

# Practice Quiz Pack 04

## Trauma & Dissociative (Ch 7-8)

Printable practice set. Questions first, full answer key at the end of each chapter.

# Chapter 7 — Trauma- & Stressor-Related Disorders

## Practice Questions

### Shared logic and the chapter's organizing principle

1. What do all trauma- and stressor-related disorders share that is unusual in the DSM-5-TR?
  - A. They all require hallucinations
  - B. Exposure to a stressful or traumatic event is part of the diagnostic criteria
  - C. They all begin after age 50
  - D. They all require a manic episode
2. Which three axes best organize this chapter?
  - A. Age, sex, and ethnicity
  - B. Neurotransmitter, gene, and brain region
  - C. The kind of stressor, the symptom pattern, and the timeline
  - D. Medication, dose, and duration
3. In DSM-5, PTSD is classified among the anxiety disorders. True / False
4. Which diagnosis in this chapter was newly added by the 2022 Text Revision?
  - A. Acute stress disorder
  - B. Adjustment disorder
  - C. PTSD
  - D. Prolonged grief disorder
5. Which stressor type routes toward the attachment disorders (RAD, DSED)?
  - A. A pattern of grossly insufficient care in early childhood
  - B. A single car accident in adulthood
  - C. The death of a spouse
  - D. A job loss
6. A normal, expectable response to a stressor should be diagnosed as a trauma- or stressor-related disorder. True / False
7. The disorder for an identifiable stressor that need NOT be life-threatening, when the picture does not meet another disorder, is:
  - A. PTSD
  - B. Adjustment disorder
  - C. Acute stress disorder
  - D. Prolonged grief disorder
8. PTSD and acute stress disorder are separated chiefly by their \_\_\_\_\_.

### PTSD: the Criterion A exposure

9. Criterion A for PTSD requires exposure to:
  - A. Any stressful life event
  - B. A verbal argument
  - C. Actual or threatened death, serious injury, or sexual violence
  - D. Financial loss
10. Which is NOT one of the four qualifying routes of exposure for PTSD?
  - A. Directly experiencing the event
  - B. Witnessing it in person
  - C. Learning that a qualifying trauma occurred to a close family member or friend; for actual or threatened death, it must have been violent or accidental
  - D. Seeing it repeatedly on television news for personal interest
11. A paramedic develops PTSD after years of handling mutilated bodies at accident scenes. Which exposure route applies?
  - A. Repeated or extreme exposure to aversive details of traumatic events
  - B. Directly experiencing threatened death
  - C. Media exposure
  - D. Learning of a relative's death
12. Learning that a close friend died suddenly in a car crash can satisfy PTSD Criterion A. True / False
13. Watching a disaster unfold on television for personal reasons satisfies PTSD Criterion A. True / False
14. Which was REMOVED from the PTSD criteria in DSM-5 (compared with DSM-IV)?

- A. The exposure criterion
  - B. The requirement that the person responded with intense fear, helplessness, or horror
  - C. The intrusion cluster
  - D. The one-month duration
- 15.** A woman is diagnosed with PTSD after her partner was murdered. The event reached her because she was told of it afterward. This satisfies Criterion A because:
- A. Any grief qualifies
  - B. She witnessed it
  - C. Learning of the violent death of a close person is a qualifying route
  - D. It does not actually qualify
- 16.** PTSD Criterion A is satisfied by exposure to actual or threatened death, serious injury, or \_\_\_\_\_.

**PTSD: the four symptom clusters**

- 17.** How many symptom clusters define PTSD in adults, adolescents, and children older than 6 years in DSM-5-TR?
- A. Two
  - B. Three
  - C. Five
  - D. Four
- 18.** A vivid sense of reliving the event, as if it were happening again, is a:
- A. Flashback (intrusion symptom)
  - B. Avoidance symptom
  - C. Negative mood symptom
  - D. Arousal symptom
- 19.** Steering clear of people, places, or conversations that recall the trauma is which cluster?
- A. Intrusion
  - B. Avoidance
  - C. Arousal
  - D. Dissociation
- 20.** Persistent distorted blame of oneself for the event, a bleak view of the world, and an inability to feel positive emotions belong to:
- A. The intrusion cluster
  - B. The avoidance cluster
  - C. Negative alterations in cognitions and mood
  - D. The arousal cluster
- 21.** Hypervigilance, an exaggerated startle response, and reckless behavior belong to:
- A. Intrusion
  - B. Avoidance
  - C. Negative mood
  - D. Alterations in arousal and reactivity
- 22.** For PTSD in adults and children older than 6 years, how many avoidance symptoms are required?
- A. At least one of two
  - B. At least two of two
  - C. At least three
  - D. None
- 23.** In the PTSD criteria for adults and children older than 6 years, how many symptoms are required from the negative cognitions and mood cluster?
- A. One of seven
  - B. Two of seven
  - C. Three of seven
  - D. Four of seven
- 24.** In the PTSD criteria for adults and children older than 6 years, how many symptoms are required from the arousal and reactivity cluster?
- A. One of six
  - B. Three of six
  - C. Two of six
  - D. Four of six
- 25.** An inability to recall an important aspect of the traumatic event (dissociative amnesia) counts toward the negative cognitions and mood cluster. True / False
- 26.** Match each PTSD symptom (left) to its cluster (right).

1. Nightmares of the event
  2. Avoiding the highway where the crash happened
  3. Persistent guilt and a bleak view of oneself
  4. Exaggerated startle response
  - A. Avoidance
  - B. Arousal and reactivity
  - C. Intrusion
  - D. Negative cognitions and mood
- 27.** Which is an intrusion symptom?
- A. Exaggerated startle
  - B. Avoiding reminders
  - C. Detachment from others
  - D. Recurrent, involuntary, intrusive memories of the event
- 28.** Feeling detached or estranged from other people is which PTSD cluster?
- A. Negative cognitions and mood
  - B. Intrusion
  - C. Arousal
  - D. Avoidance
- 29.** PTSD in adults, adolescents, and children older than 6 years requires the specified minimum symptoms in each of four clusters. True / False
- 30.** The PTSD cluster that splits into avoiding internal reminders and avoiding external reminders is the \_\_\_\_\_ cluster.

### **PTSD: duration, specifiers, and children**

- 31.** The minimum duration for PTSD is:
- A. 3 days
  - B. More than 1 month
  - C. 2 weeks
  - D. 6 months
- 32.** The PTSD specifier used when full criteria are not met until at least six months after the event is:
- A. With dissociative symptoms
  - B. Acute
  - C. With delayed expression
  - D. With good prognostic features
- 33.** The two dissociative symptoms captured by the PTSD dissociative specifier are:
- A. Flashbacks and nightmares
  - B. Amnesia and fugue
  - C. Hypervigilance and startle
  - D. Depersonalization and derealization
- 34.** DSM-5 added a developmentally adjusted PTSD criteria set for children six years and younger. True / False
- 35.** A soldier returns home symptom-free, then eight months later develops full PTSD. The correct specifier is:
- A. With delayed expression
  - B. With dissociative symptoms
  - C. Acute stress disorder
  - D. Adjustment disorder
- 36.** Depersonalization in PTSD means feeling that the external world is unreal or dreamlike. True / False
- 37.** A patient meets all PTSD clusters, lasting six weeks, and also reports persistent derealization. The best coding is:
- A. Acute stress disorder
  - B. PTSD, with dissociative symptoms
  - C. Adjustment disorder
  - D. Prolonged grief disorder
- 38.** PTSD with full criteria first appearing 6+ months after the event is specified 'with \_\_\_\_\_ expression.'

### **Acute Stress Disorder, and ASD versus PTSD**

- 39.** The time window for acute stress disorder is:
- A. Less than 3 days
  - B. 1 to 6 months
  - C. 3 days to 1 month after exposure
  - D. More than 6 months
- 40.** Acute stress disorder requires at least how many symptoms, and how are they counted?
- A. Two per cluster, as in PTSD
  - B. Any one symptom
  - C. All fourteen
  - D. Nine or more of fourteen, pooled across five categories

- 41.** If acute stress disorder symptoms persist beyond one month, the diagnosis is changed to PTSD (if criteria are met). True / False
- 42.** Two days after a serious assault, a patient has nightmares and dissociation. Can acute stress disorder be diagnosed yet?
- No, a minimum of 3 days must pass
  - Yes, immediately
  - Only if PTSD is also present
  - Only after 1 month
- 43.** Which of these is one of the five symptom categories in acute stress disorder?
- Grandiosity
  - Dissociation
  - Mania
  - Compulsions
- 44.** Three weeks after a qualifying trauma, a patient has at least 9 of the 14 acute stress disorder symptoms, with significant distress or impairment and no exclusionary cause. Best diagnosis?
- PTSD
  - Adjustment disorder
  - Acute stress disorder
  - No diagnosis
- 45.** Acute stress disorder and PTSD require the same type of Criterion A exposure. True / False
- 46.** Six weeks after a traumatic exposure, a patient meets the required symptom counts in all four PTSD clusters, with significant distress or impairment and no exclusionary cause. Best diagnosis?
- Acute stress disorder
  - Adjustment disorder
  - Prolonged grief disorder
  - PTSD
- 47.** Acute stress disorder is diagnosed from 3 days up to \_\_\_\_\_ after the exposure.

### Adjustment Disorders

- 48.** Symptoms of an adjustment disorder must begin within what period of the stressor?
- 3 months
  - 3 days
  - 1 month
  - 1 year
- 49.** Once the stressor and its consequences have ended, an adjustment disorder should resolve within:
- 1 month
  - 6 months
  - 3 months
  - 2 years
- 50.** The stressor in an adjustment disorder must be life-threatening. True / False
- 51.** Which is a recognized adjustment disorder specifier?
- With delayed expression
  - With dissociative symptoms
  - With depressed mood
  - Bipolar type
- 52.** A diagnosis of adjustment disorder is appropriate only when the reaction:
- Meets criteria for another specific disorder
  - Is a normal, expectable reaction
  - Lasts more than two years without change
  - Meets the adjustment-disorder criteria, including disproportionate distress and/or significant impairment, is not better explained by another disorder or its exacerbation, and is not normal bereavement or prolonged grief disorder
- 53.** Three weeks after being laid off, a man has low mood, tearfulness, and trouble functioning at home, but does not meet criteria for major depressive disorder. Best diagnosis?
- Adjustment disorder with depressed mood
  - Major depressive disorder
  - PTSD
  - Prolonged grief disorder
- 54.** Adjustment disorder can be specified as acute or persistent (chronic) based on how long symptoms last. True / False

**55.** Adjustment disorder symptoms begin within \_\_\_\_\_ months of the onset of the stressor.

**Prolonged Grief Disorder**

**56.** In adults, prolonged grief disorder requires that the death occurred at least:

- A. 1 month ago
- B. 12 months ago
- C. 6 months ago
- D. 2 years ago

**57.** The core grief response required for prolonged grief disorder is:

- A. Mania
- B. Hypervigilance
- C. Intense yearning or longing for, or preoccupation with, the deceased
- D. Compulsive handwashing

**58.** Beyond the core grief response of yearning and/or preoccupation, how many additional symptoms are required for prolonged grief disorder?

- A. One of eight
- B. Two of eight
- C. Five of eight
- D. Three of eight

**59.** Any intense grief at six months after a loss qualifies as prolonged grief disorder in an adult. True / False

**60.** In children and adolescents, the minimum time since the death for prolonged grief disorder is:

- A. 6 months
- B. 1 month
- C. 3 months
- D. 12 months

**61.** Which symptom is characteristic of prolonged grief disorder?

- A. Grandiosity
- B. A feeling that part of oneself has died, with identity disruption
- C. Flight of ideas
- D. Catatonia

**62.** Prolonged grief disorder was introduced in the DSM-5-TR (2022). True / False

**63.** A 58-year-old, 14 months after her husband's death, has daily intense yearning, cannot accept the loss, avoids his belongings, feels life is meaningless, and cannot function at work. Best diagnosis?

- A. Normal grief
- B. Adjustment disorder
- C. Prolonged grief disorder
- D. PTSD

**Reactive Attachment Disorder and Disinhibited Social Engagement Disorder**

**64.** Reactive attachment disorder is characterized by a child who:

- A. Approaches and goes off with strangers readily
- B. Has grandiose delusions
- C. Has repetitive, restricted behaviors
- D. Is consistently inhibited and emotionally withdrawn, rarely seeking comfort when distressed AND rarely responding to comfort when distressed

**65.** Disinhibited social engagement disorder is characterized by a child who:

- A. Shows overly familiar behavior with unfamiliar adults and may go off with a stranger
- B. Is withdrawn and avoids caregivers
- C. Has hallucinations
- D. Refuses to speak at school

**66.** Both RAD and DSED require:

- A. A manic episode
- B. A history of extremes of insufficient care and a developmental age of at least 9 months
- C. A traumatic exposure to death
- D. Onset after age 10

**67.** Reactive attachment disorder should be diagnosed when the picture is better explained by autism spectrum disorder. True / False

**68.** Disinhibited social engagement disorder can persist even after a child's caregiving environment improves markedly. True / False

- 69.** A 4-year-old raised in a series of institutions approaches unfamiliar adults without hesitation and willingly walks off with them. Best diagnosis?
- Reactive attachment disorder
  - Autism spectrum disorder
  - Disinhibited social engagement disorder
  - PTSD
- 70.** RAD and DSED both require a developmental age of at least \_\_\_\_\_ months.

### Differentials, epidemiology, and history

- 71.** A patient avoids driving after a crash, with intrusive memories, hypervigilance, and negative mood for three months. Earlier you might have considered a specific phobia; why should a trauma-related disorder, including possible PTSD, be assessed instead?
- Phobia lasts longer
  - Phobias require hallucinations
  - PTSD has no avoidance
  - The avoidance follows a qualifying trauma and comes with reexperiencing and arousal, suggesting a trauma-related syndrome to assess across all four clusters
- 72.** Which statement about PTSD epidemiology is accurate?
- It is more common in women, and risk is higher after interpersonal or sexual trauma
  - It is equally common in men and women
  - It only affects combat veterans
  - It is diagnosed only in childhood
- 73.** Which change belongs to DSM-5 (2013) rather than the 2022 Text Revision?
- Adding prolonged grief disorder
  - Splitting PTSD symptoms into four clusters and removing the subjective-response criterion
  - Adding suicidal behavior codes
  - Refreshing prevalence text
- 74.** The best way to separate normal grief from prolonged grief disorder is:
- Any crying means a disorder
  - The presence of sadness
  - The adult 12-month threshold, persistent yearning and/or preoccupation, additional qualifying symptoms, significant distress or impairment, and a response exceeding cultural norms
  - Whether the person attends the funeral
- 75.** A key difference between PTSD and prolonged grief disorder is that:
- They are identical
  - PGD requires a traumatic exposure to death threat
  - PTSD has no intrusive symptoms
  - PTSD centers on threat and fear with four clusters; PGD centers on the loss, with yearning and preoccupation
- 76.** A tornado survivor has two weeks of distress, poor sleep, and worry, with no qualifying full syndrome, that resolves as life stabilizes. If a diagnosis is needed, the most fitting is:
- Adjustment disorder (or no disorder if expectable)
  - PTSD
  - Prolonged grief disorder
  - Reactive attachment disorder
- 77.** Match each diagnosis (left) to its key feature (right).
- |                             |                                                                                                                                |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 1. Acute stress disorder    | A. Disproportionate distress and/or significant impairment after an identifiable stressor, with onset within 3 months          |
| 2. PTSD                     | B. Traumatic exposure, the full four-cluster syndrome at required counts, more than 1 month (adults and children older than 6) |
| 3. Adjustment disorder      | C. Adult bereavement at least 12 months earlier, with persistent yearning and/or preoccupation                                 |
| 4. Prolonged grief disorder | D. Traumatic exposure, 9+ pooled symptoms, 3 days to 1 month                                                                   |
- 78.** A 7-year-old was adopted from an orphanage at age 3 after severe early neglect. Records document the same pattern since age 2: the child rarely initiates comfort-seeking and usually remains unsoothed when comfort is offered by caregivers. Social and emotional engagement with caregivers is minimal, and positive emotional expression is markedly limited. The developmental level exceeds 9 months, the inadequate care is considered responsible for the pattern, and autism has been excluded. Best diagnosis?

- A. Disinhibited social engagement disorder
- B. Reactive attachment disorder
- C. PTSD
- D. Adjustment disorder

## Answer Key

- **1: B.** Exposure to a stressor is part of the criteria.
- **2: C.** Kind of stressor, symptom pattern, timeline.
- **3: False.** PTSD left the anxiety disorders in DSM-5.
- **4: D.** Prolonged grief disorder is new in the TR.
- **5: A.** Insufficient care routes to RAD/DSED.
- **6: False.** Expectable reactions are not disorders.
- **7: B.** Adjustment disorder.
- **8: duration.**
- **9: C.** Death, serious injury, or sexual violence.
- **10: D.** Personal media viewing does not qualify.
- **11: A.** Repeated exposure to aversive details.
- **12: True.** A close other's violent or accidental death qualifies.
- **13: False.** Media exposure does not count (unless work-related).
- **14: B.** The subjective-response criterion was removed.
- **15: C.** Learning of a close other's violent death qualifies.
- **16: sexual violence.**
- **17: D.** Four clusters.
- **18: A.** Flashback = intrusion.
- **19: B.** Avoidance.
- **20: C.** Negative cognitions and mood.
- **21: D.** Arousal and reactivity.
- **22: A.** At least one of two avoidance symptoms.
- **23: B.** Two of seven.
- **24: C.** Two of six.
- **25: True.** Dissociative amnesia is a negative-mood-cluster item.
- **26: 1-C, 2-A, 3-D, 4-B.**
- **27: D.** Intrusive memories = intrusion.
- **28: A.** Detachment = negative cognitions and mood.
- **29: True.** All four clusters are required.
- **30: avoidance.**
- **31: B.** More than one month.
- **32: C.** With delayed expression.
- **33: D.** Depersonalization and derealization.
- **34: True.** Preschool subtype added in DSM-5.
- **35: A.** With delayed expression.
- **36: False.** That describes derealization.
- **37: B.** PTSD, with dissociative symptoms.
- **38: delayed.**
- **39: C.** 3 days to 1 month.
- **40: D.** Nine or more of fourteen, pooled.
- **41: True.** Past a month it becomes PTSD.
- **42: A.** A minimum of three days is required.
- **43: B.** ASD emphasizes dissociation.
- **44: C.** Three weeks = acute stress disorder.
- **45: True.** Same Criterion A exposure.
- **46: D.** Six weeks with four clusters = PTSD.
- **47: 1 month.**
- **48: A.** Within three months.
- **49: B.** Resolves within six months.
- **50: False.** The stressor need not be life-threatening.
- **51: C.** With depressed mood.
- **52: D.** Residual: more than expectable, less than another disorder.
- **53: A.** Adjustment disorder with depressed mood.
- **54: True.** Acute versus persistent (chronic).
- **55: three.**
- **56: B.** 12 months in adults.
- **57: C.** Intense yearning or preoccupation.

- **58: D.** Three of eight.
- **59: False.** Needs 12 months, yearning, impairment, beyond norms.
- **60: A.** Six months in youth.
- **61: B.** Identity disruption.
- **62: True.** Added in DSM-5-TR.
- **63: C.** Prolonged grief disorder.
- **64: D.** Inhibited, withdrawn (RAD).
- **65: A.** Overly familiar with strangers (DSED).
- **66: B.** Insufficient care plus developmental age 9+ months.
- **67: False.** Not diagnosed if better explained by autism.
- **68: True.** DSED can persist after care improves.
- **69: C.** Disinhibited social engagement disorder.
- **70: nine.**
- **71: D.** Trauma plus the full four-cluster syndrome.
- **72: A.** More common in women; higher after interpersonal trauma.
- **73: B.** Four clusters and removal of A2 were DSM-5.
- **74: C.** Duration, yearning, impairment, beyond cultural norms.
- **75: D.** PTSD = threat and fear; PGD = loss and yearning.
- **76: A.** Adjustment disorder, or no disorder if expectable.
- **77: 1-D, 2-B, 3-A, 4-C.**
- **78: B.** Reactive attachment disorder.

# Chapter 8 — Dissociative Disorders

## Practice Questions

### The concept and the chapter

1. Dissociation is best defined as:
  - A. A fixed false belief
  - B. A persistent low mood
  - C. A disruption in the normal integration of consciousness, memory, identity, and perception
  - D. A loss of motor coordination
2. The dissociative disorders are placed in the manual adjacent to which chapter, reflecting a shared link?
  - A. Neurodevelopmental disorders
  - B. Sleep-wake disorders
  - C. Feeding and eating disorders
  - D. Trauma- and stressor-related disorders
3. How many core dissociative disorders are there?
  - A. Three
  - B. Two
  - C. Five
  - D. Seven
4. Mild, transient dissociation (such as losing track of a routine drive) is always pathological. True / False
5. In DSM-5, dissociative fugue became:
  - A. A separate disorder
  - B. A specifier of dissociative amnesia
  - C. Part of DID
  - D. A neurocognitive disorder
6. DSM-5 broadened dissociative identity disorder to include:
  - A. Only trauma-related amnesia
  - B. A requirement for psychosis
  - C. Possession-form presentations, everyday amnesia, and self-reported transitions
  - D. Onset after age 60
7. A substance, seizure, or brain injury must be excluded before diagnosing a dissociative disorder. True / False
8. Depersonalization and derealization were combined in DSM-5 into:
  - A. Two separate disorders
  - B. A specifier of DID
  - C. A neurocognitive disorder
  - D. A single disorder
9. Dissociative disorders are frequently associated with a history of:
  - A. Severe, often early and repeated, trauma
  - B. High intelligence
  - C. Normal development with no stress
  - D. Old age
10. Dissociative identity disorder was formerly called \_\_\_\_\_ personality disorder.

### Dissociative Identity Disorder

11. The core identity feature of DID is:
  - A. A single stable identity
  - B. Two or more distinct personality states with discontinuity in sense of self and agency
  - C. A fixed delusion of identity
  - D. Loss of all memory permanently
12. Besides identity disruption, DID requires:
  - A. A manic episode
  - B. Hallucinations lasting six months
  - C. Recurrent gaps in the recall of everyday events, personal information, or traumatic events
  - D. A medical cause
13. In some cultural contexts, the identity disruption of DID may be experienced as possession. True / False

- 14.** A 34-year-old reports distinct shifts in identity, with different names, voices, and preferences, and frequently 'loses time,' finding items she does not remember buying and gaps in her day. No substance or medical cause is found. Best diagnosis?
- A. Schizophrenia
  - B. Bipolar disorder
  - C. Depersonalization/derealization disorder
  - D. Dissociative identity disorder
- 15.** In DID, the transitions between identity states:
- A. Can be observed by others or reported by the individual
  - B. Must always be observed by a clinician
  - C. Are never noticed by anyone
  - D. Require hospitalization
- 16.** The amnesia in DID is limited to traumatic events only. True / False
- 17.** DID should NOT be diagnosed when the experiences are:
- A. Distressing
  - B. Part of a broadly accepted cultural or religious practice, or normal imaginative play in children
  - C. Recurrent
  - D. Associated with trauma
- 18.** How does DID differ from schizophrenia?
- A. They are the same
  - B. DID requires delusions
  - C. DID involves discontinuity of identity and amnesia, not the sustained psychosis (hallucinations, disorganization, negative symptoms) of schizophrenia
  - D. Schizophrenia has no psychosis
- 19.** Recurrent memory gaps are required for a diagnosis of dissociative identity disorder. True / False
- 20.** 'Losing time' in DID refers to:
- A. A delusion about clocks
  - B. Chronic lateness
  - C. A sleep disorder
  - D. Gaps in memory during which the person cannot recall what happened
- 21.** DID is most strongly associated with:
- A. A history of severe, repeated childhood trauma
  - B. A single adult stressor
  - C. Normal childhood
  - D. Late-life onset
- 22.** DID requires a disruption of identity with two or more distinct \_\_\_\_\_ states.

### **Dissociative Amnesia and fugue**

- 23.** Dissociative amnesia is an inability to recall:
- A. How to perform learned skills
  - B. Important autobiographical information, usually traumatic, beyond ordinary forgetting
  - C. The meaning of common words
  - D. Recently learned facts due to a brain injury
- 24.** The most common form of dissociative amnesia is:
- A. Generalized amnesia for all of life
  - B. Loss of language
  - C. Localized or selective amnesia for a specific period or event
  - D. Loss of motor skills
- 25.** Generalized dissociative amnesia involves:
- A. Forgetting a single afternoon
  - B. Forgetting a phone number
  - C. Loss of the ability to read
  - D. A complete loss of memory for one's life history and identity
- 26.** Dissociative fugue is now coded as:
- A. A specifier of dissociative amnesia (with dissociative fugue)
  - B. A standalone disorder
  - C. A type of DID
  - D. A neurocognitive disorder
- 27.** Dissociative fugue involves:
- A. Fixed delusions

- B. Apparently purposeful travel or bewildered wandering associated with amnesia for identity or autobiographical information
  - C. Hallucinations
  - D. Compulsive rituals
- 28.** A man is found in another city with no memory of his identity or how he got there, having apparently traveled purposefully; no head injury or substance is involved. Best diagnosis?
- A. Depersonalization disorder
  - B. DID
  - C. Dissociative amnesia, with dissociative fugue
  - D. Delirium
- 29.** Which statement best describes dissociative amnesia in contrast with memory loss attributable to a neurocognitive disorder?
- A. They are identical
  - B. Dissociative amnesia is permanent and caused by brain damage
  - C. Neurocognitive memory loss always spares autobiographical information
  - D. Dissociative amnesia involves important autobiographical memory loss beyond ordinary forgetting, is potentially reversible, and is not attributable to substances or another medical condition
- 30.** Dissociative amnesia must not be attributable to a substance or a neurological condition such as seizures or head injury. True / False
- 31.** A woman cannot recall the events of the day of a violent assault, though she remembers everything before and after. This is:
- A. Localized dissociative amnesia
  - B. Generalized dissociative amnesia
  - C. A neurocognitive disorder
  - D. Depersonalization
- 32.** In selective dissociative amnesia, the person can recall some but not all events of a period. True / False
- 33.** Dissociative amnesia is usually:
- A. Anterograde (inability to form new memories)
  - B. Retrograde (loss of already-stored autobiographical memory)
  - C. A loss of procedural skills
  - D. A language deficit
- 34.** Fugue is coded as the specifier 'with dissociative \_\_\_\_\_' on dissociative amnesia.

### **Depersonalization/Derealization Disorder**

- 35.** Depersonalization refers to:
- A. The surroundings feeling unreal
  - B. Loss of memory
  - C. Feeling detached from, or an outside observer of, one's own mind or body
  - D. Two personality states
- 36.** Derealization refers to:
- A. Detachment from one's own body
  - B. Loss of identity
  - C. A fixed delusion
  - D. Experiences of unreality or detachment with respect to surroundings
- 37.** The feature that distinguishes depersonalization/derealization disorder from a psychotic disorder is:
- A. Reality testing remains intact
  - B. The presence of hallucinations
  - C. A fixed delusion
  - D. Disorganized speech
- 38.** A 22-year-old feels, for months, as if she is watching herself from outside her body and as though the world is foggy and dreamlike, but she knows these are just feelings and not literally true. Best diagnosis?
- A. Schizophrenia
  - B. Depersonalization/derealization disorder
  - C. DID
  - D. Dissociative amnesia
- 39.** A patient with depersonalization/derealization disorder believes the world has actually, physically changed. True / False
- 40.** Feeling robotic, emotionally numb, and like an outside observer of oneself is:
- A. Derealization

- B. Amnesia
- C. Depersonalization
- D. A delusion

**41.** A world that seems visually distorted, dreamlike, or lifeless describes:

- A. Depersonalization
- B. A hallucination
- C. Fugue
- D. Derealization

**42.** Depersonalization/derealization disorder requires persistent or recurrent symptoms, not a single brief episode.

True / False

**43.** Transient depersonalization during acute stress or fatigue in an otherwise well person is:

- A. Common and not necessarily a disorder
- B. Always a disorder
- C. A sign of psychosis
- D. Evidence of DID

**44.** The feature that separates depersonalization/derealization disorder from psychosis is intact reality \_\_\_\_\_.

### Differentials and integration

**45.** Which condition can include a dissociative subtype with depersonalization or derealization?

- A. Specific phobia
- B. Posttraumatic stress disorder
- C. Hoarding disorder
- D. Pica

**46.** Temporal lobe seizures are important to exclude because they can cause:

- A. Grandiosity
- B. Compulsions
- C. Dissociation-like experiences and amnesia
- D. Hoarding

**47.** Which best separates dissociative amnesia from malingering?

- A. They are the same
- B. Dissociative amnesia is always feigned
- C. Malingering is involuntary
- D. Dissociative amnesia is genuine and not produced for external reward; malingering is feigned for external gain

**48.** A standalone diagnosis of dissociative fugue is correct in DSM-5-TR. True / False

**49.** Which is the best single discriminator of depersonalization/derealization disorder from schizophrenia?

- A. Reality testing is intact in depersonalization/derealization disorder
- B. Age of onset
- C. Presence of any anxiety
- D. Family history

**50.** A patient reports gaps in memory and distinct identities but a careful workup reveals a seizure disorder fully accounting for the episodes. The correct conclusion is:

- A. Diagnose DID anyway
- B. This is not a dissociative disorder; it is attributable to the neurological condition
- C. Diagnose dissociative amnesia
- D. Diagnose depersonalization disorder

**51.** Match each disorder (left) to its defining feature (right).

- |                                             |                                                               |
|---------------------------------------------|---------------------------------------------------------------|
| 1. Dissociative identity disorder           | A. Inability to recall important autobiographical information |
| 2. Dissociative amnesia                     | B. Persistent unreality with intact reality testing           |
| 3. Depersonalization/derealization disorder | C. Two or more personality states plus amnesia                |
| 4. Dissociative fugue                       | D. Travel or wandering with amnesia (a specifier)             |

**52.** Which change belongs to DSM-5 (2013) rather than the 2022 Text Revision?

- A. Adding suicidal behavior codes
- B. Refreshing prevalence text
- C. Making fugue a specifier and broadening DID to include possession and everyday amnesia
- D. Clarifying wording

**53.** Dissociative disorders can co-occur with PTSD. True / False

**54.** A person who, under extreme stress, feels detached and foggy for an hour and then returns to normal, without distress or impairment, has:

- A. Depersonalization/derealization disorder
  - B. DID
  - C. Dissociative amnesia
  - D. A normal transient dissociative experience, not necessarily a disorder
- 55.** Which feature is required across the dissociative disorders for a diagnosis?
- A. Clinically significant distress or impairment, and exclusion of substance or medical causes
  - B. A manic episode
  - C. Psychosis
  - D. Onset after age 60
- 56.** The dissociative disorder defined by two or more distinct personality states is dissociative \_\_\_\_\_ disorder.
- 57.** A combat veteran with PTSD also reports feeling detached from his body and that the world seems unreal during flashbacks. The best way to capture this is:
- A. A separate depersonalization disorder always
  - B. PTSD, with dissociative symptoms
  - C. DID
  - D. Dissociative amnesia
- 58.** Which statement about dissociative amnesia and identity is accurate?
- A. Dissociative amnesia never affects identity
  - B. It is always permanent
  - C. In generalized amnesia, a person may lose awareness of their own identity and life history
  - D. It is caused by strokes
- 59.** Depersonalization and derealization can occur together in the same disorder. True / False
- 60.** Which assessment is essential when evaluating possible dissociative symptoms?
- A. Check the patient's age
  - B. Assess intelligence
  - C. Review family income
  - D. Assess whether substances or a neurological or other medical condition explain the symptoms
- 61.** A patient has a distressing inability to recall important autobiographical information that exceeds ordinary forgetting. Substance effects and neurological or other medical causes have been excluded. The symptoms are not better explained by PTSD, acute stress disorder, another mental disorder, or a neurocognitive disorder; there is no identity disruption or persistent depersonalization/derealization. Which diagnosis best fits?
- A. Dissociative amnesia
  - B. Dissociative identity disorder
  - C. Depersonalization/derealization disorder
  - D. PTSD
- 62.** Match each clinical clue (left) to the diagnosis (right).
- |                                                                       |                                             |
|-----------------------------------------------------------------------|---------------------------------------------|
| 1. Losing time and distinct identities                                | A. Dissociative amnesia (localized)         |
| 2. Blank for the day of a trauma                                      | B. Depersonalization/derealization disorder |
| 3. Watching oneself from outside, world foggy, reality testing intact | C. Dissociative identity disorder           |
| 4. Wandering far from home with amnesia for identity                  | D. Dissociative amnesia with fugue          |

## Answer Key

- **1: C.** Disruption in the integration of mental functions.
- **2: D.** Trauma- and stressor-related disorders.
- **3: A.** Three core disorders.
- **4: False.** Mild dissociation is normal.
- **5: B.** A specifier of dissociative amnesia.
- **6: C.** Possession, everyday amnesia, self-reported transitions.
- **7: True.** Exclude substance/medical causes.
- **8: D.** A single disorder.
- **9: A.** Severe, often early, trauma.
- **10: multiple.**
- **11: B.** Two or more distinct personality states.
- **12: C.** Recurrent memory gaps.
- **13: True.** Possession-form presentations.
- **14: D.** Dissociative identity disorder.
- **15: A.** Observed or self-reported.
- **16: False.** Amnesia can include everyday events.
- **17: B.** Cultural practice or childhood play.

- **18: C.** Identity/amnesia, not sustained psychosis.
- **19: True.** Amnesia is required.
- **20: D.** Amnesic gaps.
- **21: A.** Severe repeated childhood trauma.
- **22: personality.**
- **23: B.** Autobiographical, usually traumatic, info.
- **24: C.** Localized or selective.
- **25: D.** Complete loss of life history and identity.
- **26: A.** A specifier of dissociative amnesia.
- **27: B.** Travel or wandering with amnesia.
- **28: C.** Dissociative amnesia, with fugue.
- **29: D.** Potentially reversible, with the required exclusions.
- **30: True.** Not due to substance/neurological cause.
- **31: A.** Localized amnesia.
- **32: True.** Partial recall of a period.
- **33: B.** Retrograde autobiographical loss.
- **34: fugue.**
- **35: C.** Detachment from one's own mind or body.
- **36: D.** Unreality about surroundings.
- **37: A.** Reality testing intact.
- **38: B.** Depersonalization/derealization disorder.
- **39: False.** They know it is subjective.
- **40: C.** Depersonalization.
- **41: D.** Derealization.
- **42: True.** Persistent or recurrent required.
- **43: A.** Common, not necessarily a disorder.
- **44: testing.**
- **45: B.** PTSD (dissociative subtype).
- **46: C.** Dissociation-like experiences and amnesia.
- **47: D.** Genuine vs feigned for reward.
- **48: False.** Fugue is a specifier.
- **49: A.** Intact reality testing.
- **50: B.** Attributable to the neurological condition.
- **51: 1-C, 2-A, 3-B, 4-D.**
- **52: C.** Fugue/DID changes were DSM-5.
- **53: True.** They can co-occur with PTSD.
- **54: D.** Normal transient dissociation.
- **55: A.** Distress/impairment and exclusion of causes.
- **56: identity.**
- **57: B.** PTSD, with dissociative symptoms.
- **58: C.** Generalized amnesia can erase identity.
- **59: True.** Both can occur together.
- **60: D.** Exclude substance/seizure/medical cause.
- **61: A.** Dissociative amnesia.
- **62: 1-C, 2-A, 3-B, 4-D.**