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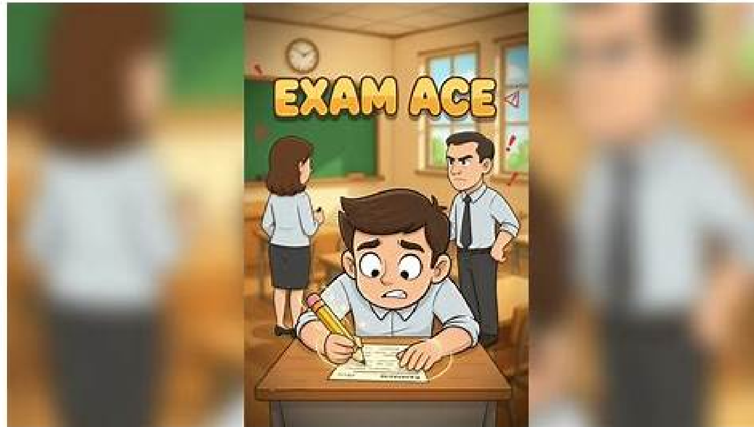

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NBCC National Counselor Examination Sample Questions (Q188-Q193):

NEW QUESTION # 188
Counselors following Kohlberg's theory of moral development know that preschool-age children make their moral decisions primarily based on:

- A. Their relationships with others involved in a situation.
- B. Ethical implications of anticipated behaviors.
- C. Observations of peer behaviors.
- D. The outcomes of specific acts.

Answer: D

Explanation:
Kohlberg's theory states that young children (preschool age) typically operate at the preconventional level of moral development. At this level, moral judgments are based mainly on the consequences of actions, especially punishment and reward. Children see behaviors as "good" or "bad" depending on what happens afterward, not based on internalized values or concern for relationships.
Option B reflects this: decisions based on the outcomes of specific acts (e.g., "If I do this, will I get in trouble or get a reward?").
Options A, C, and D reflect more advanced moral reasoning: peer influence, concern for relationships, and ethical principles-all of

which appear later in Kohlberg's stages. Understanding developmental theories like Kohlberg's helps counselors conceptualize client behavior across the lifespan, which fits within Areas of Clinical Focus in the NBCC Counselor Work Behavior framework.

NEW QUESTION # 189
What is the best diagnosis for a 40-year-old client who reports feeling hopeless and worthless, difficulty concentrating, and suicidal ideation nearly every day for the past two weeks, and who previously experienced the same symptoms as a traditionally-aged college student?

- A. major depressive disorder, single episode
- B. bipolar I disorder
- C. major depressive disorder, recurrent
- D. persistent depressive disorder

Answer: C

Explanation:
In the Intake, Assessment and Diagnosis domain, counselors are expected to gather history, duration, and prior episodes of symptoms to determine the most accurate diagnosis using established diagnostic criteria (e.
g., DSM-5-TR depressive disorders).
* The client currently meets criteria for a major depressive episode: hopelessness, worthlessness, impaired concentration, and suicidal ideation occurring nearly every day for at least two weeks.
* The question also states the client previously experienced the same symptoms during college. This history of a prior major depressive episode means the current presentation is not a single episode but part of a pattern of recurring episodes.
Therefore, the appropriate diagnosis is:
* A. major depressive disorder, recurrent
Why the other options are not the best fit:
* B. major depressive disorder, single episode - incorrect because the client has had more than one episode (current plus college years).
* C. persistent depressive disorder - this requires a chronic depressed mood over at least two years, typically less episodic and more continuous than what is described.
* D. bipolar I disorder - requires at least one manic episode; there is no indication of manic or hypomanic symptoms.
Accurately distinguishing between single-episode and recurrent disorders reflects the counselor's responsibility to integrate symptom history and duration into a diagnostic formulation, as emphasized in the NBCC work behavior expectations for assessment and diagnosis.

NEW QUESTION # 190
A client comes to you for counseling because they identify with a gender that is not typically associated with their sex at birth. This could be diagnosed as gender dysphoria. A counselor would only make this diagnosis if

- A. The client showed a desire for the secondary sexual characteristics of another gender.
- B. The client exhibited a strong dislike for their anatomy.
- C. There was clinically significant distress.
- D. The client was considering surgical reassignment.

Answer: C

Explanation:
In the Assessment and Testing core area, CACREP requires that counselors understand:
* The use of diagnostic classification systems (such as DSM),
* The difference between identity or behavior and a mental disorder, and
* The central role of distress or impairment in making a diagnosis.
For gender dysphoria, diagnostic criteria emphasize that:
* A person may experience incongruence between their experienced/expressed gender and assigned sex,
* However, this incongruence alone is not sufficient for a mental health diagnosis,
* A diagnosis is appropriate only when the experience is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Evaluating the options:
* A. Considering surgical reassignment - Not required for diagnosis. Many individuals with gender dysphoria may never seek surgery.

* B. Strong dislike for their anatomy - This can be one feature, but by itself does not justify a diagnosis without associated distress or impairment.
* C. Desire for secondary sexual characteristics of another gender - Again, this can be part of the experience but is not sufficient alone to meet diagnostic criteria.
* D. There was clinically significant distress. - This is the essential condition across DSM diagnoses:
the symptoms must cause clinically significant distress or impairment. Without that, a formal diagnosis of gender dysphoria should not be made.
Therefore, the counselor would only diagnose gender dysphoria if D (there was clinically significant distress) is present.

NEW QUESTION # 191
Which of the following best describes the relationship between aging and intellectual functioning?

- A. Cognitive ability decreases as memory increases due to diminishing storage capacity.
- B. The consistent use of cognitive skills decreases the likelihood of intellectual decline.
- C. Intellectual functioning does not change in the later years, as older people can learn just as well as others.
- D. Intellectual functioning declines, as reflected by reduced learning capacity in older people.

Answer: B

Explanation:
In the Human Growth and Development core area, CACREP emphasizes understanding typical and atypical development across the lifespan, including cognitive changes in later adulthood.
Research summarized in NCE-aligned materials shows that:
* Some aspects of cognitive functioning (such as processing speed and some problem-solving tasks) may decline with age.
* Other aspects, particularly crystallized abilities (like vocabulary and accumulated knowledge), are relatively stable.
* Regular use of cognitive skills-such as reading, problem-solving, learning new activities, and staying mentally engaged-is associated with better preservation of intellectual functioning and reduced risk or slower onset of decline.
Option A overstates decline and implies that older adults have broadly reduced learning capacity, which is not accurate. Option B incorrectly suggests no change at all in intellectual functioning. Option C is conceptually incorrect.
Option D reflects the widely referenced "use it or lose it" pattern, which is consistent with CACREP-based lifespan development content: staying mentally active can decrease the likelihood or speed of intellectual decline.
Thus, the best answer in line with Human Growth and Development principles for the NCE is D.

NEW QUESTION # 192
What is a characteristic of a group-centered leader?

- A. Being pessimistic about human nature
- B. Seeing people as basically positive in their intentions
- C. Seeing people as reactive to their environments
- D. Being focused on redirecting negative impulses

Answer: B

Explanation:
In the Group Counseling and Group Work core area, CACREP includes knowledge of group leadership styles, including approaches grounded in person-centered (client-centered / group-centered) theory.
A group-centered leader, drawing from person-centered principles, typically:
* Holds a positive view of human nature,
* Believes members have an innate tendency toward growth and self-actualization,
* Trusts that, given the right conditions (empathy, genuineness, unconditional positive regard), people will move in constructive directions.
This matches D: seeing people as basically positive in their intentions.
Why the others are not best:
* A (pessimistic about human nature): More consistent with some strictly psychoanalytic or control- oriented approaches, not group-centered leadership.
* B (seeing people as reactive to their environments): Sounds more like behavioral or social learning perspectives, not specifically group-centered.
* C (focused on redirecting negative impulses): Implies a directive, control-focused stance, rather than the non-directive, facilitative stance of a group-centered leader.

Therefore, the characteristic that best fits a group-centered leader is D. Seeing people as basically positive in their intentions.

NEW QUESTION # 193

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