

# Approach to Psychiatric Patient - Behavioral Medicine Practice Test (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. Why is cultural formulation important in psychiatric assessment?**
  - A. It helps interpret symptoms within the patient's cultural context, illness beliefs, language, stigma, and help-seeking patterns, reducing misdiagnosis and improving engagement.**
  - B. It determines the exact pharmacology to use in all cultures.**
  - C. It replaces clinical history and examination.**
  - D. It is only relevant for legal decisions.**
  
- 2. List core components of the Mental Status Examination (MSE).**
  - A. Appearance and behavior; speech; mood and affect; thought process and content; perception; cognition (orientation, attention, memory, abstraction); insight and judgment; reliability; suicide risk; consciousness.**
  - B. Only cognitive testing and memory assessment.**
  - C. Physical health metrics and vital signs.**
  - D. Genetic and family history components.**
  
- 3. What is a collateral historian in the psychiatric evaluation?**
  - A. Clinical information obtained from a third-party source such as family, friends, or caregiver**
  - B. A method of confirming DSM-5 diagnoses**
  - C. A structured cognitive test**
  - D. A routine blood panel for metabolic issues**
  
- 4. Echolalia is most commonly associated with which disorder?**
  - A. Autism spectrum disorder**
  - B. Generalized anxiety disorder**
  - C. Major depressive disorder**
  - D. Schizophrenia**
  
- 5. Thought broadcasting is the belief that which of the following is true?**
  - A. Others can hear or are aware of their thoughts**
  - B. Thoughts are inserted into one's mind by an external source**
  - C. Thoughts are taken out of one's mind**
  - D. They have common sense criticisms**

- 6. The Folstein Mini-Mental Status Exam is used to screen for dementia and delirium and measure cognitive changes over time, but cannot be used as the sole criterion for diagnosing dementia. Its scores range from 0 to 30, with 23 or below suggesting cognitive impairment.**
- A. Used to diagnose dementia definitively with a fixed cutoff score.**
  - B. Used to assess mood disorders and anxiety.**
  - C. Measures only motor function.**
  - D. Used to screen for dementia and delirium and measure cognitive changes over time, but cannot be used as the sole criterion for diagnosing dementia; scores range 0-30 with 23 or below suggesting cognitive impairment.**
- 7. How can sleep disturbances present in psychiatric illness and what initial steps should be taken?**
- A. Sleep disturbances only occur in psychosis; treat with antipsychotics.**
  - B. Insomnia or hypersomnia associated with mood/anxiety disorders; assess sleep hygiene; screen for sleep disorders (e.g., sleep apnea); consider CBT-I; limit long-term benzodiazepine use.**
  - C. Sleep problems are not relevant to psychiatric assessment.**
  - D. Only prescribe sedative hypnotics.**
- 8. How is alcohol withdrawal assessed and managed clinically?**
- A. Assess with CIWA-Ar; treat with titrated benzodiazepines; monitor vitals; administer thiamine to prevent Wernicke's; ensure hydration and electrolyte correction; watch for delirium tremens.**
  - B. Check blood alcohol level only; discharge.**
  - C. Use antipsychotics as baseline.**
  - D. No treatment necessary.**
- 9. Which belief describes Grandiose delusions?**
- A. The belief that others can hear or are aware of their thoughts**
  - B. The belief that one has exceptional abilities, wealth, or fame**
  - C. The belief that someone is controlling their thoughts**
  - D. The belief that health is abnormal**

**10. Which term describes the sense that things in the environment have changed in an unreal or strange way?**

**A. Derealization**

**B. Depersonalization**

**C. Cognition**

**D. Insight**

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## Answers

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

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## **Explanations**

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## 1. Why is cultural formulation important in psychiatric assessment?

- A. It helps interpret symptoms within the patient's cultural context, illness beliefs, language, stigma, and help-seeking patterns, reducing misdiagnosis and improving engagement.**
- B. It determines the exact pharmacology to use in all cultures.**
- C. It replaces clinical history and examination.**
- D. It is only relevant for legal decisions.**

Understanding symptoms within the patient's cultural context is crucial. Cultural formulation guides you to consider how culture shapes how someone experiences and describes distress, what they believe caused it, and what help-seeking patterns they follow, including language and stigma. This approach helps you interpret symptoms in a way that fits the patient's own framework, which reduces the risk of misdiagnosis and makes it easier to engage the patient in care. It provides a structured way to ask about cultural identity, beliefs about illness, the social and environmental supports available, and how these factors affect functioning and treatment preferences. It's not about prescribing pharmacology for every culture, it doesn't replace the clinical history and examination, and it's not limited to legal decisions. Rather, it enhances diagnostic accuracy and strengthens the therapeutic alliance by aligning care with the patient's cultural reality.

## 2. List core components of the Mental Status Examination (MSE).

- A. Appearance and behavior; speech; mood and affect; thought process and content; perception; cognition (orientation, attention, memory, abstraction); insight and judgment; reliability; suicide risk; consciousness.**
- B. Only cognitive testing and memory assessment.**
- C. Physical health metrics and vital signs.**
- D. Genetic and family history components.**

The Mental Status Examination is a structured way to document a patient's current mental functioning across multiple domains, blending what is observed with what the patient reports. It covers appearance and behavior (how they present and move), speech (rate, volume, fluency), mood and affect (subjective mood and outward emotional expression), and thought processes and content (how thoughts are organized and what they're about, including any derailment or delusions). It also includes perception (hallucinations or misperceptions), cognition (orientation, attention, memory, and abstraction), and higher-level functions like insight and judgment (awareness of illness and decision-making ability). Additionally, assessing reliability of the patient's self-report, suicide risk, and level of consciousness or arousal is important for safety and overall mental status. This broad, integrated scope is why it's the best choice: it goes beyond memory or cognitive testing alone to capture the full picture of mental functioning, safety concerns, and capacity, which the other options miss. The other choices are narrower or focus on areas not central to the MSE, such as only cognitive tests, physical health metrics, or genetic/family history.

**3. What is a collateral historian in the psychiatric evaluation?**

- A. Clinical information obtained from a third-party source such as family, friends, or caregiver**
- B. A method of confirming DSM-5 diagnoses**
- C. A structured cognitive test**
- D. A routine blood panel for metabolic issues**

In psychiatric evaluation, a collateral historian is someone other than the patient who provides information about the patient's history, symptoms, and functioning—typically a family member, friend, caregiver, or teacher. This input helps verify the patient's account, clarify onset and course of illness, and illuminate aspects like safety concerns, daily functioning, adherence to treatment, and possible substance use. Collateral information is especially valuable when the patient has memory problems, limited insight, or unreliable recall, because it grounds the assessment in additional perspectives. It informs diagnostic thinking and helps guide treatment and risk management. It is not a method for confirming DSM-5 diagnoses, nor a structured cognitive test, nor a routine metabolic lab panel.

**4. Echolalia is most commonly associated with which disorder?**

- A. Autism spectrum disorder**
- B. Generalized anxiety disorder**
- C. Major depressive disorder**
- D. Schizophrenia**

Echolalia is the automatic repetition of words or phrases spoken by others. It is most strongly associated with autism spectrum disorder, where language and social communication challenges are central and repetitive verbal behaviors are common. While echolalia can appear in other conditions or briefly in typical development, its presence is classically linked to autism, making it the best explanation in this context. Generalized anxiety disorder and major depressive disorder focus on mood and anxiety symptoms rather than persistent, automatic verbal repetition, and while schizophrenia can involve various speech phenomena, echolalia is not the hallmark feature there as it is in autism.

**5. Thought broadcasting is the belief that which of the following is true?**

- A. Others can hear or are aware of their thoughts**
- B. Thoughts are inserted into one's mind by an external source**
- C. Thoughts are taken out of one's mind**
- D. They have common sense criticisms**

Thought broadcasting is the belief that other people can hear or are aware of one's private thoughts. This reflects a breakdown in the boundary between inner mental events and the external world and is a classic symptom seen in psychotic disorders like schizophrenia. It differs from thought insertion (believing thoughts are placed into the mind by an external source) and thought withdrawal (believing thoughts are taken out). The conviction that thoughts are broadcast makes this option the best description of the phenomenon.

6. The Folstein Mini-Mental Status Exam is used to screen for dementia and delirium and measure cognitive changes over time, but cannot be used as the sole criterion for diagnosing dementia. Its scores range from 0 to 30, with 23 or below suggesting cognitive impairment.
- A. Used to diagnose dementia definitively with a fixed cutoff score.
  - B. Used to assess mood disorders and anxiety.
  - C. Measures only motor function.
  - D. Used to screen for dementia and delirium and measure cognitive changes over time, but cannot be used as the sole criterion for diagnosing dementia; scores range 0-30 with 23 or below suggesting cognitive impairment.**

The key idea is that the MMSE is a brief cognitive screening tool, not a diagnostic test. It surveys multiple cognitive domains—orientation, memory, attention, calculation, language, and visuospatial skills—and is useful for flagging cognitive impairment and tracking changes over time. It can help in broad screening contexts (including detecting cognitive issues that might be present in delirium), but a dementia diagnosis cannot be made from the MMSE score alone. The total score ranges from 0 to 30, and a score of 23 or below suggests cognitive impairment, though interpretation must consider education, age, and language background because these factors affect performance. Therefore, the statement that best fits is that the MMSE screens for dementia and delirium and measures cognitive change over time, uses a 0-30 scale, and 23 or below indicates impairment, but it cannot serve as the sole criterion for diagnosing dementia.

7. How can sleep disturbances present in psychiatric illness and what initial steps should be taken?
- A. Sleep disturbances only occur in psychosis; treat with antipsychotics.
  - B. Insomnia or hypersomnia associated with mood/anxiety disorders; assess sleep hygiene; screen for sleep disorders (e.g., sleep apnea); consider CBT-I; limit long-term benzodiazepine use.**
  - C. Sleep problems are not relevant to psychiatric assessment.
  - D. Only prescribe sedative hypnotics.

Sleep disturbances in psychiatric illness often show up as insomnia or hypersomnia and frequently accompany mood and anxiety disorders. A practical, patient-centered approach starts with non-harmful, first-line steps: evaluate sleep hygiene and daily routines, addressing factors like caffeine or alcohol use, irregular schedules, and screen time before bed. Screen for other sleep disorders such as obstructive sleep apnea, restless legs syndrome, and circadian rhythm disturbances, since these require targeted treatment beyond psychiatric care. Consider evidence-based nonpharmacologic therapy for insomnia, with CBT-I as a cornerstone, which uses techniques like sleep restriction, stimulus control, and cognitive strategies to improve sleep without dependency risks. If medication is considered, use it cautiously and avoid relying on benzodiazepines or other sedative-hypnotics long-term due to dependence, tolerance, and potential adverse effects on mood and cognition. Importantly, improving sleep often enhances the overall psychiatric condition, so address the underlying mood or anxiety disorder while implementing these sleep-focused steps. For circadian-related issues, emphasize regular light exposure and a consistent sleep-wake schedule to help normalize sleep patterns.

## 8. How is alcohol withdrawal assessed and managed clinically?

- A. Assess with CIWA-Ar; treat with titrated benzodiazepines; monitor vitals; administer thiamine to prevent Wernicke's; ensure hydration and electrolyte correction; watch for delirium tremens.**
- B. Check blood alcohol level only; discharge.**
- C. Use antipsychotics as baseline.**
- D. No treatment necessary.**

Alcohol withdrawal is best managed with a symptom-driven approach that uses a standardized scale to guide treatment. The CIWA-Ar tool quantifies withdrawal severity across symptoms such as tremors, agitation, autonomic changes, anxiety, and confusion, and the score directly informs how much benzodiazepine to give, aiming to prevent seizures and delirium while easing distress. Benzodiazepines are the first-line pharmacologic treatment because they safely offset the hyperadrenergic state that drives withdrawal and are titratable to the patient's needs; the goal is to suppress withdrawal symptoms without oversedation. Simultaneously, preventive and supportive care is essential: provide thiamine to prevent Wernicke's encephalopathy in people with chronic alcohol use, ideally before or with glucose administration, and correct hydration and electrolytes (potassium, magnesium, phosphate) since imbalances raise seizure risk and complicate recovery. Delirium tremens is a potential life-threatening progression that requires vigilant monitoring of vitals, mental status, and fluid status, with escalation to more intensive care if instability or severe agitation occurs. Relying solely on a blood alcohol level without assessing symptoms misses the dynamic nature of withdrawal, and using antipsychotics as a baseline treatment does not address the underlying withdrawal physiology. No treatment at all is unsafe given the risk of severe complications.

## 9. Which belief describes Grandiose delusions?

- A. The belief that others can hear or are aware of their thoughts**
- B. The belief that one has exceptional abilities, wealth, or fame**
- C. The belief that someone is controlling their thoughts**
- D. The belief that health is abnormal**

Grandiose delusions are a delusional belief in an inflated sense of self-importance. People with this type of delusion may claim they have exceptional abilities, enormous wealth, or famous status, or believe they possess unique powers or a special destiny. This contrasts with beliefs where someone thinks others can hear their thoughts (thought broadcasting), or that someone is secretly controlling their thoughts (delusions of thought control), or that their health is abnormal (somatic or health-related delusions). So the statement describing grandiose delusions is the belief that one has extraordinary abilities, wealth, or fame.

**10. Which term describes the sense that things in the environment have changed in an unreal or strange way?**

**A. Derealization**

**B. Depersonalization**

**C. Cognition**

**D. Insight**

Derealization is a perceptual disturbance in which the external environment feels unreal, dreamlike, or changed in a way that makes it seem unfamiliar or distorted. This sense that the world isn't quite real distinguishes it from normal perception and from other experiences of dissociation. It often accompanies anxiety, panic, stress, or dissociative disorders, and can occur with certain medical conditions or substance effects.

Depersonalization, by contrast, is a sense of detachment from one's own thoughts, feelings, or body, as if you're an outside observer of yourself. Cognition refers to thinking processes like memory, attention, and reasoning. Insight is the person's awareness of their own mental state or illness. So the experience described—things in the environment appearing unreal or strange—fits derealization.

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## 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](mailto:hello@examzify.com).**

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

**<https://approachtopsychptbehavioralmed.examzify.com>**

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

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