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Examination for Professional Practice of Psychology - 202

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Question: 549

A 33-year-old female client presents with symptoms of anorexia nervosa (DSM-5: F50.0), with a BMI of 16.5 (reference: 18.5–24.9). Her family history includes a mother with perfectionistic tendencies, and she grew up in a family with high expectations for academic and physical achievement. A recent life event, a job loss, triggered a relapse of her symptoms. Lab results show hypokalemia (K+: 2.8 mEq/L, reference: 3.5–5.0 mEq/L), indicating electrolyte imbalance. Which family functioning factor most significantly contributed to her eating disorder?

A. Hypokalemia
B. High family expectations
C. Job loss
D. Maternal perfectionism

Answer: B

Explanation: High family expectations, particularly around achievement, can foster perfectionism and body image concerns, significantly contributing to the development of anorexia nervosa. This family dynamic likely shaped the client's maladaptive behaviors. Maternal perfectionism may have modeled these tendencies, but the broader family expectation is more directly implicated. Job loss is a trigger, and hypokalemia is a consequence, not a cause.

Question: 550

The STAR*D trial (2006), a landmark study on major depressive disorder, evaluated treatment strategies in patients who failed initial SSRI therapy. Level 2 of the trial compared switching to sertraline, bupropion, or venlafaxine versus augmenting citalopram with bupropion or buspirone. The remission rate (defined as HDRS $\leq$7) for bupropion augmentation was 29.7%, compared to 20.4% for buspirone augmentation (p=0.04). What does this finding suggest about the pharmacological augmentation strategy for SSRI non-responders?

A. Bupropion's dopaminergic and noradrenergic effects provide a superior augmentation strategy
B. Buspirone's partial 5-HT1A agonism is more effective for anxiety than depression
C. Sertraline and venlafaxine are less effective than bupropion in combination therapy
D. The difference in remission rates is not clinically significant due to small effect size

Answer: A

Explanation: The STAR*D trial demonstrated that augmenting citalopram with bupropion, which enhances dopamine and norepinephrine activity, resulted in a significantly higher remission rate (29.7%) compared to buspirone (20.4%), a partial 5-HT1A agonist. This suggests that bupropion's

catecholaminergic effects are more effective for SSRI non-responders, likely by addressing residual symptoms like fatigue and anhedonia. Buspirone's serotonergic action may be less effective for depression in this context, though it can help with anxiety. The statistical significance (p=0.04) supports clinical relevance, and the trial did not directly compare sertraline or venlafaxine augmentation.

Question: 551

A 45-year-old male client presents with concerns about declining cognitive function, reporting difficulty recalling names and occasional lapses in attention during work meetings. Neuropsychological testing reveals a Mini-Mental State Examination (MMSE) score of 26/30, with deficits in delayed recall. His medical history includes hypertension managed with medication, and he reports a sedentary lifestyle. According to normative data on cognitive aging, which of the following best explains the client's cognitive changes in the context of normal lifespan development?

A. Normal age-related decline in fluid intelligence and processing speed
B. Early onset of Alzheimer's disease due to memory deficits
C. Secondary effects of untreated hypertension on cerebral blood flow
D. Subclinical depression masking as cognitive impairment

Answer: A

Explanation: The client's MMSE score of 26/30 is within the normal range for his age, and deficits in delayed recall are consistent with normative age-related declines in fluid intelligence and processing speed, which typically begin in the 40s and affectButler, K. M., & Williamson, J. (2017). Cognitive aging: A primer. Springer). Alzheimer's disease is less likely given the absence of significant functional impairment or rapid progression. Hypertension is managed, reducing the likelihood of vascular contributions, and there's no evidence of depressive symptoms.

Question: 552

In a study examining the impact of a parenting intervention on child behavior problems, a researcher uses a cluster-randomized trial. Ten schools are randomly assigned to either the intervention or control condition, with 50 students per school (total n = 500). Child behavior is measured using the Child Behavior Checklist (CBCL) at baseline and post-intervention (6 months). The researcher plans to use a mixed-effects model to account for clustering. What is the primary reason for using a mixed-effects model, and what assumption must be checked?

A. Increases power; homogeneity of variances
B. Accounts for clustering; normality of residuals
C. Accounts for clustering; independence of observations
D. Increases power; sphericity

Answer: B

Explanation: A mixed-effects model is used to account for clustering (e.g., students within schools), as it models both fixed effects (intervention) and random effects (school-level variation). The assumption of normality of residuals must be checked to ensure the model's estimates are valid.

Question: 553

A 37-year-old female with social anxiety disorder undergoes genetic testing, revealing a 5-HTTLPR short allele, associated with serotonin transporter function. Her EEG shows increased theta power (4–8 Hz) in the frontal regions, indicative of hyperarousal. Therapeutic drug monitoring of venlafaxine indicates a plasma level of 150 ng/mL (therapeutic range: 100–400 ng/mL). A post-treatment fMRI scan shows reduced amygdala hyperactivation. Which of the following best explains the role of these findings?

A. The 5-HTTLPR allele directly increases theta power, causing anxiety symptoms
B. The therapeutic venlafaxine level negates the relevance of genetic and imaging findings
C. The increased theta power is caused by venlafaxine's side effects
D. The 5-HTTLPR allele modulates serotonin signaling, influencing anxiety severity and treatment response

Answer: D

Explanation: The 5-HTTLPR short allele affects serotonin transporter function, influencing anxiety regulation and treatment response in social anxiety disorder. Increased theta power reflects hyperarousal, not a direct effect of the allele or venlafaxine's side effects. Reduced amygdala hyperactivation post-treatment indicates venlafaxine's efficacy, supported by therapeutic levels, highlighting the relevance of genetic and imaging findings.

Question: 554

A hospital evaluates a staff training program on patient-centered care using a pre-post survey (scored 0-100). A paired t-test shows a significant score increase ($t(50)=3.2$, $p<0.01$). To ensure cultural appropriateness for diverse staff, what adaptation is critical?

A. Translate the survey into multiple languages.
B. Modify items to reflect cultural care values.
C. Administer the survey in English with interpreters.
D. Use a single-language survey with visual aids.

Answer: B

Explanation: Modifying survey items to reflect cultural values around patient care ensures cultural appropriateness, as care constructs vary across cultures. Translation alone may miss cultural nuances. English-only administration or visual aids risk misinterpretation in diverse settings.

Question: 555

A researcher studies personality stability using Cattell's 16 Personality Factors (16PF) in a sample of 200 adults over 5 years. She finds that Factor B (reasoning) remains stable (ICC = 0.85), but Factor Q3 (self-control) declines (ICC = 0.60). A client, Aisha, scores low on Q3 (sten = 3) and reports impulsivity influenced by cultural expectations of emotional expressiveness. How should the researcher interpret Aisha's Q3 score in light of Cattell's theory and cultural factors?

A. Q3 decline is due to measurement error in the 16PF.
B. Low Q3 reflects a stable trait unaffected by culture.
C. Cultural norms reduce self-control, lowering Q3 scores.
D. Reasoning (Factor
B. drives impulsivity, not Q3.

Answer: C

Explanation: Cattell's 16PF includes Q3 (self-control), which reflects discipline vs. impulsivity. The study's finding that Q3 declines suggests environmental influences, such as Aisha's cultural norms valuing emotional expressiveness, may reduce self-control, lowering her Q3 score. This aligns with research on cultural impacts on personality expression. Q3's decline is not attributed to measurement error, and Factor B (reasoning) is unrelated to impulsivity.

Question: 556

A 60-year-old man undergoes cognitive testing, scoring in the 85th percentile for verbal fluency despite a family history of dementia. His lifestyle includes regular exercise and social engagement. According to the cognitive reserve hypothesis, how does his lifestyle contribute to his performance?

A. It builds neural pathways to offset genetic risk
B. It eliminates dementia risk entirely
C. It has no impact due to genetic predisposition
D. It reduces cognitive demand through simplification

Answer: A

Explanation: The cognitive reserve hypothesis posits that lifestyle factors like exercise and social engagement build neural pathways, enhancing resilience against genetic risks like dementia. The man's

high verbal fluency reflects this reserve. Eliminating risk, no impact, or reducing demand do not align with the hypothesis.

Question: 557

A 52-year-old male with chronic pain and depression is prescribed duloxetine (60 mg daily). Laboratory results show normal renal function (eGFR: 90 mL/min/1.73 m^2) but elevated liver enzymes (AST: 80 U/L, reference: 10-40 U/L). Based on duloxetine's mechanism and adverse effect profile, what is the most appropriate action?

A. Switch duloxetine to amitriptyline and monitor AST
B. Discontinue duloxetine and switch to venlafaxine
C. Reduce duloxetine to 30 mg daily and recheck AST in 1 week
D. Continue duloxetine and monitor liver enzymes monthly

Answer: D

Explanation: Duloxetine, an SNRI, can cause mild liver enzyme elevations (AST: 80 U/L), but elevations <3x the upper limit of normal (120 U/L for AST) do not typically warrant discontinuation. Guidelines recommend monitoring liver enzymes periodically (e.g., monthly) in such cases, especially with normal renal function and no other hepatotoxicity signs. Discontinuing or reducing duloxetine is premature without further elevation or symptoms. Switching to venlafaxine or amitriptyline is not justified, as both carry similar or greater hepatotoxicity risks. Monitoring is the most appropriate step.

Question: 558

A researcher is designing a correlational study to investigate the relationship between workplace diversity training and employee attitudes toward inclusion. The study involves 400 employees, with training exposure measured as hours completed and attitudes measured with the Inclusive Climate Scale (ICS). The researcher finds a Pearson correlation of $r = .28$, $p = .001$. What does the correlation coefficient indicate, and what is a potential issue with interpreting this result?

A. Weak positive correlation; causation cannot be inferred
B. Moderate negative correlation; response bias
C. Weak positive correlation; selection bias
D. Moderate negative correlation; history effects

Answer: A

Explanation: A Pearson correlation of $r = .28$ indicates a weak positive correlation, suggesting that more diversity training is associated with more positive attitudes toward inclusion. A potential issue is that

causation cannot be inferred, as the correlation does not establish whether training causes attitude changes or if other factors (e.g., pre-existing attitudes) influence both variables.

Question: 559

A 41-year-old female with attention-deficit/hyperactivity disorder (ADHD) undergoes genetic screening, identifying a DRD2 gene polymorphism, associated with dopamine receptor function. Her EEG shows increased delta power (1–4 Hz) in the frontal regions, indicative of cortical underarousal. Therapeutic drug monitoring of atomoxetine indicates a plasma level of 400 ng/mL (therapeutic range: 200–600 ng/mL). A post-treatment fMRI scan shows normalized frontoparietal connectivity. Which of the following best explains the role of these findings?

A. The DRD2 polymorphism directly increases delta power, causing inattention
B. The increased delta power is caused by atomoxetine's side effects
C. The DRD2 polymorphism modulates dopamine signaling, influencing ADHD severity and treatment response
D. The therapeutic atomoxetine level negates the relevance of genetic and imaging findings

Answer: C

Explanation: The DRD2 polymorphism affects dopamine receptor function, influencing ADHD pathophysiology and treatment response. Increased delta power reflects cortical underarousal, not a direct effect of the polymorphism or atomoxetine's side effects. Normalized frontoparietal connectivity post-treatment indicates atomoxetine's efficacy, supported by therapeutic levels, highlighting the relevance of genetic and imaging findings.

Question: 560

A 65-year-old retiree participates in a study on successful aging, reporting high life satisfaction despite mild arthritis. Neuroimaging shows reduced prefrontal cortex volume, consistent with normative aging, yet cognitive testing reveals above-average executive functioning. According to Baltes' selective optimization with compensation (SOC) model, which strategy best explains her cognitive resilience?

A. Selection of less demanding social activities
B. Optimization via disengagement from cognitive tasks
C. Compensation through reliance on external aids like calendars
D. Compensation by avoiding cognitive challenges

Answer: C

Explanation: The SOC model suggests that successful aging involves selection (focusing on key goals),

optimization (enhancing abilities), and compensation (using external aids to offset declines). The retiree's above-average executive functioning despite prefrontal volume loss is best explained by compensation, such as using calendars to support memory. Disengagement or avoiding challenges would not enhance cognition, and social activities are less relevant.

Question: 561

A psychologist is diagnosing a 22-year-old male client with symptoms of social withdrawal and flat affect. The psychologist uses a structured clinical interview but is concerned about the representativeness heuristic, which may lead to an overdiagnosis of schizophrenia. Which cognitive bias is the psychologist addressing?

A. Availability heuristic
B. Representativeness heuristic
C. Confirmation bias
D. Anchoring bias

Answer: B

Explanation: The representativeness heuristic involves judging the likelihood of a condition based on how closely symptoms resemble a prototype, potentially leading to overdiagnosis of schizophrenia due to stereotypical symptoms like social withdrawal and flat affect. The psychologist's concern about this bias prompts a careful diagnostic approach. Availability, confirmation, and anchoring biases involve different cognitive processes not described in the scenario.

Question: 562

A 50-year-old male client with major depressive disorder reports persistent feelings of hopelessness and anhedonia, despite adherence to an SSRI regimen. A recent blood test shows elevated inflammatory markers (C-reactive protein: 5 mg/L vs. normative mean of 1 mg/L). Based on the polyvagal theory and its application to emotion regulation, which intervention would most effectively address his emotional dysregulation and enhance vagal tone to improve mood?

A. Biofeedback training to increase heart rate variability
B. Cognitive-behavioral therapy to challenge hopeless thoughts
C. Vagus nerve stimulation to enhance parasympathetic activity
D. Interpersonal therapy to improve social support

Answer: A

Explanation: The polyvagal theory links vagal tone to emotional regulation, with higher vagal activity

promoting calm and social engagement. Elevated inflammatory markers suggest a neuroinflammatory component to depression, which can impair vagal tone. Biofeedback training targeting heart rate variability (HRV) enhances vagal tone, improving parasympathetic control and emotional regulation, directly addressing the client's hopelessness and anhedonia. Vagus nerve stimulation is invasive and less accessible. Cognitive-behavioral therapy targets thoughts but not vagal tone. Interpersonal therapy improves support but does not directly enhance vagal activity.

Question: 563

A 25-year-old female client presents with symptoms of bulimia nervosa (DSM-5: F50.2), including binge-purge cycles. Her developmental history includes growing up in a family with high conflict and emotional volatility, where she felt pressured to mediate disputes. She experienced peer bullying in adolescence, and a recent life event, a breakup, triggered a relapse. Lab results show hypomagnesemia (Mg: 1.4 mEq/L, reference: 1.7–2.2 mEq/L), linked to purging. Which family functioning factor most significantly contributed to her eating disorder?

A. Peer bullying
B. Hypomagnesemia
C. Emotional volatility in family
D. Recent breakup

Answer: C

Explanation: High conflict and emotional volatility in the family can contribute to bulimia nervosa by creating a stressful environment that disrupts emotional regulation and fosters maladaptive coping mechanisms like binge-purge cycles. This family dynamic likely played a central role in the client's disorder. Peer bullying and the breakup are secondary stressors, and hypomagnesemia is a consequence of purging, not a cause.

Question: 564

A 33-year-old female with anorexia nervosa undergoes genetic testing, revealing a HTR2A gene polymorphism, associated with serotonin receptor function. Her EEG shows increased beta power (13–30 Hz) in the occipital regions, indicative of hypervigilance. Therapeutic drug monitoring of fluoxetine indicates a plasma level of 200 ng/mL (therapeutic range: 100–300 ng/mL). A post-treatment fMRI scan shows reduced anterior cingulate cortex (ACC) hyperactivation. Which of the following best explains the role of these findings?

A. The HTR2A polymorphism directly increases beta power, causing restrictive eating
B. The therapeutic fluoxetine level negates the relevance of genetic and imaging findings
C. The increased beta power is caused by fluoxetine's side effects

D. The HTR2A polymorphism modulates serotonin signaling, influencing anorexia severity and treatment response

Answer: D

Explanation: The HTR2A polymorphism affects serotonin receptor function, influencing emotional regulation and treatment response in anorexia nervosa. Increased beta power reflects hypervigilance, not a direct effect of the polymorphism or fluoxetine's side effects. Reduced ACC hyperactivation post-treatment indicates fluoxetine's efficacy, supported by therapeutic levels, highlighting the relevance of genetic and imaging findings.

Question: 565

A 27-year-old female client with a recent diagnosis of autism spectrum disorder (ASD, DSM-5: F84.0) presents for therapy to address social difficulties. Her developmental history includes delayed language acquisition and sensory sensitivities, noted by her parents but not addressed due to limited access to healthcare in their rural community. She experienced social rejection in school, and her family structure was patriarchal, with rigid gender roles. Recent genetic testing revealed a SHANK3 gene mutation, associated with ASD. Which factor most significantly impacted her developmental course?

A. Limited access to healthcare
B. Patriarchal family structure
C. SHANK3 gene mutation
D. Social rejection in school

Answer: C

Explanation: The SHANK3 gene mutation is a primary genetic factor associated with autism spectrum disorder, directly contributing to the client's neurodevelopmental symptoms, such as delayed language and sensory sensitivities. This genetic alteration fundamentally shaped her developmental course. Limited healthcare access delayed diagnosis, patriarchal family structure may have compounded social challenges, and social rejection is a secondary consequence, but the genetic mutation is the most significant driver.

Question: 566

Dr. Chen provides telepsychology to a client with social anxiety using a platform with a 99.9% uptime guarantee. The client's Liebowitz Social Anxiety Scale score is 80/120. During sessions, Dr. Chen notices minor video lag (100 ms). What is the most ethical action per telepsychology guidelines?

A. Continue with current settings
B. Optimize platform settings to reduce lag

C. Switch to telephone-based therapy
D. Transition to in-person sessions

Answer: B

Explanation: Optimizing platform settings to reduce lag ensures high-quality service delivery, aligning with telepsychology guidelines for technological competence. Continuing without adjustments risks session efficacy, telephone-based therapy limits visual cues, and in-person sessions may not be feasible for social anxiety.

Question: 567

A neuropsychologist is evaluating a 55-year-old male patient with suspected early-onset Alzheimer's disease. The patient struggles with tasks requiring visual-spatial processing, such as copying a complex geometric figure, and exhibits deficits in executive functioning, including poor planning and impulsivity. A positron emission tomography (PET) scan reveals hypometabolism in the parietal and temporal lobes. Based on models of visual-spatial processing, such as the dual-stream hypothesis, which cognitive deficit is most likely contributing to his difficulty with the figure-copying task, and what intervention would best compensate for this deficit?

A. Impaired ventral stream processing, addressed with visual aids to enhance object recognition
B. Impaired dorsal stream processing, addressed with verbal scaffolding to guide task performance
C. Impaired attentional control, addressed with cognitive training to improve focus
D. Impaired motor coordination, addressed with occupational therapy to improve fine motor skills

Answer: B

Explanation: The dual-stream hypothesis posits two visual processing pathways: the dorsal stream ("where" pathway) handles spatial location and motion, while the ventral stream ("what" pathway) processes object identity. Difficulty copying a complex figure suggests impaired dorsal stream processing, as this task requires spatial organization and visuomotor integration, functions associated with the parietal lobe, which shows hypometabolism in the PET scan. Verbal scaffolding, such as providing step-by-step verbal instructions, can compensate by engaging intact language areas to guide spatial tasks. Ventral stream deficits would impair object recognition, not figure copying. Attentional control deficits are less specific to the task, and motor coordination is not primarily implicated given the cognitive nature of the deficit.

Question: 568

You are treating a 30-year-old male veteran with PTSD and comorbid alcohol use disorder (AUD). His PCL-5 score is 60 (severe), and his Alcohol Use Disorders Identification Test (AUDIT) score is 22 (high risk). A 2024 meta-analysis found that a specific integrated intervention reduced both PTSD and AUD

symptoms by 40%, compared to 25% for sequential treatment. Which intervention is most supported by this evidence?

A. Implement sequential treatment with prolonged exposure (PE) followed by CBT for AUD
B. Recommend integrated prolonged exposure and relapse prevention (PE-RP)
C. Suggest eye movement desensitization and reprocessing (EMDR) for PTSD
D. Propose motivational interviewing (MI) for AUD with concurrent CBT

Answer: B

Explanation: The 2024 meta-analysis supports integrated prolonged exposure and relapse prevention (PE-RP), which reduces both PTSD and AUD symptoms by 40% by addressing trauma and substance use concurrently. This aligns with the client's severe symptoms and high-risk AUD. Sequential treatment (PE then CBT) achieved a 25% reduction, while EMDR and MI with CBT lack evidence for integrated PTSD-AUD treatment.

Question: 569

A 48-year-old male with chronic pain undergoes genetic screening, identifying a COMT Val158Met polymorphism, associated with pain sensitivity. His fMRI scan shows increased somatosensory cortex activation during pain stimuli, with a BOLD signal change of 2.2% (normal: <1.5%). Therapeutic drug monitoring of duloxetine indicates a plasma level of 60 ng/mL (therapeutic range: 30–120 ng/mL). Which of the following best explains the interplay of these findings?

A. The COMT polymorphism modulates catecholamine signaling, influencing pain perception and treatment response
B. The COMT polymorphism directly increases somatosensory cortex activation, causing chronic pain
C. The increased somatosensory cortex activation is caused by duloxetine's side effects
D. The therapeutic duloxetine level indicates no role for genetic or imaging findings

Answer: A

Explanation: The COMT Val158Met polymorphism affects catecholamine metabolism, influencing pain sensitivity and treatment response in chronic pain. Increased somatosensory cortex activation reflects heightened pain processing, not a direct effect of the polymorphism or duloxetine's side effects. The therapeutic duloxetine level supports its efficacy in modulating pain, highlighting the relevance of genetic and imaging findings.

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