AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY (ABPP) 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.

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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!

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Questions

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1. Which memory system is explicit and comprises episodic and semantic components?

A. Working memory

B. Prospective memory

C. Nondeclarative memory

D. Declarative memory

2. Which drug most commonly increases stroke risk?

A. Marijuana

B. Cocaine

C. Alcohol

D. Opiates

3. Which syndrome is X-linked recessive and presents with intellectual disability, self-mutilation, and dystonia?

A. Lesch-Nyhan Syndrome

B. Turner Syndrome

C. Klinefelter Syndrome

D. XYY Syndrome

4. Dysexecutive syndrome with poor planning and working memory impairment is typically linked to injury of which region?

A. Orbitofrontal PFC

B. Dorsolateral PFC

C. Medial frontal PFC

D. Anterior cingulate

5. Prader-Willi syndrome is characterized by hypotonia in infancy and later obesity due to hyperphagia. Which of the following describes it?

A. Obesity with hypotonia

B. Hyperactivity

C. Early puberty

D. Short stature

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6. Which gait-related apraxia is commonly seen with normal pressure hydrocephalus?

A. Dressing apraxia

B. Gait apraxia

C. Constructional apraxia

D. Alien-hand syndrome

7. Which genetic disorder is the most common single-gene cause of autism?

A. Tuberous Sclerosis

B. Prader-Willi

C. Fragile X

D. 22q11.2 Deletion Syndrome

8. Which of the following is a hallmark upper motor neuron sign in cerebral palsy?

A. Hyperactive deep tendon reflexes

B. Clonus

C. Babinski sign

D. Seizures

9. Which dopaminergic tract projects from the ventral tegmental area to the frontal cortex, cingulate, and prefrontal gyrus, and is associated with negative symptoms of psychosis when hypoactive?

A. mesolimbic tract

B. mesocortical tract

C. tuberoinfundibular tract

D. norepinephrine

10. Paraneoplastic cerebellar degeneration is most well established in association with gynecologic cancers, lymphoma, or small cell lung cancer.

A. Gynecologic cancers and melanoma

B. Gynecologic cancers, lymphoma, or small cell lung cancer

C. Prostate cancer

D. Colon cancer

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Answers

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

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Explanations

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1. Which memory system is explicit and comprises episodic and semantic components?

A. Working memory

B. Prospective memory

C. Nondeclarative memory

D. Declarative memory

Explicit memory refers to memories you can consciously recall, and it is divided into episodic components (personal experiences with context) and semantic components (general facts and knowledge). This system is declarative memory. The episodic part captures what happened to you and where and when, while the semantic part holds knowledge independent of personal experience. The hippocampus and related medial temporal structures support forming these memories, with episodic details typically requiring intact hippocampal function for retrieval and binding, and semantic knowledge becoming more distributed across cortical areas with time. This contrasts with nondeclarative memory, which encompasses skills, habits, and conditioned responses that we usually demonstrate without conscious recall. Therefore, the memory system that is explicit and comprises episodic and semantic components is declarative memory.

2. Which drug most commonly increases stroke risk?

A. Marijuana

B. Cocaine

C. Alcohol

D. Opiates

Cocaine is most strongly linked to acute cerebrovascular events because it triggers intense sympathetic activation that directly stresses cerebral vessels. The surge of norepinephrine and other catecholamines drives a rapid rise in blood pressure and heart rate, which can overwhelm cerebral autoregulation and cause severe vasoconstriction (vasospasm). This vasospasm reduces blood flow to brain tissue, setting the stage for ischemic stroke. At the same time, cocaine promotes a prothrombotic state, increasing platelet activation and the likelihood of clot formation. The combination of vasospasm, hypertension, and hypercoagulability makes cocaine a leading cause of stroke, particularly in younger individuals. Marijuana can be associated with cerebrovascular events in some cases, but the link is less consistent and not as direct. Alcohol can precipitate hemorrhagic stroke with very heavy or binge use, but the mechanism is less immediate and not as readily the cause of the most common pattern of stroke by itself. Opiates are not typically associated with an increased risk of stroke in the same direct way as cocaine.

3. Which syndrome is X-linked recessive and presents with intellectual disability, self-mutilation, and dystonia?

A. Lesch-Nyhan Syndrome

B. Turner Syndrome

C. Klinefelter Syndrome

D. XYY Syndrome

X-linked recessive conditions commonly affect males and stem from mutations on the X chromosome; Lesch-Nyhan syndrome fits this pattern and has a distinctive neurobehavioral profile. It results from deficiency of HGPRT, leading to uric acid buildup and, importantly, intellectual disability with dystonia and prominent self-mutilating behaviors. The other options don't match this combination: Turner syndrome is due to monosomy X in females; Klinefelter is XXY with features like hypogonadism; XYY is a male with an extra Y and doesn't typically present with self-mutilation and dystonia. Thus, Lesch-Nyhan is the syndrome described.

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4. Dysexecutive syndrome with poor planning and working memory impairment is typically linked to injury of which region?

A. Orbitofrontal PFC

B. Dorsolateral PFC

C. Medial frontal PFC

D. Anterior cingulate

Dorsolateral prefrontal cortex is central to executive control, especially working memory and planning. When this region is damaged, people commonly show dysexecutive syndrome: trouble holding and manipulating information in mind, difficulties organizing steps to reach a goal, and problems sequencing actions. These deficits reflect the region's role in maintaining goal-directed behavior, monitoring and updating information, and planning ahead. By contrast, orbitofrontal damage more often yields disinhibition and impulsivity, medial frontal damage can reduce initiative and motivation, and anterior cingulate lesions are linked to impaired error monitoring and effort. So the pattern of poor planning coupled with working memory impairment best points to injury of the dorsolateral prefrontal cortex.

5. Prader-Willi syndrome is characterized by hypotonia in infancy and later obesity due to hyperphagia. Which of the following describes it?

A. Obesity with hypotonia

B. Hyperactivity

C. Early puberty

D. Short stature

Prader-Willi syndrome centers on hypothalamic dysregulation that presents first as prominent low muscle tone in infancy and then drives an insatiable appetite, leading to obesity as the child grows. The option that best describes this pattern is obesity with hypotonia because it directly reflects both hallmark phases: the initial hypotonia and the subsequent obesity from hyperphagia. Hyperactivity isn't a defining feature, puberty is typically delayed or incomplete due to hypogonadism, and while short stature can occur, it doesn't capture the key progression as clearly as the combination of obesity with hypotonia.

6. Which gait-related apraxia is commonly seen with normal pressure hydrocephalus?

A. Dressing apraxia

B. Gait apraxia

C. Constructional apraxia

D. Alien-hand syndrome

Gait disturbance in normal pressure hydrocephalus is best understood as gait apraxia—a problem with planning and initiating walking rather than a failure of muscle strength. The ventricles enlarge and disrupt frontal–subcortical circuits, so patients may have a slow, hesitant, magnetic or shuffling gait with difficulty turning and initiating steps, even though their legs are physically capable. This distinction matters: the issue is motor planning, not primary weakness or coordination problems. In contrast, dressing apraxia arises from parietal dysfunction and presents as trouble dressing, constructional apraxia involves drawing or constructing items, and alien-hand syndrome features involuntary, purposeful movement of a limb due to disconnection in higher-order networks. Thus, the gait-specific impairment seen with normal pressure hydrocephalus is gait apraxia.

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7. Which genetic disorder is the most common single-gene cause of autism?

A. Tuberous Sclerosis

B. Prader-Willi

C. Fragile X

D. 22q11.2 Deletion Syndrome

Fragile X syndrome is the most common single-gene cause of autism. It arises from a CGG repeat expansion in the FMR1 gene on the X chromosome. When the repeat expands beyond a certain length, the gene is silenced by methylation, leading to reduced or absent production of the FMRP protein that helps regulate synaptic development. This disruption contributes to autistic features and learning difficulties seen in Fragile X. Although tuberous sclerosis (mutations in TSC1 or TSC2) and certain deletions like 22q11.2 can be associated with autism, they are less common as single-gene sources of autism compared with Fragile X. Prader-Willi can also involve neurodevelopmental issues but is not the most frequent single-gene autism contributor among these options.

8. Which of the following is a hallmark upper motor neuron sign in cerebral palsy?

A. Hyperactive deep tendon reflexes

B. Clonus

C. Babinski sign

D. Seizures

In cerebral palsy, damage to the corticospinal (upper motor neuron) pathways produces characteristic reflex changes, with the Babinski sign being a classic outward sign of this dysfunction. The Babinski sign is when tapping the sole of the foot elicits dorsiflexion of the big toe and spreading of the other toes—an abnormal plantar response in adults that reflects loss of inhibitory control over spinal reflexes from an UMN lesion. This sign is particularly emphasized as a hallmark because it directly indicates corticospinal tract involvement typical of CP. While hyperactive deep tendon reflexes and clonus are also UMN features seen in CP, the Babinski sign is the most specific and recognizable indicator of UMN pathology. Seizures, in contrast, arise from abnormal neuronal electrical activity and are not an upper motor neuron sign.

9. Which dopaminergic tract projects from the ventral tegmental area to the frontal cortex, cingulate, and prefrontal gyrus, and is associated with negative symptoms of psychosis when hypoactive?

A. mesolimbic tract

B. mesocortical tract

C. tuberoinfundibular tract

D. norepinephrine

The main concept is mapping dopaminergic pathways to their cortical targets and clinical effects. The pathway that starts in the ventral tegmental area and projects to the frontal cortex, cingulate, and prefrontal gyrus is the mesocortical tract. When this tract is hypoactive, especially to the prefrontal regions, it is associated with negative symptoms of psychosis such as reduced motivation, diminished affect, and social withdrawal. This is distinct from the mesolimbic tract, which goes to limbic areas like the nucleus accumbens and is more linked to positive symptoms when overactive. The tuberoinfundibular tract runs from the hypothalamus to the pituitary to regulate prolactin, and the norepinephrine system is a separate neurotransmitter system, not the dopaminergic cortical projection described here.

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10. Paraneoplastic cerebellar degeneration is most well established in association with gynecologic cancers, lymphoma, or small cell lung cancer.

A. Gynecologic cancers and melanoma

B. Gynecologic cancers, lymphoma, or small cell lung cancer

C. Prostate cancer

D. Colon cancer

Paraneoplastic cerebellar degeneration is an autoimmune neurologic syndrome where the immune response to a tumor cross-reacts with cerebellar tissue, causing subacute cerebellar dysfunction such as ataxia, dysarthria, and nystagmus. The cancers most consistently linked to this condition are gynecologic cancers (notably ovarian and other gynecologic tumors), lymphoma, and small cell lung cancer, because tumor-associated antibodies (for example anti-Yo with gynecologic cancers and anti-Hu with small cell lung cancer) target cerebellar neurons and drive degeneration. That established association makes the trio of gynecologic cancers, lymphoma, or small cell lung cancer the best fit. Prostate cancer, colon cancer, or melanoma are not as strongly linked to paraneoplastic cerebellar degeneration.

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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:

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

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