ROSH PSYCHIATRY BOARD PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

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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 personality disorder is marked by a pervasive pattern of instability in interpersonal relationships, self-image, and affect?**

   A. Narcissistic Personality Disorder

   B. Borderline Personality Disorder

   C. Antisocial Personality Disorder

   D. Avoidant Personality Disorder

2. **What is the most appropriate treatment for a patient displaying altered mental status after abruptly quitting alcohol?**

   A. Chlorpromazine

   B. Lithium

   C. Lorazepam

   D. Olanzapine

3. **What is the most likely diagnosis for a patient fearing getting lost while driving, leading to multiple accidents?**

   A. Generalized anxiety disorder

   B. Obsessive-compulsive disorder

   C. Paranoid personality disorder

   D. Specific phobia

4. **Which scenario best represents an indication for electroconvulsive therapy in bipolar I disorder?**

   A. Episode of mania with insomnia

   B. Major depressive episode with malignant catatonia

   C. Major depressive episode with suicidal ideation without a plan

   D. Manic episode with severe flight of ideas

5. **The presence of a significant impairment in social and occupational functioning is a criterion for which diagnosis?**

   A. Generalized Anxiety Disorder

   B. Major Depressive Disorder

   C. Bipolar Disorder

   D. Obsessive-Compulsive Disorder

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6. What is the most appropriate first-line therapy for a patient experiencing recurrent panic attacks without other disorders?

A. Bupropion

B. Clomipramine

C. Phenelzine

D. Venlafaxine

7. When diagnosing a child with suspected attention-deficit/hyperactivity disorder, which factor in his history is most relevant?

A. He acts out at school but not at home for at least one year

B. He has been acting out at school for at least three months

C. He has been acting out both at school and at home for at least six months

D. His sister also has similar behavior at school

8. Which statement best characterizes the management strategy for disruptive behavioral disorders?

A. Focus solely on medication management

B. Involve family-based interventions

C. Promote individual counseling with no family involvement

D. Limit patient-to-patient interactions

9. What is the focus of Dialectical Behavior Therapy (DBT)?

A. Resolving deep-seated childhood issues

B. Teaching coping skills for emotional regulation and improving interpersonal effectiveness

C. Prescribing medication

D. Encouraging group therapy without structure

10. Which medication is most likely the cause of delayed ejaculation in men?

A. Bupropion

B. Mirtazapine

C. Nortriptyline

D. Sertraline

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Answers

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

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Explanations

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1. Which personality disorder is marked by a pervasive pattern of instability in interpersonal relationships, self-image, and affect?

A. Narcissistic Personality Disorder

B. Borderline Personality Disorder

C. Antisocial Personality Disorder

D. Avoidant Personality Disorder

Borderline Personality Disorder is characterized by a pervasive pattern of instability in interpersonal relationships, self-image, and affect. Individuals with this disorder often experience intense and fluctuating emotions, which can lead to severe difficulties in their relationships. They may display a pattern of whirlwind relationships, characterized by idealization and devaluation of others. The instability in self-image can lead to an acute sense of identity disturbance, where the individual may feel a lack of consistent self-concept, often changing their goals, values, and even opinions based on the circumstances or the people around them. This dynamic nature of self-image contributes to feelings of emptiness and an unstable sense of self. Affectionally, those with Borderline Personality Disorder may experience emotional dysregulation, which can manifest as mood swings, irritability, or intense episodes of anger and anxiety, often in response to perceived abandonment or rejection. In contrast, the other personality disorders listed have different core characteristics—the focus is either on grandiosity and lack of empathy in Narcissistic Personality Disorder, disregard for the rights of others in Antisocial Personality Disorder, or social inhibition and hypersensitivity to negative evaluation in Avoidant Personality Disorder. These differences help to clearly delineate Borderline Personality Disorder from the other disorders

2. What is the most appropriate treatment for a patient displaying altered mental status after abruptly quitting alcohol?

A. Chlorpromazine

B. Lithium

C. Lorazepam

D. Olanzapine

In the case of a patient presenting with altered mental status after abruptly quitting alcohol, the most appropriate treatment is lorazepam. This conclusion is primarily based on the understanding of alcohol withdrawal syndrome, which can lead to symptoms such as agitation, tremors, anxiety, and, in more severe cases, delirium tremens. Lorazepam, being a benzodiazepine, is effective in managing withdrawal symptoms due to its ability to enhance the inhibitory effects of GABA (gamma-aminobutyric acid) in the central nervous system. Benzodiazepines are the first-line treatment for alcohol withdrawal because they can help prevent the progression of symptoms and reduce the risk of seizures, which are a potential complication. Lorazepam, in particular, is often favored in this context due to its pharmacokinetic properties, as it is a short-acting agent with fewer active metabolites, making it suitable for patients with liver impairment common in chronic alcohol users. The other medications listed serve different purposes and are not typically indicated in the acute management of alcohol withdrawal. Chlorpromazine, an antipsychotic, can have sedative effects but is not appropriate for treating seizure risk or managing withdrawal symptoms specifically. Lithium is a mood stabilizer used primarily for bipolar

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3. What is the most likely diagnosis for a patient fearing getting lost while driving, leading to multiple accidents?

A. Generalized anxiety disorder

B. Obsessive-compulsive disorder

C. Paranoid personality disorder

D. Specific phobia

The diagnosis that best fits the situation described involves a fear of getting lost while driving, which leads to the significant distress of multiple accidents. This fear can reflect a pattern of intrusive, distressing thoughts and fears, characteristic of obsessive-compulsive disorder (OCD). In OCD, individuals often experience obsessions—recurrent, unwanted thoughts that lead to anxiety. The fear of getting lost and the subsequent accidents likely represent a compulsive response to alleviate the distress caused by those obsessive thoughts. While other diagnoses may involve anxiety, OCD is particularly marked by the interplay between obsessions (fear of losing control or becoming lost) and compulsive behaviors (which could manifest as safety measures taken while driving, such as overly cautious driving or frequent checking of routes). This scenario highlights the intricate relationship between anxiety-provoking thoughts and specific behaviors, which aligns closely with the hallmark features of OCD. In contrast, generalized anxiety disorder typically involves a broader scope of worries and does not generally focus on the specific fear of losing one's way in a driving context. Paranoid personality disorder centers around pervasive distrust and suspicion of others, which is not relevant here. Specific phobia involves an intense fear of a specific object or situation but does not encompass the compulsive behaviors associated with OCD. Thus

4. Which scenario best represents an indication for electroconvulsive therapy in bipolar I disorder?

A. Episode of mania with insomnia

B. Major depressive episode with malignant catatonia

C. Major depressive episode with suicidal ideation without a plan

D. Manic episode with severe flight of ideas

Electroconvulsive therapy (ECT) is particularly indicated in severe and life-threatening conditions, where rapid response is necessary. In the context of bipolar I disorder, an episode characterized by malignant catatonia warrants immediate intervention due to the risk of severe complications and the urgency of treatment. Malignant catatonia is a severe neuropsychiatric condition that can lead to extreme autonomic instability, rigidity, and significant impairment. This condition often requires more aggressive treatment options than standard pharmacotherapy, as traditional medications may take time to take effect, and there is a risk of further deterioration. ECT is known for its rapid efficacy in increasing mood and resolving psychomotor agitation or catatonia, making it a crucial intervention in such scenarios. In contrast, while other options mention episodes of mania or depressive episodes, they do not carry the same immediate risk to life or urgency that malignant catatonia does. Therefore, option B represents the most appropriate indication for ECT among the given scenarios, as it emphasizes the necessity for swift and effective treatment to address a potentially critical situation in the patient's health.

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5. The presence of a significant impairment in social and occupational functioning is a criterion for which diagnosis?

A. Generalized Anxiety Disorder

B. Major Depressive Disorder

C. Bipolar Disorder

D. Obsessive-Compulsive Disorder

In the context of Major Depressive Disorder (MDD), a significant impairment in social and occupational functioning is indeed a key diagnostic criterion. This condition involves persistent feelings of sadness or a lack of interest in previously enjoyed activities, leading to disruptions in daily life. The DSM-5 specifies that for a diagnosis of MDD, the symptoms must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. This impairment can manifest as difficulties in maintaining relationships, performing at work, or engaging in everyday activities, highlighting the profound impact of the disorder on an individual's quality of life. In contrast, while other disorders like Generalized Anxiety Disorder, Bipolar Disorder, and Obsessive-Compulsive Disorder can also lead to impairment in functioning, their primary diagnostic criteria focus on the specific symptoms and patterns unique to those disorders rather than explicitly including the requirement of significant impairment as a standalone criterion. Therefore, the focus on functional impairment as a hallmark characteristic aligns specifically with Major Depressive Disorder, reinforcing its importance in clinical diagnosis and treatment planning.

6. What is the most appropriate first-line therapy for a patient experiencing recurrent panic attacks without other disorders?

A. Bupropion

B. Clomipramine

C. Phenelzine

D. Venlafaxine

The most appropriate first-line therapy for a patient experiencing recurrent panic attacks without other disorders is indeed venlafaxine. This medication is a serotonin-norepinephrine reuptake inhibitor (SNRI) that has shown efficacy in treating panic disorder. Venlafaxine works by increasing the levels of serotonin and norepinephrine in the brain, which can help alleviate the frequency and intensity of panic attacks. Venlafaxine is particularly beneficial because it is effective at treating both anxiety and depressive symptoms, making it suitable for patients who might experience comorbid anxiety or depressive disorders. In clinical practice, it is often preferred for panic disorder due to its favorable profile compared to other medications. The other options may offer some benefits but are not as appropriate for first-line treatment in uncomplicated panic disorder. For instance, bupropion, primarily used for depression and smoking cessation, can potentially increase anxiety levels and is not typically prescribed for panic attacks. Clomipramine, a tricyclic antidepressant, is also effective for panic disorder; however, it is usually considered when first-line options like SSRIs or SNRIs are ineffective or not tolerated. Phenelzine, a monoamine oxidase inhibitor, is generally reserved for resistant cases and has

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7. When diagnosing a child with suspected attention-deficit/hyperactivity disorder, which factor in his history is most relevant?

A. He acts out at school but not at home for at least one year

B. He has been acting out at school for at least three months

C. He has been acting out both at school and at home for at least six months

D. His sister also has similar behavior at school

When diagnosing a child with suspected attention-deficit/hyperactivity disorder (ADHD), the most pertinent factor is the duration and consistency of the symptoms across different settings. For a diagnosis of ADHD to be made according to established criteria, including those set forth in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), symptoms must be present in two or more settings (e.g., home and school) and must persist for at least six months. In this case, the child exhibiting symptoms at both school and home for a period of six months aligns with the criteria for making a diagnosis of ADHD. This duration is crucial, as it helps differentiate between transient behavioral issues that may not indicate an underlying disorder and more pervasive patterns that suggest consistent difficulties with attention or hyperactivity-impulsivity. The other options do not meet these critical criteria. Acting out at school but not at home or for shorter durations fails to demonstrate the necessary pattern across settings and time. Familial behavior, such as having a sister with similar issues, may provide context and suggest a potential genetic or environmental component, but it does not serve as a diagnostic criterion by itself. Therefore, the history of persistent, cross-setting behavioral issues for at least six months is the most relevant factor

8. Which statement best characterizes the management strategy for disruptive behavioral disorders?

A. Focus solely on medication management

B. Involve family-based interventions

C. Promote individual counseling with no family involvement

D. Limit patient-to-patient interactions

The effective management strategy for disruptive behavioral disorders is best characterized by the involvement of family-based interventions. This approach recognizes that these disorders often impact not only the individual but also their family dynamics and relationships. By including family members in the treatment process, practitioners can help improve communication, establish consistent behavioral expectations, and create a supportive environment that fosters positive behavior changes. Family-based interventions can include family therapy, parenting skills training, and education about the disorder. These methods empower families to play an active role in the treatment and rehabilitation processes, promoting a collaborative approach that addresses behavioral issues in a comprehensive manner. This multifaceted involvement can lead to better treatment adherence, reduced stress for the child and family, and improved long-term outcomes. In contrast, focusing solely on medication management does not address the underlying issues and may not be effective without the support of behavioral interventions. Promoting individual counseling without family involvement may overlook the significant influence that family dynamics can have on a child's behavior. Limiting patient-to-patient interactions could hinder opportunities for social learning and the development of interpersonal skills, which are essential for coping with disruptive behaviors. Thus, a family-centered approach is crucial in managing disruptive behavioral disorders effectively.

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9. What is the focus of Dialectical Behavior Therapy (DBT)?

A. Resolving deep-seated childhood issues

B. Teaching coping skills for emotional regulation and improving interpersonal effectiveness

C. Prescribing medication

D. Encouraging group therapy without structure

Dialectical Behavior Therapy (DBT) primarily focuses on teaching individuals coping skills that enhance emotional regulation and improve interpersonal effectiveness. This therapeutic approach is particularly beneficial for individuals struggling with intense emotions or behaviors, such as those found in borderline personality disorder. By providing tools and strategies, DBT helps clients learn how to manage their emotional responses, develop healthier relationships, and enhance their overall quality of life. Key elements of DBT include mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness skills. Mindfulness encourages individuals to stay present and aware, while distress tolerance skills help them cope with difficult emotions in a more adaptive way. Emotional regulation focuses on understanding and modulating emotional responses, and interpersonal effectiveness skills promote better communication and relationship management. The other options highlight approaches that do not capture the essence of DBT's structure and aims. For example, while resolving childhood issues may be a focus of other therapeutic modalities, it is not a central theme within DBT. Prescribing medication is outside the scope of DBT, as it is primarily a skills-based therapy. Additionally, encouraging group therapy without structure contrasts sharply with DBT's highly structured format, which includes both individual and group components aimed at skill development.

10. Which medication is most likely the cause of delayed ejaculation in men?

A. Bupropion

B. Mirtazapine

C. Nortriptyline

D. Sertraline

Delayed ejaculation is a known potential side effect of selective serotonin reuptake inhibitors (SSRIs), one of which is sertraline. SSRIs function by increasing the levels of serotonin in the synaptic cleft, which can lead to various sexual side effects, including delayed ejaculation. This is because elevated serotonin levels can inhibit pathways that facilitate ejaculation. In clinical practice, among the SSRIs, sertraline is frequently associated with such sexual dysfunction. The mechanism at play may involve both enhanced serotonin signaling and effects on other neurotransmitters involved in sexual function. Other medications listed, while they may have their unique side effects, do not have the same strong association with delayed ejaculation as sertraline. Bupropion, for instance, is often considered to have a lower incidence of sexual side effects and is sometimes used as an alternative to SSRIs when sexual dysfunction is a concern. Mirtazapine and nortriptyline are also less commonly implicated in this particular side effect, as mirtazapine tends to lead more towards sedation and weight gain, while nortriptyline, a tricyclic antidepressant, can have anticholinergic effects but is not primarily linked to delayed ejaculation like sertraline.

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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://rosh-psychiatry.examzify.com

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

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