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NCE

Full-Length Practice Exam

Exam 3

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 3: 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. C Functional (pragmatic) disputing

Functional or pragmatic disputing asks whether a belief helps or hurts the client's goals (Ellis; DiGiuseppe). Empirical disputing is the tempting choice, but it asks for evidence that the belief is true. Logical disputing asks whether the demand follows from the preference, and philosophical disputing helps the client find meaning despite the problem.

2. C Get proper education, training, and supervised experience in the approach first

ACA Code of Ethics C.2.b says counselors practice in new specialty areas only after appropriate education, training, and supervised experience, and take steps to ensure competence. An approach being evidence-based does not make a counselor competent to use it. There is no separate license for REBT, and informed consent does not replace competence.

3. D Referral for medication for opioid use disorder, such as buprenorphine or methadone

Medications for opioid use disorder (buprenorphine, methadone, or extended-release naltrexone) combined with counseling are the standard of care and substantially reduce overdose death; detox alone is followed by high relapse rates and lowered tolerance, which increases overdose risk. Requiring abstinence before treatment is a barrier that is not supported by evidence.

4. B Observing the faces and body language of other members while one member is speaking

Scanning means looking around the group, rather than only at the speaker, to notice nonverbal reactions that signal who is engaged, upset, or ready to contribute (Jacobs). Reviewing intake information and rating group functioning are useful practices, but they are planning and evaluation activities rather than the in-session observational skill of scanning.

5. C "You're worried about what smoking does to your health, and it also helps you cope."

A double-sided reflection captures both sides of the client's ambivalence, ideally joined with "and" rather than "but" so neither side is discounted. Reflecting only the worry is a simple reflection, and overstating the calming effect is an amplified reflection, which targets the sustain side to elicit change talk rather than holding both sides together.

6. A Level 3.7 adds 24-hour nursing care and physician availability

Level 3.7 adds 24-hour nursing and physician oversight for clients with significant but not hospital-level medical, withdrawal, or psychiatric needs, while Level 3.5 is clinically (not medically) managed. Acute instability requiring hospital resources defines Level 4, and 20 or more weekly hours in a day format describes partial hospitalization.

7. D super-reasonable

Satir's super-reasonable (computing) stance dismisses self and other in favor of context: cool, intellectual, and emotionally detached. Placating gives up the self to please others, blaming attacks others to protect the self, and the irrelevant stance distracts from the issue altogether.

8. D Personalization

Personalization is seeing yourself as the cause of a negative outside event when there is little basis for it (Beck). Mind reading is tempting because Lena makes assumptions, but mind reading is about claiming to know what others think; Lena's error is blaming herself for the outcome.

9. C Agoraphobia

Agoraphobia (DSM-5-TR) requires marked fear in at least two of five situation types (here public transportation, lines or crowds, and enclosed spaces), lasting 6 months or more, because escape might be difficult or help unavailable. DSM-5 separated agoraphobia from panic disorder, so panic attacks are not required. Social anxiety centers on fear of negative evaluation, not on being unable to escape.

10. A A basic mistake

Adlerians, following Mosak, call self-defeating convictions that come from the lifestyle 'basic mistakes' (for example, overgeneralizations or impossible goals). 'Irrational belief' describes a similar idea, but it is Ellis's REBT term, not an Adlerian one.

11. D Insurance fraud that exposes the counselor to legal liability and violates the ACA Code

Submitting an inaccurate diagnosis to obtain reimbursement is insurance fraud, which can lead to criminal, civil, and licensing consequences. It also violates ACA Code standards on accurate diagnosis and honest representation of services (E.5, C.6). Client consent and clinical need do not make a false claim legitimate.

12. C Selective mutism

Selective mutism is a consistent failure to speak in specific social situations where speech is expected, despite speaking in others, for at least 1 month (not just the first month of school) (DSM-5-TR). Aiyana's fluent speech at home rules out language disorder, and her typical social interest makes autism spectrum disorder unlikely. Social anxiety often occurs alongside selective mutism, but the failure to speak is the defining feature here.

13. D Higher mental functions appear first between people and are then internalized by the individual

Vygotsky's sociocultural theory holds that every higher function appears twice, first on the social (interpsychological) plane and then on the individual (intrapsychological) plane, so learning can lead development. The claim that development must come before instruction is closer to Piaget's position.

14. C The client being incongruent, vulnerable, or anxious

Rogers' second condition is that the client is in a state of incongruence, being vulnerable (incongruent without awareness) or anxious (dimly sensing the discrepancy). Walter is in psychological contact and nothing suggests counselor deficits, but he reports no tension and no wish to change, so this is the condition that appears weakest. The counselor might explore his wife's concerns and any ambivalence he holds.

15. D Content validity

Content validity comes from expert judgment that the items adequately represent the domain being measured, here the eight core areas. Face validity is only whether a test looks like it measures what it claims, usually from the test-taker's point of view, and it does not involve a systematic expert review of domain coverage.

16. A A written safety plan with coping steps, contacts, and means safety

Collaborative safety planning (for example, the Stanley-Brown Safety Planning Intervention) gives the client concrete steps to follow in a crisis and has research support. No-suicide contracts are not shown to reduce suicide and can give a false sense of security.

17. A Explore what the question means to Hannah and what she values

Exploring the meaning behind the question keeps the focus on Hannah's own values and decision-making and avoids imposing the counselor's beliefs (ACA Code of Ethics A.4.b). Congruence does not require answering a value-laden question in a way that could steer a vulnerable client, and a rigid refusal can feel dismissive and shut down an important topic.

18. B As guarded or untrustworthy, which may hinder the development of rapport

Sue and Sue note that clients from many collectivist cultural backgrounds may expect some personal sharing as a basis for trust, and a counselor who refuses all personal questions may seem distant or untrustworthy. A brief, appropriate answer followed by a return to the client often supports rapport. The idea that strict neutrality matches her cultural norms reflects a Western, analytic stance.

19. A "You feel ashamed about this morning and wonder what that says about you as a mother."

A person-centered counselor communicates accurate empathic understanding by reflecting the client's feeling and meaning from her internal frame of reference. Reassurance may feel supportive but dismisses Maria's experience, and asking her to replace the self-statement is a cognitive restructuring move that shifts direction away from her felt experience.

20. A Empathy

Figley emphasizes that empathy, the ability to feel with and understand a client's suffering, is the main tool of trauma work and also the route by which counselors absorb traumatic stress. Unconditional positive regard is a core Rogerian condition, but Figley does not identify it as the path to compassion fatigue.

21. A Gently note the shift and ask how the suggestion landed for her

Grace's flat compliance suggests a withdrawal rupture, and Safran and Muran recommend attending to the shift in the here and now and inviting the client to voice her reaction. Interpreting a broader people-pleasing pattern may eventually be useful, but offering it first can feel like criticism and push her further away.

22. D It has lower reliability and may leave out important areas

Unstructured interviews offer flexibility and support rapport, but different interviewers cover different content, which lowers reliability and increases the chance of missing key information. Difficulty building rapport is more often a criticism of highly structured interviews, not unstructured ones.

23. B The dual process model of coping with bereavement

Stroebe and Schut's dual process model describes healthy grieving as oscillation between loss-oriented coping (confronting the loss) and restoration-oriented coping (managing life changes), with time-outs from grief. Stage and phase models describe a broadly sequential progression, and Freud's grief work emphasizes withdrawing attachment from the deceased rather than alternating between tasks.

24. B A wraparound process with a family-driven team that develops one coordinated plan

Wraparound brings the family, youth, agencies, and natural supports together as one team that develops a single individualized plan, consistent with system-of-care principles and the least restrictive setting. Residential treatment would centralize services but is far more restrictive than her needs, as described, call for.

25. C Positive change in counselors from witnessing clients overcome trauma

Hernández, Gangsei, and Engstrom (2007) described vicarious resilience as the positive effect on therapists of seeing how clients cope with and recover from trauma. It is a separate process that can coexist with vicarious trauma, not the absence of emotional reaction. It concerns the counselor's growth, not the client's.

26. B A large proportion of trauma survivors on one's caseload

Research consistently links a heavy concentration of trauma clients to greater vicarious trauma, and a personal trauma history and less experience are also risk factors. More experience and regular trauma-informed supervision are generally protective, so they lower risk. Degree level is not a consistent predictor.

27. D step down to an intensive outpatient program with recovery supports, based on reassessed needs

ASAM criteria treat care as a continuum in which placement is based on ongoing multidimensional assessment rather than fixed program lengths, and stepping down to a less intensive level supports continuity of care. Residential care until a year of sobriety is not needed-based, and medically managed inpatient care is reserved for severe medical or withdrawal needs Tamika does not show.

28. D Maintenance

The action stage covers roughly the first 6 months of sustained behavior change, after which the person enters maintenance, where the focus is preventing relapse. Termination requires zero temptation and complete self-efficacy, which Andrea's continuing urges rule out.

29. A Client empowerment

Client empowerment involves acting with the client at the individual level to identify external barriers and develop self-advocacy skills. Client advocacy is tempting, but it involves the counselor acting on the client's behalf, such as contacting the employer directly, rather than equipping the client to advocate for himself.

30. D The mental hygiene movement

Beers's account of abuse in psychiatric hospitals led to the mental hygiene movement and the founding of organizations promoting humane treatment and prevention. The community mental health movement is tempting, but it emerged decades later and is associated with the Community Mental Health Centers Act of 1963.

31. B Send it through an encrypted, secure messaging or email system

Standard B.3.e calls for precautions to keep information confidential when it is transmitted electronically or by other technology. Encryption or a secure platform does this. Using initials does not secure the content of a regular email, and unsecured faxes or personal text messages expose the information to people who are not authorized to see it.

32. A Cognitive processing therapy

Cognitive processing therapy (Resick) begins with an impact statement and uses Socratic questioning and worksheets to challenge "stuck points" such as self-blame, guilt, and beliefs about safety and trust. Prolonged exposure centers on repeated imaginal and in vivo exposure rather than structured cognitive worksheets. EMDR pairs recall of the memory with bilateral stimulation, and stress inoculation training emphasizes coping-skills training.

33. B Lewy body disease

In DSM-5-TR, core features of neurocognitive disorder with Lewy bodies are fluctuating cognition with variations in attention and alertness, recurrent well-formed visual hallucinations, and parkinsonism beginning after cognitive decline; REM sleep behavior disorder and severe sensitivity to antipsychotics are suggestive features. Alzheimer's disease typically begins with insidious memory decline, and prominent early hallucinations, fluctuations, and parkinsonism point away from it.

34. A a collaborative, not-knowing partner who treats the client as expert

SFBT views clients as the experts on their own lives and solutions; the counselor takes a curious, not-knowing position and asks questions that draw out client resources. The expert-prescriber role is closer to strategic therapy, the blank screen reflects classical psychoanalysis, and correcting mistaken beliefs reflects Adlerian or REBT approaches.

35. D impasse layer

Perls' layers are phony, phobic, impasse, implosive, and explosive. At the impasse, the client has let go of environmental support but has not yet found self-support, so feels stuck and anxious; the implosive layer follows, when the client becomes aware of how they have constricted themselves.

36. A CRAFFT

The CRAFFT was designed and validated for adolescents and young adults and asks about riding in a Car with an impaired driver, using to Relax, using Alone, Forgetting, Family/Friends' concern, and Trouble. The CAGE and MAST were developed with adult drinkers, and the AUDIT, though sometimes used with youth, was developed by the WHO for adult populations.

37. D predicts outcome across varied approaches, including cognitive-behavioral ones

Large meta-analyses have found a moderate and robust alliance-outcome association (around r = .28) that holds across treatment types, including manualized CBT, and across rater perspectives. The relationship is not limited to person-centered therapy, and counselor ratings also predict outcome, although client ratings tend to predict somewhat better.

38. D "Hearing that news has left you shaken and frightened for her."

Empathy communicates understanding of the client's own experience from her frame of reference. Saying 'I'm so sorry' expresses the counselor's feelings about the situation, which is sympathy. Claiming to know exactly how she feels centers the counselor, and urging hope is premature reassurance.

39. D The ASAM Criteria, which use a multidimensional assessment across six dimensions

The ASAM Criteria use a multidimensional assessment across six dimensions, covering areas such as withdrawal potential, biomedical and psychiatric conditions, and the recovery environment, to match clients to an appropriate level of care. DSM-5-TR severity specifiers describe how many criteria are met but do not determine placement, and the AUDIT is a screening tool rather than a placement framework.

40. A counselor's urge to fix the client's problem by persuading or advising

Miller and Rollnick describe the righting reflex as the helper's natural desire to set things right, which tends to provoke the client to voice the other side of the ambivalence. The client's defense of the status quo is sustain talk, which the righting reflex often elicits but is not the reflex itself.

41. A Feelings are part of chosen total behavior and change when acting and thinking change

Glasser used verb forms such as "depressing" to emphasize that feelings are one component of total behavior that people choose, and that clients change feelings indirectly by changing what they do and think. Distorted automatic thoughts reflect Beck's cognitive model, anger turned inward is a psychodynamic idea, and learned helplessness is Seligman's behavioral explanation.

42. D The midlife transition

Levinson described the midlife transition (about ages 40-45) as a period of reappraising the life structure and the Dream, confronting mortality, and working through polarities such as young/old. The age 30 transition (about 28-33) also involves reassessment, but of the provisional structure built in one's twenties rather than a midlife confrontation with mortality.

43. D Separation anxiety disorder

Zoe's fears center on separation from and harm to attachment figures, with refusal to sleep away, nightmares about separation, and shadowing, lasting at least 4 weeks as DSM-5-TR requires for children. Generalized anxiety disorder involves worry across many domains, which she denies, and her fear is not of a specific situation or of social evaluation.

44. D Changing criterion design

A changing criterion design demonstrates experimental control when behavior shifts to match a series of progressively stricter performance criteria. A multiple baseline design would instead stagger the intervention across different behaviors, settings, or people.

45. C Caffeine-induced anxiety disorder

The anxiety began after a large increase in caffeine intake, and caffeine is known to produce these symptoms, which supports a substance/medication-induced anxiety disorder (caffeine-induced anxiety disorder in DSM-5-TR). Panic disorder requires recurrent unexpected panic attacks not attributable to a substance, and generalized anxiety disorder requires at least 6 months of excessive worry. Acute stress disorder requires a traumatic event, and exam stress does not qualify.

46. B Madanes's pretend technique

Cloe Madanes developed the pretend technique, in which family members are directed to pretend to have the symptom and to pretend to help, turning the symptom into play under voluntary control. An ordeal makes the symptom costly, and enactment has the family carry out a real problematic interaction in session.

47. C Her presentation is consistent with normal grief and does not warrant a mental disorder diagnosis

Elaine shows grief that comes in waves tied to reminders of the deceased, with preserved self-esteem, humor, and capacity for enjoyment, and she does not meet the five-symptom threshold for a major depressive episode. Removing the bereavement exclusion means MDD can be diagnosed during grief when criteria are actually met; it does not turn normal grief into MDD. Prolonged grief disorder requires at least 12 months since the death in adults, and adjustment disorder is not diagnosed for normal bereavement (DSM-5-TR).

48. A Affective, behavioral, and cognitive

The Triage Assessment Form: Crisis Intervention rates a client's affective (emotional), behavioral, and cognitive functioning on severity scales, and the total score guides how directive the worker should be. It is not primarily a suicide lethality instrument, although lethality is assessed throughout crisis work. The psychological, social, and occupational dimensions are associated with general functioning ratings, not with this crisis triage tool.

49. B Tell clients promptly, process termination, and coordinate transfers to new providers

ACA A.11.c and A.11.d call for pretermination counseling and a coordinated transfer of services, and A.12 prohibits abandonment. Six weeks allows time to tell clients early, process the ending, and coordinate with new providers. Moving every client to telehealth while starting a full-time faculty role is not a considered plan for each client's needs, while a last-minute letter or handing off files without client involvement fails to provide adequate notice and continuity.

50. B Introducing Leah to her outpatient counselor, with consent, before or at the point of discharge

A warm handoff involves a direct, personal introduction between the client and the receiving provider, ideally with the transferring clinician present, which improves engagement and reduces dropout during transitions. Sending records or a referral list are passive steps that leave the client to make the connection alone.

51. A The reduction is consistent with a treatment effect, but other explanations cannot be ruled out

An AB design documents change after an intervention begins but lacks a withdrawal or replication phase, so history, maturation, and regression to the mean remain possible explanations. Single-case designs can still yield useful practice evidence without large control groups; demonstrating causation more strongly would require ABAB or multiple-baseline designs.

52. A Ethnography

Ethnography involves prolonged immersion and participant observation to understand a culture-sharing group's beliefs and practices. Phenomenology focuses on individuals' lived experience of a phenomenon and typically relies on in-depth interviews rather than extended fieldwork within a community.

53. D Internalized negative beliefs about one's own sexual orientation

Meyer's (2003) minority stress model distinguishes distal stressors (objective external events such as discrimination, violence, and rejection) from proximal stressors, which are internal processes such as internalized homonegativity, concealment of identity, and expectations of rejection. Housing discrimination, verbal assault, and workplace discrimination are all distal stressors, even though each can contribute to proximal stress over time.

54. D Inappropriate, because it implies doctoral-level competence in counseling

ACA Code of Ethics C.4.d states that counselors do not imply doctoral-level competence by referring to themselves as "Dr." in a counseling context when their doctorate is not in counseling or a related field. The earned doctorate is real, which makes acceptance tempting, but the issue is the misleading impression created in a counseling context, regardless of fee level.

55. B Notify her liability insurance carrier and follow its guidance on legal counsel

Most liability policies require prompt notice of a claim, and the insurer typically provides or approves defense counsel. Contacting a plaintiff directly can create problems, and changing records after a claim can look like spoliation. Releasing records should happen only through proper legal channels and with legal advice.

56. A infrequent and brief, followed by a return of focus to the client

Hill and Knox's reviews indicate that helpful disclosures are relatively infrequent, brief, relevant to the client, and followed by turning the focus back to the client. Frequent disclosure risks shifting attention to the counselor, and disclosing unresolved current struggles may burden the client and reflect the counselor's own needs.

57. A Establish an alternate on-call supervisor and clear procedures for handling emergencies

ACA F.4.b requires supervisors to establish and communicate procedures for contacting them or, in their absence, an alternate on-call supervisor to assist with crises. Postponing risk assessment endangers clients, and leaving the supervisee alone exceeds the supervisee's scope. Calling emergency services for every concern is not a substitute for clinical consultation.

58. B Gently pause and review informed consent, including limits of confidentiality

ACA Code of Ethics A.2.a and B.1.d require counselors to review informed consent, including the limits of confidentiality, at the start of the relationship, before a client makes significant disclosures. Letting Nadia continue may feel supportive, but she would be disclosing without knowing what could be shared and when.

59. C Multisystemic therapy addressing family, school, and peer systems

Multisystemic therapy (Henggeler) is an intensive home- and community-based treatment that targets the multiple systems maintaining serious antisocial behavior and has evidence for reducing rearrest and out-of-home placement. Groups of only conduct-disordered peers risk deviancy training, and boot camps have not shown benefit and may increase reoffending.

60. C Cultural encapsulation

Wrenn introduced the term culturally encapsulated counselor in 1962 to describe practitioners who view all clients through their own cultural lens and ignore cultural differences. Color blindness refers more narrowly to the claim that one does not notice race. Cultural relativism is close to the opposite stance, judging behavior within its own cultural context, and assimilation describes a group adopting the dominant culture.

61. B The client is in a state of incongruence, being vulnerable or anxious

Rogers (1957) held that the client must be in a state of incongruence, vulnerable or anxious, and must at least minimally perceive the counselor's empathy and positive regard. Agreement on goals is part of Bordin's working alliance model, not one of Rogers' six conditions.

62. C The presence of third parties can defeat the expectation of privacy

Privilege traditionally protects only communications made in confidence; the presence of other people, including other group members, may be treated as waiving that expectation unless a statute expressly covers group therapy. The counselor's licensure is not the issue, and there is no federal rule exempting groups.

63. B About 101 to 119

A 95% confidence band is about ±2 SEM (more precisely ±1.96): 110 ± 9 gives about 101 to 119. The range of ±1 SEM (105.5 to 114.5) is only about a 68% band. The range of ±3 SEM (96.5 to 123.5) corresponds to roughly 99.7% confidence.

64. A a pattern of coercive tactics used to gain and maintain power and control

The Duluth Model, from the Domestic Abuse Intervention Project, views battering as a pattern of tactics (intimidation, isolation, economic abuse, using children, and others) used to maintain power and control, rooted in social attitudes. It explicitly rejects framing abuse as a loss of anger control or as mutual fighting.

65. C signal attention and prompt the client to keep talking

Encouragers communicate that the counselor is listening and invite the client to continue. They do not necessarily signal agreement, which is a common misunderstanding. Condensing content and checking accuracy describes the paraphrase.

66. B Resilience, with relatively stable, healthy functioning throughout

Bonanno found that resilience, meaning relatively stable functioning with only transient disruption, is the most common trajectory, and delayed grief is rare. This challenges the assumption that little visible distress means grief is being suppressed; the recovery pattern exists but is less common than resilience.

67. D Blood-injection-injury type

DSM-5-TR lists blood-injection-injury as a specific phobia type, covering fears of needles, invasive medical procedures, and seeing blood. It is uniquely associated with a vasovagal fainting response, unlike other phobias. The situational type covers situations such as elevators, flying, and enclosed places.

68. C vicarious trauma, a cumulative shift in the counselor's core beliefs and worldview

Vicarious trauma (McCann and Pearlman) is the cumulative transformation of the counselor's cognitive schemas about safety, trust, and the world from repeated empathic engagement with trauma material. Compassion fatigue overlaps but centers on reduced empathic capacity and secondary stress symptoms rather than altered worldview. Burnout stems from workplace conditions and is not specific to trauma content.

69. C Heterogeneity in conflict areas and coping styles, with relative homogeneity in ego strength

Yalom advises mixing members with diverse interpersonal styles and conflict areas to enrich the social microcosm, while keeping members relatively similar in ego strength so that no one is far more fragile than the rest. Grouping by identical problems is characteristic of brief, homogeneous groups, and wide variation in vulnerability risks members becoming deviants or casualties.

70. B Wernicke encephalopathy due to thiamine deficiency

Confusion, ataxia, and ophthalmoplegia or nystagmus form the classic Wernicke triad, an acute, treatable emergency caused by thiamine (vitamin B1) deficiency. Untreated, it can progress to Korsakoff syndrome, a chronic amnestic state with confabulation, which is why that answer is tempting. Normal vital signs and no tremor or hallucinations make withdrawal delirium unlikely.

71. C "Maybe some of the anger you can't show your boss is coming out at home."

Additive or advanced empathy goes slightly beyond what the client said to tentatively name an implied connection or meaning, here the displacement of anger from work to home. Reflecting only frustration about the workload is a basic or interchangeable response that leaves out the pattern Jerome described; advice and why questions are not empathic responses at all.

72. A The disclosure is permitted for treatment purposes without the client's written authorization

HIPAA permits covered entities to disclose protected health information to another provider for treatment without written authorization, and the minimum necessary standard does not apply to disclosures to providers for treatment. Psychotherapy notes are the exception, and many counselors still obtain consent because ACA ethics and some state laws set a stricter standard.

73. B A circumscribed central focus, an active counselor, and a set time limit

Brief dynamic models keep core psychodynamic ideas but narrow the work to one central focus (for example, a cyclical maladaptive pattern), with a more active counselor and an agreed time limit. They do not avoid transference; instead they use it actively to work on the focal pattern.

74. D Negative alterations in cognitions and mood

Persistent, distorted cognitions about the cause or consequences of the trauma that lead the person to blame self or others fall under Criterion D, negative alterations in cognitions and mood (DSM-5-TR). Intrusion symptoms involve re-experiencing, such as flashbacks or intrusive memories, while avoidance refers to efforts to avoid trauma-related thoughts or reminders. Arousal symptoms include hypervigilance and startle.

75. A zone of proximal development

The zone of proximal development is the gap between independent performance and performance with assistance. Scaffolding is the adjustable support the teacher provides within that zone, and the more knowledgeable other is the person giving it; neither names the range itself.

76. C Variable interval

Reinforcement (doing well on a quiz) becomes available after unpredictable amounts of time, which is a variable-interval schedule, and it produces moderate, steady responding like daily review. A variable-ratio schedule depends on an unpredictable number of responses, not the passage of time.

77. B This is a positive screen calling for a full substance use assessment

Two or more yes answers on the CAGE is generally considered clinically significant and should be followed by a full assessment; a screen does not establish a diagnosis. Treating two answers as diagnostic is tempting because the DSM-5-TR moderate range begins at four criteria, but CAGE items do not map one-to-one onto those criteria.

78. A Genito-pelvic pain/penetration disorder

DSM-5-TR combines difficulty with penetration, pelvic pain, fear of pain, and pelvic floor tightening into genito-pelvic pain/penetration disorder, lasting at least 6 months. Vaginismus and dyspareunia were separate DSM-IV-TR diagnoses that were merged into this category, so vaginismus is no longer a current diagnosis.

79. C Licensure is a state legal credential; certification is typically voluntary and national

Licensure is established by state law, administered by state boards, and regulates who may use protected titles or practice counseling. Certification, such as the National Certified Counselor (NCC) credential from NBCC, is voluntary and professional rather than legal. Accreditation, not licensure, applies to training programs such as those reviewed by CACREP.

80. A Moving back and forth between loss-focused and restoration-focused coping is normal and adaptive

Stroebe and Schut's dual process model holds that adaptive coping involves oscillating between loss-oriented coping (grief work) and restoration-oriented coping (new roles and tasks), including time off from grief. Calling the restoration days denial misreads the model, which treats taking breaks from grief as healthy rather than avoidant.

81. A 84th

A z of +1.00 lies one SD above the mean. The 50% of scores below the mean plus the 34% between the mean and +1 SD put Priya at about the 84th percentile. The 98th percentile corresponds to a z of about +2.00.

82. B notice the gap between current behavior and personally held values or goals

Developing discrepancy means evoking the client's own sense of the gap between where they are and where they want to be in terms of their values and goals. Normative feedback comparing behavior with peers can be part of approaches such as BASICS, but the discrepancy MI emphasizes is internal; pointing out inconsistencies to break denial is a confrontational style MI rejects.

83. D Distress tolerance

TIPP skills (temperature, intense exercise, paced breathing, paired muscle relaxation) are crisis-survival skills in Linehan's distress tolerance module, meant to get through an acute crisis without making it worse. Emotion regulation skills target understanding and changing emotions over time, rather than surviving a moment of overwhelming arousal.

84. A learning one skill at a time, viewing models, practicing, and receiving feedback

Microtraining breaks the interview into discrete skills, each taught by defining it, viewing a model, practicing (often recorded), and receiving feedback, before integrating skills into a full session. This skill-by-skill format is the core of the microskills approach.

85. C Assess her safety and explain the medical and reporting options she may choose

Crisis intervention after sexual assault starts with physical and emotional safety and medical needs, including information about time-sensitive forensic exams, while restoring the survivor's control by presenting options rather than directing her. Pressuring her to report undermines autonomy, a central principle in trauma-informed care. Gathering a detailed narrative or beginning exposure therapy is not appropriate in the acute crisis stage.

86. A Interpersonal and social rhythm therapy that stabilizes daily routines and sleep

Interpersonal and social rhythm therapy (Frank) is an evidence-based adjunct for bipolar disorder that stabilizes daily routines and sleep-wake cycles, whose disruption can trigger mood episodes. Behavioral activation targets depression by increasing activity, which could be counterproductive when the risk is mania.

87. C Vicarious liability, also called respondeat superior

Under vicarious liability (respondeat superior), supervisors and employers can be held responsible for the negligent acts of those working under their direction and control, which is why supervisors must monitor supervisees' cases. Res ipsa loquitur is an evidentiary doctrine that allows negligence to be inferred from the nature of an accident. The Tarasoff duty concerns protecting third parties from a client's violence.

88. C raise her concerns within the team and pursue other avenues only if they are unresolved

ACA Code D.1.d states that when a team decision raises ethical concerns, counselors first attempt to resolve the concern within the team and, if that fails, pursue other avenues consistent with client well-being. Deferring to the psychiatrist without speaking up abandons the counselor's duty under D.1.c to contribute her professional perspective to decisions affecting the client.

89. C Mindfulness-based cognitive therapy or a similar relapse-prevention approach

Mindfulness-based cognitive therapy was developed to prevent depressive relapse and shows the strongest benefit for people with three or more prior episodes. Recurrence risk rises with each episode, so ending with no relapse plan is inadequate, and an additional year of weekly acute treatment is not needed for a client already in remission.

90. C Respect her right to leave while encouraging her to discuss the decision with the group before leaving

Members have the right to leave a group, but Corey and ASGW-informed practice encourage them to discuss the decision with the group, since unexplained departures can leave others wondering whether they were responsible. Requiring her to stay is coercive, while silently accepting or concealing her exit forfeits an opportunity for closure for both Simone and the group.

91. A an encourager that repeats a key word

Ivey defines encouragers as head nods, minimal verbal utterances such as "uh-huh," and the repetition of one or a few of the client's key words. Repeating "your brother" invites Leah to say more about him. It is not a paraphrase, because it does not condense the essence of her message in fresh words, and it focuses on the brother rather than on Leah.

92. B biographical interviews with 40 men aged 35 to 45 in four occupations

Levinson and colleagues conducted in-depth biographical interviews with 40 men (hourly workers, executives, biologists, and novelists) and later studied women separately. The longitudinal study of Harvard graduates is the Grant Study associated with George Vaillant, not Levinson's research.

93. A Constructivist self development theory

McCann and Pearlman based vicarious trauma on constructivist self development theory (CSDT), which describes how trauma exposure disrupts a person's frame of reference, self capacities, and psychological need schemas. Conservation of resources (Hobfoll) and job demands-resources are real models often used to explain burnout. Lazarus's transactional model explains appraisal and coping in general, not trauma-specific schema change.

94. C Assure her she may withdraw without affecting her services

The ACA Code of Ethics (Section G.2) requires that research participants be informed of their freedom to withdraw at any time without penalty, and that client participation not affect the services they receive. Pressuring or offering incentives to keep a participant who wants to withdraw undermines voluntary consent.

95. C become and speak as each part of the dream, treating each element as a projection of the self

Perls viewed every element of a dream as a projected, alienated part of the dreamer, and he had clients act out and speak as each part in the present tense to reown it. Uncovering latent content through free association is Freud's method, and searching for archetypes is Jungian.

96. C Assess her caregiver strain, mood, sleep, and available supports, including respite

A thorough assessment of caregiver burden, depressive symptoms, and available supports and respite resources should come before selecting interventions, because sandwich-generation caregivers face elevated risk of depression and burnout. Mindfulness may help later, but choosing it as the main intervention before assessment skips the step that tells the counselor what Priya actually needs.

97. C The stages are not universal or fixed in sequence, and many people do not experience all of them

Kubler-Ross's stages are best used as a loose description of common reactions; research does not support a universal, linear sequence. The model was developed from interviews with terminally ill (dying) patients, not people adjusting to chronic illness, and there is no evidence that skipping denial predicts poor adjustment.

98. D Cluster sampling

In cluster sampling, naturally occurring groups (here, districts) are randomly selected and all members within the chosen groups are included. Stratified sampling, in contrast, samples individuals from every subgroup rather than selecting whole groups.

99. B Maturation

Maturation refers to natural developmental changes within participants over time, and young children's social skills develop considerably over a school year. Without a control group, the program's effect cannot be separated from this normal growth; history would instead involve a specific outside event.

100. C Specialized CBT addressing acquiring, sorting, discarding, and beliefs about possessions

Specialized CBT for hoarding (Steketee & Frost) has the best support, combining motivational strategies, skills training in organizing and decision-making, graduated practice discarding and resisting acquisition, and cognitive work on beliefs about possessions. Forced cleanouts are typically followed by distress and rapid reaccumulation, and hoarding responds less well to standard OCD protocols.

101. D macrosystem

The macrosystem consists of overarching cultural values, beliefs, customs, and laws that shape every other level of the system. The exosystem refers to specific settings, such as a parent's workplace or local agencies, that affect the child indirectly, not to shared cultural belief systems.

102. D With delayed expression

PTSD is specified "with delayed expression" when full diagnostic criteria are not met until at least 6 months after the event, even if some symptoms began immediately (DSM-5-TR). The dissociative specifier requires persistent depersonalization or derealization. "Persistent" is a specifier for adjustment disorder, not PTSD.

103. A emphasizes a dialogic I-Thou relationship and support over confrontation

Later Gestalt practitioners such as the Polsters and Yontef moved away from Perls' confrontive, frustrating style toward a dialogic relationship grounded in Buber's I-Thou concept, with greater warmth and support. Present-centered awareness and collaborative experiments remain central, so the claim that they were abandoned is inaccurate.

104. A develop and thicken a preferred alternative story of the client's life

Re-authoring conversations (White) help clients link unique outcomes across time into a richer, "thicker" alternative story that fits their preferred identity and values. Insight into unconscious conflict is psychodynamic, replacing irrational beliefs is REBT, and teaching through modeling reflects social learning approaches.

105. C Incongruent with her stated mood

Affect is the counselor's observation of emotional expression, and it is described as incongruent when it does not match the client's self-reported mood. Labile affect involves rapid, repeated shifts between emotions, which is not what is described here; Priya shows one consistent sad expression that contradicts her words.

106. A To surface family patterns that may shape reactions to clients

Building one's own genogram helps counselors identify family-of-origin patterns, roles, and unresolved issues that could trigger countertransference with clients. It is a self-awareness exercise, not a diagnostic exercise, and personal counseling is encouraged but not required for licensure in most states.

107. A isolation

Yalom's four ultimate concerns are death, freedom, existential isolation, and meaninglessness. Responsibility is not a separate given; Yalom treats it as an aspect of freedom, and anxiety is the response that confrontation with any of the givens produces.

108. D The reflection captured only one side of her mixed feelings.

Ana's statement contains both excitement and worry about leaving her ill mother. By reflecting only the excitement, the counselor missed her ambivalence, and her flat reply signals that the reflection did not fit. Ivey recommends reflecting mixed feelings ("You're excited, and at the same time worried about your mom"); labeling the reaction as resistance places the counselor's error on the client.

109. C is offered tentatively and focuses on the purpose or goal the behavior serves

Adlerian interpretation is teleological: it focuses on the goals and purposes of behavior and the client's private logic, and it is typically offered as a tentative hypothesis ("Could it be that...?"). Unconscious drives reflect classical Freudian theory, "musts" and "shoulds" are REBT's focus, and reinforcement-based explanations are behavioral.

110. B Public policy

The MSJCC socioecological model places efforts to change local, state, or federal laws and policies at the public policy level, which describes lobbying state legislators. The institutional level refers to organizations such as schools, churches, and agencies, and it would apply if the counselor were changing a single clinic's internal rules. The community level addresses the shared norms, values, and practices of a community rather than legislation.

111. B Anticipation (preoccupation) and implementation (adjustment)

Tiedeman and O'Hara described an anticipation period (exploration, crystallization, choice, clarification) followed by an implementation and adjustment period (induction, reformation, integration), grounded in Erikson's ideas of ego identity through differentiation and integration. Crystallization and establishment are Super's terms, circumscription and compromise are Gottfredson's, and tentative and realistic periods are Ginzberg's.

112. B Continue with her while seeking consultation and culturally relevant training

ACA C.2.a states that multicultural counseling competency is required across all specialties, and counselors build it through consultation, education, and learning about the client's context. Cultural difference alone is not a reason to refer, and a matched counselor may be unavailable or not preferred by the client. An interpreter's primary role is accurate interpretation; any cultural input supplements but cannot replace the counselor's own competence, and ignoring culture risks misdiagnosis and poor engagement.

113. C A 21-item self-report of depressive symptom severity over the past two weeks

The BDI-II is a 21-item self-report inventory that measures the severity of depressive symptoms over the past two weeks. It measures severity and does not by itself yield a diagnosis, so it is not a structured diagnostic interview. A true-false format for rating hopelessness is characteristic of the Beck Hopelessness Scale, a separate 20-item instrument.

114. B Pseudo-Independence

Pseudo-Independence is an intellectualized acceptance of racial equality in which the person often tries to help people of color and looks to them to explain racism, while still not examining their own Whiteness. Immersion/Emersion follows and involves actively searching for an honest, nonracist understanding of oneself as White, which Tom has not begun. Autonomy reflects an internalized, flexible nonracist identity that no longer relies on people of color to do this work.

115. C Confirmability

Confirmability, the qualitative parallel to objectivity, is established when an auditor can trace findings back to the data rather than to researcher bias, typically through an audit trail. Credibility focuses on whether findings fit participants' experiences and is supported mainly by member checking, triangulation, and prolonged engagement.

116. D Amplified reflection; if delivered sarcastically it can increase discord

An amplified reflection overstates the client's sustain talk so that the client may back off and voice the other side, but it must be offered with genuine empathy because a sarcastic tone provokes discord. Coming alongside also sides with the status quo, but it explicitly agrees that the client may decide not to change rather than exaggerating the client's statement.

117. B Application and follow-through

The third phase of SIT, application and follow-through, uses graded real-life exposure, relapse prevention, and booster sessions (Meichenbaum). Skills acquisition and rehearsal is tempting because skills are practiced there too, but that phase focuses on learning and rehearsing skills in session or imagery before using them in real stressors.

118. C Six years from the date of creation or the date it was last in effect, whichever is later

45 CFR 164.530(j) requires covered entities to retain HIPAA-required documentation for six years from creation or the date last in effect, whichever is later. HIPAA does not set retention periods for clinical records themselves; those are governed by state law and professional standards, which is why ACA B.6.h refers counselors to applicable laws.

119. C invite Rachel to confirm or correct the counselor's understanding

Ivey recommends ending paraphrases and reflections with a check-out ("Is that close?" "Did I hear you right?") so the client can confirm, correct, or add to what the counselor heard. It keeps the counselor tentative and the client in charge of their own story; it is not designed to deepen meaning or shift to feelings.

120. A impact statement

In CPT, the impact statement is assigned early so the client can describe the meaning of the trauma, and it is used to identify stuck points. A trauma hierarchy, which ranks feared situations, is part of in vivo exposure in prolonged exposure therapy rather than CPT.

121. B Departs from typical practice but is not harmful and may benefit the client

Boundary crossings (e.g., attending a client's graduation) depart from standard practice but are neutral or helpful, whereas boundary violations are harmful or exploitative (Gutheil & Gabbard). A nonsexual departure can still be a violation, such as an exploitative business relationship, so the sexual/nonsexual distinction is not the defining feature. Location and who initiates do not determine harm.

122. B respect his choice, share her clinical view, discuss options, and leave the door open

Clients have the right to end counseling, and ACA Code of Ethics A.1.c and A.2 emphasize client autonomy and informed choices; the counselor can still share her clinical view, review risks, offer referrals, and invite a return. Agreeing without discussion withholds information Jordan needs, and making return contingent on staying is punitive and not client-centered.

123. B He may practice while self-monitoring, since a diagnosis alone is not impairment

Under ACA Code C.2.g, the ethical test is impairment, meaning whether personal problems compromise professional functioning, not whether a diagnosis exists. Marcus's condition is well managed and his work is sound, so he should keep monitoring himself and seek help if symptoms return. The Code does not require disclosing personal diagnoses to clients or stopping medication.

124. D Conventional

Kohlberg and colleagues found that conventional reasoning (stages 3 and 4) is the most common level among adolescents and adults, while postconventional reasoning is reached by a minority. 'Principled' is another name for the postconventional level, so it is wrong for the same reason.

125. C the morality of nonviolence

Gilligan's third level, the morality of nonviolence, extends care to both self and others and holds that hurting anyone, oneself included, is wrong. Goodness as self-sacrifice describes Renee's earlier pattern of always placing others first, which she is now moving beyond.

126. B What a reasonably prudent counselor would do in similar circumstances

Courts measure a counselor's conduct against what a reasonable, prudent practitioner with similar training would do in the same situation, usually established through expert testimony. The law does not require excellence or perfection. Client expectations and agency policies can be relevant evidence, but neither defines the legal standard.

127. D Dependent personality disorder

Dependent personality disorder is a pervasive and excessive need to be taken care of, including difficulty making everyday decisions, needing others to assume responsibility, difficulty expressing disagreement, and urgently seeking another relationship when one ends (DSM-5-TR). Avoidant personality disorder is tempting, but it centers on fear of rejection and social inhibition rather than reliance on others for decisions. Borderline personality disorder involves abandonment fears but with identity disturbance and affective instability.

128. C Call 911 and administer naloxone if it is available

Unresponsiveness, pinpoint pupils, and respiratory depression form the classic opioid overdose triad, which is life-threatening and requires emergency services immediately. Naloxone rapidly reverses opioid effects and is widely available without a prescription. Cold showers are a myth that can cause harm, and waiting or calling family first delays lifesaving care.

129. C That distress may temporarily increase early in treatment before it decreases

ACA Code of Ethics A.2.b requires discussion of the purposes, risks, limitations, and potential benefits of services, and a known feature of exposure therapy is a possible temporary rise in distress. Guarantees of outcome are inappropriate, clients retain the right to withdraw from treatment, and target memories are chosen collaboratively.

130. A formative evaluation

Formative evaluation occurs during program development or implementation and is used to improve the program. Summative evaluation occurs at the end and judges overall effectiveness or worth, often for decisions about continuation or funding.

131. D Carl Whitaker

Whitaker's symbolic-experiential therapy used co-therapy, the therapist's spontaneous use of self, and absurdity or "craziness" to stimulate growth. Bowen emphasized a calm, detriangled, unreactive therapist, and Haley relied on planned directives rather than spontaneous self-disclosure.

132. C Provide a suitable accommodation and note its effect on interpreting norms

The Standards for Educational and Psychological Testing and ACA Code of Ethics E.7 and E.9 support appropriate accommodations for clients with disabilities, along with documentation of how changes in administration may affect comparison with norms. Standard administration is tempting for norm comparability, but it would mainly measure his visual impairment rather than the intended aptitude.

133. B The bond between client and counselor

Bordin defined the working alliance as agreement on goals, agreement on tasks, and the emotional bond between client and counselor, which is why collaborative goal setting is part of the alliance itself. Congruence is one of Rogers' core conditions, not a component of Bordin's model.

134. D Excoriation (skin-picking) disorder

Excoriation disorder involves recurrent skin picking causing lesions, with repeated attempts to stop and clinically significant distress (DSM-5-TR, obsessive-compulsive and related disorders). Picking to correct a perceived appearance defect would point to body dysmorphic disorder, and nonsuicidal self-injury involves intentional harm to relieve negative feelings or for another expected result, which Mia denies. Trichotillomania involves hair pulling.

135. D Generalized conditioned reinforcers exchangeable for backup items

Tokens have no value of their own; they acquire reinforcing power because they can be exchanged for a variety of backup reinforcers, which makes them generalized conditioned (secondary) reinforcers. Primary reinforcers such as food work without prior learning, which is precisely what tokens lack.

136. D Stimulus control

Stimulus control (Bootzin) strengthens the bed as a cue for sleep by removing incompatible activities and leaving the bed when unable to sleep. Sleep restriction is a different component of cognitive behavioral therapy for insomnia that limits total time in bed to increase sleep drive.

137. D moving toward directly asserting underlying wishes or dissatisfaction

Safran and Muran describe withdrawal resolution as the client moving from qualified, indirect expressions toward clearer self-assertion of needs or dissatisfaction. The movement from anger toward vulnerability describes the resolution of confrontation ruptures instead.

138. B Understand oneself, learn about occupations, and reason accurately about how the two relate

Parsons proposed that wise vocational choice requires a clear understanding of oneself, knowledge of the requirements and conditions of occupations, and "true reasoning" on the relations between these two groups of facts, which became the basis of the trait-factor approach. The crystallize-and-implement sequence reflects Super, fantasy-tentative-realistic reflects Ginzberg, and anticipation-implementation-integration reflects Tiedeman.

139. C As a manic episode, because hospitalization was required and psychotic features are present

The 1-week duration for a manic episode is waived if hospitalization is necessary, and any episode with psychotic features is by definition manic rather than hypomanic (DSM-5-TR). Luis's grandiose delusion occurs together with a full manic syndrome, so a primary psychotic disorder is not the best explanation. This episode supports a diagnosis of bipolar I disorder.

140. A Contact

Helms's Contact status is characterized by obliviousness to one's own Whiteness and to racism, naive curiosity about people of color, and color-blind statements, all of which fit Kyle. Disintegration would require conflict and guilt about race, which he does not report. Reintegration involves active belief in White superiority, and Pseudo-Independence involves an intellectual commitment to addressing racism that Kyle has not yet developed.

141. A This is an expected extinction burst, so they should continue ignoring the tantrums consistently

A temporary increase in the intensity or frequency of a behavior when reinforcement is first withheld is an extinction burst; giving in at that point reinforces more intense tantrums on an intermittent schedule. Spontaneous recovery is the reappearance of an extinguished behavior after a period of time has passed, not an escalation during the first days of extinction.

142. D burnout

Maslach describes burnout as emotional exhaustion, depersonalization (treating recipients as objects), and a reduced sense of personal accomplishment, which matches Rachel's report exactly. Major depressive disorder would show up beyond work, and she reports normal mood and enjoyment at home. Career plateauing refers to limited chances for advancement, not the exhaustion and cynicism she describes.

143. B Enmeshment, overprotectiveness, rigidity, and lack of conflict resolution

Minuchin, Rosman, and Baker described psychosomatic families as enmeshed, overprotective, rigid, and unable to resolve conflict, with the child's symptom helping the family avoid conflict. High expressed emotion is a separate research tradition linked to relapse in schizophrenia, and schism and skew are Lidz's concepts.

144. A unsatisfying or missing present relationships

Glasser rejected the medical model of mental illness and argued that most unhappiness stems from the lack of at least one satisfying current relationship, often worsened by external control psychology. For this reason reality therapy emphasizes the counseling relationship and the client's present relationships. Irrational beliefs reflect Ellis's REBT, and early trauma reflects psychodynamic thinking.

145. D situational couple violence

Johnson distinguished intimate terrorism (violence embedded in a pattern of coercive control) from situational couple violence, which arises from specific escalating conflicts without a broader control pattern. Violent resistance is violence by a victim against an intimate terrorist, and mutual violent control requires both partners to use coercive control, which is absent here.

146. C Urge her to contact her prescriber or seek medical care right away

Lamotrigine carries a boxed warning for serious rashes, including Stevens-Johnson syndrome, most often in the first weeks of treatment; a new rash with fever requires prompt medical evaluation. Advising her to stop the medication on her own is outside the counselor's scope, and the prescriber must decide how to manage it.

147. A Cultural definition of the problem; cause, context, and support; coping and past help seeking; current help seeking

The core CFI in DSM-5-TR is a 16-question semistructured interview covering the cultural definition of the problem; cultural perceptions of cause, context, and support; cultural factors affecting self-coping and past help seeking; and cultural factors affecting current help seeking. It is person-centered rather than a measure of acculturation, racial identity, or religiosity. The set containing client worldview and counselor self-awareness describes domains of the Multicultural and Social Justice Counseling Competencies, not the CFI.

148. B 8

The mean is 8 and the squared deviations are 16, 4, 0, 4, and 16, which sum to 40. The population variance is 40/5 = 8. The value 2.83 is the standard deviation (√8), 10 is the sample variance (40/4), and 40 is the sum of squares before dividing.

149. B Terminate counseling, provide referrals, and take steps to protect her own safety

ACA A.11.c permits termination when counselors are in jeopardy of harm by the client or by another person with whom the client has a relationship, and directs counselors to provide pretermination counseling and recommend other providers when necessary. Ending with referrals is not abandonment. Safety concerns justify ending, but not ending without any arrangement for the client's continued care.

150. D Assimilation

Berry's model crosses two questions: whether one maintains the heritage culture and whether one seeks contact with the host culture. Assimilation involves adopting the host culture while relinquishing the heritage culture, as Lin does. Integration maintains both cultures, separation maintains the heritage culture while avoiding the host culture, and marginalization involves little connection to either.

151. C Participant modeling

Participant modeling, developed by Bandura, combines observation of a model with guided, graduated practice by the client, a method shown to be highly effective for snake phobias. Flooding would involve intense exposure to the most feared situation without the gradual, modeled steps described here.

152. D Age, disability, religion, ethnicity, socioeconomic status, and national origin

Hays's ADDRESSING acronym stands for Age and generational influences, Developmental disability, Disability acquired later in life, Religion and spiritual orientation, Ethnic and racial identity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, and Gender. Only the set listing age, disability, religion, ethnicity, socioeconomic status, and national origin draws entirely from those factors. The other sets mix in terms that sound similar but are not part of the framework, such as acculturation, affect, and dominance.

153. D In vivo exposure is the treatment of choice, and it is often effective in a single session

Exposure, especially in vivo, is the treatment of choice for specific phobia, and Öst's one-session treatment shows that many phobias (e.g., spiders, injections) improve substantially after a single prolonged session. Cognitive techniques can help but have not outperformed exposure, and medication is not a first-line treatment for specific phobia.

154. D Obsessive-compulsive personality disorder

Paula shows a pervasive, ego-syntonic pattern of perfectionism, control, and devotion to work, which fits obsessive-compulsive personality disorder. OCD requires true obsessions (intrusive, unwanted thoughts) and/or compulsions, which she denies. Her concern is about standards and control rather than excessive worry across life areas.

155. B Encourage her to talk with her prescriber, who can plan a gradual taper

Decisions about stopping medication belong to the prescriber, and abruptly stopping an SSRI can cause discontinuation symptoms such as dizziness, irritability, and flu-like feelings, so a planned taper is typical. SSRIs are not addictive, but that does not mean they can be stopped abruptly without effects, and designing a taper herself is outside the counselor's scope.

156. A CRAFFT screening interview

The CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) was developed for adolescents and young adults and is widely recommended for screening ages 12 to 21. The CAGE and MAST were developed for adults, and the MMPI-3 is a broad adult inventory for ages 18 and older rather than a brief substance screen.

157. B Use a credible ethical decision-making model and document the process

ACA Code of Ethics I.1.b states that when counselors encounter an ethical dilemma, they use and document, as appropriate, an ethical decision-making model that may include consultation, consideration of relevant standards, principles, and laws, and generation of courses of action. Consultation is encouraged, but the ACA Ethics Committee does not issue binding rulings on individual counselors' everyday dilemmas, and state boards do not pre-approve decisions.

158. D Cognitive-behavioral therapy, including enhanced CBT (CBT-E)

CBT, particularly Fairburn's enhanced CBT, is the best-supported first-line psychotherapy for adult bulimia nervosa. Family-based treatment has its strongest evidence with adolescents living at home, and motivational interviewing is useful for engagement but is not sufficient as a stand-alone treatment.

159. C Whether the disclosure would serve Nora's therapeutic needs rather than the counselor's

The central test for self-disclosure is whether it benefits the client and keeps the focus on the client. A client's direct question or the counselor's orientation may be relevant, but neither justifies a disclosure that meets the counselor's needs. The counselor's emotional readiness matters, but it is a precondition, not the guiding criterion.

160. C Evoking

Miller and Rollnick describe four overlapping processes: engaging (building the working relationship), focusing (agreeing on a direction), evoking (drawing out the client's own motivations through change talk), and planning (developing commitment and a specific plan). Evoking is the process most distinctive to MI.

161. B Open groups add members as others leave; closed groups keep the same members

Open versus closed refers to membership: open groups replace departing members over time, and closed groups begin and end with the same members. Topic structure is a separate dimension (structured vs. unstructured), and screening is recommended for both formats.

162. B Decline orientation-change work and offer counseling for the family distress

ACA Code of Ethics C.7.c prohibits techniques when substantial evidence suggests harm, and the counseling profession regards conversion (orientation-change) efforts as harmful. Referring to someone who will provide the same harmful practice does not resolve the ethical problem. Noor can still serve the family by addressing conflict and Eli's distress while respecting his identity.

163. C A medicolegal context, a marked gap between claimed distress and objective findings, poor cooperation, and antisocial personality disorder

DSM-5-TR lists a medicolegal context, a marked discrepancy between claimed stress or disability and objective findings, poor cooperation with evaluation or treatment, and antisocial personality disorder as indicators that should raise suspicion of malingering. Deliberately producing symptoms with no obvious external reward describes factitious disorder, not malingering, which is motivated by external incentives.

164. D Consider whether family-centered decision-making reflects her cultural values

Many collectivistic cultures view consulting and deferring to family on major decisions as healthy and expected, so the counselor should first explore Mei's cultural values and what she wants rather than pathologizing the pattern. Teaching independent decision-making would impose an individualistic standard that may not fit her goals. Assessing for a personality disorder or boundary problems before considering cultural context risks the misdiagnosis that the ACA Code of Ethics (E.5.b) cautions against.

165. B Leave only a first name and callback number with no agency reference

Without the client's permission, any message that identifies the counseling service can reveal that Bryce is a client. A first name and callback number protects his privacy (ACA Code of Ethics B.1.b and B.3.e); naming the agency, or telling a roommate about the counseling center, discloses the relationship to third parties.

166. D Filial therapy

Filial therapy, developed by Bernard and Louise Guerney and adapted by Landreth (CPRT), trains parents to use child-centered play therapy skills in supervised home play sessions. Parent-child interaction therapy also coaches parents, but it uses live coaching and adds a parent-directed discipline phase, and parent management training targets contingency management rather than nondirective play.

167. B Abruptly ending with a client in crisis, with no plan for continued care

Abandonment is the unilateral ending of services while the client still needs care, without adequate notice or arrangements for continuation (ACA A.12). Terminating when goals are met, referring for competence reasons, and ending for nonpayment after notice and referrals are all appropriate under A.11. An abrupt ending during a crisis with no continuity plan is what defines abandonment.

168. C As a projective window into Hannah's present beliefs about herself, others, and life

Adlerians treat early recollections as projective: people remember events that fit their current convictions (for example, 'I am overlooked'), so historical accuracy matters less than what the memory says about the present. Reliving the memory for catharsis reflects an abreactive, trauma-processing approach, not Adlerian lifestyle work.

169. D Instrumentation

Instrumentation includes changes in observers or raters, such as fatigue or drift in scoring standards, that alter measurements independent of real change. Testing would involve the participants being affected by prior measurement, not the observers changing how they score.

170. A Delusion of reference

A delusion of reference is the fixed belief that neutral events, such as media content or others' gestures, are directed specifically at oneself. Thought broadcasting is the belief that one's own thoughts are being transmitted so others can hear them, which is the reverse direction of what Darnell describes.

171. B Women attempt suicide more often, but men die by suicide at higher rates

Women make more suicide attempts than men, but men die by suicide roughly three to four times as often, largely because men more often use highly lethal methods such as firearms. This pattern is often called the gender paradox of suicide. Treating either gender as low risk is therefore a mistake.

172. D quality world

Glasser's quality world contains the specific pictures each person holds of what will satisfy the basic needs; people are most motivated by what is in their quality world. The perceived world is the person's perception of reality, which is compared with the quality world. Phenomenal field is a Rogerian term and style of life is Adlerian.

173. B Recognize the avoidance as countertransference and consult his supervisor

Steering away from material that touches the counselor's own pain is avoidant countertransference, and the ethical response is to bring it to supervision or consultation so it stops limiting the client's care. Following the client's lead sounds client-centered, but here the counselor, not the client, is avoiding the topic. Referral is premature before Tom tries to manage the reaction.

174. A Spearman rank-order correlation

Spearman's rho is designed for ordinal (ranked) data and assesses the relationship between two sets of ranks. Pearson r assumes interval or ratio data, while phi and point-biserial apply to dichotomous variables.

175. C These behaviors may reflect cultural norms of respect rather than pathology

In many Indigenous cultures, avoiding direct eye contact can signal respect and long pauses reflect thoughtful, unhurried communication; counselors should consider cultural context before interpreting nonverbal behavior as symptoms (Sue & Sue). At the same time, counselors avoid stereotyping, so the behaviors are explored rather than assumed to be either cultural or clinical. Treating them immediately as signs of depression, resistance, or social anxiety imposes a Western communication norm.

176. D Contemplation

Contemplation is marked by awareness that a problem exists combined with ambivalence and no firm commitment to change, which Lena describes. Precontemplation would involve not seeing a problem at all. Preparation requires an intention to act soon, usually with small steps or a plan, which Lena has not yet made (Prochaska and DiClemente).

177. A Anal

Freud described the anal-retentive character (orderly, obstinate, and parsimonious) as stemming from conflicts over toilet training in the anal stage, roughly ages 1.5 to 3. Phallic stage conflicts center on the Oedipus complex and gender identification, not on control and withholding.

178. A It requires consistent daily use, and benefits emerge over several weeks

Buspirone is a non-benzodiazepine anxiolytic with low dependence potential that must be taken daily, with effects building over two to four weeks, so as-needed use is ineffective. Ivan's PRN use resembles how benzodiazepines are sometimes taken, but buspirone is not a benzodiazepine and does not produce rapid relief or tolerance.

179. A Existential vacuum

Frankl described the existential vacuum as a pervasive sense of meaninglessness and boredom, and the Sunday neurosis as one of its expressions. A noogenic neurosis is a clinical neurosis that can develop when the will to meaning is frustrated, so it is a possible consequence of the vacuum rather than the vacuum itself.

180. B Keep a separate note for each member that avoids identifying other members

Separate member records protect confidentiality, because if one member requests or subpoenas records, others' information is not disclosed. A single shared note in every chart exposes all members, and failing to keep records violates ACA A.1.b and most state regulations.

181. D Internalization-Commitment

Internalization-Commitment, the final stage of Cross's original model, describes people who move beyond a secure personal identity to sustained action on behalf of the Black community. Internalization involves achieving that secure identity but not necessarily a sustained activist commitment. Integrative Awareness is the final stage of the Atkinson, Morten, and Sue R/CID model, not Cross's model.

182. C conjoint child-parent sessions

PRACTICE stands for Psychoeducation and parenting, Relaxation, Affective modulation, Cognitive coping, Trauma narrative and processing, In vivo mastery, Conjoint child-parent sessions, and Enhancing safety. Cognitive coping is the earlier "C" in the acronym, and caregiver psychoeducation falls under the first component.

183. D These symptoms suggest possible lithium toxicity requiring immediate medical care

Lithium has a narrow therapeutic index; dehydration, vomiting, diarrhea, and certain drugs such as NSAIDs can raise blood levels into the toxic range, producing coarse tremor, ataxia, slurred speech, and confusion. A fine tremor can be a routine side effect, but this cluster after fluid loss is a medical emergency, not something to wait out.

184. A a self-involving statement of the counselor's present reaction to the client

Self-involving statements disclose the counselor's present, personal reaction to the client in the session, which overlaps with immediacy. The counselor shares nothing about personal history, so it is not historical self-disclosure, and because it expresses the counselor's feeling rather than Rosa's, it is not a reflection of feeling.

185. D A broad-band adult self-report inventory of psychopathology

The MMPI-3 (2020) is a 335-item, empirically grounded self-report inventory of psychopathology and personality for adults 18 and older, with validity scales and substantive scales. A Jungian type measure describes the MBTI, and a brief depression screener describes tools such as the PHQ-9.

186. B Paradoxical intention

Paradoxical intention, from Frankl's logotherapy, has clients intentionally try to produce the feared symptom, which interrupts the anticipatory anxiety that sustains it. Flooding involves prolonged, intense exposure to the feared stimulus, not an instruction to produce the symptom, and cognitive defusion changes the client's relationship to thoughts rather than prescribing the symptom.

187. C Tracking the pursue-withdraw cycle and the attachment fears beneath each partner's behavior

Johnson's Emotionally Focused Therapy begins with de-escalation: identifying the negative interaction cycle and accessing the underlying attachment emotions that drive it, so the cycle rather than either partner becomes the problem. Skills-based communication training belongs to behavioral couples approaches and does not target the attachment emotions EFT treats as central.

188. D Basic rights cannot be made contingent; backup reinforcers must go beyond entitlements

Clients' basic rights, such as adequate food, a bed, and humane conditions, cannot ethically or legally be withheld as part of a behavior program (affirmed in cases such as Wyatt v. Stickney), so backup reinforcers must be extra privileges. Effectiveness is not the issue; even a very effective contingency is impermissible if it depends on depriving clients of entitlements.

189. A Take immediate steps to secure an emergency evaluation, breaking confidentiality as needed

A specific plan, available means, a timeline, and stated intent indicate imminent risk. The ACA Code of Ethics (B.2.a) permits disclosure without consent when it is needed to protect clients from serious and foreseeable harm. Safety plans and outpatient follow-up are appropriate for lower risk but not when a client intends to act tonight and refuses help.

190. C Send the emails after warning him of the risks and documenting his preference

HHS guidance states that if a client is informed of the risks and still requests unencrypted email, a covered entity may honor that preference while applying reasonable safeguards such as confirming the address. HIPAA does not ban unencrypted email outright, and liability waivers are not the required mechanism.

191. A Psychoanalysis

Ellis trained and practiced as a psychoanalyst before deciding it was too slow and passive, and he introduced rational therapy in the mid-1950s. Behavior therapy is tempting because REBT uses behavioral homework, but Ellis built behavioral methods into his approach rather than reacting against them.

192. B Mean of 50, standard deviation of 10

T-scores have a mean of 50 and an SD of 10, so they avoid negative numbers and decimals. A mean of 100 with an SD of 15 is the deviation-IQ metric, and a mean of 0 with an SD of 1 defines z-scores.

193. A exosystem

The exosystem includes settings the child does not take part in directly, such as a parent's workplace, that still affect the child through their effects on people in the child's immediate world. The microsystem is the child's own direct settings (home, school), and the mesosystem is the connections between those settings.

194. A Decline, because counselors do not evaluate current or former clients for forensic purposes

ACA Code E.13.c prohibits counselors from evaluating current or former clients, their romantic partners, or their family members for forensic purposes. Combining therapeutic and forensic roles compromises objectivity and the counseling relationship. Priya may be able to testify as a fact witness about treatment if the privilege is properly waived, but consent and interviewing both parents do not cure the dual-role conflict.

195. B Decline to confirm or deny that Derek is a patient without valid written consent

42 CFR Part 2 protects even the fact that a person is a patient in a covered SUD program, so confirming enrollment is itself a prohibited disclosure without consent or another exception. Part 2 does permit disclosures to criminal justice agencies that require treatment as a condition of supervision, but only with the patient's written consent.

196. A Arrange an emergency evaluation for involuntary hospitalization

A specific plan, a chosen time, access to a firearm, preparatory behavior, and refusal of voluntary care indicate imminent risk, which calls for emergency evaluation under the state's involuntary commitment procedures. The ACA Code of Ethics (B.2.a) permits breaking confidentiality to protect a client from serious and foreseeable harm, so written consent is not required. A safety plan alone is insufficient at this level of risk, and no-suicide contracts are not protective.

197. C A business associate agreement in which the vendor agrees to safeguard the information

Under HIPAA, a vendor that creates, receives, maintains, or transmits PHI on behalf of a covered entity is a business associate and must sign a business associate agreement committing it to appropriate safeguards. Individual client authorizations are not required for business associate functions, and neither licensing boards nor HHS approve specific vendors.

198. B Four to six weeks

Caplan described crisis as a time-limited state of disequilibrium that usually resolves within about four to six weeks, for better or worse. This time limit is the rationale for brief, immediate intervention: the person is unusually open to help during that window. Three to six months is closer to the time frames used for adjustment disorder and longer-term trauma reactions, not the acute crisis state.

199. B Parents temporarily take charge of restoring Sofia's weight and nutrition

In phase one of family-based treatment, parents are empowered to take responsibility for refeeding, and control of eating is gradually returned to the adolescent in later phases. FBT is explicitly agnostic about cause and does not blame the family, which distinguishes it from older family systems models of eating disorders.

200. B explore the discrepancy with the client and treat the data as one source of information

In measurement-based care, scores are meant to start a conversation, not settle it; exploring discrepancies can reveal response sets, unmeasured gains, or alliance issues. Treating either the scores or the client's view as automatically correct discards useful information, and re-testing until results agree defeats the purpose of measurement.