PANCE PSYCHIATRY AND BEHAVIORAL MEDICINE 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. Abnormal grief includes which of the following symptoms?

A. Apathy

B. Hallucinations

C. Fatigue

D. Dizziness

2. Adjustment disorder is defined as...

A. A Mood Disorder With Mania

B. An Emotional or Behavioral Reaction to an Identifiable Stressor Causing a Disproportionate Response

C. A Psychotic Break

D. A Phobia

3. Which of the following is a DSM-5 criterion for schizophrenia?

A. One symptom is sufficient if duration is prolonged.

B. Two or more of delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms, with at least one of delusions, hallucinations, or disorganized speech.

C. Symptoms must occur only during mood episodes.

D. There must be continuous signs for at least 12 months.

4. How many symptoms must be present for at least two weeks to diagnose Major Depressive Disorder?

A. Three

B. Five

C. Seven

D. Nine

5. Which statement best describes schizophreniform disorder?

A. Duration longer than 12 months

B. Meets criteria other than shorter than 6 months

C. Duration longer than 24 months

D. Symptoms limited to mood disturbance

6. In bipolar II disorder, hypomanic episodes are characterized by what level of impairment?

A. Hypomania causes marked impairment

B. Hypomania does not cause marked impairment

C. Hypomania lasts longer than a week

D. Hypomania is always with psychosis

7. Which duration indicates a normal grief course in a typical case?

A. 12 months

B. 11 months

C. 9 months

D. 6 months

8. Which personality disorder is marked by unstable, unpredictable mood and relationships?

A. Histrionic

B. Borderline

C. Schizotypal

D. Paranoid

9. Which of the following is a common etiology of delirium in hospitalized patients?

A. Infections

B. Hypoxia

C. Electrolyte abnormalities

D. Dehydration

10. Which statement best distinguishes Substance-Induced Mood Disorder from a primary mood disorder?

A. Mood symptoms attributable to direct physiological effects of a substance or withdrawal; symptoms resolve after abstinence suggests substance-induced; persistent mood symptoms beyond withdrawal suggest a primary mood disorder.

B. Mood symptoms occur only during sleep

C. Only occurs with alcohol use

D. It cannot co-occur with other psychiatric disorders

Answers

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

Explanations

1. Abnormal grief includes which of the following symptoms?

A. Apathy

B. Hallucinations

C. Fatigue

D. Dizziness

Abnormal grief can extend beyond sadness and preoccupation with the loss to include psychotic features. Hallucinations—such as hearing or seeing the deceased when no one is present—can occur in bereavement and signal a more severe or pathological grief reaction. These experiences indicate that the bereavement process is affecting reality testing and functioning, and they warrant clinicians assessing for potential complicating factors like a mood disorder with psychotic features or a grief-specific psychotic presentation. In contrast, apathy, fatigue, or dizziness are nonspecific symptoms that can accompany many conditions and do not by themselves define abnormal grief.

2. Adjustment disorder is defined as...

A. A Mood Disorder With Mania

B. An Emotional or Behavioral Reaction to an Identifiable Stressor Causing a Disproportionate Response

C. A Psychotic Break

D. A Phobia

Adjustment disorder centers on a maladaptive emotional or behavioral response to an identifiable life stressor that is out of proportion to the stressor's severity and causes clinically significant distress or impairment. The defining idea is that the reaction is a disproportionate, but time-limited, response to a specific trigger. Symptoms typically begin within a few months of the stressor and, once the stressor or its consequences end, the symptoms do not persist beyond about six additional months. This distinguishes it from a primary mood disorder, psychotic illness, or specific phobia. So the best description is an emotional or behavioral reaction to an identifiable stressor that is disproportionate and impairment-causing, with a limited duration tied to the stressor.

3. Which of the following is a DSM-5 criterion for schizophrenia?

A. One symptom is sufficient if duration is prolonged.

B. Two or more of delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms, with at least one of delusions, hallucinations, or disorganized speech.

C. Symptoms must occur only during mood episodes.

D. There must be continuous signs for at least 12 months.

Schizophrenia is diagnosed when two or more major psychotic symptoms are present for a significant portion of time during a 1-month period, and at least one of those must be delusions, hallucinations, or disorganized speech. In addition, there must be continuous signs of the disturbance for at least six months, which can include periods of prodrome or residual symptoms. The symptoms are not better explained by a mood disorder with psychotic features, a substance, or another medical condition. This combination—two or more symptoms with at least one being delusions, hallucinations, or disorganized speech, plus six months of overall disturbance—is what makes the diagnosis fit.

4. How many symptoms must be present for at least two weeks to diagnose Major Depressive Disorder?

A. Three

B. Five

C. Seven

D. Nine

Major depressive disorder is diagnosed when a person experiences at least five of a specific set of symptoms during a single two-week period, with at least one of those symptoms being depressed mood or anhedonia (loss of interest or pleasure). The full list of symptoms includes depressed mood, diminished interest or pleasure, significant weight change or appetite disturbance, sleep disturbance, psychomotor agitation or retardation, fatigue, feelings of worthlessness or excessive guilt, diminished ability to think or concentrate, and recurrent thoughts of death or suicide. Because the threshold is five symptoms (not a fixed number like three, seven, or nine), you can have more than five as long as the criteria are met. This is why five is the minimum required to diagnose, and the question's answer reflects that standard.

5. Which statement best describes schizophreniform disorder?

A. Duration longer than 12 months

B. Meets criteria other than shorter than 6 months

C. Duration longer than 24 months

D. Symptoms limited to mood disturbance

Schizophreniform disorder is diagnosed when someone has the same psychotic features as schizophrenia—such as delusions, hallucinations, disorganized speech or behavior, and negative symptoms—but the duration is between one and six months. The statement that best describes it is that the person "meets criteria other than shorter than 6 months," meaning the full schizophrenia-like criteria are met except the time frame is under six months. If symptoms endure beyond six months, the diagnosis would typically shift to schizophrenia if the criteria continue to be met. If symptoms last less than a month, it would be brief psychotic disorder. Mood-only symptoms point toward a mood disorder with psychotic features or schizoaffective disorder rather than schizophreniform. The other options are incorrect because they imply durations outside the 1–6 month window or focus on mood alteration rather than schizophrenia-spectrum psychosis.

6. In bipolar II disorder, hypomanic episodes are characterized by what level of impairment?

A. Hypomania causes marked impairment

B. Hypomania does not cause marked impairment

C. Hypomania lasts longer than a week

D. Hypomania is always with psychosis

Hypomania in bipolar II is a milder shift in mood and energy that is noticeable to others but not devastating to functioning. It lasts at least four consecutive days and represents a change from the person's baseline, but it does not cause marked impairment in social or occupational functioning and it lacks psychotic features. This is what sets it apart from mania, where impairment is marked and psychosis can be present or hospitalization may be required. So, the correct idea is that hypomania does not cause marked impairment. Note that duration is at least four days for hypomania, whereas mania typically requires at least a week or any duration if hospitalization occurs, and psychosis is not part of hypomania.

7. Which duration indicates a normal grief course in a typical case?

A. 12 months

B. 11 months

C. 9 months

D. 6 months

The key idea is that a typical bereavement journey tends to improve over several months, with most people showing substantial relief of distress and a return to baseline functioning by about six months after the loss. In normal grief, intense longing and sadness lessen over time, and everyday functioning gradually improves. If symptoms remain severe or impair daily life beyond six months—especially with persistent preoccupation, impaired functioning, or new depressive features—that raises concern for a prolonged grief reaction or another mood disorder. So, six months is the duration that most closely reflects a normal grief course in a typical case.

8. Which personality disorder is marked by unstable, unpredictable mood and relationships?

A. Histrionic

B. Borderline

C. Schizotypal

D. Paranoid

Unstable, intense, and rapidly changing moods with stormy, unstable relationships are hallmarks of Borderline personality disorder. The pattern involves affective instability—mood shifts that can swing quickly in response to interpersonal stress—paired with relationships that oscillate between idealization and devaluation. People with this condition often fear abandonment, have a tenuous sense of self, and may exhibit impulsivity or self-harm as a way to cope with distress. This combination of volatile affect and unstable interpersonal dynamics beginning by early adulthood is what sets Borderline apart. Other choices fit different patterns but not this core combo. Histrionic personality disorder centers on excessive emotionality and a need for attention, not the pervasive fear of abandonment and rapid mood shifts. Schizotypal involves odd beliefs and social/behavioral eccentricities. Paranoid features pervasive distrust and suspicion without the characteristic emotional instability and relationship volatility.

9. Which of the following is a common etiology of delirium in hospitalized patients?

A. Infections

B. Hypoxia

C. Electrolyte abnormalities

D. Dehydration

Delirium in hospitalized patients is often triggered by an acute systemic insult that disrupts brain function, with infection being a particularly common culprit. In older and frail inpatients, infections such as urinary tract infections, pneumonia, or sepsis provoke inflammatory responses, fever, and metabolic stress that can blunt attention and cognition rapidly. The brain is especially vulnerable to these systemic changes, and even when fever or classic infection symptoms aren't prominent, delirium can be the presenting sign. Because the hospital environment exposes patients to risks that can provoke delirium—infections frequently act as the primary precipitant or a major contributing factor—recognizing and treating an underlying infection is a central part of managing delirium. Other factors like hypoxia, electrolyte disturbances, and dehydration can also contribute, but infections are a common and high-yield etiology in this setting.

10. Which statement best distinguishes Substance-Induced Mood Disorder from a primary mood disorder?

A. Mood symptoms attributable to direct physiological effects of a substance or withdrawal; symptoms resolve after abstinence suggests substance-induced; persistent mood symptoms beyond withdrawal suggest a primary mood disorder.

B. Mood symptoms occur only during sleep

C. Only occurs with alcohol use

D. It cannot co-occur with other psychiatric disorders

The key idea is that Substance-Induced Mood Disorder is defined by mood symptoms that are directly tied to the physiological effects of a substance or its withdrawal, with the pattern of change guiding diagnosis. If mood symptoms appear while using the substance or during withdrawal and then fully remit after abstinence, that points to a substance-induced cause. If, however, the mood symptoms persist beyond the withdrawal period or occur independently of ongoing substance use, a primary mood disorder becomes more likely. Other statements miss that crucial distinction: mood symptoms during sleep aren't a defining feature, substance-induced issues aren't limited to alcohol, and this condition can indeed co-occur with other psychiatric disorders.

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://pancepsychiatrybehavioralmed.examzify.com

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