SUMMIT
STUDY GUIDES

NCE

Full-Length Practice Exam

Exam 5

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 5: Answer Key

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

1. A Could you give me a specific example of a recent time things felt off?

Ivey recommends asking for a concrete, specific example when a client speaks in abstract or general terms; this grounds the story in observable situations. Suggesting depression applies a premature label, and asking why tends to keep the client in abstract explanation rather than concrete description.

2. B Immersion-Emersion

Immersion-Emersion is characterized by withdrawal into Black culture, idealization of all things Black, and anger toward White people and institutions, which matches Marcus. Encounter is the earlier, disorienting trigger phase and lacks this intense immersion. Internalization involves a secure, less defensive Black identity that allows relationships with White people, which Marcus currently rejects.

3. B recommend medically supervised withdrawal management before he stops drinking

Heavy daily drinking with a history of withdrawal seizures puts Frank at high risk for complicated withdrawal, including seizures and delirium tremens, so medically supervised withdrawal management is needed. Strengthening his motivation is valuable but does not address the immediate medical danger, and advising a self-directed taper is outside the counselor's scope.

4. C Perceived burdensomeness

Perceived burdensomeness is the belief that one's existence is a liability to others, often expressed as "they'd be better off without me." Thwarted belongingness refers to loneliness and lack of reciprocal care, which Walt does not describe. Anomic suicide is Durkheim's sociological category for suicide linked to social upheaval and normlessness, not a construct in Joiner's theory.

5. D Decline the evaluator role, because forensic evaluation of a current client is prohibited

ACA E.13.c states that counselors do not evaluate current or former clients, clients' romantic partners, or clients' family members for forensic purposes. Terminating counseling does not help, because the prohibition covers former clients too. Consent cannot cure the conflict between a therapeutic advocate role and an objective evaluator role. Dr. Lin may provide factual treatment information with a valid release or court order, but not serve as the evaluator.

6. A Disruptive mood dysregulation disorder

Ben has frequent severe outbursts plus persistently irritable mood between them across settings for more than 12 months, with onset before age 10, which fits disruptive mood dysregulation disorder (DSM-5-TR). When criteria for both DMDD and oppositional defiant disorder are met, only DMDD is diagnosed. Intermittent explosive disorder does not require persistent irritable mood between outbursts and cannot be diagnosed alongside DMDD.

7. B Reframe her indecision as open-mindedness and encourage exploratory actions

Planned happenstance views indecision as a sensible, even desirable state of open-mindedness and helps clients take exploratory actions (talking to people, trying activities) that increase the chances of beneficial unplanned events. Rushing to narrow her options to one goal is a more traditional matching approach and conflicts with the theory's premise. Parent-child relationships reflect Roe, and boundaries of acceptable alternatives come from Gottfredson.

8. A Suppresses somatic and emotional arousal, so the worry is negatively reinforced

Borkovec proposed that worry is a mostly verbal-linguistic activity that dampens vivid imagery and physiological arousal. This avoidance brings short-term relief, which negatively reinforces worry and blocks emotional processing. Intolerance of uncertainty is central to Dugas's model, metacognitive beliefs to Wells's model, and emotion dysregulation to Mennin's model.

9. A Recognizing the warning signs that come before a suicidal crisis

The Stanley-Brown safety plan starts with recognizing personal warning signs, then moves through internal coping strategies, social distraction, people to ask for help, professional contacts, and finally making the environment safe. Means restriction is essential, but it is the last step of the plan rather than the first.

10. C tardive dyskinesia

Tardive dyskinesia is a late-onset, often persistent movement disorder associated with long-term antipsychotic use (especially first-generation agents) and characterized by involuntary orofacial and limb movements. Akathisia is a subjective inner restlessness with an urge to move, and acute dystonia is a sudden sustained muscle spasm that usually appears early in treatment.

11. D openness to experience and increasing trust in their own organismic valuing

Rogers characterized the fully functioning person by openness to experience, existential living in the present, and trust in one's own organism as a guide. Social interest is Adler's concept, differentiation of self comes from Bowen, and success identity is from Glasser's reality therapy.

12. C flexibly choosing among responses suited to the client and generating alternatives

Intentionality is the ability to act with a sense of capability and to choose from a range of culturally appropriate responses, generating another approach if the first does not work. Ivey contrasts it with rigid reliance on a single response style or theory.

13. C Part 2 permits the initial report under state law, but releasing the treatment records still requires consent or a court order

Part 2's reporting provision in 42 CFR 2.12 allows programs to make reports of suspected child abuse and neglect required by state law, but Part 2 restrictions continue to apply to the original treatment records, including requests made in follow-up investigations or proceedings. Those records may be released only with consent or a qualifying court order.

14. D Support her goal while exploring its effects, without imposing personal values

ACA Code of Ethics A.4.b directs counselors to avoid imposing their own values and to respect the client's goals; disagreement alone is not grounds for referral, and A.11.b prohibits referral based solely on personally held values. Sharing a personal opinion on her marriage would pressure the decision rather than inform it.

15. B 6 hours per week

The ASAM Criteria set adolescent Level 2.1 intensive outpatient at 6 or more hours of structured programming per week, compared with 9 or more hours for adults. Twenty or more hours per week marks partial hospitalization (Level 2.5).

16. B Compassion fatigue can arise quickly from exposure to suffering, whereas burnout builds gradually

Figley describes compassion fatigue as a secondary traumatic stress reaction that comes from empathic engagement with suffering clients and can start suddenly, unlike burnout, which builds gradually from workload and organizational stress. Neither is a DSM-5-TR diagnosis. Slow schema change describes vicarious trauma, and a personal trauma history is a risk factor, not a requirement.

17. C C. Gilbert Wrenn

C. Gilbert Wrenn introduced the concept of cultural encapsulation in 1962, an early landmark in multicultural counseling. Derald Wing Sue is the tempting choice because he is central to the multicultural competencies (Sue, Arredondo, and McDavis, 1992), but the encapsulation concept predates that work by three decades.

18. D Re-creation

Skovholt's cycle has four phases: empathic attachment, active involvement, felt separation, and re-creation. Re-creation is when the counselor renews themselves, which Skovholt treats as necessary for sustaining the ability to care. Felt separation is the earlier phase of letting go when a client relationship ends.

19. B Invite members to discuss their reactions to the losses

Member departures affect the remaining members, and processing reactions openly strengthens cohesion and addresses fears of abandonment (Yalom). Five members remains a workable size, and adding members midstream alters the closed format and may further unsettle the group.

20. B Ask Ben directly whether he is thinking about suicide, using clear language

Research shows that asking directly about suicide does not increase suicidal ideation and may bring relief, so direct, clear questions are the standard of care. Indirect questions or waiting for the client to bring it up often miss ideation, because many clients will not volunteer it.

21. C A paraphrase condenses the essence of the message; a restatement repeats key words directly.

A restatement (or encourager) repeats one or a few of the client's exact key words, while a paraphrase condenses and clarifies the essence of what the client said, combining the client's key words with the counselor's own. Naming emotions is the job of reflection of feeling, and neither skill adds interpretation.

22. C Conduct a functional behavioral assessment using antecedent-behavior-consequence data

A functional behavioral assessment identifies what triggers the behavior and what maintains it (for example, attention, escape, or tangible gains), and the intervention should be matched to that function. Starting a token economy or time-out before knowing the function risks choosing a consequence that unintentionally reinforces the behavior.

23. B creating a permissive, accepting climate while avoiding interpretation and advice

The 1940s nondirective period stressed a permissive, noninterventive climate and the avoidance of advice, interpretation, and persuasion. Systematic reflection of feelings characterizes the 1950s client-centered period, emphasis on counselor genuineness grew in the experiential period, and broad social applications defined the later person-centered period.

24. C California

California passed its Licensed Professional Clinical Counselor (LPCC) law in 2009, making it the last of the 50 states to license counselors. New York and Nevada are tempting because both enacted licensure relatively late (2002 and 2007, respectively), and Texas enacted licensure in 1981.

25. C Aging means the same amount of alcohol now causes more impairment

With age, body water and lean mass decline and alcohol metabolism slows, so a fixed amount produces higher blood alcohol levels and more impairment, raising fall and cognitive risks. Interactions with medications add further risk. Late-onset alcohol problems are common, often triggered by losses such as widowhood, so unchanged intake does not rule alcohol out.

26. C Remain attentively silent, allowing Hana time to experience and process the feeling

Productive silence after an emotional disclosure communicates presence and gives the client room to stay with and process the feeling. Summarizing, questioning, or normalizing at this moment tends to relieve the counselor's discomfort rather than serve the client, pulling Hana out of her experience. Normalizing is the most tempting option, but offered here it interrupts rather than deepens her grief work.

27. A The romantic relationship is prohibited because the ban extends to clients' family members

ACA A.5.a prohibits sexual and/or romantic relationships with current clients, their romantic partners, or their family members. Transferring the sister would not solve the problem, because A.5.c extends the 5-year prohibition to family members of former clients as well. Neither independent origin nor client consent creates an exception.

28. C Maintenance

Super's maintenance stage (roughly ages 45 to 65) involves holding on to one's position, updating skills, and innovating. Establishment involves stabilizing and advancing in a chosen field, which Linda has already done. Disengagement involves reducing work activity and planning for retirement.

29. A "You'd like someone else to tell you the right choice, and trusting yourself feels hard."

A person-centered counselor reflects the client's feelings and wish for direction while supporting her internal locus of evaluation rather than supplying answers. Listing pros and cons is a reasonable problem-solving method but makes the counselor the director of the process, which departs from the person-centered stance.

30. D generalizability to the population

Random selection gives every member of the population a known chance of inclusion, which supports generalizing results to that population (external validity). It does not establish causation; a survey without manipulation and random assignment cannot isolate cause and effect.

31. C Imagery rehearsal therapy, in which he rescripts and rehearses a changed dream

Imagery rehearsal therapy is a recommended treatment for trauma-related nightmares: the client writes a changed version of the nightmare and rehearses the new imagery while awake, which reduces nightmare frequency and distress. Sleep hygiene alone does not target nightmares, and dream interpretation lacks evidence for this purpose.

32. D Restriction of range in a homogeneous sample

Reliability coefficients are correlations, and correlations shrink when the range of scores is restricted. A homogeneous group such as gifted students shows little variability. Adding items usually raises reliability rather than lowering it.

33. D Cognitive behavioral therapy for insomnia is the recommended first-line treatment

Major clinical guidelines (e.g., American College of Physicians) recommend CBT-I as first-line treatment for chronic insomnia in adults, with medication considered afterward or adjunctively. Sleep hygiene education is part of CBT-I but is not effective as a stand-alone treatment for chronic insomnia.

34. B One-way caring in which the counselor gives without reciprocity

Skovholt describes one-way caring, in which the counselor attends to the client's needs while expecting little in return, as a basic hazard of the work. That makes counselors responsible for refilling their own reserves elsewhere. Transference and rescue fantasies are real clinical phenomena but are not the structural feature Skovholt identifies.

35. D Use grounding techniques to help Zoe reorient to the present moment

Zoe is showing signs of dissociation, and trauma-informed care prioritizes safety and stabilization, starting with grounding to restore contact with the present (Herman's phase-oriented model). Pushing her to continue the narrative risks retraumatization. Formal screening may be useful later but does not address her current state.

36. A recognize their freedom and take responsibility for authentic choices

Existential counseling aims to expand self-awareness so clients can recognize their freedom and accept responsibility for how they live. Existential counselors do not seek to eliminate anxiety, which they view as an inevitable and potentially useful part of existence, so the cognitive goal of removing anxiety misreads the approach.

37. A the reasoning used to justify the decision

Kohlberg's Moral Judgment Interview scores the structure of moral reasoning, not the decision; two people can reach the same choice for reasons at very different stages. Focusing on whether Heinz should steal is the most common misunderstanding of the method.

38. A The daimonic

In Love and Will, May described the daimonic as a natural function that can be a source of creativity when integrated or destructive when it takes over the self. The shadow is Jung's archetype of disowned aspects of the personality, and thrownness is Heidegger's term for being placed into circumstances one did not choose.

39. C Bipolar II disorder

Dana has had major depressive episodes plus a hypomanic episode: at least 4 days of elevated mood with an observable change in functioning but no marked impairment, hospitalization, or psychosis. That combination is the DSM-5-TR picture of bipolar II disorder. Bipolar I would require a manic episode, which lasts at least a week (or any duration if hospitalized) and causes marked impairment, psychosis, or hospitalization. Mixed features would apply only if manic symptoms occurred during the depressive episodes, not as a separate period.

40. A −.82

Strength depends on the absolute value of r. The sign shows only direction, so −.82 is stronger than any of the positive values listed. Students sometimes assume a positive coefficient must be stronger than a negative one.

41. B Explore the gift's meaning with him and decline it, given its high value

Under ACA A.10.f, monetary value and the client's motivation are key factors, and an expensive gift during ongoing treatment risks obligation and blurred roles. Exploring the meaning while declining respectfully protects the relationship. Accepting and donating still means the counselor accepted a high-value gift from a current client, so it does not resolve the conflict.

42. B realigning relationships with extended family and friends to include the spouse

For the joining of families through marriage, the key process is commitment to a new system, which includes forming the couple system and realigning relationships with extended families and friends to include the spouse. Making room for children belongs to the next stage, and boundary flexibility for children's independence belongs to families with adolescents.

43. A E. G. Williamson

E. G. Williamson at the University of Minnesota developed directive (trait-factor) counseling, which relied on testing and counselor-led analysis to match individuals to occupations. Carl Rogers developed nondirective, client-centered counseling as a direct alternative to Williamson's approach. Super and Holland built on trait-factor ideas but are associated with developmental and typological theories, respectively.

44. B Establishing safety and stabilization

Herman's model of recovery from complex trauma moves through three stages: safety and stabilization, remembrance and mourning, and reconnection. With active self-harm, frequent dissociation, and unstable housing, safety and stabilization must come first. Trauma processing before that point risks destabilizing her further.

45. B Liam will stay seated 15 minutes in independent work on 4 of 5 days

Behavioral objectives name an observable action, the conditions, a criterion, and a measurement method. Self-control, motivation, and insight are internal constructs that a teacher cannot directly observe or count without first defining them in behavioral terms.

46. D Examine how her values are shaping her direction and realign with Alex's goals

Grace is subtly imposing her own values in a way that conflicts with Alex's stated goals, which ACA Code of Ethics A.4.b directs counselors to avoid; she should examine this, through supervision if needed, and refocus on Alex's goals and his right to make his own decisions. Referring Alex because of a value difference would violate A.11.b, and sharing her views would only add pressure in the direction of her own values.

47. A increased risk of suicidal thinking and behavior in children, adolescents, and young adults

The FDA boxed warning, extended in 2007 to cover young adults through age 24, addresses increased risk of suicidal thoughts and behaviors in children, adolescents, and young adults, especially early in treatment or after dose changes. Counselors should monitor these clients closely during that period rather than discourage medication use.

48. D Body dysmorphic disorder, with muscle dysmorphia

Tyler is preoccupied with the belief that his body is too small or not muscular enough and engages in repetitive checking and excessive exercise, which fits the muscle dysmorphia specifier of body dysmorphic disorder (DSM-5-TR). Anorexia nervosa involves restricted intake and fear of weight gain, which he does not have. When preoccupation centers on a perceived appearance flaw, BDD is diagnosed rather than OCD.

49. A She has a right to access her record, but separately kept psychotherapy notes may be withheld

HIPAA gives individuals a right to access their health records, with limited exceptions, and psychotherapy notes kept separately are excluded from that right. A provider may deny access in narrow circumstances, such as when access is reasonably likely to endanger the client or others, but cannot deny access to all mental health records as a blanket rule.

50. D control

Savickas's four career adaptability dimensions are concern, control, curiosity, and confidence. Control refers to taking ownership of one's future and making decisions oneself; its absence shows up as indecision and leaving choices to fate or others, as Bianca describes. Concern is future orientation (its absence is indifference), curiosity drives exploration, and confidence is belief in one's ability to carry out plans.

51. C Yes, because repeated exposure to aversive details through her work qualifies

DSM-5-TR Criterion A includes experiencing repeated or extreme exposure to aversive details of traumatic events, as with first responders, police, and health care workers who repeatedly encounter abuse or injury. Direct personal threat is not required. Exposure through electronic media, television, or pictures counts only when it is work-related, so viewing media is not an additional requirement.

52. A Assess adaptive functioning with a measure such as the Vineland-3

DSM-5-TR requires deficits in both intellectual functioning and adaptive functioning (conceptual, social, and practical) with onset during the developmental period, and severity levels are based on adaptive functioning, not IQ. Diagnosing from the IQ score alone is the common error, and repeating the same test within a month introduces practice effects.

53. B mobilizing change talk expressing commitment

MI divides change talk into preparatory forms (desire, ability, reasons, need, or DARN) and mobilizing forms (commitment, activation, taking steps, or CAT). "I'm going to" signals commitment to a specific action, which is mobilizing. A statement of desire such as "I want to" would be preparatory and indicates less readiness.

54. A As a specifier, recording the diagnosis as posttraumatic stress disorder, with panic attacks

In DSM-5-TR, "with panic attacks" can be used as a specifier for any mental disorder in which panic attacks occur. Panic disorder requires recurrent unexpected attacks, while Mei's attacks are expected and cued by trauma reminders. Avoiding trauma reminders is part of PTSD, not agoraphobia.

55. B The risk and protective factors assessed, the reasoning for the risk level, and the safety plan

Sound risk documentation records what was assessed, the clinical reasoning behind the risk judgment, and the actions taken, such as safety planning, consultation, and follow-up. No-harm contracts lack empirical support and do not replace assessment or a collaborative safety plan, and sparse notes leave the counselor unable to show reasonable care.

56. D Place clients in the least intensive level that safely meets assessed needs

The ASAM Criteria emphasize individualized, multidimensional assessment and placement in the least intensive setting that is still safe and effective. Diagnosis and severity matter, but placement is driven by functioning across all dimensions, not by diagnosis alone or by payer limits.

57. B A partial hospitalization program with structured daytime treatment

Partial hospitalization offers intensive daily treatment for clients with significant functional impairment who are not at imminent risk and have a safe place to return to each evening. Without plan or intent, inpatient care would be more restrictive than needed, while continuing weekly sessions ignores clear evidence that the current level is not working.

58. D Help him identify and drop his safety behaviors during exposures

Safety behaviors such as scripting and avoiding eye contact prevent clients from learning that feared outcomes do not occur or are tolerable, so exposures fail to produce new learning; reducing them is the recommended next step. Dropping to an easier task would not address why the current exposures are not working, since the safety behaviors would continue.

59. A The probability of rejecting a null hypothesis that is true

Alpha is the researcher's accepted risk of a Type I error, rejecting a true null hypothesis. Failing to reject a false null is beta (Type II error), and correctly rejecting a false null is power (1 minus beta).

60. D Immediacy shares the counselor's here-and-now reactions to the client or the relationship

Immediacy is a specialized form of disclosure focused on the present moment: the counselor's current feelings about the client, the client's behavior in session, or the relationship itself. Sharing background or life experiences is historical (non-immediate) self-disclosure, and while immediacy can open discussion of transference, it does not require a transference interpretation and can be used at any phase.

61. D recognize that a temporary rise can occur in early exposure, monitor closely, and review it with Chen

A temporary increase in symptoms early in exposure therapy is documented and usually does not predict poor outcome (Foa and colleagues), so the counselor should keep monitoring and discuss the pattern with Chen. Monitoring still matters because sustained worsening or a safety concern would warrant changes, but an early rise alone does not justify abandoning an evidence-based treatment.

62. D share information or advice while respecting client autonomy

Elicit-provide-elicit (also called ask-offer-ask) structures information sharing: the counselor asks what the client already knows or wants to know, offers information with permission, and then asks for the client's reaction. It is not an assessment protocol or a discord-management strategy, although respectful information exchange can reduce the risk of discord.

63. A Vicarious traumatization

Vicarious traumatization (McCann and Pearlman) refers to lasting changes in a counselor's cognitive schemas, such as beliefs about safety and trust, that result from empathic engagement with clients' trauma material. Burnout comes from workload and organizational stressors and causes exhaustion and cynicism, but it does not involve trauma-specific intrusive imagery or a changed worldview.

64. B Attitudinal values

Frankl described three avenues to meaning: creative values (what we give to the world), experiential values (what we receive, such as love or beauty), and attitudinal values (the stance we take toward unavoidable suffering). Because Harold's situation cannot be changed, the meaning lies in his chosen attitude, which Frankl considered the deepest source of meaning.

65. D Help him orient to his immediate surroundings with a brief grounding exercise

PFA stabilization targets survivors who are overwhelmed or disoriented, using calm presence and grounding techniques that help them reconnect with the here and now. Acute stress disorder cannot be diagnosed until at least three days after the trauma, and an hour after the event his reactions are within the range of expected acute distress. Recounting the event in sequence and formal cognitive restructuring are treatment techniques, not first-response stabilization.

66. A Processing the pain of grief

Worden's second task, processing the pain of grief, is blocked by avoidance strategies such as constant busyness, numbing with alcohol, and refusing to feel. Accepting the reality of the loss is the first task, and Sofia has accomplished it intellectually because she openly acknowledges the death.

67. C Gestalt two-chair work, which heightens awareness of conflicting parts and helps integrate them

Gestalt two-chair work gives voice to polarities within the self (such as topdog and underdog) so the client can experience the conflict fully and move toward integration. Role reversal in psychodrama involves taking the role of another person, cognitive restructuring targets distorted thoughts, and externalization separates the person from the problem.

68. D The child's parent or legal guardian

For young children, privilege is generally held and exercised by a parent or legal guardian on the child's behalf. Exceptions exist, for example when a court appoints a guardian ad litem in a custody dispute or when a minor may legally consent to their own treatment, but the counselor never holds the privilege.

69. B 92 to 104

A 95% confidence interval is the obtained score plus or minus 1.96 SEMs; 1.96 x 3 is about 6 points, giving roughly 92 to 104. The range of 95 to 101 is tempting but is only plus or minus 1 SEM, which corresponds to about a 68% confidence interval.

70. D Marked incongruence lasting at least 6 months with clinically significant distress or impairment

DSM-5-TR gender dysphoria in adolescents and adults requires a marked incongruence between experienced/expressed gender and assigned gender of at least 6 months' duration, shown by at least two of six indicators, and associated with clinically significant distress or impairment. Gender incongruence alone is not a disorder; the distress criterion is central, so a diagnosis without it is incorrect. Medical transition is not a criterion, and onset in childhood is not required.

71. A Intergenerational emotional wounding from massive group trauma

Brave Heart defined historical trauma as cumulative emotional and psychological wounding across generations, including the lifespan, that stems from massive group trauma such as colonization, forced removal, and boarding schools among American Indian and Alaska Native peoples. Its effects appear in family and community systems, not only in individuals. Retraumatization by service systems is a real concern in trauma-informed care, but it is a different concept.

72. D Document the reports, attend to her safety, and follow the school's anti-bullying reporting procedures

Bullying calls for documentation, attention to the target's safety and emotional needs, and reporting through the school's anti-bullying policy so administrators can intervene and parents can be informed. Peer mediation is not recommended for bullying because the power imbalance can retraumatize the target and implies shared responsibility, and telling her to ignore it or building her assertiveness leaves the problem on her.

73. A The nature of the threat and what the roommate needs to stay safe

Under ACA Code of Ethics B.2.e, only essential information is revealed when disclosure is required. The roommate needs to know the threat and who poses it in order to protect himself; diagnosis, history, and session notes go beyond that purpose. Leaving Owen unnamed would make the warning ineffective.

74. A Decline until trained under supervision, and refer the client

ACA Code of Ethics E.2.a states that counselors use only the assessment services for which they have been trained and are competent, and the Rorschach requires specialized training in a standardized system. Relying on computerized scoring is tempting, but E.2.b holds counselors responsible for the appropriate use and interpretation of instruments whether they score them by hand or by computer.

75. C external validity

External validity concerns whether findings generalize to other populations, settings, and times, and population differences are a classic external validity issue. Internal validity concerns whether the intervention caused the observed change within the study itself, which is not what the director is questioning.

76. B Integrate split representations of self and others as they emerge in the transference

TFP interprets the polarized, split self and object representations that show up in the client-therapist relationship, aiming to integrate them. A skills group reflects DBT (Linehan), mentalizing is the focus of MBT (Bateman and Fonagy), and limited reparenting belongs to schema therapy (Young).

77. D Assess further for intent, plan, means, and history of violence

An ambiguous, angry statement does not by itself trigger a duty to warn or protect; the counselor must first assess whether there is a serious and foreseeable threat of physical harm to an identifiable person (ACA Code of Ethics B.2.a). Warning the supervisor right away would breach confidentiality before the legal and ethical threshold has been established.

78. C Community Reinforcement and Family Training (CRAFT)

CRAFT teaches family members to reinforce non-using behavior, allow natural consequences of use, improve communication, and invite the loved one into treatment at opportune moments. In controlled studies it has engaged substantially more loved ones in treatment than the Johnson Institute confrontational intervention or Al-Anon facilitation. Al-Anon can benefit the family member's own well-being but is not designed to get the loved one into treatment.

79. C Dialectical behavior therapy with individual therapy, skills group, and phone coaching

Comprehensive DBT (Linehan) was developed for chronically suicidal clients with borderline personality disorder and has strong evidence for reducing self-harm and suicide attempts; its standard modes include individual therapy, skills training group, phone coaching, and a therapist consultation team. Trauma exposure work in DBT is typically deferred until life-threatening behaviors are under control.

80. C Schizoaffective disorder, depressive type

Schizoaffective disorder requires an uninterrupted illness with a major mood episode concurrent with schizophrenia Criterion A, delusions or hallucinations for 2 or more weeks in the absence of a major mood episode, and mood episodes present for the majority of the total illness duration (DSM-5-TR). Major depressive disorder with psychotic features is tempting, but there the psychosis occurs only during mood episodes. Schizophrenia would fit only if mood episodes were present for a minority of the illness.

81. D Existential factors

Yalom's existential factors include recognizing that one must ultimately face life alone and take responsibility for how one lives, regardless of the guidance received from others. Universality is the relief of learning that others share similar problems, which is not what Victor is describing.

82. D 84th

A score one standard deviation above the mean has a z of +1.00; about 50% of scores fall below the mean and about 34% fall between the mean and +1 SD, placing her near the 84th percentile. The figure 68 is tempting because about 68% of scores fall within one SD on either side of the mean, but that is not a percentile rank.

83. D Recommend a medical evaluation to rule out a physiological cause before finalizing a diagnosis

New-onset depressive symptoms with weight gain, constipation, and cold intolerance suggest a possible medical condition such as hypothyroidism, and DSM-5-TR requires ruling out effects of another medical condition. An antidepressant referral skips that step and could treat a medical problem as a psychiatric one.

84. B Orient Priya beforehand and have members share norms when she arrives

Individual pre-group preparation reduces dropout and anxiety (Yalom), and inviting veteran members to describe norms socializes the newcomer while reinforcing the group culture. Recapping each member's work is time-consuming and raises confidentiality and focus problems.

85. C Hold a family meeting to review progress and agree on a tapered plan with a safety plan

With a minor, parents typically retain legal rights regarding treatment, but Wren's progress and preferences matter; a family meeting to review data, taper sessions, and confirm a safety plan respects both. Indefinite weekly sessions are not clinically indicated after sustained stabilization, and ending without parental involvement ignores their role.

86. B The life-career rainbow, which depicts multiple life roles across the life span

Super's life-span, life-space approach uses the life-career rainbow to show how roles such as child, student, worker, homemaker, citizen, and leisurite rise and fall in salience over time, making it ideal for role-balance concerns like Grace's. The zone of acceptable alternatives comes from Gottfredson and concerns which occupations a person considers. Congruence is Holland's construct and addresses only the work role, not the interplay of multiple roles.

87. A A two-chair dialogue between his top dog and his underdog

Perls called the demanding, moralistic part the top dog and the passive, excuse-making part the underdog, and the two-chair dialogue helps the client voice and integrate both sides of this internal split. Empty-chair work addresses unfinished business with another person, which is not the core of Ben's conflict.

88. B Assess the threat and take protective action as needed

Confidentiality in groups has the same limits as in individual work, including serious and foreseeable harm to an identifiable person (ACA Code of Ethics B.2.a), and these limits should be disclosed at the outset. The leader, not the members, carries the professional duty to act.

89. B Counselor and client work jointly to devise plans with reasonable promise of success

ACA Code of Ethics A.1.c states that counselors and clients work jointly in devising counseling plans that offer reasonable promise of success and fit the client's abilities, temperament, developmental level, and circumstances, and that plans are regularly reviewed. Writing the plan alone and seeking a signature does not meet the standard of joint development.

90. B She is protected by statutory immunity because the report was made in good faith

Every state grants civil and criminal immunity to people who report suspected child abuse in good faith, regardless of whether the report is substantiated. Without that protection, reporters would hesitate to report. An unsubstantiated finding does not make a good-faith report defamatory, and neither parental consent nor a later substantiation is required for immunity.

91. C Respond without disclosing records, since release requires the client's consent or a Part 2 court order

Under 42 CFR Part 2, a subpoena alone does not authorize disclosure of patient records; disclosure requires the patient's consent or a court order issued under Part 2's Subpart E standards, which may accompany a subpoena. The program should not ignore the subpoena, but should respond, often through counsel, by declining disclosure on Part 2 grounds.

92. B 5 to 1

Stable, satisfied couples showed about five positive interactions for every negative one during conflict (the "magic ratio"); during everyday, non-conflict interactions the ratio is much higher, about 20 to 1. A 3-to-1 ratio is associated with Fredrickson and Losada's positivity work, not Gottman's conflict findings.

93. A Inclusion, then control, then affection

Schutz proposed that members first focus on inclusion (whether they belong), then control (power and influence), and then affection or openness (closeness), a sequence that parallels early orientation, conflict, and cohesion stages. Placing control first ignores that members must establish belonging before struggling over influence.

94. D Conducting a brief, focused visit targeting adherence and stress, with feedback to the physician

Integrated (primary care behavioral health) models use brief, functionally focused contacts, often 15-30 minutes, and share findings with the medical team to support the shared care plan. Traditional weekly insight-oriented therapy and lengthy test batteries fit specialty mental health settings rather than the consultant model, and stress-related adherence problems are squarely within the counselor's scope.

95. A Development of socializing techniques

Development of socializing techniques refers to learning basic social skills, often through role-play and direct feedback, and Yalom notes it is often explicitly targeted in skills-oriented groups. Imparting information involves didactic teaching or advice; here the members are rehearsing and refining behaviors rather than receiving instruction.

96. A Mann-Whitney U test

The Mann-Whitney U is the nonparametric counterpart of the independent-samples t-test and is suited to ordinal, skewed data from two independent groups. The Wilcoxon signed-rank test is tempting because it is also nonparametric, but it is used for paired or related samples.

97. B women deciding whether to terminate a pregnancy

Gilligan's abortion decision study examined how women reasoned about a real-life choice, and from it she drew her care-based levels and transitions. Boys responding to the Heinz dilemma describes Kohlberg's longitudinal sample, and the marble game interviews come from Piaget's study of children's moral judgment.

98. D Avoidance of the child, leading toward non-person-oriented occupations

Roe hypothesized that rejecting or neglecting parenting (avoidance) leads the child to seek satisfaction away from people, toward fields such as science, technology, and outdoor work, which fits Javier's geology career. Emotional concentration (overprotective or overdemanding parenting) was linked to person-oriented fields. Pairing avoidance with a person orientation reverses Roe's hypothesis.

99. B "It sounds like you're feeling pressured from all sides and want people to back off."

Kevin's reaction signals discord in the relationship, and MI responds with reflective listening that expresses understanding rather than arguing. Defending the counselor's position or presenting more evidence feeds the 'righting reflex' and increases resistance. A 'why' question can sound accusatory and invites him to defend himself.

100. C accepting emotional and financial responsibility for oneself

Carter and McGoldrick describe the emerging young adult's key task as accepting emotional and financial responsibility for self, including differentiating from the family of origin. Accepting many exits and entries describes launching children, and accepting shifting generational roles describes families in later life.

101. C Withhold release until a corrected authorization including an expiration is obtained

A valid HIPAA authorization must contain specific core elements, including a description of the information, the recipient, the purpose, an expiration date or event, and the client's signature and date, plus required statements such as the right to revoke (45 CFR 164.508(c)). An authorization missing a required element, such as an expiration, is defective and cannot be relied on. A subpoena is a separate legal process with its own requirements and does not cure a defective authorization.

102. D perceived benefits

In the Health Belief Model, perceived benefits are beliefs that a recommended action will actually reduce the threat; Marcus doubts that daily monitoring will help. He already acknowledges the seriousness of his illness (perceived severity) and that he has it, so his stated barrier is doubt about the action's benefit, not a failure to see the threat.

103. C Refrain from referring based solely on her personal values and seek supervision to address the conflict

ACA Code of Ethics A.11.b states that counselors refrain from referring prospective and current clients based solely on the counselor's personally held values, attitudes, beliefs, and behaviors, and A.4.b directs counselors to avoid imposing their values. Referral is tempting because it was once common practice, but the 2014 Code treats values-based referral as discriminatory when the counselor has the competence to help; Beth should seek training or supervision to bracket her values.

104. A r = -.78

Strength is determined by the absolute value of the coefficient, so -.78 is the strongest of these. The sign only shows direction; students often pick .65 because it is the largest positive value, but its magnitude is smaller than .78.

105. C "I can't guarantee that other members will keep it confidential."

ACA Code of Ethics B.4.a requires counselors to clearly explain the importance and parameters of confidentiality for the specific group, and best practice is to state openly that the counselor cannot guarantee other members will keep it. In most states privilege does not clearly extend to communications made in front of other group members, and a signed pledge creates no guarantee.

106. D He did relatively better in math, scoring about half an SD higher

Converting to z-scores puts both on one scale: math $(65 - 50)/10 = +1.5$ and reading $(115 - 100)/15 = +1.0$. So Devon stands about half an SD higher in math. Comparing raw numbers across different scales is misleading, and with a common norm group the scores can be compared once they are standardized.

107. C an outsider-witness practice

Outsider-witness practices, drawn from Myerhoff's idea of definitional ceremonies and developed by White, use an audience to acknowledge and retell the client's preferred story, which thickens it. Re-membering conversations revise the membership of a person's "club of life." Psychodrama involves acting out scenes with auxiliaries rather than witnessing and retelling.

108. A Explain the limits of confidentiality, including what will be shared with probation

ACA Code A.2.e directs counselors to discuss the required limits of confidentiality with mandated clients and explain what information will be shared, and with whom, before counseling begins; the client may choose to refuse services. Delaying this discussion to protect rapport is tempting but leaves Corey disclosing without understanding the consequences.

109. C Brief psychotic disorder, with marked stressor(s)

Brief psychotic disorder involves delusions, hallucinations, or disorganized speech lasting at least 1 day but less than 1 month with full return to premorbid functioning; the 'with marked stressor(s)' specifier applies when symptoms follow overwhelming events (DSM-5-TR). Acute stress disorder follows trauma but is characterized by intrusion, dissociation, avoidance, and arousal symptoms rather than frank delusions and hallucinations. Schizophreniform disorder requires at least 1 month of symptoms.

110. A Career genogram

A career genogram maps the occupations, values, and expectations of family members across at least three generations, bringing family influences on career choice into the open. The Self-Directed Search and card sorts focus on the client's own interests, and the Career Thoughts Inventory measures dysfunctional career thinking; none of them maps family patterns.

111. D Substance Abuse Subtle Screening Inventory-4 (SASSI-4)

The SASSI-4 combines face-valid questions with subtle scales whose content is not obviously about substance use, making it more resistant to minimization or defensiveness. The AUDIT is a strong screen, but like the CAGE its questions are transparent, so a client motivated to deny use can easily answer in a way that produces a negative result.

112. D Multidimensional family therapy

Multidimensional family therapy (Liddle) targets the adolescent, parents, family interactions, and outside systems such as school and peers, and it has strong evidence for adolescent substance use. Deterrence programs like Scared Straight have been found to be ineffective or even harmful. A single psychoeducational session and psychoanalytic therapy lack evidence for changing adolescent substance use when family and peer factors drive it.

113. A Group cohesiveness

Yalom describes cohesiveness, the members' sense of belonging, acceptance, and attraction to the group, as the group equivalent of the therapeutic alliance and a precondition for other factors to work. Interpersonal learning is a powerful mechanism of change, but it depends on the safety that cohesiveness provides rather than being its analog.

114. D Religious or spiritual problem

DSM-5-TR lists religious or spiritual problem (Z65.8) among other conditions that may be a focus of clinical attention; it covers distressing experiences such as loss or questioning of faith and problems associated with leaving a religious organization. Acculturation difficulty concerns adjusting to a new culture, phase of life problem concerns transitions such as retirement or entering school, and uncomplicated bereavement concerns the death of a loved one.

115. B Make the report, since a recantation does not erase the suspicion raised by the disclosure and injury

Children often recant abuse disclosures because of pressure, fear, or loyalty, so a recantation does not cancel the reasonable suspicion created by a specific disclosure together with a matching injury. The counselor should report and include the recantation in the information given to the agency. Questioning the alleged perpetrator or waiting to see more injuries exposes the child to further risk and delays the required report.

116. C keeping parts of oneself out of relationships to stay connected, which deepens disconnection

Relational-cultural theory (Miller, Jordan, Stiver) holds that people yearn for connection, but after painful disconnections they hide parts of themselves to preserve relationships, which paradoxically leads to further disconnection. Fearing engulfment resembles object relations ideas, and independence as the hallmark of maturity is the traditional developmental view relational-cultural theory challenges.

117. C It does not apply because the episode began more than 4 weeks after delivery

In DSM-5-TR, "with peripartum onset" applies when mood symptoms begin during pregnancy or within 4 weeks after delivery. Aisha's onset was about 10 weeks postpartum, so the specifier does not apply, although clinicians and researchers often use broader windows such as 12 months. Psychotic features are not required for the specifier.

118. A Visuals, by offering culturally appropriate eye contact

Ivey's attending behavior is summarized as the "3 V's + B": visuals (eye contact), vocal qualities, verbal tracking, and body language. Dana's gaze is fixed on her paperwork, so the visual component is what is breaking contact with Kyle. Verbal tracking is tempting, but nothing in the vignette shows Dana changing the subject; the problem is that she is not visibly attending.

119. B A later period of frustration as aid delays and losses become apparent

The scene describes the honeymoon phase, which is typically followed by a disillusionment phase as aid slows, media leave, and losses sink in. Planning outreach and support for that later period is a core disaster mental health task. Distress does not decline steadily after the honeymoon, and most survivors do not need formal trauma therapy.

120. B A decline in professional functioning below accepted standards due to personal problems

Impairment is a measurable drop in professional functioning, below accepted standards of care, that results from the counselor's physical, mental, or emotional problems (ACA Code C.2.g). Distress is subjective and common, and having a diagnosis does not by itself mean impairment. What matters is whether the counselor's work is compromised.

121. D As a culturally normative bereavement experience rather than psychosis

DSM-5-TR cautions that hearing or seeing a deceased loved one during bereavement can be a normal experience, particularly when it is accepted within the person's cultural or religious group and is not accompanied by other psychotic symptoms or impairment. Brief psychotic disorder is tempting, but its criteria exclude culturally sanctioned responses. Prolonged grief disorder requires at least 12 months since the death in adults.

122. B In the Subjective section, because it is the client's own report of his experience

The Subjective section records what the client reports, including symptoms he describes in his own words. A self-reported number does not become objective data just because it is quantified; the Objective section is for what the counselor directly observes or measures, such as affect, behavior, or test scores.

123. C Revelation

Downing and Roush's Revelation stage is triggered by a crisis that exposes sexism and is marked by anger toward men and a questioning of prior beliefs, which fits Diane. Passive Acceptance describes her earlier stance of accepting traditional roles. Embeddedness-Emanation follows Revelation and involves connecting with other women and gradually developing a more nuanced view, while Synthesis reflects an integrated, positive feminist identity.

124. B Existential factors

Yalom's existential factors include recognizing that one is ultimately responsible for one's own life, that some pain is unavoidable, and that guidance from others has limits. Interpersonal learning concerns insight into how one affects others, whereas Renee's realization centers on personal responsibility and choice.

125. C Selecting members whose needs and goals are compatible with the goals of the group

Standard A.9.a states that, to the extent possible, counselors select members whose needs and goals are compatible with group goals, who will not impede the process, and whose well-being will not be jeopardized. The Code does not require formal testing or homogeneity of background; screening is usually done through an individual interview.

126. D Avoid imposing their values and seek training where at risk of doing so

ACA Code of Ethics A.4.b directs counselors to be aware of their own values, attitudes, and beliefs, to avoid imposing values inconsistent with counseling goals, and to seek training where they are at risk of imposing values. Referring on the basis of personal values is specifically prohibited by A.11.b, and being completely value-free is neither possible nor what the Code requires.

127. B hypothetical-deductive reasoning

Forming hypotheses and testing them by isolating variables one at a time is the hallmark of hypothetical-deductive reasoning in Piaget's formal operational stage. Conservation of volume is a late concrete operational achievement and does not require systematic testing of competing hypotheses.

128. D Chi Sigma Iota

Chi Sigma Iota, founded in 1985, is the counseling honor society that promotes scholarship, leadership, and excellence in counseling. Psi Chi is the honor society for psychology, Phi Delta Kappa serves education professionals, and Alpha Kappa Delta serves sociology.

129. A Withhold identifying details and share only what is relevant

Under ACA Code of Ethics B.8, counselors do not disclose information that could identify a client without consent unless disclosure cannot be avoided, and they share only information relevant to the purpose of the consultation. Consultation is encouraged, so postponing it is unnecessary, and sharing full details is not a blanket exception.

130. B Microinsult

Telling a Black student he is articulate and a credit to his race fits the ascription of intelligence theme, which Sue and colleagues classify as a microinsult because it implies that people of his race are generally not intelligent. Microinvalidations negate a person's experiential reality, as in color blindness or the alien in one's own land theme. A microassault is a deliberate, explicit act of discrimination, which this ostensibly complimentary remark is not.

131. C Collaborative Assessment and Management of Suicidality

Collaborative Assessment and Management of Suicidality (CAMS), developed by Jobes, is a suicide-specific framework in which counselor and client sit side by side, complete the Suicide Status Form collaboratively, and target the client's own drivers of suicidality. DBT is a broader skills-based treatment built around behavioral targets and skills groups, and CBT for suicide prevention relies on chain analysis and cognitive-behavioral skills rather than the Suicide Status Form. The C-SSRS is an assessment instrument, not a treatment framework.

132. D Projection

Projection attributes one's own unacceptable impulses, here Kevin's wish to be unfaithful, to another person. Displacement would redirect a feeling onto a different target, but Kevin is assigning his own desire to his girlfriend, not shifting where his anger goes.

133. B Gambling disorder

Gambling disorder is the only non-substance condition included in the Substance-Related and Addictive Disorders chapter, reflecting evidence that it activates reward systems similar to drugs of abuse. Internet gaming disorder is tempting, but it appears only in Section III as a condition for further study. Kleptomania is classified with disruptive, impulse-control, and conduct disorders, and compulsive sexual behavior disorder is an ICD-11 diagnosis, not a DSM-5-TR one.

134. C "Could race be part of this? And how is it to talk about it with a White counselor?"

Broaching invites the client to explore how race and culture relate to the concern and names the cultural difference in the counseling relationship. The color-blind response may be well meant, but it invalidates the client's racial experience, and the skills-focused response skips over what the client is describing.

135. B "Client raised her voice twice and asked three times to end early."

MSE documentation should describe observable behavior objectively, without pejorative or interpretive labels, so other providers can draw their own conclusions. Noting traits consistent with a personality disorder still interprets rather than describes and suggests a diagnosis that the intake has not established.

136. A Wait until the material is closer to Rosa's awareness and the alliance is stronger before interpreting

Interpretations work best when the material is near consciousness (preconscious) and a solid working alliance exists. Premature interpretations tend to increase defensiveness, and an early interpretation that is correct can still be rejected if the client is not ready to hear it.

137. A Explain the MBTI is not validated for selection and suggest job-related tools

ACA Code of Ethics E.6 requires counselors to select instruments that are valid for the intended purpose, and the MBTI's publisher states it should not be used for hiring or selection. Informed consent is tempting, but consent does not make an instrument valid for a purpose it was not designed to serve; swapping in another personality test with an arbitrary cutoff has the same problem.

138. A Industry versus inferiority

From about age 6 to puberty, children compare their competence with peers' in school and skill-building tasks; repeated failure can produce a sense of inferiority. Identity versus role confusion is an adolescent concern about who one is, not about school competence relative to peers.

139. D Acknowledge Tom, then invite others to link his story to their own

Blocking and linking allow the leader to redirect a monopolizing member without shaming him, turning his content into material that involves the whole group (Corey). Silencing him for the session is punitive, and an early interpretation of his motives is likely to be heard as an attack before trust is established.

140. C Respect her choice and let her observe without pressure to take part

Members have the right to decline activities, and ASGW guidelines and ACA A.9.b call for protecting members from undue pressure and coercion. Asking the group to confront her refusal converts peer pressure into a coercive technique.

141. A "Smoking feels like your main way of coping with a hard job."

A complex reflection adds meaning or emotion beyond the client's literal words, here naming smoking's function as a coping strategy. Repeating that everyone is telling him to quit is a simple reflection that stays at the surface, and the remaining responses are a question and unsolicited advice rather than reflections.

142. D Sex type of the occupation

Gottfredson originally proposed that because sex type is the earliest and most core element of the occupational self-concept, people will sacrifice interests first, then prestige, and protect sex type the longest. Field of interest is the first aspect given up, not the most protected. Her later revision suggested the order depends on how severe the compromise is, but the original theory placed sex type as the most protected aspect.

143. B Reviewing the limits of confidentiality, including mandated reporting, at intake and documenting it

ACA Code A.2.b and B.1.d require counselors to explain the limits of confidentiality, including legally required disclosures, at the beginning of the relationship and throughout it as needed. Documenting that discussion shows informed consent took place. Mandated reports do not need client authorization, and explaining the limits only after the fact does not provide informed consent.

144. A The state law, because HIPAA does not preempt state laws that are more protective of privacy

HIPAA sets a federal floor; contrary state laws that are more stringent, meaning more protective of individual privacy, are not preempted and must be followed. Counselors therefore follow whichever requirement gives clients greater protection rather than assuming federal law always prevails.

145. D Marginalization, which is typically linked to the poorest adaptation

Samuel has little connection to either his heritage culture or the host society, which Berry terms marginalization; research consistently associates it with the highest acculturative stress and poorest psychological adaptation. Separation still includes a strong tie to the heritage culture, which Samuel has lost. Integration, not assimilation, is the strategy contrasted with marginalization as generally the most adaptive, and marginalization is not considered a brief, benign phase.

146. C Avoidant/restrictive food intake disorder

ARFID involves restricted intake due to sensory aversion, low interest in eating, or fear of aversive consequences such as choking, causing weight loss, nutritional deficiency, or supplement dependence, without body image disturbance. Anorexia nervosa requires fear of weight gain or disturbance in experienced body shape, which Eli lacks.

147. B Help Rosa find appropriate counseling services with another provider

ACA Code F.6.c says that if supervisees ask for counseling, supervisors help them find appropriate services, and supervisors do not provide counseling to their supervisees. Scheduling the two roles on separate days still creates a dual relationship that compromises evaluation. Supervision can address how stress affects her work, but it is not a substitute for personal treatment.

148. A Ask the court to limit the disclosure as narrowly as possible, then comply with the order

ACA Code B.2.d (Court-Ordered Disclosure) directs counselors who are ordered by a court to release confidential information without client permission to seek the client's written informed consent or to take steps to prohibit the disclosure or have it limited as narrowly as possible. The ethics code does not require counselors to defy a lawful order. Releasing everything ignores the duty to limit disclosure, and secretly substituting a summary is deceptive to the court.

149. A a beginning student's reliance on techniques to manage performance anxiety

Skovholt and Rønnestad describe the beginning student phase as marked by anxiety, vulnerability, and reliance on techniques and methods to feel competent. The advanced student phase is also cautious, but it involves more developed skills and typically comes later in training. Disillusionment with training belongs to the novice professional phase after graduation, which Ella has not reached.

150. B Raise termination with her and plan a gradual, collaborative ending

ACA A.11.c directs counselors to terminate when it becomes reasonably apparent the client no longer needs assistance, and A.1.a makes promoting client welfare, not the counselor's income, the primary responsibility. Continuing indefinitely can foster dependency. A planned, gradual ending with pretermination processing respects the relationship, whereas ending abruptly or changing frequency without discussion ignores the collaborative process the Code expects.

151. A Prepare a plan to transfer clients and files and name a records custodian

ACA Code C.2.h requires counselors to prepare a plan for transferring clients and files if they become incapacitated, die, or end their practice, and to name a colleague or records custodian. This is often called a professional will. Disclosing his diagnosis to clients is not required, and licensing boards do not take over client notification.

152. A It depends on whether the person perceives coping as overwhelmed

James and Gilliland and most crisis theorists define crisis as a perception or experience of an event as an intolerable difficulty that exceeds the person's current resources and coping mechanisms. Because perception is central, the same event may be a crisis for one person and not another. Crises are acute and time-limited and can happen to anyone, not only to people with psychiatric vulnerability.

153. A Include the parking garages, but not walking alone at night in the high-crime area

PE in vivo exposure targets situations that are objectively safe or low-risk but avoided because of trauma-related fear; it never asks clients to enter genuinely dangerous situations. In vivo and imaginal exposure typically run concurrently in PE rather than sequentially, so waiting is also incorrect.

154. D Career Beliefs Inventory

Krumboltz developed the Career Beliefs Inventory to identify beliefs, such as overgeneralizations or rigid assumptions, that can interfere with career progress, consistent with his social learning view. The Career Thoughts Inventory also addresses dysfunctional thinking, but it was developed by Sampson, Peterson, and colleagues within the cognitive information processing approach. The Career Decision Scale (Osipow) measures indecision, and My Vocational Situation (Holland) measures vocational identity.

155. C Universal

Sue's tripartite model says each person is in some ways like no other person (individual level), like some other people (group level, such as culture, gender, and race), and like all other people (universal level). Shared human experiences such as mortality belong to the universal level.

156. B Reduce vulnerability to emotion mind

PLEASE skills are part of the emotion regulation module and reduce emotional vulnerability by caring for the body, since poor sleep, illness, and substance use heighten reactivity. Tolerating a crisis without worsening it is the purpose of distress tolerance skills, which are used in the moment rather than as ongoing self-care.

157. B Does not prevent PTSD and may worsen symptoms for some people

Cochrane reviews of single-session individual debriefing found no evidence that it prevents PTSD, and some trials found higher PTSD rates among those debriefed. As a result, the WHO and major trauma guidelines recommend against routine single-session debriefing and favor Psychological First Aid and watchful waiting. The lack of benefit was not explained by who delivered the intervention or by the timing.

158. C Counseling group

Counseling groups use interpersonal problem solving and here-and-now interaction to help members with normal-range developmental and situational concerns, which fits this group (ASGW). Psychotherapy groups target more severe, chronic disturbances, and psychoeducational groups would use planned skill-building lessons rather than an unstructured format.

159. B Disqualifying the positive

Disqualifying the positive means rejecting positive experiences by insisting they "don't count" (Burns; Beck). Mental filter is tempting, but it means dwelling on a single negative detail while ignoring the positive; Nadia actively notices the praise and then dismisses it.

160. D Notify his faculty or site supervisor and seek assistance

ACA Code F.5.b says students and supervisees monitor themselves for impairment, refrain from providing services when impaired, and notify their faculty or supervisors and seek help. Personal counseling is a good step, but doing it in secret leaves his clients unprotected and his supervisors unaware. Avoiding certain client types does not address impairment that affects all his sessions.

161. C Review the score trend with Marisol and revise the plan together

Eight sessions with essentially no change on a validated measure is a signal that the current approach is not working, and measurement-based care calls for sharing the data with the client and jointly adjusting the plan. Relying on Marisol's general sense that sessions help ignores the objective plateau; a medication referral may become part of the revised plan but should be discussed with her rather than imposed.

162. A Task/work, psychoeducation, counseling, and psychotherapy

The ASGW training standards identify four specializations: task and work groups, psychoeducation groups, counseling groups, and psychotherapy groups. Open, closed, structured, and unstructured describe formats that can apply to any of these types.

163. C Document in writing whether the relationship could be exploitative or harmful

ACA A.5.c requires that, even after 5 years, counselors demonstrate forethought and document in writing whether the relationship could be viewed as exploitative or could still harm the former client, and avoid it if so. The tempting belief that the restriction simply expires is incorrect; the Code adds an affirmative duty after the 5-year mark. No board approval or third-party clearance is required by the Code.

164. A Predictive validity

When test scores are correlated with a criterion measured at a later time, the evidence is predictive (criterion-related) validity. Concurrent validity would require the criterion to be measured at about the same time as the test, not five years later.

165. C bad faith

Sartre described bad faith as denying one's freedom by treating oneself as a fixed object defined by a trait or circumstance, which Liam does by declaring he simply is lazy. Introjection is a Gestalt concept about swallowing others' standards, and nothing in the stem indicates he adopted the label from someone else.

166. D power analysis

Power analysis examines differences in access to power and resources between groups or partners and explores how clients can use and gain power. Gender-role analysis focuses on the messages clients have absorbed about gender, and assertiveness training teaches specific communication skills. Consciousness raising is a broader process of recognizing shared experiences of oppression.

167. C a healthy step consistent with feminist therapy's goal of social change

Feminist therapy values social action as a route to empowerment and to changing the conditions that contribute to clients' distress; involvement in advocacy is often seen as an outcome of successful therapy. Viewing it as avoidance or displaced anger reflects an individual, intrapsychic framing that feminist counselors challenge, and a client's own activism is not a counselor boundary issue.

168. C deconstructing the taken-for-granted beliefs behind her story

Deconstruction in narrative therapy examines where problem-supporting beliefs come from and how cultural discourses sustain them, so clients can decide whether these ideas fit their preferred lives. Disputing irrational beliefs is tempting because both challenge beliefs, but REBT judges beliefs as irrational and argues against them, while narrative counselors explore their origins and effects with curiosity.

169. D unbalancing

Unbalancing is Minuchin's technique of temporarily affiliating with one member to disrupt and change the family hierarchy. Joining is the counselor's accommodation to the whole family to build trust, and positive connotation is a Milan technique that ascribes good motives to everyone's behavior.

170. C It is contraindicated in bulimia nervosa because of increased seizure risk

Bupropion lowers the seizure threshold and is contraindicated in current or prior bulimia or anorexia nervosa because electrolyte disturbances further increase seizure risk; with consent, the counselor should help ensure the prescriber knows the diagnosis. Fluoxetine, not bupropion, is the FDA-approved medication for bulimia nervosa.

171. A Power

Dreikurs linked the power goal to an adult feeling angry, provoked, or challenged, and to a child who escalates when corrected. Revenge is suggested instead when the adult feels hurt and the child tries to retaliate.

172. C Arrange urgent medical evaluation, since the sudden onset and fluctuating attention suggest delirium

Acute onset over hours to days, fluctuating attention, and worsening at night, especially with a new medication or infection, point to delirium, which is a medical emergency requiring prompt evaluation. Cognitive screening for a neurocognitive disorder is not meaningful during an acute delirium and would delay needed treatment.

173. A Discuss a reduced fee, community resources, or referral before services end

ACA A.12 prohibits abandonment, and A.11.c calls for pretermination counseling and referrals when needed. The nonpayment provision applies to fees not paid as agreed, not to a foreseeable change in coverage, so planning alternatives with the client is the ethical path. Billing under a different diagnosis is insurance fraud, and indefinite free services is not required and may not be sustainable.

174. B Allow more time, recognizing that unhurried pauses may reflect valued reflection and respect

In many Indigenous cultures, pausing before speaking signals thoughtfulness and respect, and silence is not experienced as awkward. Treating the pauses as a symptom, resistance, or confusion imposes a dominant-culture norm about conversational pace. Depression can be assessed through other means, but the pauses alone should not be pathologized.

175. C Discuss the limit now, request additional authorization if justified, and plan alternatives such as self-pay or referral

ACA Code of Ethics A.11.c and A.11.d call for pre-termination counseling and appropriate referrals, and counselors should inform clients of financial limits early so plans can be made. Changing the diagnosis to obtain coverage is fraudulent (C.6.b), and an abrupt stop at the limit with no planning risks abandonment.

176. B As an external control behavior Glasser listed among the deadly habits

Glasser's seven deadly habits are criticizing, blaming, complaining, nagging, threatening, punishing, and bribing or rewarding to control; his caring habits include supporting, encouraging, listening, accepting, trusting, respecting, and negotiating differences. Rewarding to control is still external control, which choice theory says damages relationships. Seeing it as encouragement is tempting because it is pleasant, but its purpose is to control the child's behavior.

177. D Ego integrity versus despair

In late adulthood, people who look back on their lives with regret and feel time is too short to try another path experience despair rather than integrity. Generativity versus stagnation is tempting because it involves contribution, but it is the middle adulthood task of actively producing and guiding, not evaluating a completed life.

178. D children and adolescents with trauma symptoms, with caregiver involvement

TF-CBT is an evidence-based treatment for youth roughly ages 3 to 18, and a nonoffending caregiver participates in parallel and conjoint sessions. Combat-related adult PTSD is more commonly treated with protocols such as prolonged exposure or cognitive processing therapy.

179. B She does not meet criteria for opioid use disorder

DSM-5-TR states that tolerance and withdrawal are not counted toward opioid use disorder when the medication is taken solely under appropriate medical supervision. Without those two criteria, Gloria has no symptoms of a problematic pattern of use, so no diagnosis is warranted. Mild opioid use disorder is tempting because two criteria appear present, but counting physiological adaptation to a properly used prescription is a classic diagnostic error.

180. A latent functions such as time structure, social contact, status, and purpose

Jahoda distinguished the manifest function of employment (income) from its latent functions: time structure, social contact, collective purpose, status and identity, and regular activity. Her model holds that losing these latent functions explains much of the distress of unemployment even when income is partly replaced. Focusing only on income describes the manifest function that her model was designed to look beyond.

181. B sensate focus

Sensate focus, developed by Masters and Johnson, uses graded non-demand touching with a temporary ban on intercourse to reduce performance anxiety and spectatoring. The squeeze technique is a behavioral method for premature (early) ejaculation, not erectile difficulties linked to anxiety.

182. D Mean of 10, standard deviation of 3

Wechsler subtest scaled scores have a mean of 10 and a standard deviation of 3, while the composite and full-scale IQ scores use a mean of 100 and a standard deviation of 15. A mean of 50 and SD of 10 describes T-scores (used by the MMPI-3), and a mean of 5 with an SD of about 2 describes stanines.

183. C As healthy negative emotions that fit a real loss

REBT separates healthy negative emotions (sadness, disappointment, concern) from unhealthy ones (depression, rage, anxiety) that come from rigid demands (Ellis). Treating every negative feeling as irrational is the tempting mistake; REBT does not aim for emotional neutrality after real losses.

184. A Rational emotive imagery

In rational emotive imagery (Maultsby; Ellis), the client pictures a troubling event, feels the unhealthy emotion, then shifts to a healthy negative emotion by changing beliefs. Imaginal flooding is tempting because it also uses vivid imagery, but flooding aims to extinguish fear through long exposure, not to change self-talk and emotion.

185. A conscientious stage

At Loevinger's conscientious stage, rules are internalized and self-evaluated, long-term goals and achievement matter, guilt focuses on consequences for others, and inner life is more differentiated. The autonomous stage goes further, adding tolerance for ambiguity, the ability to hold inner conflicts, and respect for others' autonomy, which the description does not emphasize.

186. D Circadian rhythm sleep-wake disorder, delayed sleep phase type

Delayed sleep phase type involves a persistent shift in sleep timing later than desired, with normal sleep quality and duration when the person can follow their own schedule, a pattern common in adolescents. Insomnia disorder is the tempting choice, but Maya sleeps well when allowed her preferred timing, which shows the problem is timing rather than an inability to sleep.

187. B prizing the client as a person without requiring changes in behavior

Unconditional positive regard is a nonjudgmental, nonpossessive acceptance of the client as a person, not approval of every action. Praising progress makes regard conditional on performance, which Rogers saw as recreating the conditions of worth that contribute to incongruence.

188. C Mean is greater than median, which is greater than mode

In a positively skewed distribution, the tail extends to the right, pulling the mean highest, followed by the median, with the mode at the peak. The reverse order (mode highest) describes a negatively skewed distribution.

189. B a sequence of increasingly complex frames for understanding self and others, at any of which a person may stabilize

Loevinger described ego development as a hierarchy of increasingly complex frames of reference for impulse control, relationships, and self-understanding. Development is not tied to age, and many adults stabilize at intermediate stages. Age-linked crises that everyone meets in order describe Erikson's model, not Loevinger's.

190. B Frame the conflict as an acculturation gap and help Lin understand both sets of values

Intergenerational acculturation gaps are common in immigrant families, and helping Lin understand both her own and her parents' values respects her bicultural identity without taking sides. Championing her independence would let the counselor's own agreement drive the work. Urging deference stereotypes Lin's heritage, and teaching the parents U.S. norms treats one culture as the standard.

191. C Maintain confidentiality, after consultation and consistent with law

ACA Code of Ethics B.2.b gives counselors working with terminally ill clients who are considering hastening their own death the option to maintain confidentiality, depending on applicable laws and circumstances and after seeking consultation or supervision. Such a decision is not automatically treated as a suicide risk requiring a breach or involuntary evaluation.

192. D social indicators approach

The social indicators approach uses existing public statistics associated with need to estimate community problems. The rates-under-treatment approach instead examines records of people already receiving services, which can underestimate need among those who never seek help.

193. C Action

The MSJCC describes four developmental domains (attitudes and beliefs, knowledge, skills, and action) within each of four quadrants: counselor self-awareness, client worldview, the counseling relationship, and counseling and advocacy interventions. Action was the new domain, reflecting the emphasis on social justice and advocacy. Awareness was already part of the original awareness-knowledge-skills framework, and empathy and humility are valued qualities but not MSJCC domains.

194. A Alcohol withdrawal

Alcohol withdrawal involves two or more signs such as autonomic hyperactivity, hand tremor, insomnia, nausea, anxiety, agitation, transient hallucinations, or seizures developing within hours to days after cessation of heavy, prolonged use (DSM-5-TR). Alcohol withdrawal delirium is tempting, but it requires a disturbance in attention and awareness, which Jim does not show. Because withdrawal can progress to seizures or delirium, he should be referred for prompt medical evaluation.

195. D Scheduling a follow-up session or individual check-in to review progress

Corey and the ASGW Best Practice Guidelines recommend follow-up sessions or individual contacts to assess outcomes, reinforce change, and arrange referrals if needed. Automatic re-enrollment and peer monitoring do not address individual evaluation and may create dependency or boundary problems.

196. D Chronosystem

The chronosystem captures time: life transitions and historical events and how their timing in the person's development changes their effects. The macrosystem refers to broad cultural values, laws, and ideologies, not to the timing of events in a particular life.

197. A As normal and universal, and a potential motivator for growth

Adler believed everyone begins life feeling small and dependent, and that inferiority feelings drive healthy striving toward mastery. They become a problem (an inferiority complex) only when discouragement leads a person to give up or overcompensate.

198. D obtain Owen's written consent meeting the requirements of 42 CFR Part 2

42 CFR Part 2 protects records from federally assisted SUD programs more strictly than general HIPAA rules, and disclosure to a new provider generally requires the patient's written consent. The 2024 rule allows a single consent to cover future uses for treatment, payment, and operations, but consent is still required; a court order is reserved for other circumstances.

199. B The possibility that insurance benefits may be denied for distance services

ACA H.2.a lists issues unique to technology-based services, including possible denial of insurance benefits, technology failure, response time, emergency procedures, time zone differences, and cultural or language differences. Counselors also inform clients of the inherent limits of confidentiality online, so a guarantee against interception would be misleading.

200. C Adjustment disorder with depressed mood

Adjustment disorder (DSM-5-TR) involves emotional or behavioral symptoms that begin within 3 months of an identifiable stressor, cause marked distress or impairment, and do not meet criteria for another mental disorder. Rob does not meet the symptom count for major depression, and persistent depressive disorder requires 2 years of symptoms.