

# Counseling Children and Adolescents Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

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- 1. Which of the following does NOT describe preschoolers?**
  - A. They are egocentric.**
  - B. They are concrete operational thinkers.**
  - C. They typically engage in associative play.**
  - D. Their physical growth is slower than in earlier years.**
  
- 2. Adlerian Play Therapy and Cognitive-Behavioral Play Therapy share which characteristic?**
  - A. They can be both directive and nondirective**
  - B. They can be only directive**
  - C. They can be only nondirective**
  - D. They are neither**
  
- 3. Which play therapy approach is most commonly described as non-directive and child-led?**
  - A. Child-Centered Play Therapy**
  - B. Adlerian Play Therapy**
  - C. Theraplay**
  - D. Cognitive-Behavioral Play Therapy**
  
- 4. When an adolescent with parental consent refuses treatment, which approach is appropriate?**
  - A. Proceed with treatment regardless of refusal.**
  - B. Involve caregivers, explore reasons for refusal, maintain assent, and assess risk according to legal/ethical guidelines.**
  - C. Only involve caregivers if risk is present.**
  - D. Ignore the adolescent's preferences and rely solely on parental consent.**
  
- 5. What are common features of mood disorders in adolescence?**
  - A. Onset in adolescence; depressed mood, irritability, anhedonia; sleep/appetite changes; suicidality.**
  - B. Mood disorders in youth never include changes in sleep or appetite.**
  - C. Mood disorders are always present with psychotic features.**
  - D. Mood disorders always include euphoria.**

- 6. Which of the following statements is NOT true about brief counseling?**
- A. Brief counseling is the most effective counseling approach.**
  - B. Clinical judgment must always enter into the choice of counseling approaches.**
  - C. Brief counseling is useful with a variety of clients.**
  - D. Brief counseling is only one approach among many.**
- 7. Which three core conditions are associated with the Child-Centered Play Therapy approach?**
- A. Empathy, Understanding, Support**
  - B. Genuineness, Unconditional Positive Regard, Empathy**
  - C. Unconditional Positive Regard, Empathy, Respect**
  - D. Empathy, Genuineness, Unconditional Positive Regard**
- 8. Counselors need knowledge about child and adolescent development because**
- A. It can be used in consultation with parents and teachers.**
  - B. It helps them understand how clients respond to problems.**
  - C. It facilitates accurate assessment.**
  - D. All of the above.**
- 9. Which of the following questions should therapists ask themselves before engaging in play therapy with children?**
- A. Do I have enough energy to fully commit to working with this child?**
  - B. Is my practice setting appropriate for a play therapy setting?**
  - C. All of the Above**
  - D. Do I have the necessary skills to work with this child?**
- 10. When using standardized assessments with bilingual or multilingual youth, which considerations are important?**
- A. Use linguistically validated tools, ensure culturally appropriate norms, involve skilled interpreters, and consider bilingual language development in interpretation.**
  - B. Always use English-only tools, ignore norms.**
  - C. Avoid interpreters to preserve authenticity.**
  - D. Use monolingual normative data as universal.**

## **Answers**

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1. B
2. A
3. A
4. D
5. A
6. A
7. D
8. B
9. C
10. A

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## **Explanations**

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**1. Which of the following does NOT describe preschoolers?**

- A. They are egocentric.
- B. They are concrete operational thinkers.**
- C. They typically engage in associative play.
- D. Their physical growth is slower than in earlier years.

Preschoolers are in the preoperational stage, where thinking is symbolic and based on immediate perception rather than logical operations. Concrete operational thinking—the ability to reason logically about concrete objects and transformations—doesn't typically develop until around age 7. So describing preschoolers as concrete operational thinkers isn't accurate because their mental work is still intuitive and egocentric, not yet governed by fundamental logical rules. Think about what preschoolers do well: they often are egocentric, meaning they have trouble seeing things from another person's point of view. They also engage in associative play, where they enjoy playing alongside others and sharing materials, often imitating each other and building social skills without fully coordinated cooperation. In terms of growth, their physical development continues steadily, but the rate of growth is slower than during infancy and toddler years. So the statement that doesn't fit preschoolers is that they are concrete operational thinkers; that description aligns with a later developmental stage.

**2. Adlerian Play Therapy and Cognitive-Behavioral Play Therapy share which characteristic?**

- A. They can be both directive and nondirective**
- B. They can be only directive
- C. They can be only nondirective
- D. They are neither

The main idea here is that both Adlerian Play Therapy and Cognitive-Behavioral Play Therapy can be delivered in either a directive or nondirective style. In Adlerian Play Therapy, a directive approach might involve guided activities, goal setting, and purposeful tasks designed to reveal underlying lifestyle patterns and prompt change. A nondirective approach, on the other hand, lets the child lead the play and the therapist respond with reflection and support, helping the child discover solutions at their own pace. In Cognitive-Behavioral Play Therapy, interventions can be structured and therapist-directed—teaching coping skills, cognitive restructuring, and graded exposure through play—representing a directive stance. Yet CBT play also accommodates child-led play to express thoughts and feelings, with the therapist guiding strategies as needed, which aligns with a nondirective approach. Because practitioners can flex between these modes to fit the child and goals, this shared characteristic is that both approaches can be either directive or nondirective.

**3. Which play therapy approach is most commonly described as non-directive and child-led?**

- A. Child-Centered Play Therapy**
- B. Adlerian Play Therapy**
- C. Theraplay**
- D. Cognitive-Behavioral Play Therapy**

Non-directive, child-led play therapy centers on letting the child guide the session while the therapist provides a safe, accepting space and follows the child's lead. This approach emphasizes the child choosing activities, topics, and pacing, with the therapist using reflection and unconditional positive regard rather than directing what happens. That quality is exactly what characterizes Child-Centered Play Therapy, developed to empower children to express feelings and work through issues at their own pace. The other approaches are more directive or structured: Adlerian Play Therapy uses guided discoveries and task assignments with a collaborative client-therapist and often involves the family; Theraplay relies on structured, relational activities to build attachment and is more therapist-led in the session; Cognitive-Behavioral Play Therapy applies specific CBT techniques and is typically more guidance-oriented and skill-focused.

**4. When an adolescent with parental consent refuses treatment, which approach is appropriate?**

- A. Proceed with treatment regardless of refusal.**
- B. Involve caregivers, explore reasons for refusal, maintain assent, and assess risk according to legal/ethical guidelines.**
- C. Only involve caregivers if risk is present.**
- D. Ignore the adolescent's preferences and rely solely on parental consent.**

Adolescents have a developing capacity to participate in decisions about their care, so the ethical approach is to engage them in the process and honor their assent while also involving caregivers to support understanding and safety. When a teen refuses treatment, the best approach is to sit down with both the adolescent and their caregivers, listen to the reasons behind the refusal, and explore options together. This collaborative discussion helps address concerns, provide information, and consider alternatives that might be acceptable to the teen. At the same time, a careful risk assessment is essential. If there's significant risk to the adolescent (or others), the clinician follows legal and ethical guidelines for safety, which may require additional steps to protect the teen while still aiming to respect their preferences as much as possible. If risk is not imminent, continue to support the teen's participation in decision-making, document the process, and revisit the discussion regularly, adjusting the plan as needed. In short, combine respect for the adolescent's growing autonomy with careful involvement of caregivers and a thorough risk-guided plan that follows professional and legal standards.

**5. What are common features of mood disorders in adolescence?**

- A. Onset in adolescence; depressed mood, irritability, anhedonia; sleep/appetite changes; suicidality.**
- B. Mood disorders in youth never include changes in sleep or appetite.**
- C. Mood disorders are always present with psychotic features.**
- D. Mood disorders always include euphoria.**

Adolescents with mood disorders typically show symptoms that reflect mood disruption plus behavioral changes, often presenting as irritability rather than just sadness, along with diminished interest (anhedonia), and noticeable shifts in sleep and appetite, with suicidality being a serious concern. The most accurate choice captures that these disorders commonly begin during adolescence and include these core features: depressed mood or irritability, anhedonia, sleep and appetite changes, and the risk of suicidality. Sleep problems can be insomnia or hypersomnia, and appetite can go up or down, all of which are common in youth with mood disorders. The other descriptions don't fit as well. Mood disorders in youth do include sleep and appetite changes, so saying they never occur is inaccurate. Psychotic features are not always present; when they do occur, they're not universal and only appear in some cases. Euphoria isn't a defining feature of mood disorders overall and is instead more associated with mania or hypomania.

**6. Which of the following statements is NOT true about brief counseling?**

- A. Brief counseling is the most effective counseling approach.**
- B. Clinical judgment must always enter into the choice of counseling approaches.**
- C. Brief counseling is useful with a variety of clients.**
- D. Brief counseling is only one approach among many.**

Brief counseling is a time-limited, goal-focused approach designed to address specific concerns efficiently. It can be very effective in many situations, but there isn't evidence that it's universally the most effective counseling method for every client or problem. Outcomes depend on how well the approach fits the client's needs, the nature of the issue, the quality of the therapeutic relationship, and the context in which therapy occurs. Because of that, clinical judgment matters in selecting which approach to use, and brief counseling can be useful with a wide range of clients. It's also one option among many available to counselors, not the only path to change.

- 7. Which three core conditions are associated with the Child-Centered Play Therapy approach?**
- A. Empathy, Understanding, Support**
  - B. Genuineness, Unconditional Positive Regard, Empathy**
  - C. Unconditional Positive Regard, Empathy, Respect**
  - D. Empathy, Genuineness, Unconditional Positive Regard**

The three conditions in child-centered play therapy are empathy, genuineness, and unconditional positive regard. Empathy means the therapist strives to understand and reflect the child's feelings from the child's own perspective, helping the child feel truly seen. Genuineness, or congruence, involves the therapist being real and transparent—not putting on a professional mask but authentically present. Unconditional positive regard is the continual acceptance of the child, regardless of behavior or feelings, which creates a safe space for exploration. Together, these elements foster a nonjudgmental climate that encourages the child to express themselves freely and grow. While terms like understanding, support, or respect are related, they don't pinpoint the exact trio Rogers described.

- 8. Counselors need knowledge about child and adolescent development because**
- A. It can be used in consultation with parents and teachers.**
  - B. It helps them understand how clients respond to problems.**
  - C. It facilitates accurate assessment.**
  - D. All of the above.**

Understanding how children and adolescents respond to problems at different ages is central because development shapes how stress, conflict, and challenges display in behavior. A counselor's grasp of age- and stage-related change helps interpret a client's reactions—what a coping response looks like at a given point in growth, how emotions are expressed, and what strategies are likely to be effective. This direct insight guides how to engage the client, tailor interventions, and connect the presenting problem to developmental norms, making treatment meaningful and age-appropriate. While knowledge of development also supports collaborating with parents and teachers and can improve assessment accuracy, the most immediate and practical link is understanding how clients respond to problems across developmental stages.

- 9. Which of the following questions should therapists ask themselves before engaging in play therapy with children?**
- A. Do I have enough energy to fully commit to working with this child?**
  - B. Is my practice setting appropriate for a play therapy setting?**
  - C. All of the Above**
  - D. Do I have the necessary skills to work with this child?**

Before engaging in play therapy with children, therapists must evaluate their readiness on multiple levels. The best choice reflects that all of these aspects matter: the observer's energy and willingness to stay engaged throughout the process, the suitability of the practice setting for a therapy room where children can safely and privately explore play, and having the essential skills to apply play-based interventions, assess progress, and handle boundaries and safety. Energetic presence matters because play therapy requires consistent, patient, and attuned engagement with the child over time. If a therapist is low on energy or not emotionally available, the child may not feel safe to explore or trust the process. The setting is crucial because a supportive, private, and resource-rich environment helps children express themselves and feel secure. A well-organized space with appropriate materials and clear boundaries supports effective engagement and safety. The necessary skills are fundamental because play therapy relies on specialized techniques, observation, and interpretation of play to understand the child's thoughts and feelings. This includes trauma-informed approaches, ethical practice, supervision, and the ability to adjust strategies to the child's developmental level. All of the above together ensures the therapy is ethical, effective, and safe for the child, making it the best answer. If only one dimension is considered, gaps can arise—energy without skill, a great setting without the right techniques, or strong skills without the internal capacity to stay present with the child.

**10. When using standardized assessments with bilingual or multilingual youth, which considerations are important?**

- A. Use linguistically validated tools, ensure culturally appropriate norms, involve skilled interpreters, and consider bilingual language development in interpretation.**
- B. Always use English-only tools, ignore norms.**
- C. Avoid interpreters to preserve authenticity.**
- D. Use monolingual normative data as universal.**

When working with bilingual or multilingual youth, the aim is to obtain an accurate picture of their abilities without language or cultural bias. Using linguistically validated tools means selecting assessments that have been translated and adapted with evidence of equivalence across languages, so items measure the same constructs in each language. This helps ensure the test is actually tapping the intended skills rather than just language familiarity. Pairing that with culturally appropriate norms is essential because performance can be shaped by cultural experiences, educational contexts, and expectations. Norms drawn from populations that don't match the child's background can falsely suggest delays or strengths, leading to misinterpretation of results. Involve skilled interpreters to support clear communication during testing. A trained interpreter can help convey instructions and questions accurately while maintaining standardization, and they can do so without introducing bias that might come from informal or family members. The interpreter's role is to facilitate, not replace, the child's direct interaction with the test. Consider bilingual language development when interpreting results. Bilingual children may have uneven proficiencies across languages, may code-switch, and their performance can be influenced by language exposure, use, and dominance. Understanding these factors helps separate language-related performance from cognitive or academic ability, ensuring the interpretation reflects true skills rather than language background alone. Choosing English-only tools, ignoring norms, avoiding interpreters, or using monolingual normative data as universal would undermine validity and fairness, leading to biased conclusions about a child's abilities.

## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://counselingchildrenandadolescents.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

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