

Rosh Psychiatry Board 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 defines a delusion of reference?**
 - A. Belief that one is being persecuted**
 - B. Belief that everyday events have special significance**
 - C. Belief that one possesses extraordinary abilities**
 - D. Belief that others can read one's mind**
- 2. What term describes a condition where an individual takes on a sick role without any obvious medical causes?**
 - A. Factitious disorder**
 - B. Conversion disorder**
 - C. Somatic symptom disorder**
 - D. Illness anxiety disorder**
- 3. How might a fear of driving develop in a patient who has recently lost a family member in a car accident?**
 - A. Cognitive bias**
 - B. Direct conditioning**
 - C. Informational transmission**
 - D. Vicarious acquisition**
- 4. What factor contributes to the risk of developing panic disorder?**
 - A. Hypoactivity in the amygdala**
 - B. Narcissistic personality disorder**
 - C. Low anxiety sensitivity**
 - D. Smoking in childhood**
- 5. Which disorder is commonly observed in individuals who have experienced significant early-life trauma?**
 - A. Post-Traumatic Stress Disorder (PTSD)**
 - B. Obsessive-Compulsive Disorder (OCD)**
 - C. Generalized Anxiety Disorder (GAD)**
 - D. Schizophrenia**

6. Which neurotransmitter is primarily implicated in anxiety disorders?

- A. Dopamine**
- B. Serotonin**
- C. Norepinephrine**
- D. GABA**

7. What is the term for a false belief that is strongly held despite evidence to the contrary?

- A. Hallucination**
- B. Delusion**
- C. Illusion**
- D. Myth**

8. What type of sleep disturbance might a patient with major depressive disorder experience?

- A. Insomnia**
- B. Hypersomnolence**
- C. Sleep apnea**
- D. Nightmares**

9. What specific type of trauma can lead to Complex PTSD?

- A. Isolated incidents of trauma**
- B. Prolonged, repeated traumatic experiences, often in childhood**
- C. Traumatic loss of a loved one**
- D. Cyberbullying incidents**

10. Which statement best characterizes the management strategy for disruptive behavioral disorders?

- A. Focus solely on medication management**
- B. Involve family-based interventions**
- C. Promote individual counseling with no family involvement**
- D. Limit patient-to-patient interactions**

Answers

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

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Explanations

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1. What defines a delusion of reference?

- A. Belief that one is being persecuted
- B. Belief that everyday events have special significance**
- C. Belief that one possesses extraordinary abilities
- D. Belief that others can read one's mind

A delusion of reference is characterized by the belief that common events or situations hold particular and often personal significance for the individual. This might manifest as interpreting neutral stimuli—such as television programs, newspaper articles, or conversations in public—as messages directed specifically at oneself. For instance, a person might believe that the weather report is giving them a special warning or that a song on the radio is speaking directly to their life experiences. This form of delusion is part of a broader spectrum of reference delusions, where the individual feels an exaggerated personal significance attached to external occurrences, often leading to a skewed understanding of reality. Recognizing this aspect is crucial for mental health professionals in diagnosing and treating conditions where such delusions are present, such as schizophrenia or delusional disorder. In contrast, the other options describe different kinds of delusions: the belief that one is being persecuted relates specifically to paranoid delusions, the belief in extraordinary abilities pertains to grandiosity, and the notion that others can read one's mind reflects ideas of thought broadcasting or mind reading. Each of these delusions has distinct characteristics that differentiate them from delusions of reference.

2. What term describes a condition where an individual takes on a sick role without any obvious medical causes?

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

The term that best describes a condition where an individual takes on a sick role without any obvious medical causes is factitious disorder. In this condition, a person intentionally produces or feigns symptoms of an illness in order to assume the role of a patient. This behavior is driven by a desire to receive medical attention and care rather than for external incentives, such as financial gain or avoiding work. Factitious disorder is distinct from other disorders because the individual is consciously aware of their actions, even though they may not recognize the psychological motivations behind them. This can make it challenging to diagnose and differentiate from other somatic-related conditions. In contrast, conversion disorder involves neurological symptoms that occur without a clear medical explanation, but these symptoms are not intentionally produced. Somatic symptom disorder involves actual distress regarding physical symptoms that may or may not have a medical explanation, focusing on the individual's experience rather than intentional deception. Illness anxiety disorder is characterized by an excessive worry about having a serious illness, without significant physical symptoms present, which also does not involve the intentional production of symptoms. Thus, factitious disorder is specifically characterized by the deliberate assumption of a sick role, aligning with the description provided in the question.

3. How might a fear of driving develop in a patient who has recently lost a family member in a car accident?

- A. Cognitive bias**
- B. Direct conditioning**
- C. Informational transmission**
- D. Vicarious acquisition**

The fear of driving that develops in a patient who has recently lost a family member in a car accident can be understood through the concept of informational transmission. This involves acquiring fear or anxiety through the experiences of others, particularly when exposed to frightening or traumatic events. In this scenario, witnessing or hearing about the traumatic event of a loved one's death in a car accident can lead to an increased perception of risk associated with driving, even if the individual has not had a personal negative experience while driving themselves. Furthermore, this can create an environment where the idea of driving becomes associated with thoughts of danger and loss. The emotional response to the news of the accident may be strong enough to instigate a fear response toward the activity of driving. As a result, the individual may develop anticipatory anxiety whenever they consider driving. The other options, while related to emotional and behavioral responses, do not apply as appropriately in this context. Cognitive bias typically involves distorted thinking patterns and beliefs, direct conditioning refers to learned responses through personal experiences, and vicarious acquisition would imply learning through observing someone else's fearful behavior, which is less focused on direct, significant trauma like the death of a family member. Thus, informational transmission is the most fitting explanation for the development of the patient's

4. What factor contributes to the risk of developing panic disorder?

- A. Hypoactivity in the amygdala**
- B. Narcissistic personality disorder**
- C. Low anxiety sensitivity**
- D. Smoking in childhood**

The development of panic disorder is influenced by various factors, and one of the significant contributors is smoking in childhood. Engagement in smoking during formative years has been linked to an increased risk of developing anxiety disorders, including panic disorder. The mechanisms by which smoking influences this risk might include the impact of nicotine on neurobiological processes related to anxiety regulation, as well as the potential for smoking to serve as a maladaptive coping mechanism that reinforces anxiety sensitivity. Factors like hypoactivity in the amygdala and low anxiety sensitivity tend to be associated with a decreased likelihood of experiencing anxiety disorders, including panic disorder, since the amygdala plays a crucial role in threat detection and emotional responses. Narcissistic personality disorder does not exhibit a direct relationship with the onset of panic disorder; while it may involve emotional dysregulation, it is not considered a primary risk factor for panic disorder. Therefore, the association between early smoking behavior and the increased prevalence of panic disorder underscores the importance of addressing risk factors related to childhood behaviors and their long-term implications for mental health.

5. Which disorder is commonly observed in individuals who have experienced significant early-life trauma?

- A. Post-Traumatic Stress Disorder (PTSD)**
- B. Obsessive-Compulsive Disorder (OCD)**
- C. Generalized Anxiety Disorder (GAD)**
- D. Schizophrenia**

Individuals who have experienced significant early-life trauma are often diagnosed with Post-Traumatic Stress Disorder (PTSD). This disorder can occur after a person has been exposed to a traumatic event, which includes severe emotional or physical trauma in childhood. Early-life trauma can disrupt a child's development and lead to difficulties in regulating emotions and processing stress, making them more susceptible to PTSD. PTSD manifests through a variety of symptoms such as intrusive memories, avoidance of reminders of the trauma, negative changes in mood and cognition, and heightened arousal responses like hypervigilance and exaggerated startle reactions. Given the direct link between traumatic experiences in early life and the development of PTSD, it is recognized as one of the primary mental health outcomes following such trauma. In contrast, while the other disorders listed can occur independently of trauma or may be associated with anxiety and distress, they do not have the same direct and established correlation to early-life trauma as PTSD does. OCD, for example, is often characterized by recurrent obsessions and compulsions and may have different underlying biological and psychological mechanisms. Similarly, GAD involves chronic worry and anxiety but is not specifically tied to trauma history. Schizophrenia is a severe mental disorder that includes a range of symptoms affecting thought and behavior.

6. Which neurotransmitter is primarily implicated in anxiety disorders?

- A. Dopamine**
- B. Serotonin**
- C. Norepinephrine**
- D. GABA**

The correct choice is GABA, which is primarily implicated in anxiety disorders. GABA, or gamma-aminobutyric acid, is the main inhibitory neurotransmitter in the central nervous system. It plays a crucial role in reducing neuronal excitability throughout the nervous system. In anxiety disorders, there is often an imbalance in the levels of neurotransmitters, and GABA's inhibitory actions help to counteract the heightened activity associated with anxiety symptoms. Many anxiolytic medications are designed to enhance the effects of GABA, thereby reducing anxiety. For example, benzodiazepines increase GABA activity, leading to a calming effect that is effective in treating anxiety. Other neurotransmitters, such as serotonin and norepinephrine, do have roles in anxiety, but they are not primarily implicated in the same way GABA is. While serotonin is important in mood regulation and can influence anxiety levels, its primary association is more with depression. Norepinephrine is involved in the body's stress response and can contribute to the physical symptoms of anxiety, such as increased heart rate and arousal, but it doesn't directly address the inhibitory mechanisms central to anxiety disorders in the way GABA does. Thus, GABA's role is more directly related to the modulation

7. What is the term for a false belief that is strongly held despite evidence to the contrary?

A. Hallucination

B. Delusion

C. Illusion

D. Myth

The term for a false belief that is strongly held despite evidence to the contrary is delusion. Delusions are fixed beliefs that do not change even when presented with conflicting evidence. They are characteristic features of various mental disorders, particularly psychotic disorders such as schizophrenia or delusional disorder. In the context of psychiatric diagnoses, a delusion is not merely an incorrect understanding or a flawed belief; it is a deeply entrenched conviction that the individual regards as an undeniable truth. This quality distinguishes delusions from other types of false beliefs or misconceptions, which may be more malleable and subject to reconsideration. In contrast, hallucinations refer to sensory experiences that occur without any external stimulus, such as hearing voices or seeing things that aren't there. Illusions are misperceptions of real external stimuli, meaning they arise from actual sensory input but are misinterpreted. Myths, on the other hand, are widely held but unfounded beliefs or stories that may not necessarily pertain to an individual's psychological state and are often cultural or social in nature. Thus, delusion is the correct term for a strongly held false belief resistant to contrary evidence.

8. What type of sleep disturbance might a patient with major depressive disorder experience?

A. Insomnia

B. Hypersomnolence

C. Sleep apnea

D. Nightmares

Patients with major depressive disorder often experience alterations in their sleep patterns, and hypersomnolence can be a significant feature of this condition. Hypersomnolence refers to excessive daytime sleepiness and prolonged nighttime sleep, which can lead to feeling unrefreshed even after extended periods of sleep. This symptom aligns with the depressive state, where individuals may find themselves sleeping longer than usual, but still not achieving restorative sleep. In major depression, there can also be a disruption of the typical sleep architecture, which might contribute to feelings of fatigue and low energy, reinforcing the cycle of depression. Insomnia is indeed common among individuals with depression, but hypersomnolence, which is characterized by excessive sleeping rather than difficulty falling or staying asleep, can also occur. This differentiation highlights the varying presentations of sleep disturbances in major depressive disorder and the importance of considering both aspects when assessing a patient. Sleep apnea, while it can co-occur with various psychiatric conditions, is not a direct consequence of major depressive disorder itself. Nightmares may be experienced by individuals with depression, but they are not as universally prevalent or defining of the disorder as hypersomnolence can be.

9. What specific type of trauma can lead to Complex PTSD?

- A. Isolated incidents of trauma
- B. Prolonged, repeated traumatic experiences, often in childhood**
- C. Traumatic loss of a loved one
- D. Cyberbullying incidents

Complex PTSD (C-PTSD) is primarily associated with prolonged, repeated traumatic experiences, particularly those that occur in childhood. This type of trauma often involves sustained exposure to distressing circumstances, such as ongoing abuse or neglect, and can significantly affect the individual's emotional regulation, self-concept, and interpersonal relationships. The nature of this trauma is distinct because it is typically characterized by chronic exposure rather than isolated events. In contrast to simple PTSD, which may result from a single traumatic incident, C-PTSD arises from a pattern of trauma that undermines a person's ability to cope and integrate their experiences. The cumulative impact of ongoing abuse can lead to symptoms such as difficulties with emotional regulation, feelings of hopelessness, and a pervasive sense of shame or guilt. In regard to other types of trauma mentioned in the options, isolated incidents of trauma, traumatic loss, or cyberbullying are more likely to result in standard PTSD rather than C-PTSD. These experiences, while certainly distressing and impactful, do not share the same prolonged and repeated characteristics that define Complex PTSD. Understanding the nature of the trauma is essential for accurate diagnosis and appropriate treatment planning for individuals who may be struggling with the aftermath of such complex experiences.

10. Which statement best characterizes the management strategy for disruptive behavioral disorders?

- A. Focus solely on medication management
- B. Involve family-based interventions**
- C. Promote individual counseling with no family involvement
- D. Limit patient-to-patient interactions

The effective management strategy for disruptive behavioral disorders is best characterized by the involvement of family-based interventions. This approach recognizes that these disorders often impact not only the individual but also their family dynamics and relationships. By including family members in the treatment process, practitioners can help improve communication, establish consistent behavioral expectations, and create a supportive environment that fosters positive behavior changes. Family-based interventions can include family therapy, parenting skills training, and education about the disorder. These methods empower families to play an active role in the treatment and rehabilitation processes, promoting a collaborative approach that addresses behavioral issues in a comprehensive manner. This multifaceted involvement can lead to better treatment adherence, reduced stress for the child and family, and improved long-term outcomes. In contrast, focusing solely on medication management does not address the underlying issues and may not be effective without the support of behavioral interventions. Promoting individual counseling without family involvement may overlook the significant influence that family dynamics can have on a child's behavior. Limiting patient-to-patient interactions could hinder opportunities for social learning and the development of interpersonal skills, which are essential for coping with disruptive behaviors. Thus, a family-centered approach is crucial in managing disruptive behavioral disorders effectively.

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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