and controlling (A)**
- b. Over protective
- c. Neglectful
- d. Absent

64. Family studies have also found that having a family member diagnosed with either social phobia or avoidant Personality Disorder increases the risk for both these disorders:

- a. 2-3 fold (A)
- b. 4-5 fold
- c. 5-10 fold

d. 22-25 fold

65. Which of the following is not associated with avoidant Personality Disorder?

- a. Low self-esteem
- b. Feelings of shame
- c. Feelings of guilt
- d. Feelings of superiority (A)

66. Some clinicians have highlighted what appear to be many formalistic similarities between dependent personality disorder and depression. These similarities include:

- a. Indecisiveness
- b. Pessimism
- c. Self-doubting
- d. All of the above (A)

67. While the symptoms of OCPD are very similar to those of OCD, the reported comorbidity of OCPD in individuals with OCD is relatively low at:

- a. 22% (A)
- b. 35%
- c. 15%
- d. 7%

68. Albert, Maina, Forner & Bogetto (2004), found comorbidity of OCPD in individuals with panic disorder was:

- a. 17% (A)
- b. 25%

c. 10%

d. 37%

69. Some studies of non-clinical populations indicate there may be a single underlying vulnerability factor for both OCPD and OCD, and this may be related to a parenting style that includes which of the following two?

a. Psychological manipulation (A)

b. Guilt induction (A)

c. Physical abuse

d. Rejection

70. Axis I disorders that are comorbid with a personality disorder are difficult to treat successfully (Crits-Christoph & Barber, 2002), and there may be many reasons for these difficulties:

a. Individuals are significantly more disturbed, and may require more intensive treatment than individuals with an Axis I disorder alone

b. Many personality disorders consist of ingrained behavioural styles that are likely to continue to cause future life difficulties that may trigger symptoms of Axis I disorders

c. Many of the personality disorders have features which make such individuals manipulative and unable to form trusting relationships

d. All of the above (A)

71. therapists have utilised a broad range of differing therapeutic procedures with varying degrees of success. In general, individuals with personality disorders will need to acquire the skill of mentalisation which is:

- a. Ability to reflect on their experiences, feelings and thoughts and to assess their meaning and importance (A)
- b. Reflect on their ability to do mental arithmetic
- c. The ability to compartmentalise their emotions
- d. Their ability to assess the meaning and importance of internal processes

72. Drugs are frequently used in an attempt to treat individuals with personality disorders, but they tend to be used to tackle symptoms of any comorbid Axis I disorder rather than the symptoms of the personality disorder itself. Individuals with comorbid anxiety disorders, such as social phobia or panic disorder can be prescribed:

- a. Tranquilisers (A)
- b. Antipsychotics
- c. Antidepressants
- d. Lithium chloride

73. Drugs are frequently used in an attempt to treat individuals with personality disorders, but they tend to be used to tackle symptoms of any comorbid Axis I disorder rather than the symptoms of the personality disorder itself. Individuals who have comorbid bipolar disorder may receive:

- a. Lithium chloride (A)
- b. Tranquilisers
- c. Antipsychotics
- d. Antidepressants

74. Drugs are frequently used in an attempt to treat individuals with personality disorders, but they tend to be used to tackle symptoms of any comorbid Axis I disorder

rather than the symptoms of the personality disorder itself. Which of the following are used to reduce the symptoms of Cluster A personality disorders which are known to have some relationship to the symptoms of schizophrenia:

- a. Lithium chloride
- b. Tranquilisers
- c. Antipsychotics (A)
- d. Antidepressants

75. Which of the following do therapists view as an important mechanism of change in personality disorders?

- a. Insight (A)
- b. Foresight
- c. Hindsight
- d. Second sight

76. Which of the following two are by psychodynamic therapists when trying to take a more active approach to treating personality disorders?

- a. Identify and block manipulative behaviours at an early stage (A)
- b. To expose the 'weak egos' and fragile self-image that usually underlie many of the personality disorders (A)
- c. To identify ego defence mechanisms
- d. To identify and expose early negative childhood experiences

77. Which of the following is a particular example of psychodynamic treatment which attempts to strengthen the individual's weak ego so that they are able to address issues in their life without constantly flipping from one extreme view to another:

- a. Object-relations psychotherapy (A)
- b. Object permanent psychotherapy
- c. Selective relations psychotherapy
- d. Goal directed psychotherapy

78. In the case of BPD, for example, object-relations psychotherapy will:

- a. Attempt to show the client how their normal way of behaving is defensive
- b. How their judgments are often simplistic and fall into simple dichotomous categories
- c. Provide the client with more adaptive ways of dealing with important life issues
- d. All of the above (A)

79. One particular form of therapy that has been successfully used to treat individuals with personality disorders and involves providing them with insight into their dysfunctional ways of thinking, and is designed to provide them with the necessary skills to overcome these problematic ways of thinking and behaving is known as:

- a. Dialectical behaviour therapy (A)
- b. Psychodynamic therapy
- c. Systematic desensitization
- d. Exposure and response prevention

80. Dialectical behaviour therapy has been particularly successful with individuals with BPD. It has been shown to be more effective than treatment-as-usual in reducing:

- a. Self-harm
- b. Suicide attempts
- c. Hospitalisation
- d. All of the above (A)

81. Cognitive behavioural therapy may be used to treat an individual with obsessive-compulsive personality disorder by challenging:

- a. Dysfunctional schemata (A)
- b. Dysfunctional relationships
- c. Dysfunctional behaviour
- d. Dysfunctional sleep patterns

82. When treating individuals with BDP a therapist may change dysfunctional schemata by:

- a. Reparenting (A)
- b. Remothering
- c. Restructuring
- d. Repossessing

83. When treating individuals with BDP a therapist may change dysfunctional schemata by reparenting. This allows the therapist to:

- a. Form an emotional attachment to the client in order to challenge dysfunctional schemata (A)
- b. Analyse childhood parenting styles
- c. Explore attachment styles
- d. Teach the functional parenting styles

84. A more recent development of CBT for personality disorders is known as Schema-Focused Cognitive Therapy.. Central to this approach is:

- a.** The concept of early maladaptive schemas (A)

- b. Dysfunctional adult schemas
- c. Inappropriate social schemas
- d. Repressed cognitive schemas

85. When treating personality disorder, schemata therapy outlines how many specific stages for therapy?

- a. one
- b. Two
- c. Three (A)
- d. Five

86. Which of the following could be described as a stage of schemata therapy for personality disorder?

- a. Developing self-knowledge
- b. Identifying and prevent schemata avoidance responses
- c. Examine the life experiences
- d. All of the above (A)

87. In personality disorder preliminary studies also indicate that, after being treated with Cognitive Behavioural Therapy, between

- a. 40-50% (A)
- b. 60-70%
- c. 30-40%
- d. 70-80%

of clients will have recovered after 1.3-2 years

88. Which of the following difficulties that are involved in the treatment of individuals with personality disorders?

- a. Denial of any psychopathology
- b. Personality characteristics that making forming a trusting relationship with a therapist difficult
- c. Persistent behavioural patterns that are likely to continue to cause future life difficulties
- d. All of the above (A)

89. From a therapeutic view point, in general, individuals with a personality disorder need to:

- a. acquire a range of adaptive life skills
- b. Learn emotional control strategies
- c. Acquire skills which enable them to reflect objectively on their experiences, feelings and thoughts
- d. All of the above (A)

90. Which of the following is not a DSM-IV-TR criterion for paranoid personality disorder?

- a. suspects that others are exploiting, harming, or deceiving him/her
- b. Persistently bears grudges
- c. Is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him/her.
- d. Has little, if any, interest in having sexual experiences with another person (A)

91. Which of the following is not a DSM-IV-TR criterion for schizoid personality disorder?

- a. Neither desires nor enjoys close relationships, including being part of a family

- b. Almost always chooses solitary activities
- c. Shows emotional coldness, detachment, or flattened affectivity
- d. Has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner (A)

92. Which of the following is not a DSM-IV-TR criterion for schizotypal personality disorder?

- a. Suspiciousness or paranoid ideation
- b. Inappropriate or constricted affect
- c. excessive social anxiety that does not diminish with familiarity
- d. Persistently bears grudges (A)

93. Which of the following is not a DSM-IV-TR criterion for antisocial personality disorder?

- a. Impulsivity or failure to plan ahead
- b. Reckless disregard for safety of self and others
- c. Failure to conform to social norms with respect to lawful behaviours as indicated by repeatedly performing acts that are grounds for arrest
- d. Excessive social anxiety that does not diminish with familiarity (A)

94. Which of the following is not a DSM-IV-TR criterion for borderline personality disorder?

- a. Frantic efforts to avoid real or imagined abandonment
- b. Identity disturbance: markedly and persistently unstable self-image or sense of self
- c. Transient, stress-related paranoid ideation or severe dissociative symptoms
- d. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another (A)

95. Which of the following is not a DSM-IV-TR criterion for narcissistic personality disorder?

- a. Has a grandiose sense of self-importance

- b.** Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
- c.** Lacks empathy: is unwilling to recognise or identify with the feelings and needs of others
- d.** Chronic feelings of emptiness (A)

96. Which of the following is not a DSM-IV-TR criterion for histrionic personality disorder?

- a.** Is uncomfortable in situations in which he/she is not the centre of attention
- b.** Interaction with others is often characterised by inappropriate sexually seductive or provocative behaviour
- c.** Displays rapidly shifting and shallow expression of emotions
- d.** Impulsivity in at least two areas that are potentially self-damaging (e.g. spending, sex, substance abuse, reckless driving, binge eating) (A)

97. Which of the following is not a DSM-IV-TR criterion for avoidant personality disorder?

- a.** Avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection
- b.** Is unwilling to get involved with people unless certain of being liked
- c.** Shows restraint within intimate relationships because of fear of being shamed or ridiculed
- d.** Is often envious of others or believes that others are envious of him/her (A)

98. Which of the following is not a DSM-IV-TR criterion for dependant personality disorder?

- (1)** Has difficulty expressing disagreement with others because of fear of loss of support or approval
- (2)** Has difficulty initiating projects or doing things on his/her own (because of lack of self-confidence rather than lack of motivation)
- (3)** Goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant
- (4)** Is preoccupied with being criticised or rejected in social situations (A)

99. Which of the following is not a DSM-IV-TR criterion for obsessive-compulsive personality disorder?

- a. Is preoccupied with details, rules, lists, order, organisation, or schedules to the extent that the major point of the activity is lost
- b. Shows perfectionism that interferes with task completion (e.g. is unable to complete a project because his/her own strict standards have not been met
- c. Is excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by economic necessity)
- d. is unrealistically preoccupied with fears of being left to take care of himself/herself

100. Which of the following are considered to be impulse control disorders?

- a. Kleptomania
- b. Pyromania
- c. Trichotillomania
- d. All of the above (A)