

DSM-5 FOR ASWB PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://dsm5foraswb.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. What characterizes Avoidant Personality Disorder?**
 - A. Social inhibition and feelings of inadequacy
 - B. Excessive need for approval and attention
 - C. Perfectionism and excessive control
 - D. Impulsive decisions and thrill-seeking behavior
- 2. 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
- 3. Which Cluster C disorder is characterized by a need to be taken care of and submissive behavior?**
 - A. Dependent Personality Disorder
 - B. Obsessive-Compulsive Personality Disorder
 - C. Avoidant Personality Disorder
 - D. Histrionic Personality Disorder
- 4. What does Excoriation Disorder refer to?**
 - A. Persistent anxiety about gaining weight
 - B. Recurrent skin-picking resulting in lesions
 - C. Obsessive concern about one's body image
 - D. Inability to form healthy attachments
- 5. Which eating disorder is known for its restrictive behavior leading to low body weight?**
 - A. Bulimia Nervosa
 - B. Rumination Disorder
 - C. Anorexia Nervosa
 - D. Feeding Disorder

- 6. What is the primary behavior in Voyeuristic Disorder?**
- A. Engaging in sexual acts with others
 - B. Spying on others during private activities
 - C. Public display of sexual arousal
 - D. Manipulating others for sexual gain
- 7. What must be specified in a diagnosis of Fetishistic Disorder?**
- A. Type of sexual partner involved
 - B. If it involves living beings
 - C. If it involves nonliving objects or body parts
 - D. Duration of the disorder
- 8. What type of distress is associated with Paraphilic Disorders?**
- A. Emotional distress from societal rejection
 - B. Clinically significant distress or impairment
 - C. Isolation from intimate relationships
 - D. Financial instability due to compulsive spending
- 9. Which statement accurately describes Bipolar II Disorder?**
- A. It consists solely of Major Depressive Episodes
 - B. It requires both manic and hypomanic episodes for diagnosis
 - C. It includes one or more Major Depressive Episodes and one or more Hypomanic Episodes
 - D. It consists exclusively of severe temper tantrums
- 10. Which of the following symptoms is NOT a part of generalized anxiety disorder?**
- A. Loss of energy
 - B. Excessive worry over multiple issues
 - C. Physical symptoms
 - D. Fear of panic attacks

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What characterizes Avoidant Personality Disorder?

- A. Social inhibition and feelings of inadequacy
- B. Excessive need for approval and attention
- C. Perfectionism and excessive control
- D. Impulsive decisions and thrill-seeking behavior

Avoidant Personality Disorder is primarily characterized by a pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation. Individuals with this disorder often have a deep fear of criticism and rejection, which leads them to avoid social interactions and activities that they believe could lead to disapproval. They tend to see themselves as socially inept and may feel inferior to others, which contributes to their social withdrawal and avoidance of relationships. The hallmark symptoms of this disorder include a strong desire for social connection alongside a profound sense of anxiety that ultimately prevents them from engaging with others. This severe self-criticism and fear of embarrassment clearly delineate Avoidant Personality Disorder from other disorders, such as those characterized by a need for approval and attention or by impulsivity and thrill-seeking behavior. Understanding these specific traits is crucial for recognizing and diagnosing Avoidant Personality Disorder effectively.

2. 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.

3. Which Cluster C disorder is characterized by a need to be taken care of and submissive behavior?

- A. Dependent Personality Disorder**
- B. Obsessive-Compulsive Personality Disorder
- C. Avoidant Personality Disorder
- D. Histrionic Personality Disorder

The disorder characterized by a strong need to be taken care of and accompanied by submissive behaviors is Dependent Personality Disorder. Individuals with this disorder often exhibit excessive reliance on others for emotional support and decision-making. They may feel uncomfortable or helpless when alone, and this leads them to seek out reassurance and approval from others. People with Dependent Personality Disorder may struggle with asserting themselves and often go to great lengths to avoid disapproval or abandonment. This need for support can manifest in a tendency to adhere to the wishes of others, further illustrating their submissive nature. In contrast, Obsessive-Compulsive Personality Disorder is primarily defined by a preoccupation with orderliness, perfectionism, and control, rather than dependence on others. Avoidant Personality Disorder involves significant social inhibition and feelings of inadequacy, leading to avoidance of social situations; while individuals may desire relationships, they tend to fear rejection rather than seek dependence. Histrionic Personality Disorder is marked by excessive emotionality and attention-seeking behaviors, but not necessarily by submission or dependence on others for decision-making. Thus, Dependent Personality Disorder is the most accurate choice due to its defining characteristics of dependence and submissiveness.

4. What does Excoriation Disorder refer to?

- A. Persistent anxiety about gaining weight
- B. Recurrent skin-picking resulting in lesions**
- C. Obsessive concern about one's body image
- D. Inability to form healthy attachments

Excoriation Disorder, also known as skin-picking disorder, is characterized by recurrent and impulsive picking of the skin, leading to noticeable damage and lesions. This action often serves as a way for individuals to cope with anxiety or stress, but it results in physical harm and can lead to significant distress or impairment in social, occupational, or other important areas of functioning. The behavior is typically compulsive, indicating that the individual may struggle to control the urge to pick, despite the negative consequences on their skin and overall well-being. This definition aligns perfectly with the correct answer, as it captures both the behavior of skin-picking and the resulting lesions, which are central to the diagnosis of Excoriation Disorder. Understanding this condition is essential for providing appropriate support and interventions for individuals affected by it.

5. Which eating disorder is known for its restrictive behavior leading to low body weight?

- A. Bulimia Nervosa
- B. Rumination Disorder
- C. Anorexia Nervosa**
- D. Feeding Disorder

Anorexia Nervosa is characterized by restrictive eating behaviors that result in significantly low body weight, often defined by the individual being below the minimum normal weight for their age and height. This disorder involves an intense fear of gaining weight, a distorted body image, and persistent behaviors that interfere with weight gain, even when the individual is underweight. Individuals with Anorexia Nervosa may engage in various restrictive practices, such as severe calorie restriction, excessive exercise, and various purging behaviors, although not all individuals will engage in purging. The key elements of this disorder emphasize both the behavior of restricting food intake and the ensuing low body weight, which is critical to its diagnosis. In contrast, Bulimia Nervosa involves episodes of binge eating followed by compensatory behaviors to prevent weight gain, but individuals typically maintain a body weight that is within or above the normal range. Rumination Disorder entails the regurgitation of food, which may or may not be re-chewed or re-swallowed, and does not primarily involve weight-loss behavior. Feeding Disorders, typically seen in children, may reflect difficulties in eating patterns but are not diagnosed based on restrictive behaviors leading to low body weight. Understanding the specific criteria and behaviors associated with Anorexia Nervosa

6. What is the primary behavior in Voyeuristic Disorder?

- A. Engaging in sexual acts with others
- B. Spying on others during private activities**
- C. Public display of sexual arousal
- D. Manipulating others for sexual gain

The primary behavior in Voyeuristic Disorder is characterized by the act of spying on individuals who are engaged in private activities, such as undressing or engaging in sexual activities. This behavior is driven by a strong sexual arousal in response to observing others without their knowledge or consent. Individuals with Voyeuristic Disorder typically derive pleasure from the act of watching and may feel a sense of excitement from the secrecy of the behavior, distinguishing it from mere curiosity or consensual activity. Understanding this context helps clarify the reasons why other options do not align with the diagnostic criteria for Voyeuristic Disorder. Engaging in sexual acts with others pertains to sexual dysfunctions or paraphilias focused on direct sexual interaction, while public displays of sexual arousal are unrelated to the voyeuristic aspect focused on observation. Manipulating others for sexual gain implies a level of interpersonal control and deceit that is not a defining component of Voyeuristic Disorder. The disorder centers on the compulsion and arousal associated with watching others, which is why the correct answer emphasizes the act of spying on others during their private moments.

7. What must be specified in a diagnosis of Fetishistic Disorder?

- A. Type of sexual partner involved
- B. If it involves living beings
- C. If it involves nonliving objects or body parts**
- D. Duration of the disorder

In the diagnosis of Fetishistic Disorder, it is essential to specify if the individual is attracted to nonliving objects or specific body parts. This is a key criterion within the DSM-5, as it distinguishes Fetishistic Disorder from other paraphilic disorders. Focusing on nonliving objects or body parts helps clarify the nature of the fetish, which is central to this diagnosis. The presence of such fetishistic interests can significantly impact the individual's functioning and relationships, hence the need for specificity in identifying the objects of focus. The other aspects that are specified in the DSM-5 regarding paraphilic disorders may include the nature of the partner or the duration but are not as central to defining Fetishistic Disorder itself as understanding what the fetish entails. Therefore, the correct specification directly relates to the objects or body parts that evoke sexual arousal and satisfaction in the individual, which is why this answer is paramount in the diagnostic process.

8. What type of distress is associated with Paraphilic Disorders?

- A. Emotional distress from societal rejection
- B. Clinically significant distress or impairment**
- C. Isolation from intimate relationships
- D. Financial instability due to compulsive spending

Paraphilic Disorders are characterized by recurrent and intense sexual arousal from atypical situations, objects, or individuals, which can lead to significant distress or impairment in functioning. The correct answer highlights that individuals with these disorders often experience clinically significant distress or impairment in social, occupational, or other important areas of functioning. This distress can manifest in various forms, such as anxiety, feelings of shame, or difficulties in interpersonal relationships, making it a crucial element in understanding and diagnosing these disorders according to the DSM-5 criteria. While other options may capture related aspects of the experience of individuals with paraphilic disorders, they do not directly address the core clinical requirement of demonstrating significant distress or impairment. Emotional distress from societal rejection could be relevant for some, but it doesn't encompass the broader clinical definition that requires impairment or distress specifically due to the disorder itself. Similarly, isolation from intimate relationships and financial instability due to compulsive spending can be factors in someone's life but are not standard criteria for diagnosing Paraphilic Disorders. The focus on clinically significant distress or impairment aligns with the diagnostic framework of the DSM-5, making it the most appropriate answer.

9. Which statement accurately describes Bipolar II Disorder?

- A. It consists solely of Major Depressive Episodes
- B. It requires both manic and hypomanic episodes for diagnosis
- C. It includes one or more Major Depressive Episodes and one or more Hypomanic Episodes**
- D. It consists exclusively of severe temper tantrums

The statement that accurately describes Bipolar II Disorder is that it includes one or more Major Depressive Episodes and one or more Hypomanic Episodes. This classification is essential in understanding the nature of Bipolar II Disorder, which is defined in the DSM-5. In this disorder, individuals experience depressive episodes that are often significant in terms of intensity and duration, alongside hypomanic episodes, which are less severe than manic episodes found in Bipolar I Disorder. Hypomanic episodes, while still elevated in mood and activity, do not cause the same level of functional impairment or require hospitalization that manic episodes do. Recognizing this distinction helps differentiate Bipolar II Disorder from other mood disorders. The absence of full-blown manic episodes is what sets it apart. This comprehensive understanding underscores the importance of both types of episodes in diagnosing Bipolar II Disorder and managing treatment effectively.

10. Which of the following symptoms is NOT a part of generalized anxiety disorder?

- A. Loss of energy
- B. Excessive worry over multiple issues
- C. Physical symptoms
- D. Fear of panic attacks**

Generalized Anxiety Disorder (GAD) is characterized primarily by excessive worry and anxiety about various aspects of life, such as work, health, or social interactions. The symptoms typically include persistent and excessive worry that is difficult to control, physical symptoms such as restlessness, fatigue, muscle tension, and sleep disturbances. Fear of panic attacks, while it can occur in various anxiety disorders, is not a defining feature of GAD. This symptom is more specifically associated with Panic Disorder, where individuals experience recurrent unexpected panic attacks and develop a fear of having additional attacks. Thus, the symptom of fearing panic attacks falls outside the criteria for GAD and is linked more closely to Panic Disorder, making it the correct response for this question. The other symptoms listed, such as loss of energy, excessive worry over multiple issues, and physical symptoms, align with the diagnostic criteria for GAD.

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!

SAMPLE