

PENNSYLVANIA PSYCHIATRY PRACTICE EXAM (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

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- 1. Which is NOT one of the CAGE questions regarding alcohol use?**
 - A. Do you ever feel guilty about drinking?
 - B. Do you ever want to lose weight?
 - C. Do you ever feel annoyed when others criticize your drinking?
 - D. Do you ever need an eye-opener?

- 2. Which personality disorder is associated with social withdrawal and lack of interest in relationships?**
 - A. Schizotypal
 - B. Schizoid
 - C. Antisocial
 - D. Borderline

- 3. What is one possible treatment for Intermittent Explosive Disorder?**
 - A. Behavioral therapy
 - B. SSRIs
 - C. Atypical antipsychotics
 - D. Stimulants

- 4. A patient who fabricates symptoms or induces injury without any clear reward is experiencing which disorder?**
 - A. Malingering
 - B. Factitious Disorder
 - C. Conversion Disorder
 - D. Somatization Disorder

- 5. Which disorder is characterized by recurrent episodes of stealing?**
 - A. Kleptomania
 - B. Pyromania
 - C. Trichotillomania
 - D. Intermittent Explosive Disorder

- 6. Which of the following is NOT a symptom of schizophrenia?**
- A. Cataonic behavior
 - B. Decreased fluency
 - C. Hallucinations
 - D. Enhanced motivation
- 7. What is Russell's sign?**
- A. Severe anxiety episodes
 - B. Calluses on hands from inducing vomiting
 - C. Confusion and disorientation
 - D. Withdrawal symptoms
- 8. What reaction is known as denial in psychological terms?**
- A. Accepting reality
 - B. Refusing to acknowledge painful emotions
 - C. Justifying behaviors
 - D. Displacing feelings onto others
- 9. What role does the Tarasoff vs. Regents case play in medical ethics?**
- A. It allows for confidentiality in all circumstances
 - B. It establishes the duty to breach confidentiality for certain situations
 - C. It prohibits reporting of child abuse
 - D. It restricts physicians from sharing information within the healthcare team
- 10. Which two classes of medications are contraindicated in narrow angle glaucoma?**
- A. SSRIs and SNRIs
 - B. TCAs and SSRIs
 - C. TCAs like Amitriptyline and Nortriptyline
 - D. Anticonvulsants and Lithium

Answers

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

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Explanations

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1. Which is NOT one of the CAGE questions regarding alcohol use?

- A. Do you ever feel guilty about drinking?
- B. Do you ever want to lose weight?**
- C. Do you ever feel annoyed when others criticize your drinking?
- D. Do you ever need an eye-opener?

The CAGE questionnaire is a widely used screening tool that focuses specifically on potential problem drinking and alcohol use disorder. It consists of four simple questions that help identify individuals who may have alcohol-related issues. The first question addresses feelings of guilt about drinking, which can indicate problematic use. The second question pertains to getting annoyed when others criticize one's drinking, suggesting defensiveness related to alcohol consumption. The third question concerns the need for an eye-opener, or drinking to alleviate withdrawal symptoms or to start the day. The only question that does not align with the focus of the CAGE assessment is about wanting to lose weight. While weight management may be a concern for an individual, it does not directly relate to alcohol use or the issues associated with it, making this question outside the context of the CAGE tool. Thus, identifying it as not part of the CAGE questions is accurate and highlights the specific emphasis of the questionnaire on the psychological and behavioral aspects of drinking.

2. Which personality disorder is associated with social withdrawal and lack of interest in relationships?

- A. Schizotypal
- B. Schizoid**
- C. Antisocial
- D. Borderline

The choice is accurate because Schizoid Personality Disorder is characterized by a pervasive pattern of detachment from social relationships and a restricted range of emotional expression. Individuals with this disorder often appear indifferent to social relationships and show little interest in forming close connections with others, including family members. People with Schizoid Personality Disorder may prefer solitary activities and work, often engaging in hobbies that require little to no interaction with others. They typically have a limited range of emotional responses and may come across as emotionally flat or aloof. This detachment and lack of interest in relationships distinguish Schizoid Personality Disorder from other personality disorders. In contrast, Schizotypal Personality Disorder involves social discomfort and cognitive or perceptual distortions, but individuals may still desire social contact. Antisocial Personality Disorder characteristically involves disregard for societal norms and the rights of others rather than withdrawal from relationships. Borderline Personality Disorder is marked by intense interpersonal relationships, fluctuations in self-identity, and emotional instability, which differ significantly from the traits seen in Schizoid Personality Disorder.

3. What is one possible treatment for Intermittent Explosive Disorder?

- A. Behavioral therapy
- B. SSRIs**
- C. Atypical antipsychotics
- D. Stimulants

In the context of treating Intermittent Explosive Disorder (IED), selecting SSRIs (selective serotonin reuptake inhibitors) is supported by research indicating their efficacy in regulating mood and reducing impulsive aggression. SSRIs work by enhancing serotonin levels in the brain, which can help to stabilize mood and diminish the frequency and intensity of explosive outbursts associated with this disorder. The mechanism of action of SSRIs can lead to improved emotional regulation and decreased irritability. This can be particularly beneficial for individuals experiencing episodes of extreme anger or aggression that characterize IED. Clinical studies have shown that SSRIs can lead to significant reductions in aggressive behaviors in individuals with IED, making them a valuable option in the treatment plan. Behavioral therapy, while important in managing IED, typically serves as a complementary approach rather than a standalone treatment. Atypical antipsychotics can also be used in certain cases, particularly for severe manifestations of aggression; however, SSRIs are more commonly employed as a first-line treatment for IED. Stimulants are generally utilized for attention-deficit hyperactivity disorder (ADHD) and are not typically indicated for IED. This combination of pharmacological and behavioral approaches allows for a well-rounded strategy in managing this complex

4. A patient who fabricates symptoms or induces injury without any clear reward is experiencing which disorder?

- A. Malingering
- B. Factitious Disorder**
- C. Conversion Disorder
- D. Somatization Disorder

The situation described pertains to a condition in which a patient intentionally produces or exaggerates physical or psychological symptoms without any apparent external incentives such as financial gain or avoidance of work. This behavior aligns with Factitious Disorder, where the primary motivation is to assume the sick role, often stemming from a psychological need for attention or sympathy rather than tangible rewards. Individuals with Factitious Disorder may go to great lengths to fabricate symptoms or induce injury, which can result in significant medical and psychological complications. They are often well-versed in medical terminology and may seek treatment in various healthcare settings due to their desire for care and concern from medical professionals. This disorder is distinct from malingering, where individuals deliberately present false symptoms for clear secondary gains, such as financial compensation or evading responsibilities. Understanding the motivations and behaviors underlying Factitious Disorder is crucial for appropriate diagnosis and treatment. It emphasizes the psychological elements involved, differentiating it from other disorders that may involve physical symptoms.

5. Which disorder is characterized by recurrent episodes of stealing?

- A. Kleptomania**
- B. Pyromania
- C. Trichotillomania
- D. Intermittent Explosive Disorder

Kleptomania is the disorder characterized by recurrent episodes of stealing, specifically items that are often not needed for personal use or monetary value. Individuals with kleptomania experience a strong urge to steal and may feel tension before the act, followed by relief or gratification after stealing. This behavior is driven by emotional or psychological factors rather than a desire for the items taken, which distinguishes kleptomania from simple theft or shoplifting. This disorder falls under the category of impulse control disorders and is often associated with feelings of anxiety or depression, leading individuals to steal as a way to manage their emotions. Treatment for kleptomania usually involves psychotherapy, particularly cognitive-behavioral therapy, which can help individuals understand and control their impulses. The other disorders listed are not characterized by stealing: pyromania involves the compulsion to set fire, trichotillomania involves the urge to pull out one's hair, and intermittent explosive disorder pertains to episodes of aggressive behavior. Each of these disorders has distinct behavioral patterns and triggers that separate them from kleptomania.

6. Which of the following is NOT a symptom of schizophrenia?

- A. Cataonic behavior
- B. Decreased fluency
- C. Hallucinations
- D. Enhanced motivation**

Enhanced motivation is not a symptom of schizophrenia. In fact, people with schizophrenia often experience a decrease in motivation, which can manifest as an avolition or lack of drive to engage in activities, fulfill responsibilities, or pursue personal goals. In contrast, catatonic behavior refers to an abnormal motor behavior that can include agitation, immobility, or peculiar movements, and is recognized as one of the possible symptoms associated with schizophrenia. Decreased fluency can be linked to thought disorganization or poverty of speech, which is commonly observed in individuals with this disorder. Hallucinations, especially auditory ones, are considered hallmark symptoms of schizophrenia, where individuals may hear voices or perceive things that are not present. Thus, the presence of enhanced motivation does not align with the typical symptom profile found in schizophrenia, making it the correct choice in this context.

7. What is Russell's sign?

- A. Severe anxiety episodes
- B. Calluses on hands from inducing vomiting**
- C. Confusion and disorientation
- D. Withdrawal symptoms

Russell's sign refers specifically to the presence of calluses or scars on the knuckles or the back of the hands that arise from the repeated action of inducing vomiting. This is often seen in individuals with bulimia nervosa, an eating disorder characterized by episodes of binge eating followed by compensatory behaviors such as self-induced vomiting. The formation of calluses occurs due to the physical trauma inflicted on the hands during this process. Recognizing Russell's sign can be an important diagnostic indicator for mental health professionals when assessing patients for disordered eating behaviors. The other options pertain to different symptoms or conditions that are not related to the specific physiological signs associated with bulimia nervosa. For instance, severe anxiety episodes, confusion and disorientation, and withdrawal symptoms represent various mental health issues but do not directly convey the physical manifestation seen in Russell's sign. Understanding these distinctions is crucial in a psychiatric context, where signs and symptoms can be indicative of underlying issues.

8. What reaction is known as denial in psychological terms?

- A. Accepting reality
- B. Refusing to acknowledge painful emotions**
- C. Justifying behaviors
- D. Displacing feelings onto others

Denial is a defense mechanism in psychological terms where an individual refuses to acknowledge painful emotions, thoughts, or situations. This response serves to protect the person from experiencing distress or anxiety that may arise from confronting uncomfortable truths. By rejecting the reality of a situation, the individual can avoid facing the emotional turmoil associated with it. For instance, someone who has received a serious medical diagnosis might insist that they are perfectly healthy, thereby avoiding the emotional impact of the diagnosis. This refusal to recognize the reality of the condition exemplifies how denial serves as a coping strategy in the face of psychological pain. The other options represent different psychological processes. Accepting reality is the opposite of denial, as it involves confronting and integrating uncomfortable truths into one's understanding of life. Justifying behaviors relates to rationalization, where an individual attempts to explain away undesirable actions instead of acknowledging their motivations. Displacing feelings onto others involves transferring emotions from one individual to another rather than dealing with them directly. These mechanisms differ from denial, which specifically highlights the avoidance of acknowledgment of painful emotions.

9. What role does the Tarasoff vs. Regents case play in medical ethics?

- A. It allows for confidentiality in all circumstances
- B. It establishes the duty to breach confidentiality for certain situations**
- C. It prohibits reporting of child abuse
- D. It restricts physicians from sharing information within the healthcare team

The Tarasoff vs. Regents case is a landmark legal decision that fundamentally changed the way mental health professionals approach confidentiality and duty to warn. The case established that mental health professionals have a duty to breach confidentiality when there is a clear and imminent threat to someone's safety, particularly if a patient poses a risk of harm to an identifiable individual. In this case, the court ruled that the safety of potential victims outweighs the confidentiality afforded to patients in certain situations. Therefore, if a therapist determines that a patient poses a serious risk of violence to another person, that therapist is not only permitted but required to take steps to warn the intended victim or notify law enforcement. This duty is a critical aspect of medical ethics, as it prioritizes the protection of individuals who may be at risk of harm. Contextually, the other options do not accurately represent the implications of the case. The ruling does not support absolute confidentiality in all situations; rather, it carves out exceptions for situations involving threats of harm. It also does not prohibit reporting child abuse; in fact, mandatory reporting laws exist independently of the Tarasoff ruling, requiring professionals to report suspected child abuse or neglect. Lastly, the ruling does not restrict communication among healthcare team members but emphasizes the importance of

10. Which two classes of medications are contraindicated in narrow angle glaucoma?

- A. SSRIs and SNRIs
- B. TCAs and SSRIs
- C. TCAs like Amitriptyline and Nortriptyline**
- D. Anticonvulsants and Lithium

In the context of narrow angle glaucoma, it is important to understand that certain medications can exacerbate the condition by causing pupil dilation. This dilation can lead to increased intraocular pressure, which is particularly harmful for individuals with narrow angle glaucoma. Tricyclic antidepressants (TCAs), such as Amitriptyline and Nortriptyline, are contraindicated in this condition because they possess anticholinergic properties. These properties can result in mydriasis (pupil dilation) and, thereby, increase the risk of an acute glaucoma attack in susceptible patients. In contrast, the other classes of medications listed—SSRIs, SNRIs, anticonvulsants, and lithium—do not carry the same level of risk for causing pupil dilation or increasing intraocular pressure in the context of narrow angle glaucoma. Therefore, the correct identification of TCAs, specifically Amitriptyline and Nortriptyline, is pivotal in understanding the management of patients with this ocular condition.

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://papsychiatry.examzify.com>

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

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