NEW CED – PSYCHOLOGICAL DISORDERS PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. What is considered the most effective psychotherapeutic approach for OCD?

A. Exposure and Response Prevention (ERP)

B. Psychoanalysis

C. Humanistic Therapy

D. Interpersonal Therapy

2. What is the defining feature of Obsessive-Compulsive Disorder in DSM-5-TR?

A. Recurrent panic attacks.

B. Delusions and hallucinations.

C. Elevated mood with increased energy.

D. The presence of obsessions and/or compulsions that are time-consuming or cause distress or impairment, with clinically significant impairment; symptoms are ego-dystonic.

3. Which personality disorder is characterized by social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation?

A. Avoidant personality disorder

B. Antisocial personality disorder

C. Anxiety disorders

D. ADHD

4. Catatonic stupor is defined as a state of significantly decreased reactivity to environmental stimuli and reduced spontaneous movement. What term matches this description?

A. Catatonic stupor

B. Mania

C. Anhedonia

D. Hyperactivity

5. Which option represents the DSM-5-TR criterion for Insomnia Disorder?

A. A Sleep disturbances are defined only in terms of daytime fatigue.

B. Persistent difficulty initiating or maintaining sleep or early morning waking with inability to return to sleep, occurring at least three nights per week for three months, with distress or impairment.

C. Sleep disturbances must occur daily for six months.

D. Insomnia Disorder is diagnosed when there is a comorbid anxiety disorder.

6. Which statement correctly identifies the DSM-5-TR subtypes of Anorexia Nervosa?

A. Restricting type and binge-eating/purging type are the two subtypes.

B. Only restricting type is a subtype.

C. There are three subtypes including vomiting-purge subtype.

D. Binge-eating is a separate disorder, not a subtype.

7. Which statement best describes the differential diagnosis process for Major Depressive Disorder?

A. It involves ruling out other conditions such as bipolar disorder, persistent depressive disorder, grief or bereavement, and substance/medical conditions causing mood symptoms, and adjustment disorder.

B. It requires only a single interview with no collateral information.

C. It should incorporate consideration of comorbidity and differential diagnoses, including bipolar disorder and other mood disorders.

D. It can be done after starting antidepressants.

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. Which delusion involves a fixed false belief that one is more powerful or important than one actually is?

A. Delusions of persecution

B. Delusions of reference

C. Delusions of grandeur

D. Capgras syndrome

10. How do Somatic Symptom Disorder and Illness Anxiety Disorder differ?

A. Somatic Symptom Disorder requires preoccupation with illness, while Illness Anxiety Disorder centers on somatic symptoms.

B. Illness Anxiety Disorder requires prominent somatic symptoms.

C. Somatic Symptom Disorder involves one or more distressing somatic symptoms with excessive thoughts/feelings/behaviors about them; Illness Anxiety Disorder involves preoccupation with having or acquiring a serious illness with minimal symptoms and high health anxiety.

D. They are identical in presentation.

Answers

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

Explanations

1. What is considered the most effective psychotherapeutic approach for OCD?

A. Exposure and Response Prevention (ERP)

B. Psychoanalysis

C. Humanistic Therapy

D. Interpersonal Therapy

Exposure and Response Prevention (ERP) is the most effective psychotherapy for OCD because it directly targets the obsessive-compulsive cycle. In ERP, you gradually face feared triggers (obsessions) and deliberately refrain from performing the accompanying rituals (compulsions). Over time, the anxiety you feel when exposed to those triggers decreases through habituation, and the urge to perform the ritual weakens because the relief from rituals no longer follows the urge. This process breaks the loop that keeps OCD symptoms going. ERP has the strongest, most consistent research support for reducing OCD symptoms, often producing larger and faster improvements than other psychotherapies. While psychoanalysis, humanistic therapy, and interpersonal therapy can help with general well-being or co-occurring issues, they don't target the specific learning processes underlying OCD as effectively as ERP.

2. What is the defining feature of Obsessive-Compulsive Disorder in DSM-5-TR?

A. Recurrent panic attacks.

B. Delusions and hallucinations.

C. Elevated mood with increased energy.

D. The presence of obsessions and/or compulsions that are time-consuming or cause distress or impairment, with clinically significant impairment; symptoms are ego-dystonic.

The defining feature of OCD in DSM-5-TR is the presence of obsessions and/or compulsions that are time-consuming or cause distress or impairment, with the symptoms being ego-dystonic. Obsessions are intrusive, unwanted thoughts, urges, or images that trigger anxiety. Compulsions are repetitive behaviors or mental acts performed to reduce that anxiety or prevent a feared outcome. What makes OCD distinctive is that these thoughts and actions intrude on daily life and are recognized by the person as unwanted and inconsistent with their own values (ego-dystonic), often leading to significant distress or impairment. Other options describe features of different conditions: panic attacks are typical of panic disorder; delusions and hallucinations point to psychotic disorders; and elevated mood with increased energy characterizes mania.

3. Which personality disorder is characterized by social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation?

A. Avoidant personality disorder

B. Antisocial personality disorder

C. Anxiety disorders

D. ADHD

The traits described—social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation—reflect a long-standing pattern of avoiding social interaction due to fear of rejection. This is exactly the hallmark of avoidant personality disorder, a pervasive style that begins by early adulthood and affects many areas of life, leading to social withdrawal despite a desire for close relationships. The emphasis is on how fear of judgment shapes behavior across contexts, not just in isolated situations. Antisocial personality disorder involves a disregard for others' rights and rule-breaking behavior, which isn't implied here. ADHD centers on attention and activity regulation, not a pervasive fear of evaluation. Anxiety disorders involve fear or worry but are not framed by a broad, enduring personality pattern of avoidance across multiple settings.

4. Catatonic stupor is defined as a state of significantly decreased reactivity to environmental stimuli and reduced spontaneous movement. What term matches this description?

A. Catatonic stupor

B. Mania

C. Anhedonia

D. Hyperactivity

Catatonia involves marked psychomotor disturbance. The described state—significantly decreased reactivity to environmental stimuli and reduced spontaneous movement—is the classic presentation of stupor within catatonia. It's the best match because it specifies a severe reduction in responsiveness and activity, which is not seen in the other terms: mania includes high energy and agitation, anhedonia is a lack of pleasure, and hyperactivity is increased movement. Therefore, the term that matches is catatonic stupor.

5. Which option represents the DSM-5-TR criterion for Insomnia Disorder?

A. A Sleep disturbances are defined only in terms of daytime fatigue.

B. Persistent difficulty initiating or maintaining sleep or early morning waking with inability to return to sleep, occurring at least three nights per week for three months, with distress or impairment.

C. Sleep disturbances must occur daily for six months.

D. Insomnia Disorder is diagnosed when there is a comorbid anxiety disorder.

Insomnia Disorder is defined by a sleep-related problem that persists for several months and causes noticeable distress or impairment, with the disturbance occurring at least a few nights per week and not explained by other conditions. The correct option matches this precisely: it describes persistent difficulty initiating or maintaining sleep or early morning awakening with an inability to return to sleep, occurring at least three nights per week for three months, with associated distress or impairment. This captures the key elements of frequency, duration, and impact on functioning that DSM-5-TR uses to diagnose insomnia. Why the other formulations don't fit as well: one reduces the problem to daytime fatigue, but insomnia criteria focus on the sleep disturbance itself rather than just daytime symptoms. Another requires daily symptoms for six months, which is stricter than the three-nights-per-week and three-month minimum. A final option ties the diagnosis to a comorbid anxiety disorder, whereas insomnia can occur with or without another mental disorder and comorbidity is not a diagnostic requirement.

6. Which statement correctly identifies the DSM-5-TR subtypes of Anorexia Nervosa?

A. Restricting type and binge-eating/purging type are the two subtypes.

B. Only restricting type is a subtype.

C. There are three subtypes including vomiting-purge subtype.

D. Binge-eating is a separate disorder, not a subtype.

Two subtypes are recognized for Anorexia Nervosa in DSM-5-TR: restricting type, where weight control is achieved mainly through dieting, fasting, or excessive exercise; and binge-eating/purging type, where recurrent binge eating or purging behaviors (such as self-induced vomiting or misuse of laxatives, diuretics, or enemas) accompany restrictive eating. There aren't three subtypes, and vomiting-purge is not a separate category—it's part of the binge-eating/purging subtype. Binge eating is not a separate disorder here; it describes behaviors that occur within Anorexia Nervosa under the appropriate diagnostic criteria. So identifying these two subtypes is the correct understanding.

7. Which statement best describes the differential diagnosis process for Major Depressive Disorder?

A. It involves ruling out other conditions such as bipolar disorder, persistent depressive disorder, grief or bereavement, and substance/medical conditions causing mood symptoms, and adjustment disorder.

B. It requires only a single interview with no collateral information.

C. It should incorporate consideration of comorbidity and differential diagnoses, including bipolar disorder and other mood disorders.

D. It can be done after starting antidepressants.

Understanding how to approach differential diagnosis for Major Depressive Disorder means recognizing that mood symptoms can arise from multiple sources, and the clinician must evaluate both potential alternative diagnoses and co-occurring conditions. The best choice highlights that the process should incorporate consideration of comorbidity and differential diagnoses, including bipolar disorder and other mood disorders. This matters because accurately distinguishing MDD from bipolar disorders and other mood conditions guides treatment decisions—manic or hypomanic features would shift the diagnosis toward bipolar spectrum rather than unipolar depression, and comorbid conditions can influence both prognosis and therapy. In practice, this means gathering a detailed history over time, looking for past/manic symptoms, examining the course and onset of symptoms, and obtaining collateral information to confirm or refute competing explanations for the mood disturbance. It also means recognizing that many patients have multiple co-occurring conditions (for example, anxiety disorders or substance use) that affect how depression should be managed. Choices that rely on a single interview without collateral information or assume treatment should start before a thorough diagnostic assessment miss essential parts of this process, and while ruling out other conditions is part of differential diagnosis, the broader emphasis on comorbidity and a range of mood disorders makes the selection the most comprehensive.

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. Which delusion involves a fixed false belief that one is more powerful or important than one actually is?

A. Delusions of persecution

B. Delusions of reference

C. Delusions of grandeur

D. Capgras syndrome

The idea being tested is a fixed false belief that you are more powerful, famous, or important than you actually are. This is the delusion of grandeur, a classic grandiose belief that someone has extraordinary abilities or status despite evidence to the contrary. It often appears in psychotic disorders or during manic episodes. It differs from delusions of persecution (believing you're being harmed or targeted), delusions of reference (believing ordinary events have special personal meaning), and Capgras syndrome (believing a familiar person has been replaced by an impostor).

10. How do Somatic Symptom Disorder and Illness Anxiety Disorder differ?

A. Somatic Symptom Disorder requires preoccupation with illness, while Illness Anxiety Disorder centers on somatic symptoms.

B. Illness Anxiety Disorder requires prominent somatic symptoms.

C. Somatic Symptom Disorder involves one or more distressing somatic symptoms with excessive thoughts/feelings/behaviors about them; Illness Anxiety Disorder involves preoccupation with having or acquiring a serious illness with minimal symptoms and high health anxiety.

D. They are identical in presentation.

The key difference lies in where the worry and distress are directed. Somatic Symptom Disorder centers on one or more distressing physical symptoms themselves and an excessive, persistent focus on their meaning, severity, or impact, often with disproportionate thoughts, feelings, and behaviors about those symptoms. Illness Anxiety Disorder, by contrast, is a preoccupation with having or acquiring a serious illness, with only minimal or no somatic symptoms and a high level of health-related anxiety and related behaviors. This aligns with the described option: Somatic Symptom Disorder involves one or more distressing somatic symptoms plus excessive thoughts/feelings/behaviors about them; Illness Anxiety Disorder involves preoccupation with having or acquiring a serious illness with minimal symptoms and high health anxiety. The difference is not that Illness Anxiety Disorder requires prominent somatic symptoms (it usually does not), nor that the two disorders are identical.

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!