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NBCC National Counselor Examination Sample Questions (Q72-Q77):

NEW QUESTION # 72

Individual variation in modes of perceiving, remembering, and thinking, or distinctive ways of comprehending, storing, and utilizing information, is known as:

- A. Convergent thinking
- B. Divergent thinking
- C. Cognitive style
- D. Creativity

Answer: C

Explanation:

The phrase in the question is the standard definition of cognitive style-the characteristic way an individual perceives, processes, organizes, and uses information. This includes preferred ways of learning, problem- solving, and decision-making.

* C. Cognitive style therefore correctly names individual differences in how people comprehend, store, and use information. The other options are related but distinct concepts:

* A. Divergent thinking refers to generating many possible solutions or ideas from a single starting point (often associated with creativity and brainstorming).

* D. Convergent thinking involves narrowing down options to find a single correct solution (often used in logic or standard problem-solving).

* B. Creativity generally refers to the ability to produce novel and useful ideas or products, not specifically the stable way a person processes information.

Understanding cognitive styles is part of the Areas of Clinical Focus, since it helps counselors conceptualize clients' learning, problem-solving, and information-processing patterns, and adapt interventions accordingly.

NEW QUESTION # 73

A client-centered counselor would agree that people are:

- A. Incapable of unassisted change (i.e., without a counselor).
- **B. Forward moving and realistic.**
- C. Seeking to purge the evil from their lives.
- D. Incongruent in most aspects of their lives.

Answer: B

Explanation:

Client-centered (person-centered) counseling, based on Carl Rogers' theory, is grounded in a fundamentally positive view of human nature. People are seen as having an innate actualizing tendency—a built-in drive to grow, develop, and move constructively toward fulfillment when provided with appropriate conditions such as empathy, congruence, and unconditional positive regard from the counselor.¹ Because of this, client-centered counselors view people as essentially:

* Forward moving - oriented toward growth, change, and self-improvement.

* Capable of realistic perception when not distorted by conditions of worth or external pressures.¹ This aligns directly with Option A: forward moving and realistic.

Why the other options are incorrect:

* B. Incongruent in most aspects of their lives. While Rogers acknowledges that incongruence (a mismatch between self-concept and experience) can occur and lead to distress, he does not define people primarily as incongruent in "most aspects" of their lives. Rather, incongruence is seen as a condition that can be reduced in a supportive therapeutic relationship.¹

* C. Incapable of unassisted change. Person-centered theory emphasizes that clients possess their own resources for growth. The counselor's role is to provide facilitative conditions, not to act as the expert who "changes" the client. People are not viewed as fundamentally incapable of change without a counselor.¹

* D. Seeking to purge the evil from their lives. This reflects a moral or theological framing, not the humanistic, nonjudgmental stance of client-centered counseling. Rogers did not conceptualize people as evil; he saw them as basically trustworthy and constructive.¹ In the Core Counseling Attributes area, NBCC emphasizes that counselors hold attitudes that respect the client's inherent capacity for growth, autonomy, and self-direction—exactly the view reflected in Option A.

NEW QUESTION # 74

Which of the following statements best describes burnout?

- A. A sense of lack of direction and ambiguity
- B. General feelings of hopelessness and loss of appetite
- C. The physical susceptibility to illness and fatigue
- **D. A phenomenon associated with career-related stress**

Answer: D

Explanation:

Within Professional Counseling Orientation and Ethical Practice, CACREP highlights the importance of counselors understanding impairment, burnout, and self-care—for themselves and in general occupational contexts.

* Burnout is typically defined as a state of emotional, physical, and mental exhaustion that results from chronic work-related or career-related stress, often accompanied by decreased sense of accomplishment and depersonalization.

Option D captures burnout as a phenomenon associated with career-related (occupational) stress, which is the broad, accurate description tested on the NCE.

Options A, B, and C each describe possible symptoms or correlates (hopelessness, confusion, fatigue, illness), but none by themselves constitute the definition of burnout. Burnout is best understood as a syndrome arising from prolonged job stress, making D the best answer.

NEW QUESTION # 75

A client discloses that they have been unfaithful in their marriage and have no intention of disclosing their actions to their partner. The counselor continues to work with the client without expecting them to act, feel, or think in specific ways. Which important disposition has the counselor demonstrated?

- A. Fidelity
- B. Empathy
- C. Congruence
- D. Unconditional positive regard

Answer: D

Explanation:

In the Counseling and Helping Relationships core area, CACREP emphasizes the importance of Rogers' core conditions: empathy, genuineness (congruence), and unconditional positive regard.

* Unconditional positive regard is the counselor's nonjudgmental acceptance of the client as a person, without placing conditions on their worth or requiring them to think, feel, or behave in specific ways in order to be accepted.

* In this scenario, the counselor continues to work with the client without insisting that they confess, change their choice, or think differently, which directly reflects unconditional positive regard.

Empathy (B) is understanding and feeling with the client; congruence (C) is the counselor being genuine; fidelity (D) is about loyalty and keeping commitments as an ethical principle. The description most clearly matches A. Unconditional positive regard.

NEW QUESTION # 76

What therapeutic model was originally developed to treat individuals with borderline personality disorder?

- A. Dialectical behavior therapy
- B. Analytical behavioral analysis
- C. Transactional analysis
- D. Cognitive behavioral therapy

Answer: A

Explanation:

Within the Areas of Clinical Focus work behavior area, counselors are expected to know evidence-based treatments for specific clinical conditions, including personality disorders.

Dialectical behavior therapy (DBT) (Option C) was originally developed by Marsha Linehan specifically to treat chronically suicidal individuals diagnosed with borderline personality disorder (BPD). DBT integrates:

- * Cognitive-behavioral strategies for behavior change,
- * Acceptance-based strategies (e.g., mindfulness),
- * A dialectical framework balancing acceptance and change.

The model includes:

- * Individual therapy,
- * Group skills training (mindfulness, emotion regulation, distress tolerance, interpersonal effectiveness),
- * Phone coaching,
- * Consultation team for therapists.

These features reflect the NBCC-aligned work behavior expectation that counselors understand appropriate, validated modalities for complex clinical presentations such as BPD.

Why the other options are incorrect:

- * A. Analytical behavioral analysis - This is not the recognized model associated with the original treatment of BPD.
- * B. Cognitive behavioral therapy - While DBT evolved from CBT and CBT techniques are useful with many disorders, standard CBT was not specifically designed as the original, specialized treatment protocol for BPD.
- * D. Transactional analysis - A distinct theoretical model focusing on ego states and life scripts; it is not the empirically established, original treatment model for BPD.

Counselors working with personality disorders are expected to identify and, when within their scope, apply or refer for treatments such as DBT, which are designed and researched for these clinical populations.

NEW QUESTION # 77

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