CLINICAL PSYCHOLOGY VOCABULARY PRACTICE TEST (SAMPLE)

STUDY GUIDE

Prepare with structure. Pass with confidence

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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. **According to DSM-5-TR criteria, Major Depressive Disorder requires at least five of nine symptoms during the same 2-week period, with at least one being depressed mood or anhedonia, and the symptoms must cause distress or impairment.**

   A. At least five of nine DSM-5-TR symptoms must be present during the same 2-week period, with at least one being depressed mood or anhedonia

   B. At least five of nine DSM-5-TR symptoms present during the same 2-week period, with at least one being depressed mood or anhedonia, and the symptoms must cause clinically significant distress or impairment

   C. At least two symptoms must be present for one week

   D. All nine symptoms must be present for two weeks

2. **Which psychosurgical procedure cut the nerves connecting the frontal lobes to the emotion-controlling centers of the inner brain?**

   A. Lobotomy

   B. Psychoanalysis

   C. Psychosurgery

   D. Clinical psychologist

3. **Which therapy is conducted with groups rather than individuals, offering social interaction benefits?**

   A. Family therapy

   B. Group therapy

   C. Token economy

   D. Virtual reality exposure therapy

4. **OCD obsessions vs compulsions: BEST describes obsessions:**

   A. Repetitive behaviors performed in response to obsessions.

   B. Obessions are mood disturbances.

   C. Obsessions are intrusive thoughts.

   D. A cognitive bias toward optimism.

5. **Dissociative Amnesia is a dissociative disorder characterized by memory loss for autobiographical information.**

   A. Dissociative Amnesia

   B. Depersonalization/Derealization Disorder

   C. Acute Stress Disorder

   D. Posttraumatic Stress Disorder

6. Which neurodevelopmental disorder is characterized by inattention and hyperactivity?

A. Epigenetics

B. ADHD

C. Anxiety Disorders

D. Medical Model

7. Drugs used to control anxiety and agitation; increase GABA in brain; Ex: Xanax or Ativan (benzodiazepines) what are they?

A. Antidepressant drugs

B. Antipsychotic drugs (neuroleptics)

C. Psychopharmacology

D. Antianxiety drugs (anxiolytics)

8. Which disorder involves intense fear and avoidance of social situations due to fear of being judged?

A. Generalized Anxiety Disorder

B. Panic Disorder

C. Social Anxiety Disorder

D. Agoraphobia

9. Which of the following is an example of a neurodevelopmental disorder?

A. Autism spectrum disorder

B. Major depressive disorder

C. Generalized anxiety disorder

D. Substance use disorder

10. Emotional regulation is defined as:

A. The capacity to monitor, evaluate, and modify emotional responses.

B. The ability to identify and label emotions without changing their intensity.

C. The automatic, reflexive response to emotional stimuli.

D. The ability to regulate emotional responses to reduce distress; deficits linked to mood and anxiety disorders.

Answers

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

Explanations

1. According to DSM-5-TR criteria, Major Depressive Disorder requires at least five of nine symptoms during the same 2-week period, with at least one being depressed mood or anhedonia, and the symptoms must cause distress or impairment.

A. At least five of nine DSM-5-TR symptoms must be present during the same 2-week period, with at least one being depressed mood or anhedonia

B. At least five of nine DSM-5-TR symptoms present during the same 2-week period, with at least one being depressed mood or anhedonia, and the symptoms must cause clinically significant distress or impairment

C. At least two symptoms must be present for one week

D. All nine symptoms must be present for two weeks

Understanding this question means focusing on how Major Depressive Disorder is defined in the DSM-5-TR. The diagnosis requires five or more of the nine possible depressive symptoms occurring during the same two-week period, and at least one of those symptoms must be depressed mood or anhedonia (loss of interest or pleasure). In addition, these symptoms must cause clinically significant distress or impairment in functioning, such as in social, work, or other important areas. The impairment part is crucial because it distinguishes a diagnosable mood disorder from milder or temporary sadness. Also, not all nine symptoms need to be present—five or more suffice—as long as one is depressed mood or anhedonia and the period is two weeks. Choices that omit the impairment criterion, or require fewer symptoms, or demand all nine symptoms, don't align with the DSM-5-TR criteria.

2. Which psychosurgical procedure cut the nerves connecting the frontal lobes to the emotion-controlling centers of the inner brain?

A. Lobotomy

B. Psychoanalysis

C. Psychosurgery

D. Clinical psychologist

The main idea here is understanding what a lobotomy does in psychosurgery. A lobotomy is a surgical procedure that disconnects the frontal lobes from the brain's emotion-regulating centers in the limbic system. By severing those pathways, the influence of intense emotions and impulses is reduced, which was historically thought to lessen disturbing symptoms in severe psychiatric cases. This aligns with describing nerves connecting the frontal lobes to emotion centers as being cut. Psychoanalysis, by contrast, is a form of talk therapy aimed at exploring unconscious thoughts rather than altering brain structure. Psychosurgery is the broad category that includes procedures like lobotomy, but the term itself isn't a single procedure. A clinical psychologist is a professional who provides therapy and assessment, not a surgical intervention.

3. Which therapy is conducted with groups rather than individuals, offering social interaction benefits?

A. Family therapy

B. Group therapy

C. Token economy

D. Virtual reality exposure therapy

Group therapy involves therapy conducted with multiple clients at the same time, which creates opportunities for social interaction and learning from others. In this setting, participants hear diverse perspectives, share coping strategies, receive feedback, and practice interpersonal skills in a supportive, structured environment. This makes it the best fit for a therapy experience designed around group dynamics and social benefits. The other approaches differ in focus and delivery. Family therapy centers on the relationships and interactions within a family unit rather than a broader group of unrelated clients. A token economy is a behavioral reinforcement system used to shape behavior, not a standalone group-based therapy. Virtual reality exposure therapy typically involves one-on-one sessions where a individual is gradually exposed to feared stimuli within a controlled VR environment.

4. OCD obsessions vs compulsions: BEST describes obsessions:

A. Repetitive behaviors performed in response to obsessions.

B. Obessions are mood disturbances.

C. Obsessions are intrusive thoughts.

D. A cognitive bias toward optimism.

The idea being tested is what obsessions in OCD look like. Obsessions are persistent, intrusive, unwanted thoughts, images, or urges that pop into consciousness and cause considerable distress. They are experienced as involuntary and often feel alien or irrational, yet the person can't easily shake them off. This is why they're described as intrusive thoughts. The other descriptions don't fit obsessions: repetitive behaviors done in response to fears or urges are compulsions—actions meant to reduce the distress caused by obsessions. Obsessions aren't mood disturbances; they're cognitive intrusions, not mood states. And a cognitive bias toward optimism isn't a defining feature of OCD obsessions.

5. Dissociative Amnesia is a dissociative disorder characterized by memory loss for autobiographical information.

A. Dissociative Amnesia

B. Depersonalization/Derealization Disorder

C. Acute Stress Disorder

D. Posttraumatic Stress Disorder

The key idea is that this disorder centers on memory loss for personal life details. Dissociative amnesia is defined by an inability to recall important autobiographical information, usually after a traumatic or stressful event, that goes beyond ordinary forgetfulness and is not due to another medical condition or substance. This memory gap can be limited to a specific event or span a broader portion of the person's life, and it may occur with or without other dissociative symptoms. Other disorders described here involve different core features—such as a sense of unreality in depersonalization/derealization, or the range of trauma-related symptoms like intrusion, avoidance, and hyperarousal found in acute stress disorder and PTSD—so they do not center on autobiographical memory loss. Therefore, the statement correctly identifies dissociative amnesia.

6. Which neurodevelopmental disorder is characterized by inattention and hyperactivity?

A. Epigenetics

B. ADHD

C. Anxiety Disorders

D. Medical Model

This question tests your ability to recognize ADHD as a neurodevelopmental disorder defined by patterns of inattention and hyperactivity-impulsivity. Inattention refers to trouble sustaining focus, organizing tasks, following through on instructions, and remembering details. Hyperactivity-impulsivity involves restlessness, excessive fidgeting or talking, and acting without thinking through consequences. When these symptoms are persistent, start before a certain age, and cause clear impairment across settings (like home and school), they meet the criteria for ADHD. Other options describe different ideas rather than a diagnosis with these behavioral features. Epigenetics is about how gene expression is regulated, not a clinical disorder. Anxiety disorders involve excessive fear or worry rather than the specific pattern of inattention plus hyperactivity. The medical model is a framework for understanding illness, not a specific neurodevelopmental syndrome.

7. Drugs used to control anxiety and agitation; increase GABA in brain; Ex: Xanax or Ativan (benzodiazepines) what are they?

A. Antidepressant drugs

B. Antipsychotic drugs (neuroleptics)

C. Psychopharmacology

D. Antianxiety drugs (anxiolytics)

Anxiolytics are drugs used to calm anxiety and reduce agitation. They work by increasing the activity of GABA, the brain's main inhibitory neurotransmitter, which dampens neural firing and produces a calming effect. Benzodiazepines like Xanax and Ativan are classic examples of this class. This makes the label a precise fit for drugs meant to ease anxious symptoms. In contrast, antidepressants are defined by mood-related effects and often target serotonin or norepinephrine rather than GABA; antipsychotics address psychotic or severe mood symptoms; and psychopharmacology refers to the study of how drugs affect the mind, not a specific drug category.

8. Which disorder involves intense fear and avoidance of social situations due to fear of being judged?

A. Generalized Anxiety Disorder

B. Panic Disorder

C. Social Anxiety Disorder

D. Agoraphobia

Intense fear of social situations because of worry about being judged is the hallmark of Social Anxiety Disorder. This condition leads to avoidance or extreme distress in social settings, driven by a fear of negative evaluation by others. The focus is on how others might scrutinize or embarrass you, which differentiates it from fears that are panic-related or broad and non-specific. Generalized Anxiety Disorder involves persistent worry across many areas, not confined to social performance. Panic Disorder centers on recurrent panic attacks and fear of having more, rather than fear of social scrutiny. Agoraphobia is about fear of places or situations where one might feel trapped or unable to escape, often in the context of panic symptoms, not specifically about being judged in social interactions. So, the best choice is the one that centers on social evaluation concerns and avoidance in social contexts.

9. Which of the following is an example of a neurodevelopmental disorder?

A. Autism spectrum disorder

B. Major depressive disorder

C. Generalized anxiety disorder

D. Substance use disorder

Neurodevelopmental disorders are conditions that begin during the developmental period, typically in childhood, and reflect atypical brain development that affects communication, behavior, and learning. Autism spectrum disorder exemplifies this pattern because it starts early in life and involves persistent difficulties with social communication and interaction, along with restricted and repetitive behaviors. The other options describe mood, anxiety, or substance-related disorders, which generally emerge later and are not defined by early developmental brain differences. So autism spectrum disorder is the example that best fits the neurodevelopmental category.

10. Emotional regulation is defined as:

A. The capacity to monitor, evaluate, and modify emotional responses.

B. The ability to identify and label emotions without changing their intensity.

C. The automatic, reflexive response to emotional stimuli.

D. The ability to regulate emotional responses to reduce distress; deficits linked to mood and anxiety disorders.

Regulating emotions means actively guiding and modulating emotional responses so they are manageable and adaptive, with the goal of reducing distress and supporting functioning. This view fits best with research showing that having the ability to modulate emotions helps people cope and that difficulties in this regulation are linked to mood and anxiety disorders. So the emphasis on both reducing distress and the clinical relevance makes this option the most accurate description of emotional regulation in practice. Think about the other ideas: simply monitoring, labeling, or evaluating emotions describes awareness or recognition rather than shaping how intense or long the emotion feels. An automatic, reflexive response implies no regulatory control at all. The strongest statement is the one that centers on regulation to lessen distress and note its importance in psychopathology, tying regulation to real-world outcomes.

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://clinicalpsychologyvocab.examzify.com

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