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NCE

Full-Length Practice Exam

Exam 7

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 7: 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 Persistent depressive disorder

Persistent depressive disorder (DSM-5-TR) requires depressed mood most days for at least 2 years in adults, with two or more associated symptoms and no symptom-free period longer than 2 months. Major depressive disorder is ruled out because he has never met full episode criteria, and cyclothymic disorder requires periods of hypomanic symptoms.

2. D pointing out discrepancies or mixed messages in the client's thoughts, feelings, or behaviors

Contemporary definitions (e.g., Ivey; Egan) describe confrontation as identifying and nonjudgmentally pointing out incongruities, contradictions, or mixed messages so the client can examine them. Repeatedly challenging until the client admits a problem describes the older, aggressive style that research has linked to poorer outcomes, and interpreting unconscious motives is interpretation rather than confrontation.

3. B Use a validated Tagalog version, or document the limitations

The Standards for Educational and Psychological Testing call for evidence that a translated instrument is equivalent and valid for the population tested, and ACA Code of Ethics E.8 directs counselors to use caution with instruments normed on populations other than the client's and to consider language preference in administration and interpretation. An informal translation scored on English norms has unknown validity, so any use must be qualified in the report (E.9.a). Conversational English does not ensure comprehension of nuanced item wording, and a family member serving as interpreter raises accuracy and confidentiality concerns.

4. B snowball sampling

Snowball (chain-referral) sampling uses initial participants to recruit others from hidden or hard-to-reach populations. Convenience sampling simply uses whoever is readily available, without the referral chain that defines this approach.

5. D Build trust and address urgent housing needs with his caseworker

Phase-oriented, culturally responsive work with refugees begins with safety, stabilization, trust, and attention to basic needs (consistent with Maslow's hierarchy and refugee mental health guidelines), often coordinating with resettlement services. Trauma-focused interventions such as prolonged exposure or a detailed trauma narrative are premature while housing and safety are unstable and the alliance is new. Assessment matters, but making diagnosis the first priority ignores the urgent destabilizing stressors.

6. D Avoidant/restrictive food intake disorder

Avoidant/restrictive food intake disorder involves restricted eating based on sensory characteristics of food, fear of aversive consequences, or lack of interest, leading to weight loss, nutritional deficiency, supplement dependence, or psychosocial interference (DSM-5-TR). Anorexia nervosa or its atypical variant is tempting because of the weight loss, but both involve fear of weight gain or disturbance in the experience of body shape or weight, which Leo does not have. Rumination disorder involves repeated regurgitation of food.

7. D Strengths serve as resources the client can draw on to reach treatment goals

A strengths-based plan identifies the client's skills, supports, and resources and uses them to reach goals, which also builds hope and self-efficacy. Strengths are recorded alongside problems, not instead of them, and listing them does not mean services are no longer needed.

8. A "It sounds like you're worried I've already made up my mind about you."

Statements about the relationship signal discord, and MI recommends responding with reflection that acknowledges the client's perspective rather than defending oneself. Reassuring her that no decision has been made seems supportive but is a defensive correction that argues with her experience and can deepen discord; confronting her with data or reframing the mandate also skips the needed relational repair.

9. D A summary of the client's diagnosis, functional status, symptoms, and treatment progress

The HIPAA Privacy Rule specifically excludes from psychotherapy notes the following: medication prescription and monitoring, session start and stop times, treatment modalities and frequency, clinical test results, and summaries of diagnosis, functional status, treatment plan, symptoms, prognosis, and progress. Notes analyzing session content qualify as psychotherapy notes only when kept separate from the rest of the record, which is why the other entries receive the extra protection.

10. B Low consistency

Consistency is determined by the hexagonal distance between the first two letters of a code; Artistic and Conventional sit directly opposite each other, making this the least consistent combination and helping explain his sense of competing pulls. His profile is clearly differentiated because two types stand well above the rest. Congruence cannot be assessed without an environment to compare against, and vocational identity is measured separately (for example, by My Vocational Situation) rather than inferred from code letters.

11. C Fixed ratio

Fixed-ratio schedules produce a high response rate with a post-reinforcement pause before the next 'run' of responses begins. Variable-ratio schedules also yield high rates but with little or no pausing, because the next reinforcer could come after any response.

12. D Time-bound

The objective specifies a behavior and a measurement method, but it gives no time frame or target date by which the change should occur or be reviewed. Without a time frame, progress cannot be judged at a defined review point.

13. B Circadian rhythm sleep-wake disorder, delayed sleep phase type

Delayed sleep phase type involves sleep onset and wake times that are persistently later than desired or socially acceptable, with normal sleep quality when allowed to follow the delayed schedule; it is common in adolescents (DSM-5-TR). Insomnia disorder is tempting, but Aiden sleeps normally when his schedule matches his internal clock. Advanced sleep phase type involves sleeping and waking earlier than desired.

14. B Mindfulness-based cognitive therapy

Mindfulness-based cognitive therapy (Segal, Williams, and Teasdale) was designed to prevent relapse in people with recurrent depression, and research shows the strongest benefit for those with three or more prior episodes. DBT was developed for chronic suicidality and borderline personality disorder, and interpersonal and social rhythm therapy was designed for bipolar disorder.

15. D Introspection

The Introspection stage involves discomfort with the rigid views of Resistance and Immersion and conflict between loyalty to one's group and personal autonomy, which is exactly Rosa's struggle. She has moved beyond Resistance and Immersion but has not yet reached the secure, selective appreciation of Integrative Awareness. Dissonance occurs earlier, when a person first begins to question dominant-culture values and self-depreciating attitudes.

16. A Independent-samples t-test

Comparing the means of two separate (independent) groups on one continuous, normally distributed outcome calls for an independent-samples t-test. The Mann-Whitney U test is the nonparametric alternative and is preferred only when normality or interval-level assumptions are not met, which the stem rules out.

17. B Individuative-reflective faith

Fowler's individuative-reflective stage, typically emerging in young adulthood, involves critically reflecting on inherited beliefs and taking personal responsibility for one's commitments. Synthetic-conventional faith, typical of adolescence, is the conforming stage Hannah is leaving, in which beliefs are absorbed from one's community without examination. Conjunctive faith, usually in midlife, embraces paradox and multiple perspectives, and universalizing faith is rarely attained.

18. D each crisis has a period of ascendancy, and later development builds on how earlier crises were resolved

Borrowed from embryology, the epigenetic principle states that each psychosocial strength has a critical time of ascendancy and that outcomes of earlier crises shape later ones; earlier issues can also resurface. Erikson did not require complete positive resolution before moving on. Stages advance with age and social demands, and a healthy outcome is a favorable balance of the two poles.

19. A parallel process, in which the counseling dynamic is replicated in supervision

Parallel process occurs when dynamics in the counselor-client relationship are unconsciously reenacted in the supervisory relationship. Here Kara mirrors her client's demand for answers. Transference is tempting, but nothing in the vignette links Kara's behavior to a past figure, whereas the match with her client's behavior is exact.

20. B Get out of bed if not asleep within about 20 minutes and return only when sleepy

Bootzin's stimulus control therapy strengthens the bed as a cue for sleep by using the bed only for sleep and sex, leaving the bed when unable to sleep, and keeping a fixed wake time. Limiting time in bed to actual sleep time is sleep restriction, a separate CBT-I component, and caffeine and alcohol guidance is sleep hygiene.

21. C Men aged 75 and older have among the highest suicide rates of any age and sex group

CDC data consistently show that men aged 75 and older have among the highest suicide rates, and late-life attempts are more lethal, with far fewer attempts per death than among youth. Many older adults who die by suicide saw a primary care provider in the preceding month, which makes screening in medical settings important.

22. C 98th

A score of 130 is two SDs above the mean ($z = +2.00$), which corresponds to about the 98th percentile. The 84th percentile matches a score of 115 ($z = +1.00$). The 95th percentile is about $z = +1.645$, not $+2.00$.

23. C combines the client's self-report and the counselor's observations into one Data section

DAP (Data, Assessment, Plan) merges what SOAP separates into Subjective and Objective into a single Data section. DAP still includes an Assessment section for clinical impressions and still ends with a Plan, so it does not drop interpretation or next steps.

24. B Explore the role of her faith and draw on her religious coping resources

The ASERVIC spiritual competencies call on counselors to be open to and explore clients' spiritual and religious beliefs and to use them as resources in treatment when the client finds them helpful. Sharing the client's religion is not required, so referral to an imam would be unnecessary and could feel like rejection, although consultation with religious leaders may be added with consent. Excluding religion ignores her stated wishes, and self-disclosure of the counselor's practices shifts focus away from the client.

25. D "You feel lost, as if the center of your days has suddenly disappeared."

Empathy enters the client's frame of reference and reflects her experience, here a loss of structure and meaning. Sympathy expresses the counselor's own feelings about the client's situation and shifts focus to the counselor; minimizing or forecasting statements dismiss what Ana is feeling now.

26. D is interchangeable with the client's expressed feelings and meaning

Carkhuff's level 3 is the minimally facilitative, interchangeable level: the counselor's response expresses essentially the same feeling and meaning as the client's. Levels 1 and 2 are subtractive, and levels 4 and 5 are additive, reaching feelings beyond what the client has expressed.

27. A a boundary situation

Yalom used Jaspers' term boundary situation for an urgent experience, such as facing death, that jolts a person into awareness of existence and can prompt major life change. A peak experience is Maslow's term for moments of intense joy and fulfillment, and the existential vacuum describes meaninglessness, which is the opposite of Elaine's renewed sense of purpose.

28. D Explain that coping skills are built first, before the trauma narrative is developed

TF-CBT follows the PRACTICE sequence, in which psychoeducation, parenting, relaxation, affective modulation, and cognitive coping skills precede the trauma narrative so the child can tolerate gradual exposure. Starting the narrative immediately skips stabilization, while indefinitely deferring it leads to avoidance, which the model specifically works to overcome.

29. A History taking and treatment planning

Shapiro's eight phases are history taking and treatment planning, preparation, assessment, desensitization, installation, body scan, closure, and reevaluation. Preparation, which builds rapport and teaches stabilization skills, follows history taking, and bilateral stimulation begins in desensitization.

30. A Justice

Justice refers to fairness and the equitable distribution of services, treating clients equally unless a relevant difference justifies otherwise. Nonmaleficence (avoiding harm) is tempting because long waits can harm clients, but the defining issue here is unequal treatment based on payer type, which is a justice concern.

31. B Social communication and interaction, plus restricted, repetitive behaviors

DSM-5-TR collapses autism into two domains: deficits in social communication and social interaction across contexts, and restricted, repetitive patterns of behavior, interests, or activities. Language impairment and intellectual disability are specifiers rather than core criteria, and inattention and impulsivity belong to ADHD.

32. A Trauma-focused CBT with parallel and conjoint caregiver sessions

TF-CBT has the strongest evidence base for children with trauma symptoms, and its parallel caregiver component addresses the caregiver's own distress and accommodating behaviors, which can maintain the child's symptoms through the family system. Excluding a highly anxious parent leaves a major maintaining factor untreated. Single-session debriefing is not recommended, and adult protocols are not the first choice for an 8-year-old.

33. B Valuing

In the CASVE cycle (Communication, Analysis, Synthesis, Valuing, Execution), the valuing phase involves judging the costs and benefits of each option for oneself, significant others, and the community, and then ranking the options. Synthesis is the earlier phase in which options are expanded and then narrowed to a short list, which Jordan has already finished. Analysis involves learning about oneself and the options before any narrowing.

34. C Pretest-posttest control group design

Random assignment to a treatment and a control condition, with measurement before and after, defines the true experimental pretest-posttest control group design. The nonequivalent control group design looks similar but is quasi-experimental because groups are not formed by random assignment.

35. A Diagnose major depressive disorder if full criteria are met, using judgment to distinguish it from grief

DSM-5 removed the DSM-IV bereavement exclusion, which had discouraged diagnosing major depression within 2 months of a loss. DSM-5-TR asks clinicians to use judgment, noting that pervasive worthlessness and anhedonia unrelated to the deceased point toward a depressive episode rather than grief. Prolonged grief disorder cannot be diagnosed until 12 months after the death in adults.

36. B Horizontal decalage

Horizontal decalage refers to the uneven mastery of tasks that rely on the same underlying operation within one stage, such as conserving number and mass before weight and volume. Vertical decalage instead describes solving the same type of problem at different stages and levels of abstraction across development (Piaget).

37. D Compensatory rivalry

Compensatory rivalry, also called the John Henry effect, occurs when the control group works harder to compete with the treatment group, minimizing apparent treatment effects. Resentful demoralization is the opposite reaction, in which the control group performs worse because it feels slighted.

38. D Interoceptive exposure

Interoceptive exposure, a core part of panic control treatment (Barlow), deliberately brings on feared bodily sensations so the client learns they are not dangerous, which weakens fear of internal cues. In vivo exposure targets external situations, such as avoided places, rather than internal sensations.

39. B Credibility

Member checking is a primary strategy for establishing credibility, the qualitative parallel to internal validity, because participants verify that the findings represent their realities (Lincoln and Guba). Confirmability concerns whether findings are grounded in data rather than researcher bias and is usually addressed with audit trails and reflexivity.

40. A Listen for mixed messages, point them out nonjudgmentally, and then evaluate how the client responds

Ivey describes confrontation as identifying incongruity, discrepancy, or mixed messages; pointing them out in a supportive, nonjudgmental way; and then evaluating the client's change (using the Client Change Scale). Interpreting unconscious motives describes psychodynamic interpretation, and disputing irrational beliefs describes REBT rather than microskills confrontation.

41. D Safety, trust, power/control, esteem, and intimacy

Resick's CPT protocol addresses safety, trust, power/control, esteem, and intimacy, each considered in relation to self and others. The list of avoidance, arousal, mood, and intrusion resembles DSM-5-TR PTSD symptom clusters, not CPT's treatment modules.

42. C Systems advocacy

Systems advocacy involves the counselor acting on behalf of students at the school or organizational level, such as using data to identify barriers and leading change in policies. Social/political advocacy is tempting, but it operates in the public arena, such as legislation, rather than within a single school system. Student empowerment would involve helping students advocate for themselves.

43. A Coinciding events cannot be ruled out without replication

An AB design lacks replication of the intervention effect, so history or other coinciding events could explain the change. Designs such as ABAB or multiple baseline strengthen causal inference by demonstrating the effect more than once.

44. B Identification with the aggressor

Anna Freud described identification with the aggressor as taking on the traits of a feared person in order to master anxiety and feel powerful. Displacement would explain only a shift in the target of his anger, not his copying of his brother's specific behaviors and mannerisms.

45. C Immediately, often by phone, sometimes with a written report due within 24 to 72 hours

State statutes generally require an immediate report, often an oral report, and some require a written follow-up within a short deadline such as 24 to 72 hours. Delaying to gather more information or to consult goes against the purpose of the statutes. Contacting the parents to confirm a suspicion can put the child at risk.

46. D Disorganized/disoriented

Main and Solomon added the disorganized/disoriented category for infants who lack a coherent strategy on reunion, showing approach-avoidance conflict, freezing, or dazed behavior, often linked to frightened or frightening caregiving and parental unresolved trauma. Avoidant infants also turn away, but they do so in an organized, calm manner without freezing or disorientation.

47. D confounding variable

A confounding variable varies systematically with the independent variable, so its effects cannot be separated from those of the treatment; here, experience differs completely between conditions. It is not a moderator because the design gives no way to examine how the treatment effect changes across levels of experience.

48. C Ataque de nervios

DSM-5-TR describes ataque de nervios, common among people of Latin American and Caribbean heritage, as an episode of intense emotional upset, often triggered by a stressful family event such as a death, with uncontrollable screaming, crying, trembling, heat rising to the head, possible aggression, a sense of loss of control, and sometimes amnesia. Nervios is a broader, more chronic idiom of vulnerability to stress. Susto is illness attributed to a frightening event causing the soul to leave the body, and khyâl cap is a Cambodian syndrome of wind-related panic symptoms.

49. C guilt

The preschool crisis is initiative versus guilt; harsh responses to a child's self-initiated plans and curiosity can leave the child feeling guilty for taking initiative. Shame and doubt belong to the toddler crisis of autonomy, which centers on self-control and doing things for oneself, such as toileting and feeding (Erikson).

50. B Its importance and parameters for that group, including that it cannot be guaranteed

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 includes noting that the counselor cannot guarantee confidentiality because other members are not bound by the same professional obligations. Members are generally not legally bound in the way the counselor is, so promising otherwise would be misleading.

51. B "You're discouraged that all that effort didn't pay off."

A reflection of feeling identifies and names the client's emotion, here discouragement, which communicates empathic understanding. Restating that he studied all weekend and still failed is a paraphrase of content because it captures the facts but not the feeling.

52. D 2nd

T = 30 is two SDs below the mean ($z = -2.00$), and only about 2% of the normal distribution falls below that point. A T of 40 ($z = -1.00$) would be about the 16th percentile. The 30th-percentile distractor wrongly treats the T-score as if it were a percentile.

53. C Address the concerns with Lena and implement a documented remediation plan

ACA Code of Ethics F.6.b and F.9.b describe the gatekeeping role: supervisors and educators identify limitations, help students secure remedial assistance, document the process, and recommend dismissal only when remediation is unsuccessful, following due process. Personal counseling can be one part of remediation, but deferring evaluation abdicates the gatekeeping duty, and immediate dismissal bypasses due process.

54. A Client will reduce panic attacks from five per week to one or fewer, per her log, within 10 weeks

Objectives should be specific, measurable, and time-limited, stating what the client will do and how progress will be measured. Describing the counselor's techniques is tempting because it is concrete, but that belongs in the interventions section of the plan, not in a client objective.

55. D It is mainly a philosophical stance and may draw on techniques from other approaches

Existential counseling is best understood as a way of thinking about human existence rather than a set of techniques, and practitioners often integrate methods from other approaches in service of understanding the client's world. It does not forbid techniques; it subordinates them to the relationship and to the client's existential concerns.

56. C Stacking several questions at once can confuse the client and feel like an interrogation.

Ivey warns against bombarding clients with multiple questions in one turn; the client is unsure which to answer and often responds only to the last one, as Carmen did. The first two questions are open, not closed, so describing them all as closed is inaccurate.

57. D Strive to become aware of and address such biases in themselves or others

ACA Code of Ethics E.5.c states that counselors recognize historical and social prejudices in misdiagnosis and pathologizing, and strive to become aware of and address such biases in themselves or others. The Code does not prohibit diagnosis or require second opinions for particular groups. Choosing appropriately normed instruments is addressed elsewhere (E.8) and is not an absolute requirement.

58. C A client files a malpractice claim against the counselor

When a client sues the counselor for malpractice or files a complaint, privilege is generally waived to the extent the counselor needs the information to defend against it. Disclosures of past drug use or past crimes remain privileged and confidential, because the exceptions focus on future danger and on specific legal circumstances.

59. C Activity theory

Activity theory (associated with Havighurst) holds that life satisfaction in later life depends on maintaining activity and substituting new roles for those that are lost. Continuity theory instead emphasizes preserving one's existing patterns, preferences, and identity rather than adding new roles.

60. B Recommend psychological first aid and voluntary support with later screening, not mandatory debriefing

Research has not shown that mandatory single-session psychological debriefing prevents PTSD, and some studies suggest it may cause harm. Psychological first aid, which offers safety, calming, connection, and practical help, plus screening for those who need more care, is the recommended approach. Withholding all early support is also not recommended, and universal trauma-focused therapy is not indicated in the first days for everyone exposed.

61. C Mandatory ethics

Mandatory ethics describes functioning at the minimum level of compliance needed to avoid sanctions. Aspirational ethics, the contrasting level, involves striving for the highest standards and understanding the spirit behind the code. Virtue and positive ethics are similarly growth-oriented, which does not match Jared's minimal-compliance stance.

62. B Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)

The WISC-V is normed for children ages 6 through 16, which includes a 12-year-old. The WAIS-IV is tempting because it is also a Wechsler scale, but it is normed for ages 16 through 90; the WPPSI-IV covers roughly ages 2.5 to 7, and the Bayley scales are for infants and toddlers.

63. C Acknowledge the assumption, own it, and invite her to share her view

Ji-woo is signaling a cultural rupture caused by a stereotyped assumption. Research on cultural humility (e.g., Hook and Owen) supports nondefensively acknowledging the misstep and inviting the client's own perspective; citing research about collectivist families defends the stereotype, and changing the subject leaves the rupture unaddressed.

64. A Step down to IOP or outpatient care while continuing buprenorphine

Continuity of care calls for stepping down to the least intensive level that meets current needs, and Rosa's stability and supportive environment support a transition to a less intensive level. Stopping medication for opioid use disorder at discharge sharply raises relapse and overdose risk, and discharge with no professional follow-up breaks continuity of care.

65. A Psychoeducational group

Psychoeducational groups are structured, leader-guided, and focused on teaching skills and information, often with a preventive emphasis for members who are functioning in the normal range (ASGW). A counseling group would rely less on planned lessons and more on interpersonal exploration of members' concerns.

66. C Discussing confidentiality with members and inviting them to help define it

ACA B.4.a and the ASGW Best Practice Guidelines direct leaders to clarify confidentiality for the specific group, and active member involvement builds ownership of the norm. Relying on screening alone or a scripted policy reading misses the chance to explore concerns and its limits.

67. A Artistic and Conventional

Holland's hexagon places the most similar types next to each other and the least similar types directly across from each other: Realistic-Social, Investigative-Enterprising, and Artistic-Conventional. Artistic and Social are adjacent, so they share considerable similarity. Realistic and Enterprising are alternate (one type apart), which is an intermediate relationship rather than an opposite one.

68. B Triggers

Hayes's model has five parts: origins (the counselor's unresolved conflicts), triggers (the events in counseling that stir them up), manifestations (the counselor's reactions), effects (the impact on the process and outcome), and management factors. Origins is the tempting distractor, but it refers to the counselor's own conflicts, not the client material that activates them.

69. B Family-based treatment in which parents initially take charge of refeeding

Family-based treatment (the Maudsley approach) has the strongest evidence for adolescents with anorexia nervosa; in its first phase, parents take temporary responsibility for restoring weight, and control is gradually returned to the adolescent. Excluding parents removes the most powerful resource for weight restoration in this age group.

70. A Buy tail coverage, because a claims-made policy covers only claims filed while it is in force

A claims-made policy covers claims made while the policy is active, so a claim filed after cancellation would not be covered unless she buys tail (extended reporting) coverage. An occurrence policy covers incidents that happen during the policy period no matter when the claim is filed, but a new occurrence policy does not cover earlier incidents. Licensing boards regulate practitioners; they do not defend them.

71. D stay calm and neutral and ask each partner process questions addressed to the counselor rather than to each other

Bowenian counselors work to stay detriangled, lowering reactivity by having partners talk to the counselor and answer process questions about their own thinking. Encouraging the fight while blocking interruptions is a structural enactment, scheduled arguments are a strategic directive, and immediate emotional self-disclosure is experiential.

72. A Differing markedly from the rest of the group in style or problems

Yalom found that group deviancy is a major predictor of dropout; members who differ markedly in interpersonal style or problem area often fail to integrate and leave. Moderate heterogeneity in background is not itself a dropout risk and is often recommended for interactional groups.

73. D sticky floor

The sticky floor describes workers, often women, who are stuck in low-wage, low-mobility jobs at the bottom of an organization. The glass ceiling is an invisible barrier near the top that blocks advancement into senior leadership. The glass cliff describes women promoted into leadership during a crisis, and the glass escalator describes men's fast advancement in female-dominated fields.

74. A Explain consent in plain language, check Walt's understanding, and obtain his own consent

A diagnosis of mild neurocognitive disorder does not by itself remove decision-making capacity; the ACA Code of Ethics (A.2.c) directs counselors to present consent information in a developmentally appropriate way, and A.2.d addresses substitute consent only when a client truly cannot give it. Letting the daughter sign is tempting but presumes incapacity without assessment and undermines Walt's autonomy.

75. C The client must give informed consent to recording

ACA Code of Ethics B.6.c requires client permission before electronically recording sessions, and F.1.c requires that clients know their counselor is supervised and that session material will be reviewed. Supervisor approval and secure handling of files are appropriate, but neither replaces the client's informed consent.

76. B A care manager who tracks outcomes in a registry, with regular psychiatric consultant review

The Collaborative Care Model, tested and popularized in large trials such as IMPACT, relies on a primary care provider, a behavioral health care manager, and a consulting psychiatrist, using a patient registry and measurement-based, treat-to-target care. Co-location is tempting, but simply placing a therapist in the clinic without shared plans and systematic tracking is not collaborative care.

77. C Explain that values are chosen directions, and explore what the promotion would serve

In ACT, a promotion is a goal that can be achieved and checked off, whereas values are ongoing chosen life directions, such as growth or contributing, that are never 'completed.' Building a plan toward the promotion skips the distinction, and labeling it an irrational demand reflects REBT rather than ACT.

78. C Combine cognitive restructuring with graded exposure and reduce safety behaviors

CBT for social anxiety disorder (e.g., Clark & Wells; Heimberg) combines cognitive restructuring, graded exposure to feared social situations, and elimination of safety behaviors, which maintain anxiety by preventing disconfirmation of feared outcomes. Avoidance and safety behaviors are maintaining factors, not treatments.

79. C Behavior-based conflict

Greenhaus and Beutell identified three forms of work-family conflict: time-based (time in one role limits time for the other), strain-based (stress or fatigue from one role impairs the other), and behavior-based (behaviors expected in one role clash with what another role requires). Nadia's work behaviors do not fit her family role, which is behavior-based conflict. Strain-based conflict would involve fatigue or tension spilling over rather than a mismatch in behavioral style.

80. C Contingency management rewarding verified abstinence

Contingency management, which provides vouchers or prizes for objectively verified outcomes such as negative urine screens, has the strongest evidence for stimulant use disorders, for which no medication is FDA-approved. Methadone is an opioid agonist for opioid use disorder. Disulfiram has been studied for cocaine use but with inconsistent results, and Gestalt techniques lack evidence for this population.

81. C Provide reasonable access, offering to review the record with her and help interpret its contents

ACA Code of Ethics B.6.e says counselors provide competent clients reasonable access to their records and limit access only when there is compelling evidence that access would cause harm, documenting any rationale for withholding. HIPAA likewise permits denial only on narrow grounds, such as a professional judgment that access is likely to endanger life or physical safety. Possible emotional upset is not compelling evidence, and offering to review the record together supports understanding.

82. A imagery rehearsal therapy

Imagery rehearsal therapy treats chronic nightmares by having the client rescript the nightmare and mentally rehearse the new version while awake. Cognitive processing therapy addresses trauma-related beliefs (stuck points) through written work but does not involve rescripting and rehearsing nightmare content.

83. B Histrionic personality disorder

Histrionic personality disorder involves excessive emotionality and attention seeking, including discomfort when not the center of attention, inappropriately seductive behavior, impressionistic speech lacking detail, and considering relationships more intimate than they are (DSM-5-TR). Narcissistic personality disorder is tempting because both seek attention, but narcissistic individuals seek admiration for their superiority and lack empathy. Borderline personality disorder centers on instability and abandonment fears.

84. B Evaluate its validity for their client population and interpret results with caution

ACA E.8 directs counselors to use caution with assessment techniques normed on populations other than the client's and to recognize the effects of culture on results; ACA AI guidance also warns that AI tools can reproduce bias in their training data. Ad hoc score adjustments have no psychometric basis, and client consent does not fix a validity problem.

85. C Decline and provide referrals to other qualified counselors

ACA A.5.d prohibits counseling relationships with friends or family members with whom counselors cannot remain objective. Her closeness to the parent, who is directly involved in the son's concerns, would compromise objectivity and confidentiality. Limiting topics or waiving fees does not remove the underlying conflict.

86. A Power

Glasser described five basic needs: survival, love and belonging, power, freedom, and fun. Power (sometimes called inner control or achievement) involves competence, accomplishment, and being recognized as worthwhile. Freedom is a tempting choice, but it refers to independence, autonomy, and the ability to make choices, not to accomplishment.

87. C stepping back with the client to discuss what is happening between them

Safran and Muran use metacommunication to mean collaboratively stepping outside the interaction and talking about the here-and-now process between counselor and client, which is central to resolving ruptures. Commenting on a client's nonverbal behavior about outside problems is an observation skill, not a joint exploration of the relationship itself.

88. B Allow the silence, remaining attentive and present while she processes

A silence that follows emotionally significant material is usually productive; the client is processing, and the counselor's attentive presence communicates acceptance. Interrupting with a question, reassurance, or summary can pull her away from her feelings, and reassurance in particular can subtly signal that the counselor is uncomfortable with her distress.

89. C Explore new roles, such as volunteering or mentoring, that meet needs work once met

Retirement removes the structure, purpose, and status that work provided, so counseling helps retirees build new roles, such as volunteering, bridge employment, mentoring, or leisure, that meet those needs in a different way. Simply reassuring him that feelings will pass dismisses distress that could deepen. Returning to full-time work is one option among several, but assuming it is the answer skips exploring what he actually needs.

90. A Notify affected clients without unreasonable delay, within 60 days of discovery, and report to HHS

Unsecured protected health information acquired by an unauthorized person is presumed to be a breach unless a risk assessment shows a low probability of compromise. Affected individuals must be notified without unreasonable delay and no later than 60 days after discovery; HHS must also be notified, at the same time as individuals (plus the media) if 500 or more people are affected, or within 60 days after the end of the calendar year for smaller breaches. A login password does not meet the encryption safe harbor, and HIPAA does not require proof of misuse.

91. C Begin with evidence-based parent training in behavior management

AAP guidelines recommend parent training in behavior management (and behavioral classroom supports) as first-line treatment for preschool children ages 4-5 with ADHD, with methylphenidate considered only if behavioral treatment does not produce sufficient improvement. For school-age children, the AAP recommends medication together with behavioral treatment rather than behavioral treatment alone first. Play therapy and social skills groups lack comparable evidence for core ADHD symptoms.

92. C Vicarious liability (respondeat superior)

Vicarious liability, or respondeat superior ('let the master answer'), holds supervisors responsible for the actions of supervisees acting within the scope of the supervisory relationship, even when the supervisor was not personally negligent. Direct liability applies when the supervisor's own conduct was negligent, such as failing to review cases or giving harmful directives; the stem rules that out. The other doctrines do not describe liability arising from the relationship itself.

93. C Self-efficacy, outcome expectations, and personal goals

SCCT is built on Bandura's social cognitive theory and centers on self-efficacy beliefs, outcome expectations, and personal goals, which interact with contextual factors to shape interests, choices, and performance. Interests, aptitudes, and values describe trait-factor variables, self-concept and life roles reflect Super, and genetic endowment, learning experiences, and task approach skills are Krumboltz's influences.

94. B Emphasize stabilization and affect-regulation skills before reprocessing

EMDR's preparation phase, and phase-oriented trauma treatment generally, emphasize stabilization when a client has significant dissociation, self-harm, or limited affect tolerance, so that reprocessing does not overwhelm her. EMDR is not contraindicated for childhood trauma, and moving straight into desensitization disregards clear readiness concerns.

95. D strengthen the parental subsystem so the parents hold executive authority

Minuchin saw a child running the family as an inverted hierarchy, so structural work restores the parents' executive subsystem. Raising differentiation is Bowenian, an ordeal-style directive is strategic (Haley), and congruent communication is Satir's experiential goal.

96. C Additive respiratory depression that sharply raises overdose risk

Opioids and benzodiazepines both depress the central nervous system and breathing, and their combined effect is at least additive and can be synergistic, sharply raising the risk of fatal overdose. The counselor should explore the use and coordinate with the treatment program's prescriber. Benzodiazepines are not opioid antagonists, and serotonin syndrome and disulfiram-like reactions involve other drug combinations.

97. B foreclosure

Foreclosure is commitment without exploration, often adopting parents' goals and values unquestioned. Identity achievement also involves firm commitment, but only after a period of active exploration, which Dev has not undergone (Marcia).

98. D A history of past violent behavior

Past violence is the best-established predictor of future violence and is central to both actuarial and structured professional judgment tools. Most people with psychotic disorders are not violent, and the added risk linked to psychosis is much smaller than the risk linked to a violent history, especially when substance use is absent.

99. D Suppression, humor, altruism, and anticipation

Vaillant classified suppression, humor, altruism, anticipation, and sublimation as mature, adaptive defenses. Repression, displacement, and intellectualization are neurotic-level defenses, projection and acting out are immature, and delusional projection is psychotic.

100. C Interpret results cautiously, noting norm group limits and using other data

ACA Code of Ethics E.8 and E.9.a call for caution when using instruments normed on populations other than the client's and for recognizing the effects of culture, language, and acculturation when interpreting results, so the counselor should interpret cautiously and integrate other information. Refusing all standardized testing is an overcorrection, since tests can still yield useful information when limits are acknowledged. An informal translation changes the instrument, so the original norms no longer apply, and reliability does not establish validity for this client.

101. A Catching oneself

Catching oneself means the client recognizes an old, self-defeating pattern as it begins (an 'aha' moment), which opens a choice to act differently. Thought stopping is a cognitive-behavioral method for interrupting intrusive thoughts, not a way of recognizing a lifestyle pattern.

102. B Refer him for a medical evaluation that includes a sleep study

Snoring, observed breathing pauses, daytime sleepiness, and morning headaches in an individual with obesity strongly suggest obstructive sleep apnea hypopnea, which DSM-5-TR requires to be confirmed by polysomnography. A medical referral comes first because untreated apnea has serious health risks and can mimic or worsen depression. Diagnosing hypersomnolence disorder is tempting, but it requires that another sleep disorder does not better explain the sleepiness.

103. D Rely on a full clinical assessment, treating the AI output as one data point the counselor must verify

Counselors are responsible for diagnoses they render and must base them on comprehensive assessment (ACA E.5.a); ACA guidance on AI cautions that AI should support, not replace, clinical judgment. Bipolar I requires a manic episode lasting at least a week (or any duration if hospitalized) with multiple symptoms, which the interview does not support.

104. D the cultural/environmental context

Ivey's focusing dimensions include the client, the main theme or problem, others, family, mutuality ("we"), the interviewer, and the cultural/environmental context. Asking how racial patterns in school discipline relate to Malik's experience places his concern within its broader cultural and systemic context. The response does mention school discipline, but it is not centered on the teacher as an individual.

105. D The right to a hearing and, if the record is still not amended, to place a statement in the record

FERPA (34 CFR 99.20-99.22) gives parents and eligible students the right to request amendment of inaccurate or misleading records, to a hearing if the school refuses, and to place a statement in the record if the hearing does not result in amendment. FERPA does not create a private right of action against individual staff.

106. A Intervene right away so the colleague does not see the client in this state

ACA Code C.2.g requires counselors to intervene as needed to prevent imminent harm to clients. A visibly intoxicated counselor about to start a session is imminent harm, so the first step is to stop the session, for example by bringing in a supervisor and rescheduling the client. Informal conversation and reporting are both appropriate later, but neither protects the client in the next few minutes.

107. D Coordination with a prescriber for a medically supervised, gradual taper

Long-term, high-dose benzodiazepine use carries a risk of severe withdrawal, including seizures, so discontinuation should be a medically supervised taper. Counselors coordinate with prescribers rather than endorse abrupt cessation, and peer or group support does not address the medical risk.

108. B Illusion

An illusion is a misperception of a real external stimulus, here the coat in dim light, which Tomas corrected on his own. A hallucination is a perception that occurs without any external stimulus, so it does not fit an experience triggered by an actual object.

109. D Guided discovery

Guided discovery uses Socratic questions so the client finds alternative views himself, a core part of Beck's collaborative style. Didactic persuasion is tempting because it also targets beliefs, but it means the counselor teaches or argues the point directly, which is closer to classic REBT and is the opposite of what is described.

110. A At least one lifetime manic episode

Bipolar I disorder requires at least one manic episode; hypomanic or major depressive episodes often occur but are not required (DSM-5-TR). A hypomanic episode plus a major depressive episode, with no history of mania, describes bipolar II disorder. Psychotic features may occur in mania but are not required.

111. C Explore how these experiences are viewed within her faith tradition

DSM-5-TR and the ASERVIC competencies emphasize understanding religious experiences in their cultural context; experiences that are normative within a client's religious community and are not accompanied by other symptoms or impairment are not evidence of psychosis. Jumping to a psychosis screen or psychiatric referral pathologizes a culturally sanctioned experience. Redirecting away from the topic misses an opportunity to understand her worldview and potential coping resources.

112. A Interpersonal learning, catharsis, cohesiveness, and self-understanding

Members of long-term outpatient groups in Yalom's research consistently ranked interpersonal learning (especially input), catharsis, cohesiveness, and self-understanding as most helpful. Guidance, identification, and family reenactment were among the lowest-ranked, and hope and information tend to matter more in early or brief, structured groups.

113. B Exploring the pros and cons of change to help resolve her ambivalence

Gail recognizes the problem and has been considering change for months without committing, which places her in contemplation; decisional balance work and evoking change talk help tip ambivalence toward change. Providing health-risk information is tempting, but she already knows the risk, so consciousness raising suits precontemplation better; meal plans and rewards are action-stage strategies.

114. D Statistical regression toward the mean

When participants are selected because of extreme scores, their retest scores tend to move toward the mean even without intervention, a threat called statistical regression. Diffusion and compensatory rivalry require a comparison group that is affected by the treatment group, which is not described here.

115. B Agoraphobia

DSM-5-TR diagnoses agoraphobia separately from panic disorder; it requires marked fear in at least two of five situation types for 6 months, driven by concern that escape or help might be unavailable if incapacitating symptoms such as falling occur. "Panic disorder with agoraphobia" was a DSM-IV-TR diagnosis, and Sandra has no panic attacks. Specific phobia, situational type, is limited to one kind of situation, while Sandra fears several.

116. B Needs assessment

A needs assessment identifies gaps between current and desired conditions in a population and guides program planning before a program exists. Formative and process evaluations examine a program while it is being implemented, so they presuppose that a program has already been designed.

117. D The eating must be developmentally inappropriate, with a suggested minimum age of 2

DSM-5-TR requires persistent eating of nonnutritive, nonfood substances for at least 1 month that is inappropriate to developmental level and not culturally sanctioned, and suggests a minimum age of 2 years to exclude normal infant mouthing. The 6-month duration is incorrect. Pica can be diagnosed alongside autism spectrum disorder or intellectual developmental disorder when the eating behavior is severe enough to warrant additional clinical attention.

118. C CBT with graduated exposure for a prompt return, coordinated with parents and school

Best practice for anxiety-based school refusal is CBT with graduated exposure, aiming for a rapid return to school with coordinated support from parents and school staff. Home instruction and waiting for anxiety to resolve negatively reinforce avoidance and usually make refusal worse, and nothing in the vignette suggests a learning disorder.

119. C Linking

Linking connects what one member says or does with another member's concerns, promoting interaction and universality (Corey). Summarizing pulls together the main points of a discussion or session, while this intervention specifically draws a connection between two members' themes.

120. A consistency

Consistency refers to how close a person's top types sit on the RIASEC hexagon; Artistic and Conventional are opposite each other, so the pairing is low in consistency. Differentiation is high here because two scores clearly stand out from the rest. Congruence describes fit between the person and an environment, which a profile alone cannot show.

121. D Review the cases in supervision and examine the alliance and fit of interventions for each

A minority of clients deteriorate in typical practice, but the professional response is to use the data, ideally in supervision or consultation, to review the alliance, risk factors, and treatment fit for each flagged client. ACA Code of Ethics C.2.d requires counselors to monitor their effectiveness, so dismissing the data or transferring clients without review misses that obligation.

122. C Helping members establish trust and clarify group norms and goals

Corey's initial stage centers on orientation and exploration: building trust, establishing norms, clarifying goals, and addressing members' anxiety about participating. Working through conflict and challenges to the leader is characteristic of the transition stage, and deep exploration of core issues belongs to the working stage.

123. B "Anger outbursts have decreased from daily to twice weekly, indicating progress toward Goal 1."

The Assessment section contains the counselor's clinical interpretation, including progress toward treatment-plan goals. The client's quoted report belongs in Subjective, and the description of what the counselor did in session is a record of intervention, not an interpretation; next steps belong in Plan.

124. D Engaging, focusing, evoking, planning

Miller and Rollnick describe four overlapping processes (called tasks in the 2023 fourth edition): engaging (building the working alliance), focusing (agreeing on a direction), evoking (drawing out the client's own motivation), and planning (developing commitment and a concrete plan). Evoking depends on first having a clear focus, so it follows focusing, although counselors move back and forth among them. Assessing and contracting are not named MI processes.

125. A How

Ivey describes "how" questions as typically leading to a discussion of process, sequence, or feelings ("How did that unfold for you?"). "What" questions tend to elicit facts, "why" questions tend to elicit reasons and can increase defensiveness, and "do" or "are" questions are closed and usually yield brief answers.

126. B Invite Owen to give the problem a name that fits his own experience

Narrative counselors seek experience-near descriptions, inviting clients to name the problem in their own words, which supports externalizing and keeps the client as the expert. Supplying a diagnostic label or the counselor's own name for the problem reflects expert knowledge that narrative therapy de-centers. Standardized ratings are not part of the externalizing process.

127. A Emic

An emic approach is culture-specific, seeking to understand a group from within its own beliefs, values, and practices, which describes this counselor's work. An etic approach emphasizes universal principles and techniques assumed to apply across cultures. Alloplastic and autoplastic refer to coping by changing the environment or changing oneself, respectively, not to the culture-specific versus universal distinction.

128. B The social model

The social model locates disability in environmental, attitudinal, and structural barriers rather than in the person's body, exactly as Devon describes. The medical model treats disability as an individual deficit to be diagnosed and treated, and the functional limitations model similarly focuses on the individual's impaired capacities. The moral model frames disability as a sign of sin, shame, or spiritual testing.

129. D The three treatments produced broadly similar outcomes, with few client-treatment matching effects

Project MATCH found that all three treatments led to substantial and roughly equivalent improvement, and most hypothesized client-treatment matches were not supported. The brief, four-session motivational enhancement therapy performed about as well as the 12-session therapies. Psychiatric severity showed only a limited matching effect in one arm, far from a broad improvement across treatments.

130. B a directive-confrontational style produced more resistance and predicted poorer drinking outcomes

In this study, a directive-confrontational style elicited significantly more client resistance than a client-centered style, and the more counselors confronted, the more clients drank a year later. These findings helped shift addiction treatment away from aggressive confrontation of denial and toward approaches such as motivational interviewing.

131. C Invite her to talk about her mother and reflect the longing she seems to feel

Validation therapy accepts the emotional reality of the person with dementia and responds to the feelings behind the words rather than correcting facts. Repeatedly telling her that her mother has died is reality orientation, which with advanced dementia often causes fresh grief and agitation each time.

132. B Parallel process

Parallel process occurs when dynamics in the counseling relationship are unconsciously replicated in the supervisory relationship, as when the supervisee presents to the supervisor the way the client presents to him. Countertransference is tempting but refers to the counselor's emotional reactions to the client, not the reenactment of the client's stance with the supervisor. Recognizing the parallel helps the supervisor model a response Omar can use with the client.

133. D The Premack principle

The Premack principle ('Grandma's rule') uses a high-probability behavior (video games) as a reinforcer for a low-probability behavior (reading). Shaping involves reinforcing successive approximations of a target behavior, which is not happening here because reading itself is the full required response.

134. A a positive asset search

Ivey integrates a wellness and strength-based approach into the story-and-strengths stage through the positive asset search, which draws out the client's strengths and past successes to build resources for change. Reframing would offer a new interpretation of the layoff itself rather than asking about past strengths.

135. A human validation process model

Satir's later work was known as the human validation process model, emphasizing self-worth, growth, and congruent communication. Symbolic-experiential therapy is Whitaker's, contextual therapy is Boszormenyi-Nagy's, and emotionally focused therapy was developed by Johnson and Greenberg.

136. D Disclosure is voluntary, but it is generally needed to request accommodation

Under the ADA, disclosing a disability is generally voluntary, but an employer's duty to provide reasonable accommodation usually starts when the person makes the need known. Employers generally may not ask disability-related questions before a conditional job offer. The ADA covers mental and learning disabilities that substantially limit a major life activity, not only physical ones.

137. C Family psychoeducation focused on reducing expressed emotion

Research on expressed emotion shows that high criticism, hostility, and emotional overinvolvement predict relapse in schizophrenia, and family psychoeducation that teaches illness management and communication skills reduces relapse and rehospitalization. Psychoanalytic therapy is not effective for schizophrenia, and social skills training is useful but does not target the identified family risk factor.

138. D Isolating

An isolating style broaches race once, often superficially or as a formality, and then does not connect it to the client's later concerns. An avoidant counselor would not raise race at all, while an integrated/congruent counselor would routinely link cultural factors to the client's presenting problems.

139. C Determine the licensure requirements of the state where Sophie will be located before continuing

ACA H.1.b notes that counselors providing distance services are subject to laws and regulations of both the counselor's practicing location and the client's place of residence, and most states consider practice to occur where the client is located. Ending services abruptly without proper transition risks abandonment; the first step is to determine what the new state requires.

140. D Use clear, concrete words such as "died," and explain that Grandma's body stopped working and she cannot come back

Preschoolers often do not yet grasp irreversibility, so honest, concrete language that explains death in terms of the body no longer working helps them build an accurate understanding. Euphemisms such as "sleeping" are a tempting way to soften the news, but they confuse young children and can create fears about going to sleep.

141. A Social anxiety disorder, performance only

Social anxiety disorder with the "performance only" specifier applies when the fear of scrutiny and negative evaluation is limited to speaking or performing in public (DSM-5-TR). Fear of being judged by others defines social anxiety rather than specific phobia. Avoidant personality disorder involves pervasive social inhibition and feelings of inadequacy across many contexts.

142. D Honor the request when feasible, respecting Rosa's preference as part of informed choice

Respecting client preferences supports autonomy and the working alliance, and client preferences are a recognized component of evidence-based practice. Questioning the request while asserting that all staff are affirming can feel invalidating. Refusing to consider staff identity is unnecessary here because the counselor is openly lesbian, so honoring the request requires no breach of privacy.

143. A The client gives brief answers, and the counselor ends up directing the content.

Ivey cautions that heavy reliance on closed questions tends to produce short answers, makes the interview feel like an interrogation, and shifts control of the topic to the counselor. Disorganization is more often a risk of too little structure, which is the opposite of what a stream of closed questions creates.

144. B Range

The range is the highest score minus the lowest, so it depends only on the two extremes and is unstable. The interquartile range uses the 25th and 75th percentiles, which makes it resistant to extreme scores. The variance and standard deviation use every score in the distribution.

145. D Experiential avoidance

Hayes and colleagues describe experiential avoidance, together with cognitive fusion, as a core driver of psychological inflexibility. Irrational beliefs belong to Ellis's REBT, and incongruence is Rogers's term for a gap between self-concept and experience.

146. B What the commands say, whether he feels he must obey, and whether he has acted on them before

In command hallucinations, risk depends on what the commands say, how much the person believes them or feels compelled to obey, and any history of acting on them. Age at onset and family history matter for diagnosis, but they do not address the immediate danger to the neighbor.

147. D A bell-and-pad enuresis alarm used consistently for several weeks

The enuresis alarm (bell-and-pad, Mowrer) has the highest long-term success rate of available treatments for nocturnal enuresis because it conditions the child to wake to bladder sensations. Punishment is ineffective and harmful, and fluid restriction or scheduled waking alone produce weaker results.

148. A a withdrawal rupture, best addressed by talking openly about what is happening between them

Safran and Muran distinguish withdrawal ruptures (disengaging, deferring, going along) from confrontation ruptures (openly expressing anger or dissatisfaction). Nora's compliance and short answers signal withdrawal. Their recommended repair is metacommunication, a form of immediacy that explores the interaction collaboratively; quietly adjusting homework avoids the rupture rather than repairing it.

149. A Analysis of covariance

ANCOVA compares group means on an outcome while statistically controlling for a covariate, such as pretest scores, that differs between nonequivalent groups. MANOVA is used for multiple dependent variables, not for adjusting for a preexisting difference on a single outcome.

150. C A disclosure to another health care provider for the client's treatment

HIPAA exempts disclosures to a health care provider for treatment from the minimum necessary standard, along with disclosures to the individual, those made under a valid authorization, and those required by law. Payment and health care operations disclosures, including those to business associates and auditors, must be limited to the minimum necessary.

151. D Universality

Universality is the discovery that others share feelings or experiences a member believed were unique or shameful, which is exactly what happens when peers echo Maya's relief (Yalom). Catharsis is tempting because emotion is expressed, but the therapeutic impact here comes from learning she is not alone, not from the release of feeling itself.

152. C Joiner's interpersonal-psychological theory of suicide

Joiner's theory says suicide risk is highest when thwarted belongingness (living alone, isolated) and perceived burdensomeness ("better off without me") combine with an acquired capability for suicide, such as reduced fear of death after combat. Shneidman's psychache centers on unbearable psychological pain and does not address the burdensomeness and fearlessness Walter describes.

153. A As a likely adaptive continuing bond whose meaning can be explored with him

The continuing bonds perspective (Klass, Silverman, and Nickman) holds that ongoing connections to the deceased can be healthy and adaptive. Daniel is functioning well and feels comforted. Prolonged grief disorder requires clinically significant distress or impairment, not simply the passage of time, and the view that mourners must detach reflects an older Freudian model.

154. B relative influence questioning

White and Epston's relative influence questioning maps the problem's influence on the person and then the person's influence on the problem, which helps externalize the problem and reveals unique outcomes. Deconstructive listening and scaffolding are also narrative concepts, which makes them tempting, but they refer to different processes; definitional ceremonies involve outsider witnesses.

155. B recognized a psychotherapist-patient privilege in federal courts

Jaffee v. Redmond recognized a psychotherapist-patient privilege under the Federal Rules of Evidence and extended it to licensed clinical social workers. The duty to protect identifiable victims comes from Tarasoff, a California state case, not from a U.S. Supreme Court ruling.

156. B About 36%

The coefficient of determination (r^2) gives the proportion of variance shared by two variables: $.60^2 = .36$, so the test accounts for about 36% of GPA variance. Reading the correlation itself as a percentage (60%) is a common error. The 64% figure is the variance left unexplained ($1 - r^2$).

157. D A serious threat of physical violence against a reasonably identifiable victim

Most duty-to-warn or duty-to-protect statutes require a serious threat of physical violence against a reasonably identifiable victim. A history of violence or a diagnosis is relevant to assessing risk but does not trigger the duty by itself, and threats to property or reputation generally fall outside it.

158. C Opioids

Opioid withdrawal includes dysphoric mood, nausea or vomiting, muscle aches, lacrimation or rhinorrhea, pupillary dilation, piloerection, sweating, diarrhea, yawning, fever, and insomnia (DSM-5-TR). Stimulant withdrawal is tempting because it follows daily use, but it presents with fatigue, vivid unpleasant dreams, hypersomnia or insomnia, increased appetite, and psychomotor changes rather than flu-like autonomic signs. DSM-5-TR does not recognize a hallucinogen withdrawal syndrome.

159. C positive connotation

Positive connotation ascribes positive motives to every member's behavior, including the symptom, as part of maintaining the system, which avoids blaming and sets up a counterparadox. The invariant prescription was a later Milan intervention in which parents were told to keep a secret from the children and go out together.

160. A Continue baseline until the data stabilize

In single-subject designs, the intervention should begin after a stable baseline; if behavior is already improving, later improvement cannot be clearly attributed to the intervention. Averaging a trending baseline hides the trend that makes interpretation difficult.

161. B Leptokurtic

Kurtosis describes how peaked a distribution is and how heavy its tails are. Leptokurtic distributions are tall and narrow, platykurtic ones are flat and spread out, and the normal curve is mesokurtic. Bimodal describes a distribution with two modes, not peakedness.

162. A Conditioned stimulus

The waiting room was originally neutral but, through repeated pairing with the chemotherapy drugs (the unconditioned stimulus), now elicits nausea by itself, making it a conditioned stimulus. The nausea she feels in the waiting room is the conditioned response, not the stimulus.

163. B It asks respondents to rate symptoms over the past two weeks, including today

The BDI-II (1996) is a 21-item self-report inventory that changed the original BDI's "past week" timeframe to "the past two weeks, including today" to match DSM criteria for a major depressive episode. Scores range from 0 to 63. The one-week timeframe belonged to the original BDI.

164. C 6 months

DSM-5-TR requires a minimum duration of approximately 6 months for most sexual dysfunctions, along with clinically significant distress. This duration helps distinguish persistent dysfunction from transient sexual difficulties tied to temporary stress or circumstances.

165. A Frame a goal around his aim, such as fewer arguments leading to more freedom

Engagement improves when goals are framed in the client's own language and linked to what the client wants (ACA Code of Ethics A.1.c calls for jointly devised plans). Parental consent does not make the parents' framing the only valid goal, and waiting for Jamal to accept the problem would stall treatment and weaken the alliance.

166. A Social interest

Adler's Gemeinschaftsgefühl, or social interest, is a sense of belonging and concern for the welfare of others, and it serves as his central criterion of mental health. Self-actualization is Maslow's idea, and striving for superiority is healthy only when it is directed by social interest.

167. C Gently block the reassurance and invite the crying member to keep sharing

Premature reassurance (rescuing or band-aiding) cuts off emotional expression; Corey recommends the leader block it so the distressed member can continue working. Confronting Linda about her discomfort in that moment shifts the focus away from the member in pain and may shame Linda.

168. A Imparting information

Imparting information includes didactic instruction and direct advice from the leader or members, and it is central in psychoeducational groups like this one (Yalom). Universality may well develop as parents compare experiences, but the presentation segment itself is designed to deliver knowledge.

169. B Panic disorder

Panic disorder requires recurrent unexpected panic attacks followed by at least 1 month of persistent worry about more attacks or a maladaptive change in behavior (DSM-5-TR). Agoraphobia requires fear of two or more of five situation types, GAD involves broad worry about many topics, and illness anxiety disorder involves preoccupation with having a serious illness rather than fear of attacks.

170. D introjected conditions of worth lead a person to deny or distort experience

Rogers held that when love and acceptance are made conditional, people internalize conditions of worth and deny or distort experiences that conflict with them, producing incongruence between self-concept and experience. Drive-superego conflict is Freudian, irrational beliefs belong to Ellis, and inferiority with mistaken goals belongs to Adler.

171. A Prolonged grief disorder

DSM-5-TR prolonged grief disorder requires a death at least 12 months earlier (for adults), persistent yearning or preoccupation, and at least three related symptoms such as identity disruption, avoidance of reminders, and emotional numbness, with impairment and distress exceeding cultural norms. PTSD is less likely because learning of a family member's death from natural illness does not meet Criterion A, which requires the death to be violent or accidental. Persistent depressive disorder requires at least 2 years of depressed mood.

172. A Cannabis withdrawal

Cannabis withdrawal requires three or more symptoms, such as irritability, anxiety, sleep difficulty, decreased appetite, restlessness, or depressed mood, developing within about a week after stopping heavy, prolonged use (DSM-5-TR). Generalized anxiety disorder requires excessive worry for at least 6 months and is not explained by a substance. Intoxication would occur during or shortly after use, not after several days of abstinence.

173. B Ask herself whose needs a disclosure would serve before sharing anything

Self-disclosure is appropriate when it serves the client, is brief, and returns the focus to the client. Because the counselor notices it would relieve her, she should first check whose needs it would meet. A blanket refusal to ever self-disclose is overly rigid, and a direct question from the client does not on its own make a disclosure therapeutic.

174. C Provide a qualified interpreter at no cost to Lena, absent undue burden

Under Title III of the ADA, private practices are public accommodations that must provide auxiliary aids, such as qualified interpreters, needed for effective communication, and they may not pass the cost on to the client; undue burden is a narrow exception. Charging the client for the interpreter violates the rule. Relying on family members raises competence and confidentiality problems, and written notes are unlikely to provide effective communication for complex, emotional conversations with someone whose primary language is ASL.

175. A Proximate cause, because the lapse did not lead to the injury

Even when duty, breach, and damages exist, the plaintiff must show that the breach was the proximate (legal) cause of the injury. An accident caused by a road hazard is not a foreseeable result of a lapse in documenting a follow-up. A physical injury can be compensable damage, and the counselor still had a duty within their role even though they did not prescribe the medication.

176. D A Type II error, largely because the small sample gave low power

Failing to reject a false null hypothesis is a Type II error, and small samples are a common cause because they reduce statistical power. A liberal alpha makes Type I errors more likely and actually lowers Type II risk, so it does not explain a missed effect.

177. B Differential reinforcement of other behavior

Differential reinforcement of other behavior (DRO) delivers reinforcement after an interval in which the target behavior does not occur, without specifying any particular replacement behavior. DRI and DRA, by contrast, reinforce a specific behavior that is incompatible with or an alternative to the problem behavior.

178. C Bracketing

Bracketing, which comes from phenomenology (epoché), means consciously suspending one's own beliefs and preconceptions in order to enter the client's frame of reference. Reframing is a different technique: offering the client a new perspective on a situation, which adds the counselor's view rather than suspending it.

179. A Notice and keep track of times this week when things with her daughter go a little better

Solution-focused counselors match tasks to the client relationship: complainants who see the solution in another person's change are typically given observational tasks, while customers receive behavioral (doing) tasks. Asking Denise to change her own behavior is the tempting answer, but it is mismatched to someone not yet ready to act. Writing a letter to the problem is a narrative-style externalizing practice.

180. C Obtain the client's informed consent, explaining who will view the recording and how it will be stored and destroyed

ACA B.6.c requires counselors to obtain permission from clients before recording sessions, and B.6.d requires permission before sessions are observed by others such as supervisors. A supervisor cannot consent for the client, and the medium of recording does not change the requirement.

181. A In early remission

Early remission applies when no criteria other than craving have been met for at least 3 months but less than 12 months; sustained remission requires 12 months or longer. Craving is the one criterion that can persist without disqualifying remission. Partial remission was a DSM-IV-TR specifier no longer used for substance use disorders, and 'on maintenance therapy' applies to agonist or antagonist medication treatment.

182. B 0.82

Spearman-Brown corrects a split-half correlation for the full test length: $2(.70)/(1 + .70) = 1.40/1.70 \approx .82$. The uncorrected .70 underestimates reliability because each half is only 20 items long. Squaring .70 to get .49 confuses reliability with the coefficient of determination.

183. A Disintegration

In Helms's model, disintegration is marked by guilt, confusion, and moral dilemmas as the person first acknowledges whiteness and racism. Reintegration involves retreating into idealizing whites and blaming people of color to resolve that discomfort. Pseudo-independence reflects an intellectualized acceptance of racism's reality without the emotional conflict described here, and contact reflects obliviousness.

184. A Ask Kevin directly about suicidal thoughts, intent, plan, and access to means

A remark about family being better off with his life insurance is an indirect statement of suicidal thinking and calls for an immediate, direct risk assessment. Job loss raises suicide risk, especially among middle-aged men who see their main role as providing. Normalizing grief or moving to job search tasks without assessing risk could miss a life-threatening situation.

185. A Rupture-repair episodes were positively related to client outcomes

Eubanks and colleagues found a moderate positive association between rupture-repair episodes and treatment outcome, supporting the idea that working through ruptures can strengthen the relationship rather than signal failure. Ruptures are not inherently harmful; what matters most is whether they are noticed and repaired.

186. B Grant access, because both parents keep FERPA rights absent a court order

Under FERPA, both parents keep access rights to their child's educational records unless a court order, state law, or legally binding document specifically revokes them. Counselor notes kept in a counselor's sole possession are not educational records, but notes placed in the cumulative file are. The custodial parent's objection alone does not remove the other parent's rights.

187. D Provide consent information in Spanish or through a qualified interpreter and check understanding

ACA Code of Ethics A.2.c requires counselors to communicate consent information in ways that are both developmentally and culturally appropriate, using a qualified interpreter or translator when needed. Signing a form she cannot fully read is not informed consent, and relying on a family member compromises accuracy and privacy. Consent covers more than confidentiality, including the nature of services, fees, and client rights.

188. B Gerald's IQ is likely overestimated relative to his current same-age peers

The Flynn effect describes population gains of roughly 3 IQ points per decade, so old norms set the bar too low and inflate scores relative to today's population. Assuming no effect confuses individual stability with the age of the normative sample; ACA Code of Ethics E.11 cautions against using obsolete instruments or outdated results.

189. C Clinically managed residential treatment

Her home environment actively undermines recovery and lower levels have not been sufficient, so a 24-hour structured residential setting is indicated. Because she has no serious medical or withdrawal needs, hospital-level medically managed care would be more intensive than required, and repeating IOP sends her back to the same environment.

190. C Flooding

Flooding involves prolonged, intense exposure to the most feared stimulus, often in vivo, without a gradual hierarchy, until anxiety diminishes. Implosive therapy (Stampfl) is also intense, but it is conducted in imagination and incorporates exaggerated, psychodynamically themed scenes rather than real-life exposure.

191. D The downward arrow, to uncover an underlying core belief

The downward arrow repeatedly asks what a thought would mean if true, moving from automatic thoughts toward core beliefs such as "I'm not good enough" (Burns; J. Beck). Decatastrophizing is tempting because both explore feared outcomes, but it asks about the worst case and how the client would cope, not what the outcome says about the self.

192. D Explain that grief has no fixed sequence and that people experience reactions in varied orders

Kübler-Ross's stages were based on terminally ill patients and research does not support a universal, linear sequence of grief stages. Normalizing Helen's individual experience is most helpful. Assuming she is suppressing anger or must reach a particular stage imposes a rigid model that the evidence does not support.

193. B Evaluating outcomes and reviewing sessions in supervision

The ASGW Best Practice Guidelines organize work into planning, performing, and processing; processing includes evaluating outcomes, debriefing, and seeking supervision or consultation. Writing a proposal, screening, and presenting norms fall under planning or early performance.

194. C Provide it by the first service delivery and make a good-faith effort to obtain written acknowledgment

HIPAA requires direct treatment providers to give the Notice of Privacy Practices no later than the first service delivery and to make a good-faith effort to obtain written acknowledgment of receipt. Treatment cannot be conditioned on signing the acknowledgment; if the client declines, the provider documents the attempt.

195. D encourage Elena to raise the side effect with her psychiatrist and coordinate with the prescriber

Counselors do not give medication advice but should support adherence and collaborate with the prescriber, especially with lithium, where tremor can signal side effects or toxicity that require medical evaluation. Telling her to stop or to continue regardless both exceed the counselor's scope of practice (ACA Code of Ethics C.2.a).

196. A High satisfaction with low satisfactoriness

The Theory of Work Adjustment (Dawis and Lofquist), a trait-factor descendant of Parsons, distinguishes satisfaction (the worker's contentment with how the environment meets her needs and values) from satisfactoriness (the employer's judgment of how well the worker meets job requirements). Rosa is satisfied, but her employer is not, so satisfactoriness is low. Reversing the two terms is the most common error, and congruence, differentiation, self-efficacy, and outcome expectations belong to Holland and SCCT.

197. B The client identifies with Deaf culture, so the counselor should use that term

Capitalized "Deaf" signifies membership in a cultural and linguistic minority community, often centered on American Sign Language, rather than a medical deficit; counselors should honor clients' preferred identity language. The term does not describe audiological severity, and interpreting it as denial pathologizes a cultural identity. Many Deaf people reject person-first phrasing in favor of identity-first language, so substituting "person with deafness" contradicts the client's stated preference.

198. C a reaction to the impending loss of the relationship that should be explored

Temporary regression or symptom return is a commonly described response to the anticipated loss of the therapeutic relationship, and exploring it can deepen the work of ending. It does not by itself invalidate the diagnosis or require automatic postponement, and labeling it malingering would misread a common relational reaction.

199. D Backward chaining

In backward chaining the learner first performs the final step of a task chain, which is followed immediately by task completion, and earlier steps are added one at a time. Forward chaining teaches the first step first; shaping reinforces approximations of a single response rather than linking a sequence of distinct steps.

200. A Prolonged grief disorder

For children and adolescents, DSM-5-TR permits prolonged grief disorder at 6 months after the death when intense yearning or preoccupation is present along with at least three additional symptoms (here identity disruption, avoidance of reminders, and emotional numbness) causing impairment beyond cultural norms. Uncomplicated bereavement is tempting because only eight months have passed, but that reasoning wrongly applies the 12-month adult threshold.