

Behavioral Health End of Rotation (EOR) Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

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- 1. For a woman presenting with depressive symptoms, what is the next best diagnostic step?**
 - A. Administer a Patient Health Questionnaire - 9 item**
 - B. Perform a complete metabolic panel**
 - C. Perform a urine toxicology screen**
 - D. Question the patient about previous manic episodes**
- 2. In a patient with schizoaffective disorder, how should the presence of a belief that she is dead be documented?**
 - A. Erotomantic delusions**
 - B. Grandiose delusions**
 - C. Nihilistic delusions**
 - D. Persecutory delusions**
- 3. In assessing a patient suspected of having a specific personality disorder, what behavior might indicate a histrionic personality disorder?**
 - A. Dramatic and overly emotional responses**
 - B. Severe avoidance of social situations**
 - C. Excessive cleanliness and orderliness**
 - D. Little interest in social activities**
- 4. What laboratory abnormality is typically found in patients suffering from bulimia nervosa due to purging behaviors?**
 - A. Hyperkalemia**
 - B. Hyponatremia**
 - C. Hypokalemia**
 - D. Hyperglycemia**
- 5. A young man with erratic behavior and nystagmus after taking a pill requires treatment. What is the first-line therapy for his intoxication?**
 - A. Benzodiazepines**
 - B. Neuroleptics**
 - C. Opioid antagonist**
 - D. Sodium bicarbonate**

- 6. In cases of anorexia nervosa, what is a common physical symptom caused by malnutrition?**
- A. Oily skin**
 - B. Thin, brittle hair**
 - C. Fine, downy hair growth**
 - D. Increased body temperature**
- 7. What symptom combination might indicate borderline personality disorder?**
- A. Intense fear of abandonment and recurrent substance abuse**
 - B. Consistent mood swings and chronic fatigue**
 - C. Social withdrawal and apathy**
 - D. Delusions and hallucinations**
- 8. A patient exhibits withdrawal symptoms including diarrhea and profuse sweating. Which substance is likely responsible?**
- A. Alcohol**
 - B. Cannabis**
 - C. Lorazepam**
 - D. Oxycodone**
- 9. What is a common withdrawal symptom in individuals with anxiety who have stopped benzodiazepines?**
- A. Headache**
 - B. Increased anxiety**
 - C. Hallucinations**
 - D. Memory loss**
- 10. What is a common behavioral manifestation associated with binge-eating episodes?**
- A. Induced vomiting**
 - B. Food restriction**
 - C. Increased physical activity**
 - D. Social withdrawal**

Answers

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

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Explanations

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1. For a woman presenting with depressive symptoms, what is the next best diagnostic step?

- A. Administer a Patient Health Questionnaire - 9 item**
- B. Perform a complete metabolic panel**
- C. Perform a urine toxicology screen**
- D. Question the patient about previous manic episodes**

For a woman presenting with depressive symptoms, questioning the patient about previous manic episodes is the most appropriate next step to consider. This approach is critical because it helps in assessing whether the patient's depressive symptoms may be part of a bipolar disorder rather than unipolar depression. Exploring the patient's history of mood episodes, particularly manic or hypomanic episodes, is essential for accurate diagnosis and treatment planning. In cases of suspected bipolar disorder, recognizing the possibility of a manic episode can significantly alter the management approach, as mood stabilizers or atypical antipsychotics may be more appropriate than traditional antidepressants, which could potentially exacerbate manic symptoms. The other options, while potentially useful in certain contexts, are not as directly relevant for establishing a diagnosis in this scenario. Administering a questionnaire or performing a metabolic panel may help in understanding the patient's overall health status or level of depression, but they do not specifically address the need to assess for bipolar disorder. A urine toxicology screen could be helpful if substance use is suspected but does not directly contribute to the differential diagnosis of depressive versus bipolar disorders.

2. In a patient with schizoaffective disorder, how should the presence of a belief that she is dead be documented?

- A. Erotomantic delusions**
- B. Grandiose delusions**
- C. Nihilistic delusions**
- D. Persecutory delusions**

The presence of a belief that one is dead is characterized as nihilistic delusions. Nihilistic delusions involve feelings of non-existence or the conviction that a major aspect of oneself or the environment is non-existent or has been destroyed. This type of delusion may manifest as the belief that one is dead, does not exist, or has been annihilated in some way. In the context of schizoaffective disorder, such a belief signifies a profound disturbance in thinking and reflects the individual's altered perception of reality. Understanding why nihilistic delusions are classified this way provides insights into the broader spectrum of delusions present in psychiatric disorders. For instance, erotomantic delusions involve the belief that someone is in love with the individual, while grandiose delusions reflect an inflated sense of self-importance or abilities. Persecutory delusions are ruled by the belief that one is being harmed or harassed by others. In this case, the belief that one is dead fundamentally aligns with the concept of nihilism, highlighting the disconnect from reality that characterizes such delusions.

3. In assessing a patient suspected of having a specific personality disorder, what behavior might indicate a histrionic personality disorder?

A. Dramatic and overly emotional responses

B. Severe avoidance of social situations

C. Excessive cleanliness and orderliness

D. Little interest in social activities

Individuals with histrionic personality disorder are characterized by a pattern of excessive emotionality and attention-seeking behaviors. They often engage in dramatic and overly emotional responses in various settings, seeking to be the center of attention. This can manifest as theatrical gestures, vivid storytelling, or highly expressive emotions. These behaviors serve to captivate others and often reflect an underlying need for approval and reassurance from those around them. In contrast, behaviors associated with severe avoidance of social situations would align more with avoidant personality disorder, where individuals tend to feel inadequate and are hypersensitive to negative evaluation. Excessive cleanliness and orderliness are indicative of obsessive-compulsive personality disorder, reflecting a preoccupation with order and control rather than emotional expression. Little interest in social activities may suggest depressive symptoms or a personality disorder that includes detachment, such as schizoid personality disorder, rather than the overt emotionality typical of histrionic personality disorder. Thus, dramatic and overly emotional responses are a hallmark of histrionic personality disorder, making it the correct choice when assessing for this particular condition.

4. What laboratory abnormality is typically found in patients suffering from bulimia nervosa due to purging behaviors?

A. Hyperkalemia

B. Hyponatremia

C. Hypokalemia

D. Hyperglycemia

In patients suffering from bulimia nervosa, particularly those who engage in purging behaviors such as vomiting or excessive use of laxatives, hypokalemia is a common laboratory finding. This occurs because the process of purging leads to a significant loss of potassium along with other electrolytes. The repeated vomiting depletes the body of potassium, which is vital for many bodily functions, including muscle contraction and nerve function. Additionally, the excessive use of laxatives can also contribute to electrolyte imbalances, including a decrease in potassium levels. As a result, individuals with bulimia nervosa might present with symptoms associated with hypokalemia, such as muscle weakness, cramps, and potentially life-threatening complications like cardiac arrhythmias. It is crucial to monitor and manage electrolyte levels in these patients to prevent serious health issues related to their eating disorder.

5. A young man with erratic behavior and nystagmus after taking a pill requires treatment. What is the first-line therapy for his intoxication?

- A. Benzodiazepines**
- B. Neuroleptics**
- C. Opioid antagonist**
- D. Sodium bicarbonate**

In cases of intoxication, particularly when a patient presents with symptoms such as erratic behavior and nystagmus, benzodiazepines are often the first-line treatment option. Benzodiazepines are effective in managing symptoms of agitation and can help to stabilize the patient by providing sedation and anxiolysis. Nystagmus is a specific sign that can indicate the use of certain substances, such as hallucinogens or stimulants. Benzodiazepines work by enhancing the effect of the inhibitory neurotransmitter GABA, which can help suppress the hyperactivity of the central nervous system associated with drug intoxication. Additionally, in emergency settings, maintaining the safety of the patient and those around them is paramount, and benzodiazepines are often the most suitable choice due to their fast-acting properties and ability to manage agitation and prevent potential emergencies caused by uncontrolled behavior. They also help to mitigate withdrawal symptoms in those who may have a history of substance use. Other options, like neuroleptics, while they may be used in certain situations for psychotic symptoms or severe agitation, are not typically the first-line response for intoxication. Opioid antagonists are specific to opioid overdoses and would not address the symptoms associated with the mentioned intoxication.

6. In cases of anorexia nervosa, what is a common physical symptom caused by malnutrition?

- A. Oily skin**
- B. Thin, brittle hair**
- C. Fine, downy hair growth**
- D. Increased body temperature**

In cases of anorexia nervosa, a common physical symptom caused by malnutrition is fine, downy hair growth, known as lanugo. This occurs as the body attempts to maintain warmth in response to significant weight loss and the resulting drop in body fat. In an effort to conserve heat, the body may develop this fine layer of hair, which can be especially prominent in individuals who have lost a considerable amount of weight. The presence of lanugo is a sign of the body's attempt to adapt to extreme conditions by modifying its physiological responses. Unlike the other options, which may not typically be associated with malnutrition in anorexia, lanugo specifically indicates the severity of malnutrition and the body's distress signals in the face of insufficient body fat and caloric intake. Understanding this symptom is crucial, as it not only signifies the physical impact of the disorder but also serves as a reminder of the need for appropriate treatment and intervention. Recognizing lanugo can help healthcare providers assess the severity of anorexia nervosa and tailor their approaches to restoring the individual's health.

7. What symptom combination might indicate borderline personality disorder?

- A. Intense fear of abandonment and recurrent substance abuse**
- B. Consistent mood swings and chronic fatigue**
- C. Social withdrawal and apathy**
- D. Delusions and hallucinations**

The symptom combination of intense fear of abandonment and recurrent substance abuse aligns well with the diagnostic criteria for borderline personality disorder (BPD). One of the hallmark features of BPD is an overwhelming fear of abandonment, which can lead to frantic efforts to avoid real or imagined separation. This intense emotional instability often results in individuals engaging in various harmful behaviors, including substance abuse, as a coping mechanism to manage their distress or emotional pain. Substance abuse may serve as a maladaptive strategy to escape intense emotions or to fill a perceived emptiness, which is also characteristic of individuals with BPD. Therefore, this combination exemplifies the core emotional and behavioral patterns associated with the disorder, highlighting the complexity of interpersonal relationships and the risk factors that accompany BPD.

8. A patient exhibits withdrawal symptoms including diarrhea and profuse sweating. Which substance is likely responsible?

- A. Alcohol**
- B. Cannabis**
- C. Lorazepam**
- D. Oxycodone**

The symptoms described—diarrhea and profuse sweating—are commonly associated with withdrawal from opioids, such as oxycodone. Opioid withdrawal can present with a range of physiological symptoms due to the body's dependence on the drug. These withdrawal symptoms arise as the body attempts to readjust to functioning without the substance, which can lead to significant discomfort. Diarrhea occurs due to the gastrointestinal system becoming hyperactive after the removal of the depressant effects of opioids, while profuse sweating results from the body's autonomic nervous system being disrupted during withdrawal. These effects reflect a clear physiological response to the absence of the substance, indicating that oxycodone is responsible for the observed withdrawal symptoms. In contrast, alcohol withdrawal presents with different symptoms such as tremors, anxiety, seizures, and can sometimes involve sweating, but is less commonly associated with diarrhea. Cannabis withdrawal is typically mild and includes symptoms like irritability and insomnia, and lorazepam, a benzodiazepine, can also produce withdrawal symptoms, although they are generally characterized by anxiety and agitation rather than gastrointestinal symptoms. Thus, based on the specific withdrawal symptoms presented, oxycodone is indeed the substance most likely responsible in this case.

9. What is a common withdrawal symptom in individuals with anxiety who have stopped benzodiazepines?

- A. Headache**
- B. Increased anxiety**
- C. Hallucinations**
- D. Memory loss**

Increased anxiety is a prevalent withdrawal symptom in individuals who discontinue benzodiazepines, particularly for those who initially used these medications to manage anxiety disorders. Benzodiazepines are often prescribed to alleviate symptoms of anxiety, and their abrupt cessation can lead to a rebound effect, where anxiety symptoms re-emerge or intensify. This happens because the body has become dependent on the medication to regulate anxiety levels, and withdrawal can disrupt the neurotransmitter balance that was previously stabilized by the drug. As individuals withdraw from benzodiazepines, the underlying anxiety that may have been masked or managed by the medication can resurface, often more intensely than before treatment began. This can lead to increased levels of anxiety, panic attacks, and overall heightened distress. Recognizing this symptom is important for healthcare providers to manage withdrawal safely and provide support for individuals undergoing this process. The other options, while potentially associated with withdrawal or anxiety, are not as specifically common or directly linked to the cessation of benzodiazepines in the context of anxiety management.

10. What is a common behavioral manifestation associated with binge-eating episodes?

- A. Induced vomiting**
- B. Food restriction**
- C. Increased physical activity**
- D. Social withdrawal**

The most fitting behavioral manifestation associated with binge-eating episodes is characterized by induced vomiting. Individuals who engage in binge eating often develop compensatory behaviors to manage the distressing feelings that arise from consuming large amounts of food in a short time. Induced vomiting is a common response when these individuals feel a loss of control over their eating and may seek to prevent weight gain or alleviate guilt and anxiety following a binge-eating episode. In the context of binge eating disorder specifically, while other behaviors such as food restriction and social withdrawal may occur, they are not as directly linked to the act of binge eating itself. Increased physical activity may also be a response to weight management rather than a direct manifestation during binge eating episodes. Thus, the act of inducing vomiting is a more definitive and prevalent behavior associated with binge eating disorders, highlighting the cycle of bingeing and purging that often emerges.