SCHIZOPHRENIA AND PSYCHOTIC 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. Which of the following is an example of a tertiary tricyclic antidepressant commonly avoided in older adults?

A. Desipramine

B. Nortriptyline

C. Imipramine

D. Amitriptyline

2. The DSM-5-TR diagnostic rule that excludes mood and schizoaffective disorders during the psychotic phase is called what?

A. Differential diagnosis

B. Prodromal criteria

C. Exclusions for diagnosis (DSM-5-TR)

D. Specifiers

3. Which feature is essential for diagnosing schizoaffective disorder and distinguishes it from schizophrenia?

A. Absence of hallucinations.

B. A major mood episode concurrent with active-phase symptoms.

C. Lack of negative symptoms.

D. Short duration of illness.

4. The use of Haloperidol 2-10 mg/day for better response and fewer adverse effects exemplifies which dosing category?

A. FGAs dosing

B. SGAs dosing

C. Maintenance dosing

D. Acute dosing

5. Which term refers to periods with predominantly negative or attenuated symptoms?

A. Symptoms of Schizophrenia

B. Relapse in Brief Psychotic Disorder

C. Prodromal/Residual Periods in Schizophrenia

D. Treatment Nonadherence Predictor

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6. Which statement accurately describes the relationship between dopamine levels and symptom locations?

A. Too little dopamine causes basal ganglia symptoms; too much causes frontal cortex symptoms

B. Too little dopamine causes frontal cortex symptoms; too much causes basal ganglia symptoms

C. Both regions are unaffected by dopamine levels

D. Dopamine only affects the limbic system

7. In clinical descriptions, which variable is linked to preceding and modulating hallucinatory experiences?

A. Emotional experiences

B. Marital status

C. Eye color

D. Dietary habits

8. Which option is not described as an impairment related to movement or sensory processing?

A. Motor coordination

B. Prodromal/Residual Periods in Schizophrenia

C. Sensory integration

D. Motor sequencing of complex movements

9. Mid-20th century advancements included which of the following?

A. Better antipsychotics

B. Risk genes discovered

C. Focus on dimensions of dysfunction and neural basis

D. All of the above

10. Culture-related diagnostic issues can influence how psychotic symptoms are classified.

A. Never influence classification

B. Only in mood disorders

C. They can influence classification

D. They only affect treatment, not diagnosis

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Answers

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

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Explanations

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1. Which of the following is an example of a tertiary tricyclic antidepressant commonly avoided in older adults?

A. Desipramine

B. Nortriptyline

C. Imipramine

D. Amitriptyline

Tertiary tricyclic antidepressants have a higher anticholinergic burden and more sedative effects, which older adults are especially sensitive to. Amitriptyline is a classic example of a tertiary amine TCA with strong anticholinergic activity and pronounced sedation, making it more likely to cause delirium, confusion, constipation, urinary retention, and falls in the elderly. For this reason it is commonly avoided in older patients. Desipramine and nortriptyline are secondary amine TCAs and tend to have less anticholinergic impact, so they are considered somewhat safer options if a TCA must be used. Imipramine is also a tertiary TCA, but amitriptyline is the one most notably avoided due to the heavier anticholinergic profile.

2. The DSM-5-TR diagnostic rule that excludes mood and schizoaffective disorders during the psychotic phase is called what?

A. Differential diagnosis

B. Prodromal criteria

C. Exclusions for diagnosis (DSM-5-TR)

D. Specifiers

The main idea being tested is how DSM-5-TR uses exclusions to prevent mislabeling when psychotic symptoms are present. In DSM-5-TR, there is a section called Exclusions for diagnosis that specifically states mood disorders and schizoaffective disorders should be excluded when the presentation is dominated by psychotic symptoms. This helps avoid diagnosing mood disorder with psychotic features or schizoaffective disorder solely because mood symptoms occur during a psychotic episode; the clinician must consider the primary disorder and how mood symptoms relate over the course of the illness. In practice, this means a psychotic disorder is identified based on the psychotic features, and mood-related diagnoses are not applied during the psychotic phase unless the mood symptoms meet the appropriate, broader criteria across the illness. The other concepts—differential diagnosis, prodromal criteria, and specifiers—play different roles: differential diagnosis is the overall process of distinguishing between disorders, prodromal criteria refer to early signs before full illness, and specifiers are modifiers added to a diagnosis.

3. Which feature is essential for diagnosing schizoaffective disorder and distinguishes it from schizophrenia?

A. Absence of hallucinations.

B. A major mood episode concurrent with active-phase symptoms.

C. Lack of negative symptoms.

D. Short duration of illness.

Schizoaffective disorder is defined by a substantial mood component occurring with psychotic symptoms, along with a period of psychosis without mood symptoms. The crucial distinction from schizophrenia is the presence of a major mood episode (depressive or manic) that overlaps with active psychotic symptoms, plus at some point having psychotic symptoms without a concurrent mood episode. This mood–psychosis overlap is what sets schizoaffective apart from schizophrenia and from mood disorders with psychotic features (where psychosis occurs only during mood episodes). The duration of illness itself isn't the defining factor, so a short illness duration isn't what makes this diagnosis. The option describing a mood episode concurrent with active-phase symptoms best captures the essential feature.

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4. The use of Haloperidol 2-10 mg/day for better response and fewer adverse effects exemplifies which dosing category?

A. FGAs dosing

B. SGAs dosing

C. Maintenance dosing

D. Acute dosing

This question tests dosing strategy for antipsychotics, highlighting how first-generation (typical) agents are dosed to balance efficacy with extrapyramidal side effects. Haloperidol is a classic first-generation antipsychotic, and a daily dose in the 2–10 mg range is a moderate amount used to achieve symptom control while keeping motor side effects at a minimum. This reflects FGAs dosing, where the goal is to obtain therapeutic benefit with the lowest effective dose to reduce adverse effects like EPS. In contrast, dosing for second-generation (atypical) antipsychotics follows different patterns aimed at minimizing EPS and metabolic risks, and dosing schemes for acute situations often involve different—often higher—regimens intended for rapid control. Maintenance dosing refers to long-term stabilization after response, which could use various doses, but the described approach illustrates the general FGAs strategy of balancing efficacy with tolerability.

5. Which term refers to periods with predominantly negative or attenuated symptoms?

A. Symptoms of Schizophrenia

B. Relapse in Brief Psychotic Disorder

C. Prodromal/Residual Periods in Schizophrenia

D. Treatment Nonadherence Predictor

Periods with predominantly negative or attenuated symptoms describe the prodromal or residual phases of schizophrenia. The prodromal phase occurs before the full emergence of psychosis and may show social withdrawal, reduced motivation, and odd thoughts, while the residual phase follows an acute episode where positive psychotic features have lessened but negative symptoms—such as flat affect, alogia, avolition, anhedonia, and social withdrawal—remain. This term specifically characterizes times when full-blown positive symptoms are not present, but functional impairment persists due to these milder or negative features.

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6. Which statement accurately describes the relationship between dopamine levels and symptom locations?

A. Too little dopamine causes basal ganglia symptoms; too much causes frontal cortex symptoms

B. Too little dopamine causes frontal cortex symptoms; too much causes basal ganglia symptoms

C. Both regions are unaffected by dopamine levels

D. Dopamine only affects the limbic system

Dopamine's effects vary by brain region, and those regional differences help explain the pattern of symptoms. In the frontal cortex, dopamine supports executive functions, motivation, and working memory. When dopamine is too low in that area, you see cognitive and negative-type symptoms, reflecting frontal cortex dysfunction. In the basal ganglia, dopamine helps regulate movement; when dopamine signaling is too high there, motor symptoms or extrapyramidal-like effects can arise, reflecting basal ganglia involvement. This pattern fits how antipsychotics work too: they reduce dopamine activity in several pathways, which can relieve positive symptoms but may produce motor side effects by dampening dopamine in the nigrostriatal (basal ganglia) pathway. So the idea that too little dopamine in the frontal cortex leads to frontal cortex symptoms and too much dopamine in the basal ganglia leads to basal ganglia symptoms best describes the regional relationship.

7. In clinical descriptions, which variable is linked to preceding and modulating hallucinatory experiences?

A. Emotional experiences

B. Marital status

C. Eye color

D. Dietary habits

Emotional experiences are linked to preceding and modulating hallucinatory experiences. In clinical descriptions of psychosis, affective states often occur before hallucinations and shape when they happen and what they sound or feel like—stress or fear can precipitate or intensify voices, while a calmer emotional state can lessen their vividness. This reflects how mood and affect interact with perceptual experiences in psychotic disorders. In contrast, marital status, eye color, and dietary habits do not have a direct, consistent relationship with the presence or modulation of hallucinations.

8. Which option is not described as an impairment related to movement or sensory processing?

A. Motor coordination

B. Prodromal/Residual Periods in Schizophrenia

C. Sensory integration

D. Motor sequencing of complex movements

Movement and sensory processing impairments in schizophrenia cover how the body coordinates actions and how sensory information is processed and integrated for movement. Difficulties with motor coordination reflect problems in coordinating limbs and body; sensory integration involves combining sounds, sights, and other inputs to guide behavior; and motor sequencing of complex movements refers to planning and executing a series of actions smoothly. The prodromal or residual periods, however, describe phases of the illness itself—times when symptoms are present but not in full active psychosis or after an acute episode—not a specific impairment of movement or sensory processing. So this option is not describing a movement- or sensory-processing impairment, making it the best choice.

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9. Mid-20th century advancements included which of the following?

A. Better antipsychotics

B. Risk genes discovered

C. Focus on dimensions of dysfunction and neural basis

D. All of the above

The mid-20th century saw a convergence of three major advances in schizophrenia care and understanding. First, the pharmacological revolution brought safer, more effective antipsychotics (like chlorpromazine), dramatically changing treatment by reducing symptoms, shortening hospital stays, and enabling more community-based care. Second, a genetic perspective started to take hold—the idea that schizophrenia runs in families and has a heritable component gained traction, setting the stage for later genetic investigations into risk genes. Third, there was a shift toward thinking about dysfunction in terms of multiple dimensions and its neural underpinnings, with growing interest in how brain circuits relate to symptoms and cognitive function. Taken together, these developments reflect the era's broad progress, so All of the above is the best answer.

10. Culture-related diagnostic issues can influence how psychotic symptoms are classified.

A. Never influence classification

B. Only in mood disorders

C. They can influence classification

D. They only affect treatment, not diagnosis

Culture shapes how psychotic symptoms are experienced, interpreted, and judged within a diagnostic framework. The surrounding beliefs, norms, and social context influence whether a belief or experience is seen as symptomatic, how it is described, and how severe it appears. For instance, in some cultures hearing voices or seeing visions can be a normal part of spiritual practice or community roles, which a clinician must distinguish from true psychotic symptoms. Delusional content often reflects culturally salient themes—political, religious, or social ideas—so the same symptom can be labeled differently depending on the cultural lens. This context also affects when and how people seek help, how families interpret symptoms, and how clinicians assess impairment and duration, all of which feed into diagnostic classification. The DSM-5-5 and contemporary practice emphasize cultural concepts of distress and use tools like the cultural formulation interview to reduce misclassification and improve diagnostic accuracy. So, culture-related diagnostic issues can influence how psychotic symptoms are classified. This is why the other statements—whether culture never influences, only influences mood disorders, or only affects treatment—don't fit, because culture can shape both the appearance and the interpretation of psychotic symptoms and therefore the diagnostic label itself.

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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://schizopsychodisorders.examzify.com

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

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