DSM-5 Case Studies Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

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 disorder is characterized by severe temper outbursts in a child that are out of proportion to the situation, occurring across multiple settings for at least 12 months, with persistently irritable mood between outbursts?**

   A. Oppositional Defiant Disorder

   B. Attention-Deficit/Hyperactivity Disorder

   C. Disruptive Mood Dysregulation Disorder

   D. Conduct Disorder

2. **A 26-year-old loses a spouse and experiences persistent longing, preoccupation with the deceased, and difficulty accepting the death for more than a year, with distress and impairment.**

   A. Major Depressive Disorder

   B. Prolonged Grief Disorder

   C. Generalized Anxiety Disorder

   D. Adjustment Disorder

3. **A 30-year-old man experiences a significant emotional or behavioral reaction to a stressful life event (e.g., job loss, divorce, relocation) that is excessive in intensity or duration and causes distress and impairment.**

   A. Generalized Anxiety Disorder

   B. Major Depressive Disorder

   C. Adjustment Disorder

   D. Panic Disorder

4. **Which DSM-5 diagnosis best fits a 19-year-old man who engages in recurrent self-inflicted harm such as cutting or burning to regulate emotions, with these behaviors occurring at least five days per week for the past year and causing significant distress and impairment?**

   A. Nonsuicidal Self-Injury Disorder

   B. Major Depressive Disorder

   C. Generalized Anxiety Disorder

   D. Somatic Symptom Disorder

5. Loss of muscle atonia during REM sleep with enacted dreams causing injury to self or partner.

A. REM Sleep Behavior Disorder

B. Nightmare Disorder

C. Narcolepsy

D. Obstructive Sleep Apnea Hypopnea Syndrome

6. A 25-year-old man experiences episodes of mania and depression. During manic episodes, he has racing thoughts, inflated self-esteem, decreased need for sleep, and engages in impulsive behaviors like excessive spending or risky sexual activity. During depressive episodes, he feels worthless, loses interest, and has sleep disturbances. Which diagnosis best accounts for these cycling mood states?

A. Bipolar I

B. Major Depressive Disorder

C. Bipolar II

D. Cyclothymic Disorder

7. Which personality disorder is described by odd beliefs, magical thinking, perceptual distortions, and social discomfort?

A. Paranoid Personality Disorder

B. Schizoid Personality Disorder

C. Schizotypal Personality Disorder

D. Narcissistic Personality Disorder

8. Which diagnosis best fits the vignette of a 25-year-old woman who rarely experiences sexual desire or arousal or pleasure during sexual activity, after ruling out medical causes?

A. Female sexual interest/arousal disorder

B. Erectile disorder

C. Female orgasmic disorder

D. Genito-pelvic pain/penetration disorder

9. A patient exhibits neurological symptoms such as weakness and seizure-like episodes that are not medically explained and appear to worsen with attention; there is no voluntary control. Which diagnosis best fits?

A. Somatic Symptom Disorder

B. Illness Anxiety Disorder

C. Hoarding Disorder

D. Functional Neurological Symptom Disorder

10. Which disorder is best described by fear of abandonment and unstable relationships, often accompanied by self-harm or reckless behavior to cope?

A. Narcissistic Personality Disorder

B. Histrionic Personality Disorder

C. Borderline Personality Disorder

D. Dependent Personality Disorder

Answers

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

Explanations

1. Which disorder is characterized by severe temper outbursts in a child that are out of proportion to the situation, occurring across multiple settings for at least 12 months, with persistently irritable mood between outbursts?

A. Oppositional Defiant Disorder

B. Attention-Deficit/Hyperactivity Disorder

C. Disruptive Mood Dysregulation Disorder

D. Conduct Disorder

The main point here is a pattern of severe, out-of-proportion temper outbursts that occur frequently and across settings, paired with a persistently irritable mood between episodes. That combination—outbursts that are extreme for the situation, occurring in more than one setting for a substantial period, with mood between episodes that stays irritable—points to Disruptive Mood Dysregulation Disorder. This diagnosis is specifically about this kind of chronic mood dysregulation in children, starting before age 10 and lasting at least a year in multiple settings. Oppositional Defiant Disorder centers on a persistent pattern of defiant, argumentative behavior and irritability, but the hallmark is not the combination of severe, frequent outbursts plus a mood that's irritable between episodes across multiple settings for a year. Conduct Disorder involves more serious violations of others' rights and social norms, such as aggression or property destruction, rather than a pervasive irritable mood between episodes. ADHD focuses on inattention and/or hyperactivity-impulsivity rather than sustained mood dysregulation. So the described pattern aligns best with Disruptive Mood Dysregulation Disorder.

2. A 26-year-old loses a spouse and experiences persistent longing, preoccupation with the deceased, and difficulty accepting the death for more than a year, with distress and impairment.

A. Major Depressive Disorder

B. Prolonged Grief Disorder

C. Generalized Anxiety Disorder

D. Adjustment Disorder

Prolonged Grief Disorder is diagnosed when bereavement-related distress remains intense and impairment-causing well beyond what is typically expected, with symptoms centered on the deceased and the loss. In this case, the person shows persistent longing and preoccupation with the spouse, along with difficulty accepting the death, and these features persist for more than a year with clear distress and impairment. The duration criterion matters: for adults, symptoms lasting beyond about a year after a loss point toward a grief-specific disorder rather than ordinary bereavement. This pattern is not best explained by Major Depressive Disorder, which centers on a pervasive depressed mood or anhedonia and a broader range of depressive symptoms that aren't anchored specifically to the loss. Generalized Anxiety Disorder involves chronic, excessive worry across many domains rather than a grief-focused response to a particular death. Adjustment Disorder would involve emotional or behavioral symptoms in response to a specific stressor that typically does not persist for a full year beyond the stressor's end.

3. A 30-year-old man experiences a significant emotional or behavioral reaction to a stressful life event (e.g., job loss, divorce, relocation) that is excessive in intensity or duration and causes distress and impairment.

A. Generalized Anxiety Disorder

B. Major Depressive Disorder

C. Adjustment Disorder

D. Panic Disorder

Adjustment Disorder occurs when emotional or behavioral symptoms develop in response to an identifiable stressor and are out of proportion to the stressor or cause significant impairment in functioning. The timing matters: these symptoms arise within a short window after the stressor and, once the stressor or its effects end, the symptoms don't persist for more than a limited period. In this scenario, the man's emotional or behavioral reaction is tied to a specific stressful life event and is excessive in intensity or duration, producing distress and impairment—precisely what Adjustment Disorder describes. Other disorders don't fit as neatly. Generalized Anxiety Disorder involves chronic, pervasive worry across many domains for at least six months, not tied to a single identifiable stressor. Major Depressive Disorder requires a Major depressive episode with a cluster of symptoms lasting at least two weeks, not specifically linked to a particular stressor. Panic Disorder centers on recurrent panic attacks and fear of having more attacks, rather than a disproportionate response to a stressor.

4. Which DSM-5 diagnosis best fits a 19-year-old man who engages in recurrent self-inflicted harm such as cutting or burning to regulate emotions, with these behaviors occurring at least five days per week for the past year and causing significant distress and impairment?

A. Nonsuicidal Self-Injury Disorder

B. Major Depressive Disorder

C. Generalized Anxiety Disorder

D. Somatic Symptom Disorder

Engaging in self-injury with the clear motive of regulating intense emotions, on a high frequency and with resulting distress or impairment, points to Nonsuicidal Self-Injury Disorder. The pattern described—self-harm (cutting or burning) occurring five or more days in the past year and used to manage emotions—fits the frequency criterion, and the behavior causes clinically significant distress and impairment. Importantly, the behavior is nonsuicidal in intent, and there's no information suggesting it's better explained by another disorder. The other options don't align with the primary issue here. Major Depressive Disorder would require a broader constellation of mood symptoms (depressed mood, anhedonia, changes in sleep or appetite, concentration issues, etc.) for at least two weeks. Generalized Anxiety Disorder centers on excessive, pervasive worry with physical symptoms, not self-injury used as a mood-regulation strategy. Somatic Symptom Disorder involves disproportionate thoughts and responses to physical symptoms, which isn't described here. So, the presentation best fits Nonsuicidal Self-Injury Disorder.

5. Loss of muscle atonia during REM sleep with enacted dreams causing injury to self or partner.

A. REM Sleep Behavior Disorder

B. Nightmare Disorder

C. Narcolepsy

D. Obstructive Sleep Apnea Hypopnea Syndrome

This pattern reflects REM Sleep Behavior Disorder, where the normal muscle atonia that should occur during REM sleep is lost. Because of this, people enact their dreams physically, which can include kicking, punching, or jumping out of bed, often injuring themselves or their sleeping partner. The key to understanding why this is the best fit is that the dream content is acted out rather than being simply recalled with distress, and the behavior starts during REM sleep when atonia should prevent movement. On testing like polysomnography, you'd see REM without atonia, which confirms the diagnosis. This differs from nightmare disorder, where distressing dreams cause awakenings and recall but without the person acting out the dream. Narcolepsy centers on daytime sleepiness and features like cataplexy, sleep paralysis, and hypnagogic hallucinations, not dream enactment during REM. Obstructive sleep apnea involves repetitive airway obstruction during sleep with symptoms like snoring and gasping, not dream-based motor activity.

6. A 25-year-old man experiences episodes of mania and depression. During manic episodes, he has racing thoughts, inflated self-esteem, decreased need for sleep, and engages in impulsive behaviors like excessive spending or risky sexual activity. During depressive episodes, he feels worthless, loses interest, and has sleep disturbances. Which diagnosis best accounts for these cycling mood states?

A. Bipolar I

B. Major Depressive Disorder

C. Bipolar II

D. Cyclothymic Disorder

This item tests recognizing a manic episode plus depressive episodes as a Bipolar I pattern. In Bipolar I, there is at least one manic episode—an abnormally elevated or irritable mood with increased activity that lasts at least a week (or causes hospitalization) and includes symptoms such as decreased need for sleep, inflated self-esteem, racing thoughts, pressured speech, and impulsive or risky behavior. The vignette describes exactly these manic features. It also describes depressive symptoms like worthlessness, loss of interest, and sleep disturbances, which can accompany Bipolar I as part of major depressive episodes. The combination of a clearly manic episode with depressive episodes best fits Bipolar I. If the presentation were only hypomania plus depression, that would suggest Bipolar II; if mood symptoms were milder and chronic without meeting full criteria for mania or major depression, cyclothymic disorder would be considered; and if mood disturbance were solely depressive without manic-type episodes, Major Depressive Disorder would be the fit.

7. Which personality disorder is described by odd beliefs, magical thinking, perceptual distortions, and social discomfort?

A. Paranoid Personality Disorder

B. Schizoid Personality Disorder

C. Schizotypal Personality Disorder

D. Narcissistic Personality Disorder

This item tests recognizing schizotypal personality features. The described pattern—odd beliefs, magical thinking, perceptual distortions, and social discomfort in close relationships—fits schizotypal personality disorder. People with this disorder often hold unusual beliefs or engage in magical thinking that influences events, may experience perceptual distortions, and act in ways that others find odd or eccentric. They also experience significant anxiety in social situations, leading to discomfort with close relationships, and their thinking or speech can seem unusual. This places them on the schizophrenia spectrum but without full psychosis. In contrast, paranoid personality disorder centers on pervasive distrust and suspiciousness toward others, not magical thinking. Schizoid personality disorder is defined by social detachment and a restricted emotional range, with little interest in close relationships or others' opinions. Narcissistic personality disorder involves grandiosity, a need for admiration, and a lack of empathy, not the features described here.

8. Which diagnosis best fits the vignette of a 25-year-old woman who rarely experiences sexual desire or arousal or pleasure during sexual activity, after ruling out medical causes?

A. Female sexual interest/arousal disorder

B. Erectile disorder

C. Female orgasmic disorder

D. Genito-pelvic pain/penetration disorder

The main idea here is about a persistent reduction in sexual desire and the corresponding lack of arousal or pleasure in a woman who is sexually active. In DSM-5 this pattern fits Female Sexual Interest/Arousal Disorder. The diagnosis is considered when there is at least a six-month history of diminished or absent sexual interest/arousal or reduced pleasure during sexual activity, causing clinically significant distress or impairment, and after medical causes have been ruled out and other conditions or substances don't better explain the symptoms. The vignette—a 25-year-old woman who rarely experiences desire, arousal, or pleasure—matches these criteria, provided medical issues have been excluded. The other options don't fit as well: Erectile disorder is specific to men and their ability to achieve or maintain an erection; female orgasmic disorder centers on difficulty reaching orgasm rather than a lack of desire or arousal; genito-pelvic pain/penetration disorder involves pain or fear during penetration, which isn't described here.

9. A patient exhibits neurological symptoms such as weakness and seizure-like episodes that are not medically explained and appear to worsen with attention; there is no voluntary control. Which diagnosis best fits?

A. Somatic Symptom Disorder

B. Illness Anxiety Disorder

C. Hoarding Disorder

D. Functional Neurological Symptom Disorder

This item is about recognizing functional neurological symptom disorder, where neurological symptoms are real to the patient but not explained by any medical condition and are not under voluntary control. The weakness and seizure-like episodes described are not consistent with known neurological diseases, and they cause distress or impairment. A hallmark here is that the symptoms can be influenced by attention—often worsening when the person focuses on them—yet there's no deliberate production of symptoms. This distinguishes functional neurological symptoms from intentional feigning (malingering) or other disorders. In contrast, somatic symptom disorder centers on distress and excessive worry about having serious illnesses in the face of symptoms, illness anxiety disorder on preoccupation with illness with little or no somatic symptoms, and hoarding disorder on persistent difficulty discarding possessions. The presentation of nonphysiological, attention-tempered neurologic symptoms best aligns with functional neurological symptom disorder.

10. Which disorder is best described by fear of abandonment and unstable relationships, often accompanied by self-harm or reckless behavior to cope?

A. Narcissistic Personality Disorder

B. Histrionic Personality Disorder

C. Borderline Personality Disorder

D. Dependent Personality Disorder

Fear of abandonment paired with unstable relationships points to a pattern of intense emotional swings and impulsive coping. In this presentation, relationships are typically volatile, shifting from extreme closeness to anger or distrust in short periods, and the person may go to self-harm or engage in reckless behavior as a way to manage overwhelming emotions or to test whether others will stay. This combination—marked affective instability, frantic or unstable relationships, and impulsive self-harming or risky actions—is a hallmark of borderline personality disorder. The other options describe different patterns: narcissistic personality disorder centers on grandiosity and a need for admiration; histrionic personality disorder emphasizes dramatic, attention-seeking behavior; dependent personality disorder involves excessive reliance on others and fear of separation but not the same pervasive emotional instability and impulsivity seen in this condition.

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://dsm5casestudies.examzify.com

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