BIPC FINAL PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1
Table of Contents 2
Introduction 3
How to Use This Guide 4
Questions 5
Answers 8
Explanations 10
Next Steps 15

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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. Cluster A personality disorders are described as which core feature?

A. Aggressive and antisocial behaviors

B. Dramatic, emotional, impulsive behavior

C. Odd or eccentric behaviors and thoughts

D. Anxious and fearful behaviors

2. Which sign helps distinguish Functional Neurologic Disorder from organic disease?

A. Hoover sign present

B. Babinski sign present

C. Romberg sign present

D. Nystagmus present

3. Which personality disorder features very shy, social inhibition, feelings of inadequacy, and hypersensitivity to rejection?

A. Schizoid personality

B. Avoidant personality

C. Schizotypal personality

D. Dependent personality

4. Which cluster includes Narcissistic, Histrionic, Borderline, and Antisocial personality disorders?

A. Cluster B

B. Cluster A

C. Cluster C

D. All clusters

5. Which item is described as part of the 'Second-line medications' content: Pattern of negative, hostile, and defiant behaviors?

A. Pattern of negative, hostile, and defiant behaviors

B. Passive compliance

C. Frequent cooperation

D. Quiet acceptance

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6. Which of the following is NOT listed as an individual risk factor for intimate partner violence?

A. Low income

B. High self-esteem

C. Young age

D. Depression/SI

7. Which eating disorder is described as the most common and is more prevalent in women?

A. Avoidant/restrictive food intake disorder

B. Anorexia nervosa

C. Bulimia nervosa

D. Binge eating disorder

8. Which term captures that the night-time impact of the condition is often worse?

A. Dementia

B. Delirium

C. Onset

D. Effect at night

9. Which negative symptom refers to diminished speech output (poverty of speech)?

A. Alogia

B. Anhedonia

C. Avolition

D. Blunted affect

10. Which theory explains human motivation as a hierarchy of needs culminating in self-actualization?

A. Maslow

B. Freud

C. Piaget

D. Kohlberg

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Answers

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

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Explanations

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1. Cluster A personality disorders are described as which core feature?

A. Aggressive and antisocial behaviors

B. Dramatic, emotional, impulsive behavior

C. Odd or eccentric behaviors and thoughts

D. Anxious and fearful behaviors

Cluster A personality disorders are defined by odd or eccentric patterns of thinking and relating to others. The hallmark is behaviors and thoughts that come across as unusual or strange, such as suspiciousness, social detachment, or odd beliefs. This fits best with the cluster's description, since it includes paranoid, schizoid, and schizotypal personality patterns. In contrast, dramatic, emotional, and impulsive behavior is typical of Cluster B; anxious and fearful behaviors align with Cluster C.

2. Which sign helps distinguish Functional Neurologic Disorder from organic disease?

A. Hoover sign present

B. Babinski sign present

C. Romberg sign present

D. Nystagmus present

The key idea is using bedside signs to tell apart a true, organic weakness from a nonorganic, functional (conversion) weakness. Hoover's sign is a classic test for this. When someone has functional weakness, their symptoms don't line up with how their muscles and nerves would actually work. In the Hoover maneuver, the clinician asks the patient to move the weaker leg while feeling the heel of the opposite leg. If the opposite leg presses down into the bed as expected (showing the patient can generate real leg force), this inconsistent effort suggests the weakness may be nonphysiologic and consistent with a functional disorder. In contrast, true organic motor weakness often won't show that coordinated opposing leg effort. The other signs listed point more to specific organic issues (Babinski to upper motor neuron pathways, Romberg to proprioceptive or cerebellar/sensory problems, nystagmus to brainstem/vestibular or central involvement), so Hoover's sign is the most helpful clue for distinguishing functional neurologic disorder from organic disease.

3. Which personality disorder features very shy, social inhibition, feelings of inadequacy, and hypersensitivity to rejection?

A. Schizoid personality

B. Avoidant personality

C. Schizotypal personality

D. Dependent personality

The key idea is social inhibition driven by fear of negative evaluation. The traits described—being very shy, avoiding social interactions, feeling inadequate, and being hypersensitive to rejection—fit a pattern where a person longs for connection but avoids it due to fear of disapproval. This is characteristic of Avoidant Personality Disorder, which centers on intense fear of criticism or rejection and resulting avoidance of social situations despite a desire for relationships. Schizoid personality involves a lack of interest in relationships and limited emotional expression, not driven by fear of rejection. Schizotypal personality includes odd beliefs and eccentric behavior that cause discomfort in close relationships, but not primarily a fear of rejection. Dependent personality features a pervasive need to be cared for and fear of being left alone, with clinginess rather than hypersensitivity to rejection.

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4. Which cluster includes Narcissistic, Histrionic, Borderline, and Antisocial personality disorders?

A. Cluster B

B. Cluster A

C. Cluster C

D. All clusters

Grouping personality disorders into clusters helps clinicians recognize shared patterns of behavior and traits. The cluster described as dramatic, emotional, and erratic includes Narcissistic, Histrionic, Borderline, and Antisocial personality disorders. Each of these disorders features prominent interpersonal challenges and intense or unstable patterns of functioning: Narcissistic with grandiosity and need for admiration; Histrionic with excessive emotionality and a strong desire to be noticed; Borderline with rapidly changing emotions and unstable relationships; and Antisocial with disregard for rules and the rights of others. Together, they form the dramatic/erratic cluster due to these common social and affective dynamics. The other clusters describe different patterns. One cluster is the odd or eccentric group, including paranoid, schizoid, and schizotypal traits, which don't align with the dramatic emphasis. Another cluster is anxious or fearful, covering avoidant, dependent, and obsessive-compulsive types, which also differ in their core presentation. Hence, the four disorders listed belong to the dramatic, emotional, and erratic cluster.

5. Which item is described as part of the 'Second-line medications' content: Pattern of negative, hostile, and defiant behaviors?

A. Pattern of negative, hostile, and defiant behaviors

B. Passive compliance

C. Frequent cooperation

D. Quiet acceptance

The concept being tested is identifying the behavior pattern that fits when second-line medications are discussed, which centers on more challenging, oppositional behaviors. The option that literally states "Pattern of negative, hostile, and defiant behaviors" matches this description exactly, since it names the distinctive oppositional pattern that would prompt consideration of second-line interventions. The other options describe more cooperative or compliant behaviors—passive compliance, frequent cooperation, and quiet acceptance—that do not embody the defiant or hostile pattern and therefore aren't what's being described for second-line content.

6. Which of the following is NOT listed as an individual risk factor for intimate partner violence?

A. Low income

B. High self-esteem

C. Young age

D. Depression/SI

Understanding risk factors for intimate partner violence involves looking at personal traits and circumstances that can raise the likelihood of abuse. Low income brings financial stress, dependence dynamics, and limited resources, all of which can contribute to more conflict and higher IPV risk. Young age is associated with less experience in healthy conflict resolution and more relationship volatility, which can also increase risk. Depression or suicidal ideation signals mental health vulnerabilities that can intersect with relationship stress, potentially raising the chance of both victimization and perpetration. High self-esteem, in contrast, is not typically listed as an individual risk factor; it tends to be protective—associated with confidence, boundary-setting, and resilience—reducing vulnerability in many cases.

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7. Which eating disorder is described as the most common and is more prevalent in women?

A. Avoidant/restrictive food intake disorder

B. Anorexia nervosa

C. Bulimia nervosa

D. Binge eating disorder

Binge eating disorder is the most common eating disorder and tends to occur more often in women. It involves recurrent episodes of eating large amounts of food in a short time with a sense of loss of control, accompanied by distress, but without regular compensatory behaviors such as purging. This combination explains both its high prevalence and the female predominance seen in many populations. Other disorders like anorexia nervosa, bulimia nervosa, or ARFID are less common overall; bulimia includes compensatory behaviors, anorexia involves extreme underweight, and ARFID centers on avoidance or restriction for reasons other than weight or body image.

8. Which term captures that the night-time impact of the condition is often worse?

A. Dementia

B. Delirium

C. Onset

D. Effect at night

The idea being tested is that some conditions show a worsening of symptoms as night falls. In dementia, for example, there's a well-known pattern called sundowning, where confusion, agitation, and sleep disturbances often become more pronounced in the evening. Among the given options, the term that best communicates this time-specific change is the one that explicitly notes an effect at night. The other terms describe the condition itself (dementia), an acute misstate of consciousness (delirium), or when the situation begins (onset) and don't inherently convey a night-time pattern. So describing it as an effect at night directly captures the intended idea of night-time worsening. In practice, clinicians might refer to the phenomenon as sundowning, but this option best expresses the concept within the provided choices.

9. Which negative symptom refers to diminished speech output (poverty of speech)?

A. Alogia

B. Anhedonia

C. Avolition

D. Blunted affect

Poverty of speech, known as alogia, is a negative symptom characterized by diminished speech output and reduced content in communication. People may give brief, empty, or repetitive responses with little spontaneity or conversation. This label specifically captures the reduced amount and fluency of speech, not difficulty with language or understanding. By contrast, anhedonia refers to diminished ability to experience pleasure, avolition to lack of motivation, and blunted affect to reduced facial expression and emotional responsiveness. Therefore, the symptom described aligns with alogia.

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10. Which theory explains human motivation as a hierarchy of needs culminating in self-actualization?

A. Maslow

B. Freud

C. Piaget

D. Kohlberg

Motivation as a progression of needs arranged in a pyramid, with growth culminating in reaching one's full potential, is what Maslow proposed. He argued that people are driven to satisfy basic needs first—physiological ones like food and shelter, then safety, then love and belonging, then esteem—before higher-level needs become motivational. At the top sits self-actualization: the drive to realize personal potential, pursue creativity, and experience meaningful growth. Because the theory describes motivation as a layered hierarchy that rises toward this peak state, it directly explains why self-actualization is the ultimate goal of motivation for many individuals. Other theories focus on different aspects of development and motivation. Freud emphasizes unconscious drives and psychosexual stages, Piaget maps changes in thinking through cognitive development stages, and Kohlberg outlines moral reasoning stages. None describe motivation as a pyramid whose pinnacle is self-actualization in the way Maslow does, so Maslow is the best fit for this idea.

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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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