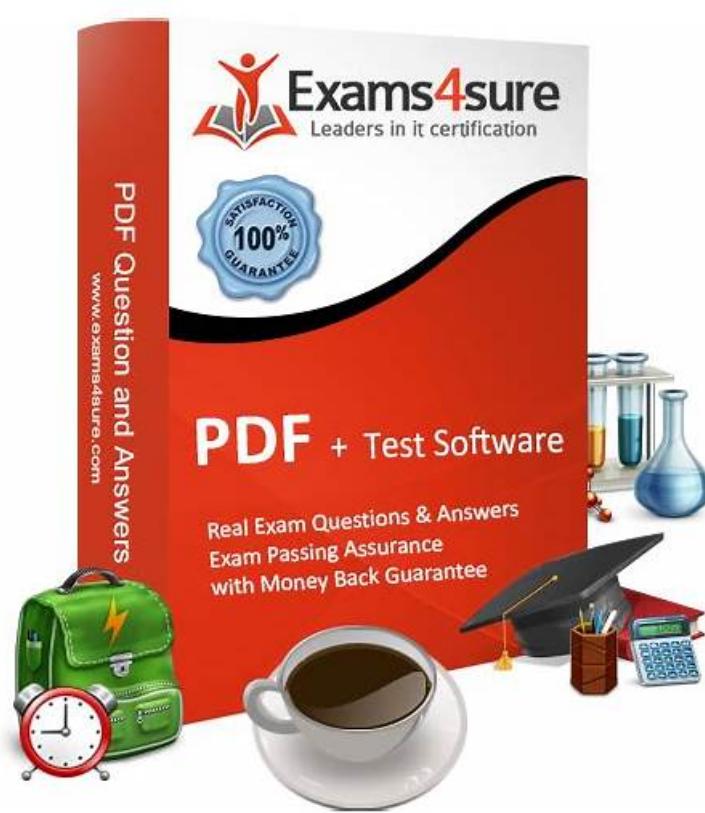


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NBCC National Counselor Examination Sample Questions (Q165-Q170):

NEW QUESTION # 165

What is an appropriate reason for a counselor to consult with another professional counselor?

- A. To seek assistance with ethical obligations or professional practice

- B. To engage peers in building a supportive professional community
- C. To gather instructions in lieu of professional development
- D. To share professional frustrations with a trusted colleague

Answer: A

Explanation:

In the Professional Counseling Orientation and Ethical Practice core area, counselors are expected to recognize that consultation with colleagues is an important part of maintaining ethical and competent practice. Ethical guidelines emphasize that counselors:

- * Seek consultation or supervision when facing ethical dilemmas,
- * Seek consultation when a client's needs are beyond their current competence,
- * Use consultation to improve the quality of client care.

While collegial support (options A and D) can be helpful, CACREP-aligned ethical standards specifically highlight consultation as a means to clarify and uphold ethical responsibilities and strengthen clinical decision-making, not simply to vent or replace formal professional development. Thus, the best answer is C.

To seek assistance with ethical obligations or professional practice.

NEW QUESTION # 166

Which lack of bonding factor between caregiver and child has been found to contribute to academic underperformance by a child?

- **A. Inhibited cognitive and emotional growth due to low stimulation**
- B. Decreased practice with delaying gratifications
- C. Decreased experience with attending behaviors
- D. Indiscriminate attachments to adults due to lack of attachment

Answer: A

Explanation:

When there is a significant lack of bonding or secure attachment between a caregiver and a child, one major consequence is often low levels of stimulation, interaction, and responsive caregiving. This can lead to:

- * Inhibited cognitive growth (e.g., delayed language, problem-solving, and conceptual skills).
- * Inhibited emotional growth, including difficulty regulating emotions and forming relationships.

These developmental limitations directly affect school readiness and academic performance, making A the best answer.

The other options describe possible effects of attachment problems but are less directly and broadly tied to academic underperformance:

- * B. Indiscriminate attachments to adults - seen in some severe attachment disturbances, but this focuses more on social behaviors than academic performance per se.
 - * C. Decreased experience with attending behaviors - could play a role but is more narrow and not the primary developmental factor emphasized in research.
 - * D. Decreased practice with delaying gratifications - relates more to impulse control and behavior, which can affect school, but the core academic underperformance is more strongly linked to global cognitive and emotional inhibition due to low early stimulation.
- Within Areas of Clinical Focus, counselors are expected to understand how early attachment and caregiving environments influence later functioning, including academic achievement, and to recognize how disruptions in bonding can affect a child's cognitive and emotional development.

NEW QUESTION # 167

After the counselor has identified the client's primary issue or problem in the intake interview, which of the following is the most appropriate next step?

- A. Complete the informed disclosure form.
- B. Set the number of treatment sessions.
- C. Implement the first step in the treatment.
- **D. Set counseling goals collaboratively with the client.**

Answer: D

Explanation:

The Counseling and Helping Relationships core area outlines the counseling process, including assessment, goal setting, and treatment planning. After the counselor has clarified the primary issue or problem, the next appropriate step is to:

* Work collaboratively with the client to develop clear, mutually agreed-upon counseling goals.

Option C reflects this standard. Goal setting is the bridge between assessment and intervention. It ensures that any treatment plan or technique used is purposeful, client-centered, and aligned with the client's priorities.

* A (implement treatment) is premature without collaboratively established goals.

* B (informed disclosure) should occur at the beginning of the counseling relationship, not after the problem is identified.

* D (set number of sessions) may be discussed later, often in the context of goals, agency policy, or client constraints, but it is not the primary next step immediately after identifying the problem.

Therefore, C is the most appropriate next step in the intake process.

NEW QUESTION # 168

How would a counselor apply internal family systems therapy with an individual having relationship difficulties?

- A. Explore how the client's family of origin shows up in relationship patterns.
- B. **Facilitate identification and visualization of parts taking over in the relationship.**
- C. Include family members in counseling sessions to resolve internal conflicts.
- D. Recognize internal conflicts and attachment wounds affecting the client.

Answer: B

Explanation:

Internal Family Systems (IFS) therapy views the mind as composed of multiple "parts" (such as protectors and exiles) and a core Self that is calm, compassionate, and centered. Even when working with an individual (rather than an actual family), the counselor:

* Helps the client identify and get to know different internal parts,

* Notices which parts become activated or "take over" in specific contexts, such as relationships,

* Supports the client in unblending from these parts and relating to them from Self-leadership.

Option B best captures this process: the counselor facilitates identification and visualization of parts that are taking over in the relationship, so the client can understand how these parts influence their reactions and choices with others.

* A is more aligned with traditional family-of-origin or Bowenian/systemic exploration and is less specific to IFS's internal "parts" model.

* C is not required in IFS; the "family" being worked with is the internal system, not necessarily the external family.

* D is partially true in a broad sense (IFS does recognize internal conflicts and wounds), but it is too general and does not specify the key IFS intervention of working explicitly with "parts." This question falls under Counseling Skills and Interventions, since it focuses on how a counselor would apply a specific therapeutic model in practice with a client experiencing relational difficulties.

NEW QUESTION # 169

Group leaders have a responsibility to manage and contain their anxiety because

- A. **Their anxiety can increase that of members.**
- B. Doing so will improve group cohesion and effectiveness.
- C. These are ethical and professional standards.
- D. Group members have this expectation of group leaders.

Answer: A

Explanation:

In the Group Counseling and Group Work core area, CACREP emphasizes the importance of group leadership skills, including self-awareness, emotional regulation, and the impact of the leader on group dynamics.

A central principle is that affect in groups is contagious:

* When leaders are visibly anxious and do not manage or contain that anxiety, members often mirror or absorb it, leading to increased tension, defensiveness, or withdrawal.

* Effective leaders are aware of their own emotional reactions and manage them so the group environment remains safe, stable, and facilitative of growth.

While:

* Ethical and professional standards (option A) do require competence and self-monitoring, the primary reason in group dynamics terms is the direct effect on members.

* Option C (improving cohesion and effectiveness) is a positive outcome but is more general and indirect.

* Option D (member expectations) may be true, but expectations alone are not the main professional rationale.

The most direct and group-dynamics-based reason is B. Their anxiety can increase that of members.

NEW QUESTION # 170

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