

NCMHCE Sample Case Study

Part One

Intake

Client

Age: 26

Sex: Male

Gender: Male

Sexuality: Heterosexual

Ethnicity: White

Relationship Status: Single

Counseling Setting: Outpatient – community counseling office

Types of Counseling: Individual and Family

Presenting Problem: Depression interfering with the quality of life

Diagnosis: F33.2 Major depressive disorder, Recurrent episode, Severe

Presenting Problem:

You were assigned to a 26-year-old, single, White client who presented for counseling due to suicidal thoughts and feeling extremely sad. He reported that he was close to his mother, who died from cancer a little over two years ago. Last night, he confided to his roommates that he had researched suicide methods on the internet. His roommates accompanied him to his appointment and waited in the lobby. Two weeks ago, your client lost his job as a retail store clerk because he showed up late because of oversleeping. He reported that he completed many online job applications but currently had “zero energy” for the job search. He indicated that his roommates were paying household bills until he gets back on his feet. He became tearful when saying he does not want to be “a burden” to his roommates. He said he knows suicide would cause his family and roommates great suffering and does not want to hurt them. A maternal uncle died by suicide when your client was young. He reported no access to guns or drugs he could use to overdose. He said he is rarely alone because he lives with four roommates. He disclosed that he does not want to die and hopes counseling will help him enjoy his life with friends and family again.

Mental Status:

Your client appeared moderately disheveled. His clothes were wrinkled. His nails and beard were unkempt. His depressed mood was congruent with his flat affect. He reported difficulty making decisions and a lack of interest in his future. He indicated that he no longer looks forward to playing video games. Although he once

loved to read books, he hasn't read anything for months. In the past, he was known as a "Potterhead" for his love of the Harry Potter books. Your client said that before his mother's death, he usually drank a couple of beers on weekends. Now he drinks a six-pack of beer most nights. There was no evidence of hallucinations or delusions. Your client indicated that he has had prior depressive episodes and is non-adherent to antidepressant medication. His primary care physician prescribed antidepressants after his mother died, but he stopped taking them. He revealed that in the past month he has been feeling "down" most days. He has been sleeping 10–12 hours per night, more than is typical for him.

Family History:

Your client identified his roommates as his "true family." He has been estranged from his father for two years. He stated his father is very demanding and "bribes" him with money to attend university. Your client said he has "no interest" in attending school. Your client's mother had periods of depression during your client's childhood. Your client is the youngest of three children and is on good terms with his siblings, but he rarely talks with them, as they live out of state. At the end of the intake session, your client agreed to talk with his primary care physician about resuming antidepressant medications.

1. What behavior disclosed during the mental status examination affirms your client's diagnosis?

- A. Your client chooses not to take prescribed antidepressant medication.
- B. Your client experienced the death of someone they had a close relationship with.
- C. Your client appears disheveled and presents in unkempt clothing.
- D. Your client experiences hypersomnia every day or nearly every day of the week.**

2. What in the intake leads you to affirm the severity of his diagnosis?

- A. Your client meets distress and manageability criteria.**
- B. Your client meets the suicide risk criteria.
- C. Your client meets episode recurrence criteria.
- D. Your client meets the risk and prognostic criteria.

3. What therapeutic metaphors would be useful in building rapport with your client?

- A. alluding to references from his previous readings**
- B. guided imagery you developed to help him relax and be mindful
- C. self-disclosure of your past battles with depression and loss
- D. references from the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*

4. What would prompt you to assess your client for a co-occurring disorder?

- A. Your client has adjustment issues due to a career problem.
- B. Your client's affect and disorganized thinking indicate a thought disorder.
- C. Your client's loss of an attachment figure places him at risk for bereavement.
- D. Your client has given up recreational activities because of substance use.**

5. What is the long-term therapeutic goal for this client?

- A. reduction of depressive and suicidal symptoms**
- B. improve social and occupational functioning
- C. explore trauma and bereavement issues
- D. reduction of alcohol and substance use

Part Two

Second session, two days after the initial intake:

Your client arrived on time for his second session. He was mildly disheveled, wearing a wrinkled t-shirt and jeans. He made fair eye contact. He reported that he had resumed taking what is left of his medications and scheduled an appointment with his primary care physician. He indicated feeling “tired, but a little less sad.” He denied having any suicidal thoughts since the intake. He disclosed an increase in his drinking but said he was okay with it. He said that instead of going to a job interview, he and a “group of guys went drinking.” Although it “was fun,” the next day he “felt miserable.” Today, “everything is boring again, and nothing is ever going to change for me.” You kept the session focused on building trust and understanding the factors that contributed to his suicidal thoughts. Your client expressed confusion about how his emotions become overwhelming and turn into depression. You expressed empathy and introduced the concept of cognitive behavioral therapy and the consequences of suppressing emotions. You ask your client to journal his internal self-talk as homework and schedule his next session.

6. How would you reflect the meaning of the client’s recounting of the other night’s drinking episode?
 - A. **“You want some risk and adventure in your life, but without the consequences.”**
 - B. “You felt alive the other night, but now you are back to your depressed, boring life.”
 - C. “Life is full of ups and downs, and it will take time before your medications work again.”
 - D. “You feel miserable and bored after taking the guys out drinking.”

7. How would you help your client understand the rigidity of his thought process about his depression?
 - A. Inform your client that his thoughts do predict his future behaviors and decisions.
 - B. Inform your client that his thoughts are just thoughts in the present moment.**
 - C. Inform your client that he has full control over his depression and symptoms.
 - D. Inform your client that he can control situations and triggers to his depression.

8. What information in this session indicates your client is at an increased risk for suicide?
 - A. He felt miserable after a night of drinking.
 - B. His dress and appearance remain disheveled.
 - C. He decided not to attend the scheduled job interview.
 - D. He isn’t concerned about how much beer he drinks.**

9. What insights from the homework would you hope to elicit from your client?
 - A. His depression and suicidal thoughts are based on the losses in his life.
 - B. His past trauma should be processed and worked through before healing can begin.
 - C. His past trauma caused the pain and suffering he is experiencing in his daily life.
 - D. His depression and suicidal thoughts are based on how he interprets his past experiences.**

Part Three

Fourth session, two weeks after the initial session:

Your client arrived on time for the session and was dressed inappropriately for the weather and season. He reported medication adherence and said he planned to pick up a refill. You praised him for medication compliance, but he stated, “The meds might be helping, but what works best is a few beers.” He denied suicidal thoughts and said he feels reasonably content with his life. When you asked more about his drinking, he confessed that his roommates have threatened to “not support” him anymore if he doesn’t quit spending his money on beer instead of rent. He said, “Screw them, I thought they cared about me and were family.”

Your client indicated he wanted to re-establish his relationship with his father but has found this difficult. Each time he has scheduled a time to get together with his father, he (your client) backs out at the last moment and goes to a bar to drink instead. You rejected your client’s suggestion that his anger at his father was proportionate to his father’s offer to pay for schooling and encouraged him to admit his anger was related to his feelings of abandonment. Your client changed the subject and reported other treatment progress. You assigned cognitive behavioral homework for the next session.

10. What question would you ask to develop a discrepancy within the client, to move him toward change?
- A. **“Help me understand how you want to re-establish a relationship with your father, but keep avoiding him?”**
 - B. “What intrinsic values do you possess that help to get you motivated and moving in the morning?”
 - C. “When comparing your mother and father, to which parent do you believe you are most similar?”
 - D. “Why so much anger toward your father, when he has only wanted to help you and give you a future career?”
11. From a motivational interviewing approach, what intervention was used that may have threatened the relationship?
- A. Your affirmations were premature, as more work needs to be done with his father.
 - B. You directly confronted your client and his anger toward his father.**
 - C. You allowed the client to change the subject instead of staying on task and on topic.
 - D. You misinterpreted his drinking problem with his feelings of anger toward his father.
12. What additional diagnosis would you recommend, based on the additional information from this and the last session?
- A. Alcohol use disorder, Mild
 - B. Alcohol use disorder, Moderate**
 - C. Alcohol use disorder, Severe
 - D. Alcohol use disorder, In early remission
13. From a transtheoretical perspective, how would you use an amplified reflection to your client’s comments about his friend’s lack of support for his daily drinking?
- A. “Right. They should realize that having a few drinks helps you feel better.”
 - B. “Your friends, who brought you in, don’t care about you and only care about their money.”**
 - C. “Threatening to kick you out over rent money is something your dad would do!”
 - D. “People who support you should understand the value of personal decisions.”

Item Number	Domain	Cognitive Level
1	Intake, Assessment, and Diagnosis	Application – Analysis
2	Intake, Assessment, and Diagnosis	Application – Evaluation
3	Professional Practice and Ethics	Application – Analysis
4	Intake, Assessment, and Diagnosis	Application – Evaluation
5	Treatment Planning	Comprehension
6	Core Counseling Attributes	Application – Application
7	Counseling Skills and Interventions	Application – Application
8	Intake, Assessment, and Diagnosis	Comprehension – Specify
9	Counseling Skills and Interventions	Comprehension
10	Counseling Skills and Interventions	Application – Evaluation
11	Core Counseling Attributes	Comprehension
12	Counseling Skills and Interventions	Knowledge
13	Counseling Skills and Interventions	Application – Apply