

ARTHUR-BRENDE
STUDY SUPPLEMENT

NATIONAL CLINICAL
MENTAL HEALTH
COUNSELING
EXAMINATION

**DSM-5
UPDATED**

ONLINE SCENARIO SIMULATOR

DSM-5™ Disorders:
Diagnosis To Referral

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Arthur-Brende Study Supplement

for the

National Clinical Mental Health
Counseling Examination

DSM-5™ Disorders: Diagnosis to Referral

A Companion to the
Arthur-Brende Online Scenario Simulator

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Table of Contents

1. Introduction

| | |
|----|---|
| 1 | Developing Skills with Practice Scenarios |
| 1 | Scenarios - Practice Format |
| 2 | Sample Scenario |
| 3 | How to Approach the Scenarios |
| 4 | The NCMHCE Exam |
| 7 | Strategy for Taking the Exam |
| 14 | Disorders |
| 19 | Instrumentation |
| 26 | Instruments for Children & Adolescents |
| 27 | Differential Diagnosis |
| 49 | Supervision |
| 57 | Ethics |
| 57 | Standards |
| 58 | Client Rights (HIPAA, FERPA) |
| 60 | Study Suggestions |

2. Selected DSM-5™ Disorders

63 Neurodevelopmental Disorders

| | |
|----|--|
| 63 | Intellectual Disability |
| 65 | Attention Deficit Hyperactivity Disorder |
| 72 | Tic Disorder |
| 73 | Tourette's Syndrome |

74 Schizophrenia Spectrum and Other Psychotic Disorders

| | |
|----|---------------|
| 74 | Schizophrenia |
|----|---------------|

- 78 Catatonia
- 79 Delusional Disorder

80 Bipolar and Related Disorders

- 81 Bipolar Disorder
- 82 Bipolar I Disorder
- 83 Bipolar II Disorder
- 85 Cyclothymic Disorder

85 Depressive Disorders

- 86 Major Depressive Disorder
- 88 Persistent Depressive Disorder
- 92 Bereavement versus Major Depressive Disorder

92 Anxiety Disorders

- 95 Separation Anxiety Disorder
- 97 Social Anxiety Disorder
- 99 Panic Disorder
- 102 Agoraphobia
- 103 Generalized Anxiety Disorder

105 Obsessive-Compulsive Disorder and Related Disorders

- 105 Obsessive-Compulsive Disorder
- 108 Body Dysmorphic Disorder

109 Trauma and Stressor-Related Disorders

- 109 Adjustment Disorder
- 113 Acute Stress Disorder
- 114 Posttraumatic Stress Disorder

117 Dissociative Disorder

- 117 Dissociative Identity Disorder

- 121 Dissociative Amnesia
- 122 Depersonalization/Derealization Disorder

122 Somatic Symptom and Related Disorders

- 122 Somatic Symptom Disorder
- 126 Conversion Disorder
- 126 Factitious Disorder

129 Feeding and Eating Disorders

- 129 Anorexia Nervosa
- 132 Bulimia Nervosa

134 Sleep-Wake Disorders

- 138 Insomnia Disorder
- 138 Hypersomnolence Disorder
- 139 Parasomnia
- 140 Nightmare Disorder
- 141 Restless Leg Syndrome
- 141 Narcolepsy
- 141 Central Sleep Apnea
- 142 Medical Conditions Associated with Sleep Disorders

144 Sexual Dysfunctions

149 Gender Dysphoria

153 Disruptive, Impulse-Control and Conduct Disorder

- 153 Conduct Disorder
- 157 Oppositional Defiant Disorder

158 Substance-Related and Addictive Disorders

- 162 Alcohol Use Disorder

- 163 Alcohol Intoxication
- 163 Alcohol Withdrawal
- 165 Substance Use in Adolescents

166 Non-substance Related Disorders

- 166 Gambling Disorder

167 Neurocognitive Disorders

- 167 Delirium
- 169 Major or Mild Neurocognitive Disorder (Dementia)

172 Personality Disorders

- 186 Avoidant Personality Disorder
- 189 Borderline Personality Disorder
- 192 Antisocial Personality Disorder
- 196 Histrionic Personality Disorder
- 199 Obsessive-Compulsive Personality Disorder
- 201 Dependent Personality Disorder

204 Paraphilic Disorders

207 Other Mental Disorder

- 207 Other Specified Mental Disorder Due to Another Medical Condition
- 208 Anxiety
- 208 Depression
- 208 Psychosis and Behavioral Abnormalities

209 Terms

3. References

- 220 References

1 INTRODUCTION

Developing Skills with Practice Scenarios

This Study Supplement contains two sections: Section I contains an overview of the National Clinical Mental Health Counseling Examination (NCMHCE) as administered by the NBCC and Section II contains the DSM-5™ Disorder Overview.

This Study Supplement is best used in conjunction with the *Arthur-Brende Scenario Simulator*, which is an online, interactive resource of 37 different practice scenarios similar to those that make up the NCMHCE exam. The 37 scenarios are designed to help the practicing counselor diagnose and treat individuals with mental health disorders.

While the DSM-5™ 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 37 scenarios accounting for 36 different disorders. Some disorders are repeated, yet the scenarios are presented with different sets of circumstances.

DISCLAIMER:

A disclaimer is stated by Dr. Brende and Arthur in that they are not affiliated with the National Board of Certified Counselors or the panel that created, manages, scores and designed the scenarios for the NCMHCE. There is no communication between these bodies regarding the format of the scenarios or prior information shared by that board to these authors. In addition, all material is paraphrased where the DSM-5™ and NBCC information is contained within this supplement.

It is recommended that all users of this material periodically check with NBCC or APA for recent changes and specific information regarding the examination and material.

Materials contained within this supplement relative to the DSM-5™ are paraphrased or credit is applied.

Scenarios – Practice Format

The 37 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 37 scenarios will provide adequate data to make only a single 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 of current problem 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-5™ 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-5™ 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.

Note that Section Two 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. For the NCMHCE examination, even though the examinee may not be trained in certain treatments or instrumentation, one should answer all questions in terms of best practice, not whether or not the examinee is trained in that treatment technique or using certain instruments.

Be mindful that when answering the different questions the preferred response may be one in which the person taking this examination may not be trained to provide. This may be in the different phases of the scenario such as the intake, referrals, and treatment. The examination is requesting one's knowledge in terms of best practice not selecting answers based upon the qualifications of the examinee (degree level, M.S., Ph.D.). An example may be to select the MMPI-2 as the best instrument of choice even though the examinee has not been trained to administer or interpret the MMPI-2.

The NCMHCE is seeking your acquired knowledge. If the MMPI-2 contains the scale of the diagnosis under consideration it should be selected. The examination is not determining if the examinee is qualified to administer the MMPI-2 or that the examinee is ethical or unethical in making that selection.

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 making a diagnosis for the purpose of prescribing medications. 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 the client or a hypnotherapist but not for a professional counselor untrained in hypnotherapy.

None-the-less, making such a choice would be appropriate if the examinee believes it or evidence exists in the literature that this choice should be made for the correct response.

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.

As the counselor considers which treatments or psychotherapeutic modalities should be recommended, a number of factors need to be considered: pertinent diagnoses; short term and long term treatment goals; time limitations imposed by insurance, EAP, or managed care companies; nature of the relationship between counselor and client, cost effectiveness, who is the client and client commitment; and most beneficial therapeutic modalities based on research findings. Although common sense dictates the fact that specific treatments follow specific diagnoses, there are conflicting data regarding what therapies are most effective for specific diagnoses. The authors have utilized the literature as best as possible, however, to report the results of outcome studies and therapies believed to be most effective and helpful. The authors have found cognitive behavioral therapy to be frequently cited as an effective approach for many disorders, particularly when there are clearly defined goals although short and long term goals may vary, depending on the nature of the diagnosis and desired treatment results. The examinee must also take into account that, while most insurance companies, EAP, and managed care approve limited numbers of sessions, some treatments require a longer duration to effect change.

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 online 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 segments during the journey of psychotherapy (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-5™ 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 the examinee is asked to interview or provide counseling for a student who has been identified with a conduct disorder the examinee will have to consider whether or not a consultation/conference should be requested. If so, it follows that additional questions will include such things as who should comprise the consultation group and 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 process begins with the meeting between a client and a counselor and concludes with termination, discharge and follow-up. It is possible the scenario begins with a telephone call for a scheduled session. It 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), supervision and consultation along with sound ethical behavior (code of ethics) encompassing the entire scope of clinical practice. Counselor tasks may include charting, requests for release of information, client rights, agency policy, insurance company communication and an assortment of other duties the counselor performs in addition to best client care.

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, in-session dialogue or dilemmas, 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 problems, physical complaints and social and personality problems.

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) has delineated percentages of times devoted by an interviewer to specific tasks, as follows: 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.

The clinical interview **is a systematized method** of deriving pertinent information that includes several different categories such as client education, family background, physical and psychological (mental) health, social involvements and client identification (age, gender, etc.). Most importantly, however, the interview must address the client’s reason for seeking help which includes primary symptoms, predisposing factors, and possible destructive or self-destructive behaviors including substance abuse.

The interviewer’s questions may be organized systematically or they may be more open-ended. In some cases the interviewer would best follow the client’s leads while not forgetting the task of utilizing the history of the client’s presentation, motivation, and predispositions, which are those pieces of information that suggest that certain disorders need in-depth investigation including issues related to medical, family, and social histories.

It is not to suggest that by selecting these choices you will necessarily gain all of the information you would like to obtain, but rather it can demonstrate that you have background information which may be helpful during the entire phase of counseling.

Predisposition may also be discovered in a family history of substance use, mood disorders, tics, and eating disorders. This does not mean that because any of these disorders were to be found in the family history they would necessarily be the cause of the disorder; rather it may be that this person grew up in a type of surrounding that predisposed them to such disorders.

For this reason, choosing family history may gain positive points for the test taker in some scenarios but negative points in others.

It is recommended to order the choices before making any during the examination.