COGNITIVE COMMUNICATION TEST 2 PRACTICE (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 of the following is NOT a treatment for middle to late stages of dementia?

A. Reminiscence Therapy

B. Montessori

C. Validation

D. Memory Books

2. Which assessment tool is listed as a go-to test for someone in the early stages of cognitive decline?

A. ABCD-2

B. MMSE

C. MoCA

D. GDS

3. What approach is appropriate for reorientation in earlier stages of dementia?

A. Relying only on verbal reassurance

B. Forcing to memorize long lists

C. Using cues such as signs, routines, and familiar environmental supports.

D. Avoiding any cues to prevent confusion

4. What is the role of the Speech-Language Pathologist (SLP) in medication management?

A. Educate on effects and support communication, but do not prescribe.

B. Prescribe medications.

C. Replace a physician in prescribing.

D. Manage scheduling of medications.

5. Which statement best describes the role of speech-language pathologists in dementia care?

A. SLPs diagnose dementia.

B. SLPs only provide therapy for speech problems.

C. SLPs can screen and provide interventions but cannot diagnose.

D. SLPs manage medications.

6. Intersectionality describes that

A. People have lots of identities at once, and all of them together affect their experiences. Not just one part of who they are—everything mixed together matters. Example: Being bilingual, older, and low-income all at the same time affects someone differently than just one of those things alone.

B. Identity is determined by a single factor, such as age alone.

C. Cultural background is irrelevant to care outcomes.

D. Intersectionality describes that people have many identities that affect experiences in combination.

7. What is the purpose of memory boxes in dementia care?

A. To store clinical notes.

B. To record care schedules.

C. To hold personal items, photos, and hobby-related objects to help recognition.

D. To show family photos only.

8. What should family counseling emphasize in later-stage dementia?

A. Comfort, connection, and ongoing engagement

B. Complete cessation of care decisions by families

C. Sole focus on medication adjustments

D. Isolating the person from family interactions

9. What are Social determinants of health (SDOH)?

A. Non-medical conditions (income, education, housing, language, racism) that influence health and care outcomes.

B. Medical diagnoses only

C. Genetic predispositions

D. Hospital location

10. In the WHO-ICF bio-psycho-social model, which statement is true?

A. The medical diagnosis is the sole predictor of daily activities.

B. The medical diagnosis is NOT the only factor that predicts daily activities or life participation.

C. Daily activities are entirely determined by medication compliance.

D. Life participation is unaffected by personal goals or environment.

Answers

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

Explanations

1. Which of the following is NOT a treatment for middle to late stages of dementia?

A. Reminiscence Therapy

B. Montessori

C. Validation

D. Memory Books

In middle to late dementia care, interventions that minimize cognitive load while still promoting engagement and emotional well-being are most effective. Memory books aim to trigger reminiscence by providing personal photos, milestones, and written cues. As dementia progresses, retrieving past memories and constructing coherent narratives becomes increasingly difficult, so engaging with a memory book often offers limited benefit and is not typically used as a primary treatment in later stages. In contrast, reminiscence therapy can be tailored with flexible prompts to elicit social interaction without relying on accurate recall, validation therapy focuses on soothing emotions and maintaining connection, and Montessori-based activities use simple, purposeful tasks that align with the person's current abilities to reduce confusion and support independence.

2. Which assessment tool is listed as a go-to test for someone in the early stages of cognitive decline?

A. ABCD-2

B. MMSE

C. MoCA

D. GDS

MoCA is favored because it screens multiple cognitive domains that are often affected early, especially executive function, attention, and visuospatial skills, not just memory. This broader, more sensitive scope makes it better at catching mild cognitive impairment before symptoms become obvious. The test is designed with a relatively low ceiling, includes an optional education adjustment, and typically takes about 10 minutes to administer, which helps detect subtle changes that other tools miss. By contrast, the ABCD-2 is a stroke-risk assessment, not a cognitive measure. The MMSE is older and less sensitive to mild deficits, often missing early impairment. The GDS focuses on mood and depressive symptoms, which can mimic cognitive problems but doesn't directly measure cognitive function. So MoCA's combination of broad domain coverage and higher sensitivity explains why it's the go-to for early cognitive decline.

3. What approach is appropriate for reorientation in earlier stages of dementia?

A. Relying only on verbal reassurance

B. Forcing to memorize long lists

C. Using cues such as signs, routines, and familiar environmental supports.

D. Avoiding any cues to prevent confusion

In early dementia, reorientation is best supported by using cues from the environment and consistent routines. Signs, labels, and familiar environmental supports give external reference points that help a person recognize where they are, what time it is, and what comes next, without relying solely on memory. These cues tap into preserved abilities to respond to familiar, predictable contexts and reduce cognitive load, making navigation and daily activities feel more manageable. Verbal reassurance alone doesn't provide lasting orientation because it depends on memory that's already declining. Forcing someone to memorize long lists adds unnecessary strain and is unlikely to be effective. Avoiding cues removes helpful anchors and can increase confusion. With clear cues and steady routines, reorientation becomes smoother and supports smoother participation in daily life.

4. What is the role of the Speech-Language Pathologist (SLP) in medication management?

A. Educate on effects and support communication, but do not prescribe.

B. Prescribe medications.

C. Replace a physician in prescribing.

D. Manage scheduling of medications.

The role of the Speech-Language Pathologist in medication management is about understanding how medicines can affect communication and swallowing and working with the medical team to keep therapy safe and effective. SLPs do not prescribe medications; prescribing is the physician's job. Instead, they educate patients and families about potential medication effects on speech, language, cognition, and swallowing, such as drowsiness, dry mouth, slowed swallow reflex, or voice changes that could impact therapy goals. They monitor for changes in swallowing safety or communication performance when a new medication is started or a dose changes, and they adapt therapy plans and strategies accordingly. They collaborate with doctors, pharmacists, and caregivers to coordinate care, ensuring that medication use supports, rather than hinders, communication and swallowing outcomes. If side effects interfere with safety or participation in therapy, the SLP can advocate for appropriate medical review, but the actual prescribing is done by the physician.

5. Which statement best describes the role of speech-language pathologists in dementia care?

A. SLPs diagnose dementia.

B. SLPs only provide therapy for speech problems.

C. SLPs can screen and provide interventions but cannot diagnose.

D. SLPs manage medications.

The main idea is that speech-language pathologists focus on communication and swallowing support in dementia care, not on medical diagnosis or prescribing medications. They play a key role in screening for changes in language, cognition affecting communication, and swallowing safety, then provide interventions to help the person communicate more effectively and safely swallow, along with training for caregivers and strategies to compensate for difficulties. They may offer cognitive-communication therapy and use aids or techniques like cueing, reminiscence-based strategies, or alternative communication methods to maximize functional communication as the dementia progresses. Diagnosing dementia and managing medications are medical tasks handled by physicians and other healthcare professionals, not SLPs. That's why the statement that best fits is: SLPs can screen and provide interventions but cannot diagnose.

6. Intersectionality describes that

A. People have lots of identities at once, and all of them together affect their experiences. Not just one part of who they are—everything mixed together matters. Example: Being bilingual, older, and low-income all at the same time affects someone differently than just one of those things alone.

B. Identity is determined by a single factor, such as age alone.

C. Cultural background is irrelevant to care outcomes.

D. Intersectionality describes that people have many identities that affect experiences in combination.

Intersectionality looks at how multiple aspects of who someone is—like language, age, income, race, gender, and culture—work together to shape experiences and outcomes. It isn't just about adding up separate factors; it's about how these identities intersect and interact with social systems to create unique barriers or advantages. For example, being bilingual, older, and low-income can produce challenges in care access that arise from the combination of language needs, age-related care considerations, and financial constraints, not from any single factor alone. That's why the best description is that people have many identities that affect experiences in combination—the effects come from their interaction, not just a simple sum. The other statements miss this relational aspect: a single-factor view ignores how identities compound, and claiming that culture is irrelevant to care overlooks its real influence on communication and care preferences.

7. What is the purpose of memory boxes in dementia care?

A. To store clinical notes.

B. To record care schedules.

C. To hold personal items, photos, and hobby-related objects to help recognition.

D. To show family photos only.

Memory boxes are used to support recognition and engagement by providing tangible, personal cues from a person's life. They typically contain items with meaning to the individual—photos, personal belongings, and objects related to hobbies or daily routines. Seeing these things can trigger memories, invite conversation, and help the person feel connected to their identity, which can reduce confusion and anxiety. They aren't about storing clinical notes or care schedules, which are administrative tools rather than memory aids. And while family photos can be part of a memory box, the value comes from a broader set of items that reflect the person's history and interests, not just images. For best effect, tailor the box to the person and keep it accessible in their living space.

8. What should family counseling emphasize in later-stage dementia?

A. Comfort, connection, and ongoing engagement

B. Complete cessation of care decisions by families

C. Sole focus on medication adjustments

D. Isolating the person from family interactions

In later-stage dementia, family counseling should center on ensuring comfort, preserving connection, and keeping the person engaged in meaningful ways. Comfort means addressing physical symptoms, minimizing distress, and creating routines and environments that feel safe and soothing. Connection focuses on continuing to treat the person as a valued individual, using warm, respectful communication, familiar voices, touch, and nonverbal cues to convey care even when words are limited. Ongoing engagement involves activities and interactions aligned with the person's history and current abilities—such as music, reminiscence, simple daily tasks, and sensory experiences—that provide purpose and a sense of participation. This approach supports quality of life as cognitive function declines, offering practical strategies for caregivers and helping families share in decisions that honor the person's comfort and social needs. While medications may be part of overall care, they don't replace the importance of emotional support, predictable routines, and caregiver collaboration. Encouraging continued family involvement and meaningful interaction helps reduce isolation and maintains dignity for the person living with dementia.

9. What are Social determinants of health (SDOH)?

A. Non-medical conditions (income, education, housing, language, racism) that influence health and care outcomes.

B. Medical diagnoses only

C. Genetic predispositions

D. Hospital location

Social determinants of health are the non-medical conditions that shape health outcomes and how people experience care. These include factors like income, education, housing stability, language or literacy, access to transportation, racism and discrimination, neighborhood safety, and availability of healthy foods. They influence both what people can do to stay healthy and how easily they can access and receive good care. For example, limited income can make it hard to buy medications or nutritious foods; language barriers can affect understanding of medical advice; chronic stress from discrimination can worsen health; unsafe neighborhoods can limit physical activity and access to services. Because these influences come from social and environmental contexts rather than from medical diagnoses or genetics, they are distinct from B and C, and broader than a single factor like hospital location.

10. In the WHO-ICF bio-psycho-social model, which statement is true?

A. The medical diagnosis is the sole predictor of daily activities.

B. The medical diagnosis is NOT the only factor that predicts daily activities or life participation.

C. Daily activities are entirely determined by medication compliance.

D. Life participation is unaffected by personal goals or environment.

In the WHO ICF bio-psycho-social model, how a person functions in daily life and participates in life activities comes from a dynamic interaction between the health condition, personal factors, and environmental factors—not from the medical diagnosis alone. The diagnosis identifies what condition is present, but it does not by itself determine how well someone can perform daily activities or engage in life roles. Personal aspects like motivation, coping strategies, and goals, along with environmental aspects such as social support, accessibility, and policies, can either facilitate or hinder functioning. That's why the true statement reflects that the medical condition is not the only predictor of daily activities or life participation. For example, two people with the same diagnosis might have very different participation levels because one has a supportive environment or stronger personal goals, while the other faces barriers or lacks resources. The other ideas imply that functioning is ruled by the diagnosis alone, by medication adherence alone, or that life participation doesn't depend on personal aims or surroundings, which doesn't align with this holistic view.

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:

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