

EPPP Abnormal Psychology Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

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- 1. Which of the following is NOT an intervention for stuttering?**
 - A. Reducing psychological stress at home**
 - B. Reprimanding parents for the child's speech**
 - C. Helping the child learn to cope with frustration**
 - D. Reducing demands placed on the child**
- 2. Social (Pragmatic) Communication Disorder is characterized by deficits in which of the following?**
 - A. Understanding written language**
 - B. Socially appropriate communication**
 - C. Physical communication skills**
 - D. Nonverbal communication only**
- 3. What is an essential element of trauma-focused therapy?**
 - A. Avoiding discussion of the traumatic event**
 - B. Confronting and processing the traumatic experience**
 - C. Focusing only on medication**
 - D. Ignoring any emotional responses**
- 4. Which technique is suggested for treating Premature Ejaculation?**
 - A. Mindfulness meditation**
 - B. Start-stop squeeze technique**
 - C. Cognitive restructuring**
 - D. Exposure therapy**
- 5. What is a key treatment option for Erectile Disorder?**
 - A. Therapy to address body image**
 - B. Medication such as Sildenafil citrate**
 - C. Exercises to enhance sexual stamina**
 - D. Behavioral therapy to reduce anxiety**

- 6. Which psychological disorder is characterized by both mood symptoms and psychotic features?**
- A. Major depressive disorder**
 - B. Schizophrenia**
 - C. Schizoaffective disorder**
 - D. Generalized anxiety disorder**
- 7. Which of the following features is commonly associated with Borderline Personality Disorder?**
- A. Stable emotional states**
 - B. Intense interpersonal relationships**
 - C. Lack of impulsivity**
 - D. High tolerance for stress**
- 8. How can dialectical behavior therapy (DBT) assist individuals?**
- A. By focusing on medication adherence**
 - B. By improving interpersonal effectiveness and emotion regulation**
 - C. By promoting isolation as a means of self-care**
 - D. By emphasizing behavior modification alone**
- 9. What symptom is common in both schizophrenia and schizoaffective disorder?**
- A. Delusions**
 - B. Hallucinations**
 - C. Anxiety**
 - D. Disorganized speech**
- 10. How does the "vulnerability-stress model" explain the onset of depression?**
- A. It limits the understanding to genetics only**
 - B. It suggests a need for major life events to trigger depression**
 - C. It proposes that predisposition and stress are both necessary**
 - D. It emphasizes medication as the primary treatment**

Answers

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

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Explanations

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1. Which of the following is NOT an intervention for stuttering?

- A. Reducing psychological stress at home**
- B. Reprimanding parents for the child's speech**
- C. Helping the child learn to cope with frustration**
- D. Reducing demands placed on the child**

Reprimanding parents for the child's speech is not considered an effective intervention for stuttering. This approach can create a negative environment and may increase the child's anxiety or frustration regarding their speech, potentially exacerbating the stuttering rather than helping to alleviate it. Effective interventions typically focus on supportive and constructive strategies rather than punitive measures. In contrast, reducing psychological stress at home is a beneficial strategy that can create a more supportive environment conducive to effective communication. Helping the child learn to cope with frustration is another important intervention, as it equips them with skills to deal with the emotional responses that may arise from stuttering. Reducing demands placed on the child can also be useful; it allows them to communicate more freely without the pressure of high expectations, promoting fluency in their speech. Each of these alternatives fosters a supportive and understanding approach, which is essential in treating stuttering effectively.

2. Social (Pragmatic) Communication Disorder is characterized by deficits in which of the following?

- A. Understanding written language**
- B. Socially appropriate communication**
- C. Physical communication skills**
- D. Nonverbal communication only**

Social (Pragmatic) Communication Disorder is primarily characterized by deficits in socially appropriate communication. This disorder involves challenges in the social use of verbal and nonverbal communication, which includes the ability to communicate effectively in different contexts and settings. Individuals with this disorder may struggle with understanding and adhering to social norms during conversations, which can lead to difficulties in expressing themselves in ways that are considered appropriate or effective in social interactions. The focus of this disorder is on how language is used to communicate socially, rather than on the structural aspects of language, such as grammar or vocabulary. This means that individuals may have intact language skills but face challenges in the pragmatic aspects, such as turn-taking in conversation, understanding the intent behind words, adjusting language for different audiences, and interpreting social cues. In contrast, the other options refer to different aspects of communication that do not align with the core characteristics of Social (Pragmatic) Communication Disorder. Understanding written language relates more to reading and literacy skills, while physical communication skills pertain to aspects like gestures or body language, which are not the primary focus of this disorder. Nonverbal communication, while a component of social communication, is not exclusively what defines the disorder; rather, it is the broader context of social communication that

3. What is an essential element of trauma-focused therapy?

- A. Avoiding discussion of the traumatic event
- B. Confronting and processing the traumatic experience**
- C. Focusing only on medication
- D. Ignoring any emotional responses

Trauma-focused therapy is designed specifically to address the psychological impact of traumatic experiences. An essential element of this therapeutic approach is the confrontation and processing of the traumatic experience itself. This involves helping the individual to revisit and narrate their trauma in a safe and supportive environment, allowing them to process the feelings and thoughts associated with the event. This can lead to greater emotional regulation, understanding, and integration of the traumatic experience, which are crucial for healing. By actively engaging with the trauma, clients can begin to reframe their experiences, reduce symptoms of post-traumatic stress disorder (PTSD), and work through the emotional distress that arises from those memories. This method contrasts with avoidance strategies, which can perpetuate symptoms and hinder recovery. Thus, confronting and processing the traumatic experience is fundamental to trauma-focused therapy's effectiveness in helping individuals achieve resolution and move toward a healthier psychological state.

4. Which technique is suggested for treating Premature Ejaculation?

- A. Mindfulness meditation
- B. Start-stop squeeze technique**
- C. Cognitive restructuring
- D. Exposure therapy

The start-stop squeeze technique is widely suggested for treating premature ejaculation because it directly targets the physiological and psychological components of the condition. This technique involves the partner stimulating the penis until the man feels close to ejaculation, at which point stimulation is paused, and pressure is applied to the penile area to prevent ejaculation. This process helps desensitize the man to the stimulus and allows him to gain better control over his ejaculatory response over time. This method aligns well with behavioral approaches, emphasizing gradual desensitization and control, which are crucial for individuals dealing with premature ejaculation. By practicing this technique, individuals can learn to manage their arousal levels and increase their endurance during sexual activity, ultimately leading to improved sexual satisfaction for both partners. Other methods listed, while beneficial for various issues, do not specifically address the immediate physiological processes involved in premature ejaculation as effectively as the start-stop squeeze technique does. Mindfulness meditation may assist with overall anxiety and focus, but it doesn't specifically target ejaculatory control. Cognitive restructuring aims at changing harmful thought patterns, which may not have direct effects on the physical processes involved in ejaculatory timing. Exposure therapy, often utilized for phobias and anxiety, is not tailored for issues related to sexual performance. Thus,

5. What is a key treatment option for Erectile Disorder?

- A. Therapy to address body image**
- B. Medication such as Sildenafil citrate**
- C. Exercises to enhance sexual stamina**
- D. Behavioral therapy to reduce anxiety**

A key treatment option for Erectile Disorder is the use of medication such as Sildenafil citrate. This medication, commonly known by the brand name Viagra, works by increasing blood flow to the penis, thereby helping to achieve and maintain an erection during sexual activity. The effectiveness of Sildenafil citrate in treating erectile difficulties has made it a widely used and well-researched option in the field of sexual dysfunction. While therapy focused on body image, exercises for sexual stamina, and various forms of behavioral therapy can be beneficial in addressing psychological components of erectile dysfunction, they do not specifically target the physiological mechanisms underlying the disorder. Medication like Sildenafil directly addresses the biological aspects, making it a first-line treatment for many individuals facing erectile challenges.

6. Which psychological disorder is characterized by both mood symptoms and psychotic features?

- A. Major depressive disorder**
- B. Schizophrenia**
- C. Schizoaffective disorder**
- D. Generalized anxiety disorder**

The disorder characterized by both mood symptoms and psychotic features is schizoaffective disorder. This condition integrates symptoms of schizophrenia, which include hallucinations or delusions, with mood disorder symptoms, such as those seen in major depressive disorder or bipolar disorder. In schizoaffective disorder, individuals experience significant mood episodes in conjunction with psychotic symptoms, which distinguishes it from other disorders that may feature one but not the other, like schizophrenia, which primarily involves psychosis without the requisite mood symptoms. The mood component can manifest as either depression or mania, depending on the specific type of schizoaffective disorder diagnosed. This combination of symptoms is essential to recognizing and diagnosing schizoaffective disorder properly. It is an important aspect of treatment, as clinicians must address both psychotic features and mood disturbances to effectively manage the disorder.

7. Which of the following features is commonly associated with Borderline Personality Disorder?

- A. Stable emotional states
- B. Intense interpersonal relationships**
- C. Lack of impulsivity
- D. High tolerance for stress

Borderline Personality Disorder (BPD) is characterized by a pattern of intense and unstable interpersonal relationships. Individuals with BPD often experience an extreme idealization of others, followed by feelings of devaluation, which can lead to tumultuous relationships. This instability in relationships is a hallmark feature of the disorder, reflecting a deep-seated fear of abandonment and intense emotional responses to perceived threats in relationships. In contrast, stable emotional states do not characterize BPD, as individuals typically experience significant mood swings and emotional dysregulation. Lack of impulsivity is also not a feature of BPD; rather, people with this disorder often act impulsively in ways that can be self-destructive, such as engaging in risky behaviors. Additionally, having a high tolerance for stress is not typical for those with BPD, as individuals often struggle to cope with stress and may experience heightened emotional responses or crises in stressful situations. Therefore, the intense interpersonal relationships that fluctuate between extremes of closeness and distance are a core aspect of the disorder, making this choice the most accurate representation of a commonly associated feature with Borderline Personality Disorder.

8. How can dialectical behavior therapy (DBT) assist individuals?

- A. By focusing on medication adherence
- B. By improving interpersonal effectiveness and emotion regulation**
- C. By promoting isolation as a means of self-care
- D. By emphasizing behavior modification alone

Dialectical Behavior Therapy (DBT) is designed to help individuals develop skills to manage their emotions, improve interpersonal relationships, and enhance overall emotional regulation. This therapeutic approach is particularly effective for those who experience intense emotional dysregulation, such as individuals with borderline personality disorder. In DBT, individuals learn various skills through a structured framework that includes mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness. These components work together to help clients navigate challenging situations, reduce harmful behaviors, and foster healthier relationships. By focusing on these areas, DBT enables individuals to recognize and modify patterns of thinking and behavior that contribute to their distress, thereby promoting overall psychological resilience and well-being. The other options do not accurately capture the essence of DBT's framework. For instance, while medication adherence is important in many therapeutic contexts, DBT primarily emphasizes skill development rather than medication management. Promoting isolation contradicts the core principles of DBT, which encourage connection and effective interpersonal skills. Lastly, while behavior modification can be a component of various therapeutic approaches, DBT uniquely integrates behavioral techniques with emotional and relational skills, creating a comprehensive intervention.

9. What symptom is common in both schizophrenia and schizoaffective disorder?

- A. Delusions**
- B. Hallucinations**
- C. Anxiety**
- D. Disorganized speech**

Hallucinations are a shared symptom in both schizophrenia and schizoaffective disorder, making this answer accurate. In schizophrenia, hallucinations, particularly auditory ones, are a core component of the disorder, often leading to significant impairment in functioning and a distorted perception of reality. Similarly, schizoaffective disorder also includes hallucinations, but it is characterized by the presence of mood episodes (depressive or manic) alongside symptoms of schizophrenia. While delusions, anxiety, and disorganized speech can be present in both disorders, they are not universally applicable to both conditions. Delusions, for instance, are prevalent in schizophrenia, but the nature and context of their occurrence may vary when co-occurring with mood-related episodes in schizoaffective disorder. Anxiety is more broadly associated with various mental health disorders and is not specific to these two. Disorganized speech can also appear in both disorders, but it is more commonly emphasized in the context of schizophrenia. Therefore, hallucinations stand out as a definitive commonality, highlighting an important feature shared by both diagnoses.

10. How does the "vulnerability-stress model" explain the onset of depression?

- A. It limits the understanding to genetics only**
- B. It suggests a need for major life events to trigger depression**
- C. It proposes that predisposition and stress are both necessary**
- D. It emphasizes medication as the primary treatment**

The correct choice highlights the central premise of the vulnerability-stress model, which posits that the onset of depression results from an interplay between individual vulnerabilities and external stressors. According to this model, some individuals possess inherent vulnerabilities, such as genetic predispositions, personality traits, or previous experiences with trauma, which make them more susceptible to developing depression. Alongside these vulnerabilities, the model emphasizes that significant life stressors - such as loss, trauma, or major changes - are necessary to trigger the condition. This perspective underscores that it is not merely the presence of one element (vulnerability or stress) that leads to depression, but rather the combination of both factors. Individuals with high vulnerability may have a greater likelihood of developing depression when faced with stress, while those with lower vulnerabilities might cope better when experiencing similar stresses. By focusing on both predisposition and life stress, the model provides a comprehensive understanding of how complex interactions between biology and environment contribute to the development of depression, thus promoting a nuanced approach in both research and therapeutic interventions.