# APPROACH TO PSYCHIATRIC PATIENT – BEHAVIORAL MEDICINE PRACTICE TEST (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 feature is most characteristic of dissociative identity disorder?**

A. Memory gaps with no identity changes.

B. Mixed mood symptoms with multiple states.

C. Two or more distinct identities with amnesia between states; dissociative amnesia involves inability to recall autobiographical information usually related to trauma.

D. Sleep disturbance.

**2. In addiction treatment planning, which statement best matches the preparation stage of change?**

A. Plan concrete steps and set a quit date.

B. Do nothing.

C. Rely on denial.

D. Maintenance strategies.

**3. The clock drawing test in MoCA assesses what?**

A. Visuospatial ability and executive function

B. Language fluency

C. Attention

D. Memory recall

**4. Which statement best differentiates a manic/hypomanic episode from a depressive episode in bipolar disorder on first assessment?**

A. Mania/hypomania includes elevated or irritable mood with increased energy and decreased need for sleep

B. Mania is always delusional

C. Depression never includes fatigue

D. Bipolar disorder cannot have depressive episodes

**5. Which of the following is a required component of PTSD diagnostic criteria?**

A. Exposure to actual or threatened death, serious injury, or sexual violence

B. Recurrent pleasant daydreaming

C. Symptoms lasting less than one month

D. Ego-syntonic thoughts about traumatic event

**6. Influence/control delusions refer to which of the following?**

A. Belief that one has exceptional abilities, wealth, or fame

B. Being controlled by an outside person or force

C. Thinking that TV is directed at them

D. Thoughts are being inserted into their mind

**7. Which term best describes speech that is rapid and difficult to interrupt, often seen in mania?**

A. Alogia

B. Pressured speech

C. Incongruent affect

D. Psychomotor retardation

**8. Which thought process features a sudden interruption of speed in mid sentence or before completion of idea, commonly observed in schizophrenia?**

A. Confabulation

B. Word salad thought process

C. Preservation

D. Thought blocking

**9. Which statement best differentiates factitious disorder from malingering?**

A. Factitious disorder involves intentional symptom production for internal psychological gain.

B. Malingering involves intentional symptom production to obtain external incentives.

C. Both conditions involve conscious deception for internal psychological gain.

D. Factitious disorder is always voluntary and intended for external rewards.

**10. Which delusion involves the belief that thoughts have been taken out of one's mind without their control?**

A. Thought broadcasting

B. Thought withdrawal

C. Ideas of reference

D. Somatic delusions

# Answers

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

# Explanations

**1. Which feature is most characteristic of dissociative identity disorder?**

A. Memory gaps with no identity changes.

B. Mixed mood symptoms with multiple states.

C. Two or more distinct identities with amnesia between states; dissociative amnesia involves inability to recall autobiographical information usually related to trauma.

D. Sleep disturbance.

*Two or more distinct identities or personality states with amnesia between states is the hallmark of dissociative identity disorder. When someone shifts from one identity to another, there are often significant gaps in memory for events, personal information, or daily life that cannot be explained by ordinary forgetfulness. This pattern reflects a dissociative process tied to trauma and leads to confusion and impairment as different self-states take control at different times. The memory gaps described without any change in identity fit dissociative amnesia rather than DID, and sleep problems or mood fluctuations alone do not capture the defining disruption of having multiple identities.*

**2. In addiction treatment planning, which statement best matches the preparation stage of change?**

A. Plan concrete steps and set a quit date.

B. Do nothing.

C. Rely on denial.

D. Maintenance strategies.

*Preparation stage is when someone is getting ready to take action and begins planning how to change. In addiction treatment planning, this means outlining concrete steps to change and setting a target quit date. This shows commitment to move forward and start the changes soon, by turning intent into a structured plan. The other options reflect different stages or coping patterns: doing nothing indicates no readiness to change yet; relying on denial is avoidance of change; maintenance strategies belong to sustaining change after action has begun.*

**3. The clock drawing test in MoCA assesses what?**

A. Visuospatial ability and executive function

B. Language fluency

C. Attention

D. Memory recall

*Visuospatial processing and executive planning are what the clock drawing task primarily evaluates. In this task, the person must reproduce a clock face, place the numbers in their proper places, and set the hands to a specified time. Doing this accurately requires organizing space on the page, recognizing the circular layout, and sequencing steps to represent the time—all of which rely on visuospatial skills plus the ability to plan, monitor, and adjust the actions taken. When these abilities are impaired, errors such as misplacing numbers, mis-sizing the clock, or incorrect hand placement occur, signaling potential early cognitive issues. This task does not primarily assess language fluency, attention, or memory recall, which involve different cognitive demands.*

**4. Which statement best differentiates a manic/hypomanic episode from a depressive episode in bipolar disorder on first assessment?**

A. Mania/hypomania includes elevated or irritable mood with increased energy and decreased need for sleep

B. Mania is always delusional

C. Depression never includes fatigue

D. Bipolar disorder cannot have depressive episodes

*The distinguishing feature on first assessment is the presence of an elevated or irritable mood with markedly increased energy and a decreased need for sleep. This combination is characteristic of manic or hypomanic states and sets them apart from depressive episodes, which center on low mood, anhedonia, and fatigue rather than heightened energy or sleep reduction. Mania can include psychotic features like delusions, but delusions are not required for mania. Depression frequently involves fatigue and sleep disturbances, but not a decreased need for sleep. Bipolar disorder can include depressive episodes, so the statement that it cannot is incorrect.*

**5. Which of the following is a required component of PTSD diagnostic criteria?**

A. Exposure to actual or threatened death, serious injury, or sexual violence

B. Recurrent pleasant daydreaming

C. Symptoms lasting less than one month

D. Ego-syntonic thoughts about traumatic event

*Exposure to actual or threatened death, serious injury, or sexual violence is required for PTSD. This trauma exposure is what anchors the diagnosis and can be direct experience, witnessing the event, learning that it happened to a close family member or friend, or repeated exposure to details of the event (as with some professionals). Without this kind of exposure, the PTSD criteria aren't met, even if other symptoms are present. Others don't fit as the defining feature. Recurrent pleasant daydreaming isn't a PTSD pattern; PTSD involves intrusive, distressing memories rather than pleasant fantasies. Symptoms lasting less than one month point to acute stress disorder rather than PTSD. Thoughts about the traumatic event that are ego-syntonic would imply alignment with the self, whereas PTSD symptoms are typically distressing and ego-dystonic.*

**6. Influence/control delusions refer to which of the following?**

A. Belief that one has exceptional abilities, wealth, or fame

B. Being controlled by an outside person or force

C. Thinking that TV is directed at them

D. Thoughts are being inserted into their mind

*Influence/control delusions are a type of passivity belief where a person feels that external forces are directly governing their thoughts, feelings, or actions. It's the sense that an outside agent—another person, a force, or even a supernatural power—is manipulating what they think or do, rather than these thoughts and movements arising from themselves. For example, someone might believe that a hidden entity is controlling their movements or that their thoughts are being directed by someone else. This differs from grandiose delusions (believing one has extraordinary abilities), ideas of reference (believing neutral events, like TV programs, are personally about them), or thought insertion (believing thoughts are placed into their mind by others).*

**7. Which term best describes speech that is rapid and difficult to interrupt, often seen in mania?**

A. Alogia

B. Pressured speech

C. Incongruent affect

D. Psychomotor retardation

*Speech in mania often becomes pressured: thoughts race, energy to talk is high, and there's a strong urge to keep speaking, making it rapid and hard to interrupt. This pattern reflects the heightened psychomotor activity and racing thoughts that drive belief that speech must go on without pauses. Alogia describes reduced speech or poverty of content, not rapidity. Incongruent affect is a mismatch between mood and expression, not about how fast someone speaks. Psychomotor retardation involves slowing of movement and speech, not speeding up. So the best description for this rapid, interruptible-averse speech is pressured speech.*

**8. Which thought process features a sudden interruption of speed in mid sentence or before completion of idea, commonly observed in schizophrenia?**

A. Confabulation

B. Word salad thought process

C. Preservation

D. Thought blocking

*Thought blocking is the sudden interruption of the train of thought, causing speech to stop mid-sentence or before the idea is completed. In schizophrenia, this reflects a disruption in the flow of thought and the ability to maintain ongoing speech. The person may start talking and then abruptly pause, sometimes unable to recall what they were going to say, which can be distressing. This differs from confabulation, which is filling in memory gaps with plausible but false information; from word salad, which is severely disorganized and nonsensical speech; and from preservation, which is the repetitive sticking to a word or idea rather than an abrupt interruption of thought. Thought blocking best explains the sudden halt in speech seen in this context.*

**9. Which statement best differentiates factitious disorder from malingering?**

A. Factitious disorder involves intentional symptom production for internal psychological gain.

B. Malingering involves intentional symptom production to obtain external incentives.

C. Both conditions involve conscious deception for internal psychological gain.

D. Factitious disorder is always voluntary and intended for external rewards.

*The key idea is the motive behind faking or producing symptoms. Factitious disorder involves deliberately fabricating or exaggerating symptoms with the aim of taking on the sick role and receiving care, attention, and psychological comfort—an internal psychological gain. Malingering, on the other hand, also involves intentional symptom production, but the motive is external: to obtain tangible rewards or avoid something, such as money, drugs, disability benefits, or work/legal advantages. That contrast in motivation is what best differentiates the two. So, the statement that factitious disorder involves intentional symptom production for internal psychological gain correctly captures the distinguishing feature. The other options either misstate malingering's motive (external incentives) or incorrectly attribute internal gain to both conditions or external rewards to factitious disorder.*

**10. Which delusion involves the belief that thoughts have been taken out of one's mind without their control?**

A. Thought broadcasting

B. Thought withdrawal

C. Ideas of reference

D. Somatic delusions

*Thought withdrawal is a delusion in which a person believes that thoughts have been removed from their mind by an external force without their control. The experience feels as if thoughts are being pulled out or taken away, leaving the individual powerless to stop it. This is a classic passivity phenomenon related to disturbances of thought content and control. This is different from thought broadcasting, where the person believes their thoughts are being transmitted to others; ideas of reference, where ordinary events are interpreted as having special personal meaning; and somatic delusions, which center on false beliefs about the body. That contrast helps anchor why withdrawal specifically fits the described belief.*

# 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://approachtopsychptbehavioralmed.examzify.com

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