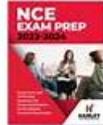


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NBCC National Counselor Examination Sample Questions (Q55-Q60):

NEW QUESTION # 55

Which of the following is a physical trauma response?

- A. Ruminating about the trauma
- B. Physically acting out the trauma
- C. Ongoing mental distress or discomfort
- **D. Changes in the central nervous system**

Answer: D

Explanation:

Counselors must be able to recognize that trauma can affect clients physically, cognitively, emotionally, and behaviorally. A physical trauma response involves changes in bodily systems and functioning.

Option D. Changes in the central nervous system is a physical response: trauma can alter arousal systems, stress responses, and brain functioning (for example, heightened startle response, altered sleep-wake patterns, or dysregulated autonomic responses). These are bodily/physiological manifestations of trauma, not just thoughts or emotions.

Why the others are incorrect:

* A. Ongoing mental distress or discomfort reflects emotional/psychological symptoms (e.g., anxiety, sadness), not specifically physical changes.

* B. Physically acting out the trauma is best understood as a behavioral manifestation (reenactment or agitation), not underlying physical system change.

* C. Ruminating about the trauma is a cognitive response (repetitive, intrusive thinking), not a physical one.

NBCC Counselor Work Behavior Areas highlight the importance of recognizing the multidimensional impact of trauma-including physical-so that assessment and treatment planning can address the full range of client needs.

NEW QUESTION # 56

An observer's subjective description that provides a narrative of a client's behavior in a given situation or event is

- A. a checklist.
- B. a cumulative folder.
- C. a rating scale.
- **D. an anecdotal report.**

Answer: D

Explanation:

In the Assessment and Testing core area, counselors are required to understand different types of observational and documentation methods used to gather data about client behavior:

* An anecdotal report (or anecdotal record) is a narrative, descriptive account of a specific incident or event, written in the observer's own words. It is inherently subjective and focuses on describing what the client did or said in a particular context. This matches the stem exactly, so Option D is correct.

* A rating scale (Option A) involves assigning numerical or descriptive ratings (e.g., "never," "sometimes," "often") to specific behaviors or traits; it is not a narrative description.

* A checklist (Option B) is a list of behaviors or characteristics where the observer simply marks whether each behavior was observed; it is not a written narrative.

* A cumulative folder (Option C) is a collection of records and documents (e.g., grades, test scores, reports) that summarize a student's or client's history over time; it is not a single narrative observation.

Thus, the term that best fits a subjective, narrative description of behavior in a specific situation is anecdotal report (D).

NEW QUESTION # 57

A client prefers ideas, words, and symbols. How would this individual be classified according to Holland's career theory?

- A. Social
- **B. Investigative**
- C. Realistic
- D. Enterprising

Answer: B

Explanation:

In the Career Development core area, counselors must understand major theories of career choice, including Holland's RIASEC model. Holland proposed six personality-environment types: Realistic, Investigative, Artistic, Social, Enterprising, and Conventional.

* Investigative types prefer working with ideas, symbols, and abstract concepts, and enjoy activities that involve thinking, analyzing, and problem-solving (often in scientific, mathematical, or theoretical areas). This matches the description in the question.

* Social types (A) prefer working with people, helping, teaching, or serving.

* Realistic types (B) prefer working with things, tools, machines, or hands-on activities.

* Enterprising types (C) prefer persuading, leading, or selling, often in business or leadership settings.

Because the stem emphasizes a preference for ideas, words, and symbols rather than people, things, or persuasion, the classification that best fits Holland's model is Investigative (Option D).

NEW QUESTION # 58

Group leaders facilitating groups in residential treatment facilities can expect which of the following?

- A. Treatment team members to specify the goals for the group.
- B. Group membership to be consistent and stable until termination.
- C. Use of screening to select appropriate group members.
- **D. Groups to be open with inconsistent attendance.**

Answer: D

Explanation:

In many residential treatment settings, groups are typically:

* Open-ended, with clients entering and leaving treatment at different times.

* Characterized by fluctuating membership and inconsistent attendance due to admissions, discharges, medical issues, or program requirements.

Therefore, leaders can expect open groups with inconsistent attendance (D).

Why the others are less accurate in this context:

* A. Treatment team members to specify the goals for the group - although treatment teams may offer input, group leaders are generally responsible for defining and managing group goals within the program structure.

* B. Use of screening - in residential facilities, group membership is often driven by who is currently admitted, so there is typically limited ability to screen out members.

* C. Consistent and stable membership - this is more typical of closed groups, not residential settings with rolling admissions and discharges.

NBCC Counselor Work Behavior Areas expect counselors to understand how setting characteristics (like residential care) shape group structure, membership, and how leaders plan and intervene.

NEW QUESTION # 59

In addition to observing a client for signs and symptoms, what other information should counselors identify when determining a diagnosis?

- A. Length of time in counseling
- **B. Existence of functional disturbances**
- C. Client's goals for counseling
- D. Client's view of the problem

Answer: B

Explanation:

Within the Assessment and Testing core area, CACREP notes that diagnosis is not based only on signs and symptoms, but also on the impact on functioning. In line with diagnostic standards (e.g., DSM), counselors must determine whether symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

* Therefore, beyond symptom observation, counselors must assess for functional disturbances-how the client's life, work, school, or relationships are being affected.

Length of time in counseling (B), client's goals (C), and client's view of the problem (D) are clinically important, but they are not the core additional criterion for diagnosis. Diagnostic decisions hinge on both symptom patterns and functional impairment, making A the correct answer.

