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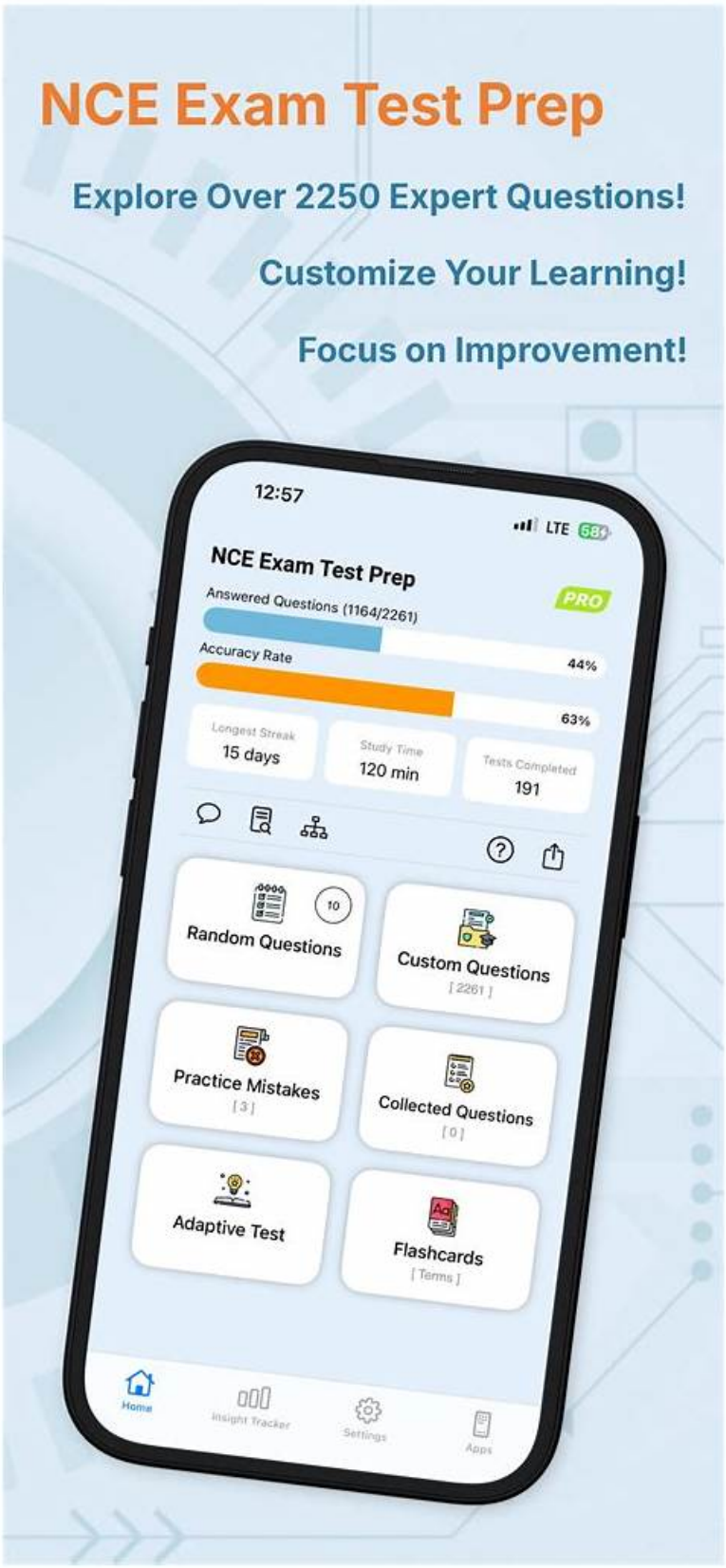

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NBCC National Counselor Examination Sample Questions (Q15-Q20):

NEW QUESTION # 15
Which of the following cognitive-behavioral counseling techniques is designed specifically to help family members develop new behaviors?

- A. Modeling
- B. Reinforcement of incompatible behaviors
- C. Intensification
- D. Extinction

Answer: A

Explanation:
In the Counseling Skills and Interventions domain, counselors are expected to know and apply core cognitive- behavioral strategies, including how to help clients and families learn and practice new behaviors.
Modeling (B) is a technique in which the counselor (or another family member) demonstrates a desired behavior, allowing others to observe and then imitate it. This approach is rooted in social learning principles:
people learn new behaviors by watching others perform them and seeing the positive outcomes that follow. In family counseling, modeling can be used to teach communication skills, problem-solving, emotional expression, or conflict-resolution behaviors.
The other options are related but not as directly focused on teaching new behaviors through demonstration:
* Intensification (A) is more associated with structural family therapy, where the therapist heightens or intensifies interactions to promote change in family structure.
* Reinforcement of incompatible behaviors (C) is a behavior modification method that increases behaviors that cannot occur simultaneously with the unwanted behavior. It shapes behavior but does not inherently rely on demonstration.
* Extinction (D) reduces a behavior by removing the reinforcement that maintains it.
While several behavioral techniques can support change, modeling is specifically designed to help family members develop and learn new behaviors by observing them in action.

NEW QUESTION # 16
In addition to observing a client for signs and symptoms, what other information should counselors identify when determining a diagnosis?

- A. Length of time in counseling
- B. Existence of functional disturbances
- C. Client's goals for counseling
- D. Client's view of the problem

Answer: B

Explanation:
Within the Assessment and Testing core area, CACREP notes that diagnosis is not based only on signs and symptoms, but also on the impact on functioning. In line with diagnostic standards (e.g., DSM), counselors must determine whether symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
* Therefore, beyond symptom observation, counselors must assess for functional disturbances-how the client's life, work, school, or relationships are being affected.
Length of time in counseling (B), client's goals (C), and client's view of the problem (D) are clinically important, but they are not the core additional criterion for diagnosis. Diagnostic decisions hinge on both symptom patterns and functional impairment, making A the correct answer.

NEW QUESTION # 17
Which of the following factors would be most salient in the treatment of a client who grew up in an urban neighborhood and is currently unemployed?

- A. Cultural identity
- B. Family background and history
- C. Psychological maturity and development
- D. Economic and class experiences

Answer: D

Explanation:
The question highlights two contextual details:
* The client grew up in an urban neighborhood.
* The client is currently unemployed.
These details point strongly toward socioeconomic conditions, access to resources, exposure to systemic barriers, and the impact of poverty or underemployment-all of which are captured in economic and class experiences.
Therefore, Option C is the most salient factor for treatment planning in this scenario. Understanding economic and class realities helps the counselor:
* Conceptualize stressors such as financial strain, housing instability, neighborhood safety, and limited opportunity.
* Avoid pathologizing reactions that may be understandable responses to systemic and structural inequities.
* Integrate advocacy, resource referral, and practical support into the plan when appropriate.4 Why the other options are less salient given the specific prompt:
* A. Cultural identity - Always important, but the question specifically emphasizes urban upbringing and unemployment, which more directly point to class and economic context. Cultural identity may or may not be the central driver in this particular description.
* B. Family background and history - Relevant to any case conceptualization, but not as clearly tied to the urban and unemployed descriptors given in the stem.
* D. Psychological maturity and development - Also important, but the vignette does not supply information about developmental maturity; instead, it highlights environmental and economic context.
In the Treatment Planning work behavior area, NBCC emphasizes integrating contextual, socioeconomic, and environmental factors into goals and interventions, particularly when clients are affected by unemployment, neighborhood conditions, or social class pressures.4 Top of Form Bottom of Form

NEW QUESTION # 18
What is a primary component of Minuchin's structural family therapy?

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

Answer: B

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 # 19
Using a psychodynamic approach, how can you relate reported symptoms to the best treatment process?

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

Answer: B

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 # 20
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