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## NCE-ABE pass dumps & PassGuide NCE-ABE exam & NCE-ABE guide

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## NBCC National Counselor Examination Sample Questions (Q116-Q121):

### NEW QUESTION # 116

A counselor who believes that most thoughts and behaviors are learned and subject to change, and that the procedures employed with a client can be specifically designed to help the individual in solving a particular problem, has which theoretical orientation?

- A. Person-centered counseling
- **B. Cognitive behavioral counseling**
- C. Existential counseling
- D. Trait-and-factor counseling

**Answer: B**

**Explanation:**

Within the CACREP core area Counseling and Helping Relationships, counselors are expected to understand major counseling theories, including cognitive-behavioral approaches. Cognitive-behavioral counseling is based on the assumption that thoughts and behaviors are learned and therefore can be changed through structured interventions. It is:

- \* Problem-focused and goal-oriented
- \* Time-limited and highly structured
- \* Emphasizes specific techniques that directly target the client's presenting issue This matches the description in the question: the counselor believes (1) most thoughts and behaviors are learned and changeable, and (2) specific procedures can be designed to help solve a particular problem.
- \* Existential counseling (B) focuses on meaning, freedom, choice, and responsibility, not mainly on learned behaviors and structured techniques.
- \* Person-centered counseling (C) emphasizes unconditional positive regard, empathy, and congruence, with a non-directive stance rather than specifically designed problem-solving procedures.
- \* Trait-and-factor counseling (D) is associated with career counseling, focusing on matching traits to occupational factors, not on

changing learned thoughts and behaviors.

Thus, the orientation described is cognitive behavioral counseling (A).

### NEW QUESTION # 117

A client with a terminal illness discloses to their hospice counselor that they would like to discuss the option of assisted suicide. Which of the following should the counselor do first?

- A. Maintain confidentiality to protect the therapeutic relationship.
- **B. Seek consultation or supervision from professional and legal parties.**
- C. Review palliative care medications.
- D. Inform the client's family immediately to discuss next steps.

**Answer: B**

Explanation:

When a client brings up assisted suicide, the counselor is dealing with a situation that involves serious ethical, legal, and clinical considerations. The NBCC Counselor Work Behavior Areas emphasize that counselors must know and follow applicable laws, adhere to ethical standards, and seek supervision or consultation when facing complex or high-risk situations.

The best first step is Option A: seek professional and legal consultation/supervision. This helps the counselor clarify:

- \* Legal requirements in their jurisdiction regarding assisted suicide.
- \* Ethical obligations related to client safety, autonomy, and confidentiality.
- \* Appropriate clinical responses and documentation.

Option B (maintain confidentiality) is important but not an action step and may need to be reconsidered if there is clear risk of self-harm. Option C (inform the family) could violate confidentiality without proper legal/ethical grounding. Option D (review palliative medications) is outside the counselor's scope. Consulting first allows the counselor to proceed in an informed, ethical, and legally sound manner.

### NEW QUESTION # 118

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 a crisis unit since they intend to lose more weight.
- C. Refer the client to an outpatient therapy group for eating disorders.
- **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 # 119

Which is a symptom of generalized anxiety disorder?

- A. Restlessness
- B. Rechecking locked doors
- C. Pressured speech
- D. Lack of hobbies

**Answer: A**

Explanation:

In the Assessment and Testing core area, counselors are expected to recognize common diagnostic features of mental disorders to inform screening, referral, and conceptualization (not to replace full diagnosis).

For generalized anxiety disorder (GAD), hallmark symptoms include:

- \* Excessive anxiety and worry about a variety of events or activities,
- \* Difficulty controlling the worry,
- \* Physical and cognitive symptoms such as:
- \* Restlessness or feeling keyed up/on edge,
- \* Being easily fatigued,
- \* Difficulty concentrating,
- \* Irritability,
- \* Muscle tension,
- \* Sleep disturbance.

Thus, restlessness (Option B) is a classic symptom associated with GAD.

The other options fit different or nonspecific issues:

- \* A. Lack of hobbies is not a diagnostic criterion; it may relate to lifestyle, depression, or other factors but is not specific to GAD.
  - \* C. Rechecking locked doors is more characteristic of obsessive-compulsive disorder (OCD), where compulsive checking behaviors respond to intrusive obsessions.
  - \* D. Pressured speech is typically associated with mania or hypomania, not GAD.
- Therefore, B is the correct symptom associated with generalized anxiety disorder.

### NEW QUESTION # 120

Once a person's higher needs have been gratified, the needs' intensity temporarily:

- A. Disappears.
- B. Decreases.
- C. Increases.
- D. Stabilizes.

**Answer: B**

Explanation:

In understanding human motivation and development (key to clinical focus), counselors often draw on Maslow's hierarchy of needs. Maslow proposed that needs are organized from basic physiological and safety needs up through love/belonging, esteem, and self-actualization.

A central principle is that a need's motivational force lessens once it is sufficiently gratified. When a higher-level need (such as esteem or self-actualization) is met, its intensity as a driver of behavior temporarily decreases (C). The person is no longer as strongly motivated by that need until it becomes frustrated or deprived again.

- \* The need does not permanently disappear (A); it can re-emerge if no longer satisfied.
  - \* Stabilizes (B) is too vague and does not capture the idea that motivation drops when needs are met.
  - \* Increases (D) is the opposite of Maslow's notion that unmet needs drive behavior more strongly than gratified ones.
- Thus, the best description is that the intensity of the need decreases after gratification, so C is correct.

### NEW QUESTION # 121

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