# Psychiatric Mental Health Board Certification Practice Exam (Sample)

## Study Guide


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# Questions

**1. Which scale is used primarily for measuring severity in schizophrenia?**

**A. Simpson-Angus EPS Scale**

**B. Positive and Negative Symptoms Scale (PANSS)**

**C. Clinical Global Impression (CGI)**

**D. Brief Psychiatric Rating Scale (BPRS)**

**2. How frequently is ECT typically administered for effective treatment?**

**A. Once a week for 6-12 weeks**

**B. 2-3 times per week for 6-12 treatments**

**C. Daily for 4-6 weeks**

**D. Monthly for 3-5 treatments**

**3. Which second-generation antipsychotic is associated with the fewest extrapyramidal side effects?**

**A. Quetiapine (Seroquel)**

**B. Clozapine (Clozaril)**

**C. Risperdone (Risperdal)**

**D. Olanzapine (Zyprexa)**

**4. At what age range does intellect plateau after peaking at age 30?**

**A. 40-50**

**B. 50-60**

**C. 60-70**

**D. 70-80**

**5. Which effect is associated with marijuana ingestion?**

**A. Decreased appetite**

**B. Delayed reaction time**

**C. Increased heart rate**

**D. Hallucinations**

**6. The brain area that controls balance and coordination is known as?**

**A. Cerebrum**

**B. Cerebellum**

**C. Brain Stem**

**D. Limbic System**

**7. What term is used to describe behaviors that should not be present in a person and are associated with excess dopamine in the mesolimbic pathway?**

**A. Negative symptoms**

**B. Positive symptoms**

**C. Adverse reactions**

**D. Extrapyramidal effects**

**8. What is the main focus of the MMSE's writing component?**

**A. The ability to write a poem**

**B. The ability to write a clear, sensible sentence**

**C. The ability to list personal achievements**

**D. The ability to summarize a story**

**9. What term describes an occurrence causing death or serious injury while under professional care?**

**A. Surgical Error**

**B. Sentinel Event**

**C. Medical Mishap**

**D. Care Incident**

**10. What type of therapy is considered the most common treatment for Reactive Attachment Disorder and Disinhibited Social Engagement Disorder?**

**A. Cognitive Behavioral Therapy**

**B. Expressive therapy**

**C. Medication management**

**D. Family therapy**

# Answers

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

# Explanations

## 1. Which scale is used primarily for measuring severity in schizophrenia?

**A. Simpson-Angus EPS Scale**

**B. Positive and Negative Symptoms Scale (PANSS)**

**C. Clinical Global Impression (CGI)**

**D. Brief Psychiatric Rating Scale (BPRS)**

**The Positive and Negative Symptoms Scale (PANSS) is specifically designed to measure the severity of symptoms associated with schizophrenia, encompassing both positive symptoms (such as hallucinations and delusions) and negative symptoms (such as emotional blunting and social withdrawal). This scale is extensively used in both clinical practice and research to assess the effectiveness of interventions and the progression of the disorder over time. It provides a detailed insight into how schizophrenia affects an individual by focusing on various symptom dimensions, making it a crucial tool in understanding and managing this complex mental health condition. While the other scales mentioned serve important roles in psychiatric evaluations, they do not target the distinctive symptom profile of schizophrenia as comprehensively as the PANSS does. For instance, the Simpson-Angus EPS Scale is primarily focused on evaluating extrapyramidal symptoms associated with antipsychotic medications, rather than the breadth of schizophrenia symptoms. The Clinical Global Impression (CGI) scale provides a general assessment of severity and improvement but lacks the specificity needed for a nuanced understanding of schizophrenia's symptomatology. Meanwhile, the Brief Psychiatric Rating Scale (BPRS) is more general and is often used for a variety of psychiatric conditions, although it does include items relevant to schizophrenia. However, it does not provide the**

## 2. How frequently is ECT typically administered for effective treatment?

**A. Once a week for 6-12 weeks**

**B. 2-3 times per week for 6-12 treatments**

**C. Daily for 4-6 weeks**

**D. Monthly for 3-5 treatments**

**Electroconvulsive therapy (ECT) is typically administered 2-3 times per week over a course of 6-12 treatments. This schedule is designed to allow adequate time for the brain to respond to the therapy while maximizing the benefits of treatment. Administering ECT at this frequency helps to mitigate the risk of relapse and achieves a therapeutic response more effectively. The frequency and number of treatments can be adjusted based on the patient's specific needs, clinical response, and the presence of any side effects, but this schedule is quite standard in practice. While treatments once a week or daily may seem plausible, they do not align with the current clinical guidelines and typical patient experiences. Monthly treatment protocols are usually employed for maintenance therapy rather than for initial treatment, making them less appropriate for achieving the immediate therapeutic goals of ECT.**

## 3. Which second-generation antipsychotic is associated with the fewest extrapyramidal side effects?

**A. Quetiapine (Seroquel)**

**B. Clozapine (Clozaril)**

**C. Risperdone (Risperdal)**

**D. Olanzapine (Zyprexa)**

**Quetiapine (Seroquel) is recognized for having a lower incidence of extrapyramidal side effects (EPS) compared to many other antipsychotics. Extrapyramidal side effects are drug-induced movement disorders, often seen with first-generation antipsychotics and some second-generation antipsychotics. Quetiapine's efficacy in treating symptoms of schizophrenia and bipolar disorder comes with a pharmacological profile that, particularly at lower doses, is less likely to provoke these movement abnormalities. This characteristic is largely attributed to quetiapine's relatively lower affinity for dopamine D2 receptors compared to other antipsychotics, which is a contributing factor to the observable reduction in EPS. Instead, quetiapine has a more significant effect on serotonin receptors, which helps mitigate negative symptoms without inducing significant motoric side effects. Other second-generation antipsychotics mentioned have been associated with higher EPS rates. For example, risperidone (Risperdal) shows a greater tendency to produce EPS, particularly at higher doses. Olanzapine (Zyprexa) and clozapine (Clozaril), while also exhibiting lower EPS compared to first-generation drugs, do not demonstrate the same level of safety regarding this**

## 4. At what age range does intellect plateau after peaking at age 30?

**A. 40-50**

**B. 50-60**

**C. 60-70**

**D. 70-80**

**The age at which intellect is believed to plateau after reaching its peak varies among different studies, but many cognitive psychologists and neuropsychologists suggest that intellectual abilities, particularly fluid intelligence—which encompasses reasoning, problem-solving, and the ability to learn new information—tend to peak around the age of 30. After this peak, certain aspects of intelligence may begin to stabilize or show less pronounced growth. The rationale behind the choice that identifies the age range of 50-60 as the point where intellectual performance plateaus is supported by observations that cognitive decline may not be as noticeable until later in life; meanwhile, one might still maintain or even grow in certain types of knowledge, particularly crystallized intelligence, which includes accumulated knowledge, vocabulary, and experiences. Therefore, the 50-60 age range is significant in that it allows for the opportunity to observe stable cognitive functioning in many individuals before any decline becomes more evident. The other age ranges either precede or follow the 50-60 age bracket. The years 40-50 could be considered too early, as many individuals are still experiencing cognitive development and growth during this period. Meanwhile, the ranges of 60-70 and 70-80 generally encompass a time when cognitive decline might become more noticeable,**

## 5. Which effect is associated with marijuana ingestion?

**A. Decreased appetite**

**B. Delayed reaction time**

**C. Increased heart rate**

**D. Hallucinations**

**Marijuana ingestion is primarily associated with several physiological and psychological effects, one of which is delayed reaction time. This effect occurs due to the psychoactive component of marijuana, primarily THC (tetrahydrocannabinol), which affects the central nervous system. THC can impair cognitive functions and motor coordination, leading to slower response times. This is particularly relevant in contexts such as driving or operating machinery, where quick responses are necessary for safety. Other effects of marijuana include increased heart rate, which can occur shortly after consumption due to the drug's influence on the cardiovascular system, and appetite stimulation, often referred to as "the munchies." Hallucinations may occur, but they are more commonly associated with higher doses or certain types of marijuana use. Understanding how marijuana affects reaction times is crucial for recognizing its implications in daily activities, particularly in terms of public safety and mental health.**

## 6. The brain area that controls balance and coordination is known as?

**A. Cerebrum**

**B. Cerebellum**

**C. Brain Stem**

**D. Limbic System**

**The cerebellum is the brain area primarily responsible for balance and coordination. It receives input from sensory systems, the spinal cord, and other brain regions to fine-tune motor activity. The cerebellum integrates these inputs to help maintain posture, facilitate smooth movement, and ensure that movements are coordinated and precise. It plays a critical role in motor learning, allowing individuals to perform tasks that require skill and coordination, such as sports or playing a musical instrument. In contrast, the cerebrum is largely involved in higher cognitive functions such as thought, memory, and emotional regulation; the brain stem regulates basic life functions, such as breathing and heart rate; and the limbic system is primarily associated with emotions and memory, not with the coordination of movement. Therefore, the cerebellum's specific functions in balance and coordination make it the correct answer in this context.**

## 7. What term is used to describe behaviors that should not be present in a person and are associated with excess dopamine in the mesolimbic pathway?

**A. Negative symptoms**

**B. Positive symptoms**

**C. Adverse reactions**

**D. Extrapyramidal effects**

**The term that describes behaviors that should not be present in a person and are associated with excess dopamine in the mesolimbic pathway is "Positive symptoms." These symptoms reflect an excess or distortion of normal functions. They can include hallucinations, delusions, and disorganized thinking, often seen in conditions like schizophrenia. In the context of schizophrenia, positive symptoms result from hyperactivity in the mesolimbic dopamine pathway, leading to the manifestation of these abnormal behaviors. This is in contrast to negative symptoms, which reflect a reduction or loss of normal emotional and behavioral functions, such as flat affect, social withdrawal, and lack of motivation. Understanding this distinction is crucial for diagnosing and treating psychiatric disorders effectively. Other terms like "adverse reactions" pertain to negative side effects of medications, and "extrapyramidal effects" refer specifically to movement disorders caused by antipsychotic drugs, neither of which accurately describes the behaviors associated with excess dopamine in the mesolimbic pathway.**

## 8. What is the main focus of the MMSE's writing component?

**A. The ability to write a poem**

**B. The ability to write a clear, sensible sentence**

**C. The ability to list personal achievements**

**D. The ability to summarize a story**

**The Mini-Mental State Examination (MMSE) is primarily designed to assess various cognitive functions, including those related to orientation, registration, attention and calculation, recall, language, and the ability to follow simple commands. The writing component specifically evaluates a person's capacity to produce written language. This involves the ability to write a clear, sensible sentence, which reflects overall cognitive functioning and language skills. This focus on clarity and coherence in writing allows for an assessment of expressive language capabilities and the patient's understanding of syntax and semantics, which can be affected in different psychiatric and neurological conditions. Writing a complete sentence does not require creativity or summarization but rather showcases the individual's grasp of coherent thought and articulation in written form. In contrast, writing poetry, listing personal achievements, or summarizing a story may require additional cognitive skills, such as creativity or the ability to organize complex information, which are not the primary concern of the MMSE's writing component. The writing task in the MMSE is straightforward and largely aimed at assessing basic linguistic function rather than literary or complex cognitive abilities.**

## 9. What term describes an occurrence causing death or serious injury while under professional care?

**A. Surgical Error**

**B. Sentinel Event**

**C. Medical Mishap**

**D. Care Incident**

**The term that describes an occurrence causing death or serious injury while under professional care is "Sentinel Event." This term is specifically used in healthcare to indicate an unexpected event that results in death or serious physical or psychological harm, or the risk thereof. Sentinel events are significant because they highlight areas in healthcare where improvements can be made to enhance patient safety. Identifying an occurrence as a sentinel event prompts further investigation into the circumstances surrounding the incident, aiming to understand root causes and implement changes to prevent similar events in the future. The focus on sentinel events helps organizations to foster a culture of safety and accountability. Other terms like surgical error or medical mishap tend to refer to specific issues or complications directly related to procedures or treatments, and care incident is a broader term that may not necessarily imply the level of severity needed to be classified as a sentinel event. Therefore, the use of "sentinel event" accurately captures the gravitas of incidents resulting in serious outcomes in a professional care setting.**

## 10. What type of therapy is considered the most common treatment for Reactive Attachment Disorder and Disinhibited Social Engagement Disorder?

**A. Cognitive Behavioral Therapy**

**B. Expressive therapy**

**C. Medication management**

**D. Family therapy**

**The most common treatment for Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder (DSED) is often expressive therapy. Expressive therapy encompasses a range of therapeutic approaches, including art, play, and music therapy, which facilitate emotional expression and processing in children. These methods are particularly conducive for young individuals struggling with attachment issues, as they allow for non-verbal communication of feelings and experiences, helping the child to build trust and strengthen attachments. In the case of RAD and DSED, where relational and social engagement aspects are significantly impacted, expressive therapies provide a safe space for children to explore and express feelings in a controlled environment. This is crucial for helping these children develop healthier connections and improve their ability to form secure relationships with caregivers and peers. The emphasis on creativity and expression aids in overcoming barriers that may prevent children from articulating their thoughts and feelings verbally, thus aligning perfectly with their therapeutic needs. Other approaches like cognitive behavioral therapy and medication management can also play roles in treatment but are not specifically the primary interventions used for these disorders. Family therapy may be beneficial by addressing systemic issues, yet the core interventions tend to focus on expressive approaches to cater to the unique therapeutic requirements of children with RAD and DSED.**