NBCC NCMHCE - Quiz Questions with Answers

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

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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

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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

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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

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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

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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

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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

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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

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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

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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: Acalculia

Alcalculia 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

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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

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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.

Sucidal 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

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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

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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.

Factitous 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

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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

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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

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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

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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 subtance 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.