

CASE STUDY 1

Section A

Client

Age: 35

Sex: Female

Gender: Female

Sexuality: Heterosexual

Ethnicity: Caucasian

Relationship Status: Single

Counseling Setting: Agency

Type of Counseling: Individual

Presenting Problem: Depression and anxiety

Diagnosis: Persistent Depressive Disorder with Anxious Distress (Dysthymia), Provisional (F34.1)

Section B

Presenting Problem:

You are a counseling intern in a private practice setting. During the initial counseling session, a 35-year-old divorced female, mother of two young children, reports she feels lost and alone. She is unsure of what to do with her life, especially in terms of a career, relationships, and finding a home for herself and her children. She is currently involved in a tumultuous relationship with a man who, she reports, demeans her and is reluctant to commit to a monogamous relationship. She has decided that she needs to make some changes and wants guidance in doing so.

Mental Status Exam:

Client presents as well-groomed with good hygiene. She is appropriately dressed. Motor movements are within normal limits. Her eye contact is good. She is cooperative and engaged. She denies present suicidal or homicidal ideation, intent, or plan, although she admits she daydreams about what it would be like to die in her sleep. She states she feels sad most of the time and cries almost daily. She reports she does not recall ever feeling happy. Client reveals she has daydreamed about dying in her sleep off and on since she was a teenager. She is alert and oriented to person, place, and time. She is anxious, tearful, and wringing her hands. She reports she has frequent anxiety attacks and night-waking. She reports low self-esteem, difficulty making decisions, a lack of energy, and that she no longer looks forward to gardening on the weekends. She reports she has lost weight but does not know why. Her clothes appear to fit loosely. She reports she has been increasingly nervous and sad since she divorced her husband two years ago.

Family History:

The client has one sister, two years younger, who lives out of state. Client's parents are still married, though the father lives in another state. Client never felt valued in her family. She feels hopeless around them because they question her ability to achieve anything worthwhile, including maintaining a job or going to school. Client denies any physical or

sexual abuse or other trauma. Client reports significant financial difficulties, which have led to her needing to live with her mother despite a conflicted relationship. Her mother has agreed to subsidize her counseling.

Domain: Intake, Assessment, and Diagnosis

Cognitive Level: Comprehension

- 1. What baseline data would you gather about the client's current level of functioning?**
- the length of time she stayed with her former husband
 - how she typically spends her weekdays right now
 - how she interacted in the past with her mother
 - her career interests and values

Domain: Treatment Planning

Cognitive Level: Application

- 2. What information would be most important to guide the development of a treatment plan?**
- collateral information from the mother
 - diagnostic information obtained from previous providers
 - information gathered through direct observation of the client
 - client's desired outcome for therapy

Domain: Counseling Skills and Interventions

Cognitive Level: Application

- 3. Which of the following would you use to build a therapeutic alliance with this client?**
- Challenge her irrational thoughts about her self-evaluations.
 - Advise her about how to manage painful experiences.
 - Summarize her emotional struggles and desire for change.
 - Explore areas in which she could improve interpersonal relationships.

Domain: Professional Practice and Ethics

Cognitive Level: Knowledge

- 4. The client's mother has agreed to pay for the counseling. The client is concerned that her mother will want to know what transpires in her sessions. Which of the following is the best choice for responding to the client's concerns?**
- Suggest that the client find another resource to pay for therapy.
 - Explain that you will provide the mother with a summary and receipt.
 - Discuss client confidentiality and privacy rights.
 - State that, as a payor, the mother has a legal right to review session notes.

Section C

First session, three weeks after the intake session

Client initially informs you she is doing better. She reports she and the boyfriend are not fighting as much. Further exploration reveals she believes her current boyfriend has become less affectionate and is not interested in intimacy. She then reports her ex-husband always wanted to have sex with her. She goes on to say he would force her to have sex with him and she would cry until it was over. You reflect the client's emotional state and

summarize client statements to communicate understanding. The client seems detached and presents with flat affect as she describes the incident.

Domain: Core Counseling Attributes

Cognitive Level: Application

5. What are you trying to accomplish by reflecting and summarizing what the client has shared about her relationships?

- a. demonstrate empathy
- b. decrease the client's negative self-talk
- c. set the stage for confronting the client
- d. minimize focus on self-destructive behaviors

Domain: Counseling Skills and Interventions

Cognitive Level: Application

6. How should the client's disclosures about her ex-husband's forced intimacy impact the direction of treatment?

- a. Link the current statements to the client's goals for therapy.
- b. Refocus therapy on the client's poor decision making.
- c. Re-evaluate the diagnosis and consider referral.
- d. Assess the safety of her children with her current partner.

Domain: Intake, Assessment, and Diagnosis

Cognitive Level: Comprehension

7. Considering the client's history of relationship issues, which of the following assessment tools would you select to better understand her relationship dynamics?

- a. Minnesota-Multiphasic Personality Inventory-2 (MMPI-2)
- b. Adverse Childhood Experience (ACE) Survey
- c. family genogram
- d. Hamilton Anxiety Rating Scale (HAM-A)

Second session, six weeks after the intake session

Client arrives for the session on time. She appears thinner with dull, dry hair, which is not her norm. She is less talkative this session. She reluctantly talks about a possible reason for her weight loss. She says, "Sometimes I make myself throw up a little. I feel fat." Client appears somewhat agitated, repeatedly crossing her legs, covering herself with a throw pillow, and avoiding eye contact. Her speech is somewhat rapid with soft volume.

Domain: Professional Practice and Ethics

Cognitive Level: Application

8. The client is less forthcoming and is reluctant to talk during session. How should you respond to the client's disclosure about weight loss?

- a. "I've struggled with weight issues in the past, too."
- b. "I wonder if you should think about keeping a food diary."
- c. "I appreciate your willingness to discuss this issue."
- d. "You don't appear overweight to me."

Domain: Professional Practice and Ethics

Cognitive Level: Comprehension

9. You are not sure of your ability to work with this client. What information is irrelevant when considering a referral?

- a. the client's desire to continue to work with you
- b. the client's financial situation
- c. the client's history of abuse
- d. the client's medical issues

Domain: Counseling Skills and Interventions

Cognitive Level: Application

10. You ask the client to rate her progress in counseling. What is the value of asking the client to evaluate her treatment?

- a. It helps you understand the client's level of denial.
- b. It allows you to compare her experience to your observations.
- c. It helps prevent challenges of your assessment by the client.
- d. It allows you to assess your value as a counselor.

CASE STUDY 2Section AClient

Age: 29

Sex: Male

Gender: Male

Sexuality: Heterosexual

Ethnicity: Latino American

Relationship Status: Married

Counseling Setting: Community Mental Health Center

Type of Counseling: Individual

Presenting Problem: Seeking counseling after hospitalization from seizures and delirium tremens.

Provisional Diagnosis: Alcohol Use Disorder, Severe, Provisional (F10.20)

Section BPresenting Problem:

You are a clinical mental health counselor working in a community mental health center. You have worked with clients with alcohol and drug abuse issues for the past year but do not hold a separate certification or license for substance abuse counseling. Today, a client comes to your office for outpatient services. He is a 29-year-old Latino American male. He was hospitalized seven days ago for seizures and delirium tremens after attempting to quit alcohol use. He was released yesterday, and he tells you he doesn't want any treatment involving religion or prayer. He is seeking counseling to help him avoid alcohol relapse and find better ways to manage his stress.

Mental Status Exam:

The client presents to his initial session with slight tremors in his hands and says that he has been feeling shaky and that his "anxiety is through the roof." He feels ashamed that his drinking got out of control. He does say that not being able to coach has made him depressed. However, he denies any thoughts of self-harm or suicide, as he is committed to being a good parent and husband.

Family and Work History:

Client reports he is married and lives with his wife and three daughters. He says he wanted to quit drinking because his wife threatened to leave him. His wife is tired of years of his alcohol-induced outbursts of anger and his unwillingness to seek other work to help the family financially. He owns a local restaurant and the mandatory shutdowns to reduce the spread of the COVID-19 virus have taken a toll on his finances. Even though he worked in Information Technology (IT) prior to opening the restaurant, he is reluctant to sell his business and take a job in IT. Driving is essential for his business.

History of Substance Use and Addictive Behavior:

Client says he started drinking beer with his football teammates when he was in high school. Last month, he had been drinking about half of a fifth of vodka daily but says he

thought he could quit if he was really determined. He says that he tried two or three other times before but wasn't really motivated and did not see himself as an alcoholic. He also received his second DUI in the past four years and may lose his license. He says that drinking helps him relax from daily stress and helps him forget his worries. Recently, his stress level has been higher due to financial difficulty. He was prescribed painkillers following an accident and reports that he took them as prescribed until he no longer needed them. The client coached Pee Wee football. He experienced a motorcycle accident two years ago that prevented him from coaching football because of ongoing pain from a back injury.

Domain: Intake, Assessment, and Diagnosis

Cognitive Level: Knowledge

1. Which instrument is the quickest and simplest for assessing this client for a potential alcohol use disorder?

- a. AUDIT (Alcohol Use Disorders Identification Test)
- b. CAGE (Cut Down, Annoyed, Guilty, and Eye-Opener)
- c. DAST (Drug Abuse Screening Test)
- d. MMPI-2 (Minnesota Multiphasic Personality Inventory-2)

Domain: Professional Practice and Ethics

Cognitive Level: Evaluation

2. You are evaluating your competency to work with this client based on your credential as a professional clinical mental health counselor and the information provided. Which of the following is most accurate?

- a. Your training and experience should allow you to work with this particular client.
- b. You should only work with the client's anxiety issues and send him to a drug and alcohol counselor for alcohol issues.
- c. You should only work with this client if the client agrees to attend community-based alcohol support group meetings.
- d. Your competence is in question and you should refer the client to a medical doctor.

Domain: Treatment Planning

Cognitive Level: Application

3. Using the Stages of Change model, classify which stage this client is in and which subsequent stage he wants to move to.

- a. pre-contemplation; contemplation
- b. contemplation; maintenance
- c. contemplation; action
- d. preparation; action

Domain: Intake, Assessment, and Diagnosis

Cognitive Level: Application

- 4. Based on the narrative, when would you specify the client to be “in early remission”?**
- after six months of being in a controlled environment or a residential treatment setting
 - currently in early remission, based on the hospital stay
 - when the client has not met the criteria for alcohol use disorder for three months but less than 12 months, except for craving
 - when the client has not met criteria for 12 months or longer for alcohol use disorder

Section C

First session, three weeks after the intake session

In the first session, the client reveals that he and his wife continue to have arguments about their relationship and his prior alcohol use. The client wishes to move on, but his wife questions his motivation to remain sober and is suspicious when he leaves home to work at the restaurant. The client says she gives him “guilt trips” by continually bringing up how his behavior has hurt the family. He is also feeling more pressure from his wife to take another job and to contribute to the family’s income. The client blames his wife, saying his wife makes him anxious, which makes him want to drink. He has had impulses to drive to the liquor store, but he has resisted. In this session, the client reveals that because of the stress and back pain, he has started taking hydrocodone that was prescribed to him after his motorcycle accident. He says this is helping him relax and is managing his pain. As the counselor, you begin exploring how frequently he is taking these pills, but the client becomes defensive, indicating that these pills are prescribed to him for pain and that is what he is taking them for.

Domain: Counseling Skills and Interventions

Cognitive Level: Application

- 5. The client blames his wife for his anxiety and his desire for alcohol. According to rational emotive behavior therapy (REBT), what is the cause of his anxiety and desire for alcohol?**
- his wife’s belief that he is not committed to his sobriety
 - the consequence of alcohol dependence
 - his own belief that his wife can cause him to drink
 - the activating event of his wife’s allegations

Domain: Counseling Skills and Interventions

Cognitive Level: Application

- 6. The client has revealed his commitment to sobriety is weakened when he takes the hydrocodone. What therapeutic approach would you implement to target his ambivalence?**
- motivational interviewing
 - cognitive behavioral therapy
 - Gestalt therapy
 - psychodynamic therapy

Domain: Core Counseling Attributes

Cognitive Level: Application

7. After viewing derogatory comments about Latinos made by a friend on Facebook, you feel the need to examine your own cultural biases and how these could influence your counseling effectiveness. Which of the items below is the most effective strategy to be a more culturally competent counselor?

- a. Educate your client on how he may be perceived by the majority culture and help him change his behavior to assimilate.
- b. Actively involve yourself with other minority individuals outside of the counseling setting to avoid your cultural knowledge being only academic.
- c. Watch movies and read books on minority-perpetrated crime.
- d. Refer your client to a bilingual counselor who could be more effective in working with the client.

Second session, five weeks after the intake session

You and the client have made progress in finding healthy coping outlets for his stress and anxiety, but the client seems resistant to talk about his drinking. The client has run out of hydrocodone and is worried about his pain getting worse. He has used a few close friends for support when he has craved alcohol, which he says has been successful for him. The client says he has been trying to be a better husband and father, but he feels like his wife is not giving him credit for his efforts in avoiding alcohol use. He wants to return to work but has not been successful. To make matters worse, he lost his DUI case, and his driver's license is being suspended for three months. As the session is ending, the client admits that he bought a bottle of vodka and took one sip last night. He felt guilty and "stashed" his bottle in the woods near their shed. He does not want to return to drinking and asks for advice.

Domain: Counseling Skills and Interventions

Cognitive Level: Application

8. You discuss your client's support network and how he claims it to be helpful. You encourage him to seek out extra support. What would you recommend based on his prior statements?

- a. Alcoholics Anonymous
- b. Celebrate Recovery
- c. Narcotics Anonymous
- d. Smart Recovery

Domain: Core Counseling Attributes

Cognitive Level: Application

9. Your client says he "is sick and tired of his wife's complaints." You respond, "While you don't like how your wife treats you, you continue to want to stay sober... I am proud of you. Tell me, what motivates you?" How would you interpret this kind of response?

- a. emphasizing personal choice and control
- b. constructive confrontation and redirection
- c. reflection of feelings and cognitions
- d. exploring the problem and goals

Domain: Treatment Planning

Cognitive Level: Application

10. With the revelation that the client has relapsed, the progress that you thought you had made is in question. It may be time to re-evaluate the client's level of care using the ASAM (American Society of Addiction Medicine) criteria. What level of care would you recommend?

- a. psychoeducation on the dangers of substance use
- b. family intervention
- c. intensive outpatient
- d. medically monitored intensive inpatient

CASE STUDY 3Section AClient**Age:** 27**Sex:** Female**Gender:** Female**Sexuality:** Heterosexual**Ethnicity:** East African Black**Relationship Status:** Single**Counseling Setting:** Community Health Agency**Type of Counseling:** Individual**Presenting Problem:** Anxiety and Panic**Diagnosis:** Post-Traumatic Stress Disorder (F43.10)Section BPresenting Problem:

You work at a community mental health agency that frequently sees clients from immigrant populations. A refugee from East Africa presents for problems related to feelings of fear and anxiety. The client reports having “panic attacks” since she arrived in the United States 10 years ago. She fled the family home with her sister and grandmother to a refugee camp prior to coming to the United States. She has difficulty remembering specific details. She vividly recalls the torture and death of her parents. Over the last six months, she has been having nightmares and flashbacks about childhood and is not sleeping well. Her grades are slipping because of her inability to concentrate and not getting enough rest. She has withdrawn from her friendships and describes herself as depressed and anxious. She requests help with her concentration and ability to sleep so that she can complete her degree and go on to graduate school in finance.

Mental Status Exam:

Client is well dressed. She is fluent in English. Client makes minimal eye contact and at times appears to have a fixed gaze. She speaks in a very soft voice and takes a long time to respond. Client presents with a blunted affect with occasional outbursts of agitation when asked for additional information. She exhibits little to no emotion when discussing her childhood trauma. She seems detached from the experiences.

Current Living Situation:

The client was granted an immigration waiver as a victim of violence but is not officially a U.S. citizen. She is currently a senior in college at a local university and lives in an apartment with three other roommates. Jokingly, the client says that her roommates describe her as moody. She works part-time at a local retail store. Client has a strained relationship with her grandmother, who is highly critical of her. Her younger sister, who is 19 years old, lives with their grandmother. She does not have any other family members.

Domain: Professional Practice and Ethics

Cognitive Level: Comprehension

1. You have never worked with a person with the client's ethnic background before. How would you best determine if you are able to work with the client?

- a. Determine if the client values your credentials.
- b. Speak with your supervisor about referring the case.
- c. Assess your ability to establish a working alliance.
- d. Determine whether you and the client share similar values.

Domain: Intake, Assessment, and Diagnosis

Cognitive Level: Comprehension

2. You note the large number of issues presented by the client. How would you prioritize the order of her treatment?

- a. Assess her current mental status.
- b. Gather a detailed trauma history.
- c. Evaluate her relationship with her family.
- d. Assess her motivation for completing treatment.

Domain: Counseling Skills and Interventions

Cognitive Level: Application

3. What information provided by the client is most indicative of the diagnosis of post-traumatic stress disorder (PTSD)?

- a. her long-standing conflictual relationship with grandmother
- b. her experience of living in a refugee camp in a conflict zone for two years
- c. her request for help with concentration
- d. her disclosure of nightmares and flashbacks

Domain: Counseling Skills and Interventions

Cognitive Level: Comprehension

4. What initial counseling approach will work best in engaging this client?

- a. problem-oriented approach
- b. client-centered approach
- c. rational-emotive approach
- d. solution-oriented approach

Section C

First session, three weeks after the intake session

Originally the client was a "no show." You called the client and rescheduled for this session. Client arrives on time and is dressed appropriately. She seems hesitant to select a seat and chooses one that faces the door. The client appears very agitated and her speech is rapid. She describes seeing someone who reminded her of the man who tortured her parents. During the session, you and the client explore current circumstances, including her recall of facts and emotions. Client understands the individual she saw was not the torturer from Africa, but she was unable to calm herself. The client's breathing is shallow and rapid during session. Eventually, you are able to calm the client by using "here-and-now"

techniques. The client indicates that she wants to share much more. The client schedules an appointment for next week.

Domain: Counseling Skills and Interventions

Cognitive Level: Application

5. Given the client's level of agitation, how would you proceed?

- a. Challenge her irrational beliefs.
- b. Help her organize overwhelming emotions.
- c. Validate her reaction and engage in breathing exercises.
- d. Facilitate an appointment with a psychiatrist.

Domain: Counseling Skills and Interventions

Cognitive Level: Application

6. Noticing the client's increasingly rapid speech and breathing, how would you refocus her attention?

- a. Listen attentively without interruption.
- b. Move closer with kind demeanor.
- c. Comment on her escalation of emotion.
- d. Suggest that her fears may be unwarranted.

Domain: Treatment Planning

Cognitive Level: Application

7. Toward the end of the session, the client states: "There's so much more we have not discussed!" What assessment tool would you consider in the development of the treatment plan?

- a. aptitude and interest inventory
- b. multi-factor personality test
- c. personal history questionnaire
- d. the Adjective Checklist (ACL)

Second session, 12 weeks after the intake session

During the previous session, client made progress on emotional regulation and grounding. She identifies a list of triggering events and methods to self-soothe. Client reports improvement in her sleeping and eating and her ability to concentrate. Client continues to struggle financially. She is optimistic about being accepted into graduate school. She reports regular interaction with friends. However, her relationship with her grandmother continues to be tense. The client reports she has made good progress but is afraid of how she will cope without counseling. You remind the client of the action plan and support group attendance. The client gives you a decorative, handmade clay pot as a gift of appreciation.

Domain: Core Counseling Attributes

Cognitive Level: Knowledge

8. How do you manage the client offering you a gift?

- a. Explain the ethical code and decline the gift.
- b. Accept the gift and give her a gift in return.
- c. Accept the gift and thank her for it.
- d. Decline the gift without explanation.

Domain: Professional Practice and Ethics

Cognitive Level: Comprehension

9. You have sympathy for your client's financial situation, and you have a close relative who is looking for part-time childcare help that would fit into your client's schedule. What ethical issue would most influence whether you make this referral?

- a. developmental and cultural sensitivity
- b. managing and maintaining professional boundaries
- c. respect for privacy
- d. explanation of limitations

Domain: Counseling Skills and Interventions

Cognitive Level: Application

10. You know your client has unresolved concerns. In anticipation of termination, what should you offer?

- a. Refer her to a local trauma support group.
- b. See her privately at a reduced fee she can afford.
- c. Provide a summary of treatment gains and her strengths.
- d. Friend her on Facebook or other social media

CASE STUDY 4Section AClient

Age: 20

Sex: Male

Gender: Male

Sexuality: Heterosexual

Ethnicity: Caucasian

Relationship Status: Single

Counseling Setting: University Counseling Center

Type of Counseling: Individual

Presenting Problem: Fear of failing classes

Diagnosis: Social Anxiety Disorder (Social Phobia) Provisional (F40.10)

Section BPresenting Problem:

You are a mental health counselor at the University Counseling Center. A 20-year-old, White, single male client presents for counseling due to feelings of distress about school. He is enrolled at the university and lives on campus. He fears he will fail all classes and upset his mom. He reports he has been reluctant to come to counseling because he fears counselors will share session details with his mother. Client habitually skips class because he believes classmates judge him negatively. He has felt this way as long as he can remember. The client is concerned that his fear of others is unchangeable and will go on forever. In order to avoid interacting with others, he plays video games alone in his dorm room and avoids attending class.

Mental Status Exam:

The client is reasonably well groomed and presents as tearful, fidgety, and sad. Affect is constricted. He holds himself rigidly and has difficulty maintaining eye contact. Speech volume is low. Speech is coherent and rational. Speech content is guarded. He denies a history of suicide attempts or suicide plans.

History of Condition:

The client's tension level has increased during the first semester of school, and he is more isolated now, nearly one year since his enrollment. He fears that others find him "dumb," "boring," or a "loser." He attempts to talk to others but "freezes up" with fear and says very little. He ruminates about "stupid" statements made in past conversations. His fear of others has become worse over the last six months. Client has not received counseling or treatment in the past. He fears that he will be homeless and without friends because he is becoming more "crazy" overtime.

Family History: Client is an only child. His parents divorced when he was in the third grade. He was raised by his mother and has a "fair" relationship with her. Client is angry with his father who "abandoned" him. Last contact with his father was during high school

graduation when his father “made a scene” screaming obscenities at his mother in front of his friends.

Relationships:

Client reports that people usually find him to be shy but friendly. Client trusts two high school band friends from his hometown. Last conversation with friends was two months ago. He eats lunch a couple of times a week with his roommate. His roommate is African American, and client has little exposure to diverse groups. Client is not in an intimate relationship and has never dated.

Domain: Professional Practice and Ethics

Cognitive Level: Application

1. The client is concerned about signing the “informed consent” form. What is your best response?

- a. Address the client’s feelings behind his reluctance to sign the form.
- b. Ask the client’s mother to give written consent for counseling services.
- c. Move ahead with the intake and delay getting the documents signed.
- d. Have the clinical administrator discuss with the client the need for the signed forms.

Domain: Intake, Assessment, and Diagnosis

Cognitive Level: Comprehension

2. Which of the following would help you better understand the client’s support network?

- a. empty chair technique
- b. Adjective Checklist (ACL)
- c. genogram
- d. behavior checklist

Domain: Intake, Assessment, and Diagnosis

Cognitive Level: Knowledge

3. What behaviors would a client diagnosed with social anxiety disorder display?

- a. self-injury
- b. substance use
- c. shy bladder syndrome
- d. pressured speech

Domain: Treatment Planning

Cognitive Level: Application

4. Based on the client’s diagnosis, what topic should be discussed for developing short-term goals for the client?

- a. social isolation
- b. suicidal ideation
- c. cultural awareness
- d. substance use

Section C

First session, two weeks after the initial intake

Client arrives for his bi-weekly session 10 minutes late. He makes little eye contact and is perspiring through his shirt. He apologizes repeatedly. You initiate a discussion regarding the client's internal dialogue about arriving late. Client discloses that journaling his thoughts and feelings make him feel worse. Client questions whether he will ever be able to stop negative self-talk and feels hopeless. He reports suicidal thoughts for the first time. Client denies he wants to harm himself and is not willing to give up on counseling.

Domain: Intake, Assessment, and Diagnosis

Cognitive Level: Application

5. What assessment tool should you use to evaluate the risk of the client committing suicide?

- a. Hamilton Anxiety Scale
- b. Mental Status Examination
- c. Conners 3rd Edition Global Index
- d. Keirseley Temperament Sorter

Domain: Treatment Planning

Cognitive Level: Evaluation

6. What treatment objective would bring the client the greatest relief from his anxiety?

- a. uncovering repressed memories
- b. identifying his emotional state
- c. deemphasizing negative self-talk
- d. monitoring his level of self-esteem

Domain: Counseling Skills and Interventions

Cognitive Level: Comprehension

7. What thinking error led the client to feel hopeless about his ability to control his self-talk?

- a. all or nothing thinking
- b. emotional reasoning
- c. over generalization
- d. personalization

Second session, four weeks after the initial intake

Client arrives for the session on time. He smiles as he enters the office and relaxes into a chair. You open the session with a summary of the client's last session. The client says he has something to share with the you, but he is afraid you may not approve. You reflect the client's feeling of anxiety and question the logic of the "need" for your (the counselor's) approval. Client stands up and paces in the office. You maintain an open posture and reflects upon client's expression of tension as the client moves about the room. After a minute of silence, the client sits down and reveals he went on a date with his roommate's sister. He is sure his mother will not approve of "mixed dating." He seeks assurance from you for this dating decision. You ask how the client would answer the question if your roles

were reversed, i.e., whether you (the counselor) “should” date individuals from diverse groups.

Domain: Core Counseling Attributes

Cognitive Level: Application

8. Why are you listening and reflecting feelings as the client paces in the office?

- a. to build a therapeutic alliance and respect the client’s feelings and internal struggle
- b. to demonstrate how to listen for irrational thoughts when the client talks in public
- c. to maintain an objective perspective for the client and reduce the felt anxiety
- d. to communicate your “here-and-now” feelings of sympathy for the client

Domain: Counseling Skills and Interventions

Cognitive Level: Evaluation

9. What technique could you use to increase the client’s trust in himself?

- a. identifying the client’s schema
- b. confronting the client’s reasoning
- c. suggesting the client wait 30 days before his next date
- d. implementing exposure therapy techniques

Domain: Counseling Skills and Interventions

Cognitive Level: Comprehension

10. What technique are you using when you ask the client to consider how he would answer the question about “mixed dating” if your roles were reversed?

- a. spitting in the client’s soup
- b. paradoxical intention
- c. thought stopping
- d. cognitive reframing