Vignette 1

An unmarried couple, Howard, an Asian American age 39, and Kate, a Caucasian age 24, are referred by Howard’s health insurance panel. They share that they recently moved in together. Kate tearfully tells of Howard’s lack of affection over the past five months. According to her, he can’t control the amount of time he spends on the Internet at work and at home. Howard avoids eye contact and nervously states, “I don’t know what I’ll do if my boss finds out about my problem.” Kate’s voice breaks as she says, “I can’t want to live like this! He is spending all our money on porn sites. We can't pay our bills, and today we can't even pay our $10 co-pay. Can we defer that until you cure Howard?”

1. What crisis issues and psychosocial stressors are presented in the case described in the vignette?

A. Serious financial concerns
   - Lack of commitment to the relationship
   - Howard’s addiction to Internet pornography
   - Howard’s escalating sexual behavior outside the relationship

B. Housing instability
   - Consent for Internet access at work
   - Involuntary hospitalization for Kate
   - Howard’s escalating sexual behavior outside the relationship

C. Lack of intimacy in the relationship
   - Kate’s possibility of suicide
   - Serious financial concerns
   - Howard’s addiction to Internet pornography

D. Kate’s possibility of suicide
   - Health concerns of possible STDs
   - Lack of intimacy in the relationship
   - Serious financial concerns
2. **Using an addiction model, how would a therapist gather additional information to develop a clinical assessment for the case provided in the vignette?**

   **A.** Assess for other addictions.  
   Consult with Howard’s employer.  
   Discuss co-dependent behavior with Kate.  
   Assess Howard’s addiction by administering an addiction scale inventory.

   **B.** Administer Beck’s Depression Inventory.  
   Refer Howard to an Internet Addiction Support Group.  
   Explore the frequency of Howard’s Internet use.  
   Explore how the internet use affects the couple’s intimacy.

   **C.** Assess for other addictions.  
   Administer Beck’s Depression Inventory.  
   Explore Howard’s other recreational interests.  
   Assess Howard’s addiction by administering an addiction scale inventory.

   **D.** Assess for other addictions.  
   Explore the frequency of Howard’s Internet use.  
   Explore how the internet use affects the couple’s intimacy.  
   Assess Howard’s addiction by administering an addiction scale inventory.
3. **How would Cognitive Behavioral Therapy be used in the case presented in the vignette?**

**A.** Explore Howard’s early sexual experiences.
Assign homework on active listening to improve communication.
Identify Howard’s underlying assumptions about his sense of self, the world, and his future.
Clarify Howard and Kate’s sexual needs and how they communicate those needs to each other.

**B.** Explore Howard’s payment for emotional gratification.
Discuss Howard’s and Kate’s beliefs about their body images.
Explore the underlying assumptions that come from Howard’s parents.
Clarify Howard’s and Kate’s sexual needs and how they communicate those needs to each other.

**C.** Assign homework on active listening to improve communication.
Explore Howard’s belief system about sexual addiction relating to shame.
Learn what automatic thoughts are triggered by those underlying assumptions.
Identify Howard’s underlying assumptions about his sense of self, the world, and his future.

**D.** Ask the couple to describe what their relationship would be like without this problem.
Explore the underlying assumptions that come from Howard’s parents.
Explore Howard’s belief system about sexual addiction relating to shame.
Learn what automatic thoughts are triggered by those underlying assumptions.
4. How should the therapist proceed if using a three-column log fails to work in the case described in the vignette?

A. Encourage Kate to seek her own sexual gratification. 
   Use empty chair technique to role-play Howard’s sexual ambivalence. 
   Use a psycho-educational approach to increase the couple’s intimacy.

B. Refer Howard to a psychiatrist. 
   Encourage Howard to “act as if” he were attracted to Kate 
   Reframe Howard’s sexual behavior as his expression of a fear of intimacy.

C. Use a Bowenian approach that identifies pornography as triangulation. 
   Utilize a psycho-educational approach to increase the couple’s intimacy. 
   Reframe Howard’s sexual behavior as his expression of a fear of intimacy.

D. Draw a family map to identify their patterns of sexual dysfunction. 
   Use empty chair technique to role-play Howard’s sexual ambivalence. 
   Use a Bowenian approach that identifies pornography as triangulation.
5. What ethical responsibilities does the therapist have based on the case provided in the vignette?

A. Manage the fee.
   Assess for Kate’s suicide ideation.
   Duty to warn Howard’s employer about Internet abuse.
   Obtain informed consent for treatment.

B. Refer clients to a low-fee or no-fee provider.
   Manage confidentiality with insurance carrier.
   Inform couple that the therapist does not keep “secrets”.
   Identify expectations of treatment for both Howard and Kate.

C. Manage the fee.
   Assess for Kate’s suicide ideation.
   Obtain consent to treat from the insurance provider.
   Refer clients to a low-fee or no-fee provider.

D. Inform the couple of the “no secrets” policy.
   Assess for Kate’s suicide ideation.
   Manage confidentiality with insurance carrier.
   Identify expectations of treatment for both Howard and Kate.
6. What legal obligations does the therapist have based on the case provided in the vignette?

A. Manage counter transference.
   Inform clients of scope of practice.
   Inform clients on limits of confidentiality.
   Have Kate sign a “No Harm” Contract.

B. Set fees prior to first session.
   Obtain releases for referral resources.
   Inform clients on limits of confidentiality.
   Inform clients of scope of practice.

C. Manage fees.
   Inform clients of scope of practice.
   Refer Howard to a sexual addiction group.
   Inform clients on limits of confidentiality.

D. Obtain signed consent for couple’s therapy.
   Set fees prior to first session.
   Manage counter transference.
   Obtain releases for referral resources.
Vignette 2

Tamara, a 38-year-old Baptist minister, and her 28-year-old husband, Michael, who are both African American, self-refer for couples therapy. Tamara recently gave birth to a son with Downs syndrome. Tamara states, "Michael doesn’t understand my stress. I have a congregation that relies on me, but I am so worried about everything that I can't sleep and can’t think clearly. She complains that Michael drinks nightly and doesn't get out of bed all day. I can't trust him with our baby." Michael responds, "I begged you not to go through with the pregnancy when we found out the baby was defective. Don't blame me for your child care problems while you keep working 16 hours every day." Throughout the initial appointment, Tamara compulsively checks her cell phone for messages, while Michael sits rigidly with his arms crossed and stares at the floor.

1. What provisional diagnoses should be considered for Tamara in the case presented in the vignette?

A. Obsessive-Compulsive Personality Disorder
   V Code: Occupational Problem
   V Code: Parent Child Relational Problem

B. Adjustment Disorder With Anxiety
   V Code: Relationship Distress With Spouse
   Major Depressive Disorder, Postpartum Onset

C. Unspecified Anxiety Disorder
   Adjustment Disorder With Anxiety
   V Code: Relationship Distress With Spouse

D. Unspecified Anxiety Disorder
   V Code: Relationship Distress with Spouse
   Alcohol Use Disorder
2. How should the therapist assess and clinically manage potential child abuse based on the case described in the vignette?

A. Determine whether the couple can adequately care for baby. Review parenting skills modeled by the couple's own parents. Obtain a release to consult with the child's pediatrician. Process the parents' reactions to a possible child abuse report.

B. Evaluate the current child care arrangements. Request that the couple bring the child to the next session to determine if there has been abuse. Explore why Tamara can't trust Michael with the baby. Refer couple to a support group for parents of children with special needs.

C. Evaluate the current child care arrangements. Obtain a release to consult with the child's pediatrician. Explore why Tamara can't trust Michael with the baby. Process the parents' reactions to a possible child abuse report.

D. Obtain a release to consult with the child's pediatrician. File a child abuse report based on Michael's neglect of the baby. Review parenting skills modeled by the couple's own parents. Refer couple to a support group for parents of children with special needs.
3. How would a Cognitive-Behavioral therapist incorporate the couple's religious beliefs into the treatment plan based on the case presented in the vignette?

A. Enable the couple to identify the positive value of the marital dyad as embraced by their religious beliefs. Encourage Tamara and Michael to explore alternative spiritual interpretations for their marital discord. Promote dialogue on how potential divorce would be received within the religious community.

B. Assist the couple in using their religious beliefs to reframe the perception of the child as "defective." Facilitate dialogue between Tamara and Michael about the impact of Tamara's ministry on their marital discord. Enable the couple to identify the positive value of the marital dyad as embraced by their religious beliefs.

C. Explore the thoughts that trigger Michael’s desire to drink. Promote dialogue on how potential divorce would be received within the religious community. Facilitate dialogue between Tamara and Michael about the impact of Tamara's ministry on their marital discord.

D. Challenge the couple's insight into their spiritual differences regarding their baby. Recommend that Tamara and Michael explore alternative spiritual interpretations for their marital discord. Assist the couple in using their religious beliefs to reframe the perception of the child as "defective."
4. Consider Tamara and Michael as the unit of treatment. What interventions would a Bowenian therapist use in the beginning phase of treatment based on the case presented in the vignette?

A. Analyze the substance abuse as Michael's avoidance of marital responsibility.
   Develop a family history to identify Tamara and Michael's learned parenting styles.
   Teach the couple communication skills.
   Interpret the multigenerational spiritual practices of Tamara and Michael's families of origin.

B. Identify the role of substance abuse as intrusive in the marital relationship.
   Desensitize Tamara and Michael's polarized responses to the birth of their baby.
   Interpret the multigenerational spiritual practices of Tamara and Michael's families of origin.
   Develop a family history to identify Tamara and Michael's learned parenting styles.

C. Identify the role of substance abuse as intrusive in the marital relationship.
   Develop a family history to identify Tamara and Michael's learned parenting styles.
   Assist the couple in understanding the role of spirituality in their families of origin.
   Teach the couple communication skills

D. Analyze the substance abuse as Michael's avoidance of marital responsibility.
   Desensitize Tamara and Michael's polarized responses to the birth of their baby.
   Instruct the couple to imagine their relationship without any conflict.
   Assist the couple in understanding the role of spirituality in their families of origin.
5. What ethical responsibilities does the therapist have in the case presented in the vignette?

A. Maintain infant's safety by monitoring Michael's alcohol abuse. Manage countertransference issues that could arise regarding this couple. Manage confidentiality by refusing to keep hidden agendas because of secrets policy. Manage fees.

B. Manage countertransference issues that could arise regarding this couple. Respect couple's religious belief system by not imposing therapist's value system. Monitor the safety of the infant. Inform couple of “no secrets” policy.

C. Maintain infant's safety by monitoring Michael's alcohol abuse. Discuss with couple countertransference issues that could arise. Inform couple of “no secrets” policy. Manage confidentiality if clients are seen individually to respect separate opinions.

D. Discuss with couple countertransference issues that could arise. Respect couple's religious belief system by not imposing therapist's value system. Manage confidentiality by refusing to keep hidden agendas because of secrets policy. Manage fees.
6. What legal obligations does the therapist have based on the case presented in the vignette?

A. Inform the couple of the limits of confidentiality. Maintain confidentiality if seeing Tamara and Michael individually. Determine the couple's ability to safely parent a special needs child. Obtain a release before consulting with the pediatrician about the child's needs.

B. Determine the level of Michael's substance use. Obtain a release before consulting with the pediatrician about the child's needs. Assess for Tarasoff since Michael is angry, rigid, drinking, and a danger to the infant. Disclose fees for service.

C. Maintain confidentiality if seeing Tamara and Michael individually. Make a report to child protective services for child abuse if necessary. Obtain a release before consulting with the pediatrician about the child's needs. Inform the couple of the limits of confidentiality.

D. Maintain confidentiality if seeing Tamara and Michael individually. Make a report to child protective services for child abuse if necessary. Inform the couple of fee prior to the onset of therapy. Assess for Tarasoff since Michael is angry, rigid, drinking, and a danger to the infant.
Vignette 3

Carol, a recently divorced 40-year-old accountant, and her 14-year-old daughter, Cindy, are self-referred. Carol complains that since the divorce, Cindy is always talking back, stays out past curfew and “sneaks” her 17-year-old boyfriend into the house. Carol states, “It’s tough enough to raise a daughter alone. I can’t even get her to go to school.” Cindy says, “You and your religion make a big deal out of everything. I hate being home when you’re always running those bible study groups. Just back off!” After the session, Cindy calls the therapist and reports that she is two months pregnant and is considering having an abortion. Cindy asks that her mother not be told about the pregnancy.

1. **What provisional diagnoses should be considered for Cindy in the case presented in the vignette?**

   A. Conduct Disorder  
      Substance Use Disorder  
      V Code: Parent Child Relational Problem
   
   B. V Code: Academic Problem  
      V Code: Parent Child Relational Problem  
      Major Depressive Disorder
   
   C. Oppositional Defiant Disorder  
      Adjustment Disorder With Disturbance of Conduct  
      V Code: Parent Child Relational Problem
   
   D. V Code: Academic Problem  
      Oppositional Defiant Disorder  
      Adjustment Disorder With Disturbance of Conduct
2. How should the therapist clinically manage the crisis of Cindy’s pregnancy as described in the vignette?

A. Maintain Cindy’s confidentiality. Refer Cindy to a physician for prenatal care. Work toward disclosure of pregnancy to mother.

B. Obtain consent to treat minor. Include boyfriend in treatment. Refer Cindy to a physician for prenatal care.

C. Maintain Cindy’s confidentiality. Refer Cindy to a physician. Obtain a release from Cindy to speak with her physician.

D. Inform Cindy that her mother needs to be notified. Refer Cindy to a physician. Obtain a release from Cindy to speak with her physician.
3. Consider Cindy and Carol as the unit of treatment. What interventions would a Solution Focused therapist use in the initial stage of treatment?

A. Utilize scaling questions to clarify the nature of their situation. Instruct them to describe what their relationship would be like if they were getting along. Identify their automatic thoughts about one another.

B. Determine when the problem started. Ask them to identify a time when they were getting along. Draw a family map to understand their roles.

C. Utilize scaling questions to clarify the nature of their situation. Instruct them to describe what their relationship would be like if they were getting along. Ask them to identify a time when they were getting along.

D. Tell them to resist getting better. Ask them to identify a time when they were getting along. Determine when the problem started.
4. What legal obligations does the therapist have in the case described in the vignette?

A. Obtain releases for medical provider from Cindy if seen alone for pregnancy.
   Maintain Cindy’s confidentiality regarding the phone call.
   File report with a child protective services agency.
   Determine need for consent to treat a minor.

B. Obtain a consent from Carol to see Cindy individually regarding pregnancy;
   Obtain releases from Carol if seeing mother and daughter together.
   Negotiate a fee with Cindy if seen individually for the pregnancy.
   Assert privilege for Cindy if mother asks for records.

C. Obtain releases for medical provider from Cindy if seen alone for pregnancy.
   Obtain releases from Carol if seeing mother and daughter together.
   Maintain Cindy’s confidentiality regarding the phone call.
   Determine need for consent to treat a minor.

D. Obtain consent from Carol to treat minor if seeing mother and daughter together.
   Obtain releases for medical provider from Cindy if seen alone for pregnancy;
   Assert privilege for Cindy if mother asks for records;
   File report with a child protective services agency.
DSM Quiz

*What provisional diagnoses would you consider in these situations?*

1. Seth, age 14, is constantly arguing with his teachers and parents and was recently kicked off the soccer team.

2. Georgia tears up when she shares that she doesn’t feel like getting out of bed in the morning because life is too hard.

3. Barbara shares that she and her husband fight all the time about her drinking.

4. Sam shares that he has a good week every few months where he is really productive at work and doesn't need much sleep. The problem is that he always crashes and can’t get out of bed for weeks.

5. Bill says his wife loses it every so often and acts like a crazy person for over a week. She goes on shopping sprees they can’t afford and cleans the house all night.

6. Lisa, age 8, is brought in by her mother who shares that Lisa cries every time she is dropped off at school.

7. Charlotte shares that in graduate school she will have spurts where she gets a lot done and feels really energized, then she’ll have a hard time motivating to get anything done.

8. Anthony, age 8, is referred by his school teacher because he can’t finish tasks in class and is disrupting other kids.
9. Nick was in a serious car accident three weeks ago and hasn’t been able to sleep because he keeps having nightmares of the crash.

10. Jamie becomes tearful when she shares that she feels irritable with her kids all the time.

11. Cindy, who is referred by her EAP for falling behind in her work, shares that she smokes pot to help her relax.

12. Marge reports that for the last four months she’s had a hard time sleeping because she’s staying awake at night worrying about an endless list of things.

13. Mary describes her son, Henry, age 6, as a little brat who can’t sit still for one minute and is always causing problems at school.

14. Nancy, who lost her husband four months ago, states that the only thing she enjoys these days is playing with her granddaughter.

15. Melissa shares that she has been in love three times this year and all of the relationships have ended badly.

16. Jerry, a 45-year-old loan agent, recently lost his job, is arguing a lot with his wife, and complains that he just can’t get out of bed in the morning.

17. Tina, a 16 year old, is referred by her probation officer after being arrested for breaking into a house.

18. Greg, an Iraqi vet, and his girlfriend, Meg, come to see you because they are fighting a lot and Greg can’t stop thinking about the things he’s seen.
19. Shawna shares that she needs to drink five drinks instead of two to “feel buzzed” and that she has a hard time getting up in the morning.

20. Ethan, age 8, is brought to therapy by his dad and step-mom. The step-mom reports that since the death of his mother over a year ago Kevin has been extremely irritable and throws a tantrum almost every day if things don’t go his way.

21. Arthur, a minister, recently lost his wife to cancer and is questioning his faith.

22. Cindy, a 24-year-old actress, comes to see you because her husband is tired of her needing to be the center of attention all the time.

23. Sarah, age 7, recently witnessed her dad get hit by a car and has started crying when she is dropped off at school.

24. Howard, age 42, is referred by his doctor. He shares that he is unhappy in his marriage because his wife is physically abusive but divorce goes against his religious beliefs.

25. Kevin, age 7, is brought in by his grandmother who is his primary caretaker, because he has become aggressive with her since his mother went to prison two months ago.