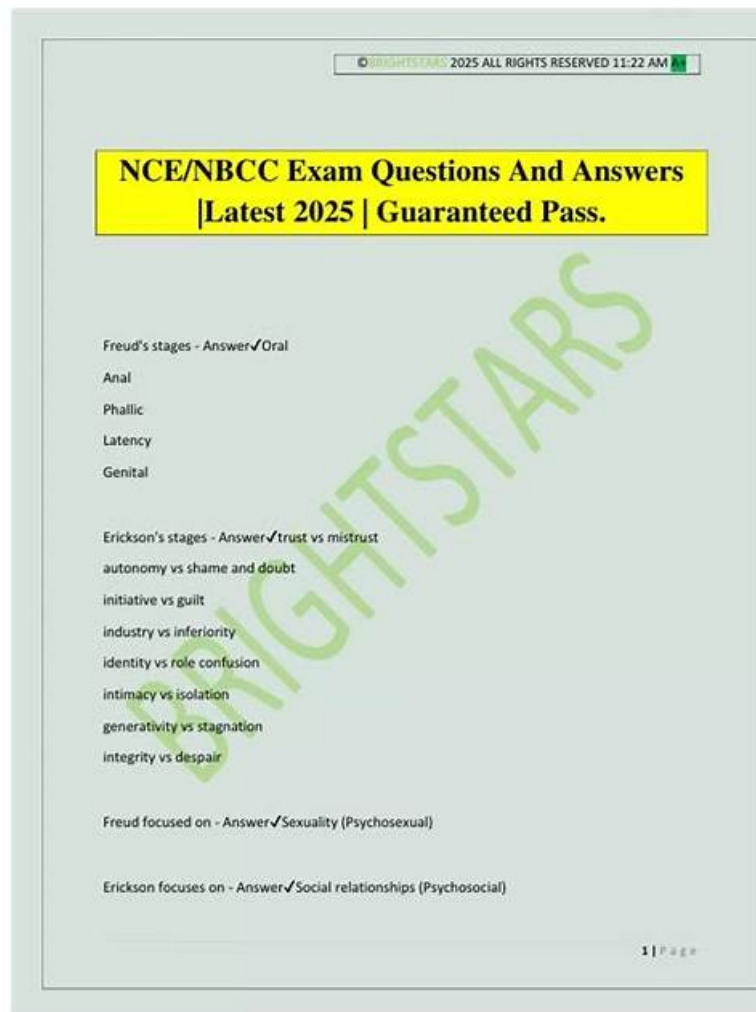


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## NBCC National Counselor Examination Sample Questions (Q12-Q17):

### NEW QUESTION # 12

A client with a terminal illness discloses to their hospice counselor that they would like to discuss the option of assisted suicide. Which of the following should the counselor do first?

- A. Seek consultation or supervision from professional and legal parties.
- B. Inform the client's family immediately to discuss next steps.
- C. Maintain confidentiality to protect the therapeutic relationship.
- D. Review palliative care medications.

**Answer: A**

Explanation:

When a client brings up assisted suicide, the counselor is dealing with a situation that involves serious ethical, legal, and clinical considerations. The NBCC Counselor Work Behavior Areas emphasize that counselors must know and follow applicable laws, adhere to ethical standards, and seek supervision or consultation when facing complex or high-risk situations.

The best first step is Option A: seek professional and legal consultation/supervision. This helps the counselor clarify:

- \* Legal requirements in their jurisdiction regarding assisted suicide.
- \* Ethical obligations related to client safety, autonomy, and confidentiality.
- \* Appropriate clinical responses and documentation.

Option B (maintain confidentiality) is important but not an action step and may need to be reconsidered if there is clear risk of self-harm. Option C (inform the family) could violate confidentiality without proper legal/ethical grounding. Option D (review palliative medications) is outside the counselor's scope. Consulting first allows the counselor to proceed in an informed, ethical, and legally sound manner.

### NEW QUESTION # 13

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 # 14

What are the three key elements of an assessment tool that determine its value?

- A. Validity, standardization, and biserial correlation
- B. Reliability, validity, and specificity
- C. Reliability, validity, and standardization
- D. Validity, standardization, and internal consistency

**Answer: C**

Explanation:

In the Assessment and Testing core area, counselors must understand the foundations of test construction and evaluation. Three fundamental qualities that determine the overall value and usefulness of a test are commonly taught as:

- \* Reliability - The consistency of test scores over time, across items, or across raters (e.g., test-retest reliability, internal consistency).
- \* Validity - The extent to which the test measures what it purports to measure, and the appropriateness of interpretations and uses of scores.
- \* Standardization - The presence of uniform procedures for administration and scoring, and norms based on a defined population, so scores can be interpreted meaningfully.

Option analysis:

- \* A. Reliability, validity, and specificity - Specificity is not a core global criterion for all assessment tools; it is more relevant in certain diagnostic-test contexts.
- \* B. Reliability, validity, and standardization - These three are repeatedly emphasized in counselor education as the key pillars for evaluating test quality.
- \* C. Validity, standardization, and biserial correlation - Biserial correlation is a specific statistic used in item analysis, not a general property of the test itself.
- \* D. Validity, standardization, and internal consistency - Internal consistency is one type of reliability, not a separate third global element.

Thus, the three broad elements that determine an assessment tool's value are reliability, validity, and standardization, making B the correct answer.

#### NEW QUESTION # 15

What is the best course of treatment for a 25-year-old client who has lost 20 lb in the past month, maintains a strict exercise regimen and a restrictive diet, uses the bathroom after every meal, and has been missing 2-3 days of work each week due to fatigue?

- A. Refer the client to an outpatient therapy group for eating disorders.
- B. Refer the client to an eating disorder peer support group.
- **C. Refer the client to an eating disorder inpatient facility.**
- D. Refer the client to a crisis unit since they intend to lose more weight.

**Answer: C**

Explanation:

The presentation described-rapid and significant weight loss (20 lb in one month), restrictive dieting, excessive exercise, possible purging after meals (bathroom use), and functional impairment (missing work due to fatigue)-strongly suggests a severe eating disorder with medical risk (e.g., risk of electrolyte imbalance, cardiac complications, severe malnutrition).

Within treatment planning, counselors are expected to:

- \* Assess risk and severity,
  - \* Determine the least restrictive but safe level of care,
  - \* Refer to specialized services when problems exceed their scope or when intensive medical and psychological treatment is required.
- Given the combination of rapid weight loss, ongoing disordered behaviors, and clear impairment, the safest and most appropriate choice is Option D: referral to an eating disorder inpatient facility, where the client can receive:
- \* Medical monitoring and stabilization,
  - \* Nutritional rehabilitation,
  - \* Intensive specialized psychotherapy.

Why the other options are not appropriate as the best course:

- \* A. Crisis unit - Typically used for imminent danger such as acute suicidality or psychosis; while eating disorders are serious, the scenario calls for specialized eating-disorder treatment, not just general crisis stabilization.
- \* B. Peer support group - Helpful as an adjunct, but inadequate as the primary level of care for a case with this level of severity and medical risk.
- \* C. Outpatient therapy group - More suitable for mild to moderate cases or for those stabilized medically; the client described likely requires a higher level of care first.

This reflects the Treatment Planning work behavior: using clinical information to select an appropriate level of care, prioritizing client safety, and coordinating referrals to intensive or specialized services when indicated.

#### NEW QUESTION # 16

You have been assigned to assess a 21-year-old client who presents as disheveled and confused. During the initial part of the interview, you note rapid speech, agitation, and paranoia. Based on your observations, which of the following is an appropriate next step when making a diagnosis?

- A. Establish a safety plan.
- B. Seek a 72-hour hold on the client.
- **C. Obtain additional information.**
- D. Discuss the client's addiction problem.

**Answer: C**

Explanation:

Within the Intake, Assessment and Diagnosis work behavior area, counselors are expected to systematically gather sufficient, relevant information before arriving at a diagnostic conclusion. Observations from an initial contact-such as disheveled appearance, confusion, rapid speech, agitation, and paranoia-are important, but they are only part of a complete assessment.

An appropriate diagnostic next step is to obtain additional information (Option A). This includes:

- \* Conducting a more thorough mental status examination.
- \* Gathering history of present illness, psychiatric history, medical history, and substance use history.
- \* Exploring onset, duration, and course of symptoms.
- \* Considering differential diagnoses, including mood disorders, psychotic disorders, substance-induced conditions, and medical causes.

The NBCC-aligned counselor work behaviors in this domain emphasize:

- \* Avoiding premature diagnostic closure.
- \* Using multiple sources of information (client report, observation, records, and collateral sources when appropriate).
- \* Integrating behavioral observations with history and contextual factors before assigning a diagnosis.

Why the other options are not the best diagnostic next step:

- \* B. Establish a safety plan - Safety planning can be crucial, but it follows from a formal risk assessment (e.g., suicidality, homicidality), which has not yet been described. It is an intervention step, not the immediate next step in making a diagnosis.
- \* C. Discuss the client's addiction problem - No information has been presented that confirms a substance use disorder; assuming this would violate the expectation to base diagnosis on adequate assessment data.
- \* D. Seek a 72-hour hold on the client - Involuntary hospitalization requires clear evidence of danger to self, danger to others, or grave disability. The scenario only notes symptom presentation; a more complete assessment (Option A) is required before considering such action.

Thus, the response that best aligns with NBCC's expectations for competent diagnostic practice is to obtain additional information before forming or finalizing a diagnosis.

## NEW QUESTION # 17

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