

# Clinical Psychology Vocabulary Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>16</b>

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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. Which of the following is a positive symptom of schizophrenia?**
  - A. Avolition**
  - B. Alogia**
  - C. Auditory hallucinations**
  - D. Anhedonia**
  
- 2. Which behavioral therapy is commonly used to treat phobias by gradual exposure?**
  - A. Exposure Therapy**
  - B. Flooding**
  - C. Modeling**
  - D. Systematic Desensitization**
  
- 3. Which mental health professional is a medical doctor who can prescribe medications and perform surgery?**
  - A. Clinical psychologist**
  - B. Psychoanalysts**
  - C. Psychiatrist**
  - D. Counseling psychologist**
  
- 4. What is ACT in psychotherapy?**
  - A. A psychoanalytic approach focusing on childhood conflicts.**
  - B. Acceptance and Commitment Therapy, a behavioral approach focusing on acceptance of thoughts and commitment to values-based actions.**
  - C. A pharmacological treatment using antipsychotics.**
  - D. A cognitive technique focusing on thought suppression.**
  
- 5. Which class of medications used to treat schizophrenia can produce Parkinson-like symptoms and tardive dyskinesia as side effects?**
  - A. Antianxiety drugs**
  - B. Antidepressant drugs**
  - C. Antipsychotic drugs (neuroleptics)**
  - D. ECT**

- 6. Sigmund Freud's therapeutic technique emphasized free associations, resistances, dreams, and transferences as routes to insight. Which therapy is this?**
- A. Cognitive therapy**
  - B. Psychoanalysis**
  - C. Humanistic therapy**
  - D. Biopsychosocial therapy**
- 7. Which disorder involves interpreting normal physical sensations as symptoms of disease, previously called hypochondriasis?**
- A. Illness Anxiety Disorder**
  - B. Somatic Symptom Disorder**
  - C. Conversion Disorder**
  - D. Factitious Disorder**
- 8. Alcoholics Anonymous is an example of which type of group described in mental health vocabulary?**
- A. Self-help groups**
  - B. Therapy groups**
  - C. Support groups**
  - D. Psychoeducational groups**
- 9. Delirium features:**
- A. A disturbance of attention and awareness with rapid onset, fluctuations, and cognitive disturbances, due to a medical condition or substance.**
  - B. A mood disorder characterized by persistent sadness.**
  - C. A sleep disorder with irregular cycles.**
  - D. A progressive neurodegenerative disease.**
- 10. Define reductionism risk in psychiatric diagnosis.**
- A. Oversimplifying complex mental phenomena to a single cause, level, or mechanism, potentially overlooking interacting factors.**
  - B. The belief that mental disorders are purely biological**
  - C. The idea that therapy is always effective**
  - D. The assumption that behavior is always socially determined**

## Answers

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

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## **Explanations**

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**1. Which of the following is a positive symptom of schizophrenia?**

- A. Avolition**
- B. Alogia**
- C. Auditory hallucinations**
- D. Anhedonia**

The main idea here is telling apart positive from negative symptoms of schizophrenia. Positive symptoms are experiences or behaviors that add something abnormal to a person's mental life, such as perceptions or thoughts that aren't based in reality. Among these, hearing voices—auditory hallucinations—is a classic example because it adds an internal sensory experience that others do not share. Auditory hallucinations are considered a positive symptom because they present an added reality: the person hears sounds or voices without any external source. In contrast, the other options reflect negative symptoms, which involve a reduction or absence of normal functions. Avolition is a lack of motivation to initiate or sustain goal-directed activity; alogia is diminished speech output; and anhedonia is a reduced ability to experience pleasure. So, the reason auditory hallucinations are the best answer is that they illustrate an added, abnormal experience characteristic of positive symptoms, whereas the others show deficits in normal functioning.

**2. Which behavioral therapy is commonly used to treat phobias by gradual exposure?**

- A. Exposure Therapy**
- B. Flooding**
- C. Modeling**
- D. Systematic Desensitization**

Gradual exposure to the feared stimulus, paired with a relaxation or coping skills component, is the hallmark of systematic desensitization. In this approach, you start by learning to relax deeply, then work through a fear hierarchy—from mildly anxious situations to the most feared. As you progress through each step, you expose yourself to the trigger in a controlled way while maintaining that relaxation, so the anxiety gradually diminishes and the fear response becomes less triggered over time. This combination of gradual exposure with relaxation helps rewire the fear association more calmly than trying to confront the fear all at once. Flooding involves immediate, intense exposure to the most feared stimuli, which can be effective for some but is not gradual. Modeling relies on observing others confront the fear and imitate their behavior, rather than gradually pairing exposure with relaxation. Exposure therapy is a broad term that can include gradual exposure, but systematic desensitization specifies the structured, stepwise approach with relaxation that is particularly designed for phobias.

**3. Which mental health professional is a medical doctor who can prescribe medications and perform surgery?**

- A. Clinical psychologist**
- B. Psychoanalysts**
- C. Psychiatrist**
- D. Counseling psychologist**

The key idea is identifying who among mental health professionals has a medical degree and can prescribe medications. A psychiatrist is a medical doctor who completes medical school and then specialized training in psychiatry, which equips them to diagnose both medical and mental health conditions and to treat mental illness with prescription medications and other medical approaches. Other professionals in psychology focus on therapy and assessment and generally do not have prescribing rights, so they can't provide the medication management that psychiatrists offer.

**4. What is ACT in psychotherapy?**

- A. A psychoanalytic approach focusing on childhood conflicts.**
- B. Acceptance and Commitment Therapy, a behavioral approach focusing on acceptance of thoughts and commitment to values-based actions.**
- C. A pharmacological treatment using antipsychotics.**
- D. A cognitive technique focusing on thought suppression.**

ACT stands for Acceptance and Commitment Therapy, a behavioral approach that centers on accepting thoughts and feelings rather than trying to eliminate them, and taking action guided by personal values. The aim is to increase psychological flexibility—the ability to stay present, open up to experiences, and commit to actions that reflect what matters most, even when distressing thoughts or emotions are present. Key ideas include recognizing thoughts as mental events (defusion), practicing nonjudgmental acceptance, staying in contact with the present moment, seeing the self as a perspective observing experiences, clarifying values, and taking committed steps toward valued behavior. This differs from freudian-style psychoanalysis, which focuses on childhood conflicts; from pharmacological treatment, which uses medications; and from cognitive techniques that primarily aim to change or suppress thoughts. ACT emphasizes living a meaningful life despite internal experiences.

**5. Which class of medications used to treat schizophrenia can produce Parkinson-like symptoms and tardive dyskinesia as side effects?**

- A. Antianxiety drugs
- B. Antidepressant drugs
- C. Antipsychotic drugs (neuroleptics)**
- D. ECT

The main idea here is that certain medications used to treat schizophrenia can cause movement problems because they block dopamine in brain pathways that control movement. Antipsychotic drugs, especially the older or typical ones, block D2 receptors in the nigrostriatal pathway. This dopamine blockade reduces motor activity and can produce Parkinson-like symptoms such as tremor, rigidity, and slowed movements. With long-term use, these changes can lead to tardive dyskinesia, a syndrome of involuntary, repetitive movements (often of the face, tongue, or limbs) that can persist even after stopping the drug. The other options don't typically produce this classic set of movement disorders. Antianxiety drugs mainly cause sedation and dependency issues. Antidepressants may have a range of side effects but are not known for causing the Parkinsonian motor syndrome as a primary effect. ECT is a treatment option and can have cognitive side effects, but it does not cause Parkinson-like symptoms through receptor blockade.

**6. Sigmund Freud's therapeutic technique emphasized free associations, resistances, dreams, and transferences as routes to insight. Which therapy is this?**

- A. Cognitive therapy
- B. Psychoanalysis**
- C. Humanistic therapy
- D. Biopsychosocial therapy

Freud's approach aims to uncover unconscious influences shaping thoughts and behavior through methods that bring hidden material into awareness. Free association invites whatever comes to mind, allowing repressed content to surface. When the patient shows resistance—defenses that block certain topics—the analyst interprets these patterns because they point to underlying conflicts. Dreams are seen as symbolic messages from the unconscious, so dream interpretation seeks latent meaning beneath the manifest content. Transference occurs when the patient redirects feelings from important people in life onto the therapist, and analyzing this pattern reveals unresolved issues from earlier relationships. Taken together, these elements define a therapy built on insight into unconscious processes and the enduring influence of early experiences. In contrast, other approaches focus more on present thoughts and behaviors, personal growth and the therapeutic relationship, or a broad biopsychosocial framework rather than these specific techniques.

**7. Which disorder involves interpreting normal physical sensations as symptoms of disease, previously called hypochondriasis?**

- A. Illness Anxiety Disorder**
- B. Somatic Symptom Disorder**
- C. Conversion Disorder**
- D. Factitious Disorder**

This item checks your understanding of illness anxiety versus somatic concerns. The key idea is preoccupation with having or acquiring a serious illness, even when there are few or no physical symptoms to explain distress. Interpreting ordinary bodily sensations as signs of disease—like feeling a lump, a twinge, or a headache and instantly worrying it signals a life-threatening illness—fits this pattern. The shift from the old term hypochondriasis to illness anxiety disorder reflects this focus on health threat worry rather than on the presence of actual symptoms alone. People with this pattern often seek excessive reassurance or engage in constant health checking, and their anxiety tends to persist despite medical reassurance. In contrast, somatic symptom disorder centers on real, distressing bodily symptoms themselves and the disproportionate thoughts and behaviors those symptoms provoke. Conversion disorder involves neurological symptoms that cannot be explained by medical tests. Factitious disorder involves intentionally producing or feigning symptoms to assume the sick role.

**8. Alcoholics Anonymous is an example of which type of group described in mental health vocabulary?**

- A. Self-help groups**
- B. Therapy groups**
- C. Support groups**
- D. Psychoeducational groups**

Self-help, peer-led mutual support is the key idea here. Alcoholics Anonymous is organized around people who share a common problem and support each other in maintaining sobriety, with leadership and facilitation coming from fellow members rather than a licensed clinician. The emphasis is on personal experience, storytelling, accountability, and shared strategies, all built through voluntary participation and a non-professional structure. This sets it apart from therapy groups, which are led by trained clinicians and focus on formal treatment goals and techniques; and from psychoeducational groups, which center on teaching information and skills about a condition through a structured curriculum. While support groups can overlap in purpose, AA's defining feature is its self-directed, peer-driven mutual aid format.

## 9. Delirium features:

- A. A disturbance of attention and awareness with rapid onset, fluctuations, and cognitive disturbances, due to a medical condition or substance.**
- B. A mood disorder characterized by persistent sadness.**
- C. A sleep disorder with irregular cycles.**
- D. A progressive neurodegenerative disease.**

Delirium is defined by an abrupt disturbance in attention and awareness that develops over hours to days and tends to fluctuate in severity throughout the day, along with a change in cognition (such as memory deficits, disorientation, language, or perceptual disturbances). Importantly, this syndrome is caused by another medical condition or by a substance (or withdrawal), rather than being a primary psychiatric disorder or a purely neurodegenerative process. This combination of impaired attention and awareness, acute and fluctuating onset, and an underlying medical or substance-related cause is what distinguishes delirium from other conditions. The other options describe a mood disorder, a sleep-wake disorder, and a progressive neurodegenerative disease, respectively, which do not capture the core delirium features.

## 10. Define reductionism risk in psychiatric diagnosis.

- A. Oversimplifying complex mental phenomena to a single cause, level, or mechanism, potentially overlooking interacting factors.**
- B. The belief that mental disorders are purely biological**
- C. The idea that therapy is always effective**
- D. The assumption that behavior is always socially determined**

Reductionism risk in psychiatric diagnosis refers to the danger of reducing complex mental phenomena to a single cause, a single level of analysis, or a single mechanism. When we pin a patient's symptoms to one factor—biological, psychological, or social alone—we can miss how these domains interact to produce the full picture. This oversimplification can lead to misdiagnosis or treatment that doesn't address all contributing factors, such as ignoring life history, environmental stressors, cultural context, or multiple co-occurring problems. It's a reminder to use a biopsychosocial view rather than a one-factor explanation. The other options describe related ideas (beliefs about biology, therapy effectiveness, or social determinism) but they don't capture the diagnostic risk of collapsing a multifaceted condition into a single cause or level.

## 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://clinicalpsychologyvocab.examzify.com>**

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

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