Congratulations on taking the first step toward a fulfilling career! This short and simple guide is designed to introduce you to some of the many services that AATBS offers to help you in every step of your career—from test prep, to continuing education. Your goal is to pass the National Clinical Mental Health Counselor Exam—our goal is to get you there. Let’s get started!
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The Association for Advanced Training in the Behavioral Sciences (AATBS) seeks to enhance the skills of mental health professionals through highly effective education on content and conceptual knowledge relevant to their professions. We specialize in preparation for mental health licensure examinations and continuing education.

AATBS has helped hundreds of thousands of mental health professionals throughout the United States and Canada since our inception in 1976. Our NCMHCE preparation materials are well-known as the unrivaled standard in the field. As a result of our commitment to quality, our materials are renowned for their exceptional level of accuracy and highest standards of effectiveness, and are always current to the existing form of the exam. Customers find our service to be notably courteous and responsive. We work with diligence to provide you with the quality you deserve—leaving you completely satisfied with our services.

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All the content of our physical materials combined with the convenience of an online format, available whenever and wherever you are. Our online offerings are sure to become an essential part of your exam preparation! Study smart and on your own terms with our online flashcards, then simulate vignettes of the NCMHCE with CasePRO.

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Gather the right supplies

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- Angela Graham

1. **Comprehensive Study Volumes**
   - Comprehensive books
   - Organized by domains
   - Up-to-date with the latest exam info
   Looking for a high-quality, concise, yet thorough review of the terms, concepts, theories, and research addressed in the NCMHCE? Each book also includes learning tools to help you master the content and content reviews to reinforce the information you’ve just read. Regularly updated to reflect the most current exam content, you can be sure you’re studying the most current information.

2. **Color-Coded Flashcards**
   - 200+ cards
   - Portable & convenient
   - Color coded by 4 domains
   Flashcards are the must-have portable study tool. Easily customize your study—organize by domain, level of difficulty, or degree of familiarity, or just put in a random order to quiz yourself throughout your study process.

3. **Exam Readiness Audio Lectures**
   - Audio lectures
   - Content review
   - Test-taking strategies
   Each lecture presents useful test-taking strategies so you can maximize your score on the exam while helping you to reduce your anxiety about the examination process. The also include useful study strategies to maximize your score.

4. **DSM-5 Fast-Flip Reference Cards**
   - 360+ cards
   - Convenient
   - Portable
   The cards provide a quick and effective way of systematically learning about the disorders in DSM-5. They can serve as an exceptional supplement to our study programs for mental health professionals preparing to take a licensure exam as well as an excellent reference for any clinician becoming familiar with the DSM-5.
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- Participants receive Theories of Psychotherapy Chart

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- Theories of Psychotherapy Workshop

Jennifer DeFeo, PhD
- DSM-5 Review Workshop

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Human Diversity • Neuropsychology • Medical Errors
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Call 1-800-472-1931 or Visit aatbs.com
Jane is a 21-year-old bank cashier who was recently robbed at gunpoint and she was referred by her EAP. Jane’s father, a policeman, whom she has not seen or had contact with for two years, calls your office wondering how Jane is doing.

Section A – Jane – Question 1 Answer Choices

1. During the first session, what information would be important to assess in order to formulate a provisional diagnosis? (SELECT AS MANY as you consider indicated in this Section.)

A. Physical activity
B. Developmental history
C. Sleep pattern
D. Dissociative symptoms
E. Cognitive functioning
F. Daily functioning
G. Suicidal/homicidal ideation
H. Recurring flashbacks
I. Eating patterns
J. Date of robbery

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Mark your choices here</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Physical activity</td>
<td></td>
</tr>
<tr>
<td>B. Developmental history</td>
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</tr>
<tr>
<td>C. Sleep pattern</td>
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<td></td>
</tr>
<tr>
<td>H. Recurring flashbacks</td>
<td></td>
</tr>
<tr>
<td>I. Eating patterns</td>
<td></td>
</tr>
<tr>
<td>J. Date of robbery</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: The responses from the right-hand column are uncovered here.

A. Physical activity Walks on a regular basis and does yoga **
B. Developmental history Unremarkable.**
C. Sleep pattern Jane states that she is nervous and cannot sleep at night. **
D. Dissociative symptoms Jane reports a sense of numbness, her affect is flat, and she says, “I feel weird, like my body and mind are not connected.” **
E. Cognitive functioning Difficulty concentrating.**
F. Daily functioning She has not been to work in over a week and her roommate is concerned Jane won’t be able to pay her half of the rent. **
G. Suicidal/homicidal ideation No ideation.**
H. Recurring flashbacks She says she sees and hears the bank robber whenever she closes her eyes and says she can’t take it anymore. **
I. Eating patterns Nothing remarkable.**
J. Date of robbery Two weeks ago. **
K. Uncover after selecting all that you consider indicated. Go to Section D.**
Section D – Jane – Question 2 Answer Choices

2. Based on the information gathered, what provisional DSM-5 diagnosis is indicated? (CHOOSE ONLY ONE unless you are directed to “Make another selection in the Section.”)

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Mark your choices here</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Major Depressive Disorder</td>
<td></td>
</tr>
<tr>
<td>B. Acute Stress Disorder</td>
<td></td>
</tr>
<tr>
<td>C. Posttraumatic Stress Disorder</td>
<td></td>
</tr>
<tr>
<td>D. Adjustment Disorder with Depressed Mood</td>
<td></td>
</tr>
<tr>
<td>E. Generalized Anxiety Disorder</td>
<td></td>
</tr>
<tr>
<td>F. Stimulant Use Disorder</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: The responses from the right-hand column are uncovered here.

A. Major Depressive Disorder Not indicated. Make another selection in this section.**
B. Acute Stress Disorder Go to section F.**
C. Posttraumatic Stress Disorder Not indicated. Make another selection in this section.**
D. Adjustment Disorder with Depressed Mood Not indicated. Make another selection in this section.**
E. Generalized Anxiety Disorder Not indicated. Make another selection in this section.**
F. Stimulant Use Disorder Not indicated. Make another selection in this section.**

Section D – Jane – Question 2 "Reveals"

2. Based on the information gathered, what provisional DSM-5 diagnosis is indicated? (CHOOSE ONLY ONE unless you are directed to “Make another selection in the Section.”)

Section F – Jane – Question 3 Answer Choices

3. As you develop the treatment plan, what ethical steps would you take? (SELECT AS MANY as you consider indicated in this Section.)

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Mark your choices here</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Refer to attorney.</td>
<td></td>
</tr>
<tr>
<td>B. Obtain written consent for release or exchange of information with other professionals.</td>
<td></td>
</tr>
<tr>
<td>C. Share with Jane similar cases you have treated.</td>
<td></td>
</tr>
<tr>
<td>D. Inform client of limits of confidentiality.</td>
<td></td>
</tr>
<tr>
<td>E. Discuss any countertransference with Jane.</td>
<td></td>
</tr>
<tr>
<td>F. Work within your education, training, and experience.</td>
<td></td>
</tr>
<tr>
<td>G. Inform Jane of her father’s phone call.</td>
<td></td>
</tr>
</tbody>
</table>

EXPERT STUDY TIP

Take advantage of your natural biorhythms by scheduling study sessions for times you’re most awake.
Section F – Jane – Question 3 "Reveals"

3. As you develop the treatment plan, what ethical steps would you take? (SELECT AS MANY as you consider indicated in this Section.)

NOTE: The responses from the right-hand column are uncovered here.

<table>
<thead>
<tr>
<th>A. Refer to attorney.</th>
<th>Not indicated.**</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Obtain written consent for release or exchange of information with other professionals.</td>
<td>Indicated.**</td>
</tr>
<tr>
<td>C. Share with Jane similar cases you have treated.</td>
<td>Unethical.**</td>
</tr>
<tr>
<td>D. Inform client of limits of confidentiality.</td>
<td>Indicated.**</td>
</tr>
<tr>
<td>E. Discuss any countertransference with Jane.</td>
<td>Not called for according to ethical principles.**</td>
</tr>
<tr>
<td>F. Work within your education, training, and experience.</td>
<td>Ethical consideration.**</td>
</tr>
<tr>
<td>G. Inform Jane of her father’s phone call.</td>
<td>Jane says her father molested her when she was a child, and she doesn’t want him to be told anything about her experience or her therapy.**</td>
</tr>
<tr>
<td>H. Uncover after selecting all that you consider indicated.</td>
<td>Go to Section C.</td>
</tr>
</tbody>
</table>

Case Simulation 1: Rationales

Section A – Jane – Question 1 Rationales

1. During the first session, what information would be important to assess in order to formulate a provisional diagnosis? (SELECT AS MANY as you consider indicated in this Section.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Rationale for selecting or not selecting a response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Physical activity</td>
<td>Assessing level of physical activity is not useful for this situation.</td>
<td>-1</td>
</tr>
<tr>
<td>B. Developmental history</td>
<td>Developmental history is not related to the presenting issues.</td>
<td>-1</td>
</tr>
<tr>
<td>C. Sleep pattern</td>
<td>Sleep pattern is an important diagnostic consideration for both PTSD and Acute Stress Disorder.</td>
<td>+1</td>
</tr>
<tr>
<td>D. Dissociative symptoms</td>
<td>Dissociative symptoms are part of the diagnostic criteria for both PTSD and Acute Stress Disorder.</td>
<td>+1</td>
</tr>
<tr>
<td>E. Cognitive functioning</td>
<td>Difficulty concentrating is related to the diagnostic criteria of poor concentration for both PTSD and Acute Stress Disorder.</td>
<td>+1</td>
</tr>
<tr>
<td>F. Daily functioning</td>
<td>One of the diagnostic criteria for both of these disorders includes avoidance of stimuli that arouse recollections of the trauma. Jane’s missing work would be an example of avoiding memories of the event.</td>
<td>+1</td>
</tr>
<tr>
<td>G. Suicidal/ homicidal ideation</td>
<td>Suicidal ideation or suicidal behavior is not part of the clinical picture. This does not mean you would not be concerned about this, but the question is about diagnosis. Remember, answer the question you are being asked.</td>
<td>0</td>
</tr>
</tbody>
</table>
### Section D – Jane – Question 2 Rationales

2. Based on the information gathered, what provisional DSM-5 diagnosis is indicated? (CHOOSE ONLY ONE unless you are directed to “Make another selection in the Section.”)

<table>
<thead>
<tr>
<th>Response</th>
<th>Rationale for selecting or not selecting a response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Major Depressive Disorder</td>
<td>Based on choosing the best answer choices in Section A, you would not have chosen this as an answer. This does not mean that a client such as Jane could not have a Major Depressive Disorder along with Acute Stress Disorder, but you cannot come to this conclusion based upon the information given in the original case and in the information uncovered previously.</td>
<td>-1</td>
</tr>
<tr>
<td>B. Acute Stress Disorder</td>
<td>This is the diagnosis in this case. This means that all the remaining questions are answered with this diagnosis in mind.</td>
<td>+2</td>
</tr>
<tr>
<td>C. Posttraumatic Stress Disorder</td>
<td>If you hadn't uncovered the important information in Section A relating to the time since the robbery, you may have chosen this answer.</td>
<td>-1</td>
</tr>
<tr>
<td>D. Adjustment Disorder with Depressed Mood</td>
<td>For individuals who have an extreme stressor but who develop a symptom pattern that does not meet the criteria for Acute Stress Disorder, a diagnosis of Adjustment Disorder would be considered. For this case, however, Jane's symptoms pattern does meet the criteria for the diagnosis of Acute Stress Disorder.</td>
<td>-1</td>
</tr>
<tr>
<td>E. Generalized Anxiety Disorder</td>
<td>The case description does not fit the diagnostic picture for Generalized Anxiety Disorder.</td>
<td>-2</td>
</tr>
<tr>
<td>F. Stimulant Use Disorder</td>
<td>There are no indications of this in the case description.</td>
<td>-2</td>
</tr>
</tbody>
</table>

### Section F – Jane – Question 3 Rationales

3. As you develop the treatment plan, what ethical steps would you take? (SELECT AS MANY as you consider indicated in this Section.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Rationale for selecting or not selecting a response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Refer to attorney.</td>
<td>This option would not be an issue to address regarding the treatment plan. While Jane may want to sue her employer regarding this incident, it would not further the treatment process.</td>
<td>-2</td>
</tr>
<tr>
<td>B. Obtain written consent for release or exchange of information with other professionals.</td>
<td>With a diagnosis of Acute Stress Disorder, you would be referring Jane to a medical doctor for a medication evaluation or if she was also under the care of a physician you would want to talk with that person.</td>
<td>+1</td>
</tr>
<tr>
<td>C. Share with Jane similar cases you have treated.</td>
<td>You would be breaching the confidentiality of your clients if you did this.</td>
<td>-1</td>
</tr>
<tr>
<td>D. Inform client of limits of confidentiality.</td>
<td>Since this is an EAP referral, Jane may be worried that clinical information revealed during treatment may be disclosed to her employer. You should let her know what may and may not be disclosed to an employer.</td>
<td>+1</td>
</tr>
<tr>
<td>E. Discuss any countertransference with Jane.</td>
<td>This is not indicated for this client.</td>
<td>-1</td>
</tr>
<tr>
<td>F. Work within your education, training, and experience.</td>
<td>You always need to consider your scope of competence when you are making a decision to accept a case.</td>
<td>+1</td>
</tr>
<tr>
<td>G. Inform Jane of her father’s phone call.</td>
<td>This information would be helpful to reveal to Jane for clinical reasons more than ethical requirements. If you didn’t uncover the above information, you could still continue and answer the other questions and not be penalized for not knowing this information.</td>
<td>0</td>
</tr>
</tbody>
</table>
### Case Simulation - Jane - Scoring

<table>
<thead>
<tr>
<th>Section</th>
<th>Information Gathering</th>
<th>Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>F</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>E</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Total points available for this simulation</strong></td>
<td><strong>15</strong></td>
<td><strong>5</strong></td>
</tr>
<tr>
<td><strong>Total points needed to pass this simulation</strong></td>
<td><strong>10</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

---

**ABNORMAL PSYCHOLOGY**

The exam will include some questions that require you to be familiar with the diagnostic criteria for the disorders included in the DSM-5 (APA, 2013), and the these questions typically will describe a client’s symptoms and ask for the most likely diagnosis. The following review of the DSM-5 presents a selective review of the criteria for the major diagnoses and some additional information that might be asked about on the exam.

### I. The Classification of Mental Disorders in the DSM-5

In the United States, the most widely-used diagnostic classification system is presented in the [American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders](https://www.psychiatry.org) (DSM). The current version, the DSM-5, was published in 2013. It utilizes a categorical approach that divides the mental disorders into types that are defined by a set of diagnostic criteria and requires a clinician to determine whether or not a client meets the minimum criteria for a given diagnosis. To allow for individual differences in symptoms, the DSM-5 includes a polythetic criteria set for most disorders that requires a client to present with only a subset of characteristics from a larger list. As a result, two clients can have somewhat different symptoms but receive the same diagnosis. In contrast to previous versions of the DSM, the DSM-5 provides a nonaxial assessment system in which all mental and medical diagnoses are listed together with the primary diagnosis listed first. Psychosocial and contextual factors and level of disability are then listed separately, with psychosocial and contextual factors being indicated using [International Classification of Diseases (ICD)](https://www.who.int) codes and disability being assessed with the World Health Organization Disability Assessment Schedule and/or another relevant measure.

### A. DSM-5’s Diagnostic Categories

The DSM-5 contains separate chapters for the 19 diagnostic categories listed in Table 10 as well as chapters for Other Mental Disorders, Medication-Induced Movement Disorders and Other Adverse Effects of Medication, and Other Conditions That May be a Focus of Clinical Attention. It provides the equivalent ICD-9-CM and ICD-10-CM codes, when applicable, for each diagnosis and condition (although you won’t need to know them for purposes of the exam.)
Table 10: DSM-5 Diagnostic Categories

- Neurodevelopmental Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma- and Stressor-Related Disorders
- Dissociative Disorders
- Somatic Symptom Disorders
- Feeding and Eating Disorders
- Elimination Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphoria
- Disruptive, Impulse Control and Conduct Disorders
- Substance Related and Addictive Disorders
- Neurocognitive Disorders
- Personality Disorders
- Paraphilic Disorders

When using the DSM-5, diagnostic uncertainty about a client’s diagnosis is indicated by coding one of the following: Other specified disorder is coded when the clinician wants to indicate the reason the client’s symptoms do not meet the criteria for a specific diagnosis – for example, “other specified depressive disorder, recurrent brief depression.” Unspecified disorder is coded when the clinician does not want to indicate the reason the client’s symptoms do not meet the criteria for a specific diagnosis.

II. Neurodevelopmental Disorders

The disorders in this category “typically manifest early in development, often before the child enters grade school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning” (APA, 2013, p. 31). Included in this category are Intellectual Disability, Communication Disorders, Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder, Specific Learning Disorder, and Motor Disorders.

A. Intellectual Disability (Intellectual Developmental Disorder)

For a diagnosis of Intellectual Disability, three diagnostic criteria must be met:
- deficits in intellectual functions (e.g., reasoning, problem solving, abstract thinking) that are confirmed by a clinical assessment and individualized, standardized intelligence testing;
- deficits in adaptive functioning that result in a failure to meet community standards of personal independence and social responsibility and impair functioning across multiple environments in one or more activities of daily life (e.g., communication, social participation, independent living); and
- the onset of intellectual and adaptive functioning deficits during the developmental period.

The DSM-5 distinguishes between four degrees of severity (mild, moderate, severe, and profound) based on adaptive functioning in conceptual, social, and practical domains.

Differential Diagnosis: Intellectual Disability must be distinguished from Neurocognitive Disorders, Communication Disorders, Specific Learning Disorder, Autism Spectrum Disorder, and Borderline Intellectual Functioning (which is included with Other Conditions That May Be a Focus of Clinical Attention).

B. Communication Disorders: Childhood-Onset Fluency Disorder

Childhood-Onset Fluency Disorder (Stuttering) is characterized by a disturbance in normal fluency and time patterning of speech that is inappropriate for the person’s age and involves sound and syllable repetitions, sound prolongations, broken words, word substitutions to avoid troublesome words, and/or monosyllabic whole-word repetitions. This disorder usually begins between the ages of 2 and 7, and symptoms may become worse when there is special pressure to communicate (e.g., when giving an oral report). About 65 to 85% of children recover, with the severity of dysfluency at age 8 being a good predictor of recovery.

Differential Diagnosis: Childhood-Onset Fluency Disorder must be distinguished from normal speech dysfluencies that often occur in early childhood.
C. Autism Spectrum Disorder

For a diagnosis of Autism Spectrum Disorder, the individual must exhibit:

- persistent deficits in social communication and interaction across multiple contexts as manifested by deficits in social-emotional reciprocity, nonverbal communication, and the development, maintenance, and understanding of relationships;
- restricted, repetitive patterns of behavior, interests, and activities as manifested by at least two of the following: stereotyped or repetitive motor movements, use of objects, or speech; insistence on sameness, inflexible adherence to routines, or ritualized patterns of behavior; highly restricted, fixed interests that are abnormal in intensity or focus; hyper- or hyporeactivity to sensory input;
- the presence of symptoms during the early developmental period; and
- impairments in social, occupational, or other area of functioning as the result of symptoms.

Associated Features: Many individuals with Autism Spectrum Disorder have intellectual and/or language impairments and typically exhibit an “uneven” profile of cognitive abilities. For example, people with this disorder may perform above average on measures of visual-spatial abilities and mechanical skills and occasionally exhibit savant abilities but do poorly on measures of verbal comprehension and abstract reasoning.


D. Attention-Deficit/Hyperactivity Disorder

Attention-Deficit/Hyperactivity Disorder (ADHD) is characterized by a pattern of inattention and/or hyperactivity-impulsivity that has persisted for at least six months, had an onset prior to 12 years of age, is present in at least two settings (e.g., home and school), and interferes with social, academic, or occupational functioning. The diagnosis requires at least six characteristic symptoms of inattention and/or six characteristic symptoms of hyperactivity-impulsivity:

- inattention – e.g., fails to give close attention to details; has difficulty sustaining attention to tasks or play activities; doesn’t listen when directly spoken to; fails to finish schoolwork or chores; is easily distracted by extraneous stimuli; is often forgetful in daily activities
- hyperactivity-impulsivity – e.g., frequently fidgets or squirms in seat; often leaves seat at inappropriate times; frequently runs or climbs in inappropriate situations; talks excessively; has difficulty waiting his/her turn; interrupts or intrudes on others

Three specifiers are provided to indicate subtype: predominantly inattentive presentation applies when the individual has six or more symptoms of inattention and fewer than six symptoms of hyperactivity-impulsivity; predominantly hyperactive/impulsive presentation applies when there are six or more symptoms of hyperactivity-impulsivity and fewer than six symptoms of hyperactivity-impulsivity; and the remaining presentation applies when there are six or more symptoms of inattention and fewer than six symptoms of hyperactivity-impulsivity that has persisted for at least six months, had an onset prior to 12 years of age, is present in at least two settings (e.g., home and school), and interferes with social, academic, or occupational functioning. The diagnosis requires at least six characteristic symptoms of inattention and/or six characteristic symptoms of hyperactivity-impulsivity.