

Chapter 5 student .

- 1) An anxiety disorders is:
  - a) An emotional state identified by panic attacks
  - b) An emotional condition classified by excessive checking
  - c) Disordered thinking
  - d) An excessive or aroused state characterized by feelings of apprehension, uncertainty and fear (A)

The correct answer is d

**Anxiety Disorder:** An excessive or aroused state characterised by feelings of apprehension, uncertainty and fear.

2. Which of the following are common aspects of co-morbidity in anxiety disorders?

- a) Physiological symptoms of panic are found not only in panic disorder, but also in the reactions to phobic stimuli in specific phobias
- b) Cognitive biases – such as information processing biases that tend anxious people to selectively attending to threatening stimuli (Mathews & McLeod, 1994) – are common to almost all anxiety disorders
- c) Certain specific early experiences can be found in the aetiology of a number of different anxiety disorders (e.g. physical or sexual abuse during childhood), and experiences such as these may increase an individual's risk of developing several anxiety-based problems
- d) All of the above (A)

The correct answer is d

**Comorbidity:** The co-occurrence of two or more distinct disorders

- 3) Specific phobias are defined as:
  - a) Excessive worry bouts triggered by a specific object or situation
  - b) An abnormal sensitivity to light

- c) An excessive, unreasonable, persistent fear triggered by a specific object or situation (A)
- d) A persistent fear of social situations

The correct answer is c

**Specific Phobias:** Excessive, unreasonable, persistent fear triggered by a specific object or situation

- 4) In phobia individuals acquire a strong set of phobic beliefs which:
  - a) Information about why they think the phobia is threatening
  - b) How to react when they are in the phobic situation
  - c) Appear to control their fear
  - d) All of the above (A)

The correct answer is d

**Phobic Beliefs:** Beliefs about phobic stimuli that maintain the phobic's fear and avoidance of that stimulus or situation

- 5) Psychodynamic theory as developed by Freud saw phobias as:
  - a) Repressed Ego
  - b) Repressed Id impulses (A)
  - c) Repressed superego
  - d) Repressed defence mechanisms

The correct answer is b

**Psychodynamic Approaches:** Theories which assume that unconscious conflicts develop early in life, and part of the therapy is designed to identify life events that may have caused these unconscious conflicts.

- 6) In the famous "Little Albert" study by [Watson & Rayner](#), they attempted to condition in him, a fear of his pet white rat. This was done by:
- a) Pairing the **unconditioned stimulus (UCS)** with **unconditioned response (UCR)** to produce the **conditioned stimulus**
  - b) **Pairing the conditioned response (CR)** with **conditioned stimulus (CS)** which produced the **unconditioned stimulus (UCS)**
  - c) Pairing the rat – the **conditioned stimulus (CS)** with the **unconditioned stimulus (UCS)** which produced the **unconditioned response (UCR)** and subsequently **conditioned response (CR)** (A)
  - d) **Pairing the unconditioned response with the unconditioned stimulus (UCS)** to produce the **conditioned response (CR)**

The correct answer is c

**Conditioning:** A form of learning in which an organism learns to associate events together (e.g. classical conditioning or operant conditioning)

- 7) According to conditioning theory Incubation is a phenomenon that should lead to:
- a) Distinction
  - b) Extinction (A)
  - c) Annulation
  - d) Conflagration

The correct answer is b

**Incubation:** A common clinical phenomenon where fear increases in magnitude over successive encounters with the phobic stimulus – even though it is not followed by a traumatic consequence

8) There are two predominant evolutionary theories of phobias, there are:

- a) Non-associative fear acquisition (A)
- b) Learned fear responses
- c) Biological preparedness (A)
- d) Specific phobia acquisition
- e) The correct answer is c

**Biological Preparedness:** A theory which argues that we have a built-in predisposition to learn to fear things such as snakes, spiders, heights, and water because these have been life-threatening to our ancestors

9) Recent evidence suggests that at least some phobias are closely associated with the emotion of:

- a) Anger
- b) Disgust (A)
- c) Exhilaration
- d) Sadness

The correct answer is b

**Disgust:** A food-rejection emotion whose purpose is to prevent the transmission of illness and disease through the oral incorporation of contaminated items

10) The disease-avoidance model of animal phobias (Matchett & Davey, 1991) is supported by which of the following?:

- a) Evidence that a medical approach supports psychological disturbances
- b) Findings that sick individuals avoid animals

- c) All spiders spread disease
- d) Findings that high levels of disgust sensitivity is a vulnerability factor for animal phobias (A)

The correct answer is d

**Disease-Avoidance Model:** The view that animal phobias are caused by attempts to avoid disease or illness than might be transmitted by these animals

- 11) One important issue in therapy for specific phobias is to address:
- a) Ensure the individual never comes in contact with the phobic event or situation
  - b) The phobic beliefs that sufferers hold about their phobic event or situation (A)
  - c) The individual has ample opportunity to talk about the phobic event or situation
  - d) That any dreams about the phobic event or situation are analyzed

The correct answer is b

**Phobic Beliefs:** Beliefs about phobic stimuli that maintain the phobic's fear and avoidance of that stimulus or situation

- 12) some of the defining features of Social phobia are described in DSM-IV-TR as:
- a) Individuals with social phobia experience concerns about embarrassment and are afraid that others will judge them to be anxious, weak, "crazy", or stupid
  - b) They may fear public speaking because of concern that others will notice their trembling hands or voice
  - c) They may experience extreme anxiety when conversing with others because of fear they will appear inarticulate

- d) All of the above (A)

The correct answer is d

**Social Phobia:** A severe and persistent fear of social or performance situations.

13) It is considered that successful CBT treatments of social phobia include elements of the following:

- a) Exposure therapy
- b) Social skills training
- c) Cognitive restructuring
- d) All of the above (A)

The correct answer is d

**Cognitive Behaviour Therapy (CBT):** An intervention for changing both thoughts and behaviour. CBT represents an umbrella term for many different therapies that share the common aim of changing both cognitions and behaviour.

14) Which of the following is a Drug treatment for social phobia:

- a) Serotonin reuptake inhibitors (SSRIs) (A)
- b) Antibiotics
- c) Antipsychotic drugs
- d) Anti-inflammatory drugs

The correct answer is a

**Selective Serotonin Reuptake Inhibitors (SSRIs):** A recent group of antidepressant drugs which selectively affect the uptake of only one neurotransmitter – usually serotonin

15) Which of the following physical symptoms are associated with Panic attacks

- a) Heart palpitations
- b) Perspiring
- c) Hyperventilating

d) All of the above (A)

The correct answer is d.

**Panic Disorder:** An anxiety disorder that is characterised by repeated panic or anxiety attacks

16) A common feature of panic attacks is Hyperventilation and it is due to:

a) Dysfunctional breathing patterns

b) Raising blood pH level

c) Oxygen is then delivered less efficiently to body cells

d) All of the above (A)

The correct answer is d

**Hyperventilation:** A rapid form of breathing that results in ventilation exceeding metabolic demand and has an end result of raising blood pH level. A common feature of panic attacks

17) Sensitivity to increases in CO<sub>2</sub> have been suggested as a risk factor for panic disorder

(Papp, Klein & Gorman, 1993), and have given rise to what are known as

*"suffocation alarm theories"* of panic disorder where increased CO<sub>2</sub> intake may:

a) Activate the hypothalamus

b) Activate the frontal lobes

c) Activate an over-sensitive suffocation alarm system (A)

d) Activate the adrenal system

The correct answer is c

**Suffocation Alarm Theories:** Models of panic disorder in which a combination of increased CO<sub>2</sub> intake may activate an over-sensitive suffocation alarm system and give rise to the intense terror and anxiety experience during a panic attack

18) In panic disorder anxiety sensitivity refers to:

- a) Anxiety may lead to depression
- b) That the fears of anxiety symptoms that are based on beliefs that such symptoms have harmful consequences (A)
- c) Anxiety symptoms may predict self harm
- d) Feeling anxious always leads to negative events

The correct answer is b

**Anxiety Sensitivity** : Fears of anxiety symptoms that are based on beliefs that such symptoms have harmful consequences (e.g. that a rapid heart beat predicts an impending heart attack)

19) Clark's (1986, 1988) theory of Catastrophic Misinterpretation of Bodily Sensations suggests that individuals:

- a) Are more likely to develop heart disease
- b) Have a cognitive bias towards accepting the more threatening interpretation of their sensations (A)
- c) Are less able to determine when they are sickening for something
- d) Less likely to seek treatment from medical professionals

The correct answer is b

**Catastrophic Misinterpretation of Bodily Sensations:** A feature of panic disorders where there is a cognitive bias towards accepting the more threatening interpretation of an individual's sensations



20) Generalised Anxiety Disorder (GAD) is a pervasive condition in which the sufferer experiences:

- a) Fear of fear
- b) Continual apprehension and anxiety about future events (A)
- c) Continual flashbacks to past events
- d) A desire to check that the environment is safe

The correct answer is b

**Generalised Anxiety Disorder (GAD):** A pervasive condition in which the sufferer experiences continual apprehension and anxiety about future events, and this leads to chronic and pathological worrying about those events.

21) Pathological and chronic worrying is the cardinal diagnostic feature of GAD, but it may also be accompanied by physical symptoms such as:

- a) Fatigue and trembling
- b) Muscle tension
- c) Headache, and nausea
- d) All of the above (A)

22) Individuals suffering with Generalised Anxiety Disorder, have a series of information processing biases which appear to maintain hyper-vigilance for threat, create further sources for worry, and maintain anxiety. Which of the following are examples of such biases?

- a) Preferential allocation of attention to threatening stimuli occurs pre-attentively

- b) Preferential allocation occurs to both verbal stimuli and to pictures of threatening emotional faces
- c) The bias towards attending to threatening stimuli in anxious individuals is mirrored by the tendency of nonanxious individuals to attentionally *avoid* threat, i.e. to shift attention *away from* threatening stimuli
- d) All of the above (A)

The correct answer is d

**Information Processing Biases:** Biases in interpreting, attending to, storing or recalling information, and which may give rise to dysfunctional thinking and behaving

23) Stimulus Control Treatment for Generalised Anxiety Disorder involves:

- a) Instructing the individual not to worry
- b) Encouraging the individual to control their worry by performing rituals
- c) Instructing the individual to worry at a specific time or in a particular location (A)
- d) Keep a diary of their worries

The correct answer is c

**Stimulus Control Treatment:**

An early behavioural intervention for worry in GAD which adopted the principle of stimulus control. This is based on the conditioning principle that the environments in which behaviours are enacted come to control the future occurrence of those, and can act to elicit those behaviours (the principle of stimulus control)

24) Treatment for GAD involves Cognitive restructuring . This involves

- a) Challenging and replacement of dysfunctional beliefs about the advantages of worrying

- b) Generate thoughts that are more accurate
- c) Challenge the biases that GAD sufferers hold about how frequently bad events might happen
- d) All of the above (A)

The correct answer is d

**Cognitive Remediation Therapy (CRT):** A treatment programme for clients with neurological disorders designed to develop and improve basic cognitive skills and social functioning generally

25) In Obsessive Compulsive Disorder (OCD) compulsions are:

- a) Repetitive or ritualized behaviour patterns that the individual feels driven to perform in order to prevent some negative outcome happening (A)
- b) Repetitive thoughts about harming or distressing others
- c) Overwhelming desires to behave in an inappropriate fashion
- d) Ritualised worrying about negative outcome of events

26) Lifetime prevalence rate of OCD is

- a) 2.5% (A)
- b) 10%
- c) 7.5%
- d) 0.5%

27) Doubting is a central feature of OCD, it has been suggested that sufferers may have:

- a) A general memory deficit
- b) Less confidence in the validity of their memories (A)

- c) A deficit in the ability to distinguish between the memory of real and imagined actions
- d) All of the above

28) Individuals diagnosed with OCD appear to have developed a series of dysfunctional beliefs about their obsessional thoughts. For example:

- a) Because they had the thought, they feel responsible for its content
- b) Sufferers appraise obsessional thoughts as having potentially harmful consequences and this causes intense anxiety and triggers compulsive actions
- c) Individuals with OCD tend to suffer from inflated responsibility
- d) All of the above (A)

29) In OCD one of the most important dysfunctional beliefs has been defined as inflated responsibility. This is:

- a) The belief that one has power which is pivotal to bring about or prevent subjectively crucial negative outcomes (A)
- b) An inability to take responsibility for one's actions
- c) Delusions of grandeur
- d) Increased sense of self importance

30) Dysfunctional assumptions held by OCD sufferers include:

- a) Having a thought about an action is like performing it
- b) Failing to prevent harm to oneself or others is the same as having caused the harm in the first place
- c) Responsibility is not reduced by other factors such as something being improbable
- d) All of the above (A)

31) In OCD individuals may actively try to suppress obsessive thoughts. Evidence suggests that actively suppressing unwanted thoughts will:

- a) Actually cause it to occur more frequently once the period of suppression or inhibition is over
- b) Suppressing an unpleasant thought induces a strong negative emotional state that results in the suppressed thought becoming associated with that negative mood state
- c) Whenever that negative mood state occurs in the future, it is therefore more likely to elicit the unwanted and aversive thought
- d) All of the above (A)

32) Mood is considered to have a role in perseverative psychopathologies such as OCD. One such account is the Mood as input hypothesis, this model states that OCD sufferers persevere with their compulsive activities because:

- a) They use an implicit 'stop rule' for the compulsive activity which says they must only stop when they are sure they have completed the task fully and properly
- b) They undertake the task in a strong negative mood
- c) Concurrent mood as 'information' to assess whether they have met their strict stop rule criteria
- d) All of the above (A)

33) The most common, and arguably the most successful, treatment for OCD is exposure and ritual prevention. One such treatment is imaginal exposure. For example, for someone with compulsive washing, this involves:

- a) Imagining touching a dirty dish (A)
- b) Suppressing thoughts about the ritual

- c) Imagining others touching a dirty dish
- d) Imagining negative consequences that will result from not washing

34) In OCD preventing the client from engaging in their rituals:

- a) Allows anxiety to extinguish by habituating the links between obsessions and their associated distress
- b) Eliminates ritualistic behaviours that may negatively reinforce anxiety
- c) Contributes to the disconfirmation of dysfunctional beliefs by forcing the client to encounter feared situations
- d) All of the above (A)

35) In OCD, Cognitive Behaviour Therapy (CBT) is implemented by:

- a) Targeting and modifying the dysfunctional beliefs that OCD sufferers hold about their fears, thoughts, and the significance of their rituals (A)
  - b) Desensitizing individuals through flooding techniques
  - c) Analysing dreams about dysfunctional beliefs, obsessions and rituals
- Imaginal exposure

36) Neurosurgery has become an intervention of last resort in OCD. The most common procedure is:

- a) Cingulotomy (A)
- b) Neurobiotaxis
- c) Habituation
- d) Emotional anaesthesia

37) Which of the following is a symptom of Post Traumatic Stress Disorder (PTSD)

- a) Increased arousal
- b) Avoidance and numbing of emotions
- c) Re-experiencing
- d) All of the above (A)

38) In Post Traumatic Stress Disorder (PTSD), a traumatic event occurs which severely challenges an individual's beliefs that the world is a benevolent, safe place. This may cause an individual to update their assumptions about the world in a negative way and may adversely affect long-term adjustment to the trauma. This is known as:

- a) Re-experiencing
- b) The Theory of Shattered Assumptions (A)
- c) The Theory of Increased Arousal
- d) Habituation

39) One theory of PTSD which claims that severe traumatic experiences are of such major significance to the individual that they lead to the formation of representations and associations in memory that are quite different to those formed as a result of everyday experience is:

- a) The Theory of Shattered Assumptions
- b) Emotional Processing Theory (A)
- c) The Theory of Increased Arousal

40) Avoidance and numbing of emotions

41) Some individuals are more vulnerable to PTSD than others. Psychological factors include the individual seeing themselves as a victim: they process all information

about the trauma negatively, and view themselves as unable to act effectively. This is known as:

- a) Mental defeat (A)
- b) Re-habitation
- c) Mental deterioration
- d) Projection

42) Dual representation theory suggests PTSD is a hybrid disorder consisting of the involvement of two separate memory systems. Identify the correct two below:

- a) Situationally accessible memory (A)
- b) Memory scratch pad
- c) Verbally accessible memory (A)
- d) Long term memory

43) The belief that PTSD can be prevented by immediate and rapid debriefing of trauma victims within 24-72 hours after the traumatic event is known as:

- a) Flooding
- b) Psychological Debriefing (A)
- c) Constructive Debriefing
- d) Rapid projection

44) There are two main rationales behind Exposure Therapy in PTSD. Choose the correct two:

- a) It will help to extinguish associations between trauma cues and fear responses (A)
- b) It will help the individual to repress negative thoughts about the event
- c) It will help the individual to disconfirm any symptom-maintaining dysfunctional beliefs that have developed as a result of the trauma (A)



d) It will help the individual to avoid numbing of the emotions

45) A recently developed, and controversial form of exposure therapy for PTSD is known as ***Eye movement desensitisation and reprocessing*** (EMDR). The rationale behind this therapy is:

- a) That combining eye movements with attention to fearful images encourages rapid deconditioning and restructuring of the feared image (A)
- b) Combining eye movements with attention to fearful images allows repression of the event
- c) Combining eye movements with reprocessing allows the individual to be hypnotised
- d) Combining eye movements with reprocessing allows the individual to forget events

46) In PTSD Cognitive Restructuring helps the client to do two main things: Pick the correct two:

- a) Replace intrusive negative automatic thoughts (A)
- b) Restructure events in order to change the memory of what actually took place.
- c) Evaluate and change dysfunctional beliefs about the world, themselves and their future that have developed as a result of the trauma (A)
- d) De-condition the individual to the emotion of fear

47) In OCD the dysfunctional assumption of Thought-Action-Fusion involves the sufferer believing that:

- a) Having a thought about an action is like performing it (A)
- b) Combining the thought and the action will absolve any possible negative outcomes
- c) Acting on the thought will increase feelings of responsibility

d) Suppressing the thought will result in acting on it later

48) In exposure based treatment for panic disorder, the client would be asked to do which of the following?

a) Experience the conditions that precipitate a panic attack in the controlled environment of the therapy situation

b) Apply cognitive and physical techniques designed to manage the attack

c) Exercise control over the cues that would normally predict panic

d) All of the above (A)

49) Which of the following is necessary for the diagnosis of Post Traumatic Stress Disorder?

a) High perfectionism

b) Emotional anaesthesia

c) Exposure to a specific fear-evoking event (A)

d) Delusions of grandeur

50) The famous "Little Albert" study by Watson & Rayner (1920) is an example of how phobias can be acquired through:

a) Classical conditioning (A)

b) Operant conditioning

c) Incubation

d) Aversive conditioning

51) An important vulnerability factor in developing OCD is:

- a) An inflated sense of responsibility for preventing harm (A)
- b) Living in a dirty environment
- c) An inflated sense of smell
- d) Age

99) In Western societies Social phobia has a lifetime prevalence rate of between:

- a) 7% and 13% (A)
- b) 25% and 35%
- c) 5% and 10%
- d) 40% and 45%

100). Age of onset is considerably earlier than for many of the other anxiety disorders, with typical age of onset in:

- e) Early to mid teens (A)
- f) Before the age of 5
- g) Before puberty
- h) At birth