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NCE

Full-Length Practice Exam

Exam 1

Answer Key & Explanations

Weighted to the six NCE content domains • Original practice questions

2014 ACA Code of Ethics • DSM-5-TR • Content current as of October 2026

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How to Use This Material

Answer each question on your own first, choosing the single BEST answer. The current NCE gives you 3 hours and 45 minutes for 200 questions, so this full-length exam is timed the same way: aim for about 1 minute per question. Then check your work against the separate answer key and read every explanation, including for the questions you got right, because the reasoning is what transfers to new questions on exam day.

NCE Practice Exam 1: Answer Key

The best answer for each question, with an explanation of why it is right and why the most tempting alternative is wrong.

1. A Acknowledge the challenge nondefensively and invite Karen and others to explore their reactions

Corey characterizes challenges to the leader as typical of the transition stage and recommends that leaders respond openly and nondefensively, treating the challenge as an opportunity for members to voice concerns and build trust. Explaining the rationale or shifting to an exercise sidesteps the conflict, which teaches members that honest reactions are unwelcome.

2. B Avoid any reply that confirms she was a client, responding at most with a general statement about the practice

Responding in a way that confirms the counseling relationship or discusses treatment discloses confidential information; the client's own disclosure does not waive the counselor's duty (ACA B.1.c, H.6.d), and HHS has penalized providers for such replies. Contacting the emergency contact is also an unauthorized disclosure.

3. C terminate because Hal no longer needs or benefits from counseling

ACA Code of Ethics A.11.c directs counselors to terminate when it is reasonably apparent that clients no longer need assistance, are not likely to benefit, or are being harmed by continued counseling. Hal's enjoyment of the conversation does not create a clinical need, and a referral or indefinite monthly sessions would only extend services he no longer requires.

4. A Acquired capability

Joiner proposes that suicidal desire arises from perceived burdensomeness combined with thwarted belongingness, but that lethal action requires an acquired capability: reduced fear of death and raised pain tolerance developed through experiences such as prior self-harm or repeated exposure to violence. Burdensomeness and belongingness explain desire, not capability. Psychache is Shneidman's term for unbearable psychological pain.

5. D A genogram

A genogram uses standard symbols to map family members, relationships, and patterns such as substance use or mental illness across at least three generations. An ecomap shows the family's connections with outside systems such as work, school, and community agencies, not patterns across generations.

6. A Counterconditioning

Counterconditioning means substituting healthier alternatives for problem behaviors. Stimulus control is the closest distractor, but it involves removing cues or adding prompts in the environment rather than replacing the response itself; self-liberation is the belief in and commitment to change, and contingency management uses rewards.

7. C Emotion-focused therapy

Emotion-focused therapy, developed by Greenberg, Rice, and Elliott, integrates person-centered relational conditions with Gestalt chair work used at specific in-session markers, such as self-critical splits and unfinished business. Schema therapy also uses chair work, but it grew primarily from cognitive therapy integrated with attachment and psychodynamic ideas rather than from the client-centered tradition.

8. D Altruism

Altruism is the boost in self-worth that comes from being helpful to others, and Yalom notes it is especially powerful for members who feel they have nothing to offer. Cohesiveness may be present, but Jerome's change stems specifically from discovering he can contribute something of value to another member.

9. A Causal-comparative design

A causal-comparative (ex post facto) design compares groups that already differ on a variable the researcher cannot manipulate, such as parental divorce. Quasi-experimental designs, including nonequivalent control group designs, involve the researcher administering an intervention to groups that were not randomly assigned.

10. C Vicarious traumatization

McCann and Pearlman described vicarious traumatization as cumulative changes in a counselor's core beliefs, such as beliefs about safety and trust, that come from empathic engagement with clients' trauma. Burnout reflects exhaustion and cynicism from workload and organizational conditions, not a shift in beliefs about safety.

11. C What was going on yesterday that led you to leave school?

Ivey cautions that "why" questions can put clients on the defensive, while "what" questions invite facts and context without demanding justification. Asking why skipping felt necessary is still a "why" question, and asking about the math test is a closed, leading question that supplies the counselor's own hypothesis.

12. A Carl Jung's theory of psychological types

The MBTI operationalizes Jung's psychological types through four preference pairs (E/I, S/N, T/F, J/P) that yield 16 types. The five-factor model underlies the NEO-PI-3, Holland's theory underlies the Self-Directed Search, and Cattell's trait theory underlies the 16PF.

13. A Prolonged grief disorder therapy combining loss- and restoration-focused work

Gloria's yearning, avoidance of reminders, sense of meaninglessness, and marked impairment 18 months after the death are consistent with DSM-5-TR prolonged grief disorder (which requires at least 12 months since the death for adults), and prolonged grief disorder therapy (Shear), based on the dual process model, has outperformed IPT in randomized trials. Watchful waiting is inappropriate given marked impairment at 18 months, and pressuring her to discard belongings is not an evidence-based intervention.

14. D To access primary attachment emotions that can shift the couple's interaction

EFT assumes that reactive secondary emotions, such as anger, cover primary attachment emotions, such as fear and longing, and that expressing these softer emotions evokes new responses from the partner and restructures the cycle. EFT is experiential and attachment-based, so skill training, psychodynamic interpretation, and disputing irrational beliefs are not its change mechanisms.

15. A Discuss the pattern in session, restate the contact policy, and stay consistently reliable within those limits

From an attachment perspective the counselor functions as a secure base, which requires predictable, consistent availability and clear boundaries, along with open discussion of the client's fears of abandonment. Answering every text may feel supportive but reinforces anxious hyperactivation and sets up a later boundary that the client may experience as rejection.

16. A Explore her values and life goals to help her prioritize among many viable options

Multipotentiality, common among gifted students, means having many strong interests and abilities, so interests and abilities alone cannot narrow the field; clarifying values and life goals gives her a basis for prioritizing. Directing her by one aptitude score ignores her broad strengths and her own role in deciding. Waiting for interests to narrow on their own leaves her stuck and is unlikely to work.

17. A Begin with the least intensive effective care and step up if needed

Stepped care begins with the least intensive intervention likely to help and increases intensity based on monitored outcomes. It makes efficient use of resources while ensuring clients who do not respond receive more intensive care.

18. B Caffeine use disorder

DSM-5-TR includes caffeine intoxication, caffeine withdrawal, and caffeine-induced disorders such as anxiety and sleep disorders as official diagnoses. Caffeine use disorder appears in Section III as a condition for further study because evidence of its clinical significance is still limited. Caffeine withdrawal is a tempting answer, but it was formally added as a diagnosis in DSM-5.

19. A Reality is socially constructed through language and conversation

SFBT and narrative therapy are postmodern, social constructionist approaches that view reality and meaning as constructed in language, with the client as expert. Internal motivation to meet five basic needs and self-evaluation before planning are reality therapy and choice theory tenets, and teaching responsibility also reflects Glasser's emphasis.

20. B Notice her righting reflex, return to reflective listening, and seek supervision

The counselor's frustration and repeated advice reflect the righting reflex, which typically elicits sustain talk and discord; recognizing this, returning to MI-consistent listening, and seeking supervision for her reactions support counselor self-awareness and client welfare. Confrontation tends to increase resistance, and relapse is an expected part of change, not grounds for referral or withholding services.

21. D Conduct a thorough suicide risk assessment during this session

Any positive response to the PHQ-9's ninth item calls for a direct suicide risk assessment regardless of the total score, because the total reflects depression severity, not suicide risk. Waiting 2 weeks or relying on the mild total could miss acute risk.

22. B Consult and consider a referral because of the dual relationship

A counselor's family member becoming romantically involved with a current client creates a boundary concern that can impair the counselor's objectivity and the member's experience of the group (ACA A.6). The counselor should seek consultation, document her reasoning, and discuss with the member whether a referral to another group leader would better serve her. Announcing the relationship to the group breaches the member's privacy, and continuing unchanged ignores the risk.

23. B Mindfulness-based stress reduction

Mindfulness-based stress reduction (MBSR), developed by Kabat-Zinn, is an eight-week group program built on the body scan, sitting meditation, and mindful yoga, and studies show it reduces stress in counseling trainees. Stress inoculation training is Meichenbaum's cognitive-behavioral approach with conceptualization, skill-building, and application phases. DBT skills training uses mindfulness but was designed as a treatment for emotional dysregulation.

24. D Report to adult protective services as state law requires and discuss the report with Agnes

Most states require counselors and other professionals to report suspected abuse or financial exploitation of elders or vulnerable adults, and the ACA Code of Ethics (B.2.a) recognizes that confidentiality does not apply when legal requirements demand disclosure. When possible, the client should be informed before the disclosure and involved in the process (B.2.e). Honoring her request for secrecy is tempting, but confidentiality does not override a mandated reporting duty, and delay can expose her to further harm.

25. B Insight

Hill's model moves through exploration, insight, and action. The insight stage uses challenges, interpretations, disclosures of insight, and immediacy to help clients construct new understanding. Exploration relies mainly on attending, open questions, and reflections, and action focuses on goal setting and behavior change; consolidation is not one of Hill's three stages.

26. D About 68%

Under the normal curve, about 68% of scores fall between −1 and +1 SD, about 95% between ±2 SD, and about 99.7% between ±3 SD. The 34% figure is only the area between the mean and one SD on a single side.

27. B Moral motivation

Rest's model includes moral sensitivity (recognizing an ethical issue), moral judgment (deciding what is right), moral motivation (prioritizing moral values over competing values), and moral character (having the courage and persistence to follow through). Paulo recognized the issue and judged correctly but placed financial values above ethical ones, a failure of motivation. Moral character is tempting, but it applies when someone prioritizes the right action yet lacks the ego strength to carry it out.

28. B An acculturation gap between generations

An acculturation gap (dissonant acculturation) occurs when children acculturate to the host culture faster than their immigrant parents, producing intergenerational conflict over values, roles, and autonomy, as in Mariana's family. Marginalization refers to an individual's disconnection from both heritage and host cultures, which does not fit either Mariana or her parents. Enmeshment is a structural family concept of blurred boundaries, and identity foreclosure (Marcia) involves committing to an identity without exploration.

29. A Progressive

Helms described a progressive relationship as one in which the counselor's racial identity status is at least one status more advanced than the client's, a configuration associated with more productive work on racial issues. A regressive relationship is the reverse, with the client more advanced than the counselor. Parallel relationships involve similar statuses, and crossed relationships involve counselor and client holding opposing racial attitudes.

30. C Segregation

In Berry's framework, the larger society's counterpart to separation is segregation, in which the dominant group enforces the keeping apart of the nondominant group. Exclusion is the dominant society's counterpart to marginalization, and the melting pot corresponds to assimilation. Multiculturalism is the societal counterpart to integration.

31. C Risk and protective factors, the reasoning behind the plan, the safety plan, and any consultation

In legal review, the key question is whether the counselor's judgment was reasonable, so the record should show the information gathered, the reasoning that connected it to the decision, the plan, and any consultation. A bare note that the client denied intent does not show clinical judgment. Quotes alone omit the reasoning, and separate 'shadow' notes are usually discoverable anyway and make the counselor look less credible.

32. D Chi-square test of independence

Two categorical variables in a contingency table are analyzed with a chi-square test of independence. The goodness-of-fit version examines a single categorical variable against expected proportions, so it cannot test a relationship between two variables.

33. C Speak privately with Marcus and try to resolve the matter informally

ACA Code of Ethics I.2.a directs counselors who have reason to believe a colleague is acting unethically to first attempt informal resolution with that colleague when appropriate and when doing so does not violate confidentiality. A formal board complaint is tempting, but it is reserved for situations involving substantial harm or when informal resolution fails or is inappropriate.

34. D Ask Victor how the story relates to what he is feeling here and now

Corey identifies storytelling as a common way members avoid present feelings; the leader helps by linking the content to the here-and-now and the member's current emotions. Allowing every story uninterrupted reinforces avoidance, and diagnostic interpretations are unwarranted and alienating.

35. A Washington University Sentence Completion Test

Loevinger developed the Washington University Sentence Completion Test (WUSCT), a projective sentence-stem measure scored for ego level. The Defining Issues Test (Rest) and the Moral Judgment Interview (Kohlberg) assess moral reasoning, and the Ego Identity Status Interview (Marcia) assesses identity status.

36. A With atypical features

The atypical features specifier requires mood reactivity plus two or more of: significant weight gain or increased appetite, hypersomnia, leaden paralysis, and long-standing sensitivity to interpersonal rejection. Melancholic features is close to the opposite profile, with loss of pleasure, lack of mood reactivity, early-morning awakening, and weight loss.

37. B A scheduled follow-up with a prescriber and counselor, plus an early-warning relapse plan

Effective discharge plans for bipolar disorder include confirmed follow-up appointments, medication continuity, and a plan identifying early warning signs such as reduced sleep and steps to take. Recreation and workplace decisions may be discussed but are secondary to preventing relapse during the high-risk post-discharge period.

38. C Decline the request and discuss it with Bianca, referencing the social media policy

ACA A.5.e prohibits personal virtual relationships with current clients, including through social media, so the request must be declined. Discussing it openly, ideally referencing the social media policy reviewed in informed consent, protects the relationship better than silently ignoring it.

39. A Record the accurate diagnosis and explore an appeal or other covered options

The ACA Code of Ethics requires accurate, honest records and reports to third parties, and misstating a diagnosis to obtain coverage is fraud even if it would help the client. The counselor can advocate through an appeal, document medical necessity accurately, or discuss other options rather than dropping the matter.

40. C Reasonable suspicion that abuse has occurred

State reporting statutes use a low threshold such as 'reasonable suspicion' or 'reasonable cause to believe'; the reporter does not have to prove anything. Evidentiary standards like preponderance or clear and convincing evidence apply to courts and investigators, not to reporters. A direct disclosure is not required; observed injuries or behavior can be enough.

41. B Disinhibited social engagement disorder

Disinhibited social engagement disorder involves overly familiar behavior with unfamiliar adults, lack of checking back with caregivers, and willingness to go off with strangers, following a history of insufficient care (DSM-5-TR). Reactive attachment disorder is the inhibited, emotionally withdrawn pattern in which the child rarely seeks or responds to comfort. ADHD impulsivity does not explain the specific pattern of indiscriminate social approach.

42. C Arranging temporary storage of the rifles with a trusted person outside the home

Lethal means counseling favors putting time and distance between a person at risk and firearms, ideally through temporary off-site storage with a trusted person or facility. A home safe whose combination Glen controls offers little barrier during a crisis, and an agreement to disclose thoughts does not limit access at all.

43. B It must agree, because HIPAA requires honoring restrictions on disclosures to a health plan for services paid in full out of pocket

Under the HITECH amendments to HIPAA, a covered entity must agree to a request to restrict disclosure to a health plan for payment or operations when the individual has paid for the service in full out of pocket. Covered entities generally may refuse other restriction requests, which is why the blanket "never required" statement is wrong.

44. D "I really need to get my blood sugar under control before it gets worse."

Change talk is the client's own speech favoring change; expressing a personal need to control his blood sugar is preparatory change talk (need). Reporting what his doctor says reflects someone else's reasons rather than Harold's own motivation, and the statements about failed diets and eating like others are sustain talk.

45. C "It sounds like you didn't choose this, and you're the best judge of what's worth your time."

MI responds to discord with reflection and emphasis on personal autonomy rather than argument. Citing her attendance record is a factual confrontation that invites further defensiveness. Pushing her to see the problem as bigger than she thinks reflects the righting reflex, and generalizing about people who feel defensive is a subtle label.

46. B Reorientation and reeducation

Kottman's model has four phases: building an egalitarian relationship, exploring the child's lifestyle, helping the child gain insight into that lifestyle, and reorientation and reeducation, when new skills and attitudes are taught and practiced. Insight work, which comes just before, uses metaphors and tentative hypotheses to build awareness rather than practicing new behavior.

47. A Arrange an immediate emergency evaluation and make sure he is not left alone

A specific plan, available lethal means, a timeline, and preparatory behavior such as goodbye letters indicate imminent, high risk, which calls for immediate emergency evaluation and continuous supervision. Giving a crisis number and asking him to remove the gun himself leaves a high-risk client alone with access to the means.

48. B Explore her safety, support systems, and readiness so she can make her own decision

Affirmative counseling supports the client's autonomy in decisions about disclosure while helping her assess risks (such as financial or housing loss), supports, and timing (ACA Code of Ethics A.1.a, A.2; ALGBTIC competencies). Although concealment is a proximal minority stressor, urging disclosure ignores real safety and financial risks and substitutes the counselor's judgment for hers. Directing her to wait, or arranging a family disclosure session she has not requested, likewise imposes the counselor's agenda.

49. C Displacement

Displacement redirects an impulse (here, anger at the supervisor) from a threatening target onto a safer one, such as his son. Projection would involve attributing his own anger to someone else, which is not what is described.

50. A Explain the true purpose to participants as soon as feasible

The ACA Code of Ethics (Section G.2) permits deception only when alternatives are not feasible and the value of the research justifies it, and requires explaining the deception and clarifying misconceptions after data collection. Destroying data or notifying a licensing board is not required when the deception was properly approved.

51. C Marginalized counselor and privileged client

The MSJCC quadrants describe counselor and client positions of privilege and marginalization; on the dimension of race, a Black counselor working with a White client is a marginalized counselor with a privileged client. If the dimension were gender, both would occupy a marginalized position, which is why the quadrant depends on the identity being considered. The model encourages counselors to examine how these positions shape the relationship.

52. A He does not yet meet criteria, because at least 12 months must have passed since the death

For adults, DSM-5-TR prolonged grief disorder requires that at least 12 months have passed since the death (6 months for children and adolescents), with symptoms present nearly every day for at least the past month. Learning of a loved one's death meets PTSD Criterion A only when the death was violent or accidental, so an expected death from cancer does not qualify. DSM-5-TR has no bereavement-related specifier for major depression.

53. D At least four mood episodes within the previous 12 months

Rapid cycling requires at least four manic, hypomanic, or major depressive episodes during the previous 12 months, with episodes separated by remission or a switch to the opposite polarity (DSM-5-TR). It can be applied to both bipolar I and bipolar II disorder. A rapid switch within days is sometimes called ultra-rapid cycling, but it is not the DSM-5-TR definition.

54. D On one hand, you're saying you're fine; on the other, I notice tears as you talk about it.

Ivey's confrontation, or supportive challenge, involves noting a discrepancy, here between words and nonverbal behavior, and feeding it back nonjudgmentally, often with "On one hand... on the other hand." Telling Denise she is clearly not fine imposes the counselor's conclusion instead of inviting her to examine the discrepancy herself.

55. D individual problems are shaped by social, cultural, and political contexts

"The personal is political" is a central feminist therapy tenet: clients' distress is understood in the context of oppression, gender roles, and power structures, so counseling also aims at social as well as personal change. It does not mean counselors impose their politics; feminist therapists disclose values to support informed choice, not to recruit clients.

56. A Test the water by summarizing her change talk and asking about her next steps

Signs of readiness such as decreased sustain talk, increased change talk, and taking steps suggest moving toward planning, which MI recommends initiating with a recapitulating summary and a key question about what the client will do next. Waiting for ambivalence to vanish entirely is unnecessary and can stall momentum, and presenting a counselor-generated plan undermines autonomy.

57. C Summarize the main themes and his plan, then check for accuracy

Summaries are especially useful at the end of a session to pull together key themes, feelings, and decisions and to confirm that the counselor has understood. Opening a new topic or inviting deeper emotional exploration with five minutes left risks leaving the client unsettled without time to process.

58. D Share the information paramedics need to treat him

Disclosure is justified to protect a client from serious and foreseeable harm (ACA Code of Ethics B.2.a), and only essential information should be revealed (B.2.e). Paramedics need to know what he ingested to treat him; delaying puts his life at risk, and handing over the full record goes beyond what is needed.

59. A Notify clients promptly, process the ending, and arrange appropriate transfers or referrals

ACA Code of Ethics A.12 prohibits abandoning clients, and A.11.d requires counselors to make appropriate arrangements for continuity of care when transferring services. Giving notice early allows time to process the ending and complete warm referrals; telehealth from another state raises licensure problems because counselors may be subject to the laws of the client's location (H.1.b).

60. B Signed authorization from Ethan's parent or legal guardian to communicate with the school

For a minor, the parent or legal guardian generally holds the right to authorize release of information, so written parental authorization is needed before the counselor contacts the school. Seeking Ethan's assent is good practice but is not sufficient, and FERPA restricts schools from disclosing education records without parental consent rather than authorizing such sharing.

61. C Notify Kayla's parents and follow the school's risk protocol

The ASCA Ethical Standards for School Counselors direct counselors to inform parents or guardians when a student poses a serious and foreseeable risk of harm to self, even if the student objects. Suicidal ideation with research into lethal means meets that threshold. A safety plan is useful but does not replace parental notification.

62. C Discuss the transition with Jasmine and coordinate with the new program

ACA A.11.d states that when counselors transfer or refer clients, they ensure that appropriate clinical and administrative processes are completed and that open communication is maintained with both clients and practitioners. Handing over a phone number leaves a high-risk client without a coordinated transition. Indefinite parallel treatment can conflict with DBT's structure and is not required.

63. D Explore Mei's own explanatory model of her symptoms before offering any formulation

The DSM-5-TR Cultural Formulation Interview emphasizes eliciting the client's explanatory model, and 'weak nerves' resembles shenjing shuairuo, a cultural concept of distress listed in DSM-5-TR. Understanding Mei's framework is the basis for a collaborative formulation. Rushing to a depression inventory or a somatic diagnosis assumes a Western framework and risks dismissing her experience before it is understood.

64. A is tentative, rests on a solid relationship, and invites the client to challenge themself

Egan emphasizes that challenge should be grounded in empathy and a trusting relationship, offered tentatively, focused on specific behaviors, and framed as an invitation for clients to challenge themselves. Early, harsh, character-focused, or insistent challenges tend to produce defensiveness rather than new perspectives.

65. B Panic disorder

Panic disorder requires recurrent unexpected panic attacks followed by at least 1 month of persistent worry about more attacks or a maladaptive change in behavior, such as avoiding exercise (DSM-5-TR). Agoraphobia involves fear of situations such as crowds or public transportation where escape might be difficult, not avoidance of physical exertion. The normal cardiac workup and discrete attacks make illness anxiety disorder less likely.

66. D Self-efficacy beliefs and outcome expectations

In SCCT's interest model, people develop lasting interests in activities at which they feel efficacious and expect positive outcomes; interests then promote goals and actions. Stable personality type and environmental fit reflect Holland's view of interests as expressions of personality. Parent-child relations and needs reflect Roe, and genetic endowment and environmental conditions are two of Krumboltz's four influencing factors.

67. A Random assignment of participants to conditions

Random assignment distributes participant characteristics evenly across conditions, controlling selection threats to internal validity. Random selection is commonly confused with it, but random selection affects external validity, meaning how well results generalize to the population.

68. C Within 30 calendar days, with one 30-day extension if the client is notified in writing

Under 45 CFR 164.524, a covered entity must act on a request for access within 30 days and may take one 30-day extension if it gives the individual a written statement of the reason and expected date. The 60-day period belongs to the Breach Notification Rule, not the right of access.

69. D Alcohol Use Disorders Identification Test (AUDIT)

The World Health Organization's 10-item AUDIT covers past-year consumption, dependence symptoms, and alcohol-related harm, and a score of 8 or more indicates hazardous or harmful drinking, so it detects at-risk drinking short of dependence. The CAGE is tempting because it is brief, but it has no consumption questions, is usually framed over the lifetime, and is better at detecting more severe problems, as is the MAST; the DAST-10 screens for drugs other than alcohol.

70. B The procedure yields intervals capturing the true mean 95% of the time

A 95% confidence interval reflects a procedure that, across repeated samples, would capture the true population mean 95% of the time; because it excludes zero, it also indicates a significant improvement. It describes uncertainty about the population mean, not the range within which individual clients' scores fall.

71. D Announce it early, process reactions, and arrange a new leader

Giving ample notice allows members to process feelings about the loss and supports continuity, consistent with ACA A.11.d on appropriate transfer of services. Last-minute announcements or abrupt closure can feel like abandonment and leave little room to work through the ending.

72. D can cause severe neutropenia, requiring regular blood monitoring

Clozapine is the most effective medication for treatment-resistant schizophrenia, but it can cause severe neutropenia (agranulocytosis), so its labeling calls for regular absolute neutrophil count monitoring. It is not a controlled substance, and tyramine restrictions apply to MAOIs.

73. C Self-awareness, client worldview, counseling relationship, and counseling and advocacy interventions

The MSJCC (Ratts et al., 2015) are organized into four developmental domains: counselor self-awareness, client worldview, the counseling relationship, and counseling and advocacy interventions. Attitudes and beliefs, knowledge, skills, and action are the aspirational competencies embedded within those domains, which makes that option tempting, and empowerment and systems advocacy are domains of the ACA Advocacy Competencies.

74. B Current objective data showing the client still meets criteria, with measured progress

Continued-stay reviews look for current symptoms, risk, and functional impairment that still meet criteria for the level of care, along with measurable progress showing treatment is working. Diagnosis, client preference, and general clinical opinion do not show ongoing medical necessity.

75. B No IQ-achievement discrepancy is required if other criteria are met

DSM-5 eliminated the IQ-achievement discrepancy requirement, and DSM-5-TR retains that approach. Specific learning disorder requires learning difficulties persisting at least 6 months despite targeted intervention, academic skills substantially and quantifiably below age expectations on standardized measures, onset during the school-age years, and no better explanation such as intellectual developmental disorder or inadequate instruction. Discrepancy formulas are a holdover from older eligibility models, and no minimum or maximum IQ cutoff is part of the criteria.

76. D Recovery/living environment

The recovery/living environment dimension (renamed Recovery Environment Interactions in the 4th edition) assesses whether family, peers, housing, and community support or undermine recovery. Relapse potential concerns the client's own skills and history in managing urges, not the people and setting around her.

77. B "What would be different when you are at a 4?"

SFBT uses scaling to identify small, concrete next steps and existing resources, so asking what a 4 would look like moves the client toward her preferred future. Asking why she is not higher or what keeps her stuck focuses on deficits, which SFBT avoids. Exploring when anxiety first rose reflects a problem-history focus rather than a solution focus.

78. D Spiritual bypassing

Spiritual bypassing (Welwood) is the use of spiritual beliefs or practices to avoid facing unresolved emotional pain, as when premature forgiveness is used to shut down exploration of trauma while symptoms persist. Positive religious coping, by contrast, is associated with better adjustment and does not involve avoidance. A spiritual emergency is a crisis of intense spiritual transformation, and scrupulosity is obsessive concern with sin or moral failure.

79. C help Omar make the call during the session and plan around any other barriers

Actively facilitating linkage, such as rehearsing or making the call together and problem-solving barriers, increases the chance that referrals are completed. Simply providing the number again repeats an approach that already failed and does not address the uncertainty Omar described.

80. B Obsessive-compulsive disorder, with good or fair insight, tic-related

DSM-5-TR includes a "tic-related" specifier for OCD when the person has a current or past history of a tic disorder; Sam also recognizes his behaviors are excessive, so insight is good or fair. Tourette's disorder requires vocal as well as motor tics, and there is no "compulsive features" specifier. OCPD does not involve repetitive "just right" rituals driven by distress.

81. C Role transition

IPT (Klerman and Weissman) targets four problem areas: grief, role disputes, role transitions, and interpersonal deficits. Retirement and relocation are classic role transitions involving the loss of a familiar role and adjustment to a new one. Grief in IPT refers to the death of a significant person, and there is no described conflict that would indicate a role dispute.

82. A Fixed interval

Reinforcement available after a set amount of time produces the classic fixed-interval 'scallop': little responding early in the interval and a surge just before reinforcement is due. A fixed-ratio schedule depends on the number of responses, not the calendar, and would not produce responding clustered right before a predictable time.

83. A Ask her what it is like to share this with the group and how she imagines members now see her

Yalom distinguishes vertical disclosure (historical details of the secret) from horizontal disclosure (the here-and-now experience of disclosing to these particular people), and he considers the horizontal dimension more useful for interpersonal learning. Seeking more historical details deepens the vertical account, and reassurance or advice-giving shifts attention away from her relationships with the group.

84. C Countertransference showing up as overinvolvement

Running sessions over and loosening boundaries for one client who resembles a family member is a classic overinvolvement form of countertransference. Unconditional positive regard is an attitude of acceptance; it does not require boundary crossings that meet the counselor's needs. Rachel should consult and restore appropriate boundaries.

85. C an ordeal

Haley's ordeal therapy attaches an unpleasant but beneficial task to the symptom, so keeping the symptom costs more than giving it up. The pretend technique (Madanes) asks people to pretend to have the symptom, and positive connotation is a Milan reframe of motives.

86. A Incremental validity

Incremental validity is the extent to which a new measure improves prediction beyond information already available. It is the right question for deciding whether an added test justifies its time and cost. Concurrent validity would only show that the screener correlates with a criterion measured at the same time, not that it adds anything to the interview.

87. C To identify the client's style of life, including core convictions and goals

Adlerian lifestyle assessment reveals the client's style of life: the convictions about self, others, and the world, and the goals that guide behavior. It is not aimed at repressed psychosexual conflict, which is a Freudian idea, and ego states belong to transactional analysis.

88. A E. G. Williamson

E. G. Williamson at the University of Minnesota developed the directive, counselor-centered trait-and-factor approach that Rogers's nondirective, client-centered approach (1942) challenged. Parsons laid the trait-factor foundation earlier, which makes him tempting, but Williamson was the leading proponent of directive counseling in the era Rogers was responding to.

89. B O*NET's military crosswalk, which links military job codes to civilian occupations

O*NET's military crosswalk (available through My Next Move for Veterans) translates military occupational codes into related civilian occupations, which is exactly Marcus's question. The ASVAB is an entry aptitude battery and does not translate his eight years of job experience. Outlook data is useful once he has targets, but it does not identify which civilian jobs match his military work.

90. A Own the assumption without defensiveness and invite Dana to share its impact

Repairing a rupture after a microaggression means acknowledging it, owning it without defensiveness, and inviting the client to talk about how it landed, which can strengthen the alliance. Explaining one's intent centers the counselor's comfort over the client's experience, and an unrequested referral could feel like rejection.

91. A the undifferentiated family ego mass

Bowen originally called emotional fusion in a family the undifferentiated family ego mass. Enmeshment is Minuchin's structural term for diffuse boundaries, pseudomutuality is Wynne's term for a facade of closeness, and the family projection process describes parents passing anxiety to one child.

92. D Psychological contact

Rogers listed psychological contact as the first necessary condition, and Prouty's pre-therapy uses contact reflections (situational, facial, word-for-word, and body reflections) to establish or restore it when ordinary therapeutic contact is impaired. Empathic understanding is involved, but its aim in pre-therapy is to build the contact on which the other conditions depend.

93. A Early intervention, such as a brief screening and alcohol education program

Early intervention (ASAM Level 0.5 in the 3rd edition) is for people at risk of developing substance-related problems who do not currently meet diagnostic criteria; brief interventions such as BASICS are designed for college students like Jordan. Outpatient treatment presumes a diagnosable disorder, which the screening did not find.

94. B Cognitive defusion

Cognitive defusion, from acceptance and commitment therapy (Hayes), changes the client's relationship to a thought so it is seen as a passing mental event rather than literal truth, without disputing its content. Cognitive restructuring, by contrast, examines the evidence for a thought and replaces it with a more balanced one.

95. A Compensation

In Baltes' model, compensation means using alternative means to maintain functioning when capacities decline, which is what Harold's contrast strategy does. Optimization is the most tempting distractor, but it refers to refining and practicing existing means (for example, extra rehearsal) rather than finding a workaround for lost capacity; selection would be narrowing his repertoire to fewer pieces.

96. B Exhaustion, depersonalization, and reduced accomplishment

Maslach and Jackson describe burnout as emotional exhaustion, depersonalization (cynicism toward recipients of care), and reduced personal accomplishment, measured by the Maslach Burnout Inventory. Compassion satisfaction, burnout, and secondary traumatic stress are the ProQOL subscales, not burnout's dimensions. Intrusion, avoidance, and arousal describe secondary traumatic stress.

97. C Physically present but psychologically absent

Boss identified two types of ambiguous loss: physical presence with psychological absence (for example, dementia, addiction, or brain injury) and physical absence with psychological presence (for example, a missing person or a soldier missing in action). Diane's husband is still physically present, so the second type does not fit.

98. A "You sound frustrated, and maybe a little embarrassed, when they press you about work."

A reflection of feeling names the emotion underlying the client's words, offered tentatively. Restating that his parents ask and he avoids the topic is a paraphrase of content, not feeling. Asking what would happen is a probe, and noting that many young adults struggle is normalization, which shifts away from Carlos's own experience.

99. A 36%

The coefficient of determination is r squared: .60 x .60 = .36, so 36% of the variance is shared. The figure 64% is the unexplained variance (1 - .36), and 60% simply restates the correlation coefficient rather than the variance accounted for.

100. A Social worker

Congruence predicts the greatest satisfaction when a person's type matches the dominant type of the environment; social work is a primarily Social occupation that also draws on Enterprising and Artistic qualities. Mechanical engineering is primarily Realistic and Investigative, bookkeeping is Conventional, and research chemistry is Investigative and Realistic, all of which are distant from a Social-led code.

101. A pull clients into explanations and intellectualizing rather than present awareness

Gestalt therapy emphasizes awareness of present experience, and "why" questions tend to produce rationalizations and 'aboutism' that keep clients in their heads. "Why" questions can also feel judgmental, but the central Gestalt objection is that they move clients away from immediate experiencing.

102. C They reduce, but do not remove, cultural influences on scores

Culture-fair tests minimize language and culturally specific content, but test-taking familiarity, attitudes toward timed tasks, and exposure to abstract figures still vary across cultures, so no test is truly culture-free. Calling them culture-free is the common misconception, and they do not eliminate group differences.

103. D National Defense Education Act of 1958

The National Defense Education Act (1958) funded counseling and guidance institutes that greatly expanded the number of school counselors. The George-Barden Act is a tempting distractor because it also funded guidance and counselor training, but it predated Sputnik. The Smith-Hughes Act funded vocational education.

104. B Obtain appropriate training and supervised experience before using it on her own

ACA Code of Ethics C.2.b states that counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience, while protecting clients from harm. Reading a manual is tempting as self-study, but it does not provide the training and supervised experience required, and a client waiver cannot substitute for competence.

105. C A closed question, because a specific fact needs to be confirmed

Closed questions are appropriate when the counselor needs specific, factual information quickly, such as current medication. Open questions are generally preferred for drawing out the client's story, but here they would be an inefficient way to obtain one concrete fact near the end of an intake.

106. A A nonevent

Schlossberg defines nonevents as expected transitions that fail to occur, such as a hoped-for child, marriage, or promotion, and notes they can alter roles and assumptions as much as events do. An unanticipated transition is a surprising event that does happen, such as a sudden layoff, not an expected event that never occurs.

107. B Obtain specialized training and supervised experience in group psychotherapy

The ASGW Professional Standards for the Training of Group Workers and ACA C.2.a require competence through education, training, and supervised experience before practicing a specialty. Members' consent does not replace competence, and relabeling the group does not address the clinical need.

108. B mediating variable

A mediator explains the mechanism through which an independent variable affects a dependent variable; therapy reduces automatic thoughts, which in turn reduces depression. A moderator would instead change the strength of the therapy-depression relationship across levels of some other variable, such as age or gender.

109. A Contact the former client and consult an attorney about asserting privilege

A subpoena requires a response, but it does not by itself authorize disclosure of confidential information; the privilege belongs to the client, and the counselor typically seeks the client's wishes and legal advice so privilege can be asserted (ACA Code of Ethics B.1.c, B.2.d). Sending a summary seems like a compromise, but it still discloses confidential information without consent. Ignoring a subpoena can expose the counselor to legal penalties.

110. D Laissez-faire

Lewin, Lippitt, and White found that laissez-faire leadership, in which the leader provides little guidance, tended to produce disorganized, less productive groups. Democratic leadership also shares decision-making, but the leader still actively facilitates and provides structure, which is missing here.

111. A "Even though it felt hard, you made it through the door and stayed."

An MI affirmation recognizes a specific strength or effort of the client, here her persistence in attending despite discomfort. General praise is less effective because it reflects the counselor's judgment rather than the client's own qualities, and normalizing the feeling is supportive but does not highlight her effort.

112. C call emergency medical services immediately

Crushing chest pain radiating to the arm with sweating and shortness of breath are warning signs of a heart attack and require immediate emergency services. Panic attacks can mimic these symptoms, which makes exploring panic history tempting, but a counselor cannot rule out a cardiac event, so medical emergencies come first.

113. C movement synchrony reflecting rapport between counselor and client

Ivey notes that when counselor and client are in rapport, they often show movement synchrony (mirror-like movement) or movement complementarity. Dissynchrony, where movements clash or break off, is the pattern that signals a mismatch or discomfort.

114. A Affiliate with an organized disaster response agency before deploying

Disaster mental health guidance discourages self-deployment because unaffiliated volunteers can strain response systems, may lack proper training, and may practice outside their licensure jurisdiction. Working through an organized agency such as the American Red Cross provides credential verification, coordination, supervision, and legal protections. Emergencies do not automatically waive licensure requirements, and keeping no records conflicts with ethical documentation standards.

115. C Instillation of hope

Instillation of hope occurs when members see others who have improved and come to believe change is possible for them, which is why Yalom stresses it early in group life. Imitative behavior would involve Dev modeling specific behaviors he observed; his statement reflects renewed optimism rather than copying a skill.

116. C Systematic sampling

Selecting every kth case from a list after a random start is systematic sampling. Stratified sampling would first divide the files into subgroups (for example, by diagnosis) and sample within each, which was not done here.

117. B Borderline personality disorder

Borderline personality disorder includes affective instability due to marked reactivity of mood, with episodes usually lasting a few hours, along with abandonment fears, chronic emptiness, and self-harm (DSM-5-TR). Bipolar II disorder is the tempting alternative, but a hypomanic episode requires elevated mood lasting at least 4 consecutive days. Cyclothymic disorder involves numerous hypomanic and depressive symptom periods over at least 2 years, not brief interpersonally triggered shifts.

118. D implementation fidelity

Process evaluation examines implementation, including fidelity to the program design, dosage, and reach. Knowing whether a program was delivered as intended is necessary before outcome results can be interpreted, but this activity does not itself measure student outcomes.

119. C explain any experiment, offer it as an invitation, and respect his pace

Gestalt experiments are meant to be collaborative invitations, and culturally responsive practice means adapting pace and intensity for clients whose cultures value emotional restraint. Pushing forward and labeling his hesitation as avoidance ignores cultural context and risks rupturing the alliance, while automatic referral is unnecessary when the counselor can adapt the approach.

120. C Arrange an informational interview or job shadowing with a physical therapist

Informational interviews and job shadowing give firsthand knowledge of daily tasks and work settings, filling the gap Jasmine describes after reviewing written occupational information. Enrolling in costly prerequisite courses before she understands the work is premature. Aptitude and type measures do not tell her what the job is actually like.

121. D Major neurocognitive disorder with Lewy bodies

Core features of neurocognitive disorder with Lewy bodies include fluctuating cognition with variations in attention and alertness, recurrent well-formed visual hallucinations, and parkinsonism developing after cognitive decline; REM sleep behavior disorder is a further core feature (DSM-5-TR). Neurocognitive disorder due to Parkinson's disease is tempting, but it requires that the cognitive decline occur in the setting of established Parkinson's disease. Alzheimer's disease typically presents with prominent early memory loss without these features.

122. D Parent training in behavior management, with or without classroom behavioral supports

For preschool-aged children (4-5 years) with ADHD, the AAP recommends parent training in behavior management and/or behavioral classroom interventions as first-line treatment, with methylphenidate considered only if behavioral interventions do not produce sufficient improvement. Neurofeedback and child-focused social skills training lack sufficient evidence as first-line treatment.

123. B Interoceptive exposure to feared bodily sensations such as a rapid heartbeat

Panic disorder is maintained by catastrophic misinterpretation of bodily sensations, so CBT for panic (e.g., Barlow's Panic Control Treatment) uses interoceptive exposure to break the fear of those sensations. Relaxation alone is less effective and can function as a safety behavior, and thought stopping tends to increase the suppressed thoughts.

124. D At least one must be delusions, hallucinations, or disorganized speech

DSM-5-TR requires that at least one of the two or more Criterion A symptoms be delusions, hallucinations, or disorganized speech, the core positive symptoms. Negative symptoms and disorganized or catatonic behavior can count toward the two-symptom total but cannot be the only symptoms present. The requirement that psychosis occur outside mood episodes relates to ruling out schizoaffective and mood disorders, not to Criterion A itself.

125. D encourage Sam to do more of the walking that seems to help

A core SFBT principle (de Shazer and Berg) is: if it works, do more of it; if it does not work, do something different. The counselor builds on what Sam is already doing successfully rather than analyzing causes. SFBT holds that understanding a problem's origin is not necessary to solve it, so exploring causes is the tempting but incorrect choice.

126. B Salience Inventory

The Salience Inventory, developed through Super's Work Importance Study, measures participation in, commitment to, and value expectations for five major life roles, directly addressing the relative importance of work. The Values Scale measures the values a person seeks in life and work, not role importance. The Adult Career Concerns Inventory assesses concerns associated with Super's adult career stages, and the Career Development Inventory assesses career maturity in students.

127. B NEO Personality Inventory-3 (NEO-PI-3)

The NEO-PI-3, by Costa and McCrae, measures the five-factor (Big Five) domains, each with six facets. The 16PF is tempting because it is also a normal-personality trait measure, but it yields 16 primary factors based on Cattell's model, and the MCMI-IV targets personality disorders and clinical syndromes.

128. A Permission

Permission, the first PLISSIT level, reassures clients that their thoughts, feelings, or behaviors are normal, which often resolves concerns on its own. Limited information involves sharing factual information (e.g., about anatomy or medication effects) and is the tempting choice, but the core of this response is normalizing and giving permission.

129. C Helping Marco learn his ADA rights and plan how he will advocate for himself

In the ACA Advocacy Competencies (Lewis et al.; updated by Toporek and Daniels), client-level work with the client is empowerment, which builds the client's self-advocacy skills. Calling the employer is client-level advocacy on his behalf. Coalition work operates at the community level, and an op-ed operates in the public arena.

130. B formula first session task

De Shazer's formula first session task directs clients' attention to what is already working, which often reveals exceptions and builds hope. Paradoxical prescriptions (prescribing the symptom) and ordeals (Haley) come from strategic family therapy. The other option is not a recognized SFBT technique.

131. D Seek assistance for his problems and, if needed, limit or suspend his professional responsibilities

ACA Code of Ethics C.2.g directs counselors to monitor themselves for impairment, seek assistance, and limit, suspend, or terminate services when their problems could harm clients. Transferring only couples clients is tempting, but his distraction and forgetfulness affect all clients and the underlying impairment remains unaddressed. Documenting his distress in client records or disclosing it to clients does nothing to protect clients.

132. B The norm group may not be representative of Amina, so normative comparisons may be invalid

Norm-referenced scores are meaningful only when the person resembles the norm group. Age, language, and culture all differ here, so the comparisons may be invalid. ACA Code of Ethics E.8 asks counselors to use caution with instruments normed on populations other than the client's. Reliability can still be adequate when the norms are inappropriate, so internal consistency is not the concern.

133. B Low differentiation, which may reflect indecision, limited exposure, or low mood

In Holland's theory, differentiation refers to how distinct the high and low scores are; a flat, low profile signals poor differentiation, which can reflect limited experience, indecision, low self-efficacy, or depressed mood and warrants further exploration. Consistency concerns the hexagon position of the top types, and congruence concerns the fit between a person's type and an environment, so neither describes a flat profile.

134. B Shared trauma

Shared trauma, or shared traumatic reality (Tosone), describes counselors who are exposed to the same collective trauma as their clients and so face both primary and secondary exposure. Vicarious trauma involves only indirect exposure through clients' accounts, so it leaves out Lena's own direct loss. Shared trauma raises the risk of blurred boundaries and calls for extra self-monitoring.

135. A defines individualized goals with graded, scorable outcome levels

Goal attainment scaling defines individualized goals with outcome levels typically ranging from -2 (much less than expected) to +2 (much more than expected), then converts attainment into a standardized score. Its strength is individualization, so it does not depend on normative comparison or diagnostic symptom counts.

136. C recycling through the exploration stage

Super proposed that adults may recycle through earlier stages, such as exploration and establishment, when they change careers; these mini-cycles are common after job loss or other transitions. Foreclosure is Marcia's term for committing without exploration, the opposite of what Tom is doing. A career plateau is a lack of upward movement within a career, not active exploration of a new one.

137. C Suppression

Suppression is a conscious, deliberate choice to postpone attention to a stressor, and Vaillant counts it as a mature defense. Repression is unconscious exclusion from awareness, while Lena knows about the threat and has chosen when to deal with it.

138. B Clear-cut attachment

Bowlby's clear-cut attachment phase is when selective attachment is firmly established, so separation protest and secure-base behavior appear. In the earlier attachment-in-the-making phase infants prefer familiar people but do not yet protest separation from a specific figure.

139. B Bring the pattern to supervision or consultation to examine it

Avoiding trauma material and feeling relief at cancellations are recognized warning signs of compassion fatigue or vicarious trauma, and they can undermine treatment. Supervision or consultation lets her understand the pattern and plan for self-care and competent practice. Referring all such clients right away is premature, and asking clients to censor themselves shifts her problem onto them.

140. D Ask directly about suicidal intent, since these are classic warning signs

Suicide risk can rise as energy returns in the early weeks of antidepressant treatment, and a sudden sense of calm combined with giving away possessions and putting affairs in order are classic warning signs of a decision to die. The counselor should ask directly about ideation, plan, and intent. Interpreting the change as recovery and reducing contact could miss imminent risk.

141. D Depression

Beck developed cognitive therapy in the 1960s after studying the thoughts and dreams of clients with depression and finding steady negative themes rather than the hostility psychoanalytic theory predicted. Panic disorder is tempting because cognitive models of panic are well known, but they came later (e.g., Clark).

142. D bracketing (epoche)

Bracketing, or epoche, is the phenomenological practice of identifying and setting aside the researcher's own assumptions so participants' lived experiences can emerge. Theoretical sampling belongs to grounded theory and refers to choosing new participants based on emerging concepts, not managing researcher bias.

143. A Document these as protective factors while continuing to assess risk

Reasons for living, such as responsibility to children and religious beliefs, are recognized protective factors that should be documented and incorporated into the safety plan. Protective factors do not cancel out risk factors, so the counselor continues to assess ideation, warning signs, and risk factors rather than ending the assessment. Challenging the protective beliefs would undermine a source of resilience.

144. A arrange an immediate medical evaluation, because the sudden onset suggests delirium

Acute onset over hours to days with fluctuating attention and awareness, perceptual disturbances, and altered alertness is characteristic of delirium, which DSM-5-TR links to an underlying medical condition, substance, or medication and which needs urgent medical attention. A major neurocognitive disorder such as dementia typically develops gradually, so screening and referral for testing would delay needed care.

145. B Overgeneralization

Overgeneralization means treating one negative event as a never-ending pattern, often signaled by words like "always" and "never" (Beck; Burns). Labeling is tempting, but it means attaching a global negative label to the self ("I'm a loser"), which Jamal does not do here.

146. C Meet with each partner separately to screen for intimate partner violence

Signs of fear and control call for individual screening for intimate partner violence before conjoint work, since joint sessions can endanger a victim if abuse and coercive control are present. Confronting the husband in front of Mia could raise her risk after the session, and communication work assumes a safety and power balance that has not yet been established.

147. B Monitoring early response, because a large share of clients improve in the first several sessions

Howard and colleagues found that roughly half of clients showed measurable improvement by about the eighth session, with diminishing gains per session afterward, so early response is a useful predictor of eventual outcome. The curve is negatively accelerated rather than linear, and its variability across clients argues against one fixed session count.

148. A Talk privately with Jenna about the concerns and offer consultation

ACA Code C.2.g directs counselors to help colleagues recognize their own impairment and to offer consultation and assistance, and I.2.a favors trying informal resolution first when that is feasible. A board report fits when there is substantial harm, or likely harm, that informal resolution cannot address, and nothing here suggests that yet. Waiting for harm ignores the duty to act on warning signs.

149. D Ask him directly whether he is having thoughts of killing himself

An indirect statement of burdensomeness is a warning sign that calls for asking directly and plainly about suicidal thoughts, followed by assessment of plan, intent, means, and history. Reassurance can feel dismissive and closes off disclosure. Hospital referral is premature before risk has been assessed, and cognitive work comes after safety is clarified.

150. D hypertensive crisis

MAOIs block the breakdown of dietary tyramine, which can trigger a dangerous spike in blood pressure (hypertensive crisis). Agranulocytosis is associated with clozapine, not MAOIs.

151. B Explore the cultural and religious meaning of the experience

DSM-5-TR cautions that experiences such as hearing a deceased loved one's voice may be culturally normative, especially in bereavement, and the ACA Code of Ethics (E.5.b and E.5.c) calls for attention to culture when diagnosing. Exploring the experience's meaning within his cultural and religious framework is the appropriate first step. Labeling it a hallucination or diagnosing psychosis before understanding that context risks pathologizing a normative grief experience, and a referral alone would abandon the assessment.

152. B About 48 to 72 hours

Early withdrawal signs such as tremor, anxiety, and sweating begin within roughly 6-24 hours, and withdrawal seizures cluster around 12-48 hours. Delirium tremens typically emerges about 48-72 hours after the last drink and is a medical emergency. The 6-24 hour windows are tempting because that is when withdrawal first appears, not when delirium usually develops.

153. C Alcohol use disorder, moderate

Darnell endorses five criteria (larger amounts, unsuccessful efforts to cut down, failure to fulfill role obligations, continued use despite interpersonal problems, tolerance). DSM-5-TR rates 2-3 criteria as mild, 4-5 as moderate, and 6 or more as severe. The abuse/dependence distinction is from DSM-IV and was eliminated in DSM-5.

154. B "You're making those cars crash really hard, and you want me to see."

Child-centered play therapy (Landreth) relies on tracking and reflecting the child's play and feelings without directing or interpreting. Linking the crashes to fighting at home is an interpretation that imposes adult meaning. Redirecting the play toward safety or a quieter game takes away the child's lead.

155. B Raise the conflict with the director and work to resolve it through proper channels

ACA Code of Ethics I.2.d directs counselors facing a conflict between the Code and organizational demands to specify the nature of the conflict, express their commitment to the Code, and work through appropriate channels to address it; knowingly misdiagnosing for payment would also violate E.5.a and C.6.b. Client agreement does not make an inaccurate diagnosis acceptable, because it remains insurance fraud. Immediate resignation skips the expected attempt to resolve the conflict through proper channels.

156. B Counselor and client work as a team to test thoughts as hypotheses

Collaborative empiricism means the counselor and client act as co-investigators, treating thoughts as hypotheses to check against evidence (Beck). The expert-teacher role is tempting because CBT involves teaching, but Beck stressed shared discovery over telling clients what to believe.

157. A Explain what information will be shared with the court, that she may refuse services, and the possible consequences of refusing

ACA A.2.e requires counselors working with mandated clients to discuss the required limits of confidentiality, explain what information will be shared and with whom, and explain that the client may refuse services along with the potential consequences. Telling her she cannot refuse is inaccurate, and promising that only attendance will be reported misrepresents a court that has requested progress reports.

158. C Psychological first aid focused on safety, calming, and connection

Psychological first aid, built on Hobfoll and colleagues' five essential elements (safety, calming, connectedness, self- and community efficacy, and hope), is the recommended early response. Mandatory single-session debriefing has not been shown to prevent PTSD and may increase distress in some survivors, and full trauma-focused therapies are not standard immediately after an event.

159. C Virtue ethics

Virtue ethics emphasizes the counselor's character traits, such as prudence, integrity, and respectfulness, and asks who the counselor should be. Principle ethics, the tempting alternative, uses objective obligations such as autonomy and beneficence to answer "What should I do?" in a given dilemma.

160. C Does not increase suicidal ideation and may reduce distress

Studies, including randomized trials with adolescents and adults, have found that asking about suicide does not induce or increase suicidal ideation and can bring relief by opening a conversation. Waiting for a student to raise the topic leaves risk undetected. No-harm contracts are not evidence-based and are not needed to make asking safe.

161. A Ambiguous loss

Pauline Boss's concept of ambiguous loss describes a loss without clarity or closure, such as a loved one who is physically missing but psychologically present, which freezes the grieving process as Amina describes. Disenfranchised grief (Doka) refers to grief that is not socially recognized or supported. Anticipatory grief precedes an expected death, and prolonged grief disorder in DSM-5-TR requires the death of a loved one, which has not been established here.

162. B discord, reflecting friction in the counselor-client relationship

The third edition of MI replaced the term resistance with two concepts: sustain talk (statements favoring the status quo of the target behavior) and discord (signs of friction in the working relationship, such as arguing with or challenging the counselor). Tom's statement targets the counselor's standing, not the merits of drinking, so it is discord. MI avoids the label denial, and nothing he says favors change.

163. A No report is required, since reasonable physical discipline without injury is generally not defined as abuse

Most state statutes permit reasonable corporal punishment by parents and define reportable physical abuse in terms of injury, risk of serious harm, or excessive force. Open-hand spanking without marks generally does not meet that definition, although the counselor can address discipline as a clinical issue. The duty to report does not depend on whether the child is the counselor's client.

164. B To find the precipitating event and her current motivation for treatment

"Why now?" questions identify the recent precipitant that led to help-seeking and show the client's current motivation and expectations, which shapes goals. They do not by themselves differentiate diagnoses; that requires symptom-focused questions about criteria such as avoidance.

165. B "You're bracing for judgment, and I'd like to understand how you decided."

Unconditional positive regard means accepting the client without evaluating her, while staying curious about her experience. Telling Leah she made the right call is approval, which is still evaluative and implies regard could be withdrawn if the counselor disagreed; questioning her children's interests is openly judgmental.

166. D She meets criteria for ADHD, predominantly inattentive presentation

DSM-5-TR requires six symptoms in a domain for children, but only five for adolescents and adults age 17 and older; with onset before age 12, multiple settings, and impairment, Lena meets criteria for the predominantly inattentive presentation. The six-symptom threshold is tempting but applies only to those under 17. Combined presentation would require the hyperactive-impulsive threshold to be met as well.

167. C a change in the rules or structure of the system itself

Watzlawick, Weakland, and Fisch distinguished first-order change, which is change within a system whose rules stay the same, from second-order change, which alters the system's rules or structure. Many "more of the same" solutions are first-order and leave the problem cycle intact.

168. D Major depressive disorder

Abrupt onset, prominent depressive symptoms, frequent "don't know" answers, and highlighting of deficits suggest depression with cognitive symptoms, while Alzheimer's typically has insidious onset, with patients minimizing deficits and giving near-miss answers. Prolonged grief disorder cannot be diagnosed in an adult until at least 12 months after the death, and DSM-5-TR allows major depressive disorder to be diagnosed during bereavement.

169. C Selection bias between the two groups

Because the homerooms were intact and not randomly formed, preexisting differences (here, honors placement) could explain outcome differences; this is selection bias, the central weakness of nonequivalent-group quasi-experiments. Nothing in the scenario indicates dropout, so mortality is not the primary concern.

170. C The depressive position

In Klein's depressive position, good and bad part-objects come together into a whole object, which brings ambivalence, guilt, and the urge to repair. Object constancy and the rapprochement crisis are related ideas, but they come from Mahler's theory, not Klein's.

171. D Binge-eating disorder

Binge-eating disorder requires recurrent binges with marked distress and associated features (eating rapidly, eating alone from embarrassment, feeling disgusted) at least once a week for 3 months, without regular compensatory behavior. Bulimia nervosa requires compensatory behaviors, and the nonpurging subtype no longer exists in DSM-5-TR.

172. D It does not apply, because onset must occur during pregnancy or within 4 weeks after delivery

DSM-5-TR defines peripartum onset as mood episode onset during pregnancy or in the 4 weeks following delivery, so an episode beginning 10 weeks postpartum does not qualify for the specifier. Many clinicians and researchers informally use longer windows (6 or 12 months), which makes those answers tempting, but they are not the DSM-5-TR definition. The specifier also includes onset during pregnancy, not only after delivery.

173. C Achieved ethnic identity

Phinney's model, based on Marcia's identity statuses, describes an achieved ethnic identity as a clear, secure sense of one's ethnicity that follows a period of active exploration, which fits Hannah. Ethnic identity search (moratorium) describes the exploration period itself, before a secure commitment is reached. Foreclosed identity involves commitment without exploration, usually adopted from parents, and diffuse identity involves neither exploration nor commitment.

174. C Seeking Safety, an integrated present-focused coping-skills model

Seeking Safety, developed by Lisa Najavits, simultaneously addresses PTSD and substance use with present-focused coping skills and does not require trauma memory processing, which fits Victor's early recovery and instability. Exposure-based PE and CPT with an account are effective, but they involve trauma processing he is not ready for, and TF-CBT is designed for youth.

175. B Identify perceived barriers, examine their likelihood, and build supports and coping strategies

SCCT holds that contextual barriers and supports near the point of choice moderate whether interests are translated into goals and actions, so counselors help clients identify perceived barriers, evaluate them realistically, and develop supports and coping strategies. Interest matching ignores the barrier that is actually blocking her choice. Parental climate reflects Roe, and boundaries of acceptable alternatives reflect Gottfredson.

176. A Mild neurocognitive disorder

The key distinction between mild and major neurocognitive disorder is whether the deficits interfere with independence in everyday activities; Harold remains independent with compensatory strategies, which fits mild NCD. Amnestic disorder was a DSM-IV diagnosis that is now subsumed under the neurocognitive disorders.

177. B assimilation

Assimilation occurs when a person alters the memory of the event to fit prior beliefs, such as the just-world belief that bad things happen only to those who make mistakes, which often produces hindsight bias and self-blame. Over-accommodation is the opposite error, in which beliefs are changed too far, as in "No place is ever safe"; accommodation is the balanced, adaptive goal of CPT.

178. C Provide structure, direct guidance, and supportive feedback

Brianna shows Level 1 characteristics in the IDM: high motivation and anxiety, dependence on the supervisor, and a focus on self. Level 1 supervisees benefit from structure, instruction, and positive feedback. Addressing dependency-autonomy conflict fits Level 2, and a collegial consultative stance fits Level 3.

179. A Empty-chair work in which Ana speaks directly to her father

The empty chair is used when a client has unfinished business with a significant other, allowing direct expression of unspoken feelings in the present. Two-chair dialogue is designed for internal splits between parts of the self, such as top dog and underdog, rather than unresolved feelings toward another person.

180. D Accepting and valuing Derek as a person without needing to approve of each of his behaviors

Unconditional positive regard means prizing the client as a person, which is not the same as endorsing behavior. Referring a client solely because of the counselor's personal values is prohibited by ACA Code of Ethics A.11.b, and suppressing all reactions works against Rogers' condition of congruence.

181. D identifying and challenging stuck points about the trauma

CPT is a cognitive therapy that targets stuck points, such as self-blame and overgeneralized beliefs, using Socratic questioning and worksheets. Repeated imaginal revisiting describes prolonged exposure, bilateral stimulation describes EMDR, and present-focused coping without trauma processing describes approaches such as Seeking Safety.

182. D Building love maps

Building love maps is the first, foundational level of the Sound Relationship House. Fondness and admiration and turning toward form the next levels of friendship, and creating shared meaning is the top floor, with trust and commitment as the load-bearing walls.

183. D Mild neurocognitive disorder

Mild neurocognitive disorder involves modest decline from a previous level, typically 1 to 2 standard deviations below norms, with cognitive deficits that do not interfere with independence in everyday activities, although greater effort or compensatory strategies may be needed (DSM-5-TR). Major neurocognitive disorder, mild severity, is tempting because of the word 'mild,' but any major neurocognitive disorder requires deficits that interfere with independence, such as needing help with finances or medications. Delirium requires disturbed attention and awareness.

184. C separate thinking from feeling and keep a stable self while staying connected to family

Bowen defined differentiation as the capacity to separate intellectual from emotional functioning and to hold a clear self while remaining in contact with the family. Physical or financial distance is not differentiation; Bowen would see geographic escape without emotional resolution as emotional cutoff, not maturity.

185. C Addressing privacy risks such as surroundings, recording, and security

ACA Code of Ethics Section H requires counselors who use technology to inform clients of its risks and limits, including confidentiality in members' environments and unauthorized recording, and to use secure platforms. Screening still applies to virtual groups, and sharing identifying details increases risk.

186. D Explore practical barriers and offer flexible scheduling or formats

Socioeconomic constraints such as shift work, transportation, and childcare are common structural barriers that can be misread as resistance; culturally responsive practice examines these barriers and adapts services, for example through flexible hours or telehealth (Sue & Sue; ACA Code of Ethics A.1.a). Labeling her resistant reflects class-bound assumptions and pathologizes her circumstances. Rigidly enforcing attendance or moving her to a fixed-time group ignores the very barriers causing the problem.

187. D Arrange an immediate medical evaluation

Fainting and marked bradycardia in someone with anorexia nervosa signal possible medical instability and may require a higher level of care, so immediate medical evaluation comes first. Psychological interventions such as food exposure or more frequent sessions are appropriate only once medical safety is established.

188. D Assess Jenna's own suicidal ideation, plans, and risk factors

People bereaved by suicide are at elevated risk for suicidal ideation and behavior, and Jenna's statement requires direct risk assessment before any other intervention. A survivors' support group is a valuable resource, but referral does not address possible immediate danger.

189. B Answer briefly and honestly if doing so serves Jamal's goals, then return the focus to his experience

Self-disclosure is not prohibited by the ACA Code of Ethics; the test is whether it serves the client's welfare. A brief, honest disclosure followed by a return of focus to the client can build trust, especially in addiction settings. Sharing a detailed recovery story centers the counselor's narrative, and an immediate referral is unnecessary and could feel like rejection.

190. D Inconsistent responding likely renders the substantive scales uninterpretable

VRIN-r detects variable (random or inconsistent) responding to item pairs with similar or opposite content; a marked elevation means the substantive scale scores cannot be trusted, consistent with distracted completion. Overreporting is assessed by the F-family scales rather than VRIN-r, and fixed true responding is detected by TRIN-r.

191. A A client who is actively suicidal or engaging in dangerous self-harm

Paradoxical interventions should not be used when the symptom itself is dangerous, as with suicidality, self-harm, or violence, because prescribing or encouraging the behavior could cause harm. Anticipatory anxiety and effortful insomnia are classic indications for Frankl's paradoxical intention, and strategic family therapists have used paradox with repetitive, nonviolent couple conflicts.

192. A Differential reinforcement of low rates of responding

Differential reinforcement of low rates (DRL) reinforces a behavior when it occurs at or below a set rate, making it ideal for behaviors that are acceptable in moderation, such as asking questions. DRO and planned ignoring aim to eliminate the behavior entirely, which conflicts with the teacher's goal of keeping some questions.

193. D Social (pragmatic) communication disorder

Social (pragmatic) communication disorder covers deficits in the social use of verbal and nonverbal communication when restricted, repetitive behaviors are absent both currently and historically. Autism spectrum disorder requires both social communication deficits and restricted, repetitive behaviors, so it is ruled out here; language disorder involves vocabulary and grammar deficits, which Noah does not have.

194. D permissible when the third party is identifiable and at serious risk

Standard B.2.c says counselors "may be justified" in disclosing to identifiable third parties who are at serious and foreseeable risk, which makes it permissive rather than mandatory, and still subject to state law. HIPAA does not flatly prohibit disclosures made to prevent serious threats, so calling it prohibited is wrong.

195. A Cottone's social constructivism model

Cottone's (2001) social constructivism model views ethical decisions as made in the social context rather than solely inside the counselor's head, and describes negotiating, consensualizing, and arbitrating when people disagree. Tarvydas's integrative model also emphasizes collaboration and context, but its signature themes are reflection, balance, context, and collaboration within stages, not arbitration of disagreements.

196. C Prepare a plan for transferring clients and records to an identified colleague or records custodian

ACA C.2.h requires counselors to prepare a plan for the transfer of clients and dissemination of records to an identified colleague or records custodian in case of incapacitation, death, or termination of practice, often called a professional will. Destroying records prematurely violates retention requirements, and licensing boards do not routinely take custody of files.

197. B Acknowledge the comment, take responsibility, and invite Daniel to share its impact

Microaggressions (Sue) can rupture the alliance, and repair begins with the counselor acknowledging the comment, owning its impact, and inviting the client's response (Safran and Muran). Explaining her intent centers Kim's feelings and invalidates Daniel's experience. Waiting for Daniel to raise it places the burden of repair on the person who was harmed.

198. D Assertive Community Treatment

Assertive Community Treatment provides a multidisciplinary team with small caseloads and round-the-clock availability, delivering services where clients live, and it targets people with serious mental illness and frequent hospitalizations. A partial hospitalization program is more intensive than outpatient care but still depends on Derek reliably attending a program site, which his history suggests he will not do.

199. C Acknowledge the impact, take responsibility, and invite him to say more

Repairing a rupture caused by a microaggression begins with nondefensive acknowledgment of impact, accountability, and openness to the client's experience, which strengthens the alliance and models cultural humility (Multicultural and Social Justice Counseling Competencies; rupture-repair research). Explaining one's good intent is the most tempting error because it centers the counselor and implicitly invalidates the client's perception. Offering a transfer or citing one's training avoids the repair work the client has opened the door to.

200. D Offer nonjudgmental personalized feedback to help raise doubt

Rick is in precontemplation, so the task is to raise doubt and increase awareness without provoking defensiveness, for example with personalized feedback in a motivational style. Direct confrontation of 'denial' tends to increase resistance and is associated with poorer outcomes (Miller). Setting quit dates and teaching refusal skills assume a readiness he has not shown.