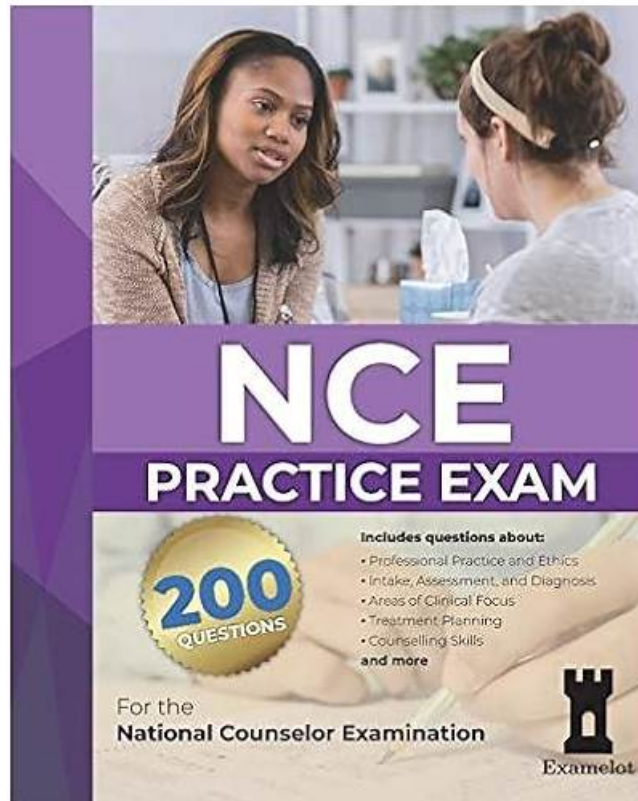


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## NBCC National Counselor Examination Sample Questions (Q49-Q54):

### NEW QUESTION # 49

The Bender-Gestalt test primarily measures

- A. Intellectual disability (intellectual developmental disorder)
- B. Visual concept formation
- C. Motor skill development
- **D. Visual-motor perception**

**Answer: D**

Explanation:

In the Assessment and Testing core area, counselors are expected to recognize major psychological and neuropsychological instruments and what they measure.

\* The Bender Visual-Motor Gestalt Test (often called Bender-Gestalt) is primarily used to assess visual-motor integration / visual-motor perception-how well a person can perceive visual stimuli and reproduce them through motor responses (drawing).

\* It can be used as a screening tool for brain dysfunction, developmental issues, or neurological problems, but its core construct is visual-motor perception/integration.

It does not directly measure general intellectual disability (A), pure visual concept formation (B), or motor skills alone (C). Thus, D. Visual-motor perception is the best answer.

### NEW QUESTION # 50

When is broaching implemented in the counseling relationship?

- A. When the client requests it in writing
- B. By the second session and at termination
- **C. In the first session and throughout counseling**
- D. When the counselor considers referring the client

**Answer: C**

Explanation:

In the Social and Cultural Diversity core area, counselors are expected to demonstrate multicultural competence, including the ability to broach topics such as race, ethnicity, culture, oppression, identity, and power dynamics.

Broaching is the counselor's intentional effort to:

\* Acknowledge and invite discussion of cultural and sociopolitical factors affecting the client,

\* Normalize and validate the significance of the client's cultural identities, and

\* Address how these factors may shape the counseling relationship and presenting concerns.

Best practice is for broaching to occur early and repeatedly:

\* It should be introduced in the first session to set a foundation that cultural and identity-related issues are welcome topics.

\* It should continue throughout the counseling process, as relevance may change or deepen over time.

\* Limiting broaching to referral considerations (A) or only when a client formally requests it (B) contradicts multicultural counseling competencies, which emphasize counselor responsibility.

\* Doing it only by the second session and at termination (C) makes it infrequent and procedural, rather than an ongoing part of the relationship.

Thus, broaching is implemented in the first session and throughout counseling, making D the correct answer.

### NEW QUESTION # 51

In the early stages of reduction-in-force (RIF) outplacement counseling, the typical immediate counseling goal is to help clients:

- **A. Cope with the resulting feelings.**
- B. Evaluate potentially appropriate work-leisure-lifestyle integrations.
- C. Locate sources of information about retraining and/or further education.
- D. Improve job interview skills.

**Answer: A**

Explanation:

In outplacement and career transition counseling following a reduction in force (RIF), counselors are expected to understand that clients often first experience shock, grief, anger, anxiety, and loss. Early in the process, the primary clinical need is emotional

stabilization and support, not immediate job-search strategy.

\* D. Cope with the resulting feelings is the immediate priority: helping clients process reactions to job loss, normalize emotional responses, reduce acute distress, and restore enough psychological stability to engage in problem solving.

\* A (retraining information), B (interview skills), and C (lifestyle integration) are important later-stage goals once the client is more emotionally grounded and ready to plan and act.

Thus, in the early stages of RIF outplacement counseling, helping clients cope with the resulting feelings is the central immediate counseling goal, making D correct.

### NEW QUESTION # 52

What is the purpose of documenting the use of an ethical decision-making model and actions taken?

- A. to protect the profession when reviewed by other professionals
- B. to protect the integrity of the client-counselor relationship
- C. to protect the counselor if decisions are challenged
- D. to protect the client if records are subpoenaed

**Answer: C**

Explanation:

In the Professional Practice and Ethics domain, counselors are expected to follow a systematic ethical decision-making process and to document:

- \* The model or steps they used.
- \* The consultations they sought.
- \* The options considered and the actions taken, along with the rationale.

This documentation serves several purposes, but a key function is to show that the counselor acted in a thoughtful, reasonable, and professionally responsible manner if their decisions are later questioned by a licensing board, court, or ethics committee. This most directly aligns with:

- \* C. to protect the counselor if decisions are challenged.

Why the other options are less accurate:

- \* A. to protect the client if records are subpoenaed - good documentation can benefit the client, but the primary emphasis in ethical decision-making documentation is on demonstrating professional due diligence.
- \* B. to protect the profession when reviewed by other professionals - while sound documentation reflects well on the profession, this is not the main purpose.
- \* D. to protect the integrity of the client-counselor relationship - maintaining integrity is crucial, but documentation of an ethical decision-making model is primarily a risk management and accountability tool.

NBCC Counselor Work Behavior Areas stress that ethical practice includes using structured decision-making models and documenting the process to demonstrate adherence to professional standards and to protect the counselor in the event of scrutiny or challenge.

### NEW QUESTION # 53

What should a treatment team do when a client meets treatment goals earlier than anticipated?

- A. Consider changes to medication.
- B. Understand the client's attitude toward treatment.
- C. Review and revise the treatment plan.
- D. Refer the client to group therapy.

**Answer: C**

Explanation:

Effective treatment planning is described as a dynamic, ongoing process. Counselors are expected to regularly review treatment goals and progress and revise the plan as needed to reflect the client's current status.

When a client meets treatment goals earlier than expected, the most appropriate step is to revisit the treatment plan, confirm which goals have been successfully achieved, and then:

- \* Decide whether to add new goals,
- \* Shift focus to maintenance or relapse prevention, or
- \* Begin planning for termination if appropriate.

Option C captures this responsibility to review and revise the treatment plan based on actual client progress.

- \* A (changing medication) is a medical decision and may or may not be relevant; it is not the primary treatment-planning response.

\* B (referral to group) could be appropriate in some cases, but it should follow a thoughtful treatment- plan review.

\* D (understanding attitude toward treatment) may be clinically useful, but again it is not the primary, required next step in structured treatment planning.

This directly reflects the Treatment Planning work behavior: monitoring progress and modifying plans to ensure services remain appropriate and goal-directed.

## NEW QUESTION # 54

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