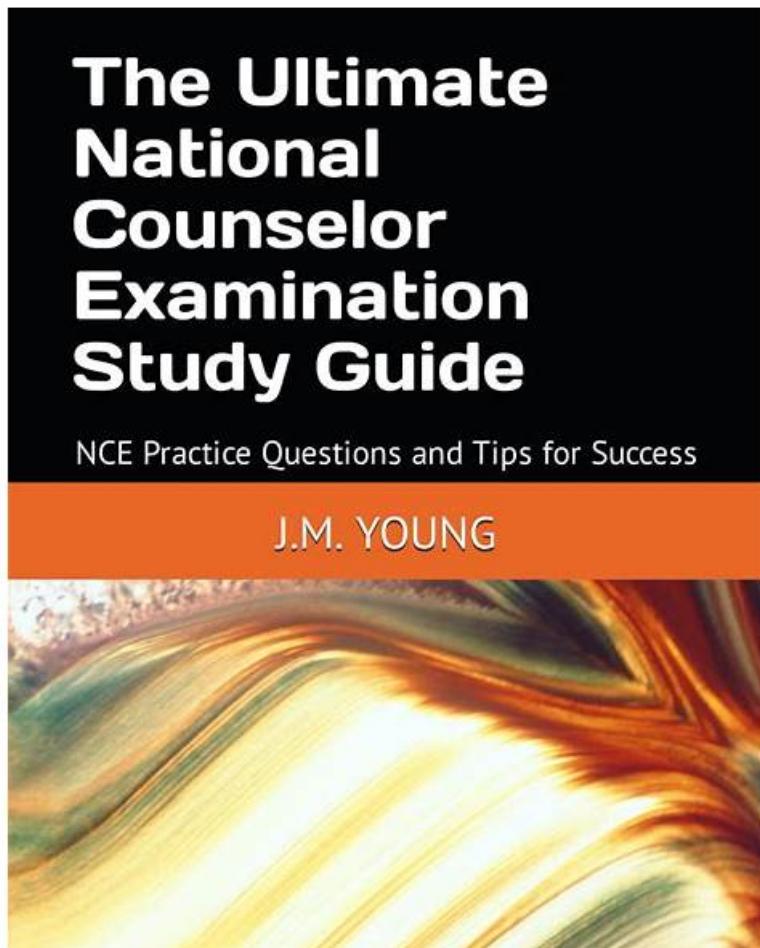


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NBCC National Counselor Examination Sample Questions (Q73-Q78):

NEW QUESTION # 73

What term describes when immigrants identify with both their original culture and new culture?

- A. Separation
- B. Acculturation
- C. **Biculturalism**
- D. Marginalization

Answer: C

Explanation:

The Social and Cultural Diversity core area emphasizes understanding of acculturation, cultural identity development, and multicultural concepts. Within common acculturation and identity frameworks used on the NCE:

- * Acculturation (A) is a broad term for the overall process of adapting to a new culture; it does not, by itself, specify whether individuals maintain their original culture, adopt the new one, or both.
- * Biculturalism (B) describes people who identify with and competently navigate two cultures, maintaining their original culture while also actively participating in and identifying with the new /dominant culture.
- * Marginalization (C) occurs when individuals do not strongly identify with either the original or the new culture.
- * Separation (D) refers to maintaining strong identification with the original culture while rejecting or minimizing identification with the new culture.

The question specifically describes identifying with both the original and the new culture. This is the definition of biculturalism, making B the correct answer.

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NEW QUESTION # 74

A client is an 85-year-old male who is in declining health. He has had a recent heart attack and his cardiologist recommended counseling. The client reports being divorced for 10 years and estranged from his adult children. He presents as mildly depressed with a limited range of emotional expression. He says he has accepted the loss of family relationships while recounting all he did to provide for his family. He expresses some fears about dying alone and wonders aloud about how much time he has left. An important focus of counseling with this client would be which of the following?

- A. Repairing family relationships
- B. **End-of-life issues**
- C. Reviewing will and health care directives
- D. Developing and expanding support networks

Answer: B

Explanation:

This client is:

- * In advanced age with declining health and a recent heart attack.
- * Expressing fears about dying alone and questions about how much time he has left.
- * Reflecting on life choices and losses ("all he did to provide for his family").

These features point strongly to end-of-life concerns, such as mortality, meaning, unresolved feelings, and how to live meaningfully in the time remaining. Thus, A. End-of-life issues is the most central and clinically indicated focus.

Why the others are secondary or less indicated:

- * B. Repairing family relationships - while potentially helpful, he states he has "accepted" those losses; that may be explored within end-of-life work, but the primary clinical task is addressing his fears and meaning-making around death.
- * C. Reviewing will and health care directives - important practically, but this is more of a legal /administrative task than the core counseling focus.
- * D. Developing and expanding support networks - can be part of the work, especially given fears of dying alone, but it is one element within the broader focus on end-of-life adjustment rather than the central organizing theme.

NBCC Counselor Work Behavior Areas include attending to developmental and life-stage issues, including older adulthood and end-of-life, and helping clients cope with illness, mortality, and existential concerns.

NEW QUESTION # 75

The primary purpose of the facilitation of positive addiction within the context of reality therapy approaches when counseling an adolescent is to:

- A. Help clarify new support systems for the client.
- B. Help the client abandon negative addictions.
- C. Increase the physical fitness of the client.
- D. **Help the client believe in the worth of self-actualization.**

Answer: D

Explanation:

Within Counseling Skills and Interventions, counselors must understand how specific theories (such as reality therapy) are applied in practice, including the use of concepts like positive addiction.

In reality therapy (developed by William Glasser), positive addictions refer to healthy, constructive activities that a person engages in regularly (for example, running, meditation, or creative pursuits) which:

- * Enhance psychological strength and self-esteem
- * Support a sense of competence and control
- * Contribute to personal growth and self-actualization

The primary purpose of encouraging positive addiction, especially with adolescents, is to help them develop life patterns that support growth, responsibility, and a stronger, more confident sense of self—essentially encouraging movement toward self-actualization and a belief in their own worth and potential.

- * A. Increase physical fitness may be a side benefit (e.g., with exercise-based activities) but is not the central counseling purpose.
- * B. Help the client abandon negative addictions can be an important outcome, but the core rationale in reality therapy is to build new, healthy patterns that support growth rather than focusing solely on stopping negative behavior.
- * C. Help clarify new support systems can be useful, but this is not the primary definition or goal of positive addiction.

The central therapeutic aim is to foster healthy, growth-oriented habits that strengthen the self and support self-actualization, making D the best answer.

NEW QUESTION # 76

Which is a symptom of generalized anxiety disorder?

- A. Rechecking locked doors
- B. Lack of hobbies
- C. Pressured speech
- 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 # 77

Counselors who follow behavioral orientations to counseling believe that anxiety evolves from:

- A. Discrepancies between the real and the ideal self
- B. Overt inconsistencies in responding to the environment
- C. Inappropriate reactions to early childhood behavior
- D. Lack of effective responses to problem situations

Answer: D

Explanation:

Within the Counselor Work Behavior Areas, counselors are expected to understand the core assumptions of major counseling theories, including behavioral approaches. Behavioral theories view psychological issues, including anxiety, primarily in terms of learned behaviors and skills deficits, rather than unconscious conflicts or self-concept discrepancies.

From a behavioral orientation, anxiety is understood as:

- * A response that has been learned and reinforced in certain situations.
- * Often maintained because the person does not have effective, adaptive responses or coping skills for those situations.
- * Reduced in the short term by avoidance, which then reinforces the anxious response in the long term

Thus, Option B, lack of effective responses to problem situations, best reflects the behavioral view that anxiety develops and persists when individuals have inadequate or maladaptive behavioral repertoires for dealing with stressors.

Why the other options are incorrect:

- * A. Inappropriate reactions to early childhood behavior - This suggests a more psychodynamic or relational focus on early childhood experiences, not a strictly behavioral explanation.
- * C. Discrepancies between the real and the ideal self - This reflects humanistic/person-centered theory (Rogers), not behavioral theory.
- * D. Overt inconsistencies in responding to the environment - While behaviorists pay attention to environmental contingencies, this option does not clearly capture the central behavioral idea that anxiety persists due to reinforced maladaptive responses and lack of effective alternatives.

This matches the Counselor Work Behavior Area requirement that counselors know how different theoretical orientations conceptualize the development and maintenance of client problems, including anxiety, so they can plan appropriate, evidence-based interventions.

NEW QUESTION # 78

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