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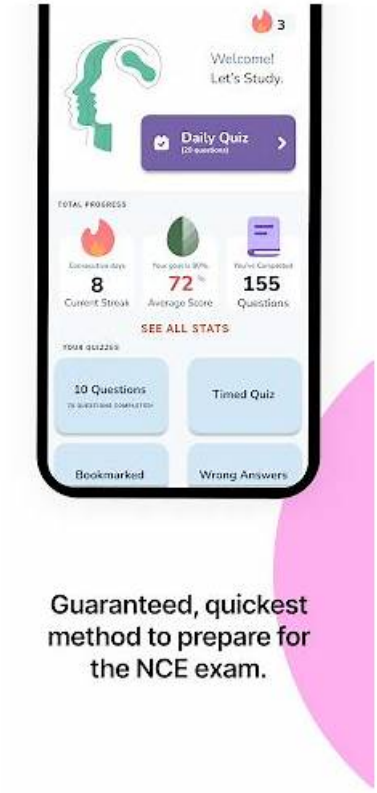

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NBCC National Counselor Examination Sample Questions (Q66-Q71):

NEW QUESTION # 66
A client is an 85-year-old male who is in declining health. He has had a recent heart attack and his cardiologist recommended counseling. The client reports being divorced for 10 years and estranged from his adult children. He presents as mildly depressed with a limited range of emotional expression. He says he has accepted the loss of family relationships while recounting all he did to provide for his family. He expresses some fears about dying alone and wonders aloud about how much time he has left. An important focus of counseling with this client would be which of the following?

- A. Repairing family relationships
- B. Reviewing will and health care directives
- C. End-of-life issues
- D. Developing and expanding support networks

Answer: C

Explanation:
This client is:
* In advanced age with declining health and a recent heart attack.
* Expressing fears about dying alone and questions about how much time he has left.
* Reflecting on life choices and losses ("all he did to provide for his family").
These features point strongly to end-of-life concerns, such as mortality, meaning, unresolved feelings, and how to live meaningfully in the time remaining. Thus, A. End-of-life issues is the most central and clinically indicated focus.
Why the others are secondary or less indicated:
* B. Repairing family relationships - while potentially helpful, he states he has "accepted" those losses; that may be explored within end-of-life work, but the primary clinical task is addressing his fears and meaning-making around death.
* C. Reviewing will and health care directives - important practically, but this is more of a legal /administrative task than the core counseling focus.
* D. Developing and expanding support networks - can be part of the work, especially given fears of dying alone, but it is one element within the broader focus on end-of-life adjustment rather than the central organizing theme.
NBCC Counselor Work Behavior Areas include attending to developmental and life-stage issues, including older adulthood and end-of-life, and helping clients cope with illness, mortality, and existential concerns.

NEW QUESTION # 67
How would a counselor apply internal family systems therapy with an individual having relationship difficulties?

- A. Include family members in counseling sessions to resolve internal conflicts.
- B. Facilitate identification and visualization of parts taking over in the relationship.

- C. Recognize internal conflicts and attachment wounds affecting the client.
- D. Explore how the client's family of origin shows up in relationship patterns.

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 # 68
A diagnosis of attention-deficit/hyperactivity disorder is

- A. more prevalent in individuals whose family members suffer personality disorders.
- B. justified primarily when social and academic/occupational functioning have been impaired.
- C. typically diagnosed before children enter formal educational settings.
- D. more frequently diagnosed in females than in males.

Answer: B

Explanation:
Within the Assessment and Testing core area, counselors are expected to understand the principles of diagnosis, including that mental disorder diagnoses (such as ADHD) are based not only on the presence of symptoms but also on clinically significant impairment in social, academic, or occupational functioning across settings.
* Diagnostic criteria for attention-deficit/hyperactivity disorder specify that symptoms must cause clear evidence of interference with, or reduction in quality of, social, academic, or occupational functioning, and must be present in two or more settings (e.g., home and school). Therefore, a diagnosis is justified primarily when functioning is impaired, which matches Option D.
* ADHD is more commonly diagnosed in males than females, particularly in childhood; thus, Option A is incorrect.
* Although symptoms often begin in early childhood, ADHD is commonly identified after increased demands in school; it is not typically diagnosed before formal schooling, so Option B is incorrect.
* ADHD is associated with a familial pattern of ADHD and related conditions, not specifically with family members having personality disorders, so Option C is incorrect.
Therefore, D is the correct answer because diagnosis must be tied to meaningful impairment in functioning, not just the presence of symptoms.

NEW QUESTION # 69
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 eating disorder peer support group.
- B. Refer the client to an outpatient therapy group for eating disorders.
- C. Refer the client to a crisis unit since they intend to lose more weight.
- D. Refer the client to an eating disorder inpatient facility.

Answer: D

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 # 70
How would a counselor know that systematic desensitization is working for a client with social anxiety disorder?

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

Answer: D

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 # 71
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