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National Counselor Examination

Test Prep NCE

Version Demo

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Topic Break Down

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QUESTION NO: 1

What therapeutic model was originally developed to treat individuals with borderline personality disorder?

A. Analytical behavioral analysis

B. Cognitive behavioral therapy

C. Dialectical behavior therapy

D. Transactional analysis

ANSWER: C

Explanation:

Dialectical behavior therapy was developed by psychologist Marsha M. Linehan for people with borderline personality disorder, initially focusing especially on individuals experiencing chronic suicidality and severe self-harming behaviors. DBT is a structured cognitive-behavioral treatment that adds acceptance-oriented and mindfulness practices to active behavioral change methods. Its central dialectical stance helps clients hold two valid needs at once: accepting themselves and their present circumstances while also working to change behaviors that create suffering or danger.

In its standard comprehensive format, DBT combines individual psychotherapy, group-based skills training, between-session telephone coaching, and a consultation team for treating clinicians. Skills training addresses mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness—areas commonly affected by the emotional instability, relationship difficulties, and impulsive behaviors associated with borderline personality disorder. The model has a substantial research base and is recognized in clinical guidance as an evidence-based psychotherapy for this population. The U.S. Substance Abuse and Mental Health Services Administration describes DBT as designed for people with borderline personality disorder, and the American Psychological Association provides a detailed overview of the treatment and its components. See SAMHSA's DBT resource and the American Psychological Association's DBT overview.

QUESTION NO: 2

At the beginning of a group counseling process, the counselor informs group members that after each group session each will be asked to provide brief, anonymous, and positive or negative written comments about the counselor's behaviors during the group sessions. The counselor states that the comments will be typed by a secretary to further protect clients' identities prior to review by the counselor. This counselor is proposing a process that will produce data most useful for:

A. Group stage evaluation.

B. Outcome evaluation.

C. Self-evaluation.

D. Process gradient scaling.

ANSWER: C

Explanation:

Self-evaluation. is correct because the information being collected concerns the counselor's own observable behavior and effectiveness during each group meeting. Anonymous, session-by-session client feedback gives the counselor direct data about how members experience the counselor's interventions, communication, responsiveness, leadership, and facilitation style. Reviewing this feedback allows the counselor to reflect on professional performance, identify patterns across sessions, and make timely adjustments to improve the group experience. The use of anonymity and a secretary to type comments is particularly relevant because it can reduce members' fear that critical feedback will be identifiable, making candid feedback more likely. This is therefore a structured method of obtaining feedback for the counselor's reflective review of practice rather than a measure of members' outcomes or group developmental progress. Ongoing self-monitoring and evaluation are consistent with counselors' responsibility to practice competently and to seek information that supports effective services. The American Counseling Association's ethical standards address counselors' obligation to practice within competence and to monitor the effectiveness of their work; see the ACA Code of Ethics. The ACA also provides professional resources on ethical and competent counseling practice at ACA Ethics Resources.

QUESTION NO: 3

In working with an individual who knows of very few occupations, none of which interest the person, the counselor uses the *Occupational Outlook Handbook*. Which of the following is the best reason for this action?

A. To select an occupation that could be considered

B. To help the individual inventory transferable skills

C. To explore resistance to making a choice

D. To help the individual gain an understanding of the wide range of options

ANSWER: D

Explanation:

To help the individual gain an understanding of the wide range of options is correct because the *Occupational Outlook Handbook* is fundamentally a career-information and occupational-exploration resource. When a client has limited awareness of the occupational world, the immediate counseling need is to broaden that awareness before expecting the person to identify a suitable occupational goal. The handbook presents descriptions of many occupations, including typical duties, work environments, educational preparation, pay information, projected employment outlook, and related occupations. Reviewing this information can help the individual discover occupational areas that were previously unknown and generate possibilities for further exploration. This use fits the career-development principle that informed career choice depends on adequate knowledge of available alternatives as well as knowledge of oneself. The resource is published by the U.S. Bureau of Labor Statistics and is designed for students, job seekers, and career counselors who need reliable, current occupational information. The handbook may later support more focused research once interests emerge, but its best initial function in this situation is expanding the client's awareness of the breadth of careers that exist. See the U.S. Bureau of Labor Statistics Occupational Outlook Handbook and the National Career Development Association career-development guidelines.

QUESTION NO: 4

Kohlberg's theory of moral development has three progressive levels ending in:

A. personhood

B. sexual ambiguity

C. principled thought

D. self-realization

ANSWER: C

Explanation:

Kohlberg's model culminates in **principled thought**, the highest, postconventional level of moral reasoning. At this level, moral judgments are grounded in consciously chosen ethical principles rather than primarily in personal consequences, social approval, or obedience to established laws. Kohlberg described the final stage as orientation to universal ethical principles: individuals evaluate rules and laws against broader commitments such as justice, human rights, equality, and respect for persons. A person reasoning in this way recognizes that laws are important social agreements but may require revision when they conflict with fundamental ethical principles. This is why "principled thought" accurately describes the endpoint of the three-level sequence: preconventional, conventional, and postconventional moral development. The theory emphasizes the structure and reasoning behind a moral decision, rather than whether a person merely reaches a socially approved outcome. Kohlberg also maintained that this most advanced form of reasoning was relatively uncommon. For an overview of the stages and the postconventional emphasis on universal principles, see Encyclopaedia Britannica's discussion of Kohlberg's stages and Noba's Moral Development module.

QUESTION NO: 5

Under which of the following circumstances is it not okay to break patient confidentiality?

A. A court subpoenas the client's chart.

B. The client has threatened to hurt himself or someone else.

C. The client's employer has requested the information.

D. The client admits to abusing his children.

ANSWER: C

Explanation:

The client's employer has requested the information is the correct answer because an employer's request, including one connected with an Employee Assistance Program, does not by itself authorize a counselor to disclose protected client communications. Confidentiality belongs to the client, and disclosure to an employer generally requires the client's valid written authorization that specifies what may be released, to whom, and for what purpose. Participation in an EAP does not eliminate the counseling relationship's confidentiality obligations. Counselors should explain the limits of confidentiality during informed consent and protect information unless the client authorizes release or a legally applicable exception requires or permits disclosure. The ACA Code of Ethics directs counselors to protect confidential information and to disclose it only with appropriate client consent or when legal or ethical requirements apply. This protects client privacy and supports the trust necessary for effective counseling. Applicable confidentiality standards and authorization requirements are described in the ACA Code of Ethics and in HHS's HIPAA Privacy Rule guidance.

QUESTION NO: 6

Which person is associated with the beginning of the guidance movement?

A. Adler

B. Parsons

C. Freud

D. Ellis

ANSWER: B

Explanation:

Parsons is associated with the beginning of the vocational guidance movement and is widely regarded as a foundational figure in the development of professional career counseling. In 1908, Frank Parsons established the Vocational Bureau of Boston, where he advanced a systematic approach to helping people select suitable occupations. His approach emphasized understanding the individual's abilities, interests, and traits; obtaining knowledge of occupational requirements and conditions; and using reasoned judgment to connect the person with an appropriate vocation. This framework became known as the talent-matching approach and strongly influenced trait-and-factor approaches to career development. Parsons's posthumously published book, *Choosing a Vocation* (1909), documented these principles and helped establish vocational guidance as an organized service and field of study. His work is therefore central to historical accounts of the guidance movement and remains relevant to the career-development foundations assessed in counselor education. The National Career Development Association identifies Parsons as the founder of the vocational guidance movement, and historical material from Boston University also documents the role of the Vocational Bureau in his pioneering work. See the National Career Development Association and Boston University's digital record of *Choosing a Vocation*.

QUESTION NO: 7

A diagnosis of attention-deficit/hyperactivity disorder is

A. more frequently diagnosed in females than in males.

B. typically diagnosed before children enter formal educational settings.

C. more prevalent in individuals whose family members suffer personality disorders.

D. justified when diagnostic criteria are met, including impairment in social, academic, or occupational functioning.

ANSWER: D

Explanation:

“Justified when diagnostic criteria are met, including impairment in social, academic, or occupational functioning” is correct because ADHD diagnosis requires more than observing inattentive and/or hyperactive-impulsive behaviors. The symptoms must be persistent, developmentally inappropriate, and associated with meaningful functional impact. Diagnostic standards require clear evidence that the symptoms interfere with, or reduce the quality of, functioning in social, school, or work domains. In addition, several symptoms must be present in two or more settings, such as home, school, work, or interactions with peers, which helps establish that the difficulty is pervasive rather than limited to one environment or circumstance. For children, school performance and relationships may demonstrate impairment; for adults, occupational responsibilities, organization, relationships, and daily-life demands may be affected. A responsible diagnosis also uses information from multiple sources, including clinical interview, developmental history, behavioral ratings, and consideration of other conditions that may account for similar symptoms. Thus, functional impairment is an essential component of a valid ADHD diagnosis, considered alongside the complete diagnostic criteria rather than symptom presence alone. The CDC’s ADHD diagnostic guidance and the American Psychiatric Association’s ADHD overview describe the need for symptoms across settings and resulting functional difficulties.

QUESTION NO: 8

Individual variation in modes of perceiving, remembering, and thinking, or distinctive ways of comprehending, storing, and utilizing information, is known as:

A. Divergent thinking

B. Creativity

C. Cognitive style

D. Convergent thinking

ANSWER: C

Explanation:

Cognitive style is correct because it describes relatively consistent individual differences in the ways people attend to information, perceive events, organize material, remember experiences, and approach thinking or problem solving. The emphasis is not on how much intellectual ability a person has or whether a response reaches a particular solution; it is on the person’s characteristic manner of processing information. In counseling and educational contexts, awareness of cognitive style can help a counselor understand how a client may prefer to receive, interpret, and use information. For example, one person may tend toward an analytic, detail-focused approach, whereas another may more readily process information holistically or intuitively. These are differences in processing preference or habitual approach, not necessarily differences in intelligence, achievement, or mental health. The definition in the question closely matches standard psychology usage of cognitive style as a characteristic way an individual processes cognitive information. The American Psychological Association’s psychology dictionary provides terminology and definitions used broadly in the field; see its entry resources at APA Dictionary of Psychology: cognitive style. For additional context on cognition and information processing in psychology, consult Encyclopaedia Britannica: cognition.

QUESTION NO: 9

According to cultural relativism, what is *normal* ?

A. Conformity to social expectations

B. Ideal state of self-actualization

C. Incongruence between behaviors and ideals

D. Adherence to contextual values

ANSWER: D

Explanation:

“Adherence to contextual values” is correct because cultural relativism defines normality in relation to the values, norms, meanings, and expectations of the particular cultural setting in which behavior occurs. It does not presume that a single standard of health, adjustment, or acceptable conduct can be applied universally. Instead, a counselor considers whether a person’s behavior is understandable and fitting within that person’s cultural, social, historical, and community context. This perspective is especially important in assessment: an action, belief, communication style, family role, or expression of distress may have a meaning that differs substantially across cultural groups. Cultural relativism therefore calls for contextualized understanding rather than evaluating clients through the dominant culture’s assumptions. In counseling practice, this approach supports culturally responsive assessment and helps clinicians avoid mistaking cultural difference for dysfunction. The American Counseling Association’s multicultural counseling resources emphasize the importance of cultural awareness and responsiveness in professional practice; see ACA Multicultural and Social Justice Counseling Competencies. The broader ethical basis for respecting clients’ cultural contexts is also reflected in the ACA Code of Ethics.

QUESTION NO: 10

In addition to observing a client for signs and symptoms, what other information should counselors identify when determining a diagnosis?

A. Existence of functional disturbances

B. Length of time in counseling

C. Client’s goals for counseling

D. Client’s view of the problem

ANSWER: A

Explanation:

Existence of functional disturbances is correct because diagnosis requires more than noticing that a client has particular symptoms. Counselors must determine whether the presenting pattern is associated with clinically meaningful disruption in important areas of daily life. Functional disturbance, often termed functional impairment, can involve difficulty maintaining relationships, performing effectively at work or school, managing self-care, meeting family responsibilities, or participating in ordinary social activities. Identifying this impact helps the counselor judge the clinical significance of symptoms and formulate an accurate diagnosis rather than relying solely on a symptom checklist.

The diagnostic framework used in counseling also considers whether symptoms produce distress or impairment and whether the full pattern meets the relevant diagnostic criteria. A careful assessment of functioning should be grounded in the client’s developmental, cultural, social, medical, and environmental context, since the same experience may have different practical effects across clients. This information supports both diagnostic decision-making and treatment planning by clarifying where the client’s difficulties interfere with everyday functioning. The American Psychiatric Association describes the DSM as the standard classification system for mental disorders and their diagnostic criteria; see DSM-5-TR overview. For a counseling-focused discussion of assessment and diagnosis, see the ACA Code of Ethics.

QUESTION NO: 11

Two group members who were at odds were arguing about which of the two potentially appropriate counseling goals should be used by the group. A counseling group leader using a **laissez-faire** group leadership style would

A. Intervene and make the decision about which of the goals would be used in the group.

B. Ask the other group members to enter the discussion to facilitate decision-making.

C. Determine which goal would be used based on a majority vote of the group members.

D. Let the two group members continue until some form of resolution had been achieved.

ANSWER: D

Explanation:

“Let the two group members continue until some form of resolution had been achieved.” is the best answer because laissez-faire leadership is characterized by a deliberately low level of leader direction and intervention. In a group setting, this leader gives members substantial autonomy to manage their interactions, make decisions, and work through interpersonal tensions themselves. Faced with a disagreement between two members about goals, the laissez-faire leader would be most likely to refrain from taking control of the decision or structuring a formal process for the group. Instead, the leader permits the discussion to continue and relies on the members’ capacity to negotiate toward an outcome. This approach reflects the defining feature of laissez-faire leadership: authority and responsibility for the immediate process remain primarily with group members rather than the leader. Understanding group leadership styles and their effects on group process is consistent with counselor preparation standards addressing group counseling and group-work dynamics. CACREP’s standards identify group leadership and group dynamics as required areas of counselor education; see the CACREP 2024 Standards. A general discussion of laissez-faire leadership’s delegation of decision-making authority is also available through OpenStax Organizational Behavior.

QUESTION NO: 12

Client A: “I don’t believe you are being entirely honest about the amount of alcohol you use.”

Client B: “Are you saying I’m a liar? Nobody calls me a liar! I’ll talk to you about this when we get outside.”

What is the most appropriate intervention for a group counselor to use in this exchange?

A. Advise client B to apologize for the response.

B. Encourage client A to provide evidence for the accusation.

C. Remain silent to facilitate further interaction.

D. Acknowledge the anger response.

ANSWER: D

Explanation:

Acknowledge the anger response. This is the most appropriate immediate intervention because the exchange has shifted from a challenging group interaction to an emotionally intense confrontation with a possible threat of continuing the conflict outside the group. A group counselor should respond to the present-moment process by accurately noticing and naming the affect that is occurring. For example, the leader might say, “You seem very angry and hurt by what you heard. Let’s slow down and talk about what this means to you here.” Such a response demonstrates empathic attending while helping contain the escalation.

Reflecting the anger also keeps the focus on the interaction occurring within the group, where it can be explored safely and therapeutically. It gives Client B an opportunity to identify the meaning attached to being perceived as dishonest and helps the group address the impact of the exchange without immediately turning it into an argument over facts. Group-leadership standards emphasize attending to members’ verbal and nonverbal responses, facilitating productive interpersonal feedback, and intervening to maintain a safe group environment. The counselor can subsequently clarify boundaries and assess safety as needed, but recognizing the immediate emotional response is the essential first intervention. See the Association for Specialists in Group Work Professional Standards and the ACA Code of Ethics.

QUESTION NO: 13

About how old is the child in question 5?

A. Three

B. Twelve

C. One

D. Eight

ANSWER: B

Explanation:

Twelve is correct because the referenced child is described as demonstrating characteristics of Piaget's formal operational stage. This stage generally begins at approximately age 11 or 12 and continues through adolescence. Formal operational thinking involves the capacity to reason abstractly, consider hypothetical situations, systematically evaluate possibilities, and use deductive logic. For example, an individual at this developmental level can think through the consequences of an imagined event without needing to manipulate concrete objects or rely only on direct experience. In counseling and human-development questions, recognizing these cognitive markers helps connect a child's behavior or reasoning style to the expected developmental period. Although the precise onset can vary among individuals and may be influenced by experience, education, and cultural context, age 12 is the standard approximate age used for the transition into formal operational thought in Piagetian theory. This makes Twelve the best answer when the child in the prior question is exhibiting formal operational reasoning. See OpenStax's overview of Piaget's cognitive-development stages at https://openstax.org/books/psychology-2e/pages/9-2-lifelong-development and Encyclopaedia Britannica's discussion of formal operational thought at https://www.britannica.com/science/Piagets-theory-of-cognitive-development.

QUESTION NO: 14

When working with ethnically and culturally diverse populations, it would be helpful for the counselor to

A. Focus on global concepts and ideas.

B. Disclose any lack of knowledge or awareness to the client.

C. Seek supervision and training on multicultural issues.

D. Work to assimilate clients who are culturally dissimilar.

ANSWER: C

Explanation:

Seek supervision and training on multicultural issues. Effective counseling with ethnically and culturally diverse populations requires more than goodwill; it requires continuing development of culturally responsive knowledge, skills, self-awareness, and interventions. Supervision, consultation, and targeted training help a counselor identify and address limitations in cultural understanding, recognize the potential effects of personal assumptions or biases, and adapt services to clients' cultural contexts and lived experiences. This is an ongoing professional responsibility, because cultural competence is developmental rather than a skill that is permanently mastered after one course or one experience. The CACREP Standards identify social and cultural diversity as a core area of counselor preparation, including multicultural counseling competence and culturally sustaining practices. Likewise, the ACA Code of Ethics directs counselors to practice within the boundaries of their competence and to obtain education, training, supervised experience, consultation, or supervision when needed to ensure competent professional services. Seeking these supports strengthens ethical practice while helping the counselor provide care that respects the client's cultural identity, values, worldview, and community context.

QUESTION NO: 15

If a counselor's role changes from a nonforensic evaluative role to a therapeutic role, the client must be informed of the change as a matter of _____.

A. confidentiality

B. treatment

C. informed consent

D. assessment

ANSWER: C

Explanation:

Informed consent is correct because clients need clear, timely information whenever the nature or purpose of counseling services changes. A nonforensic evaluation generally involves gathering and communicating information for a defined evaluative purpose, whereas a therapeutic relationship is intended to facilitate the client's growth, wellness, and mental-health treatment. Moving from one role to the other changes the service being provided, the counselor's responsibilities, the client's expectations, and potentially the way information will be used.

Informed consent is an ongoing process rather than a one-time form completed at intake. It requires the counselor to explain the proposed therapeutic role in language the client can understand, including the goals and nature of therapy, relevant limits of confidentiality, foreseeable benefits and risks, alternatives, fees or other practical conditions when applicable, and the client's opportunity to ask questions or decline services. The client can then make a voluntary, informed decision about whether to enter the therapeutic relationship. This continuing duty supports client autonomy and is consistent with the American Counseling Association's ethical requirements for obtaining informed consent throughout the counseling relationship. See the ACA Code of Ethics and the NBCC Code of Ethics.

QUESTION NO: 16

Clients who experience financial stress are more likely to focus on which area of concern?

A. Developmental needs

B. Interpersonal needs

C. Intrapersonal needs

D. Survival needs

ANSWER: D

Explanation:

Survival needs is correct because financial stress can directly threaten a client's ability to obtain essentials required for physical security and day-to-day functioning, such as food, housing, utilities, transportation, health care, and personal safety. In counseling, a client facing uncertainty about paying rent, buying groceries, or maintaining stable shelter may understandably devote substantial attention and emotional energy to these immediate needs. This is consistent with Maslow's needs framework, in which physiological and safety-related concerns form foundational needs that often demand attention before a person can consistently focus on more complex growth-oriented concerns. Financial strain is also associated with psychological distress and reduced well-being, making practical assessment of basic-resource stability an important part of a counselor's understanding of the client's presenting concerns. A counselor can respond by validating the stressor, assessing urgent safety and resource needs, helping the client identify available supports, and integrating practical problem solving with therapeutic work. See OpenStax's discussion of Maslow's hierarchy at https://openstax.org/books/psychology-2e/pages/10-3-humanistic-approaches and the American Psychological Association's overview of stress at https://www.apa.org/topics/stress.

QUESTION NO: 17

When counselors build an alliance and demonstrate an understanding of the client's issues and concerns, they are using which foundational skills?

A. Listening, attending, and reflection skills

B. Summarizing, challenging, and reframing skills

C. Clarifying, assessing, and problem-solving skills

D. Treatment planning, interventions, and referral skills

ANSWER: A

Explanation:

Listening, attending, and reflection skills are the foundational counseling skills used to establish a therapeutic alliance and communicate accurate understanding of a client's experience. Attending involves conveying presence and engagement through behaviors such as appropriate eye contact, open posture, vocal tone, and focused attention. Listening requires the counselor to receive both the content and emotional meaning of what the client communicates. Reflection then puts that understanding into words, especially by reflecting feelings and meaning, so the client can hear that the counselor is trying to understand their concerns from the client's perspective. Together, these skills promote empathy, trust, rapport, and a collaborative working relationship—the essential elements of an effective counseling alliance. They are used throughout counseling, particularly early in the relationship, because they help clients feel heard, respected, and safe enough to explore difficult concerns. This emphasis is consistent with the counseling profession's expectation that counselors facilitate client growth through a helping relationship grounded in respect and client welfare. See the ACA Code of Ethics and NBCC's National Counselor Examination overview.

QUESTION NO: 18

Nosology, the process of formal diagnosis, is most closely related to:

A. sampling

B. individualized education plans (IEP)

C. psychoanalysis

D. the medical model

ANSWER: D

Explanation:

The medical model is most closely related to nosology because it approaches psychological and behavioral conditions as identifiable disorders that can be systematically described, classified, and diagnosed. Nosology is the organized classification of diseases and disorders; in counseling and mental-health practice, it provides a shared framework for identifying diagnostic patterns and applying consistent terminology. This framework supports clinical communication, treatment planning, research, epidemiology, and coordination with other health professionals.

Diagnostic classification systems operationalize this process. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* provides diagnostic criteria and terminology for mental disorders, while the World Health Organization's *International Classification of Diseases* provides an international system for classifying health conditions, including mental and behavioral disorders. Counselors use diagnostic systems within an ethical, culturally responsive, and person-centered assessment process; a diagnosis is a clinical tool rather than a complete description of an individual. Thus, the formal diagnostic and classification focus inherent in nosology directly reflects the medical model. See the American Psychiatric Association's DSM overview and the World Health Organization's ICD overview.

QUESTION NO: 19

Therapists adhering to which of the following theories would believe that aggression is learned through modeling?

A. Social Learning

B. Behavioral

C. Psychodynamic

D. Humanistic

ANSWER: A

Explanation:

Social Learning is correct because this perspective holds that people can acquire behaviors by observing the actions of others and the consequences those actions appear to produce. This process, known as observational learning or modeling, does not require an individual to experience direct reinforcement before learning occurs. In the context of aggression, a person who sees a model act aggressively—particularly a model who is influential, similar, or rewarded—may learn the aggressive response and be more likely to reproduce it in a comparable situation.

Albert Bandura's research, including the Bobo doll studies, provided a foundational demonstration of this principle. Children who observed adult models behaving aggressively later showed greater imitation of aggressive behavior. Social learning theory also emphasizes cognitive processes: observers attend to the model, remember what was observed, can reproduce the behavior, and may be motivated to enact it based on anticipated outcomes. Thus, the key wording in the question, "learned through modeling," directly identifies the social-learning account of aggression. See the American Psychological Association's definition of observational learning and Bandura's original Bobo doll study.

QUESTION NO: 20

In Holland's theory of vocational personalities, a person who prefers helping, teaching, and counseling activities is most likely which type?

A. Realistic

B. Investigative

C. Social

D. Conventional

ANSWER: C

Explanation:

Social is correct. John Holland's Social type is characterized by an interest in working with people through helping, teaching, advising, informing, and providing service. Individuals with Social interests often value cooperation, interpersonal interaction, and opportunities to contribute to others' growth or well-being.

Holland's RIASEC model includes Realistic, Investigative, Artistic, Social, Enterprising, and Conventional types. The Realistic type prefers hands-on and mechanical activities, while the Enterprising type is associated with leadership, persuasion, and business ventures. Information about Holland's career theory is available through the O*NET Interest Profiler.

QUESTION NO: 21

A 4-year-old child thought that a 10-year-old child had disappeared when the older child put on a Halloween costume. At what developmental stage is the younger child according to Piaget's theory?

A. Formal operational

B. Sensorimotor

C. Concrete operational

D. Preoperational

ANSWER: D

Explanation:

Preoperational is correct. In Piaget's theory, the preoperational stage generally spans approximately ages 2 through 7. Children at this stage can use language, images, and symbols to represent objects and events, but their reasoning is still strongly influenced by how situations look at the moment. A 4-year-old who concludes that an older child has disappeared after the child puts on a costume is treating the striking change in outward appearance as though it changes the person's underlying identity or continued existence.

This response reflects the limits of intuitive, appearance-based thinking typical of the preoperational period. The child has not yet developed the more logical, reversible mental operations that support reliable distinctions between superficial transformations and stable properties. The example is therefore especially consistent with preoperational thought rather than with a stage defined by abstract or systematic logical reasoning. Piaget's developmental framework places preschool-aged children in this period and describes their thinking as symbolic but not yet operational. See Encyclopaedia Britannica's overview of Piaget's theory and Simply Psychology's summary of Piaget's stages.

QUESTION NO: 22

Self-report tests like the BDI:

A. Consistently and accurately measure its intended criterion regardless of internal or environment factors

B. Depend much on the present state of the person taking it

C. May not always be accurate

D. Both b and c

ANSWER: D

Explanation:

"Both b and c" is correct because the Beck Depression Inventory (BDI) is a self-report measure: the respondent personally rates the presence and severity of depressive symptoms at the time of completing the instrument. Consequently, scores can depend substantially on the person's current emotional state, symptom level, insight, interpretation of items, and willingness or ability to report experiences candidly. This state sensitivity is clinically useful when the BDI is administered repeatedly, because changes in scores can help monitor changes in reported depressive symptoms over time.

At the same time, self-report results may not always be fully accurate representations of a person's underlying condition. A score reflects the respondent's answers rather than an independent diagnostic determination, and it can be influenced by response style, recall, situational context, or intentional and unintentional underreporting or overreporting. Therefore, the BDI is appropriately used as a standardized symptom-assessment and monitoring tool, interpreted alongside clinical interviewing, history, observation, and other relevant assessment information. The Beck Institute describes the BDI as assessing the severity of depression, while professional testing standards emphasize appropriate interpretation of assessment scores within their intended use and limitations. See the Beck Institute's BDI overview and the Standards for Educational and Psychological Testing.

QUESTION NO: 23

A counselor administers the same achievement test to a student on two occasions and obtains very similar scores. This is evidence of the test's:

A. Reliability

B. Validity

C. Standardization

D. Norming

ANSWER: A

Explanation:

Reliability is correct because reliability refers to the consistency or dependability of measurement. When the same person receives similar scores on the same instrument across repeated administrations, the result supports test-retest reliability. A reliable test produces scores that are relatively stable when the characteristic being measured has not changed.

Reliability does not establish validity. A test may yield consistent scores yet fail to measure the construct it claims to measure. Validity concerns the appropriateness of the interpretations and uses made from test scores. See the Standards for Educational and Psychological Testing for guidance on reliability and validity in assessment.

QUESTION NO: 24

What skill is the counselor using in the following statement?

“In the midst of trying to prepare for the baby, you ' re tired of your colleagues’ behaviors. You’ve had to set boundaries about touching your bump, explain maternity leave to your boss, and field awkward questions about your body. It sounds like you’re trying to go about your work and you don’t feel they’re meeting you halfway. Am I understanding that correctly?”

A. Additive empathy

B. Paraphrase

C. Summarization

D. Reflection of meaning

ANSWER: C

Explanation:

Summarization is correct because the counselor gathers several related experiences and condenses them into an organized statement of the client’s overall situation. The response incorporates the client’s need to prepare for a baby, boundary setting around unwanted touching, conversations about maternity leave, and uncomfortable questions in the workplace. It also captures the central emotional and interpersonal theme: feeling worn down by colleagues and unsupported while trying to continue working. Rather than merely repeating one isolated thought, the counselor links these details into a coherent picture of what the client has been managing.

The closing question, “Am I understanding that correctly?”, is an appropriate accuracy check after a summary. Summaries help clients hear the common thread across multiple events, clarify whether the counselor has understood the material, and create a useful transition to further exploration or problem solving. This use aligns with foundational helping-skills descriptions of summarizing as reviewing and integrating key content and affect from a portion of the counseling conversation. The counseling-skills emphasis is consistent with CACREP’s Counseling and Helping Relationships standards: CACREP 2016 Standards. A practical overview of attending and responding skills, including summarizing, is also available from the American Counseling Association.