

# Pennsylvania Psychiatry EOR Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of questions,**

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**SAMPLE**

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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

- 1. Which personality disorder is characterized by a preoccupation with orderliness and perfection at the expense of flexibility and efficiency?**
  - A. Obsessive Compulsive Personality**
  - B. Avoidant**
  - C. Narcissistic**
  - D. Dependent**
- 2. A patient presents with extreme aversion to all genital sexual contact. What is this disorder?**
  - A. Sexual Aversion Disorder**
  - B. Hypoactive Sexual Desire Disorder**
  - C. Exhibitionism**
  - D. Fetishism**
- 3. Which medication may be used to create an aversion to alcohol but will not decrease cravings?**
  - A. Disulfiram (Antabuse)**
  - B. Naltrexone**
  - C. Acamprosate**
  - D. Topiramate**
- 4. What symptom is NOT typical for patients with schizophrenia?**
  - A. Bizarre delusions**
  - B. Visual hallucinations**
  - C. Disorganized behavior**
  - D. Stable mood**
- 5. How long must schizophrenia symptoms persist for a diagnosis?**
  - A. At least 1 month**
  - B. At least 3 months**
  - C. At least 6 months**
  - D. At least 12 months**

- 6. What is the duration of symptoms required for a diagnosis of Schizophreniform disorder?**
- A. Less than 1 month**
  - B. 1 to 6 months**
  - C. 6 months to 1 year**
  - D. More than 1 year**
- 7. Which SSRIs are indicated in the treatment of OCD and PTSD?**
- A. Citalopram and Fluoxetine**
  - B. Fluoxetine, Sertraline, Paroxetine, and Fluvoxamine**
  - C. Venlafaxine and Duloxetine**
  - D. Amitriptyline and Nortriptyline**
- 8. What screening tool is used for assessing bipolar disorder?**
- A. Beck Depression Inventory**
  - B. The Mood Disorder Questionnaire**
  - C. Hamilton Rating Scale for Depression**
  - D. PHQ-9**
- 9. What is the risk assessment tool used for evaluating suicide risk?**
- A. PHQ-9**
  - B. GAF Score**
  - C. SAD PERSONS**
  - D. CAGE Questionnaire**
- 10. What can cause a pattern of tremor, agitation, and seizures upon withdrawal?**
- A. Benzodiazepines**
  - B. Alcohol**
  - C. Barbiturates**
  - D. Stimulants**

## **Answers**

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

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## **Explanations**

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**1. Which personality disorder is characterized by a preoccupation with orderliness and perfection at the expense of flexibility and efficiency?**

**A. Obsessive Compulsive Personality**

**B. Avoidant**

**C. Narcissistic**

**D. Dependent**

The personality disorder characterized by a preoccupation with orderliness and perfection at the expense of flexibility and efficiency is indeed Obsessive Compulsive Personality Disorder (OCPD). Individuals with OCPD demonstrate an excessive focus on order, rules, and control, which can lead to difficulties in adapting to new situations or being open to change. This rigidity often interferes with their personal and professional relationships, as they may prioritize their need for perfection and order over collaboration or spontaneity. OCPD differs from Obsessive-Compulsive Disorder (OCD) as it is more about personality traits rather than intrusive thoughts or compulsions. People with OCPD might take pride in their meticulousness and may see their behaviors as desirable or necessary, often leading to interpersonal conflicts when others do not share their standards. In contrast, avoidant personality disorder is marked by social inhibition and feelings of inadequacy; narcissistic personality disorder involves a preoccupation with self-importance and a lack of empathy; and dependent personality disorder features a pervasive and excessive need to be taken care of, resulting in submissive and clingy behaviors. None of these conditions share the same specific fixation on orderliness and perfection as seen in OCPD.

**2. A patient presents with extreme aversion to all genital sexual contact. What is this disorder?**

**A. Sexual Aversion Disorder**

**B. Hypoactive Sexual Desire Disorder**

**C. Exhibitionism**

**D. Fetishism**

The disorder characterized by extreme aversion to all genital sexual contact is known as Sexual Aversion Disorder. This condition is marked by significant distress or impairment in social, occupational, or other important areas of functioning due to an intense avoidance of sexual activities. Individuals with this disorder may experience feelings of disgust or anxiety at the thought of sexual engagement, leading to a complete rejection of sexual contact. In contrast, Hypoactive Sexual Desire Disorder involves a lack of interest in sexual activities but does not specifically include an aversion or repulsion towards sexual contact. Exhibitionism is a paraphilic disorder where the individual derives sexual pleasure from exposing their genitals to unsuspecting strangers, which is fundamentally different in nature. Fetishism involves sexual arousal from non-living objects or specific body parts (other than genitalia) and does not encompass an aversion to sexual contact. Understanding these distinctions is crucial in accurately identifying and diagnosing sexual dysfunctions.

**3. Which medication may be used to create an aversion to alcohol but will not decrease cravings?**

**A. Disulfiram (Antabuse)**

**B. Naltrexone**

**C. Acamprosate**

**D. Topiramate**

Disulfiram, commonly known as Antabuse, is specifically designed to create an aversion to alcohol consumption. It works by inhibiting an enzyme, aldehyde dehydrogenase, that is involved in the metabolism of alcohol. When someone consumes alcohol while taking disulfiram, it leads to the accumulation of acetaldehyde, causing unpleasant reactions such as flushing, nausea, and palpitations. This negative reinforcement educates the individual to avoid alcohol. However, disulfiram does not target the underlying cravings for alcohol; it does not have the pharmacological properties to reduce the desire to drink. Its primary function is to create a deterrent based on the adverse physical reactions to drinking while on the medication. In contrast, naltrexone is an opioid receptor antagonist that helps to reduce cravings by blocking the pleasurable effects of alcohol. Acamprosate works to restore the balance of neurotransmitters in the brain and has been shown to reduce alcohol cravings as well. Topiramate, an anticonvulsant, has also demonstrated efficacy in decreasing alcohol cravings. These differences highlight why disulfiram is the correct answer in the context of creating aversion without addressing cravings.

**4. What symptom is NOT typical for patients with schizophrenia?**

**A. Bizarre delusions**

**B. Visual hallucinations**

**C. Disorganized behavior**

**D. Stable mood**

In schizophrenia, a significant aspect of the disorder involves the presence of a range of symptoms that can disrupt a person's thinking, perception, emotions, and behavior. Stable mood is not typically associated with schizophrenia, as individuals with this condition often experience profound fluctuations in mood and emotional responses. For instance, those affected may show signs of depression, anxiety, or even a blunted or flat affect that does not fall within the spectrum of 'stable.' In contrast, bizarre delusions, visual hallucinations, and disorganized behavior are hallmark symptoms of schizophrenia, showcasing the disorder's characteristic disturbances in reality perception and cognitive functioning. Therefore, identifying stable mood as a symptom that is not typical complements our understanding of the emotional and psychological challenges that patients with schizophrenia face.

**5. How long must schizophrenia symptoms persist for a diagnosis?**

- A. At least 1 month**
- B. At least 3 months**
- C. At least 6 months**
- D. At least 12 months**

For a diagnosis of schizophrenia, symptoms must persist for at least six months, with at least one month of active-phase symptoms that meet the criteria outlined in the DSM-5. This timeframe allows for the establishment of a clear and chronic pattern of symptoms, which is essential for distinguishing schizophrenia from other psychiatric conditions that may present with similar features but are transient or situational. The duration requirement is crucial because it helps ensure that the diagnosis reflects a significant and established mental health condition rather than a temporary episode. In practice, this means that individuals must exhibit characteristic symptoms, such as delusions, hallucinations, disorganized thinking, or negative symptoms, during this active phase within the specified six-month period. The longer duration also acknowledges that some mental health issues may evolve over time, and by the six-month mark, it becomes clearer if the disorder is truly schizophrenia or if it falls into a different diagnostic category based on symptom persistence and severity.

**6. What is the duration of symptoms required for a diagnosis of Schizophreniform disorder?**

- A. Less than 1 month**
- B. 1 to 6 months**
- C. 6 months to 1 year**
- D. More than 1 year**

For a diagnosis of Schizophreniform disorder, symptoms must be present for a duration of 1 to 6 months. This condition is characterized by the same types of symptoms found in schizophrenia, such as delusions, hallucinations, disorganized speech, and negative symptoms, but the key difference lies in the time frame. Schizophreniform disorder serves as a transitional diagnosis between brief psychotic disorder and schizophrenia itself. If symptoms last less than one month, it would not meet the criteria for any form of schizophrenia or schizophreniform disorder, as it would indicate a brief psychotic episode. Conversely, symptoms lasting more than six months would indicate the presence of schizophrenia, as that is the minimum duration required for a schizophrenia diagnosis. Thus, the 1 to 6-month period is crucial in distinguishing Schizophreniform disorder from these other conditions.

**7. Which SSRIs are indicated in the treatment of OCD and PTSD?**

**A. Citalopram and Fluoxetine**

**B. Fluoxetine, Sertraline, Paroxetine, and Fluvoxamine**

**C. Venlafaxine and Duloxetine**

**D. Amitriptyline and Nortriptyline**

The correct answer highlights Fluoxetine, Sertraline, Paroxetine, and Fluvoxamine as the SSRIs indicated in the treatment of both Obsessive-Compulsive Disorder (OCD) and Post-Traumatic Stress Disorder (PTSD). These medications are part of a class called selective serotonin reuptake inhibitors, which work by increasing levels of serotonin in the brain. Increased serotonin can help regulate mood and anxiety, which is crucial for managing symptoms associated with OCD and PTSD. Clinical studies have shown that these SSRIs are effective in reducing the severity of obsessions and compulsions in OCD and alleviating the symptoms of PTSD, such as flashbacks, avoidance, and hyperarousal. The other options include medications that are not classified as SSRIs or that are not typically first-line treatments for OCD and PTSD. While Venlafaxine and Duloxetine, which are serotonin-norepinephrine reuptake inhibitors (SNRIs), can be effective for various anxiety disorders and depression, they are not considered the primary treatments for OCD and PTSD as SSRIs are. Similarly, Amitriptyline and Nortriptyline are tricyclic antidepressants that are not first-line treatments for these conditions and may carry a higher side effect.

**8. What screening tool is used for assessing bipolar disorder?**

**A. Beck Depression Inventory**

**B. The Mood Disorder Questionnaire**

**C. Hamilton Rating Scale for Depression**

**D. PHQ-9**

The Mood Disorder Questionnaire is specifically designed to assess bipolar disorder. It consists of a series of questions that help identify symptoms indicative of both manic and depressive episodes, which are crucial for a proper diagnosis of bipolar disorder. This screening tool allows clinicians to capture the cyclical nature of mood disorders, including the distinguishing features of mania and depression that are characteristic of bipolar disorder. The other options serve different purposes. The Beck Depression Inventory is primarily used to measure the severity of depressive symptoms and is not specifically tailored for bipolar disorder. The Hamilton Rating Scale for Depression is a comprehensive assessment tool for depression severity but lacks the capability to evaluate manic symptoms. The PHQ-9 is a screening tool for major depressive disorder and does not address the specific symptomatology of bipolar disorder. Hence, the Mood Disorder Questionnaire stands out as the appropriate tool for assessing bipolar disorder.

**9. What is the risk assessment tool used for evaluating suicide risk?**

**A. PHQ-9**

**B. GAF Score**

**C. SAD PERSONS**

**D. CAGE Questionnaire**

The SAD PERSONS scale is a widely recognized tool specifically designed to assess suicide risk. This tool consists of a simple checklist of criteria that helps clinicians evaluate the risk factors associated with suicidal behavior. It includes various indicators such as sex, age, depression, previous attempts, and the presence of a perceived loss or lack of social support. Each factor scored contributes to the assessment of the overall risk profile for the individual being evaluated. In contrast, the other options serve different functions. The PHQ-9 is primarily used for diagnosing and measuring the severity of depression but does not specifically evaluate suicide risk. The GAF score assesses overall psychological, social, and occupational functioning, but it is not a direct tool for assessing suicide risk. The CAGE Questionnaire focuses on identifying potential alcohol use disorders rather than suicide risk. Thus, the SAD PERSONS scale stands out as a targeted tool for evaluating suicide risk, making it the most appropriate choice.

**10. What can cause a pattern of tremor, agitation, and seizures upon withdrawal?**

**A. Benzodiazepines**

**B. Alcohol**

**C. Barbiturates**

**D. Stimulants**

A pattern of tremor, agitation, and seizures upon withdrawal is most commonly associated with alcohol withdrawal. When an individual who has developed a dependence on alcohol suddenly reduces or stops their intake, the body reacts to the absence of the substance, leading to significant neurological and physiological symptoms. Alcohol functions as a central nervous system depressant, and with chronic use, the brain adapts to its presence. Suddenly withdrawing from alcohol disrupts this balance, triggering symptoms such as tremors, anxiety, agitation, and potentially seizures due to hyperactivity of the nervous system. The risk of seizures is particularly heightened during alcohol withdrawal, which can occur within hours to a few days after cessation of drinking, making it a critical concern in patients with alcohol dependence. In contrast, although benzodiazepine and barbiturate withdrawals can also lead to similar symptoms, the typical context of these withdrawals is slightly different, and they are not as common in the general population as alcohol withdrawal, which has a broader prevalence of dependence. Stimulants typically lead to different withdrawal symptoms, such as fatigue and anhedonia, rather than tremors and seizures. Therefore, alcohol is the correct answer due to its well-documented withdrawal syndrome that includes the symptoms listed in the question.

## 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](mailto: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!**