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NBCC National Counselor Examination Sample Questions (Q165-Q170):

NEW QUESTION # 165

Using a psychodynamic approach, how can you relate reported symptoms to the best treatment process?

- A. By utilizing the DSM-5-TR to associate symptoms with disorders.
- B. By including a reinforcement learning model in the treatment process.
- C. By examining the client's attachment to symptoms and the therapeutic alliance.
- D. By researching the optimal interventions for the treatment process.

Answer: C

Explanation:

Within a psychodynamic framework, the counselor's clinical work emphasizes the meaning and function of symptoms, the client's unconscious conflicts, and the relational patterns that are re-enacted in the counseling relationship. Treatment planning in this approach relies heavily on understanding how the client is attached to their symptoms (e.g., how symptoms may protect against painful feelings or maintain familiar relational roles) and on using the therapeutic alliance as the primary vehicle for change.

Option D reflects this: examining the client's attachment to symptoms and the quality of the therapeutic alliance is consistent with psychodynamic treatment planning, where the counselor links symptoms to deeper emotional and relational processes and uses insight and the counseling relationship to facilitate change.

* A focuses on diagnostic classification using the DSM-5-TR, which is important for diagnosis but not specific to a psychodynamic understanding or treatment planning process.

* B refers to "reinforcement learning," a behavioral concept not central to psychodynamic work.

* C describes a general evidence-based stance but does not capture the distinct psychodynamic emphasis on symptom meaning and the therapeutic relationship.

This aligns with the NBCC Counselor Work Behavior Areas expectation that counselors integrate theoretical orientation into conceptualization and treatment planning, using the counseling relationship and client insight as core components of psychodynamic treatment.

NEW QUESTION # 166

Behaviorists assert that inappropriate behavior

- A. results from early conflict in the family.
- B. is a symptom of intrapersonal conflict.
- C. is reinforced and therefore tends to reoccur.
- D. is a defense mechanism.

Answer: C

Explanation:

Within Counseling and Helping Relationships, CACREP includes major counseling theories, including behavioral approaches.

Behaviorism focuses on observable behavior and the ways it is learned and maintained through conditioning and reinforcement.

From a behavioral perspective:

* Behaviors (including "inappropriate" or maladaptive ones) increase in frequency when they are reinforced-by attention, relief from discomfort, tangible rewards, or avoidance of something aversive.

* Thus, when a behavior continues, behaviorists look for the reinforcement history that keeps it going.

The other options reflect different theoretical orientations:

* A (defense mechanism) is psychoanalytic/psychodynamic.

* B (symptom of intrapersonal conflict) aligns with psychodynamic or some humanistic views.

* C (early family conflict) fits Adlerian or some family systems perspectives.

Only D accurately states the behaviorist position: inappropriate behavior persists because it is reinforced and therefore tends to reoccur.

NEW QUESTION # 167

What is a primary component of Minuchin's structural family therapy?

- A. Therapeutic spontaneity
- B. Catharsis and interpersonal feedback
- C. Homeostatic systems
- D. Conflict resolution

Answer: C

Explanation:

Within Counseling and Helping Relationships, CACREP includes knowledge of systemic and family counseling theories, including structural family therapy developed by Salvador Minuchin.

* Structural family therapy views the family as a system that seeks homeostasis, meaning it tends to maintain its existing patterns and organization, even when those patterns are dysfunctional. A core idea is that the family structure (subsystems, boundaries, hierarchies, alignments) maintains symptoms to preserve this homeostatic balance. Interventions aim at restructuring these patterns so that healthier, more flexible functioning can emerge. Thus, the concept of homeostatic systems (A) is central to this model.

* Catharsis and interpersonal feedback (B) are more characteristic of group counseling models (for example, Yalom's therapeutic factors), not uniquely structural family therapy.

* Therapeutic spontaneity (C) is more closely associated with experiential family therapists such as Carl Whitaker, who emphasized creativity and spontaneity.

* Conflict resolution (D) can occur in many counseling approaches but is not the defining core construct of Minuchin's structural model; the key focus is on family structure and systemic homeostasis.

Therefore, among the options provided, homeostatic systems (A) is the primary component most directly tied to structural family therapy.

NEW QUESTION # 168

Which is an example of addressing diversity in treatment objectives?

- A. Continuous monitoring to maintain rapport
- B. Measuring the client's beliefs of societal systems
- C. Assessing individual and family dynamics
- D. Including spiritual and religious resources

Answer: D

Explanation:

The Social and Cultural Diversity core area emphasizes that counselors must develop culturally responsive interventions and treatment plans that consider clients' cultural identities, including religion and spirituality

. CACREP-aligned training highlights:

* The importance of integrating clients' cultural values, beliefs, and practices into treatment,

* Respecting clients' spiritual and religious traditions as meaningful components of identity, and

* Using culturally congruent resources and supports in counseling goals and interventions.

Looking at the options:

* A. Continuous monitoring to maintain rapport - Good general counseling practice, but not specifically an example of addressing diversity in treatment objectives.

* B. Assessing individual and family dynamics - Important for case conceptualization, but still not explicitly diversity-focused unless clearly tied to culture.

* D. Measuring the client's beliefs of societal systems - This may be part of multicultural assessment, but it is more evaluative than clearly a treatment objective that incorporates diverse resources.

* C. Including spiritual and religious resources - Directly exemplifies integrating cultural, spiritual, and religious dimensions into treatment objectives, which is exactly what multicultural counseling competency requires.

Therefore, C (including spiritual and religious resources) is the best example of explicitly addressing diversity in treatment objectives.

NEW QUESTION # 169

Your client has experienced a significant loss and asks you for help in making sense of his purpose in life.

Which of the following would be most important to explore with your client?

- A. The number of deaths within the client's family
- B. The client's history of volunteer experiences
- **C. The purpose of human existence**
- D. Different denominations within the church

Answer: C

Explanation:

The Counselor Work Behavior Areas emphasize that counselors must be able to address grief, loss, and existential concerns, including how clients make meaning of life events and their own existence. When a client says they are trying to make sense of their purpose in life after a loss, the counselor's primary focus should be on the existential and meaning-making issues the client is directly raising.

Option A, the purpose of human existence, most closely represents exploring the client's deeper questions about:

- * Meaning, purpose, and significance in life.
- * How the loss affects his understanding of why he is here and what his life is about.
- * His beliefs, values, and worldview related to life, death, and purpose.

This kind of exploration is consistent with clinical expectations that counselors help clients process existential themes (such as meaning, isolation, freedom, mortality) that often emerge following significant loss.

Why the other options are not the best choice:

- * B. Different denominations within the church - Focusing on denominational differences is more about institutional structures and doctrine than the client's personal questions about purpose and meaning.
- * C. The client's history of volunteer experiences - This could be relevant later (e.g., to explore where he has found meaning), but it is secondary to directly exploring the core existential question he is already asking.
- * D. The number of deaths within the client's family - This is factual and may be relevant in assessment, but it does not directly address his expressed need to understand his purpose in life.

This approach reflects the NBCC Counselor Work Behavior Area that calls for sensitivity to loss, spirituality, and meaning-making and encourages counselors to meet clients at the level of the concerns they present.

NEW QUESTION # 170

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