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| **Test section**  **1.**  **2.**  **3.**  **4.**  **Case report**  **5.**  **6.**  **7.**  **Case report**  **8.**  **9.**  **10.**  **Case report**  **11.**  **12.** | Please mark all possible answers!  The followings are the part of a child and adolescent psychiatric office:   1. Enough seats arranged in a way so that everyone to see each other 2. A shelf with scientific literature 3. Toys 4. Office equipments   Please mark the correct answer!  A family brings their 7 years old daughter called Fanni from the following which is the best design for the first interview?   1. Introduction, asking for the exact symptoms from the parents, after that free play with Fanni and finally overlooking previous documentation. 2. Introduction to the whole family, starting with some simple friendly questions, than let Fanni occupy herself while we have a conversation with her parents asking open questions, after that asking direct questions about the symptoms, finally overlooking the previous documentation. 3. Introduction, after that examining Fanni without her parents with questions and free play. After that we ask one parent to take care of Fanni outside the office, and asking direct questions from the other parent, finally overlooking the previous documentation. 4. Asking for the previous documentation. For the first meeting inviting the parents only. Second time we ask them to bring Fanni, and we have a discussion and free play with her without her parents.   Please mark the correct answer!  A divorced mother arrives with her 16 years old son, called Sándor. They have serious conflicts for a while. From the following options which is the best setting for the interview?   1. Introduction, direct structured questions the adolescent, the parent should only listen to him at first. After that we ask the parent and the adolescent should listen. 2. Introduction, then seeing the stressful situation first inviting only the adolescent in. Securing him that he can speak confidentially, then sending him out and nviting his mother to the office to discuss the problems with her. Finally summarizing our opinion to both of them. 3. Introduction, we invite both of them to our office, trying to interview them together, when we see it’s impossible, because of the tension between them, we ask the parent let us to talk to her son first, after that we secure the adolescent he can speak confidentially, we bring his attention there can be some extraordinary thing we have to share with his mother, because of our legal obligations. After the discussion we send out the adolescent and invite his mother to our office, we have a conversation with her as well, finally we summarize our opinion to both of them. 4. We invite for the first session only the adolescent, and for the second session only the mother, and we call them for a third session when we are summarizing our opinion.   Please mark all possible answers!  What kind of child and adolescent disorders do you think of primarily as a differential diagnosis when you meet a 17 years old depressed girl whom TSH, T3, T4 a little bit differs from the normal range. She was a good student, hasn’t ever had behaviour problems or earlier child psychiatric examination.   1. major depressive disorder 2. attention deficit hyperactivity disorder 3. anorexia nervosa 4. autism spectrum disorder   *A 32 years old kindergarten teacher mother and a 35 years old father who is working for the local railway company bring their 13 years old son, called Joci. They are living in the countryside. In the past few months Joci has become more and more introvert. He was always good at school, especially in mathematics, and his memory is also quite good. Joci was always a little bit different from other kids, but it didn’t cause any problem before, however recently it’s hard to persuade him to go to school. He would not tell why despite his parents efforts to get an explanation from hi. Later it is turned out that his class mates in the dressing-room had pulled down his trousers and had laughed at him. He can’t protect himself in situations like this this and he does not tell a word about them neither to his teachers or his parents, one of his classmates told the teacher accidentally. Joci has always been an introverted boy. Even in kindergarten he has never made real friends, all day he was looking at books about dinosaurs, and he still wants to be a palaeontologist. When this topic turns up in the conversation the child who earlier didn’t say a word and avoided eye contact becomes enthusiastic and starts telling stories about different dinosaurs, despite his mother asks him to stop it. Turns out that Joci doesn’t really understand jokes, this is also a reason why he is mocked at school, he doesn’t have any friends, he usually uses expressions that his parents doesn’t understand, in his free time he surfs on internet all the day looking for websites about dinosaurs. There are some foods he refuses to eat, interestingly these are primary green coloured foods.*  Please mark the correct answer!  What diagnosis do you primarily think of?   1. major depressive disorder 2. attention deficit hyperactivity disorder 3. schizophrenia spectrum disorder 4. autism spectrum disorder   Please mark all possible answers!  In the case report which details strengthen the autism spectrum disorder diagnosis?   1. an eye contact avoiding child 2. In these situations he can’t protect himself and doesn’t tell a word about them neither to his teachers or his parents. 3. he is good especially in mathematics, and his memory is quite good 4. Joci has always been an introverted boy   Please mark the correct answer!  What would you ask for certain to precise your autism spectrum disorder diagnosis?   1. How long has Joci been depressed? 2. Did he have this character before he was 3 years old? 3. Why didn’t he tell about the bullying? 4. Besides dinosaurs does he have any other special interest?   *A 37 years old divorced mother who works for a multinational firm in the field of economics brings her 11 year old son called Péter. The 39 years old lawyer father who spends every second weekend with his son accompanies them. Péter didn’t have any problems until recently. Previously he had teacher who was very kind and nice in one hand, and kept strict rules in her class in the other hand. Recently Péter’s grades has started to get worse, sometimes he is late from the class, he forgets to bring equipments to p.e. or to drawing class. Péter has always been a really smart kid, but recently he makes lots of mistakes that comes from not looking at the other page of a test-paper, making calculation mistake at maths, or reading the instructions with inattention. Péter otherwise goes to karate classes three times a week since kindergarten and he is very good at it. They started bringing him there because of the kindergarten teacher’s suggestion, because Péter has always been full of energy, and he would learn self-control through the combat sport and he would deduce his unnecessary energies. For our questions they tell Péter is quite impatient, e.g.ifsomething goes wrong in a computer game he can storm spectacularly. During the examination Péter makes the impression of a little bit disorganised and discursive, but energetic, cheerful and gentle child.*  Please mark the correct answer!  What diagnosis do you primarily think of?   1. major depressive disorder 2. conduct disorder 3. attention deficit hyperactivity disorder 4. autism spectrum disorder   Please mark all possible answers!  From the case report what do you think could help Péter to compensate his hyperactivity and inattention until middle school?   1. Péter was always a really smart kid 2. divorced mother who is working for a multinational firm in economy department 3. he had teacher who was very kind and nice on one hand, but kept strict rules in her class on the other hand 4. Péter otherwise goes to karate classes three times a week   Please mark all possible answers!  What kind of treatments would you recommend to Péter and his family?   1. I would explain them the features of ADHD in psychoeducational sessions, and I would invite them to a parent training where they can learn about behaviour therapy. 2. I would suggest low sugar diet. 3. I would suggest metilphenidate/atomoxetin therapy. 4. I would suggest megavitamin therapy.   *An 8 years old girl, called Katalin, who is living with fosterer parents is brought to the consultation. She had have very troubled social circumstances before she got into the child protection system. She and her two elder brothers were placed in their current foresters two years ago. After a short transitional period her fit into the foster family wasn’t problematic, however in the past half year she started to stick out her tongue, grimacing, and making an extremely weird throat clearing voice. Sometimes these symptoms are very strong, e.g. when the visiting her biological parents is near she can’t stop the movements and voices all the day, and sometimes it’s hard to notice any problems, e.g. she is playing with her favourite dolls.*  Please mark the correct answer!  What diagnosis do you primarily think of?   1. tic disorders 2. conduct disorder 3. major depressive disorder 4. autism spectrum disorder   Please mark all possible answers!  According to the information you know what types of tics can you recognise surely in the case report?   1. simple motor tic 2. complex motor tic 3. simple vocal tic 4. complex motor tic |