

Rosh Psychiatry Board Practice Exam (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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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

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- 1. The term "anhedonia" refers to what symptom?**
 - A. Loss of interest or pleasure in activities once enjoyed**
 - B. Increased energy levels and motivation**
 - C. Excessive emotional responses to stimuli**
 - D. Compulsive engagement in pleasure-seeking behaviors**
- 2. What is the primary focus of family therapy in a psychiatric context?**
 - A. Improving family dynamics and communication**
 - B. Treating individual psychiatric symptoms**
 - C. Medication management for family members**
 - D. Addressing financial issues within the family**
- 3. For a patient with post-traumatic stress disorder who is stable on paroxetine, what is the next appropriate therapeutic step?**
 - A. Initiate interpersonal therapy**
 - B. Begin mindfulness-based stress reduction**
 - C. Implement psychodynamic psychotherapy**
 - D. Commence trauma-focused cognitive-behavioral therapy**
- 4. Which of the following is an important routine assessment for patients with factitious disorder?**
 - A. Fasting serum glucose**
 - B. Glasgow coma scale**
 - C. Magnetic resonance brain imaging**
 - D. Suicide risk**
- 5. Male hypoactive sexual desire disorder is primarily characterized by an absence of which sexual function?**
 - A. Ejaculation**
 - B. Erection**
 - C. Libido**
 - D. Orgasm**

6. Which medication has the lowest risk of causing major congenital malformations?

- A. Carbamazepine**
- B. Lamotrigine**
- C. Lithium**
- D. Valproic acid**

7. For a patient with significant soft tissue injuries related to sexual behavior, what is the recommended intervention?

- A. Admit for inpatient psychiatric care**
- B. Refer to neurology for limbic leucotomy**
- C. Refer to psychiatry for electroconvulsive therapy**
- D. Refer to psychology for cognitive-behavior therapy**

8. Which medication class is primarily used in treating mood disorders?

- A. Stimulants**
- B. Antidepressants**
- C. Beta-blockers**
- D. Anticonvulsants**

9. What is the key symptom of a panic attack?

- A. Persistent worry about multiple issues**
- B. Feelings of impending doom or severe anxiety**
- C. Severe phobic reactions**
- D. Social withdrawal**

10. Which of the following is an example of a negative symptom associated with schizophrenia?

- A. Decreased reactivity to the environment**
- B. Diminished speech output**
- C. Displaying childlike silliness**
- D. Loosening of associations**

Answers

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

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Explanations

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1. The term "anhedonia" refers to what symptom?

- A. Loss of interest or pleasure in activities once enjoyed**
- B. Increased energy levels and motivation**
- C. Excessive emotional responses to stimuli**
- D. Compulsive engagement in pleasure-seeking behaviors**

Anhedonia is a key symptom often associated with mood disorders, particularly major depressive disorder. It specifically refers to the loss of interest or pleasure in activities that were once found enjoyable. This means individuals experiencing anhedonia may withdraw from social interactions, hobbies, or other activities that they previously engaged in with enthusiasm. The impact of anhedonia is significant, as it can lead to a decrease in overall life satisfaction and can exacerbate feelings of hopelessness. Understanding anhedonia is crucial for assessing and treating depressive disorders, as addressing this symptom can be an important step in helping patients regain interest in life and their surroundings. The other options describe different psychological phenomena that are not relevant to the definition of anhedonia. Thus, focusing on the loss of interest or pleasure aligns with the established understanding of this symptom within mental health contexts.

2. What is the primary focus of family therapy in a psychiatric context?

- A. Improving family dynamics and communication**
- B. Treating individual psychiatric symptoms**
- C. Medication management for family members**
- D. Addressing financial issues within the family**

The primary focus of family therapy in a psychiatric context is on improving family dynamics and communication. Family therapy operates under the premise that mental health issues often arise from or are exacerbated by family interactions and relationships. In this therapeutic approach, the emphasis is placed on understanding and reworking the family's communication patterns, improving relationships, and addressing broader dynamics that influence individual behavior and mental health. Family therapists facilitate conversations among family members to foster a supportive environment that can lead to healthier interactions. By improving communication, family therapy aims to reduce conflict and promote understanding, which can be beneficial for the mental well-being of all family members and can aid in the treatment of individuals facing psychiatric challenges. While treating individual psychiatric symptoms, medication management, and addressing financial issues might be aspects considered in an overall treatment plan, they are not the primary focus of family therapy. Instead, the goal is to create a nurturing family environment that supports recovery and resilience for the individual affected by psychiatric conditions.

3. For a patient with post-traumatic stress disorder who is stable on paroxetine, what is the next appropriate therapeutic step?

- A. Initiate interpersonal therapy**
- B. Begin mindfulness-based stress reduction**
- C. Implement psychodynamic psychotherapy**
- D. Commence trauma-focused cognitive-behavioral therapy**

For a patient with post-traumatic stress disorder (PTSD) who is stable on paroxetine, commencing trauma-focused cognitive-behavioral therapy (TF-CBT) is the appropriate next therapeutic step. TF-CBT is specifically designed to address the symptoms and experiences associated with PTSD. It integrates elements of cognitive-behavioral therapy with trauma-specific interventions, focusing on helping patients process their traumatic experiences, manage distressing symptoms, and develop coping strategies. This therapeutic approach is supported by extensive research evidence demonstrating its effectiveness in reducing PTSD symptoms, offering valuable tools for patients to understand and challenge maladaptive thoughts related to their trauma. Additionally, TF-CBT can be beneficial alongside pharmacotherapy, leading to improved outcomes in managing PTSD. In the context of other interventions such as interpersonal therapy, mindfulness-based stress reduction, or psychodynamic psychotherapy, while these methods may offer support, they are not specifically tailored to address the core features of PTSD in the same direct manner as TF-CBT. Therefore, for a patient already stabilized on an antidepressant like paroxetine, integrating TF-CBT into their treatment regimen is a strategic and effective choice to continue their recovery and address their PTSD symptoms more comprehensively.

4. Which of the following is an important routine assessment for patients with factitious disorder?

- A. Fasting serum glucose**
- B. Glasgow coma scale**
- C. Magnetic resonance brain imaging**
- D. Suicide risk**

In the routine assessment of patients with factitious disorder, fasting serum glucose is an important test to consider because individuals with this condition may engage in behaviors that can lead to alterations in their metabolic state, particularly if they are deliberately inducing symptoms or self-harming. Fasting serum glucose can help detect possible hypoglycemia or hyperglycemia associated with these behaviors, especially if the patient presents with symptoms that might suggest metabolic disturbances. Evaluating metabolic parameters is crucial in understanding the patient's overall health and any potential feigned medical conditions. Although other assessments may be significant in managing a patient's overall health, the direct relevance of fasting serum glucose in detecting potential manipulative behaviors associated with factitious disorder highlights its importance in routine assessment. Options such as the Glasgow coma scale and magnetic resonance brain imaging are less appropriate as routine assessments for factitious disorder. The Glasgow coma scale is primarily used to assess consciousness in patients following head injuries or those with altered mental status, while MRI is more typically utilized in diagnosing structural brain issues rather than evaluating psychological conditions like factitious disorder. Suicide risk assessment is undeniably important in all patient evaluations, particularly in psychiatric disorders. However, while it remains critical to ensure patient safety and explore underlying mental health issues, it is not specifically indicative of the metabolic

5. Male hypoactive sexual desire disorder is primarily characterized by an absence of which sexual function?

- A. Ejaculation**
- B. Erection**
- C. Libido**
- D. Orgasm**

Male hypoactive sexual desire disorder is primarily characterized by a deficiency or absence of libido, which refers to the interest or desire for sexual activity. This condition is diagnosed when an individual experiences a persistent lack of sexual fantasies and a desire for sexual activity, which causes significant distress or interpersonal difficulty. Libido is a key aspect of sexual functioning that encompasses an individual's motivation or drive to engage in sexual experiences. In the context of this disorder, it is not merely about the physical ability to perform sexual acts, such as achieving an erection or ejaculation, but rather focuses specifically on the psychological and emotional aspects of sexual desire. Other sexual functions, such as the ability to experience an orgasm or achieve an erection, may not necessarily be affected in individuals with male hypoactive sexual desire disorder, as the disorder is distinctively related to sexual desire rather than the physiological responses typically associated with sexual activity.

6. Which medication has the lowest risk of causing major congenital malformations?

- A. Carbamazepine**
- B. Lamotrigine**
- C. Lithium**
- D. Valproic acid**

Lamotrigine is associated with the lowest risk of causing major congenital malformations when compared to the other medications listed. Research indicates that while there is still a potential risk for congenital malformations with lamotrigine, it is significantly lower than the risks associated with carbamazepine, lithium, and especially valproic acid. Valproic acid is known to carry a high risk of teratogenic effects, particularly resulting in neural tube defects and other significant malformations. Carbamazepine also has a well-documented risk for similar issues, although not as high as that of valproic acid. Lithium, while potentially having some associated risks, has a lower incidence of major congenital malformations than the two mentioned previously, but still poses a concern. In summary, lamotrigine's profile of safety in pregnancy makes it the preferred choice for treating conditions like epilepsy or bipolar disorder in women who are or may become pregnant, as it presents the least risk for major congenital malformations among these medications.

7. For a patient with significant soft tissue injuries related to sexual behavior, what is the recommended intervention?

- A. Admit for inpatient psychiatric care**
- B. Refer to neurology for limbic leucotomy**
- C. Refer to psychiatry for electroconvulsive therapy**
- D. Refer to psychology for cognitive-behavior therapy**

Cognitive-behavior therapy (CBT) is generally the recommended intervention for patients dealing with the psychological effects of soft tissue injuries related to sexual behavior. This therapeutic approach is effective in helping individuals understand the thoughts and feelings that influence their behaviors. In cases where patients experience distress due to their injuries or related behavioral issues, CBT can assist them in restructuring their thought patterns, developing coping strategies, and addressing maladaptive behaviors. CBT is particularly suitable because it not only focuses on the cognitive aspects of how a patient perceives their situation but also emphasizes behavior change. This can be highly beneficial for patients grappling with the emotional aftermath of trauma or injuries stemming from sexual behavior, as it fosters a supportive environment for discussing sensitive issues while promoting healthier coping mechanisms. Other interventions listed might not directly address the unique needs of a patient with significant soft tissue injuries related to sexual behavior. Inpatient psychiatric care could be more appropriate for severe cases requiring hospitalization, but for this specific scenario, psychotherapy is more aligned with the immediate needs for coping and behavioral adjustment. Neurology referrals for limbic leucotomy and electroconvulsive therapy are typically reserved for different psychiatric conditions, making them less relevant in this context.

8. Which medication class is primarily used in treating mood disorders?

- A. Stimulants**
- B. Antidepressants**
- C. Beta-blockers**
- D. Anticonvulsants**

Antidepressants are primarily used in treating mood disorders because they are specifically designed to target the neurotransmitter imbalances that often underlie conditions such as depression and anxiety. This class of medications works by increasing the levels of neurotransmitters like serotonin, norepinephrine, and dopamine in the brain, which are crucial in regulating mood. They are commonly prescribed to alleviate symptoms of major depressive disorder, generalized anxiety disorder, and other mood-related conditions. The efficacy of antidepressants in these contexts is well-supported by extensive research, and they play a fundamental role in psychiatric treatment plans for individuals experiencing mood disorders. Other medication classes have their own uses, but they do not primarily target mood disorders in the way antidepressants do. Stimulants are mainly used for attention disorders and narcolepsy, beta-blockers for cardiovascular issues and anxiety symptoms, and anticonvulsants primarily for seizure disorders and sometimes mood stabilization in bipolar disorder, but they are not the first-line treatment for mood disorders overall.

9. What is the key symptom of a panic attack?

- A. Persistent worry about multiple issues
- B. Feelings of impending doom or severe anxiety**
- C. Severe phobic reactions
- D. Social withdrawal

The key symptom of a panic attack is feelings of impending doom or severe anxiety. During a panic attack, individuals often experience a sudden onset of intense fear or discomfort that reaches a peak within minutes. This acute anxiety can be accompanied by physical symptoms such as rapid heart rate, shortness of breath, and dizziness. The overwhelming feeling of dread or impending doom can be particularly distressing and is a hallmark feature of panic attacks, distinguishing them from other anxiety disorders. While persistent worry about multiple issues is characteristic of generalized anxiety disorder, severe phobic reactions are more closely associated with specific phobias, and social withdrawal can be seen in various mental health conditions, including social anxiety disorder. None of these alternatives capture the immediate and intense experience of fear that defines a panic attack, making feelings of impending doom or severe anxiety the most representative symptom.

10. Which of the following is an example of a negative symptom associated with schizophrenia?

- A. Decreased reactivity to the environment
- B. Diminished speech output**
- C. Displaying childlike silliness
- D. Loosening of associations

Diminished speech output is recognized as a negative symptom associated with schizophrenia. Negative symptoms refer to a decrease or absence of normal functions or behaviors, impacting one's ability to communicate, engage, or express emotions. When individuals experience diminished speech output, also known as alogia, it reflects a reduction in spontaneous conversation and is characterized by shortened responses or less verbal communication overall. In contrast, decreased reactivity to the environment may reflect a blunted affect but isn't exclusively categorized as a negative symptom in the same explicit way as diminished speech output. Displaying childlike silliness can be seen as an inappropriate emotional response, which aligns with a disorganized symptom rather than a negative one. Loosening of associations indicates a thought disorder, which is typically categorized as a positive symptom, as it represents the presence of disorganized thinking rather than an absence of function. Understanding these distinctions is crucial for recognizing and identifying the various symptomatologies present in schizophrenia.

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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