

The 2027 NCE & NCMHCE Update Guide

FREE COMPANION

Chapter Drills, Flashcards, and Supplemental-List Checklists

THE LICENSURE PROFESSOR

The 2027 NCE & NCMHCE Update Guide: Free Companion
Chapter Drills, Flashcards, and Supplemental-List Checklists

A free companion to *The 2027 NCE & NCMHCE Update Guide: The Six New Domains, All 101 Tasks in Plain Language, Crosswalk, and 3-Option Practice Questions*

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Published by The Licensure Professor, an imprint of Balsam Counseling Services, PC
thelicensureprofessor.com

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Information current as of 2026. Like the book, this companion is aligned to the NBCC NCE and NCMHCE examination specifications effective July 1, 2027.

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How to Use This Companion

This free companion holds the practice tools that go with *The 2027 NCE & NCMHCE Update Guide*: a drill for each of Chapters 1 through 9, cut-out flashcards for all ten chapters, and checklists for the supplemental lists in NBCC's 2027 examination specifications. The book teaches what changed and why it matters; this companion gives you a way to test yourself on it after you read. Near the end of each chapter, the book's spaced-review row sends you here, and the study plans at the front of the book build the drills and flashcards into the weekly rhythm.

What is inside

- **Nine chapter drills, with answers.** Drill 1.1 through Drill 9.1, one for each of Chapters 1–9: 77 items in all, in formats such as fill-in-the-numbers, matching, sorting tasks into domains, and rewriting objectives. Chapter 10 has no drill; its practice is the two full practice cases in that chapter of the book.
- **150 flashcards.** Fourteen each for Chapters 1 and 2, sixteen each for Chapters 3 through 9, and ten for Chapter 10, printed as double-sided sheets of eight cards.
- **Supplemental-list checklists.** In the Chapter 2 section: 40 presenting concerns, 34 theoretical frameworks, and 27 tools and assessments, 101 entries grouped into the book's own categories.
- **References.** Full entries for the works the drills and flashcards cite, plus sources for the facts the cards state without a citation.

Drills

In Chapters 1–9, each chapter section opens with its drill. Work it from memory first, without the book open, the way you will answer on test day. When you finish, turn the page: the answers are on the page right after the drill, which is the back of the drill page when you print double-sided, so you cannot see them while you work. Mark every item you missed or guessed on, reread the section of the chapter that teaches it, and copy the miss into your error log in the book. A drill is a short retrieval check, not a score to chase; the point is to find the gaps while there is still time to close them.

Flashcards

Each chapter's flashcards close its section, on sheets of eight cards. The card fronts (a term or a question) are on an odd-numbered page, and the backs (the answer) are on the even-numbered page right after it, arranged so that each back lands behind its front.

- **Print double-sided, flipping on the long edge,** at actual size (100%, not “fit to page”). If your printer cannot print double-sided, print the odd page, put that sheet back in the tray, and print the even page on its reverse. Test the orientation with one sheet first.

- **Cut on the dashed lines.** Each card carries its chapter and number (for example, *Ch. 5 · 3*), so a mixed deck is easy to sort back into chapters.
- **Blank pages are deliberate.** A page left blank keeps the next chapter or the next sheet of card fronts on an odd page. Print it along with everything else and the cards stay aligned.

Study the cards actively. Say the answer out loud before you turn a card over, then sort the deck into two piles, “know it” and “not yet,” and give the “not yet” pile most of your time. When the book’s review schedule calls for flashcards in both directions, read the back first and name the front as well.

Checklists

The supplemental lists are NBCC’s own lists of the presenting concerns, theoretical frameworks, and tools and assessments that counselors reported using most. NBCC describes them as most likely to appear on the 2027 exams, while noting that questions are not limited to them. Chapter 2 of the book explains how to use them; the checklists in this companion turn every entry into a box you can tick. Check off an entry only when you can do three things: recognize it in a vignette, name the main approaches or tools that fit it, and state one safety, cultural, or ethical consideration that goes with it. Entries you cannot yet check off become your study list for the weeks before the exam.

Fitting the companion into your review schedule

The book’s spaced-review schedule counts from the day you finish reading a chapter. On Day 1, redo your missed questions and work the chapter’s drill. On Day 3, go through the chapter’s flashcards in both directions, or answer practice questions. On Day 45, go through the flashcards again along with your error-log items. Each chapter’s tracker row in the book, and the Master Spaced-Review Tracker at the back of the book, has a box for every one of those reviews, so you can see at a glance what is due.

The same drills and flashcards also work online, with nothing to print. Bookmark this page to come back to them any time:

thelicensureprofessor.com/2027-update-companion/access/

A note on the source of these materials

Every drill item and flashcard in this companion is original, and none is taken from any NBCC examination. **This companion is not affiliated with or endorsed by the National Board for Certified Counselors (NBCC).** Confirm exam dates, rules, and policies with NBCC before you register.

This page is intentionally blank. It keeps each chapter and each sheet of flashcard fronts on an odd-numbered page, so fronts and backs line up when you print double-sided.

CHAPTER 1

The 2027 Exams at a Glance

Drill

Drill 1.1 • Fill in the numbers. Fill each blank from memory, then check the cheat sheet.

1. The 2027 NCE has _____ items, of which _____ are scored.
2. Each 2027 NCE item has _____ options; each 2027 NCMHCE item has _____.
3. Both 2027 exams allow _____ minutes for the items.
4. The 2027 NCMHCE has _____ case studies, each with _____ to _____ items.
5. The scaled score range is _____ to _____, and _____ passes on every form.
6. The two heaviest 2027 domains, at _____ percent each, are _____ and _____.
7. The lightest 2027 domain, at _____ percent, is _____.
8. Intake & Assessment carries _____ percent, or about _____ scored NCE items.
9. The new exams take effect on _____.
10. The current NCE has _____ scored items; the current NCMHCE has _____.

Answers to the Chapter 1 drill

Drill answers. 1.1: (1) 170; 140. (2) three; four. (3) 225. (4) 10; 9; 15. (5) 100; 500; 360. (6) 20; Provision of Counseling Interventions; Legal & Ethical Compliance. (7) 12; Indirect Client Care. (8) 18; 25. (9) July 1, 2027. (10) 160; 100.

Ch. 1 · 1

2027 NCE format

Ch. 1 · 2

Current NCE format

Ch. 1 · 3

2027 NCMHCE format

Ch. 1 · 4

Current NCMHCE format

Ch. 1 · 5

2027 scoring

Ch. 1 · 6

How the 360 standard is set

Ch. 1 · 7

2027 review rule

Ch. 1 · 8

Six 2027 domains and weights

Ch. 1 · 2

200 items (160 scored, 40 field-test), four options each, 225 minutes, 15-minute break after item 100.

Ch. 1 · 1

170 items (140 scored, 30 field-test), three options each, 225 minutes, optional 15-minute break halfway.

Ch. 1 · 4

11 case studies, one unscored; 100 scored items; four options; 225 minutes; break after the fifth case.

Ch. 1 · 3

10 case studies; intake summary plus two sessions; 9–15 four-option items per case; 130–150 items with 30–50 field-test; 225 minutes.

Ch. 1 · 6

Modified Angoff study by subject matter experts for the first form; statistical equating for later forms.

Ch. 1 · 5

Scaled 100–500 on both exams; 360 passes on every form. Not a percentage; no curve.

Ch. 1 · 8

1 Prof. Dev. & Self-Awareness 15 · 2 Intake & Assessment 18 · 3 Tx Planning & Continuity 15 · 4 Interventions 20 · 5 Indirect Client Care 12 · 6 Legal & Ethical 20.

Ch. 1 · 7

Review within each half before submitting it. Once submitted and the break begins, no return.

Ch. 1 · 9

Approximate scored NCE items by domain

Ch. 1 · 10

Domains with subdomains

Ch. 1 · 11

Areas of Clinical Focus in 2027

Ch. 1 · 12

Transition rules

Ch. 1 · 13

Work analysis behind the 2027 exams

Ch. 1 · 14

New topics NBCC's FAQ names

Ch. 1 · 10

Domains 1, 2, and 3: 1A Professional Development, 1B Counselor Self-Awareness, 2A Intake, 2B Assessment, 3A Treatment Planning, 3B Continuity of Care.

Ch. 1 · 9

21 · 25 · 21 · 28 · 17 · 28 (140 × weight, rounded; not NBCC figures).

Ch. 1 · 12

Effective July 1, 2027. No overlap period expected. Retakes after launch use the new version. Old credentials and scores stay valid.

Ch. 1 · 11

No longer a domain. Presenting concerns are assessed throughout the exams (see the specifications' supplemental content guidance).

Ch. 1 · 14

Artificial intelligence, medically assisted therapy, and emotional support letters.

Ch. 1 · 13

2024–2025; interviews, eight focus groups with 100+ counselors and educators, validation survey of 14,000+ counselors; finalized October 2025.

CHAPTER 2

How the New Blueprint Thinks

Drill

Drill 2.1 • Name the domain. Each line paraphrases a 2027 task. Write the domain number (1–6) and, for Domains 1–3, the subdomain letter.

1. _____ Getting the client's consent before providing services by video
2. _____ Making a plan for clients in case the counselor's practice is suddenly interrupted
3. _____ Arranging a qualified interpreter in the client's preferred language
4. _____ Taking a course on the ethical and legal use of artificial intelligence
5. _____ Asking clients how the counseling process is working for them
6. _____ Checking whether a treatment approach could do harm to this particular client
7. _____ Carrying professional liability insurance
8. _____ Assessing whether you are suited to work with a particular client
9. _____ Conducting a mental status examination
10. _____ Writing progress notes during or after sessions

Answers to the Chapter 2 drill

Drill answers. 2.1: (1) 2A (task 2A.7). (2) 3B (3B.6). (3) 5 (5.7). (4) 1A (1A.7). (5) 4 (4.12). (6) 3A (3A.8). (7) 6 (6.12). (8) 1B (1B.5). (9) 2B (2B.5). (10) 5 (5.8).

Supplemental-list checklists

The checklists below group every item on NBCC's lists into this book's own categories. Check off each one when you can do three things: recognize it in a vignette, name the main approaches or tools that fit it, and state one safety, cultural, or ethical consideration that goes with it.

Presenting concerns

MOOD, ANXIETY, AND STRESS

- ☐ Fear, panic, worry, and anxiety
- ☐ Stress management
- ☐ Hopelessness, depression, and loneliness
- ☐ Rumination and intrusive thoughts
- ☐ Obsessive thoughts and compulsive or repetitive behaviors
- ☐ Somatic symptoms linked to anxiety, depression, or trauma
- ☐ Insomnia and sleep hygiene
- ☐ Burnout

SELF AND EMOTION REGULATION

- ☐ Self-esteem and self-acceptance
- ☐ Emotional dysregulation
- ☐ Anger management
- ☐ Executive functioning concerns
- ☐ Too much or too little mental focus
- ☐ Dissociation
- ☐ Maladaptive eating behaviors and eating disorders

RISK AND SAFETY

- ☐ Suicidal or homicidal thoughts or behaviors
- ☐ Injury to self or others
- ☐ Substance misuse and addiction

TRAUMA, VIOLENCE, AND ABUSE

- ☐ Family abuse and violence (physical, sexual, emotional)
- ☐ Child abuse and neglect

- ☐ Sexual violence, including assault and harassment
- ☐ Bullying

RELATIONSHIPS AND FAMILY

- ☐ Dating, marital, and other romantic relationship problems
- ☐ Unhealthy attachment styles
- ☐ Parenting and co-parenting conflict
- ☐ Blended family issues
- ☐ Caregiving concerns

DEVELOPMENT ACROSS THE LIFESPAN

- ☐ Child development issues
- ☐ Behavioral concerns
- ☐ Academic or school-based behavioral concerns
- ☐ Intellectual functioning concerns
- ☐ Gender identity development
- ☐ Aging and gerontological concerns

LOSS, HEALTH, AND ADJUSTMENT

- ☐ Grief and loss
- ☐ Adjustment to physical loss, injury, or a medical condition

CULTURE, MEANING, AND CONTEXT

- ☐ Cultural adjustment
- ☐ Racism, discrimination, and oppression
- ☐ Spiritual, religious, and existential concerns
- ☐ Financial issues
- ☐ Career and occupational development, from job search and college readiness to retirement

Theoretical frameworks

COGNITIVE AND BEHAVIORAL

- ☐ Cognitive behavior therapy (CBT)
- ☐ CBT for suicide prevention (CBT-SP)
- ☐ Trauma-focused CBT (TF-CBT)
- ☐ Cognitive processing therapy (CPT)
- ☐ Rational emotive behavior therapy (REBT)
- ☐ Exposure and response prevention (ERP)

- ☐ Behaviorism

MINDFULNESS- AND ACCEPTANCE-BASED

- ☐ Mindfulness-based cognitive therapy (MBCT)
- ☐ Dialectical behavior therapy (DBT)
- ☐ Acceptance and commitment therapy (ACT)

HUMANISTIC AND EXISTENTIAL

- ☐ Person-centered therapy (Rogers)

- ☐ Humanistic therapies
- ☐ Existential therapy
- ☐ Gestalt therapy

PSYCHODYNAMIC, ADLERIAN, AND ATTACHMENT

- ☐ Psychodynamic therapy
- ☐ Adlerian therapy
- ☐ Attachment theory
- ☐ Internal family systems (IFS)

BRIEF, MOTIVATIONAL, AND POSTMODERN

- ☐ Solution-focused brief therapy (SFBT)
- ☐ Motivational interviewing (MI)
- ☐ Narrative therapy
- ☐ Reality therapy

COUPLES AND FAMILY

- ☐ Emotionally focused therapy (EFT)

Tools and assessments

DIAGNOSIS AND CLASSIFICATION

- ☐ DSM-5-TR
- ☐ ICD-11-CM, as named in the specifications (the United States still codes diagnoses with ICD-10-CM, and as of October 2026 no U.S. clinical modification of ICD-11 had been adopted)
- ☐ Mental status examination (MSE)

SCREENING AND SYMPTOM MEASURES

- ☐ Patient Health Questionnaire (PHQ)
- ☐ Beck Depression Inventory (BDI)
- ☐ Beck Anxiety Inventory (BAI)
- ☐ PTSD Checklist (PCL)
- ☐ Trauma inventories
- ☐ Adverse Childhood Experiences (ACEs) questionnaires
- ☐ Alcohol Use Disorders Identification Test (AUDIT)

SUICIDE RISK AND CRISIS

- ☐ Columbia-Suicide Severity Rating Scale (C-SSRS)
- ☐ Ask Suicide-Screening Questions (ASQ)
- ☐ 988 Suicide & Crisis Lifeline

- ☐ The Gottman method
- ☐ Structural family therapy
- ☐ Multigenerational (Bowen) family therapy

DEVELOPMENT, CAREER, AND GROUPS

- ☐ Erikson's psychosocial stages
- ☐ Krumboltz's social learning theory of career decision making
- ☐ Lifespan career development
- ☐ Stages of group development

BODY, LOSS, AND CULTURE

- ☐ Somatic therapy
- ☐ Biofeedback
- ☐ Grief counseling
- ☐ Multicultural orientation (MCO) framework

- ☐ 311 community resource lines

CAREER AND PERSONALITY

- ☐ Self-Directed Search (SDS)
- ☐ Myers-Briggs Type Indicator (MBTI)

FAMILY, COMMUNITY, AND PLANNING

- ☐ Genogram
- ☐ Community needs and strengths assessments
- ☐ Treatment planning workbooks
- ☐ Supervision contract

PRACTICE AND PROFESSIONAL TOOLS

- ☐ Electronic health records and practice management software
- ☐ Video conferencing and telehealth platforms
- ☐ Artificial intelligence (AI)
- ☐ Council for Affordable Quality Healthcare (CAQH)
- ☐ *Publication Manual of the American Psychological Association*
- ☐ Peer-reviewed journal articles
- ☐ Professional memberships and access to continuing education

Ch. 2 · 1

Work analysis

Ch. 2 · 2

Three levels of the 2027 outline

Ch. 2 · 3

Tasks per domain

Ch. 2 · 4

“Including, but not limited to”

Ch. 2 · 5

Areas of Clinical Focus in 2027

Ch. 2 · 6

Supplemental content guidance

Ch. 2 · 7

Why three options?

Ch. 2 · 8

The answer, the almost, the also-ran

Ch. 2 · 2

Domain → subdomain (Domains 1–3 only) → task. 101 tasks in all; items are written to tasks.

Ch. 2 · 1

A structured study of what people in a profession actually do, used to keep an exam tied to practice. NBCC's was done in 2024–2025 and finalized in October 2025.

Ch. 2 · 4

The phrase that introduces each knowledge and skill list. The lists guide study; they do not limit the exam.

Ch. 2 · 3

1A 8 · 1B 11 · 2A 7 · 2B 12 · 3A 11 · 3B 9 · 4 15 · 5 8 · 6 20.

Ch. 2 · 6

Lists of presenting concerns, frameworks, and tools that counselors reported using most; “most likely to appear,” not a limit.

Ch. 2 · 5

Not mapped to any task. Presenting concerns are assessed throughout the exams as the setting of items.

Ch. 2 · 8

The almost is right in content but wrong in timing, scope, or attribution. The also-ran is real but does not fit the stem.

Ch. 2 · 7

Research finds three options optimal, with no loss in score quality (Rodriguez, 2005); when items are trimmed, the least plausible option is usually the one dropped.

Ch. 2 · 9

Four-step method

Ch. 2 · 10

FIRST or NEXT

Ch. 2 · 11

EXCEPT on a three-option item

Ch. 2 · 12

Best-next-step priorities

Ch. 2 · 13

Changing answers

Ch. 2 · 14

NCE versus NCMHCE in 2027

Ch. 2 · 10

A sequence question: several options may be right actions, but only one comes first.

Ch. 2 · 9

Read the final sentence first; name the task; predict, then look; compare the last two on the qualifier.

Ch. 2 · 12

Safety; assess before acting; talk with the client; least restrictive safe step; consult; proportionate response.

Ch. 2 · 11

Two options are true and one is false. Mark each T or F before choosing.

Ch. 2 · 14

Same blueprint. NCE: recall, stand-alone three-option items. NCMHCE: apply and evaluate, case studies with four-option items.

Ch. 2 · 13

Change when you can name the fact your first choice ignored. Changes more often help than hurt (Kruger et al., 2005).

CHAPTER 3

Professional Development and Counselor Self-Awareness

Drill

Drill 3.1 • Sort it. Write the matching letter next to each situation. Letters may be used more than once.

A. Burnout **B.** Compassion fatigue **C.** Vicarious trauma **D.** Countertransference **E.** Impairment

Situation	Letter
1. A counselor feels unusually protective of one client who reminds her of her younger brother.	----
2. After 2 years with combat veterans, a counselor believes the world is fundamentally unsafe.	----
3. A counselor with 40 clients and no administrative support has become cynical and exhausted.	----
4. A counselor forgot to complete a risk assessment with two clients who disclosed suicidal thoughts.	----
5. A hospice counselor notices she no longer feels moved by families' grief.	----

Short answer.

6. A supervisor helps a supervisee explore his anger toward a client. Which of Bernard's focus areas is this? _____
7. Before adopting an AI note-taker, a counselor completes a course on its privacy and legal risks. Which 2027 task is this? _____
8. A counselor helps a tenants' group prepare testimony for a state legislative hearing on a housing bill. Which advocacy level, and is it with or on behalf of them? _____

Answers to the Chapter 3 drill

Drill answers. 3.1: (1) D. (2) C. (3) A. (4) E. (5) B. (6) Personalization. (7) Task 1A.7, training on the ethical and legal use of AI. (8) Public arena, with the tenants (collective action).

Ch. 3 · 1

Domain 1 at a glance

Ch. 3 · 2

Four new Domain 1 tasks

Ch. 3 · 3

Supervision vs. consultation

Ch. 3 · 4

Bernard's discrimination model

Ch. 3 · 5

Evidence-based practice

Ch. 3 · 6

New specialty (Standard C.2.b)

Ch. 3 · 7

AI before use

Ch. 3 · 8

MSJCC domains

Ch. 3 · 2

1A.3 continuing education; 1A.6 ethics training; 1A.7 training on ethical and legal use of AI; 1A.8 training for different cultures or populations.

Ch. 3 · 1

Professional Development & Counselor Self-Awareness: 15 percent, about 21 scored NCE items, 19 tasks (1A: 8; 1B: 11).

Ch. 3 · 4

Roles: teacher, counselor, consultant. Focus areas: intervention, conceptualization, personalization (Bernard, 1979).

Ch. 3 · 3

Supervision: hierarchical, evaluative, ongoing; supervisor shares responsibility. Consultation: voluntary, nonevaluative; consultee keeps responsibility.

Ch. 3 · 6

Requires education, training, and supervised experience. A workshop alone is not competence.

Ch. 3 · 5

Best research + clinical expertise + client characteristics, culture, and preferences.

Ch. 3 · 8

Counselor self-awareness; client worldview; counseling relationship; counseling and advocacy interventions (Ratts et al., 2016).

Ch. 3 · 7

Get trained; protect client information (BAA for PHI); obtain informed consent; verify output; human judgment stays in charge.

Ch. 3 · 9

Cultural humility

Ch. 3 · 10

Advocacy levels

Ch. 3 · 11

Competence gap vs. values conflict

Ch. 3 · 12

Assessment competence (E.2.a)

Ch. 3 · 13

Boundary crossing vs. violation

Ch. 3 · 14

Former clients and romance

Ch. 3 · 15

**Burnout vs. compassion fatigue
vs. vicarious trauma**

Ch. 3 · 16

Impairment (Standard C.2.g)

Ch. 3 · 10

Client or student; school or community; public arena. Each can be done with clients or on behalf of them. Public arena with clients is now called collective action (2018 update).

Ch. 3 · 9

Other-oriented openness and respect, no cultural superiority (Hook et al., 2013); a lifelong commitment to self-evaluation (Tervalon & Murray-García, 1998). One of the three parts of the multicultural orientation framework, with cultural opportunities and cultural comfort.

Ch. 3 · 12

Use only instruments you are trained to administer and interpret.

Ch. 3 · 11

Competence gap: consult, train, or refer. Values conflict: supervision and self-work; values-based referral prohibited (A.11.b).

Ch. 3 · 14

Prohibited for 5 years after last professional contact; after that, the counselor must still document in advance whether it could be exploitative or harmful, and avoid it if so (A.5.c).

Ch. 3 · 13

Crossing: may benefit the client; take precautions, consult, and document the rationale (A.6.b–c). Violation: harms or exploits.

Ch. 3 · 16

Functioning affects client care. Seek help; limit, suspend, or end services until safe.

Ch. 3 · 15

Burnout: workload exhaustion and cynicism. Compassion fatigue: drained empathy. Vicarious trauma: changed beliefs about safety, trust, and the world.

CHAPTER 4

Intake and Assessment

Drill

Drill 4.1 • Instrument match. Write the letter of the best instrument next to each situation. Each letter is used once.

A. ASQ B. AUDIT C. CRAFFT D. PCL-5 E. ACE questionnaire F. PHQ-9 G. SDS H. C-SSRS

Situation	Letter
1. A 16-year-old's school counselor wants a brief substance use screen.	----
2. A clinic wants to track a veteran's PTSD symptoms monthly.	----
3. A primary care practice screens adults for depression in the past 2 weeks.	----
4. A counselor wants a structured rating of the severity of suicidal ideation and behavior.	----
5. A pediatric emergency department screens young patients for suicide risk.	----
6. A college student wants to explore career interests by Holland type.	----
7. A counselor wants to count categories of childhood adversity.	----
8. An employee assistance counselor screens an adult for hazardous drinking.	----

Answers to the Chapter 4 drill

Drill answers. 4.1: (1) C. (2) D. (3) F. (4) H. (5) A. (6) G. (7) E. (8) B.

Ch. 4 · 1

Domain 2 at a glance

Ch. 4 · 2

Telemental health consent essentials

Ch. 4 · 3

Assent vs. consent

Ch. 4 · 4

Group and family consent

Ch. 4 · 5

Collateral information

Ch. 4 · 6

**First step after a hint of suicidal
thinking**

Ch. 4 · 7

Safety plan vs. no-suicide contract

Ch. 4 · 8

Lethal means counseling

Ch. 4 · 2

Client location each session; local emergency contact and crisis resources; disconnection plan; privacy; technology risks; identity verification (H.2.a, H.3).

Ch. 4 · 1

Intake & Assessment: 18 percent, about 25 scored NCE items, 19 tasks (2A: 7; 2B: 12). New task: 2A.7, telemental health consent.

Ch. 4 · 4

Group: explain the importance and parameters of confidentiality (B.4.a), including that members' confidentiality cannot be guaranteed. Family: define who the client is and agree in writing on the secrets policy at the start (B.4.b).

Ch. 4 · 3

Minors and adults who cannot consent give assent; the legally authorized person gives consent (A.2.d).

Ch. 4 · 6

Ask directly; assess ideation, plan, intent, means, history, and protective factors. Asking does not increase risk.

Ch. 4 · 5

Requires the client's written release unless law permits disclosure; without one, listen but do not confirm the relationship.

Ch. 4 · 8

Collaborative steps to reduce access to firearms, medications, and other lethal methods during a period of risk.

Ch. 4 · 7

Safety plan: collaborative written steps, contacts, 988, and means reduction (Stanley & Brown, 2012). No-suicide contract: not recommended.

Ch. 4 · 9

Suicide screens

Ch. 4 · 10

Substance screens

Ch. 4 · 11

Trauma tools

Ch. 4 · 12

Mood vs. affect; process vs. content

Ch. 4 · 13

Sensitivity vs. specificity

Ch. 4 · 14

Standard scores

Ch. 4 · 15

DSM-5-TR, ICD-10-CM, ICD-11

Ch. 4 · 16

Level of care principle

Ch. 4 · 10

AUDIT: 10 items, WHO, 8+ hazardous. CAGE: 4 items, 2+ significant. CRAFFT: adolescents.

Ch. 4 · 9

C-SSRS (severity of ideation and behavior; brief screener available); ASQ (four yes/no questions; began in pediatric emergency departments, now youth and adult versions for medical settings); PHQ-9 item 9.

Ch. 4 · 12

Mood is reported; affect is observed. Process is how thoughts connect; content is what the person thinks about.

Ch. 4 · 11

ACE questionnaire: count of 10 childhood adversity categories (abuse, neglect, household challenges). PCL-5: 20 items, DSM-5 PTSD symptoms, 0–80; 31–33 has indicated probable PTSD.

Ch. 4 · 14

z: mean 0, SD 1. T: mean 50, SD 10. Deviation IQ: mean 100, SD 15. Stanine: 1–9, mean 5.

Ch. 4 · 13

Sensitivity: correctly identifies people with the condition. Specificity: correctly clears people without it.

Ch. 4 · 16

Least restrictive setting that safely meets need: outpatient → IOP → partial → residential → inpatient. Withdrawal risk calls for medical management.

Ch. 4 · 15

DSM-5-TR (2022) gives criteria and lists ICD-10-CM codes used for U.S. billing. ICD-11 is WHO's current revision, in effect internationally since 2022.

CHAPTER 5

Treatment Planning and Continuity of Care

Drill

Drill 5.1 • Fix it or file it. For items 1–4, rewrite the statement as a SMART objective. For items 5–8, write the correct term from the list: *aftercare plan, discharge plan, relapse prevention plan, disruption-of-service plan, contraindication, negative reinforcement, extinction burst, warm handoff*.

1. “Client will feel better about herself.” _____
2. “Client will sleep more.” _____
3. “Counselor will teach anger management.” _____
4. “Reduce drinking.” _____
5. A list of a client’s high-risk situations and what she will do after a slip. _____
6. A counselor names a colleague to see clients and hold records if she is suddenly hospitalized.

7. A child’s tantrums briefly increase after his parents stop giving in to them. _____
8. A counselor walks a client down the hall and introduces him to the psychiatrist. _____

Answers to the Chapter 5 drill

Drill answers. 5.1: Sample rewrites (yours may differ if they are specific, measurable, and dated): (1) “Client will list three things she did well each evening, at least 5 days a week, for 4 weeks.” (2) “Client will follow a set bedtime and wake time at least 6 nights a week and report 7 or more hours of sleep on a sleep log within 3 weeks.” (3) “Client will use a time-out and paced breathing in place of yelling during at least 4 of 5 recorded conflicts over the next month.” (4) “Client will drink no more than 2 drinks on no more than 2 days per week for 6 weeks, tracked in a daily log.” (5) Relapse prevention plan. (6) Disruption-of-service plan (a professional will). (7) Extinction burst. (8) Warm handoff.

Ch. 5 · 1

Domain 3 at a glance

Ch. 5 · 2

Two new Domain 3 tasks

Ch. 5 · 3

Priority order

Ch. 5 · 4

Goal vs. objective

Ch. 5 · 5

SMART (NBCC's version)

Ch. 5 · 6

**Collaborative planning (Standard
A.1.c)**

Ch. 5 · 7

Contraindication

Ch. 5 · 8

Behavioral management plan steps

Ch. 5 · 2

3A.8 assess contraindications of treatment approaches; 3B.6 plan for disruption of service.

Ch. 5 · 1

Treatment Planning & Continuity of Care: 15 percent, about 21 scored NCE items, 20 tasks (3A: 11; 3B: 9).

Ch. 5 · 4

Goal: broad, long-term outcome. Objective: specific, measurable, dated step describing what the client will do.

Ch. 5 · 3

Safety → stability and basic needs → the problem blocking progress or most important to the client.

Ch. 5 · 6

Counselors and clients develop plans jointly and review and revise them regularly.

Ch. 5 · 5

Specific, Measurable, Attainable, Realistic, Timely.

Ch. 5 · 8

Define behavior → functional (A-B-C) assessment → replacement behavior → consistent consequences → same plan across settings, with data.

Ch. 5 · 7

A factor that makes an approach unsafe or inappropriate for this client now (e.g., domestic violence → no conjoint sessions).

Ch. 5 · 9

Reinforcement vs. punishment

Ch. 5 · 10

Extinction burst

Ch. 5 · 11

Measurement-based care

Ch. 5 · 12

Stages of change

Ch. 5 · 13

Wraparound

Ch. 5 · 14

Disruption-of-service plan

Ch. 5 · 15

**Discharge vs. aftercare vs. relapse
prevention**

Ch. 5 · 16

**Termination (A.11.c) and
abandonment (A.12)**

Ch. 5 · 10

A temporary increase in a behavior after reinforcement stops; expected, not a sign of failure.

Ch. 5 · 9

Reinforcement increases behavior; punishment decreases it. Positive adds a stimulus; negative removes one.

Ch. 5 · 12

Precontemplation, contemplation, preparation, action, maintenance (Prochaska & DiClemente, 1983; preparation added by DiClemente et al., 1991).

Ch. 5 · 11

Regular standardized measures, reviewed with the client, used to adjust treatment.

Ch. 5 · 14

Coverage clinician, client notification, records custodian, continuity options. Professional will: Standard C.2.h.

Ch. 5 · 13

Team-based, family-driven, strengths-based single plan for youth with complex needs across systems.

Ch. 5 · 16

End when no longer needed, not benefiting, or harmed; give pre-termination counseling and referrals. Never leave clients without arranged care.

Ch. 5 · 15

Discharge closes the episode; aftercare supports afterward; relapse prevention plans for high-risk situations and lapses.

CHAPTER 6

Provision of Counseling Interventions

Drill

Drill 6.1 • Matching: concern to intervention. Write the letter of the best-matched intervention next to each concern. Each letter is used once.

Concern		Intervention
1. Checking the stove 30 times before leaving	----	A. TF-CBT
2. Nine-year-old after a car crash	----	B. MBCT
3. Third depressive episode, now in remission	----	C. ERP
4. Recurrent self-harm and intense mood swings	----	D. Motivational interviewing
5. “Part of me wants to quit drinking, part of me doesn’t”	----	E. DBT
6. Couple caught in a pursue-withdraw cycle	----	F. CBT-I
7. Lying awake for hours most nights	----	G. Emotionally focused therapy
8. Adult veteran with guilt-laden trauma beliefs	----	H. Cognitive processing therapy

Answers to the Chapter 6 drill

Drill answers. 6.1: 1-C, 2-A, 3-B, 4-E, 5-D, 6-G, 7-F, 8-H.

Ch. 6 · 1

Domain 4 weight and size

Ch. 6 · 2

Task 4.12 (new)

Ch. 6 · 3

Formative vs. summative feedback

Ch. 6 · 4

Withdrawal rupture

Ch. 6 · 5

Confrontation rupture

Ch. 6 · 6

Working alliance (Bordin, 1979)

Ch. 6 · 7

Immediacy

Ch. 6 · 8

OARS

Ch. 6 · 2

Solicit client feedback about the counseling process. The domain's only task with no 2019 counterpart.

Ch. 6 · 1

20% of scored items on both 2027 exams; approximately 28 of 140 scored NCE items; 15 tasks, no subdomains.

Ch. 6 · 4

Quietness, over-agreement, topic shifts, missed sessions. Repair: notice and invite the client to say more.

Ch. 6 · 3

Formative: during counseling, to adjust it.
Summative: at the end, to judge outcome.

Ch. 6 · 6

Agreement on goals, agreement on tasks, and an emotional bond.

Ch. 6 · 5

Complaints or challenges to the counselor.
Repair: respond without defensiveness, explore, own your part.

Ch. 6 · 8

MI's basic skills: open questions, affirmations, reflections, summaries.

Ch. 6 · 7

Talking about what is happening between counselor and client right now.

Ch. 6 · 9

Broaching (Day-Vines et al., 2007)

Ch. 6 · 10

MSJCC (Ratts et al., 2016)

Ch. 6 · 11

Multicultural orientation

Ch. 6 · 12

ERP vs. behavioral activation

Ch. 6 · 13

Medications for opioid use disorder

Ch. 6 · 14

Tuckman's stages

Ch. 6 · 15

Linking vs. blocking

Ch. 6 · 16

Safety plan (Stanley-Brown)

Ch. 6 · 10

Counselor self-awareness, client worldview, counseling relationship, counseling and advocacy interventions.

Ch. 6 · 9

The counselor's deliberate invitation to discuss how culture and identity relate to the client's concerns. Styles run from avoidant to infusing.

Ch. 6 · 12

ERP: exposure while blocking rituals, for compulsions. Behavioral activation: scheduling rewarding activity, for depression.

Ch. 6 · 11

Cultural humility, cultural opportunities, cultural comfort.

Ch. 6 · 14

Forming, storming, norming, performing, adjourning (adjourning added with Jensen, 1977).

Ch. 6 · 13

Methadone (full agonist), buprenorphine (partial agonist), naltrexone (antagonist). Naloxone reverses overdose.

Ch. 6 · 16

Warning signs, internal coping, social distraction, people to ask for help, professionals and crisis lines (988), making the environment safe.

Ch. 6 · 15

Linking connects members' shared experiences. Blocking stops harmful behavior to protect members.

CHAPTER 7

Indirect Client Care

Drill

Drill 7.1 • Sort the task. Write the task number (5.1–5.8) that best fits each action. One action belongs to Domain 6; write “D6” for it.

Action	Task
1. Calling a hospital interpreter line before an intake	-----
2. Reading last week’s note to recall a client’s safety plan	-----
3. Attending a wraparound meeting with a teen’s family and caseworker	-----
4. Recording a client’s report of tremor after a new prescription	-----
5. Checking that a local food bank’s hours are still accurate	-----
6. Writing a BIRP note after a session	-----
7. Joining a hospital’s interdisciplinary team meeting	-----
8. Submitting a claim with CPT code 90834	-----
9. Speaking with a client’s employer about a return-to-work plan, with a signed release	-----

Answers to the Chapter 7 drill

Drill answers. 7.1: (1) 5.7. (2) 5.6. (3) 5.1. (4) 5.4. (5) 5.5. (6) 5.8. (7) 5.3. (8) D6 (billing; Task 6.7). (9) 5.2.

Ch. 7 · 1

Domain 5 weight and size

Ch. 7 · 2

Task 5.7 (new)

Ch. 7 · 3

Where billing and EHRs live

Ch. 7 · 4

Tasks 5.1, 5.2, 5.3

Ch. 7 · 5

Release of information

Ch. 7 · 6

Confirming client status

Ch. 7 · 7

HIPAA treatment exception

Ch. 7 · 8

Psychotherapy notes

Ch. 7 · 2	Ch. 7 · 1
Secure translation services for the client's preferred language. The domain's only task with no 2019 counterpart.	12% of scored items on both 2027 exams; approximately 17 of 140 scored NCE items; 8 tasks.
Ch. 7 · 4	Ch. 7 · 3
Collaborate with the client's support system; with non-clinical stakeholders; with other treatment providers.	Domain 6, Legal and Ethical Compliance, not Indirect Client Care.
Ch. 7 · 6	Ch. 7 · 5
Saying that someone is (or is not) a client is a disclosure; do not confirm without consent.	Written; names who shares, who receives, what, why, and expiration; revocable by the client.
Ch. 7 · 8	Ch. 7 · 7
The counselor's separate notes analyzing session content; need specific authorization for most disclosures. Diagnosis and risk data belong in the record.	Providers may share PHI with other providers for treatment without authorization; psychotherapy notes are excluded.

Ch. 7 · 9

42 CFR Part 2

Ch. 7 · 10

SOAP

Ch. 7 · 11

DAP

Ch. 7 · 12

BIRP

Ch. 7 · 13

Interpreter vs. translator

Ch. 7 · 14

Ad hoc interpreters

Ch. 7 · 15

Medication reports

Ch. 7 · 16

Wraparound

Ch. 7 · 10

Subjective, Objective, Assessment, Plan.

Ch. 7 · 9

Stricter federal confidentiality for records of federally assisted substance use disorder programs.

Ch. 7 · 12

Behavior, Intervention, Response, Plan.

Ch. 7 · 11

Data, Assessment, Plan.

Ch. 7 · 14

Family members, friends, and especially children are discouraged; use a qualified interpreter bound by confidentiality.

Ch. 7 · 13

Interpreters handle spoken or signed language in real time; translators handle written documents.

Ch. 7 · 16

A team plan built with the family, natural supports, and providers, usually for youth with complex needs; the family's goals drive it.

Ch. 7 · 15

Document in the client's words; encourage prescriber contact; share with consent; never advise dose changes.

CHAPTER 8

Legal and Ethical Compliance

Drill

Drill 8.1 • Subpoena, order, or neither? For each situation, write S (treat as a subpoena: contact client, consult, assert privilege), O (comply narrowly with a court order), or R (release only with the client's written authorization).

Situation	Answer
1. An attorney's letter demands records "within 10 days"	----
2. A judge signs an order for treatment dates and diagnosis	----
3. A client's employer asks whether she attended sessions	----
4. A document titled "subpoena duces tecum" arrives from opposing counsel	----
5. A client's new counselor requests a treatment summary	----
6. A court order requires records, and the counselor believes some are irrelevant	----

Answers to the Chapter 8 drill

Drill answers. 8.1: (1) R; a letter from an attorney is neither a subpoena nor a court order. (2) O. (3) R. (4) S. (5) R. (6) O; ask the court to limit the scope rather than withholding.

Ch. 8 · 1

Domain 6 weight and size

Ch. 8 · 2

Domain 6 new tasks

Ch. 8 · 3

***Tarasoff* (1976)**

Ch. 8 · 4

Mandated reporting standard

Ch. 8 · 5

Subpoena vs. court order

Ch. 8 · 6

Privilege

Ch. 8 · 7

Involuntary commitment criteria

Ch. 8 · 8

HIPAA vs. HITECH

Ch. 8 · 2

6.6 licensure maintenance · 6.8 compliance training · 6.9 lawful telehealth platforms · 6.12 liability insurance · 6.13 Compact · 6.15 update emergency plan · 6.18 EHR · 6.19 AI · 6.20 marketing.

Ch. 8 · 1

20% of scored items on both 2027 exams; approximately 28 of 140 scored NCE items; 20 tasks, 9 of them new.

Ch. 8 · 4

Reasonable suspicion, not proof. Report to the designated agency; do not investigate.

Ch. 8 · 3

Duty to use reasonable care to protect an identifiable victim of a client's serious threat. State laws vary: mandatory, permissive, or none.

Ch. 8 · 6

The client's legal right to keep communications out of court; the client holds and may waive it. *Jaffee v. Redmond* (1996).

Ch. 8 · 5

Subpoena: respond, contact the client, consult, assert privilege. Court order: comply, releasing only what is ordered.

Ch. 8 · 8

HIPAA (1996): privacy and security of PHI. HITECH (2009): breach notification, stronger enforcement, EHR adoption.

Ch. 8 · 7

Generally danger to self, danger to others, or grave disability due to mental illness; least restrictive setting; due process.

Ch. 8 · 9

Business associate agreement

Ch. 8 · 10

Telehealth jurisdiction

Ch. 8 · 11

Common CPT codes

Ch. 8 · 12

NPI

Ch. 8 · 13

Insurance fraud examples

Ch. 8 · 14

Claims-made vs. occurrence

Ch. 8 · 15

Counseling Compact

Ch. 8 · 16

Service animal vs. ESA

Ch. 8 · 10

Practice occurs where the client is located during the session; both states' laws may apply (Standard H.1.b).

Ch. 8 · 9

Required contract with any vendor that handles PHI for a covered provider (EHRs, telehealth platforms, AI note-takers).

Ch. 8 · 12

National Provider Identifier: unique 10-digit number; Type 1 individual, Type 2 organization; stays with the clinician.

Ch. 8 · 11

90791 intake · 90832/90834/90837 psychotherapy about 30/45/60 minutes · 90846/90847 family · 90853 group · 90839 crisis.

Ch. 8 · 14

Claims-made covers claims filed while active (needs tail coverage after). Occurrence covers incidents during the policy period.

Ch. 8 · 13

Upcoding, billing services not provided, false diagnoses for coverage, billing no-shows as sessions, undisclosed routine copay waivers.

Ch. 8 · 16

ADA service animal: a dog trained to perform disability-related tasks. ESA: comfort only; not covered by the ADA or airline rules; housing protection depends on fair housing case law and state law (HUD withdrew its 2020 guidance in 2025 and narrowed its enforcement in 2026).

Ch. 8 · 15

Privilege to practice in member states, based on a full, unrestricted home-state license; follow the remote state's laws.

CHAPTER 9

What’s New: A Closer Look

Drill

Drill 9.1 • Sort the task. Write the domain number (1–6) next to each new task.	
Task	Domain
1. Ask clients for feedback on how counseling is going	----
2. Arrange a qualified interpreter	----
3. Train in the ethical and legal use of AI	----
4. Plan for interruptions in service	----
5. Update the practice’s emergency plan	----
6. Obtain telemental health informed consent	----
7. Carry professional liability insurance	----
8. Check for contraindications to an approach	----
9. Practice under the Counseling Compact	----
10. Complete continuing education	----

Answers to the Chapter 9 drill

Drill answers. 9.1: (1) 4; (2) 5; (3) 1; (4) 3; (5) 6; (6) 2; (7) 6; (8) 3; (9) 6; (10) 1.

Ch. 9 · 1

Novel tasks: how many, and where?

Ch. 9 · 2

Telehealth consent: what it adds

Ch. 9 · 3

First step in every telehealth session

Ch. 9 · 4

Contraindication

Ch. 9 · 5

Plan for disruption of service

Ch. 9 · 6

Professional will

Ch. 9 · 7

Soliciting client feedback (4.12)

Ch. 9 · 8

Broaching

Ch. 9 · 2

Credentials and location, tech failure and backup plan, emergency procedures, response times, time zones and culture, insurance limits, social media policy (H.2.a).

Ch. 9 · 1

18 in NBCC's crosswalk: four in Domain 1, one in Domain 2, two in Domain 3, one each in Domains 4 and 5, nine in Domain 6.

Ch. 9 · 4

A reason not to use an approach with this client now (for example, conjoint work during domestic violence).

Ch. 9 · 3

Confirm the client's identity and current physical location.

Ch. 9 · 6

Plan naming who notifies clients, handles records, and refers if the counselor dies or is incapacitated (C.2.h).

Ch. 9 · 5

Advance notice, named covering clinician, releases, crisis resources, plan for the gap; prevents abandonment (A.12).

Ch. 9 · 8

Counselor's intentional, ongoing invitation to discuss race, culture, and identity (Day-Vines et al., 2007).

Ch. 9 · 7

Ask the client directly about the alliance and progress; especially useful when progress stalls.

Ch. 9 · 9

Withdrawal vs. confrontation rupture

Ch. 9 · 10

Interpreter vs. translator

Ch. 9 · 11

CPT / ICD-10-CM / NPI / CAQH

Ch. 9 · 12

Counseling Compact

Ch. 9 · 13

Occurrence vs. claims-made policy

Ch. 9 · 14

AI in practice

Ch. 9 · 15

Lethal means counseling

Ch. 9 · 16

ESA vs. service animal

Ch. 9 · 10

Interpreter: spoken or signed language, in real time. Translator: written documents. Use qualified professionals, not family.

Ch. 9 · 9

Withdrawal: moving away (silence, over-agreeing). Confrontation: moving against (complaints, criticism). Repair: name it, own your part, explore.

Ch. 9 · 12

Privilege to practice in member states based on a home-state license; follow the law of the client's state.

Ch. 9 · 11

Service code / diagnosis code / 10-digit provider ID / credentialing database insurers use.

Ch. 9 · 14

Competence, consent, confidentiality (BAA), counselor reviews all output and owns decisions, watch for bias.

Ch. 9 · 13

Occurrence: incidents during the policy period. Claims-made: claims filed during the policy period; needs tail coverage.

Ch. 9 · 16

ESA: comfort by presence; housing accommodation only (Fair Housing Act; federal enforcement narrowed in 2026). Service animal: trained dog performing tasks; ADA public access.

Ch. 9 · 15

Collaborative, temporary reduction of access to firearms and medications during risk; counselor never takes possession.

CHAPTER 10

The 2027 NCMHCE Case Format

This chapter has no drill. Its flashcards begin on the next right-hand page.

This page is intentionally blank. It keeps each chapter and each sheet of flashcard fronts on an odd-numbered page, so fronts and backs line up when you print double-sided.

Ch. 10 · 1

2027 NCMHCE structure

Ch. 10 · 2

Three sections of a case

Ch. 10 · 3

Field-test items: old vs. new

Ch. 10 · 4

2027 scoring

Ch. 10 · 5

Reading a case: before the items

Ch. 10 · 6

Answering an item

Ch. 10 · 7

Two good options?

Ch. 10 · 8

Agoraphobia vs. panic disorder

Ch. 10 · 2

Intake summary, then two later counseling sessions; each section has its own items.

Ch. 10 · 1

10 cases; 9–15 four-option items each; 130–150 items, 30–50 field-test; 225 minutes; optional break at halfway.

Ch. 10 · 4

Scaled 100–500; 360 passes on every form; not a percentage.

Ch. 10 · 3

Current: one unscored case. 2027: scattered throughout, indistinguishable from scored items.

Ch. 10 · 6

Name the task, find the qualifier, return to the text, eliminate in pairs.

Ch. 10 · 5

Who, what, risk, duration.

Ch. 10 · 8

Agoraphobia needs fear or avoidance in two or more types of situations; panic disorder needs recurrent unexpected attacks plus a month of worry or behavior change.

Ch. 10 · 7

Prefer the earlier step: assess, ensure safety, get consent, consult.

Ch. 10 · 9

Dual process model

Ch. 10 · 10

**Prolonged grief disorder (DSM-5-TR,
adults)**

Ch. 10 · 10

At least 12 months since the death; yearning or preoccupation plus related symptoms causing impairment.

Ch. 10 · 9

Stroebe and Schut (1999): healthy grieving oscillates between loss-oriented and restoration-oriented coping.

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