

EPPP ABNORMAL PSYCHOLOGY PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://epppabnormalpsych.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 type of classification system does the DSM-5 utilize to account for diagnostic heterogeneity?**
 - A. Categorical classification system
 - B. Dimensional classification system
 - C. Hierarchical classification system
 - D. Subjective classification system
- 2. What biological theory is involved in the etiology of Major Depressive Disorder related to neurotransmitter functioning?**
 - A. Learned Helplessness Model
 - B. Beck's Cognitive Triad
 - C. Catecholamine hypothesis
 - D. Behavior Therapy Model
- 3. What is defined as a group of mental disorders involving excessive fear or anxiety?**
 - A. Personality disorders
 - B. Adjustment disorders
 - C. Anxiety disorders
 - D. Mood disorders
- 4. What must be ruled out for the diagnosis of Selective Mutism?**
 - A. Lack of knowledge of the spoken language
 - B. Attention Deficit Hyperactivity Disorder
 - C. Learning disabilities
 - D. Social anxiety disorder only
- 5. What type of treatment is often administered for Major Depressive Disorder?**
 - A. Physical therapy
 - B. Antidepressants and psychotherapy
 - C. Only exercise
 - D. Group therapy

6. Which of the following is considered a negative symptom of schizophrenia?

- A. Delusions
- B. Hallucinations
- C. Affective flattening
- D. Disorganized speech

7. Which symptoms are indicative of a manic episode?

- A. Excessive sleeping and low energy
- B. Elevated mood and decreased need for sleep
- C. Constant focus on work and responsibilities
- D. Low self-esteem and withdrawal from activities

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

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

9. What factor is primarily linked to the etiology of ADHD?

- A. Environmental influences
- B. Heredity and activity in the frontal lobes
- C. Dietary factors
- D. Socioeconomic status

10. What brain abnormality is associated with schizophrenia?

- A. Enlarged ventricles
- B. Reduced blood flow
- C. Extra cortical layers
- D. Smaller hippocampus

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What type of classification system does the DSM-5 utilize to account for diagnostic heterogeneity?

- A. Categorical classification system**
- B. Dimensional classification system
- C. Hierarchical classification system
- D. Subjective classification system

The DSM-5, or Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, utilizes a categorical classification system to account for diagnostic heterogeneity. This system is designed to categorize mental disorders into specific categories based on identified criteria. It allows clinicians to label and identify disorders based on distinct sets of symptoms, providing a common language and framework for diagnosis and treatment. The categorical approach is crucial for ensuring that specific disorders are recognized and treated according to established guidelines, facilitating research, communication among professionals, and the development of targeted interventions. However, within certain diagnoses, the DSM-5 also recognizes the importance of heterogeneity by providing additional specifiers and descriptors, acknowledging that symptoms can manifest differently in different individuals. This is particularly important in mental health, where the presentation of disorders can vary widely among individuals due to various cultural, biological, and psychological factors. The approach helps clinicians navigate the complexity of mental health diagnoses while maintaining the rigor and standardization that a categorical model provides. Understanding the use of a categorical classification system helps clarify how the DSM-5 approaches the nuances in diagnosis and treatment, balancing the need for clear criteria with the reality of diversity in symptom expression.

2. What biological theory is involved in the etiology of Major Depressive Disorder related to neurotransmitter functioning?

- A. Learned Helplessness Model
- B. Beck's Cognitive Triad
- C. Catecholamine hypothesis**
- D. Behavior Therapy Model

The Catecholamine hypothesis is considered a significant biological theory in understanding the etiology of Major Depressive Disorder, particularly in relation to neurotransmitter functioning. This hypothesis suggests that mood disorders, including depression, may be linked to deficiencies in certain neurotransmitters, particularly catecholamines such as norepinephrine. Research indicates that low levels of norepinephrine can contribute to symptoms commonly associated with depression, such as lack of motivation, fatigue, and diminished interest in activities. This understanding has led to the development of antidepressant medications, such as tricyclics and monoamine oxidase inhibitors, which aim to increase the availability of norepinephrine and other neurotransmitters, thereby alleviating depressive symptoms. This framework contrasts with other theories, such as the Learned Helplessness Model, which focuses on behavioral aspects and the individual's perception of control; Beck's Cognitive Triad, which emphasizes cognitive factors and negative thinking patterns; and the Behavior Therapy Model, which is centered on changing maladaptive behaviors. Each of these contributes to our understanding of depression but does not specifically address the biological underpinnings involving neurotransmitter dysfunction in the same way the Catecholamine hypothesis does.

3. What is defined as a group of mental disorders involving excessive fear or anxiety?

- A. Personality disorders
- B. Adjustment disorders
- C. Anxiety disorders**
- D. Mood disorders

Anxiety disorders are characterized by excessive fear or anxiety that can significantly interfere with an individual's daily functioning. This category includes disorders such as generalized anxiety disorder, panic disorder, social anxiety disorder, and specific phobias. Each of these conditions is marked by heightened feelings of apprehension or dread in the absence of real danger. Fear is typically a response to an immediate threat, while anxiety often relates to the anticipation of future threats. In anxiety disorders, the emotional response can be disproportionate to the actual situation, leading to various physical, emotional, and behavioral symptoms. The identification of these disorders is crucial for effective treatment, as they often require specific therapeutic approaches such as cognitive-behavioral therapy or medication. In contrast, personality disorders, adjustment disorders, and mood disorders focus on different aspects of mental health. Personality disorders pertain to enduring patterns of behavior and inner experiences that deviate from cultural expectations, adjustment disorders deal with emotional or behavioral symptoms in response to stressful life changes, and mood disorders center primarily around disturbances in mood, such as depression or bipolar disorder. Each of these categories addresses distinct clinical presentations and treatment needs, clearly differentiating them from anxiety disorders.

4. What must be ruled out for the diagnosis of Selective Mutism?

- A. Lack of knowledge of the spoken language**
- B. Attention Deficit Hyperactivity Disorder
- C. Learning disabilities
- D. Social anxiety disorder only

Selective Mutism is a complex anxiety disorder often seen in children, characterized by a consistent inability to speak in specific social situations while being able to speak in other settings, such as at home. For a diagnosis of Selective Mutism, it is crucial to rule out the lack of knowledge of the spoken language because if a child is not proficient in the language being used in social contexts, it would be inappropriate to diagnose them with Selective Mutism. This is a fundamental aspect of the diagnostic criteria, as the disorder cannot be attributed to a language barrier or developmental stage when the child has not yet acquired the language skills necessary for communication. In contrast, while various other conditions, such as social anxiety disorder or attention deficit hyperactivity disorder, may share overlapping symptoms or co-occur, they do not disqualify the specific diagnosis of Selective Mutism. These disorders can be assessed separately after confirming the child's language proficiency. Ensuring that the child has adequate language skills is a key first step, as it determines whether the "mutism" is truly selective or related to other factors like language deficits.

5. What type of treatment is often administered for Major Depressive Disorder?

- A. Physical therapy
- B. Antidepressants and psychotherapy**
- C. Only exercise
- D. Group therapy

The treatment for Major Depressive Disorder commonly involves a combination of antidepressants and psychotherapy, making this the most effective approach for many individuals experiencing this condition. Antidepressants can help to correct chemical imbalances in the brain that are associated with depression, while psychotherapy provides a supportive environment for individuals to explore their feelings, develop coping strategies, and address underlying issues contributing to their depression. Research has shown that a combination of these methods tends to yield better outcomes than either treatment alone, leading to improved mood and functioning for patients. This integrated approach delves into both biological and psychological aspects of the disorder, addressing it in a comprehensive manner that is crucial for effective symptom management and recovery.

6. Which of the following is considered a negative symptom of schizophrenia?

- A. Delusions
- B. Hallucinations
- C. Affective flattening**
- D. Disorganized speech

In the context of schizophrenia, negative symptoms refer to a decrease or absence of normal emotional responses or behaviors. Affective flattening is a prime example of a negative symptom, as it involves a reduced expression of emotions in facial expression, voice tone, and overall demeanor. Individuals exhibiting affective flattening may seem emotionally unresponsive or indifferent, which contrasts with the wider range of emotional expression typically seen in individuals without the disorder. In contrast, delusions and hallucinations are classified as positive symptoms, as they involve the presence of abnormal thoughts and perceptions. Delusions are persistent false beliefs, while hallucinations involve perceiving things that are not present, such as hearing voices. Disorganized speech, while also considered a positive symptom, reflects a disruption in the organization of thoughts, resulting in incoherent or nonsensical spoken words. This further emphasizes the distinction between negative and positive symptoms in schizophrenia, solidifying why affective flattening stands out as a negative symptom.

7. Which symptoms are indicative of a manic episode?

- A. Excessive sleeping and low energy
- B. Elevated mood and decreased need for sleep**
- C. Constant focus on work and responsibilities
- D. Low self-esteem and withdrawal from activities

In the context of manic episodes, the presence of elevated mood and decreased need for sleep are hallmark symptoms. Manic episodes are characterized primarily by an abnormally elevated or irritable mood lasting at least one week, coupled with increased energy or activity. Individuals experiencing a manic episode often feel euphoric, overly confident, and may exhibit a sense of grandiosity. The decreased need for sleep is significant because during such episodes, individuals may sleep very little (sometimes just a few hours) and still feel energetic. This lack of sleep does not lead to the typical fatigue one would expect; instead, it can further escalate their mood and activity levels. By contrast, the symptoms of excessive sleeping and low energy do not align with the manic state, as those are indicative of depressive episodes. Constant focus on work and responsibilities might suggest a productive phase, but does not capture the underlying elevated mood and restlessness typically seen in mania. Similarly, low self-esteem and withdrawal from activities are characteristics of depression rather than mania. Therefore, the combination of an elevated mood and decreased need for sleep accurately defines the manic episode criteria.

8. 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.

9. What factor is primarily linked to the etiology of ADHD?

- A. Environmental influences
- B. Heredity and activity in the frontal lobes**
- C. Dietary factors
- D. Socioeconomic status

The etiology of Attention-Deficit/Hyperactivity Disorder (ADHD) is primarily linked to heredity and alterations in activity within the brain's frontal lobes. Genetic studies suggest that ADHD has a strong hereditary component, meaning that it often runs in families, indicating a significant genetic predisposition. Research has identified several genes associated with neurotransmitter systems—especially dopamine—that appear to be involved in ADHD. Additionally, brain imaging studies have shown that individuals with ADHD frequently exhibit differences in the structure and function of the frontal lobes, which play a critical role in executive functioning tasks such as attention regulation, impulse control, and decision-making. As a result, the interplay between genetic factors and neurobiological processes in areas like the frontal lobes provides a comprehensive understanding of the development of ADHD. While factors such as environmental influences, dietary factors, and socioeconomic status can contribute to the manifestation and management of ADHD symptoms, they do not encompass the primary biological underpinnings as effectively as genetic factors and brain activity do. Thus, the link between heredity and frontal lobe activity forms the foundation for understanding the origins of ADHD.

10. What brain abnormality is associated with schizophrenia?

- A. Enlarged ventricles**
- B. Reduced blood flow
- C. Extra cortical layers
- D. Smaller hippocampus

Enlarged ventricles are commonly associated with schizophrenia and represent a significant finding in neuroimaging studies of individuals with the disorder. The presence of enlarged ventricles suggests a reduction in nearby brain tissue, indicating that there may be fewer neurons in those areas. This finding is linked to various cognitive and perceptual deficits observed in schizophrenia, as it can reflect a brain structure that is altered in function. Research has shown that the size of the ventricles can correlate with various symptoms of schizophrenia, such as the severity of cognitive impairment. The enlargement is thought to arise from neurodevelopmental factors that may occur during crucial periods of brain maturation. Hence, the identification of enlarged ventricles provides insight into the neurobiological underpinnings of schizophrenia and reinforces the notion that structural brain changes can be indicative of this serious mental illness. In contrast, while reduced blood flow, extra cortical layers, and smaller hippocampus can be associated with various neuropsychological conditions, they do not have the same level of consistent evidence linking them to schizophrenia specifically as enlarged ventricles do.

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://epppabnormalpsych.examzify.com>

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

SAMPLE