

**ROYAL CIVIL SERVICE COMMISSION  
BHUTAN CIVIL SERVICE EXAMINATION (BCSE) 2019  
EXAMINATION CATEGORY: TECHNICAL**

**PAPER III: SUBJECT SPECIALISATION PAPER FOR CLINICAL COUNSELLING**

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<b>Date</b>	: October 13, 2019
<b>Total Marks</b>	: 100
<b>Writing Time</b>	: 150 minutes (2.5 hours)
<b>Reading Time</b>	: 15 Minutes (prior to writing time)

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**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 Questions  
All 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 in 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 are required to hand over the Answer Booklet to the Invigilator before leaving the examination hall.**
10. This paper has **8 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. The personal feelings and attitudes (some of which may be subconscious) the counsellor has towards a client are part of what is known as
  - a) Regression
  - b) Counter-transference
  - c) Boundary interface
  - d) Transference
  
2. A principle that requires counsellors to hold in confidence anything clients tell them, even when ordered by a court is
  - a) Duty to warn
  - b) Fidelity
  - c) Subpoena
  - d) Confidentiality
  
3. The idea that clients with psychoactive substance use disorders are strongly influenced by their inner, unconscious drives, such as seeking immediate satisfaction and pleasure, is a guiding principle of
  - a) Family systems therapy
  - b) Alderian therapy
  - c) Psychoanalytical therapy
  - d) Cognitive behavioural therapy
  
4. If a counsellor is uncomfortable with a painful topic, the counsellor should
  - a) change the subject.
  - b) discuss the situation with a supervisor.
  - c) discuss the situation with the client.
  - d) assume the client will understand the counsellor's feelings.
  
5. The most stumbling block to treatment is
  - a) irresponsibility.
  - b) need to be loved.
  - c) lack of commitment.
  - d) low mental functioning.
  
6. Which is the most important goal for group counselling?
  - a) Eliminate individuality.
  - b) Making decision for the client.
  - c) Formulate healthy alternatives.
  - d) Disclose painful childhood experiences.

7. What may cause a child of an alcoholic to become an alcoholic versus a child of a non-alcoholic?
  - a) Environment
  - b) Heredity
  - c) Physical conditioning
  - d) Peer pressure
  
8. What should help guide a counsellor daily?
  - a) Client issues or problems.
  - b) Orders from supervisor.
  - c) Professional standards and ethical guidelines.
  - d) Theoretical counselling strategies.
  
9. Which demonstrates an effective group leader?
  - a) Holds very short group sessions.
  - b) Members are allowed to control the group.
  - c) Does not set long term goals since groups are very fluid.
  - d) Includes goals that meet the individual and group needs.
  
10. Failure of substance abuse treatment is mostly the result of
  - a) inadequate finances.
  - b) poor motivation.
  - c) physical disability.
  - d) psychological problems.
  
11. Which is the **LEAST** likely to result in relapse for drug dependency?
  - a) A long period of success.
  - b) Negative emotional stress.
  - c) Pressure to use from peers.
  - d) Interpersonal conflict.
  
12. To prevent counter-transference you should follow all, EXCEPT
  - a) Be aware and maintain boundaries.
  - b) Never lose sight of the objectives of the counselling relationship.
  - c) Not deal with your past and present emotional issues.
  - d) Use supervision/consultation.
  
13. Suicide Indirect warning signs include all of the following, EXCEPT
  - a) Sense of purposelessness and meaningless.
  - b) Chronic anxiety leading to agitation and sleep disturbances.
  - c) Suicidal communications.
  - d) Social withdrawal and isolation.
  
14. The brain and the spinal cord comprise which nervous system?
  - a) Peripheral nervous system
  - b) Autonomic nervous system
  - c) Parasympathetic nervous system
  - d) Central nervous system

15. Tashi is experiencing tremors, visual and auditory hallucinations, has an exaggerated startle response and is brushing non-existent bugs off his back. He feels hot, his pulse is rapid and his blood pressure is elevated. Tashi is most likely experiencing
- alcohol withdrawal.
  - schizophrenia.
  - malingering.
  - stress reaction to incarceration.
16. Settling of affairs, giving away prized possessions and statements of worthlessness are often overt signs of
- suicidal ideation.
  - impending relapse.
  - stress.
  - impending change.
17. A dual relationship is best defined as when a counsellor
- helps two clients at once.
  - offers marital counselling.
  - assumes two different roles with a client.
  - counsels a mother and a child at the same time.
18. Levels of dissatisfaction or feelings of inferiority are considered key elements in
- psychoanalytical therapy.
  - rational emotive behaviour therapy.
  - alderian therapy.
  - cognitive behavioural therapy.
19. When working with a client who has relapsed, it is the most important to
- discontinue treatment.
  - help the client identify his or her internal and external relapse triggers.
  - make sure the client understands the very serious consequences of using.
  - strongly confront the client on his or her behaviour.
20. Counsellor self-disclosure too early in the treatment process can often cause the client to feel
- an enhanced bond with the counsellor.
  - valued and understood.
  - that he/she must follow the same treatment of the counsellor.
  - that the counsellor is trustworthy.
21. “Being angry with the spouse and instead shouting at the child unnecessarily”; is an example of which defence mechanism?
- Projecting
  - Reaction formation
  - Rationalization
  - Displacement

22. Which psychotherapy focuses on the present and future, and not on the past?
- Solution focused brief therapy
  - Family therapy
  - Reality therapy
  - Gestalt therapy
23. Defence mechanisms include all of the following, EXCEPT
- Denial
  - Splitting
  - Talking
  - Sublimation
24. Depression is characterized by all of the following, EXCEPT
- Loss of libido
  - Fatigability
  - Complaints of forgetfulness
  - Loss of recent memory
25. Alcohol is a
- stimulant.
  - depressant.
  - both stimulant and depressant.
  - neither stimulant and depressant.
26. A chronic alcohol abuser suddenly abstains from alcohol consumption. Individual is admitted to the ICU and starts seeing snakes on the bed. He is experiencing a
- delusion.
  - illusion.
  - hallucination.
  - anxiety.
27. All of the following are characteristic of hallucinations, EXCEPT
- Terminated at will.
  - Originate in external space.
  - Conviction of reality.
  - Absence of a sensory stimulus.
28. Delusion is characterized by all of the following, EXCEPT
- Fixed belief.
  - Not amenable to logic and persuasion.
  - Conforming with educational background.
  - Culturally not confirming.
29. Al Anon is a self-help programme for
- alcoholic patients.
  - spouses of alcoholics.
  - teenage children of alcoholics.
  - None of the above.

30. The ability to learn by observing a model or receiving instructions, without reinforcement is called
- Contingency
  - Social learning
  - Cognitive learning
  - Instrumental learning

**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:
  - List some of the core counselling skills. (2 marks)
  - To encourage the client to put forward his problems, what type of questions should the counsellor ask the client? (1 mark)
  - What are the benefits of asking such questions? (2 marks)
- During a counselling session, the counsellor transfers onto a client feelings and attitudes about other people in their past or present personal life. For example, a counsellor raising a troublesome teenager may react to a teenage client in the same way the counsellor reacts to their own son or daughter. Briefly answer the following questions.
  - What is transference in counselling? (1 mark)
  - What are the consequences of countertransference? (2 marks )
  - How to prevent countertransference? (2 marks)
- Briefly answer the following questions:
  - The structural model of personality by Freud. (1.5 marks)
  - List the stages of Erik Ericsons Theory of Psychosocial development. (1.5 marks)
  - Defense mechanisms. (2 marks)
- Explain the concept of addiction as a disease model. (5 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:**

In the middle of the night, 35 years old Dorji is brought to the Emergency Department by his spouse with complaints of altered sensorium, aggression towards family members, talking to himself and claiming that there is a snake on his bed. According to his spouse, he had abruptly stopped alcohol consumption a day before as he had developed nausea, vomiting and yellowish discoloration of his skin and eyes. She also mentioned that he worked as a driver and was a chronic alcoholic for the past two decades. The emergency physician admitted him for further evaluation and management.

**Scenario:**

The next day, the case was transferred to Psychiatric ward. He was managed with tapering doses of Diazepam, multivitamin supplementation over 10 days duration. He was then, referred to the Substance Abuse Counsellor for psychological assessment and counselling sessions.

1. In accordance with the case profile and scenario, what are the signs and symptoms of alcohol withdrawal? State the medical and social consequences of chronic alcohol abuse. (5 marks)
2. How will you perform psychological assessment for his chronic alcohol abuse? (5 marks)
3. Explain the principles and strategies of stages of change model by Prochaska and Di Clemente. (10 marks)
4. Briefly describe Motivational Interviewing (MI). (5 marks)
5. What is Family Psychoeducation? (5 marks)
6. What is Alcohol Anonymous? (10 marks)
7. What is relapse? What are the various internal and external triggers? (10 marks)

**Case II**

21 years old Ms. Pelden was brought to the Emergency Room (ER) by her parents after the individual was found unconscious in her room. According to her parents, she had been staying aloof from her friends and family members for the past 2 months. She was absent from college on several occasions and was developing sleep disturbances and low mood. She had also given her favourite puppy to her neighbour. She was resuscitated by the ER team and her stomach wash report mentioned high content Paracetamol. During psychiatric interview, she claimed to have consumed about 30 Paracetamol tablets following an altercation with her boyfriend over the phone. She was referred to a counsellor for further assessment and management.

1. What is suicide? State the various risk factors of suicide. (10 marks)
2. What are the direct and indirect warning signs of suicide? (10 marks)
3. What is Depression? List the signs and symptoms. (10 marks)
4. How will you screen for suicide risk as a counsellor? (10 marks)
5. Describe psychological first aid. (10 marks)

**TASHI DELEK**