ARTHUR-BRENDE STUDY SUPPLEMENT

NCMHCE

NATIONAL CLINICAL MENTAL HEALTH COUNSELING EXAMINATION

ONLINE SCENARIO SIMULATOR

DSM-IV TR Disorders: Diagnosis To Referral

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Developing Skills with Practice Scenarios

This Study Supplement contains four sections: Section I contains an overview of the National Clinical Mental Health Counseling Examination (NCMHCE) as administered by the NBCC; Section II contains an overview and instructions for the *Arthur-Brende Scenario Simulator*; Section III contains the DSM-IV Disorder Overview; and Section IV is a listing of applicable references.

This Study Supplement is best used in conjunction with the *Arthur-Brende Scenario Simulator*, which is an online, interactive resource of 36 different practice scenarios similar to those that make up the NCMHCE exam. The 36 scenarios are designed to help the practicing counselor diagnose and treat individuals with mental health disorders.

While the DSM-IV-TR contains some 300+ diagnoses, the information in this manual has at least one, and sometimes two or more, disorders contained in 16 classifications. The authors have chosen to develop 36 scenarios accounting for 36 different disorders. Some disorders are repeated, yet the scenarios are presented with different sets of circumstances

Scenarios – Practice Format

The 36 online scenarios are designed according to a Practice Format similar to the design utilized by the National Board for Certified Counselors (NBCC) for the National Clinical Mental Health Counseling examination. These scenarios follow the standard protocol used to identify a mental health disorder for a simulated client case. Many of the 36 scenarios will provide adequate data to make only a single Axis I or II diagnosis; however several will provide data that point to dual or multiple diagnoses.

In most cases, these scenarios will utilize a process which begins with the client's initial statement or chief complaint. The counselor, having accepted or been assigned the case, must then ask appropriate questions and gather the information necessary to formulate a diagnosis. Sufficient information will be available to help the counselor make a provisional diagnosis. The next steps will be making recommendations regarding gathering additional diagnostic information for, if necessary, formulating treatment procedures, and initiating referrals.

For many of the simulations, the questions have been standardized in the form of information deriving questions, methods or procedures to acquire additional and/or necessary information to form a provisional diagnosis, recommended treatment, methods to monitor treatment, and finally to consider referral or case closure. Consider the following examples:

- During the first session, what information would be important to assess in order to formulate a provisional DSM-IV-TR diagnosis?
- In completing the initial evaluation interview, what referrals would the counselor make?
- Based on the information gathered in A and B, what provisional DSM-IV-TR diagnosis is indicated?
- What techniques, therapies and/or strategies would be useful during the sessions?
- What information would be beneficial in monitoring the client's progress?
- In preparing for treatment termination, what recommendation(s) would a counselor make?

For the first two questions, if you make the right selection there is sufficient information to make a correct diagnosis. When you reach 'the provisional diagnosis question' that is a stop question. The purpose of a stop question is for you to make the correct provisional before being permitted to respond to the final three or more questions for the case. For some scenarios you may be instructed to find a second or third diagnosis before going forward to the next question. A recommended treatment question usually follows the diagnosis question. When dual or multiple diagnoses are identified, unless a specific diagnosis is requested, the treatment question should be answered with treatments for all identified diagnoses.

Sample Scenario

The design of this procedure is to replicate what actually takes place in clinical practice. That is, the counselor has to acquire diagnostic information in a building block fashion to make a correct provisional diagnosis, request additional testing, make referrals, and proceed with treatment.

In the *Scenario List* available online once you log in to your account, note that *Scenario – Mary Jones* is a sample that can be used to become familiar with the design and process of the online scenarios. Section II of this supplement provides a step-by-step demonstration of how to properly access and use the online scenario simulator.

Note that Section Three contains the *Disorder Overview*, which is the information portion of the Supplement. Information is limited for many of the disorders but includes a definition of the disorder, interviewing strategies, assessment or diagnostic information, recommended treatment, instrumentation, a few commonly used medications, and references.

How to Approach the Scenarios

Because there are many different health providers, many of whom are trained at different levels, it will be important to approach these scenarios as though the counselor is trained at the master's level of education, completed a practicum/internship program successfully, and has limited work experience. In addition, many states are "practice" states, meaning a counselor is not allowed to practice beyond the limitations of his or her training.

The word "provisional" is used to convey that the diagnosis made by the counselor is subject to be confirmed by a clinician trained in this assessment such as a psychiatrist. In the treatment section, not all therapeutic recommendations will be within the capability or training of every counselor. For example, if a recommendation might be hypnotherapy, that might be a good choice for a hypnotherapist but not for a master's level counselor untrained in hypnotherapy.

In reading many of the valued answers, you will recognize many references to specific medications. But the authors' intent is not to train you in how to identify, use, or monitor medications. It is unlikely the NCMHCE will ask you for this knowledge but it has been included as general information since many clients have been poorly informed and may ask questions about the psychoactive medications they have been prescribed.

Conflicting data exists regarding what therapies are most effective for specific diagnoses. The authors have utilized the literature as best as possible to report the results of outcome studies and therapies believed to be most effective and helpful. Some literature indicates that effective psychotherapy results from a solid relationship between client and counselor. Considerable literature also points to the effectiveness of Cognitive Behavioral Therapy as an effective approach for many disorders.

National Board for Certified Counselors (NBCC)

The National Board for Certified Counselors (NBCC) sponsors the National Clinical Mental Health Counseling Examination (NCMHCE; http://www.nbcc.org/NCMHCE) for certifying counselors. Those preparing to take the NCMHCE should visit this Website for any changes made by NBCC. Testing time for the Clinical Simulation Examination (CSE) is four hours. READ THE INSTRUCTIONS VERY CAREFULLY. Be sure you have a clear understanding regarding the image pen, answers surfacing, asterisks (1 or 2), how many answers to select, scoring procedures and the problem-solving scenario. Today most states administer the computer version of the NCMHCE.

The NCMHCE Exam

The NCMHCE consists of 10 clinical mental health counseling cases. Some states use both the National Counselor Examination (NCE) and the National Clinical Mental Health Counseling Examination (NCMHCE) for the cognitive requirement for licensure. Case scenarios are presented with five to eight topical behaviors which are components of client care. The assessment behaviors begin with a question such as "what information would be important to assess in order to formulate a provisional DSM-IV-TR diagnosis" followed by a number of options/answers. Further investigation may extend beyond inquiring about symptomology of various disorders to include questions about specific instruments considered helpful to acquire or validate symptomology or diagnoses. Subsequent questions may focus on experts who should be consulted and other parties who might be involved. For example if you are being asked to interview or provide counseling for a student who has been identified with a conduct disorder should you ask for a consultation/conference? If so, should the parents be asked to attend? Information in the scenario will help answer such questions and also suggest if and when it would be appropriate for others to attend, i.e. the school counselor, the teacher who made the referral to the counselor, curriculum coordinator, school social worker, and perhaps the principal of the school.

The NCMHCE examination emphasizes evaluation and assessment (interviewing/mental status evaluation, cultural sensitivity, ethics), diagnosis and treatment planning (goal formation, techniques/strategies), monitoring client progress (assessing progress), referral (community resources), and sound ethical behavior (code of ethics) encompassing the entire scope of clinical practice (Standards of Practice).

The entire process begins with the meeting between a client and a counselor and concludes with termination and follow-up. The NBCC practice booklet does not appear to adhere to a strict set of questions for each of the two parts (Information-Gathering - IG and Decision-Making - DM) with the exception of acquiring information for and making a provisional diagnosis. This indicates to those preparing for the NCMHCE that questions can be geared to any client session and can include the necessary tools, strategies, theories, treatment procedures, ethics and consultation necessary to provide good client care.

Those who are preparing for the exam can expect it to exemplify the full scope of a counseling practice. Of specific clinical interest will be the evaluation and treatment of clients presenting with some form of a cognitive disorder (learning, memory, etc.), substance use, psychosis, mood disturbances, anxiety, avoidance behavior, school-relational, physical complaint and social and personality problem.

Evaluating a client with one of those disorders means investigating cognitive, emotional, and behavioral symptoms by obtaining a complete history (present, past, social, family, medical, and occupational), performing a mental status examination, and often recommending further diagnostic testing and consultations while paying attention to ethical/legal issues. After making a diagnosis(es) a thoughtful treatment plan can be proposed or constructed.

Each scenario is much like the NCMHCE in that it includes questions related either to Information Gathering (IG – usually 2-4 questions) or Decision-Making (DM - usually 4 or more questions). IG includes questions such as, "What information would be important to make a diagnosis?" or "What information would be beneficial to monitor the client's progress?" DM includes questions such as, "After completing your evaluation, what recommendations would you make?" or "What is a recommended treatment?"

The examinee should envision that the scenario and first question might resemble an initial interview unless otherwise instructed. Morrison (1993) indicates that the time devoted by an interviewer to specific tasks is: chief complaint(s) (15%), specific symptoms - suicidal ideation or behavior, substance use, history of violence (30%), medical history (15%), personal, social and character pathology (25%), mental status evaluation (10%) and diagnosis and treatment discussion (5%). Although all of the options might provide some information the efficient interviewer will want to maximize time deriving the most important information to establish a provisional diagnosis.