Bipolar Disorder: A Cognitive Approach

Questions from chapter 1

1) Symptom relapse which occurs with less provocation overtime from stress, changes in routine, or physiological insult is known as a
a) rapid cycling
b) rebound effect
c) kindling effect
d) breakthrough mania

2) Gillberg et al. (1993) found what percent of patients treated for bipolar disorder in adolescence were on vocational disability by age 30?
a) 9%
b) 29%
c) 49%
d) 69%
e) 89%

3) For a patient to qualify as having a manic episode, he or she must have exhibited an abnormally euphoric or irritable mood for at least
a) 1 day
b) 1 week
c) 1 month
d) duration is not a criteria

4) A mood disturbance similar to full-blown manic syndrome but with less duration, intensity and disruption is
a) a mixed episode
b) rapid-cycling bipolar
c) cyclothymia
d) a hypomanic episode

5) Symptoms which involve numerous affective cycles, none of which are severe, pervasive, or lengthy enough to meet the full criteria for bipolar disorder suggests
a) rapid-cycling bipolar disorder
b) a hypomanic episode
c) a mixed episode
d) cyclothymia

6) No other Axis I disorder has as high a prevalence of concurrent alcohol and other substance abuse as bipolar disorder.
a) True
b) False

7) Peselow et al. (1995) report that approximately what percent of patients with bipolar disorder meet the criteria for personality disorder?
a) 5%
b) 20%
c) 35%
d) 50%
e) 65%
8) Bipolar disorder has an adult female to male ratio of
   a) 1:1
   b) 2:1
   c) 1:2
   d) 3:1
   e) 1:3

9) Goodwin (1999) suggest that the increased incidence of bipolar disorder may be due to all EXCEPT
   a) increased use of drugs and alcohol
   b) increases in social mobility and divorce rates
   c) in a genetic mechanism involving unstable DNA
   d) increased awareness and diagnostic precision

10) Johnson et al. suggest that what can trigger a manic episode?
    a) excessive focus on goal attainment
    b) disruptions in the sleep/wake cycle
    c) radical changes in diet
    d) obsessive thoughts

11) When borderline personality disorder and antisocial personality disorder coexist with bipolar disorder
    there is
    a) a more consistent tendency towards recklessness
    b) a higher likelihood of suicidality
    c) more conflict with mental health professionals
    d) decreased adherence to pharmacotherapy
    e) all of the above

12) The early warning signs of affective episodes are known as
    a) auras
    b) precursors
    c) triggers
    d) prodromes

Questions from chapter 2

13) Current research focuses on all of the following cognitive factors EXCEPT
    a) attributional styles
    b) perfectionism
    c) problem-solving deficits
    d) maladaptive schemas
    e) unconscious drives

14) The patient's perception of themselves, their life events, and their future is known as the
    a) unholy union
    b) sense of self
    c) self schema
    d) cognitive triad
15) Dealing with bipolar disorder is akin to
   a) juggling kittens
   b) learning a new language
   c) building a house
   d) dieting
   e) moving a piano

16) Chronorecords (Whybrow & Bower, 1991) are a type of
   a) self-monitoring
   b) relaxation tape
   c) lithium level
   d) biofeedback

17) Which is NOT a strategy to maximize homework adherence?
   a) suggest a few assignments they can choose from
   b) if the patient is unreceptive, don't press the issue
   c) call it "practice"
   d) make sure the instructions are clear
   e) call during the week to prompt the patient

18) A cognitive model of bipolar disorder needs to account for patients demonstrating thought processes
    that look like traits and states
   a) True
   b) False

19) An individual's belief systems are also known as
   a) negative cognitions
   b) schemas
   c) cognitive distortions
   d) unconscious processes

20) The schema that can result from a raging, chemically dependent parent is
   a) entitlement
   b) incompetent
   c) subjugation
   d) lack of individuation

21) Integrated cognitive-affective-behavioral networks that produce synchronous responses to life demands
    are known as
   a) coping channels
   b) neural servers
   c) host schemas
   d) modes

22) Negative life events trigger depressive episodes but not mania
   a) True
   b) False
23) Malkoff-Schwartz et al. (1998) state that mania may be triggered by
   a) an inability to deal with stressors
   b) life events which cause sleep disruptions
   c) caffeine or other stimulants
   d) longer summer days

24) To be vulnerable to affective disorders when confronted with interpersonal difficulties and losses
describes
   a) diathesis-stress
   b) negatively valenced schemas
   c) social anxiety
   d) sociotropy

25) Depue et al. (1996) link the "behavioral activation system" to
   a) dopaminergic pathways
   b) attributional styles
   c) prodromes
   d) the frontal cortex

Questions from chapter 3

26) Which is NOT a typical early-warning sign of hypomania and mania?
   a) sleep disruption
   b) and unwarranted, marked decrease in anxiety
   c) decreased appetite
   d) diminished concentration
   e) high levels of optimism

27) A structured method through which patients can do the work of reality testing on themselves is
   a) imagery
   b) Devil's Advocacy Technique
   c) Daily Thought Records
   d) Dysfunctional Thought Diary

28) A technique which helps patients see the benefits of using their social support system for consultative
advice is the
   a) devil's advocacy technique
   b) two-person feedback rule
   c) role-playing technique
   d) mediation role

29) A diplomatic way to have patients assess the pros and cons of risk-taking behavior is the
   a) benefit to others vs. cost to others method
   b) benefit to myself vs. cost to myself method
   c) productive potential vs. destructive risk technique
   d) productive risk vs. destructive potential technique

30) Which helps patients schedule activities?
   a) PAS
   b) SFS
   c) PDS
   d) DAS
Teaching patients to identify and address problems before they become full-blown involves all EXCEPT
a) retrospectively evaluate past crises
b) increase sitting and listening
c) set short-term goals in major life areas
d) map out steps necessary to achieve goals

Therapist can maximize collaboration with stimulation-seeking behaviors by compromising on setting limits.
  a) True
  b) False

Which is it not a method mentioned to modulate affect?
  a) using relaxation and breathing control
  b) using stimulus control
  c) using "longevity vs. intensity of feelings ratings"
  d) using therapist modeling and role playing

West et al. (1995) states that the cognitive styles of bipolar patients appear very different than people with attention deficit disorders.
  a) True
  b) False

Questions from chapter 4

It is appropriate to ask patients about their attitudes toward life and death on a regular basis.
  a) True
  b) False

Which is a self report inventory for depression and hopelessness
  a) DHS
  b) BHS
  c) SIS
  d) HHI

to negatively biased beliefs that accompany suicidal ideation are known as
  a) suicidogenic beliefs
  b) the hopeless helpless paradigm
  c) anhedonic beliefs
  d) negative schemas

Ellis and Newman (1996) describe staying active as an attempt to
  a) distract the patient
  b) cheat death
  c) procrastinate suicide
  d) increase self-efficacy

A tendency to see things in black and white is
  a) monochromatic thinking
  b) cognitive tunnel vision
  c) anhedonic thinking
  d) cognitive rigidity
40) Another set of beliefs that can make someone vulnerable to dysphoria and despair is
   a) perfectionism
   b) minimization
   c) maximization
   d) overgeneralization

41) Johnson, Winett et al. (1999) mention the importance of
   a) medication compliance
   b) a good support system
   c) daily thought records
   d) exercise

Questions from chapter 5

42) The medication that served as the first serious breakthrough for bipolar disorder is
   a) Depakote
   b) Lithium
   c) Tegretol
   d) Zyprexa

43) Which medication may be especially useful to treat mixed mania and rapid cycling?
   a) lithium
   b) Depakote
   c) Tegretol
   d) Lamictal

44) Which type of bipolar patients have been found to respond better to a combination of anticonvulsants and lithium?
   a) rapid cyclers
   b) mixed phases
   c) bipolar II
   d) bipolar with a personality disorder

45) According to Bauer et al. (1999) when patients shows signs of hypomania, mania, or mixed states
   a) antipsychotic medications should be considered
   b) antidepressants should be discontinued
   c) antidepressants should be added
   d) mood stabilizers should be increased

46) According to Ghaemi et al. (1997) what medication can be useful with a breakthrough episode?
   a) Zyprexa
   b) Lamictal
   c) Depakote
   d) Risperidone

47) Klonapin and Ativan are widely used for
   a) insomnia and agitation
   b) mixed mania and rapid cycling
   c) severe depression
   d) bipolar II
48) Dunner and Fieve (1974) found rapid cyclers
   a) did poorly on lithium maintenance therapy
   b) experienced more breakthrough mania
   c) had the poorest tolerance for antidepressants
   d) were highly sensitive to sleep disruption

49) According to Dunner (1999) patients on lithium should be monitored for
   a) cardiac arrhythmia
   b) high blood pressure
   c) hypothyroidism
   d) renal functioning

50) Electroconvulsant treatment has been proposed as an option for treatment resistant rapid cycling.
   a) True
   b) False

   a) side-effects occur when medications are out of the therapeutic range
   b) the elderly are more susceptible to side effects
   c) atypical antipsychotics should not be used in the third trimester
   d) lithium is the first line medication for elderly patients with dementia

52) In the hypomanic and manic phases patients believe
   a) medication is only for people who feel sick
   b) if I take the medication, I will lose all my good ideas
   c) if I take the medication, I will become depressed again
   d) medication will turn me into a dull conformist
   e) all of the above

53) According to Wright & Schrodt (1989) the PDR
   a) is useful for between session homework
   b) is useful for patients to monitor side effects
   c) can empower patients and foster collaboration
   d) is ill suited for patients to use

54) Socratic questioning and dialogue about an issue is
   a) contra-indicated in cognitive therapy
   b) logical analysis
   c) more useful in the depressive phase of bipolar disorder
   d) guided discovery

55) What is used to weigh the advantages and disadvantages of taking medications?
   a) a cost benefit analysis
   b) a pro/con worksheet
   c) family feedback
   d) a 2x2 grid

56) According to Wright & Thase (1992)
   a) patients should be commended for taking their medications
   b) when professionals don't communicate, suboptimally coordinated care results
   c) most patients discontinue medications because of side-effects
   d) ECT is never indicated to treat mania
57) The assessment instrument developed by Moras et al. (2000) is the
   a) Side Effects Survey
   b) Depression Beliefs Questionnaire
   c) Compliance Checklist
   d) Manic Episode Schedule

Questions from chapter 6

58) High levels of the negativity and criticism describes
   a) PD
   b) EE
   c) PE
   d) BV

59) Targum et al. (1981) found over half their subjects would not have married if they knew their spouse was bipolar.
   a) True
   b) False

60) What is central to the initiation of couples or family therapy for bipolar disorder?
   a) education
   b) communication
   c) observation of interactions
   d) commitment

61) Treatment outcome is hindered by all EXCEPT
   a) concomitant substance abuse
   b) multiple providers
   c) social isolation
   d) poor premorbid and history

62) According to Miklowitz & Goldstein (1997) what is a major target for therapeutic intervention?
   a) communication
   b) medication compliance
   c) sexual dysfunction
   d) parenting issues

63) The principle which involves each member of the family starting a sentence by expressing how they feel is
   a) use "I" statements rather than "you" statements
   b) turn complaints into requests
   c) make statements that express empathy
   d) observe standard etiquette

64) The author suggests that which instrument be used for problem solving and conflict resolution?
   a) BDI
   b) DTR
   c) BHI
   d) CCR
65) Miklowitz & Goldstein (1997) are investigating the benefits of
   a) focused family therapy  
   b) imagery  
   c) daily thought records  
   d) hypnotherapy

66) One-on-one sessions are frequently scheduled with family members of the identified patient.
   a) True  
   b) False

67) According to Brent et al. (1996)
   a) divorced is twice as high among bipolar patients than in the general public  
   b) communication problems are the primary complaint in marriage counseling  
   c) therapy sessions involving loved ones are the exception  
   d) chances increase for bipolar patients to have family with psychiatric conditions

68) "What is the evidence for these beliefs" is a useful inquiry for a bipolar patient who states "I've damaged my professional reputation".
   a) True  
   b) False

Questions from chapter 7

69) Miklowitz & Frank (1999) describe the process of
   a) uncovering the blame  
   b) grieving the lost healthy self  
   c) naming the stigma  
   d) promoting self disclosure

70) The case of Susan demonstrates that the stigma experienced by bipolar patients often involves
   a) denial  
   b) delusional material  
   c) cognitive distortions  
   d) self-reproach

71) According to Coryell, Endicott et al. (1989) bipolar patients
   a) maybe more creative than the population at large  
   b) may feel unworthy of good things they experience  
   c) fear hospitalization over all other "stigmas"  
   d) tend to discount praise from therapist

72) According to Lam et al. (1999) cognitive therapy
   a) is more useful for depressive versus manic phases  
   b) is less useful with group treatments  
   c) can arrest the grieving process  
   d) presents a destigmatizing approach

73) What issue does the author described as "extremely thorny".
   a) self-disclosure  
   b) medication compliance  
   c) sexual dysfunction  
   d) social stigmas
74) Helping patients weigh the advantages of self-disclosure is consistent with what approach mentioned by Nezu et al. (1989)?
   a) cost-benefit analysis
   b) DTR
   c) general problem-solving model
   d) pros and cons checklist

75) Which organization is NOT a source of general advocacy for those with bipolar disorder?
   a) NDMDA
   b) NAMI
   c) DRADA
   d) DAR

76) Bauer & McBride (1996) highlight the
   a) typical stereotypes of bipolar disorder
   b) concerns bipolar patients express regarding having children
   c) importance of therapists addressing stigmas
   d) heterogenous nature of bipolar disorder

77) Miklowitz & Goldstein (1997) describe the family phenomenon of
   a) gene guilt
   b) scapegoating
   c) blaming the victim
   d) enmeshment

78) Miklowitz & Goldstein (1997) explain that bipolar disorder is similar to
   a) epilepsy
   b) PMS
   c) diabetes
   d) adolescence

79) According to McGuffin (1998), for patients to reach a state of acceptance they need to
   a) be affirmed by significant others
   b) be accepted by peers with similar struggles
   c) find ways to empower themselves
   d) effectively dispute negative cognitions

Questions from chapter 8

80) What model of treatment do the authors advocate?
   a) surgicenter model
   b) car care model
   c) dental model
   d) optometry model

81) What book did Carlos buy to use in bibliotherapy?
   a) An Unquiet Mind
   b) Feeling Good Handbook
   c) Night Falls Fast
   d) Moodswing
82) At about 2 to 3 months into treatment, most patients with uncomplicated unipolar depression begin to
   a) start the termination process
   b) take control of the therapy process
   c) manifest transference issues
   d) have more euthymic than depressed days

83) According to Lam & Wong (1997) patients must learn to cope with periods of relapse and to
   a) delay gratification
   b) be compliant with medications
   c) take advantage of euthymic periods
   d) spot prodromes