EPPP ABNORMAL PSYCHOLOGY PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://epppabnormalpsych.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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 16

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. How does culture influence mental disorders?

A. Cultural norms dictate what is considered abnormal

B. Culture has no influence on mental health

C. Cultural differences are minor

D. Cultural practices exacerbate symptoms

2. What is typically observed during a manic episode?

A. Overly cautious behavior

B. Severe impairment in social interactions

C. Excessive energy and impulsivity

D. Withdrawn and depressed behavior

3. Which factor is associated with better outcomes in Autism Spectrum Disorder?

A. Over age 10 at diagnosis

B. Communication skills by age 5 or 6

C. High paternal education level

D. Early intervention by age 3

4. Somatic Symptom Disorder is characterized by what key feature?

A. The presence of one or more physical injuries

B. Involvement in high-risk behaviors

C. Significant distress linked to physical symptoms

D. Interpersonal issues related to self-image

5. How frequently do temper outbursts occur in DMDD?

A. Once a month

B. Three or more times each week

C. Every other day

D. Daily without interruption

6. What is a common pharmacological treatment for depressive disorders?

A. Beta-blockers

B. Selective serotonin reuptake inhibitors (SSRIs)

C. Antipsychotic medications

D. Benzodiazepines

SAMPLE

7. What distinguishes acute stress disorder from post-traumatic stress disorder (PTSD)?

A. Acute stress disorder occurs after one month of trauma

B. PTSD is diagnosed only in children

C. Acute stress disorder occurs within three days to one month post-trauma

D. There is no significant difference

8. What are compulsions in the context of OCD?

A. Thoughts that cause distress

B. Repetitive behaviors or mental acts performed to reduce anxiety related to obsessions

C. Feelings of intense sadness

D. Social withdrawal and isolation

9. What is a common symptom of Seasonal Affective Disorder?

A. Increased alertness

B. Depressed mood during summer months

C. Weight gain and carbohydrate craving

D. Loss of sleep

10. Panic Disorder requires recurrent unexpected panic attacks followed by persistent concerns about what?

A. Social interactions

B. Having additional attacks

C. Use of medication

D. Interpersonal relationships

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. How does culture influence mental disorders?

A. Cultural norms dictate what is considered abnormal

B. Culture has no influence on mental health

C. Cultural differences are minor

D. Cultural practices exacerbate symptoms

Cultural norms significantly shape our understanding and definitions of abnormal behavior and mental disorders. Different cultures have unique sets of beliefs, values, and practices that determine what is deemed acceptable or unacceptable within that context. These cultural norms inform how individuals interpret their experiences, which symptoms they may report, and how they seek help. For instance, in some cultures, expressions of distress may be viewed as a spiritual or religious issue rather than a psychological one, leading individuals to seek assistance from religious leaders instead of mental health professionals. Additionally, the perception of mental illness can vary, with some societies stigmatizing those who exhibit certain behaviors associated with mental disorders while others may show greater acceptance. Understanding these cultural influences is crucial for mental health professionals, as it enables them to provide culturally sensitive assessments and interventions. This highlights the importance of integrating cultural perspective into the diagnosis and treatment of mental disorders to ensure that individuals receive appropriate care reflective of their cultural backgrounds.

2. What is typically observed during a manic episode?

A. Overly cautious behavior

B. Severe impairment in social interactions

C. Excessive energy and impulsivity

D. Withdrawn and depressed behavior

During a manic episode, excessive energy and impulsivity are hallmark characteristics. Individuals in a manic state often experience an elevated mood, which can manifest as high levels of enthusiasm and euphoria. This is frequently accompanied by a reduced need for sleep, leading them to feel energized. Impulsivity is also a critical aspect, as individuals may engage in risky behaviors such as spending sprees, risky sexual encounters, or pursuing uncharacteristic activities without considering the potential consequences. The other options describe behaviors that do not align with the symptoms typically observed during a manic episode. For example, overly cautious behavior and withdrawn or depressed behavior are more aligned with anxiety or depressive disorders than with the heightened activity and enthusiasm seen in mania. Severe impairment in social interactions can occur during a manic episode, but it is not a defining symptom; rather, the impulsivity and excessive energy are prominent features that characterize the manic phase.

SAMPLE

3. Which factor is associated with better outcomes in Autism Spectrum Disorder?

A. Over age 10 at diagnosis

B. Communication skills by age 5 or 6

C. High paternal education level

D. Early intervention by age 3

The association of communication skills by age 5 or 6 with better outcomes in Autism Spectrum Disorder (ASD) highlights the critical role of early language development in the overall progress of individuals with ASD. Research has shown that children who develop effective communication skills early in life are more likely to engage socially, which is essential for building relationships and participating in educational and community activities. Effective communication serves as a foundation for social interaction and can positively influence cognitive development. As children with ASD learn to express themselves more clearly and to understand social cues better, they tend to experience improvements in social skills, academic performance, and overall quality of life. This emphasizes the importance of targeted interventions aimed at enhancing communication abilities as early as possible. While other factors listed may have some relevance to ASD outcomes, communication skills by age 5 or 6 have been proven to have a direct and significant correlation with long-term improvement in various aspects of functioning for individuals with ASD.

4. Somatic Symptom Disorder is characterized by what key feature?

A. The presence of one or more physical injuries

B. Involvement in high-risk behaviors

C. Significant distress linked to physical symptoms

D. Interpersonal issues related to self-image

Somatic Symptom Disorder is primarily characterized by significant distress or impairment linked to physical symptoms that cannot be fully explained by medical conditions. Individuals with this disorder often experience excessive thoughts, feelings, or behaviors related to the physical symptoms they are experiencing, which can lead to substantial emotional distress and functional impairment in daily life. The focus on the distress rather than the physical injury or illness itself highlights the psychological component of this disorder. In this context, while physical injuries or symptoms might arise, they do not specifically define Somatic Symptom Disorder. High-risk behaviors may occur in various contexts, but they are not a core component of the disorder. Additionally, interpersonal issues related to self-image, while possibly relevant in some cases, are not a defining feature of Somatic Symptom Disorder. The essence of the disorder lies in the psychological distress stemming from the perception and experience of physical symptoms.

SAMPLE

5. How frequently do temper outbursts occur in DMDD?

A. Once a month

B. Three or more times each week

C. Every other day

D. Daily without interruption

In the context of Disruptive Mood Dysregulation Disorder (DMDD), temper outbursts are a crucial diagnostic feature. The specific frequency for these outbursts is defined as occurring three or more times each week. This frequency is significant as it distinguishes DMDD from other mood disorders, such as childhood bipolar disorder, and highlights the chronic and severe nature of the symptoms. DMDD is characterized by persistent irritability and frequent episodes of extreme behavioral dyscontrol. These temper outbursts can manifest as verbal rages or physical aggression toward people or property, typically occurring in response to frustration or annoyance. By setting the frequency at three or more times per week, DSM-5 criteria ensure that the symptoms are ongoing and pervasive rather than sporadic or situational, reflecting a stable pattern of irritability that may have negative impacts on a child's functioning across different environments. Understanding this diagnostic criterion is crucial for accurate assessment and interventions tailored to effectively address the symptoms and support affected children and their families.

6. What is a common pharmacological treatment for depressive disorders?

A. Beta-blockers

B. Selective serotonin reuptake inhibitors (SSRIs)

C. Antipsychotic medications

D. Benzodiazepines

Selective serotonin reuptake inhibitors (SSRIs) are a standard pharmacological treatment for depressive disorders due to their effectiveness in increasing serotonin levels in the brain. By inhibiting the reuptake of serotonin, SSRIs help enhance mood and alleviate symptoms of depression. This class of medication is typically favored because of its favorable side effect profile compared to older antidepressants, making it a common first-line treatment option. SSRIs are well-researched and have a strong evidence base supporting their use in treating major depressive disorder and other mood disorders. Patients often find SSRIs helpful in achieving a significant reduction in depressive symptoms without the sedative effects that many other classes of medications may produce. As such, SSRIs are widely prescribed and have become a cornerstone in the management of depressive disorders.

7. What distinguishes acute stress disorder from post-traumatic stress disorder (PTSD)?

A. Acute stress disorder occurs after one month of trauma

B. PTSD is diagnosed only in children

C. Acute stress disorder occurs within three days to one month post-trauma

D. There is no significant difference

Acute stress disorder is characterized by the onset of symptoms that occur in response to a traumatic event, which can manifest as anxiety, intrusive thoughts, or dissociation. The defining time frame for acute stress disorder is that it emerges within three days to one month following exposure to the trauma. This distinct period distinguishes it from post-traumatic stress disorder (PTSD), which requires symptoms to persist for longer than one month after the traumatic event. Understanding this timing is critical for reaching the appropriate diagnosis and providing effective treatment. The diagnosis of PTSD involves enduring symptoms for a longer duration, emphasizing the need for monitoring individuals who may experience prolonged effects following trauma. This is crucial for clinicians to identify and intervene accordingly based on the duration of symptoms presented.

SAMPLE

8. What are compulsions in the context of OCD?

A. Thoughts that cause distress

B. Repetitive behaviors or mental acts performed to reduce anxiety related to obsessions

C. Feelings of intense sadness

D. Social withdrawal and isolation

Compulsions, in the context of Obsessive-Compulsive Disorder (OCD), refer to repetitive behaviors or mental acts that an individual feels driven to perform in response to an obsession, or according to rigid rules that must be applied. These actions are typically intended to prevent a feared outcome or alleviate the distress associated with obsessive thoughts. Individuals with OCD often experience intrusive, unwanted thoughts (known as obsessions), which can lead to significant anxiety. To mitigate this anxiety, they engage in compulsive behaviors, such as washing their hands multiple times, checking things repeatedly, or counting. These compulsions are not inherently enjoyable and may often provide only temporary relief from the anxiety, reinforcing the cycle of obsession and compulsion. The other options focus on different aspects of psychological conditions. Distressing thoughts are indeed part of OCD but describe obsessions rather than compulsions. Intense sadness and social withdrawal pertain more to mood disorders or other anxiety conditions rather than the specific characteristics of compulsions in OCD. Therefore, the emphasis on the repetitive behaviors or mental acts aimed at reducing anxiety makes the correct answer clear.

9. What is a common symptom of Seasonal Affective Disorder?

A. Increased alertness

B. Depressed mood during summer months

C. Weight gain and carbohydrate craving

D. Loss of sleep

Seasonal Affective Disorder (SAD) is characterized primarily by mood disturbances that coincide with specific seasons, most commonly during the fall and winter months when there is less natural sunlight. One of the hallmark symptoms tends to involve physical changes, including weight gain and an increased craving for carbohydrates. This symptom is linked to the body's response to decreased levels of sunlight, which can disrupt the balance of neurotransmitters like serotonin. Such disturbances often lead to increased appetite and a preference for high-carbohydrate foods, which can contribute to weight gain during those seasons. Understanding this aspect of SAD highlights the relationship between environmental factors, mood, and physiological changes, illustrating how mood disorders can manifest not only emotionally but also physically.

SAMPLE

10. Panic Disorder requires recurrent unexpected panic attacks followed by persistent concerns about what?

A. Social interactions

B. Having additional attacks

C. Use of medication

D. Interpersonal relationships

Panic Disorder is characterized by the presence of recurrent and unexpected panic attacks, which are intense surges of fear or discomfort that typically peak within minutes. A defining feature of this disorder is the persistent concern about experiencing additional panic attacks following the initial episodes. This concern can lead to significant behavioral changes, such as avoiding situations or places where attacks have previously occurred, in order to prevent future attacks. This persistent fear and worry about having further panic attacks is what differentiates Panic Disorder from other anxiety-related conditions. It highlights the impact of these episodes on an individual's daily life and mental health, resulting in avoidance behaviors and increased anxiety. Overall, the preoccupation with the possibility of experiencing more panic attacks is a critical component of the diagnosis of Panic Disorder.

SAMPLE

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://epppabnormalpsych.examzify.com

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

SAMPLE