BEHAVIORAL HEALTH END OF ROTATION (EOR) PRACTICE EXAM (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. What is a potential risk associated with abrupt discontinuation of an SSRI?

A. Development of tardive dyskinesia

B. Risk of drug withdrawal symptoms

C. Exacerbation of depressive symptoms

D. Initiation of manic episodes

2. Which substance use is most likely implicated in a case presenting symptoms of agitation, dilated pupils, and increased heart rate?

A. Alcohol

B. Cocaine

C. Heroin

D. LSD

3. Which diagnosis would be considered if a person has hypomanic and depressive symptoms without major depressive episodes for at least two years?

A. Mood disorder

B. Cyclothymic disorder

C. Bipolar II disorder

D. Unipolar depressive disorder

4. What is the most appropriate intervention in suspected child abuse?

A. Assure the safety of the child, with hospitalization if necessary

B. Provide counseling to the family

C. Contact law enforcement immediately

D. Refer the child to a mental health professional

5. Which behavior is most consistent with a diagnosis of oppositional defiant disorder in a child?

A. Depressed mood

B. Distractibility

C. Vindictiveness

D. Violence

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6. What is the most appropriate management for a patient with narcissistic personality disorder exhibiting mood swings?

A. Fluoxetine

B. Lithium

C. Clonazepam

D. Divalproex Sodium

7. A woman who has experienced periodic happiness and prolonged feelings of sadness over years likely suffers from which condition?

A. Bipolar I disorder

B. Bipolar II disorder

C. Major depressive disorder

D. Persistent depressive disorder

8. What is the first-line medication for treating conduct disorder in children?

A. Citalopram

B. Lithium

C. Methylphenidate

D. Valproic acid

9. A 30-year-old woman experiences episodes of increased energy and decreased need for sleep. What is her likely diagnosis?

A. Attention deficit hyperactivity disorder

B. Bipolar I disorder

C. Bipolar II disorder

D. Cyclothymic disorder

10. A woman with increased stress due to others' lack of order should first undergo which assessment?

A. Administer the Working Alliance Inventory

B. Begin treatment with exposure therapy

C. Prescribe buspirone

D. Prescribe fluoxetine

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Answers

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

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Explanations

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1. What is a potential risk associated with abrupt discontinuation of an SSRI?

A. Development of tardive dyskinesia

B. Risk of drug withdrawal symptoms

C. Exacerbation of depressive symptoms

D. Initiation of manic episodes

The potential risk associated with abrupt discontinuation of a selective serotonin reuptake inhibitor (SSRI) is the risk of drug withdrawal symptoms. SSRIs, like other psychotropic medications, can lead to a physiological dependence, and stopping them suddenly can provoke a range of withdrawal symptoms, often collectively referred to as "SSRI discontinuation syndrome." Symptoms may include dizziness, nausea, fatigue, insomnia, irritability, and flu-like symptoms. It's important to note that the withdrawal symptoms can be quite uncomfortable and may lead individuals to resume the medication to alleviate these effects. The presence of withdrawal symptoms underscores the importance of tapering off SSRIs gradually under medical supervision rather than stopping abruptly. While other choices reflect potential issues that could arise with changes in medication, they are not directly linked to the immediate effects of stopping SSRIs abruptly. For instance, tardive dyskinesia is more commonly associated with long-term use of antipsychotics rather than SSRIs, and while exacerbation of depressive symptoms or initiation of manic episodes can occur due to medication changes, these consequences are not specifically tied to the immediate withdrawal effects seen with abrupt discontinuation.

2. Which substance use is most likely implicated in a case presenting symptoms of agitation, dilated pupils, and increased heart rate?

A. Alcohol

B. Cocaine

C. Heroin

D. LSD

The symptoms of agitation, dilated pupils, and increased heart rate are commonly associated with stimulant substances, particularly cocaine. Cocaine acts as a powerful stimulant of the central nervous system, leading to heightened levels of energy, increased alertness, and a state of agitation. One of its prominent effects includes the stimulation of the sympathetic nervous system, resulting in physiological changes such as dilated pupils and an increased heart rate. Unlike stimulants, substances such as alcohol and heroin typically result in depressant effects, leading to sedation, muscle relaxation, and, in the case of heroin, miosis rather than mydriasis (constricted pupils). LSD, while it can cause anxiety or agitation, primarily induces visual and auditory hallucinations and does not consistently present with the heightened heart rate and pupil dilation seen with cocaine use. Thus, when evaluating the combination of the symptoms listed, cocaine emerges as the substance most likely responsible for these specific signs.

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3. Which diagnosis would be considered if a person has hypomanic and depressive symptoms without major depressive episodes for at least two years?

A. Mood disorder

B. Cyclothymic disorder

C. Bipolar II disorder

D. Unipolar depressive disorder

The diagnosis of cyclothymic disorder is appropriate in this scenario because it specifically involves the presence of numerous periods of hypomanic symptoms and depressive symptoms that do not meet the criteria for a major depressive episode. For cyclothymic disorder to be diagnosed, these symptoms must persist for at least two years in adults (or one year in children and adolescents). The key characteristic of cyclothymic disorder is that it is a mood disorder that involves chronic fluctuations in mood, encompassing both hypomanic and depressive episodes, but these fluctuations are not severe enough to meet the full diagnostic criteria for bipolar disorder or major depressive disorder. Hence, the duration and nature of the symptoms described align precisely with the criteria for cyclothymic disorder. In contrast, bipolar II disorder requires that a person experiences at least one major depressive episode in addition to the hypomanic episodes, which is not the case here. Unipolar depressive disorder refers specifically to recurrent major depressive episodes without the presence of any manic or hypomanic symptoms. Mood disorder is a general category and does not specify the nature or duration of symptoms needed for cyclothymic disorder, making it less precise than the specific diagnosis required in this case.

4. What is the most appropriate intervention in suspected child abuse?

A. Assure the safety of the child, with hospitalization if necessary

B. Provide counseling to the family

C. Contact law enforcement immediately

D. Refer the child to a mental health professional

The most appropriate intervention in suspected child abuse is to assure the safety of the child, which may include hospitalization if necessary. This is critical because the immediate priority is to protect the child from further harm. In cases of suspected abuse, ensuring the child's safety is paramount, as the risk of ongoing abuse must be mitigated before any other interventions can take place. If the child is in a dangerous environment or there is a risk of further injury, hospitalization can provide a secure setting where the child is protected. While other options may be important in the long-term management of suspected abuse cases, such as providing family counseling or referring the child to a mental health professional, these actions are secondary to the immediate need for safety. Involving law enforcement is also essential, but it typically follows the initial action of ensuring the child's safety. The focus initially should always be on protecting the child from harm.

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5. Which behavior is most consistent with a diagnosis of oppositional defiant disorder in a child?

A. Depressed mood

B. Distractibility

C. Vindictiveness

D. Violence

The behavior most consistent with a diagnosis of oppositional defiant disorder (ODD) in a child is vindictiveness. ODD is characterized by a pattern of angry, irritable mood, argumentative behavior, and defiant actions towards authority figures. Vindictiveness specifically refers to a tendency to seek revenge or show spiteful behavior, which aligns well with the hallmark behaviors observed in children with ODD. This can manifest as children deliberately annoying others or blaming others for their mistakes—a reflection of their oppositional and defiant nature. Other behaviors listed, such as depressed mood, distractibility, and violence, may be associated with different conditions or disorders. Depressed mood is more closely linked to mood disorders, while distractibility is commonly seen in attention-related issues, like ADHD. Violence can occur in various contexts and is not specific to ODD, making vindictiveness a more accurate representation of the disorder's characteristics.

6. What is the most appropriate management for a patient with narcissistic personality disorder exhibiting mood swings?

A. Fluoxetine

B. Lithium

C. Clonazepam

D. Divalproex Sodium

The most appropriate management for a patient with narcissistic personality disorder exhibiting mood swings is lithium. This medication is a mood stabilizer commonly used in managing mood disorders, particularly in patients who exhibit significant mood instability or affective lability. In the context of narcissistic personality disorder, individuals may experience intense mood swings that can benefit from the stabilizing effects of lithium. Lithium acts by modulating neurotransmitter levels and has a proven track record in stabilizing mood for those who might also present with bipolar-like symptoms or significant emotional dysregulation. While other options exist, they may not address the mood swings as effectively in this specific context. Fluoxetine, an SSRI, would primarily treat depressive symptoms but is not a first-line option for mood stabilization in this scenario. Clonazepam can help with anxiety and agitation but lacks the targeted effect on mood stabilization that is essential here. Divalproex sodium is also a mood stabilizer but is more often indicated for bipolar disorder or seizure management rather than specifically for personality disorders with mood swings. Therefore, lithium's established role in stabilizing mood makes it the most suitable choice for this patient.

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7. A woman who has experienced periodic happiness and prolonged feelings of sadness over years likely suffers from which condition?

A. Bipolar I disorder

B. Bipolar II disorder

C. Major depressive disorder

D. Persistent depressive disorder

The correct choice reflects the symptoms of Persistent Depressive Disorder (PDD), historically known as dysthymia. This condition is characterized by a chronic state of depression lasting for at least two years, during which a person may experience periods of minor depressive episodes but does not meet the criteria for major depressive episodes during that entire timeframe. In the scenario described, the woman experiences prolonged feelings of sadness, aligning with the chronic nature of PDD. While she may experience periods of happiness, the consistency and duration of her sadness support a diagnosis of PDD rather than other mood disorders that feature more pronounced and episodic mood swings. Bipolar I disorder typically involves the presence of manic episodes, which are not indicated in this case. Bipolar II disorder entails a history of both depressive episodes and at least one hypomanic episode, which again, is not mentioned here. Major depressive disorder also does not fit, as it encompasses episodes of major depressive symptoms without the chronicity emphasized in persistent depressive disorder. Therefore, the options relating to bipolar disorders and major depressive disorder do not encompass the ongoing, less severe symptomatology indicated by the woman's experiences.

8. What is the first-line medication for treating conduct disorder in children?

A. Citalopram

B. Lithium

C. Methylphenidate

D. Valproic acid

The first-line medication for treating conduct disorder in children is often methylphenidate. Conduct disorder is characterized by a persistent pattern of behavior that violates societal norms and the rights of others. While the primary treatment for conduct disorder is typically behavioral therapy and psychosocial interventions, pharmacotherapy may be indicated, especially if there are co-existing conditions like ADHD. Methylphenidate is a stimulant medication commonly used to treat ADHD, and because a significant number of children with conduct disorder may also present with ADHD, methylphenidate can help address symptoms related to hyperactivity and impulsivity. Other medications, like citalopram, lithium, and valproic acid, are not standard first-line treatments for conduct disorder. Citalopram, an antidepressant, may be considered if there are concurrent mood disorders but is not a primary option for conduct disorder. Lithium is primarily used for mood stabilization in bipolar disorder and aggressive behavior but is not specific to conduct disorder. Valproic acid, an anticonvulsant mood stabilizer, may be used for irritability or aggression but is also not the first-line treatment for this condition. Thus, the appropriate choice is methylphenidate due to its status as a first-line option for managing co

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9. A 30-year-old woman experiences episodes of increased energy and decreased need for sleep. What is her likely diagnosis?

A. Attention deficit hyperactivity disorder

B. Bipolar I disorder

C. Bipolar II disorder

D. Cyclothymic disorder

The symptoms described in the scenario indicate a pattern consistent with a mood disorder characterized by episodes of increased energy and decreased need for sleep. In this case, the likely diagnosis is Bipolar I disorder, which is characterized by one or more manic episodes, potentially followed by depressive episodes. Bipolar I disorder includes episodes where the individual can experience a significant elevation in mood, increased activity, and decreased need for sleep, suggesting a manic phase. The presence of these symptoms alone can often point towards this diagnosis. While the specific mention of episodes of increased energy and decreased sleep aligns with manic presentations, Bipolar II disorder involves at least one depressive episode and at least one hypomanic episode, but not a full manic episode. In terms of the other options, attention deficit hyperactivity disorder (ADHD) primarily features issues with attention, impulsivity, and hyperactivity rather than distinct episodes of mood elevation. Cyclothymic disorder involves numerous periods of hypomanic symptoms and depressive symptoms lasting for at least two years, but does not meet the full criteria for a manic or major depressive episode. Given the nature of the symptoms, Bipolar I disorder aligns most closely with the details provided in the vignette, making it the most appropriate diagnosis in this

10. A woman with increased stress due to others' lack of order should first undergo which assessment?

A. Administer the Working Alliance Inventory

B. Begin treatment with exposure therapy

C. Prescribe buspirone

D. Prescribe fluoxetine

The correct choice involves administering the Working Alliance Inventory, which is a structured assessment tool used to measure the quality of the therapeutic alliance between a client and therapist. In the context of increased stress stemming from others' lack of order, assessing the working alliance can help identify how well the client and therapist communicate and collaborate in addressing the client's issues. A strong therapeutic alliance is fundamental for effective treatment, as it can foster trust and enhance engagement in the therapeutic process. Before proceeding with any treatment options—whether it might be psychotherapy techniques like exposure therapy, or medication options such as buspirone or fluoxetine—it is essential to establish a baseline understanding of the client's perception of their situation and the effectiveness of the working relationship with their therapist. This assessment can guide the clinician in tailoring interventions that suit the client's specific needs and enhances treatment efficacy. Therefore, starting with the Working Alliance Inventory sets the stage for more informed and targeted interventions to follow.

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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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