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NBCC National Counselor Examination Sample Questions (Q114-Q119):

NEW QUESTION # 114

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

Answer: A

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 # 115

Face validity is established by

- A. Eliminating items that do not correlate highly with the total test score.
- B. Correlating the test with another test that measures the same thing.
- C. Having experts judge the adequacy and appropriateness of the items.
- **D. Subjectively examining the items on the test.**

Answer: D

Explanation:

In the Assessment and Testing core area, counselors must differentiate among types of validity:

* Face validity refers to the degree to which a test appears, on the surface, to measure what it claims to measure. It is based on a subjective judgment of the items by laypersons or test users-essentially,

"does this look like it measures what it says it does?" This is captured by option D, which involves subjectively examining the items.

By contrast:

* Option A describes criterion-related or convergent validity (correlating with another established measure).

* Option B reflects item analysis and relates to internal consistency/reliability, not face validity.

* Option C describes content validity, which relies on expert judgment about whether items adequately represent the construct content.

Thus, D is the correct description of how face validity is established.

NEW QUESTION # 116

What is the process by which offspring develop an attachment to the primary caregiver?

- **A. Imprinting**
- B. Operant conditioning
- C. Classical conditioning
- D. Role identification

Answer: A

Explanation:

In developmental and ethological theory, imprinting refers to the process by which very young offspring form a strong, early bond or attachment to a primary caregiver. This process is especially noted in animal studies but is often used conceptually to describe how early, close caregiver relationships form and shape later attachment patterns.

* Option B, imprinting, matches the idea of an early, foundational attachment process.

* Role identification (A) involves modeling and adopting roles/behaviors, typically later in development.

* Operant conditioning (C) and classical conditioning (D) describe learning through reinforcement or association, not specifically the attachment bond itself.

Knowledge of early attachment processes and their impact on later emotional and relational functioning is part of Areas of Clinical Focus in the NBCC Counselor Work Behavior Areas, as it helps counselors understand developmental roots of clients' concerns.

NEW QUESTION # 117

What strategy would a counselor use with a client whose cultural background is different from their own?

- A. Wait for the client to share their cultural experiences.
- B. Address presenting concerns separately from culture, race, and ethnic background.
- **C. Ask the client about any cultural issues or beliefs that may be impacting them.**
- D. View cultural background as secondary to treatment planning.

Answer: C

Explanation:

Within the Social and Cultural Diversity core area, counselors are expected to demonstrate multicultural competence, which includes recognizing how culture, race, ethnicity, and worldview affect clients' experiences and concerns, and actively exploring these with clients. Ethical and culturally responsive practice involves:

- * Openly inviting discussion of cultural beliefs, values, and experiences that may influence the client's presenting concerns.
- * Avoiding assumptions or minimizing culture as "secondary" to treatment.

Option D reflects this standard: the counselor asks the client directly about any cultural issues or beliefs that may be impacting them, honoring client expertise about their own cultural context and integrating it into case conceptualization and treatment planning.

* A places the responsibility fully on the client and can lead to important cultural issues being overlooked.

* B contradicts multicultural counseling principles by treating culture as unimportant.

* C suggests separating concerns from culture, which ignores the fact that many problems are embedded in cultural, racial, and systemic contexts.

Therefore, D is the strategy that aligns with CACREP's multicultural and social justice competencies.

NEW QUESTION # 118

The responsibility of fostering intermember interactions in an existential group rests with

- **A. The group leader.**
- B. The group leader and strongest group members.
- C. Group members.
- D. Group members and the leader.

Answer: A

Explanation:

Within the Group Counseling and Group Work core area, counselor training emphasizes that the group leader has primary responsibility for establishing and facilitating the group process, particularly in the early stages. In existentially oriented groups, the leader:

- * Actively models authentic, present-centered interaction.
- * Invites and structures here-and-now dialogue between members.
- * Encourages members to move from speaking to the leader to speaking to one another.

Although an eventual goal is for members to assume more ownership of the interaction, the initial responsibility for fostering intermember interactions rests with the leader, who intentionally shapes a climate that supports genuine encounter, openness, and exploration of meaning.

Option A (group members alone) minimizes the leader's intentional facilitating role.

Option C (group members and leader) is partially true in practice, but exam content and theory place primary responsibility on the leader to initiate and sustain interaction patterns.

Option D (leader and strongest group members) is inconsistent with group counseling principles, which avoid privileging "strongest" members and instead promote shared participation.

Therefore, based on group leadership roles taught under the CACREP core area, the best answer is B. The group leader.

NEW QUESTION # 119

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