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NCE

Diagnostic Assessment

Week 1 Diagnostic

Answer Key & Weakness Map

Scored by the six NCE content domains • Original practice questions

Find your weak spots, then study the chapters that matter most

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How to Use This Material

Take this assessment in one sitting with a 45-minute timer, choosing the single BEST answer for each question. Then score it with the separate answer key and fill in the Weakness Map at the end of the key: count your correct answers in each NCE domain, and study the domains marked Focus first or Review before the others. The interactive version on the Diagnostic page of the NCE bonus site scores your Weakness Map automatically.

NCE Week 1 Diagnostic: Answer Key

The best answer for each question, with explanations. Your paper Weakness Map is on the last page.

1. D Stanford-Binet Intelligence Scales, Fifth Edition

The Stanford-Binet 5 assesses those five factors, each through verbal and nonverbal subtests, with norms from age 2 to 85 and older. The WISC-V also yields five primary indices, but they are organized differently and it covers only ages 6 to 16; the KABC-II is normed for ages 3 to 18, and Raven's is a single nonverbal reasoning measure.

2. B Send a letter inviting her back, listing resources and the closure date, and document efforts

A written outreach letter that invites re-engagement, lists crisis and referral resources, and explains when the case will be closed protects continuity of care and reduces any appearance of abandonment, and each attempt should be documented. Calling her emergency contact without a safety concern would breach confidentiality, and indefinite open status misrepresents the clinical relationship.

3. B The score means he did as well on this test as a typical 7th grader would, not that he has mastered 7th-grade material

Grade equivalents are easy to misread. A 7.2 means Kenji scored what an average student in the second month of 7th grade would be expected to score on this 4th-grade test, often by extrapolation. It shows strong performance for his grade, but it does not show he has mastered 7th-grade content, so it should not be the basis for placement.

4. A Revise the plan together with Grace to reflect her current concerns

A treatment plan is a living document that should be reviewed regularly and revised jointly when circumstances or progress change (ACA Code of Ethics A.1.c). Slow progress calls for reassessing the goals and interventions rather than automatically referring out, and changing the plan without the client undermines collaboration.

5. D withdrawal rupture, best addressed by gently exploring her experience of the relationship

Safran and Muran distinguish withdrawal ruptures (deference, pseudo-compliance, disengagement) from confrontation ruptures (overt complaints or hostility). Olivia's appeasing compliance signals withdrawal, which is repaired through metacommunication about what is happening in the relationship. Simplifying the homework correctly recognizes withdrawal but treats only the task, leaving the relational strain unexplored.

6. D Acknowledge his feelings, hold the professional boundary, and explore what the feelings mean in counseling

The ACA Code of Ethics (A.5.a) prohibits romantic relationships with clients, but erotic transference can be discussed respectfully and used as clinical material. Shaming Daniel for his feelings would damage the alliance, and referral is not automatically required.

7. A Establishing safety and building emotion regulation and stabilization skills

Herman's model moves from safety and stabilization, to remembrance and mourning, to reconnection. With frequent self-harm and dissociation, memory processing too early can overwhelm her coping, so the plan begins with safety and regulation skills.

8. A Seek assistance for his impairment and limit or suspend services until he can practice safely

ACA Code of Ethics C.2.g directs counselors to monitor themselves for signs of impairment, seek assistance, and refrain from offering services when impairment is likely to harm clients, limiting or suspending responsibilities until it is safe to resume. Permanent closure is tempting as the most cautious option, but it is unnecessarily drastic and could itself harm clients; the Code calls for proportionate action and timely return when appropriate.

9. C Compassion satisfaction, burnout, and secondary traumatic stress

The ProQOL has subscales for compassion satisfaction, burnout, and secondary traumatic stress. Stamm treats burnout and secondary traumatic stress together as the negative side, compassion fatigue. Exhaustion, depersonalization, and personal accomplishment are the Maslach Burnout Inventory dimensions, which is the most likely mix-up.

10. A An effective new philosophy that replaces the irrational belief

D is disputing the irrational belief, and E is the effective new philosophy (more rational beliefs and healthier emotions) that results (Ellis). Students often mistake E for "emotion," but emotional consequences are C in the model.

11. C Explore with Elena how her reactions to the counselor may mirror her relationship with her father

Psychodynamic counselors treat transference as useful material to explore, because it shows relationship patterns as they happen in the room. Reassurance may feel kind, but it shuts down exploration and misses the chance to link the present reaction to the past relationship.

12. D The adolescent client who consented to treatment

Under 42 CFR Part 2, when state law allows a minor to consent to SUD treatment alone, only the minor can authorize disclosure of that information, including to parents. There is a narrow exception when the program director finds that the minor lacks decision-making capacity and faces a substantial threat to life or physical well-being, but that is not the general rule.

13. A Multiple motor tics and at least one vocal tic, persisting more than 1 year, with onset before 18

Tourette's disorder requires multiple motor tics and one or more vocal tics at some point (not necessarily together), persisting more than 1 year since the first tic, with onset before age 18. Coprolalia occurs in only a minority of cases and is not required, and the rule against tic-free periods longer than 3 months was dropped after DSM-IV-TR.

14. B "I strongly want him to call, but he does not have to"

REBT turns rigid demands into flexible preferences: wanting something strongly while accepting it does not have to happen (Ellis). Indifference is tempting because it removes the distress, but REBT does not ask clients to stop caring; it keeps the desire and drops the "must."

15. C mesosystem

The mesosystem consists of the interrelations between two or more of the child's microsystems, such as home and school; improving parent-teacher coordination strengthens that link. Working only with Leo's parents or only with his teacher would target single microsystems, rather than the connection between them.

16. C Open questions, affirmations, reflections, and summaries

OARS names four core MI communication skills: open questions, affirming, reflective listening, and summarizing. The third edition of MI adds informing and advising (with permission) as a further skill, but it is not part of the OARS acronym, and reassurance is not a core MI skill. The acceptance-oriented list describes attitudes closer to the spirit of MI or person-centered conditions than to OARS.

17. C The client's self-evaluation of whether current behavior is working

Wubbolding identifies self-evaluation (the E) as the core of reality therapy: clients do not change until they judge for themselves that what they are doing is not getting them what they want. Planning and commitment are essential too, but a plan made without genuine self-evaluation is unlikely to be carried out.

18. B Men aged 75 and older

CDC data consistently show the highest suicide rates among older men, especially those 75 and older, who also use highly lethal means. Adolescent girls have high rates of suicide attempts and self-harm, but their rate of death by suicide is far lower than that of older men.

19. A Ataque de nervios

Ataque de nervios is a cultural concept of distress among Latinx people, especially those of Caribbean origin. It involves intense emotional upset, often after a family stressor, with shouting, crying, trembling, and a sense of loss of control. Susto is an illness attributed to a frightening event that causes the soul to leave the body, and khyâl cap refers to Cambodian "wind attacks."

20. B Task approach skills

Krumboltz identified task approach skills as one of four factors influencing career decision making, alongside genetic endowment and special abilities, environmental conditions and events, and learning experiences. Self-observation generalizations are the beliefs people form about themselves, which are outcomes of the factors rather than skills. Outcome expectations are an SCCT construct, and career adaptability is associated with Super and Savickas.

21. D Aptitude test

Aptitude tests estimate the potential to learn or perform in the future, which is the purpose of the ASVAB. Achievement tests are the most tempting alternative, but they measure what a person has already learned through instruction, such as current reading or math skills.

22. B Free association

Free association, Freud's 'fundamental rule,' asks clients to verbalize everything that comes to mind so unconscious material can surface. Interpretation is what the counselor does afterward, explaining the meaning of that material, rather than an instruction given to the client.

23. A A documented history of severe neglect with no restricted, repetitive patterns of behavior

DSM-5-TR distinguishes reactive attachment disorder from autism spectrum disorder by the history of social neglect and the absence of restricted interests and repetitive behaviors. Onset before age 5 is required for reactive attachment disorder but does not rule out autism, which also begins early; social reciprocity problems and language or cognitive delays can occur in both conditions.

24. C Level 3, acceptance and recognition without change

Ivey's Client Change Scale moves from denial (1) to partial examination (2), acceptance and recognition without change (3), creation of a new solution (4), and transcendence or development of new, larger patterns (5). Priya fully acknowledges the discrepancy but has not generated new behavior, which is level 3; partial examination would show only some acknowledgment mixed with hedging or bargaining.

25. A Major depressive disorder, severe, with mood-congruent psychotic features

Ana's hallucinations occur only during major depressive episodes, which supports MDD with psychotic features rather than schizoaffective disorder, which requires delusions or hallucinations for at least 2 weeks without a major mood episode. The content (worthlessness, deserved punishment) matches depressive themes, so it is mood-congruent (DSM-5-TR). Brief psychotic disorder is excluded when psychosis is better explained by a mood disorder with psychotic features.

26. C Have Erin handle discipline for now while Mark builds a warm relationship with Kayla

Stepfamily research and clinical guidance (for example, Papernow and Visher and Visher) recommend that the biological parent remain the primary disciplinarian early on while the stepparent builds a relationship, more like a friendly adult than an enforcer. Reducing contact with the other biological parent tends to intensify loyalty conflicts rather than resolve them.

27. B Assess his alcohol use in more depth and revise the treatment plan with him

Treatment planning is ongoing, and new clinical information calls for further assessment (for example, an AUDIT and a review of withdrawal risk) and a revised plan that integrates the co-occurring concern. Ignoring the drinking leaves a significant problem unaddressed, while requiring abstinence first or ending the anxiety work runs counter to integrated co-occurring treatment.

28. D Intersectionality

Intersectionality, a term introduced by Kimberle Crenshaw, holds that multiple social identities interact to create unique experiences of privilege and oppression that cannot be understood by examining each identity separately. Minority stress refers to chronic stress produced by stigma and prejudice, but it does not specifically address how identities combine. Sue's tripartite model concerns the individual, group, and universal levels of identity, and double consciousness is Du Bois's description of seeing oneself through the eyes of a dominant culture.

29. B Alcohol-induced depressive disorder

DSM-5-TR supports a substance-induced diagnosis when symptoms develop during or soon after heavy use and resolve within about a month of abstinence, with no prior independent episodes. Major depressive disorder is tempting because the symptom criteria were met, but the temporal link to drinking and rapid resolution indicate the alcohol caused them. Adjustment disorder is not used when another disorder's criteria are met, and persistent depressive disorder requires at least two years of symptoms.

30. D relabeling a pathology label as an adaptive response to oppressive conditions

Feminist reframing and relabeling shift attention from blaming the individual to the social context, viewing many "symptoms" as understandable coping strategies in response to abuse or oppression. Externalizing is the narrative technique of separating person from problem, which is tempting but different. Gender-role analysis examines internalized gender messages, not reinterpretations of clinical labels.

31. C Help him prepare a brief, honest explanation and target fair-chance employers

Effective counseling for justice-involved clients pairs honest disclosure practice (briefly acknowledging the offense and emphasizing rehabilitation and skills) with targeting fair-chance employers. Leaving a conviction off when asked directly can lead to rejection or firing for dishonesty. Fair-chance or ban-the-box rules in some places delay when employers may ask, but they generally do not forbid asking altogether.

32. A Current hopelessness

Dynamic risk factors are changeable states, such as hopelessness, agitation, intoxication, or active ideation, that can be monitored and targeted in treatment. Prior attempts, family history, and childhood abuse are static, historical factors: they raise baseline risk but cannot be changed.

33. A That the importance and parameters of confidentiality apply, but confidentiality cannot be guaranteed

ACA B.4.a requires group counselors to explain the importance and parameters of confidentiality for the specific group and to acknowledge that confidentiality cannot be guaranteed because members are not bound in the same way the counselor is. A signed member agreement sets expectations but does not create a legal guarantee.

34. C Refrain from romantic involvement and seek consultation on managing it

ACA F.3.b prohibits sexual and/or romantic interactions or relationships with current supervisees, in person or electronic. Consent does not remove the prohibition because the supervisor holds evaluative power and the relationship can harm clients through the supervisee. Shifting evaluations or signing acknowledgments leaves him as her current supervisor.

35. B Hypothesizing, circularity, and neutrality

The Milan team's 1980 paper set out hypothesizing, circularity, and neutrality as guidelines for interviewing a family. Joining, enactment, and unbalancing are Minuchin's structural techniques, and congruence and sculpting are associated with Satir.

36. D Spontaneous recovery

Spontaneous recovery is the reappearance of a previously extinguished response after a rest period; if it is again not reinforced, it typically fades quickly. An extinction burst occurs early in extinction, when reinforcement is first withdrawn, not weeks after the behavior has stopped.

37. D A few members, such as 3 or 4, meeting for about 20 to 30 minutes

Because young children have short attention spans and need more individual leader attention, Corey recommends smaller groups (about 3 or 4 members) and shorter sessions (about 20 to 30 minutes) for this age range. Sixty-minute sessions with eight members are closer to what would suit adolescents or adults.

38. D The publicity test, applied when evaluating the selected course of action

Forester-Miller and Davis incorporated Stadler's (1986) tests of justice, publicity, and universality into the step of evaluating the selected course of action. The publicity test asks whether you would want your behavior reported in the press; universality asks whether you would recommend the same action to another counselor, and justice asks whether you would treat others the same way.

39. C 36%

The coefficient of determination, r squared, indicates the proportion of shared variance; .60 squared equals .36, or 36%. A common error is to read the correlation coefficient itself as the percentage of variance explained.

40. B "Since I asked about drinking, you've gone quiet; what's happening between us right now?"

Immediacy addresses what is happening in the here-and-now relationship between counselor and client. Noting that drinking is hard to talk about is a reflection about the topic rather than about the relationship in the moment. Asking about his week or the remaining time moves away from the interaction that changed.

Your Weakness Map

Circle each question you missed, then count your correct answers per domain. Under 60% = **Focus first**; 60–79% = **Review**; 80% or more = **Maintain**.

NCE domain	Questions	Correct	Study if below 80%
Professional Practice & Ethics	8, 12, 33, 34, 38	____ of 5	Chapter 3: Counseling Orientation and Ethics Chapter 10.3.3: Documentation, Referral, Coordination, and Termination
Intake, Assessment & Diagnosis	1, 3, 21, 25, 32	____ of 5	Chapter 10.1: Diagnosis with the DSM-5-TR Chapter 9: Assessment and Testing Chapter 10.2.1: Suicide Risk Assessment and Safety Planning
Areas of Clinical Focus	13, 15, 18, 19, 20, 23, 26, 28, 29, 31, 35	____ of 11	Chapter 10.2: Crisis, Risk, and Substance Use Chapter 5: Human Growth and Development Chapter 4: Social and Cultural Diversity Chapter 6: Career Development
Treatment Planning	2, 4, 7, 27	____ of 4	Chapter 10.3: Treatment Planning and Continuity of Care Chapter 9.2.3: Assessment in Treatment Planning
Counseling Skills & Interventions	6, 10, 11, 14, 16, 17, 22, 24, 30, 36, 37, 39	____ of 12	Chapter 7: Counseling and Helping Relationships Chapter 8: Group Counseling and Work Chapter 11: Research and Program Evaluation
Core Counseling Attributes	5, 9, 40	____ of 3	Chapter 7.2.1: Empathy, Active Listening, Reflective Practices Chapter 4.2.2: Managing Personal Bias and Microaggressions Chapter 3.3.3: Counselor Self-Care and Professional Development

With 3 to 12 questions per domain, treat these percentages as a guide to where to focus, not a prediction of your exam score. Keep following your 28-Day META-Cognitive Study Blueprint, and spend the first 15–20 minutes of three of your 58-minute sessions each week on your weakest domains.