ANXIETY DISORDERS PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

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. In CBT for anxiety, relapse prevention includes which of the following components?

A. Using only pharmacotherapy without therapy.

B. Strategies to maintain gains after treatment, including coping plans, booster sessions, and identification of triggers.

C. Stopping therapy after the first signs of improvement.

D. Replacing therapy with lifestyle changes only.

2. Which of the following is NOT listed as a motor tension symptom of Generalized Anxiety Disorder?

A. Restlessness

B. Sleep Disturbance

C. Delusions

D. Irritability

3. What are age-related considerations when prescribing benzodiazepines to older adults?

A. No special considerations; standard dosing applies.

B. Increased sensitivity, risk of cognitive impairment, delirium, falls; prefer cautious use, lower doses, and consider alternatives when possible.

C. They are preferred for long-term use in older adults.

D. They should be avoided entirely with no exceptions.

4. Which term describes fear experienced when there is really nothing to be afraid of?

A. Panic

B. Fear

C. Anxiety

D. Phobia

5. Acceptance and Commitment Therapy (ACT) in relation to anxiety is best described as what?

A. A mindfulness-based CBT approach focusing on accepting anxious thoughts and engaging in valued actions; evidence supports use as an adjunct treatment for anxiety.

B. A pharmacological regimen that eliminates anxiety quickly.

C. A genetic therapy to modify stress response.

D. A pure exposure-only technique with no cognitive components.

6. Which screening tool is commonly used for GAD in primary care?

A. PHQ-9

B. HADS-A

C. MMPI

D. GAD-7

7. Which term best describes a future-oriented emotion characterized by negative affect, bodily tension, and chronic apprehension?

A. Anxiety

B. Fear

C. Panic

D. Stress

8. What is the typical course of social phobia?

A. Acute

B. Intermittent

C. Reversible

D. Chronic

9. What term describes thoughts/images/impulses that persistently intrude in the mind, despite being unwelcome and causing anxiety?

A. Obsessions

B. Compulsions

C. Traumatic events

D. Delusions

10. Benzodiazepines in PTSD are best described as which of the following?

A. First-line long-term treatment curing PTSD.

B. Not a primary treatment for PTSD; may be used short-term for severe anxiety or agitation but carry risk of dependence and do not address core PTSD symptoms.

C. Effective for core PTSD symptoms but not for acute anxiety.

D. Not used; benzodiazepines are contraindicated in all PTSD cases.

Answers

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

Explanations

1. In CBT for anxiety, relapse prevention includes which of the following components?

A. Using only pharmacotherapy without therapy.

B. Strategies to maintain gains after treatment, including coping plans, booster sessions, and identification of triggers.

C. Stopping therapy after the first signs of improvement.

D. Replacing therapy with lifestyle changes only.

Relapse prevention in CBT for anxiety is about sustaining the gains made during treatment by planning for the future. The best answer emphasizes strategies to maintain improvement after therapy ends, including a concrete coping plan to apply skills in real world triggers, booster sessions to refresh and reinforce skills, and a system to identify triggers and early warning signs so you can intervene early. This approach provides a proactive safety net that helps prevent relapse by keeping skills accessible and ensuring ongoing support as needed. In contrast, relying only on medications, stopping therapy at the first signs of improvement, or swapping therapy for lifestyle changes alone don't offer a structured plan to maintain gains and manage future challenges.

2. Which of the following is NOT listed as a motor tension symptom of Generalized Anxiety Disorder?

A. Restlessness

B. Sleep Disturbance

C. Delusions

D. Irritability

Generalized Anxiety Disorder features a set of symptoms tied to anxious arousal and motor tension, not psychotic thinking. When people feel anxious, they often experience restlessness or being on edge and muscle tension, and sleep disturbance is commonly present as the body stays activated from worry. Delusions, by contrast, are fixed false beliefs that are characteristic of psychotic disorders rather than generalized anxiety. So, among the options, delusions do not fit the motor tension symptom pattern seen in GAD, while restlessness, sleep disturbance, and irritability can occur in the context of chronic anxiety.

3. What are age-related considerations when prescribing benzodiazepines to older adults?

A. No special considerations; standard dosing applies.

B. Increased sensitivity, risk of cognitive impairment, delirium, falls; prefer cautious use, lower doses, and consider alternatives when possible.

C. They are preferred for long-term use in older adults.

D. They should be avoided entirely with no exceptions.

In older adults, responses to benzodiazepines change and the risks rise, so they require careful handling rather than standard dosing. Aging alters how the body processes and responds to these drugs: there's often increased sensitivity to their sedative and cognitive effects, and the body clears the medication more slowly. This means even small doses can cause pronounced drowsiness, slowed thinking, and memory problems. The consequences you most need to watch for are delirium, confusion, impaired coordination, and a higher risk of falls and fractures. Long daytime sedation can also interfere with functioning and increase hospital safety concerns. Because some benzodiazepines have active metabolites that linger, especially in longer-acting options, the medication can accumulate and prolong effects in the elderly. Guidance to reduce harm is to use the lowest effective dose for the shortest possible period, and to favor alternatives when possible. If a benzodiazepine is considered necessary, opt for the shortest-acting agent and monitor closely for cognitive changes, sedation, and balance issues. Emphasize nonpharmacologic approaches first (like sleep hygiene or cognitive-behavioral therapy for anxiety) and consider nonbenzodiazepine options when appropriate, always with a plan to taper and discontinue as feasible. This helps explain why standard dosing isn't appropriate for older adults and why cautious use with a bias toward alternatives is the recommended approach.

4. Which term describes fear experienced when there is really nothing to be afraid of?

A. Panic

B. Fear

C. Anxiety

D. Phobia

Anxiety is the feeling described here. It refers to worry or apprehension that isn't tied to a concrete or immediate threat, so you can feel fearful even when there's nothing real to fear. It's often diffuse or future-focused, sometimes called free-floating anxiety. Panic is a sudden surge of intense fear in response to an actual or perceived imminent threat, with strong physical symptoms. Fear is the emotional response to a real danger right now. A phobia is a persistent, irrational fear of a specific object or situation. So, when there's nothing concrete to fear, anxiety best fits the description.

5. Acceptance and Commitment Therapy (ACT) in relation to anxiety is best described as what?

A. A mindfulness-based CBT approach focusing on accepting anxious thoughts and engaging in valued actions; evidence supports use as an adjunct treatment for anxiety.

B. A pharmacological regimen that eliminates anxiety quickly.

C. A genetic therapy to modify stress response.

D. A pure exposure-only technique with no cognitive components.

Acceptance and Commitment Therapy is a mindfulness-based behavioral approach that helps people deal with anxiety by accepting anxious thoughts and bodily sensations rather than trying to suppress or eliminate them, while clearly engaging in actions that are aligned with personal values. The aim is psychological flexibility: being present in the moment, noticing thoughts without overreacting to them, and taking committed actions toward valued life goals even when anxiety is present. In practice, this means learning to experience worry without letting it dominate behavior, using techniques to defuse from thoughts, and choosing behaviors that move you toward what matters most. This therapy is supported by evidence as an effective adjunct to treat anxiety, and it sits within the realm of cognitive-behavioral therapies, but it is not a drug, a genetic modification, or an exposure-only technique.

6. Which screening tool is commonly used for GAD in primary care?

A. PHQ-9

B. HADS-A

C. MMPI

D. GAD-7

Screening in primary care benefits from a brief, validated tool that directly targets the symptoms of GAD and is quick to complete. The GAD-7 is a seven-item self-report scale designed specifically to screen for generalized anxiety disorder and to monitor symptom change in primary care. It asks how often the patient has been bothered by worry and related symptoms over the past two weeks, and its scoring helps identify possible GAD and its severity in a concise format. Its strong psychometric properties—good sensitivity and specificity—and its practicality make it a preferred choice in busy clinics. The other options either focus on depression (PHQ-9), general hospital-based anxiety without specificity to GAD (HADS-A), or are broad personality tests not suited for rapid primary care screening (MMPI).

7. Which term best describes a future-oriented emotion characterized by negative affect, bodily tension, and chronic apprehension?

A. Anxiety

B. Fear

C. Panic

D. Stress

This describes anxiety, a future-oriented emotional state marked by persistent worry, negative mood, and bodily tension. The tension and chronic apprehension reflect anticipatory concern about what might occur, rather than an immediate threat. Fear is an immediate reaction to a present danger and usually directed at a specific stimulus, so it doesn't fit a pervasive, forward-looking worry. Panic is a sudden, intense surge of fear with pronounced physical symptoms that peaks quickly, not a steady, ongoing state. Stress refers to the body's response to demands and can include tension, but it isn't defined primarily as a sustained, future-focused emotion. Thus, anxiety best captures the described pattern.

8. What is the typical course of social phobia?

A. Acute

B. Intermittent

C. Reversible

D. Chronic

Social phobia tends to be a long-lasting condition. It often begins in adolescence and, without treatment, symptoms persist for years and can extend into adulthood. The fear and avoidance in social or performance situations are a chronic pattern rather than short-lived or episodic. While some individuals may experience periods of lower anxiety or partial remission, the overall course is persistent, making chronic the best description. With effective treatment like cognitive-behavioral therapy and/or medications, symptoms can improve, but complete remission is not guaranteed and some symptoms may persist over time.

9. What term describes thoughts/images/impulses that persistently intrude in the mind, despite being unwelcome and causing anxiety?

A. Obsessions

B. Compulsions

C. Traumatic events

D. Delusions

Intrusive, persistent thoughts, images, or urges that keep showing up despite being unwanted and that provoke anxiety are obsessions. These thoughts feel provocative and unwelcome, and people often recognize them as irrational or excessive, which is why they're distressing. In obsessive-compulsive patterns, obsessions are typically followed by compulsions—repetitive behaviors or mental acts aimed at reducing the distress caused by the obsessions. It's important to note that obsessions are the thoughts themselves, whereas compulsions are the reactions to those thoughts. Delusions are fixed false beliefs, not merely intrusive thoughts, and traumatic events refer to experiences that can lead to other disorders, not this intrusive-thought phenomenon.

10. Benzodiazepines in PTSD are best described as which of the following?

A. First-line long-term treatment curing PTSD.

B. Not a primary treatment for PTSD; may be used short-term for severe anxiety or agitation but carry risk of dependence and do not address core PTSD symptoms.

C. Effective for core PTSD symptoms but not for acute anxiety.

D. Not used; benzodiazepines are contraindicated in all PTSD cases.

Benzodiazepines are not a primary or long-term treatment for PTSD. They can dampen acute anxiety or agitation for a brief period, but they do not address the core PTSD symptoms (such as intrusive memories, avoidance, negative mood/cognition changes, and hyperarousal). They also carry a real risk of dependence and withdrawal, can impair learning and memory, and may interfere with trauma-focused therapies like exposure therapy. For these reasons, they're used with caution and only short-term when needed, while evidence-based treatments for PTSD focus on SSRIs/SNRIs and trauma-focused psychotherapies. The idea that they would be effective for core PTSD symptoms is incorrect, and their role is limited to transient symptom relief rather than lasting treatment.

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://anxietydisorders.examzify.com

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