

**Question bank**  
**Medical psychology exam – Spring 2025**

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**The exam will consist of simple choice** (1 is correct out of 4 options) **and multiple choice test questions** (there is an appropriate combination of the correct answers), **as well as will contain definitions** (which can be answered with a few words or maximum two-three sentences) **and short essays** (which can be answered with five to eight sentences in general).

**Evaluation:**

45 – 50 points: 5 (excellent)

39 – 44 points: 4 (good)

32 – 38 points: 3 (satisfactory)

25 – 31 points: 2 (pass)

0 – 24 points: 1 (failed)

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**Simple choice questions** (each worth 1 point)

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**Which of the following is NOT a Cognitive Distortion?**

- a. **Reframing**
- b. Negative filtering
- c. Labelling
- d. Overgeneralization

**During the REM sleep period which hormone's level doesn't change?**

- a. Adrenalin
- b. Serotonin
- c. **Dopamine**
- d. Noradrenalin

**Jane's mother has two crackers, both of equal size. She breaks one of the crackers up into four pieces. Jane says she wants the one with the most and immediately chooses the four pieces, even though the two amounts are equal. Jane's choice illustrates Piaget's concept of:**

- a) Accommodation
- b) Egocentrism
- c) False belief
- d) **Conservation**

**What is NOT a stigma type according to the theory of Goffmann?**

- a) Physical
- b) Moral
- c) Racial
- d) **Financial**

**According to research works, which has no effect on happiness?**

- a) Laughter
- b) Exercise
- c) Touch
- d) **Money**

**What is one of the differences between Anorexia and Bulimia?**

- a. Anorexia is a mental illness, bulimia is not.
- b. Bulimia is not as serious as anorexia.
- c. Only bulimics abuse laxatives.
- d. People suffering from anorexia has low body weight, whereas people suffering from bulimia have usually normal weight (or overweight).**

**Which is not true? When dealing with somatization we find that**

- a. medical histories are often circumstantial and inconsistent
- b. psychological distress and interpersonal problems are prominent
- c. medical histories are often precise and well-organized**
- d. there is a displacement of unpleasant emotions onto physical symptoms

**Which is true for the General Adaptation Syndrome?**

- a. It has three stages, the alarm, the resistance, and the exhaustion stage.**
- b. This is a main risk factor for relapse in the stages of behavior change model.
- c. It is a maladaptive psychological reaction, characterized by emotion focused coping.
- d. It has been described by Walter Cannon and is a synonym for „fight or flight reaction”.

**Which is true for Bipolar disorder?**

- a. It has three stages, the alarm, the resistance, and the exhaustion stage.
- b. Affects 1% of the population.**
- c. Affects women more often.
- d. Can not be cured, since it is inherited.

**Which of the following is characteristic of Inhibited (Hypoactive) Sexual Desire Disorder?**

- a. Affects the person in the orgasm phase
- b. A loss of libido**
- c. Losing tumescence during penetration but prior to orgasm
- d. All of the above

**Which of the following is not normal in grief?**

- a. somatic distress
- b. feeling of guilt
- c. hostility
- d. elevated mood**

**Which of the following is the most common cause of death?**

- a. Infectious diseases
- b. Suicide
- c. Cancer
- d. Cardiovascular diseases**

**In Freud's theory, stages of the psychosexual development do not involve the:**

- a) phallic phase
- b) moral phase**
- c) anal phase
- d) latency

**Piaget assumed that children are \_\_\_\_\_ in constructing understanding of the world.**

- a. passive

- b. active
- c. neutral
- d. bystanders

**NOT behavior therapy technique**

- a. Dream analysis
- b. Exposure
- c. Response prevention
- d. Stimulus control

**Which is not a main function of attachment?**

- a. Maintenance of proximity with the attachment figure
- b. Safe base of exploration
- c. **Unlimited source of food and love**
- d. Separation anxiety when the figure is not there

**Regarding anorexia nervosa**

- a. 1% of patients die in 10 years after the onset
- b. **8 % of patients die in 10 years after the onset**
- c. 20 % of patients die in 10 years after the onset
- d. 40 % of patients die in 10 years after the onset

**Which model represents the method of talking about sexual problems?**

- a. CONES model
- b. SPIKES model
- c. CLASS model
- d. **PLISSIT model**

**The Yerkes-Dodson law**

- a) Describes a relationship between health and depression
- b) Describes a relationship between anxiety and body temperature
- c) Describes a relationship between immune level and performance
- d) **Describes a relationship between arousal and performance**

**What is one of the differences between Anorexia and Bulimia?**

- a. Anorexia is a mental illness, bulimia is not.
- b. Bulimia is not as serious as anorexia.
- c. Only bulimics abuse laxatives.
- d. **Anorexics can often be identified by low body weight, whereas bulimics usually have normal weight.**

**Pharmacotherapy in eating disorders:**

- a. **should not be used as an exclusive treatment form**
- b. can help anorectic patients to gain weight
- c. is more effective than psychotherapy
- d. ineffective in bulimia nervosa

**Orthorexia nervosa:**

- a. is an eating disorder
- b. has compulsive traits

- c. is not in DSM 5
- d. all of the above**

**According to the theory of Mankoff a natural born blind people has the following type of stigma:**

- a) Ascribed**
- b) Described
- c) Achieved
- d) Deceived

**Typical bodily reactions occurring during acute stress reaction, except:**

- a) Increased respiratory rate.
- b) Increased alertness and focused attention.
- c) Decreased blood glucose level.**
- d) Decreased gastrointestinal functions.

**Which hormone is primarily responsible for regulating the sleep–wake cycle?**

- a. Cortisol
- b. Melatonin**
- c. Serotonin
- d. Dopamine

**In Erikson's theory, the primary conflict of adolescence is:**

- a. Trust vs. Mistrust
- b. Autonomy vs. Shame
- c. Identity vs. Role Confusion**
- d. Intimacy vs. Isolation

**Which does not belong to the criteria of anorexia in DSM-5?**

- a) Intense fear of becoming fat
- b) Body image disorder
- c) Amenorrhea (lacking period)**
- d) Significantly low body weight

**Which of the following is NOT true for schizoid personality disorder?**

- a. Magical thinking or odd beliefs**
- b. Neither desires nor enjoys close relationships
- c. Has little interest in sexual encounters
- d. Shows emotional coldness and detachment

**The interpretation of dreams and the understanding of the transference are methods from:**

- a) Psychoanalysis.**
- b) Behaviorism.
- c) Psychotherapy of insomnia.
- d) Positive psychology.

**What is false for the alarm reaction?**

- a. increased ability to cope with stress
- b. „fight or flight” response

- c. **decreased immune system**
- d. adaptation to stress

**Not a stage of dying:**

- a) Acceptance
- b) **Ambivalence**
- c) Anger
- d) Depression

**Which one is true? People who attempt a suicide are**

- a. often aware of the consequences of suicide that are obvious to the rest of the world.
- b. **overwhelmed by feelings such as helplessness and being trapped.**
- c. never feeling ambivalent about dying.
- d. usually do not ask for help.

**In Freud's theory Oedipus complex is characteristic feature of**

- a) **boys.**
- b) girls.
- c) adults.
- d) every child.

**In Albert Ellis' ABC model the letters correspond to the following words:**

- a. Alliance, Behavior, Coping.
- b. Above, Below, Closer.
- c. **Action, Belief, Consequence.**
- d. Alternatives, Break, Carry out.

**Which is not a type of psychotherapy?**

- a. psychoanalysis
- b. dialectical behavior therapy
- c. **stress reduction**
- d. cognitive therapy

**Which of these is not a dyssomnia?**

- a. Insomnia
- b. **Sleepwalking**
- c. Narcolepsy
- d. Fragmented sleep

**Which is not true about the general cognitive ability?**

- a) Higher cognitive ability correlates with a lower incidence of smoking-related cancers.
- b) Vocabulary is a good indicator of cognitive ability.
- c) **School grades in different subjects are uncorrelated, because they measure different cognitive abilities.**
- d) Higher cognitive ability correlates with a lower incidence of stroke.

**Selective mutism is a**

- a. **failure to speak in certain social situations.**
- b. failure to read a book loud.
- c. failure to talk with parents.

- d. failure to have longer conversations at school.

**PTSD can be diagnosed if**

- a. the symptoms persist for more than one month.**
- b. the symptoms persist for more than one week.
- c. the symptoms persist for more than two weeks.
- d. the symptoms persist for more than six month.

**What does the Balint group mean?**

- a. This is a group session for doctors in order to provide a safe place for emotional reflection on troubling cases**
- b. This is a self-help group for alcoholic patients
- c. This is a therapy session for suicidal adolescents
- d. This is a group therapy method to treat patients with anorexia nervosa.

**Overlaps of wakefulness and NREM sleep are**

- a. resulting in no clinical signs.
- b. cataplexy, hypnagogic hallucinations, hypnopompic hallucinations, lucid dreaming and delirium tremens.
- c. called status dissociatus.
- d. confusing arousals, sleepwalking and night terrors.**

**Which of the following is characteristic of Male Erectile Disorder?**

- a. A failure to attain an erection from the outset of sexual activity,
- b. First experiencing an erection but then losing tumescence prior to penetration
- c. Losing tumescence during penetration but prior to orgasm
- d. All of the above**

**Based on the longitudinal study shown in the lecture, which personality trait is the most strongly associated with lower mortality?**

- a) High conscientiousness.**
- b) High extroversion.
- c) Low neuroticism.
- d) High agreeableness.

**Regarding anorexia nervosa**

- a) 1% of patients die in 10 years after the onset
- b) 8 % of patients die in 10 years after the onset**
- c) 20 % of patients die in 10 years after the onset
- d) 40 % of patients die in 10 years after the onset

**Which is not a diagnostic criteria of substance dependence?**

- a) Tolerance
- b) Withdrawal symptoms
- c) Aggression with the environment**
- d) Craving

**Which of the following is the function of non-REM sleep stage?**

- a) Memory consolidation and learning
- b) Coping with stress

- c) **Immune regulation**
- d) Mood regulation

**The cluster of dramatic, emotional, erratic personality disorders includes all of the following EXCEPT:**

- a. narcissistic.
- b. histrionic.
- c. dependent.**
- d. borderline.

**Which is true? When dealing with somatization we find that**

- a. medical histories are often circumstantial and inconsistent
- b. psychological distress and interpersonal problems are prominent
- c. there is a displacement of unpleasant emotions onto physical symptoms
- d. all of them**
- e. none of them

**Which strategy would you use if your smoker client is in the precontemplation stage of a behavior change?**

- a) Emphasize the risks of the current behavior and encourage to consider to change it.**
- b) Discuss action plan and set a date to start behavior change.
- c) Show support and suggest the client to make a trial, to demonstrate that change is not so difficult.
- d) Give detailed information about the alternative nicotine replacement methods.

**The following emotional reactions can be expected to stigmatization by a stigmatized person:**

- a) Shame
- b) Aggressivity
- c) Acceptance
- d) All of them**

**Which is the best helper strategy in the preparation, determination stage of behavior change?**

- a) Emphasize the risks of the current behavior and encourage to consider to change it
- b) Give information and help to identify pros and cons of the change
- c) Discuss action plan and set start date**
- d) Show support and admiration for the efforts and ask about the difficulties met

**Which of the following sentences is not correct?**

- a. People with depression have increased risk of suicide.
- b. People with mania are extremely happy.**
- c. People with mania can commit suicide.
- d. People with depression can be agitated.

**Separation anxiety disorder**

- a. cannot be diagnosed in adults.
- b. usually starts in childhood.**
- c. always starts after a loss.
- d. was described in patients suffering from a terminal-stage illness.

**Which is an anxiety disorder?**

- a) **GAD**
- b) BAD
- c) SAD
- d) BPD

**Which is not a characteristic feature of obsessive-compulsive personality disorder?**

- a) preoccupation with details, rules, and organization
- b) perfectionism that interferes with task completion
- c) **entitlement**
- d) exclusion of leisure activities and friendships

**Patients with a histrionic personality disorder are most likely to display:**

- a. lack of guilt feelings.
- b. delusions.
- c. apathy and lack of energy.
- d. **shallow emotions.**

**One of the most important researchers of the Humanistic Theory is:**

- a. Sigmund Freud
- b. Carl Gustav Jung
- c. **Carl Rogers**
- d. Erik Erikson

**“I experience anxiety in crowded places, like supermarkets. Thus I started to avoid supermarkets, which made me feel better, so now I don’t even go near any of them”**

**According to a behaviorist, this is**

- a) Classical conditioning
- b) **Operant conditioning**
- c) Oedipal complex
- d) Social learning

**Which therapy approach is based on this: “Without diagnoses and treatment plans, the counselor enables the individual to sort through thoughts, feelings, ideas, and choices creatively with the help of attentive, nonjudgmental and honest listening”**

- a) Cognitive behaviour therapy by Beck
- b) Psychoanalysis by Freud
- c) **Client centered therapy by Rogers**
- d) Dialectic behaviour therapy by Linehan

**Which is NOT true in case of anorexia nervosa?**

- a) **body image disorder, which means the patient perceives herself/himself and others more fat, despite being skinny**
- b) body image disorders, which means he/she sees herself/himself more fat despite being skinny, but can judge others realistically
- c) fear of gaining weight
- d) significantly low body weight (BMI<18,5)



**What are the common signs of an “unhealthy” personality?**

- a) Grandiose thinking, lack of empathy, manipulation, gaslighting
- b) Low socioeconomic status, bad manner
- c) Deviance, dysfunction, distress to self or others, danger to self or others**
- d) Lack of motivation, low intellectual capacity

**Which one is NOT true for Illness Anxiety Disorder:**

- a. preoccupied with having or acquiring a serious illness
- b. somatic symptoms are not present, but if so, they are very intense**
- c. patients can develop a tendency to avoid visiting the doctor
- d. there is a high level of anxiety about health

**Which is NOT true for agoraphobia**

- a. patients with agoraphobia are afraid of certain public spaces (e.g. public transport, open spaces, etc.)
- b. CBT is an adequate form of treatment for agoraphobia
- c. agoraphobia means excessive and persistent worry about everyday things, disrupting normal functioning**
- d. in agoraphobia, avoidance behaviour is present (and makes the condition worse over time)

**You have a patient in the ward, who tends to be a loner, looks eccentric, talks in a vague and abstract manner, preoccupied by thoughts of a magical nature (superstitious, belief in clairvoyance, telepathy, or “sixth sense”, bizarre fantasies) but doesn’t have psychosis. The patient can have:**

- a) Antisocial personality disorder
- b) Avoidant personality disorder
- c) Histrionic personality disorder
- d) Schizotypal personality disorders**

**What are the ground rules of Balint groups?**

- a) confidentiality, respect, avoiding advice, ownership of feelings**
- b) confidentiality, respect, giving advice, ownership of feelings
- c) openness to experience, conscientiousness, agreeableness
- d) noticing the present moment, including the emotions you are experiencing in the moment, without judgment

**Which is NOT a risk factor of suicide?**

- a) previous suicide attempt
- b) communication of suicidal intention
- c) aggression, impulsivity
- d) being 40-55 years old (midlife)**

**What is DSM 5?**

- a. It is the latest wave of the BDSM subculture, without the ‘B’, which stands for ‘bondage’, because that’s not legal anymore
- b. It’s the Diagnostic and Statistical manual of Mental disorders, 5<sup>th</sup> edition, edited by the American Psychiatric Association**
- c. It’s a rare DNA sequence, predisposing patients to Fatal Familial Insomnia
- d. It’s the Dialectic Schema Manual 5<sup>th</sup> edition, which describe the most useful therapy approach to borderline personality disorder

**Which one is NOT a core criteria of a manic phase in bipolar depression?**

- a. being obsessed about a certain topic, object or behaviour**
- b. increase in activity level
- c. elevated, expansive, or unusually irritable mood
- d. inflated self-esteem, belief that one has special talents, powers or abilities

**A patient has been transferred to emergency care, because of shouting on the street about that someone wants to kill him, shows signs of anxiety, hands are shaking, and sweating. He might experiences alcohol ... :**

- a. withdrawal (with delirium tremens)**
- b. dependence
- c. abuse
- d. tolerance

**Which one of these is NOT true for crisis**

- a) the individual feels that he/she is not able to cope with the overwhelming situation
- b) it can lead to suicide attempt, because the individual can think that suicide is the only way out
- c) bodily symptoms like excessive sweating, tremor, occasional hallucinations are present**
- d) causes significant distress

**Which psychosocial crisis should middle aged people solve, according to Erikson's theory of development?**

- a) generativity vs stagnation**
- b) intimacy vs isolation
- c) integrity vs despair
- d) trust vs mistrust

**"I had a bad experience with going among others, and now I am afraid of all social gatherings" According to a behaviorist, this is**

- a) Model learning
- b) Operant conditioning
- c) Shaping
- d) Response generalization**

**Which is not true for the NREM sleep?**

- a. Sensation and perception is dull or absent.
- b. Lower in aminergic and higher in cholinergic influence.**
- c. Thoughts are relatively logical.
- d. Movements are episodic and involuntary.

**Which is not a diagnostic criteria of bulimia nervosa?**

- a. episodes of lacking control over eating
- b. eating significantly more food in a short period of time than most people would eat under similar circumstances
- c. binges occur, on average, at least twice a week over three months**
- d. compensatory behaviors

**The gradual exposition of patients with phobia to what they are afraid of, is a method based on which psychological school?**

- a) Psychoanalysis.
- b) Behaviorism.**
- c) Evolutionary psychology.
- d) Psychometrics.

**What method is designed to facilitate intrinsic motivation?**

- a) Exposure therapy
- b) Motivational interview**
- c) Relaxation
- d) Response prevention

**In Freud's theory Electra complex is characteristic feature of**

- a) boys.
- b) girls.**
- c) adults.
- d) none of them.

**Somatization is...**

- a. seen in at least 50% of GP visits.
- b. a tendency to experience and communicate psychological distress in the form of somatic symptoms.**
- c. a serious psychiatric disorder.
- d. a term we use, when organic background can behind the patient's complaints.

**Phobia due to encountering white coats, blood or needles is diagnosed as:**

- a. medical phobia
- b. agoraphobia.
- c. specific phobia**
- d. generalized anxiety

**You have a patient, who always wants to be in the center of attention, inappropriately sexually provocative and rapidly shifts between dramatic emotions. The patient can have:**

- a. Antisocial personality disorder
- b. Narcissistic personality disorder
- c. Histrionic personality disorder**
- d. Dependent personality disorders

**The way of learning that occurs through rewards and punishments for behavior is called**

- a. classical conditioning.
- b. operant conditioning.**
- c. shaping.
- d. reward conditioning.

**Which is not a risk factor of suicide?**

- a) previous suicide attempt
- b) major depression
- c) aggression, impulsivity
- d) female gender**

**Which psychotherapeutic approach emphasizes the correction of maladaptive thinking patterns?**

- a. Cognitive therapy**
- b. Client-centered therapy
- c. Psychoanalysis
- d. Interpersonal therapy

**Which one is NOT a core criteria of depression according to DSM-5?**

- a. decrease in activity
- b. reduction of energy
- c. lowering of mood
- d. social isolation**

**Your patient has been taking the same dosage of Xanax (benzodiazepine) over the last 6 months, but she experiences gradually decreased effects of it. She shows the sign of:**

- a. withdrawal
- b. dependence
- c. abuse
- d. tolerance**

**Which does not belong to the ground rules of a Balint group?**

- a. confidentiality
- b. humanity**
- c. respect
- d. avoid advice

**Piaget believed that children in the preoperational stage have difficulty taking the perspective of another person. This is known as:**

- a) egocentrism.**
- b) lacking empathy.
- c) lacking metacognition.
- d) constructivism.

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**Multiple choice questions (each one 2 points)**

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**Options:**

- A: 1, 2, 3**
- B: 1, 3**
- C: 2, 4**
- D: 4**
- E: all are correct**

**Which of the following are true for Cannon's fight or flight response? A**

- 1. Stress hormones are elicited: epinephrine, cortisol
- 2. Blood glucose and fatty acids increase
- 3. Gastrointestinal functions decreased
- 4. Immune functions immediately decrease

**In Freud's psychoanalytic theory the superego contains: B**

- 1. conscience

2. instincts
3. moral rules
4. drives

**Characteristics of antisocial personality disorder: B**

1. unlawful behavior
2. self-mutilating behavior
3. lack of remorse
4. preoccupation with order and details

**Reverting to an old, usually immature behavior to ventilate feelings is... B**

- 1) A defence mechanism.
- 2) Sublimation.
- 3) Regression.
- 4) Projection.

**Exposure therapy: C**

1. uses only imaginary situations
2. is a behavioral technique.
3. is a psychoanalytic technique.
4. can be gradual or flooding.

**It is true for the Conversion Disorder B**

1. Clinical findings prove evidence of incompatibility between the symptom and the recognized neurological or medical conditions.
2. The symptom or deficit could be better explained by another medical or mental disorder.
3. Can appear with or without a psychological stressor.
4. The symptom or deficit don't cause clinically significant distress in social fields

**Cognitive symptoms of a manic episode may include the following symptoms E**

- 1) Thought processes can be quite severely disrupted.
- 2) Can have delusional ideas e.g. believing they are a famous person.
- 3) May think that other people are trying to harm or kill them.
- 4) Voices in head or visual hallucinations.

**Treatment of eating disorders include: E**

1. family therapy
2. self-help groups
3. psychotherapy
4. pharmacotherapy

**Personality traits of the Big 5 personality model: B**

1. Extraversion
2. Emotional stability
3. Neuroticism
4. Flexibility

**Which of the following are anxiety disorders? E**

- a. Selective Mutism
- b. Panic Disorder

- c. Specific Phobia
- d. Agoraphobia

**The phases of sexual response cycle: A**

- 1. orgasm
- 2. excitement
- 3. plateau
- 4. relaxing

**Which of the following is not true for Genito-Pelvic Pain Disorder: C**

- 1. Pain during intercourse
- 2. Pain during arousal phase
- 3. Lasts more than 6 months
- 4. Can occur in both genders

**Which of the below statements are true? A**

- 1) Having one confident is enough to decrease by half the coronary mortality risk, compared to being alone.
- 2) People with depressive symptoms have 50% higher risk of developing coronary heart disease than people without such symptoms.
- 3) The guidelines of the European Society of Cardiology include the assessment and management of psychosocial risk factors, such as stress, anxiety, depression...
- 4) Stress related coronary disease risk is higher in managers than in employees, therefore people call it "manager's disease".

**The balanced adaptation to stigmatizing diseases according to Schneider and Conrad can be: A**

- 1) pragmatic.
- 2) secretive.
- 3) quasi-relieved.
- 4) dichotomic.

**Which sentences are true for depression? C**

- 1. In unipolar depression the patient suffers between cycles of depression and mania.
- 2. Thinking about self is negative.
- 3. Bipolar and unipolar depression should be treated in a similar way.
- 4. People with depression can be over-eaters and under-eaters as well.

**The causes of sexual dysfunctions: E**

- 1. diabetes
- 2. substance abuse
- 3. performance anxiety
- 4. neuropathy

**According to DSM 5 a depressive disorder can be: B**

- 1) persistent depressive disorder.
- 2) permanent depressive disorder.
- 3) premenstrual dysphoric disorder.
- 4) prevalent depressive disorder

**What factors influence the circadian rhythms? E**

1. Physical exercise
2. Eating and drinking
3. Social activity
4. Light and dark

**Non-adaptive coping with fears: A**

- 1) Excessive avoidance
- 2) Compulsions
- 3) Substance abuse
- 4) Sublimation

**Parts of the personality theory of Hippocrates: B**

1. melancholic
2. hypocholic
3. choleric
4. hypercholic

**High early-life IQ is associated with lower mortality for the following causes: B**

- 1) Cardiovascular diseases
- 2) Musculoskeletal complaints
- 3) Coronary heart diseases
- 4) Liver cancer

**Anorexia nervosa can be characterized with: E**

1. amenorrhea (lacking period)
2. compensatory behaviors including self-induced vomiting
3. weight phobia
4. low heart rate

**Which of the following are anxiety disorders based on the DSM 5? C**

- 1) anxious personality disorder
- 2) agoraphobia.
- 3) premenstrual dysphoric disorder.
- 4) panic disorder

**Which statements are NOT true? C**

1. 68% of the patients felt that their doctor would feel uncomfortable talking about sexual topics
2. Disabled and chronically ill patients are not interested in sex
3. Organic and mental illnesses, medications, relationship problems, and other psychological factors (e.g. performance anxiety) can contribute to sexual disorders
4. Disorder of sexual interest, desire or arousal only affects women

**What statements are true for Freud's structural model of personality? A**

1. It consists the Superego, the Ego, and the Id
2. Superego consist social norms and rules we learnt from our parents
3. Superego can be a source of anxiety
4. It consists the Conscious, the Preconscious and the Subconscious mind (the structural model is the Iceberg model of Freud)

**What's the difference between fear and anxiety? B**

1. Fear causes an immediate behavioral reaction (like Fight or Flight), anxiety does not.
2. Fear is a more general, lingering feeling than anxiety.
3. The feeling of fear without a specific and immediate threat is anxiety.
4. Anxiety has no function or evolutionary upside.

**Which factors can contribute to insomnia? E**

- a. caffeine
- b. alcohol
- c. irregular daily schedules
- d. stress

**What are the symptoms of a depressed episode? E**

1. Depressed mood, loss of interest or pleasure.
2. Feeling of worthlessness or inappropriate guilt.
3. Diminished ability to think and concentrate.
4. Insomnia or hypersomnia

**Which of the followings can be signs of pathological grief? A**

1. clinical depression
2. absence of grief
3. dysfunctional denial
4. hostility for 4-6 weeks

**Which of the following are sub-types of anorexia? C**

1. Vegan type
2. Binge-eating/purging type
3. Media-user type
4. Restrictive type

**Which of the following diagnoses belong to the DSM-5 category of Somatic Symptom and Related Disorders? B**

1. somatic symptom disorder
2. psychosomatic disorder
3. illness anxiety disorder
4. generalized anxiety disorder

**Which are myth regarding suicide? A**

- a. Asking a person about suicide will push him/her to kill themselves.
- b. People who are suicidal are fully intent on dying.
- c. People who talk about suicide don't die by suicide.
- d. Most suicidal people give many clues and warning signs regarding their suicidal intention.

**In the depressive episodes you can find E**

1. psychomotor agitation
2. lack of appetite
3. insomnia
4. inappropriate guilt



**According to the DSM-V, which of them are psychosomatic disorders? C**

1. Generalized anxiety disorder
2. Somatic symptom disorder
3. Medical factors affecting psychological functioning
4. Illness anxiety disorder

**Effective treatments of anorexia nervosa include: B**

1. Family therapy
2. Benzodiazepines
3. Cognitive-behavior therapy
4. Stress management

**Cognitive symptoms of a manic episode may include the following symptoms: A**

- 1) Thought processes can be quite severely disrupted.
- 2) Delusional ideas e.g. believing they are famous.
- 3) May think that other people are trying to harm them.
- 4) Extreme sharp focus on activities.

**Which one of them can contribute to omit the exploration of sexual complaints? A**

1. Uncomfortable for professionals
2. Lack of education in sexual problems
3. Underestimation of prevalence of sexual problems
4. none of them, just because our task is to examine its organic background

**Which ones are adult attachment styles? B**

1. preoccupied attachment
2. insecure attachment
3. fearful attachment
4. anxious-ambivalent attachment

**Agoraphobia is anxiety about or a tendency to avoid: A**

- 1) public transport
- 2) being in open spaces
- 3) being in closed spaces
- 4) being home alone

**Which sentences are true for depression? C**

1. In unipolar depression the patient suffers between cycles of depression and mania.
2. Thinking about self is negative.
3. Bipolar and unipolar depression should be treated in a similar way.
4. People with depression can be over-eaters and under-eaters as well.

**Chronic stress can cause: A**

1. emotional exhaustion
2. increased heartbeat
3. psychosomatic complaints
4. improved attention

**What are the basic elements of a Rogerian therapy? B**

1. Congruence

2. Reflective interpretation
3. Unconditional positive regard
4. Empathic confrontation

**Elizabeth Kübler-Ross described them as the stages of dying: C**

1. shock-response
2. bargaining
3. isolation
4. acceptance

**Some of the following are diagnostic criteria of borderline personality disorder: E**

1. frantic efforts to avoid real or imagined abandonment
2. intense and unstable interpersonal relationships
3. recurrent suicidal behavior, gestures, threats
4. chronic feelings of emptiness

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**Short essay questions, definitions** (each worth 3 points)

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**1) What are the diagnostic criteria of substance dependence? (How many symptoms for how long? List at least 3 criteria!)**

At least three of the following over the course of one year:

- tolerance (increased dosage is needed for the same effect)
- withdrawal symptoms
- craving (inability to quit)
- limited life goals (all activity is centred around getting the substance)
- isolation (giving up goals, habits and relationships to engage more in substance use and/or drug subculture)
- self-harm (continued use despite negative consequences)

**What are the low intensity psychological interventions of major depression? List at least 4 of them!**

- Behavior activation
- Focusing on positive experiences
- Regular exercises
- Successive problem solving methods
- Identification of negative automatic thoughts + restructuring with „standard questions”

**List at least 3 indications of psychiatric or medical hospital admission in eating disorders.**

Body mass index < 14

Systolic blood pressure <90

Rapid weight loss >1kg/week

Postural blood pressure 10<when standing

Heart rate 40>bpm of postural tachycardia 20<when standing

Blood sugar below normal range

Sodium below normal range

Potassium below normal range

Magnesium below normal range

(listing 3 elements is enough)

**List at least 3 defense mechanisms described in psychoanalysis.**

Suppression, Rationalization, Reaction Formation, Sublimation, Projection, Intellectualization, Isolation of affect, Denial, Undoing, Displacement, Regression.

**What are the subtypes of anorexia?**

**1. Restricting type:** during the current episode of anorexia nervosa, the person has not regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)

**2. Binge-eating/purging type:** during the current episode of anorexia nervosa, the person has regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)

**List at least 3 psychoanalytic techniques!**

Interpretation of dreams, interpretation of symbols, interpretation of faulty acts (Freudian slips and mistakes), free association method

**What is motivational interviewing?**

A technique that uses clients' ambivalence to bring out their intrinsic motivation. It is goal-directed but non-judgmental and non-confrontational.

**List at least 3 techniques that can help to manage negative thoughts.**

Thought stopping, Distraction, Reframing or cognitive restructuring, meditation, mindfulness, „Hour of worry”...

**List the three phases of reaction given to separation:**

1. Protest, 2. Despair and anger, 3. Acceptance

**What are the characteristic features of REM sleep?**

Brain activity is very similar to that when you are awake. This is the main dreaming stage. About 90% of people awakened report long, complex dreams (only 10% in case of non-REM sleep). Physiological responses increase, but movement is paralysed in neck and limbs. (This prevents accidents during violent dreams!)

**List at least 3 types of addictive behavior!**

Gambling

Obsessive-compulsive disorders

Eating disorders

Impulse control disorders (cleptomania, pyromania)

Paraphilias (sexual aberrations)

„Workaholism” (obsession with work performance)

Internet addiction

**Write at least 3 characteristic features of a paranoid personality!**

suspects exploitation or deception of others

jealous and envious

hypersensitive (reads hidden demeaning or threatening meanings into benign remarks or events)

rigid

persistently bears grudges (i.e. unforgiving of insults, injuries, or slights)

**Give at least 5 examples of positive consequences of stress („good stress”)**

Increased attention and alertness, vitality

Thinking is faster  
Creativity  
Successful problem solving  
Helps adaptation and coping  
Personal development, learning  
Evolutionary purposes, adaptation („stress immunity”, coping mechanisms)

### **What is the alarm phase of the stress reaction?**

The first stage of the general adaptation stage, the alarm reaction, is the immediate reaction to a stressor. In the initial phase of stress, humans exhibit a "fight or flight" response, which prepares the body for physical activity. However, this initial response can also decrease the effectiveness of the immune system, making persons more susceptible to illness during this phase.

### **What are the characteristic features of REM sleep?**

Brain activity is very similar to that when you are awake. This is the main dreaming stage. About 90% of people awakened report long, complex dreams (only 10% in case of non-REM sleep). Physiological responses increase, but movement is paralysed in neck and limbs. (This prevents accidents during violent dreams!)

### **What are the characteristics of intrinsic motivation?**

Engaging in behavior for its own sake rather than for some external reward

### **What does a panic attack look like? How many symptom is the diagnostic criteria? Please name a few them!**

An intense anxiety attack which starts suddenly and peaks in approximately 10 minutes, and then gradually subsides physical and/or cognitive symptoms.

The presence of at least four of the following 13 symptoms: Palpitations, pounding heart, or accelerated heart rate, Sweating Trembling or shaking, Sensations of shortness of breath or smothering, Feeling of choking, Chest pain or discomfort, Nausea or abdominal distress, Feeling dizzy, unsteady, lightheaded, or faint, Chills or heat sensations, Paresthesias (numbness or tingling sensations), Derealization (feelings of unreality) or depersonalization (being detached from oneself), Fear of losing control or going crazy, Fear of dying.

### **What are the ID, the Ego, and the Superego? Define them shortly!**

(3-6 sentences are enough.)

In psychoanalytic theory, the id, ego and superego are three distinct, interacting agents in the psychic apparatus, defined in Sigmund Freud's structural model of the psyche.

1. ID (instincts), Inherited, instinctive part of the personality, strong relationship with needs

Source of all psychic energy, driven by the pleasure principle, with 2 Basic instincts:

Life (Eros): survival, giving birth, pleasure; energy: libido

Death (Tanatos): destructive instincts, anger, aggression

2. Ego: Mediates between the ID, the roles of the Superego and the external world. Executive functions in the personality functioning. „Reality principle” - rational behaviour: consider the consequences of the fulfilment of needs. Conscious or preconscious quality

3. Superego: Values, norms, differentiating at the age of 3-5-6-years. “Guilt principle” Two parts: idea of the ego and the conscience.

### **Write down at least 4 questions that should be asked during the sexual anamnesis!**

Marital status (for how long)

Occupation (of the couple)

Description of the problem (start with open-ended question) – How long he/she has the the problem? – How did it develop (suddenly or continuously)? – When was the last problem-free sexual intercourse? – Frequency of the problem occurrence (always, more/less than half of the occasion)? – Is there anything that can improve/worsen the problem?

Therapies so far (What kind? For how long? Results?)?

Motivation – Who initiated to seek help? – What are his/her expectations relating to the treatment? – What is reason they just came now?

Questions relating to erection/masturbation.

Background questions – Latest sexual experience (who initiated) – Frequency of sexual intercourse – First sexual experience (circumstances, partner) – Sexual abuse (age)

Medical anamnesis: medications, substance abuse, mental disorders

Intimate relationship (contraception, homosexual experiences, extramarital relationship)

### **Define what is somatization!**

Somatization is the patient's tendency to experience and communicate psychological distress in the form of somatic symptoms and to seek medical help for them. Alternatively, the existence of physical/bodily complaints in the absence of a known medical condition.

### **List at least 3 criteria of substance dependence!**

At least three of the following over the course of one year:

- tolerance (increased dosage is needed for the same effect)
- withdrawal symptoms
- craving (inability to quit)
- limited life goals (all activity is centred around getting the substance)
- isolation (giving up goals, habits and relationships to engage more in substance use and/or drug subculture)
- self-harm (continued use despite negative consequences)

### **List at least 4 types of psychotherapies!**

psychoanalysis, psychodynamic psychotherapy, cognitive-behavior therapy, client-centred therapy, dialectical behavior therapy, schema therapy, hypnotherapy, interpersonal psychotherapy

### **1) Name at least 3 typical psychosomatic diseases!**

Please mention these disorders defined by the DSM-V: Somatic Symptom Disorder, Illness Anxiety Disorder (commonly known as hypochondria), Conversion Disorder (Functional Neurological Symptom Disorder), Psychological Factors Affecting Other Medical Conditions, Factitious Disorder (Imposed on Another).

[The “holly seven psychosomatic disorder described by Franz Alexander: peptic ulcer, bronchial asthma, rheumatoid arthritis, ulcerative colitis, essential hypertension, neurodermatitis, thyrotoxicosis.]

### **Describe the presuicidal syndrome according to Ringel!**

It is an alarm signal indicating a tendency to suicide. The Presuicidal Syndrome has three principal components: 1. Situational and affective narrow down (focused on the actual problems). 2. Inhibited aggression directed towards the self. 3. Suicidal thoughts, intense phantasies about one's death, funeral (4. Ambivalence).

### **Define tolerance (related to addiction and substance use)!**

The diminishing effect of a drug resulting from repeated administration at a given dose, or higher dose is required to reach the same effect as previously.

**What psychological factors can increase pain perception? Name at least 3 of them:**

Increased self-monitoring and searching for symptoms.

Overestimation of symptoms (assuming that they are dangerous).

The time spent dealing with the symptoms (e.g. surfing the Internet about the symptoms).

Increased passivity in other areas of life (work, private life, hobbies, entertainment, sports).

An increase in symptom-related anxiety and catastrophizing thought.

**What are protective factors against suicide? List at least 4 of them!**

Good family/social/medical support

Children

Pregnancy (planned)

Religiosity

Lack of lethal means

Regular physical activity

Hypersomnia

**What are “Zeitgebers” (factors, which fix the human circadian rhythm)? List 3 of them!**

Light and dark (Interact with the circadian rhythm through hormone called melatonin.

Melatonin is produced by the pineal gland, controlled by the suprachiasmatic nucleus.

Melatonin is also an antioxidant and affects the immune system. Even a short period of normal artificial light at night can suppress melatonin secretion)

Exercise

Social activity

Eating and drinking

(Psychoactive agents)

**Name at least 2 behavior therapy techniques, and define what they are!**

Flooding (actual exposure to the feared stimulus)

Gradual exposure: Systematic desensitization (overcoming fear by confronting the hierarchy of fears)

Stimulus control etc.

**List at least 3 cognitive distortions!**

Overgeneralization, Emotional reasoning, Should statements, Personalization, Jumping to conclusions, Mental filtering, Labeling, Catastrophizing, All-or-nothing thinking

**What are the dysfunctions of psychosomatic families? List at least 3 of them!**

enmeshment

overprotection

rigidity

avoidance of conflicts

involvement of the child into parental conflicts

**List at least 4 anxiety disorders according to the DSM-V!**

Separation Anxiety Disorder

Selective Mutism

Specific Phobia

Social Anxiety Disorder (Social Phobia)  
Panic Disorder  
Agoraphobia  
Generalized Anxiety Disorder  
Substance/Medication-Induced Anxiety Disorder  
Anxiety Disorder Due to Another Medical Condition  
Other Specified Anxiety Disorder  
Unspecified Anxiety Disorder

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**Essay questions** (each worth 5 points)

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**What are characteristics of secure attachment as a child and an adult? List 3-3 features!**

Children: 1. able to separate from parent, 2. seek comfort from parents, when frightened, 3. return of parents is met with positive emotions, 4. prefers parents to strangers

Adults: 1. have trusting, lasting relationships, 2. tend to have good self-esteem, 3. comfortable sharing emotions with partners and friends, 4. seek out social support.

**What are the major steps of Psychological First Aid (PFA)? List at least 5 steps of it in the correct sequence!**

1. **Contact and Engagement:** First, introduce yourself and explain your role. Elicit specific concerns, remain non-judgmental, and be a reflective listener.
2. **Safety and Comfort:** Enhance immediate and ongoing safety, provide physical and emotional comfort. Use a calm, soothing voice, and offer reassurance. Guide the patient through grounding/relaxation techniques.
3. **Stabilization (if needed):** Stabilize Emotionally-Overwhelmed Survivors. Observe individuals for signs of being disorientated or overwhelmed
4. **Information Gathering:** Find out if there are concerns about an ongoing threat, if the patient has a history of prior trauma/loss, and if the patient has any thoughts of harming self or others.
5. **Practical Assistance:** Identify what the patient needs immediately. Also consider offering items to increase comfort (i.e. blankets, tissues, pillows, warmth).
6. **Links to Social Supports:** When possible, encourage interaction and support seeking from family members. Strong family support is the most powerful predictor of a youth's resilience after a traumatic event.
7. **Information on Coping:** Educate the patient (and family, if possible) about the variety of possible acute stress reactions, and normalize these responses as part of the recovery process. Encourage social contacts and if possible, arrange for family support.
8. **Information on Available Services:** Promote continued care by offering contact information and handouts to appropriate services. Referrals can range from local disaster agencies to mental health services, medical treatment, clergy/religious leaders, or family therapy.

**What are the youth-specific risk factors and the youth specific warning signs of suicide? List at least 3-3 elements!**

**Youth-specific risk factors:**

Divorce or separation of parents  
Sexual identity crisis  
Easy access to lethal methods, especially guns  
School or family crisis  
Isolation, disappointment

Genetic predisposition (serotonin depletion)

Feelings of isolation or being cut off from others

Ineffective coping mechanisms, problem solving skills

Cultural and/or religious beliefs (e.g., belief that suicide is a noble or acceptable solution to a personal dilemma)

Exposure to suicide and/or family history of suicide

**Warning signs:** Suicide threats, Suicide plan/method/access, Sudden changes in physical habits and appearance, Preoccupation with death and suicide themes, Increased inability to concentrate or think clearly, Loss of interest in previously pleasurable activities, Symptoms of depression, Alcohol and/or drugs, Hopelessness, Rage, anger, Reckless behavior or activities, Anxiety and agitation, Sleep difficulties, especially insomnia, Dramatic changes in, No reason for living, No sense of purpose in life, Sense of being a burden, Profound sense of loneliness, alienation and isolation, Sense of fearlessness,

**Write down the diagnostic criteria for panic disorder. List possible treatments!**

**Diagnosis:** Panic disorder is an anxiety disorder and is characterized by unexpected and repeated episodes of intense fear accompanied by physical symptoms that may include chest pain, heart palpitations, shortness of breath, dizziness, or abdominal distress. At least 4 symptoms out of 13. People with panic disorder have feelings of terror that strike suddenly and repeatedly with no warning. During a panic attack, most likely your heart will pound and you may feel sweaty, weak, faint, or dizzy. Your hands may tingle or feel numb, and you might feel flushed or chilled. You may have nausea, chest pain or smothering sensations, a sense of unreality, or fear of impending doom or loss of control.

**Treatment:** Evidence based: cognitive-behavior therapy. Effective treatments for panic disorder are available, and research is yielding new, improved therapies that can help most people with panic disorder and other anxiety disorders lead productive, fulfilling lives.

**Define what is human attachment, describe at least 3 characteristics of attachment bonds, and name the main attachment styles according to Ainsworth's Strange situation.**

**Definition:** Early attachment is the primary bond between the infant and its primary caretaker. A phylogenetically programmed instinct to build a close relationship with a caretaker.

**Characteristics of attachment bonds:**

Attachment bonds are persistent

Attachment bonds involve a specific figure who is not interchangeable

The relationship within the dyad is emotionally significant

The individual wishes to maintain proximity to or contact with the attachment figure

The individual feels distress at involuntary separation from the attachment figure

The individual seeks security and comfort in the relationship with the attachment figure

**Attachment styles according to the Strange situation (Ainsworth):** Secure, Insecure ambivalent, Insecure avoidant, +1: Disorganized

**What is transference and countertransference in psychoanalysis? Give an example!**

Transference is a phenomenon in psychoanalysis characterized by unconscious redirection of feelings for one person to another. For example the patient says to the doctor: "You look like my grandson."

Countertransference is defined as redirection of a therapist's/doctor's feelings toward a client/patient. For example the doctor unconsciously accepts the role and starts to behave as he was the grandson of the patient.



**What are the characteristic features of the schizoid personality disorder? (List at least 5 elements!)**

- neither desires nor enjoys close relationships (including being part of a family)
- almost always chooses solitary activities
- has little interest in sexual encounters
- takes pleasure in few, if any activities
- appears indifferent to praise or criticism of others
- shows emotional coldness and detachment

**What are the cognitive-behavioral interventions of eating disorders? List 5 of them!**

Self-help recovery guidelines

Food diary

Normalization of daily meals

Reducing dietary restraint

Reducing over-evaluation of eating, shape and weight control

Avoidance of body checking

Modifying maladaptive thoughts related to eating

**Who wrote down the vicious circle of somatization, and what is this?**

Kirmayer and Young.

A somatising patient has higher emotional arousal.

It has increased attention on bodily phenomenon.

Makes distorted attributions about physical symptoms.

Classifies the symptoms as harmful/dangerous.

It intensifies the perception and experience of the symptoms.

It will become a part of the broader social functioning.

Leads to sickness behaviour and sick role.

**Write down Beck's Cognitive Triad! List the elements of Ringel's Presuicidal Syndrome!**

**Cognitive triad:** negative view of the self, negative view of the world, negative view of the future

**Presuicidal syndrome:** Situative and affective narrow down (focused on the actual problems), Inhibited aggression directed towards the self, Suicidal thoughts, intense phantasies about one's death, funeral

**What are the diagnostic criteria of borderline personality disorder? List at least 5 of them.) Also list at least 2 treatment options of personality disorders.**

**Criteria:** frantic efforts to avoid real or imagined abandonment

pattern of intense and unstable interpersonal relationships (idealization and devaluation)

persistently unstable self-image and sense of self

impulsivity that is potentially self-damaging (e.g. spending, sex, substance abuse, reckless driving, binge eating)

recurrent suicidal behavior, gestures, threats, or self-mutilating behavior

chronic feelings of emptiness

difficulty controlling anger, frequent displays of temper

**Treatment:** Treatment for most personality disorders is a combination of psychotherapy and medications. These six evidence-based psychotherapeutic methods include transference-focused psychotherapy, mentalization-based treatment, cognitive therapy, dialectical behavior therapy, schema therapy, and good psychiatric management. EBP for the treatment of PDs share six essential and common themes that include structuring the treatment, the need for therapist

self-awareness, management of countertherapeutic reactions, the need to develop therapeutic responsiveness when treating different patients with different PDs, recognizing and repairing mistakes and therapeutic ruptures, and the need for therapists to get ongoing supervision and training. All EBP treatments describe the origins of the PDs based (in part) on adverse early-life experiences, trauma, and/or in invalidating environments.

**Pharmacotherapy:** Antidepressants (SSRIs: fluoxetine, sertraline, citalopram, to help relieve depression and anxiety in people with personality disorders).

Anticonvulsants (e.g. carbamazepine may help suppress impulsive and aggressive behavior).

Antipsychotics (people with borderline and schizotypal personality disorders are at risk of losing touch with reality, and antipsychotic medications can help improve distorted thinking).

**When can we suspect that an individual has a personality disorder (name at least 3 general criteria of personality disorder)? Also name 4 examples for personality disorders (each worth 0.5 point)!**

**According to the DSM-V, the general criteria of personality disorders are:**

- A. markedly from the expectations of the culture (cognition, affect, interpersonal functioning, impulse control)
- B. are inflexible, maladaptive, and pervasive across many situations
- C. cause serious problems, distress and impairment of functioning in personal, social, and/or occupational situations
- D. stable of long duration/traced back to adolescence
- E. Not better accounted by another mental disorder, substance use, medical condition

**DSM-5 goes on to list ten personality disorders distributed across three "clusters":** A, B, or C Cluster A (Odd, bizarre, eccentric) Paranoid PD Schizoid PD Schizotypal PD Cluster B (Dramatic, erratic) Antisocial PD Borderline PD Histrionic PD Narcissistic PD Cluster C (Anxious, fearful) Avoidant PD Dependent PD Obsessive-compulsive PD

**What are the diagnostic criteria of bulimia nervosa (minimum 3), and what can be the somatic complications associated with it (minimum 2)?**

**Criteria:**

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following: 1. eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances 2. a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating) Bulimia nervosa (DSM-V)
- B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.
- C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.
- D. Self-evaluation is unduly influenced by body shape and weight. (body image disorder)
- E. The disturbance does not occur exclusively during episodes of anorexia nervosa

**Somatic complications of bulimia nervosa:** gastrointestinal conditions associated with compensatory behaviours, heart-related issues, ongoing dental problems, weakened bones (osteoporosis, infertility, electrolyte imbalance from self-induced vomiting, severe dehydration, and damage nerves, muscles and organs, indigestion, frequent constipation, diarrhoea or new food intolerances, heart-related conditions, irregular heartbeat, low blood pressure fainting or dizziness that is not due to another illness, fatigue and sleep difficulties, loss of periods or altered menstrual cycles

**A patient claiming 4 hours of sleep is enough, but in his/her medical records, you see abnormalities associated with long term sleep deficit: what would you say to him/her, why does having enough sleep is important? List at least 5 good reasons! (You can write about the functions of Non-REM and REM sleep stages, role of melatonin, effects of sleep deprivation, etc).**

5 key reasons why sufficient sleep (typically 7–9 hours for adults) is essential

1. **Brain Function and Memory Consolidation (Especially REM Sleep)** REM sleep supports learning, memory consolidation, emotional regulation, and creativity. Without it, your brain can't properly process or retain new information.
2. **Physical Repair and Immune Health (Primarily Non-REM Sleep)** Deep stages of Non-REM sleep are when your body repairs tissues, builds muscle, and strengthens the immune system. Inadequate sleep leaves you more vulnerable to infections and slower recovery.
3. **Hormonal Balance and Melatonin Regulation** Melatonin, the "sleep hormone," helps regulate circadian rhythms and antioxidant defenses. Disrupted sleep patterns interfere with melatonin production, which is linked to higher risks of cancer, metabolic issues, and aging.
4. **Cardiovascular and Metabolic Health** Chronic sleep deprivation increases the risk of high blood pressure, heart disease, obesity, and type 2 diabetes due to impaired glucose metabolism and elevated stress hormone levels (like cortisol).
5. **Mood Stability and Mental Health** Sleep loss increases irritability, anxiety, and risk for depression. Over time, even low-level sleep deficits impair emotional regulation and cognitive clarity.

**A terminally ill patient's family member comes to you for advice. They say that your patient has been very aggressive lately, yelling at nurses. Help this family member by educating them about the stages of death.**

**Name the 5 stages of death or grief defined by Kübler-Ross. For each stage write some typical behavior, thoughts, feelings. What is the stage that your patient is in right now?**

The patient is in the stage of anger. When a patient is in the anger stage of the Kübler-Ross model, it's important to remain calm, listen empathetically, and avoid taking their anger personally, as their frustration is often a reaction to fear, loss, or lack of control. You should acknowledge their feelings without judgment, allow them to express themselves, and provide consistent support without trying to immediately "fix" their emotion

**The Kübler-Ross stages of dying are:**

Denial – Refusing to accept the reality of the situation as a way to buffer the initial shock.

Anger – Expressing frustration and resentment about the loss or impending death.

Bargaining – Attempting to negotiate or make deals to postpone or change the outcome.

Depression – Experiencing deep sadness, regret, or hopelessness as the reality sinks in.

Acceptance – Coming to terms with the loss or impending death with a sense of peace

**What are the psychological intervention techniques of psychophysiological insomnia? List at least 5 of them!**

1. Sleep education and sleep hygiene advices
2. Prevention of maladaptive compensatory behaviors
3. Sleep monitoring (diary)
4. The method of constructive worries
5. Sleep restriction
6. Behavioral experiments
7. Decatastrophization
8. Relaxation methods

+ Relapse prevention

What are the “steps” of the process of burn-out, and what can you do against them in each step?

Phase	Changes to make
1. Idealization (over-involvement)	Realistic visions, understanding individual motivations, forming personal boundaries,
2. Realism (devotedness, openness)	No changes required
3. Stagnation (being fed-up)	Relationships with colleagues, rewards, education
4. Frustration (agitation, depersonalization)	Recreation, work-life balance, decreasing workloads, sport, stress-reduction etc.
5. Apathy (avoidance, hostility)	New professional pathways

What are the steps of the transtheoretic model of behavior change? Define them with 1-1 sentence!

