

Name: _____ Date: _____

Answer Key: Dissecting Clinical Psychopathology: A College-Level Quiz

Examine complex etiologies and treatment modalities for Borderline Personality Disorder, Agoraphobia, and Somatic Symptom Disorder through clinical analysis.

1. Which neurobiological finding is most frequently associated with the impulsive-aggression and affective instability seen in Borderline Personality Disorder (BPD)?

Answer: B) Reduced volume and increased activity in the amygdala

Research indicates that individuals with BPD often show heightened amygdala activation, which is linked to emotional dysregulation, and structural deficits in the prefrontal cortex that impair behavioral inhibition.

2. In the context of the Diathesis-Stress Model, a 'diathesis' refers strictly to a genetic mutation rather than an acquired psychological vulnerability.

Answer: B) False

A 'diathesis' represents any predisposition toward a disorder, which can include biological factors (genetics) or psychological factors (childhood maltreatment or cognitive distortions).

3. A patient reporting significant physical pain and fatigue while being excessively preoccupied with these symptoms, despite no underlying medical cause, would likely be diagnosed with _____.

Answer: C) Somatic Symptom Disorder

Somatic Symptom Disorder is characterized by a focus on physical symptoms that causes significant distress and interference with daily life, regardless of whether a medical cause is present.

4. According to the reformulated Learned Helplessness Theory, which attributional style is most predictive of the onset of clinical depression?

Answer: B) Internal, stable, and global

Attributing negative events to internal (self), stable (long-term), and global (all-encompassing) causes creates a sense of hopelessness that underpins many depressive episodes.

5. Agoraphobia is strictly defined as the fear of open spaces, such as parks or large fields.

Answer: B) False

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Agoraphobia is more accurately described as the fear of being in situations or places where escape might be difficult or help unavailable in the event of panic-like symptoms.

6. In the pharmacological treatment of Schizophrenia, 'atypical' antipsychotics (second-generation) differ from 'typical' antipsychotics primarily because they:

Answer: C) Block both dopamine and serotonin receptors

Second-generation antipsychotics impact both dopamine and serotonin neurotransmission, which often helps alleviate negative symptoms with a lower risk of Extrapyrimal Side Effects (EPS).

7. Marsha Linehan developed _____ specifically to treat the suicidal ideation and emotional dysregulation seen in individuals with Borderline Personality Disorder.

Answer: B) Dialectical Behavior Therapy (DBT)

DBT combines cognitive-behavioral techniques with mindfulness and zen principles to help patients balance acceptance and change.

8. A clinician observing a patient who shifts rapidly between disjointed ideas and creates new, meaningless words (neologisms) is noting a disturbance in:

Answer: C) Formal Thought Process

Disorganized speech, including neologisms and 'word salad,' reflects a breakdown in the logical structure and flow of thinking, known as formal thought disorder.

9. Tardive Dyskinesia is a potentially irreversible side effect of long-term use of traditional neuroleptic medications.

Answer: A) True

Tardive Dyskinesia involves involuntary movements of the face and tongue and is a serious risk factor associated with prolonged exposure to older antipsychotic medications.

10. The tendency of a client to project feelings they have for a parental figure onto their therapist is known in psychodynamic theory as _____.

Answer: C) Transference

Transference allows the therapist to observe how the client relates to significant others by becoming the target of those historical emotions and expectations.