

# Pennsylvania Psychiatry Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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!**

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## Questions

- 1. Which condition involves arousal from exposing one's genitals to an unsuspecting person?**
  - A. Fetishism**
  - B. Exhibitionism**
  - C. Voyeurism**
  - D. Pedophilia**
- 2. What is a key feature of schizoaffective disorder?**
  - A. Incoherence of speech**
  - B. Delusions without depression**
  - C. Major depressive episodes combined with schizophrenia**
  - D. Only negative symptoms**
- 3. Which defense mechanism involves expressing the opposite of an unacceptable emotion?**
  - A. Denial**
  - B. Projection**
  - C. Reaction Formation**
  - D. Rationalization**
- 4. Which of the following is NOT an aspect of the Diagnostic Criterion for Substance Abuse?**
  - A. Recurrent legal problems**
  - B. Failure to fulfill obligations**
  - C. Full withdrawal symptoms**
  - D. Hazardous use situations**
- 5. What is a key diagnostic criterion for Conduct Disorder in adolescents?**
  - A. Presence of hallucinations**
  - B. Deceit or theft**
  - C. Social withdrawal**
  - D. Inability to form relationships**



- 6. What is required for the diagnosis of Adjustment Disorder?**
- A. Symptoms must resolve within 3 months of the stressor**
  - B. Symptoms must resolve within 6 months of the resolution of the stressor**
  - C. Symptoms must persist for more than 6 months**
  - D. Symptoms must be present for more than 3 months**
- 7. In case of an antihistamine overdose, which treatment is most effective?**
- A. Naloxone**
  - B. Physostigmine**
  - C. Activated charcoal**
  - D. Flumazenil**
- 8. Which characteristic is commonly seen in someone employing Reaction Formation?**
- A. Authenticity in expressing feelings**
  - B. Disguising true emotions with visible enthusiasm**
  - C. Apathy towards social interactions**
  - D. Open admission of personal struggles**
- 9. What distinguishes Primary Hypersomnia from other sleep disorders?**
- A. Persistent insomnia**
  - B. Excessive sleepiness**
  - C. Cognitive impairment**
  - D. Sleepwalking**
- 10. Which physiological change is associated with Osteopenia in anorexic patients?**
- A. Increased progesterone levels**
  - B. Decreased estrogen levels**
  - C. Increased cortisol levels**
  - D. Altered thyroid function**

## **Answers**

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

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## **Explanations**

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**1. Which condition involves arousal from exposing one's genitals to an unsuspecting person?**

- A. Fetishism
- B. Exhibitionism**
- C. Voyeurism
- D. Pedophilia

The condition that involves arousal from exposing one's genitals to an unsuspecting person is exhibitionism. This paraphilic disorder is characterized by the act of revealing one's genitals to non-consenting individuals, often eliciting shock or surprise. The arousal stems from the act of exposure itself, rather than from the sexual object of the exposure. In understanding this condition, it's important to distinguish it from related terms. Fetishism refers to sexual arousal associated with non-living objects or specific body parts, while voyeurism involves gaining sexual pleasure from watching others engage in sexual activities without their knowledge. Pedophilia, on the other hand, is defined by sexual attraction to prepubescent children, which is distinct from the acts of exposing oneself. Thus, exhibitionism specifically relates to the act of exposure to unsuspecting individuals, defining its unique place among paraphilic disorders.

**2. What is a key feature of schizoaffective disorder?**

- A. Incoherence of speech
- B. Delusions without depression
- C. Major depressive episodes combined with schizophrenia**
- D. Only negative symptoms

A key feature of schizoaffective disorder is the presence of major depressive episodes combined with symptoms of schizophrenia. This disorder merges aspects of both mood disorders and psychotic disorders, meaning that an individual experiences mood disturbances—such as major depressive episodes—alongside concurrent symptoms typical of schizophrenia, which may include delusions or hallucinations. In schizoaffective disorder, the mood symptoms are not a consequence of the psychosis; rather, both groups of symptoms can occur independently. This combination can often lead to significant impairment in daily functioning and requires a careful approach to treatment that addresses both the psychotic features and the mood disorder aspects. Overall, understanding schizoaffective disorder in this context highlights the complexity of mood and psychotic disorders and underscores the importance of recognizing the interplay between depressive symptoms and psychosis in diagnosis and treatment.

**3. Which defense mechanism involves expressing the opposite of an unacceptable emotion?**

**A. Denial**

**B. Projection**

**C. Reaction Formation**

**D. Rationalization**

The concept of reaction formation is critical in understanding how individuals cope with feelings that might be deemed unacceptable. When a person employs reaction formation, they unconsciously transform an emotion into its opposite. For instance, someone who has feelings of anger or hostility towards another person might instead exhibit excessive friendliness or affection towards them. This defensive mechanism acts as a shield to protect the individual from the anxiety that could arise from confronting their genuine feelings. In the context of reaction formation, it is essential to recognize that the emotional expression that appears on the surface is not indicative of the individual's true feelings. This can be particularly relevant in situations where societal norms discourage certain emotions, thus leading individuals to adopt behaviors that starkly contrast with their internal experiences. The other defense mechanisms such as denial, projection, and rationalization serve different functions. Denial involves refusing to accept reality or acknowledging emotions, projection entails attributing one's unacceptable feelings to others, while rationalization involves creating excuses for behavior that allows individuals to avoid confronting the true reasons for their actions. Each of these mechanisms operates differently and does not specifically relate to expressing the opposite emotion, which is the hallmark of reaction formation.

**4. Which of the following is NOT an aspect of the Diagnostic Criterion for Substance Abuse?**

**A. Recurrent legal problems**

**B. Failure to fulfill obligations**

**C. Full withdrawal symptoms**

**D. Hazardous use situations**

The identification of full withdrawal symptoms as not being an aspect of the Diagnostic Criterion for Substance Abuse is accurate because withdrawal symptoms are more specifically associated with substance dependence rather than abuse. Substance abuse is characterized by patterns of use that lead to significant impairment or distress, reflecting behaviors like recurrent legal problems, failure to fulfill obligations, and engaging in hazardous use situations. These criteria emphasize the negative consequences of substance use rather than the physiological effects such as withdrawal. Withdrawal symptoms indicate a physical dependence on the substance, which marks a distinct condition within the classification of substance-related disorders. Thus, the focus on behavioral and legal issues within the diagnostic criteria helps to clearly delineate between abuse and dependence.

**5. What is a key diagnostic criterion for Conduct Disorder in adolescents?**

- A. Presence of hallucinations**
- B. Deceit or theft**
- C. Social withdrawal**
- D. Inability to form relationships**

One of the key diagnostic criteria for Conduct Disorder in adolescents is the presence of deceit or theft. Individuals diagnosed with this disorder often display a pattern of behavior that violates the rights of others or societal norms, which includes deceitful behaviors such as lying, stealing, or manipulation. These actions are reflective of a broader issue of conduct, where the individual demonstrates a lack of regard for the feelings or rights of others. This criterion is essential in identifying the disorder, as it highlights the antisocial tendencies characteristic of Conduct Disorder, differentiating it from other mental health issues. In contrast, while hallucinations might be present in different disorders, they are not a symptom of Conduct Disorder. Social withdrawal and inability to form relationships may indicate other issues, such as social anxiety or depressive disorders, rather than the distinct patterns of behavior associated with Conduct Disorder. Thus, the presence of deceit or theft is a clear indicator of the behavioral challenges that define this condition in adolescents.

**6. What is required for the diagnosis of Adjustment Disorder?**

- A. Symptoms must resolve within 3 months of the stressor**
- B. Symptoms must resolve within 6 months of the resolution of the stressor**
- C. Symptoms must persist for more than 6 months**
- D. Symptoms must be present for more than 3 months**

The correct answer is based on the criteria established in the DSM-5 for diagnosing Adjustment Disorder. According to these criteria, the symptoms must develop within 3 months of the onset of the stressor and must not persist beyond 6 months after the stressor or its consequences have ceased. Therefore, if symptoms continue beyond this 6-month period, the diagnosis of Adjustment Disorder may not be appropriate, as it would indicate a different or more chronic diagnosis could be considered. In terms of understanding the context of the other options, the requirement for symptoms to resolve within 3 months of the stressor does not apply, as the symptoms are allowed to persist while the stressor is present but must not last longer than 6 months after the stressor ends. Symptoms persisting for more than 6 months contradicts the definition of Adjustment Disorder, suggesting that a different disorder may need to be diagnosed. Similarly, the notion that symptoms must be present for more than 3 months misunderstands the initial requirement, where symptoms must arise within that timeframe but do not require prolonged duration to confirm the diagnosis, as the focus is on the resolution timeline relative to the stressor.

**7. In case of an antihistamine overdose, which treatment is most effective?**

- A. Naloxone**
- B. Physostigmine**
- C. Activated charcoal**
- D. Flumazenil**

In the case of an antihistamine overdose, the most effective treatment is physostigmine. This medication is a reversible inhibitor of the enzyme acetylcholinesterase, which increases the levels of acetylcholine in the synaptic cleft. In antihistamine overdose, particularly with anticholinergic properties, symptoms can arise due to excessive blockade of acetylcholine receptors. Physostigmine effectively counteracts these effects by enhancing cholinergic transmission, thereby reversing symptoms such as confusion, agitation, and delirium associated with anticholinergic toxicity. Activated charcoal can be useful in the management of many overdoses if administered soon after ingestion, as it binds to the drug in the gastrointestinal tract and limits absorption. However, it may not be as effective in severe antihistamine toxicity since patients may have already absorbed a significant portion before treatment. Naloxone is an opioid antagonist used primarily for opioid overdoses and would not be effective in treating antihistamine overdose specifically, as it does not have a role in reversing the effects of non-opioid substances. Flumazenil is a benzodiazepine antagonist and is used for benzodiazepine overdoses. Its use in cases not involving benzodiazepines, like antih

**8. Which characteristic is commonly seen in someone employing Reaction Formation?**

- A. Authenticity in expressing feelings**
- B. Disguising true emotions with visible enthusiasm**
- C. Apathy towards social interactions**
- D. Open admission of personal struggles**

The characteristic of disguising true emotions with visible enthusiasm is a hallmark of Reaction Formation. This defense mechanism involves expressing attitudes, feelings, or behaviors that are the opposite of one's true, often uncomfortable or distressing emotions. For instance, if someone feels deep-seated anger or anxiety about a situation, they might outwardly display joy or excitement as a way to mask those feelings. This behavior helps individuals manage internal conflicts and societal expectations, allowing them to present a socially acceptable demeanor while internally struggling with different emotions. In contrast, the other options do not align with the core principles of Reaction Formation. Authenticity in expressing feelings contradicts the essence of the mechanism, as Reaction Formation is about masking true feelings rather than expressing them honestly. Apathy towards social interactions does not demonstrate the exaggerated enthusiasm characteristic of Reaction Formation, and openly admitting personal struggles represents a direct acknowledgment of true feelings rather than the defensive stance taken in Reaction Formation.



**9. What distinguishes Primary Hypersomnia from other sleep disorders?**

- A. Persistent insomnia**
- B. Excessive sleepiness**
- C. Cognitive impairment**
- D. Sleepwalking**

Primary Hypersomnia is characterized by excessive daytime sleepiness despite adequate or prolonged nighttime sleep. This condition can lead to significant difficulties in maintaining alertness throughout the day, impacting functional abilities and overall quality of life. Patients often experience prolonged sleep episodes and may find it challenging to feel refreshed after sleeping. The distinction lies in the excessive sleepiness that is not solely linked to other conditions, such as insufficient sleep or sleep fragmentation, which might be the case in other sleep disorders. Unlike insomnia, which involves difficulty initiating or maintaining sleep, Primary Hypersomnia is marked by the overwhelming urge to sleep and can occur even after 8 hours of sleep. Additionally, cognitive impairment is a potential consequence of excessive daytime sleepiness rather than a primary feature of the disorder itself. Sleepwalking is a disorder related to arousal during sleep and does not pertain to the excessive sleepiness that defines Primary Hypersomnia. Therefore, the defining feature of excessive sleepiness sets Primary Hypersomnia apart from these other sleep-related conditions.

**10. Which physiological change is associated with Osteopenia in anorexic patients?**

- A. Increased progesterone levels**
- B. Decreased estrogen levels**
- C. Increased cortisol levels**
- D. Altered thyroid function**

Osteopenia in anorexic patients is primarily linked to decreased estrogen levels. Estrogen plays a key role in bone health, influencing both bone density and the regulation of bone remodeling. In individuals with anorexia, the significant weight loss and malnutrition lead to disruptions in various hormonal pathways, particularly affecting reproductive hormones. As body fat decreases and energy intake is insufficient, the production of estrogen diminishes, which directly impacts bone density. This reduction in estrogen contributes to an imbalance between bone resorption and formation, leading to a decrease in bone mineral density and the development of osteopenia. In contrast, while increased cortisol levels and altered thyroid function can also have effects on bone health, they are not as directly tied to the mechanism of osteopenia in the context of anorexia as the decrease in estrogen. Increased progesterone levels do not play a significant role in this process either. Thus, the relationship between decreased estrogen levels and the ensuing impact on bone density clearly identifies it as the physiological change associated with osteopenia in anorexic patients.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://papsychiatry.examzify.com>**

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