

Name: _____ Date: _____

Answer Key: Could You Diagnostically Differentiate? Advanced College Psych Quiz

Evaluate complex etiology and differential diagnostic criteria across the DSM-5-TR and ICD-11 through clinical vignettes and neurobiological synthesis.

1. A patient presents with symptoms of depersonalization and amnesia regarding personal identity, yet neuroimaging shows no organic brain trauma. Which theoretical framework best explains this as a 'division of consciousness' rather than an erasure of memory?

Answer: A) Janet's Theory of Dissociation

Pierre Janet proposed that dissociation is a failure of integration in the personality due to psychological trauma, which fits the clinical presentation of dissociative disorders better than biological or cognitive-behavioral models.

2. In the context of Schizotypal Personality Disorder, 'ideas of reference' are functionally identical to the 'delusions of reference' found in Schizophrenia.

Answer: B) False

Ideas of reference in personality disorders are held with less delusional intensity; the individual can usually be challenged on the logic, whereas delusions in schizophrenia are fixed and resistant to contradictory evidence.

3. The _____ model of mental illness suggests that a biological vulnerability must be triggered by environmental stressors for a disorder to manifest.

Answer: B) Diathesis-Stress

The Diathesis-Stress model is the primary framework for understanding the interaction between genetic predisposition (diathesis) and life events (stress).

4. Vignette: A 24-year-old exhibits a pattern of 'split' object relations, impulsive spending, and intense fear of abandonment. Which neurobiological finding is most frequently associated with this cluster of symptoms?

Answer: A) Reduced volume in the prefrontal cortex and amygdala hyper-reactivity

These symptoms characterize Borderline Personality Disorder, which research correlates with a lack of top-down inhibitory control from the prefrontal cortex over an overactive emotional center (amygdala).

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5. When treating Body Dysmorphic Disorder (BDD), the clinical intervention of _____ involves preventing the patient from performing repetitive behaviors like checking mirrors.

Answer: C) Exposure and Response Prevention (ERP)

ERP is the gold standard behavioral treatment for BDD and OCD, focusing on breaking the cycle of obsessions and compulsions by preventing the neutralizing ritual.

6. According to the DSM-5-TR, the presence of a 'Mixed Features' specifier allows for the diagnosis of Bipolar I even if a full Major Depressive Episode has never occurred.

Answer: A) True

Bipolar I only requires the presence of a single manic episode. While depressive episodes are common, they are not a diagnostic requirement for Bipolar I, and mixed features describe subthreshold depressive symptoms occurring during mania.

7. Which of the following describes the 'negative symptoms' of Schizophrenia which are often the most resistant to first-generation antipsychotic medications?

Answer: B) Avolition, alogia, and anhedonia

Negative symptoms represent a deficit in normal functioning (lack of will, speech, and pleasure) and are notoriously difficult to treat compared to positive symptoms like hallucinations.

8. The _____ refers to the phenomenon where individuals with depression tend to attribute negative events to internal, stable, and global causes.

Answer: C) Depressive Attributional Style

Developed by Abramson and colleagues, this refinement of learned helplessness theory explains how specific patterns of thinking increase vulnerability to depression.

9. Conversion Disorder (Functional Neurological Symptom Disorder) requires evidence of an underlying psychological stressor for a formal diagnosis under current DSM-5-TR criteria.

Answer: B) False

The DSM-5 removed the requirement for a psychological stressor because many patients present with clear neurological symptoms (like non-epileptic seizures) without an identifiable immediate trauma.

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10. A researcher is studying the efficacy of Mindfulness-Based Cognitive Therapy (MBCT) in preventing relapse for recurrent Depression. What is the primary 'mechanism of change' targeted in this specific intervention?

Answer: A) Decentering from ruminative thought patterns

MBCT specifically focuses on 'decentering'—teaching patients to view thoughts as mental events rather than reflections of reality—to stop the downward spiral of rumination that leads to relapse.