PANCE PSYCHIATRY AND BEHAVIORAL MEDICINE 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. **Autism spectrum disorder is characterized by which core symptom domains?**

   A. All of the above

   B. Social interaction difficulties

   C. Impaired communication

   D. Restricted, repetitive behavior

2. **For PTSD, what is the required duration of symptoms after trauma exposure?**

   A. At least 2 weeks

   B. At least 1 month

   C. At least 3 months

   D. More than 1 month

3. **Which medication is considered a classic mood stabilizer used in bipolar disorder?**

   A. Haloperidol

   B. Lithium

   C. SSRI

   D. Benzodiazepine

4. **Panic attack is defined as an episode of intense fear or discomfort with how many of the following symptoms?**

   A. Dizzy, trembling, choking, paresthesias, sweating, SOB, chest pain, chills, fear of losing control, fear of dying, palpitations, nausea, depersonalization

   B. A persistent worry about multiple domains for at least 6 months

   C. Recurrent, unexpected panic attacks with concern about the next attack

   D. A fear of social situations causing avoidance

5. **Which description best characterizes social anxiety disorder?**

   A. It only involves fear of speaking in public

   B. Persistent intense fear of social or performance situations for more than 6 months

   C. Triggered primarily by a specific phobia object

   D. Treated exclusively with pharmacotherapy

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6. Catatonia: which medication is commonly used to treat catatonia?

A. Levodopa

B. Amoxicillin

C. Lorazepam

D. Haloperidol

7. Malingering is characterized by intentional falsification of signs or symptoms for secondary gain.

A. Factitious disorder

B. Illness anxiety disorder

C. Conversion disorder

D. Malingering

8. Which of the following is a common long-term complication of eating disorders?

A. Osteopenia/Osteoporosis

B. Hyperglycemia

C. Retinopathy

D. Hypothyroidism

9. Which option best captures the core features of Autism Spectrum Disorder?

A. Deficits in social communication and interaction, plus restricted, repetitive patterns of behavior; present from early development; impairment in functioning; not better explained by intellectual disability

B. Delusions and hallucinations as core symptoms

C. Language delay with normal social interaction

D. Motor tics alone without social impairment

10. What is considered a first-line psychotherapy for bulimia nervosa?

A. Psychoeducation

B. Antipsychotics

C. CBT

D. Electroconvulsive therapy

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Answers

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

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Explanations

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1. Autism spectrum disorder is characterized by which core symptom domains?

A. All of the above

B. Social interaction difficulties

C. Impaired communication

D. Restricted, repetitive behavior

Autism spectrum disorder centers on three core symptom domains: difficulties in social interaction and social communication, and restricted, repetitive patterns of behavior, interests, or activities. The social-communication domain covers challenges with social reciprocity, understanding and using nonverbal communication, and forming relationships. Impaired communication refers to delays or abnormalities in language development and the use of language. The restricted, repetitive domain includes repetitive movements, insistence on sameness, and narrowly focused interests. Because the disorder entails deficits across all three areas, the description that includes every domain best captures the full core of autism. Sensory differences are common but are typically considered part of the restricted/repetitive domain or described as part of the broader sensory profile, rather than a separate core domain.

2. For PTSD, what is the required duration of symptoms after trauma exposure?

A. At least 2 weeks

B. At least 1 month

C. At least 3 months

D. More than 1 month

The key idea is that PTSD requires symptoms to persist for more than one month after the traumatic event. While the full diagnosis also needs a specific pattern of symptoms (intrusive experiences, avoidance, negative mood/cognition changes, and arousal) causing marked distress or impairment, the duration threshold is what distinguishes PTSD from other post-trauma responses. If symptoms last only up to about a month, it's more consistent with acute stress disorder; once they exceed one month, PTSD is considered.

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3. Which medication is considered a classic mood stabilizer used in bipolar disorder?

A. Haloperidol

B. Lithium

C. SSRI

D. Benzodiazepine

Lithium stands out as the classic mood stabilizer for bipolar disorder because it has proven efficacy in preventing both manic and depressive episodes and in reducing suicide risk, making it a long-term cornerstone of bipolar treatment. Its beneficial effects are seen across mood states, not just during an acute episode. The exact way lithium works isn't fully understood, but it likely involves multiple pathways that stabilize neuronal signaling and support neuronal resilience. It modulates second messenger systems, influences glycogen synthase kinase-3 (GSK-3), and can have neuroplastic and neuroprotective effects, helping to keep mood more even over time. Clinically, using lithium requires regular monitoring because it has a narrow therapeutic index. Serum levels are checked to keep maintenance levels typically in a range that controls symptoms without causing toxicity. Kidney function and thyroid function are also monitored, since lithium can affect renal and thyroid health. Patients must maintain steady salt and fluid intake, because dehydration or electrolyte shifts can raise lithium levels. Signs of toxicity to watch for include tremor, confusion, ataxia, and motor problems, with more severe symptoms in higher levels. Long-term use can contribute to hypothyroidism and nephrogenic diabetes insipidus. Other listed options are not long-term mood stabilizers: haloperidol is an antipsychotic used for acute agitation or psychotic features; SSRIs and other antidepressants can help mood symptoms but do not provide the same stable long-term mood control and can even precipitate mania if given alone without a mood stabilizer. So, lithium is the best answer because it uniquely embodies the classic, proven approach to stabilizing mood fluctuations and reducing relapse risk in bipolar disorder.

4. Panic attack is defined as an episode of intense fear or discomfort with how many of the following symptoms?

A. Dizzy, trembling, choking, paresthesias, sweating, SOB, chest pain, chills, fear of losing control, fear of dying, palpitations, nausea, depersonalization

B. A persistent worry about multiple domains for at least 6 months

C. Recurrent, unexpected panic attacks with concern about the next attack

D. A fear of social situations causing avoidance

A panic attack is defined by an abrupt surge of intense fear or discomfort with multiple accompanying symptoms, and the diagnostic requirement is at least four of a specific list of symptoms that can occur during the episode. The set provided includes dizziness, trembling, choking, paresthesias, sweating, shortness of breath, chest pain, chills, fear of losing control, fear of dying, palpitations, nausea, and depersonalization. That collection clearly meets and exceeds the minimum of four symptoms, so it matches the panic attack criterion. The other options describe different conditions: persistent worry across multiple domains for at least six months points to generalized anxiety disorder; recurrent, unexpected panic attacks with concern about the next attack align with panic disorder but emphasize the pattern rather than the number of symptoms in a single episode; fear of social situations with avoidance is social anxiety disorder.

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5. Which description best characterizes social anxiety disorder?

A. It only involves fear of speaking in public

B. Persistent intense fear of social or performance situations for more than 6 months

C. Triggered primarily by a specific phobia object

D. Treated exclusively with pharmacotherapy

Social anxiety disorder is a persistent, excessive fear of social or performance situations where one may be scrutinized or embarrassed, leading to avoidance and significant impairment. The crucial point is duration: this anxiety must be present for more than six months, which helps distinguish a true disorder from transient nerves or short-term stress. The description that fits best reflects both the broad scope of social or performance contexts and the chronic duration—persistent, intense fear in these situations for more than six months. It captures that the fear is not just a single scenario like public speaking; while some individuals may fear performance specifically, the disorder can involve a wide range of social interactions. The other statements don't fit because fear of public speaking alone is too narrow to define the full spectrum of social anxiety, which can involve many social contexts beyond speaking. Specific phobia describes fear of a particular object or situation, not social evaluation. And treatment is not exclusive to medication; psychotherapy, especially cognitive-behavioral therapy, plays a central role and medications are often used as an adjunct.

6. Catatonia: which medication is commonly used to treat catatonia?

A. Levodopa

B. Amoxicillin

C. Lorazepam

D. Haloperidol

Catatonia often responds best to modulating GABAergic activity in the brain. Lorazepam, a benzodiazepine, enhances GABA-A receptor signaling, which helps reduce the motor and behavioral symptoms of catatonia. Its rapid onset makes it especially useful in acute settings and can even be used as a diagnostic test—the lorazepam challenge—where noticeable improvement supports the treatment approach. If symptoms improve, it confirms the likely diagnosis and guides continuing management. The other options don't fit as treatments. Levodopa is used for Parkinsonian symptoms related to dopamine deficiency, not catatonia. Amoxicillin is an antibiotic with no role in treating catatonia. Haloperidol is an antipsychotic that can worsen catatonia or precipitate neuroleptic malignant syndrome, so it's not appropriate as a treatment for this condition.

7. Malingering is characterized by intentional falsification of signs or symptoms for secondary gain.

A. Factitious disorder

B. Illness anxiety disorder

C. Conversion disorder

D. Malingering

Intentional falsification of signs or symptoms for external gain is the defining feature here. Malingering involves deliberately faking or exaggerating illness to obtain something external, such as time off work, financial benefits, avoidance of duties, or access to drugs. This emphasis on conscious deception for a tangible external reward sets it apart from other conditions. Factitious disorder also involves deception, but the goal is to assume the sick role and obtain internal psychological relief, not external rewards. Illness anxiety disorder involves worry about having an illness without deliberate deception, and conversion disorder features neurological symptoms that are not consciously produced and not motivated by external benefits. So the described pattern best fits malingering.

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8. Which of the following is a common long-term complication of eating disorders?

A. Osteopenia/Osteoporosis

B. Hyperglycemia

C. Retinopathy

D. Hypothyroidism

Long-term bone health is a major concern with eating disorders. Prolonged malnutrition and low body fat disrupt hormonal balance, especially causing low estrogen from hypothalamic amenorrhea, which reduces bone formation and accelerates bone loss. Added nutritional deficiencies and stress from the disorder further weaken bone, leading to osteopenia that can progress to osteoporosis. This is particularly worrisome during adolescence when peak bone mass is being established, and it can persist into adulthood. The other options aren't typical universal long-term complications of eating disorders: hyperglycemia and retinopathy are more closely associated with diabetes, and hypothyroidism is a separate endocrine condition. Osteopenia/osteoporosis stands out as a common, characteristic consequence of eating disorders.

9. Which option best captures the core features of Autism Spectrum Disorder?

A. Deficits in social communication and interaction, plus restricted, repetitive patterns of behavior; present from early development; impairment in functioning; not better explained by intellectual disability

B. Delusions and hallucinations as core symptoms

C. Language delay with normal social interaction

D. Motor tics alone without social impairment

Autism Spectrum Disorder is defined by two main domains: persistent deficits in social communication and social interaction across multiple contexts, and restricted, repetitive patterns of behavior, interests, or activities. These symptoms must be present in the early developmental period, typically causing clinically significant impairment in daily functioning, and not be better explained by intellectual disability. This combination captures both the social-communication challenges and the restricted, repetitive behaviors that set ASD apart. Delusions and hallucinations are hallmark psychotic symptoms, not part of ASD. Language delay with normal social interaction misses the essential social communication deficits seen in ASD. Motor tics alone without social impairment point toward tic disorders rather than ASD.

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10. What is considered a first-line psychotherapy for bulimia nervosa?

A. Psychoeducation

B. Antipsychotics

C. CBT

D. Electroconvulsive therapy

In bulimia nervosa, the main idea is that changing eating behaviors and distorted thoughts about food and body image requires a structured, skill-building approach. Cognitive-behavioral therapy, especially the enhanced form (CBT-E), is designed to break the binge–purge cycle by combining behavioral techniques with cognitive work. Patients learn to monitor and regulate eating through regular meals, identify and manage triggers for binge episodes, and develop coping strategies for distress without turning to purging. They also examine and restructure core beliefs about weight, shape, and dieting, which helps reduce preoccupation and anxiety around food. This approach has strong evidence from multiple trials showing it reduces the frequency of binges and purges, improves weight-related thoughts, and yields better maintenance of gains over time compared with other psychotherapies. That robust effectiveness is why CBT is considered the first-line psychotherapy for bulimia nervosa. While psychoeducation, while useful, doesn't by itself produce sustained behavioral change. Antipsychotics aren't indicated for this condition, and electroconvulsive therapy isn't a standard treatment for bulimia. Pharmacologic options like antidepressants (e.g., fluoxetine) can be helpful as adjuncts, but they are not the primary treatment when psychotherapy is available.

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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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