ABNORMAL PSYCHOLOGY EXAM 2 PRACTICE (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

1. Which statement accurately describes demographic differences in developing a stress disorder?

A. Low income four times as likely to experience stress disorders

B. Non-Hispanic Americans are the most likely to develop a stress disorder

C. Stress disorders tend to occur only during late adulthood

D. Women are more likely than men to develop a stress disorder

2. What is the purpose of graded exposure in cognitive-behavioral therapy for anxiety disorders?

A. Increase avoidance

B. Gradually confront feared stimuli to reduce avoidance and anxiety

C. Improve dream recall

D. Ignore feared situations

3. How do factitious disorder and malingering differ in motivation and behavior?

A. Factitious disorder involves intentionally producing symptoms to assume the sick role without obvious external incentives.

B. Factitious disorder involves intentional production of symptoms to achieve external gains.

C. Factitious disorder is motivated by external incentives.

D. Malingering is not intentional.

4. 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.

5. Which symptom cluster is most characteristic of withdrawal from prolonged cocaine use?

A. Headaches, depressed feelings, and crashing

B. Dramatic tremors of the hands and face, very rapid heart rate, and convulsions

C. Pain, sweating, mania, and nausea

D. Excitement, insomnia, and hallucinations

6. What distinguishes panic disorder from other anxiety disorders?

A. Recurrent, unexpected panic attacks with persistent concern about future attacks or behavior changes related to attacks; not limited to a specific situation.

B. Fear of specific objects or situations with avoidance.

C. Excessive worry about multiple events for at least 6 months.

D. Chronic restlessness and muscle tension with no discrete attacks.

7. Which personality disorder is classified in cluster C?

A. Antisocial

B. Paranoid

C. Avoidant

D. Histrionic

8. The fight-or-flight response is best described as a coordinated response involving which systems?

A. Cognitive appraisal of threat

B. Behavioral withdrawal response

C. A coordinated autonomic and endocrine response involving the autonomic nervous system and HPA axis

D. Long-term memory consolidation during stress

9. Which of the following is NOT a physical symptom of depression?

A. Feeling sad and dejected

B. Eating less frequently

C. Sleeping poorly

D. Experiencing frequent headaches

10. Which neurotransmitter system is directly involved in the euphoric effects of narcotics according to the described mechanism?

A. Acetylcholine

B. Endorphin receptor activation

C. Norepinephrine

D. GABA

Answers

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

Explanations

1. Which statement accurately describes demographic differences in developing a stress disorder?

A. Low income four times as likely to experience stress disorders

B. Non-Hispanic Americans are the most likely to develop a stress disorder

C. Stress disorders tend to occur only during late adulthood

D. Women are more likely than men to develop a stress disorder

The main concept here is how demographic factors relate to the risk of developing a stress disorder after trauma. The strongest and most consistent finding is that women are more likely than men to develop PTSD following exposure to a traumatic event. This holds even when accounting for differences in how often each gender experiences trauma, and it helps explain why the gender difference shows up across many studies. Part of this disparity is that women are more likely to experience certain high-impact traumas (such as sexual assault and domestic violence), which carry a higher risk for PTSD, but there are also potential biological and psychosocial factors that contribute to the higher vulnerability. Stress disorders can develop at any age, not just in late adulthood, so that option isn't accurate. Differences by race/ethnicity or income exist in various ways but don't show the clear, consistent pattern described in the other statements, and they don't outweigh the robust gender difference. So, the statement that women are more likely than men to develop a stress disorder best reflects the well-supported demographic pattern.

2. What is the purpose of graded exposure in cognitive-behavioral therapy for anxiety disorders?

A. Increase avoidance

B. Gradually confront feared stimuli to reduce avoidance and anxiety

C. Improve dream recall

D. Ignore feared situations

Graded exposure aims to reduce avoidance and anxiety by gradually confronting feared stimuli in a controlled way. The idea is that avoidance helps keep anxiety going because it prevents you from learning that the feared situation is not actually dangerous or harmful. By slowly facing the fear, you experience situations that are still uncomfortable but tolerable, and over time your fear response diminishes through habituation and extinction learning. A typical approach uses a fear hierarchy, starting with mildly distressing situations and moving up as tolerance improves, which can be done in real life or through imagination. As exposure continues, avoidance decreases, anxiety drops, and functioning improves. Increasing avoidance would reinforce the fear instead of reducing it, so it's not effective. Improving dream recall isn't related to how exposure reduces anxiety, and ignoring feared situations only maintains or worsens the fear.

3. How do factitious disorder and malingering differ in motivation and behavior?

A. Factitious disorder involves intentionally producing symptoms to assume the sick role without obvious external incentives.

B. Factitious disorder involves intentional production of symptoms to achieve external gains.

C. Factitious disorder is motivated by external incentives.

D. Malingering is not intentional.

The difference hinges on why the person fabricates symptoms. In factitious disorder, the individual deliberately creates or exaggerates illness to assume the sick role and receive attention, care, and sympathy, with no obvious external rewards. This reflects an internal psychological need rather than a concrete, tangible benefit. Malingering, by contrast, involves intentional feigning of symptoms to gain something outside the illness itself—external rewards such as avoiding work, obtaining financial compensation, or accessing drugs. So the distinction is internal motivation and the social-psychological payoff versus External incentives: factitious is about the need to be cared for, malingering is about getting a specific external benefit.

4. 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.

5. Which symptom cluster is most characteristic of withdrawal from prolonged cocaine use?

A. Headaches, depressed feelings, and crashing

B. Dramatic tremors of the hands and face, very rapid heart rate, and convulsions

C. Pain, sweating, mania, and nausea

D. Excitement, insomnia, and hallucinations

The key idea here is what cocaine withdrawal looks like after prolonged use: a "crash" with a drop in mood and energy, often accompanied by headaches. When the drug wears off, dopamine levels dip, leading to depressed feelings, fatigue, and sleep-related changes, and headaches are a common accompanying symptom. This pattern—depressed mood, fatigue, and a crash after stopping—best captures the typical cocaine withdrawal experience. The other clusters don't fit as well because they point to different withdrawal or intoxication profiles. Very rapid heart rate, tremors, and convulsions suggest withdrawal from substances with strong autonomic or seizure risks (like alcohol or certain sedatives), not the usual cocaine crash. Mania or severe, unbalanced mood changes aren't characteristic of cocaine withdrawal, and excitability with insomnia and hallucinations aligns more with acute intoxication or withdrawal from other stimulants or substances rather than the classic cocaine crash.

6. What distinguishes panic disorder from other anxiety disorders?

A. Recurrent, unexpected panic attacks with persistent concern about future attacks or behavior changes related to attacks; not limited to a specific situation.

B. Fear of specific objects or situations with avoidance.

C. Excessive worry about multiple events for at least 6 months.

D. Chronic restlessness and muscle tension with no discrete attacks.

The key trait being tested is the presence of sudden, recurrent panic attacks that occur unexpectedly, plus persistent concern about having more attacks or a change in behavior to avoid them, with attacks not limited to any specific situation. This combination distinguishes panic disorder from other anxiety disorders. Panic attacks are abrupt and overwhelming, and the worry about future attacks or avoidance behavior creates a pattern unique to panic disorder. By contrast, a specific phobia centers on fear of a particular object or situation with avoidance; generalized anxiety involves chronic, excessive worry about many topics for months without these discrete, unexpected bursts of fear; and constant restlessness and muscle tension without discrete attacks fit more with generalized anxiety disorder rather than panic disorder.

7. Which personality disorder is classified in cluster C?

A. Antisocial

B. Paranoid

C. Avoidant

D. Histrionic

Cluster C includes personality disorders characterized by anxious or fearful traits. Avoidant personality disorder fits this cluster because it centers on social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, which keep a person from forming close relationships despite wanting them. This anxious, fearful pattern is what links avoidant to the other disorders in the same cluster, such as dependent and obsessive-compulsive personality disorders. By contrast, antisocial personality reflects a disregard for others and rule-breaking (a more antisocial, dramatic pattern in cluster B), paranoid involves pervasive distrust and suspicion (cluster A), and histrionic features exaggerated emotionality and attention seeking (also cluster B).

8. The fight-or-flight response is best described as a coordinated response involving which systems?

A. Cognitive appraisal of threat

B. Behavioral withdrawal response

C. A coordinated autonomic and endocrine response involving the autonomic nervous system and HPA axis

D. Long-term memory consolidation during stress

The fight-or-flight response is a coordinated autonomic and endocrine response, because it relies on rapid nervous system activation plus hormonal support to sustain the reaction. The autonomic nervous system, especially the sympathetic branch, kicks in right away to raise heart rate, increase respiration, dilate airways, and redirect blood to muscles. At the same time, the HPA axis is activated, releasing cortisol and other hormones that boost glucose availability and sustain energy for a longer duration. This combination allows the body to react quickly and remain prepared for action. It's not about cognitive appraisal alone, nor only a behavioral withdrawal, and long-term memory processes come into play later rather than defining this immediate response.

9. Which of the following is NOT a physical symptom of depression?

A. Feeling sad and dejected

B. Eating less frequently

C. Sleeping poorly

D. Experiencing frequent headaches

Depression involves both mood symptoms and physical (somatic) symptoms, but the key idea here is telling apart how you feel emotionally from what you feel physically in your body. Feeling sad and dejected describes a persistent mood state—an emotional experience—rather than something you would report as a bodily symptom. In contrast, eating less frequently reflects a change in appetite and weight (a physical symptom), sleeping poorly is a disruption in sleep (physical/somatic), and frequent headaches are bodily pains or somatic complaints. Because the question asks for what is NOT a physical symptom, the option that describes a mood state fits that criterion best.

10. Which neurotransmitter system is directly involved in the euphoric effects of narcotics according to the described mechanism?

A. Acetylcholine

B. Endorphin receptor activation

C. Norepinephrine

D. GABA

The main concept is that narcotic-induced euphoria is driven by activation of the brain's endogenous opioid system. When narcotics bind to mu-opioid receptors (endorphin receptors), they inhibit GABA-releasing neurons in the ventral tegmental area. This reduces GABA's suppression of dopamine neurons, leading to increased dopamine release in the mesolimbic pathway, especially in the nucleus accumbens, which produces the rewarding, euphoric feeling. In other words, direct engagement of the opioid receptor system triggers the downstream dopamine surge that underlies the euphoria. The other neurotransmitters listed don't directly drive this euphoric effect: acetylcholine isn't the primary mediator here, norepinephrine relates more to arousal, and while GABA is involved in the circuit, the euphoric response specifically stems from opioid receptor activation and the resulting dopamine boost.

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!