

100%合格率のNCE-ABE受験記対策 &合格スムーズ NCE-ABE対応資料 | 一番優秀なNCE-ABE問題サンプル



わずか数年の中に、NBCC NCE-ABE認定試験がたくさんの人の日常生活にとっても大きい影響を与えています。簡単で順調にNBCC NCE-ABE認定試験を通すのは問題になりますが、MogiExamはこの問題を解決できるよ。弊社の問題集はIT技術者がこつこつ研究して、正確で最新なもので君のNCE-ABE認定試験を簡単に通すことにいいトレーニングツールになりますよ。MogiExamを選られば、成功しましょう。

人生は勝ち負けじゃない、負けたって言わない人が勝ちなのよ。近年NBCC NCE-ABE認定試験の難度で大方の受験生は試験に合格しなかったのに面して、勇者のようにこのチャレンジをやってますか。それで、我々社のNBCC NCE-ABE無料の試験問題集サンプルを参考します。自分の相応しい復習問題集バージョン（PDF版、ソフト版を、オンライン版）を選んで、ただ学習教材を勉強し、正確の答えを覚えるだけ、NBCC NCE-ABE資格認定試験に一度で合格できます。

>> NCE-ABE受験記対策 <<

NCE-ABE対応資料、NCE-ABE問題サンプル

NCE-ABE試験に実際に参加して資料を選択する前に、このような証明書を保持することの重要性を思い出してください。このようなNCE-ABE証明書を取得することで、昇給、昇進の機会、上司や同僚からの信頼など、将来の多くの同意結果を習得できます。これらすべての快い結果は、もはやあなたにとって夢ではありません。そして、NCE-ABE試験準備により、成績を改善し、生活の状態を変え、キャリアの驚くべき変化を得ることができ、すべてが可能になります。それはすべて、NCE-ABE学習の質問から始まります。

NBCC National Counselor Examination 認定 NCE-ABE 試験問題 (Q135-Q140):

質問 # 135

Which intervention is evidence-based for a client experiencing depression?

- A. Behavioral activation
- B. Fear hierarchy
- C. Empty chair
- D. Dream analysis

正解: A

解説:

For depressive disorders, counselors are expected to select interventions that have strong empirical support.

Behavioral activation is a well-established, evidence-based intervention for depression. It focuses on:

- * Increasing engagement in pleasant, mastery-oriented, and values-consistent activities
 - * Reducing patterns of withdrawal and avoidance that maintain or worsen depressive symptoms
- Research has repeatedly shown that behavioral activation can be as effective as cognitive therapy and medication for many clients with depression, and it is considered a frontline treatment in many practice guidelines [e.g., standard CBT/BA literature and clinical protocols].

Why the other options are not the best answer:

* A. Fear hierarchy - This is typically used as part of systematic desensitization or exposure therapies for anxiety disorders, especially phobias, not as a primary, evidence-based treatment for depression.

* C. Empty chair - A Gestalt technique often used for unresolved feelings toward self or others. It can be helpful in some contexts but is not a primary empirically validated core treatment for depression.

* D. Dream analysis - Associated with psychodynamic or psychoanalytic approaches; it does not have the same level of empirical support as behavioral activation specifically for depression.

Counselors working within the NBCC Counselor Work Behavior Areas are expected to use interventions like behavioral activation that directly target depressive patterns through structured, change-oriented action.

質問 # 136

Which of the following is not equivalent to the other three in a normal distribution?

- A. T score of 60
- B. Percentile rank of 84
- C. Z score of 1
- D. Stanine of 5

正解: D

解説:

In assessment and testing, counselors must understand how different standardized scoring systems relate to one another in a normal distribution so they can interpret results accurately for clients.

* A z score of 1 is one standard deviation above the mean. In a normal distribution, this corresponds to about the 84th percentile.

* A T score typically has a mean of 50 and a standard deviation of 10. One standard deviation above the mean ($z = 1$) equals a T score of 60.

* A percentile rank of 84 also corresponds to being about one standard deviation above the mean in a normal distribution.

So options A, B, and C all describe roughly the same relative position in the distribution: one standard deviation above the mean.

A stanine scale ranges from 1 to 9, with a mean of 5 and a standard deviation of about 2. A stanine of 5 represents the average range (around the mean), not one standard deviation above it. A score one standard deviation above the mean would fall closer to stanine 7, not 5.

Therefore, stanine of 5 (D) is not equivalent to the other three scores and is the correct answer.

質問 # 137

What strategy would a counselor use with a client whose cultural background is different from their own?

- A. Ask the client about any cultural issues or beliefs that may be impacting them.
- B. Wait for the client to share their cultural experiences.
- C. Address presenting concerns separately from culture, race, and ethnic background.
- D. View cultural background as secondary to treatment planning.

正解: A

解説:

Within the Social and Cultural Diversity core area, counselors are expected to demonstrate multicultural competence, which includes recognizing how culture, race, ethnicity, and worldview affect clients' experiences and concerns, and actively exploring these with clients. Ethical and culturally responsive practice involves:

* Openly inviting discussion of cultural beliefs, values, and experiences that may influence the client's presenting concerns.

* Avoiding assumptions or minimizing culture as "secondary" to treatment.

Option D reflects this standard: the counselor asks the client directly about any cultural issues or beliefs that may be impacting them, honoring client expertise about their own cultural context and integrating it into case conceptualization and treatment planning.

* A places the responsibility fully on the client and can lead to important cultural issues being overlooked.

- * B contradicts multicultural counseling principles by treating culture as unimportant.
 - * C suggests separating concerns from culture, which ignores the fact that many problems are embedded in cultural, racial, and systemic contexts.
- Therefore, D is the strategy that aligns with CACREP's multicultural and social justice competencies.

質問 # 138

Which statement concerning fetal alcohol syndrome (FAS) is correct?

- A. FAS can develop through breastfeeding.
- B. The effects of the syndrome are mental rather than physical.
- **C. Fetal alcohol damage appears to be irreversible.**
- D. The children with FAS tend to have average IQs.

正解: C

解説:

Fetal alcohol syndrome (FAS) results from prenatal exposure to alcohol and is characterized by a pattern of:

- * Central nervous system (CNS) abnormalities
- * Growth deficiencies
- * Characteristic facial features
- * Cognitive, behavioral, and learning difficulties

These effects are considered permanent and irreversible, making Option A correct. While supportive services and interventions can improve functioning and quality of life, the underlying damage does not "heal" or disappear over time [as consistently noted in medical and developmental literature, e.g., CDC and pediatric guidelines].

Why the other options are incorrect:

- * B. "The effects ... are mental rather than physical." FAS includes both physical and neurodevelopmental effects-growth deficits, facial anomalies, and CNS involvement-not just "mental" effects.
 - * C. "FAS can develop through breastfeeding." FAS is specifically caused by alcohol exposure in utero; breastfeeding does not cause FAS, although alcohol can affect the infant in other ways.
 - * D. "The children with FAS tend to have average IQs." Many individuals with FAS have below- average IQ, learning disabilities, and executive functioning deficits. Average IQ is not characteristic of the syndrome as a whole.
- Within the NBCC Counselor Work Behavior Areas, counselors are expected to understand key features of developmental and neurobehavioral conditions such as FAS to inform assessment, referral, and appropriate support planning.

質問 # 139

The group leader can recognize that the group is in stage II (transition, storming, or conflict) when:

- A. Members are tentative, cautious, and uncertain.
- **B. Members openly express disagreement with the group leader.**
- C. The group as a whole is quiet and withdrawn.
- D. Members ask many questions of the leader.

正解: B

解説:

In the Group Counseling and Group Work core area, CACREP-based training and the NCE require familiarity with stages of group development (often described similarly to forming, storming, norming, performing):

- * Stage I (Initial/Forming/Orientation):
- * Members are cautious, tentative, and dependent.
- * They often ask many questions of the leader.
- * The group may be quiet or withdrawn as members test safety and structure.(These correspond to options B, C, and D.)
- * Stage II (Transition/Storming/Conflict):
- * Characterized by anxiety, resistance, and control issues.
- * Members may challenge the leader or one another.
- * Open disagreement, power struggles, and expressions of frustration are common.

Therefore, the clearest indicator that the group is in Stage II is when members openly express disagreement with the leader, reflecting conflict and challenge-hallmarks of the transition/storming stage.

Thus, A is correct.

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