

DR. ARTHUR'S STUDY SUPPLEMENT  
for the

**NCMHCE**

NATIONAL CLINICAL MENTAL HEALTH  
COUNSELING EXAMINATION

ONLINE SCENARIO SIMULATOR

DSM-5™ DISORDERS: DIAGNOSIS TO TERMINATION

GARY L. ARTHUR, Ed.D.

# **Dr. Arthur's Study Supplement**

for the

## **National Clinical Mental Health Counseling Examination**

DSM-5 Disorders: Diagnosis to Termination

A Companion to the  
*Arthur Online Scenario Simulator*

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Credit is extended to Joel Osler Brende for the material in this supplement for his contributions about psychiatric medications, medical associations with psychological disorders and editing the 47 scenarios. Dr. Brende M.D., was Professor & Chairman Emeritus, Dept. of Psychiatry and Behavioral Science and Clinical Professor Emeritus, Dept. of Internal Medicine, Mercer University School of Medicine, Macon, GA. He is certified by The American Board of Psychiatry and Neurology and a Life Fellow of the American Psychiatric Association. He has extensive experience in medical and psychiatric education and has been actively involved in the teaching and supervision of psychotherapists, marriage and family therapy students, and resident physicians in psychiatry and internal medicine. Dr. Brende is a graduate of the University of Minnesota Medical School and received his psychiatric training at the Karl Menninger School of Psychiatry.

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# Unit 1. INTRODUCTION

## How Best to Use This Supplement

To benefit from this supplement, the reader may choose those elements which are most useful and applicable to his or her level of training and expertise. The reader will find a fair amount of repetition since the material is geared to meet the needs of several levels of expertise, ranging from school counselors to experienced clinicians who conduct the entire clinical protocol with clients.

The information is subject to change as NBCC adds and deletes information regarding clinical expertise about the scenarios and is not gleaned from any written material produced by NBCC. The NCMHCE scenarios are not an exact replication of case studies found in actual clinical practice, although they are similar in scope and practice. Therefore, examinees may need to adjust their in-office practice behaviors as they respond to specific questions on the NCMHCE but should always recognize the importance of making choices that will lead to optimum client care.

### **UNIT 1:**

Unit 1, Introduction, illustrates and provides information for those taking the NCMHCE. This unit includes a description of the testing format of the NCMHCE, along with suggestions for underlying features to consider during the examination. Unit 1 provides shortened and abbreviated information regarding instruments, monitoring, family treatment guidelines, efficacious evaluation standards, treatment, techniques, and strategy, testing strategy, instrumentation, differential diagnosis, disorder, comorbidity, and treatment planning. There are six traditional questions for each scenario (although NBCC indicates most scenarios will contain five to 10 questions). There are also suggestions about how to prepare for the exam and strategies for answering selections. Unit 1 will also provide brief information about disorders (15 of 20 categories, 51 disorders), diagnostic needs (symptoms, comorbidity, and differentials), interviewing strategies (structured/unstructured interviews, clinical interviews, biosocial interviews), predispositions to disorders, treatment definitions, and recommendations. This unit also provides the examinee information about 39 treatment definitions, discharging recommendations, counselor duties, supervision, and study suggestions.

## **UNIT 2: DSM-5 Classification**

Unit 2 provides detailed information about 51 disorders, with detailed information regarding disorder definition, incidence and interview, assessment, instrumentation, monitoring, treatment, and pharmacotherapy. If the examinee has had adequate experience understanding and providing treatment for clients with more commonly found disorders, he or she may prefer choosing material for those less frequent disorders rather than the more commonly found ones.

## **UNIT 3: References**

There are two sets of references. The first set of references credits those authors whose material is paraphrased in the content of this supplement. The second set of references is for suggested readings located in the professional journals highlighting assessment, instrumentation, treatment, and monitoring.

## **UNIT 4: Appendices**

The appendices include summary evidence-based treatments, techniques, and interventions published in professional journals about effectiveness and efficacious research outcomes for children and adults. Also, 40 or more definitions of techniques and interventions for 31 disorders, and techniques noted in treatment research, and therapy terms.

# **Developing Skills with Practice Scenarios**

This study supplement has repeated material throughout the different units. Individuals preparing for the NCMHCE possess different levels of knowledge, degrees, and years of clinical experiences requiring different preparation. The author recommends all units for those recently completing a graduate degree and entering the professional counseling field. Professionals with advanced degrees (additional courses) and with years of clinical treatment experiences with a variety of client disorders may want to consider Unit 1 and 4. Units 1 and 4 provide brief statements for information pertinent for client care and literature support for effectiveness and efficacious treatment and interventions.

The Supplement has four units: Unit 1 contains an overview of the National Clinical Mental Health Counseling Examination (NCMHCE) as administered by the NBCC. Unit 2 contains disorders cited with high frequency in the population. Each disorder has an overview containing brief statements regarding comorbidity, differentials, instrumentation, treatments, and monitoring. Unit 2 contains an enlargement in information pertaining to the DSM-5 Disorder. Unit 3 contains references cited throughout the supplement. Unit 4, appendices contains literature supported summaries of evidence-based efficacious treatments for children and adults, theoretical theories for treatment, and techniques and interventions for the different disorders.

This study supplement is best used in conjunction with the Arthur Scenario Simulator, which is an online, interactive resource of 47 different practice scenarios similar to those comprising the NCMHCE exam. The 47 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 supplement has at least one, and sometimes two or more, disorders contained in 15 classifications, adverse effects of medication, and focus of clinical attention. The authors have chosen to develop 47 scenarios accounting for 36 different disorders. Some disorders are repeated, yet the scenarios are presented with different sets of circumstances.

## **DISCLAIMER**

Dr. Arthur is not affiliated with the National Board for 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. Also, 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. This supplement is copyrighted, and the content is not to be reproduced, posted online, distributed, or sold without the permission of the author.

## **Scenarios – Practice Format**

The 47 online scenarios are designed following a practice format similar to that 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 47 scenarios will provide adequate data to make only a single diagnosis; however, a few scenarios will provide data that point to more than one diagnosis.

In most cases, these scenarios will utilize a process that begins with the client's initial statement of a current problem, distress 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 tentative diagnosis. Sufficient information will be available to help the counselor make a provisional diagnosis. The next steps involve recommending collateral services or selection of appropriate instruments to gather additional diagnostic information for a tentative diagnosis and later questions requesting 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 necessary information to form a provisional diagnosis, to validate a diagnosis (instrumentation), recommend treatment, techniques to treat symptoms, methods to monitor treatment, ethical consideration, and finally consideration of referral or case closure. Consider the following examples:

During the first session, what information would be important to assess to formulate a provisional DSM-5 diagnosis?

In completing the initial evaluation interview, what referrals or instrument selections would the counselor make?

What instruments would be helpful in gaining additional information for a provisional diagnosis?

Based on the information gathered, what provisional DSM-5 diagnosis is indicated?

What treatment is recommended for the disorder?

What techniques and interventions would be recommended treatment for the symptoms?

What information or methods 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 provisional diagnosis. When you reach the provisional diagnosis question that is a STOP question. The purpose of a STOP question is to make the correct provisional diagnosis before being permitted to respond to the final number of questions for the case. For some scenarios, you may be instructed to find a second diagnosis before going forward to the next question. Due to the brevity of the NCMHCE scenarios the request for two diagnoses might be the limit. It might be necessary to identify a primary differential diagnosis before or after identifying the provisional diagnosis. A recommended treatment question may follow the diagnosis question. A request for treatment goals might follow the determined diagnosis. When multiple diagnoses are identified, unless a specific diagnosis is requested, the treatment question should be answered with treatments for all designated diagnoses.

In addition to the 37 tutorial scenarios there are 10 additional exam scenarios that are formatted similar to the actual NCHMCE. These 10 scenarios are briefer in words and sentences and have no discussion boxes or explanations regarding positive or negative selections. The administration procedures are identical to the 37 tutorial scenarios. You can time yourself while taking the 10 scenarios regarding the NCMHCE three-hour limitation.

# Sample Scenario

The design of this procedure is to replicate what 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 Unit 2: DSM-5 Classification 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 various degree levels, it will be important to approach these scenarios as though the counselor is trained at the Master's level of education, has completed a practicum/internship program, and has limited work experience. Also, 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 regarding best practice, not whether or not the examinee is trained in that treatment technique or using individual instruments. The examination requests knowledge regarding best practice, not selecting answers based upon the qualifications of the examinee (e.g., 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 acquired knowledge. If the MMPI-2 contains the scale of the diagnosis under consideration, it may be selected. The examination is not determining if the examinee is qualified to administer the MMPI-2 or whether 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 confirmation by a clinician trained in this assessment, such as a psychiatrist determining the purpose of prescribing medications, treatment planning, or hospitalization. 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 right choice for the client or a hypnotherapist but not for a professional counselor untrained in hypnotherapy. Nonetheless, making such a choice would be appropriate if the examinee believes evidence exists in the literature that this choice is the preferred response.



In reading many of the valued answers, you will recognize numerous 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 for this knowledge, but it has been included as general information since many clients lack prior knowledge of medication or 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 examined: 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; client commitment; and most beneficial therapeutic modalities based on research findings. Although common sense dictates that specific treatments follow specific diagnoses, there are conflicting data regarding what therapies are most effective for specific diagnoses. Nonetheless, the authors have utilized the literature as clearly as possible to report the results of outcome studies and therapies believed to be most effective and helpful. For example, cognitive behavioral therapy is frequently cited as an effective approach for many disorders, particularly when there are defined goals, although short and long-term goals may vary, depending on the nature of the diagnosis and desired treatment results. The examinee must consider, 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 certified 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 three hours and fifteen minutes. You will only have three hours to complete the examination as 15 minutes are specifically for reading the instructions on how to take the examination. READ THE INSTRUCTIONS VERY CAREFULLY. If the paper-pencil version of the NCMHCE is to be administered, be sure you have a clear understanding regarding the latent pen, answers surfacing, asterisks (one or two), how many answers to select, scoring procedures and the problem-solving scenario. Today most states administer the online 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. NBCC indicates that nine of the ten scenarios are calculated for a passing score. Case scenarios are presented with five to ten topical

segments (questions) during the entire scenario that include the different elements of assessment and treatment that are components of client care (NBCC, 2016).

The assessment behaviors begin with a question such as “what information would be important to assess to formulate a provisional DSM-5 diagnosis”, followed by some options/answers. Further investigation may extend beyond inquiring about symptoms of various disorders to include questions about specific instruments considered helpful to acquire or validate symptoms or diagnoses.

Subsequent questions may focus on collateral services or 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/supervision/case conference should be requested. If so, it follows that additional questions may include 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. The scenario or case will emphasize evaluation and assessment (interviewing/mental status evaluation, cultural sensitivity, ethics), diagnosis and treatment planning (goal formation, techniques/ strategies), monitoring client progress (assessing change or 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, confidentiality, 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), except acquiring information for and making a provisional diagnosis. In preparing for the NCMHCE note that questions can be geared to any client session and can include the necessary procedures or steps, tools, strategies, theories, treatment methods, counselor tasks or duties, supervision, in-session dialogue or dilemmas, ethics and consultation required to provide best 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 the cognitive disorder (learning, memory, etc.), neurocognitive deficits, substance use, psychosis, mood disturbances, anxiety, avoidance behavior, school-relational problems, couple’s issues, physical complaints and social and personal problems.

Evaluating a client with one of these 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 of the Arthur scenarios is much like the NCMHCE in that it includes questions related either to Information Gathering (IG – usually two to four questions) or Decision Making (DM - usually four 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 the evaluation, what recommendations would be recommended?” or “What is a recommended treatment?” or “What is the provisional diagnosis?” or “What is the rule in/out diagnosis?” or “What is the primary differential diagnosis?” or “What are the rule out diagnoses?” Scoring is not provided for the NBCC three sub scores identified as 1) administration, consultation, and supervision, 2) counseling and psychotherapy, and 3) assessment and diagnosis.

The examinee should envision that the scenario and first question might resemble an initial interview unless otherwise instructed. The NBCC scenario is frequently a few brief sentences in length. The presenting scenario is typical of statements made by clients when asked what brought them to counseling. The statements likely contain a symptom or clue to the distress or discomfort. It is recommended to follow the words or symptoms presented in the scenario. There may be exact words located in a criteria or words with same meanings. Write these symptoms on the electronic scratchpad. Follow the words.

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 seeking the most important information (symptoms) to establish a provisional diagnosis. A guide for the amount of spent for each question may be five minutes per question or 20 minutes for scenario to complete the 10 scenarios in three hours.

The clinical interview **is a systematized method of** obtaining pertinent information that includes several different categories, such as client education, family background, physical and psychological (mental) health, social involvements, work history 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 and suicide.

The interviewer’s questions may be organized systematically (structured interview—clinical interview or biosocial) or they may be more open-ended (unstructured interview). 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. Even though professionals are skilled in the use of a clinical or biosocial interview, the assessor would be advised to use an unstructured rather than a structured interview.