SUMMIT
STUDY GUIDES

NCE

Full-Length Practice Exam

Exam 2

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

Summit Study Guides
summitstudyguides.com

SUMMIT
STUDY GUIDES

Copyright © 2026 Summit Study Guides. All rights reserved.

This practice material is licensed for the personal study use of the purchaser. No part of it may be copied, reproduced, shared, resold, uploaded to any website or file-sharing service, or used to train or build any product without prior written permission from Summit Study Guides. Brief quotations for review purposes are permitted with attribution.

Trademark Notice

NCE and National Counselor Examination are registered trademarks of the National Board for Certified Counselors (NBCC). Summit Study Guides is an independent publisher and is not affiliated with, sponsored by or endorsed by NBCC or the Center for Credentialing & Education (CCE). The questions in this material are original practice items written to reflect the published NCE content outline; they are not actual exam questions and do not come from any NBCC examination.

Disclaimer

This material is provided for educational and exam-preparation purposes only. It is not clinical, legal or professional advice and should not be relied on for decisions about real clients. Ethics codes, diagnostic criteria, laws and regulations change and vary by jurisdiction. The content was reviewed for accuracy as of October 2026, but no warranty of any kind is made as to its completeness, accuracy or continued currency.

Using these practice questions does not guarantee that you will pass the NCE or any other examination. By using this material, you agree that Summit Study Guides and its authors are not liable for any loss, damage or outcome, direct or indirect, arising from its use, including from any errors, omissions or inaccuracies.

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 2: 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. D In early remission

Early remission applies when no substance use disorder criteria (except craving) have been met for at least 3 months but less than 12 months (DSM-5-TR). Sustained remission requires 12 months or longer, so 5 months is too short. Craving is specifically excluded from the remission rules, and 'in a controlled environment' applies only when access to alcohol is restricted.

2. D Arrange interim coverage or transfer and tell clients she will be unavailable

ACA Code C.2.g says impaired counselors limit or suspend services until they can safely resume, and A.12 requires arranging for continuation of treatment during interruptions such as illness to avoid abandonment. Telling clients she will be away for a while, without detailed self-disclosure, and arranging coverage or transfer does both. Practicing from treatment continues impaired practice, and canceling without arrangements leaves clients without care.

3. C Career adaptability

Super and later Savickas argued that career maturity, a developmental concept suited to adolescents, fits adults poorly; career adaptability better describes adults' readiness to cope with changing work roles and transitions. Vocational identity is Holland's construct, career self-efficacy is central to SCCT, and congruence is Holland's measure of person-environment fit.

4. A Helping members transfer what they learned to their lives outside the group

In the final stage, leaders focus on consolidating learning, processing feelings about ending, addressing unfinished business, and helping members apply new behaviors outside the group (Corey). Establishing ground rules is a pregroup and initial-stage task, and pushing for intense new disclosure is inappropriate as the group closes.

5. D An ongoing, other-oriented openness and self-critique rather than mastery

Cultural humility is an interpersonal stance that is other-oriented and open to the client's cultural identity, paired with lifelong self-reflection and an absence of superiority, rather than an endpoint of mastery. Memorizing group norms reflects a narrow knowledge-based view of competence and can encourage stereotyping. Counselor-client matching and waiting for clients to raise culture are not what the construct emphasizes; humility actually encourages counselors to invite cultural exploration.

6. D the miracle question

The miracle question, developed in solution-focused brief therapy by de Shazer and Berg, helps clients describe a concrete picture of their preferred future. Exception questions instead ask about past or present times when the problem was absent or less severe, and scaling questions ask clients to rate progress from 0 to 10.

7. D Obtain informed consent and explain her right to refuse the change in services

ACA A.6.d identifies changing from individual to relationship or family counseling as a role change that requires informed consent and an explanation of the client's right to refuse services related to the change, including potential consequences such as how individually disclosed information will be handled. The Code does not prohibit the change or impose a waiting period. Supervisor approval may be useful but is not the stated requirement.

8. A Facilitate discussion of the concern and its impact on trust, and revisit the group's confidentiality agreement

Once a possible breach has been raised in the group, it affects every member's sense of safety, so leaders should process it openly, explore its impact, and reaffirm confidentiality norms (ACA Code of Ethics B.4.a; Corey). Immediate dismissal assumes guilt without exploration, and postponing or minimizing the issue leaves trust damaged and models avoidance.

9. B Enhanced cognitive behavioral therapy for eating disorders

Enhanced CBT (CBT-E, Fairburn) is the best-supported first-line psychotherapy for adult bulimia nervosa, targeting the binge-purge cycle, dietary restraint, and overvaluation of shape and weight. Family-based treatment has its strongest evidence with adolescents living at home, not adults like Ana.

10. D phenomenology

Phenomenology, associated with Husserl and Moustakas, seeks the essence of how individuals experience a phenomenon. Grounded theory, by contrast, aims to generate a theory explaining a process, and ethnography studies the shared patterns of a cultural group.

11. C Biological emotional vulnerability and an invalidating environment

Linehan's biosocial theory holds that a biologically based emotional vulnerability interacts over time with an invalidating environment that dismisses or punishes emotional expression, producing pervasive emotion dysregulation. Splitting and object relations come from psychodynamic models such as Kernberg's, not from DBT.

12. A CBT including exposure, ritual prevention, and perceptual retraining

CBT tailored for body dysmorphic disorder (e.g., Wilhelm, Phillips, & Steketee), including exposure, response prevention of checking and grooming rituals, cognitive restructuring, and perceptual (mirror) retraining, has the strongest evidence. Reassurance functions like a compulsion and maintains the disorder, and cosmetic procedures rarely relieve BDD symptoms.

13. A a real relationship, created expectations, and engaging in healthy actions

Wampold's contextual model holds that therapy works through three pathways: the real relationship, expectations created by a credible explanation and treatment, and specific ingredients that promote healthy actions. The idea that unique specific ingredients drive outcome reflects the medical model, which the contextual model was developed to challenge.

14. D Slow-to-warm-up

Thomas and Chess described slow-to-warm-up children as initially withdrawing from novelty with mild intensity and adapting gradually with repeated exposure. Difficult children also react negatively to new situations, but their reactions are intense and they adapt slowly and irregularly.

15. C Maintenance

Prochaska and DiClemente describe maintenance as the stage that begins after about six months of sustained change, when the focus is consolidating gains and preventing relapse. Action covers the first six months of active change, and the model's termination stage means the person has no temptation and complete confidence, which many people never reach.

16. D Her gender identity and sexual orientation are separate dimensions of who she is

Gender identity (one's internal sense of gender) and sexual orientation (whom one is attracted to) are distinct; Jess is a transgender woman, and her attraction to women could be described, if she chooses, as lesbian or queer. Attraction to women says nothing about whether her gender identity is settled. Describing orientation by assigned sex misgenders her, and gender identity does not depend on any medical intervention.

17. B Pearson r captures only linear relationships, and this one is curvilinear

Pearson r indexes only the strength of a linear relationship, so it can be near zero even when a strong curvilinear (inverted-U, Yerkes-Dodson-type) relationship exists. Concluding that the variables are unrelated is a mistake, and plotting the data on a scatterplot would show the pattern.

18. D Engaging, focusing, evoking, planning

MI's four processes build on one another: engaging establishes the working relationship, focusing identifies a change target, evoking draws out the client's own motivation, and planning develops commitment and a concrete plan. Placing evoking before focusing is a common error, but the counselor cannot evoke motivation for change until a direction has been agreed upon.

19. C Capacity

Ginzberg's tentative period includes interest, capacity, value, and transition substages; in the capacity substage, adolescents begin evaluating whether they have the abilities required for the occupations they like. The interest substage focuses on what the person likes, which Maya has already identified. The value substage involves weighing broader values and life goals, and transition involves integrating these considerations with real-world constraints.

20. C Setting mutual goals

The five stages are: empathic relationship, story and strengths, goals, restory, and action. Goal setting follows the story stage because counselor and client need a shared understanding of the concern before defining what they want to achieve. Restorying comes after goals, when new perspectives and alternatives are generated.

21. D "You say you're fine, and I also notice your jaw tightening as you talk about the layoff."

Effective confrontation nonjudgmentally describes a discrepancy, here between Pete's words and his nonverbal behavior, using a 'you say... and I notice...' structure (Ivey). Saying 'I don't believe you' is accusatory and invites defensiveness. Reflecting anger is an interpretation of feeling that does not highlight the discrepancy he can examine for himself.

22. B Becoming an LGB offspring

D'Augelli's process of becoming an LGB offspring involves disclosing to parents and redefining the parent-child relationship over time to include one's sexual identity. Developing an LGB social identity refers to building a broad network of people who know and support one's identity, which Priya already has. Developing an intimacy status concerns forming same-sex romantic relationships, and exiting heterosexual identity is the early recognition and first disclosure that one is not heterosexual.

23. B Revisit the intake agreement and offer a general progress update

ACA Code of Ethics B.5.b asks counselors to respect parents' rights, explain the confidential nature of the counseling relationship, and build collaborative relationships with parents. Returning to the confidentiality agreement made at intake and offering a general progress update honors both Ellie's privacy and her mother's role. Refusing all discussion ignores legitimate parental rights, and a court order is not the appropriate route here.

24. C Provide the counseling and seek supervision to keep personal values out of it

The ACA Code of Ethics (A.4.b) requires counselors to avoid imposing their own values, and A.11.b states that counselors refrain from referring clients based solely on the counselor's personally held values, attitudes, or beliefs. Because she has the competence to provide couples counseling, she should serve the clients and use supervision or consultation to manage her reactions. A values-based referral, even to an affirming colleague, is the tempting but prohibited option, and disclosing her beliefs would burden the clients with her values.

25. C Identity comparison

In Cass's (1979) identity comparison stage, the person accepts the possibility of being gay ("I might be gay"), feels alienated or different from heterosexual peers, and weighs the social consequences, such as family reactions. Identity confusion is the earlier stage of first questioning ("Could I be gay?") with turmoil but without tentatively accepting the possibility. Identity tolerance is marked by actively seeking out gay communities to meet social and emotional needs, which Marcus has not yet done.

26. C The ADDRESSING model

Hays's ADDRESSING model uses an acronym for Age, Developmental and acquired Disabilities, Religion, Ethnicity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, and Gender to help counselors identify cultural influences and their own biases. The RESPECTFUL model, by D'Andrea and Daniels, serves a similar purpose but uses different dimensions and is not Hays's work. The Cultural Formulation Interview is the DSM-5-TR interview, and the Multicultural Counseling Inventory is a self-report measure of counselor competence.

27. B additive empathy, because it names a feeling Sam implied but did not directly state

Additive (advanced) empathy goes slightly beyond the client's explicit message to identify implied feelings or meanings, here the fear underlying his discouragement, while staying close to what he is ready to hear. Interchangeable empathy (Carkhuff level 3) captures only what was explicitly expressed, and the response neither highlights a contradiction nor links to past relationships.

28. A Higher-order conditioning

In higher-order (second-order) conditioning, an established conditioned stimulus is used in place of the unconditioned stimulus to condition a new neutral stimulus. Sensory preconditioning is a related phenomenon, but there the two neutral stimuli are paired before either is ever conditioned.

29. C Provide individual crisis support now and revisit group when she has stabilized

Yalom notes that people in acute crisis often need more individual attention than a process group can provide and may struggle to engage with the group's tasks. Refusing services outright abandons the client; the appropriate step is an alternative intervention and possible later placement.

30. B Industry versus inferiority

Freud's latency stage (about age 6 to puberty) overlaps Erikson's industry versus inferiority, when children channel energy into school and skill mastery. Initiative versus guilt corresponds to Freud's phallic stage (about ages 3 to 6), and identity versus role confusion parallels the genital stage.

31. C Identity exploration, instability, and feeling in-between

Arnett identified identity explorations, instability, self-focus, feeling in-between, and a sense of possibilities as the hallmarks of emerging adulthood. Consolidating stable career and family commitments is what typically marks the end of this period and the entry into young adulthood.

32. D Address the anxiety and indecisiveness that cut across his whole life

Career counseling research separates developmental indecision (lack of information or experience) from chronic indecisiveness, a broader pattern of anxiety and difficulty committing that appears across life areas. Mark already has adequate self-knowledge and occupational information, so more of either will not help; the underlying anxiety needs attention. Imposing a deadline would likely raise his anxiety without addressing its source.

33. C When the reaction likely reflects Ethan's interpersonal pattern and sharing it could help him

Immediacy is most useful when the counselor's reaction is evoked by the client, offering him feedback about how he affects others, and when there is time to process his response. Feeling disengaged across many unrelated clients points to the counselor's own fatigue or burnout, which belongs in supervision. Sharing to satisfy the counselor's need for authenticity, or at the end of a session, does not serve the client.

34. D The person is not the problem; the problem is the problem.

This phrase, associated with Michael White and David Epston, summarizes the externalizing stance: problems are separate from people and do not define identity. Problems serving a homeostatic function is a systemic family therapy idea, conditioning is behavioral, and insight into early experience is psychodynamic.

35. A An exception question

Exception questions look for times when the problem could have occurred but did not or was less severe, so the couple can do more of what worked. Unique outcomes are the closely related narrative therapy term, which is tempting, but this counselor is working within an SFBT frame. Presession change questions ask specifically about improvements between scheduling and the first session.

36. D .80

Power equals 1 minus beta, so 1 - .20 = .80, which is the conventional minimum recommended by Cohen. The value .95 is 1 minus a .05 alpha, which describes the probability of correctly retaining a true null, not power.

37. B A microinsult conveying an ascription of intelligence

Sue et al. (2007) classify comments like "You're so articulate" under the theme ascription of intelligence, a form of microinsult: subtle, often unconscious messages that demean a person's racial heritage. A microassault is explicit and deliberate, which does not fit a well-meant compliment. Microinvalidations negate a person's experiential reality (e.g., "I don't see color"), and environmental microaggressions operate through systems and settings rather than interpersonal remarks.

38. B Vicarious learning

SCCT draws on Bandura's four sources of self-efficacy; observing a similar model succeed is vicarious learning, and similarity between observer and model strengthens the effect. Performance accomplishments, the most powerful source, require Valeria to succeed at a task herself. Verbal persuasion would involve encouragement from others, and physiological and affective states concern interpreting her own arousal or anxiety.

39. B Wounded healer

Jung's wounded healer archetype holds that a healer's own wounds can be a source of empathy and healing ability, but only when the healer is aware of them and working on them. Countertransference is the counselor's emotional reaction to a particular client, which unexamined wounds can produce, but it is not the archetype itself. Congruence is Rogers' term for genuineness.

40. D family reconstruction

Satir's family reconstruction guides a star through a dramatized multigenerational history, often with role players, to reframe family-of-origin experiences. A parts party is another Satir method, but it dramatizes a person's internal parts rather than family history; psychodrama (Moreno) is related but is not Satir's multigenerational procedure.

41. C Emotional reasoning

Emotional reasoning treats a feeling as proof of a fact: "I feel guilty, so I must be guilty" (Beck). Personalization is tempting because guilt involves self-blame, but personalization means taking responsibility for a specific outside event. Priya is reasoning from her emotion, not from any event.

42. D Sex-type boundary, prestige-level boundary, and tolerable-effort boundary

Gottfredson described the zone of acceptable alternatives as a region on a cognitive map of occupations bounded by tolerable sex type, a lower prestige limit (what a person considers beneath them), and an upper tolerable-effort limit (what seems too hard to attain). Interests matter later in selecting among acceptable options, and accessibility drives compromise rather than defining the zone. Self-efficacy, outcome expectations, and goals are the core constructs of SCCT.

43. B A paramedic who repeatedly recovers human remains at fatal crash scenes

Criterion A includes repeated or extreme exposure to aversive details of traumatic events, as with first responders collecting human remains (DSM-5-TR). Exposure through electronic media does not count unless it is work-related. Learning about a loved one's death qualifies only when the death was violent or accidental, and job loss, while stressful, is not a traumatic event under Criterion A.

44. A Leave the original entry intact and add a dated addendum clearly marked as a late entry

Records must never be altered, backdated, or removed, especially once litigation is expected. Doing so can be treated as spoliation or fraud and can destroy a counselor's credibility even when the care itself was adequate. Any clarification should be an addendum dated when it is written and labeled as a late entry, leaving the original intact.

45. B Ipsative

Ipsative measurement compares a person's scores with each other (intra-individual), as forced-choice formats do. Because every choice favors one option over another, the scores cannot be used to compare people. Normative measurement compares the individual with a reference group.

46. C Privileged counselor and marginalized client

The MSJCC uses four quadrants defined by the relative privilege and marginalization of the counselor and the client. Here the counselor holds privileged identities in sexual orientation, gender identity, and class, while the client holds marginalized ones, so self-awareness about power in the relationship is especially important.

47. A Discuss the alert with Devon, assess the alliance and motivation, and consider changing the approach

Lambert's feedback research shows that the benefit of routine outcome monitoring comes mainly from clients flagged as not on track, when the counselor acts on the alert by examining the alliance, motivation, social supports, and the fit of the intervention. Simply adding more sessions of the same approach, or waiting, misses the purpose of the early warning, which is to prevent deterioration and dropout.

48. D Grounded theory

Grounded theory (Glaser and Strauss) aims to generate a theory grounded in data, using constant comparative analysis and theoretical sampling. Phenomenology is tempting because it also uses interviews, but its goal is to describe the essence of a lived experience, not to build an explanatory model of a process.

49. A Jesse B. Davis

Jesse B. Davis, as a principal in Grand Rapids, Michigan, built guidance into the school curriculum, an early foundation for school counseling. Frank Parsons is the common wrong pick because he is the best-known guidance pioneer of the same era, but his work centered on the Vocation Bureau in Boston rather than a school program.

50. D Avoid it and choose instruments with established psychometric support

Under the ACA Code of Ethics (E.6.a), counselors consider the validity, reliability, and appropriateness of instruments before using them, and the same standards apply to online and free tools. Having clients sign a consent form does not make an unvalidated instrument fit for guiding decisions. Client preference for an online format does not fix the lack of evidence.

51. C program evaluation

Using aggregated outcome data to judge whether a program is achieving its goals is program evaluation, an indirect client care activity. Utilization review focuses on whether services for particular clients are necessary and appropriate for authorization or reimbursement, not on whether an entire program should continue.

52. D Lock up or remove firearms and medications in the home

Lethal means restriction is one of the best-supported suicide prevention strategies, because suicidal crises are often brief and reducing access to lethal methods, especially firearms and stockpiled medications, prevents deaths. Daily room searches can damage trust and are not evidence-based. Avoiding the topic of suicide reduces open communication rather than lowering risk.

53. A A nine-point scale with a mean of 5 and a standard deviation of about 2

Stanines ("standard nines") split the normal distribution into nine bands with a mean of 5 and an SD of about 2. Each band except the two ends is half an SD wide, so the bands hold unequal percentages: about 4% in stanine 1 and 20% in stanine 5. Ten equal-percentage bands describe deciles, not stanines.

54. B Interpret material the client is close to recognizing, and address resistance before deeper content

Classical guidelines hold that interpretations work best when the material is near conscious (preconscious) awareness, when a working alliance exists, and when resistance and defenses are interpreted before the content they protect. Deep interpretations offered early tend to be rejected or to heighten defensiveness, and waiting until termination would leave no time for working through.

55. A Decline to share session content and offer her grief support resources

ACA Code of Ethics B.3.f requires counselors to protect the confidentiality of deceased clients, consistent with legal requirements and the client's documented preferences. Generally only the client's legal personal representative can authorize release. Confidentiality does not end at death, and being next of kin does not by itself grant access, so the counselor can decline compassionately and offer grief support.

56. B the family taking responsibility for its own motivation and direction for change

Whitaker said the therapist must win the battle for structure (control over who attends and the conditions of therapy) but must lose the battle for initiative, so the family owns the push for change. Controlling attendance is the battle for structure, and staying out of triangles is a Bowenian concern.

57. A Acknowledge his expertise and invite him to speak from his own experience as a member

Members who adopt a helper or co-therapist role often avoid their own work; Corey recommends redirecting them to their own issues and feelings. Removing him is excessive, and making him a co-leader would confuse roles and responsibilities.

58. B After she has learned coping skills such as relaxation, affect regulation, and cognitive coping

TF-CBT follows the PRACTICE sequence: psychoeducation and parenting skills, relaxation, affect modulation, and cognitive coping come first, followed by trauma narrative and processing, in vivo exposure, conjoint sessions, and enhancing safety. Starting with the narrative in the first session skips stabilization, and conjoint sharing of the narrative comes after it has been developed, not before skills are taught.

59. D Exposing clients to manageable doses of stress to build coping resistance

Like a vaccine, SIT exposes clients to milder, manageable stressors so they build coping skills and resistance for larger ones (Meichenbaum). Exposure to maximum stress all at once describes flooding, which is the opposite of SIT's gradual approach.

60. C Before formal operations, children have limited capacity to express feelings abstractly in words

Play therapists, following Piaget, note that children who have not yet reached formal operations have limited ability to verbalize abstract emotional experience, so toys serve as their words and play as their language (Landreth). Children do have defenses and can form alliances with adults, and play therapy does not depend on a psychosexual explanation of children's problems.

61. D Remain silent with attentive, open posture and allow her time

Ivey emphasizes that attending includes comfort with silence; after an emotional disclosure, the client is often processing, and silence with attentive body language communicates presence. Rushing in with a question, summary, or reassurance can interrupt the client's emotional processing and meet the counselor's discomfort rather than the client's need.

62. D American Personnel and Guidance Association

ACA began in 1952 as the American Personnel and Guidance Association (APGA), became the American Association for Counseling and Development (AACD) in 1983, and adopted its current name in 1992. AACD is the tempting choice because it was a prior name, but it was not the founding name. The National Vocational Guidance Association (1913) was one of the founding groups and is now NCDA.

63. A Encounter

Cross's Encounter stage is triggered by an event that shatters a person's prior view of race and pushes them to reconsider their identity, which fits Keisha's reaction to being profiled. Immersion-Emersion comes afterward and is marked by intense involvement in Black culture and often anti-White feelings, which she has not yet shown. Pre-Encounter describes the earlier, race-minimizing outlook she is now questioning.

64. B Moderate

PHQ-9 severity ranges are 0-4 minimal, 5-9 mild, 10-14 moderate, 15-19 moderately severe, and 20-27 severe, so 12 indicates moderate depressive symptoms. A score of 10 or higher is also the commonly used cutoff for a positive screen, so the score is above the mild range.

65. B Carla signs a written authorization to release information to the counselor

ACA Code B.6.g directs counselors to obtain written permission from clients before records are disclosed or transferred to other professionals, so a signed release naming the information and the recipient is the expected first step. Although HIPAA permits some provider-to-provider disclosures for treatment without authorization, counselors and most agencies rely on a written release for record transfers. Verbal notice or a letterhead request does not document the client's consent.

66. D the fear structure is activated and corrective information is incorporated

Foa and Kozak's emotional processing theory proposes that the pathological fear structure must be activated through exposure while new, incompatible information is introduced, reducing fear and avoidance. Bilateral stimulation and adaptive networks describe EMDR's AIP model, and Socratic restructuring of beliefs describes cognitive approaches such as CPT.

67. C Ecosystemic crisis

James and Gilliland describe ecosystemic crises as natural or human-caused disasters that engulf whole communities or groups through no fault of their own, such as tornadoes, floods, or wars. A situational crisis is an uncommon, extraordinary event affecting an individual (for example, a car accident or job loss); Marcus's personal losses have situational elements, but a community-wide disaster is the defining example of an ecosystemic crisis.

68. C To raise awareness of automatic biases that may differ from stated beliefs

The IAT measures how strongly a person automatically associates concepts, which can reveal implicit biases that differ from explicitly endorsed values. In training, it is used to prompt self-reflection, not to diagnose, measure knowledge, or make admissions decisions, since individual scores have limited reliability for high-stakes use.

69. D Enterprising

The Enterprising type is drawn to influencing, persuading, and leading others toward organizational or economic goals, as in sales or management. The Social type also works with people, which makes it tempting, but its focus is helping, teaching, and caring for others rather than directing and persuading them. His explicit lack of interest in counseling and teaching points away from Social.

70. C 2

Degrees of freedom for a chi-square test of independence equal (rows - 1) x (columns - 1), so (2 - 1) x (3 - 1) = 2. The value 6 is simply the number of cells, and 5 is cells minus one, which is not the correct formula for a two-way table.

71. B About 5.5 hours, matching his average total sleep time

Sleep restriction sets the initial time-in-bed window to approximately the average total sleep time from the diary (usually not below 5 hours), then extends it as sleep efficiency rises above about 85-90 percent. Victor's current efficiency is roughly 61 percent (5.5/9). Going below actual sleep time to 4 hours exceeds standard protocols and raises safety concerns such as excessive daytime sleepiness.

72. B 'Client raised voice and said, "Nobody here cares." Calmed with redirection; denied intent to harm.'

Good documentation describes observable behaviors, records key client statements, and notes risk-relevant findings and interventions. Pejorative labels such as 'manipulative' or 'hysterical' read poorly in court and suggest bias. Speculation about causes and vague entries such as 'no change' do not show what the counselor observed, assessed, or did.

73. C Splitting

Splitting (Kernberg) keeps all-good and all-bad images of others apart, so the counselor flips from wholly good to wholly bad after one frustration. Idealization explains only the first, all-good view, not the switch between the two extremes.

74. D Weigh the risks and benefits with the prospective client before deciding

ACA A.6.a directs counselors to consider the risks and benefits of accepting as clients those with whom they have had a previous casual, distant, or past relationship, and to take precautions to ensure judgment is not impaired and no exploitation occurs. Such relationships are not automatically prohibited, unlike prior romantic relationships under A.5.b. Even casual contact warrants discussion, because the counselor and client will keep encountering each other.

75. B Compassion satisfaction

In Stamm's ProQOL, compassion satisfaction is the pleasure derived from doing helping work well, and it is the positive counterpart to compassion fatigue. Personal accomplishment is a Maslach Burnout Inventory dimension, not a ProQOL scale. Vicarious resilience and posttraumatic growth are related positive constructs, but neither is the ProQOL term.

76. A Integration

Integration involves maintaining one's heritage culture while also participating actively in the larger society, which matches Priya's dual engagement. Assimilation would mean giving up her heritage culture in favor of the host culture, and she has not done so. Separation would involve keeping her heritage culture while avoiding the larger society, which her school and friendships contradict.

77. B Explore her family's role and seek options honoring both her interests and family

Culturally appropriate career counseling models (for example, Fouad and Bingham) treat family and collectivist values as legitimate parts of the decision rather than obstacles. Pushing her toward a purely independent choice imposes an individualistic value she has not endorsed. Using test results to persuade her parents sets up a conflict she has said she does not want.

78. C Speak with the colleague privately, express concern, and encourage her to seek help

ACA C.2.g asks counselors to assist colleagues in recognizing impairment and to provide consultation, and I.2.a directs counselors to first attempt informal resolution when substantial harm has not occurred and it is feasible. A board complaint becomes appropriate if informal resolution fails or substantial harm is likely (I.2.b), but it is not the first step here. Waiting for evidence of harm ignores the duty to intervene before clients are hurt.

79. B Mirroring transference

Kohut's mirroring transference reflects a need to have one's worth and accomplishments admired and affirmed by the selfobject. An idealizing transference would instead involve Brandon admiring the counselor as powerful and calming.

80. A Consider a stimulant-induced depressive disorder and reassess after abstinence

DSM-5-TR indicates that depressive symptoms beginning during heavy substance use or withdrawal are best considered substance-induced, and evidence of an independent depressive disorder includes symptoms persisting for a substantial period (about 1 month) after cessation of use or a history of episodes unrelated to use. Diagnosing major depressive disorder now ignores the temporal link to cocaine. Persistent depressive disorder requires at least 2 years of symptoms, and intoxication does not explain symptoms continuing after the drug has worn off.

81. A As an ongoing process revisited and documented throughout the relationship

ACA A.2.a states that informed consent is an ongoing part of the counseling process and that counselors appropriately document discussions of it throughout the relationship. A signed form at intake is necessary but not sufficient; consent must be revisited as goals, techniques, or circumstances change.

82. D Invite Ben to share the reaction or statement behind his questions

Corey notes that habitual questioning often keeps the questioner hidden and can put others on the defensive; the leader encourages the member to turn the question into a direct statement of his own reaction. Banning questions is overly rigid, and casting a member as co-leader blurs roles.

83. C Skills for Psychological Recovery

Skills for Psychological Recovery (SPR) is a skills-building intervention for the recovery phase, teaching problem solving, positive activity scheduling, managing reactions, helpful thinking, and rebuilding social connections. Critical Incident Stress Debriefing is a group debriefing model developed by Mitchell, not by these organizations. Cognitive Processing Therapy is a trauma-focused treatment for diagnosed PTSD, not a population-level disaster follow-up.

84. D The client will tend to elaborate on the marriage rather than on work.

Ivey notes that encouragers that repeat key words are not neutral: clients usually elaborate on whatever words the counselor selects. Choosing "marriage falling apart" over "overwhelmed at work" directs the client's attention, which is why counselors should be intentional about which words they repeat.

85. C Ambiguous loss

Ambiguous loss (Pauline Boss) occurs when a loved one is physically absent but psychologically present, as with missing persons, so the loss stays unclear and resolution is blocked. Anticipatory grief involves an expected death, such as a terminal illness, and prolonged grief disorder requires a confirmed death.

86. B decline to confirm or deny that Malik is a patient until he provides written consent

Under 42 CFR Part 2, even acknowledging that someone is a patient of a covered program generally requires the patient's written consent, which is stricter than HIPAA's treatment exception. The medical emergency exception applies only to a bona fide emergency in which consent cannot be obtained, not to a routine prescribing question.

87. D overestimate their own effectiveness and miss many clients who are getting worse

Studies by Lambert, Walfish, and colleagues show that clinicians tend to rate their own effectiveness above average and identify only a small fraction of clients who deteriorate, which is a key rationale for routine outcome monitoring. Experience does not reliably close this gap, so clinical judgment alone is not a substitute for measurement.

88. D Screen each partner individually, in private, during the assessment

Intimate partner violence screening should be done with each partner separately, because a victim may not disclose abuse safely in front of the abusive partner, and disclosure could increase danger. A joint interview may seem fair, but it can silence the at-risk partner and miss violence that would make conjoint therapy unsafe.

89. D The self, the world, and the future

Beck described depression as marked by a negative view of the self, the world (personal experience), and the future. The levels of cognition (automatic thoughts, intermediate beliefs, core beliefs) are a different part of Beck's model, and A-B-C belongs to Ellis's REBT.

90. B The first is sustain talk; the second is discord

Sustain talk is the client's own argument for the status quo regarding the target behavior, whereas discord concerns the working relationship and often signals that the counselor is getting ahead of the client. Miller and Rollnick replaced the single term resistance with these two distinct concepts because they call for different responses.

91. A Seek supervision to explore the reaction and its effect on the alliance

Countertransference is common and not unethical in itself; the professional response is to recognize it and bring it to supervision or consultation so it does not harm the relationship. Lecturing Kim about her choices also risks imposing Paul's values, which ACA Code of Ethics A.4.b directs counselors to avoid. Disclosing the reaction to Kim burdens her with Paul's material, and suppressing it tends to let it leak into the work.

92. B Multidimensional assessment guides placement at the least intensive safe level

The ASAM Criteria use a multidimensional assessment (including withdrawal risk, medical and psychiatric conditions, readiness, relapse risk, and recovery environment) to match clients to a level of care, favoring the least restrictive level that is safe and effective. Placement is fluid, so clients move up or down as their needs change. Neither diagnosis severity nor the drug used alone determines placement.

93. A Explain the counseling process to Jordan in age-appropriate terms and seek his assent to participate

ACA Code of Ethics A.2.d directs counselors to seek the assent of clients who cannot legally consent and to include them in decision-making as appropriate. Parental consent satisfies the legal requirement here, but it does not replace engaging the adolescent; a minor's signature does not override a parent's legal consent.

94. A Cognitive behavioral therapy for insomnia, including sleep restriction and stimulus control

CBT-I is recommended as the first-line treatment for chronic insomnia disorder (e.g., American College of Physicians guidelines), with core components of sleep restriction, stimulus control, and cognitive restructuring. Sleep hygiene education alone is insufficient as a stand-alone treatment, and hypnotics are not first-line for chronic insomnia.

95. C Paradoxical intention

Frankl's paradoxical intention asks clients to wish for or intend the very thing they fear, which breaks the cycle of anticipatory anxiety, often with the help of humor. Dereflection redirects attention away from excessive self-observation toward something meaningful outside the self, rather than having the client intend the symptom.

96. A Terminally ill patients facing their own death

In On Death and Dying (1969), Kübler-Ross described the stages from her work with dying patients; the model was later extended, often uncritically, to bereavement. Studies of acute grief after the Cocoanut Grove fire belong to Lindemann, and research on widows is associated with Parkes.

97. C Encourage him to work with his prescriber on a gradual taper, because abrupt cessation can cause seizures

Abrupt discontinuation after long-term daily benzodiazepine use can produce severe withdrawal, including seizures, so tapering should be medically supervised. Self-directed dose reductions, even gradual-sounding ones, are still medication advice outside the counselor's scope and lack medical oversight.

98. C Decline to counsel her and provide referrals to other qualified counselors

ACA A.5.b prohibits counselors from entering counseling relationships with persons with whom they have had a previous sexual and/or romantic relationship, with no time limit. The 5-year rule in A.5.c applies in the other direction (former clients becoming romantic partners), so the passage of time does not make this acceptable. Informed consent and consultation cannot cure a prohibited relationship.

99. C Counseling is a professional relationship that empowers diverse people to reach mental health, wellness, education, and career goals

The 20/20 consensus definition (2010) describes counseling as a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. The diagnosis-and-treatment definition is tempting because counselors do diagnose and treat, but it reflects a medical model rather than the profession's wellness and empowerment emphasis.

100. A Adult protective services

Adult protective services is the agency each state designates to investigate abuse, neglect, and exploitation of older and vulnerable adults living in the community. Area Agencies on Aging plan and coordinate services but do not investigate. The Long-Term Care Ombudsman advocates for residents of nursing homes and assisted living facilities, not for older adults living in their own homes.

101. B Verbal underlining

Verbal underlining is part of vocal qualities: by stressing certain words, the counselor signals what seems important and may steer the client's focus. Selective attention is the broader pattern of which topics the counselor follows; verbal tracking is staying with the client's topic.

102. D accommodation

Accommodation occurs when a child modifies existing schemas or creates new ones because incoming information does not fit. Calling the cow 'doggie' in the first place was assimilation (fitting new information into an existing schema); equilibration is the broader self-regulating process that drives the shift, not the creation of the category itself (Piaget).

103. B 30 percent

Lambert estimated roughly 40 percent for extratherapeutic or client factors, 30 percent for relationship factors, 15 percent for expectancy or placebo, and 15 percent for specific techniques. Forty percent is the largest category, but it belongs to client and extratherapeutic factors rather than the relationship.

104. A The moral model

The moral (religious) model, the oldest model of disability, views disability as a punishment for sin or moral failing, often producing shame and hiding the person from the community, as this family does. The social and minority group models locate the problem in societal barriers and oppression and emphasize pride and rights. The rehabilitation model, closely related to the medical model, focuses on restoring functioning through professional services.

105. C problem stage

Haley's first interview moves through a social stage, a problem stage in which each member gives a view of the problem, an interaction stage, a goal-setting stage, and finally task setting. The interaction stage, in which members talk to one another about the problem, comes after each person has stated the problem.

106. B Personal fable

Elkind's personal fable is the adolescent belief that one is unique and invulnerable, which supports risk-taking like Derek's. The imaginary audience is the belief that everyone is watching and judging one's appearance and behavior, and centration is a preoperational tendency to focus on one aspect of a situation.

107. B Rapprochement

Rapprochement (about 15-24 months) is marked by renewed clinging alongside a push for autonomy, as the toddler realizes how separate he is from his mother. The practicing subphase comes earlier and features confident, exhilarated exploration with little concern about separation.

108. D An increase in suicidal thoughts or behaviors, especially early in treatment

The FDA boxed warning for antidepressants describes increased risk of suicidal thinking and behavior in children, adolescents, and young adults under 25, particularly in the first months of treatment or after dose changes. SSRIs usually take several weeks to reach full effect, and tardive dyskinesia is associated with antipsychotics.

109. D Good insight and poor judgment

Insight is awareness of one's illness and its consequences, which Elena demonstrates; judgment is the ability to make sound decisions, which her choice to stop medication shows is impaired. Rating insight as poor would ignore her accurate account of how stopping lithium has affected her.

110. B Begin with a low-intensity intervention and step up if monitoring shows inadequate response

Stepped care starts with the least intensive intervention likely to be effective (e.g., guided self-help or brief behavioral activation for mild depression) and uses outcome monitoring to step up to more intensive care when response is inadequate. Starting everyone at maximal intensity defeats the efficiency purpose of the model.

111. A Level 3: acceptance and recognition

On the Client Change Scale, level 3 is reached when the client fully acknowledges the discrepancy but has not yet changed thoughts or behavior about it. Denise clearly recognizes the contradiction, which goes beyond the bargaining or partial acknowledgment of level 2. She has not yet generated a new way of handling the anger, which would be level 4.

112. A Notify the client about the subpoena and learn whether she will authorize release or assert privilege

A subpoena requires a response, but it does not by itself authorize disclosure of privileged material. The privilege belongs to the client, so the counselor should first notify the client and learn her wishes, usually while consulting an attorney (ACA Code B.1.c, B.2.d). Ignoring a subpoena can lead to contempt, and sending even a summary without authorization would breach confidentiality.

113. B planned happenstance theory

Planned happenstance (Mitchell, Levin, and Krumboltz) teaches clients to create and use unplanned events through curiosity, persistence, flexibility, optimism, and risk taking. Gottfredson's circumscription and compromise describes how people narrow acceptable options by sex type and prestige. The theory of work adjustment focuses on person-environment correspondence after entering work.

114. D Cross-tolerance

Alcohol and benzodiazepines both act on GABA-A receptors, so a benzodiazepine can substitute for alcohol and then be tapered, preventing seizures and delirium. This shared tolerance is cross-tolerance. Synergism describes combined effects greater than the sum of each drug alone, which is the danger of mixing them rather than the reason for substitution.

115. B Construct validity, through both convergent and discriminant evidence

A high correlation with a measure of the same construct (convergent) plus a near-zero correlation with an unrelated construct (discriminant) together support construct validity, as in Campbell and Fiske's framework. Content validity rests on expert review of item coverage, not on correlations with other measures.

116. D A daily report card with specific target behaviors and home-based rewards

The daily report card, which sets a few specific target behaviors, gives frequent feedback, and links to rewards at home, is a well-supported behavioral classroom intervention for ADHD. Taking away recess removes physical activity that helps regulation, back-of-room seating reduces teacher prompting and proximity, and longer tasks set the student up to fail rather than chunking work.

117. C Congruence

Rogers described congruence (genuineness) as the counselor being integrated and transparent, with no facade between inner experience and outward expression. Unconditional positive regard is the counselor's nonjudgmental prizing of the client, which concerns acceptance rather than the match between inner and outer experience.

118. B willingness to experience pain while re-engaging in activities she values

ACT targets experiential avoidance: rather than waiting for pain to disappear, the client practices acceptance and commits to valued action. Replacing catastrophic thoughts with balanced ones is a cognitive restructuring strategy from CBT; ACT instead changes the client's relationship to thoughts (defusion) rather than their content.

119. D Work with her to break the aim into graduated, attainable steps toward public speaking

Achievable goals respect the client's direction while making success likely; graded steps also fit an exposure hierarchy for social anxiety. Accepting an unrealistic one-week goal sets her up for failure, and substituting the counselor's goal undermines collaboration and autonomy.

120. C 3 nights per week for at least 3 months

DSM-5-TR insomnia disorder requires sleep difficulty at least 3 nights per week, persisting at least 3 months, despite adequate opportunity to sleep. DSM-IV required only 1 month; DSM-5 lengthened the duration. Presentations that meet the other criteria but last less than 3 months can be coded as other specified insomnia disorder (e.g., brief insomnia disorder).

121. A The score suggests moderate anxiety that warrants a fuller diagnostic evaluation

On the GAD-7 (0-21), scores of 10-14 indicate moderate symptoms and 10 is the usual cutoff for a positive screen; a screening tool identifies people who need further evaluation but does not establish a diagnosis by itself. Treating the score as diagnostic is the most tempting error, and 15 is the threshold for severe symptoms, not the screening cutoff.

122. C Response cost

Response cost is a form of negative punishment in which a specific amount of an already-earned reinforcer is removed contingent on a behavior. Time-out is also negative punishment, but it removes access to reinforcement for a period of time rather than taking away earned tokens.

123. D Arrange for a qualified professional interpreter to facilitate the consent process and sessions

ACA A.2.c directs counselors to communicate informed consent in a culturally and developmentally appropriate manner and, when necessary, arrange for a qualified interpreter or translator. A family member, especially one involved in the presenting family conflict, compromises confidentiality, accuracy, and the client's freedom to disclose, even with a signed release.

124. A Defense, anxiety, and hidden feeling

Malan's triangle of conflict shows how a hidden feeling or impulse triggers anxiety, which is then managed by defense. 'Therapist, past figures, and current others' is his separate triangle of persons, which tracks where the pattern appears.

125. C Behavioral activation that schedules valued and rewarding activities

Behavioral activation targets the withdrawal-inactivity cycle that maintains depression by monitoring activity and scheduling valued, reinforcing activities, and trials (e.g., Dimidjian et al.) show it is comparable to full cognitive therapy. Owen shows no evidence of social fear, so exposure therapy does not address the maintaining factor.

126. A Explore her reasons, respect her decision, and offer a closing session and referrals

Client autonomy (ACA A.1, A.2) means clients may end counseling, but good practice includes exploring the reasons, sharing the counselor's view, and offering pretermination processing and referrals (A.11.c). Pressuring her or treating the decision as resistance disregards autonomy. Ending abruptly without exploration misses the chance to address possible ruptures and to secure continuity of care.

127. A Refer her for individual crisis services and consider the group after she stabilizes

The ACA Code of Ethics (A.9.a) directs counselors to screen for members whose needs are compatible with the group and whose well-being will not be jeopardized, and Yalom identifies people in acute crisis as poor candidates for interpersonal groups because they need more immediate, individualized attention than a group can provide. Admitting her with supplemental check-ins still places her in a setting that cannot meet her current level of need.

128. D Radical acceptance

Radical acceptance, a distress tolerance skill, involves fully accepting reality that cannot be changed, which reduces the added suffering that comes from fighting it. Opposite action is used when an emotion does not fit the facts or is not effective, but Mei's sadness about a real loss is justified; the problem is her refusal to accept the situation.

129. B From the intuitive level to the critical-evaluative level

Kitchener (1984) distinguished an intuitive level, based on ordinary moral sense, from a critical-evaluative level that draws on ethical rules (codes), principles, and ethical theory when intuition is insufficient. Conventional and postconventional levels belong to Kohlberg's moral development theory, and moral sensitivity and motivation are components of Rest's model, not Kitchener's.

130. A Summarizing

Summarizing draws together client thoughts, feelings, and actions over a longer period, such as a whole session or the previous meeting, and is often used to open a session. A paraphrase condenses a single client statement or brief exchange, while immediacy addresses what is happening between counselor and client right now.

131. C Early intensive behavioral intervention based on applied behavior analysis

Early intensive behavioral intervention grounded in applied behavior analysis, along with naturalistic developmental behavioral interventions, has the most consistent research support for young children with autism. Facilitated communication has been discredited because messages have been shown to come from the facilitator, and sensory integration therapy and nondirective play therapy lack comparable evidence for core skill building.

132. C You put a lot of effort into that; you must feel good about how hard you worked.

Adlerian encouragement focuses on effort, improvement, and the child's own satisfaction, which builds internal motivation and courage. Praise such as 'I'm proud you got an A' depends on outcomes and the adult's approval, so it can leave children dependent on external evaluation.

133. C Once a week for 3 months

DSM-5-TR requires that binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months. Twice a week is tempting because it was the DSM-IV threshold, but it was lowered in DSM-5. The same once-weekly, 3-month threshold applies to binge-eating disorder.

134. A family sculpting

Family sculpting, used by Satir and other experiential therapists, has a member arrange others in space to represent relationships nonverbally. Family reconstruction is a larger, multigenerational re-enactment of a person's family history, and enactment has the family carry out an actual interaction rather than a symbolic arrangement.

135. C Thematic Apperception Test

The TAT asks clients to create stories about ambiguous picture cards, and Murray's interpretive framework centers on the hero's needs and environmental press. The Rorschach is also a projective technique, but it uses inkblots rather than pictures of people, and the Rotter uses sentence stems.

136. D Adherence to a strict time schedule, such as the 50-minute hour

Sue and Sue describe adherence to time schedules (the 50-minute, weekly session at a fixed office) and ambiguous, long-range goals as class-bound values that may clash with the immediate, practical needs of clients living in poverty. Verbal and emotional expressiveness and the pursuit of insight are classified as culture-bound values of Western counseling. Use of standard English is categorized as a language barrier, the third category.

137. C Block the attacks and invite the group to examine what focusing on Devon accomplishes for them

Scapegoating usually serves the group by displacing tension onto one member, so leaders should protect the targeted member and help the group explore its underlying anxiety or conflict (Corey; ACA Code of Ethics A.9.b). Moving Devon out or leaving him to defend himself treats a group-level problem as his individual issue.

138. C Circumstantiality

Circumstantiality is excessive, indirect detail that eventually reaches the point, which Marcus does when he finally names the panic attacks. Tangentiality also involves drifting to related topics, but the speaker never returns to the original question.

139. A Seek training and supervision to bracket her values while continuing to counsel Sam

ACA Code of Ethics A.4.b requires counselors to avoid imposing their own values and to seek training where they are at risk of doing so, and A.11.b prohibits referral based solely on the counselor's personal values. Disclosing her beliefs would pressure Sam and is itself a form of imposition. Exploring reconciliation first is exactly the steering the Code forbids.

140. B Inpatient medical stabilization

Marked bradycardia, orthostatic symptoms, and rapid weight loss signal medical instability; for adolescents, Society for Adolescent Health and Medicine criteria support hospitalization at a daytime heart rate below 50 bpm, and Hannah's 38 bpm is well below that. Family-based treatment, IOP, and partial hospitalization are appropriate once she is medically stable, often as step-down care.

141. B The Structured Clinical Interview for DSM-5 (SCID-5)

The SCID-5 is a semi-structured diagnostic interview organized around DSM-5 criteria, and its standardized questions improve reliability across interviewers. A mental status exam describes current functioning, but it is not designed to systematically establish DSM diagnoses.

142. B Establishment

Super's establishment stage (roughly ages 25 to 44) involves stabilizing in a chosen field, consolidating one's position, and advancing, which describes Daniel's efforts. Exploration involves crystallizing and trying out choices, which he has already done. Maintenance (roughly 45 to 64) centers on holding on to and updating one's position rather than actively stabilizing and advancing.

143. A All-or-nothing thinking

All-or-nothing (dichotomous) thinking sees things in two extreme categories with nothing in between (Beck). Disqualifying the positive is tempting because Carla is discounting a good score, but her statement shows the rigid two-category rule, not a claim that her success "doesn't count" for some reason.

144. D Undoing

Undoing is an attempt to symbolically cancel out an unacceptable act or thought through a ritualized counter-action, which is what Tomas's sequence of chores does after his remark. Reaction formation is a more stable pattern of showing the opposite feeling, not a ritual tied to a specific act.

145. C incongruence between his self-concept and his experience, shaped by internalized conditions of worth

Rogers proposed that conditions of worth lead people to deny or distort experiences that do not fit the self-concept they were valued for, creating incongruence and anxiety. The approval-related irrational belief is an REBT formulation, and the introject explanation comes from Gestalt theory, not person-centered theory.

146. B "Why are you at a 4 and not a 1?"

Asking why the client is not lower invites the client to explain the reasons change matters, which elicits change talk. Asking why the client is not higher invites justification for not changing (sustain talk), and jumping to confidence skips exploring the importance the client expressed.

147. A Opposite action

Opposite action, an emotion regulation skill, involves acting opposite to the urge of an emotion that is unjustified or unhelpful; shame urges hiding, so the opposite is approaching others openly. Radical acceptance targets unchangeable realities rather than changing an emotion through behavior that contradicts its action urge.

148. B He is experiencing distress that calls for self-monitoring, not suspension

Distress is a subjective experience. Impairment means professional functioning has dropped below accepted standards, and Samuel's work shows no such drop. ACA Code C.2.g asks him to keep monitoring himself, which he is doing through therapy and supervision. Suspending practice or referring a whole category of clients is not warranted without signs that his work is affected.

149. A Oral

Freud linked fixation in the oral stage (birth to about 18 months) to adult habits centered on the mouth, such as smoking, overeating, and nail biting, as well as to dependency. Anal fixation is associated with orderliness, stubbornness, and stinginess, or the opposite traits, rather than with oral habits.

150. C Acknowledge his mistrust as understandable and clarify what will and won't be shared

Cultural mistrust is often an adaptive response to experiences with institutions and should be validated rather than pathologized. Clear, honest information about confidentiality and its limits builds trust, especially in a mandated school context (ACA Code of Ethics A.2.b, B.1.d). Promising complete confidentiality is false for a mandated minor, and labeling his stance as resistance pathologizes it.

151. C Regression

Regression is a return under stress to behaviors from an earlier developmental stage that had already been outgrown. Fixation means development never fully moved past a stage, whereas Kayla had clearly mastered these milestones before the divorce.

152. A His score is above average, at about the 77th to 89th percentile

Stanines 4–6 are average, 7–9 are above average, and stanine 7 covers about the 77th to 89th percentiles. The top 4% is stanine 9 only. Stanines are normative standard scores, not percent-correct scores.

153. D Increasing her sense of personal power and self-definition

Feminist therapy aims at empowerment, self-definition, and recognition of how social and political forces shape women's lives, rather than adjustment to restrictive roles. Exploring unconscious attraction to the abuser locates the problem within her psyche and risks victim blaming, as does asking her to take responsibility for the partner's violence.

154. A Privilege is a legal right held by the client; confidentiality is an ethical duty of the counselor

Privileged communication is a legal concept, created by statute or rules of evidence, that protects clients from having their counselor compelled to testify, and the client holds it. Confidentiality is the counselor's ethical and professional duty not to disclose client information (ACA Code of Ethics Section B). Reversing the two is the most common mix-up.

155. D Cognitive processing therapy

Cognitive processing therapy (Resick) identifies stuck points such as self-blame and works through five themes (safety, trust, power and control, esteem, intimacy) using Socratic dialogue and worksheets. REBT also disputes beliefs, but it is not trauma-specific and does not use stuck points or the five CPT themes.

156. C Disclose information to the paramedics as needed for the emergency and document the disclosure

42 CFR 2.51 permits disclosure to medical personnel to the extent necessary to meet a bona fide medical emergency when the patient's consent cannot be obtained. The program must document the disclosure, including who received it, the nature of the emergency, and the date and time. Disclosure is limited to what the emergency requires, not the full record.

157. A Reviewing gains, anticipating future stressors, and consolidating relapse-prevention strategies

The termination phase consolidates change by reviewing progress, attributing gains to the client's own efforts, anticipating high-risk situations, and planning how the client will cope independently. Introducing new goals runs counter to ending, and re-establishing a diagnosis is an intake task rather than a termination task.

158. A Psychological first aid emphasizing safety, practical needs, and connection to support

In the immediate aftermath of a disaster, psychological first aid (NCTSN/NCPTSD) is recommended: promoting safety, calm, connectedness, self-efficacy, and hope while meeting practical needs. Mandatory single-session debriefing has not prevented PTSD and may increase symptoms, and PTSD cannot be diagnosed two days after the event because symptoms must last more than one month.

159. C Point out that depression is not a normal part of aging, and guide the intern to assess and treat it

Assuming that depression is a normal feature of aging is a form of ageism that leads to under-assessment and under-treatment; late-life depression is common but not normative, and it responds to treatment. Referral may be appropriate in some cases, but deflecting the case without assessment avoids addressing the intern's bias and the client's needs.

160. C Use outcome raters blind to group assignment

Experimenter expectancy (the Rosenthal effect) can bias ratings when the rater knows group assignment; using blind raters, or a double-blind procedure, controls this bias. A larger sample increases statistical power but does nothing to remove systematic rater bias.

161. B Moral distress

Jameton defined moral distress as the distress that occurs when a professional knows the right action but institutional constraints prevent taking it. Moral injury (Litz and colleagues) is a deeper wound from committing, failing to prevent, or witnessing acts that violate one's moral beliefs. Value imposition means pushing the counselor's values onto a client (ACA A.4.b).

162. B Rated separately for social communication and for repetitive behaviors

DSM-5-TR asks clinicians to rate the level of support required (Level 1, 2, or 3) separately for social communication and for restricted, repetitive behaviors, so a person can have different levels in each domain. Intellectual and language impairment are recorded as separate specifiers, not as the basis of the severity level.

163. D Concrete thinking

Proverb interpretation tests abstract reasoning, and a literal answer like Kevin's shows concrete thinking. Tangentiality involves drifting away from the question, but Kevin answered on topic, just literally.

164. C more perceived pros of change than cons

Prochaska's decisional balance research shows that the cons of change outweigh the pros in precontemplation, the two cross over during contemplation and preparation, and pros outweigh cons by the action stage. Equal pros and cons describe the ambivalence typical of contemplation, not action.

165. B Prolonged exposure therapy

Prolonged exposure (Foa), based on emotional processing theory, combines repeated recorded imaginal exposure with in vivo exposure to avoided situations. Cognitive processing therapy focuses mainly on identifying and challenging stuck points with worksheets, and EMDR uses brief exposure with bilateral stimulation rather than prolonged recorded narratives.

166. C Tracking

Tracking is a nondirective statement describing what the child is doing, which communicates presence and attention without leading. Reflecting feelings would name an emotion Ava seems to be experiencing, and esteem building would recognize her effort or ability (e.g., "You worked hard on that"), neither of which this statement does.

167. D Discuss the limits of confidentiality, including what will be shared with the court or probation

ACA Code A.2.e and B.1.d require counselors working with mandated clients to discuss the required limits of confidentiality before services begin, including what information goes to the court and the client's right to refuse services and the consequences. Mandated clients do not give up all confidentiality, and only what was agreed to and required should be disclosed. Delaying the discussion undermines informed consent.

168. B Fantasy period

Ginzberg's fantasy period (until about age 11) is marked by play-oriented, wish-based choices with little regard for ability, training, or opportunity. The tentative period (roughly ages 11 to 17) involves weighing interests, capacities, and values. Growth is Super's first life stage, which also covers childhood but is not a term from Ginzberg's model.

169. A Diversify caseloads so counselors see a mix of trauma and other clients

Caseload diversity, meaning a smaller share of trauma cases, is one of the most recommended organizational protections against vicarious trauma, along with supervision and peer support. Discouraging peer discussion increases isolation, which is a risk factor. A single wellness day is too small to offset ongoing heavy exposure.

170. A That the client is responsible for change

FRAMES summarizes active ingredients of effective brief interventions: Feedback, Responsibility, Advice, Menu of options, Empathy, and Self-efficacy. Responsibility means stressing that the decision to change belongs to the client, which supports autonomy. Reflective listening is how empathy is often expressed, but empathy has its own letter in the model.

171. C Tactfully cutting off Harold and shifting the focus back to the planned topic

In a structured psychoeducational group, cutting off rambling that is unrelated to the group's purpose protects the time and engagement of all members, and Jacobs presents it as an essential skill when done respectfully. Letting the story continue or deepening it would further pull the group away from its goals while other members disengage.

172. B Dependency

Bion described the dependency basic assumption as a group acting as though an all-powerful leader exists to meet its needs and protect it. Fight-flight involves the group behaving as if it must attack or flee from a threat, and pairing involves hope invested in two members producing a savior or solution.

173. A Keep it confidential, since it poses no risk of harm to Jordan or others

With minors, counselors balance parental rights against the client's privacy (ACA Code of Ethics B.5.b), and the usual reason to share details is a serious and foreseeable risk of harm. Sexual orientation is not a safety issue, and disclosing it could damage both trust and Jordan's welfare. Pressuring him about when to come out is not client-centered.

174. D Outpatient treatment with medication for opioid use disorder, such as buprenorphine

Opioid withdrawal is very uncomfortable but rarely life-threatening in otherwise healthy adults, and buprenorphine can be started in office-based outpatient settings. With no medical complications and a supportive environment, ASAM's least-restrictive principle points to outpatient care with medication; hospital-level care is reserved for serious medical or psychiatric instability.

175. D Transient distress followed by a return to prior functioning

Longitudinal research, including Bonanno's work on resilience trajectories, shows that most exposed adults experience short-lived distress and then return to baseline functioning. Chronic and delayed-onset PTSD occur in a minority. This is why disaster guidelines favor PFA, screening, and stepped care rather than universal therapy.

176. A Hopelessness

Beck's longitudinal studies with the Beck Hopelessness Scale showed that hopelessness predicted eventual suicide better than depression severity. Anxiety and insomnia are recognized warning signs, but they were not the factor Beck identified as outperforming depression severity.

177. B Yearning and searching

Bowlby and Parkes described an initial phase of shock and numbness, followed by yearning and searching, in which the bereaved person pines for the deceased and looks for them, then disorganization and despair, and finally reorganization. Disorganization and despair involves apathy and hopelessness once the search is recognized as futile, rather than active pining and scanning for the deceased.

178. A Ethics, multicultural competence, and a wellness or strength-based orientation

In current editions, the base of the microskills pyramid is ethics, multicultural competence, and positive psychology and wellness (with neuroscience added in recent editions); attending behavior is the first skill level built on that foundation. Attending is the tempting answer because it is the first skill taught, but Ivey places it above the ethical and multicultural foundation.

179. A A summary integrates thoughts, feelings, and behaviors across a longer portion of the interview.

Both skills feed back the client's message, but a summary covers a longer span and pulls together multiple themes, feelings, and actions. A paraphrase condenses a shorter segment using some of the client's key words plus the counselor's words. Neither skill adds the counselor's causal explanation; that would be interpretation.

180. D Reversibility

Reversibility is the understanding that an operation can be mentally undone, which is exactly the 'roll it back' argument. Identity would be 'you didn't add or take away any clay,' and compensation would be 'it's longer but thinner'; all three are concrete operational justifications for conservation, but only reversibility matches Eli's reasoning.

181. B A shame-attacking exercise

Shame-attacking exercises (Ellis) have clients do mildly embarrassing, harmless things in public to learn that disapproval is bearable and not awful. Paradoxical intention (Frankl) is tempting, but it asks the client to wish for or exaggerate the feared symptom itself, not to act out a socially odd behavior.

182. B Solomon four-group design

The Solomon four-group design combines pretested and non-pretested treatment and control groups, allowing researchers to detect pretest sensitization and its interaction with treatment. The posttest-only control group design avoids pretest effects but cannot measure them.

183. D Other specified feeding or eating disorder (purging disorder)

Other specified feeding or eating disorder is used when the clinician chooses to communicate the specific reason criteria are not met; purging disorder, recurrent purging without binge eating, is one of the listed examples (DSM-5-TR). Unspecified feeding or eating disorder is tempting, but it is used when the clinician chooses not to specify the reason or lacks the information to do so. Bulimia nervosa requires recurrent binge eating, and anorexia nervosa requires significantly low body weight.

184. B Coordinated specialty care combining medication, therapy, family support, and supported employment and education

Coordinated specialty care (e.g., the NIMH RAISE model) is the recommended team-based approach for first-episode psychosis, combining low-dose medication, CBT for psychosis, family education, case management, and supported employment and education. Delaying treatment lengthens the duration of untreated psychosis, which is associated with poorer outcomes.

185. D Universal Nonverbal Intelligence Test, Second Edition (UNIT-2)

The UNIT-2 is administered and answered entirely nonverbally, which minimizes the influence of English proficiency, in line with ACA Code of Ethics E.8 on multicultural issues in assessment. The Peabody is tempting because it uses pictures, but it measures receptive English vocabulary, so it would mainly reflect Ahmed's limited English exposure; nonverbal tests still are not entirely culture-free.

186. A decline, because the Code prohibits giving or receiving payment for referrals

ACA Code A.10.b prohibits fee splitting and giving or receiving commissions, rebates, or any other remuneration for referring clients. Disclosure to clients does not cure the problem, because payment for referrals creates a conflict of interest that can bias referral decisions regardless of whether clients know about it.

187. B Only one associated symptom, such as restlessness or fatigue, is required instead of three

For children, DSM-5-TR requires only one of the six associated symptoms (restlessness, fatigue, poor concentration, irritability, muscle tension, sleep disturbance) instead of three. The 6-month duration and the requirement that the worry be difficult to control apply at all ages. A two-setting requirement belongs to disorders such as ADHD and DMDD, not GAD.

188. A Career Development Inventory

Super's Career Development Inventory measures career maturity, or readiness for career decision making, including career planning, exploration, decision making, and world-of-work knowledge. The Strong measures interests, the Minnesota Importance Questionnaire measures work needs and values, and the Salience Inventory measures the importance of life roles; none of these measures decision-making readiness.

189. B Alcohol Use Disorders Identification Test (AUDIT)

The AUDIT is a 10-item WHO screening tool covering consumption, dependence symptoms, and alcohol-related harm. The CAGE is a brief 4-item screen for possible alcohol dependence, and it does not measure hazardous consumption levels.

190. D Campus police detained and released Poddar, and Tatiana was never warned

The psychologist notified campus police and sought commitment; police briefly detained Poddar and released him, a supervisor directed that no further action be taken, and neither Tatiana nor her family was warned. The California Supreme Court held that therapists owe a duty of reasonable care to protect an identifiable intended victim.

191. A Explore the reaction in supervision and monitor its effect on sessions

Maya's reaction is countertransference rooted in her own unresolved material, and the first step is to examine it in supervision or consultation while watching how it affects her work. Referral is premature because the reaction is manageable and has not yet harmed the client; transferring the client would address Maya's discomfort rather than the client's needs.

192. A Kuder-Richardson Formula 20 (KR-20)

KR-20 estimates internal consistency for dichotomously scored items. Coefficient alpha generalizes it to items with more than two score points, such as Likert ratings. Cohen's kappa measures agreement between raters, not consistency among items.

193. A Association for Specialists in Group Work (ASGW)

ASGW is the ACA division devoted to group work and publishes the profession's national guidelines for group practice and its professional standards for training group workers. ACES is tempting because it addresses training standards, but its focus is counselor education and supervision broadly rather than group work specifically. AMCD and AMHCA focus on multicultural and clinical mental health counseling, respectively.

194. C Suicide risk, through risk assessment, means restriction, and a safety plan

Problems that threaten life or safety are prioritized before all others in treatment planning. A recent note plus access to a firearm signals elevated risk, so lethal means counseling and a safety plan come first. Alcohol use is a serious risk factor that will be addressed, but it does not outrank an active suicide risk.

195. C A behavioral experiment

A behavioral experiment tests a specific prediction in real life so the client can gather evidence for or against it (Beck). A shame-attacking exercise is tempting, but in REBT the client deliberately does something odd or embarrassing to accept disapproval, rather than testing whether an ordinary action brings the feared result.

196. B Explore the lateness as meaningful, gently linking it to the painful material he recently raised

Psychodynamic counselors treat lateness and forgetting as resistance that carries meaning, and they explore it collaboratively, often noting its timing relative to painful material. Telling him he wants to quit and demanding a decision is the tempting option, but it is a forceful, closed interpretation that pressures rather than explores. Punitive policies or switching approaches bypass the meaning of the resistance.

197. A Acting as if

Acting as if asks clients to behave as though they already had the trait they want, so they find that change is possible. Behavioral rehearsal involves practicing a specific skill in session before using it in real life, not adopting a new way of being in daily life.

198. C Complete appropriate education and training and obtain supervision before using EMDR with the client

ACA Code of Ethics C.2.b requires counselors to practice in new specialty areas only after appropriate education, training, and supervised experience, while protecting clients from harm. Disclosing limited training in informed consent does not substitute for competence, and general licensure does not establish competence in a specialized protocol.

199. C Re-establish clear limits on contact and explore the pattern in supervision

Overinvolvement and rescuing beliefs such as being the only one who can help are common in burnout, and they speed up depletion while blurring boundaries. Resetting contact limits and exploring the pattern in supervision protects both the counselor and the treatment. Ending or transferring abruptly risks abandoning a client who has done nothing wrong, and continuing the late-night availability reinforces the problem.

200. D Psychotherapy group

ASGW describes psychotherapy groups as addressing remediation of serious or chronic psychological problems and, often, reconstruction of personality over a longer period. Counseling groups focus on interpersonal problems of living and growth for members who are generally functioning in the normal range, not on reconstructing chronic pathology.