Guidelines for Comprehensive Examination
Clinical Counseling Program
May 2016

The comprehensive examination is designed to ensure that all Clinical Counseling students demonstrate a proficient working knowledge of the psychological foundations for clinical counseling prior to beginning their advanced clinical training courses and field placement experiences. All students are required to obtain a passing score on the comprehensive examination before they will be permitted to register for advanced clinical counseling courses.

Eligibility

Students are expected to take the exam during the semester in which they complete their core course block. Students are permitted a delay of one semester but then **must** take the examination in the semester following completion of their ten core courses or they will be released from the program. Plans for taking the examination should be discussed with the student's advisor during the semester prior to taking the examination.

In the rare case in which a student passes the comprehensive examination during the semester in which the core sequence is anticipated to be completed and the student does not successfully complete (i.e., receive a passing grade) in all core courses, the student will not be permitted to register for advanced clinical courses until all core courses have been completed successfully.

Successful completion of the comprehensive examination is a prerequisite for enrollment in advanced clinical courses. **Students will not be permitted to enroll in advanced clinical courses until they have successfully completed the comprehensive examination.** Therefore, students who do not pass the examination upon first administration will need to either sit out the following semester or enroll in elective courses. Students who do not pass the examination upon first administration may retake the examination (an alternate form) **during the subsequent semester**. **Students who do not pass the examination upon second administration or who choose not to retake the exam in the subsequent semester will be released from the program.** No exceptions will be made to this requirement.

Scheduling of the examination

Arrangements to take the examination should be discussed with one's advisor during the semester **prior** to taking the examination. The Comprehensive Exam Coordinator will send out an email at the beginning of each semester announcing the date of the exam. Students planning to take the exam in that semester should reply and inform the Coordinator of their intentions. The comprehensive examination is administered **once** each semester, toward the end of the semester.

The date of the examination is set at the beginning of the semester and traditionally has been scheduled on a Friday. Accommodations **will not** be made for alternative dates of administration for the exam. The exam is administered in Capers 103 unless otherwise indicated.

The examination is conducted in two parts. Students respond to 21 key words (Part I) during the morning session (Time limit: 9 - 11:30am). Students are given three essay questions to which they will respond (Part II) during the afternoon session (Time limit: 1 - 3:30pm). You are permitted to bring your DSM-V to the afternoon session.

Content of Comprehensive Examination

The content of the comprehensive examination is drawn from each of the ten core courses. Instructors have provided a list of potential keyword and example essay questions, which are included at the end of this study guide.

The comprehensive examination consists of two sections. *Part one* includes **21** key words, drawn from this study guide. The words will be presented three to a page (see attached example). The student will define each word individually and provide a relevant **clinical** example of the word's usage. Responses to each page of the exam (3 terms) will be limited to the front of one page.

Part two includes **three essay questions** that require that the student integrate information across several different courses. Responses to essay questions are limited to one page (front and back) per question. One essay question will be a case study and will require the use of the DSM (bring DSM to the afternoon session), At least one essay question will be drawn from the examples included at the end of this student guide. A novel question that is unfamiliar to the student and will require synthesis and integration of material from multiple different courses may be used for one of the essay questions.

Guidelines

Responses on the comprehensive examination are to be **legible**. **Unreadable responses will be marked wrong**.

The grading system will be broken down as follows:

Each definition (21)		=	1.0 point	(21.0)
Each application (21)		=	1.0 point	(21.0)
Each Essay (3)		=	25 points	(75.0)
	Total	=	152 points	

Students must achieve an 80% score on parts one (33.6 of 42 possible points) and two (60 of 75 possible points) in order to pass the comprehensive examination. A score below 80% on one or both of the sections results in the student not passing the comprehensive examination.

Examinations will be graded by two independent raters (faculty members). Only a student created, unique code will appear on the examination responses so that **raters will be blind to the identity of the student**. The identity of each student and their unique code is sealed in an envelope that is delivered by a student to the Psychology Department office where it is held until the exams have been graded. Should there be a disagreement between the two raters as to whether the student passes or not, a third rater will grade the examination. When all exams are graded and final decisions have been made the blind is broken.

Students who do not pass the examination upon first administration will be permitted to retake the full examination (an alternate form) during the subsequent semester. They will be permitted to enroll in elective courses, but will not be eligible to register for any advanced clinical courses. **Students who do not pass the examination upon second administration or who choose not to retake the examination during the semester subsequent to failure will not be permitted to continue in the program.**

Preparing for the examination

Prior academic success in core coursework does not provide assurances that students will perform well on the exam, as skills in retention and integration of material mastered in coursework are assessed on the comprehensive exam. While core course content may have been learned at the time the course was taken, significant preparation will be required to demonstrate mastery of terms and of knowledge competencies in coursework taken some time ago. Therefore, students are encouraged to begin preparation for the comprehensive examination at the beginning of their academic career at The Citadel, and continue their preparation as they complete their core courses. This provides opportunities to ensure that terms are learned and understood at the time they are taught. Furthermore, this reduces the need for students to prepare for the exam by attempting to memorize every term on the list.

Students are advised to prepare for the timed aspect of the comprehensive examination by practicing under timed conditions. This is particularly important for the keyword portion of the examination. Each page contains three keywords that are to be defined, followed by presentation of a clinical example of their usage. Students have approximately 20 minutes to complete each page. Therefore, during practice, students should set themselves 20 minutes, select three terms at random, and respond accordingly.

Success on the Comprehensive Exam
Developed by Drs. DeRoma and Lipovsky

Why is preparation for this exam important?

Retention of the key words that you have learned in class is critical for you to practice successfully in your field. Mastery of these key concepts enables you to successfully:

1) Conceptualize the client's problem effectively using important psychological concepts learned. If you are listening to a client problem and understand defense mechanisms well, you will easily recognize that the client focusing heavily on the behavior of others, instead of self, may be a means of self-protection and self-preservation. Knowing this term can help you to conceptualize the case. Not knowing the term will hamper your ability to understand the case based on your training.

2) Educate the client: One of the services that you have the responsibility to provide to clients is education to the client to help them understand the nature of their struggles. The points that you make should involve the use of key terms that help them understand the science of psychology. If you use a term, you should be able to describe it succinctly and accurately, with a relevant example given his/her case.

3) Use the vocabulary of your career field. After learning the terms in a course, it is important that you begin to use and practice these terms when you speak the language of psychology. Incorporating these terms into your vocabulary is an important step in developing your expertise in the area of psychology. By the time that you take the comprehensive exam, you should be using key terms from classes to describe and explain behavior in your everyday life. This vocabulary should be adopted as a lifestyle, rather than an exercise to pass an exam.

What does it take to master these terms? To master the terms, you should overlearn them. Repeated and prolonged practice of the full definition of the term is a proven method of mastery. Overlearning will lead you to recall the term swiftly and comprehensively.

Counterproductive strategies for approaching studying of key terms:

1) Assuming that learning the terms in class will be enough: Learning material for a class may involve rehearsal sufficient for retrieval following a short period after exposure. Memory of terms in these classes will erode without rehearsal. If you routinely use the words in your vocabulary since the class, you may be rehearsing through practice. If not, exposure to terms for a course is not enough to guarantee retention needed for mastery for the exam and competent practice in the future.

2) Hedging your bets: If you know some terms well and not others, you are likely to be unsuccessful and your areas of expertise will look like Swiss cheese.

3) Using someone else's notes: It is more difficult to recognize an error with a definition when you are looking at one that already exists. It is not advisable to study a definition that someone else constructed…the definition is not only in someone else's words, but also may be only partially complete or partially correct. You may be studying notes from someone that passed the exam, but with a marginal pass grade. Do not leave your future in someone else's hands to take a shortcut – it is not worth it.

4) Using recognition versus retrieval study strategies. If you study by reading and reviewing the definition, you are utilizing cues that will not be on the exam and that certainly will not be present with a client. Practicing by using the key term as a cue, with the task of producing information accurately and comprehensively requires more of you and matches the task required of you on the exam and in your work with clients.

5) Believing that knowing the definition is enough to generate an example spontaneously on the exam – in theory it sounds good, but there simply is not enough time on the exam. Be wise and reduce unnecessary thinking time during the exam.

6) Believing that doing well in your core classes represents some insurance toward your success on the exam. On this exam and in your practice, you will have to use analytical and integrative thinking skills. Depending on the course, you may not have had to display these skills at all (if multiple choice was the sole method of testing).

If you use any of these strategies, realize that you are taking a big risk – a risk that you might not pass the exam, but more importantly, a risk that you will not effectively learn the vocabulary of your field of practice. If you do not know even a few of the terms well, you should be prepared not to meet 80% mastery. If you have overlearned comprehensive definitions for all of the terms and practiced examples, you are likely to pass.

Productive strategies for approaching studying of keywords and essays:

As noted above, it is important to conceptualize the comprehensive examination process as one in which you are learning, rather than memorizing, the terms. Waiting until the semester in which you are taking the comps is too late to be preparing for them. Several recommendations:

1) Right from the beginning of your enrollment in the Clinical Counseling Program, print out the comps guidelines with all the keywords. As you go through the core courses, create notecards for the terms **as you learn them**. Write down both the definition and some examples. Include examples the professor provides, but also generate your own examples. Whenever you think of a new one, add it to the list.

2) If there are terms on the comps list that the professor does not go over, ask him/her to define and give examples **while you are taking the course**.

3) Keep the notecards with you when you go places where you might have a long wait – flip through them randomly to practice and ensure that you are learning the material.

4) Color code the terms. Green are the easy ones, red are the ones that are difficult – spend more time go over the red ones, but DO NOT FORGET THE GREEN ONES! You need not spend as much time on these as the red ones, but make sure you glance at them regularly to make sure you understand them and can give examples.

5) Simulate the test-taking process: Randomly select three terms, give yourself 15 minutes, and define/provide examples for each. During the test, if you can devote 15 minutes per page, you will have plenty of time to go back and check your work or fill in the words that you could not recall the first time through.

6) When taking the exam, define/give examples for the terms you know best, first. Then go back and complete the ones you are less sure of.

7) Regarding essays – be sure that you can answer the sample essay questions when you are preparing for the exam. Again – simulate the test-taking process: Randomly select an essay and give yourself about 40 minutes to answer the question.

8) Be sure to know your ethics.

9) Be sure to know your theories.

10) Be sure to carefully read all directions and information on the exam. It would be a shame to not pass due to something as simple as misreading directions.

Examples of Problematic Responding on the Exam

Responses that are partially correct but somewhat vague and contradictory

Definition: Correlational research: This type of research is used the most in psychology. It *involves seeing how different variables interact or react to one another (vague)*. It does not imply causation only that there may be some connection between variables.

Application Example
An example of this would be doing a study to see if *anger management is affected by the type of environment one grows up in* (this implies causation). In this experiment one would try to correlate which environmental factor *elicits good and poor anger management* (elicits implies that something is causal and experiments are not correlational studies).

Responses that involve some grasp of concept, but poor communication of thoughts

Definition: Positive and negative symptoms: These are symptoms that involve *either adding or taking away effect* (poorly communicated - there is no effect. These terms imply the presence or absence of behaviors). Positive symptoms are the addition of symptoms.

Application Example
In Schizophrenia positive symptoms would be delusions and bizarre behaviors or affect (affect is usually blunted and thus a negative symptom). For example in schizophrenia negative symptoms include lack of emotion, lack of congruent speech, and loss of thought. It is important to know whether a symptom is positive or negative in order to plan the best course of treatment.

Incorrect Responses

Definition: Standard Error of the Mean: This is the amount of difference between the average score and other scores. For a test to be reliable and valid the standard error of the mean must be low.

Application Example:
If you have a test that is showing a high error of the mean it would be unpractical and not statistical sound to use these assessment devices. Your sample may be very influential on this type of error.

Examples not Applications of Definition
Definition: Paraphrasing: A counselor response to a client that communicates to the client that the cognitive part of the message was understood. The cognitive part may be certain events that take place and when; can also help clarify vague statements and ambiguities.

Application Example: Clt: "I just can not tolerate it anymore!"
Therapist: "What do you mean by it?"

Incorrect references and failure to use the term in the example

Countertransference: In psychodynamic theory, countertransference is an unconscious tool used in a counseling session in which the counselor projects onto his/her client what they feel based on past experience.

Countertransference Application Example: A client has been coming into counseling for about a year tells you – a religious person – that she is thinking about having an abortion. She just wanted to talk it over with you to get your input. Instead of using the counseling techniques that you have been trained to use, you talk her out of the abortion because "God would not be happy."

Comment: In the definition, countertransference is referred to as a tool – it is not; it is a process to guard against. In the example, how is this countertransference and where is the term? It seems more like a vague reference to bias.

How to develop a good definition to a term

Ask yourself these key questions: Part of ____, Who, Where, What, Why

Examples of Comprehensive Definitions/Relevant Examples

Countertransference: This is a form of bias (PART of something). This term is derived from psychoanalytic theory (WHERE it came from), which emphasizes the role of the unconscious. Countertransference is when the counselor's unconscious feelings/cognitions about a person/situation in the past are transferred to the client (WHAT). This can lead to confusing and harmful reactions in therapy. Examining this process may help therapists not to react inappropriately to clients based on a history that has nothing to do with him/her (WHY it is important).

Application Example: The counselor's mother had rejected him when he was very young. As a result, the therapist generalized his feelings of rejection and abandonment to all women. When the client discussed termination, the therapist personalized this - viewing the client as irresponsible (as she had her mother) and perhaps behaving angrily toward the client.

KEYWORD TERMS

PSYC500 – Human Growth and Development

Accommodation
Androgyny
APGAR test
Assimilation
Attachment
Child Abuse
Classical conditioning
Cohort
Continuity vs. non-continuity
Control group
Correlational research
Critical period
Cross-sectional design
Defense mechanism
Developmental level
Egocentrism
Extinction
Genotype
Genotype-environment relationship
Habituation
Heterozygous
Homozygous
Identity achievement
Invincibility fable
Knowledge base
Lateralization
Longitudinal design
Metacognition
Mid-life crisis
Modeling
Myelination
Negative reinforcement
Observational learning
Operant conditioning
Phenotype
Proximodistal development
Psychodynamic theory
Punishment
Quasi-experimental research
Rationalization
Reliability

Separation anxiety
Sex-linked traits
Social referencing
Social clock
Stranger anxiety
Temperament
Zone of proximal development

PSYC501 – Principles of Cognitive and Behavioral Change
ABA or Reversal design
Acceptance and Commitment therapy
Anxiety/fear hierarchy
Assets
Automatic thought
Behavior Activation Therapy
Behavior therapy
Chaining
Classical/respondent conditioning
Confounding Variable
Cognitive fusion
Cognitive restructuring
Cognitive therapy
Conditioned and unconditioned responses
Conditioned and unconditioned stimuli
Contingency
Cue exposure therapy
Decision-Balance Matrix
Dialectical Behavior Therapy (DBT)
Differential reinforcement of other behavior (DRO)
Discriminative stimulus
Efficacy expectations
Empirically supported therapy/treatment
Escape/Avoidance
Exposure With Response Prevention (ERP)
Extinction
Extrinsic and Intrinsic reinforcers
Functional analysis
Generalization and Discrimination
Exposure therapy
Iatrogenic effects
Imaginal exposure
Individual and Group Contingencies
In vivo exposure
Learned helplessness

Learning-performance distinction
Meta-Analysis and Effect Size
Mindfulness
Modeling
Motivational interviewing
Multiple Baseline design
Negative reinforcement
Operant conditioning
Outcome expectations
Outcome vs process research
Parent-child training therapy
Positive reinforcement
Premack Principle
Problem Solving Therapy
Primary/Secondary Reinforcer
Punishment
Reactivity of Self-Monitoring
Reciprocal determinism
Reinforcer
Schedules of reinforcement-FR, FI, VR, VI, CRF
Schema
Self-efficacy and Outcome Expectations
Self-Reinforcement
Shaping
Social skills training
Spontaneous recovery
Spontaneous remission
Successive approximations
Systematic desensitization
Token economy

PSYC507 – General Psychopathology
ADHD
Anxiety Disorders
Anxiety sensitivity
Assessment interview
Bipolar I vs. Bipolar II
Case study
Categorical vs. dimensional diagnosis
Clinical assessment
Clinical significance
Comorbidity
Competency to stand trial
Conduct Disorder

Diagnosis
Diagnostic and Statistical Manual of Mental Disorders (DSM-5)
Diathesis-stress
Dissociative disorders
Dopamine
Eating disorders
GABA
Heritability
HPA Pathway
Idiographic assessment/understanding
Insanity
Mania
Mood Disorders
MRI
Nomothetic assessment/understanding
Obsessive-Compulsive and Related Disorders
Oppositional Defiant Disorder
Panic Attack
Personality Disorder
PET scan
Placebo effect
Positive vs. Negative symptoms
Psychosis
Primary vs. Secondary gain
Remission
Schizophrenia
Serotonin
State vs. trait anxiety
Substance-related disorders
Tolerance vs. withdrawal symptoms
Trauma and Stress or Related Disorders

PSYC508 – Personality Theories
Antecedents, Behaviors, Consequences, Person Variables, Assets (ABCPA)
Attachment Patterns/Styles
Authentic existence
Big Five Personality Model/Traits
Client-centered/person centered theory/therapy
Cognitive avoidance
Cognitive therapy
Cognitive Dissonance
Common Factors in Psychotherapy
Conditional vs. Unconditional positive regard
Conditions of worth

Countertransference
Defense mechanisms
Eclecticism
Emotion-Focus Therapy
Existential theory/therapy
Factor analysis
Fixation
Gestalt therapy
Humanistic therapy
Insight/Catharsis
Internal Frame of Reference (IFR)
Interpersonal Psychotherapy
Interpretation
Person-Behavior-Environment reciprocal interaction
Person-situation debate
Person variables
Potentially Harmful Treatments
Primary Processes and the Pleasure Principle
Projective Hypothesis-Techniques
Psychodynamic theory
Psychosexual stages
Psychosocial stages
Rational-Emotive Behavior Therapy
Resistance
Rogerian theory/therapy
Schema
Secondary Processes and the Reality Principle
Self-Actualization
Self-Concept
Self-efficacy
Self-monitoring
Social Skills Training
Sustain vs Change Talk
Trait Theory
Transference
Warmth, Empathy, Genuineness (WEG)

PSYC514 – Ethics and Mental Health Law
SAD Persons
Assent versus Consent to Treatment
Bartering of clinical services
Basic purpose of ethical practice
Certification
Confidentiality

Confidentiality in Group or marital counseling
Counselor competency
Direct liability
Dual/Multiple relationships
Duty to warn/protect
Empirically-validated treatments
Ethics
Ethical boundaries in clinical practice
Ethnic-sensitive practice
Legal aspects of Informed Consent
Licensure vs. Certification
Malpractice
Morality
Peer consultation
Privileged communication
Pro Bono service
Mens Rea
Professionalism
Reporting child abuse
Self-monitoring of ethical practice
Sexual intimacies with former clients
Tarasoff case
Treatment of minors
Values in counseling
Vicarious liability

PSYC523 – Statistics
ANOVA
Clinical vs. Statistical significance
Construct validity
Content validity
Correlation vs. Causation
Correlational research
Cross-sectional design
Dependent t-test
Descriptive vs. Inferential
Double-blind study
Ecological validity
Effect size
Experimental research
Hypothesis
Independent t-test
Internal consistency
Internal validity

Interrater reliability
Measures of central tendency
Measures of variability
Nominal/Ordinal/Interval/Ratio measurements
Normal curve
Probability
Parametric vs. nonparametric statistical analyses
Quasi-experimental research
Random sampling
Regression
Sample vs. Population
Scientific methodology
Standard error of estimate
Standard error of measurement
Standard error of the difference (2 sample t-test)
Standard error of the mean (single sample z-test)
Standard error of the mean, estimated (single sample t-test)
Standardization sample
Statistical significance
Type I and Type II error

PSYC526 – Basic Counseling Techniques
Spheres of Influence
Clarification
Client expectancies
Confrontation
Congruence
Core conditions
Encouraging
Engagement
Focusing
Immediacy
Interpretation
Listening skills
Logical consequences
Open-ended questioning
Paraphrasing
Positive asset search
Power dynamics
Proxemics
Reflection of feeling
Reflection of Meaning
Reframing
Miracle Question

Self-disclosure
Stages of change
Structuring
Summarization
Termination
Trustworthiness
Verbal tracking
Working alliance
Capping
Hierarchy of Needs

PSYC549 – Applied Measurement Techniques
Achievement test
Aptitude test
Assessment interview
Clinical vs. Statistical significance
Construct
Correlation vs. Causation
Criterion-referenced scoring/tests
Criterion-related validity
Cross-validation
Normal curve
Norm-referenced scoring/tests
Objective tests
Projective tests
Reliability (types of)
Standard deviation
Standard error of measurement
Standard scores
Standardization sample
Test bias
Validity (types of)
Variance

PSYC 553 – Introduction to Family Dynamics
Alignments
Bowen's Family Systems theory (tenets of)
Brief Solution-focused therapy (tenets of)
Circular questioning
Coalitions
Deconstruction in Narrative Therapy
Differentiation
Disengagement

Double bind
Enactment
Enmeshment
Entropy
Experiential family therapy (tenets of)
Externalization technique
Fusion
Genogram
Homeostasis
Joining
Miracle question
Multigenerational transmission process
Narrative Therapy (tenets of)
Paradoxical intervention
Process Questions
Reframing
Scapegoat
Scaling Questions
Structural Family Therapy (tenets of)
Triangulation
Unbalancing Technique

PSYC561 – Multicultural Issues in Counseling
Acculturation
Assimilation
Bicultural
Collectivism
Coming out process
Cross's Model of Racial Identity
Cultural competence
Cultural relativism
Cultural racism
Cultural universality
Culture
Culture bound
Emic
Ethnicity
Ethnocentrism
Etic
Eurocentric monoculturalism
Filial piety
Generational poverty
Individualism
Institutional racism

Microaggression
Minority
Multicultural competencies
Multicultural counseling
Multicultural perspective in counseling
Oppression
Pluralism
Poverty and Mental Illness
Race
Racial Identity Development Model
White privilege
White racial identity development
Worldview
Counseling-relevant cultural issues for:
    African American clients
    Hispanic/Latino clients
    Native American clients
    LGBT clients
    Asian clients
    Arab clients
    Physically disabled clients
    Female clients
    Male clients
    Clients in poverty

ESSAY PORTION OF THE EXAM:

Three essays will be on the exam. A DSM-V will be necessary to complete this portion of the exam and should be brought to the afternoon session. At least one essay will be drawn from the following examples, one will be a case study, and one may be a novel question that requires integration and synthesis of material from across multiple courses.

Case Study Question:

You will be provided with the details of a clinical case and asked to do the two following tasks:

1. Use the DSM to provide a diagnosis for the case, a defense of that diagnosis, and alternate diagnostic options considered
2. Compare and contrast two different counseling/personality theories (e.g., psychodynamic, humanistic, cognitive, behavioral) on the following dimensions as they relate to the clinical case:
    a. Basic concepts and goals of the theories
    b. Information that would be relevant for treatment of this individual
    c. A description of how you might treat this client from these two theoretical perspectives

Essay Examples:

Discuss the major racial identities and help-seeking attitudes you may encounter with African Americans, Hispanic Americans, and Asian Americans. What are the implications of each of these for the counseling process?

Describe the responsiveness of each of the following groups to group therapy approaches: African Americans, Asian Americans, Hispanic Americans, and Native Americans. What are the implications of these perspectives for the counseling process?

Describe the processes of classical and operant conditioning. How do these processes apply to the development and maintenance of phobic behaviors? What are the implications of these processes for treatment?

Describe cross-sectional, longitudinal, and cross-sequential research designs, and discuss the advantages and disadvantages of each. Describe how each could be applied in a study of substance use disorder.

Define attachment. How does the process of attachment occur? Discuss factors that are important in facilitating attachment. Describe the effects of secure and insecure attachment for early (preadolescence) and later (adolescent and above) development, emphasizing the potential impact of the quality of attachment on the development of psychopathology.

Discuss the ethical and legal responsibilities of counselors with regard to both maintaining and breaking confidentiality.

Describe the purpose of professional documentation, emphasizing why documentation is so important. Discuss the ethical and legal issues associated with professional documentation.

Explain, in general, the role of neurotransmitters in abnormal behavior and the factors which influence synaptic transmission. Specifically, show the role that neurotransmitters play either in depression or schizophrenia.

The use of diagnostic statistical manuals offers both strengths and weaknesses for the assessment and treatment of clients. Discuss three strengths and three weaknesses, including suggestions to overcoming the weaknesses

Discuss the three main parental discipline styles (Authoritative, Authoritarian, and Permissive) described by Diana Baumrind. What factors affect which parenting style is seen in a family, and what are the possible consequences of each style on the child and family?

Discuss similarities and differences between Freud's, Erikson's and Piaget's developmental theories.

Compose a consent to treatment form. Why is it important to provide this information?

Choose a topic of interest and outline the types of items you would want to include in an assessment device to ensure that your measure has content, concurrent, predictive, and construct validity. Be sure to define each of these types of validity. Discuss factors that may influence an individual's performance on this test.

Compare and contrast structured versus unstructured interviews, emphasizing strengths and weaknesses. For what purposes was each designed?

Eric Johnson, an 8-year-old, African-American boy, is a client of yours who is experiencing significant behavior problems in school. You want to refer him to a school psychologist to assess his cognitive functioning because you are concerned that he may have a learning disability. Ms. Johnson is concerned because she has heard that "those tests" are biased against minority students. What can you tell her to facilitate her support of the testing?

Compare and contrast 1st, 2nd, and 3rd generation behavior therapies. Provide examples of therapies from each generation.

Despite the fact that using diagnostic labels for psychological disorders is extremely common, discuss three ethical factors one ought to consider in the use of diagnostic labels.

Design an experiment to test the hypothesis that older women who take estrogen are less likely to get Alzheimer's disease. Be sure to identify the control group, experimental group, independent variable, dependent variable, and ways to reduce subject and experimenter bias.

Discuss two rights that people with psychological disorders have and how these rights might both protect their interests and interfere with their treatment.

Using research to support your answers, describe whether mental disorders may or may not be a risk factor for violence. Then, discuss the challenges in predicting who will commit violent acts.

Distinguish between the components of personality and the components of personality disorder. Additionally, why is psychotherapy so often ineffective in treating personality disorders?

Discuss the impact of culture on the expression of mental illness and provide a comprehensive example of this impact.

What are the developmental functions of peer groups in children and adolescents?

Define the 4 D's associated with abnormal behavior and their relationship to the DSM and diagnosis. Provide a

clinical example of abnormal behavior consistent with each

Distinguish between the sympathetic and the parasympathetic divisions of the autonomic nervous system. For each division, provide an example of a situation in which the division would become active. Describe the effects on several bodily processes of the activity of each division.

Normal prenatal development occurs in 95% to 98% of all pregnancies. Identify two genetic or chromosomal abnormalities and two teratogens associated with birth defects in the remaining 2-5% of pregnancies. Describe the nature of their effects on development.

What are the strengths and weaknesses of punishment? How does this particularly relate to the use of punishment as a primary means of changing behavior?

M. is a second-year student in a graduate program in South Carolina. Her program emphasizes the development of cultural competencies as described by the Association of Multicultural Counseling and Development (AMCD). Based on this information,

a. list and define the three cultural competencies that should be addressed within this program.
b. identify strategies that will be useful for promoting the development of each of these three competencies.
c. what are the implications if M. is not able to attain competency in these three areas by the time they are finished with the program?

R. is a professional in your field who espouses a strong individualistic perspective. What kind of difficulties are they likely to face when dealing with clients with a different cultural outlook? What can they do to enhance their effectiveness with a broader range of clients?

Pick two of the stages/statuses identified in the R/CID (formerly MID) and describe the characteristics of someone who is at that level of racial identity development. What are the implications of these two identity statuses for this individual working with

a. a professional of their own race
b. a professional who is White

Describe ways in which religion and psychology are compatible and then discuss the view that psychology and religion are disconnected. In what ways is religiosity positively correlated with mental health? In what situations might religiosity be associated with poor mental health?

The Jones family is referred for treatment because their 9-year-old daughter has been acting out at school. During the intake, you learn that Mr. Jones, who has been the primary breadwinner, has been unemployed for the past 8 months. Ms. Jones works out of the home, but her income just barely covers rent, food, and gas. What are the effects unemployment that you are likely to see in this family?

You are counseling/assessing Darrell, a 13-year-old boy who is depressed and falling behind at school. You learn that he is struggling with issues related to his sexual orientation. He recognizes that he has sexual feelings towards other men and is confused and anxious about this. You are the first person to whom he has mentioned this. Describe the process of coming out and how you might best help him navigate this process.

Sample Key Word Response

Definitions and examples

Alignment

The way that family members team and join together to perform and carry out family tasks. These alignments affect the dynamics of how the family interacts and relates to one another. Alliances within a system serve to maintain or restore the homeostasis of the group, but can be harmful - as when one member of a family is excluded from the alliances and closeness within the family deteriorates due to this inbalance. Counselors may work to enter the family unit through joining in order to break alliances and help up healthier ones.

Counseling Application Example: After meeting with the family, the therapist noted that the mother, son, and daughter had formed an alignment against the father, who committed adultery because his actions upset the homeostasis of the family.

Countertransference

The transferred-emotional-reaction of the counselor to the client. The counselor misunderstands the therapeutic process in terms of the counselor's own past (or extra-therapeutic present). Many counselors use countertransferential experiences to conceptualize their client's interpersonal status, but counselors must abstain from acting out their countertransference.

Counseling Application Example: Through supervision the counselor realized that her abruptness with Beverly, a client that she was treating for depression, related to her transferring qualities of her depressed sister onto Beverly. The counselor's past frustration with her sister's dependency led to her abruptness with her sister in order to curb dependent behaviors. Her reactions to Beverly as if she were her sister involved the process of countertransference.

Construct

Characteristic which varies from individual to individual, but which is not directly observable. The characteristic is an internal event or process that must be inferred from external behavior. Constructs may be derived from theory, research, or observation. Tests generally are designed to measure a internal construct.

Counseling Application Example: The counselor administered a paper and pencil assessment measure that solicited responses related to fidgeting, excessive worrying, difficulty concentrating - all representing the construct of anxiety.