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PRACTICE QUESTIONS

UAE Ministry Of Health And Prevention

CPSYC

Clinical Psychology

EDITION

Original Demo

QUESTIONS

15

ISSUED

October 14, 2026

Before you begin

What this is

15 practice questions for UAE Ministry Of Health And Prevention CPSYC , each with its answer key and an explanation. Answer a question before you read its key - the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, CPSYC
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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QUESTION 1

MULTIPLE CHOICE

Under the American Psychological Association (APA) Ethics Code and equivalent standards adopted in the UAE, which of the following are required elements of valid informed consent for psychological assessment or treatment? (Choose three.)

- ☒ **A** An explanation of the nature and purpose of the proposed procedures
- ☒ **B** A description of the fees and the client's right to refuse or withdraw
- ☐ **C** Identification of the psychologist's personal religious affiliation
- ☒ **D** Information about foreseeable risks and benefits of the procedures

ANSWER A • B • D

WHY Standard informed-consent elements include the nature/purpose of procedures (A), fees and the right to refuse or discontinue (B), and foreseeable risks and benefits (D). A clinician's personal religious affiliation (C) is not required and would be inappropriate to impose as a condition of consent.

QUESTION 2

SINGLE CHOICE

A licensed clinical psychologist in the UAE receives a subpoena ordering the release of a client's therapy records. Under the APA Ethics Code and equivalent standards applied to clinical psychologists in the UAE, the psychologist's appropriate first step is to:

- ☐ A Release the complete record immediately, because a subpoena is a legally binding order
- ☐ B Refuse all release of records on the basis of confidentiality, regardless of legal authority
- ☒ C **Consult with legal counsel and, where appropriate, obtain client consent or seek clarification or a protective order before disclosing**
- ☐ D Provide only the diagnoses and dates of service, omitting all process notes without notifying the client or legal counsel

ANSWER C

WHY Although a subpoena is a legal directive, ethical standards and UAE professional guidelines require psychologists to protect client confidentiality, which means they must take reasonable steps to clarify the legal obligation, protect the client's interests, and seek informed consent where feasible. This typically involves consulting legal counsel and, where appropriate, requesting clarification or a protective order before disclosing. Options A, B, and D each misapply the balance between legal authority and confidentiality protection.

QUESTION 3

SINGLE CHOICE

A researcher wants to determine whether a new cognitive-behavioral group therapy reduces symptoms of generalized anxiety disorder compared with a waitlist control. Which design best addresses the question of treatment efficacy?

- ☐ A A naturalistic case series with no control group
- ☒ B A randomized controlled trial (RCT) with random assignment to treatment or control condition
- ☐ C A correlational survey of self-reported symptoms
- ☐ D A single-case AB design without replication

ANSWER B

WHY A randomized controlled trial (RCT) with random assignment is the gold standard for evaluating treatment efficacy because it controls for confounding variables and allows causal inference. Case series, correlational surveys, and unreplicated single-case designs provide weaker evidence for efficacy.

QUESTION 4

SINGLE CHOICE

Which of the following best distinguishes a clinical psychologist from a psychiatrist in most regulatory frameworks?

- ☐ A Clinical psychologists are licensed to prescribe psychotropic medication in all jurisdictions
- ☒ B Clinical psychologists typically hold a doctoral degree in psychology and provide psychotherapy, while psychiatrists hold a medical degree and can prescribe medication
- ☐ C Clinical psychologists are trained exclusively in behavioral interventions, whereas psychiatrists use only pharmacological treatments
- ☐ D Clinical psychologists and psychiatrists have identical scopes of practice worldwide

ANSWER B

WHY Clinical psychologists generally hold a doctoral degree in psychology (PhD or PsyD) and are trained in assessment and psychotherapy. Psychiatrists are medical doctors (MD/MBBS) and are licensed to prescribe medication. Option A is wrong because prescribing privileges for psychologists are limited to a few jurisdictions. Option C is incorrect because both professions use a range of interventions. Option D is wrong because scopes of practice vary by country.

QUESTION 5

SINGLE CHOICE

A researcher wishes to determine whether a new cognitive-behavioral group therapy reduces symptoms of generalized anxiety disorder compared with a waitlist control. The strongest design to support a causal inference about treatment efficacy is:

- ☐ A An open-label case series with pre- and post-treatment measures
- ☒ B A randomized controlled trial (RCT) with blinded outcome assessment
- ☐ C A cross-sectional correlational study of self-reported symptoms
- ☐ D A single-subject ABAB design without randomization

ANSWER B

WHY A randomized controlled trial with blinded outcome assessment provides the strongest basis for causal inference because randomization balances known and unknown confounders between groups and blinding reduces measurement bias. Open-label case series lack controls; cross-sectional designs cannot establish temporal precedence; ABAB designs can demonstrate functional relations for individuals but are weaker than RCTs for group-level efficacy claims.

QUESTION 6

MULTIPLE CHOICE

A clinical psychologist administers a newly developed symptom checklist to 250 patients and then re-administers it two weeks later to the same patients, whose clinical status has not changed. Which pair of psychometric properties is being evaluated? (Choose two.)

- ☒ **A** Test-retest reliability
- ☐ **B** Concurrent validity
- ☒ **C** Internal consistency reliability
- ☐ **D** Predictive validity
- ☐ **E** Interrater reliability

ANSWER A - C

WHY Re-administering the same instrument to the same patients after a short interval, when no change in status is expected, evaluates test-retest reliability (stability over time). Because the checklist contains multiple items presumably tapping one construct, the data also permit evaluation of internal consistency reliability (e.g., Cronbach's alpha). Concurrent validity would require comparison with a concurrently administered criterion measure; predictive validity would require follow-up to a future criterion; interrater reliability would require two independent raters scoring the same behaviour.

QUESTION 7

SINGLE CHOICE

According to DSM-5-TR, which of the following is required for a diagnosis of social anxiety disorder (social phobia)?

- ☐ A Fear of separation from attachment figures leading to avoidance of being alone
- ☒ B Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others
- ☐ C Recurrent and intense intrusive memories of a traumatic event
- ☐ D Persistent, excessive anxiety and worry occurring more days than not for at least three months

ANSWER B

WHY DSM-5-TR requires, for social anxiety disorder, a marked fear or anxiety about social situations in which the individual may be scrutinized. Option A describes separation anxiety, option C describes a PTSD criterion, and option D describes generalized anxiety disorder.

QUESTION 8

SINGLE CHOICE

Under the UAE Federal Law No. 4 of 1983 concerning the practice of the medical profession and related ethical codes, a clinical psychologist may break client confidentiality without consent in which of the following circumstances?

- ☐ A When a family member requests information about the client's diagnosis
- ☒ B When the client expresses intent to harm an identifiable third party or self
- ☐ C When an employer requests an employment fitness evaluation report
- ☐ D When a colleague in another discipline requests peer-review consultation

ANSWER B

WHY The duty to protect (warn a foreseeable victim) and the duty to warn about self-harm are universally recognized exceptions to confidentiality and are reflected in UAE medical practice legislation. Routine requests from family (A), employers (C), or other professionals (D) all require client consent or a properly authorized release.

QUESTION 9

SINGLE CHOICE

In the DSM-5-TR multiaxial system (as used in clinical practice), which axis traditionally contained Global Assessment of Functioning (GAF) scores?

- ☐ A Axis I
- ☐ B Axis II
- ☐ C Axis III
- ☒ D Axis V

ANSWER D

WHY The DSM-IV multiaxial system placed clinical disorders on Axis I, personality disorders and mental retardation on Axis II, general medical conditions on Axis III, psychosocial and environmental problems on Axis IV, and the Global Assessment of Functioning (GAF) on Axis V. Although DSM-5-TR moved away from the formal multiaxial format, examination questions still frequently reference the original axes, where GAF was located on Axis V.

QUESTION 10

SINGLE CHOICE

In evidence-based practice (EBP) in clinical psychology, the 'best available research evidence' component is best integrated with which of the following?

- ☒ A The therapist's clinical expertise and the client's values, preferences, and circumstances
- ☐ B The prevailing opinions of local practitioners only
- ☐ C Standardized treatment manuals applied uniformly without modification
- ☐ D Insurance reimbursement rules as the primary determinant

ANSWER A

WHY The APA-defined EBP triad integrates best available research with clinician expertise and client characteristics, culture, and preferences. Options B, C, and D each omit key components of EBP and misrepresent the model.

QUESTION 11

SINGLE CHOICE

Which of the following best describes the therapeutic stance of Motivational Interviewing (MI) as developed by Miller and Rollnick?

- ☐ A Direct persuasion of the client toward behaviour change using logical argument
- ☒ B A directive yet collaborative approach that elicits and resolves ambivalence about change
- ☐ C Unconditional positive regard and reflection of feeling without guidance toward goals
- ☐ D Free-floating dialogue and interpretation of unconscious resistance

ANSWER B

WHY Motivational Interviewing is defined as a collaborative, goal-oriented, person-centered counselling style that is directive in helping clients explore and resolve ambivalence about behaviour change. It does not rely on confrontation/persuasion (A), neutral reflection only (C, which describes the Rogerian/person-centered approach), or psychoanalytic interpretation (D).

QUESTION 12

SINGLE CHOICE

When constructing a safety plan with a client who has recently expressed suicidal ideation but denies current intent or plan, which component is considered a core, evidence-informed element?

- ☐ A A written contract that the client will not act on suicidal thoughts under any circumstances.
- ☒ B A list of personally relevant warning signs, internal coping strategies, social contacts for distraction and support, and professional crisis resources.
- ☐ C An agreement that the client will not discuss suicidal thoughts with family members.
- ☐ D A signed commitment to admit oneself to inpatient psychiatric care if any suicidal thought occurs.

ANSWER B

WHY Evidence-informed safety planning (e.g., Stanley-Brown Safety Planning Intervention) emphasises personalised warning signs, self-management steps, contacts for support and access to crisis services. 'No-suicide contracts' are not empirically supported and are not recommended; restricting disclosure to family and reflexive inpatient commitments are not core elements.

QUESTION 13

SINGLE CHOICE

According to the evidence-based practice (EBP) framework in clinical psychology, treatment decisions should integrate three elements. These are:

- ☒ **A** Best available research evidence, clinician's expertise, and client's values and preferences
- ☐ **B** Intuition of the clinician, theoretical orientation, and insurance reimbursement rules
- ☐ **C** Standardized treatment manuals, peer consultation, and supervision requirements
- ☐ **D** Diagnostic label, symptom severity rating, and duration of treatment

ANSWER A

WHY The tripartite EBP model (Sackett and colleagues; adopted by APA) integrates the best available research evidence with the clinician's expertise and the client's unique values, preferences, and cultural context. The other options omit one or more of these core components or substitute irrelevant elements.

QUESTION 14

SINGLE CHOICE

According to standard clinical guidelines, when conducting a suicide risk assessment the psychologist should systematically evaluate which combination of factors?

- ☐ **A** Only the presence or absence of current suicidal ideation
- ☒ **B** Risk factors, protective factors, warning signs, and the availability of means
- ☐ **C** Personality traits and projective test results
- ☐ **D** Family history of psychiatric illness exclusively

ANSWER B

WHY Contemporary suicide risk assessment is multi-dimensional and includes predisposing risk factors, protective factors, warning signs/behavioural indicators, and means restriction/capability. A single 'yes/no' on ideation (A) is insufficient. Projective testing (C) or a narrow family history (D) does not constitute comprehensive assessment.

QUESTION 15

SINGLE CHOICE

A therapist consistently expresses unconditional positive regard, empathy, and congruence (genuineness) toward the client. Which therapeutic approach is characterized by these three conditions as necessary and sufficient for personality change?

- ☐ A Cognitive-behavioral therapy (CBT)
- ☒ B Person-centered therapy developed by Carl Rogers
- ☐ C Dialectical behavior therapy (DBT)
- ☐ D Prolonged exposure therapy for PTSD

ANSWER B

WHY Carl Rogers' person-centered therapy holds that the six necessary and sufficient conditions for therapeutic personality change include therapist congruence, unconditional positive regard, and empathic understanding. CBT focuses on cognitive restructuring, DBT combines CBT with mindfulness and skills training, and prolonged exposure focuses on fear extinction through repeated exposure.