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# National Counselor Examination

## NBCC NCE-ABE

**Version Demo**

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# Topic Break Down

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QUESTION NO: 1

Group leaders are continually observing group members. It is essential that the group leader

**A.** Inform the group members that the observation is taking place.

**B.** Take notes pertaining to the group members' behaviors.

**C.** Be unobtrusive (i.e., out of sight of the group members).

**D.** Have a clear idea of what is to be observed.

**ANSWER: D**

**Explanation:**

Have a clear idea of what is to be observed. Purposeful observation is a core group-leadership skill because it allows the counselor to attend systematically to clinically meaningful member and group-process information rather than relying on vague impressions. Before and during a session, the leader should focus on relevant targets such as patterns of participation, verbal and nonverbal behavior, emotional expression, interpersonal roles, cohesion, exclusion, conflict, responsiveness to interventions, and signs that a member may need additional support. A clear observational focus helps the leader recognize dynamics as they emerge, select appropriate facilitation skills, and evaluate whether the group is progressing toward its stated goals. It also supports accurate case conceptualization and responsible documentation when documentation is clinically necessary. Observation is therefore an active, intentional component of group counseling, integrated with listening, ethical judgment, and attention to the welfare of every member. This competency aligns with the group counseling content assessed on the National Counselor Examination and with professional expectations for competent, goal-directed counseling practice. See the NBCC National Counselor Examination information and the ACA Code of Ethics.

**QUESTION NO: 2**

Compared to employed men, gender stereotypes socialize employed women to take on more of what type of responsibilities?

**A.** Caregiving

**B.** Educational

**C.** Financial

**D.** Supervisory

**ANSWER: A**

**Explanation:**

**Caregiving** is correct because traditional gender-role socialization commonly assigns women primary responsibility for nurturing, domestic labor, and care of children, partners, aging relatives, or other dependent family members. These expectations frequently persist when women are employed outside the home, creating the well-established "second shift": paid work followed by disproportionate unpaid household and care work. In counseling practice, recognizing this pattern is important because unequal caregiving demands can shape a client's stress level, time availability, career choices, role conflict, relationship dynamics, and sense of personal responsibility. Counselors should explore these pressures without assuming that every woman or family follows the same arrangement, while remaining attentive to how cultural and institutional gender expectations can constrain choices. U.S. time-use data consistently document that women spend more time than men in household activities and caring for household members, including among people who work for pay. International public-health guidance similarly identifies unpaid care work as gendered and as a factor affecting women's well-being and economic participation. See the U.S. Bureau of Labor Statistics American Time Use Survey and the World Health Organization's guidance on measuring unpaid care work.

**QUESTION NO: 3**

Which of the following best describes the relationship between aging and intellectual functioning?

**A.** Intellectual functioning declines, as reflected by reduced learning capacity in older people.

**B.** Intellectual functioning does not change in the later years, as older people can learn just as well as others.

**C.** Cognitive ability decreases as memory increases due to diminishing storage capacity.

**D.** The consistent use of cognitive skills decreases the likelihood of intellectual decline.

**ANSWER: D**

**Explanation:**

**The consistent use of cognitive skills decreases the likelihood of intellectual decline.** is the best answer because intellectual functioning in later adulthood is not a single, uniformly declining capacity. Lifespan development research distinguishes between abilities that may become less efficient with age, such as speeded processing, and accumulated knowledge and verbal skills, which can remain strong for many people. Continued intellectual engagement—including learning, reading, problem-solving, social participation, and other mentally stimulating activities—is associated with maintaining cognitive functioning and cognitive reserve. Cognitive reserve describes the brain's ability to cope with age-related changes or pathology by using efficient or alternative networks developed through lifelong mental activity and learning.

For counseling practice, this principle supports a strengths-based view of older adulthood. Counselors should recognize that later-life cognitive development is variable and influenced by health, education, activity, environment, and opportunities for meaningful engagement. Encouraging appropriate cognitive, social, and health-promoting activities can support functioning and well-being without assuming that normal aging inevitably produces global intellectual loss. The National Institute on Aging describes research-based actions that may support cognitive health, including keeping the mind active and maintaining social connection. See the National Institute on Aging's cognitive health guidance and its overview of cognitive reserve.

**QUESTION NO: 4**

A counselor is facilitating a career group for adults who have recently lost jobs. Several members have comparable qualifications, but one member says, "There is no point applying because employers will reject me anyway." According to social cognitive career theory, which construct is most directly reflected in this statement?

**A.** Negative outcome expectations

**B.** Low career decision-making self-efficacy

**C.** Weak vocational identity

**D.** Vocational immaturity

**ANSWER: A**

**Explanation:**

The statement most directly reflects a negative outcome expectation: the member anticipates that applying for work will lead to rejection. Social cognitive career theory emphasizes the role of self-efficacy beliefs, outcome expectations, goals, and contextual supports or barriers in career development.

Low self-efficacy would be more directly reflected by doubt about the ability to perform job-search tasks, such as preparing a résumé or interviewing. Vocational identity concerns clarity of one's occupational self-concept, and career maturity concerns readiness to make age-appropriate career decisions.

**QUESTION NO: 5**

What is an offense toward a client that a counselor might unintentionally commit in session?

**A.** Countertransference

**B.** Redirection

**C.** Microaggression

**D.** Introjection

**ANSWER: C**

**Explanation:**

**Microaggression** is correct because it describes a brief verbal, behavioral, or environmental message that communicates a demeaning, invalidating, or stereotyped assumption about a person's identity or lived experience. Such messages can occur unintentionally: a counselor may believe they are being helpful, curious, or complimentary while the statement conveys an assumption related to race, ethnicity, gender identity, sexual orientation, disability, religion, socioeconomic status, or another cultural identity. In counseling, the potential impact matters because these experiences can undermine cultural safety, trust, and the therapeutic relationship. Competent practice therefore requires ongoing cultural humility, awareness of one's biases and assumptions, attentive listening when a client identifies harm, and appropriate repair of a rupture. The American Counseling Association's ethics standards direct counselors to avoid imposing their own values, attitudes, beliefs, and behaviors and to develop multicultural and diversity competence. This supports recognizing that unintended communication can still negatively affect a client and should be addressed responsibly. See the ACA Code of Ethics and the ACA's resources on racism and bias.

**QUESTION NO: 6**

Which of the following terms is associated with discussions of "intergenerational child abuse"?

**A.** Specific traumatic reaction

**B.** Learned patterns of behavior

**C.** Parental alienation syndrome

**D.** Genetic predisposition

**ANSWER: B**

**Explanation:**

"Learned patterns of behavior" is correct because intergenerational child abuse describes the possible transmission of abusive or neglectful relational patterns from one generation to another. A child who repeatedly observes violence, coercive discipline, emotional cruelty, or neglect may learn beliefs about relationships, authority, conflict, and caregiving that normalize those behaviors. These learned expectations can persist into adulthood and may influence later parenting or intimate relationships, particularly when they are compounded by stress, trauma, limited support, and a lack of healthy caregiving models.

This concept is grounded in social-learning and family-systems perspectives: behavior and relationship patterns are modeled, observed, reinforced, and sometimes reproduced within families. Importantly, intergenerational transmission is a risk pattern, not an inevitable outcome. Many people with adverse childhood experiences do not abuse children, especially when protective factors such as supportive relationships, trauma-informed treatment, parenting education, safe communities, and practical resources are present. In counseling, recognizing learned patterns helps the counselor assess family-of-origin experiences without assigning blame, identify strengths and protective factors, and collaborate on safer coping, communication, emotion-regulation, and parenting practices. The Centers for Disease Control and Prevention discusses how adverse childhood experiences and prevention strategies relate to child maltreatment at CDC: Child Abuse and Neglect and CDC: Adverse Childhood Experiences.

**QUESTION NO: 7**

Which of the following would be the best method for working with elementary school students who witness bullying of their peers?

**A.** Provide group psychoeducation.

**B.** Conduct individual counseling.

**C.** Conduct an assessment.

**D.** Determine the need for a referral.

**ANSWER: A**

**Explanation:**

Provide group psychoeducation. For elementary students who have witnessed bullying, a structured psychoeducational group is an appropriate universal or targeted school-counseling intervention because it reaches students who share a common school experience while building practical bystander skills. The group can use developmentally suitable discussion, stories, modeling, and role-play to help children identify bullying, distinguish safe and unsafe responses, seek adult support, include or comfort targeted peers, and understand the importance of reporting concerns. It also provides an opportunity to strengthen empathy, emotional regulation, and peer-support norms without assuming that every witness needs intensive individual treatment. School counselors are expected to deliver preventive, developmental interventions that promote students' social/emotional growth and foster a safe school climate. Group psychoeducation directly supports these aims by teaching concrete knowledge and skills before harmful peer dynamics become entrenched. The American School Counselor Association describes school counseling programs as providing classroom instruction and group activities that address academic, career, and social/emotional development; see ASCA Student Standards. The U.S. Department of Education also identifies bystanders as important participants in bullying prevention and encourages safe reporting and supportive action; see StopBullying.gov prevention guidance.

**QUESTION NO: 8**

Proponents of the client-centered approach recommend a parent–child relationship be based upon

**A.** authoritarianism.

**B.** natural and logical consequences.

**C.** unconditional positive regard.

**D.** behavior-shaping.

**ANSWER: C**

**Explanation:**

Unconditional positive regard is correct because it is a foundational therapeutic condition in Carl Rogers's person-centered, or client-centered, approach. Rogers used this concept to describe a relationship in which the individual is valued and accepted as a person without having to earn acceptance through achievement, compliance, or meeting another person's standards. Applied to parenting, this means that a child's inherent worth is communicated consistently, even while a parent may set limits, address harmful behavior, or help the child understand the effects of choices.

A parent–child environment grounded in unconditional positive regard supports the child's developing self-concept and capacity for healthy growth. In Rogers's theory, children can internalize "conditions of worth" when love, approval, or acceptance seem dependent on behaving in ways required to please important others. A more accepting relational climate helps reduce that process and encourages authenticity, self-understanding, and movement toward greater congruence. This does not mean approving every behavior; rather, it means separating acceptance of the child's personhood from evaluation of a specific action. The American Psychological Association's overview of Rogers's work discusses person-centered therapy and its emphasis on empathic, accepting relationships: APA Dictionary of Psychology: client-centered therapy. The Center for Studies of the Person also provides background on Rogers's person-centered approach: Center for Studies of the Person.

## QUESTION NO: 9

A counselor finds that scores on a new measure of test anxiety are highly consistent when the same students complete the measure again two weeks later, during a period in which their anxiety is not expected to change substantially. This finding is evidence of

**A.** interrater reliability.

**B.** content validity.

**C.** test-retest reliability.

**D.** internal consistency.

## ANSWER: C

**Explanation:**

Test-retest reliability refers to the consistency of scores obtained when the same instrument is administered to the same people on separate occasions under relatively stable conditions. The scenario compares scores across two administrations and therefore addresses score stability over time.

Internal consistency concerns the relationship among items within one administration. Interrater reliability concerns agreement between evaluators, and content validity concerns whether the assessment adequately represents the construct being measured.

## QUESTION NO: 10

Which of the following correlation coefficients represents a complete lack of linear relationship?

**A.** 0

**B.** −1.00

**C.** +1.00

**D.** Unable to determine

## ANSWER: A

**Explanation:**

**0** is correct because the Pearson correlation coefficient, conventionally represented by *r*, measures the direction and strength of a *linear* association between two variables. Its possible values range from −1.00 through +1.00. When *r* equals 0, there is no linear covariation: knowing one variable does not support prediction of the other variable through a straight-line relationship. This is the appropriate interpretation of a complete lack of *linear* relationship in an introductory counseling assessment and research context.

Importantly, a zero correlation describes the absence of a linear pattern, not necessarily the absence of every possible association. Variables may have a curvilinear or other non-linear relationship while their Pearson correlation remains near zero. Counselors evaluating assessment results should therefore interpret the coefficient in light of the variables' scatterplot, measurement characteristics, and the specific type of relationship being evaluated. The American Psychological Association's dictionary defines a correlation coefficient as an index of the degree of relationship between variables, and the NIST statistical handbook discusses correlation as a measure used to assess linear association. See the APA Dictionary of Psychology entry on correlation coefficients and the NIST Engineering Statistics Handbook discussion of correlation.

## QUESTION NO: 11

How would a counselor know that systematic desensitization is working for a client with social anxiety disorder?

**A.** The Subjective Units of Discomfort Scale rating has decreased from 70 to 60 for attending a social event.

**B.** The Subjective Units of Discomfort Scale rating has increased from 60 to 70 for attending a social event.

**C.** The client displays reactivity in their behavior due to being observed.

**D.** The client displays reactivity in their behavior because they have been keeping a diary of immediate records.

**ANSWER: A**

**Explanation:**

The Subjective Units of Discomfort Scale rating has decreased from 70 to 60 for attending a social event. This is the appropriate indicator because systematic desensitization is a behavioral intervention designed to reduce a client's conditioned anxiety response gradually. The counselor and client typically identify anxiety-provoking situations, arrange them along a hierarchy from less to more distressing, practice relaxation or other coping responses, and progressively approach the feared situations. Repeated exposure while the client can regulate distress should produce less subjective anxiety when the same or a comparable situation is encountered over time.

Subjective Units of Distress or Discomfort ratings provide a practical, client-centered way to monitor this change. Comparing ratings for attending a social event shows whether the client's experienced distress is declining in relation to the treatment target. A reduction from 70 to 60 indicates meaningful movement in the intended direction: the social situation is associated with less discomfort than it was previously. Counselors would continue to track ratings across hierarchy items and sessions, alongside the client's ability to engage in valued social behavior, to evaluate and guide treatment progress. Behavioral and cognitive-behavioral interventions are included within the counseling theories and helping-relationships knowledge assessed by the NCE. See NBCC's NCE examination information and OpenStax Psychology's discussion of exposure-based treatment principles.

**QUESTION NO: 12**

An instrument used to indicate likes and dislikes is

**A.** An interest inventory

**B.** A Likert-type scale

**C.** A self-concept inventory

**D.** A projective technique

**ANSWER: A**

**Explanation:**

An interest inventory is designed to identify an individual's preferences—what the person likes or dislikes among activities, school subjects, work tasks, leisure pursuits, and occupational environments. In counseling assessment, these inventories are especially useful in career counseling because interests can help clients explore educational and occupational directions that align with activities they find satisfying and engaging. Results typically compare a client's pattern of expressed interests with interest areas or occupational groups, creating a structured starting point for discussion, self-exploration, and career planning. Interest results should be interpreted as one source of information rather than as a directive or prediction of career success; counselors integrate them with the client's values, skills, abilities, circumstances, goals, and informed choices. The U.S. Department of Labor's O*NET Interest Profiler is a well-known example of an assessment that helps users discover their work-related interests and connect those interests to occupations. The National Career Development Association also identifies assessment and interpretation as central elements of ethical, effective career development practice. See the O*NET Interest Profiler and the National Career Development Association standards.

**QUESTION NO: 13**

Counselor A has noticed that Counselor B often speaks about clients in public spaces, makes no effort to conceal the clientsâ€™ identities, and often includes very personal details about the clientsâ€™ circumstances. According to the American Counseling Association Code of Ethics, what should Counselor A do first?

**A.** Report Counselor B to the American Counseling Association (ACA).

**B.** Speak privately to express ethical concerns and suggest how to best maintain privacy.

**C.** Immediately contact the director of the center and report an ethical violation.

**D.** Contact the state regulatory board for mental health counselors.

**ANSWER: B**

**Explanation:**

**Speak privately to express ethical concerns and suggest how to best maintain privacy.** is the appropriate first step under the ACA Code of Ethics. The described conduct presents a serious concern because identifying clients and disclosing personal circumstances in public spaces compromises the core counseling obligation to protect confidential information. ACA ethics directs counselors who have reason to believe that another counselor may be acting unethically to attempt an informal resolution with that colleague when doing so is appropriate and does not itself violate confidentiality rights or otherwise create harm. A respectful, private discussion gives the colleague clear notice of the concern and an opportunity to stop the disclosures, safeguard client information, and take corrective action promptly.

The conversation should focus on the observed behavior, the need to avoid client-identifying details in public settings, and practical steps for protecting privacy. Counselors should document relevant facts and remain prepared to take further action through appropriate channels if an informal approach is unsuitable or does not resolve conduct that has caused, or is likely to cause, substantial harm. This sequence reflects the ethical expectation to address possible colleague misconduct responsibly while prioritizing client welfare and confidentiality. See ACA Code of Ethics Standard H.2.a, Reporting Ethical Violations, and Standard B.1.c, Respect for Confidentiality.

**QUESTION NO: 14**

A client who recently immigrated reports reluctance to seek help because, in the client's community, emotional concerns are usually addressed within the family and religious community. Which counselor response best demonstrates cultural humility?

**A.** "How do you understand support in your family and community, and what role would you like those supports to have?"

**B.** "Family involvement is usually a barrier, so counseling should remain separate from it."

**C.** "You will need to set aside community expectations in order for counseling to work."

**D.** "Cultural beliefs are less important than using the treatment that has the strongest research support."

**ANSWER: A**

**Explanation:**

Cultural humility requires the counselor to approach the client's cultural context with openness, self-awareness, and a willingness to learn from the client rather than assuming that the counselor's model of help seeking is universal. Asking how the client understands support and whether family or religious resources should be included respects the client's perspective and invites collaborative planning.

Assuming that family involvement is harmful imposes a conclusion without assessment. Advising the client to separate from cultural expectations is value imposition, and treating culture as irrelevant overlooks a potentially important source of meaning and support.

**QUESTION NO: 15**

Generalized anxiety disorder is best characterized by which of the following symptom patterns?

**A.** Pervasive lack of enthusiasm coupled with continual fatigue

**B.** Overconcern with bodily functioning and possible ailments

**C.** Repetitive thoughts and ritualistic actions

**D.** Continual yet diffuse and overly-intense reactions to day-to-day stress

**ANSWER: D**

**Explanation:**

Continual yet diffuse and overly-intense reactions to day-to-day stress best captures the core clinical pattern of generalized anxiety disorder. GAD involves excessive anxiety and worry about multiple events or activities, rather than fear restricted to one specific situation or concern. The worry occurs more days than not for at least six months, is difficult for the person to control, and is disproportionate to the likelihood or impact of anticipated events. Its diffuse quality is important: concerns may shift among ordinary domains such as work, school, finances, health, family responsibilities, or everyday tasks. The sustained mental and physical activation associated with this pattern commonly includes restlessness or feeling keyed up, fatigue, impaired concentration, irritability, muscle tension, and sleep disturbance. In clinical assessment, counselors evaluate the breadth, persistence, controllability, functional impact, and accompanying somatic symptoms of the worry, while also considering whether another condition better accounts for the presentation. This description is consistent with the diagnostic criteria summarized by the American Psychiatric Association and the overview from the National Institute of Mental Health.

**QUESTION NO: 16**

To overcome problems involved in the interpretation of a ratio IQ, deviation IQs have been developed that:

**A.** Lower the standard deviation among test takers.

**B.** Are based on common means and standard deviations for many IQ tests.

**C.** Place primary emphasis on selecting students in extreme intelligence categories.

**D.** Reflect that all new IQ tests are being based on a common theory of intelligence.

**ANSWER: B**

**Explanation:**

“Are based on common means and standard deviations for many IQ tests.” is correct because a deviation IQ expresses an examinee’s performance relative to the distribution of scores for an appropriate age-based normative sample. Rather than calculating intelligence from a mental-age-to-chronological-age ratio, the test publisher converts raw performance into a standardized score indicating the person’s distance from the normative-group mean. IQ scales conventionally use a mean of 100 and a specified standard deviation, commonly 15, although the precise standard deviation depends on the instrument. This approach makes score interpretation meaningful throughout the lifespan: an individual’s standing is evaluated against same-age peers, without assuming that mental age increases linearly with chronological age. It also permits clinicians and counselors to interpret scores in terms of relative position in the normative distribution, including percentile rank and degree of difference from average performance. The use of age norms, a defined mean, and a standard deviation is a central component of norm-referenced psychological assessment and supports reliable communication of results across many modern intelligence measures. The APA Standards for Educational and Psychological Testing describe the importance of appropriate norms and score interpretation, and the NBCC NCE information identifies assessment-related knowledge as part of counselor examination content.

**QUESTION NO: 17**

Within the context of Minuchinâ€™s theory of family counseling, standards that govern behavior in families are determined primarily by

**A.** Genetics

**B.** Family norms

**C.** Socioeconomic status

**D.** Family hierarchy

**ANSWER: B**

**Explanation:**

**Family norms** is correct because norms are the shared, often implicit standards that define what family members regard as acceptable, expected, permitted, or prohibited behavior. In Minuchin's structural family therapy, a family's structure is expressed through recurring transactional patterns: members learn how to relate to one another, which behaviors receive support or correction, and what roles are expected in particular situations. These repeated expectations become family norms and help organize everyday interaction.

Norms can address communication, emotional expression, privacy, caregiving, decision-making, conflict, and responsibilities. They are maintained through the family's usual responses to behavior and may be explicit rules or unspoken expectations. Structural assessment therefore attends to these patterned expectations, along with subsystems, boundaries, and authority relationships, to understand how the family is organized and where a counselor may help create more functional interactions. The foundational description of structural family therapy is available from the book's publisher at Harvard University Press. A concise overview of family-systems approaches and their attention to family interaction patterns is provided by the National Center for Biotechnology Information.

**QUESTION NO: 18**

Those familiar with substance use counseling recognize that past approaches were rigid and often not based on empirical evidence. Which of the following best describes the two concepts in which current, evidence-based substance use counseling approaches are grounded?

**A.** challenge and mastery

**B.** confrontation and acceptance

**C.** disease and external power

**D.** respect and support

**ANSWER: D**

**Explanation:**

**respect and support** is correct because contemporary substance use counseling is grounded in a client-centered, collaborative therapeutic relationship. Evidence-based approaches recognize clients as active participants in defining meaningful goals, assessing readiness for change, and selecting treatment pathways. Respect includes honoring autonomy, dignity, culture, lived experience, and the client's right to make informed decisions about change. Support is conveyed through empathy, accurate listening, encouragement, and practical assistance in strengthening motivation and sustaining recovery.

This foundation is especially clear in motivational interviewing, a well-established evidence-based approach for substance use concerns. Its counseling style is collaborative rather than coercive and seeks to evoke clients' own reasons and capacity for change. The Substance Abuse and Mental Health Services Administration describes motivational interviewing as a person-centered counseling style that addresses ambivalence about change and emphasizes partnership, acceptance, compassion, and evocation. These principles operationalize respect and support in clinical practice. SAMHSA's guidance is available in TIP 35: Enhancing Motivation for Change in Substance Use Disorder Treatment. NIDA likewise identifies behavioral therapies and individualized treatment as central components of effective substance use treatment; see Principles of Effective Treatment.

**QUESTION NO: 19**

Projective techniques:

**A.** Provide objective assessment.

**B.** Predict future difficulties of the subject.

**C.** Reflect the causes of the subject's current difficulty.

**D.** Reveal unconscious processes.

**ANSWER: D**

**Explanation:**

**Reveal unconscious processes.** is correct because projective techniques are designed to elicit a person's relatively unstructured responses to ambiguous material, such as inkblots, pictures, or incomplete sentences. In psychodynamic traditions, the ambiguity of the stimulus is intended to permit underlying wishes, feelings, conflicts, relationship patterns, and other personality dynamics to emerge indirectly in the response. Counselors need to understand this intended purpose when evaluating assessment methods and discussing their appropriate, limited role within a comprehensive assessment process. Projective methods are interpreted by trained clinicians in light of the individual's responses, behavioral observations, history, presenting concerns, and other available clinical data; they are not self-interpreting instruments. Ethical assessment practice also requires counselors to use instruments only within the boundaries of their competence, to understand their technical properties and limitations, and to avoid drawing conclusions beyond what the assessment data can support. The American Psychological Association's testing guidance discusses the importance of appropriate test use, interpretation, and evaluator competence: APA Standards for Educational and Psychological Testing. The Association for Psychological Science provides an overview of projective personality measures and their theoretical basis: APS Observer: Projective Tests.

**QUESTION NO: 20**

A client reports difficulty concentrating "because everyone is always speaking at once." Following this disclosure, what symptom must the counselor assess?

**A.** Visual hallucinations

**B.** Auditory hallucinations

**C.** Delusions of grandeur

**D.** Tactile hallucinations

**ANSWER: B**

**Explanation:**

**Auditory hallucinations** is the symptom that requires focused assessment. The client's report that "everyone is always speaking at once" may indicate the experience of hearing voices or speech when no external speakers are present. Because the statement is ambiguous, the counselor should clarify whether the client means actual environmental noise, internal thoughts, or voices perceived as coming from outside the self. This follow-up should respectfully establish the form and content of the experience; when it occurs; how often it occurs; whether the voices are familiar or unfamiliar; the degree of distress and functional interference; and whether the voices give commands, particularly commands involving self-harm or harm to others.

Auditory hallucinations are perceptual experiences and can occur in psychotic-spectrum conditions as well as in some mood, trauma-related, substance-related, medical, sleep-related, or neurologic presentations. Assessment therefore should not assume a diagnosis from one statement. Instead, it should identify the symptom accurately, evaluate immediate safety and impairment, consider relevant contextual factors such as substance use and medical concerns, and determine whether consultation, referral, crisis intervention, or coordinated care is indicated. The National Institute of Mental Health identifies hallucinations, including hearing voices, as a possible symptom of psychosis; the American Psychiatric Association also describes hallucinations as perceptions occurring without an external stimulus. See NIMH: Understanding Psychosis and American Psychiatric Association: What Is Schizophrenia?.

## QUESTION NO: 21

What would a counselor do during the diagnostic process?

**A.** Involve the client actively.

**B.** Conceal the diagnosis from the client.

**C.** Discuss treatment alternatives.

**D.** Accept any previous diagnosis without reassessment.

## ANSWER: A

**Explanation:**

**Involve the client actively.** is correct because diagnosis in professional counseling is an ongoing, collaborative component of assessment rather than a conclusion imposed on a client. Counselors gather information through interviews, behavioral observations, screening or assessment instruments, relevant records, and—centrally—the client's account of concerns, symptoms, strengths, cultural context, and goals. Active involvement helps ensure that diagnostic impressions accurately reflect the client's lived experience and current functioning.

Collaboration also supports informed consent. A counselor should communicate in language the client can understand, explain the role and limits of assessment and diagnosis, invite the client's questions, and discuss diagnostic impressions in a manner that promotes understanding and client welfare. This process allows the client to clarify information, identify concerns about labels or records, and participate meaningfully in decisions that follow from assessment. It is consistent with counseling's emphasis on client autonomy, respect, and shared decision-making.

The American Counseling Association's ethical standards address informed consent, assessment, and the counselor's responsibility to use assessment results appropriately: ACA Code of Ethics. NBCC's examination program also identifies assessment and diagnosis as core areas of counselor knowledge: NBCC National Counselor Examination.