

response - Quiz Questions with Answers

Intake, Assessment, and Diagnosis

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1.

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.

2.

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.

3.

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.

4.

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.

5.

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.

6.

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.

7.

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.

8.

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.

9.

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.

10.

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.

11.

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.

12.

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.

13.

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.

14.

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.

15.

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.

16.

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*
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17.

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.

18.

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.

19.

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.

20.

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.

21.

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.

22.

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.

23.

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.

24.

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.

25.

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.

26.

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.

27.

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.

28.

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.

29.

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.

30.

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.

31.

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.

32.

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.

33.

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.

34.

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.

35.

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.

36.

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.

37.

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.

38.

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.

39.

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.

40.

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.

41.

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.

42.

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.

43.

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.

44.

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.

45.

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.

46.

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.

47.

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.

48.

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.

49.

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.

50.

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.

51.

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.

52.

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.

53.

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.

54.

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.

55.

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.

56.

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.

57.

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.

58.

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.

59.

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.

60.

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.

61.

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.

62.

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.

63.

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.

64.

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.

65.

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.

66.

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.

67.

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.

68.

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.

69.

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.

70.

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.

71.

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.

72.

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.

73.

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.

74.

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.

75.

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.

76.

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.

77.

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.

78.

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.

79.

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.

80.

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.

81.

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.

82.

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.

83.

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.

84.

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.

85.

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.

86.

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.

87.

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.

88.

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.

89.

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.

90.

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.

91.

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.

92.

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.

93.

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.

94.

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.

95.

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.

96.

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.

97.

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.

98.

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.

99.

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.

100.

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.
