



Examination Preparation Booklet

Principles and Practices in the Treatment
of the Mentally Ill/ Emotionally Disturbed

Problems of the Mentally Ill/
Emotionally Disturbed

Booklet No. 10



CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.
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INTRODUCTION

This booklet is an attempt to help you prepare for "Para-Professional Careers in Mental Hygiene," "Mental Hygiene Therapy Assistant I," and "Staff Development Specialist I" promotional exam series. We're quite certain that the areas we cover here will be helpful to you, and that a review of these areas should improve your ability to perform well on the exam series.

We are aware that the vast majority of those using this exam preparation booklet have had quite a bit of training and a great deal of valuable job experience. All of this should be helpful to you in answering the exam questions. We've found, however, that providing a review of important points and sample practice exam questions with explanations can also be very helpful.

This booklet reviews eight areas that may be tested on the above exams:

- characteristics of various psychiatric disorders
- needs of special groups (children, geriatrics)
- influences of environment, society and family on psychiatric disorders
- psychotropic drugs (reactions and uses)
- assessment and evaluation of patients
- functions and purposes of the treatment team
- development and implementation of the treatment plan
- methods for handling people with various emotional or psychiatric disorders

For each of these areas, we've included either a basic review and practice questions based on this material, or where it wasn't necessary to include a review, practice questions followed by full explanations of the questions.

We suggest you also review material in these areas that you've received from training classes. You may also wish to review other booklets available through CSEA, Inc., such as Preparing Written Material and/or Supervision. These booklets are available through CSENLEAP (call 518-785-4669 to request an order form).

Good luck!

PROBLEMS OF THE MENTALLY ILL/EMOTIONALLY DISTURBED

The usual examination procedure is to have fifteen to twenty questions for each category listed on the exam announcement. If this pattern holds, there will be a total of fifteen or twenty questions that will cover the following areas:

- The Characteristics of Various Psychiatric Disorders
- The Needs of Special Groups (Children, Geriatrics)
- The influences of Environment, Society and Family on Psychiatric Disorders
- Psychotropic Drugs (Reactions and Uses)

They've got a lot of ground to cover in fifteen or twenty questions. The exam announcement for this category states, "Questions deal with basic rather than highly technical knowledge in these areas." So you don't need to be an expert, but you do need to have a good overview.

We've included a number of sample exam questions because people generally find it very helpful to review these before exams. Since these exams are being given for the first time, it's difficult to predict the level of difficulty of the questions. The exam announcement states that basic knowledge will be required, so we've tried to keep that in mind when developing these questions. We have also, however, included more difficult questions, just in case. We would rather have you practice with some questions that will probably be more difficult than those you'll receive on the exam, than to have you be unpleasantly surprised if a few more difficult questions are included, and you hadn't been previously exposed to questions of this type. Exam questions by necessity create an artificial environment, and extra practice with them can be very useful. Many people have a history of difficulty in answering exam questions, and we've found that repeated practice with sample questions can significantly improve their performance, and reduce their anxiety levels during the exam. Good luck!

The Characteristics of Various Psychiatric Disorders

It is often difficult to assign labels to human behavior with any large degree of accuracy. Behavior sometimes changes rapidly, and the interpretation of what behavior a label actually represents can vary greatly from one person to the next. One can often learn a great deal more about a person by observing their behavior than by reading a diagnostic label about that person. Regardless, diagnostic labels can be helpful to members of a treatment team as a shorthand method of describing a group of behaviors one might expect from certain individuals. They are also required for many insurance forms. A diagnosis may be useful as long as one views the diagnosis as an ongoing process, and can continue to look at the patient with "new eyes."

Since the exam is going to cover "Characteristics of Various Psychiatric Disorders," we're going to review these labels. If you feel comfortable with this material, you may want to go directly to the questions at the end of this section.

The Difference Between Neurosis and Psychosis

People suffering from a neurosis are usually able to manage with the concerns of daily life, although there is often some distortion in their concept of reality.

Those suffering from a neurosis may feel inferior, unloved, or have a long-term feeling of fear or dread. They may have obsessions, compulsions or phobias, but they are rarely dangerous to themselves or others. They usually have some insight into their problems, and except in severe cases, don't require hospitalization. Many go through life without obtaining any help for their problems. Those who experience a psychosis, however, are out of touch with reality and live in an imaginary world. They may hear voices, feel that they are being persecuted, or experience very deep depressions. There is a very definite split between the reality of those suffering from psychoses and the reality of the world. Unlike those suffering from neuroses, those suffering from psychoses often lose track of time, person and place, and they have little insight into the nature of their behavior. They usually require hospitalization and their behavior is sometimes injurious to other people or themselves, although they may insist that there is nothing wrong with them.

Categories of Neurosis

It's important to keep in mind that rarely will all of a patient's symptoms fall into any one category, and that symptoms may change over time from one category to another. Anxiety Neuroses constitute approximately 35% of all neurotic disorders. Those suffering from anxiety neuroses have a tendency to view the world as hostile and cruel, and may frequently restrict daily activities in order to feel safer in their environment. They often feel tense, worried and anxious, but are unable to articulate exactly why they feel this way. Many anxious individuals are very uncertain of themselves in even minor stress producing situations, and they may have real difficulties in concentrating because of their high anxiety levels.

Other symptoms may include strong anxiety reactions with difficulty catching one's breath, perspiration, increased heart beat, dizziness and feeling that they are dying. They may come to the Emergency Room of a hospital complaining of a heart attack or heart troubles. It's important to keep in mind that many elements of the anxiety reaction are seen in patients with other neurotic disorders.

Conversion Reactions or Hysteria involve the loss of ability to perform some physical function that the person could previously perform, which is psychogenic in origin. This reaction is an attempt by the individual to defend herself or himself from some anxiety producing situation by developing physical symptoms that have no organic or physical cause. These reactions are not common, and constitute less than five percent of neurotic disorders. The lost function is often symbolically related to a situation which has produced stress or anxiety, and is often an attempt to escape from that situation. The person may lose the ability to hear or speak, have unusual bodily sensations, or lose control of some motor function. Since there is no physical cause of dysfunction, some people assume that the pain or paralysis is not real, or that this type of person is faking. Dissociative Reactions also serve to protect the individual from particularly stressful situations. Amnesia, fugue, and multiple personalities are the major categories of dissociative reactions. Despite the prevalence of amnesia on soap operas, dissociative reactions account for less than five percent of all neurotic disorders. Amnesiacs usually forget specific information for a specified but variable period of time. The patient does not, however, forget his or her basic lifestyle or habits. In fugue, the person combines the amnesia with flight, and leaves the area where the stressful situation is, Usually the person is unaware of where he or she has been, or where he or she is going. There are very few cases of multiple personalities. In this disorder, the

person shows different ways of responding to the environment. Each individual personality within the person is a complete personality system, and may dominate the person's reactions to his or her environment, depending upon the situation.

Obsessive-Compulsive Reactions involve either the inability to stop thinking about something the person doesn't want to think about, or the obligatory performance of a repetitive act. People experiencing these reactions often recognize they are irrational, but are unable to stop doing them. They often attempt to rearrange their environment, which they may perceive as threatening, in an attempt to impose control and structure, so they can control their environment and feel safer. Those suffering from compulsive reactions feel a strong need to perform or repeat certain behaviors, often in order to prevent something terrible from happening to them. (This might involve pre-determined ways to enter a room, brush their teeth, get into bed, begin conversations, etc.) Of course, many people may exhibit aspects of this behavior. Observing some professional baseball players before they pitch or take a pitch can certainly demonstrate this point. There's little cause for concern if the patterns are relatively temporary and help the person in some way obtain their goal. When the behaviors begin to unduly restrict a person's activities, then the situation becomes more serious. People exhibiting this behavior are often unable to make decisions effectively, are often perfectionists, have a strong need for structure, and are fairly rigid. Those who are obsessed with unwanted thoughts may have quite a variety of areas that they think about. The most common areas, however, concern religion, ethical concerns (something being absolutely right or wrong), bodily functions and suicide.

Phobic Reactions involve a strong, persistent irrational fear of an object, condition or place. It is believed that phobias usually involve a displacement of anxiety from the original cause to the phobic object. The phobia serves to assist the individual in avoiding the anxiety-causing situation. Some of the most common phobias include fear of crowds, being alone, darkness, thunderstorms, and high places. It's often very difficult to discover the symbolic significance of a particular phobia.

Neurotic Depressive Reactions involve an intensification of normal grief reactions. Research has indicated that those suffering from this reaction are unable to "bounce back" from upsetting or discouraging events. People who suffer from this reaction tend to have a poor self-concept, exaggerated dependency needs, a tendency to feel guilty about almost anything, and to turn those guilt feelings against themselves in a highly punitive way. The possibility of suicide should be kept in mind when working with these patients.

Categories of Psychosis

Psychoses are generally divided into two categories, functional psychoses and organic psychoses. Functional psychoses are caused by psychological stress, while organic psychoses are caused by a disorder of the brain for which physical pathology can be demonstrated. A third category, toxic psychoses, is sometimes used to refer to psychotic reactions caused by toxic substances such as drugs or poisons.

Schizophrenia accounts for approximately 25 percent of all first admissions to mental institutions, and is the largest single diagnostic group of psychotic patients. The paranoid schizophrenic shows a great deal of suspiciousness and hostility, and may be very aggressive. The simple type schizophrenic is shy and withdrawn, and shows interest in his or her

environment. The hebephrenic schizophrenic often has bizarre mannerisms and may appear quite manic. He or she may laugh and giggle inappropriately, and become preoccupied with unimportant matters. The catatonic schizophrenic may remain motionless for days or hours, and may refuse to eat. The two phases of catatonia are the stuporous phase where the person is motionless and catatonic excitement where the person is overactive and appears manic. While the catatonic schizophrenic may alternate between these phases, most show a preference for just one. Someone suffering from schizoaffective schizophrenia will have significant thought disorders and mood variations. They may initially appear to be depressed or manic, but a basic personality disorganization also exists. These are the major categories of schizophrenia you should need for the exam. Since the exam announcement states basic knowledge is required, it's very possible some of the above categories may be too specific. We've included them just in case, however.

The general symptoms of schizophrenia include an inability to deal with reality, the presence of hallucinations or delusions, inappropriate emotions, autism and various other unusual behaviors. There is often a very noticeable inability to organize thoughts. Schizophrenic reactions that occur suddenly are referred to as acute schizophrenic reactions, while those that develop slowly over a rather lengthy period are called chronic schizophrenic reactions.

Paranoid Reactions in people account for less than one percent of psychiatric admissions. Those with this behavior usually mistrust the motives of everyone, are very resentful, and often hostile. They may show signs of grandiosity or persecution. The person often believes that whatever happens is related to him or her. The major difference between paranoid patients and paranoid schizophrenics is that the paranoid patient usually has better control of his or her thought processes, and is able to make more appropriate responses to situations. They are usually more reality-oriented, and able to state their feelings more effectively.

Affective Reactions are those that represent a change in the "normal affect, or mood, of a person." There are two major categories of affective disorders: manic-depressive reactions, and involuntary psychotic reactions. In the manic-depressive reaction, the manic and depressive states alternate. In the manic phase, the person may be extremely talkative, agitated or elated, and demonstrate a great deal of physical and verbal activity. They may also exhibit some grandiosity. In the depressive phase, the person is joyless, quiet and inhibited. The manic reactions are often divided into three degrees of severity, each category representing a more severe degree of manic reaction. Hypomania is the least severe, acute mania is the next, and delirious mania is the most severe state. The term involuntary psychosis is usually related to a patient's age. For women, the involuntary age is considered to be somewhere between 40 and 55, and the involuntary period for men is somewhere between 50 and 65. It seems that stresses are greater for men and women during these periods, and that these stresses may trigger psychotic reactions which are generally transient. These people generally have a long history of feeling guilty and very anxious, have little diversity of activity, and few sources of satisfaction in their lives.

Selected Personality Disorders

This category includes behavior which is maladaptive, but neither psychotic nor neurotic. This group includes antisocial reactions, the abuse of alcohol and other drugs, and sexual deviations. The antisocial or sociopathic personality type fails to develop a concern for others and uses

relationships to get what he or she wants. There is little or no concern about what effect their behavior might have on others, and they seldom feel remorse or guilt. They are often likable, friendly, intelligent people. Their relationships with others tend to be superficial, however, because they lack the capacity for deep emotional responses. The sociopath is often impulsive and seeks immediate gratification of his or her wants. He or she often is unreliable, untruthful, undependable and insincere. A large number of people have sociopathic traits which, as with most other characteristics, vary in severity and number. Sociopaths are found in all professions, although many are able to control their acting out behaviors or channel them in more socially acceptable ways. They avoid acting out not because of internal values, but because they don't wish to get caught. Sociopaths usually have a low frustration tolerance, are easily bored and continually seek excitement. The sociopath most frequently comes to treatment because he or she has been "caught" doing something or been required to seek help by an employer or family member.

Sexual Deviations occur in those who fail to develop what their society considers appropriate sexual behavior. The major sexual deviations include child molestation, rape, sadism, masochism, voyeurism, fetishism, transvestism, exhibitionism, pedophilia and incest. As you can see, some of these behaviors are much more harmful to other people than others are.

The following ten questions are a review of the preceding material. We expect that this will be about the level of difficulty and specificity you will encounter on the actual exam. (A few of our questions may actually be a little more difficult than the exam questions.) We estimate that you would receive three to four questions of this nature on the exam.

The answers are in the answer key in the back of the booklet. Explanations for any incorrect answers can be found by reading about the disorder in the above section.

1. A patient tells you that the other patients are plotting to kill him, This is most likely an example of:
 - a. a manic-depressive reaction
 - b. a paranoid reaction
 - c. excellent perceptual skills on the part of the patient
 - d. a compulsive reaction

2. Which of the following statements is true?
 - a. Diagnoses are, by their very nature, always accurate.
 - b. Phobic reactions are the most common reasons people are admitted to mental hospitals.
 - c. People with neuroses are far less likely to be hospitalized than people with psychoses.
 - d. Severely depressed patients are less of a suicide risk than any other patient group except paranoid schizophrenics.

3. The largest single diagnostic group of psychotic patients are:
 - a. neurotic depressive
 - b. schizophrenic
 - c. obsessive-compulsive
 - d. paranoid reactive

4. The personality type that would best be characterized by the description that "he or she has no conscience" would be:
 - a. the drug addict
 - b. the exhibitionist
 - c. the sociopath
 - d. the manic-depressive

5. Of the following, the marked inability to organize one's thoughts is found most commonly and severely in:
 - a. schizophrenics
 - b. amnesiacs
 - c. those suffering from anxiety neuroses
 - d. sociopaths

6. Someone who constantly feels tense, anxious and worried but is unable to identify exactly why is most likely to be suffering from:
 - a. anxiety neurosis
 - b. schizophrenia
 - c. dissociative reaction
 - d. a conversion reaction

7. A patient always insists upon twirling around six times before entering a new room, or she fears she will die. This is an example of:
 - a. paranoid reaction
 - b. obsessive-compulsive reaction
 - c. dissociative reaction
 - d. anxiety neurosis

8. Of the following, those who suffer from neuroses would usually complain of:
 - a. rejections, dissociation and frequent inability to remember what day it is
 - b. delusions, rejections and feeling tired
 - c. tiredness, fears and hallucinations
 - d. fears, physical complaints and anxieties

9. The category that is caused by a disorder of the brain for which physical pathology can be demonstrated is:
 - a. neurotic depressive reaction
 - b. schizophrenia
 - c. functional psychoses
 - d. organic psychoses

10. Of the following, which is not true?
- Someone who is suddenly unable to hear for psychological reasons would be considered to be suffering from a conversion reaction.
 - If someone is in fugue, they have combined amnesia with flight.
 - 'Multiple personalities' is a dissociative reaction that affects primarily the elderly.
 - General symptoms of schizophrenia include an inability to deal with reality, the presence of delusions or hallucinations and inappropriate affect.

The Needs of Special Groups

For this section, we have included fifteen multiple choice questions, Explanations for each question are given at the end of the questions. We would expect two to four questions of this nature on the actual exam. For this section, we also suggest that you review basic material you have received regarding the rights of patients, as a little of this material may possibly be included on the exam.

- Which one of the following is true?
 - Calling an elderly person i~gramp5 or granny makes them feel more secure.
 - It is important for an elderly person to maintain his or her independence whenever possible.
 - When elderly patients start acting like children, they should be treated like children.
 - It's important to encourage the elderly to hurry because they tend to move so slowly.
- It's been found that older patients learn best when one does all but one of the following:
 - allows plenty of time for them to practice and learn
 - creates a relaxing environment for them
 - deals with one thing at a time
 - assumes little knowledge on their part
- Which of the following contains the main factors that should be considered before administering medications to elderly patients?
 - how popular the medication is with the patient and the team leader's recommendations
 - any organic brain damage, liver dysfunction and body weight
 - liver dysfunction, the patient's medical history, and decreased body weight
 - decreased body weight, impaired circulation, liver dysfunction, and increased sensitivity to medications
- When communicating with the hearing impaired, it's best to do all of the following except:
 - make sure the person can see your lips
 - speak slowly and clearly
 - use gestures
 - shout

5. The three most common visual disorders in the elderly are cataracts, diabetic retinopathy and glaucoma. Of the following statements about these, the one that is not true is:
- The symptoms for cataracts are a need for brighter light and a need to hold things very near the eyes.
 - Diabetic retinopathy, if untreated, can cause blindness, so any vision or eye problems in diabetics should be promptly reported.
 - Glaucoma develops slowly, so it is much easier to detect than cataracts or diabetic retinopathy.
 - Some of the symptoms of glaucoma are loss of vision out of the corner of the eye, headaches, nausea, eye pain, tearing, blurred vision, and halos around objects of light.
6. Which of the following is not true?
- Most of the elderly hospitalized for psychiatric problems suffer from senile brain atrophy or brain changes that occur due to arteriosclerosis.
 - It's important to allow the elderly who wish to the right to always live in the past.
 - The majority of the elderly are competent, alert and functioning well in their communities.
 - Many elderly patients feel that they are no longer valued members of our society.
7. Of the following, which is not a good reason for helping the elderly patient stay active?
- Activity promotes good health by stimulating appetite and regulating bowel function.
 - Activity prevents the complications of inactivity such as pneumonia, bed sores and joint immobility.
 - Activity can create an interest in taking more medication.
 - Activity can increase blood circulation.
8. Staff members must come to an understanding of their own feelings about the elderly because:
- the staff may then be more helpful
 - any negative feelings one has may be difficult to hide
 - feelings of fear or aversion can be easily transmitted
 - all of the above
9. An elderly patient will probably eat better if:
- food servings are large
 - the foods are chewy
 - he or she is allowed to finish their meals at a leisurely pace
 - cooked food is served cold
10. The most common accident to the elderly involves:
- falls
 - burns
 - bruises
 - cuts

11. Which of the following is true?
 - a. Children should be considered and treated as miniature adults.
 - b. Children are growing, developing human beings who will react to situations according to their level of development and the experiences to which they have been subjected.
 - c. Children who are brought to a mental health center are usually calm and non-apprehensive on their first visit.
 - d. The problems of adolescents are usually overestimated

12. In working with adolescents, it would be best to:
 - a. neither bend over backwards to give in to demands, nor control them by rigid and punitive means
 - b. dress the way most adolescents do
 - c. staff those' units with young people
 - d. watch television with them regularly

13. Of the following, when working with children, it is most important to be:
 - a. consistent
 - b. strict
 - c. more concerned for their welfare than for the welfare of the other patients
 - d. well liked

14. Of the following, the element that is most lacking in relationships between adolescents and adults is:
 - a. respect
 - b. fear
 - c. trust
 - d. sensitivity

15. Of the following, the best reason for grouping children together would be:
 - a. they should be protected from the influences of all adult patients
 - b. children tend to feel more comfortable with other children
 - c. children are less likely to "act out" when they are with other children
 - d. they would be unable to bother adult patients

Explanations for the Above Questions

1. The answer is b. Choice a is incorrect because this behavior could easily be seen as disrespectful by some patients. Choice c is incorrect because it is untrue and bad policy that could lead to more problems. Choice d is incorrect because it can encourage impatience with elderly patients. Moving quickly is a physical impossibility for some. The phrase, "encourage them to hurry" also sounds as if the elderly patient should be rushed from one activity to the next.

2. The answer is d. This is a tricky question for many people. Welcome to the world of promotional exam questions. Since an exam question by necessity sets up an artificial environment in one paragraph, it's important to learn how to interpret that environment. For many of the questions you will actually get on the exam, this task won't be too difficult. A few of them, however, will either be tricky or confusing or both, and that's where practice can help. In this question you need to select the one principle that is not best to follow when teaching older patients. Choice a, allowing plenty of time for them to practice and learn, makes sense and seems like a good idea. (It's irrelevant if, in your unit, there are conditions that prevent this from happening sometimes. Exam questions like this one are concerned with principles, not with what may actually occur sometimes in "real life.") Choice b, creating a relaxing environment for them, is also a good idea, as is choice c, dealing with one step at a time. Choice d can also sound fine if one assumes that what they mean is that one should assume little knowledge on their part for that particular task. The wording of choice d, however, is too broad, and implies that one should assume little knowledge about anything on their part, which could, of course, lead to demeaning, condescending or disrespectful behavior. This question illustrates the importance of reading and interpreting each choice carefully.

3. The answer is d. As we've said, the exam should consist primarily of fairly basic questions. In the past, however, exams that were supposed to test only for basic knowledge sometimes contained a few questions that required a little more technical knowledge. Just in case that is the case with your exam, we've included a few questions of this type. You shouldn't be concerned if you miss some of the more difficult questions like this one, while you're practicing, since the odds are good that you won't encounter them on the actual exam. Choice a is incorrect because how popular the medication is with the patient is not a major factor that needs to be considered. (If the choice had read, "the patient reports harmful side effects," or something like that, then that could change the situation, but the use of the word "popular" is a good clue that this isn't the correct choice.) Choice b would be correct except for the inclusion of "organic brain damage." While that is certainly important when prescribing the medication, in administering the medication it does not become a major consideration. (Even if you know of a case where this is a major factor, it's best to always read all four choices, as you're looking for the best of the four possible choices.) Choice c is incorrect because the patient's medical history, while important in prescribing medication, is not as critical when administering medication. Choice d is the correct choice because it is the best of the four, and contains four factors that could all have a significant effect upon the patient's health..

4. The answer is d. While all of these may seem like a good idea, shouting would be the least effective of the four. If you're working with the deaf, of course, it wouldn't be effective at all.

5. The answer is c. This is another more technical type of question that we doubt you'll get, but are including just in case, and also because it's a good review of these points. Choice c is the only incorrect choice, as glaucoma can develop very quickly in some cases.

6. The answer is b. Choices a, c and d are all true. Choice b, allowing the elderly to always live in the past, is definitely not good practice. In answering exam questions, it's always important to read the question carefully to find out exactly what they're asking for. Be sure to note phrases like, "all of the following, except," "which is not true," "which is the best example," "the least true," etc.

7. The answer is c. Choices a, b and d are all good reasons for the elderly to remain active. Only c, creating an interest in taking more medication, is incorrect. Some people miss this question because they interpret c as saying "creating an interest in taking medication." The inclusion of the word "more" changes the meaning entirely.

8. The answer is d. Choices a, b and c are all true. Some people are reluctant to choose d because they don't like the wording of some of the other choices, but each choice does make sense in respect to the question being asked.

9. The answer is c. Choice a is incorrect because most elderly patients prefer smaller, more frequent servings. Choice b is incorrect, as chewy foods can be difficult for some elderly patients to eat. Choice d is incorrect because it makes no sense to serve cooked food cold. Of the four, c is the best choice.

10. The answer is a, as falls are the most common accident for the elderly.

11. The answer is b. Choice a is incorrect because children are not miniature adults, and treating them like they are can cause additional problems. Choice c is incorrect because these children are often very anxious or nervous. Choice d is incorrect because the number of problems and adjustments adolescents must face are substantial. The sentence is also quite a generalization. Choice b is the only correct statement, and even reads like the "textbook answer."

12. The answer is a. Choice b is incorrect and inappropriate. Choice c is impractical, broad and could lead to problems. It's also good for adolescents to be in contact with older staff people. Choice d doesn't seem like it would be very effective, and is also impractical. Choice a is the best choice, and makes sense.

13. The answer is a. Being consistent is a very important trait to have, and more important than choices b or d. Choice c would not be considered a good practice.

14. The answer is c. While all of the choices may be true to some extent, the standard "textbook answer" to a question like this is c, trust.

15. The answer is b. Choice a is incorrect not only because it is so negative in nature, but also because it can be good for children to be with adults. Choice c is incorrect because it's often not true. Choice d is incorrect because it is negative in nature, but also because it is not as good a choice as choice b. While there are certainly some children who don't feel more comfortable with other children, most do, and it's the best choice of the four. It's important in exams to

remember that sometimes you'll be forced to select the "least awful" choice, as you may not like any of the answers, but need to pick one. Also note that whether or not you believe children should be grouped together is irrelevant here. You need to answer exam questions strictly in the context they give you, being careful not to add any other factors or considerations other than those given in the question.

If you missed quite a few of these, you shouldn't worry. Some of these are more difficult than those you should actually encounter on the exam. Your ability to answer questions will also improve as you continue to go through this booklet. There are many more practice questions to try. We also suggest doing all of these questions again before the exam, and even making up some of your own, if you'd like.

The Influences of Environment, Society and Family on Psychiatric Disorders

We've included ten practice questions for this category. We anticipate that there would be two to four questions of this nature on the examination. Explanations follow the questions.

1. All of the following are true, except:
 - a. Accidents, reactions to drugs, fevers, and disease may each contribute to mental or emotional problems.
 - b. How effectively an individual reacts to and manages stress contributes to his or her mental health.
 - c. There is significant research that indicates that mental illness is caused primarily by genetic transmittal
 - d. A person's upbringing, his or her relationships with family or friends, past experiences and present living conditions may all contribute to the status of his or her mental health.

2. All of the following are basic psychological needs which must be met for a person to have self-esteem, except:
 - a. acceptance and understanding
 - b. trust, respect and security
 - c. a rewarding romantic relationship
 - d. pleasant interactions with other people

3. All of the following are true, except:
 - a. Most people become mentally ill because they are unable to cope with or adapt to the stresses and problems of life.
 - b. People with emotional problems can rarely be helped enough to live independently.
 - c. Most of the diseases and symptoms of the body which plague people have a large emotional component as their cause.
 - d. Environmental and familial factors are more important than genetic factors in mental illness.

4. The following are all optimal aspects of family functioning, except:
 - a. communication is open and direct
 - b. expression of emotion is more often positive than negative
 - c. minor problems are ignored, knowing they'll go away on their own
 - d. there is a high degree of congruence or harmony between the family's values and the actual realities of the society

5. All of the following statements are true, except:
 - a. People who are wealthy rarely become mentally ill.
 - b. Physical disease may influence emotional balance.
 - c. People who are mentally ill are often very sensitive to what is happening in their environment.
 - d. Most people doubt their own sanity at one time or another.

6. All of the following are true, except:
 - a. Hereditary factors are not the primary cause of mental illness.
 - b. A person may react to an extremely traumatic experience by becoming mentally ill.
 - c. Early recognition and treatment does not affect the course of mental illness.
 - d. Mental illness can develop suddenly.

7. All of the following are true, except:
 - a. Emotionally disturbed people are usually very sensitive to how other people feel towards them.
 - b. People do not inherit mental disorders, but may inherit a predisposition to certain types of mental problems.
 - c. There are many factors which can cause mental illness
 - d. Mood swings are signs of mental illness.

8. Which of the following is least accurate:
 - a. The difference between being mentally healthy and mentally ill often lies in the intensity and frequency of inappropriate behavior.
 - b. The way a person views a situation determines his or her response to the situation.
 - c. The mentally ill are permanently disabled.
 - d. Different personal experiences cause a difference in what a person perceives as stressful, and how much stress a person can tolerate.

9. All of the following are true, except:
 - a. Most experts in the field of mental health believe that the experiences which occur during the first twenty, or the first six, years of life are the most significant.
 - b. An unfortunate characteristic of children is that they tend to blame themselves for failures of their parents, and thus may develop feelings of inadequacy which may affect them all of their lives
 - c. If neglect is severe enough, an infant or young child may withdraw from reality into a fantasy world which feels less threatening.
 - d. Human beings develop in the exact same pattern and almost at the same rate.

10. Of the following, which statement is most accurate concerning the causative factors of schizophrenia?
- Schizophrenia is genetically caused.
 - Schizophrenia is most often caused by the habitual use of drugs.
 - Schizophrenia is the result of a complex relationship between biological, psychological and sociological factors.
 - Schizophrenia is most commonly caused by the inhalation of toxic gases.

Explanation for the Above Questions

- The answer is c. For this problem, you need to select the choice that is not true. Choices a, b and d are all true. Choice c is false, as there are no significant research findings that mental illness is primarily genetically transmitted.
- The answer is c. Acceptance, understanding, trust, respect, security and pleasant interactions with other people are all basic psychological needs which need to be met for someone to have self-esteem. A rewarding romantic relationship, choice c, is not necessary in order to possess self-esteem.
- The answer is b. Once again, you have to select the choice which is false. It's not true that people with emotional disorders can rarely be helped enough to live independently. All of the other choices are true, and should be reviewed, as they may show up in some form on the actual exam.
- The answer is c. All of the other choices are true, so that even if you were uncomfortable in choosing c, it was still the best choice, as it was the least true of the four choices. Ignoring minor problems is often not a good way to deal with them, as they may not go away, and may lead to more serious problems.
- The answer is a. It is not true that people who are wealthy rarely become mentally ill. All of the other choices are true.
- The answer is c. Occasionally, if you have quite a few questions asking you to pick out the one false or one true answer, you can get clues from using logic that may help you in answering some of the questions. For example, if you weren't sure whether mental illness was considered primarily a hereditary illness or not, by using logic and comparing and eliminating other choices in previous questions, you could have figured out that it's not considered to be primarily hereditary. In this question, you need to select the one false answer. All of the choices except c are true, so c is the correct answer.
- The answer is d. All of the others are true. Mood swings alone are not necessarily indicative of mental illness. If the choice had included something like 'chronic, abrupt, deep mood swings for no apparent reason,' then it might have been considered true, but as it is written in choice d, it's untrue.

8. The answer is c. It's not true that the mentally ill are permanently disabled, it's too sweeping and pessimistic a statement. Some people may have felt uncomfortable with choice b, as it too seems rather sweeping. However, on exam questions like this one, you need to pick the statement that is least accurate, and choice c is a more inaccurate and harmful statement than choice b.

9. The answer is d, as it is too much of a generalization. Human beings do not develop in the exact same pattern, and often not nearly at the same rate. Again, it's a good idea to review the ideas covered in the other choices, as they may appear in some form on the exam.

10. The correct answer is c. The other choices are either too narrow or untrue, and don't accurately state the causes of schizophrenia.

Psychotropic Drugs (Reactions and Uses)

The two major classifications of the psychotropic drugs are the tranquilizers, which are further divided into major (or antipsychotic) and minor (or antianxiety) groups, and the antidepressants. Other drugs used include anticonvulsants, sedatives, hypnotics, and antiparkinsons.

Tranquilizers are meant to calm disturbed patients, and free them from agitation or disturbance. Drugs designed as antipsychotic, or major tranquilizers, also help to reduce the frequency of hallucinations, delusions, thought disorders, and the type of withdrawal seen in catatonic schizophrenia. It may take several days of drug therapy before the symptoms begin to subside, but during this time the patient becomes less fearful, hostile and upset by his disturbed sensory perceptions. The phenothiazine derivatives are the largest group of antipsychotic drugs. All the drugs in this group have essentially the same type of action on the body, but vary according to strength and the type and severity of their side effects. These drugs include:

Thorazine	Trilafon	Taractan
Mellaril	Compazine	Navane
Stelazine	Dartal	Sordinal
Prolixin	Proketazine	Haldol
Sparine	Tindal	Loxitane
Vesprin	Repoise	Moban

It shouldn't be a cause for concern if drugs administered in your unit are not on this list, as the exam should not get this specific. There's also no need to memorize this list. It's very likely all you'll need to know is the major classification of drugs, what they're used for, and possible side effects.

Serious side effects are very important to watch for. For these drugs, the phenothiazine derivatives, there are three major types of extrapyramidal symptoms (EPS): 1) akinesia - inability to sit still, complaints of fatigue and weakness, and continuous movement of the hands, mouth and body; 2) pseudoparkinsonism - restlessness, mask-like facial expressions, drooling and tremors; 3) tardive dyskinesia - lack of control over voluntary movements. Symptoms may include involuntary grimacing, sucking and chewing movements, pursing of the tongue and

mouth, jerking of the hands, feet and neck, and drooping head. Immediate action must be taken to combat these side effects. The administration of antiparkinson drugs usually produces a dramatic reduction in symptoms. Unless spotted and treated early, however, these can become permanent.

Other side effects may include muscle spasms, shuffling gait, skin rash, eye problems, trembling hands and fingers, fainting, wormlike tongue movements, sore throat and fever, yellowing of skin or eyes, dry mouth, constipation, excessive weight gain, edema, a drop in blood pressure when moving from a lying to standing position, decreased sexual interest, sensitivity to light and prone to sunburn and visual problems, blurred vision, drowsiness, and increased perspiration. Just about any physical symptom or behavior could be caused by a reaction to a drug.

Special Considerations: Patients receiving a high dose of a phenothiazine drug should have their blood pressure checked regularly. Long exposures of skin to sunlight should be avoided (a wide brimmed hat and long sleeved clothing can also help). If a patient receiving phenothiazines is lethargic and wants to sleep a great deal, the dose of the drug may be too high and need adjustment. Patients on phenothiazines should not drive or use dangerous equipment. These drugs greatly increase the effects of alcohol. In the first three to five days, a person may feel drowsy and dizzy upon standing. Antipsychotic drugs tend to mask the symptoms of diseases and dictate that patients receiving them undergo thorough physical examinations every six months.

The Minor Tranquilizers, or antianxiety drugs, reduce anxiety and muscle tension associated with it. They are useful primarily with psychoneurotic and psychosomatic disorders. When given in small doses, they are relatively safe and have few side effects. Unlike the antipsychotic drugs, some of the antianxiety drugs tend to be habit forming. If the drug is discontinued, the person may experience severe withdrawal symptoms such as convulsions or delirium. These drugs include:

Librium	Milpath	Frienquel
Azene	Deprol	Phobex
Tranxene	Milprem	Softran
Valium	Miltown	Atarax
Ativan	Robaxin	Vistaril
Serax	Solacen	Trancopal

Again, you shouldn't be concerned with memorizing these.

Side effects may include rashes, chills, fever, nausea, headaches, poor muscle coordination, some inability to concentrate, and dizziness. Excessive amounts of these drugs may lead to coma and death; however, death is less likely with an overdose of minor tranquilizers than with an overdose of barbituates. Patients taking these should be cautioned against driving or performing tasks that require careful attention to detail and mental alertness.

Antidepressants, such as the Tricyclic Antidepressants, are used to elevate the patient's mood, and increase appetite and mental and physical alertness. Drugs in this group tend to take one to four weeks of use before significant changes occur in the patient's outlook. Since these drugs sometimes excite patients instead of sedating them, patients must be observed closely for reactions. These drugs include:

Elavil	Sinequan
Endep	Tofranil
Asendine	Aventyl
Morpramin	Vivactil
Adapin	Marplan
Presamine	Janimine

Common side effects include dry mouth, fatigue, weakness, nausea, increased appetite, increased perspiration, heartburn, and sensitivity to sunlight.

Serious side effects include blurred vision, constipation, irregular heart beat, problems urinating, headache, eye pain, fainting, hallucination, vomiting, unusually slow pulse, seizures, skin rash, sore throat and fever, and yellowing of eyes and skin.

Monoamineoxidase Inhibitors (MAO Inhibitors) are sometimes used for depression, but can have very serious side effects, and can also lead to serious hypertensive crisis. Their use must be very closely monitored. Their use with some over-the-counter drugs can be very serious. Foods containing Typtophen or Tyramine (some examples: caffeine, chocolate, herring, beans, chicken liver, cheese, beer, pickles, wine) should be avoided also. Side effects to watch for include severe headaches, stiff neck, nausea, vomiting, dilated pupils, and cold, clammy skin. A hypertensive crisis requires immediate treatment. These drugs include: Marplan, Nardil, Parnate and Ludiomil.

In addition to the above psychotropic drugs, sedatives, hypnotics, anticonvulsants, and antiparkinsons drugs are also used. Since the exam announcement includes uses and reactions of only the psychotropic drugs, we won't review the non-psychotropic drugs. We will mention, however, the use and reactions of Lithium Carbonate (also known as Eskolith, Lithane, Lithobid and Lithonate). This drug is primarily used in the treatment of manic depressive psychoses since it is effective in decreasing excessive motor activity, talking and unstable behavior by acting on the brain's metabolism. It also decreases swings in mood. The correct dose is close to the overdose level for this drug, so it is important to watch closely for symptoms and to report them immediately. Common side effects include dry mouth, metal taste, slightly increased urination, hand tremors, increased appetite, and fatigue. Serious side effects include greatly increased urination, nausea, vomiting, diarrhea, loss of muscle coordination, muscle cramps or weakness, irritability, confusion, slurred speech, blackout spells, and coma. These side effects require medical attention. Special Considerations: This drug must sometimes be taken from one to several weeks before the resident feels better. Hot weather, hot baths and too much exercise can be dangerous, as too much perspiring can lead to an overdose. The person should drink two to three quarts of fluid a day, but should not drink large quantities of caffeine-containing beverages like coffee, tea, or colas.

We suggest you also review any training materials you have received in this area. The following ten questions are based on the above material. Again, the exam announcement states that basic material will be covered. We estimate that there will be two to four questions on this section of the exam. Answers are in the answer key.

1. Tardive Dyskenesia is:
 - a. an antidepressant
 - b. a birth-related serious injury
 - c. a serious side effect of phenothiazine derivatives
 - d. an antiparkinsons drug
2. People taking psychotropic drugs are most likely to be sensitive to:
 - a. long exposures to sunlight
 - b. darkness
 - c. noise
 - d. other patients
3. An antipsychotic drug that is a phenothiazine derivative would most likely be used for:
 - a. helping a patient lose weight
 - b. calming a patient
 - c. helping a patient sleep
 - d. reducing the frequency of delusions in a patient
4. Of the following, an antidepressant such as Elavil would most likely be used for:
 - a. the immediate prevention of suicidal action in a newly admitted patient
 - b. helping a patient lose weight
 - c. elevating a patient's mood
 - d. diuretic purposes
5. Which of the following is not true:
 - a. Antianxiety tranquilizers such as sparine, librium, and vistaril are useful primarily with psychoneurotic and psychosomatic disorders.
 - b. Minor or antianxiety tranquilizers tend to be less habit forming than major or anti psychotic tranquilizers.
 - c. Akinesia, pseudoparkinsonism, and tardive dyskinesia are serious side effects of antipsychotic drugs, or phenothiazine derivatives.
 - d. Generally, those using tranquilizers like sparine or librium are in less danger of deadly drug overdoses than those using barbituates.
6. All of the following are false, except:
 - a. Antipsychotic drugs promote increased sexual interest.
 - b. Patients no longer need to take their medication when they feel better.
 - c. Phenothiazines are psychotropic drugs.
 - d. One of the main difficulties with antipsychotic drugs is that they tend to be habit forming.
7. Yellowing of the skin or eyes, sensitivity to light and pseudoparkinsonism may occur in patients receiving:
 - a. mellaril or thorazine
 - b. librium or tranxene
 - c. valium or vistaril
 - d. antiparkinson drugs

8. Which of the following is not true of extrapyramidal symptoms (EPS):
 - a. they may appear after many weeks of use of phenothiazines
 - b. they can safely be controlled without medical assistance
 - c. they may appear after the patient has been taking the drug for only a few days
 - d. they may include pseudoparkinsonism

9. The time required to reach an effective blood level for an antidepressant medication would most likely be:
 - a. three days
 - b. three hours
 - c. three weeks
 - d. three months

10. An example of a psychotropic drug would be:
 - a. seconal
 - b. aspirin
 - c. librium
 - d. perichloz

You shouldn't be concerned if you missed a few of these questions. Some of them were more technical than you should get on the actual exam, but we included them just in case.

PRINCIPLES AND PRACTICES IN THE TREATMENT OF THE MENTALLY ILL/EMOTIONALLY DISTURBED

In this section, we will review important points in the following areas:

- The Assessment and Evaluation of Patients
- The Functions and Purposes of the Treatment Team
- The Development and Implementation of the Treatment Plan
- Methods for Handling People with Various Emotional or psychiatric Disorders

Again, we would estimate that there will be a total of fifteen to twenty questions on this section of the exam. This averages out to three or four questions for each of the above areas. The announcement states that "the questions are designed to test for basic concepts and procedures used in aiding the mentally ill/emotionally disturbed...", so there shouldn't be a lot of new material to learn. Reviewing your training materials and your actual job experience should be extremely helpful to you in answering the exam questions.

The Assessment and Evaluation of Patients

We've provided ten questions of the type that may appear on the exam. Again, we would expect three or four questions of this nature on the exam. Explanations follow the questions.

1. In evaluating a patient you are meeting for the first time, it would be best not to:
 - a. be as objective as possible
 - b. question one's own motives and reactions when processing data during and after the meeting
 - c. be extremely goal-oriented
 - d. not allow any praise or criticism directed at you by the patient to influence your assessment
2. All of the following are true, except:
 - a. People communicate non-verbally via their behavior and their body posture.
 - b. Non-verbal clues may be a better indication of a patient's true feelings than what the patient actually says.
 - c. A patient who is highly anxious is easier to evaluate than a patient who is relatively calm.
 - d. All of the above are true except b.
3. When asking a patient a question, one should do all of the following, except:
 - a. phrase questions in order to receive a yes or no response
 - b. ask only relevant questions
 - c. listen carefully to the response before asking the next question
 - d. phrase questions clearly
4. The main purpose for extensive record keeping is to:
 - a. provide an accurate description of the patient's diagnosis
 - b. provide a subjective report of the patient's behavior
 - c. provide an objective report of the patient's behavior
 - d. give mental health personnel something to do

5. When talking to a patient for the first time, one must realize:
 - a. that hostile behavior indicates an extremely severe disorder in the patient
 - b. that a patient's physical appearance will indicate how successful you will be in communicating with the patient
 - c. that the patient is extremely nervous
 - d. that you are both strangers to each other

6. Of the following, which statement is not true?
 - a. The rapid assessment of a patient is not necessarily accomplished by asking a series of routine questions.
 - b. There is value, in assessing a patient, in creating a conversational bridge which has "here and now" relevance.
 - c. One can assess a patient's state by his or her reaction to a warm greeting given to him or her.
 - d. There is some value in routinely asking certain questions, when needed, in order to check a patient's orientation and memory.

7. All of the following could be signs that someone is moving towards mental illness, except:
 - a. exhibiting a degree of prolonged, constant anxiety, apprehension or fear which is out of proportion with reality
 - b. severe appetite disturbances
 - c. occasional depression
 - d. abrupt changes in a person's behaviors

8. The first few minutes of interaction with a patient can reveal all but:
 - a. a patient's contact with reality
 - b. whether you are comfortable with a patient
 - c. a patient's mood
 - d. a patient's chances for recovery

9. Which of the following is true?
 - a. The tentative diagnosis made when a patient is first admitted is the most accurate diagnosis.
 - b. One should always try and keep in mind the state the patient was in when first admitted.
 - c. A diagnosis is actually an ongoing process.
 - d. When assessing patients' behavior, it's best to be suspicious of what may look like progress.

10. All of the following are examples of defense mechanisms, except:
 - a. projection
 - b. complimenting someone
 - c. displacement

Explanations for the Above Questions

1. The answer is c. For this question, you need to select the choice that would be the incorrect action to take. Choice a, being as objective as possible, would be considered good practice, as would choice d, not allowing any praise or criticism to influence your assessment of a patient. That leaves choices b and c. Choice b, "question one's own motives and reactions when processing data during and after the meeting," may sound strange, but it's another way to try and be as objective as possible when evaluating a patient. Choice c, "be extremely goal-oriented," is rather vague, but implies you should be putting a major emphasis on attaining goals, which is not appropriate at a first meeting.

2. The answer is c. Again, you need to pick the incorrect choice. Choices a and b are true, which also eliminates choice d, which states that b is false. Choice c, which claims that a highly anxious patient is easier to evaluate than a relatively calm patient, is incorrect, so it must be the right answer.

3. The answer is a. It's important when asking patients questions to listen carefully to the response before asking another question, and to phrase the questions clearly. Choice b, asking only relevant questions, is somewhat vague, and also a generalization. Sometimes questions that may seem irrelevant can be conversational bridges to the next topic. But it's difficult to definitely eliminate b unless you can find another choice which is more untrue. Choice a, "phrasing questions in order to receive a yes or no response," is bad practice since it makes it more difficult to evaluate the person's condition, so that is a definite no, and thus the correct answer. Remember, occasionally in these exams you may be forced to choose between two answers, as in this case, where it seems both could possibly be the answer. In that case, you need to select the choice that is most incorrect, or most correct, or least true, or most true, of the two choices. We would prefer it if these types of questions weren't included on exams, as they can be misleading and confusing. Since they do show up occasionally, however, we've had to include some examples in this booklet. If you do get any questions like this on the exam, and we hope you don't, if you keep the above in mind when answering, it should help considerably.

4. The answer is c. Choice b is incorrect because subjective, or biased, reports are not good practice, and choice d is obviously incorrect. The question is asking for the main purpose for extensive record keeping. Choice a initially sounds pretty good, but it really isn't answering what the question is asking, especially in relation to choice c. The purpose of record keeping isn't to "provide an accurate description of the patient's diagnosis." A diagnosis is only a tool one can use. Choice c, "providing an objective report of the patient's behavior," best answers the question. It may not be a great answer to the question, but it is the best of the four choices you're given, so that's the choice you need to pick. Again, an example of selecting the "least awful" choice. This was a tricky question, so you shouldn't feel badly if you missed it.

5. The answer is d. Choice a is an untrue generalization, and choice b is misleading. Choice c is incorrect because it's not true that the patient will always be extremely nervous. It is true that "you are both strangers to each other," choice d. It may sound a little strange, but it's the answer.

6. The answer is c. Choice a is true, as routine questions may not reveal as much as other questions might. Choice b is also true, and can be a valuable tool in assessing a patient's state. Choice d can also be useful. Choice c may be true sometimes, but there would be many times that it wouldn't be the case. Since it's the only incorrect statement, it's the answer.
7. The answer is c. Choices a and d could definitely be signs that someone is moving towards mental illness. You need to select between choice b and choice c, severe appetite disturbances and occasional depression. Of the two, severe appetite disturbances seems to be the more likely sign of moving toward illness than occasional depression would be.
8. The answer is d. A patient's contact with reality, whether or not you are comfortable with a patient, and a patient's mood can all be revealed in the first few minutes of interacting with a patient. Choice d, a patient's chances for recovery, can not be determined in that manner, so it is the correct answer.
9. The answer is c, as it is the only correct choice. The diagnosis made when someone is first admitted may not be the most accurate diagnosis, so choice a is eliminated. Being suspicious of a patient's progress, and always keeping in mind the state the patient was in when admitted, are both not good practices, so they can be omitted. Choice c, which states that a diagnosis is an ongoing process, is the only correct statement.
10. The answer is b. All of the other behaviors are examples of commonly used defense mechanisms.

The Functions and Purposes of the Treatment Team;
The Development and Implementation of the Treatment Plan

We've provided eight questions to assist you in preparing for this section of the exam. We estimate that there will be two to four questions on this section of the actual exam. Again, we recommend reviewing any training materials you may have received in this area. Explanations follow the questions.

1. A treatment plan is likely to be most effective:
 - a. if the patient's suggestions are always incorporated
 - b. if the patient is voluntarily and wholeheartedly participating in the treatment plan designed for him or her
 - c. if the patient has daily contact with his or her family
 - d. if the patient respects the team leader

2. All of the following are true, except:
 - a. Patients do not become well simply by people doing something for them.
 - b. A patient's well being is enhanced when one or more team members can forge a "therapeutic alliance" with that patient.
 - c. The most important purpose of the treatment team is to administer the proper medications to patients.
 - d. It's important that a patient be seen as an individual, and not just as a "case" or a "number."

3. Of the following, a member of the treatment team can best assist a patient by:
 - a. commanding respect from other team members
 - b. carefully observing the behavior of patients
 - c. avoiding spending too much time with patients
 - d. becoming friends with a patient

4. Of the following, which is least important when considering a treatment plan?
 - a. involving the patient
 - b. setting reasonable goals
 - c. being as specific as possible in setting completion dates for goals, and sticking to them
 - d. detailing the methods to be followed, and the work assignments

5. All of the following are true, except:
 - a. A treatment team should help patients understand that they can improve their condition if they will cooperate with the treatment plan.
 - b. Patients should be encouraged to participate in the programs designed for them.
 - c. Patients should be encouraged to revise their treatment plans.
 - d. One's approach should be tailored for each individual, whenever possible.

6. All of the following could be considered appropriate goals for patients to work towards, except:
 - a. to expand one's capacity to find or create acceptable options
 - b. to learn to be less dependent
 - c. to give up feeling persecuted
 - d. to learn how to get what one needs, at any cost

7. In working in treatment teams, it's most important for team members to:
 - a. communicate effectively with each other
 - b. enjoy working with each other
 - c. keep morale high
 - d. attend meetings on time

8. One of the purposes of the treatment team is to:
 - a. decrease the amount of work
 - b. coordinate and integrate services to patients
 - c. provide training
 - d. provide patients with basic counseling skills they can use

Explanations for the Above Questions

1. The answer is b. You need to select the choice that would make the treatment plan most effective. It would not be good practice to always incorporate patients' suggestions in the plan, so choice a can be eliminated. Choice c, having daily contact with one's family, would not always be desirable, and is unlikely to be the most effective choice. If the patient respects the team leader, choice d, that may help the implementation of the treatment plan. However, compared to choice b, where the patient "wholeheartedly participates in the plan," choice d would not be the most effective choice, so choice b is the answer.
2. The answer is c. You need to pick the one false statement. Careful reading will show that choices a, b and d are all true, and helpful to keep in mind when working with patients. Choice c, which states that the most important purpose of the treatment team is to "administer the proper medications" could possibly be an answer if the other choices weren't all so good, and if it didn't state, "the most important purpose." While it is very important that the proper medications are administered, that is not the most important purpose of a treatment team.
3. The answer is b. While choice a may be desirable, having the respect of other team members is unlikely to be the way one can best assist a patient. Choice d, "becoming friends with a patient," would not be considered good policy, and choice c, "avoiding spending too much time with patients," makes little sense in this context, and can be eliminated. Choice b, "carefully observing the behavior of patients," makes sense and, while not a great answer, is the best of the four choices.
4. The answer is c. Choice a, involving the patient, seems important, as does choice b, setting reasonable goals. Choice d sounds strange, but does make sense. It's important to know what methods are being used, and who is going to do what. Choice c, "being as specific as possible in setting completion dates for goals, and sticking to them," may initially sound good, but could actually be unwise, as goals and timetables may change, and sticking to them may be too rigid an approach and could lead to problems.
5. The answer is c. The other choices are all important principles to keep in mind, while choice c, encouraging patients to revise their treatment plans, is not a good practice.
6. The answer is d. It would be desirable for patients to work towards creating acceptable options, and learning to feel less dependent or persecuted. It would not be a good idea for patients to learn how to get what they need at whatever cost. This would reflect sociopathic type behavior.
7. The answer is a. In this question, you need to pick what is most important for treatment teams to do. While it is certainly desirable that the team members enjoy working with each other, attend meetings on time, and have good morale, it's most important that they communicate effectively with each other. The well being of the patients would most often be affected most directly by the ability of team members to communicate with each other.

8. The answer is b. All of the other choices, decreasing the amount of work, providing training, and providing patients with counseling skills, are not purposes of the treatment team. Coordinating and integrating services to patients, choice b, is the best choice.

Methods for Handling People with Various Emotional or Psychiatric Disorders

This is the last category in this section. Your actual on-the-job experience should be very helpful in answering these questions. You also may want to refer to any training materials you have in this area, and/or review the first section of this booklet on Various Psychiatric Disorders. We estimate that you may have three to six questions in this section on the exam. We've provided twelve practice questions. Explanations follow the questions.

1. When working with someone exhibiting a manic-depressive psychosis, depressed type, it is best to:
 - a. concern yourself primarily with his or her eating habits
 - b. focus primarily on their sleeping habits
 - c. take every statement he or she may make about suicide seriously
 - d. allow them to watch a great deal of television
2. In working with a paranoid patient, all of the following are true, except:
 - a. It is important to listen with respect.
 - b. It is helpful to establish a trusting relationship.
 - c. It is good to try and talk the patient out of his or her fears.
 - d. it would not be a good practice to agree with their statements, if they are not true.
3. It's important, when dealing with verbally abusive patients, to keep in mind all of the following, except:
 - a. Patients usually become abusive because of frustrating circumstances beyond their control.
 - b. In most cases the patients don't mean anything personal by their abusive remarks, they are displacing anger.
 - c. it's important for staff members to remain calm and controlled when patients have emotional outbursts.
 - d. It's a good idea to allow an angry patient to draw you into an argument, as this will eventually help calm him or her down.
4. When dealing with a patient who insists upon doing a number of rituals before brushing his teeth, it would be best to:
 - a. attempt to tease him out of his behavior
 - b. not be critical of the ritualistic behavior
 - c. perform the same rituals so that he feels more secure
 - d. insist that he eliminate one step of the ritual each week

5. A patient tells you that he is balancing an automobile on the top of his head, and asks what you think of that. An appropriate response for you to make would be:
- to ask him to take you for a ride
 - “Stop saying ridiculous things.”
 - “I know you believe you are balancing a car on your head but I don't see it, therefore I have to assume that you're not.”
 - “Is it an invisible car?”
6. A new patient, who is very paranoid, refuses to take off his clothes before getting into bed. Which would be most helpful?
- getting another staff member to assist in removing his clothes
 - leaving the room until he comes to his senses
 - trying to find out why the patient does not want to undress
 - allowing the patient to stay up all night.
7. In handling depressed patients, it is best to:
- encourage them to participate in activities
 - remind them often that things will be better tomorrow
 - remember that depressed patients have few feelings of guilt
 - let them know that you know just how they are feeling
8. A patient tells you that she is very depressed over the recent death of her brother. Which of the following would be the most appropriate response?
- “Everybody gets depressed when they lose someone they love.”
 - “It could have been worse, at least he was ill only a short time.”
 - “I know just how you feel.”
 - “This must be very difficult for you.”
9. A patient who recently suffered a stroke refuses to let you help her bathe. This is probably because:
- it is hard for her to accept that she can no longer do things for herself that she could do before the stroke
 - she doesn't like you
 - she is extremely independent, and should be encouraged to be less so
 - you need to review your methods for bathing patients
10. All of the following would be appropriate in working with a patient who is hallucinating, except:
- carefully watch what you are non-verbally communicating
 - ask concrete, reality-oriented questions
 - provide a calm, structured environment
 - agree with the patient, if asked, that you are experiencing the same state he or she is
11. In dealing with overactive patients, it is best to:
- not give most of your attention to these patients, leaving the quieter patients to look after themselves
 - keep in mind that overactive patients are always more interesting than other patients
 - remember that overactive patients need more care than other patients
 - forcibly restrain them whenever possible

12. A patient with mild organic brain damage is very withdrawn and negativistic. The best approach, of the following, would be:
- "I need a partner to play cards with me."
 - "Your family is very disappointed in you when you act like this."
 - "Your doctor said you should participate in all activities here, so you'd better do that."
 - "Would you like to go to your room so you can be alone?"

Explanations for the Above Questions

- The answer is c. When working with manic-depressive (depressed type) patients, it's very important to take any statement they may make about suicide seriously. The other choices are incorrect.
- The answer is c. In working with paranoid patients, choices a, b and d are all true, while choice c, trying to talk the patient out of his or her fears, would not be a good practice.
- The answer is d. Again, you have to select the incorrect choice. All of the other choices are true, while choice d, "allowing a patient to get into an argument with you," would most likely lead to more problems.
- The answer is b. Attempting to tease the patient, imitating him or being insistent that he give up part of the ritual each week are inappropriate behaviors that could make the patient more insecure. Choice b, not being critical, is the best choice here.
- The answer is c. Choice a is a sarcastic response, choice b is too harsh, and choice d could easily be interpreted as ridicule. Choice c is the best of the four choices you've been given.
- The answer is c. Again, this is another of those questions where you may not have liked any of the possible choices. Another possible choice, allowing him to sleep with his clothes on, is not included, even though many people would probably select that choice. So you have to pick the "least awful" choice of the four. Choices a and b are too harsh, and d doesn't seem practical or wise. Choice c, trying to find out the reasons for his actions, is the best choice by far of the four.
- The answer is a. Choice b is incorrect because it is not wise practice, and is insensitive. Choice c is incorrect because depressed patients often have many guilt feelings. Choice d is incorrect because it is insensitive and probably untrue. Encouraging them to participate in activities, choice a, is the best choice of the four.

8. The answer is d. All of the other choices are inappropriate or insensitive under the circumstances.
9. The answer is a. This is a rather common reaction under the circumstances, and the most likely reason for her behavior.
10. The answer is d. The first three choices are all appropriate behaviors. Choice d, "agreeing with the patient about his or her hallucination," would not be considered good practice.
11. The answer is a. Choice b is incorrect because it is a generalization, and choices c and d are untrue. Choice a, "not giving most of one's time to the overactive patient, leaving the others to look after themselves," is the best choice.
12. The answer is a. Choice b is judgmental and harsh, and choice c is also harsh. Choice d is incorrect because it would be reinforcing the withdrawn behavior. Choice a is the best of the four choices.

We suggest you review this material once again before the exam. Keep in mind that we expect that some of our questions are more difficult than many of those you will get on the actual exam, so you shouldn't be overly concerned if you've missed these more difficult questions. We've included them just in case you get a few questions of this type on the exam.

Besides reviewing this booklet again, we also suggest you:

1. Review any relevant training material you may have.
2. Go to the exam site early the day of the exam.
3. Bring a watch and food (perhaps cheese, nuts, vegetables, fruits - healthy snacks). Research has found that the abrupt rise and fall of blood sugar levels during exams can be very detrimental to one's performance. It's important to have a constant, steady supply of glucose going to the brain at all times, so you're "hitting on all cylinders," and not experiencing extremes of energy, or difficulty in concentrating. Avoid bringing candy or sweets, as they'll only make the blood sugar swings worse. It's best to bring coffee or caffeine containing substances only if you can't function without them, for the same reasons. People who have followed this advice when taking exams have reported much improved performance and ability to concentrate.
4. Take short, frequent rest breaks to stop the building cycle of tension during the exam.
5. Check and re-check all of your answers. Never leave any blank, as they'll count against you.

ANSWER KEY

Characteristics of Psychiatric Disorders

- | | |
|------|-------|
| 1. b | 6. a |
| 2. c | 7. b |
| 3. b | 8. d |
| 4. c | 9. d |
| 5. a | 10. c |

The Needs of Special Groups

- | | | |
|------|-------|-------|
| 1. b | 6. b | 11. b |
| 2. d | 7. c | 12. a |
| 3. d | 8. d | 13. a |
| 4. d | 9. c | 14. c |
| 5. c | 10. a | 15. b |

The Influences of Environment, Society and Family

- | | |
|------|-------|
| 1. c | 6. c |
| 2. c | 7. d |
| 3. b | 8. c |
| 4. c | 9. d |
| 5. a | 10. c |

Psychotropic Drugs

- | | |
|------|-------|
| 1. c | 6. c |
| 2. a | 7. a |
| 3. d | 8. b |
| 4. c | 9. c |
| 5. b | 10. c |

The Assessment and Evaluation of Clients

- | | |
|------|-------|
| 1. c | 6. c |
| 2. c | 7. c |
| 3. a | 8. d |
| 4. c | 9. c |
| 5. d | 10. b |

The Functions and Purposes of the Treatment Team

- | | |
|------|------|
| 1. b | 5. c |
| 2. c | 6. d |
| 3. b | 7. a |
| 4. c | 8. b |

Methods for Handling People with Various Emotional or Psychiatric Disorders

- | | |
|------|-------|
| 1. c | 7. a |
| 2. c | 8. d |
| 3. d | 9. a |
| 4. b | 10. d |
| 5. c | 11. a |
| 6. c | 12. a |