

PERSONALITY DISORDER PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

<https://personalitydisorder.examzify.com>



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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. What is the treatment of choice for Paranoid Personality Disorder?**
 - A. Pharmacotherapy only
 - B. Psychotherapy
 - C. Medical procedures to explain
 - D. No treatment needed
- 2. In treating Borderline Personality Disorder, which practice helps address trust issues and reduces splitting?**
 - A. Refuse care
 - B. Communicate openly with staff and seek psychiatric consultation
 - C. Isolate patient
 - D. Avoid professional input
- 3. In Dependent Personality Disorder, which statement describes its potential course and prognosis?**
 - A. Enhanced career prospects
 - B. Immunity to depression
 - C. Impaired occupational functioning
 - D. No abuse risk
- 4. What is the approximate prevalence of Dependent Personality Disorder?**
 - A. 10%
 - B. 2.5%
 - C. 1%
 - D. 5%
- 5. In Paranoid Personality Disorder, pharmacotherapy is primarily used to treat what?**
 - A. Treat delusions only
 - B. Treat agitation and anxiety
 - C. Cure the disorder
 - D. Manage physical symptoms

- 6. Narcissistic Personality Disorder: Which statement describes its prognosis?**
- A. It is chronic; aging is poorly handled; depressive or psychotic reactions possible
 - B. It resolves quickly with treatment
 - C. It never involves mood symptoms
 - D. It has no suicide risk
- 7. Antisocial Personality Disorder: In prisoners, the prevalence is approximately which percentage?**
- A. 30-40%
 - B. 50-75%
 - C. 5-10%
 - D. 1-2%
- 8. Etiology linked to Avoidant Personality Disorder includes:**
- A. Genetic predisposition and temperamental predisposition to social avoidance and introversion
 - B. Substance abuse
 - C. Brain injury
 - D. Lack of education
- 9. Dependent Personality Disorder is characterized by which core features?**
- A. Grandiose sense of self
 - B. Need to be taken care of and fears of abandonment
 - C. Lack of empathy
 - D. Paranoid thinking
- 10. Which option reflects a combined approach to treatment?**
- A. Psychotherapy alone
 - B. Pharmacotherapy only for mood symptoms
 - C. Medical management that withholds information
 - D. A combined approach including psychotherapy, mood symptom pharmacotherapy, and respectful information sharing

Answers

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

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Explanations

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1. What is the treatment of choice for Paranoid Personality Disorder?

- A. Pharmacotherapy only
- B. Psychotherapy**
- C. Medical procedures to explain
- D. No treatment needed

Paranoid Personality Disorder centers on pervasive mistrust and suspiciousness, which are best addressed through psychotherapy. Psychotherapy gives a structured way to challenge and refine the patient's interpretations of others' motives, reduce defensive patterns, and improve interpersonal functioning. Techniques like cognitive-behavioral therapy help identify distorted beliefs and test evidence for and against hostile intentions, while psychodynamic or interpersonal approaches support the development of healthier patterns of relating to others. A strong, consistent therapeutic alliance is crucial because mistrust can make engagement with treatment itself difficult. Medications don't target the core paranoia; they're not the primary tool for this condition. They may be helpful if there are co-occurring issues such as anxiety, depression, or agitation, but they don't replace the need for psychotherapy. So, the treatment of choice emphasizes psychotherapy over pharmacotherapy, with meds used only as adjuncts for comorbid symptoms.

2. In treating Borderline Personality Disorder, which practice helps address trust issues and reduces splitting?

- A. Refuse care
- B. Communicate openly with staff and seek psychiatric consultation**
- C. Isolate patient
- D. Avoid professional input

In Borderline Personality Disorder, trust issues and splitting come from fear of abandonment and unpredictable responses. Maintaining open, transparent communication with the care team and seeking psychiatric consultation provides a reliable, validating, and coordinated response. When staff explain what is happening, follow through on promises, and invite the patient to participate in decisions, the patient feels seen and safe, which reduces black-and-white thinking and the impulse to split. A multidisciplinary approach with consistent boundaries and professional input helps create a stable treatment plan and risk management, reinforcing trust over time. Refusing care, isolating the patient, or avoiding professional input signals unreliability or disengagement, which tends to worsen mistrust and reinforce splitting.

3. In Dependent Personality Disorder, which statement describes its potential course and prognosis?

- A. Enhanced career prospects
- B. Immunity to depression
- C. Impaired occupational functioning**
- D. No abuse risk

In Dependent Personality Disorder, the pervasive need to be cared for and fear of separation tends to undermine autonomous functioning, especially at work. Individuals may struggle to take initiative, make decisions, or perform tasks without reassurance, leading to impaired occupational functioning. This pattern often persists over time, making prognosis more guarded if not addressed in treatment; therapy that builds independence and assertiveness can help improve work performance and overall functioning. The other descriptions don't fit this pattern. Career prospects aren't typically enhanced because dependency undermines independent decision-making and initiative. Immunity to depression is not a feature here, since mood disorders commonly occur alongside dependent patterns and can worsen functioning. No abuse risk isn't accurate either, as dependency can make individuals more vulnerable to exploitative or coercive situations in relationships or work.

4. What is the approximate prevalence of Dependent Personality Disorder?

- A. 10%
- B. 2.5%**
- C. 1%
- D. 5%

Dependent personality disorder is relatively uncommon in the general population. In most epidemiological studies, the lifetime prevalence falls in a narrow range around two to three percent, so using 2.5% as the approximate figure fits well with what is commonly taught. This reflects that while not rare, it is less common than many other conditions, and figures can vary a bit depending on the diagnostic criteria used and whether the sample is community-based or clinical. Choosing 10% or 5% would imply a much higher occurrence than is typically observed in population studies, and 1% is possible in some samples but is not the most representative single estimate across sources. Hence 2.5% is the best fit for the approximate prevalence.

5. In Paranoid Personality Disorder, pharmacotherapy is primarily used to treat what?

- A. Treat delusions only
- B. Treat agitation and anxiety**
- C. Cure the disorder
- D. Manage physical symptoms

Pharmacotherapy in Paranoid Personality Disorder is aimed at relieving distressing symptoms rather than correcting the personality pattern itself. The most relevant targets are agitation and anxiety, which often accompany paranoid thoughts and can impair functioning. Medications aren't expected to "cure" the disorder or to address fixed personality traits; they're used to make the person more comfortable and able to engage in psychotherapy or daily life. Antianxiety or antidepressant meds can help with anxiety and sleep, while low-dose antipsychotics may be considered briefly if there is severe agitation or paranoia, but these medications don't change the enduring pattern of thinking that characterizes the disorder. Delusions aren't treated in isolation, and managing physical symptoms isn't the primary purpose unless there's a separate medical issue.

6. Narcissistic Personality Disorder: Which statement describes its prognosis?

- A. It is chronic; aging is poorly handled; depressive or psychotic reactions possible**
- B. It resolves quickly with treatment
- C. It never involves mood symptoms
- D. It has no suicide risk

Prognosis for Narcissistic Personality Disorder is typically chronic and persistent. The pattern of grandiosity, need for admiration, and lack of empathy tends to endure across adulthood, and many individuals experience ongoing distress and impairment rather than a quick cure. Aging does not automatically resolve these traits; in fact, some people may continue to struggle with vulnerabilities to mood symptoms or stress-related crises. Under significant stress or criticism, depressive or psychotic like reactions can occur, reflecting the way underlying self-esteem and coping defenses can break down when reality clashes with their self-image. This description captures the enduring course and the potential for affective or psychotic reactions that can arise in crisis, which is why it fits best. The other statements—claims of rapid resolution, absence of mood symptoms, or no suicide risk—do not align with the typical variability and risks seen in Narcissistic Personality Disorder, where comorbidity and distress can influence prognosis.

7. Antisocial Personality Disorder: In prisoners, the prevalence is approximately which percentage?

- A. 30-40%
- B. 50-75%**
- C. 5-10%
- D. 1-2%

Antisocial personality disorder is much more common in prisoners than in the general population, reflecting its association with enduring patterns of rule-breaking and trouble with authority that bring individuals into the criminal justice system. In many studies of inmate samples, about half of the prisoners meet criteria for ASPD, with typical ranges spanning roughly 40% to 60%, and some data reaching up to the mid-70s. That makes the 50–75% range the best fit for the prevalence in a prison population. Lower ranges like 30–40% or 5–10% (or 1–2%) don't capture how frequently ASPD appears among inmates.

8. Etiology linked to Avoidant Personality Disorder includes:

- A. Genetic predisposition and temperamental predisposition to social avoidance and introversion**
- B. Substance abuse
- C. Brain injury
- D. Lack of education

The factor best explaining this disorder's etiology is a blend of inherited vulnerability and an early temperamental tendency toward social withdrawal. There is evidence that AVPD runs in families and that certain temperaments—specifically behavioral inhibition and a predisposition to avoid social interaction—make someone more likely to develop a pattern of intense fear of rejection, self-consciousness, and avoidance that defines the disorder. In other words, genetic factors set the stage, and a prone temperament shapes how those vulnerabilities express themselves in social situations. While substance abuse, brain injury, or limited education can complicate or worsen many conditions, they are not considered primary causes of Avoidant Personality Disorder. They may co-occur or influence functioning, but they do not fundamentally account for the development of the persistent avoidance and feelings of inadequacy that characterize AVPD.

9. Dependent Personality Disorder is characterized by which core features?

- A. Grandiose sense of self
- B. Need to be taken care of and fears of abandonment**
- C. Lack of empathy
- D. Paranoid thinking

Dependent Personality Disorder centers on a pattern of excessive dependence on others and fear of being left to cope alone. The defining feature is a persistent need to be cared for and an intense fear of abandonment, which often leads to submissive, clingy behavior and difficulty making everyday decisions without reassurance. This need to rely on others to take responsibility for major life areas explains why being cared for and fearing abandonment best fits the disorder. Grandiosity and a sense of superiority point toward Narcissistic Personality Disorder, not a dependent pattern. Paranoid thinking signals a paranoid pattern, marked by distrust and suspicion, rather than dependence. A lack of empathy can appear in several personality presentations, but it doesn't capture the core reliance on others and fear of separation that characterizes dependent personality dynamics.

10. Which option reflects a combined approach to treatment?

- A. Psychotherapy alone
- B. Pharmacotherapy only for mood symptoms
- C. Medical management that withholds information
- D. A combined approach including psychotherapy, mood symptom pharmacotherapy, and respectful information sharing**

A combined approach best addresses the complexity of personality disorders by integrating three elements: psychotherapy to reshape maladaptive patterns and improve functioning, pharmacotherapy to stabilize mood symptoms when present, and respectful, open information sharing to build trust, support informed consent, and coordinate care. Psychotherapy alone may leave mood symptoms unmanaged; pharmacotherapy alone doesn't change interpersonal dynamics; and withholding information erodes the therapeutic relationship. The trio works together to treat both the inner experiences and the external behaviors that define many personality disorders.

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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://personalitydisorder.examzify.com>

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

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