

BEHAVIORAL HEALTH END OF ROTATION (EOR) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 treatment is generally recommended for the management of PTSD symptoms?**
 - A. Physical therapy
 - B. Psychotherapy
 - C. Electroconvulsive therapy
 - D. Anticonvulsants
- 2. Which behavior is most consistent with a diagnosis of oppositional defiant disorder in a child?**
 - A. Depressed mood
 - B. Distractibility
 - C. Vindictiveness
 - D. Violence
- 3. A patient developing tolerance to oxycodone for chronic pain should be treated with which medication?**
 - A. Buprenorphine/naloxone
 - B. Duloxetine
 - C. Extended release oxycodone
 - D. Gabapentin
- 4. What characteristic behavior is indicative of a histrionic personality disorder?**
 - A. Desire for independence
 - B. Attention-seeking through provocative behavior
 - C. Emotionally detached from social interactions
 - D. Practicing obsessive routines
- 5. In a patient with acute anxiety, which physiological manifestation is commonly observed?**
 - A. Hypertension
 - B. Cardiac arrest
 - C. Severe hypotension
 - D. Shortness of breath

- 6. What physical examination finding would be expected in a woman with severe anorexia nervosa?**
- A. Hyperactive bowel sounds
 - B. Fine, downy, unpigmented hair growth
 - C. Hyperthermia
 - D. Oily skin
- 7. What medication should be co-administered with haloperidol to minimize the risk of extrapyramidal symptoms?**
- A. Chlorpromazine
 - B. Diphenhydramine
 - C. Lorazepam
 - D. Olanzapine
- 8. Which medication is indicated as a first-line treatment for mild to moderate body dysmorphic disorder?**
- A. Bupropion
 - B. Citalopram
 - C. Fluoxetine
 - D. Mirtazapine
- 9. 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
- 10. What medication is most likely causing symptoms in a patient exhibiting signs of lithium toxicity?**
- A. Valproic acid
 - B. Lamotrigine
 - C. Gabapentin
 - D. Lithium

Answers

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

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Explanations

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1. What treatment is generally recommended for the management of PTSD symptoms?

- A. Physical therapy
- B. Psychotherapy**
- C. Electroconvulsive therapy
- D. Anticonvulsants

The management of PTSD (Post-Traumatic Stress Disorder) symptoms is best addressed through psychotherapy. Evidence-based therapies, such as cognitive-behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR), have been shown to be highly effective in helping individuals process trauma, reduce symptoms, and improve overall functioning. These therapeutic approaches focus on changing unhelpful thoughts and behaviors associated with the traumatic experience and developing coping strategies to deal with stressors. While other treatments may play a role in the comprehensive management of PTSD, particularly in conjunction with psychotherapy, they do not primarily address the core symptoms of PTSD in the same way. Physical therapy may help with physical aspects of trauma or related conditions but does not directly affect PTSD symptoms. Electroconvulsive therapy is typically reserved for severe depression or other serious mood disorders and is not a first-line treatment for PTSD. Anticonvulsants may have a role in managing certain symptoms or co-occurring conditions but are not the standard or primary treatment for PTSD itself. Thus, psychotherapy is recognized as the most effective and recommended approach for managing PTSD symptoms.

2. 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.

3. A patient developing tolerance to oxycodone for chronic pain should be treated with which medication?

- A. Buprenorphine/naloxone**
- B. Duloxetine
- C. Extended release oxycodone
- D. Gabapentin

In the context of managing a patient who is developing tolerance to oxycodone for chronic pain, buprenorphine/naloxone presents an effective treatment option. Buprenorphine is a partial opioid agonist that can provide analgesic effects while also having a ceiling effect on its opioid activity, which may help in reducing the risk of overdose compared to full agonists like oxycodone. The inclusion of naloxone helps to deter misuse of the medication if the patient were to attempt to misuse it by injection, as naloxone can precipitate withdrawal in such cases. One of the key aspects of treating patients with chronic pain who develop tolerance is to consider options that not only manage pain effectively but also minimize the potential for escalating doses of opioids. Buprenorphine/naloxone provides this balance, offering a pain management strategy that is effective while addressing concerns related to opioid dependence and misuse. When comparing other options, duloxetine is an antidepressant that is often used for neuropathic pain and has a different mechanism of action compared to opioids, while gabapentin is primarily utilized for nerve pain and does not have opioid effects. Extended release oxycodone would simply continue the same opioid regimen, heightening concerns about tolerance and

4. What characteristic behavior is indicative of a histrionic personality disorder?

- A. Desire for independence
- B. Attention-seeking through provocative behavior**
- C. Emotionally detached from social interactions
- D. Practicing obsessive routines

Histrionic personality disorder is characterized by a pervasive pattern of excessive emotionality and attention-seeking behavior. Individuals with this disorder often engage in provocative behavior to draw attention to themselves and to elicit responses from others. This can manifest as being overly theatrical in their expressions or actions, engaging in flirtatious behavior, or displaying exaggerated emotions in various situations. The need for approval and attention significantly influences their interactions, making attention-seeking through provocative behaviors a hallmark of the disorder. The other choices do not align with the core features of histrionic personality disorder. A desire for independence typically reflects traits more associated with avoidant or some aspects of borderline personality disorders. Emotional detachment from social interactions suggests characteristics of schizoid personality disorder, wherein individuals tend to avoid social relationships and display a restricted range of emotional expression. Practicing obsessive routines is more characteristic of obsessive-compulsive personality disorder or obsessive-compulsive disorder, rather than the emotional volatility and attention-seeking behavior seen in histrionic personality disorder.

5. In a patient with acute anxiety, which physiological manifestation is commonly observed?

- A. Hypertension
- B. Cardiac arrest
- C. Severe hypotension
- D. Shortness of breath**

In cases of acute anxiety, shortness of breath is a common physiological manifestation. This symptom is often a result of hyperventilation or the body's fight-or-flight response, which triggers an increase in respiratory rate to supply more oxygen in situations perceived as threatening or overwhelming. As the individual experiences anxiety, the sympathetic nervous system activates, leading to various physiological changes, including tachypnea (rapid breathing) and the sensation of having difficulty breathing, which is commonly referred to as shortness of breath. Other options describe less typical responses to acute anxiety. For example, hypertension can occur but may not be as universally present as breathing difficulties in anxiety disorders. Cardiac arrest, while a critical medical emergency, is not a typical manifestation associated with acute anxiety and is more relevant in life-threatening situations. Severe hypotension is also unlikely, as anxiety generally leads to increased blood pressure rather than a decrease. Thus, shortness of breath accurately reflects a common response during episodes of acute anxiety, aligning with the physiological changes associated with this emotional state.

6. What physical examination finding would be expected in a woman with severe anorexia nervosa?

- A. Hyperactive bowel sounds
- B. Fine, downy, unpigmented hair growth**
- C. Hyperthermia
- D. Oily skin

The presence of fine, downy, unpigmented hair growth, known as lanugo, is a characteristic physical examination finding in individuals with severe anorexia nervosa. This occurs as a physiological response to extreme malnutrition and is the body's attempt to conserve heat in the context of significant weight loss, lowered body fat, and slowed metabolism. In the absence of sufficient body fat and nutrition, the body becomes vulnerable and starts exhibiting these adaptations, which include the growth of lanugo to help retain warmth. Lanugo is often more prominently seen in individuals with a prolonged history of anorexia nervosa and can be an important indicator of the severity of the condition. Recognizing lanugo as a symptom can aid healthcare providers in assessing the nutritional status and severity of the eating disorder. Other options presented do not align with the typical presentation of severe anorexia nervosa. For instance, hyperactive bowel sounds are more commonly associated with certain gastrointestinal disturbances rather than anorexia itself, while hyperthermia is not a typical finding as individuals with anorexia often experience hypothermia due to low body weight. Oily skin can arise from varying causes but does not specifically correlate with the physiological changes associated with anorexia nervosa.

7. What medication should be co-administered with haloperidol to minimize the risk of extrapyramidal symptoms?

- A. Chlorpromazine
- B. Diphenhydramine**
- C. Lorazepam
- D. Olanzapine

Co-administering diphenhydramine with haloperidol is a common practice to minimize the risk of extrapyramidal symptoms (EPS), which are side effects associated with the use of typical antipsychotics like haloperidol. Haloperidol, while effective for managing psychosis and schizophrenia, can block dopamine receptors in the brain, leading to movement disorders characterized by symptoms such as tremors, rigidity, and tardive dyskinesia. Diphenhydramine is an antihistamine with anticholinergic properties that can effectively counteract the movement-related side effects caused by dopamine blockade. By administering diphenhydramine alongside haloperidol, clinicians can help mitigate these EPS, allowing for better patient tolerance of the antipsychotic treatment. Other medications listed do not primarily serve the same purpose. For instance, chlorpromazine is also an antipsychotic and may not significantly reduce EPS risks; rather, it can contribute to similar side effects. Lorazepam may help with anxiety and agitation but does not specifically target the prevention of EPS. Olanzapine is an atypical antipsychotic and while it may have a different side effect profile, it does not serve to minimize EPS induced by haloperidol

8. Which medication is indicated as a first-line treatment for mild to moderate body dysmorphic disorder?

- A. Bupropion
- B. Citalopram
- C. Fluoxetine**
- D. Mirtazapine

Citalopram, a selective serotonin reuptake inhibitor (SSRI), is indicated as a first-line treatment for mild to moderate body dysmorphic disorder (BDD). This classification of SSRIs is well-supported by clinical evidence illustrating their efficacy in alleviating symptoms of BDD, which often includes persistent, intrusive thoughts about perceived flaws in appearance and subsequent compulsive behaviors. Research has shown that SSRIs like citalopram can substantially reduce the severity of dysmorphic symptoms and improve overall functioning in affected individuals. Their mechanism of action, which involves increasing serotonin levels in the brain, is believed to play a crucial role in addressing the emotional and cognitive aspects of BDD. While other medications can be beneficial in treating various conditions, they do not have the same established role in the treatment of body dysmorphic disorder. For instance, bupropion is primarily used for depression and smoking cessation and does not have significant evidence supporting its use in BDD. Fluoxetine, another SSRI, is also effective for BDD but citalopram is often favored in discussions of first-line treatments due to its safety profile and tolerability. Mirtazapine, which has sedative properties, is generally not indicated for BDD and

9. 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.

10. What medication is most likely causing symptoms in a patient exhibiting signs of lithium toxicity?

A. Valproic acid

B. Lamotrigine

C. Gabapentin

D. Lithium

The symptoms observed in a patient exhibiting signs of lithium toxicity are most likely related to the medication lithium itself. Lithium is a mood stabilizer commonly used in the treatment of bipolar disorder, and it has a narrow therapeutic window. This means that the difference between a therapeutic dose and a toxic dose is small, making careful monitoring essential for patients taking this medication. Lithium toxicity can present with a range of symptoms, including tremors, confusion, ataxia, nausea, and even seizures or coma in severe cases. These symptoms arise due to increased lithium levels in the bloodstream, which can happen due to various factors such as dehydration, renal impairment, or drug interactions. The other medications listed, such as valproic acid, lamotrigine, and gabapentin, are also used in the treatment of mood disorders or neuropathic pain but do not typically lead to symptoms in the context of lithium toxicity. They do not share the same risk profile or considerations for toxicity associated with lithium itself. Instead, while they may have their own side effects, they do not contribute to the specific signs of lithium toxicity. In summary, lithium is the medication directly responsible for the symptoms of toxicity, as it is the agent with a known risk for causing

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://behavioralhealthor.examzify.com>

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

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