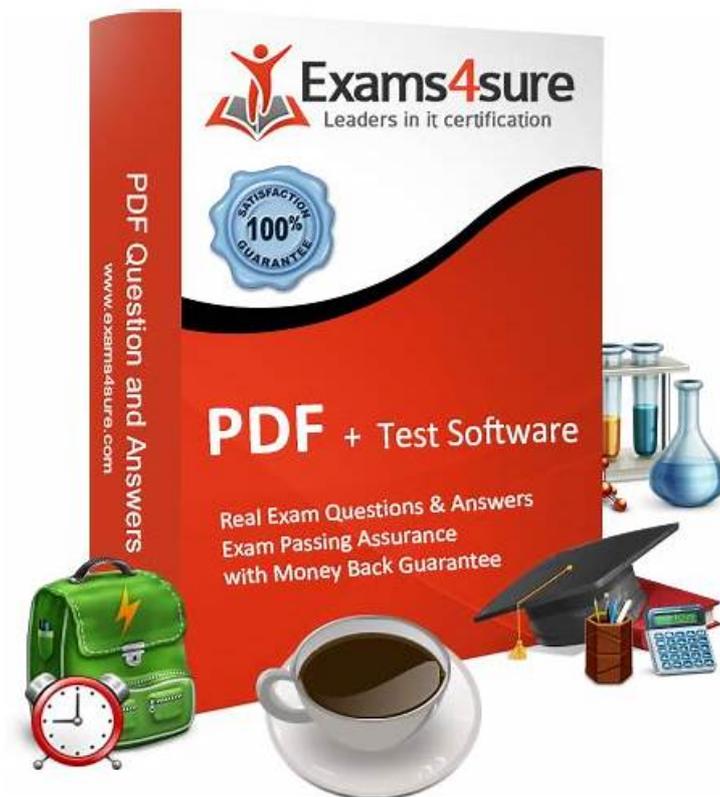


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NBCC National Counselor Examination Sample Questions (Q195-Q200):

NEW QUESTION # 195

In setting up a behavior change program, a behavioral counselor would not be concerned about:

- A. Self-actualization.

- B. A baseline of behavior.
- C. Contingency management.
- D. Previous research on the concern.

Answer: A

Explanation:

Behavioral counseling focuses on observable behavior, measurable change, and the systematic application of learning principles.

When setting up a behavior change program, a behavioral counselor typically:

- * Establishes a baseline of behavior (Option A) to know the current frequency, intensity, or duration of the target behavior.
 - * Uses contingency management (Option B) - arranging rewards, consequences, or environmental changes to increase or decrease behaviors.
 - * Reviews previous research (Option D) to select interventions that are evidence-based and appropriate for the presenting concern.
- Self-actualization (Option C) is associated with humanistic and existential approaches (e.g., Maslow, Rogers), focusing on personal growth and fulfillment rather than directly on observable behavior and contingencies. While a counselor may value growth in a broad sense, a behavioral counselor does not need to directly work from a self-actualization framework when designing a behavior change program.

NBCC Counselor Work Behavior Areas related to interventions highlight that behavioral approaches rely on empirically supported, observable, and measurable strategies, which makes self-actualization the least relevant concern in this specific context.

NEW QUESTION # 196

Which is a symptom of generalized anxiety disorder?

- A. Rechecking locked doors
- B. Pressured speech
- C. Lack of hobbies
- **D. Restlessness**

Answer: D

Explanation:

In the Assessment and Testing core area, counselors are expected to recognize common diagnostic features of mental disorders to inform screening, referral, and conceptualization (not to replace full diagnosis).

For generalized anxiety disorder (GAD), hallmark symptoms include:

- * Excessive anxiety and worry about a variety of events or activities,
- * Difficulty controlling the worry,
- * Physical and cognitive symptoms such as:
 - * Restlessness or feeling keyed up/on edge,
 - * Being easily fatigued,
 - * Difficulty concentrating,
 - * Irritability,
 - * Muscle tension,
 - * Sleep disturbance.

Thus, restlessness (Option B) is a classic symptom associated with GAD.

The other options fit different or nonspecific issues:

- * A. Lack of hobbies is not a diagnostic criterion; it may relate to lifestyle, depression, or other factors but is not specific to GAD.
- * C. Rechecking locked doors is more characteristic of obsessive-compulsive disorder (OCD), where compulsive checking behaviors respond to intrusive obsessions.
- * D. Pressured speech is typically associated with mania or hypomania, not GAD.

Therefore, B is the correct symptom associated with generalized anxiety disorder.

NEW QUESTION # 197

Clients who experience financial stress are more likely to focus on which area of concern?

- A. Developmental needs
- **B. Survival needs**
- C. Interpersonal needs
- D. Intrapersonal needs

Answer: B

Explanation:

In the Human Growth and Development core area, CACREP includes understanding theories of human needs, such as Maslow's hierarchy. According to this framework:

- * When individuals are under significant financial stress, their basic needs (e.g., housing, food, safety, security) are threatened.
- * Under such conditions, people are more likely to be preoccupied with survival-level concerns (physiological and safety needs) than with higher-order needs such as development, self-exploration, or complex interpersonal growth.

Options A, B, and C refer to important but higher-level needs relative to basic survival and security. In the presence of acute financial stress, clients understandably prioritize D. Survival needs.

NEW QUESTION # 198

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

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

Answer: C

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 # 199

Which is the most important predictor of a positive counseling outcome?

- A. The client's level of hopefulness
- B. Use of cognitive-behavioral therapy
- C. A strong alliance with the client
- D. Use of evidence-based treatments

Answer: C

Explanation:

Within the Counseling and Helping Relationships core area, CACREP emphasizes that effective counseling is grounded in the therapeutic relationship—especially the quality of the working alliance (agreement on goals, tasks, and the emotional bond between counselor and client). Across theories and techniques, outcome research consistently shows that the strength of the counseling alliance is one of the most powerful and consistent predictors of positive client outcome, often more predictive than the specific technique or theoretical orientation used.

While hopefulness (C) and evidence-based treatments (D) are important, they are not as consistently predictive across all modalities and client populations as the quality of the alliance. Technique choice (e.g., CBT, option B) also matters, but CACREP-aligned training and NCE materials repeatedly highlight the helping relationship and working alliance as central to successful outcomes. Therefore, A. A strong alliance with the client is the best answer.

