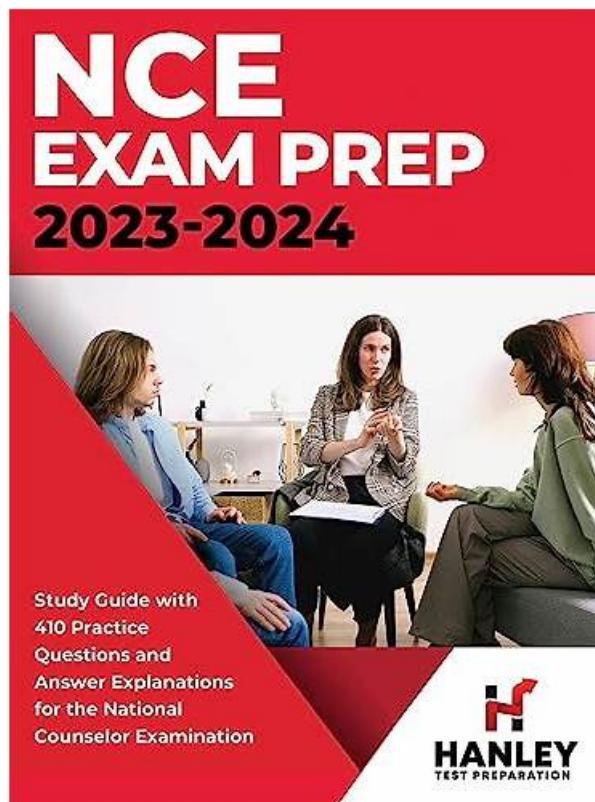


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## NBCC National Counselor Examination Sample Questions (Q31-Q36):

### NEW QUESTION # 31

What is the process by which offspring develop an attachment to the primary caregiver?

- A. Classical conditioning
- B. **Imprinting**
- C. Operant conditioning
- D. Role identification

**Answer: B**

Explanation:

In developmental and ethological theory, imprinting refers to the process by which very young offspring form a strong, early bond or attachment to a primary caregiver. This process is especially noted in animal studies but is often used conceptually to describe how early, close caregiver relationships form and shape later attachment patterns.

\* Option B, imprinting, matches the idea of an early, foundational attachment process.

\* Role identification (A) involves modeling and adopting roles/behaviors, typically later in development.

\* Operant conditioning (C) and classical conditioning (D) describe learning through reinforcement or association, not specifically the attachment bond itself.

Knowledge of early attachment processes and their impact on later emotional and relational functioning is part of Areas of Clinical Focus in the NBCC Counselor Work Behavior Areas, as it helps counselors understand developmental roots of clients' concerns.

### NEW QUESTION # 32

Which is a primary feature of feminist counseling modalities?

- A. Their roots lie in the development of solution-focused brief therapy (SFBT).
- B. **Action is oriented to changing systemic threats to the wellness of the client.**
- C. They have been contraindicated for use in couples and family counseling.
- D. Practitioners must have moved beyond an androgynous gender role for their effective use.

**Answer: B**

Explanation:

Feminist counseling approaches highlight the impact of power, social roles, and systemic oppression on client wellness. These modalities place strong emphasis on social justice, advocacy, and empowerment, and they often extend beyond individual intrapsychic change to include action aimed at transforming oppressive systems that affect the client's life.

Option A captures this core feature: feminist counseling actively orients intervention toward changing systemic threats (such as sexism, racism, heterosexism, and other forms of oppression) that harm the client's mental health and overall well-being. This is consistent with counselor work behaviors that stress advocacy, attention to sociocultural context, and the integration of interventions that promote equity and client empowerment.

Why the other options are incorrect:

\* B. SFBT roots: Feminist therapy developed from feminist movements and critical perspectives on traditional psychotherapy, not from solution-focused brief therapy.

\* C. Contraindicated for couples and families: Feminist approaches are frequently applied to couples and family counseling, especially to examine power imbalances and gendered expectations.

\* D. Androgynous gender role requirement: While feminist therapy may explore gender roles and encourage flexibility, it does not require practitioners to "move beyond an androgynous gender role" as a precondition for effective practice.

This aligns with NBCC Counselor Work Behavior Areas, which include using counseling models that acknowledge social, cultural, and systemic influences and incorporating advocacy and systemic change into interventions when appropriate.

### NEW QUESTION # 33

Which is a symptom of generalized anxiety disorder?

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

### **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 # 34**

What would a counselor do during the diagnostic process?

- A. Accept any previous diagnosis without reassessment.
- **B. Involve the client actively.**
- C. Discuss treatment alternatives.
- D. Conceal the diagnosis from the client.

### **Answer: B**

Explanation:

During intake, assessment, and diagnosis, counselors are expected to collaborate with clients, involve them actively in understanding what is being assessed, and explain the purpose and implications of diagnosis. This includes:

- \* Using the client's self-report as an essential source of data.
- \* Inviting questions and feedback about symptoms and diagnostic impressions.
- \* Promoting transparency and shared understanding rather than a "secret" label.

Therefore, involving the client actively (A) best reflects ethical and competent diagnostic practice.

- \* B. Conceal the diagnosis from the client is inconsistent with informed consent and collaborative practice.
- \* C. Discuss treatment alternatives is important but is more central to treatment planning after diagnosis, not to the diagnostic process itself.
- \* D. Accept any previous diagnosis without reassessment ignores the responsibility to re-evaluate current functioning, context, and symptoms.

This fits NBCC expectations that counselors use diagnosis thoughtfully and collaboratively as part of a larger assessment process.

### **NEW QUESTION # 35**

If there is a statistically significant difference between two samples due to some determining factor or condition, what decision could the counseling researcher make?

- **A. Reject the null hypothesis**
- B. Accept the null hypothesis
- C. Accept the research hypothesis
- D. Reject a directional hypothesis

### **Answer: A**

Explanation:

In the Research and Program Evaluation core area, counselors are expected to understand basic inferential statistics and hypothesis testing. Central concepts include:

- \* The null hypothesis (H<sub>0</sub>): typically states that there is no difference or no effect between groups or conditions.
- \* The research (alternative) hypothesis (H<sub>1</sub>): states that there is a difference or effect.
- \* A statistically significant difference indicates that the observed difference is unlikely to be due to chance alone, given the selected significance level (e.g., p < .05).

When results are statistically significant, the standard decision rule is:

- \* Reject the null hypothesis (Option A), because the data suggest that the assumption of "no difference" is not supported. Although in everyday language one might say the results "support" or are "consistent with" the research hypothesis, classical hypothesis testing emphasizes rejecting or failing to reject the null, rather than formally "accepting" the research hypothesis. Therefore, the most correct technical decision the researcher could make is to reject the null hypothesis (A).

## NEW QUESTION # 36

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