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NBCC National Counselor Examination Sample Questions (Q11-Q16):

NEW QUESTION # 11

How would a counselor know that systematic desensitization is working for a client with social anxiety disorder?

- A. The Subjective Units of Discomfort Scale rating has decreased from 70 to 60 for attending a social event.
- B. The client displays reactivity in their behavior because they have been keeping a diary of immediate records.
- C. The Subjective Units of Discomfort Scale rating has increased from 60 to 70 for attending a social event.
- D. The client displays reactivity in their behavior due to being observed.

Answer: A

Explanation:

In Counseling and Helping Relationships, counselors are trained in behavioral and cognitive-behavioral interventions such as systematic desensitization. This technique involves:

* Developing a fear hierarchy (e.g., levels of anxiety for social situations),

* Teaching relaxation or coping skills, and

* Gradually pairing relaxation with exposure to feared situations.

Client progress is often measured using Subjective Units of Discomfort/Distress (SUDS) ratings. When the intervention is effective, the client's SUDS ratings for the same stimulus (e.g., attending a social event) decrease over time.

* A decrease from 70 to 60 (Option A) indicates that the client experiences less anxiety in that situation, which is evidence that systematic desensitization is working.

* An increase from 60 to 70 (Option B) shows worsening anxiety.

* Reactivity due to being observed or keeping a diary (Options C and D) refers to measurement reactivity or the Hawthorne effect, not to successful treatment outcomes.

Therefore, the best indicator that systematic desensitization is working is the decrease in SUDS rating, making A the correct answer.

NEW QUESTION # 12

Client A: "I don't believe you are being entirely honest about the amount of alcohol you use." Client B: "Are you saying I'm a liar? Nobody calls me a liar! I'll talk to you about this when we get outside." What is the most appropriate intervention for a group counselor to use in this exchange?

- A. Encourage client A to provide evidence for the accusation.
- B. Remain silent to facilitate further interaction.
- C. Advise client B to apologize for the response.
- **D. Acknowledge the anger response.**

Answer: D

Explanation:

Within Group Counseling and Group Work, CACREP emphasizes that group leaders should:

* Attend to here-and-now interactions,

* Acknowledge and name feelings expressed in the group,

* Promote safety and constructive processing of conflict.

Client B's response shows clear anger, defensiveness, and possible threat of confrontation outside the group. The group leader's first responsibility is to contain and process the emotional intensity in the moment.

* Option D, acknowledging the anger response (e.g., "I see you're really angry about what was just said"), aligns with core group leadership skills: recognizing and reflecting affect, de-escalating potential conflict, and opening space to explore what is happening between members.

The other options are less appropriate:

* A (telling B to apologize) is prematurely directive and may escalate defensiveness rather than explore the underlying issue.

* B (pressuring A to provide "evidence") can intensify conflict and shift the group into a debate rather than a therapeutic exploration.

* C (remaining silent) neglects the leader's responsibility for group safety and guidance, especially when a verbal threat is implied.

Therefore, D is the most appropriate leader intervention.

NEW QUESTION # 13

A descriptor that refers to clients who are pathologically self-focused, withdrawn, and unresponsive is

- **A. Autistic**
- B. Neurasthenic
- C. Neurotic
- D. Lethargic

Answer: A

Explanation:

Within the Assessment and Testing core area, counselors are expected to recognize commonly used clinical descriptors and how they relate to patterns of behavior, including social withdrawal and self-absorption.

Historically and in clinical usage, the term "autistic" (from the Greek root for "self") has been used to describe individuals who are pathologically self-focused, withdrawn from social interaction, and unresponsive to others. While modern practice emphasizes person-first language (e.g., "a person with autism"), exam items may still refer to the historical descriptor.

* Neurotic (B) refers more broadly to anxiety-related or maladaptive emotional functioning, not specifically to extreme withdrawal and unresponsiveness.

* Lethargic (C) describes low energy or fatigue, not the pervasive social withdrawal and self-focus implied in the question.

* Neurasthenic (D) is an outdated term describing general nervous exhaustion and weakness, not specifically social withdrawal or

self-focus.

Thus, the descriptor that best fits "pathologically self-focused, withdrawn, and unresponsive" is autistic (A) in the sense used in diagnostic and psychopathology contexts covered in NCE preparation.

NEW QUESTION # 14

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

- A. Behaviors are reinforced on a one-to-one ratio.
- B. Consistent shaping of the behavior is necessary.
- C. Modeled behaviors are consistently reinforced.
- 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 # 15

In working with an individual who knows of very few occupations, none of which interest the person, the counselor uses the Occupational Outlook Handbook. Which of the following is the best reason for this action?

- A. To help the individual inventory transferable skills
- B. To help the individual gain an understanding of the wide range of options
- C. To explore resistance to making a choice
- D. To select an occupation that could be considered

Answer: B

Explanation:

In the Career Development core area, CACREP emphasizes that counselors must be able to use career information resources (like the Occupational Outlook Handbook) to help clients understand the nature and scope of the world of work, including job duties, training requirements, labor market trends, and related occupations.

In this scenario, the client knows only a very limited set of occupations, and none are appealing. The most appropriate use of the Occupational Outlook Handbook here is to:

- * Broaden the client's awareness of the vast range of occupational choices.
- * Provide structured, accurate information about many different fields.
- * Help the client see new possibilities they have not previously considered.

This is exactly what option D describes: helping the individual gain an understanding of the wide range of options.

Options A and B are narrower and do not capture the primary purpose of using this broad informational resource. Option C (exploring resistance) is more of a counseling process goal and not the main reason for introducing the Handbook at this stage.

NEW QUESTION # 16

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