NR606 FINAL EXAM MIXED MOCK — QUESTIONS

1. A 7-year-old is brought for evaluation due to frequent careless mistakes, losing school supplies, difficulty following instructions, and avoidance of math assignments. Symptoms are reported by the teacher, while at home the parent notes only that the child's room is messy. Which diagnosis is most appropriate?
A. ADHD, predominantly inattentive presentation
B. ADHD, predominantly hyperactive-impulsive presentation
C. ADHD, combined presentation
D. Unspecified anxiety disorder

2. A 6-year-old begins interrupting adults, refusing to play quietly, and acting out shortly after the mother's pregnancy is announced. The teacher reports no similar concerns at school. What is the most appropriate conclusion?
A. ADHD, combined presentation
B. Oppositional defiant disorder
C. Further evaluation is needed because the criteria for ADHD are not met
D. ADHD, predominantly hyperactive-impulsive presentation

3. A 10-year-old has fidgeting, blurting out, excessive talking, forgetfulness, and poor organization at both school and home. Which diagnosis is most appropriate?
A. ADHD, predominantly inattentive presentation
B. ADHD, predominantly hyperactive-impulsive presentation
C. ADHD, combined presentation
D. Oppositional defiant disorder

4. A 15-year-old diagnosed with ADHD continues to demonstrate decreased need for sleep, cyclical mood shifts, and irritability after attention symptoms improve. Which comorbidity is most likely?
A. Generalized anxiety disorder
B. Bipolar disorder
C. Oppositional defiant disorder
D. Learning disorder

5. A 12-year-old with ADHD is inattentive, fatigued, irritable, disinterested in school and extracurricular activities, and does not care about declining performance. Which comorbidity is most likely after ADHD symptoms are treated?
A. Bipolar disorder
B. Generalized anxiety disorder
C. Unipolar depression
D. Conduct disorder

6. A 6-year-old with ADHD remains angry, blames others, argues with caregivers, deliberately annoys siblings, and loses temper frequently after hyperactivity improves. Which comorbidity is most likely?
A. Conduct disorder
B. Generalized anxiety disorder
C. Oppositional defiant disorder
D. Bipolar disorder

7. Which neurotransmitters are most implicated in ADHD?
A. Serotonin and GABA
B. Dopamine and norepinephrine
C. Acetylcholine and glutamate
D. Histamine and serotonin

8. Six Symptoms or more of ADHD must be present for at least how long to meet DSM-5-TR criteria?
A. 1 month
B. 3 months
C. 6 months
D. 12 months

9. Which intervention is first-line for a child younger than 6 years old with ADHD?
A. Psychotherapy
B. Parent training
C. Family therapy
D. CBT

10. A child taking dexmethylphenidate ER in the morning shows good school-day control but has marked symptom rebound in late afternoon on homework days. What is the best next step?
A. Increase the ER dose
B. Add a low-dose IR booster in the afternoon
C. Stop stimulant and start bupropion
D. Switch to clonidine only

11. An 11-year-old takes amphetamine/dextroamphetamine IR in the morning and after school, and now has insomnia. Which intervention is most appropriate?
A. Add zolpidem PRN
B. Switch to extended-release taken in the morning
C. Increase the second IR dose earlier in the afternoon
D. Add trazodone nightly

12. A 9-year-old has lost 8 pounds after starting methylphenidate ER. Which adjustment is most appropriate initially?
A. Add mirtazapine
B. Implement stimulant holidays on weekends/non-school days

C. Switch to Adderall
D. Switch to nonstimulant

13. Which stimulant is a prodrug with lower abuse/diversion potential?
A. Dexmethylphenidate
B. Dextroamphetamine
C. Lisdexamfetamine
D. Methylphenidate IR

14. Which medication is often considered an appropriate initial pharmacologic choice for adults with ADHD, especially with comorbid substance misuse risk?
A. Atomoxetine (dose 40mg, then increase to 80mg)
B. Adderall IR
C. Daytrana
D. Concerta

15. Which ADHD medication should be avoided if an MAOI has been used within the last 14 days?
A. Guanfacine
B. Atomoxetine
C. Amphetamine formulations
D. Clonidine

16. Before starting a stimulant, which history most strongly supports additional cardiac evaluation, such as an ECG?
A. Seasonal allergies
B. First-degree relative with cardiac history
C. Past strep throat
D. Migraine without aura

17. Which side effect is most likely to be addressed by changing stimulant timing or formulation rather than adding a hypnotic first?
A. Psychosis
B. Severe aggression
C. Insomnia
D. Iron deficiency

18. Which statement about stimulant switching is most accurate?
A. The first stimulant must be tapered for 2 weeks
B. The new stimulant should be started at full equivalent dose
C. The current stimulant is stopped and the next stimulant may begin the following day at a starting dose
D. A washout period of 30 days is required

19. Short-acting stimulant medications are particularly associated with:
A. Lower efficacy than all long-acting stimulants

B. Higher diversion and abuse risk
C. Complete absence of rebound symptoms
D. Lower rates of insomnia than nonstimulants

20. Which ADHD rating scale is specifically designed for adult self-report?
A. Vanderbilt
B. SNAP
C. Conners
D. ASRS

21. A 14-year-old has long-standing hyperactivity and impulsivity, but performs well academically and does not show meaningful impairment. What is the most accurate conclusion?
A. ADHD is confirmed because symptoms are present in one domain
B. ADHD is excluded because grades are high
C. Symptoms may be present, but full diagnostic criteria are not met without impairment
D. Oppositional defiant disorder is more likely

22. A child with ADHD develops tics after stimulant initiation. Which medication class may be especially useful to consider?
A. Alpha-2 agonists (Guanfacine)
B. SSRIs
C. MAOIs
D. Benzodiazepines

23. Which ADHD-associated risk is especially relevant in adolescence?
A. Loss of object permanence
B. Risky sexual behavior and substance use
C. Delayed language regression only
D. Childhood amnesia

24. Which statement best differentiates ADHD inattentive symptoms from depression-related poor concentration?
A. Depression always begins before school age
B. ADHD is typically lifelong/persistent, while depressive concentration problems often reflect a change from baseline with mood symptoms
C. ADHD requires hypersomnia
D. Depression never causes disorganization

25. Which ADHD symptom may not become especially distinguishable until around age 8–9?
A. Hyperactivity
B. Inattentive symptoms
C. Motor tics
D. Substance misuse

26. ODD requires at least how many symptoms over the last 6 months?
A. 2

B. 3
C. 4
D. 5

27. For ODD diagnosis in children aged 5 and older, symptoms generally must occur at least:
A. Daily
B. Once weekly
C. Twice monthly
D. Once monthly

28. A child is argumentative and spiteful only with siblings. Which conclusion is most accurate regarding ODD?
A. ODD is confirmed
B. ODD cannot be diagnosed if symptoms occur only with siblings
C. Conduct disorder is more likely
D. DMDD is automatically diagnosed

29. Which diagnosis takes precedence when full criteria are met for both ODD and DMDD?
A. ODD
B. Conduct disorder
C. DMDD
D. Intermittent explosive disorder

30. The severity of ODD is determined primarily by:
A. Number of symptoms present
B. Age of onset
C. Number of settings involved
D. Family history

31. Which behavior most strongly supports conduct disorder rather than ODD?
A. Arguing with adults
B. Deliberately annoying others
C. Theft without confronting a victim
D. Being easily annoyed

32. Conduct disorder requires at least 3 symptoms in 12 months, with at least 1 symptom in the last:
A. 30 days
B. 3 months
C. 6 months
D. 9 months

33. Which conduct disorder subtype is defined by symptoms beginning before age 10?
A. Childhood-onset type
B. Adolescent-onset type

C. Unspecified type
D. Early disruptive type

34. Planned aggression used to intimidate others most strongly supports:
A. IED
B. ODD
C. Conduct disorder
D. DMDD

35. Intermittent explosive disorder is best characterized by:
A. Premeditated aggression and theft (Conduct Disorder)
B. Persistent irritability between outbursts (DMDD)
C. Unplanned, disproportionate outbursts with rapid onset (30 min or less and can also be physical)
D. Aggression exclusively during psychosis

36. Verbal outbursts in IED generally occur on average:
A. Daily for 1 month
B. Twice weekly for 3 months
C. Once monthly for 6 months
D. Weekly for 1 year

37. A 13-year-old breaks into cars, steals electronics, has a bullying history, truancy, chronic vindictiveness, and long-standing hyperactivity. Which set of diagnoses is most supported?
A. ODD and ADHD
B. ADHD and DMDD
C. Conduct disorder and ADHD
D. ODD, conduct disorder, and ADHD

38. Which assessment component is especially important in disruptive, impulse-control, and conduct disorders?
A. UA drug screening
B. Parenting style, developmental history, and academic records
C. CT of the head in all patients
D. Rule out and treat ADHD first

39. Which tool is specifically noted as diagnostically valuable in assessing impulse-control/disruptive presentations?
A. PHQ-9
B. MIDI
C. CRAFFT
D. SCOFF

40. The main component of treatment for conduct disorder is:
A. Guanfacine
B. Psychotherapy

C. Antipsychotics
D. Stimulants

41. Which is a hallmark feature of fetal alcohol spectrum disorder?
A. Exclusively motor symptoms without cognitive effects
B. Possible physical, mental, behavioral, and learning effects
C. Facial abnormalities without functional impairments
D. Guaranteed intellectual disability in every case

42. Which feature is required for the diagnosis of the most severe forms of FASD, such as FAS and pFAS?
A. Aggression
B. Facial dysmorphia
C. Bedwetting
D. School refusal

43. Which facial finding is consistent with FAS?
A. Prominent philtrum
B. Broad nasal bridge with wide-set eyes only
C. Thin upper lip and smooth/indistinct philtrum
D. Large eye openings

44. Which statement about FASD is most accurate?
A. Absence of facial findings rules out FASD
B. Most children with FASD have obvious facial dysmorphia
C. Many cases are missed because most children with FASD do not display facial dysmorphia
D. FASD can only be diagnosed by psychiatry

45. Best prognosis in FASD is associated with:
A. Diagnosis and treatment before age 6
B. Starting stimulants after puberty
C. Delaying evaluation until school failure occurs
D. Avoiding interdisciplinary evaluation

46. Educational law ensuring children with disabilities receive free, appropriate public education is:
A. HIPAA
B. IDEA
C. EMTALA
D. FERPA only

47. Section 504 of the Rehabilitation Act primarily protects:
A. College athletes
B. Children with autism

C. Rights of individuals with disabilities in programs receiving federal financial assistance
D. Children who qualify for special education

48. Which statement best distinguishes an IEP from a 504 plan?
A. An IEP is for accommodations only, while a 504 plan provides special education
B. An IEP provides individualized special education services, while a 504 plan generally provides accommodations
C. A 504 plan is only for physical disabilities
D. They are identical in purpose

49. Which feeding/eating disorder is the most common among adolescents according to your study guide?
A. Anorexia nervosa
B. Bulimia nervosa
C. ARFID
D. Binge eating disorder

50. Which term describes decreased drug effect over time, requiring larger doses to achieve the original effect?
A. Dependence
B. Addiction
C. Withdrawal
D. Tolerance

51. Which of the following is required for anorexia nervosa diagnosis?
A. Body dysmorphia without low weight
B. Restriction leading to significantly low body weight, fear of gaining weight, and distorted weight/shape perception
C. Purging once weekly for 3 months only
D. Binge eating with no compensatory behaviors

52. A patient has a BMI of 16.0, fears weight gain and thinks she is overweight despite being of low weight, uses laxatives, and exercises 7 days a week for 2 hours daily. Which diagnosis is most appropriate?
A. Bulimia nervosa
B. ARFID
C. Anorexia nervosa, binge/purging type
D. Binge eating disorder

53. Which feature most strongly argues against anorexia nervosa in an underweight adolescent?
A. Social withdrawal
B. Fatigue
C. Recognition that they are too thin and a lack of fear of gaining weight
D. Hypersomnia

54. Bulimia nervosa requires binge eating and compensatory behaviors occurring on average at least:
A. Daily for 1 month
B. Weekly for 3 months
C. Twice weekly for 6 months
D. Monthly for 1 year

55. Which medication is first-line pharmacologic treatment for bulimia nervosa?
A. Bupropion
B. Fluoxetine
C. Topiramate
D. Escitalopram

56. Which antidepressant should be avoided in bulimia nervosa because of seizure risk?
A. Fluoxetine
B. Sertraline
C. Bupropion
D. Fluvoxamine

57. Which finding best supports binge eating disorder rather than bulimia nervosa?
A. Bingeing with self-induced vomiting
B. Bingeing with fasting to compensate
C. Bingeing with guilt and no regular compensatory behaviors
D. Low BMI with laxative misuse

58. BED severity is ranked primarily by:
A. BMI
B. Number of binge episodes per typical week
C. Degree of body dysmorphia
D. Number of missed meals

59. Persistent ingestion of nonfood, nonnutritive substances for at least one month that is not developmentally appropriate or culturally sanctioned defines:
A. ARFID
B. Pica
C. Rumination disorder
D. Bulimia nervosa

60. Which deficiencies are classically associated with pica?
A. Folate and B12
B. Vitamin D and calcium
C. Iron and zinc
D. Potassium and magnesium

61. A child with pica is suspected of ingesting nonfood items that may contain toxins. Which test is especially important?

A. Hemoglobin A1c
B. Lead level
C. Thyroid panel
D. Lipase

62. Initial treatment of pica is most appropriately centered on:
A. Antipsychotic monotherapy
B. Behavioral approaches and removing/restricting access to nonfood items
C. Lithium
D. Daily stimulant medication

63. Which ICD-10-CM code corresponds to pica in children in your study guide?
A. F50.8
B. F98.3
C. F50.9
D. F32.9

64. Which feature best supports ARFID rather than anorexia nervosa?
A. Distorted body image and fear of weight gain
B. Refusal to eat because of sensory sensitivity or fear of aversive consequences, without body image disturbance
C. Weekly self-induced vomiting
D. Compulsive exercise to lose weight

65. Which must be present for ARFID diagnosis?
A. Purging behaviors
B. Fear of becoming fat
C. Nutritional deficiency, weight loss/failure to gain, supplement dependence, or psychosocial impairment
D. Amenorrhea

66. In medically stable adolescents with anorexia nervosa, first-line treatment is:
A. Individual psychodynamic therapy alone
B. Family-Based Treatment
C. Bupropion plus CBT
D. Inpatient hospitalization for all

67. Lisdexamfetamine is FDA-approved for:
A. Bulimia nervosa in adolescents
B. Moderate to severe BED in adults
C. ARFID in school-age children
D. Pica in adults

68. Gender identity is best defined as:
A. The external appearance or performance of gender
B. Enduring emotional or sexual attraction to others

C. One's concept of oneself as male, female, both, neither, or another gendered experience
D. Sex assigned at birth based on anatomy

69. Gender expression refers to:
A. Internal sense of self only
B. External appearance/behavioral presentation of gender
C. Biological sex only
D. Romantic attraction pattern

70. Sexual orientation refers to:
A. Assigned sex
B. Enduring emotional, romantic, or sexual attraction to others
C. External clothing style
D. Legal gender marker

71. Children typically begin becoming aware of physical differences between boys and girls at about:
A. 6 months
B. 1 year
C. 2 years
D. 6 years

72. For a diagnosis of gender dysphoria, which additional element is required across ages?
A. A desire for surgery
B. Clinically significant distress or impairment
C. A parent's agreement
D. Pubertal onset

73. When an adolescent discloses information about sexual orientation or gender identity that has not been shared with parents, the provider should generally:
A. Inform the parents immediately
B. Maintain confidentiality unless there is a safety issue
C. Document it but avoid discussion
D. Tell the school counselor first

74. The recommended universal adolescent substance screening approach in routine care is:
A. CRAFFT
B. SBIRT
C. Routine urine testing
D. PHQ-9

75. A CRAFFT screen with how many or more "yes" answers suggests a significant problem? A. 1
B. 2
C. 3
D. 4