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NCE

Full-Length Practice Exam

Exam 6

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 6: 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. B Group level

In Sue's tripartite model, the group level represents the ways people share characteristics with some others, such as race, ethnicity, gender, sexual orientation, or religion. The universal level reflects what all humans share, and the individual level captures what makes each person unique. There is no ecological level in the model; that term belongs to systems frameworks such as Bronfenbrenner's.

2. D 4.5

SEM = SD × √(1 − r) = 15 × √(.09) = 15 × .30 = 4.5. A common mistake is to multiply the SD by (1 − r) directly, which gives 1.35, without taking the square root.

3. C A board complaint is administrative and can lead to suspension or revocation, while a malpractice suit seeks money damages

Licensing boards protect the public through administrative action against a license; they do not award damages to clients. Malpractice is a civil tort claim in which the plaintiff must prove duty, breach, damages, and causation to recover money. The two processes are independent, and either can proceed without the other.

4. B "I will do whatever it takes."

Wubbolding's levels progress from "I don't want to be here" to wanting the outcome without the effort, "I'll try," "I will do my best," and finally "I will do whatever it takes." "I will do my best" is a strong commitment and the most tempting answer, but it still leaves room for falling short. Counselors help clients move toward higher levels of commitment.

5. C figure

Gestalt therapy borrowed figure-ground concepts from Gestalt psychology: the most pressing need emerges as figure against the background (ground) of everything else, and when it is met it recedes so a new figure can form. The contact boundary is the point where self and environment meet, not the emergent need itself.

6. D Conduct a post hoc test such as Tukey's HSD

A significant omnibus F only indicates that at least one group differs; post hoc tests such as Tukey's HSD or Scheffe identify which pairs differ while controlling familywise error. Running multiple uncorrected t-tests is the tempting shortcut, but it inflates the Type I error rate that ANOVA was used to control.

7. D consensual qualitative research

Consensual qualitative research (CQR), developed by Hill, Thompson, and Williams, relies on a team reaching consensus and an external auditor to reduce individual bias. Interpretative phenomenological analysis is idiographic and typically conducted by a single researcher focusing on how individuals make sense of experience.

8. B wants to remain neutral and avoid steering the client toward a particular choice

Miller and Rollnick caution that eliciting both sides equally can reinforce sustain talk and reduce commitment in ambivalent clients, so a balanced decisional exercise fits situations where the counselor deliberately maintains neutrality (equipoise), such as a decision about whether to stay in a relationship. When the goal is a specific behavior change, MI selectively evokes and reflects change talk instead.

9. D Vicarious trauma builds up across many trauma clients rather than within one relationship

Vicarious trauma is a cumulative result of empathic engagement with trauma material across many clients and changes the counselor's broader worldview. Countertransference is the counselor's reaction to a particular client, often shaped by the counselor's own history, and it can occur in any theoretical approach. The two can interact, but they are separate constructs.

10. B Individual placement and support with rapid job search and ongoing support

Individual placement and support, the evidence-based form of supported employment, emphasizes zero exclusion, rapid job search for competitive employment matched to client preferences, and time-unlimited follow-along support. Train-then-place approaches such as prevocational classes and sheltered workshops produce markedly lower rates of competitive employment.

11. B A one-tailed test, because the hypothesis predicts direction

A directional hypothesis that specifies which group will score higher corresponds to a one-tailed test, placing the entire rejection region in one tail. Two-tailed tests are used for nondirectional hypotheses; the number of groups or the type of outcome does not determine tailedness.

12. A Criterion contamination

Criterion contamination occurs when knowledge of the predictor influences the criterion measure, which inflates the validity coefficient artificially. Shrinkage is the drop in validity when a prediction equation is applied to a new sample (cross-validation), which is a different issue.

13. D Disintegration

Helms's Disintegration status involves conscious conflict, guilt, and confusion as a person's growing awareness of racism collides with loyalty to their White group, which captures Emily's dilemma. Pseudo-Independence comes later, when the person has intellectually committed to racial equality and is no longer mainly paralyzed by guilt. Reintegration resolves the conflict by retreating to pro-White, anti-Black attitudes, which Emily has not done.

14. C Differential attrition

Experimental mortality, or differential attrition, occurs when dropout differs between groups in ways related to the outcome; losing the most severe treatment clients makes the remaining group look better regardless of treatment. Resentful demoralization would involve the comparison group performing worse because it felt deprived.

15. C High sensitivity to change over short intervals

A measure used to track weekly progress must be sensitive to change, so that real improvement or deterioration shows up between sessions; brevity also matters for routine use. Very high long-term stability is desirable for trait measures but works against detecting change, and long instruments add burden that reduces compliance.

16. B Persistent depressive disorder, with pure dysthymic syndrome

Theresa has had depressed mood for more than 2 years with at least two additional symptoms and no symptom-free period longer than 2 months, which fits persistent depressive disorder. Because full major depressive episode criteria have not been met in the preceding 2 years, the specifier is with pure dysthymic syndrome (DSM-5-TR). Cyclothymic disorder requires periods of hypomanic symptoms, which she has never had.

17. D Adjustment disorder with mixed anxiety and depressed mood

Adjustment disorder applies when emotional or behavioral symptoms develop within 3 months of an identifiable stressor, cause distress out of proportion or impairment, and do not meet criteria for another disorder (DSM-5-TR). Lisa has both depressive features (tearfulness) and anxious features (worry, nervousness), so the mixed subtype fits better than depressed mood alone. MDD is ruled out because full episode criteria are not met.

18. D Cultural encapsulation

Wrenn coined cultural encapsulation to describe counselors who are trapped in their own cultural worldview and impose it on clients. Cultural relativism is close to the opposite, judging behavior within its own cultural context.

19. D Reintegration

Helms's Reintegration status involves idealizing White people, denigrating people of color, and blaming people of color for their own problems, which matches Greg's views. Contact is marked by naive obliviousness to race rather than active hostility and resentment. Disintegration involves guilt, confusion, and moral conflict about race, not the confident superiority Greg expresses.

20. C Providing short-term counseling to students

ASCA lists providing short-term counseling and referring students for long-term support as appropriate school counselor activities. Coordinating standardized testing, handling discipline, and covering classes are listed as inappropriate duties because they take time away from direct services and can damage the counseling relationship.

21. C Conventional

Holland's Conventional type prefers orderly, systematic manipulation of data, clear rules, and structured settings such as accounting or office administration. The Investigative type also enjoys analytic work but values intellectual curiosity and open-ended problem solving rather than procedure. Enterprising people may work in business settings, but their defining interest is persuading and leading others, not maintaining records.

22. A The MCMI-IV was normed on clinical samples and tends to overpathologize others

The MCMI-IV is normed on people being evaluated or treated for mental health concerns, so using it with a nonclinical population such as career counseling students risks overpathologizing them (ACA Code of Ethics E.6 and E.8 address appropriate norms). It is for adults 18 and older, includes modifying and validity indices, and centrally assesses personality patterns and disorders.

23. A Stress its importance but explain members' confidentiality cannot be guaranteed

ACA Code of Ethics B.4.a directs group counselors to explain the importance and parameters of confidentiality while making clear that confidentiality among members cannot be guaranteed. A signed group agreement does not bind members legally, and privilege statutes in many states do not reliably cover group communications.

24. B Multiple-baseline design

A multiple-baseline design introduces the intervention in staggered fashion across behaviors, settings, or individuals and never requires withdrawal, making it suitable when removing treatment would be harmful. The ABAB design depends on withdrawing the intervention, which is ethically problematic with self-injury.

25. B Bruises at different stages of healing that she cannot explain, and her son insists on answering for her

Unexplained injuries at different stages of healing suggest repeated trauma, and a caregiver who won't let the older adult speak for herself is a recognized warning sign of abuse or control. A single injury with a plausible explanation, mild memory changes, and modest living conditions are not specific signs of abuse on their own.

26. A Members may be distancing to cope with feelings about the approaching ending

Yalom and Corey note that as termination approaches, members may withdraw, devalue the group, or miss sessions to avoid the pain of separation. The leader should name and explore this rather than treat it as a return to forming; instillation of hope is a therapeutic factor, not a description of devaluing.

27. C Refer Tomas for a medical evaluation to rule out a physical cause for his symptoms

Weight loss with good appetite, heat intolerance, and tachycardia suggest a possible medical cause such as hyperthyroidism, and DSM-5-TR anxiety diagnoses require that symptoms not be attributable to another medical condition. A referral aimed at anti-anxiety medication skips the medical workup and assumes a psychiatric cause before one has been established.

28. A Refer her for a medical evaluation, including thyroid functioning, before finalizing a diagnosis

Cold intolerance, constipation, and weight gain alongside depressive symptoms suggest a possible medical cause such as hypothyroidism, which would point to depressive disorder due to another medical condition (DSM-5-TR). Ruling out medical and substance causes is part of every depressive disorder diagnosis. A self-report inventory measures symptom severity but cannot identify the cause; persistent depressive disorder also requires 2 years of symptoms.

29. D Stereotype threat

Stereotype threat, described by Steele and Aronson, occurs when awareness of a negative stereotype about one's group creates anxiety that impairs performance, especially on tasks framed as diagnostic of ability, as happened here. Imposter phenomenon is a persistent sense of being a fraud despite success, which is not indicated. Construct bias is a property of the test itself, while the vignette attributes the drop to how the test was framed.

30. D Ordinal

Rank orderings are ordinal. They show which member participated more but not by how much, because the distance between ranks 1 and 2 need not equal the distance between ranks 5 and 6. Interval scales require equal units between values.

31. C Discontinue the relationship, since the client declined suitable referrals

ACA A.11.a states that counselors who lack competence avoid entering or continuing counseling relationships, are knowledgeable about culturally and clinically appropriate referrals, and discontinue the relationship if clients decline the suggested referrals. This is not abandonment, which involves ending without notice or arrangements for care; here appropriate referrals were offered. Waivers and repeated disclaimers do not create competence.

32. A Report the suspected abuse to child protective services

All U.S. states require counselors to report reasonable suspicion of child abuse to child protective services or law enforcement; certainty or proof is not required. Investigation belongs to CPS, so the counselor should not interview extensively to gather evidence. Contacting the alleged abuser or seeking parental consent could endanger Ethan and compromise the investigation.

33. C A non-substance-related disorder within Substance-Related and Addictive Disorders

DSM-5 moved gambling disorder into the Substance-Related and Addictive Disorders chapter, where it is the only non-substance addictive disorder, because of shared reward-system features with substance use disorders. In DSM-IV it was 'pathological gambling,' an impulse-control disorder, which makes that answer tempting. Internet gaming disorder, not gambling disorder, is the Section III condition.

34. C Families with adolescents

The key process for families with adolescents is increasing the flexibility of family boundaries to allow for teens' growing independence and grandparents' frailties, which both fit here. Launching begins as children leave home, and later life refers to the stage when the couple themselves are aging.

35. B Storming

Storming is marked by conflict over roles, power, and direction, including challenges to the leader, which matches this meeting. Forming involves tentative, polite orientation, and norming begins only after conflicts are worked through and members establish shared expectations.

36. D Narcolepsy

Narcolepsy involves recurrent periods of an irrepressible need to sleep or lapsing into sleep at least three times per week for 3 months, plus cataplexy, hypocretin deficiency, or specific polysomnographic findings; brief loss of muscle tone triggered by laughter with preserved consciousness is classic cataplexy (DSM-5-TR). Hypersomnolence disorder is tempting because of the daytime sleepiness, but it does not include cataplexy. Functional neurological symptom disorder would not explain the characteristic emotion-triggered pattern alongside sleep attacks.

37. D Agreement on the tasks used to reach the goals

Mei endorses the goal and likes the counselor, so the goal and bond components are intact; what she questions is whether the exposure task is a relevant way to reach the goal. Bordin emphasized that clients must see the tasks as meaningfully connected to their goals, so the counselor should revisit the rationale and negotiate tasks collaboratively.

38. D Briefly apologize, correct the pronoun, and continue with the session

Affirming practice recommends a brief, sincere apology and correction followed by continuing the conversation, which acknowledges the error without making the client manage the counselor's discomfort. A lengthy explanation shifts focus to the counselor's feelings, and ignoring the slip leaves the misgendering unaddressed. Asking the client to educate the counselor places an inappropriate burden on the client; counselors are responsible for developing their own competence (ACA Code of Ethics C.2.a, C.2.f).

39. A Positively skewed, with the mean above the median

When most scores pile up at the low end and a few high scores form a tail to the right, the distribution is positively skewed, and the high scores pull the mean above the median. A very easy test produces the opposite pattern, a negative skew with the tail pointing to the left.

40. D the Dream

Levinson described the Dream as a vague but motivating vision of one's adult life that a mentor can help the young adult pursue. The life structure is the broader underlying pattern of a person's life at a given time (relationships, work, and commitments), not the aspirational vision itself.

41. A The protective privilege ends where the public peril begins

The second Tarasoff decision (1976) broadened the 1974 duty to warn into a duty to protect, stating that "the protective privilege ends where the public peril begins." Federal recognition of psychotherapist-patient privilege came from Jaffee v. Redmond (1996), a different case.

42. A Goal attainment scaling

Goal attainment scaling (Kiresuk and Sherman) defines individualized outcome levels for each goal, usually from -2 to +2 around the expected outcome, allowing comparison across clients with different goals. SUDS ratings measure moment-to-moment distress, not goal outcomes.

43. B existential isolation

Yalom distinguished interpersonal isolation (separation from others), intrapersonal isolation (separation from parts of oneself), and existential isolation, the unbridgeable gulf between oneself and any other being. Priya has strong relationships, so her interpersonal connections are intact; what she faces is the fundamental aloneness of entering and leaving existence alone.

44. C Check state and local labor market information for openings and wages in Ray's area

National projections from the Occupational Outlook Handbook can differ sharply from local conditions, so a client who cannot relocate needs state and local labor market information. Assuming national figures apply locally is the tempting error. Job Zones describe the preparation needed, not local demand, and Occupational Scales measure interest similarity, not labor demand.

45. D A maintenance role, specifically the gatekeeper

Benne and Sheats (1948) divided member roles into task, maintenance (group-building), and individual (self-centered) roles; the gatekeeper/expediter encourages participation and is a maintenance role. The coordinator is a task role that pulls ideas together rather than regulating who speaks.

46. C Orientation to sex roles

Gottfredson places orientation to sex roles at about ages 6 to 8, when children rule out occupations they see as inappropriate for their gender, as Kai is doing. Orientation to size and power (about ages 3 to 5) involves simply seeing adult roles as big and powerful. Orientation to social valuation (about ages 9 to 13) adds prestige and social class as reasons to rule options out.

47. D To link the compliments to the task by giving a rationale the client accepts

After a consultation break, the solution-focused counselor delivers compliments, then a bridge that connects those compliments and the client's goals to the task, making the task sensible from the client's point of view, then the task itself. Summarizing problem history runs counter to SFBT's solution focus, and stages of change belong to the transtheoretical model.

48. A Stimulant withdrawal

DSM-5-TR stimulant withdrawal involves dysphoric mood plus fatigue, vivid unpleasant dreams, insomnia or hypersomnia, increased appetite, and psychomotor changes within hours to days of stopping. Atypical depression shares hypersomnia and increased appetite, but the onset right after cessation, the short duration, and no prior mood history point to withdrawal. Suicide risk should still be screened because post-stimulant dysphoria can be severe.

49. A Columbia Suicide Severity Rating Scale (C-SSRS)

The C-SSRS asks structured questions that rate the intensity of suicidal ideation and record suicidal behaviors, including actual, interrupted, and aborted attempts. The PHQ-9 has one item about thoughts of death or self-harm, but it is a depression screener, not a measure of suicide severity.

50. B Induction

Within Tiedeman and O'Hara's implementation-and-adjustment period, induction is the initial phase in a new setting, when the person is receptive, seeks acceptance, and identifies with the group's goals. Reformation follows as the person grows more assertive and tries to influence the group, and integration occurs when individual and group goals are balanced. Clarification is the final step of the earlier anticipation period, before entering the new setting.

51. B Help-rejecting complainer

Yalom describes the help-rejecting complainer as a member who solicits help and then rejects all offers, often leaving other members frustrated and helpless. A monopolist dominates group time, which may overlap, but the defining feature here is the cycle of requesting and rejecting help.

52. A Consider the experience culturally normative and not indicative of a psychotic disorder

DSM-5-TR cautions that culturally sanctioned experiences, such as hearing a deceased relative's voice, should not be considered psychotic when they are accepted within the person's cultural group and cause no distress or impairment. Prolonged grief disorder requires intense yearning or preoccupation with clinically significant distress or impairment, which Amara does not report. A medication referral pathologizes a normative experience.

53. A Mono-method bias in construct validity

Mono-method or mono-operation bias is a threat to construct validity that arises when a construct is represented by a single measure or method, which may capture only part of it. Instrumentation refers to changes in measurement over the course of a study, which is not the issue raised.

54. D Use more tentative, indirect reflections and attend to context before naming strong feelings

Ivey cautions that some clients, depending on cultural background, gender socialization, and individual style, may experience direct, intense feeling labels as intrusive, especially early in counseling. Softer, tentative reflections, sometimes framed through the situation ("It sounds like a difficult time in the family"), respect his style. Abandoning reflection altogether overcorrects and loses an important skill.

55. A Offer support in classrooms and small groups and avoid a permanent memorial

Postvention guidance, such as the AFSP and SPRC "After a Suicide" toolkit, recommends acknowledging the death, offering support in small groups and classrooms, and avoiding large assemblies and permanent memorials that may glamorize the death and increase contagion risk among vulnerable students. Refusing to acknowledge the death fuels rumors and isolation. Describing the method is discouraged because it can increase imitation.

56. D Imaginal exposure, in vivo exposure, psychoeducation, and breathing retraining

PE combines psychoeducation, breathing retraining, repeated imaginal exposure to the trauma memory, and in vivo exposure to avoided but safe situations. Stuck-point logs and ABC worksheets belong to CPT, bilateral stimulation and body scan to EMDR, and the four skill modules to dialectical behavior therapy.

57. D Michel Foucault

Michael White drew heavily on philosopher Michel Foucault's analysis of power and knowledge and how dominant discourses become internalized as "truths" about people. Milton Erickson strongly influenced solution-focused and strategic therapies, which makes him tempting, but not narrative therapy's analysis of power. Rogers and Ellis are not central sources for these ideas.

58. D Recommend Kendra's dismissal and document the remediation history

Under ACA Code F.6.b, supervisors help supervisees get remedial assistance and recommend dismissal when supervisees cannot show they can provide competent services, documenting the process. Kendra did not respond to remediation, and clients are being affected. Supervisors may not counsel their own supervisees (F.6.c), and open-ended remediation fails the supervisor's gatekeeping duty to protect clients.

59. C Name the dynamic and explore how culture and power show up in the group

The ASGW Multicultural and Social Justice Competence Principles call for leaders to address power, privilege, and oppression as they arise within the group. Colorblind reassurance minimizes Tyrone's experience, and asking him to educate others places the burden on the marginalized member.

60. A Undue attention

In Dreikurs's model, an adult who feels annoyed, and a child who stops briefly when corrected and then resumes, points to undue attention. With a power goal, the teacher would feel angry or challenged and the child would escalate defiance instead of stopping.

61. D Random assignment to conditions

Random assignment distributes preexisting participant characteristics evenly across groups, which strengthens internal validity and causal inference. Random selection is often confused with it, but random selection strengthens external validity, the ability to generalize from the sample to the population.

62. C Ongoing dialogue about the issue instead of gridlock

Gottman's research found that about 69% of couple conflicts are perpetual and will never be fully resolved, so the goal is to move from gridlock to dialogue, often by exploring the dreams behind each position. Structured problem-solving and compromise fit solvable problems, and deciding who is right or postponing the issue keeps the couple stuck.

63. A Establish a code word or other nondescript identifier to verify his identity

ACA H.3 directs counselors to verify a client's identity at the beginning and throughout the therapeutic process, and gives code words, numbers, graphics, or other nondescript identifiers as examples. Collecting a client's passwords or repeatedly transmitting identification documents creates unnecessary privacy risks.

64. D A 504 plan under Section 504 of the Rehabilitation Act

Section 504 plans provide accommodations for students whose disability substantially limits a major life activity such as learning or concentrating, even when they do not need special education. An IEP under IDEA requires that a student qualify in a disability category and need specially designed instruction, which the team has ruled out.

65. C amount of education, experience, and training typically needed to do the work

O*NET groups occupations into five Job Zones, from little or no preparation needed (Job Zone 1) to extensive preparation needed (Job Zone 5). Growth projections and wages are reported separately, largely from Bureau of Labor Statistics data. Interest codes are a separate O*NET descriptor and are not what Job Zones mean.

66. D Reflection-in-action

Schön distinguished reflection-in-action, which happens in the moment and shapes what the practitioner does next, from reflection-on-action, which is looking back after the event, as in supervision or journaling. Retroflection is a Gestalt contact boundary disturbance in which a person turns an impulse back on themselves.

67. D Ask what she will be doing differently when things are better

Solution-focused brief therapy frames well-formed goals as the presence of concrete, observable behaviors rather than the absence of a problem. Exploring the history of the problem and disputing beliefs reflect other approaches and do not help define what success would look like.

68. A Disinhibited social engagement disorder

Disinhibited social engagement disorder (DSM-5-TR) involves culturally inappropriate, overly familiar behavior with unfamiliar adults and diminished checking back with caregivers following insufficient care. Reactive attachment disorder also follows neglect but presents as emotional withdrawal and failure to seek comfort, the opposite of Lily's indiscriminate sociability.

69. D Withhold the records, since Part 2 requires client consent or a court order meeting Part 2 criteria

Part 2 gives substance use disorder records more protection than HIPAA. A subpoena alone does not authorize disclosure; the program needs patient consent or a court order issued under Part 2's standards, which include a finding of good cause. Part 2 protects any information that would identify a person as a patient, including the diagnosis and dates of service, and an attorney's certification does not replace a court order.

70. B Return attention to the client's words and cues, tolerating brief pauses

Empathic attunement requires attending fully to the client's verbal and nonverbal messages, and beginning counselors often lose this by preparing responses. Accepting short pauses while she formulates a reply lets Marta listen fully; summaries are useful, but using them to prove she is following does not fix the divided attention.

71. D Major frontotemporal neurocognitive disorder, behavioral variant

The behavioral variant of frontotemporal neurocognitive disorder features behavioral disinhibition, apathy, loss of empathy, compulsive behavior, and hyperorality, with relative sparing of learning, memory, and perceptual-motor function, and often begins before age 65 (DSM-5-TR). Bipolar I disorder is tempting because of the impulsivity and disinhibition, but mania is episodic with elevated mood and increased energy, not a gradual 2-year decline with apathy. Alzheimer's disease usually begins with prominent memory impairment.

72. C Herbert Freudenberger

Freudenberger, a psychologist, used the term burnout in 1974 for the depletion he saw in free clinic workers. Maslach later developed the main research model and the Maslach Burnout Inventory, which makes her the most tempting wrong answer. Figley is associated with compassion fatigue and Pearlman with vicarious trauma.

73. C My Vocational Situation

Holland's My Vocational Situation is a brief measure with three parts: Vocational Identity, Occupational Information, and Barriers, which match the center's three aims. The SDS and Strong measure interests rather than identity clarity or barriers. The Career Decision Self-Efficacy Scale (Taylor and Betz) measures confidence in carrying out decision-making tasks, not the need for information or perceived barriers.

74. C add a desire phase preceding excitement

Kaplan's triphasic model (desire, excitement, orgasm) introduced desire as a distinct phase, laying the groundwork for diagnosing desire disorders. The plateau phase was already part of Masters and Johnson's original four-phase model (excitement, plateau, orgasm, resolution).

75. B CBT targeting health-related beliefs, checking, and reassurance seeking

Maria's presentation fits illness anxiety disorder (minimal somatic symptoms with high health anxiety and excessive checking), for which CBT targeting catastrophic health beliefs and reducing checking and reassurance seeking has the strongest evidence. Additional tests and online searching act as reassurance-seeking behaviors that provide brief relief but maintain the anxiety.

76. D Disclosure is permitted for treatment without written authorization, though psychotherapy notes are excluded

HIPAA permits covered entities to disclose protected health information to another provider for treatment without the client's authorization, and mental health information in the general record is not singled out for stricter treatment. Psychotherapy notes, however, generally require a specific authorization. Ethically, counselors should still inform clients about such coordination (ACA B.3.b).

77. C the client's view of the relationship, goals and topics, approach, and session overall

The Session Rating Scale is a brief client-rated alliance measure covering the relationship, goals and topics, approach or method, and overall fit, reflecting Bordin's alliance model. Individual, interpersonal, social, and overall functioning are the domains of the Outcome Rating Scale, which tracks progress rather than the alliance.

78. D Severe

BDI-II ranges are 0-13 minimal, 14-19 mild, 20-28 moderate, and 29-63 severe, so a score of 31 is in the severe range. The moderate range is tempting because 31 is close to its upper limit, but it ends at 28.

79. B A client motivated to examine recurring conflicts in close relationships

Yalom considers motivation and interpersonal problems the best indicators for interactional group therapy. Active mania and sociopathic presentation are listed among poor candidates, and a circumscribed phobia is better treated with targeted individual or homogeneous behavioral interventions.

80. C Trustworthiness and transparency

SAMHSA's six principles are safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. Trauma-informed care does not require clients to disclose trauma or receive any particular trauma-specific treatment.

81. D Buy elsewhere, since alternatives exist and a discount would create a sense of obligation

ACA A.6.b lists purchasing a product or service from a current client as a boundary extension that counselors undertake only after weighing its risks and benefits for the client and taking precautions such as consultation and documentation. When many other dealerships exist, a discounted purchase mainly serves the counselor and risks a sense of obligation and a business entanglement with a current client. The Code gives no blanket permission for such purchases, and documentation alone does not make a self-serving extension appropriate.

82. A Ratio

A count of sessions has equal intervals and a true zero (a client can attend zero sessions), so it is a ratio variable. Interval scales also have equal intervals but lack a true zero, as with Fahrenheit temperature or standardized IQ scores.

83. A Arrange a qualified covering clinician, tell Dana well in advance, and update her safety plan

ACA A.12 directs counselors not to abandon or neglect clients and to assist in making appropriate arrangements for continuation of treatment during interruptions such as vacations. For a client with recent suicidal ideation, that means a named covering clinician, advance preparation, and an updated safety plan. A crisis line is a useful addition but does not replace clinical coverage, and personal phone access blurs boundaries.

84. C Continue counseling him while seeking consultation to avoid imposing her values

ACA A.11.b states that counselors refrain from referring prospective and current clients based solely on their personally held values, attitudes, beliefs, and behaviors, and A.4.b directs them to avoid imposing values and to seek training where they are at risk of doing so. Relationship communication is within the counselor's competence, so a referral would be values-based rather than competence-based, and relabeling it as a competence issue does not change that. Consultation helps her keep her values out of the work.

85. D Tell clients of her student status and how it affects confidentiality

ACA F.5.c requires students and supervisees to disclose their status before providing services and to explain how it affects the limits of confidentiality; F.1.c requires that clients know their counselor is supervised and who may access records. Disclosure only on request is insufficient, and misrepresenting her title would violate C.4.a. The supervisor cannot consent on the client's behalf.

86. A An apparently irrelevant decision

Apparently (or seemingly) irrelevant decisions are small choices that seem unrelated to use but move the person toward a high-risk situation, which is exactly what the route choice did. Relapse prevention teaches clients to recognize these choices early. The abstinence violation effect follows a lapse, which has not occurred, and urge surfing is a mindfulness coping skill rather than a risk process.

87. D Interrupted time-series design

Taking many repeated measurements before and after an intervention in a single group is an interrupted time-series design, a quasi-experimental design that helps reveal whether a change departs from preexisting trends. A one-group pretest-posttest design uses only a single measurement on each side.

88. D Your work has been central to who you are, and retiring raises questions about your purpose now.

Reflection of meaning addresses the client's values, identity, and sense of purpose, which is exactly what Raj's statement about "who I am" touches. Naming his uneasiness is a reflection of feeling, which is accurate but stays at the emotional level. Linking his anxiety to earlier losses is an interpretation from the counselor's frame of reference rather than a reflection of Raj's own meaning.

89. D Use a secure platform that meets encryption standards and whose vendor will sign a business associate agreement

ACA H.2.d directs counselors to use encryption standards that meet applicable legal requirements for technology-based communication, and HIPAA requires a business associate agreement with vendors that handle PHI. Appointment information linked to a client is PHI, so limiting content does not cure the vendor problem.

90. C Secondary traumatic stress

Figley described secondary traumatic stress as trauma-like symptoms, including intrusive imagery, arousal, and avoidance, that develop in people close to a trauma survivor through exposure to the survivor's experiences; family members and partners are common examples. Burnout stems from chronic workload and organizational stress and lacks trauma-specific symptoms such as nightmares about the events. Generalized anxiety disorder does not account for symptoms tied to her husband's specific trauma.

91. B The client, as the holder of the privilege

Privilege belongs to the client, so only the client (or a legal representative acting with authority) can waive it. A court may order disclosure when a legal exception applies, but that is not a waiver, and counselors cannot waive privilege on the client's behalf even with good intentions.

92. B Dictionary of Occupational Titles

O*NET replaced the Dictionary of Occupational Titles (DOT) as the Department of Labor's main database of occupational information. The Occupational Outlook Handbook is still published by the Bureau of Labor Statistics. O*NET's codes are built on the Standard Occupational Classification system, so it did not replace the SOC.

93. B Recording the diagnosis followed by the word 'provisional'

DSM-5-TR allows the specifier 'provisional' when there is a strong presumption that full criteria will be met but information is insufficient, such as when collateral history is pending or the duration requirement has not yet passed. The unspecified category is tempting, but it is used when criteria for a specific disorder are not met and the clinician chooses not to state why. 'Diagnosis deferred' was associated with the multiaxial system, which DSM-5 eliminated.

94. B boundary making

Boundary making realigns boundaries, here by protecting the spousal subsystem from a child's intrusion through seating and blocking interruptions. Family sculpting is Satir's technique of having a member arrange others in space to show how they see relationships; it represents the family rather than blocking a transaction to change structure.

95. A Explore the cultural meaning and role of the belief before calling it irrational

Culturally responsive CBT asks counselors to understand what a value means in the client's cultural context before treating it as distorted, since a value of filial duty is not automatically an irrational demand (ACA Code of Ethics, Section A introduction and A.4.b on not imposing personal values; Hays). Firmly disputing the belief applies REBT rules mechanically and risks imposing the counselor's own values. Referral based only on cultural background is not required and may harm the relationship.

96. A PTSD, with delayed expression

DSM-5-TR uses the specifier "with delayed expression" when full PTSD criteria are not met until at least six months after the event, even though some symptoms may have begun earlier. The dissociative specifier requires persistent depersonalization or derealization, which Raymond does not have. Acute stress disorder applies only during the first month after exposure.

97. D Eliciting Ray's own reasons for change while reflecting his ambivalence

Ray acknowledges heavy drinking yet questions the point of change, which signals ambivalence at the precontemplation-to-contemplation boundary, and motivational interviewing (Miller & Rollnick) resolves ambivalence by evoking the client's own change talk while reflecting both sides. Confrontational labeling increases resistance, and relapse prevention assumes a commitment to change that Ray has not yet made.

98. B Training in deep muscle relaxation to pair with each hierarchy item

Systematic desensitization is based on reciprocal inhibition: relaxation, which is incompatible with anxiety, is learned first and then paired with hierarchy items starting from the least feared. Beginning with the highest-ranked item describes flooding, and inducing physical sensations describes interoceptive exposure.

99. A Ceiling effect

A ceiling effect happens when a test is too easy for the examinee and her score hits the maximum, so it cannot tell differences apart at the upper end. A floor effect is the opposite problem, where a test is too hard to measure low performance.

100. C The Danger Assessment

Campbell's Danger Assessment combines a calendar of abuse incidents with items, such as strangulation, a gun in the home, and escalating violence, that are associated with intimate partner homicide. The Conflict Tactics Scale measures the tactics partners use in conflict, but it does not estimate the risk of lethal violence.

101. D can pathologize understandable responses to oppression and gender bias

Feminist therapists argue that diagnosis can locate problems solely in individuals and pathologize responses to trauma, discrimination, and restrictive gender roles; personality disorder diagnoses applied to trauma survivors are a frequent example. Many feminist counselors still use DSM-5-TR when required, but contextualize it. Childhood focus and insufficient detail are not the main feminist critiques.

102. B client-directed goals and the use of naturally occurring community resources

Rapp's strengths model emphasizes client self-determination, the client's strengths rather than deficits, and the community as a source of natural supports. The multidisciplinary, around-the-clock team describes Assertive Community Treatment, and referral-focused coordination with minimal contact describes the brokerage model.

103. B Set goals that fit her values, such as finding ways to discuss career choices with family

Culturally responsive goals reflect the client's own values and worldview; for a client who values family interdependence, the aim is to reduce conflict within that framework rather than to impose individualistic norms. Ignoring culture altogether misses a key part of her concern, and mandating family attendance overrides her preferences.

104. A Criterion

Mager's model has three parts: performance (what the person will do), conditions (the circumstances, here 'when feeling urges to self-harm'), and criterion (the standard of acceptable performance, here 4 of 5 occasions). A baseline is the pre-treatment level and is not one of Mager's components.

105. A Prepare a plan that names a records custodian and how clients will be transferred

ACA C.2.h requires counselors to prepare a plan for the transfer of clients and files in the case of incapacitation, death, retirement, or termination of practice, and to identify a records custodian; this is often called a professional will. Family members generally are not appropriate custodians of confidential records. Tail malpractice coverage is prudent risk management but does not address continuity of client care.

106. A Broaching

Broaching (Day-Vines and colleagues) is the counselor's intentional, explicit invitation to discuss how race, ethnicity, and culture may affect the client's concerns and the counseling relationship; research links it to greater perceived counselor credibility and a stronger working alliance. Immediacy addresses here-and-now dynamics as they arise in the relationship, whereas this counselor is proactively opening a cultural conversation. The statement is not primarily self-disclosure, and confrontation addresses discrepancies in the client's messages.

107. D Systematic preparation of members before the first session

Yalom reviews evidence that pre-group preparation clarifies expectations, reduces anxiety, and lowers premature termination. Extra-group socializing is more likely to create subgrouping problems than to prevent dropout, and size alone does not reduce attrition.

108. A Refer him for a medical sleep evaluation

Loud snoring, witnessed breathing pauses, morning headaches, and daytime sleepiness suggest obstructive sleep apnea, which requires medical evaluation (often polysomnography) and can contribute to depressed mood. CBT-I and sleep hygiene do not treat apnea, and sedating sleep aids can worsen breathing during sleep.

109. A Dismissing

Dismissing transcripts show idealization of parents unsupported by specific memories, claims of poor recall, and minimization of attachment's importance. A preoccupied transcript is the most tempting alternative, but it is marked by lengthy, angry, or confused entanglement with past attachment figures rather than brief idealization.

110. A Repeatedly opposing group decisions without offering any alternative

The blocker, who resists and opposes beyond reason without offering alternatives, is one of Benne and Sheats's individual roles that serve personal needs at the group's expense. Compromising is a maintenance role, while summarizing what has been said (orienter or coordinator) and information seeking are task roles.

111. D Integrative behavioral couple therapy

Integrative behavioral couple therapy (Jacobson and Christensen) expanded traditional behavioral couple therapy by adding acceptance strategies: empathic joining around the problem, unified detachment that treats the pattern as an "it," and tolerance building. EFT is attachment-based and works through emotional restructuring, and Imago therapy (Hendrix) uses intentional dialogue focused on childhood wounds.

112. C Give annual public notice of what it designates as directory information and allow parents time to opt out

FERPA allows schools to disclose properly designated directory information without consent if they notify parents and eligible students annually of the categories designated and provide a reasonable time to opt out. Directory information excludes sensitive items such as Social Security numbers.

113. D Explore Rosa's options, including a complaint, and respect her choice

The information came to Jamal through a confidential counseling relationship, and ACA Code of Ethics I.2.a and I.2.b allow action on a colleague's violation only when it does not violate client confidentiality. Without a legal mandate, Jamal supports Rosa's autonomy by explaining her options and honoring her choice. Reporting to the board feels protective, but doing so without her consent would breach her confidentiality.

114. C Restory

The restory stage (sometimes called working) is where the counselor uses influencing skills, such as reframing, brainstorming, and role-play, to create new perspectives and alternatives. The action stage follows and focuses on generalizing changes to daily life, such as homework and follow-up plans, which has not yet occurred here.

115. A Perceived burdensomeness

Joiner's theory proposes that suicidal desire arises from perceived burdensomeness (the belief that one's existence burdens others) and thwarted belongingness (feeling alienated or disconnected). Gerald's statement is a clear expression of burdensomeness. Acquired capability refers to reduced fear of death through exposure to pain, and entrapment belongs to a different model.

116. A Median

The median is resistant to extreme scores, so it is the preferred measure of central tendency for skewed distributions such as income. The mean is pulled toward the tail by the few very high earners. The standard deviation measures variability, not central tendency.

117. C Developmental crisis

A developmental crisis arises from a normal, expected life transition, such as children leaving home, that disrupts roles and routines. A situational crisis is an unexpected, uncommon event, which does not fit an anticipated launch of a child. Her concern centers on a role change, not on the deeper questions of purpose, freedom, or mortality that mark an existential crisis.

118. A A recognition reflex

Dreikurs called a client's involuntary smile or 'caught' look after an accurate tentative guess about a goal the recognition reflex, and he saw it as confirming the hypothesis. Abreaction is the emotional discharge that comes with recalling repressed material, which does not describe a brief knowing grin.

119. D Multiple baseline across settings

Staggering the start of the intervention across settings while baselines continue elsewhere is a multiple baseline across settings design, which demonstrates control without withdrawing treatment. It is preferred over an ABAB design when the target behavior is not expected to reverse or withdrawal would be unethical.

120. B The DSM-5-TR Cultural Formulation Interview

The DSM-5-TR Cultural Formulation Interview is designed to draw out the client's own understanding of the problem, its causes, cultural stressors and supports, and help-seeking preferences. A genogram maps family patterns, but it does not systematically explore the client's cultural explanation of distress.

121. C Response

In BIRP notes, the Response section documents how the client reacted to the intervention, which is exactly what the change in her anxiety rating shows. The Behavior section describes the client's presentation and presenting concerns at the start of the session, not the outcome of the counselor's intervention.

122. C A person appraises demands as exceeding their coping resources

Lazarus and Folkman defined stress as a transaction in which a person judges that demands tax or exceed their resources, which is why SIT targets appraisals and coping. Counting major life events reflects the Holmes and Rahe approach, and the general adaptation syndrome is Selye's physiological model.

123. C A self-observation generalization

Self-observation generalizations are the conclusions people draw about their own abilities, interests, and values from their learning experiences; Hannah's belief about herself is a clear example, and an inaccurate one worth exploring. Worldview generalizations are beliefs about how the world of work operates, such as "you need connections to get hired." Associative learning refers to the experiences that shape such beliefs rather than the belief itself.

124. B Could

Ivey notes that "could" questions ("Could you tell me about...?") are the most open, leaving the client free to answer however they wish, including declining. "What" questions tend to elicit facts, "how" questions tend to elicit process or feelings, and "why" questions tend to elicit reasons and can provoke defensiveness.

125. B a self-regulatory tool that is gradually internalized as inner speech

Vygotsky argued that private speech helps children plan and guide behavior and becomes silent inner speech over time; it actually increases when tasks are challenging. The idea that it simply disappears with the onset of concrete operations reflects Piaget's view, not Vygotsky's.

126. C Dethronement

Adler described the firstborn's dethronement, the loss of the favored only-child position when a sibling arrives, which often leads to attention-seeking or regressive behavior. Pampering describes a parenting style that fosters dependence, not the loss of status a firstborn feels.

127. A Paraphrasing

Ivey predicts that an accurate paraphrase helps the client feel heard and leads the client to clarify or elaborate on the content of the story. Reflection of meaning moves toward values and purpose, while interpretation and directives are influencing skills that introduce the counselor's frame or instructions.

128. B "I'm going to call the clinic tomorrow to schedule the intake."

Mobilizing change talk (commitment, activation, taking steps) signals movement toward action, and stating a plan to call the clinic tomorrow is commitment language. The other statements express desire, ability, and reasons/need, which are preparatory change talk; Miller and Rollnick note that commitment language is the stronger predictor of actual behavior change.

129. B Corinne placed her mental condition at issue in the suit

Under the patient-litigant exception, a client who makes her own mental or emotional condition an element of a claim generally waives privilege for relevant records. Filing a lawsuit does not by itself remove privilege; the waiver comes from putting her mental condition at issue. Counselors should still consult an attorney and release only what is legally required.

130. C enduring reciprocal interactions with people, objects, and symbols in the immediate environment

In the Process-Person-Context-Time model, proximal processes are regular, increasingly complex reciprocal interactions between the person and the immediate environment, such as parent-child play or reading. Indirect influences from settings the person never enters describe the exosystem, a context, not a process.

131. D A verbatim transcript of the final session

A discharge summary typically documents the reason for referral, diagnosis, services provided, progress toward goals with supporting data, status at discharge, and aftercare recommendations. A verbatim transcript is not a standard component and would add unnecessary sensitive detail to the record.

132. C Call a break of at least 20 minutes for self-soothing before resuming

Andre shows signs of diffuse physiological arousal (flooding), which drives stonewalling and blocks listening and problem-solving. Gottman recommends a break of at least 20 minutes spent on calming activities before returning to the topic. Pushing him to stay or having his wife soften her approach will not work while he is flooded, and exploring attachment history is not the immediate Gottman response.

133. B As FERPA treatment records, excluded from education records and also excluded from HIPAA's definition of PHI

Joint HHS and Department of Education guidance explains that records of eligible students made and used only for treatment are "treatment records," excluded from FERPA's definition of education records, and that HIPAA excludes from PHI both education records and treatment records. If such records are shared for non-treatment purposes, they become education records subject to FERPA.

134. B Multivariate analysis of variance

MANOVA tests group differences on two or more correlated dependent variables at once, controlling the inflated error that separate ANOVAs would produce. A factorial ANOVA involves multiple independent variables but still only one dependent variable.

135. A Error from both content differences and changes over time

Alternate forms given at different times yield a coefficient of stability and equivalence. It reflects both content-sampling error (different items) and time-sampling error (the interval), which makes it typically the most conservative reliability estimate. Giving both forms at the same session would capture content-sampling error alone.

136. C a sign that the counselor has not yet found the client's unique way of cooperating

De Shazer's well-known essay on the "death of resistance" argued that clients always cooperate in their own way and that the counselor's task is to fit with it. SFBT does identify visitor-type relationships, but the response is to compliment and stay engaged, not to refer. Viewing resistance as defense against repressed material is psychodynamic, and disputing beliefs is REBT.

137. C It is too soon, because the 1-month duration cannot be limited to the first month of school

DSM-5-TR requires that failure to speak in specific social situations last at least 1 month and not be limited to the first month of school, when many children are temporarily quiet. Selective mutism and social anxiety disorder commonly co-occur and both can be diagnosed, and the duration requirement is 1 month, not 6.

138. C Counselor will teach progressive muscle relaxation during weekly sessions

Objectives describe what the client will do or achieve and are stated in measurable client terms; interventions describe what the counselor will do to help the client reach them. Teaching relaxation is a counselor action, whereas identifying triggers, reducing attack frequency, and using paced breathing are client behaviors that can be measured.

139. B Scapegoat

The scapegoat acts out and draws blame and attention, diverting focus from the parent's drinking. The hero overachieves to bring the family credit, the lost child withdraws and avoids notice, and the mascot uses humor to relieve tension. These roles (Wegscheider-Cruse) help counselors understand how families organize around addiction.

140. B Summative evaluation

Summative evaluation assesses a program's overall outcomes and merit at its conclusion to inform decisions such as continuation or funding. Process evaluation examines how the program was implemented, not whether it achieved its intended results.

141. A Spitting in the client's soup

Spitting in the client's soup identifies the hidden payoff of a self-defeating behavior and names it so the behavior becomes less attractive to continue. Acting as if asks clients to behave as though they were already who they want to be, the push-button technique shows clients they can create feelings by choosing what to think about, and catching oneself means noticing the old pattern as it starts.

142. C Revisit the options he eliminated and examine the accuracy of his efficacy beliefs

SCCT counselors pay special attention to options a client has foreclosed because of inaccurate self-efficacy or outcome expectations, revisiting those options and testing the beliefs against evidence such as past performance. Simply accepting his self-assessment would leave faulty efficacy beliefs unchallenged. Planned happenstance skills and life-role salience come from Krumboltz and Super, respectively, and do not address the belief-driven elimination that is occurring.

143. A Help Carla explore every option evenly and consult to keep his values in check

ACA Code of Ethics A.4.b requires Luis to support Carla's goal of exploring all options without imposing his values, and A.11.b forbids referral based solely on personal values. Emphasizing some options over others still steers the client, even if every option is technically mentioned. Disclosing his position up front would bring his values into a decision that belongs to her.

144. D 4 years

Encopresis requires repeated passage of feces in inappropriate places at least once a month for 3 months in a child at least 4 years old (chronologically or developmentally). Five years is the minimum age for enuresis, which is the most common source of confusion.

145. D actualizing tendency

Rogers posited a single, innate actualizing tendency that moves every organism toward growth, maintenance, and enhancement. The will to meaning is Frankl's primary motive, and striving for superiority belongs to Adler's individual psychology.

146. D Respect his collective decision-making and offer to include family members as he chooses

ACA Code of Ethics A.1.d recognizes that support networks hold various meanings for clients and encourages involving them with client consent. Consulting family before major decisions reflects a relational, collectivist value rather than pathology. Proceeding with the referral before he has decided bypasses his informed consent, and labeling the behavior dependency reflects the counselor's cultural assumptions.

147. D Encourage Andre to discuss his decision with the leader and, if willing, with the group

Members have the right to leave, but Corey recommends that the leader encourage them to talk about the decision, ideally in the group, so both the member and others can process it. Members may not be forbidden to leave, and adding members mid-course would change a closed format.

148. B Clients give informed consent and know declining will not affect their services

The ACA Code of Ethics requires informed consent from research participants (G.2.a), and when participants are a counselor's own clients, counselors must make clear that participation is voluntary and protect clients from adverse consequences of declining or withdrawing (G.2.c). Research with current clients also calls for appropriate consent and review procedures, and the funding source does not change these obligations.

149. C Structured life review to help her integrate and find meaning in past experiences

Life review (Butler), or reminiscence therapy, directly supports the integrity versus despair task by helping older adults accept and find meaning in the life they have lived. Systematic desensitization targets conditioned anxiety and does not address the evaluative, meaning-making concern that Ruth describes.

150. B being fully grounded in the moment and receptive to the client's experience

Geller and Greenberg define therapeutic presence as being fully in the moment, grounded in oneself, and open and receptive to the client on multiple levels. It is a way of being rather than a technique or a display of expertise. Emotional neutrality is tempting, but presence involves attunement to one's own experience rather than its suppression.

151. C Review the policy with Carlos and encourage him to disclose the affair himself

Under ACA Code of Ethics B.4.b, counselors define who the client is and explain how confidential information will be handled in couples work. With a signed no-secrets policy, the first step is to remind Carlos of the agreement and give him the chance to share the information himself, usually within a set time frame. Disclosing immediately skips that step, and keeping the secret violates the agreement both partners signed.

152. B moderating variable

A moderator changes the strength or direction of the relationship between an independent and a dependent variable, as age does here. A mediator would instead explain how or why the intervention works, lying on the causal path between the intervention and anxiety reduction.

153. C linking a diagnosed condition and its functional impairments to the services being provided

Payers look for documentation that a diagnosed condition causes symptoms or functional impairment and that the services provided target those problems. A client's motivation to continue is clinically useful but does not, by itself, show that the services are necessary to treat a covered condition.

154. B A microinvalidation

Sue et al. (2007) list color blindness as a theme of microinvalidation, which negates or nullifies the thoughts, feelings, and experiential reality of a person of color; here it dismisses Mei's experience of racism. A microassault is an explicit, deliberate attack. A microinsult conveys rudeness or demeans a person's heritage, as with ascriptions of intelligence. Environmental microaggressions are conveyed through systems and settings rather than through one person's remark.

155. A Hallucinogen persisting perception disorder

Hallucinogen persisting perception disorder involves re-experiencing perceptual disturbances (such as trails, halos, flashes of color, or geometric hallucinations) after cessation of hallucinogen use, causing distress or impairment, with reality testing intact (DSM-5-TR). Hallucinogen-induced psychotic disorder is tempting, but in that diagnosis the person lacks insight that the experiences are substance-related or unreal. Intoxication would require recent use.

156. B Number of peer-support sessions delivered

In a logic model, outputs are the direct products of program activities, such as counts of sessions or participants, whereas outcomes are the resulting changes in participants. Reduced loneliness, improved attitudes, and retention are changes in participants and therefore outcomes.

157. A Major depressive disorder with cognitive effects

In older adults, depression can produce cognitive complaints, poor effort, and 'I don't know' responses with a relatively abrupt onset tied to mood symptoms; DSM-5-TR lists major depressive disorder as a key differential for neurocognitive disorder, and cognition often improves with treatment of the depression. Alzheimer's disease is tempting, but it usually begins insidiously, and individuals tend to minimize rather than emphasize memory problems. Prolonged grief disorder cannot be diagnosed in adults until at least 12 months after the death.

158. A Restitutional overcorrection

Restitutional overcorrection requires the person to restore the environment to a condition better than it was before the misbehavior. Positive practice overcorrection instead requires repeated practice of the correct behavior, such as repeatedly walking down the hall properly after running.

159. B Context evaluation

Context evaluation in the CIPP model (Context, Input, Process, Product) assesses needs and problems in the setting to guide goal setting. Input evaluation comes next and examines alternative strategies, resources, and plans for meeting those goals.

160. C Recognize that he may be imposing his own values and seek consultation or supervision

The ACA Code of Ethics (A.4.b) directs counselors to be aware of their own values and avoid imposing them on clients; Brian's first step is to recognize the pattern and seek consultation or supervision so he can follow Tyler's goals. Earnings data does not justify overriding the client's stated interests. Referral is not the first step when the counselor can manage the bias through self-awareness and supervision.

161. B Imitative behavior

Imitative behavior, sometimes called spectator therapy, occurs when members learn by observing and then modeling the behavior of the leader or other members. Priya is not discovering shared experience or releasing pent-up emotion; she is adopting a specific assertive behavior she watched someone else use successfully.

162. A Obsessive-compulsive disorder, with absent insight/delusional beliefs

When a person with OCD is completely convinced that the obsessional beliefs are true, DSM-5-TR uses the specifier "with absent insight/delusional beliefs" rather than diagnosing a psychotic disorder. "With poor insight" is for clients who think the beliefs are probably true but not certainly. Schizophrenia is not supported because Victor has no other psychotic symptoms.

163. A The neutral zone

Bridges described transitions as moving through endings, a neutral zone, and new beginnings; the neutral zone is the in-between period of disorientation after the old identity has ended and before a new one has formed. Endings involves letting go of the old identity, and Marisol has already done that; reorientation is a phase of Atchley's retirement model, not Bridges'.

164. C Modified Checklist for Autism in Toddlers, Revised, with Follow-Up

The M-CHAT-R/F is a brief parent-report screener designed for toddlers 16-30 months, which matches this request for an initial screen. The ADOS-2 is a standardized diagnostic observation used during a full evaluation after a positive screen, not as a first-line screener, and the Conners and Vanderbilt scales target ADHD in older children.

165. C Identity pride

Cass's identity pride stage involves dichotomizing the world into gay (valued) and heterosexual (devalued), strong immersion in the gay community, anger toward heterosexist society, and often activism and disclosure. In identity synthesis, the final stage, the us-versus-them view softens, supportive heterosexuals are recognized, and sexual identity becomes one integrated part of the self. Identity acceptance involves increasing contact with gay people and normalizing the identity, but without the intense polarization and anger Tyler shows.

166. B null hypothesis

The null hypothesis states that there is no difference or no relationship, and it is the hypothesis that statistical tests attempt to reject. The alternative (research) hypothesis predicts that a difference exists, and a directional hypothesis specifies which group will score higher.

167. A Face validity

Face validity is whether a test appears, on the surface, to measure what it is supposed to measure, usually as judged by test-takers. It is not technical evidence of validity. Content validity requires systematic expert judgment that the items represent the whole domain.

168. C rebuild the exposure hierarchy with smaller steps and address barriers to homework

Lack of progress caused by nonadherence calls for problem-solving the barriers and adjusting the task difficulty, for example by revising the hierarchy into more manageable steps, since ERP remains the first-line treatment for OCD. Insight-oriented therapy lacks evidence for OCD, and extending an unchanged plan repeats what has not worked.

169. D Inform clients about the team, its members, and what is shared

ACA Code of Ethics B.3.b requires that, when services involve interdisciplinary teams, clients are informed of the team's existence and composition, the information being shared, and the purposes for sharing it. The Code does not require a separate release for each member, and arbitrarily withholding content would undermine coordinated care.

170. D Clients may feel pressured to join to please the counselor

Inviting current clients into a group is permitted, but the counselor must make sure joining is voluntary and that the existing therapeutic relationship does not pressure clients into saying yes (ACA A.2 on informed consent; ASGW Best Practice Guidelines on screening and voluntary participation). Clients should know they can decline without it affecting their individual counseling. Being in individual and group counseling at the same time is common and not prohibited.

171. B The client is no longer likely to benefit from continued counseling

ACA A.11.c lists appropriate termination when the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling; counselors may also terminate when in jeopardy of harm or when fees are not paid as agreed. Ending because of a client's values violates A.11.b. Anger toward the counselor is often useful clinical material rather than grounds for termination.

172. B Hold back the disclosure, since it would mainly meet her needs, and explore the urge in supervision

The central test for self-disclosure is whose needs it serves; a disclosure motivated by the counselor's wish to feel understood signals countertransference and risks reversing roles. Exploring the reaction in supervision or personal counseling supports self-awareness (ACA Code of Ethics C.2.g on impairment calls for monitoring). A shared life event alone does not require referral.

173. A Statistical regression toward the mean

Participants chosen for extreme scores tend to score closer to the mean on retesting even without intervention, a threat called statistical regression. Selection bias is tempting, but it refers to systematic differences between comparison groups, and this design has only one group.

174. C Discuss the invitation's meaning with her, weigh risks and benefits, and document the decision

ACA A.6.b lists attending a client's formal ceremony as a boundary extension that may be appropriate when counselors take precautions such as informed consent, consultation, supervision, and documentation (A.6.c). It is not automatically prohibited, but neither is it risk-free, so assuming a single event cannot matter is wrong. The decision should be explored with the client and documented.

175. C Address both credential-recognition pathways and his loss of professional identity

Skilled immigrants and refugees are often underemployed, and effective counseling deals with both the practical barriers (credential evaluation, licensing exams, bridging or related-field options) and the grief over lost professional identity. Telling him to accept his current job dismisses his goals and his distress. Focusing only on language overlooks the credential and identity issues he faces.

176. A Learn to take actions that lead to more satisfying career and personal lives

Krumboltz's happenstance learning theory states that the goal of counseling is to help clients learn to take actions that achieve more satisfying lives, not simply to make a single career decision; success is judged by what clients accomplish in the real world. Making one well-reasoned decision reflects traditional decision-focused models. Matching personality to environment is Holland's goal, and implementing a self-concept is Super's.

177. C Five Factor Wellness Inventory (5F-Wel)

The 5F-Wel was developed from the Indivisible Self model and measures wellness across its five second-order factors and their components. The MBI, ProQOL, and STSS measure burnout, compassion fatigue and satisfaction, and secondary traumatic stress. Those are signs of strain, not holistic wellness.

178. D Agree only if the arrangement is fair and the terms are documented in a clear written contract

ACA A.10.e permits bartering only if it does not result in exploitation or harm, the client requests it, and it is an accepted practice among professionals in the community; counselors consider cultural implications, discuss concerns with the client, and document the agreement in a clear written contract. Letting the counselor alone set the value of the goods invites exploitation. Proactively proposing barter to other clients conflicts with the requirement that the client request it.

179. A Isaac's written permission authorizing the transfer

ACA Code of Ethics B.6.g requires written permission from the client before records are disclosed or transferred to legitimate third parties, except in specific circumstances. A verbal request, even if documented, does not meet that standard, and the receiving therapist's request is not authorization.

180. B age 30 transition

Levinson's age 30 transition (about 28 to 33) is a time to reassess the provisional early adult life structure, often with a sense that change must happen soon or not at all. The settling down period (about 33 to 40) follows it and centers on investing in established commitments rather than reconsidering them.

181. A It develops gradually from chronic workplace stress and is not trauma-specific

Burnout builds gradually from ongoing workplace stressors such as workload, lack of control, and value conflicts, and it can occur in any occupation, not only trauma work. Sudden onset after one exposure describes secondary traumatic stress, and changed beliefs about safety and trust describe vicarious trauma. Burnout is not a DSM-5-TR diagnosis.

182. B The Session Rating Scale, which measures the client's view of the alliance

In PCOMS, developed by Duncan and Miller, the Outcome Rating Scale is completed at the start of each session and the Session Rating Scale, a brief client-rated measure of the alliance, at the end. The Working Alliance Inventory also measures the alliance but is a longer instrument that is not part of the PCOMS protocol.

183. D Arrange for a trained professional interpreter for the session

A trained professional interpreter protects accuracy and confidentiality and avoids placing a child in an inappropriate role, which is why using minor children as interpreters is strongly discouraged in counseling and health care. Using the son even briefly for the intake is the tempting compromise, but intake content often includes sensitive material he should not hear or convey. A bilingual receptionist lacks interpreter training and raises confidentiality concerns, and simplified English risks serious misunderstanding.

184. A the fixed ending is used therapeutically to work through issues of separation and loss

Mann deliberately made the known end date central to treatment, because confronting the limits of time activates and allows work on the client's lifelong conflicts around separation and loss. The model predates managed care limits and actively uses transference rather than avoiding it.

185. A Ask the group to explore how members have been responding to the pattern and what keeps them from addressing it

Yalom views monopolizing as a group phenomenon: the group often colludes by letting one person carry the session, so the leader helps members examine their own part in the pattern as well as giving Gary feedback in a supportive way. A private rule or repeated interruptions may reduce the behavior but bypass the interpersonal learning available to Gary and the group.

186. B change occurs when a person becomes what they are, not when trying to be what they are not

Beisser argued that change happens through fully experiencing and accepting one's present self rather than forcing oneself toward an ideal. Deliberately intending a feared symptom is Frankl's paradoxical intention, and prescribing the symptom is a strategic family therapy technique associated with Haley and the MRI group.

187. B Insecure-resistant (ambivalent)

Intergenerational studies (e.g., van IJzendoorn's meta-analysis) show correspondence between parent AAI and infant Strange Situation categories: autonomous with secure, dismissing with avoidant, preoccupied with resistant, and unresolved with disorganized. Disorganized infants are linked to parents classified as unresolved regarding loss or trauma, not to preoccupied parents.

188. C Allow the prospective member to evaluate the leader and decide whether to join

Corey emphasizes that screening is a two-way process: the prospective member learns about the group and leader and decides whether it meets their needs, which supports informed consent. Sharing screening notes with other members would violate confidentiality.

189. B The counselor moved to influencing before using listening skills to draw out Omar's story.

Ivey's model emphasizes using the basic listening sequence to understand the client's story and strengths, and to set goals collaboratively, before moving to influencing skills such as directives. Jumping to a solution signals that the counselor has not heard Omar and has defined the problem for him. Confrontation is also an influencing skill and would be equally premature here.

190. C tertiary circular reactions

Tertiary circular reactions (about 12 to 18 months) involve deliberately varying actions to see how outcomes change, the 'little scientist' substage. Secondary circular reactions (about 4 to 8 months) involve repeating an action that produced an interesting effect, without the intentional experimentation with variations shown here.

191. B Allow the silence while remaining visibly present and attentive

After a significant disclosure, a productive silence gives the client room to experience and process feelings, and the counselor's attentive presence conveys empathy and acceptance. Moving to another topic signals discomfort with his emotion, and premature reassurance dismisses his experience.

192. D Conduct a direct suicide risk assessment while keeping an empathic, collaborative stance

Disclosure of suicidal ideation with a method requires a direct risk assessment regardless of theoretical orientation, and this can be done with warmth and empathy. Reflecting feelings alone neglects the counselor's duty to assess and protect, and hospitalization decisions should follow assessment rather than precede it.

193. D Share the pattern with Jordan and explore his assumptions about class

The supervisor's role includes building supervisee self-awareness and protecting client welfare (ACA Code of Ethics F.1.a), so naming the pattern and exploring Jordan's class-based assumptions targets the source of the bias. Structured interviews may help, but imposing them without discussion leaves the underlying bias unexamined. Reassignment or a board report is premature for an issue that can be remediated.

194. B enactment

In enactment, the counselor has the family carry out a problematic interaction in session so the structure can be observed and then modified. Tracking means following the family's content and language to join with them, not directing them to interact.

195. C Experiential processes predominate early, and behavioral processes predominate later

Prochaska and colleagues found that experiential processes such as consciousness raising, dramatic relief, and environmental reevaluation are most useful in early stages, while behavioral processes such as counterconditioning, stimulus control, and contingency management dominate in action and maintenance. Helping relationships are important across the later stages, and self-reevaluation is most associated with the contemplation-to-preparation transition.

196. B She may be underreporting, so her scores may understate problems

Elevations on L-r (uncommon virtues) and K-r (adjustment validity) indicate underreporting, which is common in high-stakes evaluations like custody disputes; the substantive scales may therefore underestimate actual difficulties. Taking the normal scores at face value ignores what the validity scales are designed to reveal, and random responding is indicated by VRIN-r, not L-r and K-r.

197. A Explain the nature and purpose of the assessment and how results will be used

ACA Code of Ethics E.3.a requires counselors to explain, in language the client can understand, the nature and purposes of assessment and the specific use of results before assessment begins. Sharing actual items or cutoff scores would violate assessment security under E.10 and could invalidate results.

198. B It is a semistructured interview that can be used with any client

DSM-5-TR presents the CFI as a brief semistructured interview, with a core version of 16 questions, that can be used with any individual to understand the cultural definition of the problem, perceived causes, coping, and help-seeking. Because culture shapes every client's experience, its use is not limited to immigrants or to cases involving a suspected cultural concept of distress. It is not scored and has no cutoffs.

199. A Stage 2, individualism and instrumental exchange

Stage 2 reasoning treats morality as a fair exchange that serves one's own interests ('you scratch my back, I'll scratch yours'). Stage 3 also involves relationships, but its focus is being seen as a good person and meeting others' expectations, not trading favors.

200. C discontinue the counseling relationship after appropriate pre-termination steps

ACA Code A.11.a states that if counselors lack competence to be of professional assistance, they suggest appropriate referrals, and if clients decline the suggested referrals, counselors discontinue the relationship. The therapeutic alliance matters, but it does not make up for a lack of competence in a specialized area, and transferring records requires the client's consent.