

ROSH PSYCHIATRY BOARD PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. A patient with flashbacks and anxiety after a mugging six months ago is most likely diagnosed with which condition?**
 - A. Acute stress disorder
 - B. Anxiety disorder
 - C. Major depressive disorder
 - D. Post-traumatic stress disorder

- 2. What is the best initial treatment for a patient with three years of depression and no improvement from support group therapy?**
 - A. Electroconvulsive therapy
 - B. Pharmacotherapy alone
 - C. Pharmacotherapy and psychotherapy
 - D. Psychotherapy alone

- 3. The presence of a significant impairment in social and occupational functioning is a criterion for which diagnosis?**
 - A. Generalized Anxiety Disorder
 - B. Major Depressive Disorder
 - C. Bipolar Disorder
 - D. Obsessive-Compulsive Disorder

- 4. Which medication is effective for decreasing nightmares in post-traumatic stress disorder?**
 - A. Amlodipine
 - B. Clonidine
 - C. Hydralazine
 - D. Prazosin

- 5. The term "flight of ideas" is typically used to describe a symptom of which condition?**
 - A. Depression
 - B. Anxiety
 - C. Mania
 - D. Schizophrenia

- 6. How long can cannabis typically be detected in urine after use?**
- A. 1 month
 - B. 1 to 7 days
 - C. 2 to 3 days
 - D. 7 to 14 days
- 7. Which treatment option is indicated for a patient experiencing muscle stiffness due to haloperidol?**
- A. Benztropine
 - B. Diphenhydramine
 - C. Valbenazine
 - D. Dantrolene
- 8. In a patient with schizophrenia experiencing dizziness, which medication is most likely responsible if the dose was recently increased?**
- A. Lurasidone
 - B. Prazosin
 - C. Quetiapine
 - D. Ziprasidone
- 9. Which psychiatric disorder is characterized by the presence of multiple personality states?**
- A. Schizophrenia
 - B. Dissociative Identity Disorder
 - C. Borderline Personality Disorder
 - D. Generalized Anxiety Disorder
- 10. What best describes a barrier to treatment for a patient with paranoid personality disorder?**
- A. Aggression
 - B. Agoraphobia
 - C. Delusions of persecution
 - D. Fragile self-concept

Answers

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

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Explanations

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1. A patient with flashbacks and anxiety after a mugging six months ago is most likely diagnosed with which condition?

- A. Acute stress disorder
- B. Anxiety disorder
- C. Major depressive disorder
- D. Post-traumatic stress disorder**

The presence of flashbacks and anxiety following a traumatic event, such as a mugging, aligns with the diagnostic criteria for post-traumatic stress disorder (PTSD). For a diagnosis of PTSD, symptoms must persist for longer than one month and can include intrusive memories, avoidance of reminders of the trauma, negative alterations in cognition and mood, and heightened arousal. In this case, the patient has been experiencing symptoms for six months, indicating that the duration has surpassed the threshold for acute stress disorder, which is typically defined as occurring within three days to four weeks after the trauma. Since the symptoms have progressed beyond that timeframe, a diagnosis of PTSD is applicable. Understanding this context is crucial, as acute stress disorder would not fit due to its shorter duration. While general anxiety disorder and major depressive disorder may involve symptoms of anxiety or mood disturbances, they do not specifically account for the flashbacks tied to the traumatic experience, making PTSD the most fitting diagnosis here.

2. What is the best initial treatment for a patient with three years of depression and no improvement from support group therapy?

- A. Electroconvulsive therapy
- B. Pharmacotherapy alone
- C. Pharmacotherapy and psychotherapy**
- D. Psychotherapy alone

For a patient who has experienced three years of depression with no improvement from support group therapy, an integrated approach combining pharmacotherapy and psychotherapy is often considered the most effective initial treatment strategy. This combination addresses both the biological and psychosocial aspects of depression. Pharmacotherapy, typically involving antidepressant medications, can help alleviate the symptoms of depression by correcting chemical imbalances in the brain, while psychotherapy provides a supportive environment for the patient to explore underlying issues, develop coping strategies, and improve overall functioning. Research has shown that utilizing both treatments concurrently can have additive effects and increase the likelihood of achieving remission compared to using either treatment alone. While other treatment options, such as electroconvulsive therapy, may be appropriate in cases of severe or treatment-resistant depression, they are generally not the first line of treatment for a patient who has not previously tried pharmacotherapy or therapy in combination. Moreover, psychotherapy alone may not be sufficient given the chronic nature of the patient's depression and the reported lack of improvement from support groups, indicating the need for a more robust intervention.

3. The presence of a significant impairment in social and occupational functioning is a criterion for which diagnosis?

- A. Generalized Anxiety Disorder
- B. Major Depressive Disorder**
- C. Bipolar Disorder
- D. Obsessive-Compulsive Disorder

In the context of Major Depressive Disorder (MDD), a significant impairment in social and occupational functioning is indeed a key diagnostic criterion. This condition involves persistent feelings of sadness or a lack of interest in previously enjoyed activities, leading to disruptions in daily life. The DSM-5 specifies that for a diagnosis of MDD, the symptoms must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. This impairment can manifest as difficulties in maintaining relationships, performing at work, or engaging in everyday activities, highlighting the profound impact of the disorder on an individual's quality of life. In contrast, while other disorders like Generalized Anxiety Disorder, Bipolar Disorder, and Obsessive-Compulsive Disorder can also lead to impairment in functioning, their primary diagnostic criteria focus on the specific symptoms and patterns unique to those disorders rather than explicitly including the requirement of significant impairment as a standalone criterion. Therefore, the focus on functional impairment as a hallmark characteristic aligns specifically with Major Depressive Disorder, reinforcing its importance in clinical diagnosis and treatment planning.

4. Which medication is effective for decreasing nightmares in post-traumatic stress disorder?

- A. Amlodipine
- B. Clonidine
- C. Hydralazine
- D. Prazosin**

Prazosin is recognized as an effective medication for reducing nightmares associated with post-traumatic stress disorder (PTSD). This adrenergic antagonist specifically works by blocking alpha-1 adrenergic receptors, which helps mitigate the sympathetic nervous system's overactivity that can contribute to sleep disturbances and vivid nightmares. Research has shown that prazosin can improve sleep quality and decrease the frequency and intensity of nightmares in individuals with PTSD, enhancing overall sleep architecture by minimizing wakefulness caused by distressing dreams. The effectiveness of prazosin in treating trauma-related nightmares is widely supported in clinical practice and various studies, making it a preferred choice in this situation. Sleep disturbances are a significant aspect of PTSD, and addressing nightmares through pharmacotherapy can greatly enhance the overall management of the disorder. In contrast, medications like amlodipine, clonidine, and hydralazine do not have strong evidence supporting their use for nightmare reduction in PTSD and are primarily indicated for other conditions such as hypertension. Clonidine may have some sedative properties, but it is not specifically targeted for the management of PTSD nightmares. Therefore, prazosin stands out as the best treatment option in this context.

5. The term "flight of ideas" is typically used to describe a symptom of which condition?

- A. Depression
- B. Anxiety
- C. Mania**
- D. Schizophrenia

The term "flight of ideas" refers to a symptom commonly associated with mania, which is a hallmark feature of bipolar disorder. In this state, individuals experience a rapid flow of thoughts that can lead to jumping quickly from one idea to another, often with little to no logical connection between those ideas. It can be characterized by pressured speech and an overwhelming sense of creativity and productivity, as well as distractibility. In contrast, depression is generally marked by slowed thoughts and a lack of energy or motivation, which does not align with the rapid cognitive shifts seen in flight of ideas. Anxiety might involve racing thoughts but does not typically manifest in the same disorganized and disconnected manner as seen in mania. Schizophrenia can feature disorganized thinking but is more complex and may include other symptoms such as hallucinations or delusions, rather than just the rapid shifts of thought typical of flight of ideas. Therefore, mania is the condition best characterized by this symptom.

6. How long can cannabis typically be detected in urine after use?

- A. 1 month**
- B. 1 to 7 days
- C. 2 to 3 days
- D. 7 to 14 days

Cannabis can typically be detected in urine for an extended period, especially in regular users. The primary psychoactive component of cannabis, THC (tetrahydrocannabinol), is stored in body fat and released gradually, which can make it detectable for weeks after its use. For occasional users, cannabis may be detectable in urine for about 1 to 3 days post-use. However, in habitual users, the metabolites can accumulate in the body, leading to a detection window that can span several weeks. Thus, it is widely accepted that cannabis can remain detectable in urine for up to 30 days or even longer in some cases, particularly with chronic use. This characteristic of cannabis metabolism and excretion is significant in various contexts, including employment drug testing, legal situations, and health assessments, which is why understanding the duration of its detectability is essential for those in the field of psychiatry and substance use treatment.

7. Which treatment option is indicated for a patient experiencing muscle stiffness due to haloperidol?

- A. Benztropine**
- B. Diphenhydramine
- C. Valbenazine
- D. Dantrolene

The correct treatment for a patient experiencing muscle stiffness due to haloperidol is benztropine. This medication is an anticholinergic agent that is often prescribed to manage extrapyramidal symptoms, which can include muscle stiffness and rigidity, as a side effect of antipsychotic medications like haloperidol. Benztropine works by restoring the balance of neurotransmitters in the brain, particularly by antagonizing the action of acetylcholine, which is often dysregulated in the context of antipsychotic-induced movement disorders. This can help alleviate symptoms such as muscle stiffness, bradykinesia, and other forms of dystonia experienced by patients. Other options, while potentially helpful in different contexts, are not the first-line or most appropriate choices for this specific type of muscle stiffness. Diphenhydramine, an antihistamine with anticholinergic properties, can also address some extrapyramidal symptoms but is not as commonly used as benztropine for this purpose. Valbenazine is primarily indicated for the treatment of tardive dyskinesia, which is a different condition that occurs after prolonged use of antipsychotics. Dantrolene is used more for the treatment of malignant hyperthermia

8. In a patient with schizophrenia experiencing dizziness, which medication is most likely responsible if the dose was recently increased?

- A. Lurasidone
- B. Prazosin
- C. Quetiapine**
- D. Ziprasidone

In the context of a patient with schizophrenia experiencing dizziness after a recent dose increase, the medication most likely responsible is quetiapine. Quetiapine is known for its sedative properties and can cause sedation, hypotension, and dizziness, especially when the dose is adjusted upward. Increasing the dose of quetiapine can lead to a more pronounced effect on the central nervous system, which can contribute to dizziness. This side effect is particularly concerning in patients who may already be vulnerable due to the underlying condition or concurrent medications. While lurasidone and ziprasidone are also atypical antipsychotics, they have a lower incidence of sedation and orthostatic hypotension compared to quetiapine. Prazosin, an antihypertensive agent often used for nightmares in PTSD, can also cause dizziness, but is not typically first-line for schizophrenia and is less directly related to the condition itself. Thus, quetiapine stands out as the medication most closely associated with the symptoms described when its dose is increased.

9. Which psychiatric disorder is characterized by the presence of multiple personality states?

- A. Schizophrenia
- B. Dissociative Identity Disorder**
- C. Borderline Personality Disorder
- D. Generalized Anxiety Disorder

Dissociative Identity Disorder is characterized by the presence of two or more distinct personality states or an experience of possession, along with recurrent gaps in the recall of everyday events, important personal information, and/or traumatic events that are inconsistent with ordinary forgetting. The disorder typically develops as a coping mechanism in response to severe trauma during early childhood, often associated with extreme stress or abuse. Each personality state can have its own name, age, history, and characteristics, which can create a notable fragmentation of identity. This condition also significantly impacts the patient's functioning in social, occupational, and other areas, as there may be discontinuity in a person's sense of self, leading to noticeable changes in behavior and perception. In contrast, the other disorders listed do not have this unique feature of multiple distinct personality states. Schizophrenia primarily involves symptoms like hallucinations and delusions rather than a clear change into different identities. Borderline Personality Disorder features instability in mood, behavior, self-image, and functioning but does not involve the presence of multiple distinct personality states. Generalized Anxiety Disorder focuses on excessive, uncontrollable worry about various aspects of life, not involving a distinct fragmentation of identity or personalities. Thus, Dissociative Identity Disorder is the correct choice due to

10. What best describes a barrier to treatment for a patient with paranoid personality disorder?

- A. Aggression
- B. Agoraphobia
- C. Delusions of persecution
- D. Fragile self-concept**

In the context of paranoid personality disorder, a fragile self-concept significantly contributes to barriers to treatment. Individuals with this disorder often exhibit a heightened sensitivity to perceived criticism and an intense fear of being judged or misunderstood. This fragile self-concept can lead to difficulties in engaging with healthcare providers, as patients may interpret therapeutic interactions as threatening or invasive. The reluctance to disclose personal feelings or experiences in therapy can further hinder the establishment of a trusting therapeutic relationship. Patients may view treatment as an adversarial process rather than a supportive one, making it challenging to work towards resolution and healing. Thus, the fragile self-concept directly affects their willingness and ability to seek help and adhere to treatment plans. While other factors such as aggression, agoraphobia, and delusions of persecution may be noted in the context of paranoid personality disorder, they are not as central to the challenges faced in the therapeutic relationship. Aggression may be a symptom, but not necessarily a barrier to treatment in the same way that a fragile self-concept can inhibit openness and trust. Similarly, agoraphobia relates more to anxiety about being in situations where escape might be difficult rather than a direct impediment resulting from the personality disorder. Delusions of persecution can certainly complicate treatment,

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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