

IMPULSE CONTROL PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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

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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

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- 1. In planning care for a patient with intermittent explosive disorder, which nursing intervention is most appropriate?**
 - A. Establishing a trusting relationship with the patient
 - B. Administering a vitamin supplement daily
 - C. Encouraging the patient to isolate themselves
 - D. Providing long periods of unsupervised time
- 2. Which short-term outcome would be appropriate for a teenager hospitalized for suicidal ideations with impulse control concerns?**
 - A. Identify support persons to contact when ideations occur
 - B. Express feelings that trigger ideations to staff as soon as they occur
 - C. Agree not to harm self for the next 12 hours
 - D. Develop a personal safety plan with therapist
- 3. Pyromania is defined as which of the following?**
 - A. An impulse-control disorder characterized by deliberate fire-setting and mounting tension before lighting.
 - B. A mood disorder involving fear of fire
 - C. A phobia of flames
 - D. A disorder of obsessive fire-safety rituals
- 4. What is ego depletion?**
 - A. The idea that self-control draws on a limited resource that can be exhausted.
 - B. A belief that self-control grows stronger with practice over time.
 - C. The notion that impulses are always easily resisted.
 - D. A theory that self-control is unrelated to energy or motivation.
- 5. Which of the following best describes Intermittent Explosive Disorder?**
 - A. Recurrent aggressive outbursts that are out of proportion to the situation and not premeditated.
 - B. Recurrent stealing of objects not needed for personal use.
 - C. Recurrent worry about multiple domains of life.
 - D. Persistent preoccupation with orderliness and symmetry.

- 6. Hostile laughter in a child with oppositional defiant disorder suggests which diagnosis?**
- A. Anxiety disorder
 - B. Ineffective coping
 - C. Conduct disorder
 - D. Adjustment disorder
- 7. When treating impulse control disorders, psychodynamic psychotherapy is directed toward**
- A. Identifying the triggers of the rage
 - B. Developing new coping strategies
 - C. Increasing problem-solving abilities
 - D. Pharmacologic management
- 8. What has the Marshmallow Test predictively indicated about later life outcomes?**
- A. Better delay of gratification predicted somewhat better social and academic outcomes, though effects are modest.
 - B. It predicts higher athletic ability.
 - C. It has strong, deterministic predictions for career success.
 - D. It cannot predict any real-world outcomes.
- 9. Which would not be considered a predisposing factor for conduct disorder?**
- A. Being an only child
 - B. Exposure to violence in the home
 - C. Harsh or inconsistent parenting
 - D. History of conduct problems in early childhood
- 10. Which assessment evaluates sustained attention and impulsive responding in tasks?**
- A. Go/No-Go Task.
 - B. Barratt Impulsiveness Scale (BIS-11).
 - C. Continuous Performance Test (CPT).
 - D. UPPS-P Impulsive Behavior Scale.

Answers

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

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Explanations

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1. In planning care for a patient with intermittent explosive disorder, which nursing intervention is most appropriate?

- A. Establishing a trusting relationship with the patient**
- B. Administering a vitamin supplement daily
- C. Encouraging the patient to isolate themselves
- D. Providing long periods of unsupervised time

Establishing a trusting, therapeutic relationship is crucial because it creates a safe space for the patient to acknowledge anger and triggers without fear of judgment. When trust is present, the patient is more willing to engage in conversation about what sparks explosive episodes, participate in de-escalation techniques, and learn coping strategies for impulse control. This relationship lays the foundation for ongoing assessment of risk, consistent boundary setting, and collaborative safety planning, all of which help prevent harms to self or others. The other options don't fit the plan as well. A vitamin supplement has no direct effect on impulse control or aggression. Encouraging isolation removes the opportunity to practice coping skills and reduces support, which can worsen regulation of impulses. Providing long periods of unsupervised time increases risk during potential outbursts and misses the chance to supervise, guide, and intervene early.

2. Which short-term outcome would be appropriate for a teenager hospitalized for suicidal ideations with impulse control concerns?

- A. Identify support persons to contact when ideations occur
- B. Express feelings that trigger ideations to staff as soon as they occur**
- C. Agree not to harm self for the next 12 hours
- D. Develop a personal safety plan with therapist

The key idea here is the value of real-time communication of risk. When a teenager is in the hospital with suicidal thoughts and impulse control issues, ideations can spike quickly and impulses may lead to harmful actions. Telling staff about the feelings and triggers as soon as they occur provides an immediate safety net: staff can assess danger, increase supervision, intervene promptly, and adjust supports to prevent a crisis. This creates a direct, real-time response that reduces the chance of harm. While identifying support people and having a safety plan are important parts of ongoing care, they don't address the immediate need as effectively. A safety contract not to harm for a set period relies on self-control that may be unreliable in impulse-driven moments, and a personal safety plan, though essential, is typically developed and refined over time with a clinician rather than serving as the quickest in-the-moment protection.

3. Pyromania is defined as which of the following?

- A. An impulse-control disorder characterized by deliberate fire-setting and mounting tension before lighting.**
- B. A mood disorder involving fear of fire
- C. A phobia of flames
- D. A disorder of obsessive fire-safety rituals

Understanding pyromania as an impulse-control issue is essential. Pyromania involves deliberately setting fires and experiencing increasing tension before the act, followed by relief or gratification after lighting. This pattern—urge, buildup, and relief—is the hallmark of an impulse-control disorder, not a mood problem, phobia, or OCD-style ritual. The other descriptions point to fear-based conditions (a mood disorder about fear of fire, or a phobia of flames) or to obsessive-compulsive patterns focused on safety rituals, which don't capture the deliberate fire-setting and the tension-relief sequence that defines pyromania.

4. What is ego depletion?

- A. The idea that self-control draws on a limited resource that can be exhausted.**
- B. A belief that self-control grows stronger with practice over time.
- C. The notion that impulses are always easily resisted.
- D. A theory that self-control is unrelated to energy or motivation.

Ego depletion is the idea that self-control relies on a limited, energy-like resource that can be exhausted. When you use self-control on one task—like resisting a tempting snack—you tap into that resource. If you then have to continue exerting self-control on another task, your remaining resource is smaller, making it harder to resist impulses or stay focused. That's why self-control can drop after an initial effort, leading to more impulsive choices or reduced persistence on subsequent tasks. Context helps: classic experiments show people who first engage in a self-control challenge often perform worse on later tasks requiring control. Some researchers have tied the resource to glucose, though the bigger takeaway is the notion of a finite supply that must be replenished. Critics note that motivation, attention, and situational factors also matter, but the tested idea centers on self-control drawing from a limited resource that can be depleted. The other statements don't fit because they imply self-control always gets easier with practice, or that impulses are always easy to resist, or that self-control isn't linked to energy or motivation. In ego depletion, effort spent reduces remaining control available for later tasks.

5. Which of the following best describes Intermittent Explosive Disorder?

- A. Recurrent aggressive outbursts that are out of proportion to the situation and not premeditated.**
- B. Recurrent stealing of objects not needed for personal use.
- C. Recurrent worry about multiple domains of life.
- D. Persistent preoccupation with orderliness and symmetry.

Intermittent Explosive Disorder is defined by recurrent, impulsive aggressive outbursts that are out of proportion to the trigger and not premeditated. The key idea is that the person cannot resist aggressive impulses, leading to sudden verbal or physical explosions that don't fit the situation and aren't planned in advance. These episodes cause distress or impairment and aren't better explained by another disorder, a substance, or a medical condition. This is why the statement describing repeated aggressive outbursts that are disproportionate to the situation and not premeditated fits best. The other options point to different conditions—stealing for gain, persistent excessive worry across areas, or a preoccupation with orderliness and symmetry—none of which capture the impulsive, disproportionate, unpremeditated anger characteristic of this disorder.

6. Hostile laughter in a child with oppositional defiant disorder suggests which diagnosis?

- A. Anxiety disorder
- B. Ineffective coping**
- C. Conduct disorder
- D. Adjustment disorder

Hostile laughter can be a way a child tries to cope with distress or frustration without truly addressing the situation. In oppositional defiant disorder, this kind of response often signals ineffective coping—that is, the child uses humor or aggression as a short-term way to manage emotions rather than developing more adaptive strategies like problem solving, calming techniques, or seeking help. The other options don't fit as well: anxiety disorder would involve persistent fear or worry, adjustment disorder centers on distress tied to a specific stressor, and conduct disorder requires more pervasive, rule-violating or aggressive behaviors beyond a single instance of hostile laughter.

7. When treating impulse control disorders, psychodynamic psychotherapy is directed toward

- A. Identifying the triggers of the rage**
- B. Developing new coping strategies
- C. Increasing problem-solving abilities
- D. Pharmacologic management

Psychodynamic psychotherapy targets unconscious emotional processes and unresolved conflicts from early life that shape current behavior. In impulse control disorders, it guides the patient to explore what internal triggers—feelings, memories, defenses—precede and fuel impulsive acts like rage. By identifying these rage triggers, the therapy helps the person gain insight into why anger arises and how past experiences contribute to present impulses, which is the main aim of this approach. Other options describe skills-based strategies or medication, which are not the primary focus of psychodynamic therapy.

8. What has the Marshmallow Test predictively indicated about later life outcomes?

- A. Better delay of gratification predicted somewhat better social and academic outcomes, though effects are modest.**
- B. It predicts higher athletic ability.
- C. It has strong, deterministic predictions for career success.
- D. It cannot predict any real-world outcomes.

Delay of gratification is the key idea the Marshmallow Test is examining. Children who wait longer to receive a treat tend to show somewhat better social and academic outcomes later in life. The important point is that the link is modest and probabilistic, not a guaranteed fate—many other factors like family environment, schooling, and opportunities shape later success. This test points to self-control and future-oriented thinking as useful predictors, rather than predicting athletic ability or a deterministic path to career success. It does indicate real-world outcomes exist, but with small to moderate effect sizes and plenty of room for other influences to shape results.

9. Which would not be considered a predisposing factor for conduct disorder?

- A. Being an only child**
- B. Exposure to violence in the home
- C. Harsh or inconsistent parenting
- D. History of conduct problems in early childhood

Predisposing factors for conduct disorder are elements in the child's environment or development that raise the likelihood of developing problematic, rule-breaking behavior. Exposure to violence in the home provides a modeling environment where aggression is learned and tolerated, and the resulting chronic stress can contribute to conduct problems. Harsh or inconsistent parenting undermines the development of self-control and clear behavioral expectations, making it harder for a child to learn appropriate conduct. A history of conduct problems in early childhood signals a pattern that often persists into later years. Being an only child, on the other hand, is not in itself a risk factor for conduct disorder, so it would not be considered a predisposing factor.

10. Which assessment evaluates sustained attention and impulsive responding in tasks?

- A. Go/No-Go Task.
- B. Barratt Impulsiveness Scale (BIS-11).
- C. Continuous Performance Test (CPT).
- D. UPPS-P Impulsive Behavior Scale.

Sustained attention and impulsive responding are best captured by a performance-based measure that tracks attention over time. The Continuous Performance Test requires you to monitor stimuli continuously, responding to targets and withholding responses to non-targets, over a period. This setup yields two key indicators: commission errors (responding when you shouldn't) reflect impulsive responding, while omission errors (missing targets) reflect lapses in sustained attention. Self-report scales like the Barratt Impulsiveness Scale or UPPS-P assess trait impulsivity, not how you perform on an ongoing attention task. The Go/No-Go task focuses more on inhibiting responses in brief trials rather than sustaining attention across time. Therefore, the Continuous Performance Test is the best fit.

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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://impulsecontrol.examzify.com>

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

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