

DSM-5 for ASWB Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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 condition falls under Dissociative Disorders?**
 - A. Adjustment Disorder**
 - B. Dissociative Identity Disorder**
 - C. Somatic Symptom Disorder**
 - D. Generalized Anxiety Disorder**
- 2. Which of the following is NOT a type of Somatic Symptom and Related Disorder?**
 - A. Illness Anxiety Disorder**
 - B. Dissociative Amnesia**
 - C. Conversion Disorder**
 - D. Psychological Factors Affecting Other Medical Conditions**
- 3. What characterizes Fetishistic Disorder?**
 - A. Needing sexual stimulation from physical pain**
 - B. Using living beings for sexual gratification**
 - C. Using nonliving objects or focusing on nongenital body parts**
 - D. Involves compulsion to expose oneself in public**
- 4. What is a key feature of Insomnia Disorder?**
 - A. Excessive sleepiness during the day**
 - B. Difficulty initiating or maintaining sleep**
 - C. Involuntary bowel movements**
 - D. Presence of distress due to gender incongruence**
- 5. What best describes the behavior of individuals with Narcissistic Personality Disorder?**
 - A. Lack of empathy and grandiosity**
 - B. Sensitivity to criticism**
 - C. Withdrawal from social interactions**
 - D. Over-generosity in relationships**

- 6. Which of the following is NOT a type of schizophrenia spectrum disorder?**
- A. Schizotypal Personality Disorder**
 - B. Delusional Disorder**
 - C. Bipolar Disorder**
 - D. Schizoaffective Disorder**
- 7. What defines Autism Spectrum Disorder?**
- A. Isolated social difficulties only**
 - B. Rigid academic settings**
 - C. Persistent impairments in social communication**
 - D. Significant intellectual impairment**
- 8. During a manic episode, what is a common symptom that an individual might experience?**
- A. Consistent tiredness and lack of energy**
 - B. Feelings of severe worthlessness and hopelessness**
 - C. Unrealistically elevated sense of self and decreased need for sleep**
 - D. A flat affect with no emotional expression**
- 9. What defines a major difference between persistent depressive disorder and major depressive disorder?**
- A. Persistent duration of symptoms**
 - B. Severity of depressive episodes**
 - C. Number of panic attacks**
 - D. Social interaction problems**
- 10. Which disorder involves recurrent episodes of verbal and non-injurious physical aggression?**
- A. Conduct Disorder**
 - B. Kleptomania**
 - C. Intermittent Explosive Disorder**
 - D. Oppositional Defiant Disorder**

Answers

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

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Explanations

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1. Which condition falls under Dissociative Disorders?

- A. Adjustment Disorder
- B. Dissociative Identity Disorder**
- C. Somatic Symptom Disorder
- D. Generalized Anxiety Disorder

Dissociative Identity Disorder is classified under Dissociative Disorders in the DSM-5 due to its unique characteristics that involve a disconnection between thoughts, identity, consciousness, and memory. This disorder is characterized by the presence of two or more distinct personality states or an experience of possession, and it often stems from chronic trauma or extreme stress, particularly during formative years. The dissociative aspect distinguishes this disorder from others, as it involves significant gaps in memory and identity, making it unique in the spectrum of mental health conditions. The experience of having multiple identities, each with its own sense of self and history, is a defining element that helps categorize it within the Dissociative Disorders. Other conditions listed, such as Adjustment Disorder, Somatic Symptom Disorder, and Generalized Anxiety Disorder, do not exhibit these specific dissociative features and thus belong to different categories in the DSM-5.

2. Which of the following is NOT a type of Somatic Symptom and Related Disorder?

- A. Illness Anxiety Disorder
- B. Dissociative Amnesia**
- C. Conversion Disorder
- D. Psychological Factors Affecting Other Medical Conditions

Dissociative Amnesia does not fall under the category of Somatic Symptom and Related Disorders. Instead, it is classified as a dissociative disorder in the DSM-5, characterized by the inability to recall important autobiographical information, usually related to a traumatic or stressful event. This condition is fundamentally distinct from somatic symptom disorders, which primarily involve physical symptoms that may be associated with psychological distress. In contrast, the other options—Illness Anxiety Disorder, Conversion Disorder, and Psychological Factors Affecting Other Medical Conditions—are all considered types of Somatic Symptom and Related Disorders. Illness Anxiety Disorder focuses on excessive worry about having a severe illness despite minimal or no symptoms. Conversion Disorder involves neurological symptoms that cannot be explained by medical conditions, often related to psychological factors. Psychological Factors Affecting Other Medical Conditions involves psychosocial stressors impacting a medical condition, where psychological issues create or exacerbate a medical condition. Understanding these distinctions is crucial for accurately diagnosing and treating patients within the scope of their mental health and medical care.

3. What characterizes Fetishistic Disorder?

- A. Needing sexual stimulation from physical pain
- B. Using living beings for sexual gratification
- C. Using nonliving objects or focusing on nongenital body parts**
- D. Involves compulsion to expose oneself in public

Fetishistic Disorder is characterized by the intense sexual arousal that comes from using nonliving objects or focusing on nongenital body parts. This can include items such as clothing made of specific materials (like leather or latex), or particular body parts that are not typically considered sexually arousing, such as feet or hands. The key aspect of this disorder is that the arousal is primarily associated with these objects or body parts, rather than more typical sexual stimuli. In contrast, needing sexual stimulation from physical pain would relate more to a different category of paraphilic disorders that involve masochism. Using living beings for sexual gratification aligns with zoophilia, which is also a distinct diagnosis. The compulsion to expose oneself in public is a characteristic of exhibitionistic disorder, not fetishistic disorder. Each of these other conditions has its own specific criteria that differentiate them from Fetishistic Disorder.

4. What is a key feature of Insomnia Disorder?

- A. Excessive sleepiness during the day
- B. Difficulty initiating or maintaining sleep**
- C. Involuntary bowel movements
- D. Presence of distress due to gender incongruence

A key feature of Insomnia Disorder is the difficulty initiating or maintaining sleep. This condition is characterized by one or more of the following symptoms: trouble falling asleep, staying asleep, or waking up too early and not being able to return to sleep. These sleep disturbances can lead to significant distress or impairment in social, occupational, or other important areas of functioning. The other options relate to different issues or disorders. For instance, excessive sleepiness during the day is more indicative of conditions such as hypersomnolence or narcolepsy. Involuntary bowel movements pertain to gastrointestinal disorders rather than sleep issues. Distress due to gender incongruence relates to gender dysphoria, which is also entirely separate from the symptoms and criteria defining insomnia. Thus, focusing on the specific difficulties with sleep initiation and maintenance helps to pinpoint Insomnia Disorder as defined in the DSM-5.

5. What best describes the behavior of individuals with Narcissistic Personality Disorder?

- A. Lack of empathy and grandiosity**
- B. Sensitivity to criticism**
- C. Withdrawal from social interactions**
- D. Over-generosity in relationships**

Individuals with Narcissistic Personality Disorder (NPD) are characterized primarily by a pervasive pattern of grandiosity in self-image, which often manifests as an inflated sense of self-importance and a strong need for admiration. This grandiosity is coupled with a marked lack of empathy, meaning they have difficulty recognizing or caring about the feelings and needs of others. The emphasis on both grandiosity and lack of empathy in the definition of NPD explains why the choice highlighting these traits is the most accurate. While individuals with NPD may exhibit sensitivity to criticism, this is typically a reaction to their otherwise grandiose self-perception and does not define the core of the disorder itself. Withdrawal from social interactions or over-generosity in relationships also does not align with the central symptoms of NPD, as these individuals often seek out social interactions to bolster their self-esteem and visibility, even if they struggle to connect on a deeper emotional level. Thus, the best descriptor of behavior in individuals with NPD focuses on their grandiosity and lack of empathy.

6. Which of the following is NOT a type of schizophrenia spectrum disorder?

- A. Schizotypal Personality Disorder**
- B. Delusional Disorder**
- C. Bipolar Disorder**
- D. Schizoaffective Disorder**

Bipolar Disorder is indeed a mood disorder and is classified separately from schizophrenia spectrum disorders. The schizophrenia spectrum includes disorders characterized by psychotic symptoms such as hallucinations and delusions, as well as other features such as disorganized thinking and negative symptoms. Schizotypal Personality Disorder, Delusional Disorder, and Schizoaffective Disorder all fall under the umbrella of the schizophrenia spectrum in the DSM-5. Schizotypal Personality Disorder is characterized by interpersonal deficits and cognitive or perceptual distortions, whereas Delusional Disorder centers on the presence of one or more delusions that persist for at least one month. Schizoaffective Disorder combines symptoms of schizophrenia with mood disorder symptoms, illustrating its place within the schizophrenia spectrum. Bipolar Disorder, with its manic and depressive episodes, does not share the central psychotic features characteristic of schizophrenia spectrum disorders, making it distinct from those conditions. Therefore, identifying Bipolar Disorder as not being part of the schizophrenia spectrum is accurate.

7. What defines Autism Spectrum Disorder?

- A. Isolated social difficulties only
- B. Rigid academic settings
- C. Persistent impairments in social communication**
- D. Significant intellectual impairment

Autism Spectrum Disorder (ASD) is characterized by persistent impairments in social communication and social interaction across multiple contexts. This includes difficulties in understanding social cues, challenges in developing and maintaining relationships, and issues with social reciprocity. In addition to these social communication difficulties, individuals with ASD may also exhibit restricted, repetitive patterns of behavior, interests, or activities. The defining feature of ASD lies in its impact on social functioning and communication, which is why the correct answer focuses on these persistent impairments. It's important to recognize that the scope of ASD is broad, and while some individuals may demonstrate significant intellectual impairment, others may have average or above-average intelligence. Therefore, ASD is not solely defined by intellectual capabilities, nor is it limited to social difficulties in isolation or rigid academic settings.

8. During a manic episode, what is a common symptom that an individual might experience?

- A. Consistent tiredness and lack of energy
- B. Feelings of severe worthlessness and hopelessness
- C. Unrealistically elevated sense of self and decreased need for sleep**
- D. A flat affect with no emotional expression

During a manic episode, individuals often exhibit an unrealistically elevated sense of self and experience a decreased need for sleep. This is characteristic of mania and aligns with the diagnostic criteria outlined in the DSM-5 for Bipolar I Disorder. In a manic state, a person may feel an overwhelming sense of euphoria or grandiosity, believing they have increased abilities or power. This inflated self-esteem often leads to risky behaviors and impulsivity. Additionally, a decreased need for sleep is a hallmark symptom; individuals may feel rested after just a few hours of sleep or may go for days without sleeping, yet still feel energetic. Both of these symptoms are part of a broader pattern of heightened energy and impulsivity that define manic episodes, distinguishing them from other psychiatric conditions that may involve mood disturbances. In contrast, the other options describe symptoms more typical of depressive states or flat affect, which are not associated with manic episodes.

9. What defines a major difference between persistent depressive disorder and major depressive disorder?

A. Persistent duration of symptoms

B. Severity of depressive episodes

C. Number of panic attacks

D. Social interaction problems

The key distinction between persistent depressive disorder (formerly known as dysthymia) and major depressive disorder lies in the duration of symptoms. Persistent depressive disorder is characterized by a chronic depressed mood that lasts for at least two years in adults (one year in children and adolescents), whereas major depressive disorder involves discrete episodes of depression that can last for a duration of at least two weeks but do not have to be chronic. This chronic nature of persistent depressive disorder often means that individuals experience a more consistent and prolonged impact on their mood and functioning, while those with major depressive disorder may have periods of normal mood interspersed between episodes of significant depression. Understanding this difference is crucial for diagnosis and treatment, as the approaches may vary significantly based on whether a patient is experiencing a chronic condition or episodic episodes of depression.

10. Which disorder involves recurrent episodes of verbal and non-injurious physical aggression?

A. Conduct Disorder

B. Kleptomania

C. Intermittent Explosive Disorder

D. Oppositional Defiant Disorder

Intermittent Explosive Disorder is characterized by recurrent episodes of aggressive behavior that is marked by both verbal outbursts and non-injurious physical aggression. Individuals with this disorder experience impulsive aggression, which occurs suddenly and disproportionately to the provocation or stressor they are facing. This disorder is distinctive due to the unpredictability of the aggressive episodes, which can result in harm to others or damage to property, but they do not lead to injuries. The aggression typically manifests as an outpouring of rage, culminating in temper tantrums, physical fights, or other forms of aggression that do not cause severe harm but still indicate a significant behavioral concern. The other options provided in the question do not fit this specific profile. Conduct Disorder entails a more pervasive pattern of violating social norms and rules, often with physical aggression intended to harm others. Kleptomania is characterized by the recurrent urge to steal items, which does not involve aggression. Oppositional Defiant Disorder involves a pattern of angry, irritable mood, argumentative behavior, and defiance toward authority figures, but it does not typically include the explosive, impulsive aggression seen in Intermittent Explosive Disorder. Therefore, the emphasis on both verbal and non-injurious physical aggression in

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://dsm5foraswb.examzify.com>

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