

**ROYAL CIVIL SERVICE COMMISSION
BHUTAN CIVIL SERVICE EXAMINATION (BCSE) 2021
EXAMINATION CATEGORY: TECHNICAL**

PAPER III: SUBJECT SPECIALISATION PAPER FOR CLINICAL COUNSELLING

Date	: October 31, 2021
Total Marks	: 100
Writing Time	: 150 minutes (2.5 hours)
Reading Time	: 15 Minutes (prior to writing time)

GENERAL INSTRUCTIONS:

1. Write your Registration Number clearly and correctly on the Answer Booklet.
 2. The first 15 minutes is to check the number of pages of Question Paper, printing errors, clarify doubts and to read the instructions. You are NOT permitted to write during this time.
 3. This paper consists of **TWO SECTIONS**, namely SECTION A & SECTION B:
 - **SECTION A** has two parts: Part I - 30 Multiple Choice Questions
Part II - 4 Short Answer QuestionsAll questions under SECTION A are COMPULSORY.
 - **SECTION B** consists of two Case Studies. Choose only **ONE** case study and answer the questions of your choice.
4. All answers should be written on the Answer Booklet provided to you. Candidates are not allowed to write anything on the question paper. If required, ask for additional Answer Booklet.
 5. All answers should be written with correct numbering of Section, Part and Question Number in the Answer Booklet provided to you. Note that any answer written without indicating the Section, Part and Question Number will NOT be evaluated and no marks will be awarded.
 6. Begin each Section and Part on a fresh page of the Answer Booklet.
 7. You are not permitted to tear off any sheet(s) of the Answer Booklet as well as the Question Paper.
 8. Use of any other paper including paper for rough work is not permitted.
 9. **You must hand over the Answer Booklet to the Invigilator before leaving the examination hall.**
 10. This paper has **9 printed pages**, including this instruction page.

GOOD LUCK

SECTION A

PART I: Multiple Choice Questions [30 marks]

Choose the correct answer and write down the letter of your chosen answer in the Answer Booklet against the question number e.g. 31 (d). Each question carries ONE mark. Any double writing, smudgy answers or writing more than one choice shall not be evaluated.

1. Cognitive behaviour therapy often focuses on which of the following?
 - a) Repressed memories
 - b) Genetic predisposition to mental health
 - c) Traumatic incidents in childhood
 - d) Problematic ways of thinking

2. Alcohol primarily affects which neurotransmitter?
 - a) Dopamine
 - b) GABA
 - c) Anandamide
 - d) Glutamate

3. Counsellors who fear rejection or fear of closeness and affection may have difficulty developing _____ in the helping relationship.
 - a) attending
 - b) intimacy
 - c) transference
 - d) positive regard

4. What are the four main parts of a mental status exam?
 - a) Appearance, behavior, consciousness, thought content
 - b) Appearance, behavior, mood and affect, cognition
 - c) Appearance, behavior, cognition, thought processes
 - d) Abstract reasoning, behavior, language, orientation

5. According to Adler's theory of individual psychology, when an individual's real self and self-ideal do not match
 - a) the reality principle becomes evident.
 - b) the individual will seek ego gratification.
 - c) the preconventional level has been reached.
 - d) the feeling of inferiority arise.

6. A 68-year-old patient tells the physician that for the last 7 years his neighbour has been trying to get him evicted from his apartment by telling lies about him to the landlord. The patient is married and is retired for over 30 years. What is the most appropriate diagnosis for the patient?
 - a) Schizophrenia
 - b) Schizophreniform disorder
 - c) Delusional disorder
 - d) Shared psychotic disorder

7. The effect of neurotransmitters may be
 - a) chemical or electrical.
 - b) excitatory or inhibitory.
 - c) positive or negative.
 - d) active or passive.

8. A method of learning that involves the conditioning of new stimuli to existing responses is
 - a) Counter conditioning
 - b) Classical conditioning
 - c) Extinction
 - d) Modeling

9. Level of consciousness, facial expression, speech, mood and affect are all part of which part of the mental status exam?
 - a) Appearance
 - b) Behavior
 - c) Cognition
 - d) Thought processes

10. A counsellor whose methods are based on learning theory approaches treatment
 - a) with an emphasis on rational thinking.
 - b) by focusing on emotional content.
 - c) from a behavioural standpoint.
 - d) in a holistic manner.

11. A 32-year-old patient with schizophrenia tells the physician that the government has been listening in on all of his conversations for the past year. The patient's false belief about the government is an example of a disorder of
 - a) thought processes.
 - b) thought content.
 - c) form of thought.
 - d) perception.

12. Counsellors who follow Maslow's theory believe people's behaviours are directed by
 - a) Oral gratification
 - b) Pleasure principle
 - c) Pleasing others
 - d) Need gratification

13. Which of the following describes Roger's view of humanity?
 - a) People are rational.
 - b) People are irresponsible.
 - c) People are inherently good.
 - d) People are externally controlled.

14. A patient who has a fixed belief of no longer having a brain is likely exhibiting a particular type of a delusion referred to as
- Delusion of reference
 - Nihilistic delusion
 - Somatic delusion
 - Grandiose delusion
15. Systematic desensitization is a technique whereby a client resolves irrational fears through gradual exposure to the fear producing stimulus. It was first developed as a therapy technique by
- Rogers
 - Wolpe
 - Freud
 - Bandura
16. Which counsellor intervention most closely follows client verbalization?
- Reflection of feeling
 - Confrontation
 - Restatement of content
 - Positive regard
17. A person who is drunk may have difficulty walking in a straight line because the alcohol has impacted their
- Thalamus
 - Reticular information
 - Amygdala
 - Cerebellum
18. In Freud's theory of personality,
- the Id operates by secondary process.
 - the Superego obeys the pleasure principle.
 - the ego obeys the reality principle.
 - the ego operates by primary process thinking.
19. When a group member projects feelings deriving from past relationship onto the therapist, it is called
- Transference
 - Counter transference
 - Reframing
 - Confrontation
20. The psychoactive drug mescaline is obtained from which of the following plants?
- Mushrooms
 - Poppy
 - Marijuana
 - Peyote cactus

21. Which of the following psychosexual development sequence is correct?
- Oral phase, Anal phase, Latency, Phallic, Genital
 - Anal, Oral, Phallic, Latency, Genital
 - Oral, Anal, Phallic, Latency, Genital
 - Oral, Phallic, Anal, Genital, Latency
22. Most psychologist accept aggressions:
- A learned response.
 - Linked to sexual drive.
 - An innate biological response to frustration.
 - A drive that builds up over time and must be released.
23. Addiction involves an excessive
- amount of debt or financial problems.
 - risk of losing one's job or failing out of school.
 - preoccupation with the addictive behaviour.
 - tolerance for alcohol or drugs.
24. "Empty chair" is a group technique used by which type of group counsellors?
- Gestalt
 - Behavioural
 - Transactional analysis
 - Adlerian
25. Excessive emotional attachment of a daughter to her father:
- Electra complex
 - Oedipus complex
 - Inferiority complex
 - Superiority complex
26. Analysis of avoidance learning suggest that many phobias are acquired through _____conditioning.
- classical
 - operant
 - intermittent
 - reinforcement
27. Which of the 5 domains of negative symptoms of schizophrenia does the following question assess? "Is the patient actively engaged with hobbies and productive activity during the day?"
- Psychomotor activity
 - Motivation
 - Social activity
 - Emotion/Effect

28. The _____ holds that individuals are essentially good in nature, with a tendency toward growth and productivity.
- humanistic
 - behavioristic
 - client-centered view
 - neo-freudian
29. Systematic desensitization and graded exposure are two techniques used to treat
- Schizophrenia
 - Phobias
 - Bipolar disorder
 - Depression
30. The behaviourist approach refers to
- thoughts as an explanation of behaviour.
 - chemicals as an explanation of behaviour.
 - punishment and reinforcement as an explanation of behaviour.
 - bodily changes and genetics as an explanation of behaviour.

PART II – Short Answer Questions [20 marks]

This part has 4 Short Answer Questions. Answer ALL the questions. Each question carries 5 marks. Mark for each sub-question is indicated in the brackets.

- During the course of counselling with a client, the counsellor is expected to use core counselling skills for assessment, individual counselling, group counselling, family engagement and working with clients with co-occurring disorders. In the context of core counselling skills, briefly answer the following questions:
 - What is the purpose of attending behaviour in counselling? (1 mark)
 - What are the four components of attending behaviour? (1 mark)
 - Describe how counsellor displays the attending behaviour? (3 marks)
- “One of the most sincere forms of respect is actually listening to what another has to say” as stated by Bryant H McGill. Active listening is part of effective communication skills in counselling. Active listening is in fact a skill. It comes more natural to some; however it is something that needs to be practiced.
 - List down the non-verbal cues used by the counsellor to show that the counsellors are actively listening. (1.5 marks)
 - List down the verbal cues used by a counsellor during the session. (1.5 marks)
 - What are the advantages of active listening in a counselling session? (2 marks)

3. One of the biggest risks during drug recovery is that someone who is recovering from using a substance will relapse. Often relapse is preceded by a trigger that causes someone to start thinking about relapsing or creates a craving for a substance that was previously used. To prevent relapse, it is important to educate patients on relapse prevention strategies before discharge from the hospital.
 - a) What is craving? (1 mark)
 - b) What is relapse? (1 mark)
 - c) What are the external relapse triggers? (3 marks)

4. Opioids are powerful drugs that help relieve pain. Although they're highly effective, using opioids can have some adverse effects. This is especially true if opioids are misused. If you take opioids without a prescription, consume higher doses than prescribed, or take the medication more often than instructed, you can experience drowsiness, nausea, dizziness, mental fog, constipation, and slowed breathing. Misusing opioids also affects the brain, which can negatively affect your entire well-being.
 - a) List down the opioids? (1 mark)
 - b) What are the withdrawal features of opioids? (1 mark)
 - c) How do opioids affect brain? (3 marks)

SECTION B: Case Study [50 marks]

Choose either Case I OR Case II from this section. Each case study carries 50 marks. Mark for each sub-question is indicated in the brackets.

CASE I: Patient's profile 1 and Patient's profile 2

Patient's profile 1:

The client is a 55-year-old male, divorced, living alone, admitted to hospital in a near comatose condition yesterday because of an overdose approximately thirty tablet Diazepam combined with alcohol intoxication. The client was given supportive care and is alert at the present time.

A heavy drinker, he has been unemployed from his work for past three months because of his drinking. He acknowledges feeling increasingly depressed since being fired, and for the past two weeks has had insomnia, anorexia, and a ten kg weight loss. He indicates he wanted to die, had been thinking of suicide for the past week, planned the overdose, but had to "get drunk" because "I didn't have the guts to kill myself". He is unhappy that the attempt failed and states that, "nobody can help me" and he sees no way to help himself. He denies having any close relationships or caring how others would feel if he dies by suicide. He views death as a "relief." His use of alcohol has increased considerably in the past month. He denies having any hobbies or activities but "just drinking".

He has a history of admission in a hospital in the past for few weeks following suicide attempt after his first wife left him.

1. Identify the suicide risk factors stated in the case scenario. (5 marks)
2. List down the components of safety plan and facilitate the client in developing “safety plan”.
(10 marks)
3. After safety plan is developed, what are the next steps? Explain each step. (10 marks)

Patient’s profile 2

Taupo started to be unwell at the age of 25 years. He was living with his partner and had a young son. He initially became more irritable, argumentative, and more unpredictable; eventually the relationship ended and he moved out. He began to drift socially and at work.

Taupo became increasingly preoccupied that he was the victim of a conspiracy that seemed to involve one of his neighbours. Over a period of months, Taupo became increasingly concerned that the neighbour was playing tricks on him - sending him messages and talking to him through the walls that separated their homes. Taupo did not know who to turn to, and eventually he brought a knife for protection. One night, Taupo decided to confront the neighbour. He was arrested shortly afterwards. After collecting, presenting history and performing a mental status examination, Taupo was diagnosed with schizophrenia and he was admitted for treatment.

1. List down the positive and negative symptoms of schizophrenia? (5 marks)
2. What observations on mental status exam indicate schizophrenia? (10 marks)
3. Describe the components of a mental status examination? (10 marks)

CASE II

Dorji is a 66-year-old man whose wife has encouraged him to seek treatment. He has never been in therapy before, and has no history of depression or anxiety. However, he has become preoccupied with obtaining alcohol and obsessed with his need to drink. His alcohol use has recently been getting in the way of his marriage, and interfering with his newly-retired life.

He has been drinking considerable amount of alcohol over the last year. Currently, he consumes approximately 10 -16 pegs of whiskey per day, however, it “doesn’t give him the same booze as it used to.” He reports experiencing “the shakes” and other withdrawal symptoms if he skips a day without drinking. He has also fallen twice while intoxicated, causing bruises both times and hit his head on one of the occasions. He gets argumentative and irritable when he drinks, though he does not always remember these incidents.

Dorji admits that his wife is his biggest motivation to decrease his alcohol use.

1. Write down the diagnostic criteria for alcohol use disorder. (5 marks)

2. List down and explain the consequences of alcohol use disorder on 5 domains. (15 marks)
3. Explain the principles of Motivational Interviewing (MI). (10 marks)
4. Explain the components of Brief Intervention in relation to alcohol use disorder. (10 marks)
5. By tailoring the interventions based on the patient's level of readiness to change, counselors address their needs, instead of rushing to find the solution. How do counselors help patients to move from precontemplation to contemplation stage and contemplation to preparation stage?
(10 marks)

TASHI DELEK