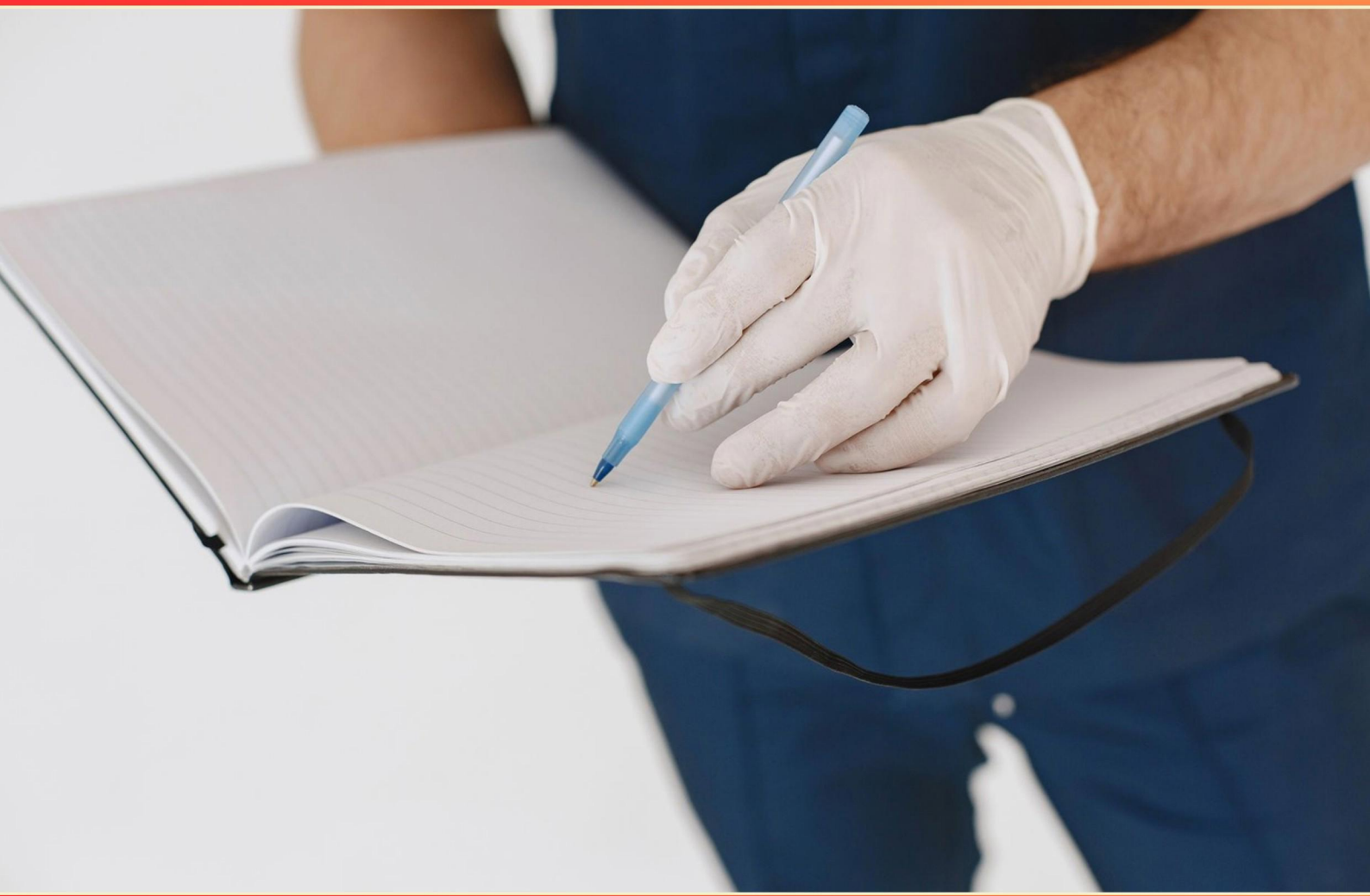
NCMHCE DSM-5 DISORDERS, DIFFERENTIAL DIAGNOSIS, AND TREATMENT PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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https://ncmhcedsm5disorderstreatment.examzify.com

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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 of the following is NOT typically listed as a differential diagnosis for Brief Psychotic Disorder?

A. Malingering

B. Factitious Disorder

C. Autism Spectrum Disorder

D. Substance-Related Disorders

2. Which disorder involves basic rights of others violated through aggression, destruction of property, deceitfulness/theft, and serious violation of rules?

A. ODD

B. CD

C. DMDD

D. IED

3. What is the defining criterion for Premature Ejaculation in the material?

A. Ejaculation within 1 minute of vaginal penetration

B. Ejaculation within 5 minutes

C. Delayed ejaculation

D. No ejaculation

4. Which feature is characteristic of Schizotypal Personality Disorder?

A. Socially inappropriate, exaggerated affect

B. Extreme suspiciousness toward others

C. Odd beliefs or magical thinking

D. Detachment from social relationships

5. Restless Leg Disorder is characterized by an urge to move the legs with unpleasant sensations during rest, which is relieved by movement and worse at night. This description corresponds to which disorder?

A. Delayed Ejaculation

B. Restless Leg Disorder

C. Nocturnal Seizures

D. Breathing-Related Sleep Disorders

6. Which symptom is commonly associated with Parkinson's disease?

A. Visual hallucinations

B. Improved memory

C. No motor symptoms

D. Increased appetite

7. Which disorder is listed as a differential diagnosis for schizophrenia and includes prominent mood episodes?

A. Schizoaffective Disorder

B. Schizophrenia

C. Delusional Disorder

D. Autism Spectrum Disorder or Communication Disorders

8. Alcohol Use Disorder requires at least how many criteria met in a 12-month period?

A. Two

B. One

C. Three

D. Four

9. Which treatment option is listed for Erectile Disorder?

A. Behavioral therapy targeting performance anxiety

B. Electroconvulsive Therapy

C. Antibiotic Therapy

D. Hypnosis and relaxation techniques

10. Stereotypic Movement Disorder involves repetitive, almost rhythmic movements with onset by age 3.

A. Delusions and hallucinations

B. Social withdrawal

C. Repeated, rhythmic movements starting by age 3

D. Motor tics only

Answers

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

Explanations

1. Which of the following is NOT typically listed as a differential diagnosis for Brief Psychotic Disorder?

A. Malingering

B. Factitious Disorder

C. Autism Spectrum Disorder

D. Substance-Related Disorders

Brief Psychotic Disorder is marked by a sudden onset of one or more psychotic symptoms (such as delusions, hallucinations, disorganized speech, or disorganized behavior) that lasts at least a day but less than a month, with full return to premorbid functioning. In evaluating this presentation, clinicians consider conditions that could mimic or explain these acute psychotic features, including other psychotic disorders, mood disorders with psychosis, substance-induced psychosis, and certain disorders where feigning or external factors might play a role. Autism Spectrum Disorder is not typically listed as a differential for brief psychotic disorder because its core features are neurodevelopmental and persistent from early life: impairments in social communication and interaction, along with restricted and repetitive patterns of behavior. These traits are longstanding and present well before any acute psychotic episode, and they do not characteristically wax and wane over a short course as seen in a brief psychotic episode. In contrast, the other considerations—malingering, factitious disorder, and substance-related disorders—are more plausible when evaluating an acute, transient psychotic presentation, since they relate to symptom production, external incentives, or substance effects that can produce acute psychotic-like symptoms.

2. Which disorder involves basic rights of others violated through aggression, destruction of property, deceitfulness/theft, and serious violation of rules?

A. ODD

B. CD

C. DMDD

D. IED

Conduct Disorder is defined by a persistent pattern of behavior that violates the basic rights of others or major societal norms. The behaviors described—aggression toward people or animals, destruction of property, deceit or theft, and serious violations of rules—are the exact symptom domains used to diagnose this disorder. To meet criteria, a child or adolescent typically shows multiple symptoms from these domains over at least 12 months, with at least one symptom present in the past 6 months, and these behaviors cause impairment in functioning. This pattern clearly distinguishes Conduct Disorder from other disruptive disorders: Oppositional Defiant Disorder involves mainly defiant or irritable behavior without the broader pattern of rights violations and property destruction; Disruptive Mood Dysregulation Disorder centers on severe temper outbursts and chronic irritability rather than a pervasive conduct pattern; Intermittent Explosive Disorder features impulsive, episodic aggression rather than a sustained, multi-domain pattern of rule-breaking.

3. What is the defining criterion for Premature Ejaculation in the material?

A. Ejaculation within 1 minute of vaginal penetration

B. Ejaculation within 5 minutes

C. Delayed ejaculation

D. No ejaculation

At the heart of Premature Ejaculation is how quickly ejaculation occurs after penetration. In the material, the defining criterion is ejaculation within about one minute of vaginal penetration, typically on most sexual occasions, and with an ongoing difficulty in delaying ejaculation that causes distress or impairment. This one-minute threshold sets Premature Ejaculation apart from normal variation or from slower or absent ejaculation patterns. So the key point is that rapid ejaculation within one minute after penetration is the defining criterion.

4. Which feature is characteristic of Schizotypal Personality Disorder?

A. Socially inappropriate, exaggerated affect

B. Extreme suspiciousness toward others

C. Odd beliefs or magical thinking

D. Detachment from social relationships

Odd beliefs or magical thinking are hallmark features of Schizotypal Personality Disorder. This reflects cognitive-perceptual distortions that sit on the spectrum between personality disorders and schizophrenia. People with this pattern may have ideas of reference, superstition, or belief in telepathy or clairvoyance, and these beliefs influence their behavior, yet they don't reach the level of a full delusion. This feature helps distinguish SPD from other disorders: social anxiety in SPD tends to arise from discomfort and eccentricity rather than a need for attention (as seen in histrionic patterns), while extreme suspiciousness points to paranoid personality disorder, and a persistent detachment from others describes schizoid personality disorder.

5. Restless Leg Disorder is characterized by an urge to move the legs with unpleasant sensations during rest, which is relieved by movement and worse at night. This description corresponds to which disorder?

A. Delayed Ejaculation

B. Restless Leg Disorder

C. Nocturnal Seizures

D. Breathing-Related Sleep Disorders

The pattern described is classic Restless Legs Syndrome. The key feature is an urge to move the legs accompanied by uncomfortable or unpleasant sensations that begin during periods of rest, are relieved by movement, and tend to be worse in the evening or at night—leading to sleep disturbance. This combination of rest-related discomfort, relief with movement, and nighttime worsening differentiates it from other conditions. Delaying ejaculation is unrelated to sleep or leg sensations. Nocturnal seizures involve episodes of abnormal motor activity during sleep, not a persistent urge to move the legs. Breathing-related sleep disorders center on breathing interruptions and daytime fatigue, not the leg sensations and relief with movement that define Restless Legs Syndrome.

6. Which symptom is commonly associated with Parkinson's disease?

A. Visual hallucinations

B. Improved memory

C. No motor symptoms

D. Increased appetite

Visual hallucinations can occur in Parkinson's disease, especially in later stages or when the person is on dopaminergic medications, or when Lewy body pathology is involved. This perceptual disturbance is a recognized feature in PD patients under certain conditions, making it a plausible symptom linked to the disease. In contrast, improved memory is not a typical PD symptom, the disease is defined by motor signs (such as slowed movement, tremor at rest, rigidity, and balance problems), and increased appetite is not characteristic. So visual hallucinations are the best answer among the options because they represent a known non-motor association that can appear with Parkinson's, unlike the other choices.

7. Which disorder is listed as a differential diagnosis for schizophrenia and includes prominent mood episodes?

A. Schizoaffective Disorder

B. Schizophrenia

C. Delusional Disorder

D. Autism Spectrum Disorder or Communication Disorders

When a psychotic illness includes prominent mood episodes, the diagnosis to consider is schizoaffective disorder. The defining feature is that psychotic symptoms (delusions, hallucinations) occur both with mood symptoms and independently of mood symptoms for a period of at least two weeks. At the same time, mood symptoms—depressive or manic—must be present for a substantial portion of the illness. This pattern distinguishes schizoaffective disorder from other options: schizophrenia would involve psychosis without the clear, sustained predominance of mood symptoms; a mood disorder with psychotic features would have psychosis only during mood episodes; delusional disorder centers on fixed delusions without prominent mood disturbance; and autism spectrum or communication disorders do not present with the specific combination of schizophrenia-like psychosis plus mood episodes.

8. Alcohol Use Disorder requires at least how many criteria met in a 12-month period?

A. Two

B. One

C. Three

D. Four

Alcohol Use Disorder is diagnosed when a pattern of alcohol use causes clinically significant impairment or distress and is shown by meeting at least two of eleven specific criteria within a 12-month period. The two-or-more threshold is what distinguishes a true disorder from a one-time issue, and it also helps gauge severity: two to three criteria = mild, four to five = moderate, six or more = severe. The criteria cover experiences like craving, unsuccessful attempts to cut down, spending a lot of time drinking or recovering, continuing use despite problems at work, school, or home, giving up important activities, tolerance, withdrawal, using in dangerous situations, and continuing despite knowledge of persistent problems. So the minimum number needed is two, which is why that is the correct threshold. One criterion alone does not meet the diagnosis, while more criteria indicate greater severity.

9. Which treatment option is listed for Erectile Disorder?

A. Behavioral therapy targeting performance anxiety

B. Electroconvulsive Therapy

C. Antibiotic Therapy

D. Hypnosis and relaxation techniques

Erectile disorder commonly involves a psychological component, especially performance anxiety that interferes with arousal. The best-fitting treatment is behavioral therapy aimed at reducing performance anxiety. This approach helps by teaching skills to lower pressure during sex, reframing negative beliefs about performance, and gradually reintroducing sexual activity in a structured way. Techniques often include sensate focus exercises, cognitive restructuring, and couples communication work, which together rebuild confidence and improve erectile response. Electroconvulsive therapy isn't a standard treatment for erectile disorder and is used for certain psychiatric conditions like severe depression, where it can affect sexual function negatively. Antibiotic therapy isn't relevant unless there's an infection. Hypnosis and relaxation can be helpful as adjuncts but aren't the primary evidence-based treatment for this condition.

10. Stereotypic Movement Disorder involves repetitive, almost rhythmic movements with onset by age 3.

A. Delusions and hallucinations

B. Social withdrawal

C. Repeated, rhythmic movements starting by age 3

D. Motor tics only

Stereotypic Movement Disorder is defined by repetitive, nonfunctional motor behaviors that are stereotyped and often rhythmic, with onset in early childhood, typically before age three. That description matches exactly: repeated, rhythmic movements starting by age three. Delusions and hallucinations would suggest a psychotic process, not a motor stereotype. Social withdrawal is a nonspecific symptom that can occur in multiple conditions and doesn't define this disorder. Motor tics characterize tic disorders like Tourette's and are usually brief, irregular, and not the same as the sustained, rhythmic, repetitive movements seen in SMD.

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://ncmhcedsm5disorderstreatment.examzify.com

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