IMPULSE CONTROL 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. A nurse assesses an adolescent boy with an irresistible desire to steal objects from others' bags. What is the diagnosis?

A. Kleptomania

B. Antisocial personality disorder

C. Shoplifting disorder

D. Conduct disorder

2. Which childhood behavior best predicts future antisocial personality disorder in adulthood?

A. Frequent aggressive acts toward others.

B. Frequent sharing with peers.

C. High compliance with rules.

D. Shy withdrawal from social situations.

3. In a residential treatment setting for adolescents diagnosed with impulse control disorders, which finding would indicate that staff communication training was effective?

A. Decreased aggressive behavior

B. Increased compliance with tasks

C. No change in interactions

D. Improved communication among staff

4. Which of the following is NOT typically considered an ethical concern when assessing impulse control in schools?

A. Privacy.

B. Informed consent.

C. Potential stigma.

D. Financial cost to the institution.

5. What do delay of gratification and the Marshmallow Test illustrate?

A. Delay of gratification is postponing an immediate reward for a larger later reward; the Marshmallow Test illustrates this ability in children.

B. The importance of external rewards in behavior modification.

C. The development of executive function is independent of reward timing.

D. The ability to recognize multiple rewards simultaneously.

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6. Which statement should be part of unit orientation?

A. Orientation to unit will include detailed explanation of rules and boundaries.

B. Therapy will be goal-oriented in its focus.

C. There are posted consequences for specific unacceptable behaviors.

D. Care plans will include daily relationship-strengthening activities with each child.

7. In Go/No-Go tasks, what does a commission error indicate?

A. Failure to inhibit a response when a No-Go signal is presented.

B. Correctly inhibit a response on No-Go trials.

C. Correct Go response.

D. Mistiming of a Go response.

8. UPPS-P Impulsive Behavior Scale assesses five facets of impulsivity. Name them.

A. Negative Urgency, Positive Urgency, Lack of Premeditation, Lack of Perseverance, and Sensation Seeking.

B. Delayed Gratification, Memory, Planning, Risk-Taking, Perseverance.

C. Impulsivity, Compulsivity, Sensation Seeking, Risk Tolerance, Novelty Seeking.

D. Emotion Regulation, Attention, Memory, Planning, Flexibility.

9. Which would not be considered a predisposing factor for conduct disorder?

A. Being an only child

B. Exposure to violence in the home

C. Harsh or inconsistent parenting

D. History of conduct problems in early childhood

10. Which statement about oppositional defiant disorder is true?

A. The behaviors are a predictor of future mental health disorders.

B. ODD behaviors are normal and require no treatment.

C. ODD is always the result of poor parenting.

D. ODD cannot co-occur with other disorders.

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Answers

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

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Explanations

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1. A nurse assesses an adolescent boy with an irresistible desire to steal objects from others' bags. What is the diagnosis?

A. Kleptomania

B. Antisocial personality disorder

C. Shoplifting disorder

D. Conduct disorder

Kleptomania is an impulse control problem characterized by a recurrent, irresistible urge to steal objects that are not needed for personal use or for monetary value. The crucial feature is the pattern: mounting tension before the theft, followed by relief or gratification after the act. The theft is driven by the impulse itself, not by a desire for the item, financial gain, or anger toward others, and it often causes distress or impairment for the person. This pattern distinguishes it from antisocial personality disorder, which involves a broader, persistent pattern of disregard for others' rights and laws, along with behaviors like deceit, aggression, and lack of remorse. Conduct disorder also differs, since it includes a wider range of violations of rights of others and rule-breaking that begin in childhood or early adolescence. "Shoplifting disorder" isn't a formal diagnosis, so it doesn't capture the specific impulse-control profile seen in kleptomania. So, the behavior described best fits kleptomania.

2. Which childhood behavior best predicts future antisocial personality disorder in adulthood?

A. Frequent aggressive acts toward others.

B. Frequent sharing with peers.

C. High compliance with rules.

D. Shy withdrawal from social situations.

Aggressive behavior in childhood is one of the strongest indicators that antisocial patterns may persist into adulthood. Antisocial personality disorder is characterized by a persistent disregard for the rights of others and ongoing rule-breaking, and such traits often begin to appear as conduct problems early on. When a child frequently acts aggressively toward others, it signals impulse control issues and a willingness to harm or manipulate others to get what they want. If these patterns continue, especially when they become chronic or progress from early conduct problems to adolescence, they can develop into the broader and more stable antisocial tendencies seen in adulthood. The other behaviors described point to different developmental paths. Sharing with peers reflects prosocial behavior, high compliance with rules indicates conformity or good impulse control, and shy withdrawal suggests social anxiety or withdrawal rather than the aggressive, disregardful pattern linked to antisocial outcomes. While not every aggressive child will develop antisocial personality disorder, aggressive conduct is more strongly associated with that risk than the other options.

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3. In a residential treatment setting for adolescents diagnosed with impulse control disorders, which finding would indicate that staff communication training was effective?

A. Decreased aggressive behavior

B. Increased compliance with tasks

C. No change in interactions

D. Improved communication among staff

The main concept is that to know a staff communication training worked, you look for changes in how staff actually interact with each other. When training is effective, staff will communicate more clearly, share information consistently, coordinate responses, and support one another in delivering a stable, predictable environment for adolescents with impulse control issues. This improved inter-staff communication is the direct result the training aims to produce, so it serves as the best evidence of its effectiveness. Downstream effects like fewer aggressive incidents or greater compliance in residents may occur, but they depend on many factors beyond the training itself. If there's no change in how staff talk and collaborate, the training hasn't achieved its intended impact.

4. Which of the following is NOT typically considered an ethical concern when assessing impulse control in schools?

A. Privacy.

B. Informed consent.

C. Potential stigma.

D. Financial cost to the institution.

When we assess impulse control in schools, the main ethical focus is protecting students' rights and well being. Privacy matters because sensitive information about a student's behavior and mental state must be kept confidential and accessible only to those who need to know, with secure handling of records. Informed consent is essential, meaning guardians (and the student when appropriate) should understand what is being assessed, why, and how the results will be used, with the option to decline. Potential stigma is a real concern because labeling a student as impulsive can affect self-esteem and peer interactions, so findings should be reported sensitively and used to support the student rather than to assign labels. Financial cost to the institution, while important for practicality and access, does not constitute an ethical principle about student welfare in the same sense and thus is not typically regarded as an ethical concern in this context.

5. What do delay of gratification and the Marshmallow Test illustrate?

A. Delay of gratification is postponing an immediate reward for a larger later reward; the Marshmallow Test illustrates this ability in children.

B. The importance of external rewards in behavior modification.

C. The development of executive function is independent of reward timing.

D. The ability to recognize multiple rewards simultaneously.

Delaying gratification relies on executive function: the ability to inhibit impulses, hold a goal in working memory, and plan steps to reach a future outcome. The Marshmallow Test taps into this by asking a child to wait for a bigger reward instead of taking the immediate treat; success in waiting shows stronger inhibitory control and strategic thinking to cope with the impulse. Those self-control skills are linked to later outcomes and demonstrate how reward timing engages executive processes. So the idea isn't that executive function develops without regard to when rewards come; rather, these control abilities develop in the context of evaluating and managing when rewards are received. The other notions don't capture the essential link between delaying gratification and the maturation of self-control and executive function.

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6. Which statement should be part of unit orientation?

A. Orientation to unit will include detailed explanation of rules and boundaries.

B. Therapy will be goal-oriented in its focus.

C. There are posted consequences for specific unacceptable behaviors.

D. Care plans will include daily relationship-strengthening activities with each child.

The main idea is that unit orientation is about introducing newcomers to the environment with a clear structure: what behaviors are expected, what the boundaries are, and how the space is to be navigated. Including a detailed explanation of rules and boundaries gives everyone a concrete map for how to behave, what is allowed, and what isn't, which is essential for creating a predictable, safe setting. That clarity directly supports impulse control because when people know exactly what is expected and what will happen if they stray, there's less room for impulsive, uncertain choices. Other aspects like therapy goals or daily relationship activities belong to ongoing care rather than the initial orientation. And while posting consequences is useful, the core purpose of orientation is to lay out the rules and boundaries that guide behavior from day one.

7. In Go/No-Go tasks, what does a commission error indicate?

A. Failure to inhibit a response when a No-Go signal is presented.

B. Correctly inhibit a response on No-Go trials.

C. Correct Go response.

D. Mistiming of a Go response.

The main idea being tested is response inhibition in Go/No-Go tasks. A commission error is when you press a response on a No-Go trial, meaning you fail to withhold the action despite the signal to inhibit. This shows a lapse in inhibitory control at that moment, reflecting impulsivity or weaker control over prepotent responses. In contrast, correctly withholding on No-Go trials is proper performance, a Go response on Go trials is the expected action, and mistiming a Go response is about timing accuracy rather than inhibition.

8. UPPS-P Impulsive Behavior Scale assesses five facets of impulsivity. Name them.

A. Negative Urgency, Positive Urgency, Lack of Premeditation, Lack of Perseverance, and Sensation Seeking.

B. Delayed Gratification, Memory, Planning, Risk-Taking, Perseverance.

C. Impulsivity, Compulsivity, Sensation Seeking, Risk Tolerance, Novelty Seeking.

D. Emotion Regulation, Attention, Memory, Planning, Flexibility.

The UPPS-P Impulsive Behavior Scale is designed to measure five distinct facets of impulsivity. These are Negative Urgency, Positive Urgency, Lack of Premeditation, Lack of Perseverance, and Sensation Seeking. Negative Urgency means acting rashly when distressed, while Positive Urgency refers to impulsive actions under extreme positive emotions. Lack of Premeditation describes not considering the consequences before acting, and Lack of Perseverance captures difficulty staying focused on tasks that are boring or challenging. Sensation Seeking is the tendency to pursue novel and thrilling experiences. These five dimensions together reflect the multifaceted nature of impulsivity that the UPPS-P aims to assess. Other options mix in constructs like memory, planning, emotion regulation, or traits like compulsivity or novelty seeking that don't align with the UPPS-P framework.

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9. Which would not be considered a predisposing factor for conduct disorder?

A. Being an only child

B. Exposure to violence in the home

C. Harsh or inconsistent parenting

D. History of conduct problems in early childhood

Predisposing factors for conduct disorder are elements in the child's environment or development that raise the likelihood of developing problematic, rule-breaking behavior. Exposure to violence in the home provides a modeling environment where aggression is learned and tolerated, and the resulting chronic stress can contribute to conduct problems. Harsh or inconsistent parenting undermines the development of self-control and clear behavioral expectations, making it harder for a child to learn appropriate conduct. A history of conduct problems in early childhood signals a pattern that often persists into later years. Being an only child, on the other hand, is not in itself a risk factor for conduct disorder, so it would not be considered a predisposing factor.

10. Which statement about oppositional defiant disorder is true?

A. The behaviors are a predictor of future mental health disorders.

B. ODD behaviors are normal and require no treatment.

C. ODD is always the result of poor parenting.

D. ODD cannot co-occur with other disorders.

The main idea here is that oppositional defiant disorder often signals a higher risk for later mental health problems. Children with ODD show a persistent pattern of angry, defiant, and argumentative behavior that can impair functioning at home and school. Research shows this pattern is associated with an increased likelihood of developing other issues over time, such as conduct problems, ADHD, mood disorders, anxiety disorders, and even substance use later on. In other words, these behaviors can predict future mental health challenges, which is why early recognition and intervention are important. ODD is not simply normal behavior that shouldn't be treated, and it certainly isn't caused only by poor parenting—though family environment can influence severity and outcomes. It also does not mean that ODD cannot co-occur with other disorders; in fact, it often exists alongside ADHD, anxiety, mood disorders, or conduct 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://impulsecontrol.examzify.com

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

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