

NBCC NCMHCE - Quiz Questions with Answers

Intake, Assessment, and Diagnosis

Intake, Assessment, and Diagnosis

1.

Use the following case study to answer this question.

What diagnostic prerequisite must a client have in order to qualify for antisocial personality disorder?

There is no such diagnostic prerequisite

Conduct disorder before age 10

Conduct disorder before age 12

Conduct disorder before age 15

Correct answer: There is no such diagnostic prerequisite

In order to be diagnosed with antisocial personality disorder, the client must have had a history of conduct disorder before the age of 15; however, this history may not be in the form of a recognized diagnosis and a diagnosis of conduct disorder per se is not required.

2.

Use the following case study to answer this question.

In clients with dissociative identity disorder, what changes with identity?

Behavior, consciousness, cognition, and perception

Behavior, consciousness, cognition, and speech

Behavior, sensorium, cognition, and perception

Mood, consciousness, cognition, and perception

Correct answer: Behavior, consciousness, cognition, and perception

Clients who have dissociative identity disorder experience a change in behavior, consciousness, cognition, and perception with their shifts of personality.

Speech, sensorium, and mood are included in an assessment of behavior, consciousness, cognition, and perception.

3.

Use the following case study to answer this question.

During which session, including intake, has the client shown the most distress?

The second session

The intake

The first session

The mental status exam

Correct answer: The second session

Though the client has shown little that rises to the level of actual distress, what can be seen is that in the second session (which the client has avoided), the client shows the most inner conflict about treatment, and the most ambivalence about his problem. The client did get angry in the second session, but this was a reaction to being challenged that is characteristic of narcissism.

The intake, the mental status exam, and the first session do not show as much discomfort in the client as the second session.

4.

Use the following case study to answer the question.

Why is this patient not diagnosed with Severe Alcohol Use Disorder?

His symptoms do not reach diagnostic threshold

His symptoms do not involve others

His symptoms are in remission

His symptoms have not involved legal consequences

Correct answer: His symptoms do not reach diagnostic threshold

The diagnostic criteria for Alcohol Use Disorder involve an array of symptoms such as craving, lack of control of use, and tolerance, among other psychosocial consequences. The number of these symptoms is totaled up, and along with other diagnostic considerations, determines the level of Alcohol Use Disorder diagnosed. In this case, the client's symptoms do not meet the diagnostic threshold for Severe Alcohol Use Disorder.

The client's symptoms are not in remission. His symptoms likely involve others to some degree, and may or may not include legal consequences at this time; in any event, he does not have the required number of symptoms.

5.

Use the following case study to answer this question.

Is this client suffering from paranoid personality disorder in addition to depersonalization/derealization disorder?

No, as his beliefs are not based in persecutory anxiety

Yes, as he believes others are out to get him

Yes, as he believes others do not understand him

No, unless his beliefs were to include hallucinations

Correct answer: No, as his beliefs are not based in persecutory anxiety

Paranoid personality disorder is a pervasive pattern of behavior with evidence throughout a person's life indicating an irrational belief in persecution by others. In this case, the client is simply lonely (likely as a result of his disorder) and has the understandable feeling of not being well understood.

The client does not appear to believe others are out to get him. Hallucinations would not be characteristic of depersonalization/derealization disorder.

6.

Use the following case study to answer this question.

In order to qualify for a diagnosis of conduct disorder, how many behaviors must be present?

At least three in the past year and one in the last six months

At least four in the past year and one in the last six months

At least three in the past year

At least four in the past year

Correct answer: At least three in the past year and one in the last six months

In order to qualify for the conduct disorder diagnosis, at least three of the problematic behavioral symptoms must be present within the past year, with at least one being in evidence in the past six months.

7.

Use the following case study to answer this question.

When should you assess this client for at-risk behavior?

Continuously

At intake

At the beginning of the first session

At the end of the second session

Correct answer: Continuously

Though formal assessments of at-risk behavior can and should be done during intake, clients go through changes in presentation and life circumstances during the course of treatment and should be continuously assessed in some way to ensure the counselor knows when the client is acting in a way that might harm themselves or others. This ongoing risk assessment can be informal or formal based on circumstances and presentation.

8.

Use the following case study to answer this question.

Generally speaking, with which of the following phenomena is dissociation usually associated?

Trauma

Organic disease

Dementia

Delirium

Correct answer: Trauma

Dissociative disorders in general are thought to have their basis in trauma that has occurred at some point in a person's life. Dissociative amnesia is an example of such a disorder.

These disorders are not thought to have their basis in organic disease, dementia, or delirium.

9.

Use the following case study to answer this question.

If this patient were to begin drinking again, would the OCD diagnosis be dropped?

No, there would be two diagnoses

Yes, as substance use rules out OCD

No, unless the substance use problem is severe

Yes, as the two conditions cannot be treated at the same time

Correct answer: No, there would be two diagnoses

It is not uncommon for a person in treatment to have other issues pertinent to their primary diagnosis. In the case of co-occurring disorders, a client has two or more diagnoses reflecting a substance use component. In these cases, all diagnoses are generally preserved and an attempt is made at integrated, concurrent treatment.

The substance use problem's severity would not preclude the patient having multiple diagnoses.

10.

Use the following case study to answer this question.

Which of the following would be a possible indicator that this patient needs a higher level of care?

The client begins to have grooming failures

The client begins to talk in conspiratorial ways

The client states that he feels threatened

The client expresses anxiety about perceived threats

Correct answer: The client begins to have grooming failures

A diagnosis is not a static assignment that never changes. A client's presentation can be indicative of a need to revisit diagnosis, or can offer clues as to a client's need for a higher level of care. In this case, the client usually has a fastidious appearance and has only recently been able to dress casually for sessions. If the client's behavior changes in this regard, that would be a step out of character that would be clinically worth investigating. It could mean the onset of other symptoms, or stress, grief, depression, or anxiety, among other considerations. Of the choices listed, grooming failure is the only one that suggests a major change in presentation; this could mean that the client is failing to keep themselves safe—the overriding concern for a change in level of care.

The rest of the choices are clinically congruent with paranoid personality disorder. However, in every case, it would be necessary to explore the magnitude of the conspiratorial thinking or the feelings of threat or anxiety.

11.

Use the following case study to answer this question.

How is malingering different from somatic symptom disorder?

Somatic symptom disorder is not voluntary

Somatic symptom disorder is voluntary

Malingering is not voluntary

Malingering involves clinical anxiety

Correct answer: Somatic symptom disorder is not voluntary

In somatic symptom disorder, the individual experiences a distressing physical symptom which is not explained by a medical cause, which can be dramatic and overstated. However, their experience is real, particularly in the anxiety they feel about their symptom.

Malingering, on the other hand, is voluntary and does not diagnostically contain an element of clinical anxiety.

12.

Use the following case study to answer this question.

How does schizophreniform disorder mainly differ from schizophrenia?

In duration of symptoms

Schizophrenia has delusions, while schizophreniform disorder does not

Schizophreniform disorder has delusions, while schizophrenia does not

Schizophrenia is not characterized by disorganized speech

Correct answer: In duration of symptoms

Schizophreniform disorder differs from schizophrenia mainly in the duration of the symptoms, which include delusions, hallucinations, and disorganized speech. In order to qualify for a diagnosis of schizophreniform disorder, the symptoms last from one month to six months.

13.

Use the following case study to answer this question.

Do any of the client's behaviors so far indicate a lack of age-appropriate functioning?

No, so far her developmental presentation seems age-congruent

Yes, as her need for attention infantilizes her

Yes, as her need for attention renders her unstable

No, as long as her need for attention does not become acute

Correct answer: No, so far her developmental presentation seems age-congruent

At least as far as the information given, there is no indication that the client is not acting in a way that is incongruent with her developmental level. Her need for attention is related to her diagnosis, but it does not necessarily infantilize her or render her completely unstable. However, her need for attention is in some ways acute as part of her diagnostic presentation.

14.

Use the following case study to answer this question.

Is Attention Deficit/Hyperactivity Disorder (ADHD) considered a neurodevelopmental disorder?

Yes, ADHD is considered a neurodevelopmental disorder

No, ADHD is not considered a neurodevelopmental disorder

ADHD is considered a neurodevelopmental disorder in the minority of cases

ADHD is considered a neurodevelopmental disorder in the majority of cases

Correct answer: Yes, ADHD is considered a neurodevelopmental disorder

ADHD is considered a neurodevelopmental disorder, as it is diagnosed in childhood and sometimes persists into adulthood. It is also classified as a mental disorder, more broadly, by being classified in the DSM-5 as such.

15.

Use the following case study to answer this question.

To what do you attribute the client's difficulty with speech in the mental status exam?

The tension of the situation

The grief the client feels at being alone

The client's past trauma

The client's current intoxication

Correct answer: The tension of the situation

People who have social anxiety disorder can be expected to present as nervous and unsettled in novel social situations. In this case, the client is being evaluated by a stranger in addressing a problem with which they feel intensely vulnerable; the tension of the novel situation is more than enough to explain verbal stumbles.

There is no indication that the client is feeling acute grief from any cause, intoxication, or the effects of trauma.

16.

Use the following case study to answer this question.

Does malingering have the same features as a mood disorder?

Only if such features are manufactured

Yes, the diagnoses have similar presentation

No, unless there is a manic component

Yes, as malingering is caused by a mood disorder

Correct answer: Only if such features are manufactured

Malingering is the manufacture of symptoms of a mental disorder in order to avoid something such as work, or gain something such as an insurance settlement. The symptoms of a mood disorder would only be present if they are manufactured.

Malingering is not caused by a mood disorder.

17.

Use the following case study to answer this question.

Which of the following is least characteristic of Alzheimer's Disease?

Resting tremors

Restlessness

Delusions

Amnesia

Correct answer: Resting tremors

Alzheimer's Disease is characterized by a variety of mental and physical symptoms, among which are restlessness, delusions, and amnesia of variable and progressive severity.

Resting tremors are less characteristic of Alzheimer's Disease.

18.

Use the following case study to answer this question.

How is illness anxiety disorder different from somatic symptom disorder?

Illness anxiety disorder involves few or mild physical symptoms

Somatic symptom disorder involves few or mild physical symptoms

Illness anxiety disorder is based on delusional symptoms

Somatic symptom disorder is based on delusional symptoms

Correct answer: Illness anxiety disorder involves few or mild physical symptoms

Illness anxiety disorder is characterized by a high degree of fear surrounding mild or nonexistent physical symptoms. In somatic symptom disorder, the physical symptoms can be moderate or severe. In neither case are the physical symptoms based on delusion per se.

19.

Use the following case study to answer this question.

How does ADHD differ from a learning disability?

ADHD is a learning disability

ADHD is a mental illness, not a learning disability

ADHD is of longer duration than a learning disability

ADHD is of shorter duration than a learning disability

Correct answer: ADHD is a learning disability

There are many types of learning disabilities; these include ADHD, dyslexia, dysgraphia, dyscalcula, and others. ADHD is considered both a learning disability and a mental disorder and is eligible to be addressed with individualized educational plans.

20.

Use the following case study to answer this question.

If this client is diagnosed with a gambling problem, how would you treat it?

Concurrently with the primary diagnosis

After treatment for the primary diagnosis concludes

By referring to another professional for the gambling diagnosis

The gambling diagnosis would take priority

Correct answer: Concurrently with the primary diagnosis

Though presentations and circumstances vary, in general, it is seen as helpful to treat co-occurring disorders (such as gambling in this case) with integrated treatment, so that the primary diagnosis and the co-occurring diagnosis are treated at the same time in some way. The skills and progress made in one arm of treatment can help the client with the other, and, in any event, co-occurring diagnoses are often severe enough for treatment not to be delayed.

Referral to another professional may take place, but the treatments would still likely take place at the same time.

21.

Use the following case study to answer this question.

Are there symptoms the client is displaying that would result in a secondary diagnosis?

No, the current diagnosis is sufficient to describe the symptoms

Yes, the client should also be diagnosed with bipolar I disorder

Yes, the client should also be diagnosed with seasonal affective disorder

No, there is not enough data to diagnose the patient with anything currently

Correct answer: No, the current diagnosis is sufficient to describe the symptoms

The client has enough symptoms to qualify for the diagnosis of postpartum depression. There is not sufficient data to diagnose her with anything else at this point in terms of mental health diagnosis.

22.

Use the following case study to answer this question.

In the second session, when should you take steps to defend yourself?

When you feel it appropriate, using your best judgment

When the client makes a physical attack

When the client begins using aggressive language

When the client shows signs of agitation

Correct answer: When you feel it appropriate, using your best judgment

Evaluating the interactional dynamics between yourself and clients is sometimes about evaluating your safety. Clients will sometimes become angry and aggressive, and sometimes those feelings will be turned on the counselor. The question of when to act on behalf of one's own safety is one that must be answered in the context of individual situations; in the end, a counselor must use (and will be responsible for) their best judgment.

The other choices suggest standard rules for what must be a contextual judgment.

23.

Use the following case study to answer this question.

How long must symptoms of generalized anxiety disorder persist in order to qualify for a diagnosis?

Six months

Three months

One year

One month

Correct answer: Six months

Symptoms of generalized anxiety disorder must be present for at least six months in order to qualify for the diagnosis.

24.

Use the following case study to answer this question.

How is malingering different from conversion disorder?

Conversion disorder is not voluntary

Conversion disorder is voluntary

Malingering is not voluntary

Malingering involves assumption of a "sick role"

Correct answer: Conversion disorder is not voluntary

In malingering, a person manufactures symptoms in order to avoid something or for gain. It is voluntary. In conversion disorder, a person feels real physical symptoms for which there are no physical, demonstrable causes. It is, however, not voluntary.

In neither case is the person seeking to assume a "sick role." This is more consistent with factitious disorder.

25.

Use the following case study to answer this question.

If the client reported that her symptoms took place only at certain times of the year, what would be a more likely diagnosis?

Seasonal affective disorder

Persistent depressive disorder

Cyclothymic disorder

Postpartum depression

Correct answer: Seasonal affective disorder

Seasonal affective disorder is marked by the symptoms of major depressive disorder which occur at a specific time of year.

Persistent depressive disorder, cyclothymic disorder, and postpartum depression are not diagnostically tied to a specific time of year.

26.

Use the following case study to answer this question.

How old must a person be to be diagnosed with antisocial personality disorder?

18

16

15

12

Correct answer: 18

In order to be diagnosed with antisocial personality disorder, a person must be 18 years old with a previous history of conduct disorder.

27.

Use the following case study to answer this question.

What would be the best way to find out about this client's substance use?

Through the client's self-report

Through a review of records

Through lab tests

Through paired observations with staff

Correct answer: Through the client's self-report

In this case, the nature of the client's substance use is yet to be truly determined. The best way to find out more information is to address it directly with the client and obtain their self-report about it. This will have the advantage of finding out directly from the client about their perspective of use, and provide insight into other issues that may be present around denial or ambivalence.

A review of records may provide insight but is not as good as hearing directly from the patient. Similarly, lab tests can provide data but will not give any other insight. Paired observations with staff may add credence to a counselor's initial observations, but a client should be asked as a primary diagnostic step.

28.

Use the following case study to answer this question.

Would you expect the different personalities to be dominant relative to specific situations?

Yes, the personalities in clients with dissociative identity disorder can change relative to situation

No, in general, personalities in clients with dissociative identity disorder do not change situationally

Yes, clients with dissociative identity disorder have a different personality for every situation

No, in general, personalities in clients with dissociative identity disorder are fixed

Correct answer: Yes, the personalities in clients with dissociative identity disorder can change relative to situation

In clients with dissociative identity disorder, the personalities can become more or less dominant relative to situation. This ability to change relative to mood, situation, or other stimuli is reflective of what is known about the etiology of the disorder itself.

Personalities in clients who have dissociative identity disorder are not fixed, nor is there generally a personality for every situation.

29.

Use the following case study to answer this question.

How would you handle the client's hesitation about the suicide question in the mental status exam (MSE)?

Follow up immediately with supportive questioning

Defer investigation until your first session

Make a careful note before proceeding

Consult with the patient's family members

Correct answer: Follow up immediately with supportive questioning

When suicidality is discussed, the counselor must be aware of any opportunity to open the discussion further. In this case, the client hesitated to answer the question about suicidal ideation, but this could have many reasons. It is probably best to follow up immediately and supportively to determine if there is any other information the client wishes to pass along regarding suicidal ideation.

Though it may seem trivial, the client may be at risk. Investigation should not be deferred, and though careful notes should be taken, this does not replace the need to investigate any suicidal ideation or potential suicidal ideation as soon as possible. Consulting with the patient's family members would not be advisable in this instance; it will most likely be sufficient to find out more from the patient.

30.

Use the following case study to answer this question.

What is a symptom not mentioned that would be congruent with this client's diagnosis?

Lack of concentration

Delusions

Hallucinations

Violent outbursts

Correct answer: Lack of concentration

Depression affects the individual sufferer's rhythms in many ways; sleeping, working, eating, and cognition are among the issues most affected. The client suffering from seasonal affective disorder is liable to changes in their ability to concentrate.

The other symptoms are not characteristic of or diagnostic to depression.

31.

Use the following case study to answer this question.

What would be the best use of a pre- and post-test with this client?

To gauge the effectiveness of therapy with mood fluctuation

To measure the level of the client's depression

To assess the magnitude of the client's hypomania

To understand the level of the client's suicidal ideation

Correct answer: To gauge the effectiveness of therapy with mood fluctuation

The use of instruments such as pre-and post-tests can be helpful in measuring client progress over time in one way or another. In this case, it may be helpful to understand how effective therapeutic interventions are on the client's fluctuations in mood over time.

Though finding out more about the client's depression, hypomania, and suicidal ideation are all important, these would be more point-in-time analyses as opposed to gauging the overall effectiveness of the treatment plan.

32.

Use the following case study to answer this question.

What is the most likely cause of the client's strange belief as expressed during intake?

A normal attempt at making sense of her symptoms

A delusional break from reality

An attempt to avoid legal responsibility

An expression of schizophrenia

Correct answer: A normal attempt at making sense of her symptoms

Most people attempt to make sense of events that do not make sense to them, especially in cases where something strange has occurred, such as the loss of a set of memories. In this case, the client does not appear to have a fixed and unshakable belief that they are in the afterlife and has only offered it as one (albeit strange) way of explaining a highly traumatic event.

There is no indication that the client is attempting to avoid responsibility, nor is the expressed belief a delusion characteristic of schizophrenia.

33.

Use the following case study to answer this question.

Would it be necessary to address the client's culture in this case?

Yes, it is important to address culture in every case

Yes, as the client is Hispanic

No, as culture is not implicated in this diagnosis

No, unless the client suggests it

Correct answer: Yes, it is important to address culture in every case

Aside from questions involving cultural sensitivity that should be part of every treatment, a cultural assessment of some kind is necessary in almost every case. This cultural formulation can take various forms, but the most important aspect is that it finds issues of cultural importance that may affect treatment. This is true for every client, whether or not they are part of an identified underrepresented group. It should not be left to the client to bring cultural issues to the forefront, though some may.

34.

Use the following case study to answer this question.

What would we expect to see if this patient had Conduct Disorder?

Criminal and aggressive behavior

Argumentative and spiteful behavior

Delusional and isolative behavior

Labile moods and substance use

Correct answer: Criminal and aggressive behavior

What differentiates Conduct Disorder from Oppositional Defiant Disorder are aggressive and criminal behaviors, such as setting fires, vandalism, or assault. If this client had struck their teacher or acted vindictively in a criminal way toward that teacher, then a Conduct Disorder diagnosis would be entertained. In this case, there is argumentative behavior but no overt acts of violence directed at persons or property.

Argumentative and spiteful behavior would fall into the diagnostic arena of Oppositional Defiant Disorder. Delusional and isolative behavior may point to a thought disorder. Labile moods and substance use could indicate many different kinds of disorder, but would not necessarily indicate Conduct Disorder.

35.

Use the following case study to answer this question.

Does the client's labile presentation rule out genuine distress?

No, the client can be expressing genuine distress

Yes, as the client's expressions are superficial

No, as the client's expressions are hypomanic

Yes, as the client's expressions are psychotic

Correct answer: No, the client can be expressing genuine distress

In cases where a client's style appears to be more superficial and labile, it's important to keep in mind that the underlying emotions are often real. The lability and apparent superficiality of the expressed emotion does not mean that the emotions are not valid, though it may take some effort to filter out demonstration and expression from the real feelings present.

The client's presentation is neither hypomanic or psychotic.

36.

Use the following case study to answer this question.

Diagnostically, is trauma necessary for a diagnosis of schizoid personality disorder?

No, trauma is not a diagnostic criterion for schizoid personality disorder

Yes, trauma is a diagnostic criterion for schizoid personality disorder

Not unless the trauma can be linked to specific symptomology

Yes, if the trauma has come from a close family member in the home of origin

Correct answer: No, trauma is not a diagnostic criterion for schizoid personality disorder

Schizoid personality disorder does not have a criterion specifying traumatic involvement of any kind to establish a diagnosis. What is diagnostic to this disorder is the pattern of lack of social interest, solitary life and activity, and flattened affect.

37.

Use the following case study to answer this question.

Are seasonal symptoms sufficient to diagnose seasonal affective disorder?

The client must meet criteria for major depression during specific seasons

The client need only meet five symptoms during specific seasons

The client only need meet three symptoms during specific seasons

The client must only have seasonal criteria in the specific season

Correct answer: The client must meet criteria for major depression during specific seasons

The diagnosis of seasonal affective disorder addresses a major depressive episode that takes place at a certain time of year. It therefore must meet clinical criteria for major depression but the symptoms are tied to that time of year.

38.

Use the following case study to answer this question.

Which of the following is the most important to establish during the initial interview?

Therapeutic rapport

Presenting problem

Social supports

Therapeutic history

Correct answer: Therapeutic rapport

There are many objectives during an initial interview, and every client is somewhat different. However, the necessity of establishing some kind of therapeutic rapport is the most important task to accomplish for a few reasons. First, without the establishment of this rapport, the research seems clear that therapy will be far less effective and may end early as the client seeks out someone with whom they have a connection. Second, establishing therapeutic rapport will make every other important task easier, such as intervention, treatment planning, and information gathering.

Understanding the presenting problem, assessing social supports, and going into the client's therapeutic history are all important as well, and most often take place within the initial interview. However, none of these is as important as the initial establishment of rapport.

39.

Use the following case study to answer this question.

Which of the following would be the most relevant question to ask during a cultural formation interview of this client?

"What can you tell me about military culture?"

"Can you tell me about the experience of being white?"

"What has being divorced been like for you?"

"Do you have trouble connecting with your children?"

Correct answer: "What can you tell me about military culture?"

A cultural formation interview is meant to address cultural influences in the client's life and to inform a more educated perspective on the part of the counselor. In this case, the most significant, specific known cultural influence on the client is that of his membership in military culture. Especially if the counselor does not share this culture, it will be important to find out more about how it has affected the client.

The experience of being white, divorced, and having college-age children all contain cultural components, but none of these is as likely to have had a specific cultural effect as the client's membership in military culture.

40.

Use the following case study to answer this question.

What would be an example of a negative symptom a client with schizophreniform disorder might have?

Loss of interest in activities

Psychomotor agitation

Oddities of cognition

Inappropriate social cues

Correct answer: Loss of interest in activities

Negative symptoms of disorders such as schizophreniform disorder are such things as a loss of interest in activities previously enjoyed, social withdrawal, and affective flatness that is not the result of medication.

Psychomotor agitation, oddities of cognition, and inappropriate social cues are not negative symptoms.

41.

Use the following case study to answer this question.

Does the pace of the change of the client's "alters" invalidate the diagnosis?

No, as changes in personality are highly variable

Yes, as the pace of change should be no quicker than once a month

No, as changes in personality are random

Yes, as the pace of change should be no quicker than once every six months

Correct answer: No, as changes in personality are highly variable

There is no standard, accepted rate of change between individual "alters" in the presentation of a client suffering from dissociative identity disorder. The way a personality shifts with such a client is highly idiosyncratic and may be a response to stress, circumstances, relationships, or other stimuli.

42.

Use the following case study to answer this question.

How would you diagnose the client's use of substances?

As a separate diagnosis, given qualifying criteria

It would not be diagnosed at this time

As part of the schizoaffective diagnosis

The client only has a substance use issue

Correct answer: As a separate diagnosis, given qualifying criteria

It is not uncommon for clients to present with co-occurring disorders. Depending on the policy of the jurisdiction and the agency, reporting requirements and procedures may vary; but a substance use diagnosis would be important to establish on its own, given qualifying criteria.

It would not be undiagnosed, and there is no specifier under the schizoaffective diagnosis for a substance use issue. The client has more than a substance use issue at this time.

43.

Use the following case study to answer this question.

Is this client distressed more in the first or the second session?

There is more distress in the second session

There is more distress in the first session

The two sessions are equivalent

There is more distress at intake

Correct answer: There is more distress in the second session

This client is more distressed in the second session, as we know he just experienced a distressing event that has exacerbated the already existing problems with sleep, which has apparently given him a degree of guilt as well as anxiety.

The client does not appear distressed as much in intake and the second session, where there is merely gaze avoidance and various signs of fatigue.

44.

Use the following case study to answer this question.

What does the client's self-report indicate about possible therapeutic direction?

The client indicates there is family conflict causing stress

The client's self-report does not indicate any therapeutic issues

The client indicates he is lonely and in need of friends

The client's self-report indicates a desire for employment

Correct answer: The client indicates there is family conflict causing stress

Though it is not always possible to take a client's word for it as to their own issues, it is always important to hear what is important to the client in their own words. In this case, there is some indication that there is family conflict causing stress to the client, who, by his own self-report, simply wants to be accepted for how he likes to live.

The client has not indicated that he is lonely or that he is in need of employment.

45.

Use the following case study to answer this question.

How many personalities does one need to have in order to qualify for the disorder?

At least two

At least three

No more than four

No more than six

Correct answer: At least two

In order to be diagnosed with dissociative identity disorder, the number of manifested personalities must be more than one. There is no established upper limit to the number of personalities one might have with this disorder.

46.

Use the following case study to answer this question.

What is the biopsychosocial issue of most interest not addressed in the information provided about this client?

Substance use issues

Family relationships

Spiritual awareness

Physical illness

Correct answer: Substance use issues

Though all of the listed choices would be of some interest in a biopsychosocial assessment, in this case, given the client's diagnosis, one would be sensitive to the issue of substance use. Even addressing something like casual use of a substance that is used to regulate mood would give the counselor valuable information about self-medication and ancillary risks.

Family relationships, spiritual awareness, and physical illness are all important things to assess as well.

47.

Use the following case study to answer this question.

How long can the client be psychotic before the diagnosis of brief psychotic disorder is invalidated?

1 month

3 months

6 months

1 year

Correct answer: 1 month

The diagnosis of brief psychotic disorder only covers clients whose symptoms persist less than one month. Beyond this time, a different diagnosis would have to be considered.

48.

Use the following case study to answer this question.

Are somatic delusions encompassed by the diagnosis of depersonalization/derealization disorder?

No, but somatic disturbances can be

Yes, somatic delusions are encompassed by this diagnosis

No, unless the client also has conversion disorder

Yes, all of the client's delusions are encompassed by this diagnosis

Correct answer: No, but somatic disturbances can be

Clients who have depersonalization/derealization disorder sometimes have feelings of unreality related to their body. However, these somatic disturbances are not delusions, as the client knows that what they are experiencing is not "real." If a client has delusions (fixed untrue beliefs), then they may have schizophrenia or other thought/psychotic disorder.

The client would likely not be diagnosed with both depersonalization/derealization disorder and conversion disorder at the same time.

49.

Use the following case study to answer this question.

Have this client's symptoms been brought about by trauma?

Symptoms of panic disorder may have traumatic etiology

Symptoms of panic disorder do not have traumatic etiology

In this case, the symptoms have been brought about by stress

In this case, the symptoms have been brought about by substance use

Correct answer: Symptoms of panic disorder may have traumatic etiology

Though research is still ongoing, the etiology of panic disorder may have roots in a client's trauma. The thinking is that the anxiety underlying panic disorder may be a reaction to previously experienced traumatic or stressful events.

There is no indication that, in this case, the symptoms are only brought about by stress, or that the symptoms are brought about or exacerbated by substance use.

50.

Use the following case study to answer this question.

What is the most suggestive element in the client's presentation that suggests malingering?

There are no evident signs of malingering

The client stands to gain from the amnesia

The client does not wish for medication

The client is manufacturing her symptoms

Correct answer: There are no evident signs of malingering

Malingering is said to be taking place when a client presents for treatment with a false set of symptoms they have manufactured in order to avoid something, such as work. In this case, there are no evident signs of malingering and her presentation is congruent with the diagnostic symptoms of dissociative amnesia.

The client does not stand to gain from the amnesia. Many clients who are not malingering do not want medication.

51.

Use the following case study to answer this question.

What would be the first part of a cultural formation interview for this client?

A cultural definition of the problem

Asking about Native American culture

Defining the cultural issues to be addressed

Addressing oppression directly

Correct answer: A cultural definition of the problem

Cultural formation interviews are meant to look at the presenting problem of a patient using the client's own cultural lens as a primary focus. The first component of such an interview is a cultural definition of the presenting problem. This is meant to frame the issue in the context of what it means in that client's life as a member of that culture.

A cultural formation interview is not meant to educate the counselor. It does not seek to address cultural issues per se, but the presenting problem in a cultural context. Such a formation may or may not deal explicitly with oppression.

52.

Use the following case study to answer this question.

If the client had difficulty doing small, everyday problems of arithmetic, what would this be called?

Acalculia

Agraphia

Aphasia

Dementia

Correct answer: Acaculia

Alcaculia is the lack of ability to perform minor mathematical computations and is a common symptom of Alzheimer's Disease.

Agraphia is the loss of ability to write. Aphasia is the loss of ability to speak in some way. Dementia is a more general term for impaired cognition.

53.

Use the following case study to answer this question.

What is the cause of the client's communicative difficulty?

It is symptomatic to his personality disorder

It is symptomatic of neurological damage

It is symptomatic of delusional disorder

It is symptomatic of developmental disability

Correct answer: It is symptomatic to his personality disorder

Persons with schizotypal disorder struggle with social interactions in many ways, due to incongruence of affect, suspiciousness, strange beliefs, and anxiety. These are all symptomatic to his diagnosis.

There is no reason to believe that neurological damage or developmental disability is present. The client may have strange beliefs, but delusions will not create this kind of communicative pattern.

54.

Use the following case study to answer this question.

Which of the following would be an example of an informal observation of this client?

You note the client is late for an appointment if she turns up late

The client rates highly on a depression scale

The client responds to your question about grief

You note the client's apparent anxiety in a mental status exam

Correct answer: You note the client is late for an appointment if she turns up late

Informal observations are those which take place outside an established structure or strict therapeutic context, such as the client being late for an appointment. Formal observations are those which depend on a scale, specific question, or established structure to guide the overall assessment and standardize results.

A depression scale, a grief questionnaire, and an MSE would all be more formal assessments.

55.

Use the following case study to answer this question.

Is the client's belief that she is dead and participating in some sort of afterlife a delusion?

No, as the client is not certain of the belief

Yes, as the client is unshakable in the belief

No, as the belief is not causing any problems

Yes, as the belief may cause the client harm

Correct answer: No, as the client is not certain of the belief

Delusions are fixed, unshakable beliefs that are contrary to consensus reality and usually result in some disconnection with others when the topic of the delusion is at hand. At this time, the client seems to be in a process of trying to make sense of what happened and has only offered the idea as a speculation on her part.

The belief is not unshakable. Many delusions have phases in which they do not cause acute issues and problems. This belief is not strong enough at the current time to cause the client harm.

56.

Use the following case study to answer this question.

How is illness anxiety disorder different from conversion disorder?

Conversion disorder may not involve anxiety about the physical symptoms

Conversion disorder involves more anxiety about the physical symptoms

Conversion disorder does not involve physical symptoms

Conversion disorder is not voluntary

Correct answer: Conversion disorder may not involve anxiety about the physical symptoms

The main distinguishing element between conversion disorder and illness anxiety disorder is the anxiety involved in illness anxiety disorder. In cases of conversion disorder, the client often does not have a high degree of anxiety around their presenting symptom. Neither disorder is voluntary.

57.

Use the following case study to answer this question.

The client decides they want to meet twice a week. Should you accept?

Yes, if it is clinically valuable

No, as the client is seeking friendship

Yes, if time allows

No, as once a week should be sufficient

Correct answer: Yes, if it is clinically valuable

Clients have many reasons for seeking out mental health services. Some will have to do with their stated problem and need for treatment, in this case, agoraphobia. Other reasons may exist, among them a need for affiliation. It is important to assess whether the patient is simply seeking another listening ear or is truly interested in therapeutic intervention. In screening for the services appropriate to a client, a counselor will have an estimation of the frequency necessary for that client's visits. This should be driven only by what the client needs, and this should be the counselor's clinical opinion with input from the client.

Once a week may or may not be sufficient, and the client may or may not only be seeking friendship.

58.

Use the following case study to answer this question.

If the client had poor insight into her problem, would this be part of the MSE?

Yes, insight or lack of insight is part of the MSE

No, insight or lack of insight is not part of the MSE

Yes, but not for people with this diagnosis

No, unless she lacked insight into her problem

Correct answer: Yes, insight or lack of insight is part of the MSE

The Mental Status Exam (MSE) contains a broad assessment of a patient's appearance, sensorium, cognition, mood, speech, thought process/content, perceptual disturbances, and insight or lack of insight.

This portion of the MSE does not have an exception for those with OCD.

59.

Use the following case study to answer this question.

Is suicidal ideation common in cases of illness anxiety disorder?

No, suicidal ideation is not diagnostic to illness anxiety disorder

Yes, suicidal ideation is diagnostic to illness anxiety disorder

No, suicidal ideation is its own separate diagnostic category

Yes, suicidal ideation is a subdiagnostic, common element of illness anxiety disorder

Correct answer: No, suicidal ideation is not diagnostic to illness anxiety disorder

The main characteristic of illness anxiety disorder is a high degree of fear surrounding a potential illness or minor symptoms suggestive (in the client's mind) of a serious illness. Suicidal ideation is neither diagnostic to illness anxiety disorder, nor is it a common subdiagnostic feature of the diagnosis.

Suicidal ideation is not a diagnostic category.

60.

Use the following case study to answer this question.

Which of the following is true about people who have delusional disorder?

Their functioning is otherwise unaffected

They experience auditory hallucinations

They experience visual hallucinations

They experience negative symptoms

Correct answer: Their functioning is otherwise unaffected

One of the things that is striking about the diagnosis of delusional disorder is that clients who suffer from it generally do not have their function affected in ways other than the delusion itself and its effects.

People with delusional disorder generally do not experience hallucinations or negative symptoms.

61.

Use the following case study to answer this question.

Would it be appropriate to ask this client about his trauma during the biopsychosocial assessment?

Yes, as it is a key component of his presenting for therapy

No, as it may trigger the client unnecessarily

Yes, in enough detail for therapeutic input

No, as the proper time to ask about trauma is later

Correct answer: Yes, as it is a key component of his presenting for therapy

The main purpose of a biopsychosocial assessment is to gather data relevant to the case and arrive at a clear picture of where the client is now in his social, biological, and psychological functioning. It will be necessary to ask about the client's trauma, as it is a key component of why the client is seeking help.

Asking about the trauma may or may not trigger the client; finding out about the trauma in a sensitive, careful way is still necessary. Therapeutic input will be later, as the therapist and client begin to work in sessions; but it will be necessary to discover at least something about the nature of the client's presenting issue.

62.

Use the following case study to answer this question.

Is conversion disorder voluntary in character?

No, conversion disorder is not voluntary

Yes, conversion disorder is voluntary

Some cases are voluntary, though this one is not

Some cases are voluntary, and this one is an example

Correct answer: No, conversion disorder is not voluntary

Diagnostically, conversion disorder is not voluntary. That is, the person is not manufacturing the symptomology for some kind of secondary gain. A voluntary presentation of symptoms such as the ones common in conversion disorder would rule out the diagnosis altogether.

63.

Use the following case study to answer this question.

What distinguishes malingering from factitious disorder?

In factitious disorder, a "sick-role" is desired

In factitious disorder, symptoms are manufactured to avoid something

In malingering, a "sick-role" is desired

Malingering is not voluntary

Correct answer: In factitious disorder, a "sick-role" is desired

Factitious disorder is a condition in which a person intentionally manifests symptoms in order to assume a "sick-role" to serve an underlying psychological need. In malingering, the individual manufactures symptoms in order to avoid something such as work.

A "sick-role" is not generally sought by those with malingering. Malingering and factitious disorder are both voluntary.

64.

Use the following case study to answer this question.

Is depersonalization/derealization a psychotic experience for the client?

No, as the client knows their experience is not real

Yes, as the client believes they are not in their body

Yes, as the client believes that people around them are not real

No, unless the client has both derealization and depersonalization at the same time

Correct answer: No, as the client knows their experience is not real

Though the experience of depersonalization/derealization is by nature disturbing and disorienting, it is not psychotic. Definitional to these experiences and the diagnosis is that the client knows that their experience is more a feeling than a reality.

The experience of feeling not in one's body or that others are not real is not a fixed belief, and when experienced together, as in the present case, they are still not psychotic.

65.

Use the following case study to answer this question.

If the client had only been manifesting the symptoms in the past year, would he still be diagnosed with DMDD?

No, as symptoms must be present before age 10

Yes, if the symptoms are severe enough

No, as symptoms must be present before age 8

Yes, if the client also has a personality disorder

Correct answer: No, as symptoms must be present before age 10

The diagnostic criteria for DMDD (disruptive mood dysregulation disorder), a new disorder, stipulate that symptoms of the disorder must be present before the age of 10 and no later than the age of 18, with no diagnosis of DMDD possible before age 6.

The presence of a personality disorder would not impact the diagnosis of DMDD relative to age.

66.

Use the following case study to answer this question.

Which of the following is not one of the problematic behaviors diagnostic to conduct disorder?

Attention-seeking behavior

Rule-breaking behavior

Aggressive behavior

Destructive behavior

Correct answer: Attention-seeking behavior

The criteria for conduct disorder include four major areas of problematic behavior, including aggressive behavior, destructive behavior, deceptive behavior, and rule-breaking behavior. Attention-seeking behavior per se, though it might show up in other areas, is not one of the explicitly described areas of problematic behavior diagnostic to conduct disorder.

67.

Use the following case study to answer this question.

Is substance abuse generally characteristic of illness anxiety disorder?

No, it is not diagnostic to illness anxiety disorder

Yes, it is diagnostic to illness anxiety disorder

No, it invalidates the diagnosis of illness anxiety disorder

Yes, if the substance use does not qualify for a separate diagnosis

Correct answer: No, it is not diagnostic to illness anxiety disorder

Quite often, persons with anxiety turn to substances as a coping mechanism. This is true across the known varieties of anxiety. However, the use of substances is not diagnostic to illness anxiety disorder, the main characteristic of which is fear surrounding illness.

68.

Use the following case study to answer this question.

If you found out the client was not being truthful, and had fabricated her symptoms and her distress for fraud purposes, what then would the diagnosis be?

Malingering

Factitious disorder

Illness anxiety disorder

Conversion disorder

Correct answer: Malingering

Malingering is the faking of mental health symptoms for some kind of gain.

Factitious disorder is when a client takes on a "sick-role" for psychological reasons.

Illness anxiety disorder is a genuine concern with real distress felt by the sufferer.

Conversion disorder is not voluntary in nature and would not involve faking symptoms.

69.

Use the following case study to answer this question.

Is this client appropriate for counseling?

Yes, the client is appropriate for counseling

No, the client is malingering

Yes, if she confesses to faking symptoms

No, the client is assuming a sick-role

Correct answer: Yes, the client is appropriate for counseling

Somatic symptom disorder is a treatable condition, though the focus of treatment is not necessarily the symptoms with which the client is obsessed. Treatment focuses more on improving quality of life, being able to state feelings clearly, and to practice anxiety reduction.

This client is not malingering, nor are their symptoms, strictly speaking, "fake." The client is not assuming a sick role, but seeking help for a condition they think they have.

70.

Use the following case study to answer this question.

Which of the following would make you reconsider the diagnosis for this client?

Delusions

Irritability

Insomnia

Overeating

Correct answer: Delusions

The diagnosis of persistent depressive disorder can encompass a variety of presentations. The symptoms can be such things as irritability, insomnia, and overeating, in addition to many of the other symptoms one might find in a presentation of depression.

However, delusions would not be an expected symptom of this disorder and would make one reconsider this diagnosis if present.

71.

Use the following case study to answer this question.

If the client had psychotic symptoms, would this invalidate the diagnosis?

Psychotic symptoms are not characteristic of postpartum depression

Psychotic symptoms are characteristic of postpartum depression

Psychotic symptoms are characteristic of postpartum depression in trauma survivors

Psychotic symptoms are characteristic of postpartum depression in first-time mothers

Correct answer: Psychotic symptoms are not characteristic of postpartum depression

Postpartum depression is not characterized by psychotic symptoms per se, such as hearing voices or delusions. Such symptoms would invite a differential diagnosis.

Psychotic symptoms are not characteristic of postpartum depression, regardless of trauma status or first-time motherhood.

72.

Use the following case study to answer this question.

Which of the following does ADHD have in common with conduct disorder?

Impulsivity

Property destruction

Excessive talking

Frequent lying

Correct answer: Impulsivity

It is important to be able to distinguish Attention Deficit/Hyperactivity Disorder (ADHD) from such diagnoses as conduct disorder, especially in cases where school personnel and others may be quick to label noncompliant behavior. Conduct disorder and ADHD both have an element of impulsivity; but in the case of ADHD, this is directed, not toward destruction or control of others, but toward task avoidance or inattention.

Property destruction and frequent lying are much more characteristic of conduct disorder. Excessive talking is more characteristic of ADHD.

73.

Use the following case study to answer this question.

Does this client's mumbling in group indicate distress?

It may or may not

No, as she remains calm

Yes, as she is vocalizing

No, as she is organized

Correct answer: It may or may not

Clients with schizophrenia are often responding to internal stimuli. They may be in conversation with internal voices, for example, or soothing themselves with repetitive speech. When this behavior occurs, it is important to use one's knowledge of the patient and their illness to continue to evaluate the patient's behavior. As it is, we do not know if or to what level this client is distressed based on this behavior alone.

Clients can often appear calm but be very distressed, and her increased organization might have little to do with present distress.

74.

Use the following case study to answer this question.

If the client manifested another personality with its own set of memories, what would most likely be considered as a differential diagnosis?

Dissociative identity disorder

Depersonalization/derealization disorder

Delusional disorder

There would be no change in the diagnosis

Correct answer: Dissociative identity disorder

Dissociative identity disorder is characterized by a change in consciousness through the presence of another, separate personality in addition to the primary or dominant one. If such a personality were to manifest here, the most likely differential diagnosis would be dissociative identity disorder.

None of the other disorders mentioned contains the phenomena of an additional personality.

75.

Use the following case study to answer this question.

About how long must symptoms be present to qualify for the diagnosis of Attention Deficit/Hyperactivity Disorder (ADHD)?

Six months

Three months

One year

One month

Correct answer: Six months

In order to qualify for the diagnosis of Attention Deficit/Hyperactivity Disorder (ADHD), at least six symptoms of inattention and/or hyperactivity-impulsivity must be present. These symptoms must be present before the age of 12 and persist for at least six months.

76.

Use the following case study to answer this question.

How does malingering differ from illness anxiety disorder?

Illness anxiety disorder is not voluntary

Illness anxiety disorder is voluntary

Malingering is not voluntary

Malingering involves physical symptoms that the client actually feels

Correct answer: Illness anxiety disorder is not voluntary

Illness anxiety disorder is a real, treatable condition in which a person is preoccupied with illness and anxiety surrounding the possibility of getting sick. It is not a voluntary condition. On the other hand, persons with malingering are not experiencing genuine symptoms of illness or anxiety.

77.

Use the following case study to answer this question.

Are the client's stated symptoms real?

Not in the sense the client means

Yes, the client is experiencing them

No, the client is experiencing nothing unusual

Yes, the client has a neurological condition

Correct answer: Not in the sense the client means

In one sense, the symptoms of factitious disorder are false. Clients with the disorder are known to fake and exaggerate symptoms. However, this does not mean the client is not experiencing something unusual for which they should seek counseling and get treatment.

There is no believable indication of neurological illness.

78.

Use the following case study to answer this question.

In this case, what might make you decide on a different level of care?

If you believe the client might self-harm

If you believe the client could benefit from another therapist

If you believe the client cannot pay for services

If you believe the client needs family therapy

Correct answer: If you believe the client might self-harm

Most decisions regarding level of care considerations are based on a combination of client safety and treatment needs. In this case, the client may become self-harming, which would necessitate a change to inpatient treatment.

The decision for another level of care would not need to be made if a therapist switch was being considered, if payment was an issue, or if the client needs family therapy.

79.

Use the following case study to answer this question.

If you had doubts about the client's age-appropriate level of functioning, what would be the best way to find out more?

Through a standardized test battery

By consulting with the parents

By consulting with the child

Through medical records

Correct answer: Through a standardized test battery

It is important as part of an overall assessment of a client to determine whether their developmental chronological ages and intellectual abilities are congruent. If the counselor has doubts about this, the best way is through the administration of a standard battery of tests designed for that purpose.

Though useful data can be gained from parents and the child and through medical records, the best way to get a standard set of useful, empirical data would be through testing.

80.

Use the following case study to answer this question.

If the client revealed to you that they were a daily cannabis user in an effort to control her anxiety, how would you respond?

Assess for a substance use disorder

Integrate the client's use with your treatment

Refer the client to substance use treatment

Terminate services until the client is ready to be sober

Correct answer: Assess for a substance use disorder

It is not uncommon for clients to inform their counselor that they are using substances. The level of substance use by a client should be a standard assessment question asked by a therapist but, quite often, habits change or clients lie for convenience, shame, fear, or some other reason. As an issue that might affect the client's treatment and, depending on its severity, may amount to a substance use problem, the counselor should assess a substance use issue and act accordingly.

It would likely not be advisable to integrate the client's use with treatment unless you are qualified to do so. The client may or may not need services based on their substance use. It will not be necessary to terminate treatment in this case.

81.

Use the following case study to answer this question.

Do the various personalities in a person with dissociative identity disorder each have their own sense of self?

Yes, in general, each such personality has its own sense of self

No, in general, the client has a central self

Yes, in cases where the etiology involves trauma

No, unless the client has a history of trauma

Correct answer: Yes, in general, each such personality has its own sense of self

Persons who have dissociative identity disorder are generally traumatized, with the dissociative identities forming an adaptive/protective filter for the client. Diagnostically, each such personality would have its own sense of self, etiology notwithstanding.

82.

Use the following case study to answer this question.

What is the right way to answer this client's question about the use of his information during the MSE?

Answer as truthfully as possible, going into detail if necessary

Try to move on and finish the interview, making a note about the paranoia

Challenge the patient's paranoia directly

Give the same answer you would give to any other client

Correct answer: Answer as truthfully as possible, going into detail if necessary

In this scenario, one should keep in mind that those suffering from this personality disorder are extremely reluctant to seek out treatment. Though it will be tedious, it is important to remain calm and engaged in the most compassionate way possible with this patient. It's likely that the patient is "looking" for a reason not to trust the process and exit the interview.

The paranoia should be noted as part of the MSE, which contains elements addressing thought content. Accusing the patient of being paranoid, or attempting to diagnose the paranoia during the MSE, will not likely result in a therapeutic outcome. This client will need a different answer and approach than other clients.

83.

Use the following case study to answer this question.

What would be a key question to be asked in the initial interview related to the client's diagnosis?

What happened this year to make the problem worse

How the client feels about the father's incarceration

What his plans are if he doesn't graduate high school

How he feels about his mother's involvement

Correct answer: What happened this year to make the problem worse

Though the diagnosis of Oppositional Defiant Disorder is sound given the facts at hand, it does seem that there was some sort of event that exacerbated what might have been a sub-clinical version of this problem. It would be of diagnostic interest to determine what caused the patient's behavior to change and bring on the full diagnosis.

How the client feels about his father's incarceration, his plans if he doesn't graduate, and his feelings about his mother's involvement are all significant, but they are directly relevant as to why the client's problem became worse this year.

84.

Use the following case study to answer this question.

If the client presented with disorganized speech, would this invalidate the diagnosis?

No, disorganized speech is congruent with brief psychotic disorder

No, as long as the disorganized speech was intermittent

Yes, as disorganized speech is more congruent with schizophrenia

Yes, as disorganized speech is more congruent with schizophreniform disorder

Correct answer: No, disorganized speech is congruent with brief psychotic disorder

Disorganized speech is one of the symptoms of brief psychotic disorder which, in general, has similar characteristics to those of other psychotic disorders. There is no specifier or distinction related to the frequency of disorganized speech.

85.

Use the following case study to answer this question.

How quickly will the client's delusions abate with treatment?

The client's delusions may never abate

6 months, in most cases

1 month, in most cases

1 year, in most cases

Correct answer: The client's delusions may never abate

It is important to understand that, for many clients with delusional disorder, the delusions may never abate. The therapeutic focus would then turn toward managing any symptomology associated with the delusion and reducing the harm caused by it to the client's other areas of functioning, if any.

There is no established timeline for the mitigation or remission of delusions, as this is highly variable by individual.

86.

Use the following case study to answer this question.

Which of the following would be the least appropriate service for this client at this time?

Group therapy

Referral to psychiatry

CBT

Psychodynamic therapy

Correct answer: Group therapy

This client has schizotypal personality disorder. Among the treatments recommended for this disorder are medication to address symptoms, cognitive behavioral therapy (CBT) to bring awareness to the client about their patterns of behavior, and psychodynamic therapy to develop trust and communication skills.

Group therapy, at least at this time, would probably not be indicated. Clients with schizotypal personality disorder may find group scenarios threatening.

87.

Use the following case study to answer this question.

In what way is antisocial personality disorder similar to other personality disorders in cluster B?

Dramatic and sometimes unpredictable behavior

Avoidant and reclusive behavior

Inability to learn or change

Highly sexualized presentation

Correct answer: Dramatic and sometimes unpredictable behavior

The personality disorders are divided into three clusters; A, B, and C. Cluster B is marked by dramatic and sometimes unpredictable behavior, in which are included antisocial, borderline, narcissistic, and histrionic personality disorders.

Avoidant and reclusive behavior, the inability to learn or change, and highly sexualized presentation are not commonly manifested diagnostically among all the cluster B personality disorders.

88.

Use the following case study to answer this question.

Is the client's delusional speech a developmental issue?

No, it is symptomatic to schizoaffective disorder

Yes, it is a function of the client's education

It is a combination of schizoaffective disorder and developmental level

It is due neither to schizoaffective disorder or developmental level

Correct answer: No, it is symptomatic to schizoaffective disorder

The client has schizoaffective disorder, which is marked by symptoms such as delusions combined with a mood component, in this case, mania (making it schizoaffective disorder, bipolar type). The delusional content of the speech is not related to developmental level.

89.

Use the following case study to answer this question.

If a medical diagnosis were to be found, would this invalidate the diagnosis of conversion disorder?

Yes, it would invalidate the diagnosis

No, it would not invalidate the diagnosis

No, the diagnosis is permanent once assigned

Yes, as the physical cause was discovered later

Correct answer: Yes, it would invalidate the diagnosis

A diagnosis of conversion disorder calls for the loss of function in one or more areas that has no demonstrable physical cause. If such a cause were to be found, it would invalidate the diagnosis. It would not matter that the cause was discovered later, and the diagnosis is not permanent.

90.

Use the following case study to answer this question.

Is the client's lethargy diagnostic to her depression?

Yes, but it may have another cause

No, it is not diagnostic to her depression

Yes, it is diagnostic to her depression

No, it is diagnostic to an anxiety disorder

Correct answer: Yes, but it may have another cause

It is important for clients who are entering therapy to have some interaction with their medical provider to rule out physical symptoms for what could be a physical problem before engaging with symptoms from a counseling perspective that could also have a physical cause, as with the client's fatigue in this case. Though a loss of energy is diagnostic to depression, it might have any number of physical causes.

91.

Use the following case study to answer this question.

What is important to remember about this client's self-report?

It is filtered through her personality diagnosis

It is meant to fool the counselor

It is meant to mask a deeper problem

It is filtered through her anxiety issues

Correct answer: It is filtered through her personality diagnosis

As this client's diagnosis implicates her personality, her worldview and her account of her relational world should be understood as reflective of this. Especially in cases of Obsessive Compulsive Personality Disorder, the client is prone to black and white judgments of others.

The other choices do not address the fact of the effect of her personality disorder on her perceptions of others.

92.

Use the following case study to answer this question.

What is your general conclusion regarding this client's risk?

This client does not appear to be at risk

This client is at mild risk for suicide

This client is at mild risk for violence

This client is at substantial risk for suicide

Correct answer: This client does not appear to be at risk

Given the information provided, there is no indication that the client is at any kind of risk for suicide or violence. The client has specifically denied thoughts of self-harm and shows no sign of being prone to attacking others.

93.

Use the following case study to answer this question.

Would you recommend family therapy for this client?

No, as there is no reason it would help

Yes, as the family bonds should be re-established

No, as the client did not initiate the idea

Yes, as the client unconsciously wishes it

Correct answer: No, as there is no reason it would help

Deciding on the proper modality of treatment is important for any client. In this case, what appears to be able to provide the most benefit is individual therapy. Not only has the client disavowed their family to you, but most of the work for this client will clearly have to do with her own skill-building and self-control.

We do not know from this information whether or not family bonds should be re-established or if the client unconsciously wishes for reunion, and it would not be the counselor's choice to make. Either the client or the counselor can initiate ideas about treatment.

94.

Use the following case study to answer this question.

When would family counseling be called for with this client?

When the client's anxiety is caused by family conflict

When the client is experiencing school stress

When there is substance use in the home

When there is a history of physical abuse

Correct answer: When the client's anxiety is caused by family conflict

In most cases of separation anxiety disorder, even in children, the modality will be individual or individual accompanied by a parent. However, one exception would be when the anxiety underlying the separation anxiety is caused by family conflict.

School stress, substance use in the home, and physical abuse may or may not call for family intervention, depending on circumstances and severity. When the anxiety is caused by the family, then family therapy is definitely called for.

95.

Use the following case study to answer this question.

Would this client be a good candidate for partial hospitalization?

Not unless symptoms significantly worsened

Yes, as the client is in need of means restriction

Yes, the client's symptoms are of sufficient severity

No, under no circumstances

Correct answer: Not unless symptoms significantly worsened

Partial hospitalization is a level of care that allows the patient to have the benefit of the intensive treatment of an inpatient hospital setting while avoiding the strictest aspects of involuntary commitment. In general, treatment philosophy should secure the greatest autonomy possible to the patient and not treat them at an unnecessary level of severity; currently, the client's symptomology can be managed on an outpatient basis.

96.

Use the following case study to answer this question.

What is unusual diagnostically about this client?

Pica generally occurs in children

Pica does not occur in adults

Pica does not involve eating sand or soil

Pica does not involve eating screws or nails

Correct answer: Pica generally occurs in children

Pica is a condition in which the client eats nonfood substances. It is understood to be more common in children than adults, though it sometimes does occur in pregnant women as well. Cases of non-pregnant adults with pica are less common.

Pica can involve eating sand, soil, screws, nails, and many other nonfood substances.

97.

Use the following case study to answer this question.

How long must a person have suffered from the relevant symptoms in order to qualify for this diagnosis?

At least one month

At least two months

At least one week

At least three days

Correct answer: At least one month

Schizophreniform disorder is characterized by psychotic symptoms such as hallucinations, delusions, and disorganized speech that go on for at least a month but less than six months.

98.

Use the following case study to answer this question.

How long must symptoms of pica persist in order to qualify for a diagnosis?

1 month

6 months

1 year

3 months

Correct answer: 1 month

In order to qualify for the diagnosis of pica, a person must have been ingesting nonfood substances for at least one month.

99.

Use the following case study to answer this question.

What would be the best way to judge the effectiveness of your counseling interaction with this client?

With formal and informal observation

With formal instruments

By client reports alone

Through interviews with the client's associates

Correct answer: With formal and informal observation

Gauging the progress of counseling with a client who has communication difficulties can be a challenge. It is incumbent upon the therapist to provide meaningful services, yet the client's own style of reporting information may pose barriers to understanding. With this client, it would be best to use a mix of formal and informal observation, which would include the client's self-report but not rely exclusively on it. For example, the client might be asked to score their progress on a simple formal scale from time to time, but an informal interview would also yield valuable information about the client's perceptions and experiences about their progress.

It would, in most circumstances, be unusual to ask client associates about the client's progress, if not unethical, due to privacy concerns.

100.

Use the following case study to answer this question.

How is illness anxiety disorder different from malingering?

In malingering, physical symptoms are entirely manufactured

In illness anxiety disorder, physical symptoms are entirely manufactured

In malingering, physical symptoms are mild to moderate

In illness anxiety disorder, physical symptoms are severe

Correct answer: In malingering, physical symptoms are entirely manufactured

In illness anxiety disorder, physical symptoms are mild to moderate, and there is an overwhelming anxiety about illness. In malingering, all of the symptoms are manufactured for some kind of gain or avoidance of something the client does not wish to do.

101.

Use the following case study to answer this question.

What is the likelihood of treating this client in the community if not mandated?

Low, as they will not see the need

Low, as they will avoid human contact

High, as they tend to be emotionally needy

High, as they tend to overutilize services

Correct answer: Low, as they will not see the need

Clients with antisocial personality disorder generally do not receive treatment unless they are getting treatment for something else, or they are mandated by a court. This is mainly due to the fact that they do not see the need for help.

These clients do not tend to avoid human contact, and they are not emotionally needy as a class. They do not overutilize services, but are often incarcerated.

102.

Use the following case study to answer this question.

Does the client's mood problem rule out a diagnosis of schizoaffective disorder, bipolar type?

No, the mood issue is diagnostic to schizoaffective disorder, bipolar type

Yes, the mood issue rules out schizoaffective disorder, bipolar type

No, unless the mood issue is a depressive episode

Yes, when the mood issue is a manic episode

Correct answer: No, the mood issue is diagnostic to schizoaffective disorder, bipolar type

The diagnostic criteria for schizoaffective disorder, bipolar type includes the key qualifying factor of a manic episode; in this way, it has one of the same criteria for mania as bipolar I disorder.

103.

Use the following case study to answer this question.

Is counseling appropriate for this client?

Yes, to treat their underlying issues

Yes, to expose their delusion

No, as the client is not being truthful

No, as the client should be hospitalized

Correct answer: Yes, to treat their underlying issues

The client has factitious disorder, meaning that they electively take on a "sick-role" identity for the relational benefits. However, it is possible for clients such as this to benefit from counseling for the issues that underlie their stated condition, such as possibly anxiety or lack of coping skills.

The client is not delusional, nor is the client being untruthful in a way that cannot be helped by counseling. There is no indication for hospitalization.

104.

Use the following case study to answer this question.

If the client has the diagnostic issues of inattention, can they also have hyperactive-impulsive issues?

A client with ADHD may have both sets of issues

A client with ADHD generally only has one set of these issues

A client with ADHD always has both sets of issues

A client with ADHD does not have hyperactive-impulsive issues

Correct answer: A client with ADHD may have both sets of issues

Diagnostically, clients who have Attention Deficit/Hyperactivity Disorder (ADHD) can manifest symptoms that mostly deal with attentiveness, as in this case, or they may have more hyperactive-impulsive issues, or they may have both.

105.

Use the following case study to answer this question.

If the client was six years old, could the diagnosis of disruptive mood dysregulation disorder be made?

Yes, as this is within the established diagnostic range

No, as this is too young to qualify for the diagnosis

Yes, as long as the client is an only child

Not unless the client is physically violent against family members

Correct answer: Yes, as this is within the established diagnostic range

In order to qualify for the diagnosis of disruptive mood dysregulation disorder, a child must be no younger than six.

There is no qualifier in this regard pertaining to the child's status as an only child, or the child's targets for violent outbursts.

106.

Use the following case study to answer this question.

Which of the following would be the most appropriate test to administer with this client?

A grief assessment instrument

A neuropsychological instrument

A suicidal ideation instrument

A psychopathy checklist

Correct answer: A grief assessment instrument

Having just lost her husband and main dependent relationship a year ago, it is important to establish the level of this client's grief and if, and to what extent, that grief may interfere with current progress. The grief itself may become a clinical focus.

There is no indication to use a neuropsychological or suicidal ideation instrument, or a psychopathy checklist.

107.

Use the following case study to answer this question.

If the client had conduct disorder, what might we expect to see in addition to his current presentation?

Law-breaking and aggression against people

Increased energy and creativity

Decreased energy and creativity

Feelings of hopelessness and rage

Correct answer: Law-breaking and aggression against people

Disruptive mood dysregulation disorder is chiefly marked by persistent angry moods and frequent temper outbursts with symptoms of unstable mood. If the client had conduct disorder, one would also expect to see law-breaking and aggression against people, as these are diagnostic to that disorder.

Increased energy and creativity and feelings of hopelessness would not be congruent with either disruptive mood dysregulation disorder or conduct disorder.

108.

Use the following case study to answer this question.

Do the intense feelings of grief and guilt invalidate the diagnosis?

No, as the symptoms of dissociative amnesia do not rule them out

Yes, as the symptoms of dissociative amnesia exclude emotional reaction

No, as long as the grief is normal and not exceptional grief

Yes, as the grief and guilt communicate knowledge about the event

Correct answer: No, as the symptoms of dissociative amnesia do not rule them out

The symptoms of dissociative amnesia do not rule out emotional reactions to a traumatic event that has been forgotten. It is possible for a client, as in this case, to have intense feelings about an occurrence they do not explicitly remember.

There is no diagnostic distinction made in this case between normal and exceptional grief, nor do strong feelings about a forgotten event mean the client actually remembers the event.

109.

Use the following case study to answer this question.

As the client's distress has been mostly mitigated by the second session, do they still have this disorder?

Yes, as they still have symptoms

No, as they feel better

No, as their social life has improved

Yes, the disorder is lifelong

Correct answer: Yes, as they still have symptoms

Though this client is having better luck in his social life and this has yielded benefits to his mental well-being, he is still distressed from symptoms of depersonalization and derealization that cause him clinically significant distress. He therefore still qualifies for the diagnosis.

Depersonalization/derealization disorder is not necessarily lifelong in duration.

110.

Use the following case study to answer this question.

By what time in the client's life must symptoms be present in order to qualify for the disorder?

Symptoms must be present before age 10

Symptoms must be present before age 6

Symptoms must be present before age 12

Symptoms must be present before age 18

Correct answer: Symptoms must be present before age 10

In order to qualify for the diagnosis of disruptive mood dysregulation disorder, the symptoms must be present before the age of 10 and not after the age of 18.

111.

Use the following case study to answer this question.

Evaluating after the second session, has your counseling been effective overall?

It is too early to tell

Yes, as the client has returned for services

No, as the client has had a setback

Yes, as the client's mood has normalized

Correct answer: It is too early to tell

In cases where clients go through vast fluctuations of mood, as in this case, true evaluation of the effectiveness of treatment may have to wait until it can be seen what effect on the client's overall functioning and quality of life has been achieved across the mood patterns. It is a good sign that the client has returned.

The client's mood cannot be said to have normalized per se. The setback in the client's life is not the counselor's responsibility.

112.

Use the following case study to answer this question.

How would we expect the client's presentation to be different if he had oppositional defiant disorder?

The client would exhibit specific rejection of control

The client would be more outwardly violent

The client would be more verbally expressive

The client would be more able to regulate his mood

Correct answer: The client would exhibit specific rejection of control

Oppositional defiant disorder and disruptive mood dysregulation disorder are similar in that they both affect young people who may manifest symptoms in a variety of settings related to unwanted behavior. However, disruptive mood dysregulation disorder is not necessarily tied to rejection of attempts to control the individual, which is the focus of oppositional defiant disorder.

If the client had oppositional defiant disorder, they would not necessarily be more outwardly violent, verbally expressive of their symptoms, or more able to regulate their mood.

113.

Use the following case study to answer this question.

Which of the following symptoms of this patient not found in her MSE is diagnostic of Generalized Anxiety Disorder?

Headache

Shortness of breath

Gaps in long-term memory

Nausea

Correct answer: Headache

The diagnosis of generalized anxiety disorder has a variety of symptoms that may appear during a mental status exam (MSE). These include fatigue, irritability, headache, muscle tension, and concentration problems.

Shortness of breath, gaps in long-term memory, and/or nausea would not be congruent with symptom presentation supporting a diagnosis of generalized anxiety disorder. Shortness of breath and nausea could indicate an element of panic disorder, and memory difficulties could arise from a number of sub-clinical as well as clinical factors.

114.

Use the following case study to answer this question.

Which of the following would be unusual for this client?

Inability to sit still

Disinterest in others

Repeating the words of others

Lack of emotional expression

Correct answer: Inability to sit still

The clinical criteria of autism spectrum disorder contain such items as disinterest in others, repeating the words of others, or overall lack of emotional expression. These diagnostic factors are in keeping with the communicative, expressive, and relational difficulties imposed by ASD.

An inability to sit still is not explicitly diagnostic to ASD.

115.

Use the following case study to answer this question.

How is DMDD different from IED?

In DMDD, the moods are more persistent

In DMDD, the moods are less persistent

In IED, the moods are more persistent

In IED, there is also depression

Correct answer: In DMDD, the moods are more persistent

Disruptive mood dysregulation disorder (DMDD) differs from intermittent explosive disorder (IED) mainly in that, in DMDD, the irritable mood seems more persistent than in IED. Also, in IED, there tends to be more severe aggression directed toward people.

IED does not generally have a depressive component.

116.

Use the following case study to answer this question.

In order to be diagnosed with conduct disorder, how many of each of the four categories of behavior is required?

The requirement is for three behaviors from any area

The client must have one from each category

The client must have one from the aggression category

The client must have one from the property destruction category

Correct answer: The requirement is for three behaviors from any area

In order to be diagnosed with conduct disorder, the client must manifest three of the problematic behaviors from four conduct areas, three of which must have manifested within the past year with one within the last six months.

The requirement does not stipulate a certain number of problematic behaviors from any specific area.

117.

Use the following case study to answer this question.

Which of the following will be the main source of information about this client and their progress?

The client

Records from other providers

Intake forms

Family members

Correct answer: The client

In most cases, the client is the main source of information about a client. A client's self-report can be (and often is) misleading or distorted. It will be the counselor's role to evaluate all the information the client offers and respond appropriately.

Other sources are helpful, but they are not always present, can be as misleading as a client self-report, and generally do not offer as much information. These can include such items as the records of other care providers, intake forms, and family members.

118.

Use the following case study to answer this question.

How is Alzheimer's Disease classified diagnostically?

Neurocognitive Disorder

Personality Disorder

Mood Disorder

Neurodevelopmental Disorder

Correct answer: Neurocognitive Disorder

Alzheimer's Disease is classified as a neurocognitive disorder in the DSM-5, along with delirium, Huntington's Disease, and Parkinson's Disease.

119.

Use the following case study to answer this question.

Which of the following is not a diagnostic criterion for antisocial personality disorder?

Attention-seeking behavior

Impulsivity

Lack of remorse

Deceitfulness

Correct answer: Attention-seeking behavior

To be diagnosed with antisocial personality disorder, a person must have a history of conduct disorder before age 15 and at least 3 of the following before the age of 15, as well as being at least 18 at the time of the diagnosis:

- *Irritability/aggression*
 - *Deceitfulness*
 - *Impulsivity*
 - *Reckless disregard for others*
 - *Lack of remorse*
 - *Failure to conform to social norms and laws*
 - *Consistent irresponsibility*
-

120.

Use the following case study to answer this question.

By what age must a person have manifested symptoms in order to be eligible for the ADHD diagnosis?

12

10

6

There is no minimum age for symptom qualification

Correct answer: 12

Attention Deficit/Hyperactivity Disorder (ADHD) is diagnosed when six symptoms of inattention and/or hyperactivity-impulsivity are present. These symptoms must be present before the age of 12 and be present for at least six months.

121.

Use the following case study to answer this question.

You begin to suspect that this patient is being abused by their partner. The patient comes in for a session with a black eye. What should you do?

Sensitively address the issue

Let the patient bring it up

Call the police and report

End the session and notify authorities

Correct answer: Sensitively address the issue

Partner violence affects almost every kind of relationship. If a counselor suspects that their client is being harmed, the most responsible thing to do is to sensitively address the issue. This is in keeping with the status of most counselors as mandated reporters of abuse. From that point, the counselor's ethics and concern for their patient will guide further necessary steps, if any.

Patients may not bring up issues of abuse unless prompted. Notifying the authorities and/or ending the session might not be necessary. More information will be needed.

122.

Use the following case study to answer this question.

What is the most likely personality disorder a person with malingering would have?

Antisocial personality disorder

Histrionic personality disorder

Schizotypal personality disorder

Schizoid personality disorder

Correct answer: Antisocial personality disorder

A person engaged in malingering is, by definition, lying for gain of some kind, whether that gain is to avoid work, engage in insurance fraud, or something similar. This behavior is most consistent with antisocial personality disorder, in which the client has little regard for laws or the rights of others.

Histrionic personality disorder is a pattern of overly dramatic emotionality. Schizotypal personality disorder is a pattern of odd, unrelatable behavior. Schizoid personality disorder is a pattern of intense reculsivity and avoidance of others. In none of these cases is there a diagnostic pattern of deception.

123.

Use the following case study to answer this question.

Would a client's running away from home constitute a clinical criterion for conduct disorder?

Yes, if the child was away overnight twice without returning for a length of time

Yes, if the child was away overnight without returning for a length of time

No, this is more characteristic of oppositional defiant disorder

No, this is more characteristic of antisocial personality disorder

Correct answer: Yes, if the child was away overnight twice without returning for a length of time

Among the clinical criteria for conduct disorder is the item involving running away from home. Running away from home is not especially unusual, except in ways that the clinical criterion related to it points out. In order for the behavior to be diagnostic to conduct disorder, the child must have run away twice overnight without returning for a length of time. This distinguishes the criterion from more standard types of running away.

The criterion is not characteristic of antisocial personality disorder or oppositional defiant disorder.

124.

Use the following case study to answer this question.

Would this client be a good candidate for group therapy?

No, due to their diagnosis

Yes, due to their admission crisis

No, due to their circumstances

Yes, due to their lack of support

Correct answer: No, due to their diagnosis

Group therapy depends on many factors for success, such as the give-and-take of the modality, the sharing of issues among peers, and the sense of working as a team. For all of these reasons, a person with narcissistic personality disorder seems a poor choice for a group treatment modality.

The client has not had an admission crisis per se. His circumstances do not rule out group therapy, and his lack of support does not mean he will be successful in overcoming his diagnostic presentation in being able to take part in the modality appropriately.

125.

Use the following case study to answer this question.

Should you contact this patient's family to assist with the interview?

No, it is not necessary

Yes, as they could provide insight into the patient's normal functioning

Yes, as the client's life might be in danger

No, unless the client has signed a release

Correct answer: No, it is not necessary

Clients may or may not present with their families or significant others to treatment, and will have variable wishes about family or significant others being involved in their treatment. Some may desire that their family is present, and the counselor must decide whether or not this is appropriate to the situation. In this case, the client has not asked for the counselor to reach out to his family. In some circumstances, gathering family collateral information will be useful, but in this case it is not necessary to reach out to the client's family, as most of the important information about the circumstances of the client's distress can be reported by the client.

It is likely that a client's family will have useful insight, but it may not be necessary to take this extra step in this case. The assessment does not indicate a present danger to the client's life. There is no indication that the client has signed a release to contact his family, but even if they were to do so, it is not necessary at this point.

126.

Use the following case study to answer this question.

In children with pica, is there usually an issue eating regular food in addition to non-food substances?

No, children with pica generally do not have other food intake issues

Yes, children with pica generally are "picky" eaters

No, children with pica tend to have other psychiatric issues

Yes, children with pica tend to be obese

Correct answer: No, children with pica generally do not have other food intake issues

Children with pica generally do not have other food intake issues and eat regular food much as any other child would. They are not necessarily "picky" eaters, nor do they usually have other psychiatric issues. Children with pica are not more commonly obese than other children.

127.

Use the following case study to answer this question.

How long should the course of therapy be for this client?

Short, due to the nature of the disorder

Short, due to the nature of treatment

Long, due to the nature of the disorder

Long, due to the nature of treatment

Correct answer: Short, due to the nature of the disorder

It is generally not recommended for clients with dependent personality disorder to receive long-term therapy as, given the nature of the disorder, transference and dependence issues can easily develop.

Treatment interventions would necessarily be short-term and focused on stress reduction, skill building, and interpersonal functioning.

128.

Use the following case study to answer this question.

Which of the following statements about the progression of conduct disorder is true?

Conduct disorder often moves into antisocial personality disorder

Conduct disorder is always followed by antisocial personality disorder

Conduct disorder often moves into oppositional defiant disorder

Conduct disorder is not associated with other disorders in a prodromal sense

Correct answer: Conduct disorder often moves into antisocial personality disorder

Up to 50% of those who experience conduct disorder move into antisocial personality disorder as a successor diagnosis. Antisocial personality disorder depends on evidence of conduct disorder in order for the diagnosis to be possible.

There is no such relationship between oppositional defiant disorder and conduct disorder.

129.

Use the following case to answer this question.

Which of the following is an appropriate expectation for treatment given this client's prior level of functioning?

The client will agree to let her case manager visit every two weeks

The client will be able to maintain a job

The client will be able to get her medication from the community center

The client will secure her own transportation

Correct answer: The client will agree to let her case manager visit every two weeks

A client's level of functioning should be carefully understood, especially when, for some reason, that functioning has been compromised. In this case, a realistic expectation for this client, given what we know about her history and illness, would be to let her case manager visit every two weeks. It is not something she was able to do before admission to the hospital, is a reasonable expectation of her, and does not require her to suddenly achieve a much higher degree of functioning than she previously had.

The other choices are out of scale with this client's prior level of functioning, though they are good goals for long-term recovery.

130.

Use the following case study to answer this question.

Does this client also have antisocial personality disorder?

No, he does not meet criteria

Yes, as he meets criteria for both

No, as he is too old to be so diagnosed

Yes, as long as the behaviors are in more than one area of his life

Correct answer: No, he does not meet criteria

Antisocial personality disorder and conduct disorder are related, in that conduct disorder is often seen as prodromal to antisocial personality disorder. In fact, one of the criteria for antisocial personality disorder specifies the need to show evidence of conduct disorder before the age of 15. However, the criteria for antisocial personality disorder also stipulate that a person must be 18 to qualify for the disorder.

131.

Use the following case study to answer this question.

Which of the following is not diagnostic of avoidant personality disorder?

Suicidal ideation

Sensitivity to criticism

Risk avoidance

Anxiety about being shamed

Correct answer: Suicidal ideation

The clinical criteria for avoidant personality disorder includes items related to fear of being negatively evaluated, avoidance of social risks, and a high degree of sensitivity to criticism. There is also a high degree of anxiety about shame.

Suicidal ideation is not necessarily part of avoidant personality disorder.

132.

Use the following case study to answer this question.

Is this client being treated at an appropriate level of care?

Yes, unless something changes

No, he is an imminent danger

Yes, as he is not a danger

No, he should be inpatient

Correct answer: Yes, unless something changes

Level of care determinations are made with the safety, rights, and well-being of the client as the major concerns. This client has not demonstrated that they are an imminent danger to themselves or others, though they are engaging in risky behavior. Thus, unless something were to change, the current course of treatment and level of care, outpatient, should continue.

The client could become a danger, which will need to be continually assessed by the counselor. At the current time, there is no indication that this client should be inpatient.

133.

Use the following case study to answer this question.

Is the client's lack of memory problems congruent with her diagnosis?

Yes, memory problems are not diagnostic to her disorder

No, memory problems are diagnostic to her disorder

Yes, as long as her memory problems are not severe

No, unless her memory problems are intermittent

Correct answer: Yes, memory problems are not diagnostic to her disorder

Memory problems are not diagnostic to somatic symptom disorder in pattern or severity. The only way memory issues might manifest would be as a problem with another cause, or a part of one of the dramatized symptoms with which the client is obsessed.

134.

Use the following case study to answer this question.

Which of the following features of antisocial personality disorder is present in the second session?

Being prone to boredom

Being prone to violence

Being prone to manipulation

Being prone to deceitfulness

Correct answer: Being prone to boredom

Persons with antisocial personality disorder have many features that may or may not manifest in diagnostic criteria. In this case, the client in the second session may be only seeking relief from boredom, as persons with this diagnosis tend to suffer from being prone to boredom as a reflection of their impulsivity.

Though these clients are also prone to violence, manipulation, and deceit, these are not as much in evidence in the second session.

135.

Use the following case study to answer this question.

The client states that he has thought of hurting himself in the past. What should your response be?

Verify the client's current safety

Wait until it becomes a theme

Refer the client for inpatient treatment

Notify the authorities

Correct answer: Verify the client's current safety

When a client begins to discuss issues about self-harm or suicidal ideation, the most important task becomes to verify that the client is in no current danger. If this client makes such a statement, an appropriate response would be to ask if they are thinking of harming themselves currently. Though the question might seem routine and unnecessary, the presence of suicidal ideation in the past is significant and may point to more current thoughts of the same kind.

Suicidal statements or statements involving self-harming feelings should be dealt with immediately. It is probably not necessary to refer the patient to inpatient treatment or to notify the authorities.

136.

Use the following case study to answer this question.

Is the fear of being evaluated a clinical criterion of social anxiety disorder?

Yes, it is a clinical criterion for social anxiety disorder

No, it is not a clinical criterion for social anxiety disorder

Yes, in this particular case, it functions as a criterion

No, as the client needs to have an established timeline of evaluative distress

Correct answer: Yes, it is a clinical criterion for social anxiety disorder

The fear of being evaluated across various contexts is the hallmark of social anxiety disorder. Individuals suffering from this disorder are intensely fearful of negative evaluation.

Diagnoses do not have differential criteria per case, and though there is a timeline to establish social anxiety disorder as a diagnosis, evaluative distress is not separately timed for diagnostic purposes.

137.

Use the following case study to answer this question.

What is especially concerning in this client's psychosocial history?

Nothing; all seems congruent with his diagnosis

The client plays violent videogames

The client has no near family

The client has had few romantic relationships

Correct answer: Nothing; all seems congruent with his diagnosis

The client's biopsychosocial interview as presented does not pose any issues of heightened concern, though it does suggest further questions. In short, all that is related within the biopsychosocial interview is congruent with his diagnosis.

Many people, particularly introverted or socially anxious people, play violent videogames. Though a few probing questions might be warranted, there is no special indication that this hobby is a concern. Having no near family and few romantic relationships might be expected given his diagnosis.

138.

Use the following case study to answer this question.

Which would be the most appropriate focus for a therapeutic group made of people like this client?

Life skills training

Psychodynamic exploration

Traumatic experiences

Substance use issues

Correct answer: Life skills training

Persons with schizophrenia often suffer from issues involving maintenance of their daily lives. In fact, the failure to maintain items such as hygiene and other self-care tasks is diagnostic. What would be most appropriate for a group of clients like the one presented would be one that deals with the issues they are currently faced with; in this case, life skills and self-care. If the group members learn a few practical skills, they may be able to avoid negative outcomes related to this failure.

These clients would be less suited for groups related to deep psychodynamic exploration. As this client denies a history of trauma, she most likely would not be suited for a group focusing on that issue. Finally, as she denies substance use at this time, the best use of the therapeutic opportunity of inpatient treatment might be to focus on items like life skills that the client is ready to engage with.

139.

Use the following case study to answer this question.

Should you honor the client's request for a "sick note"?

No, as the client is malingering

Yes, as it will alleviate real stress

No, as it is not needed to treat the client

Yes, as the client may later be treatable

Correct answer: No, as the client is malingering

Malingering is an elective behavior aimed at gain or avoidance; it is not a true mental illness with treatable symptoms. The point of that behavior in the case of the current client seems to be to avoid work. It would be unethical to honor this malingering for any cause, even if the client may get some alleviation of stress due to your participation in the malingering.

Similarly, honoring the malingering would not be a good investment in possible future treatment.

140.

Use the following case study to answer this question.

Which of the following would be a sign that the child had a more severe problem than mutism?

The client fails to communicate with the mother

The client fails to communicate with you

The client fails to communicate with the school counselor

The client fails to communicate with teachers

Correct answer: The client fails to communicate with the mother

The diagnosis of selective mutism is assessed based on the client's not being verbal in some situations as opposed to others. If the client is mute even with his mother, then the communicative difficulty may be more severe, or another issue may be present.

None of the other communicative difficulties would be surprising, given a diagnosis of selective mutism.

141.

Use the following case study to answer this question.

During what general time period after diagnosis are the symptoms of increased amnesia, delusions, and aphasia most common for clients with Alzheimer's Disease?

2-10 years

1-3 years

8-12 years

5-6 years

Correct answer: 2-10 years

The progression of Alzheimer's Disease can be clustered around symptoms relative to time periods after onset. From 2-10 years after onset, one would expect to see symptoms such as increased amnesia, delusions, and aphasia.

142.

Use the following case study to answer this question.

Which of the following is the right way to ask the client about substance use?

As part of a diagnostic interview

As a question during the first session

As a question during the second session

When the client brings it up

Correct answer: As part of a diagnostic interview

The diagnostic interview is not only about the primary diagnosis to which the counselor is inclined. It will also include standardized questions about substance use which should always be asked, whether or not the counselor believes the client is currently using substances.

The question should not wait until the second or third interview, as a substance use issue may need to be treated as well as the primary diagnosis. The issue should not wait until the client brings it up.

143.

Use the following case study to answer this question.

Is an adjustment disorder diagnosis appropriate for those who have experienced trauma, and why or why not?

Trauma cannot be the cause of the adjustment disorder

Yes, in most cases of adjustment disorder, some kind of trauma is present

No, as all traumatic involvement is covered by a PTSD diagnosis

Yes, in some cases where situational variables impose trauma

Correct answer: Trauma cannot be the cause of the adjustment disorder

According to the DSM-5, a traumatic event meeting the diagnostic threshold for Criterion A of Posttraumatic Stress Disorder (a traumatic event) cannot be the cause of a diagnosis of adjustment disorder.

It is important to distinguish the type of traumatic event described in Criterion A of Posttraumatic Stress Disorder from what a client might subjectively describe as traumatic. Most clients would describe the circumstance to which they are adjusting as traumatic, but the traumatic event established as Criterion A of Posttraumatic Stress Disorder is specifically described as being objectively extreme. Not all traumatic involvement is addressed by a PTSD diagnosis.

144.

Use the following case study to answer this question.

How long must the symptoms of illness anxiety disorder be present to qualify for the diagnosis?

Six months

Three months

One year

One month

Correct answer: Six months

In order to qualify for the diagnosis of illness anxiety disorder, the client must have experienced the symptoms for six months.

145.

Use the following case study to answer this question.

Why does one of the problematic behaviors associated with the diagnosis of conduct disorder have to have been present in the past six months?

To ensure diagnostic currency

To ensure reimbursement through insurance

To ensure continuum toward antisocial personality disorder

To ensure the client's criminal tendencies

Correct answer: To ensure diagnostic currency

The diagnostic criteria for conduct disorder involve having at least three from a list of problematic symptoms in four major categories, one of which must have been present in the past six months and all of which must have been present in the last year. One of the major reasons for the timing of these diagnostic criteria is to ensure diagnostic currency. The child might have stopped the problematic behaviors on their own, as children's behavior sets can change very quickly and radically over time.

The timing criterion is not to ensure a diagnostic continuum, and it has nothing to do with insurance. Such timing does not ensure the client's criminal tendencies, if any.

146.

Use the following case study to answer this question.

Which of the following is most characteristic of depersonalization?

A feeling of looking at the self from outside

A feeling of bodily discomfort due to stress

A feeling that others are not real

A delusion that the world is not real

Correct answer: A feeling of looking at the self from outside

Depersonalization refers to a feeling that the self is detached from the self; such as in a feeling that one is looking at oneself from outside.

It does not refer to stress-induced bodily discomfort, or a feeling that others are not real (derealization). These feelings can be normal and do not indicate delusion in most cases.

147.

Use the following case study to answer the question.

What is your evidence that counseling has been effective after the second session?

The client's insight and affect

The client's feelings of joy at your praise

The client's attendance in therapy

The client's thought content

Correct answer: The client's insight and affect

In this case, two key areas in the client's presentation have improved. First, the client is displaying a greater insight that her thought process is flawed, and second, her mood and affect seem to have stabilized in a more positive direction.

The client's feelings of joy at your praise seem excessive and are related to her psychopathology. The client's thought content has shifted, but her affect is also important due to its major change. Simple attendance in therapy is not an indicator of progress in this case.

148.

Use the following case study to answer the following question.

What is the client's real motive?

To experience sick-role

To defraud insurance companies

To avoid work

To deal with boredom

Correct answer: To experience sick-role

The client has factitious disorder, meaning that their motive is to experience the sick role, with all of the accompanying relational and situational benefits, such as being cared for, talking to experts, and so on.

Factitious disorder is not as much characterized by an explicit wish to defraud, to avoid work, or simply to alleviate boredom.

149.

Use the following case study to answer the question.

Would you expect this client to engage in compulsive, repetitive behavior?

No, as they do not have OCD

Yes, as they have OCPD

No, as they do not have an anxiety disorder

Yes, as they have an anxiety disorder

Correct answer: No, as they do not have OCD

One of the main differences between obsessive compulsive disorder (OCD) and obsessive compulsive personality disorder (OCPD) is that OCPD is not an anxiety disorder and, though there are obsessions, such as with routine and morals, there would not normally be compulsive, repetitive behavior.

This kind of behavior is more characteristic of OCD, where the loop of obsessive trigger and performative ritual is an expression of anxiety.

150.

Use the following case study to answer this question.

At what age do symptoms of Alzheimer's Disease generally begin to manifest?

After age 65

After age 75

After age 55

After age 85

Correct answer: After age 65

Generally speaking, the symptoms of Alzheimer's Disease begin to manifest after the age of 65.

151.

Use the following case study to answer this question.

If the client stated they had a drug problem for many years, how should this be clinically described?

With assessment and separate diagnosis of the issue

As sequela of the depressive disorder

The main diagnosis would change to a substance use disorder

As a different depressive disorder

Correct answer: With assessment and separate diagnosis of the issue

Clients sometimes develop their truth during the process of counseling. Many clients are not completely transparent or truthful in counseling, particularly with regard to substance use. In this case, if the client stated such an issue, the counselor should assess the client's report and diagnose accordingly. The client may describe a problem that does not meet clinical criteria, but the issue would not be treated simply as a sequela of the primary depressive disorder.

There would be no need to change the diagnosis to a substance use issue, as the client meets criteria for his primary diagnosis as stated.

152.

Use the following case study to answer this question.

Which of the following would make you consider OCPD as opposed to OCD as a diagnosis?

The client not wishing to change

Catastrophic thinking about failed rituals

Obsessional thoughts

Suspicion of individuals

Correct answer: The client not wishing to change

There are many differences between Obsessive-Compulsive Disorder (OCD) and Obsessive Compulsive Personality Disorder (OCPD). One is a pattern of ritualistic behavior and/or obsessional thinking, and the other is a pervasive set of personality characteristics. For the most part, those with OCPD do not wish to change, as they see their personality as the right way to do things. Persons with OCD that appear for treatment most often want to change.

Catastrophic thinking about failed rituals, obsessional thoughts, and suspicion of individuals are all diagnostic of OCD.

153.

Use the following case study to answer this question.

What is the appropriate response to the client's lack of concentration in the second meeting?

Gently confront and probe for details

Let the client choose when to bring it up

Go on with the session and ignore the issue

Cancel the session until the patient has had a chance to rest

Correct answer: Gently confront and probe for details

Clients often change from session to session and can exhibit phenomena that can interfere with therapeutic work. In this case, the client seems to have some dissociative symptoms as reported in the first interview. However, it is important for the counselor to probe the concentration issue with the proper attitude of gentle confrontation for two reasons. First, it is going to be difficult to do psychoeducation if the patient cannot concentrate. Second, even though the lack of concentration is congruent with what the client reported in the first session, it may be evidence of some other issue, such as substance abuse, another traumatic event, or something else significant for the counselor to know about and address.

The client may not choose to bring the issue up; it is the counselor's job to do so. Ignoring the issue is inadvisable as it will interfere with the session and may be evidence of another issue. Canceling the session loses the opportunity to deal with an important issue in the session, and the issue may not be exhaustion per se.

154.

Use the following case study to answer this question.

How would you characterize this client's main symptoms?

Disturbances in mental functioning

Disturbances in social functioning

Disturbances in intellectual functioning

Disturbances in neurological functioning

Correct answer: Disturbances in mental functioning

Depersonalization/derealization disorder involves disturbances in mental functioning, amounting to the feeling that either they themselves are unreal, their experience is unreal, or the world and the people around them in it are unreal.

This is not primarily a disturbance in social, intellectual, or neurological functioning.

155.

Use the following case study to answer this question.

Would it change this client's diagnosis if she did not feel "real" and outside her body?

Yes, as the derealization/depersonalization symptoms would not fit

No, as the derealization/depersonalization symptoms are established symptoms of dissociative amnesia

Yes, as the derealization/depersonalization symptoms would indicate dissociative identity

No, as derealization/depersonalization symptoms are not real

Correct answer: Yes, as the derealization/depersonalization symptoms would not fit

There are many kinds of dissociative disorder. Dissociative amnesia, as in this case, is chiefly concerned with the loss of a set of memories.

Depersonalization/derealization symptoms as described do not fit within that diagnostic category, so the diagnosis would at least need to be reconsidered.

The symptoms would not indicate dissociative identity disorder, and such symptoms are real to the people who experience them.

156.

Use the following case study to answer this question.

To what degree is trauma diagnostic of selective mutism?

Trauma is not diagnostic to selective mutism

Most clients with selective mutism suffer from trauma

Trauma rules out selective mutism as a diagnosis

Trauma is a diagnostic criterion of selective mutism

Correct answer: Trauma is not diagnostic to selective mutism

Though trauma can certainly occur in patients who suffer from selective mutism, it is not diagnostic to the disorder. It is not well-established that most clients who suffer from selective mutism also have trauma, nor does trauma rule out the diagnosis.

157.

Use the following case study to answer this question.

What would be a special level of care consideration for this client?

The client is likely to exaggerate their sense of crisis

The client is likely to underreport distress

The client is likely to use substances

The client is likely to engage in violence

Correct answer: The client is likely to exaggerate their sense of crisis

Persons with histrionic personality disorder are given to dramatic displays of their feelings, so much so that it is important to accurately assess such a client's real level of distress. Given the client's diagnosis, it will be very important to accurately understand what the client is really expressing; this is not to say such a client's report of crisis should be discounted simply due to their diagnosis. A level of care consideration based on this client's safety may become problematic due to their manner of expression.

The client may or may not use substances or engage in violence, but these are not necessarily diagnostic to histrionic personality disorder.

158.

Use the following case study to answer this question.

Should you diagnose this client with a substance use problem?

Not without more data

Yes, as the client is intoxicated

No, as the client does not meet criteria

Yes, as the client is engaging in risky behavior

Correct answer: Not without more data

A diagnosis of substance use will need more data to establish whether or not a problem is present and, if so, its level of severity (mild, moderate, severe). This will involve a conversation about substance use that the client may be reluctant to have. However, even current intoxication within the context of a treatment session is not sufficient data to establish such a diagnosis.

We do not know if the client meets criteria or not without more investigation, including the aspects of risky behavior and current intoxication.

159.

Use the following case study to answer this question.

If this client were to trust you with an alcohol problem they have, how should the substance use issue be treated?

The substance use disorder should be treated at the same time

The substance use disorder should wait until treatment of the personality disorder is resolved

The substance use disorder should be dealt with before treatment of personality disorder can continue

The substance use disorder should not be treated

Correct answer: The substance use disorder should be treated at the same time

It is generally agreed that co-occurring disorders, as presented in this situation, should be treated in an integrated way; that is, the substance use disorder should be treated at the same time. People with mental illness are far more likely to have substance use issues than others, and if untreated, the substance use could worsen.

The treatment of the co-occurring disorder should not wait until resolution of the primary diagnosis, but should not take the place of the issue for which the patient sought treatment in the first place.

160.

Use the following case study to answer this question.

What is the importance of the client's communicative pattern as revealed in the MSE?

It indicates lack of social skills

It indicates psychosis

It indicates narcissistic preoccupation

It indicates clinical obsession

Correct answer: It indicates lack of social skills

Persons with schizotypal personality disorder tend to lack social skills, and this is reflected in their presentation during a mental status exam (MSE). In general, one can expect incongruent affect and overall peculiarity. These are, in this case, not indicative of psychosis, narcissistic preoccupation, or clinical levels of obsessional thinking.

161.

Use the following case study to answer this question.

Which of the following diagnostic elements does not match the inattentive type symptoms of ADHD?

Excessive talking

Distractibility

Forgetfulness

Losing items

Correct answer: Excessive talking

In general, the symptoms of ADHD are divided into two major categories: the inattentive type, which is characterized by such things as distractibility, forgetfulness, and losing items; and the hyperactive-impulsive type, which is characterized by such things as excessive talking, inability to play quietly, running inappropriately, and so on. In this case, the client's presentation seems to match the inattentive type for the most part.

162.

Use the following case study to answer this question.

With which of the following diagnoses is forgetfulness common?

Alzheimer's Disease and Huntington's Disease

Alzheimer's Disease and Parkinson's Disease

Parkinson's Disease and Huntington's Disease

Alzheimer's Disease, Huntington's Disease, and Parkinson's Disease

Correct answer: Alzheimer's Disease and Huntington's Disease

Forgetfulness and amnesia are common symptoms of Alzheimer's Disease and Huntington's Disease. These symptoms are not as well known in Parkinson's Disease, which is more a movement-related disorder.

Core Counseling Attributes

Core Counseling Attributes

163.

Use the following case study to answer this question.

Is the client's participation in the second group objectively a success or a failure?

A success due to the patient's insight

A failure due to the patient leaving

A success due to the patient's attendance

A failure due to the patient's tearfulness

Correct answer: A success due to the patient's insight

Objectively speaking, the client's participation has been a success, due to the amount of insight he was able to express, but also due to the emergence of group therapeutic factors such as the giving and receiving of support.

Patients can come and go during groups, especially in an acute settings, and still meaningfully participate. Clients are often tearful in group settings; this is only an expression of emotion and can mean many things; in this case, it does not mean failure. The client attending would be a success, especially in the early phases of an acute stay; the more substantial success is his insight into his problems.

164.

Use the following case study to answer this question.

How might you be impacting the therapeutic environment for this client with your presence?

You are likely a source of fear

You are most likely not having an effect

You are creating an environment of comfort

You are confusing the client

Correct answer: You are likely a source of fear

It is important to be aware of how one's status, appearance, or other characteristics affect clients. To the extent possible, these factors should be called out so that they can be openly addressed. In this case, selective mutism is often exacerbated by novel surroundings or people through fear. Your position of authority and relatively unknown status to the client has the unsurprising effect of causing them to be selectively mute in the early phases of treatment.

In this case, you are much more likely to be a cause of fear than comfort or confusion.

165.

Use the following case study to answer this question.

How would you go about finding out if the client's diversity issues were impacting her treatment?

Through direct, compassionate questioning

By letting the client bring up diversity issues first

Through a standardized questionnaire

There are no presenting diversity issues in this case

Correct answer: Through direct, compassionate questioning

One should not assume that, simply because a client belongs to categories considered diverse, that they are necessarily impacted by those issues in a way that affects treatment. In this case, the expert is the client. Asking about such issues through direct but compassionate questioning is probably the best way forward, as it is less formal than a standardized questionnaire and is more open-ended as a form of inquiry.

One should not wait for the client to bring up the diversity issues first. We do not know, without more information from the client, how diversity issues affect her issues.

166.

Use the following case study to answer this question.

Applying an empathic understanding of the client, what is their problem from their point of view?

They are misunderstood by others

They are disliked by others

They are ignored by others

They are not paid attention to enough by others

Correct answer: They are misunderstood by others

Empathic responding means understanding what the client's problem is from that client's point of view. Though it is only one part of a total formulation of what can be done in terms of treatment planning to help a client, their understanding of their own problem is key. In this case, the issue from the client's point of view does not seem to be as much about attention, being disliked or ignored; it is that their own way of doing things and their personality is not well-understood by everyone else.

167.

Use the following case study to answer this question.

What impact is the counselor's affect and appearance likely to have in this scenario?

Significant, given the client's dissociation

Very little, given the client's flat affect

The counselor's affect is unlikely to have an impact with clients

Significant, and the counselor should match the client's affect

Correct answer: Significant, given the client's dissociation

The counselor's appearance, mood, and affect are always likely to have some impact on the interactions and therapeutic process with clients. Counselors must be aware of how they present and be ready to change their presentation in response to circumstances if that change will help a client. In this case, the client has stated some symptoms of dissociation, and should be reassured by the counselor's affect and other communicative choices that he is in a safe place with a real person who can help.

The patient's affect can be variable. This client's flat affect does not require that the counselor match it, and by itself does not indicate that the counselor's choices about affective presentation will not have an impact.

168.

Use the following case study to answer this question.

The client asks you a diagnostic question for which you do not have the answer in your mind. How should you respond?

Admit you do not know the answer

Give the best answer you have

Consult with another professional

Redirect to another topic

Correct answer: Admit you do not know the answer

Some aspects of genuineness can be threatening to counselors who have studied for years and who may have a great deal of experience. The advantage of genuineness is helping the client understand that the counselor is a real and trustworthy person. In this case, it would be best to admit you do not know the answer, rather than delaying, consulting with someone else, or giving an inadequate answer. Most clients will accept a small delay while a counselor comes up with the right answer, and it is an opportunity to build trust.

169.

Use the following case study to answer this question.

How might positive regard help with this client?

By helping with her feelings of worthlessness

By encouraging her to participate

By validating her existential anxiety

By addressing her romantic problem

Correct answer: By helping with her feelings of worthlessness

Positive regard should be practiced with all clients to the extent possible. One's own feelings must sometimes be suppressed when serving clients who, in other respects, the counselor might not like, or who need a higher level of affective approval in the form of feedback for therapeutic purposes. The client should feel that they are a valuable person worthy of help. In this case, positive regard would directly help with the client's feelings of worthlessness.

Positive regard may or may not help a client participate. It does not have the purpose in this case of validating existential anxiety or dealing with the client's relationship issues.

170.

Use the following case study to answer this question.

What is the best way to find out if there are cultural issues at work in this case?

Ask a broad, culturally-sensitive question

Wait until the client suggests it

Administer a standard questionnaire

There are no cultural issues in this case

Correct answer: Ask a broad, culturally-sensitive question

There is little harm in openly addressing culture with clients, if it is done with sensitivity. In fact, without asking such a question, many cultural issues relevant to the case might go unnoticed. Many people might not think to openly discuss their own culture unless prompted, as they take it naturally as an assumed part of their life.

In a clinical context, the counselor is responsible for gathering whatever information is needed, including cultural issues. It is better to address the issue openly and sensitively rather than using a standard questionnaire that assumes culture is relevant to the case in some way. We do not know that culture is or is not relevant to this case with the information provided.

171.

Use the following case study to answer this question.

Which of the following statements would best demonstrate congruence to this client?

"I'm sitting here with you and I am interested in how you're feeling."

"Don't worry, I am very qualified to deal with your issue."

"Can you tell me about your experience being Black?"

"You made a good choice coming to therapy."

Correct answer: "I'm sitting here with you and I am interested in how you're feeling."

Congruence in therapy refers to the ability on the part of the therapist to be real and present during the session, and not hide behind professional qualification. It is an important reinforcer to the therapeutic duad for the client to understand that, aside from their professional responsibility, the counselor is a real human being who is happy to try to help the client.

The other responses stand on qualification, force the client to take on the burden of explaining their ethnicity, or simply reinforce the client for their choice to attend therapy. It is much better to create a sense of real, human connection with the client.

172.

Use the following case study to answer this question.

Which of the following would be the most congruent statement to make to this client after the second session?

"I'm a person just like you. What's going on with you would distress me too."

"We can adjust our goals if you like. I understand this is difficult."

"You're making great progress. Sometimes these things take time."

"Let's talk about what's going well for you."

Correct answer: "I'm a person just like you. What's going on with you would distress me too."

Congruence in the therapeutic environment is the attitude, demeanor, and technique of meeting a client realistically in the context of their presenting problem and their therapeutic needs. This often involves coming out from behind the professional stance and engaging with a client in more down-to-earth, personal terms. In this case, the congruent response deliberately removes the professional stance for a moment to meet the client where they are.

The other responses do not make this attempt to connect with the client. They are encouraging, empowering, and possibly useful, but do not display congruence.

173.

Use the following case study to answer this question.

At the end of the second session, the client becomes angry with you. Which is the best way to respond?

With conflict toleration

By ending the session

With empathic questioning

By not responding

Correct answer: With conflict toleration

It is part of the therapeutic relationship that various interpersonal issues affect the therapeutic dyad. These could include transference, boundary violations, and anger, among others. When there is a conflict with a client, this does not mean that the therapeutic relationship or even that particular session has to end. Though the counselor may have to declare boundaries, it is best to be able to tolerate conflict so that it can be better understood.

Empathic questioning may become possible, but not without being able to deal with the client in conflict. Not responding would not properly meet the client where they are.

174.

Use the following case study to answer this question.

Your client informs you that she has religious beliefs that will not allow her to take psychotropic medication if prescribed. How would you respond?

Find alternative strategies

Insist on medication as best practice

Consult with her religious leader

Slowly educate about medication

Correct answer: Find alternative strategies

There will be times when a counselor must deal with the beliefs of a client in cases where that client's beliefs come into conflict with treatment recommendations. Though cases, methods, and urgency vary, in general, a counselor should respect the beliefs of clients and attempt to work with them in forming treatment plans.

In this case, one should not insist, consult with the religious leader, or slowly educate about medication; these strategies do not respect the beliefs of the client.

175.

Use the following case study to answer this question.

Which of the following would be the most genuine statement to make to the client if you are not a veteran?

"I don't know what you've been through, but I think I can help you."

"I've been well-trained to deal with your kind of trauma."

"We've all been through things that hurt us."

"Would you like to meet with someone who is a veteran?"

Correct answer: "I don't know what you've been through, but I think I can help you."

Genuineness in counseling refers to the ability of the counselor to appear as more than a professional, but as a person who is genuinely interested in helping the client work on their problems. In this case, one should not avoid the fact (if it is so) that the counselor is not a veteran, as it seems that most of the client's symptoms are related to a series of combat experiences. The counselor should make it clear that this difference in military service status is not necessarily a barrier to helping from the counselor's point of view.

The other responses overgeneralize, depersonalize the interaction, or shift the discussion to finding a different therapist.

176.

Use the following case study to answer this question.

Which of the following responses would be the most empathic regarding this client's possible sexual assault?

"I'm sorry. I am here if you do want to talk about it."

"If you tell me about it, I might be able to help."

"I'm afraid we can't really go on without addressing it."

"I think if you tell me about it, you might feel better."

Correct answer: "I'm sorry. I am here if you do want to talk about it."

When clients have areas that they do not wish to discuss, it puts the counselor in a difficult position if that material could be of clinical importance. However, the client's wishes should be respected while still indicating that the counselor is available if the client wishes to address it at a future time.

The other responses insist on getting the information or, though they are sympathetic attempts to get the client to talk about it, do not respect the client's wishes.

177.

Use the following case study to answer this question.

What would be the response to the client in the first session most congruent with empathic attunement?

"We want to hear you, and there will be more time later."

"We only have so much time in our session today."

"Please be considerate of others."

"I'm afraid you have to stop your story now."

Correct answer: "We want to hear you, and there will be more time later."

The display of empathy in therapeutic contexts often must express itself in a declaration of boundaries or clarifications. At these times especially, it is important to demonstrate empathic attunement to reassure the client that the counselor is present with them in the therapeutic context and attempting to identify with their feelings. A good response would both provide clarity about the rules, but demonstrate full investment with the client's problem.

The other responses do not demonstrate this investment.

178.

Use the following case study to answer this question.

Which of the following would be the most empathic response to this child's concerns?

To accept the child's fears and carefully restate them

To educate the child about their false beliefs

To persuade the child that they will sleep better if they stop worrying

To build rapport through play therapy

Correct answer: To accept the child's fears and carefully restate them

An empathic attunement to a client means that the counselor is taking on that client's concerns as their own, at least as far as the therapeutic dyad is concerned. One example in this case would be to show a desire to understand fully what the child is talking about, without judgment. This would have the added advantage of having the client express descriptive control over his fears.

Simple psychoeducation would not show the right degree of empathy, nor would an attempt at persuasion or deflection. Joining with a client in their distress is what empathic attunement is.

179.

Use the following case study to answer this question.

What would be an example of paraverbal communication in this case?

Rushed speech

Delusional statements

Suicidal statements

Perseverative speech

Correct answer: Rushed speech

Paraverbal communication consists of the part of verbal communication that is more style and mannerism than content. Such things as rushed speech, tone, and volume would be examples.

Delusional content and suicidal statements have not been expressed by this client, but neither is an example of paraverbal communication. Similarly, perseverative speech has more to do with pursuing a topic or line of reasoning than paraverbal expression.

180.

Use the following case study to answer this question.

How should you handle the client's possibly being intoxicated for your session?

Gently confront the client about it

Ask the client to come back another time

Call the authorities immediately

Go on with the session as normal

Correct answer: Gently confront the client about it

If you suspect a client is intoxicated in your session, the best course of action is to gently confront them about it in the moment. Simply asking the question will help you understand how to proceed. In most cases, it is probably best to have the client come back when they are not intoxicated, as the intoxication may include many elements of risk for both you and the client.

You may be asking the client to come back another time depending on how the conversation about use goes. It would be inadvisable to ignore what you believe to be intoxication on the part of your client. Notifying the authorities is probably not necessary unless the client seems to be in danger, or at risk of putting others in danger.

181.

Use the following case study to answer this question.

If the client is upset about being referred to you, what would be the most effective response?

Empathize and try to explain the referral

Ask for the referral to be reconsidered

Deny the referral outright

Explain why the referral should not be questioned

Correct answer: Empathize and try to explain the referral

In this situation, it is best to accept the referral, given what could be a situation you can help with. However, it is important to empathize with the nature of clients who feel as though they do not need to see you or have been mistakenly referred. This will help create rapport and clear the way to therapeutic work.

The referral should not be reconsidered or denied.

182.

Use the following passage to answer this question.

Which of the following would be the most congruent statement for the therapist to make with this client?

"I understand how you would be very upset about what's happening to you."

"Can you see how it's important not to panic?"

"You're going to be fine. All of this will work itself out."

"Tell me about your children."

Correct answer: "I understand how you would be very upset about what's happening to you."

Congruence in counseling means that you are meeting the client where they are in the context of the therapeutic situation, rather than approaching with a pat agenda. It means that the client understands that the therapist is trustworthy, interested in their situation, and invested in helping them on a very basic, human level. By immediately validating the client's emotions (if not their degree or intensity), the therapist has an opportunity both to hear more from the client about what's bothering them and to establish a real connection that will foster a solid therapeutic partnership.

The other responses try to talk the client out of their feelings, fail to meet the client in their current distress, or engage the client in a tangential distraction that does not address the acute distress of the client.

183.

Use the following case study to answer the following question.

What should you take into account when dealing with this client in terms of your awareness of self?

The client is sensitive to feedback and was reluctant to seek out therapy

The client is masking her substance use by minimizing it

The client is likely experiencing substantial transference issues

The client is malingering for an unknown reason

Correct answer: The client is sensitive to feedback and was reluctant to seek out therapy

Persons with avoidant personality disorder tend to be very reluctant to seek out therapy, and their fear of rejection and negative evaluation calls for a special sensitivity and awareness of self on the part of the counselor. What might seem like a normal comment might be evaluated by this individual in a very negative light.

There is no indication the client is overusing substances or that they are malingering. The client may or may not have transference issues, which, if present, would further indicate a need for the counselor to carefully monitor their responses to the client.

184.

Use the following case study to answer this question.

What is unique about a non-judgmental stance with this client?

It can help deepen the therapeutic bond without confronting the delusion

It can reduce the effects of the delusion by improving a human relationship

It can provide a way to gently confront the delusion early in treatment

It can help increase the client's overall self-esteem

Correct answer: It can help deepen the therapeutic bond without confronting the delusion

It is especially difficult in the case of clients experiencing long-term stable delusions to establish and increase the therapeutic bond without becoming involved in the delusional matrix. A non-judgmental stance helps provide a listening, neutral posture that allows for the full expression of feelings without agreeing to the substance of the delusions themselves.

Improving human relationships and the client's self-esteem are important, but a non-judgmental stance is important with delusional clients in particular ways. Confrontation of the delusions is not the goal of providing a non-judgmental stance.

185.

Use the following case study to answer this question.

What does the client seem to be most concerned about?

Her marital relationship

Her employment situation

Her baby's health

Her mental illness

Correct answer: Her marital relationship

It seems that this client has a special worry about the effect her symptoms are having on her marital relationship, especially in light of the fact that her spouse is so supportive. It is important to address, as has been done in this case, the issue that is most important in the client's mind.

The other issues are important to the client, but not as important as the marital relationship, given the evidence.

186.

Use the following case study to answer this question.

How would you respond if this client accuses you of misusing their information during a session?

Empathize with their concern and patiently engage

Deny the accusation and continue with the session

Show agency policy about HIPAA

Ignore the accusation, as it is symptomatic of illness

Correct answer: Empathize with their concern and patiently engage

Persons suffering from paranoia, either as part of an established paranoia diagnosis or some other, require a great deal of patience and empathy. With this type of client, trust is very difficult to establish and maintain. It is important to engage with the client in an empathetic way, as this may defuse some of the paranoia and help build the relationship of trust that is the key to success.

It will not be enough to offer a rote response about HIPAA as one might to a casual question about this issue from a different type of client. It is exactly because of the type of illness this person has that one should not ignore the accusation. One should not gloss over the accusation by a simple denial; the trust that emerges from a thoughtful and empathic response to this paranoid client may be of more value than anything planned for the session in terms of psychotherapy per se.

187.

Use the following case study to answer this question.

What would be the most likely expression of transference in this client?

A rigid understanding of the process of therapy

A lack of treatment adherence

An overcommitment to recovery

A pervasive feeling of sadness

Correct answer: A rigid understanding of the process of therapy

Clients with obsessive compulsive personality disorder (OCPD) are prone to rigid understanding of rules, schedules, and commitments. Transference, when the client brings in "extra" feelings from other relationships, is most likely in this case to manifest as a rigid understanding of the process of therapy and irritation with items that seem vague or ill-defined.

OCPD is not as likely to result in a lack of treatment adherence, an overcommitment to recovery, or a pervasive feeling of sadness.

188.

Use the following case study to answer this question.

You begin to feel as though the client has romantic feelings for you. How would you respond?

By addressing the issue openly

By waiting for the client to address it

By ignoring the issue

By referring to a different therapist

Correct answer: By addressing the issue openly

Clients sometimes develop romantic feelings for their therapists. This expression can have many underlying causes, but if it is going to affect the therapeutic process, it is probably best to address the issue openly so that it can be dealt with in some way.

Referral to a different therapist may not be necessary. The important point is to supportively call attention to anything that can affect the treatment process.

189.

Use the following case study to answer this question.

What would be a response to the client in the second session that would indicate genuineness?

"I don't think you're making anything up, and I don't think you're crazy."

"Where did you have an opportunity to try the breathing technique?"

"Body and mind are mysterious things."

"What you're experiencing isn't actually real."

Correct answer: "I don't think you're making anything up, and I don't think you're crazy."

A response indicating genuineness should address the immediate concerns of the client as reflected in their intensity. In this case, it is best to immediately address the client's feeling of being "crazy" and untruthful, as neither of these things is actually true.

The other responses do not meet the client where they are immediately concerned, or might confuse the client.

190.

Use the following case study to answer this question.

Which of the following is most likely to be a cultural issue affecting this patient's treatment?

Her family's lack of acceptance

Her feelings about pharmaceuticals

Her specific coping strategies

Her attitude toward therapy

Correct answer: Her family's lack of acceptance

There are many layers of cultural issues that can affect the treatment of clients. In this case, one possible cultural issue is this client's family's lack of acceptance of mental illness. This may or may not be a reflection of Asian culture, but it is definitely part of the family culture in which she was raised.

The client's individual feelings about pharmaceuticals, her specific coping strategies, and her attitude toward therapy probably do contain some degree of cultural influence, but in this case, the most clear cultural influence on the client's treatment is a family attitude about mental health.

191.

Use the following case study to answer this question.

What would be the most congruent statement to the client after the second session?

"I'm here to help and support you, but I need to know more."

"You are right, it's best to try to defend oneself."

"Don't try to defend yourself with force."

"You're experiencing psychosis. I'm sorry."

Correct answer: "I'm here to help and support you, but I need to know more."

Congruence in counseling means meeting the client where they are in terms of their distress and reason for seeking treatment. The above reply allows the client to feel supported, and solicits further information that will likely be useful to further treatment without compromising the therapeutic bond.

The other replies either play substantially into the delusion, or put the client at a distance by classifying them as psychotic.

192.

Use the following case study to answer this question.

Should one use genuineness with this client?

Yes, one should use genuineness with every client

No, as this client's diagnosis makes it risky

Yes, as this client will respond positively

No, as this client will respond negatively

Correct answer: Yes, one should use genuineness with every client

Genuineness is the relational style of being down to earth and human with your client, and reinforcing the basic relational bond with a form of openness and honesty. One should practice it with every client, whether or not they will respond positively, though few will respond negatively.

This client's diagnosis does not invalidate the approach of genuineness.

193.

Use the following case study to answer the question.

Is it empathic to share the client's dramatic concern with her symptoms?

Appropriate empathy will not escalate distress

Yes, an empathic response joins with the client

No, the symptoms should be denied altogether

Yes, at the beginning of treatment

Correct answer: Appropriate empathy will not escalate distress

Counselors should provide empathy when appropriate, but not to the extent of further escalating a client's distress. It is possible to meet the client where they are in terms of their concern without sharing their panic about it at any point in therapy.

An empathic response would not immediately deny the symptoms.

194.

Use the following case study to answer this question.

In the second session, the client brings up what sounds like a conspiracy theory involving aliens, mind control, and central governments. What would be the best way to respond to this at this time in treatment?

Respond with empathy and assess further

Engage with the client's narrative at face value

Terminate the session and refer the client

Politely discourage this kind of dialogue

Correct answer: Respond with empathy and assess further

It would not be a surprise for a client diagnosed with paranoid personality disorder to engage in conspiratorial thinking. Many people who do not have this or another mental health diagnosis have a range of beliefs that others would consider strange. By itself, conspiratorial thinking may only be an attempt at affiliation or conversation. It will, however, be necessary to assess further. Should the therapist begin to understand the conspiratorial thinking as part of a clinically delusional belief system, the diagnosis may need to be revised. Distorted beliefs about people, situations, and relationships are part of paranoid personality disorder. Empathically responding to the client means walking a fine line between appropriate engagement and clinical distance. In this case, the issue of empathic responding is highly important, as those with paranoid personality disorder have profound issues of trust.

One should not engage with the client's conspiratorial thinking at face value, as it may serve to cement false beliefs. It is not necessary to terminate the session and refer the client, as at this moment, it is unknown what the conspiratorial thinking really means. Rather than discouraging it, the conspiratorial thinking will need to be understood better.

195.

Use the following case study to answer this question.

What would be the best way to ask the client about their substance use?

With a gentle, non-judgmental stance

With a firm, confrontational stance

It should not be addressed immediately

With an accepting, easygoing stance

Correct answer: With a gentle, non-judgmental stance

Many issues will emerge in counseling sessions that require addressing in the moment. With regard to substance use, the best way to preserve rapport and still gain necessary information is to adopt a gentle, non-judgmental stance.

Taking a more confrontational stance might trigger the client to be resistive and may not result in any information being gained. However, adopting a totally easygoing and accepting stance might also not result in useful information being gained.

196.

Use the following case study to answer this question.

Do factors such as unconditional positive regard come into play with psychotic patients?

Yes, though it may not be apparent

No, psychotic patients cannot perceive these factors

Yes, every psychotic patient benefits from these factors

No, psychotic patients will react negatively to these factors

Correct answer: Yes, though it may not be apparent

It is impossible in many cases to judge the real effect of factors such as unconditional positive regard on patients who are psychotic. They may respond well or badly or not at all in perceivable ways; yet it is generally the best approach to take with every patient as a starting point.

Psychotic patients can perceive these factors, and may or may not benefit directly or obviously.

197.

Use the following case study to answer this question.

Why is it especially important to be non-judgmental with this client?

The client is diagnostically fearful of people

The client is prone to hostility

The client appears to lack empathy

The client is struggling with their treatment plan

Correct answer: The client is diagnostically fearful of people

Persons with schizotypal personality disorder tend to be fearful of people due to a pattern of negative interactions and social inhibition brought about by their mannerisms and symptoms. Thus, it is especially important to be non-judgmental in dealing with persons who have this disorder so that they do not misinterpret social cues or abandon therapy altogether.

The client does not appear to lack empathy, to be prone to hostility, or to be struggling with their treatment plan.

198.

Use the following case study to answer this question.

What would be the most genuine response to the client in the second session?

"I know you don't want to be here, but is there anything we can work on?"

"Your family is deeply concerned about you."

"You may not realize it, but you probably do need help with some things."

"Why do you prefer to be alone most of the time?"

Correct answer: "I know you don't want to be here, but is there anything we can work on?"

Genuineness calls for the therapist to engage with the client where they are. In this case, the client clearly does not feel that they need much help, and, in being genuine, you must respond to that. However, there should be some effort to find some therapeutic ground on which to work and the above response keeps that option open while acknowledging the client's feelings.

The other responses do not meet the client where they are in a genuine way.

199.

Use the following case study to answer this question.

Which of the following is a benefit of using a non-judgmental stance with this client?

It may enable better communication

It would prevent further aggression

It would help the client's anger issues

It would help the client's physical agitation

Correct answer: It may enable better communication

Having a non-judgmental stance toward a client is one way to achieve better communication by enhancing rapport. If clients feel that they are being judged or morally evaluated by a therapist, it can alienate them and damage rapport. In this case, the client feels judged already by someone important in their life. Being someone that is non-judgmental would give the client an avenue of communication that might be shut down otherwise.

Having a non-judgmental stance, however, would not necessarily prevent aggression or meaningfully impact the client's anger issues or agitation by itself.

200.

Use the following case study to answer this question.

Which of the following would be the most appropriate empathic response to the client in the second session?

"I understand you want quick change. How do you think medication would help?"

"I think concentrating on the treatment plan we discussed is the best option."

"Medication is sometimes indicated for people with your issue."

"Let's talk about your favorite TV show a little bit, using the skills we learned."

Correct answer: "I understand you want quick change. How do you think medication would help?"

Empathic communication and responding sometimes involves understanding the subtext to a client's statements. In the second session, the client appears to want to take therapy in a different direction in order to address their problem. It is the counselor's task to address this compassionately, while still leaving control in the client's hands.

The other responses seek to distract from or discount the client's concern.

201.

Use the following case study to answer this question.

Your gentle confrontations about progress and use of drugs anger the client, and they begin yelling at you in your office. How should you respond?

Give room for the client to express their feelings

Eject the client from the counseling session

Refer the client to another therapist

Stop the session and address it next time

Correct answer: Give room for the client to express their feelings

Conflict can sometimes occur, and is often the product of a gentle confrontation, as the client is forced to acknowledge their own issues openly. Though a counselor should always act to protect their own safety if they feel they are in danger, many times clients will benefit from time to express their anger. In these cases, the counselor should be careful not to escalate along with the client. After the anger is expressed, there may be therapeutic gain possible as the client calms and reflects on their behavior.

It may be necessary to ask the client to leave, if the counselor feels that no therapeutic gain is possible. Referring the client to another therapist may be necessary, but in this case, it's possible that a confrontation about client behavior will yield good results. The issue should be dealt with in the present session if at all possible.

202.

Use the following case study to answer this question.

What might be a diagnostic question to ask about the school?

How diverse the school population is

How the school does in achievement test scores

The number and qualifications of school counselors

The physical location of the school

Correct answer: How diverse the school population is

Of the many reasons the child may be inhibited, one of them may be minority status. By finding out the overall diversity picture of the school in question, one would be able to rule this out as a cause of the child's shyness and mutism.

School test scores, qualifications of school counselors, and the school's physical location would not be as diagnostic to mutism.

203.

Use the following case study to answer this question.

If the client becomes tearful and the group begins to offer him support in the second session, what should you do?

Offer therapeutic support of the group process

Insist that the client leave the group

Empathically intervene as group leader

Stop the group process and reframe it

Correct answer: Offer therapeutic support of the group process

There are many positive factors involved in being a member of a therapeutic group. Among the most basic of these is group solidarity and emotional support. In this case, even though the client may be intoxicated, the group can be therapeutic by expressing compassion if the client becomes tearful. The question of when the client should leave if he is intoxicated can be settled after the group leader has enabled an expression of the group process.

It would not be necessary to insist the client leave the group, or to stop what the group is doing to describe it. Empathically intervening as the group leader may be appropriate at some point, but therapeutic factors at work in the group process should be allowed to the extent possible.

204.

Use the following case study to answer this question.

What is the proper response to the client's delusions when they are active?

Offer empathy and non-confirmatory support

Respond in kind, agreeing with the client

Dispute the client's delusions directly

Ignore the delusions altogether

Correct answer: Offer empathy and non-confirmatory support

In cases where clients are actively delusional, it is important in most cases to not either confirm or deny their delusions explicitly, but rather to offer empathy and non-confirmatory support of the feelings provoked by the delusions.

Ignoring the delusions and the emotions around them would not be effective support.

205.

Use the following case study to answer this question.

What would have been a congruent response to the client at the time of the mental status exam?

"I know you're hurting. But you're not alone, and you're not a failure."

"Failure is a relative term. Would you like to talk about ways in which you think you've failed?"

"It doesn't matter if you think you're a failure. What matters is what happens now."

"Everyone fails in their life from time to time."

Correct answer: "I know you're hurting. But you're not alone, and you're not a failure."

Congruency in counseling refers to the ability of the counselor to be present and effective in dealing with the client's immediate need in the moment. The above response acknowledges the client's expressed pain and provides empathy, while challenging the client's negative self-concept.

The other responses do not provide adequate empathy, or in other respects do not meet the client where they are in their current need.

206.

Use the following case study to answer this question.

Which of the following responses to the client would show positive regard?

"I'm happy you're here seeking help. It was brave to do so."

"Your symptoms should improve after we work together."

"We'll have to observe some strict boundaries."

"I will help you if I can."

Correct answer: "I'm happy you're here seeking help. It was brave to do so."

Though unconditional positive regard may sound simple, it is one of the most valuable therapeutic tools. Research has shown that up to 30% of the client's progress in treatment is due to their relationship with the therapist. Positive regard recognizes the client as a person worthy of receiving help.

The other responses deal too much with the therapist's skill or expertise, or do not engage with the client.

207.

Use the following case study to answer this question.

How should your expectations of therapeutic rapport shift with a client who has schizoid personality disorder?

Clients with schizoid personality disorder may not offer congruent affect

Clients with schizoid personality disorder do not engage in therapeutic rapport

Clients with schizoid personality disorder are highly reactive

Clients with schizoid personality disorder are prone to unexpected violence

Correct answer: Clients with schizoid personality disorder may not offer congruent affect

One of the diagnostic attributes of schizoid personality disorder is the client's affect, which tends to be flat and can be unresponsive to social cues or co-regulation. This can make the establishment of therapeutic rapport problematic due to the difficulty in assessing the patient's emotions. However, therapeutic rapport is possible with these clients.

Persons with schizoid personality disorder are not highly reactive and are not generally prone to unexpected violence.

208.

Use the following case study to answer this question.

Is it uncommon for new mothers to suffer depressive symptoms?

It is common for new mothers to suffer depressive symptoms

It is uncommon for new mothers to suffer depressive symptoms

It is very rare for new mothers to suffer depressive symptoms

It is expected that new mothers will experience depression

Correct answer: It is common for new mothers to suffer depressive symptoms

It is common for new mothers to suffer depressive symptoms that do not rise to the level of a diagnosis of depression. This is highly variable by individual, and is not a standard expectation of new motherhood.

209.

Use the following case study to answer this question.

This client becomes so comfortable with you that they ask you to visit their home socially. What should you do?

Empathically decline and state why

Empathically accept

Empathically state it as a later possibility

Empathically refuse and redirect the conversation

Correct response: Empathically decline and state why

Empathy can mean different responses in different contexts, but should always sensitively take into account the nature of the client's illness, their circumstances, and their story. In this case, it would be inappropriate to engage in a social relationship with this client. Given the client's diagnosis, they might interpret a polite visit as something more significant relating to friendship or another kind of relationship, as persons with ASD sometimes struggle with social cues and communication.

The best course of action is to be clear in denial but to empathically explain that such a visit would go outside the boundaries of the therapeutic relationship. This client might need reassurance that they have not made a social error, and should be thanked for the invitation.

210.

Use the following case study to answer this question.

What would be the most empathic way to respond to the client in the second session?

"I understand you feel isolated and angry."

"What do you think will help you calm down?"

"If you don't calm down, I will end the session."

"What would you like to talk about today?"

Correct answer: "I understand you feel isolated and angry."

In this case, the client does not appear to be in control of their emotions related to an event in their relationship with their significant other. They have now turned some of that aggression and anger on you. Empathic responding is always important and especially important in this moment, where it would be helpful to openly acknowledge the client's feelings as a beginning of productive therapeutic dialogue.

It may or may not be necessary to end the session, but empathically, it is better to make some effort to try to understand the client's feelings first.

211.

Use the following case study to answer this question.

What is the most likely factor contributing to the client's being largely nonverbal?

The therapist's perceived authority

The client's mood

The mother's presence

The therapist's demeanor

Correct answer: The therapist's perceived authority

Given the client's diagnosis of Oppositional Defiant Disorder, the therapist would have to be self-aware about their position of authority, as this client (as well as others with the same diagnosis) will likely have at least some difficulty dealing with persons in positions of power.

The client's mood will likely be another factor, as might his mother's presence and the therapist's demeanor. However, this client's diagnosis indicates the need for the counselor to be aware of how their position influences the interaction.

212.

Use the following case study to answer this question.

If the client continues to engage in highly tangential stories about their board games during a session, what would be the best statement to make?

"I'm glad you have a good time with your games. Can we talk more about what happened this week?"

"We need to concentrate on our session. Let's talk about your games later."

"Tell me more about your games."

"I'm sorry, but I think you're using the discussion of your games to avoid talking about your problem."

Correct answer: "I'm glad you have a good time with your games. Can we talk more about what happened this week?"

Working with clients who have ASD can be challenging, in that communication skills are often things the client struggles with. The counselor must walk a line between getting useful information and letting the client express, keeping in mind that persons with ASD may interpret an interruption negatively and that their expression may have the purpose of self-soothing in anxious social situations. The best course of action is to kindly address what the client is talking about, but to refocus on the topic at hand.

The other responses are too abrupt, too indulgent of the tangential speech, or too confrontational.

213.

Use the following case study to answer this question.

The client insists she needs medication, even though non-pharmaceutical methods appear to be working. How would you respond?

Provide empathy, support, and possible referral

Redirect the client to non-pharmaceutical methods

Discuss recent progress with the client

Refer the client to a psychiatrist

Correct answer: Provide empathy, support, and possible referral

Many people who struggle with panic disorder suffer from high levels of anxiety. Non-pharmaceutical modes of treatment for anxiety may take longer to learn and practice, and may not provide the immediate relief a client is seeking. There is no need for conflict about the issue, but the conversation can be a supportive one in which current progress is noted and empathy expressed for what the client is feeling. After this conversation, if the client wishes to explore pharmaceutical means, it is their right and it should be supported by the counselor.

The other answers do not honor the client's wishes or directly address their concern, or immediately refer when it may not be necessary.

214.

Use the following case study to answer this question.

Which of the following is most likely to affect this patient's interaction with the counselor?

The status of the counselor as a military veteran

The status of the counselor as a younger person

The status of the counselor as a male

The status of the counselor as a female

Correct answer: The status of the counselor as a military veteran

The counselor must always be aware of how their attributes, manner, status, or other characteristics are going to affect clients. In this case, if the counselor was a military veteran, this would probably have some kind of immediate effect, positive or negative, on the therapeutic relationship. The client may decide that the counselor is a fellow veteran worthy of trust, or the client may decide that the counselor is fellow veteran, and he does not want to be reminded of the war through association with a fellow veteran, even in a therapeutic context.

Other characteristics, such as male/female or age differences, can also affect the therapeutic duad. In this case, however, due to the client's symptoms, provisional illness, and statements, veteran status on the part of the counselor may have the most effect.

215.

Use the following case study to answer this question.

How does the client see your role?

As an inferior consultant

As a superior expert

As a professional peer

As a risky cost

Correct answer: As an inferior consultant

Clients with narcissistic personality disorder have a difficult time evaluating others as equals and having the appropriate respect and empathy for them. As a therapist, in this case, the client is threatened by the idea that there is something wrong with them, so he has created an acceptable image of you as an inferior consultant; someone who can help him, but who is not at his level.

The client does not see the therapist as superior or a peer, or as especially risky.

216.

Use the following case study to answer this question.

Which of the following would be a response that would indicate genuineness in the third session?

"I understand. You and I can work together on the nightmares."

"You've made good progress so far."

"Let's talk about the group work you did."

"How long do you think you will need a therapist?"

Correct answer: "I understand. You and I can work together on the nightmares."

A key component of counseling is genuineness, the overall presentation of the therapist as present, "real," and in contact with what the client presents as important to them. It is a critical element of rapport, which is in turn a critical element of success in therapy. The above response attends to the issue of concern, reinforces the presence and role of the therapist, and reminds the client that they are not in it alone.

The other responses do not meet the client where they are, do not address what the client is concerned about in the moment, or involve abstractions that take the client out of the moment.

217.

Use the following case study to answer this question.

Which of the following would be considered a response involving the technique of reflecting?

"Here's what I hear you saying."

"I need to call your attention to something."

"Describe your feelings in the mall."

"I feel the same way."

Correct answer: "Here's what I hear you saying."

Reflecting is an essential counseling technique that involves taking what the client has told the counselor and paraphrasing it back to the client. This often results in a revision of statements and more clarity of understanding. It enables a two-way communication about a problem, rather than just being the therapist providing guidance or the client providing information and emotion.

The other statements are more expressions of empathy, confrontation about an issue, or a request for more information.

218.

Use the following case study to answer this question.

What would be most characteristic of genuineness with this client?

Displaying sincerity and real personality

Educating with expertise and friendliness

Displaying professional identity and education

Educating with the voice of experience

Correct answer: Displaying sincerity and real personality

Genuineness in the treatment context refers to the ability of the counselor to be "real" in the situation. Though it is always important to maintain the role of professional helper, it is also important for the sake of therapeutic rapport to help the client understand that the therapist is a real, sincere person with a correspondingly real interest in the client's outcomes.

The other choices are all behaviors that might take place in the therapeutic context, but they are not as genuine as creating a sincere bond with the client.

219.

Use the following case study to answer this question.

If this client becomes angry with the therapist during the session, what is the best general course of action?

Remain calm and try to resolve the conflict

End the session immediately

Refer the patient to another therapist

Let the client express their anger, then end the session

Correct answer: Remain calm and try to resolve the conflict

Anger and/or conflict are not reasons to end a session or refer to another therapist. During the course of treatment, a counselor should expect a client to display a range of emotions as the sessions are underway, and these can include anger. Given the complexity of transference issues and the stress this particular client is undergoing, the anger in question may not really be directed at the therapist per se, but a reflection of the overall anger the client feels about their situation.

Of course, there will be situations when a client's anger becomes inappropriate or unmanageable, and these circumstances may result in the discretionary end to the session or other adjustments to treatment as necessary. Simply letting the client vent and then ending the session does not meaningfully help the client as much as an attempt to resolve the conflict as soon as possible.

220.

Use the following case study to answer this question.

If this client does no more than sit silently in group, can she be said to be participating?

Yes, as she is present

No, as she is not active

Yes, as long as she participates at some point

No, as she is not paying attention

Correct answer: Yes, as she is present

There are many factors that can affect how a given patient will behave in a group setting. Participation does not look the same in all individuals. For a variety of reasons related to specific illness, as well as personal life history and many other factors, a patient with thought disorder does not always look like they are engaged when they actually may be. Even if this client does no more than simply attend the group, she is at least engaging in an attempt to participate in treatment in some way. Her being silent does not mean she does not get some benefit, even a social one, out of the group.

221.

Use the following case study to answer this question.

How would you best deal with issues of diversity and oppression in this case?

By attentive listening and responding

By administering a standard questionnaire

By directly asking the mother

By directly asking the child

Correct answer: By attentive listening and responding

In all cases, a counselor should be alert to the possibility of oppression, racism, or other issues of diversity affecting the case. Different clients respond differently to direct inquiries, which would have to depend on the rapport established in the therapeutic relationship and can create distance. Standardized questionnaires may also not be ideal, as they often lack sensitivity. It is probably best to be attentive to the possible issues at hand, with a careful ear toward issues of diversity and oppression. If such is suspected, a more full conversation about these issues can be had without taking the focus off the presenting problem that the client has brought to you seeking help.

222.

Use the following case study to answer this question.

Why is the awareness of use of self especially important with this client?

The client's diagnosis

The client's history

The client's hobbies

The client's family

Correct answer: The client's diagnosis

The client suffers from social anxiety disorder, making him especially vulnerable to negative evaluation from others. The client has taken a brave step by submitting himself (from his point of view) to the attention of an expert whose role requires evaluation. The counselor will have to be especially sensitive to this issue.

The client's history, family, and hobbies are not the major concern in this regard that the client's diagnosis is.

223.

Use the following case study to answer this question.

Are there signs that the client is being abused by his husband?

As yet, there is no evidence of abuse or exploitation

Yes, there are many signs of abuse

Yes, there is one compelling piece of evidence

It is impossible to assess during the client's inpatient treatment

Correct answer: As yet, there is no evidence of abuse or exploitation

There are times when clients will appear with signs of abuse or exploitation in inpatient treatment. Such occurrences will necessitate further action that is governed by hospital policy and local jurisdiction, but will amount to an investigation by an official body. Given the information provided, there are no such signs; some of these might be statements to that effect, signs of hypervigilance or flinching away from contact, or visible injuries.

224.

Use the following case study to answer this question.

What is the best use of empathy with this client?

Demonstrating empathy with the client's distress

Demonstrating understanding of the client's illness

Demonstrating alliance with the client's delusional concerns

Demonstrating solidarity with the client's desire for help

Correct answer: Demonstrating empathy with the client's distress

The question of how to use empathy with clients who have delusions is difficult, as one cannot responsibly feed into their false beliefs. The client has likely come to treatment for help with distress related to the delusions, however, and this is where empathy can be usefully demonstrated.

Simply demonstrating understanding of the client's illness does not demonstrate an adequate degree of empathy; nor does simply supporting the client's desire for help.

225.

Use the following case study to answer this question.

Which of the following would be the most congruent response to the client in the second session?

"I feel like you want to do this but you have your doubts."

"Let's talk about this issue at our next session."

"What makes you think you don't have a problem?"

"Can you pay attention to our session, please?"

Correct answer: "I feel like you want to do this but you have your doubts."

Congruency has many possible meanings in a therapeutic context, but they all center on the ability of the counselor to meet the client where they are. This client is highly ambivalent about therapy in general, and it's clear that they may not feel as though they have a problem. The most congruent response will meet the client in this doubt and bring it out in the open for discussion.

The other responses do not state the apparent situation from the client's point of view, and fail to meet the client where they are in their doubt.

226.

Use the following case study to answer this question.

Which of the following would be the most reflective response to the client's statements in the second session?

"It sounds like this time of year makes you think of your wife more."

"It sounds like your depression is getting better."

"It sounds like your issues are related to grief in some way."

"It sounds like medication might be one avenue to explore."

Correct answer: "It sounds like this time of year makes you think of your wife more."

Reflecting in a counseling context refers to the ability of the counselor to meet the client where they are by paraphrasing statements of the client. This process can help the client clarify their feelings and statements and reassure the client that the therapist is attending fully.

The other statements do not meet these goals, either by discussing issues that the client did not mention, or not adequately expressing empathy.

227.

Use the following case study to answer this question.

Who should resolve conflicts within therapeutic groups?

The group leader should provide resolution

The group should provide its own resolution

Conflict resolution is not necessary

Those in the conflict should provide resolution

Correct answer: The group leader should provide resolution

When conflict occurs in therapeutic groups, it is important to know when to intervene. Some conflict and confrontation can be therapeutically valuable and one of the strengths of the group modality. However, when the conflict has run its course, or it proves unproductive or personal, the group leader will need to step in and frame the conflict for the group appropriately to provide resolution. Group members, particularly those who are in the conflict, may not be able to do so.

228.

Use the following case study to answer this question.

Should this client be in therapeutic groups? Why or why not?

Yes, as she can benefit from a group modality

No, as she is too acute

Yes, as her experience may benefit others

No, as she does not participate enough

Correct answer: Yes, as she can benefit from a group modality

Even for patients in psychosis or who have profound thought disorders, group modality can offer many advantages. It is sometimes difficult to assess exactly how a client is benefiting from the group, particularly with a client who may not be participating in the expected manner. But at the very least, this patient gets a chance to therapeutically engage with others in a structured, supportive way. If she does no more than appear at the first session, the fact that she returns and clearly intends to participate in some form is a positive therapeutic movement in her treatment.

Her experience may or may not benefit others; the decision to include her should focus on the possible benefit to her. Her level of participation will likely change over time.

229.

Use the following case study to answer this question.

How might you respond non-judgmentally to the client's progress in the second session?

"You're making great progress. Do you think so?"

"How do you think you could do better?"

"Yes, most people don't care what you are wearing."

"Your feelings of happiness are not unexpected."

Correct answer: "You're making great progress. Do you think so?"

As this client has a diagnosis that distorts the true value of criticism and feedback, it will be crucially important to present any feedback in a non-judgmental manner. In some sense, this is true for any client, but it is especially important in this case due to the client's fear of negative evaluation. By soliciting the client's feedback, one has the chance to get the client's honest opinion about their progress.

The other responses do not address this specific diagnostic need of the client for non-judgmental but participatory feedback.

230.

Use the following case study to answer this question.

Why might positive regard be more important in this case than in others?

The client's personality is vulnerable to the opinions of others

The client believes others are out to get her

The client has an unstable self-concept

The client may become hostile if they feel uncomfortable

Correct answer: The client's personality is vulnerable to the opinions of others

One of the main issues affecting those who have histrionic personality disorder is a vulnerability to the opinions of others that usually manifests in a very high need for affection. In the therapeutic context, an unconditional positive regard becomes very important in helping the client learn they are worthy of positive attention without the need to solicit it in pathological ways.

The client does not seem to be expressing paranoia, or self-concept that is unstable per se. The client has given no indication of hostility.

231.

Use the following case study to answer this question.

Would it be therapeutic to pretend to "play along" with the delusions of this client?

No, under no circumstances

Yes, but only when she is first admitted

No, the client will not benefit in this case

Yes, it is a standard procedure for dealing with delusions

Correct answer: No, under no circumstances

Clients who suffer from thought disorders can have alarming symptoms such as hallucinations and delusions that involve the client seeing and feeling things that are not connected to consensus reality. Under these circumstances, it is not advisable to "play along" with either hallucinations or delusions, as it may further confuse the patient. However, one can and should address the feelings aroused by the phenomena in a therapeutic context.

Entertaining the delusions and/or hallucinations of clients is not a recommended procedure.

232.

Use the following case study to answer this question.

What does the client's refusal to discuss her husband in the first session indicate?

That she is not ready to express her feelings about it

That she is coping well and has no need to discuss it

That she is not experiencing normal grief

That she may have a personality disorder

Correct answer: That she is not ready to express her feelings about it

Grief is highly idiosyncratic and may appear differently in different people, or even differently within the same individual at different times. The client's comment clearly means that she is not willing to talk about it, which indicates that she is not ready to express her feelings about it, at least openly.

The client does not seem to be coping well, as she has conversion disorder and disturbed life function. There is no indication that this client has a personality disorder.

233.

Use the following case study to answer this question.

In the second session, would it violate empathic attunement to ask the client if they are intoxicated?

No, as it is a basic boundary issue

Yes, as the client is highly reactive

No, as long as the session does not end

Yes, as the client may become self-harming

Correct answer: No, as it is a basic boundary issue

Persons with borderline personality disorder can be very difficult to treat, largely due to their sometimes extreme reactivity, impulsivity, and poor boundaries. In this case, as a counselor, you have a right to ask if the client is intoxicated, and then to take action based on the agreed-upon boundaries established at the beginning of treatment.

It is true that the client is reactive, and it is also true that the client may become self-harming for various reasons; these factors will have to be taken into account when deciding what to do about the answer to the question, which may involve ending the session.

234.

Use the following case study to answer this question.

If you are not gay, should you refer the client to a therapist who is?

Not unless the patient wishes it

Yes, once diagnosis is established

No, the issue of sexuality is not relevant here

Yes, as a matter of standard procedure

Correct answer: Not unless the patient wishes it

A basic acceptance of the diversity of human beings is not only an understood value of the profession of counseling, it is codified in its ethical standards. Counselors can and will meet patients who are different from themselves; it will be incumbent upon that counselor to learn all they can about the relevant issues in order to become culturally competent. However, some clients have a preference to be served by those more like themselves; that preference should be honored unless there is a compelling reason not to do so.

235.

Use the following case study to answer this question.

What would be the statement most congruent with positive regard?

"I accept you and your situation"

"Describe your symptoms"

"I'll help you no matter what"

"Your information is safe here"

Correct answer: "I accept you and your situation"

Positive regard refers to the need for a counselor to show their client a general attitude of acceptance of them and the importance of the presenting problem to them. Making a statement like "I accept you and your situation" is a good example of this attitude. The attitude of positive regard is friendly but not intimate, with the distinction always clear that there is a therapeutic relationship underway rather than a friendship.

The other statements are too clinical, too intimate, or refer to the safety of information, which should be a given and does not say much about acceptance of the individual seeking treatment.

236.

Use the following case study to answer this question.

This client began stashing items in her room after the second session. Given her history and diagnosis, what is the most likely reason?

She is protecting herself against scarcity

She is stealing for gain

She is simply hungry

She is acting delusionally

Correct answer: She is protecting herself against scarcity

Though each choice is possible, it is important to take a non-judgmental stance about behavior in clients, especially those who are acutely ill. Given this client's history of need in the community, it is more likely than any other possibility that she is trying to protect against future scarcity in some way.

There may be elements of a delusional process, and the client may be hungrier than others, but we know that she has been getting more stable on her medication for the past eight to ten days. This client has also not given us an indication that she has delusions about food or hoarding. As she gets better, she may try to recapitulate her usual life pattern in the hospital, which, given what we know about her living situation outside the hospital, likely includes a high degree of scarcity and need. Given her situation before admission, this behavior does not seem very pathological in context.

237.

Use the following case study to answer the following question.

How would you respond to the client in the second session by reflecting?

By acknowledging his feelings about not needing therapy

By asking his father to join the session

By reminding the client of his concerned family

By asking the client to say more about his experience using skills

Correct answer: By acknowledging his feelings about not needing therapy

Reflecting in a therapeutic context means that the counselor is not only listening to what the client is saying, but attending to its meaning. In reflecting on what the client is offering you by way of information, it's important to demonstrate you are hearing where the client is coming from emotionally. In this case, it's important to acknowledge that the client thinks they do not need therapy.

Asking his father to join the session, reminding the client of his concerned family, and asking the client to elaborate on his skill use do not demonstrate this reflection of the client's feelings.

238.

Use the following case study to answer this question.

Which of the following approaches would it be best to take with the client's change in appearance in the second session?

Be non-judgmental and tolerant

Probe for the precipitating factor

Do not address it

Confront the client directly

Correct answer: Be non-judgmental and tolerant

We do not know what precipitated the client's change in appearance, only that it has happened and seems to be the way she wishes to currently present. Many clients go through drastic changes of appearance as they go through major changes in their life. At first, it is probably best to practice a non-judgmental, tolerant stance toward the client unless you understand the behavior to be harmful in some way.

There may come a time, based on the client's progression and the nature of the therapeutic bond, that further questions can be asked. If the counselor believes it to be helpful, this questioning should take place, but with a non-judgmental and tolerant posture.

239.

Use the following case study to answer this question.

How would you respond to the client's statements in the second session?

Ask the client to speak more about his wife

Check on the client's compliance with treatment

Administer a grief questionnaire

Redirect to avoid the negative feelings

Correct answer: Ask the client to speak more about his wife

It is important for counselors to be empathically attuned to where their clients are in the moment. In this case, the client has demonstrated that he is thinking about his departed wife. There is a therapeutic opportunity by acknowledging this and leaning into it informally, to give the client the opening to discuss more if he likes.

Redirection and more formal approaches would likely not work as well as simply meeting the client where they are. Treatment compliance can wait until later in the session.

240.

Use the following case study to answer this question.

Which of the following would be an accurate paraphrase of the client's statement in the second session?

"You have some doubts about where this is coming from."

"You're starting to realize the real nature of your problem."

"You think you need a higher level of care."

"I understand. You feel as though things are out of control."

Correct answer: "You have some doubts about where this is coming from."

An accurate paraphrase of this client's statement must also be clinically sensitive and give the client a chance to clarify or continue their statement. In this case, the chosen response goes to the heart of the client's concern without elevating those concerns or validating the client's fear.

The other responses do not do these things, or do not actually paraphrase the statement well.

241.

Use the following case study to answer this question.

Which of the following would be the most important question to ask in the intake process?

"Do you think you're too flirty and emotional?"

"How long have you been flirty and emotional?"

"Can you define what you mean by flirty and emotional?"

"Is it bad to be flirty and emotional?"

Correct answer: "Do you think you're too flirty and emotional?"

A key part of the intake process is attending to why the client has presented for treatment. In this case, it is important to get to how the client feels about their circumstances and the level of problem they think they have, especially as it seems they have come to therapy at the urging of a significant other.

The other questions assume the problem, or do not address the client's motivation for treatment.

242.

Use the following case study to answer this question.

What would be the best way to clinically approach the client's grief?

By administering a grief assessment

There is no clinical need to address it

By assuming his grief is acute

By allowing the client to initiate the discussion

Correct answer: By administering a grief assessment

The client clearly suffers from some sort of grief that is of clinical weight, as he has brought it up many times and it seems to be related to his seasonal affective disorder in some way. Though the assessment need not be dry and clinical, some sort of assessment process should be undergone to determine exactly how much grief is affecting the client's functioning.

The assessment, formal or informal, will suggest the acuity of the client's grief. The client may or may not initiate the discussion; it is the clinician's responsibility to assess.

243.

Use the following case study to answer this question.

Should this client be asked about multicultural concerns and why?

Yes, all clients should be asked about multicultural concerns

No, as this client is not from a disadvantaged background

Yes, as this client is a female

No, as this client is from the dominant culture

Correct answer: Yes, all clients should be asked about multicultural concerns

Even though this client is white, heterosexual, and in other respects conforms to the dominant culture, it is still important to thoughtfully engage with the multiculturalism of every client. Cultural differences within groups can be as vivid as those between groups, and unless an intentional dialogue about possible cultural issues is done, valuable information that can influence the success of treatment can be lost. For instance, this client may belong to a particular ethnic group within her broader assigned group that has certain beliefs about mental illness and mental health treatment.

Though privilege is an important issue, it does not preclude the complexity of cultural issues that may arise in treating those who we assume are members of the dominant culture without important and relevant cultural concerns.

244.

Use the following case study to answer this question.

Which of the following would be the most empathic approach with this client?

Allowing the child to control as much of the process as possible

Holding the child to firm therapeutic milestones

Engaging with the father and allowing the child to be silent

Engaging in play therapy with the child

Correct answer: Allowing the child to control as much of the process as possible

Displaying empathy with clients, particularly those who are experiencing distress, is a crucial therapeutic component. In this case, one empathic approach might be to allow the child as much control over the therapeutic process as is reasonable, serving the purpose both of empowering him and therapeutically advancing his sense of control over events.

Holding the child to firm therapeutic milestones, leaving the child alone to engage with the father, and jumping into play therapy with the child might or might not be considered empathic, but would be less therapeutically empathic in this case than giving the child a sense of control.

245.

Use the following case study to answer this question.

What is the most empathic response to offer the client in the first session?

"Our mind and our body have a very deep relationship."

"We're going to address what's actually wrong with you."

"We can deal with your more serious symptoms later."

"I believe your physical symptoms may be fictional."

Correct answer: "Our mind and our body have a very deep relationship."

In cases such as factitious disorder, where the client has not appeared for help with their actual condition but to serve another purpose, it is important to try to build rapport toward helping with the real problem. The above response tells the truth, does not cater to the client's dramatic illness role, or immediately challenge the truth of the client's account.

The other responses do not meet these conditions.

246.

Use the following case study to answer this question.

Why would a non-judgmental stance be especially important with this client?

The client may be sensitive to accusations of faking

The client may be faking

The client may be trying to avoid work

The client may be reluctant to receive treatment

Correct answer: The client may be sensitive to accusations of faking

Given the nature of conversion disorder, in order for the client to have been diagnosed, they must have had medical causes ruled out. They may have encountered some skepticism from medical professionals and may be sensitive to accusations of faking. The client needs reassurance that you believe them and that their problem is real.

A non-judgmental stance will not be helpful if the client is faking or trying to avoid work. A nonjudgmental stance may be helpful with reluctant clients, but this client seems willing to receive treatment in some form.

247.

Use the following case study to answer this question.

What might the benefit of silence be in the second session?

It would give the client room to process

It should not be used with this client

It lets the client control the conversation

It keeps the client in a therapeutic mode

Correct answer: It would give the client room to process

Therapeutic silence is sometimes a way of displaying empathic attunement, as it does not seek to impose therapeutic interaction on the process and allows the client time to process their emotions and begin again on their own terms.

However, the point is not to give control of the entire therapeutic interaction to the client, and the purpose is more than just keeping the client in a therapeutic mode. Silence is technique, not the absence of technique.

248.

Use the following case study to answer this question.

What would be the main risk of empathic responding with this client?

The client may develop dependence issues

The client may respond negatively

The client may develop romantic feelings

There is no inherent risk in empathic responding with this client

Correct answer: The client may develop dependence issues

The main risk of engaging empathically with a client who has dependent personality disorder is that the client will transfer their dependence to the therapist, as the disorder is about the client being unable to express independence. This will need to be addressed openly and empathically with the client.

The main risks of empathic responding with this client are not due to their possible negative response or romantic feelings.

249.

Use the following case study to answer this question.

The client speaks at length about how she feels wives should depend on their husbands for their needs and speaks disparagingly of her female neighbors and associates who work. How should you respond?

With a non-judgmental stance

By challenging the belief

By redirecting the conversation

By suggesting an alternate view

Correct answer: With a non-judgmental stance

There will often be times when what a client says disturbs, offends, or surprises us. It is important to remember to keep a non-judgmental stance, as one does not need to share a client's beliefs in order to help them, and responding with one's own beliefs is not the therapeutic goal of treatment. Challenging the belief in this case is not necessary for the client's progress, and may create a barrier to rapport.

Redirecting and suggesting an alternative view would be things the therapist is doing for their own comfort.

250.

Use the following case study to answer this question.

Were there any explicit warning signs of suicidality for this client?

No, in fact, suicidality was denied

No, the suicide seems to have been random

Yes, the previous drinking problem was an indicator

Yes, the social isolation was an indicator

Correct answer: No, in fact, suicidality was denied

Patients sometimes choose to end their own lives. At these times, it is natural to go back over the case and try to determine what could have been done differently. In this case, there was no indication that the client was suicidal, and in fact, early on in treatment, suicidality was denied.

Suicides can be impulsive, but they are likely not "random." The drinking problem seems to have remitted a decade ago, and unless it had recurred, would not be a significant indicator. Social isolation can be considered one of many possible indicators of suicidal risk, but it is not an explicit indicator of a desire to self-harm.

251.

Use the following case study to answer this question.

Which of the following would be the best example of empathic attunement with this client?

"I understand. It feels right now like you are doing better, but you're still stressed."

"You appear to be much better rested and doing better."

"What you're telling me is characteristic of the first stages of remission."

"I'm glad you got that doctor visit done. Now we can move on."

Correct answer: "I understand. It feels right now like you are doing better, but you're still stressed."

Empathic attunement refers to the ability of the therapist to enter into the client's experience with them at that moment. In this case, the client has made progress and obviously feels better, but has a few remaining issues of concern like her stress.

The other responses are either not very empathic or do not show an effort to enter into the client's experience.

252.

Use the following case study to answer this question.

Which of the following would be a reflecting response to the client in the second session?

"What I hear you saying is you think some of the stuff you are worried about isn't important."

"What I hear you saying is that other people are the actual problem."

"What I hear you saying is that therapy is too difficult for you."

"What I hear you saying is that it's hard for you to modify your negative thoughts."

Correct answer: "What I hear you saying is you think some of the stuff you are worried about isn't important."

Reflecting can refer to different styles of the same overall therapeutic technique, which is to paraphrase or reflect a client's comments back to them. This serves the purpose of clarity and enhances direct communication. Ideally, you would want to use simple, non-clinical language to rephrase the core issue in the client's statement.

The other responses do not use the right level of language, nor do they address what the client seems to be trying to convey.

253.

Use the following case study to answer this question.

Why is awareness of self especially important with this client?

The client is attuned to your role as healthcare expert

The client may become physically attracted to you

The client may become violent if his delusions are not entertained

The client is concerned that their symptoms might not be real

Correct answer: The client is attuned to your role as healthcare expert

In factitious disorder, the person is driven by a desire to take on a "sick-role," and will therefore seek out the therapeutic attention of various people in medical professions. Your role in this client's eyes is mainly as a healthcare expert whose attention and caring they crave.

The other possibilities are not diagnostic to factitious disorder, and the client is not delusional.

254.

Use the following case study to answer this question.

How should you respond to each of the client's personalities in a treatment context?

With the same general overall non-judgmental empathy

By appealing to the more dominant personality

By encouraging the less dominant personality

With empathy depending on the client's level of hostility

Correct answer: With the same general overall non-judgmental empathy

Clients with dissociative identity disorder can present with a range of different personalities or "alters." It is important not to appeal or attempt to create a therapeutic alliance if that attempt seems to favor one over the other; as a general therapeutic statement, it is probably better to approach every manifestation of such clients with appropriate levels of positive regard and non-judgmental empathy.

255.

Use the following case study to answer this question.

What is the proper stance to take with regard to this individual's delusions?

By non-judgmentally responding to feelings

By challenging the reality of the delusions

By ignoring the delusions in favor of other material

By agreeing that the delusions are real

Correct answer: By non-judgmentally responding to feelings

Responding appropriately to delusional clients with strong feelings can be a challenge. Though approaches differ, one of the more appropriate ways is to non-judgmentally respond to the feelings evoked by the delusion. The feelings are absolutely genuine even if the delusion itself is not, and responding to the strong feelings of the client will always have therapeutic value.

In most cases, it does not work to directly challenge delusions, nor does it work to ignore the delusions altogether or play into them.

256.

Use the following case study to answer this question.

What interpersonal dynamic do you hear in the client's comments to you in the second session?

Transference

Countertransference

Reflection

Reframing

Correct answer: Transference

Transference is the taking of feelings from one relationship and transferring them to an entirely different relationship. In this case, the client is taking his anger at his girlfriend and directing it at you. Countertransference would be you taking feelings from some other relationship and bringing them into the therapeutic zone.

Reflection and reframing are techniques used in communication, both meaning to take the client's words and give them back to the client for purposes of better understanding.

257.

Use the following case study to answer this question.

If this client told you during a session that they may be a different gender, how would you respond?

Empathically probe for details

Refer to a specialist counselor

Redirect the client to the presenting issue

Educate the client about transgender issues

Correct answer: Empathically probe for details

If a client presents at some point with an issue of gender identity, it is important to display empathy and find out more, as it will almost certainly impact treatment in some way. For some clients, these issues will be present at the outset; in any case, such factors are important to thoroughly know and understand as far as the patient's comfort allows.

Redirection away from the topic may violate trust, and referral to an expert in the area may not be necessary. Education about transgender issues may or may not be called for as the situation develops.

258.

Use the following case study to answer this question.

What would be the best description of empathic attunement in this case?

Monitoring the client's changes in mood and responding accordingly

Documenting the client's mood in clinical notes

Embracing the client's mood by displaying the same mood

Roleplaying for the client to show them how their mood is perceived

Correct answer: Monitoring the client's changes in mood and responding accordingly

Empathic attunement refers to the ability of the counselor to be present enough with a client to follow their changes in mood and respond accordingly.

It does not refer to clinical documentation, or an exercise in which the mood is displayed back to the client or roleplayed.

259.

Use the following case study to answer this question.

To what do you attribute the client's tearfulness in the first session?

Being overwhelmed by circumstances

Being overcome by psychotic symptoms

Being distrustful of the counselor

Being impatient with being committed

Correct answer: Being overwhelmed by circumstances

The client in this case has been through an extraordinary set of events, with the stress of her job loss followed by the onset of striking psychiatric symptoms that led to what could have been a deadly police encounter.

Relatively quickly, the client has a grasp of her illness, so that her tearfulness is more likely a simple reaction to being overwhelmed by circumstances as opposed to distrust or impatience with the hospital or the counselor.

Counseling Skills and Interventions

Counseling Skills and Interventions

260.

Use the following case study to answer this question.

Is the client's use of pornography unusual to this problem?

No, as it is a manifestation of his urges

Yes, as those with frotteuristic disorder prefer action in real environments

No, as those with frotteuristic disorder tend to overuse pornography

Yes, as pornographic use is its own disorder

Correct answer: No, as it is a manifestation of his urges

As internet pornography has become more and more widely known and commonly available, a greater use of pornography to address the urges of some paraphilias would be expected as a manifestation of the underlying urges of the individual.

The action preferences of those with frotteuristic disorder do not impact the fact that they might use pornography. Pornography use is not a disorder.

261.

Use the following case study to answer this question.

Could coping skills be learned as a family?

Yes, coping skills can be learned as a family

No, coping skills should be taught to individuals

Yes, if the family all have the same issues

No, coping skills are not going to help this client

Correct answer: Yes, coping skills can be learned as a family

Coping skills can be taught usefully to clients in family systems as a family unit, which may strengthen the learning and give tools to everyone in the system. In this case, almost everyone in the family situation will already have been trying to help with the situation to some degree, and the coping skills taught will be useful to them as well.

The family need not have all the same issues in order to benefit from this training.

262.

Use the following case study to answer this question.

What would be the main problem in using constructive confrontation with this client?

The client's relationship with authority

The client's relationship with his mother

The client's lack of insight

The client's cultural background

Correct answer: The client's relationship with authority

As this client is diagnosed with Oppositional Defiant Disorder, anyone in a position of perceived authority (such as a counselor) must be careful not to alienate the client by using a confrontational strategy. Though the client may not react badly, other techniques are likely to be better choices due to the patient's diagnosis.

The client's relationship with his mother would not seem to be a barrier to confronting him. The client's insight would be a strength and not a reason to discount a particular technique. The client's cultural background does not appear to be a factor influencing his ability to deal with confrontation.

263.

Use the following case study to answer this question.

What makes the discussion of emotions difficult with this client?

Clients with antisocial personality disorder tend to be non-emotional

Clients with antisocial personality disorder tend to be highly emotional

Clients with antisocial personality disorder tend to be fixated on emotions

Clients with antisocial personality disorder do not feel emotions

Correct answer: Clients with antisocial personality disorder tend to be non-emotional

One of the many factors making the treatment of persons with antisocial personality disorder difficult is that they do not show or experience emotions as others do. They most likely feel no remorse for their actions and display little empathy for others. This is not to say they do not feel emotions such as rage, desire, or others; but their experience is qualitatively different than most of the population.

264.

Use the following case study to answer this question.

If the client suggests that he would like to talk with others who have experienced similar events, what is the appropriate course of action?

Recommend an open group appropriate to the issue concurrent with individual treatment

Find others who experienced the same event and bring them into treatment

Refer to an open group appropriate to the issue and stop individual counseling

Recommend an open group appropriate to the issue after individual counseling is complete

Correct answer: Recommend an open group appropriate to the issue concurrent with individual treatment

It's a good sign that the client wants to connect with others about his presenting issue. Especially in cases of trauma, group work can be very effective in establishing a sense of belonging and combating the isolation brought on by acute stress. However, there's no reason that this group work should take place after individual therapy is concluded and can be done at the same time, as the group and individual modalities will have very different methods and goals. There will still be important work to be done individually by this client in achieving their goals that will need the concentration of individual sessions.

Bringing other people into treatment is a somewhat risky strategy, as the experience of connecting with peers is exactly what group work is all about and the addition of another person to therapy significantly changes the nature of the individual treatment modality.

265.

Use the following case study to answer this question.

How would you address the client's substance use?

With a separate diagnostic procedure

It is a mild issue not in need of addressing

By suggesting substance use treatment

By referring to a specialist in substance use

Correct answer: With a separate diagnostic procedure

The client does appear to be using cannabis much as she reports. Though it is not the reason the client came to treatment and the issue may be minor, it will still need to be assessed separately from her presenting issue of pica. Following this diagnostic procedure, decisions will need to be made based on those results about further treatment for that issue if, in fact, a problematic issue exists.

266.

Use the following case study to answer this question.

What is likely to impact this client's grasp of your education about transference?

The client's insecurity

The client's acuity

The client's crisis

The client's impulsivity

Correct answer: The client's insecurity

Persons with narcissistic personality disorder are essentially insecure, accounting for their desire to be admired and their exaggerated sense of self-importance. An attempt to teach this client about transference will be risky and difficult due to the client's insecurity.

The client's acuity seems manageable, and he does not appear to be in crisis. His impulsivity does not appear to be a major concern at the moment, if present.

267.

Use the following case study to answer the question.

Does the client's wish not to receive psychotropic medication pose a problem for treatment?

Not in this case, as medication is not a frontline treatment for this disorder

Yes, as medication is generally indicated to handle symptoms of this disorder

Not until medication is recommended for the dissociative symptoms

Yes, as medication generally cures amnesia within a few weeks

Correct answer: Not in this case, as medication is not a frontline treatment for this disorder

Dissociative amnesia cannot be cured by medication at this time, nor is medication generally indicated for dissociative symptoms. Medication may be useful to deal with the stress, anxiety, and other ancillary issues surrounding the main diagnosis.

268.

Use the following case study to answer this question.

Should the therapist use a plan of treatment with this client?

Yes, one should begin formulating a plan of treatment as soon as practical

No, one does not need a plan of treatment in cases of adjustment disorder

Yes, many sessions from now when symptoms have eased

No, until the patient states they are ready for a treatment plan

Correct answer: Yes, one should begin formulating a plan of treatment as soon as practical

Treatment planning is formally required in many settings, and is sometimes related to reimbursement. Though in private practice formal treatment planning may or may not be required based on circumstances, it is a process that adds structure to the therapeutic context. A good plan of treatment is like the roadmap of therapy, and is also a form of contract between therapist and client. Not only does a plan of treatment outline what progress looks like and detail the steps within that process, it is a tangible shared reference point for client and therapist.

Treatment plans are appropriate for those with adjustment disorder. Treatment plans should be begun as soon as possible, and not wait for symptoms to fully ease. Treatment planning should not wait for the client to initiate, as they may not know what a treatment plan is or what it is for.

269.

Use the following case study to answer this question.

What would be the main advantage of psychoeducation for this client?

To help her gain knowledge about the disorder

To help her cope with the symptoms of the disorder

To help her accept responsibility for the accident

To help her relate her religious beliefs to her symptoms

Correct answer: To help her gain knowledge about the disorder

Psychoeducation is a therapeutic technique that involves the passing of information along to the client. In this case, the client would benefit from knowing concrete information about dissociative amnesia, which might help her deal with her other beliefs about what happened.

Eventually, the hope is that psychoeducation does help a client cope in some way, but the main purpose is to provide factual information. In this case, psychoeducation is not about helping her accept responsibility or to relate religious beliefs to symptoms.

270.

Use the following case study to answer this question.

When would the conflict between you as group leader and this client need to be addressed?

As soon as is reasonable

The next time it happens

When treatment planning is evaluated

Immediately, with the group present

Correct answer: As soon as is reasonable

There will sometimes be dynamics between group leaders and group members that influence the functioning of the group. In most cases, the best course of action is to address the matter with the client one on one as soon as it is reasonable to do so.

Addressing the issue should not wait until the next time it happens or when treatment planning is evaluated. Addressing the dynamics with the entire group present is likely not necessary if the issue is between individuals.

271.

Use the following case study to answer this question.

Which of the following is the biggest barrier to therapeutic alliance with this patient?

Not being able to share in the client's delusions

The physical danger the client represents

The client's pervasive psychosis

The absence of medication to assist with symptom control

Correct answer: Not being able to share in the client's delusions

The treatment of clients who experience significant, stable delusions is problematic, mainly due to the fact that therapeutic alliance is at risk due to the inability of the counselor to responsibly share in the client's delusions, which will no doubt be the client's main area of concern.

The client does not appear to pose a physical danger at the current time, and the psychosis is limited (as is usual in delusional disorder) to the focus area of delusional concern. Medication may or may not be necessary.

272.

Use the following case study to answer this question.

Is this client currently exhibiting transference issues toward you?

No, there is no visible evidence of transference

Yes, as the client is sexually inappropriate with you

No, as the client is avoiding the topic of sexuality

Yes, as the client is internally comparing you with loved ones

Correct answer: No, there is no visible evidence of transference

Transference refers to the way clients bring "extra" feelings into the therapeutic relationship. Often these are romantic feelings, but can be other things such as anger. In this case, the client has shown no such signs of inappropriate feelings toward you.

The client has not been sexually inappropriate, nor have they avoided the topic of sexuality. There is no way to tell if the client is internally comparing you with loved ones.

273.

Use the following case study to answer this question.

How would you address the client's faith concerns as expressed in the second session?

Supportively and non-judgmentally

Ignore the faith issues, concentrating on treatment

Agree that the client now no longer needs treatment

Confront the religious ideas as denial

Correct answer: Supportively and non-judgmentally

Many clients have strong religious beliefs that the counselor must interact with in a supportive and non-judgmental way, even if those beliefs appear to run contrary to what is good for the client in a therapeutic sense from the counselor's perspective.

However, the counselor is not obligated to agree with the conclusions of that faith as regards treatment. Confrontation about the religious beliefs as denial would most likely not be a productive therapeutic route, and the client's beliefs should not be ignored.

274.

Use the following case study to answer this question.

Which of the following is one of the purposes of the intervention about acknowledging the client's new role?

Grieving the loss of her old self

Learning to love her baby

Acknowledging her inner struggle

Repairing the relationship with her spouse

Correct answer: Grieving the loss of her old self

One indicated intervention for postpartum depression that is being used in this case is for the mother to acknowledge her new role. This has to do with grieving the loss of an old self and adjusting to a new and vastly different set of responsibilities.

The intervention is not meant to help the client love her baby or repair her relationship with her spouse, and is not explicitly about an inner struggle.

275.

Use the following case study to answer this question.

Would it be acceptable to do distance counseling with this client?

Yes, distance counseling could be appropriate

No, distance counseling would not be appropriate for a child

No, distance counseling would not be appropriate for this diagnosis

Yes, distance counseling is appropriate for all clients

Correct answer: Yes, distance counseling could be appropriate

Distance counseling through telehealth is an emerging form of practice. Many issues are currently being worked out as it becomes more common, such as confidentiality. However, there is no reason why this client could not be served in this way. Such an approach might be more convenient for this family, which should be a consideration.

Telehealth is not appropriate for all clients; some may not like it, and others may have a presentation that disqualifies it.

276.

Use the following case study to answer this question.

With which of the following is the intervention strategy of rewards most congruent?

Behavioral therapy

Cognitive behavioral therapy

Parent training

Psychotherapy

Correct answer: Behavioral therapy

As it is a system of specific rewards matched to specific desired behaviors, the chosen intervention plan is most congruent with a behavioral therapy intervention. This school of interventions also works on increasing the child's self-esteem.

A system of rewards is less congruent with cognitive behavioral therapy, parent training, or psychotherapy.

277.

Use the following case study to answer this question.

Which of the following would be the most likely focus of cultural considerations for this client?

Family culture

Local culture

White culture

Culture of sexuality

Correct answer: Family culture

Cultural considerations in treatment can refer to much more than issues around race and ethnicity. Even in cases where the patient presents from a "dominant" culture, there will most likely be cultural differences that should be addressed. In this case, the patient's family culture seems to have deeply affected their life by not being a source of trust and compassion, and is therefore of clinical interest relevant to the presenting problem. The patient has refused to answer questions about sexuality; unless they bring it up or there is some other compelling therapeutic reason to do so, this boundary should be respected.

Local culture and white culture do not seem to be as significant in this case as the family culture of the patient.

278.

Use the following case study to answer this question.

How would Parent Child Interaction Therapy (PCIT) benefit this client?

PCIT can assist with improving relationships and decreasing negative behavior

PCIT would not be used with this client due to their bullying

PCIT would not be used with this client due to their age

PCIT can assist with controlling triggering thoughts and impulses

Correct answer: PCIT can assist with improving relationships and decreasing negative behavior

Parent Child Interaction Therapy (PCIT) is an evidence-based set of interventions for children with behavioral problems. In this case, it could be used to improve family relationships and decrease this client's negative behavior.

PCIT is not contraindicated in clients who bully, and this client is not disqualified due to age. Controlling triggering thoughts and impulses would be more like cognitive behavioral therapy (CBT).

279.

Use the following case study to answer this question.

How is hypnosis useful for patients with dissociative identity disorder?

For relaxation and exploring insights

Hypnosis is not indicated for these clients

For recall of specific trauma

For reconstruction of lost time

Correct answer: For relaxation and exploring insights

Hypnosis can be used with patients who have dissociative identity disorder, though it is controversial. The most indicated use of such a technique for clients with dissociative identity disorder is to help relax them and explore insights into their inner conflict.

Such a technique should be used very carefully, if at all, to recall specific trauma or to reconstruct lost time; as such recollections may not be factually accurate.

280.

Use the following case study to answer this question.

Do the client's statements in the second session indicate a need for safety planning?

No, as there is no indication of imminent danger

Yes, as the client is refusing treatment

No, unless the client persists in religious delusion

Yes, as the client could become suicidal due to guilt

Correct answer: No, as there is no indication of imminent danger

A safety plan is a resource for a client who may be at risk of harming themselves. It is a document or other easy way for the client to locate and use inner and outer resources during such a crisis. In the present case, there appears to be no need for a safety plan, as the client has denied suicidal ideation and there is no other evidence suggesting she might become suicidal.

Refusing treatment is to some degree a patient's right, and does not constitute a need for safety planning in the present case. The client's religious beliefs may or may not be delusions.

281.

Use the following case study to answer this question.

If the person does not act on their urges, is it a disorder?

Yes, it is in this case

No, in most cases

No, if the person does not act on their desires, it is not a disorder

Yes, if the person is incarcerated due to their behavior

Correct answer: Yes, it is in this case

Frotteuristic disorder can be diagnosed even if the person has not meaningfully acted on their urges. The client must either have acted on their urges, or experience clinically significant distress (as in this case), or both.

Incarceration is not part of the diagnostic criteria for this issue.

282.

Use the following case study to answer this question.

What important first screening item would be useful in this case?

A medical exam

A thematic apperception test (TAT)

A personality inventory

A substance use inventory

Correct answer: A medical exam

Disruptions to feeding can have many causes, some of which can be medical. It would be important for this client to receive a full medical workup in order to rule out these physical causes.

At the current time, there is no need for a thematic apperception test, a personality inventory, or a substance use inventory.

283.

Use the following case study to answer this question.

What would be the value of psychoeducation for this client?

A better understanding of anxiety

A better understanding of cancer

A better understanding of conversion disorder

A better understanding of illness anxiety disorder

Correct answer: A better understanding of anxiety

Psychoeducation is useful with many varieties of clients, as it gives a client the resource of knowledge about an issue of concern. In this case, rather than educate about illness anxiety disorder itself, the more useful such intervention would be to educate about anxiety. Anxiety is something the client would acknowledge she has without much persuasion, as opposed to her diagnosis of illness anxiety disorder.

Education about cancer would likely make the client's anxiety worse. There would be no need to educate about conversion disorder.

284.

Use the following case study to answer this question.

Is it indicated to do therapy to address mood with this patient?

Yes, one should address mood-related symptoms

No, as the symptoms will simply recur

No, as the client will forget the interventions and progress

Yes, this should be the primary focus of treatment

Correct answer: Yes, one should address mood-related symptoms

Treating a person who has Alzheimer's Disease, especially in later stages, can be challenging. Overall, the focus should be on preserving function and independence as long as possible.

Though the client may be forgetful, there is no reason not to address mood-related symptoms, though the approach may be somewhat different and the expectations may not be the same as in clients without Alzheimer's Disease.

285.

Use the following case study to answer this question.

Based on the client's statements, what is the major barrier to her establishment of a support system?

All-or-nothing thinking

Impulsivity

Body language

Labile affect

Correct answer: All-or-nothing thinking

Clients who have borderline personality disorder tend to engage in black-and-white, "all-or-nothing" thinking. In terms of relationships, these clients often go from idolizing significant others in their life to despising them. This is evident in what this client has said, and would be a major barrier to establishing a support system of any stability.

Impulsivity, body language, and labile affect are not as significant in this respect.

286.

Use the following case study to answer this question.

Which of the following would be the least useful intervention strategy with this client?

The "empty chair" technique

Systematic desensitization

Trigger identification

Relaxation techniques

Correct answer: The "empty chair" technique

The "empty chair" technique is often used in Gestalt therapy to roleplay conversations with significant others. It would not be particularly useful with this client, unless there were some family conflict to be addressed in this way.

Systematic desensitization, trigger identification, and relaxation techniques would all be indicated interventions for this client.

287.

Use the following case study to answer this question.

How would social skills training help this client?

By helping him choose different outlets for his sexual desire

By distracting him from his sexual urges

Social skills training will not help this individual

Social skills training will be harmful to this individual

Correct answer: By helping him choose different outlets for his sexual desire

In many cases of paraphilia, there is a lack of social skills that would contribute to a more normative pattern of expressed sexual desire. By helping this client learn better social skills, there would be some hope that the client would attempt to find a partner, rather than staying in his present pattern of sexual action.

The point of such training would not be distraction per se, and it would most likely not be harmful.

288.

Use the following case study to answer this question.

Would Dialectical Behavior Therapy (DBT) be indicated for this client?

DBT could be used to help this client

DBT is contraindicated in this case

DBT offers no special benefit to this case

DBT is used to treat personality disorder

Correct answer: DBT could be used to help this client

Dialectical Behavior Therapy (DBT) began with treating high-impulsivity disorders but has since been broadened to be able to treat other problems, in this case, the bipolar disorders. DBT can be used to help these clients learn coping strategies, control their thoughts, regulate their emotions, and practice mindfulness.

289.

Use the following case study to answer this question.

Which of the following is likely to make the client feel unsafe?

Being criticized

Psychoeducation

Relational questions

Questions about others

Correct answer: Being criticized

It is important to remember that the overconfidence, arrogance, and selfishness of narcissistic personality disorder is in many cases based on a lack of self-esteem, making this type of client feel very vulnerable when they feel they are being criticized. They are likely to react with defensiveness and anger.

Psychoeducation, relational questions, and questions about others are unlikely to be perceived as being as risky as criticism.

290.

Use the following case study to answer this question.

If you have a similar background but overcame your issues, would you relay this to the client in terms of encouragement?

You might, after weighing potential risks and benefits

No, self-disclosure is unethical

Yes, your self-disclosure might be encouraging

No, self-disclosure would be dangerous

Correct answer: You might, after weighing potential risks and benefits

The use of self-disclosure with clients is controversial. Many see it as a way to establish rapport and encourage or reassure clients in a genuine way, with others saying that it violates the therapeutic setting and is not necessary. In the end, individual counselors are able to judge for themselves whether self-disclosure would be valuable in a given case after weighing potential risks and benefits.

Self-disclosure is not necessarily unethical, nor is it necessarily dangerous.

291.

Use the following case study to answer this question.

If the client asks for educational resources about his problem, which of the following would be most appropriate?

A fact sheet written in layman's language

A peer-reviewed journal article about this problem

The client should get their education about their problem in the session itself

A website dedicated to trauma information

Correct answer: A fact sheet written in layman's language

It is encouraging if a patient wishes for resources or information about their problem. However, such resources should be carefully curated by the counselor to determine both their validity and their appropriateness for the client's educational level. In this case, the best option would probably be a fact sheet written in layman's language, as we do not know that this client has either any difficulty with reading comprehension or an advanced understanding of psychology. Clients should not have to get all of their information exclusively from their counselor in the course of a session.

A peer-reviewed journal article about this problem may be written in language that is not easily accessible to a layperson, and may not contain easy-to-use information. A website dedicated to trauma information may or may not be appropriate for the level of this client's problem; he may not need resources specifically dedicated to trauma and such a website may be too dense for a person who has had sleeping difficulties and is afflicted by persistent worry.

292.

Use the following case study to answer this question.

Can this client benefit from cognitive behavioral therapy (CBT)?

Yes, to help bring awareness to distorted thinking patterns

Yes, to help the client disclose past trauma

Yes, to help the client desensitize to negative feedback

Yes, to facilitate the building of a support network

Correct answer: Yes, to help bring awareness to distorted thinking patterns

Cognitive behavioral therapy (CBT) is most effective when it is used to help clients understand and address their own patterns of thinking and emotion. In this case, the client could benefit from understanding and awareness of his distorted thinking patterns, which likely contribute to other issues.

CBT would not be mainly used in this case to disclose past trauma, develop negative feedback tolerance, or help build a support network.

293.

Use the following case study to answer this question.

After the second session, what is the main issue of concern?

The client's increasing persecutory delusion

The client's noncompliance with treatment

The client's decreasing delusion

The client's apparent hallucinations

Correct answer: The client's increasing persecutory delusion

Clients who have delusional disorder can be at risk when their delusions become persecutory in nature, or in situations where their false beliefs put themselves or someone else at risk. In this case, it's clear that the client's sense of persecution related to their delusion is getting worse, which may result in a heightened risk profile.

The client does not appear to be noncompliant with treatment or experiencing hallucinations. The client's delusions do not appear to be decreasing.

294.

Use the following case study to answer this question.

What would be a psychoeducational strategy to help the client understand her diagnosis?

Educating her about the link between anxiety, pregnancy, and pica

Educating her about pica in children

Educating her about the risks of substance use

Educating her about the need for support systems

Correct answer: Educating her about the link between anxiety, pregnancy, and pica

Clients can often benefit from psychoeducation, which is the therapeutic technique which focuses on educating the client about their diagnosis. In this case, it would be useful to educate the client about the link between anxiety, pregnancy, and pica, as it will help her in her present circumstances with the new diagnosis.

The other items do not address her pica diagnosis directly, or do not address it appropriately to her.

295.

Use the following case study to answer this question.

Why would it be important for this client to learn communication skills?

This client struggles with interpersonal interactions

To arouse empathy in the client for others

This client has verbal language difficulties

To help the client have more efficient conversations

Correct answer: This client struggles with interpersonal interactions

This client has narcissistic personality disorder, meaning that (among other things), their interpersonal interactions are likely one-sided, self-centered, and ultimately less effective than they could be. Overall, persons with this disorder struggle in interpersonal interactions, especially those that call for vulnerability as we see above.

The point of this kind of skill training would not be to arouse empathy, and the client does not have verbal language difficulties per se. Helping the client have more efficient conversations is only part of the objective.

296.

Use the following case study to answer this question.

How long will this client likely stay in the hospital?

Until they are no longer a danger to themselves or others

Until they are able to process their trauma appropriately

Until they can fully recover from the diagnosis

Until they can meaningfully participate in treatment

Correct answer: Until they are no longer a danger to themselves or others

In most jurisdictions, civil commitment is a matter of law whose finite duration is set by the standard of dangerousness to self or others. There are other aspects to civil commitment that differ from jurisdiction to jurisdiction.

Civil commitment, in most cases in modern times, is meant to be short-term, and depends on follow up outside the hospital for such things as full recovery from a diagnosis or long-term processing of trauma.

297.

Use the following case study to answer this question.

Is family therapy indicated for clients with dissociative identity disorder?

Yes, to increase communication skills and work together better

No, as these clients do not respond well to non-individual therapy

Yes, if the family has a history of abuse

No, as these clients can only be treated with CBT

Correct answer: Yes, to increase communication skills and work together better

When it is an option, family therapy can be indicated for clients with dissociative identity disorder. This assumes that there is a close enough relationship within the family for such therapeutic interventions to be meaningful. The focus of such therapy would be on helping the client manage their symptoms and help the family understand the client better through increased communication.

Clients with dissociative identity disorder can respond well to family therapy, and though the history of abuse would likely be a therapeutic focus of such therapy, it is not a qualification for family therapy. Clients with dissociative identity disorder do not have to be treated with cognitive behavioral therapy (CBT) alone.

298.

Use the following case study to answer this question.

Would it be unusual for a person with frotteurism to be arrested?

No, as the fetishistic behavior is illegal

Yes, as the fetishistic behavior is harmless

No, as persons with paraphilias generally have a high level of legal involvement

Yes, as the client is not engaged in illegal behavior

Correct answer: No, as the fetishistic behavior is illegal

One key consideration with most paraphilias, and especially in the case of frotteuristic disorder, is that the client is definitionally engaged in the violation of the rights of another by engaging in non-consensual touching. In this case, it is not unusual for this client to have been arrested due to his illegal behavior.

299.

Use the following case study to answer this question.

Would you expect this client to be in danger due to his diagnosis?

No, as he is not experiencing delusions and knows his symptoms aren't real

Yes, as his relational life seems to be highly volatile

No, unless he also suffers from hallucinations

Yes, as clients with trauma-related disorders are often suicidal

Correct answer: No, as he is not experiencing delusions and knows his symptoms aren't real

One key to differentiating depersonalization/derealization disorder from psychotic disorders is that the client knows that what they are experiencing isn't "real"; that is, the client knows they are having a feeling about reality rather than actually experiencing an alternate reality. Delusions are fixed beliefs in the false that are unshakable.

The client's relational life appears relatively normal, and he does not suffer from hallucinations. Those with trauma-related disorders do become suicidal, but in this case the client has shown no evidence of suicidal intent.

300.

Use the following case study to answer this question.

What additional intervention might be appropriate to add for this client after the second session?

Relaxation techniques

Hypnosis

Mindfulness

Exploration of past trauma

Correct answer: Relaxation techniques

As part of an overall counseling strategy for persons with seasonal affective disorder, relaxation techniques are indicated as an adjunct to other interventions that highlight control over affective factors, such as coping skills and cognitive identification and differentiation.

Hypnosis, mindfulness, and exploration of past trauma are valuable tools, but not as congruent with the existing treatment plan as relaxation techniques.

301.

Use the following case study to answer this question.

What would be the best way to find out the level of this client's motivation?

Through assistance with his mother

By direct questioning without the mother

Through a formal rating scale

By consulting school records

Correct answer: Through assistance with his mother

Selective mutism can be rooted in social inhibition. This client is reluctant to engage with you except minimally, and then only in the presence of his mother. If it is desired to discover the level of the client's motivation, it will be necessary to engage his mother in the process. Either she can ask key questions on the therapist's behalf, or she can volunteer information she knows about what motivates the client.

The client may not be willing to complete a formal scale, and school records would likely not contain the level of data desired.

302.

Use the following case study to answer this question.

Which of the following kinds of counseling would be most effective with this client?

Behavior therapy

Gestalt therapy

Psychoanalysis

Group therapy

Correct answer: Behavior therapy

With its focus on reward and consequence for expressed behavior, behavior therapy is one of the only treatment modalities that may work with clients who have antisocial personality disorder.

Gestalt therapy and psychoanalysis involve too much introspection to be as effective as a treatment grounded in feedback for immediate behavior. Group therapy can be useful, but for the most part, the focus should be on helping the individual manage their own impulses.

303.

Use the following case study to answer this question.

Why would you address anxiety about school as part of your treatment plan?

To address underlying causes of pica

To discover if the client is untruthful

To offer suggestions about educational support

To determine if she is psychotic

Correct answer: To address underlying causes of pica

Pica can have various underlying causes, among which are pregnancy, anxiety, and unresolved childhood trauma. Though less common in adults, when it occurs in adults, it tends to have one of these presentations. Addressing the client's main source of anxiety may impact the behavior of eating nonfood substances.

304.

Use the following case study to answer this question.

Why is the reward system for eating edible food a behavioral strategy?

Because it deals with rewarding specific behavior

Because it addresses substance use indirectly

Because it suggests positive behavior

Because it addresses the client's thoughts

Correct answer: Because it deals with rewarding specific behavior

Behavioral strategies deal with directly addressing the client's behavior. In this case, the behavior to be addressed is the eating of nonfood substances, and the behavioral strategy is to reward a behavior that is desired over one that is not desired.

This behavioral strategy does not address the client's substance use. Behavioral strategies do not necessarily suggest positive behavior, and in general do not address thoughts per se.

305.

Use the following case study to answer this question.

What is the most likely course of malingering?

The client will either get their needs met or terminate therapy

The client will manifest a different disorder

The client will attempt to be involuntarily committed

The client will continue treatment

Correct answer: The client will either get their needs met or terminate therapy

Malingering is defined as the manufacture of symptoms in order to avoid something, such as work, or for gain, such as insurance fraud or some other motive. The most likely course of events for such a client is that they will either get their needs met or terminate therapy altogether.

Such patients will most likely not manifest a different disorder, and they will most likely not wish to be involuntarily committed. If they continue treatment, it will be for the sole motive of meeting whatever need they have.

306.

Use the following case study to answer this question.

To which other disorders is disruptive mood dysregulation disorder most congruent?

Oppositional defiant disorder

Conduct disorder

Antisocial personality disorder

Intermittent explosive disorder

Correct answer: Oppositional defiant disorder

Disruptive mood dysregulation disorder (DMDD) is a new disorder, but it is most like oppositional defiant disorder and bipolar disorder in its overall presentation and symptomology.

DMDD does not share the same diagnostic similarity as conduct disorder, antisocial personality disorder, or intermittent explosive disorder.

307.

Use the following case study to answer this question.

What do you make of the client's relative silence in the second session?

Without more information, it is impossible to draw conclusions

The client does not have ADHD

The client is being abused by the father

The client is not willingly adhering to the plan of intervention

Correct answer: Without more information, it is impossible to draw conclusions

The client is relatively quiet in the second session, but we do not know why. This relative silence could be from any number of factors; the client might simply be shy, the client may not be happy about being in therapy, the client may not like the counselor, and so on. Without more information, it is impossible to draw any conclusions, such as the belief that the father is abusing the child.

The client is adhering to the plan of intervention, and it seems to be working. Diagnostically, the client clearly seems to have ADHD.

308.

Use the following case study to answer this question.

Which of the following would not be a cognitive behavioral strategy with this client?

A system of rewards for managing behavior

Relaxation techniques

Identifying patterns of anger

Exploring distorted thinking patterns

Correct answer: A system of rewards for managing behavior

Cognitive behavioral therapy (CBT) is a treatment technique that attempts to identify the relationship between a client's thinking and their emotions, with a view toward greater control of both. In this case, a system of rewards for managing behavior would be more like a behavioral plan in tune with behavioral therapy.

The rest of the items listed would be congruent with CBT.

309.

Use the following case study to answer this question.

Is helpful intervention possible when confronted with malingering?

Yes, in which case, it is no longer malingering

No, those engaged in malingering do not need help

Yes, malingering is treatable

No, those engaged in malingering are pathological liars

Correct answer: Yes, in which case, it is no longer malingering

It is possible that a person engaged in malingering may have an underlying issue that may come out during treatment and could be addressed. However, in that case, the situation has changed, and the person is no longer malingering but engaged in a helping process about the real issue.

Those engaged in malingering may or may not need help; as malingerers, however, they are not honestly seeking it. Malingerers may or may not be pathological liars; but malingering, in itself, contains no psychopathology. Malingering is not treatable, as it is not really a mental illness.

310.

Use the following case study to answer this question.

You find that the client is reluctant to enact changes that you have made a focus of counseling. What should you do?

Help the client discover their own motivation

Offer to refer the client

End counseling with the client

Provide empathy and motivation for the client

Correct answer: Help the client discover their own motivation

Ultimately, it is the client who must do the work of change. In order to accomplish change, a client may have to make themselves uncomfortable, shift their views, learn new skills, or make themselves vulnerable in any number of ways. Counselors should try to remember that change is difficult, and that clients have to have their own motivation for going through the work of change. In this case, it would be appropriate to help the client discover or remember their own reasons for seeking out counseling in the first place, and linking treatment goals to that motivation. The clarification of this motivation may indicate a new therapeutic direction.

Reluctance of this kind should be gently confronted as soon as practicable, but it is probably not necessary to immediately refer the client elsewhere or end counseling with them. Providing empathy is helpful, but the counselor cannot provide the kind of motivation that a client will need to commit to change.

311.

Use the following case study to answer this question.

How would a strategy of relaxation techniques help this client?

By alleviating the main symptom of the disorder

By addressing the physical symptoms the client feels

By educating the client about physical illness

By helping the client with their substance use

Correct answer: By alleviating the main symptom of the disorder

The main symptom of illness anxiety disorder is the intense fear of illness or death due to illness for which there is no apparent physical reason. A relaxation strategy directly attacks the main and most problematic symptom of this disorder.

Such a strategy does not educate per se, nor will it directly address substance use issues.

312.

Use the following case study to answer this question.

If this client stated they liked to gamble often, how would you handle it?

Probe for details about the gambling

Ignore it unless the client suggests it is a problem

Address it by changing the treatment plan

Refer the client for specialized treatment

Correct answer: Probe for details about the gambling

Gambling addiction has become more well-known as a therapeutic focus in recent years. As in other cases where there are potential addiction issues, the important thing is to find out if the habit is of diagnostic importance. It will be necessary to find out more about the level to which the client gambles, which may suggest further intervention or discussion.

Many people who have issues around addiction downplay the magnitude of their problem, so even though it is not phrased as a problem by the client initially, it should not be ignored. However, without understanding if there is a problem or how significant the problem is, there should be no adjustment to the treatment plan or referral for specialized treatment.

313.

Use the following case study to answer this question.

Which of the following might be a good addition to the treatment plan after the second session?

Learning skills to manage mood

Learning about suicidality

Learning about the risks of substance use

Learning about past causes of behavior

Correct answer: Learning skills to manage mood

In this case, the client seems to suffer from poor mood regulation. To some degree, this is congruent with their diagnosis, but most clients can learn how to better manage and control their mood and their responses to situations. If the treatment plan has been effective so far, the client has some understanding of triggers. The next step will be what do when triggered and how to not let the mood drive itself.

Suicidality is not present in this case, nor is substance use. Learning about the past causes of behavior is valuable, but not as valuable in this case as learning skills for mood regulation.

314.

Use the following case study to answer this question.

Is a support group appropriate for individuals suffering from postpartum depression?

Yes, a support group is appropriate

No, a support group is contraindicated

Yes, but only in cases of first-time motherhood

No, as group modalities generally do not help depressive symptoms

Correct answer: Yes, a support group is appropriate

Support groups are appropriate and can be helpful for persons suffering from postpartum depression (as well as others suffering from depressive symptoms). This indication is not relative to first-time motherhood.

315.

Use the following case study to answer this question.

Which of the following would be of the most use in observing interactional patterns between the mother and the child?

The comfort of the child's communication with the mother

The extent to which the mother speaks for the child

How much the child initiates conversation with the mother

The extent to which the child understands the mother

Correct answer: The comfort of the child's communication with the mother

In the case of a child with selective mutism, it is diagnostic to observe the comfort with which the child communicates in the environment where they are the most comfortable. This helps establish that the child does not have communication difficulties outside that diagnosis. This relationship is also worth assessing for what else it means to the child; for instance, if the child is fearful of the mother, if the child shows signs of abuse, or some other factor.

The other choices would not be as useful in this case with this client, if the diagnosis has already been established. The specifics of the mother-child interaction are not as important as their overall character.

316.

Use the following case study to answer this question.

Is it ethical to accept gifts from clients?

Yes, in certain specific circumstances

No, under no circumstances

Yes, but only after treatment is concluded

Not unless the client signs a waiver

Correct answer: Yes, in certain specific circumstances

Clients will sometimes wish to show their appreciation to counselors. This is sometimes done with gifts. This is permissible, generally, as long as the gift is of no significant material value and the intent is merely friendly or appreciative. It will be up to the counselor to determine the health of the gesture and respond appropriately.

Gifts of this type can be accepted during treatment without a waiver.

317.

Use the following case study to answer this question.

Is it proper to provide empathy to a person who is malingering?

Yes, as is the case with any client

No, as they may misinterpret empathy

Yes, as they are in need of help

No, as they are not mentally ill

Correct answer: Yes, as is the case with any client

Even in cases where malingering is strongly suspected or proven, it is important to display empathy. The client may have an actual issue that needs treatment, in which case, empathy will help make the exploration of the issue easier. Anyone who presents for counseling should be treated with the same regard.

The client may or may not misinterpret empathy.

318.

Use the following case study to answer this question.

Is psychotherapy for clients with depersonalization/derealization disorder short or long term?

Psychotherapy for those with depersonalization/derealization disorder is generally short term

Psychotherapy for those with depersonalization/derealization disorder is generally long term

Psychotherapy for those with depersonalization/derealization disorder is generally lifelong

Psychotherapy for those with depersonalization/derealization disorder is generally not indicated

Correct answer: Psychotherapy for those with depersonalization/derealization disorder is generally short term

Clients who suffer from depersonalization/derealization disorder generally come to the therapeutic context when they are overwhelmed, and tend to seek help for a given crisis, making the usual therapeutic mode for these clients short term in character.

319.

Use the following case study to answer this question.

Which of the following is the most likely underlying cause of the client's issue?

Negative early food experiences

Unresolved trauma

Incipient psychosis

Prodromal schizophrenia

Correct answer: Negative early food experiences

Avoidant/restrictive food intake disorder sometimes has a cause in negative early experiences with food. It would thus be useful to address this possible source of the client's issue.

Unresolved trauma, incipient psychosis, and prodromal schizophrenia are not usually considered causes of this disorder.

320.

Use the following case study to answer this question.

Are persons with frotteuristic disorder capable of normal relationships?

Yes, though they may encounter challenges

No, as their brains have been changed

Yes, while their disorder is in remission

No, as they cannot bond with partners in a normal way

Correct answer: Yes, though they may encounter challenges

Part of what makes paraphilias so difficult for the persons who experience them is that, in many cases, they exist alongside the more normative urges for contact, affiliation, and bonding with an appropriate partner. The paraphilia will definitely come to impact the relationship if left unresolved.

The person with frotteuristic disorder does not undergo significant brain restructuring due to their disorder. They are capable of more normal relationships, even when not in remission.

321.

Use the following case study to answer this question.

What would be the value of CBT for this client?

Increased knowledge of how thoughts and feelings interact

Eventual recapitulation of the lost memories

Increased ability to recall traumatic events

Increased knowledge of the dissociative amnesia

Correct answer: Increased knowledge of how thoughts and feelings interact

Cognitive behavioral therapy (CBT) is a treatment modality that addresses the relationship between thoughts and feelings. It is designed to grant increased knowledge of how the two phenomena affect each other in hopes of giving greater control over both. In this case, the feelings about the event that the client has, mostly her guilt and distress, could be explored.

CBT will not reconstruct lost memories or help the client recall traumatic events. Psychoeducation would be a better teacher about dissociative amnesia.

322.

Use the following case study to answer this question.

How would you address the client's last statement in the second session?

Ask the client how they feel about the pregnancy

Celebrate with the client

Refer the client to prenatal counseling

Go on with treating the main issue

Correct answer: Ask the client how they feel about the pregnancy

The client's revelation in the last session essentially means that she has more to tell the counselor. Without knowing how the client feels about her pregnancy, it is impossible to recommend a therapeutic course of action. The best way forward is to ask the client how they feel about their pregnancy, as it is a major event that will affect the client, including their involvement in counseling for their presenting issue.

The other items do not address the immediacy of the client's issue, or assume the client's feelings about it.

323.

Use the following case study to answer this question.

Should self-disclosure be used with this client?

Sparingly, if at all

Yes, as it builds rapport

No, as it is unethical

Yes, if the counselor and the client share culture

Correct answer: Sparingly, if at all

Self-disclosure is a tool that can be used in some instances to build rapport and help the client understand that they are not alone in their presenting problem. However, it should be sparingly used and, in most cases, it is not necessary. The risk, aside from the risk of a client having information about the counselor, is that the focus shifts from the client to the counselor.

Self-disclosure in most cases is not unethical, and the sharing of culture is not the primary concern regarding its use.

324.

Use the following case study to answer this question.

Which of the following is the best way to find out about the religious beliefs of the client?

As part of a standardized assessment

When the client chooses to raise the issue

If it is part of the client's symptom profile

Religious questions are not a primary concern

Correct answer: As part of a standardized assessment

It is reasonable to include a question about religious or spiritual beliefs in a standardized intake assessment. The issue may be very important to some clients, and might be another avenue of help if properly explored.

The question should not wait until the client brings it up, and should be asked whether or not it is part of a client's symptom profile.

325.

Use the following case study to answer this question.

Are the client's negative indicators about suicidal ideation in the MSE sufficient for denial?

Yes, but the nature of the denial should be noted

Yes, it is one of many ways to indicate a negative response

No, the client is responding to internal stimuli

No, the client is refusing to answer

Correct answer: Yes, but the nature of the denial should be noted

As the client responded with two negatives of the same character, one of these being suicidal ideation, it is likely sufficient to be taken as a denial of suicidal ideation; however, in clinical notes, the nature of the response should be noted. As the client is in an inpatient setting, there is still a concern about suicide, but the client will likely be re-evaluated frequently and observed with great frequency.
