DSM-5 CASE STUDIES PRACTICE TEST (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 DSM-5 diagnosis best fits a 35-year-old man with recurrent and intense desires to experience pain or humiliation during sexual activity, with injuries and years of engagement?

A. Fetishistic Disorder

B. Pedophilic Disorder

C. Voyeuristic Disorder

D. Sexual Masochism Disorder

2. A patient experiences persistent depersonalization or derealization that causes distress or impairment. Which diagnosis?

A. PTSD

B. Acute Stress Disorder

C. Depersonalization/Derealization Disorder

D. Adjustment Disorder

3. A 10-year-old girl experiences excessive fear or anxiety about separation from attachment figures, worry about harm befalling them, nightmares or physical symptoms when anticipating separation, with symptoms lasting four weeks or longer and causing distress.

A. Separation Anxiety Disorder

B. Generalized Anxiety Disorder

C. Specific Phobia

D. Selective Mutism

4. Sarah is a 35-year-old woman with recurrent intense sexual desire and arousal when wearing high-heeled shoes, persisting for more than six months and causing distress. Which diagnosis fits?

A. Transvestic disorder

B. Fetishistic disorder

C. Genito-pelvic pain/penetration disorder

D. Exhibitionistic disorder

5. A 34-year-old woman has recurrent panic attacks with sudden surges of fear and physical symptoms (sweating, trembling, shortness of breath). She worries about having another attack and avoids situations where attacks occurred, leading to impairment. Which diagnosis best explains this pattern?

A. Generalized Anxiety Disorder

B. Panic Disorder

C. Agoraphobia

D. Specific Phobia

6. Sam is a 30-year-old man who has difficulty ejaculating during sexual activity, despite being sexually aroused, with distress and no medical cause. Which diagnosis is most appropriate?

A. Premature ejaculation

B. Exhibitionistic disorder

C. Voyeuristic disorder

D. Delayed ejaculation

7. 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

8. A 28-year-old woman has odd beliefs and magical thinking, perceptual distortions, and social anxiety.

A. Paranoid Personality Disorder

B. Schizoid Personality Disorder

C. Avoidant Personality Disorder

D. Schizotypal Personality Disorder

9. 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

10. A patient demonstrates problematic alcohol use with cravings, repeated unsuccessful attempts to cut down, and impairment in functioning. Diagnosis?

A. Alcohol Use Disorder

B. Cannabis Use Disorder

C. Opioid Use Disorder

D. Gambling Disorder

Answers

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

Explanations

1. Which DSM-5 diagnosis best fits a 35-year-old man with recurrent and intense desires to experience pain or humiliation during sexual activity, with injuries and years of engagement?

A. Fetishistic Disorder

B. Pedophilic Disorder

C. Voyeuristic Disorder

D. Sexual Masochism Disorder

Sexual Masochism Disorder is defined by recurrent, intense sexual arousal from experiences of pain, humiliation, or being controlled, often involving acts that cause physical or psychological distress. InDSM-5, these fantasies, urges, or behaviors must persist for at least several months and lead to clinically significant distress or impairment, or involve risk of harm. The situation described fits this pattern: a 35-year-old man whose sexual arousal centers on experiencing pain or humiliation, with a history spanning years and injuries indicating ongoing risk or harm. The focus is on the arousal derived from the act of being subjected to pain or humiliation, which is the hallmark of this diagnosis. Other choices involve arousal patterns not centered on pain/humiliation (objects or fetishes, watching others, or sexual interest in prepubescent individuals) and do not capture the specific pattern described.

2. A patient experiences persistent depersonalization or derealization that causes distress or impairment. Which diagnosis?

A. PTSD

B. Acute Stress Disorder

C. Depersonalization/Derealization Disorder

D. Adjustment Disorder

The key idea is depersonalization and/or derealization as the primary, ongoing problem. Depersonalization is a sense of detachment from oneself, as if watching oneself from outside, while derealization is a sense of unreality of the external world. In Depersonalization/Derealization Disorder, these experiences are persistent or recurrent, cause clinically significant distress or impairment, and reality testing remains intact (the person does not lose touch with what is real). Critically, the symptoms aren't better explained by another disorder, a medical condition, or substance use. In the scenario, the patient's persistent depersonalization or derealization is distressing and impairing, which aligns with this diagnosis. The other options focus on different mechanisms: PTSD and Acute Stress Disorder center on trauma-related symptoms (intrusions, avoidance, hyperarousal) rather than a primary, persistent detachment experience; Adjustment Disorder involves emotional/behavioral symptoms in response to a stressor but does not necessitate depersonalization/derealization as the core feature.

3. A 10-year-old girl experiences excessive fear or anxiety about separation from attachment figures, worry about harm befalling them, nightmares or physical symptoms when anticipating separation, with symptoms lasting four weeks or longer and causing distress.

A. Separation Anxiety Disorder

B. Generalized Anxiety Disorder

C. Specific Phobia

D. Selective Mutism

The pattern here centers on a child who experiences intense fear and anxiety specifically about being separated from her attachment figures, along with worry about harm befalling them, and physical symptoms or nightmares when separation is anticipated. This constellation lasting at least four weeks in a child is exactly what separates a normal occasional fear of separation from a clinical separation anxiety disorder, which involves distress or impairment in daily functioning tied to separation from trusted caregivers. Why this fits best: the anxiety is clearly anchored to separation from attachment figures, not to a wide range of worries or to a nonspecific fear. The presence of nightmares about separation and physical symptoms when anticipating separation further supports an anxiety pattern focused on separation, and the duration criterion confirms it meets the clinical threshold for a child. Why the other options don't fit as well: generalized anxiety disorder would involve pervasive worry across multiple domains (school, health, performance) for a longer period and with broader symptoms, not a primary focus on separation from caregivers. a specific phobia centers on a fear of a particular object or situation (like animals, heights, or flying), not the broader fear of separation itself. selective mutism is defined by consistent failure to speak in specific social settings despite speaking in other situations, which is not described here—the issue is anxiety about separation, not inability or reluctance to speak.

4. Sarah is a 35-year-old woman with recurrent intense sexual desire and arousal when wearing high-heeled shoes, persisting for more than six months and causing distress. Which diagnosis fits?

A. Transvestic disorder

B. Fetishistic disorder

C. Genito-pelvic pain/penetration disorder

D. Exhibitionistic disorder

Fetishistic disorder involves recurrent, intense sexual arousal from a nonliving object or a highly specific focus on a non-genital body part, lasting at least six months and causing distress or impairment. In this case, high-heeled shoes are the object of arousal, with the pattern persisting beyond six months and causing Sarah distress. That alignment with the object-based, persistent arousal is what makes fetishistic disorder the best fit. The other possibilities don't fit as well. Transvestic disorder centers on cross-dressing as the primary source of arousal, usually involving wearing clothing of the opposite sex, which isn't described here. Genito-pelvic pain/penetration disorder involves pain, difficulty, or distress with vaginal penetration, not a stimulus-driven arousal to an object. Exhibitionistic disorder involves arousal from exposing one's genitals to others, which is not indicated in this scenario.

5. A 34-year-old woman has recurrent panic attacks with sudden surges of fear and physical symptoms (sweating, trembling, shortness of breath). She worries about having another attack and avoids situations where attacks occurred, leading to impairment. Which diagnosis best explains this pattern?

A. Generalized Anxiety Disorder

B. Panic Disorder

C. Agoraphobia

D. Specific Phobia

Panic disorder is defined by recurrent, unexpected panic attacks and a lasting concern about having more attacks, often with a change in behavior to avoid situations that might trigger them. In this case, the woman experiences sudden surges of fear with physical symptoms such as sweating, trembling, and shortness of breath, and she worries about experiencing another attack. That worry leads her to avoid places or situations where attacks have occurred, producing impairment. This pattern—episodic panic plus anticipatory anxiety and avoidance that disrupts functioning—fits panic disorder. Generalized Anxiety Disorder would involve chronic, broad worry across many areas rather than discrete panic episodes. Agoraphobia would center on fear of being in places where escape might be difficult, often with broader avoidance of multiple settings, whereas the core feature here is the panic attacks themselves and the fear of future attacks. Specific phobia involves a fear of a specific object or situation unrelated to panic attacks.

6. Sam is a 30-year-old man who has difficulty ejaculating during sexual activity, despite being sexually aroused, with distress and no medical cause. Which diagnosis is most appropriate?

A. Premature ejaculation

B. Exhibitionistic disorder

C. Voyeuristic disorder

D. Delayed ejaculation

Delayed ejaculation is the best fit here. It's a sexual dysfunction characterized by a persistent difficulty or inability to ejaculate during sexual activity, despite adequate arousal and stimulation, which causes distress. In Sam's case, he remains aroused but cannot ejaculate, and this leads to distress with no medical cause given—matching the key features of delayed ejaculation. This differs from premature ejaculation, where the problem is ejaculating too quickly after arousal or penetration, not failing to ejaculate. The other two options describe paraphilic patterns (exhibiting sexual behavior to others' exposure or deriving arousal from watching others); they don't explain difficulty achieving ejaculation during partnered sex, so they don't fit the presented symptom.

7. 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.

8. A 28-year-old woman has odd beliefs and magical thinking, perceptual distortions, and social anxiety.

A. Paranoid Personality Disorder

B. Schizoid Personality Disorder

C. Avoidant Personality Disorder

D. Schizotypal Personality Disorder

Odd beliefs or magical thinking and perceptual distortions are classic schizotypal features that place this pattern on the schizophrenia spectrum. In schizotypal personality disorder, these experiences come with social awkwardness, unusual speech or thinking, and discomfort with close relationships, often accompanied by suspiciousness. The social anxiety here reflects a mistrust or concern about others' intentions rather than a simple fear of negative evaluation, which helps distinguish it from other patterns. Paranoid personality disorder centers on pervasive distrust without the odd beliefs or perceptual distortions; schizoid personality disorder involves detachment from social relationships and flat affect without unusual beliefs; avoidant personality disorder involves fear of rejection and avoidance of social situations, but again lacks unusual beliefs or perceptual distortions.

9. 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.

10. A patient demonstrates problematic alcohol use with cravings, repeated unsuccessful attempts to cut down, and impairment in functioning. Diagnosis?

A. Alcohol Use Disorder

B. Cannabis Use Disorder

C. Opioid Use Disorder

D. Gambling Disorder

In DSM-5, a pattern of problematic substance use that leads to clinically significant impairment or distress is diagnosed as a Substance Use Disorder, with cravings and loss of control being key features. This scenario shows alcohol as the substance involved: the person has cravings for alcohol, has made repeated unsuccessful attempts to cut down, and experiences impairment in functioning. Craving is one of the diagnostic criteria, and failed attempts to regulate use demonstrate a loss of control, while impairment shows the distress and impact on daily life. Meeting at least two criteria within a 12-month period supports the diagnosis of Alcohol Use Disorder. This distinguishes it from other options like Cannabis Use Disorder or Opioid Use Disorder, which would require problematic patterns specific to cannabis or opioids, and from Gambling Disorder, which is non-substance-related.

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!