



**THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF  
PSYCHIATRISTS**

# MODIFIED ESSAY QUESTIONS

(from the Auckland New Zealand program)

**2012**

**PAPER I**

## **STIMULUS**

**To be used as a handout while answering questions.**

**This Stimulus must be collected by the invigilator at the end of  
the examination.**

# MODIFIED ESSAY QUESTION 1

## Modified Essay Question 1 (18 marks)

Sam is a 54 year old Vietnamese shopkeeper who is on day seven post-operatively after surgery for bladder cancer. You work on a Consultation-Liaison (C-L) team and are called to assess him, as staff on the ward are concerned that he has become "psychotic" and that he is becoming agitated, especially at night. He has been admitted for ten days at the point of referral. He speaks some English and no interpreter is immediately available so you initially see him without one.

In your assessment, you find his attention to be variable and he is disoriented in time and intermittently in place and person. At times he speaks to you in Vietnamese, and he gives a disjointed account of recent events. There are no abnormal perceptions but he appears to have persecutory beliefs that the staff are trying to kill him so as to steal his money. He tells you that they are withholding food from him so as to starve him, but that he would not eat it anyway as it is poisoned.

The staff deny withholding food other than pre-operatively, but say that he will only eat from sealed food and drink containers brought in by his wife.

### Question 1.1 (2 marks)

**State the most appropriate cognitive test that you could use specifically to assess Sam's attention. Explain why it is the most appropriate of the attentional tests.**

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### Question 1.2 (6 marks)

**Which aspects of history would it be most urgent to clarify from the medical file and from Sam's wife? State why each is important.**

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You attempt to assess Sam further the following day, with an interpreter. You start by reminding Sam who you are and about your role, but before you have finished explaining the interpreter's role, Sam becomes agitated and refuses to allow the interpreter to stay. The interpreter denies ever having met or heard of Sam before.

### Question 1.3 (4 marks)

**Outline why Sam might have reacted badly on seeing the interpreter.**

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Sam's wife brings in his 24 year old daughter to interpret the following day, as Sam will not allow an official interpreter to be present. His daughter has excellent English, having gone to school locally.

### Question 1.4 (6 marks)

**Discuss what problems you might need to be aware of, in using Sam's daughter as the interpreter.**

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# MODIFIED ESSAY QUESTION 2

## Modified Essay Question 2 (18 marks)

Maisie Harris is an 76 year old widow who one year ago moved to live in Rosehill Gardens, a large retirement complex. The complex advertises itself as offering "a comfortable retirement" and includes gardens and some recreational facilities such as an indoor bowls club, but no rest home or private hospital care. Residents own their own apartments or units. Mrs Harris has been referred to your Old Age Psychiatry service by her General Practitioner (GP) who has received complaints from the management of Rosehill Gardens.

The GP's letter states that Mrs Harris' neighbours complain that the small garden outside her unit is full of weeds and not maintained to the standard required by the complex, and that Mrs Harris has in the last few weeks begun shouting abuse at her neighbours if they complain. She is reported to have said to the man next door "I'll knock your block off" when he told her he was going to inform the complex's management. The GP says that Mrs Harris refused to come to his clinic and would not let him in the door when he attempted a home visit, but shouted through the door that he should "bugger off". The GP requests a psychiatric assessment.

You and a nurse from your team also attempt a home visit. Mrs Harris refuses to let you in or to answer any questions, just shouting "bugger off" as she did with the GP.

### Question 2.1 (4 marks )

**Outline the ethical and medico-legal issues involved in obtaining additional information about Mrs Harris to assist in your assessment.**

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### Question 2.2 (4 marks )

**What other sources of information might be useful before attempting to visit Mrs Harris at her unit? State why each might be useful.**

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Mrs Harris is finally admitted to a psychiatric ward for patients over age 65, for assessment under the Mental Health Act. Her diagnosis remains unclear and although somewhat irritable she is not particularly behaviourally disturbed. No medication is prescribed initially, during the assessment period. Substance abuse has been ruled out as a differential.

### Question 2.3 (8 marks )

**Outline what you would ask the nursing staff to observe and document regarding Mrs Harris, to assist with the assessment.**

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Mrs Harris is not thought to have psychosis, a major mood disorder or to be delirious. You persuade her to let you carry out cognitive testing. She says that she used to do her own shopping each week. When asked to name as many items in the supermarket as possible in one minute she manages 15 items.

### Question 2.4 (2 marks )

**Interpret this result, with reference to the likely brain area involved in the task.**

# MODIFIED ESSAY QUESTION 3

## Modified Essay Question 3 (26 marks)

Margaret is a 39 year old woman who works as a librarian. She lives with her husband David, a manager who spends considerable time travelling for his work. She is on no medication and was referred to the Community Mental Health Centre where you work after a self-harm attempt three months ago in which she took a small number of paracetamol tablets and then self-presented to the local Emergency Department. Her diagnosis at that time was of an adjustment disorder with anxious mood.

You have been providing a course of cognitive behavioural therapy (CBT) to her across ten planned sessions. The identified problem was anxiety in social situations leading to some social avoidance. In the tenth session, Margaret requests a course of psychodynamic psychotherapy which she says she has been reading about on the internet.

### Question 3.1 (6 marks )

**Outline possible reasons why Margaret may have made this request.**

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### Question 3.2 (10 marks )

**Outline what you would need to determine in assessing Margaret for psychodynamic psychotherapy, to decide if this would be a suitable option for her.**

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You commence psychodynamic psychotherapy with Margaret. After the initial few sessions, you notice that she frequently talks of feeling unsatisfied with her life. She and her husband elected not to have children due to her husband's career focus and Margaret's tendency to anxiety. Margaret says that she envies her work colleagues who often talk about their children and grandchildren, and she feels that this opportunity has passed her by.

### Question 3.3 (2 marks )

**Which Eriksonian psychosocial developmental stage might Margaret be having difficulty traversing?**

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Margaret has completed 19 sessions of psychodynamic psychotherapy. She has begun to talk about having married her husband David because she knew he would not challenge her and would let her avoid situations that made her anxious. In the last session she talked animatedly about how she had realised that her marriage was "a comfortable trap" and that David never encouraged her to change or develop and had expressed doubts about her having psychotherapy, feeling that it was not "good for" her. Margaret believes that this is because she has been confronting him more. She commences today's session by announcing that she has decided to end the marriage and to separate from David. Her husband is away on a business trip but Margaret intends to tell him this when he returns home in three days.

### Question 3.4 (8 marks )

**Discuss how you would manage this situation.**

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# MODIFIED ESSAY QUESTION 4

## Modified Essay Question 4 (13 marks)

Peter is a 10 year old Caucasian boy who is doing poorly at school. He is brought to the Child and Adolescent service where you work, for an assessment after referral by his General Practitioner. You see him with his mother, who has brought along his 3 year old sister as she was unable to get a babysitter. His father was at work and unable to come. Peter has another brother aged 6, currently at school.

Peter's mother says that he "doesn't try" and "always has his head in the clouds" – ever since he started school at age 5. His school reports praise him for being quiet and not disruptive in class, and for working well 1:1 with teachers, but say he needs to "interact more with others", "try harder overall" and "put more effort into homework". His mother says he is well behaved at home but that she cannot supervise his homework as she has his sister and brother to look after as well. She has noticed he often "gets into a dream" or "blanks out" and doesn't always complete his homework.

While his mother is relating all this, Peter sits with his head down and shoulders hunched and does not make eye contact.

### Question 4.1 (4 marks )

**Outline the main differential diagnoses you would want to explore, and why.**

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In the initial assessment you talked with Peter and his mother, and also assessed Peter by himself. Three weeks have passed and Peter's diagnosis has been clarified and a combination of medication and behavioural therapy planned by the team. You arrange for Peter's father to attend a follow-up session and Peter's mother has organised a babysitter for his sister. You find that you need to reassure Peter, who expresses some anxiety to you about the coming meeting as he says his father criticizes him a lot, and "doesn't listen". Peter's parents bring him to your clinic for the meeting.

### Question 4.2 (4 marks )

**Describe what you would discuss with Peter and his parents about the process, content and goals of the session and describe what strategies you would use to engage Peter and his family.**

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A diagnosis of Attention Deficit Disorder has been made.

### Question 4.3 (2 marks )

**Outline the main additional information about the family's functioning that you would want to elicit during this session, so as to assist with Peter's management.**

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### Question 4.4 (3 marks )

**Outline the general areas that you would want to cover in providing education for Peter and his family, and how you would go about conveying this. (Do not provide details in your answer about the actual condition).**

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# MODIFIED ESSAY QUESTION 5

## Modified Essay Question 5 (14 marks)

You work on an acute adult admission ward. On your arrival one morning, the Nursing Coordinator tells you that Sally, a 24 year old female patient recovering from a manic episode, has just told her nurse that Damien, a 30 year old man diagnosed with schizophrenia, sexually assaulted her during the previous night. Damien is under your care, whereas Sally is under the care of a different catchment area team on the ward. The police have been called and are expected to arrive in an hour.

### Question 5.1 (6 marks )

**Outline the most urgent actions you would need to take regarding Damien, on hearing this, and why you would do these things.**

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There is considerable evidence that Damien did sexually assault Sally. Damien recalls and acknowledges the sexual encounter. He has active psychotic symptoms which have not yet resolved with antipsychotic treatment. A forensic psychiatrist assesses Damien as having a "disease of the mind" and as having "distorted mens rea".

### Question 5.2 (4 marks )

**What is "*mens rea*"? Explain the relevance of "distorted *mens rea*" in determining Damien's criminal responsibility for the sexual assault.**

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Damien is now in a forensic admission unit and you have kept in touch with the treating team. He continues to have psychotic symptoms and his forensic psychiatrist feels that Damien is not fit to stand trial.

### Question 5.3 (4 marks )

**Outline the medico-legal issues which could result in Damien being unfit to stand trial due to his psychosis.**

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# MODIFIED ESSAY QUESTION 6

## Modified Essay Question 6 (26 marks)

You are working as a registrar in the consultation liaison psychiatry service of a general hospital. You are contacted by a Resident Medical Officer (RMO/PGY2/Senior House Officer) in the Emergency Department requesting an assessment for Bill, a 35-year-old man brought into hospital to investigate a possible myocardial infarction. He has been thoroughly worked up, and cardiac pathology (and respiratory pathology) has been ruled out. The Emergency Department doctor wonders whether this is a panic attack.

On review, the patient gives a clear history of panic attacks, including one that evening.

### Question 6.1 (6 marks )

**Apart from alcohol withdrawal, what is the likely differential diagnosis?**

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Bill gives a vague history with regard to alcohol consumption. Collateral history is not readily available. However, the patient has had routine blood screening, and you decide to review this to assist in determining the diagnosis.

### Question 6.2 (2 marks )

**Which result on a routine haematology test is the most likely indication of heavy alcohol consumption?**

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The blood tests seem to indicate heavy drinking is likely. You manage to get hold of the of Bill's GP who confirms not only heavy drinking but physiological dependence – the GP is also confident the patient does not use other substances, including nicotine. After discussion with the Resident Medical Officer you decide to admit Bill for a medicated detoxification. You are handed the drug chart.

### Question 6.3 (10 marks )

**What medications would you consider charting, and why?**

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You know that many of the nursing staff on the admitting ward are inexperienced when dealing with alcohol detoxifications.

### Question 6.4 (8 marks )

**What is your approach to this situation?**

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# MODIFIED ESSAY QUESTION 7

## Modified Essay Question 7: (25 marks)

Shayleen is a 22 year old young woman who lives with her mother, stepfather and three much younger half-siblings. Her stepfather works as a builder's labourer. She has been referred for follow-up to your Community Mental Health Centre with a diagnosis of post-partum psychosis. Her infant son Jake is now two weeks old. Shayleen has no prior psychiatric history and nor does anyone in her family except for her birth father who had no formal diagnosis but committed suicide when she was two years old. He is said to have been "moody" and also abused alcohol and was physically abusive to Shayleen's mother.

Shayleen had a normal delivery after an unplanned and unwanted pregnancy. The child's father has left town and is not contactable. Shayleen is currently free of psychotic symptoms, having briefly been thought-disordered and with persecutory and grandiose delusions. These settled a week ago, on quetiapine 200mgs nocte. She is also taking temazepam 20mgs nocte for sleep and is not breast-feeding. Her mood is somewhat labile and irritable and her mother is having to do a lot of the feeds as Shayleen is drowsy at night and reluctant to get up if the baby wakes. During the appointment you notice that Shayleen either gives Jake to her mother or places him in his pram, and that she seems reluctant to hold him for long.

### Question 7.1 (10 marks)

**Discuss what might be causing Shayleen's avoidance of holding her baby.**

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Four weeks post-partum Shayleen and her mother have a follow-up appointment. Shayleen says she wants to cease her medication as it makes her too tired. She is still on quetiapine 200mgs nocte, but ceased the temazepam two weeks ago. There are no signs of any psychosis but her moods remain unstable, with diurnal mood change - irritability increasing later in the day. She has initial insomnia and broken sleep. Her relationship with Jake is marginally improved but she is still somewhat reluctant to hold him for long.

### Question 7.2 (6 marks)

**Outline how you would respond to this request, giving reasons for your advice or interventions.**

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Despite assistance and home visits from the team social worker, the case manager and some additional parenting help from a support worker, Shayleen's relationship with Jake does not improve. She is no longer labile, but two months post-partum she appears flat and despondent. She still complains of initial insomnia and broken sleep, and is now waking early as well. The irritability has ceased but her self-care and eating have deteriorated. Shayleen's mother is tired and frustrated as Shayleen is of little help in Jake's care. Shayleen is taking 500mgs sodium valproate twice daily, and quetiapine 50mgs nocte for sleep. At the assessment, Shayleen admits that in the past few days she has begun hearing voices telling her that she is evil and a bad mother.

You diagnose her as having developed a major depression.

### Question 7.3 (6 marks)

**Outline your plan regarding Shayleen's medications. Give reasons for any changes.**

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### Question 7.4 (3 marks)

**What are the most serious risks in this situation? Give the main causes for these risks.**

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