

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

Study Guide



Everything you need from our exam experts!

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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.

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!

Questions

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- 1. What laboratory finding in bulimia nervosa is often a reflection of electrolyte imbalance due to purging?**
 - A. Hypernatremia
 - B. Hypochloremia
 - C. Hyponatremia
 - D. Hypocalcemia
- 2. A patient displaying extreme fear of x-ray radiation leading to avoidance of tests is likely suffering from which condition?**
 - A. Generalized anxiety disorder
 - B. Phobic neurosis
 - C. Panic disorder
 - D. Obsessive-compulsive disorder
- 3. 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
- 4. What is the most likely diagnosis for a patient who experiences an expansive mood and engages in excessive cleaning without sleeping?**
 - A. Major depressive disorder
 - B. Bipolar disorder
 - C. Generalized anxiety disorder
 - D. Schizophrenia
- 5. A young man experiencing bilateral loss of hand sensation following witnessing a traumatic event is most likely suffering from which condition?**
 - A. Somatic symptom disorder
 - B. Malingering
 - C. Conversion disorder
 - D. Factitious disorder

6. What is a characteristic behavior in patients with paranoid delusions, such as believing they are being poisoned?

- A. Increased social activity**
- B. Withdrawal from social interactions**
- C. Engaging in risky behavior**
- D. Seeking companionship**

7. What is the most likely diagnosis for a patient with abrupt loss of motor function after experiencing significant psychological stress?

- A. Conversion Disorder**
- B. Depression**
- C. Post-Traumatic Stress Disorder**
- D. Generalized Anxiety Disorder**

8. What condition is characterized by patients feeling indifferent to loss of physical function after experiencing trauma?

- A. Conversion disorder**
- B. Somatic symptom disorder**
- C. Malingering**
- D. Factitious disorder**

9. A young woman with self-mutilation and unstable relationships may likely be diagnosed with which of the following?

- A. Anxiety disorder**
- B. Borderline personality disorder**
- C. Histrionic personality disorder**
- D. Paranoid personality disorder**

10. What condition is characterized by repeated panic attacks and a fear of future attacks?

- A. Generalized anxiety disorder**
- B. Panic disorder**
- C. Posttraumatic stress disorder**
- D. Specific phobia**

Answers

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

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Explanations

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1. What laboratory finding in bulimia nervosa is often a reflection of electrolyte imbalance due to purging?

- A. Hypernatremia
- B. Hypochloremia**
- C. Hyponatremia
- D. Hypocalcemia

Hypochloremia is a common laboratory finding in individuals with bulimia nervosa, particularly due to the purging behaviors associated with the disorder. When individuals engage in vomiting as a means of purge, they not only expel food but also gastric acid, which is rich in hydrochloric acid. The loss of hydrochloric acid leads to a decrease in chloride levels, resulting in hypochloremia. Additionally, the electrolyte imbalances seen in bulimia nervosa can have significant health implications. Chloride is an essential electrolyte that plays a crucial role in maintaining acid-base balance and promoting normal physiological function. The persistent loss of chloride through vomiting can contribute to further complications, such as metabolic alkalosis, which can exacerbate the individual's condition. The other options, while they may pertain to general electrolyte abnormalities, do not specifically reflect the characteristic changes seen in bulimia nervosa as prominently as hypochloremia does.

2. A patient displaying extreme fear of x-ray radiation leading to avoidance of tests is likely suffering from which condition?

- A. Generalized anxiety disorder
- B. Phobic neurosis**
- C. Panic disorder
- D. Obsessive-compulsive disorder

The correct choice is phobic neurosis, which is identified by an intense, irrational fear of a specific object or situation—in this case, the fear of x-ray radiation. This condition often leads to significant avoidance behaviors, wherein the individual goes to great lengths to steer clear of encounters with the phobic stimulus, which, in this instance, is the x-ray procedure due to the fear of radiation exposure. Phobic neurosis is characterized by a clear and identifiable trigger that elicits extreme anxiety responses. The focus on a specific fear—such as the radiation from x-rays—places it firmly within the realm of phobias. Individuals with phobias often realize that their fear is excessive or irrational, yet this awareness does not diminish their anxiety or avoidance behaviors. In contrast, generalized anxiety disorder is marked by persistent and excessive worry across multiple situations, rather than a focused fear of a particular object or circumstance. Panic disorder involves recurrent panic attacks and anxiety about having more attacks, not specifically tied to a single identifiable fear. Obsessive-compulsive disorder centers around intrusive thoughts and compulsive behaviors aimed at alleviating the distress from those obsessions, which does not align with the patient's specific avoidance of x-rays based on fear of radiation.

3. 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.

4. What is the most likely diagnosis for a patient who experiences an expansive mood and engages in excessive cleaning without sleeping?

- A. Major depressive disorder**
- B. Bipolar disorder**
- C. Generalized anxiety disorder**
- D. Schizophrenia**

The diagnosis of bipolar disorder is supported by the symptoms described in the scenario. Characterized by mood episodes that can significantly fluctuate, bipolar disorder includes manic or hypomanic episodes where individuals may experience an expansive mood, increased energy, and impulsive behaviors. The excessive cleaning indicates heightened activity, which is a common feature of the manic phase. Additionally, the mention of insomnia or lack of sleep further reinforces the possibility of a manic episode, as individuals during this phase often require less sleep while feeling energized. Major depressive disorder is primarily focused on depressive symptoms and does not usually include the expansive mood or the hyperactive behaviors associated with mania. Generalized anxiety disorder primarily involves excessive worry and does not typically present with mood elevation or impulsive actions. Schizophrenia involves psychotic symptoms such as delusions or hallucinations, which are absent in this case. Thus, the combination of an expansive mood, excessive cleaning, and lack of sleep strongly aligns with the characteristics of bipolar disorder, making it the most likely diagnosis.

5. A young man experiencing bilateral loss of hand sensation following witnessing a traumatic event is most likely suffering from which condition?

- A. Somatic symptom disorder**
- B. Malingering**
- C. Conversion disorder**
- D. Factitious disorder**

The scenario describes a young man who has experienced bilateral loss of hand sensation after witnessing a traumatic event. This presentation is indicative of conversion disorder, which is characterized by the presence of neurologic symptoms that cannot be explained by medical conditions and often arise following psychological stressors or trauma. In conversion disorder, symptoms such as loss of sensation, weakness, or movement disorders manifest as a response to psychological conflict rather than through a physical neurological cause. The key component here is the association of the symptom onset with a significant traumatic experience, suggesting that the psychological stress is manifesting in a physical form. While somatic symptom disorder involves physical symptoms that cause significant distress or impairment, these symptoms are often believed to have a medical cause, even though they may not. Malingering involves the intentional production of false or exaggerated symptoms for external gain, such as avoiding work or obtaining financial compensation. Factitious disorder, on the other hand, involves the intentional production of symptoms for the primary purpose of assuming the role of a patient, without clear external incentives. In this context, the symptom of hand sensation loss occurring after a trauma is most consistent with conversion disorder, making it the appropriate diagnosis for the young man's condition.

6. What is a characteristic behavior in patients with paranoid delusions, such as believing they are being poisoned?

- A. Increased social activity**
- B. Withdrawal from social interactions**
- C. Engaging in risky behavior**
- D. Seeking companionship**

Patients with paranoid delusions often exhibit withdrawal from social interactions as a characteristic behavior. This withdrawal is primarily driven by their intense mistrust and fear of others, such as the belief that people around them are plotting to harm them or poison them. The fear associated with these delusions compels individuals to isolate themselves, as they perceive social situations as potential threats. In the context of paranoid delusions, social activities, companionship, and engaging in risky behaviors are less likely because the individuals are preoccupied with their fears and suspicions. They may avoid situations where they feel vulnerable or exposed to perceived harm, reinforcing their isolation and further perpetuating their paranoid thoughts. Thus, the correct answer highlights a common response to the distress caused by these delusions.

7. What is the most likely diagnosis for a patient with abrupt loss of motor function after experiencing significant psychological stress?

- A. Conversion Disorder**
- B. Depression**
- C. Post-Traumatic Stress Disorder**
- D. Generalized Anxiety Disorder**

The most appropriate diagnosis for a patient who experiences an abrupt loss of motor function following significant psychological stress is Conversion Disorder. This condition, also known as Functional Neurological Disorder, typically presents with neurological symptoms that are inconsistent with medical or neurological conditions and often arise in the context of psychological stress. The key feature is that symptoms, such as motor dysfunction, occur after a substantial stressor and can lead to significant impairment in one's daily functioning. Patients with Conversion Disorder may exhibit symptoms such as weakness, paralysis, or abnormal movements that can be linked to psychological conflict or stress. Importantly, the motor function loss is not intentionally produced or feigned, which differentiates it from other conditions that may present with similar neurological signs. In contrast, while depression, Post-Traumatic Stress Disorder (PTSD), and Generalized Anxiety Disorder can have significant emotional and physical effects, they do not typically present with abrupt loss of motor function as a primary symptom in response to stress. Depression may involve psychomotor retardation but does not specifically manifest as an acute loss of motor control. Similarly, PTSD is characterized by flashbacks, avoidance, and hyperarousal, and while it can lead to emotional distress and potentially affect motor functioning indirectly, it is not defined by

8. What condition is characterized by patients feeling indifferent to loss of physical function after experiencing trauma?

- A. Conversion disorder**
- B. Somatic symptom disorder**
- C. Malingering**
- D. Factitious disorder**

The condition characterized by patients feeling indifferent to the loss of physical function after experiencing trauma is correctly identified as conversion disorder. This disorder, also known as functional neurological symptom disorder, involves a conversion of psychological stress into physical symptoms. Patients may present with neurological symptoms (such as paralysis, tremors, or non-epileptic seizures) that cannot be fully explained by a medical condition. A key feature of conversion disorder is the patient's apparent lack of concern or indifference regarding these symptoms, which may arise following trauma or stress. In contrast, somatic symptom disorder involves a preoccupation with physical symptoms and associated distress, which is markedly different from the indifference seen in conversion disorder. Malingering involves intentionally feigning illness for personal gain, typically motivated by external incentives, such as avoiding work or obtaining financial compensation. Factitious disorder is characterized by intentionally producing or feigning symptoms to assume the sick role, driven by a desire for attention and sympathy rather than for external gain. Thus, the key aspect of indifference in response to significant loss distinguishes conversion disorder as the correct answer.

9. A young woman with self-mutilation and unstable relationships may likely be diagnosed with which of the following?

- A. Anxiety disorder**
- B. Borderline personality disorder**
- C. Histrionic personality disorder**
- D. Paranoid personality disorder**

The presence of self-mutilation and unstable relationships is highly indicative of borderline personality disorder. This condition is characterized by intense emotional instability, difficulty managing relationships, fear of abandonment, and often impulsive behaviors, including self-harming actions. Individuals with borderline personality disorder may struggle to maintain a stable self-image and can experience rapid mood swings, making their relationships tumultuous and erratic. Self-mutilation, or self-harming behavior, is often a coping mechanism used to deal with overwhelming emotional pain or distress, which is a common experience for those with this disorder. The instability in relationships often stems from an intense fear of abandonment and a pattern of idealizing and devaluing others, which can lead to conflicts and further emotional turmoil. The other options do not align as closely with the symptoms presented. Anxiety disorders typically involve excessive worry and fear but do not inherently include self-harm or the relational instability characteristic of borderline personality disorder. Histrionic personality disorder is marked by excessive attention-seeking behavior and emotionality, but it doesn't typically feature self-mutilation as a primary symptom. Paranoid personality disorder focuses on distrust and suspicion of others, which does not connect directly to self-harming behaviors or unstable relationships in the same way. Thus, borderline

10. What condition is characterized by repeated panic attacks and a fear of future attacks?

- A. Generalized anxiety disorder**
- B. Panic disorder**
- C. Posttraumatic stress disorder**
- D. Specific phobia**

The condition characterized by repeated panic attacks coupled with a significant fear of experiencing future attacks is known as panic disorder. Individuals with this disorder often experience intense episodes of fear or discomfort, which manifest as physical and emotional symptoms such as heart palpitations, shortness of breath, and feelings of impending doom. This recurrent anxiety about the possibility of having another attack can significantly impact their daily lives, leading to avoidance behaviors that may confine them to specific places or situations. In contrast, generalized anxiety disorder involves persistent and excessive worry about various aspects of life, not confined to isolated panic episodes. Posttraumatic stress disorder is associated with the aftermath of trauma and encompasses symptoms like flashbacks and hyperarousal, but it is not defined by panic attacks. Specific phobia refers to an irrational fear of a particular object or situation, which may lead to avoidance, but does not encompass the broad pattern of panic attacks or the associated ongoing fear witnessed in panic disorder.

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://behavioralhealtheor.examzify.com>

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

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