

Abnormal Psychology Exam 2 Practice (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. In substance use disorders, craving is best described as:**
 - A. An intense desire or urge to use the substance**
 - B. A withdrawal symptom**
 - C. A mood swing**
 - D. A physical ailment unrelated to substance use**

- 2. Which statement about manic episode duration is true?**
 - A. A manic episode must last at least 2 weeks unless hospitalization is required.**
 - B. A manic episode must last at least 1 week in all cases.**
 - C. A manic episode must last at least 3 days.**
 - D. A manic episode can be of any duration if hospitalization is required.**

- 3. Which drug increases the activity of the central nervous system?**
 - A. Marijuana**
 - B. Barbiturates**
 - C. Alcohol**
 - D. Cocaine**

- 4. A friend who has been drinking heavily asks how to sober up quickly. Which response is MOST appropriate?**
 - A. Stop drinking**
 - B. Drink carbonated soda**
 - C. Drink coffee, lots of coffee**
 - D. Take an ice-cold shower**

- 5. Which substance can cause vivid visual perceptions and is typically described as hallucinogenic, with effects subsiding within hours?**
 - A. Alcohol**
 - B. LSD**
 - C. Methamphetamine**
 - D. Cannabis**

- 6. What defines substance use disorder according to DSM-5-TR?**
- A. A problematic pattern of use leading to clinically significant impairment or distress, manifested by at least two criteria within a 12-month period.**
 - B. Recurrent use in hazardous environments without impairment.**
 - C. A single instance of use with no consequences.**
 - D. Any use of a substance at any time.**
- 7. Unipolar depression is described as depression without mania. Which option correctly reflects this description?**
- A. Depression without mania**
 - B. Manic episodes present**
 - C. Mood alternates between mania and depression**
 - D. Mania without depression**
- 8. According to Aaron Beck, which element is central to the development of unipolar depression?**
- A. Reduced social rewards**
 - B. Negative thoughts**
 - C. Underlying conflicts**
 - D. Losses in childhood**
- 9. Which statement correctly contrasts major neurocognitive disorder with mild neurocognitive disorder?**
- A. Major requires no impairment; mild requires full independence.**
 - B. Major involves substantial cognitive decline with interference; mild involves modest decline not interfering with independence.**
 - C. Major is only due to Alzheimer's; mild is due to vascular dementia.**
 - D. Major occurs only in individuals under 50.**

10. Which orientation emphasizes changing thought patterns to treat depression?

- A. Psychodynamic therapy**
- B. Biological approaches**
- C. Cognitive-behavioral therapy**
- D. Biochemical treatments**

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Answers

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1. D
2. D
3. D
4. A
5. B
6. A
7. A
8. B
9. B
10. C

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Explanations

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1. In substance use disorders, craving is best described as:

- A. An intense desire or urge to use the substance**
- B. A withdrawal symptom**
- C. A mood swing**
- D. A physical ailment unrelated to substance use**

Craving is an intense desire or urge to use the substance, a motivational state that can drive drug-seeking even when someone wants to quit. It can be sparked by cues (like a place or smell), internal states (stress, cravings from past use), or withdrawal-related discomfort, and it can come and go over time. This differs from withdrawal, which are physical or negative emotional symptoms that occur when the substance isn't present. It's also distinct from a mood swing, which is a broader pattern of emotional change, and from a physical ailment unrelated to substance use. Craving is a central feature because it powerfully influences relapse risk and is a common target in treatment and assessment.

2. Which statement about manic episode duration is true?

- A. A manic episode must last at least 2 weeks unless hospitalization is required.**
- B. A manic episode must last at least 1 week in all cases.**
- C. A manic episode must last at least 3 days.**
- D. A manic episode can be of any duration if hospitalization is required.**

Manic episodes are defined by a period of abnormally elevated or irritable mood with increased energy that lasts at least one week, unless hospitalization is necessary. If someone's symptoms are severe enough to require inpatient care, the duration can be shorter than a week and still count as a manic episode. That nuance is why the statement about any duration when hospitalization is required is the true one. The other options don't fit because the usual minimum is one week, not two; the one-week rule isn't universal due to the hospitalization exception; and three days is far too short for a manic episode. For comparison, remember that hypomania requires at least four days but does not necessitate hospitalization, distinguishing it from mania.

3. Which drug increases the activity of the central nervous system?

- A. Marijuana**
- B. Barbiturates**
- C. Alcohol**
- D. Cocaine**

Cocaine acts as a stimulant, meaning it increases activity in the central nervous system. It does this mainly by blocking the reuptake of dopamine, norepinephrine, and serotonin in brain synapses, which floods these neurotransmitters into the gaps between neurons. That surge heightens arousal, energy, alertness, and often euphoria, and it also ramps up sympathetic nervous system activity (faster heart rate, higher blood pressure, dilated pupils). The other substances here are not primarily stimulants. Barbiturates and alcohol are CNS depressants, slowing brain activity and producing sedation and intoxication. Marijuana has a mixed profile but is not primarily a CNS stimulant and tends to alter perception and mood rather than markedly boosting overall CNS arousal. Thus cocaine best fits the description of increasing CNS activity.

4. A friend who has been drinking heavily asks how to sober up quickly. Which response is MOST appropriate?

- A. Stop drinking**
- B. Drink carbonated soda**
- C. Drink coffee, lots of coffee**
- D. Take an ice-cold shower**

There is no quick way to sober up—the body needs time for alcohol to be metabolized by the liver, and the only reliable way to reduce impairment is to stop drinking and let that process continue. Stopping drinking prevents adding more alcohol to what's already in the system, which makes it the safest immediate step. Encourage safe choices like staying put or getting a ride, hydration with water, and monitoring how they feel. If they show signs of alcohol poisoning—extremely slow or irregular breathing, confusion, vomiting, seizures, unconsciousness, or bluish skin—seek emergency help right away. Other actions, like drinking coffee, carbonated beverages, or taking a cold shower, don't speed up alcohol elimination and can give a false sense of sobriety or even be dangerous. Time is the key factor in becoming sober.

5. Which substance can cause vivid visual perceptions and is typically described as hallucinogenic, with effects subsiding within hours?

- A. Alcohol
- B. LSD**
- C. Methamphetamine
- D. Cannabis

Perceptual distortion, especially vivid visual hallucinations, is the hallmark of classic hallucinogens. LSD fits this description best: it reliably produces intense visual experiences—bright colors, geometric patterns, and altered perceptions of time and space—and its effects tend to fade within a matter of hours. The other substances listed don't center on vivid visual hallucinations as their defining effect—alcohol is a depressant, methamphetamine is a stimulant, and cannabis may alter perception but usually not with the strong, lasting visual hallucinations associated with LSD.

6. What defines substance use disorder according to DSM-5-TR?

- A. A problematic pattern of use leading to clinically significant impairment or distress, manifested by at least two criteria within a 12-month period.**
- B. Recurrent use in hazardous environments without impairment.
- C. A single instance of use with no consequences.
- D. Any use of a substance at any time.

Substance use disorder is diagnosed when there is a problematic pattern of substance use that leads to clinically significant impairment or distress, demonstrated by at least two of eleven diagnostic criteria within a 12-month period. This captures why the description is correct: it requires both a pattern of use and meaningful impact on functioning, not just a one-off event. DSM-5-TR treats this as a spectrum, with severity increasing as more criteria are met (2-3 mild, 4-5 moderate, 6+ severe). The criteria cover cravings, taking in larger amounts or over longer periods than intended, unsuccessful efforts to cut down, a lot of time spent obtaining or using the substance, giving up activities, continued use despite problems caused by use, hazardous use, tolerance, and withdrawal, among others. The other options don't fit because they describe use without impairment, a single occasion, or any use at all, none of which meet the diagnostic threshold.

7. Unipolar depression is described as depression without mania. Which option correctly reflects this description?

A. Depression without mania

B. Manic episodes present

C. Mood alternates between mania and depression

D. Mania without depression

The key idea is distinguishing mood disorders by whether manic episodes occur. Unipolar depression is defined by depressive episodes with no mania (and typically no hypomania). So “depression without mania” matches this description precisely. If manic or hypomanic episodes are present, it points to a bipolar disorder rather than unipolar depression. Mood swinging between mania and depression describes bipolar patterns, and mania without depression isn’t describing unipolar depression either.

8. According to Aaron Beck, which element is central to the development of unipolar depression?

A. Reduced social rewards

B. Negative thoughts

C. Underlying conflicts

D. Losses in childhood

Negative thoughts about the self, the world, and the future drive the development of unipolar depression in Beck’s cognitive model. When stress occurs, automatic negative cognitions arise and are biased by distortions—like all-or-nothing thinking, overgeneralization, and catastrophizing—so information is processed through a pessimistic lens. This biased thinking lowers mood and motivation, reduces activity, and reinforces the negative beliefs, creating a self-perpetuating cycle. Therapy focuses on identifying, challenging, and restructuring these thoughts, which is why the cognitive approach centers on negative thoughts as the key driver. Other options reflect different theories—reduced social rewards aligns with reinforcement, underlying conflicts with psychodynamic ideas, and childhood losses with early-life experiences—none capture Beck’s emphasis on negative cognitions as the core mechanism.

9. Which statement correctly contrasts major neurocognitive disorder with mild neurocognitive disorder?

A. Major requires no impairment; mild requires full independence.

B. Major involves substantial cognitive decline with interference; mild involves modest decline not interfering with independence.

C. Major is only due to Alzheimer's; mild is due to vascular dementia.

D. Major occurs only in individuals under 50.

The main idea is how much cognitive change there is and whether it disrupts daily functioning. Major neurocognitive disorder involves a substantial decline in one or more cognitive abilities that interferes with independence in daily activities, meaning help or supervision is typically needed for common tasks. Mild neurocognitive disorder, by contrast, involves a modest decline, and independence is preserved in daily life, though the person may require some extra effort or strategies. The other statements don't fit: major isn't without impairment and doesn't allow full independence, etiologies aren't limited to Alzheimer's or vascular dementia, and the condition is not restricted to people under 50.

10. Which orientation emphasizes changing thought patterns to treat depression?

A. Psychodynamic therapy

B. Biological approaches

C. Cognitive-behavioral therapy

D. Biochemical treatments

Changing thought patterns to treat depression is the hallmark of cognitive-behavioral therapy. This approach targets how people think about themselves and their world—identifying negative automatic thoughts and cognitive distortions, and actively challenging and reframing them to be more accurate and helpful. Therapists teach skills like cognitive restructuring and behavioral activation, and assign homework to practice between sessions. The goal is to alter the link between thoughts, feelings, and behaviors to lift mood and reduce depressive symptoms, often by testing beliefs against reality and increasing engagement in rewarding activities. Other orientations focus on different mechanisms. Psychodynamic approaches emphasize unresolved conflicts and early experiences rather than current thought patterns. Biological and biochemical treatments aim to change brain chemistry, not directly modify cognitions.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://abnormalpsych2.examzify.com>

We wish you the very best on your exam journey. You've got this!

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