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NCE-ABE Latest Material - Exam NCE-ABE Overviews

As everybody knows, competitions appear ubiquitously in current society. In order to live a better life, people improve themselves by furthering their study, as well as increase their professional NCE-ABE skills. With so many methods can boost individual competitiveness, people may be confused, which can really bring them a glamorous work or brighter future? We are here to tell you that a NCE-ABE Certification definitely has everything to gain and nothing to lose for everyone.

NBCC National Counselor Examination Sample Questions (Q67-Q72):

NEW QUESTION # 67

Anorexia nervosa is commonly associated with which of the following?

- A. Binge eating
- **B. Intense fear of gaining weight**
- C. Repeatedly regurgitating food over a period of at least one month
- D. High incidence in low-income countries

Answer: B

Explanation:

Within diagnostic work, counselors must distinguish between eating disorders by identifying core diagnostic features. Anorexia nervosa is characterized by restriction of energy intake leading to significantly low body weight, a disturbance in the way one's body weight or shape is experienced, and, critically, an intense fear of gaining weight or becoming fat, even when underweight. That intense fear is central to both the client's experience and the clinical diagnosis, making Option B correct.

* Option A (repeatedly regurgitating food for at least one month) aligns more with rumination disorder, not anorexia nervosa.

* Option C is incorrect: anorexia is more frequently associated with higher-income, industrialized societies, not predominantly low-

income countries.

* Option D (binge eating) is more characteristic of bulimia nervosa or binge eating disorder; while some people with anorexia (binge-eating/purging type) may binge, it is not the defining feature.

Correctly identifying hallmark symptoms like fear of weight gain reflects the NBCC Intake, Assessment and Diagnosis expectation that counselors accurately recognize and differentiate mental disorders when formulating diagnoses and treatment plans.

NEW QUESTION # 68

Which is an example of a nonjudgmental stance?

- A. "We first need to address your sexual orientation."
- B. "You speak English so well to be from another country."
- C. "Tell me more about your experience from that day."
- D. "I do not think that you should stay with your partner."

Answer: C

Explanation:

In the Counseling and Helping Relationships core area, CACREP emphasizes the importance of:

- * A nonjudgmental, empathetic stance,
- * Respect for client autonomy,
- * Use of open-ended, client-centered questions.

Option A is an open invitation for the client to share more, without evaluation, criticism, or assumptions. It:

- * Centers the client's experience,
- * Avoids imposing values,
- * Demonstrates respect and curiosity, not judgment.

By contrast:

- * B is a microaggressive statement implying surprise at competence due to nationality.
- * C imposes the counselor's values and directs the client's personal decision.
- * D suggests that sexual orientation is a "problem" to be "addressed," which is pathologizing and judgmental.

Therefore, A is the example that aligns with a nonjudgmental counseling stance.

NEW QUESTION # 69

Which is a symptom of generalized anxiety disorder?

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

Answer: A

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 # 70

Which of the following cognitive-behavioral counseling techniques is designed specifically to help family members develop new behaviors?

- A. Reinforcement of incompatible behaviors
- B. Extinction
- C. Intensification
- **D. Modeling**

Answer: D

Explanation:

In the Counseling Skills and Interventions domain, counselors are expected to know and apply core cognitive-behavioral strategies, including how to help clients and families learn and practice new behaviors.

Modeling (B) is a technique in which the counselor (or another family member) demonstrates a desired behavior, allowing others to observe and then imitate it. This approach is rooted in social learning principles:

people learn new behaviors by watching others perform them and seeing the positive outcomes that follow. In family counseling, modeling can be used to teach communication skills, problem-solving, emotional expression, or conflict-resolution behaviors.

The other options are related but not as directly focused on teaching new behaviors through demonstration:

* Intensification (A) is more associated with structural family therapy, where the therapist heightens or intensifies interactions to promote change in family structure.

* Reinforcement of incompatible behaviors (C) is a behavior modification method that increases behaviors that cannot occur simultaneously with the unwanted behavior. It shapes behavior but does not inherently rely on demonstration.

* Extinction (D) reduces a behavior by removing the reinforcement that maintains it.

While several behavioral techniques can support change, modeling is specifically designed to help family members develop and learn new behaviors by observing them in action.

NEW QUESTION # 71

In the operant-conditioning paradigm, what is an important assumption regarding behavior maintenance?

- A. Modeled behaviors are consistently reinforced.
- B. Consistent shaping of the behavior is necessary.
- C. Behaviors are reinforced on a one-to-one ratio.
- **D. Behavior that is not reinforced gradually extinguishes.**

Answer: D

Explanation:

In the Counseling and Helping Relationships core area, CACREP includes behavioral and learning theories such as operant conditioning. A foundational principle is that:

* Behaviors that are reinforced are more likely to be maintained, and

* Behaviors that are no longer reinforced tend to weaken and eventually extinguish.

Option C directly states this assumption: behavior that is not reinforced gradually extinguishes. That is the core explanation for why, in behavior therapy, counselors manipulate reinforcement contingencies to reduce maladaptive behaviors.

* A is incorrect because behaviors are not always reinforced on a strict one-to-one (continuous) schedule; intermittent reinforcement can also maintain behavior.

* B (shaping) is used to build new complex behaviors, but it is not required for maintaining an already-learned behavior.

* D refers to modeling (observational learning), which is associated with social learning theory, not the central assumption about maintenance in basic operant conditioning.

Thus, C is the correct assumption regarding behavior maintenance.

NEW QUESTION # 72

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