

New CED - Psychological Disorders Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. Which cluster would include antisocial, histrionic, narcissistic, and borderline personality disorders?**
 - A. Cluster A**
 - B. Cluster B**
 - C. Cluster C**
 - D. Delusion**

- 2. Which disorder is defined by persistent, unwanted thoughts and/or actions to reduce anxiety?**
 - A. Obsessive-compulsive disorder**
 - B. Panic disorder**
 - C. Generalized anxiety disorder**
 - D. Social anxiety disorder**

- 3. Dependent personality disorder is characterized by which pattern?**
 - A. Pattern of clinging and obedience, fear of separation, and ongoing need to be taken care of.**
 - B. Chronic irritability and aggression.**
 - C. Excessive self confidence and risk taking.**
 - D. Recurrent panic attacks.**

- 4. The diathesis-stress model's explanation for disorder onset emphasizes:**
 - A. A vulnerability interacts with a precipitating event to produce the disorder.**
 - B. Disorder arises solely from genetic factors.**
 - C. Disorder arises solely from environmental stress.**
 - D. Disorder is explained by personality alone.**

- 5. Which form of bipolar disorder involves depression alternating with a milder hypomanic state?**
 - A. Bipolar I disorder**
 - B. Bipolar II disorder**
 - C. Cyclothymic disorder**
 - D. Major depressive disorder**

- 6. Which perspective holds that disorders are caused by faulty or illogical thinking or interpretation of situations?**
- A. Cognitive perspective**
 - B. Behavioral perspective**
 - C. Biological perspective**
 - D. Humanistic perspective**
- 7. Which symptom is a hallmark positive symptom of schizophrenia?**
- A. Disorganized thinking and speech.**
 - B. Intense fear of abandonment.**
 - C. Excessive sleep.**
 - D. Compulsive washing.**
- 8. Which description correctly identifies a depressive group disorder's mood pattern?**
- A. Enduring sad, empty, or irritable mood with physical and cognitive changes.**
 - B. Persistent euphoria and increased energy.**
 - C. Chronic paranoia about others.**
 - D. Obsessive-compulsive rituals.**
- 9. Hypomanic episodes are described as less severe and shorter in duration than manic episodes.**
- A. True**
 - B. False**
 - C. Not specified**
 - D. Always accompanied by psychosis**
- 10. Which duration criterion is used for diagnosing major depressive disorder in the absence of substances or medical conditions?**
- A. Two weeks**
 - B. One week**
 - C. One month**
 - D. Three months**

Answers

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

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Explanations

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1. Which cluster would include antisocial, histrionic, narcissistic, and borderline personality disorders?

- A. Cluster A
- B. Cluster B**
- C. Cluster C
- D. Delusion

Grouping personality disorders by clusters based on similar patterns of behavior helps organize how these conditions relate to each other. Antisocial, histrionic, narcissistic, and borderline all share a dramatic, emotional, and unstable way of relating to others and managing self-image. That combination fits together in the dramatic-emotional-erratic group, which is commonly labeled as Cluster B in the DSM-5. Understanding these traits together clarifies why they're grouped: antisocial actions often involve disregard for norms and others' rights, borderline features include intense, unstable relationships and self-image, histrionic traits revolve around attention-seeking, and narcissistic traits involve grandiosity and a need for admiration. In contrast, Cluster A captures odd or eccentric patterns (paranoid, schizoid, schizotypal), Cluster C covers anxious and fearful styles (avoidant, dependent, obsessive-compulsive), and delusion is not a personality-cluster label but a symptom that can appear across disorders.

2. Which disorder is defined by persistent, unwanted thoughts and/or actions to reduce anxiety?

- A. Obsessive-compulsive disorder**
- B. Panic disorder
- C. Generalized anxiety disorder
- D. Social anxiety disorder

The main idea here is the link between persistent, intrusive thoughts and the actions people take to relieve the anxiety those thoughts cause. In obsessive-compulsive disorder, someone experiences obsessions—recurrent, unwanted thoughts or urges that create distress—and often feels driven to perform compulsions, which are repetitive behaviors or mental acts aimed at reducing that distress or preventing a feared outcome. The anxiety triggered by the obsessions is temporarily lowered by the compulsions, but the relief is brief, and the cycle continues, often taking up a lot of time and impairing daily functioning. Other anxiety-related disorders involve worry or fear without this specific pattern of obsessions paired with compulsions, so they don't match the defining combination described here. OCD is also typically ego-dystonic, meaning the person recognizes the thoughts and behaviors as irrational but feels unable to stop them.

3. Dependent personality disorder is characterized by which pattern?

- A. Pattern of clinging and obedience, fear of separation, and ongoing need to be taken care of.**
- B. Chronic irritability and aggression.**
- C. Excessive self confidence and risk taking.**
- D. Recurrent panic attacks.**

Dependent personality disorder involves a pervasive pattern of excessive dependence on others for support and decision-making, marked by clingy and obedient behavior and a deep fear of separation. People with this pattern typically struggle to make everyday decisions without excessive reassurance, go to great lengths to obtain nurturance, and feel uncomfortable or helpless when they are alone. They may urgently seek new relationships to ensure that someone will take care of them, and they often defer to others due to a belief that they cannot care for themselves. The description matches these features exactly. Other patterns describe different disorders: chronic irritability and aggression point to mood or behavioral disorders, excessive self-confidence and risk-taking align with narcissistic or antisocial traits, and recurrent panic attacks are characteristic of panic disorder.

4. The diathesis-stress model's explanation for disorder onset emphasizes:

- A. A vulnerability interacts with a precipitating event to produce the disorder.**
- B. Disorder arises solely from genetic factors.**
- C. Disorder arises solely from environmental stress.**
- D. Disorder is explained by personality alone.**

A vulnerability interacts with a precipitating event to produce the disorder. The diathesis-stress model holds that people have a predisposition (diathesis)—which can be genetic, biological, or linked to early experiences—yet this alone doesn't cause the illness. A stressor or triggering event must occur, pushing the individual over a threshold into symptom development. This explains why disorders don't arise from genes or life stress alone; instead, it's their interaction that matters: a person with greater vulnerability may develop the disorder after a relatively moderate stressor, while someone with lower vulnerability might not after a similar stressor, and a high-stress situation might not cause illness in someone with little vulnerability.

5. Which form of bipolar disorder involves depression alternating with a milder hypomanic state?

- A. Bipolar I disorder**
- B. Bipolar II disorder**
- C. Cyclothymic disorder**
- D. Major depressive disorder**

Focus on the mood pattern: depression alternating with a milder elevated state. This form is Bipolar II. It involves at least one major depressive episode and at least one hypomanic episode, with no full manic episode ever occurring. Hypomania means elevated mood and increased energy that last at least four days and are noticeable, but not severe enough to cause marked impairment or require hospitalization. The depressive episodes meet criteria for major depressive disorder, typically lasting two weeks or more and affecting functioning. The combination of a depressive episode plus a hypomanic episode, without manic symptoms, is what defines Bipolar II. Bipolar I, in contrast, requires at least one manic episode, which is more severe and impairing than hypomania. Cyclothymic disorder involves numerous periods of mood symptoms that are milder and do not meet full criteria for either hypomanic or major depressive episodes. Major depressive disorder includes depressive episodes alone, without any hypomanic or manic episodes.

6. Which perspective holds that disorders are caused by faulty or illogical thinking or interpretation of situations?

- A. Cognitive perspective**
- B. Behavioral perspective**
- C. Biological perspective**
- D. Humanistic perspective**

This item focuses on how thinking patterns influence mental disorders. The cognitive perspective holds that distress arises from the way people interpret events, not from the events themselves. Faulty or illogical thoughts—like overgeneralizing, catastrophizing, or automatic negative interpretations—can lead to strong negative emotions and unhelpful behaviors. For example, interpreting a minor social slip as personal rejection may trigger intense anxiety and avoidance, which reinforces the problem. Cognitive therapy aims to identify and restructure these distorted thoughts to change feelings and actions. In contrast, a behavioral view would explain problems in terms of learned behaviors and reinforcement, not internal thoughts. A biological view would point to brain biology, genetics, or neurochemistry. A humanistic view emphasizes personal growth, self-acceptance, and striving for self-actualization rather than focusing on faulty thinking. So the idea that disorders come from faulty or illogical thinking aligns best with the cognitive perspective.

7. Which symptom is a hallmark positive symptom of schizophrenia?

- A. Disorganized thinking and speech.**
- B. Intense fear of abandonment.**
- C. Excessive sleep.**
- D. Compulsive washing.**

Disorganized thinking and speech is a classic example of a positive symptom of schizophrenia. Positive symptoms are experiences added to normal functioning, and this symptom reflects that thought processes become fragmented or illogical, leading to speech that can be difficult to follow or nonsensical. In schizophrenia, such disorganized thinking is observable and stands out as a hallmark among positive symptoms, alongside delusions and hallucinations. The other options point to features more typical of different conditions—intense fear of abandonment is common in certain personality disorders, excessive sleep can occur with depression or sleep disorders, and compulsive washing is characteristic of obsessive-compulsive disorder.

8. Which description correctly identifies a depressive group disorder's mood pattern?

- A. Enduring sad, empty, or irritable mood with physical and cognitive changes.**
- B. Persistent euphoria and increased energy.**
- C. Chronic paranoia about others.**
- D. Obsessive-compulsive rituals.**

Depressive disorders show a mood that stays low or irritable over time, paired with physical and cognitive changes. People feel sad, empty, or irritated most days, and this mood is accompanied by symptoms like fatigue, sleep or appetite changes, slowed thinking or difficulty concentrating, and feelings of worthlessness or guilt. That combination—persistent negative mood plus noticeable physical and thinking changes—is what defines the depressive pattern. The other descriptions point to different patterns: a crush of euphoria and high energy fits mania or hypomania; chronic paranoia reflects paranoid thoughts rather than a mood state; obsessive-compulsive rituals align with OCD symptoms.

9. Hypomanic episodes are described as less severe and shorter in duration than manic episodes.

- A. True**
- B. False**
- C. Not specified**
- D. Always accompanied by psychosis**

Hypomania is a milder form of mania, so the symptoms mirror mania (elevated or irritable mood, increased energy, rapid thoughts, decreased need for sleep) but without the same level of disruption. The key distinctions are duration and impairment: hypomanic episodes endure at least four consecutive days, while manic episodes last at least seven days (unless hospitalization occurs). Hypomania does not typically cause the marked impairment in functioning or the need for hospitalization that mania often does; psychotic features are more common in mania than in hypomania. Because of the lower severity and shorter duration, the statement correctly describes hypomanic episodes.

10. Which duration criterion is used for diagnosing major depressive disorder in the absence of substances or medical conditions?

A. Two weeks

B. One week

C. One month

D. Three months

Two weeks is the minimum duration required to diagnose major depressive disorder when the symptoms aren't due to substances or another medical condition. This two-week window helps ensure the mood disturbance is persistent and clinically significant, not just a brief lapse. Within that period, the person must show at least five of the typical symptoms (including depressed mood or loss of interest) and experience distress or impairment. Shorter durations don't meet the threshold, while longer-lasting symptoms can still fit MDD as long as they meet the full criteria within a two-week period.

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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://newcedpsychdisorders.examzify.com>

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

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