NCMHCE Sample Case Study

Part One

Intake

Client

Age: 35
Sex: Female
Gender: Female
Sexuality: Heterosexual
Ethnicity: White
Relationship Status: Single, Divorced
Counseling Setting: Agency
Types of Counseling: Individual
Provisional Diagnosis: Major depressive disorder, Single episode, Moderate, With anxious distress, Mild: F32.1

Presenting Problem:

You are a licensed mental health counselor working in a private practice setting. During the initial counseling session, a 35-year-old divorced female, mother of two children aged 10 and 12, says she has come for services because “I am in a rut and cannot find a way out. I feel hopeless and I am not sure what to do with my life.” Your client says the feelings of hopelessness began 6 months ago and the session with you is her first attempt at counseling. “I want to feel as confident and happy as I was when I first met my ex-husband. I was working full-time as a case worker and taking classes to be a nurse.” She is currently unemployed but previously worked from home doing billing for a major insurance carrier. The client appears tearful and expresses that she has felt like a failure since moving back in with her mother a year ago. “My kids are often in trouble at school, and it got to a point where I couldn’t handle them on my own. So, I had to ask my mom for help.” The client reports feeling sad and anxious since her divorce from her husband 3 years ago. “He left me for a younger woman. I don’t know how I will make it without a spouse.” She feels sad, empty, and lonely most days, disclosing, “I wake up feeling sad. I can’t remember the last time I enjoyed something.” Your client reports her appetite has increased; she snacks throughout the day and has gained 15 pounds in the past 3 months. Your client reports that she used to create jewelry for fun and to supplement her income. However, she stopped making craft jewelry and closed her online shop about 4 months ago because of fatigue and an inability to concentrate. “After dealing with the kids, I just want to eat and go to bed.” Your client reports that for the past 6 months she has been sleeping a couple of hours more than usual. She has asked her mother to watch her children three to four nights a week because she is so fatigued. “I’m not able to spend as much time with the kids as I did in the past, and when I am with them, I tend to zone out and can’t relax. I feel guilty.
I’ve ruined their lives.” Although she states that she has no desire to commit suicide and has no plan to harm others, she does regularly think that everyone she knows would be better off without her. The only reason she is going to counseling is because her mother “won’t stop bugging” her for staying in bed all day.

**Mental Status Exam:**
Your client presents with fair grooming and hygiene. Her hair is clean and brushed. She is dressed appropriately for the weather in a gray sweatshirt and pants. She is alert and oriented to person, place, and time. The client’s flat affect is congruent with her sad and hopeless mood. The client’s long-term memories are within a normal range. No abnormalities are noted in the client’s motor movements or gait. Her eye contact is good. The client’s thoughts are cogent and linear. The client has difficulty concentrating, with an emphasis on recollections of past failings. No delusions or hallucinations are noted. The client denies any thoughts of self-harm, including ideas or plans to commit suicide. Client has not experienced a manic or hypomanic episode and denies using alcohol or other substances.

**Psychosocial and Family History:**
Your client has one sister, 2 years younger, who lives out of state. The client’s parents are still married, though her father lives in another state. Your client shares that she never felt valued in her family. She feels hopeless around them because they question her ability to achieve anything worthwhile, including maintaining a job. She denies any physical or sexual abuse or other trauma. Your client reports experiencing significant financial difficulties since her divorce, which was another reason that she moved in with her mother despite conflicts in the mother–daughter relationship. At the end of the intake, the client asks, “Will my mother have access to my records because she pays for counseling?” You address the client’s concern about confidentiality since her mother has agreed to subsidize her counseling. You schedule the next session.

**Domain 1. Professional Practice and Ethics**
**Sub-Domain 1.P. Monitor the therapeutic relationship and build trust as needed**

1. During the intake, how would you establish a therapeutic relationship with this client?
   - A. Challenge her irrational thoughts about her self-evaluations.
   - B. Advise her about how to manage painful experiences.
   - **C. Summarize her emotional struggles and desire for change.**
   - D. Explore areas in which she could improve interpersonal relationships.

**Domain 1. Professional Practice and Ethics**
**Sub-Domain 1.F. Discuss limits of confidentiality**

2. How would you manage the client’s concern about confidentiality?
   - A. Explain you will share whether or not the client is making progress but no details.
   - **B. Use the informed consent process to discuss legal responsibilities and ethical guidelines.**
   - C. Request the mother consent to treatment and obtain the client’s consent.
   - D. Ask the client to include her mother in her treatment to address this concern.

**Domain 2. Intake, Assessment, and Diagnosis**
**Sub-Domain 2.E. Determine diagnosis**

3. What self-report from the client meets one of the supporting criteria for the diagnosis?
   - A. the client’s difficulty with her children
   - B. the client’s job loss
   - C. the client’s inability to manage children
   - **D. the client’s difficulty concentrating**
Domain 2. Intake, Assessment, and Diagnosis  
Sub-Domain 2.J. Assess the presenting problem and level of distress

4. Which criteria were used to determine the severity specifier for the client’s major depressive disorder?
   A. number of symptoms is not substantially in excess of those needed to make the diagnosis, yet functional impairment exists
   B. the intensity of the symptoms is distressing, but manageable and result in minor impairment of social or occupational functioning
   C. the intensity of symptoms is high and is accompanied by psychomotor agitation and mixed features associated with a major depressive episode
   D. the number of symptoms and their intensity is distressing and unmanageable and interfere with client’s social and occupational functioning

Domain 4. Treatment Planning  
Sub-Domain 4.B. Establish short- and long-term counseling goals consistent with client’s diagnosis

5. What long-term goal would guide treatment of the client’s presenting problem?
   A. Spend 1 hour each day focusing on what is going right in life.
   B. Return to pre-marital levels, or better, for self-confidence and autonomy.
   C. Decrease negative thoughts and feelings by half in 6 weeks.
   D. Get out of bed before 8 am each morning.

Part Two
First session, 3 weeks after the intake session:
Your client arrives at the session on time. The client reports, “I feel about the same, not much has changed for me.” The client shares that she applied for open job positions but has not performed well in interviews because she is feeling so hopeless. She was turned down for three jobs for which she interviewed. Your client states, “I must be a failure. I will probably never get a job, and me and my kids will end up living on the streets.” In addition, she feels anxious and overwhelmed when she thinks about how she will take care of her kids financially in the future and states, “I worry a lot about paying the bills and feel like I will never have enough money again to live on my own.” You provide empathy and educate the client on the tenets of cognitive behavioral therapy (CBT) to challenge her thoughts and manage her feelings. In order to facilitate her understanding of CBT, you ask the client to keep a journal of her thoughts and feelings.

Domain 5. Counseling Skills and Interventions  
Sub Domain 5.F. Apply theory-based counseling interventions(s)

6. From a CBT perspective, how would you help your client reduce her feelings of anxiety?
   A. Reflect and summarize her feelings accurately.
   B. Challenge your client’s ability to predict future outcomes.
   C. Determine how she managed feelings about the future as a child.
   D. Explore your client’s payoff for feeling anxious and overwhelmed.
Domain 5. Counseling Skills and Interventions
Sub-Domain 5.D. Implement individual counseling in relation to a plan of treatment

7. What cognitive error did the client make when disclosing not being hired for three jobs for which she interviewed?
   A. all-or-nothing thinking
   B. personalizing
   C. catastrophizing
   D. minimizing

Domain 4. Treatment Planning
Sub-Domain 4.D. Identify strengths that improve the likelihood of goal attainment

8. What information from the case study would you explore to help the client remember her strengths?
   A. Remind the client of the disclosure she made about her previous level of functioning.
   B. Ask the client to recall how she responded to job interviews.
   C. Explore the client’s feelings of gratitude for her mother paying for counseling.
   D. Praise the client for her ability to recognize cognitive errors in the session.

Domain 6. Core Counseling Attributes
Sub-Domain 6.M. Use foundational listening, attending, and reflecting skills

9. What nonjudgmental response would you make after the client’s disclosure about not being selected for jobs?
   A. “I am sorry they didn’t hire you and wonder what went wrong in the interview.”
   B. “You feel upset about this experience, but you will learn from this situation.”
   C. “We’ve all experienced this kind of rejection, even when we’re overqualified.”
   D. “It sounds like the prospect of living with homelessness would be really scary for you.”

Part Three

Second session, 6 weeks after the intake session:
Your client arrives for the session on time. The client appears to be at a healthier weight, and it appears as though her posture has improved a bit. She says she has cut down on “eating her feelings” and is paying more attention to when she feels hungry. You praise her for this behavioral change. The client smiles at this affirmation and says, “Yes, it hasn’t been easy. I am feeling more comfortable in my clothes, but I have a long way to go. I’m still a whale!” The client reports that she has been keeping her journal and has recognized patterns between her experiences and her feelings of hopelessness.” She reports that she feels the most hopeless when she sees couples with their children. “I see that perfect little family and how great they are doing, and I start crying. I don’t think I will find another spouse and not having a father around is hurting my kids. I am so upset about this that I can’t sleep some nights.” You validate the client’s experience and work to build trust. You discuss cognitive distortions and examine cognitive errors the client has made during the session and the impact these errors have had on her emotions.
Domain 6. Core Counseling Attributes
Sub-Domain 6.M. Use foundational listening, attending, and reflecting skills.

10. What counseling skill would you use to empathetically validate the client’s experience with how her relationship with food influences her behaviors and emotions?
   A. Reflect the client's feelings about her weight loss.
   B. Assess the logic of the client’s claim that she is a whale.
   C. Reframe the client’s statement to remind her she is capable of change
   D. Challenge the meaning of the client’s statement about her weight loss.

Domain 5. Counseling Skills and Interventions
Sub-domain 5.F. Apply theory-based counseling intervention(s).

11. After validating the client’s feelings about her weight, what cognitive error would you bring to her attention based on her statement?
   A. selective abstraction
   B. all-or-nothing thinking
   C. minimizing
   D. catastrophizing

Domain 5. Counseling Skills and Interventions
Sub-Domain 5.N. Guide clients in the development of skills or strategies for dealing with their problems

12. From a CBT perspective, what question would you ask to challenge the logic of the client’s belief about her behavior being detrimental to her children?
   A. “How would your children describe their life living with their grandmother?”
   B. “What will your life look like if you find a new husband and remarry?”
   C. “What other steps have you taken to improve your situation?”
   D. “How did you come to the conclusion that your children are being hurt?”

Domain 2. Intake, Assessment, and Diagnosis
Sub-Domain 2.G. Consider co-occurring diagnoses

13. Considering your client’s statements in both sessions after the intake about worry and stress, what potential comorbid disorder warrants further assessment?
   A. separation anxiety disorder
   B. prolonged grief disorder
   C. panic disorder
   D. generalized anxiety disorder

Review the NCMHCE Content Outline for a full description of the examination development, content, and weightage for each domain.