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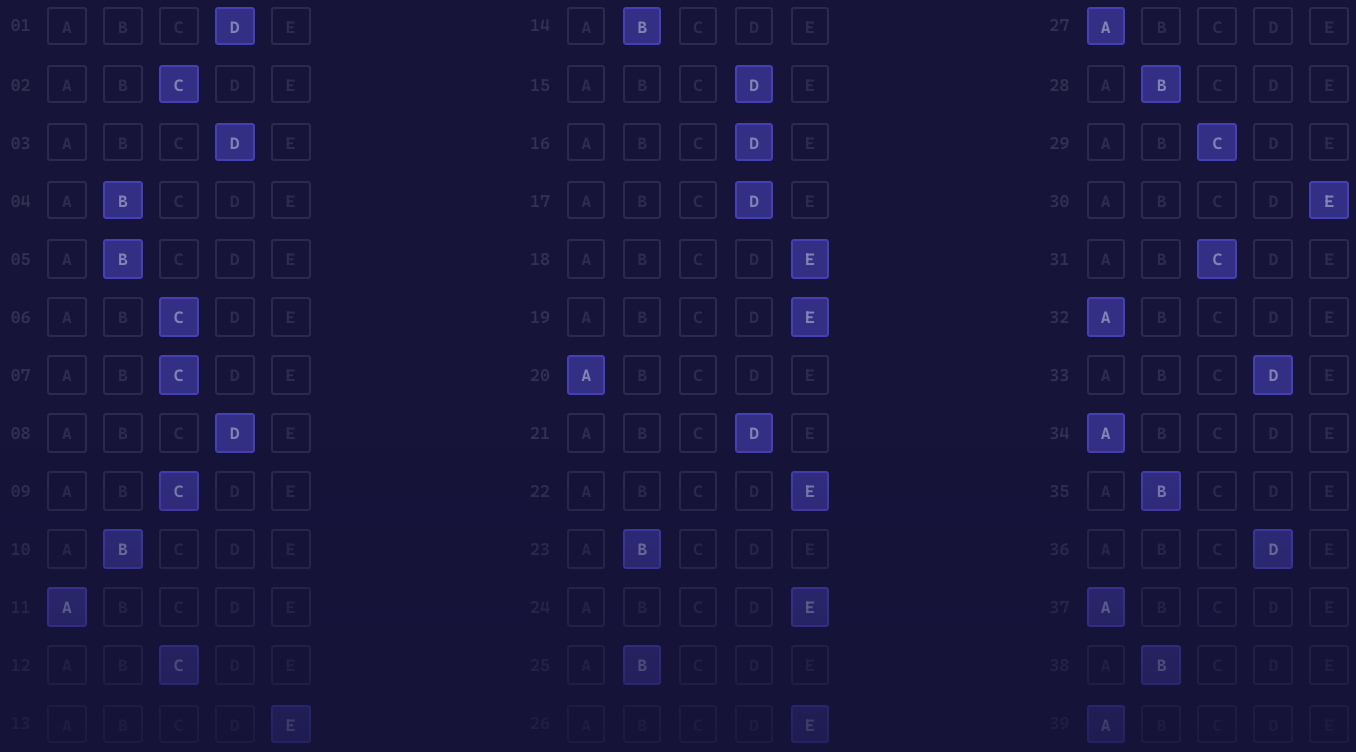

PRACTICE QUESTIONS

Dubai Health Authority (DHA)

CPSYC

Clinical Psychology-Allied

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Dubai Health Authority (DHA) `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.

QUESTION 1 SINGLE CHOICE

A clinical psychologist at a DHA-licensed facility is conducting an initial assessment of a patient presenting with symptoms of generalized anxiety. Which of the following is the MOST appropriate first step in the assessment process?

A Administer a full neuropsychological battery.

B **Conduct a structured clinical interview to obtain history and symptom presentation.**

C Refer the patient directly for pharmacological evaluation.

D Recommend immediate admission to a psychiatric inpatient unit.

ANSWER B

WHY A structured clinical interview is the appropriate first step because it gathers presenting concerns, history, and symptom information needed to guide further assessment choices. A full neuropsychological battery is premature, pharmacology referral is outside the psychologist's primary role at this stage, and inpatient admission is unwarranted without evidence of acute risk.

QUESTION 2 SINGLE CHOICE

Under the DHA Code of Professional Conduct for clinical psychologists, which of the following statements BEST describes the limits of patient confidentiality?

A Confidentiality is absolute and cannot be breached under any circumstances.

B Confidentiality may be broken only with the patient's verbal consent.

C **Confidentiality may be breached when there is a clear, immediate risk of harm to the patient or others, as required by UAE law.**

D Confidentiality may be breached at the discretion of the treating facility's administration.

ANSWER C

WHY Confidentiality is a core ethical duty but is not absolute. UAE regulation and DHA standards require disclosure when there is a credible, immediate risk of harm to the patient or others (e.g., suicidal or homicidal intent, child safeguarding concerns), aligning with both legal obligations and internationally accepted ethical practice.

QUESTION 3 SINGLE CHOICE

A 32-year-old patient reports persistent low mood, anhedonia, sleep disturbance, decreased appetite, and poor concentration for the past three weeks following the loss of a close family member. Which of the following BEST characterizes the working diagnosis?

A Bereavement reaction with depressive features, reassess.

B **Major depressive disorder, single episode, moderate.**

C Persistent depressive disorder (dysthymia).

D Adjustment disorder with depressed mood.

ANSWER **B**

WHY The symptoms meet DSM-5/ICD-11 criteria for a major depressive episode: depressed mood, anhedonia, neurovegetative changes (sleep, appetite), and impaired concentration for more than two weeks, causing functional impairment. Bereavement-related symptoms that meet full episode criteria are diagnosed as MDD, not merely a bereavement reaction.

QUESTION 4 SINGLE CHOICE

A patient with panic disorder is referred for psychological treatment. Which of the following is a core, evidence-based component of Cognitive Behavioural Therapy (CBT) for panic disorder?

A Free associative exploration of childhood conflicts.

B **Interoceptive exposure to feared bodily sensations.**

C Hypnotic regression to identify original trauma.

D Dream interpretation focused on symbolic content.

ANSWER **B**

WHY CBT for panic disorder includes psychoeducation about the fear network, cognitive restructuring of catastrophic misinterpretations of bodily sensations, and interoceptive exposure to sensations (e.g., hyperventilation, spinning) to disconfirm feared outcomes. Free association, hypnotic regression, and dream interpretation are not core CBT components.

QUESTION 5 SINGLE CHOICE

Which of the following is the SINGLE strongest immediate clinical predictor of near-term suicide risk?

A History of a previous suicide attempt.

B **Stated intent with a specific, available plan.**

C Chronic insomnia lasting more than six months.

D Family history of a first-degree relative who died by suicide.

ANSWER B

WHY Among acute risk factors, a stated intent combined with a specific plan and accessible means is the single strongest immediate predictor of near-term suicide risk. Prior attempts, chronic insomnia, and family history are established risk factors but are less immediate/predictive of imminent action than an active plan.

QUESTION 6 SINGLE CHOICE

When working with a UAE national family in which an elder is presenting with cognitive decline, which of the following cultural considerations is MOST appropriate for the clinical psychologist to address?

A Insist on individual sessions without family involvement.

B **Recognize the family's role in decision-making and incorporate them appropriately in care planning while respecting patient autonomy.**

C Avoid discussing the diagnosis with family members under any circumstances.

D Transfer all care decisions to the eldest male relative, regardless of patient preference.

ANSWER B

WHY In UAE clinical practice, family is often central to care and decision-making, but patient autonomy and consent remain primary. The psychologist should balance culturally appropriate family involvement with the patient's rights and preferences, not exclude families entirely nor delegate decision-making to one relative by default.

QUESTION 7 SINGLE CHOICE

A patient with major depressive disorder is started on a selective serotonin reuptake inhibitor (SSRI) by their psychiatrist. As part of collaborative care, the psychologist should be aware that combining an SSRI with which of the following agents poses the highest risk of serotonin syndrome?

A A non-steroidal anti-inflammatory drug (NSAID).

B **A monoamine oxidase inhibitor (MAOI).**

C A proton pump inhibitor (PPI).

D An antihistamine for allergic rhinitis.

ANSWER B

WHY Combining an SSRI with an MAOI substantially increases serotonergic activity and carries a well-documented high risk of serotonin syndrome, which can be life-threatening. NSAIDs raise bleeding risk, PPIs affect gastric pH, and antihistamines cause sedation, but none carry the same serotonin-syndrome risk as an SSRI plus MAOI.

QUESTION 8 SINGLE CHOICE

When interpreting a standardized psychological test for a patient whose primary language differs from the test's standardisation language, the clinical psychologist should PRIMARILY:

A Use the original normative reference group regardless of language.

B **Apply the test results only when a culturally and linguistically appropriate version is available, or use it cautiously with documented limitations.**

C Assume the patient's bilingualism automatically eliminates cultural bias.

D Reject the use of any standardized instrument in non-native speakers.

ANSWER B

WHY Standardized tests are only valid when used with the population on which they were normed, or with an equivalent translated and adapted version. Bilingualism does not eliminate bias; tests may still be inappropriate. Outright rejection is too absolute, while ignoring the language issue invalidates interpretation.

QUESTION 9 MULTIPLE CHOICE

Which of the following are core diagnostic features of Post-Traumatic Stress Disorder (PTSD) according to DSM-5? (Choose two.)

A **Intrusive re-experiencing of the traumatic event.**

B Persistent avoidance of trauma-related stimuli.

C Manic episodes with elevated mood and grandiosity.

D **Negative alterations in cognition and mood related to the event.**

ANSWER **A** · **D**

WHY DSM-5 PTSD criteria cluster around intrusion (e.g., flashbacks, nightmares), avoidance, negative alterations in cognition/mood, and marked alterations in arousal/reactivity. Manic episodes characterize bipolar disorders, not PTSD. Persistent avoidance and negative cognitive/mood changes are both core clusters.