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## NBCC National Counselor Examination Sample Questions (Q17-Q22):

### NEW QUESTION # 17

Which is an example of addressing diversity in treatment objectives?

- A. Assessing individual and family dynamics
- B. Measuring the client's beliefs of societal systems
- C. Including spiritual and religious resources
- D. Continuous monitoring to maintain rapport

**Answer: C**

Explanation:

The Social and Cultural Diversity core area emphasizes that counselors must develop culturally responsive interventions and treatment plans that consider clients' cultural identities, including religion and spirituality

. CACREP-aligned training highlights:

- \* The importance of integrating clients' cultural values, beliefs, and practices into treatment,
- \* Respecting clients' spiritual and religious traditions as meaningful components of identity, and
- \* Using culturally congruent resources and supports in counseling goals and interventions.

Looking at the options:

- \* A. Continuous monitoring to maintain rapport - Good general counseling practice, but not specifically an example of addressing diversity in treatment objectives.
- \* B. Assessing individual and family dynamics - Important for case conceptualization, but still not explicitly diversity-focused unless clearly tied to culture.
- \* D. Measuring the client's beliefs of societal systems - This may be part of multicultural assessment, but it is more evaluative than clearly a treatment objective that incorporates diverse resources.
- \* C. Including spiritual and religious resources - Directly exemplifies integrating cultural, spiritual, and religious dimensions into treatment objectives, which is exactly what multicultural counseling competency requires.

Therefore, C (including spiritual and religious resources) is the best example of explicitly addressing diversity in treatment objectives.

### NEW QUESTION # 18

A new blended family comes to a counselor with issues with their adolescent offspring from previous marriages. The stepsiblings complain that their parents are arguing too much. Which of the following techniques would be appropriate for a first session in helping with this issue?

- A. See the parents together.
- B. See each parent with their stepchildren.
- C. See each child separately.
- D. See the family as a whole.

**Answer: D**

Explanation:

In the Counseling and Helping Relationships core area, systemic and family counseling approaches emphasize that:

- \* A family is a system, and problems (such as parental conflict and stepfamily tension) are best understood by observing the entire system interacting.
- \* Early sessions often focus on joining with the whole family, clarifying roles, boundaries, and interaction patterns, especially in blended families where alliances and loyalties can be complex.

Option B, seeing the family as a whole in the first session, allows the counselor to:

- \* Directly observe parent-child and stepparent-stepchild interactions,
- \* Hear each member's perspective on the arguing and its impact,
- \* Begin to restructure communication and set shared goals collaboratively.

The other options fragment the system:

- \* A (see each child separately) misses the systemic interaction at the heart of the complaint.
- \* C (see parents together) may be useful later but does not initially address how the conflict is affecting the children or the overall

family dynamics.

\* D (each parent with their stepchildren) reinforces existing divisions and alliances rather than treating the family as a single integrated system.

Therefore, B is the most appropriate first-session technique for this blended family issue.

### NEW QUESTION # 19

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

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

**Answer: D**

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 # 20

You have been assigned to assess a 21-year-old client who presents as disheveled and confused. During the initial part of the interview, you note rapid speech, agitation, and paranoia. Based on your observations, which of the following is an appropriate next step when making a diagnosis?

- A. Establish a safety plan.
- **B. Obtain additional information.**
- C. Discuss the client's addiction problem.
- D. Seek a 72-hour hold on the client.

**Answer: B**

Explanation:

Within the Intake, Assessment and Diagnosis work behavior area, counselors are expected to systematically gather sufficient, relevant information before arriving at a diagnostic conclusion. Observations from an initial contact-such as disheveled appearance, confusion, rapid speech, agitation, and paranoia-are important, but they are only part of a complete assessment.

An appropriate diagnostic next step is to obtain additional information (Option B). This includes:

\* Conducting a more thorough mental status examination.

\* Gathering history of present illness, psychiatric history, medical history, and substance use history.

\* Exploring onset, duration, and course of symptoms.

\* Considering differential diagnoses, including mood disorders, psychotic disorders, substance-induced conditions, and medical causes.

The NBCC-aligned counselor work behaviors in this domain emphasize:

\* Avoiding premature diagnostic closure.

\* Using multiple sources of information (client report, observation, records, and collateral sources when appropriate).

\* Integrating behavioral observations with history and contextual factors before assigning a diagnosis.

Why the other options are not the best diagnostic next step:

- \* B. Establish a safety plan - Safety planning can be crucial, but it follows from a formal risk assessment (e.g., suicidality, homicidality), which has not yet been described. It is an intervention step, not the immediate next step in making a diagnosis.
- \* C. Discuss the client's addiction problem - No information has been presented that confirms a substance use disorder; assuming this would violate the expectation to base diagnosis on adequate assessment data.
- \* D. Seek a 72-hour hold on the client - Involuntary hospitalization requires clear evidence of danger to self, danger to others, or grave disability. The scenario only notes symptom presentation; a more complete assessment (Option A) is required before considering such action.

Thus, the response that best aligns with NBCC's expectations for competent diagnostic practice is to obtain additional information before forming or finalizing a diagnosis.

### NEW QUESTION # 21

A 17-year-old client wants to become a physician. With this client, what should the counselor and client focus on in evaluating the likelihood of this goal?

- A. Socioeconomic situation
- B. Aptitude test scores
- C. Previous academic record
- D. Achievement test scores

**Answer: C**

Explanation:

When working with adolescents on career and educational goals, counselors are expected to examine realistic indicators of readiness and likelihood of success in a chosen field. For highly demanding professions such as medicine, the best single indicator of future academic success is the client's previous academic record, including grades, rigor of coursework, and performance in relevant subjects (especially science and math).

\* Previous academic record (D) shows how the client has already handled structured academic demands over time, which closely parallels the long, intensive training path for physicians.

\* Aptitude test scores (A) reflect potential, but they are more abstract and less predictive than an established history of strong academic performance when it comes to long-term professional training.

\* Achievement test scores (B) focus on specific content knowledge at a given point in time, but do not give as rich a picture as an ongoing academic record.

\* Socioeconomic situation (C) may influence access to opportunities and support, but ethically, counselors should not treat it as the main determinant of whether the goal is realistic; instead, it becomes part of planning supports and resources, not the primary filter for possibility.

Therefore, in evaluating the likelihood of successfully becoming a physician, the previous academic record is the most appropriate focus, making D correct.

### NEW QUESTION # 22

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