

CLINICAL PSYCHOLOGY VOCABULARY PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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 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

- 2. What is the name of a psychological disorder where symptoms are bodily in form without an identifiable medical cause, and includes Illness Anxiety Disorder and Conversion Disorder?**
 - A. Somatic Symptom Disorder
 - B. Illness Anxiety Disorder
 - C. Conversion Disorder
 - D. Factitious Disorder

- 3. Catatonia features:**
 - A. Tremor limited to the fingers.
 - B. Stupor, mutism, negativism, rigidity, or posturing.
 - C. Rapid rhythmic movements.
 - D. Fluctuating coarse tremor.

- 4. Which form specifically assesses stability of a measure across time?**
 - A. Inter-rater reliability
 - B. Internal consistency
 - C. Test-retest reliability
 - D. Content validity

- 5. Cronbach's alpha is used to assess**
 - A. Internal consistency
 - B. Test-retest reliability
 - C. Validity
 - D. Diagnostic utility

- 6. In the realm of neurocognitive disorders, which condition is characterized by acute onset, fluctuating attention, and disturbances in awareness?**
- A. Parkinson's Disease
 - B. Alzheimer's Disease
 - C. Delirium
 - D. Stroke
- 7. Which form evaluates agreement among scorers or across items within a test?**
- A. Test-retest reliability
 - B. Inter-rater/internal consistency reliability
 - C. Sensitivity
 - D. Specificity
- 8. What is the general term for treatment involving psychological techniques delivered through interactions with a trained therapist?**
- A. Cognitive therapy
 - B. Psychoanalysis
 - C. Psychotherapy
 - D. Pharmacotherapy
- 9. Which treatment involves exposure to bright light in a timed daily session to regulate mood, often used for Seasonal Affective Disorder?**
- A. EMDR
 - B. ECT
 - C. Antidepressant drugs
 - D. Light Exposure Therapy
- 10. Which therapeutic approach emphasizes the therapeutic relationship and the client's self-actualization, often associated with Carl Rogers?**
- A. Psychoanalysis
 - B. Cognitive therapy
 - C. Humanistic therapy
 - D. Eclectic therapy

Answers

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

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Explanations

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1. 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.

2. What is the name of a psychological disorder where symptoms are bodily in form without an identifiable medical cause, and includes Illness Anxiety Disorder and Conversion Disorder?

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

At the heart of this idea is a pattern where physical symptoms arise or are reported but there isn't an identifiable medical condition to explain them, and these symptoms are paired with disproportionate thoughts, feelings, or behaviors. Somatic Symptom Disorder captures this broad pattern: people have one or more distressing somatic symptoms and also show excessive anxiety, health-related behaviors, or time and energy devoted to the symptoms. Illness Anxiety Disorder, by contrast, is primarily a preoccupation with having or acquiring a serious illness, often with little or no somatic symptoms. Conversion Disorder describes a specific type of neurological symptom (such as paralysis or blindness) that cannot be explained by medical disease, reflecting a functional rather than organic origin. Factitious Disorder involves deliberately falsifying symptoms for psychological gain. Because the scenario describes bodily symptoms without a medical explanation and the condition encompasses related disorders such as illness anxiety and conversion within the same framework, the best-fitting label is Somatic Symptom Disorder.

3. Catatonia features:

- A. Tremor limited to the fingers.
- B. Stupor, mutism, negativism, rigidity, or posturing.**
- C. Rapid rhythmic movements.
- D. Fluctuating coarse tremor.

Catatonia is defined by a marked psychomotor disturbance, where the person may become unresponsive and immobile or show rigid, statue-like postures. Classic features include stupor or mutism (reduced or no verbal output), negativism (opposition or refusal to follow instructions), rigidity, and posturing. These signs reflect a disruption in motor behavior and engagement with the environment, which is distinct from other movement phenomena. Tremor restricted to the fingers, rapid rhythmic movements, or fluctuating coarse tremor do not fit this pattern. Those signs point to other motor disorders such as tremor disorders or chorea and do not capture the characteristic immobility, mutism, and rigidity seen in catatonia.

4. Which form specifically assesses stability of a measure across time?

- A. Inter-rater reliability
- B. Internal consistency
- C. Test-retest reliability**
- D. Content validity

Temporal stability of a measure over time is assessed by examining how consistent scores are when the same people take the test on separate occasions. This is captured by test-retest reliability: you administer the measure at two points and look at the correlation between the two sets of scores. A high correlation indicates the instrument yields similar results across time, suggesting it is measuring a stable trait rather than something that fluctuates or is heavily affected by measurement error. Considerations include choosing an appropriate time interval; if it's too short, memory or practice effects can inflate stability, and if it's too long, real changes in the construct can deflate it. Inter-rater reliability concerns agreement between different raters and does not address time stability. Internal consistency looks at how well the items relate to each other within a single administration, not across time. Content validity concerns whether the instrument covers the intended domain, not how scores hold up over time. Therefore, the form that specifically assesses stability across time is test-retest reliability.

5. Cronbach's alpha is used to assess

A. Internal consistency

B. Test-retest reliability

C. Validity

D. Diagnostic utility

Cronbach's alpha is a statistic used to measure internal consistency—the extent to which items on a scale all tap the same underlying construct. When a multi-item questionnaire aims to assess a single trait or concept, you want the items to behave as a coherent group, showing that they share common variance. Cronbach's alpha does this by examining the average inter-item correlations and the number of items; as the items align more closely with one another, the alpha increases, indicating the scale is functioning as a unified measure. A higher alpha suggests the total score derived from adding or averaging the items is more reliable as an index of that construct. This focus on how items relate to each other is different from other reliability and validity notions. Test-retest reliability concerns stability of scores over time, so it requires administering the same scale on two occasions. Validity asks whether the scale actually measures the intended construct, which is about meaning and accuracy rather than how consistently items relate. Diagnostic utility involves how well the tool aids in identifying a condition, which depends on thresholds and decision rules beyond internal consistency. In practice, a reasonable Cronbach's alpha supports aggregating item responses into a single score, but researchers also watch for redundancy—very high values can indicate items are duplicative rather than adding new information.

6. In the realm of neurocognitive disorders, which condition is characterized by acute onset, fluctuating attention, and disturbances in awareness?

A. Parkinson's Disease

B. Alzheimer's Disease

C. Delirium

D. Stroke

Delirium is defined by an abrupt change in mental status with inattention and a reduced, fluctuating level of awareness. It comes on quickly—over hours to days—and the person's ability to focus or sustain attention, as well as their overall awareness of the environment, can wax and wane throughout the day. Along with this attention disturbance, there is a cognitive disturbance (such as disorganized thinking or memory problems) that cannot be explained by a preexisting neurocognitive disorder. Because delirium is usually triggered by an underlying medical condition, infection, metabolic imbalance, toxin, or medication effect, recognizing and treating the underlying cause is essential. This pattern differs from conditions like Alzheimer's disease, which shows a gradual memory and cognitive decline with relatively stable alertness early on; Parkinson's disease, where motor symptoms are central and cognitive changes come later; and stroke, which typically presents with sudden focal neurological deficits rather than a global, fluctuating disturbance of attention and awareness.

7. Which form evaluates agreement among scorers or across items within a test?

- A. Test-retest reliability
- B. Inter-rater/internal consistency reliability**
- C. Sensitivity
- D. Specificity

Reliability is about consistency of measurement. The form that focuses on agreement among scorers or across items within a test combines two aspects: inter-rater reliability and internal consistency reliability. Inter-rater reliability asks whether different evaluators score the same behavior in the same way, which is crucial when multiple clinicians or researchers rate a behavior or symptom. Internal consistency reliability examines whether the items on a test all reflect the same underlying construct and thus tend to correlate with one another. Together, these aspects ensure that a test yields stable, coherent scores across raters and items. Statistics like Cohen's kappa or intra-class correlations capture agreement between raters, while Cronbach's alpha assesses how well the items work together as a set. By contrast, test-retest reliability measures score stability over time, and sensitivity and specificity relate to diagnostic accuracy rather than agreement or internal consistency.

8. What is the general term for treatment involving psychological techniques delivered through interactions with a trained therapist?

- A. Cognitive therapy
- B. Psychoanalysis
- C. Psychotherapy**
- D. Pharmacotherapy

Psychotherapy is the general term for treatment that uses psychological techniques delivered through interactions with a trained therapist. It covers a wide range of approaches—talk therapies, behavioral strategies, and insight-oriented methods—all aimed at understanding and changing thoughts, emotions, and behaviors within a collaborative therapeutic relationship. The focus is on using psychological methods rather than medications, and it isn't limited to a single method. For example, cognitive therapy is a specific form of psychotherapy that targets distorted thinking, psychoanalysis is another particular approach that explores unconscious processes, and pharmacotherapy involves medications rather than talk-based techniques.

9. Which treatment involves exposure to bright light in a timed daily session to regulate mood, often used for Seasonal Affective Disorder?

- A. EMDR
- B. ECT
- C. Antidepressant drugs
- D. Light Exposure Therapy**

Light exposure therapy involves a timed daily session with a bright light box to influence circadian rhythms and mood. This approach is especially used for Seasonal Affective Disorder because reduced daylight can disrupt sleep-wake cycles and brain chemistry; the daily bright light helps shift the biological clock and boosts mood-related neurotransmitters, often alleviating symptoms. That matching description is why this is the best choice. Other treatments differ in approach: EMDR is a therapy designed to process trauma through bilateral stimulation; electroconvulsive therapy uses controlled seizures for severe depression; antidepressant drugs work by altering brain chemistry through medications.

10. Which therapeutic approach emphasizes the therapeutic relationship and the client's self-actualization, often associated with Carl Rogers?

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

The focus here is the humanistic approach to psychotherapy, which centers on the therapeutic relationship and the client's own growth toward self-actualization. Carl Rogers is the founder most closely associated with this perspective, especially through client-centered (or person-centered) therapy. In this approach, the therapist isn't directing or interpreting for the client; instead, they provide a nonjudgmental, supportive atmosphere characterized by unconditional positive regard, empathic understanding, and genuineness. This safe, collaborative environment helps clients explore their experiences, values, and feelings, leading to greater self-awareness and the motivation to grow toward their own ideal self. This stands in contrast to approaches that emphasize different focal points: psychoanalysis looks at unconscious conflicts and past experiences revealed through techniques like free association and interpretation; cognitive therapy focuses on identifying and restructuring distorted thoughts to alter emotions and behavior; eclectic therapy blends elements from multiple theories. The defining feature here is the central importance of the client–therapist relationship and the client's own path to self-actualization.

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!

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