ANXIETY DISORDERS PRACTICE TEST (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. What are first-line pharmacologic treatments for GAD?

A. SSRIs and SNRIs (e.g., escitalopram, sertraline, fluoxetine; venlafaxine, duloxetine); buspirone may be used; benzodiazepines are not first-line long-term.

B. Antipsychotics.

C. Monoamine oxidase inhibitors.

D. Tricyclic antidepressants.

2. What is the typical approach to benzodiazepines in anxiety treatment?

A. First-line long-term treatment with no dependence risk.

B. Ineffective and rarely used.

C. Used only for OCD.

D. Useful for short-term relief or during initiation, but risk of dependence, sedation, and cognitive impairment; generally avoided as long-term therapy.

3. How would you differentiate a panic attack that occurs during a medical illness from a panic attack in Panic Disorder?

A. Panic attacks in Panic Disorder are recurrent and occur independently of medical illness; attacks during illness may be secondary to the medical condition and require treating the underlying illness.

B. Panic attacks during illness are always worse in intensity.

C. There is no distinction between panic attacks during illness and Panic Disorder.

D. Panic attacks during illness are not real panic attacks.

4. Chronic PTSD is defined as symptoms persisting beyond how many months, possibly with delayed onset?

A. One month

B. Three months

C. Six months

D. Beyond three months with delayed onset

5. Which disorder's diagnostic criteria include a duration of at least 6 months in social or performance situations?

A. Social Anxiety Disorder

B. Panic Disorder

C. Generalized Anxiety Disorder

D. Specific Phobia

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6. Specific Phobia is defined as a(n)

A. Irrational and persistent fear of a specific object or animal out of proportion to the threat

B. An anxiety response limited to social situations

C. A temporary fear that resolves with avoidance

D. A fear that is always proportional to the actual danger

7. Which anxiety disorder is second most common in the population?

A. OCD

B. Specific phobia

C. PTSD

D. Panic Disorder

8. Cognitive Processing Therapy (CPT) is a component of CBT-PTSD. What does CPT stand for?

A. Cognitive Processing Therapy

B. Cognitive Pharmacology Therapy

C. Cognitive Psychodynamic Therapy

D. Cognitive Pacing Therapy

9. What is the first-line treatment for OCD?

A. Psychoanalytic therapy is the primary treatment; medications are rarely used.

B. Exposure and response prevention CBT; SSRIs at higher doses; often a combination of CBT and medication.

C. Benzo-only pharmacotherapy.

D. Hypnosis and relaxation only.

10. Worry about anything and everything at all times best maps to which disorder?

A. Panic Disorder

B. Specific Phobia

C. Generalized Anxiety Disorder

D. Social Phobia

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Answers

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

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Explanations

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1. What are first-line pharmacologic treatments for GAD?

A. SSRIs and SNRIs (e.g., escitalopram, sertraline, fluoxetine; venlafaxine, duloxetine); buspirone may be used; benzodiazepines are not first-line long-term.

B. Antipsychotics.

C. Monoamine oxidase inhibitors.

D. Tricyclic antidepressants.

The main concept here is identifying medications that are best suited for long-term management of generalized anxiety disorder. The preferred first-line options are selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors. These classes have robust evidence showing they reduce pervasive worry and physical symptoms over weeks to months, and they are generally well tolerated for long-term use. Examples include SSRIs such as escitalopram, sertraline, and fluoxetine, and SNRIs such as venlafaxine and duloxetine. Buspirone is also used in some patients as a non-benzodiazepine option; it can be helpful for anxiety without causing sedation or dependence, but it may take several weeks to work and isn't as consistently effective for all individuals as SSRIs/SNRIs. Benzodiazepines, while effective for rapid relief of acute anxiety, are not considered first-line for long-term treatment because of risks of dependence, tolerance, and withdrawal, so they're typically reserved for short-term use or bridging until an SSRI/SNRI takes effect. Monoamine oxidase inhibitors and tricyclic antidepressants are not first-line choices due to safety concerns, tolerability issues, and monitoring requirements: MAOIs require dietary restrictions and have significant drug interactions, and TCAs tend to have more anticholinergic and cardiovascular side effects with poorer tolerability. In practice, treating GAD focuses on initiating an SSRI or SNRI for long-term control, considering buspirone as an alternative in certain cases, and avoiding benzodiazepines as a long-term solution.

2. What is the typical approach to benzodiazepines in anxiety treatment?

A. First-line long-term treatment with no dependence risk.

B. Ineffective and rarely used.

C. Used only for OCD.

D. Useful for short-term relief or during initiation, but risk of dependence, sedation, and cognitive impairment; generally avoided as long-term therapy.

Benzodiazepines are valued for their rapid relief of anxiety, but they are not suited to long-term use. The best approach is to use them for short-term relief or as a bridge at the start of treatment, while initiating longer-term options like SSRIs or CBT. The key advantage is their quick anxiolytic effect, which can help patients feel better quickly, but this comes with notable risks: dependence and withdrawal if used long-term, as well as sedation and cognitive impairment that can affect daily functioning. Because of these dangers, guidelines favor keeping benzodiazepines limited in duration and tapering off as other treatments take effect. In practice, they're used cautiously for acute episodes or short courses, not as ongoing therapy.

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3. How would you differentiate a panic attack that occurs during a medical illness from a panic attack in Panic Disorder?

A. Panic attacks in Panic Disorder are recurrent and occur independently of medical illness; attacks during illness may be secondary to the medical condition and require treating the underlying illness.

B. Panic attacks during illness are always worse in intensity.

C. There is no distinction between panic attacks during illness and Panic Disorder.

D. Panic attacks during illness are not real panic attacks.

The main idea is that Panic Disorder involves panic attacks that are recurrent and occur without being tied to a medical illness, whereas attacks that happen during an illness are often a reaction to the illness or its treatment and may not indicate Panic Disorder on their own. The best answer captures that distinction: attacks in Panic Disorder tend to come back unpredictably and repeatedly, outside the context of a physical condition, while attacks during illness are typically secondary to the medical problem and should be addressed by treating the underlying illness. If someone's panic-like episodes only occur during a medical illness and cease when the illness improves, this does not by itself establish Panic Disorder. The other choices misstate the relationship—intensity isn't the defining factor, and it's not true that there's no distinction or that these attacks aren't real.

4. Chronic PTSD is defined as symptoms persisting beyond how many months, possibly with delayed onset?

A. One month

B. Three months

C. Six months

D. Beyond three months with delayed onset

The key idea is how long the PTSD symptoms have persisted after the trauma and whether the full disorder emerged later than usual. Chronic PTSD refers to symptoms that last more than three months after the event. If the person doesn't meet full diagnostic criteria until at least six months after the trauma, that is described as having delayed onset. So the best phrasing—combining both ideas—is symptoms lasting beyond three months with delayed onset. Why the other timings aren't as precise: one month isn't long enough to label PTSD as chronic. Simply saying "three months" covers duration but misses the delayed onset aspect. Six months alone doesn't specify that the full diagnosis was not reached until after a longer delay; it could imply onset at six months without noting the extended duration beyond three months.

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5. Which disorder's diagnostic criteria include a duration of at least 6 months in social or performance situations?

A. Social Anxiety Disorder

B. Panic Disorder

C. Generalized Anxiety Disorder

D. Specific Phobia

Social Anxiety Disorder is defined by a marked fear or anxiety about social or performance situations in which the person may be scrutinized by others, lasting six months or longer and causing significant distress or impairment. The six-month duration is the key requirement that distinguishes a persistent social anxiety pattern from shorter-lived nervousness and aligns with how this disorder is diagnosed. The focus on social or performance contexts explains why this choice is the best fit: the fear centers on being judged in social settings, not on a general pattern of worry or on a specific object or situation. Panic Disorder involves recurrent panic attacks and concern about future attacks; Generalized Anxiety Disorder involves chronic worry across many domains; Specific Phobia centers on fear of a particular object or situation. While some phobias can last six months or more, they are not defined by social or performance-related fear, which makes social anxiety disorder the correct match for the described criterion.

6. Specific Phobia is defined as a(n)

A. Irrational and persistent fear of a specific object or animal out of proportion to the threat

B. An anxiety response limited to social situations

C. A temporary fear that resolves with avoidance

D. A fear that is always proportional to the actual danger

Specific phobia is characterized by an irrational, persistent fear focused on a particular object or situation, causing distress or impairment and lasting well beyond a normal momentary fear. The fear is out of proportion to the actual danger present, which is what makes it distinct from a reasonable caution. This disproportionate reaction leads to avoidance of the feared object or situation, reinforcing the phobia over time. In contrast, fears that occur only in social settings describe social anxiety; a temporary fear that resolves with avoidance isn't a phobia; and a fear that remains proportional to the danger would be a normal fear response rather than a phobia.

7. Which anxiety disorder is second most common in the population?

A. OCD

B. Specific phobia

C. PTSD

D. Panic Disorder

Prevalence ranking is what this item tests. Specific phobia tends to be the most common anxiety disorder in the general population, and OCD is typically reported as the next most common. OCD has a noticeable presence across ages and tends to be more common than panic disorder or PTSD in many large surveys, which is why it's identified as the second most frequent. While exact numbers vary by study and population, the pattern of specific phobia first and OCD second is a standard finding in epidemiology of anxiety disorders.

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8. Cognitive Processing Therapy (CPT) is a component of CBT-PTSD. What does CPT stand for?

A. Cognitive Processing Therapy

B. Cognitive Pharmacology Therapy

C. Cognitive Psychodynamic Therapy

D. Cognitive Pacing Therapy

The main idea here is recognizing what this acronym refers to within PTSD treatment. Cognitive Processing Therapy is a structured CBT approach for PTSD that focuses on how trauma-related beliefs and interpretations keep the distress alive. It helps people identify and challenge unhelpful thoughts about safety, blame, trust, control, and guilt that result from the trauma, then reframe those beliefs in a more accurate or adaptive way. Key ideas in CPT include learning about PTSD, recognizing stuck points—overly rigid or distorted beliefs stemming from the trauma, and using writing and cognitive exercises to test and modify those beliefs. Through this process, survivors reinterpret the trauma in a way that reduces PTSD symptoms and avoidance, rather than relying on medication or other non-CBT methods. The other options don't fit CPT: one implies a drug-based approach, another combines cognitive work with psychodynamic ideas, and the last isn't a recognized PTSD-focused therapy.

9. What is the first-line treatment for OCD?

A. Psychoanalytic therapy is the primary treatment; medications are rarely used.

B. Exposure and response prevention CBT; SSRIs at higher doses; often a combination of CBT and medication.

C. Benzo-only pharmacotherapy.

D. Hypnosis and relaxation only.

The main approach for OCD is a targeted combination of exposure and response prevention–based CBT and higher-dose SSRIs. Exposure and response prevention (ERP) is a form of cognitive-behavioral therapy that has patients face obsessive triggers without performing the associated rituals. Over time, this practice reduces anxiety and weakens the link between thoughts and compulsive actions through habituation and cognitive reframe, leading to fewer obsessions and compulsions. SSRIs help by adjusting serotonin signaling in a way that reduces the intensity and frequency of obsessions and compulsions. In OCD, these medications are typically given at higher doses than what's standard for depression, and it may take several weeks to see a meaningful benefit. Importantly, many patients achieve the best results when ERP and SSRIs are used together rather than alone, since therapy targets behavior and cognition while medication helps with the underlying neurochemical drive. Other approaches like benzodiazepines or hypnosis and relaxation alone don't address the core cycle of obsessions and compulsions and lack strong evidence as first-line treatments for OCD, so they're not favored as the primary strategy. Psychoanalytic therapy likewise lacks robust, consistent evidence for OCD as a first-line option.

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10. Worry about anything and everything at all times best maps to which disorder?

A. Panic Disorder

B. Specific Phobia

C. Generalized Anxiety Disorder

D. Social Phobia

This item tests recognizing generalized anxiety disorder, which is defined by pervasive, excessive worry about many different topics. The key feature is worry that is difficult to control and occurs most days for a substantial period (typically at least six months), often accompanied by physical signs like restlessness, fatigue, trouble concentrating, irritability, muscle tension, or sleep problems. The worry isn't about a specific object or situation, nor is it limited to the fear of having panic attacks or fear of social scrutiny. That combination—worry about a wide range of everyday life concerns that feels hard to control—best fits generalized anxiety disorder.

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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://anxietydisorders.examzify.com

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

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