

**Guidelines for Comprehensive Examination  
Clinical Counseling Program  
August 2020**

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 enroll in advanced clinical counseling courses and complete the program.

**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 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 must 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 must reply and inform the Coordinator of their intentions. All students intending to take the examination will be added to the *Canvas course: CCP Comprehensive Exam*.

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 is typically scheduled on a Friday (fall/spring) or Thursday (summer). Accommodations **will not** be made for alternative dates of administration for the exam.

## Administration of the examination

The comprehensive examination is fully computerized and will be held in a computer lab on campus and administered through Canvas. All students who intend to take the comprehensive examination in a given semester will be added to the Canvas course: CCP Comprehensive Examination at the beginning of the semester.

The examination is conducted in two parts. Students respond to 21 key words (Part I) during the morning session (Time limit: 9 - 12:00pm). Students are given three essay questions to which they will respond (Part II) during the afternoon session (Time limit: 1 - 4:00pm). Students should bring their DSM to the afternoon session.

**The examination is monitored and proctored using Respondus Monitor and Lockdown Browser to ensure the academic integrity of the process and to align with national online assessment standards.**

It is strongly recommended that students practice the format of the examination and the use of this software prior to the test date. There are practice Part 1 and Part 2 sections in the Canvas course, which can be taken at any time prior to the actual date of the comprehensive examination (see below for more information).

## Accommodations for Disabilities

The Clinical Counseling Program is committed to providing reasonable accommodations for all persons with disabilities.

If you have a disability that may have some impact on your performance on the comprehensive examination and for which you may require accommodations, please see a **staff member in the Student Success Center** so that such accommodations can be considered. Students that receive accommodation letters, please meet with the Comprehensive Examination Coordinator to discuss the provisions of those accommodations as soon as possible.

## Content of Comprehensive Examination

The content of the comprehensive examination is drawn from each of the ten core courses. The exam consists of two separate sections: (1) Key terms and (2) Essays.

*Part one* includes **21** key terms, drawn from this study guide. Students define each word individually and provide a relevant **clinical/professional** example of the word's usage. **Responses are limited to 200 words per term**, so work on being succinct and clear.

*Part two* includes **three essay questions** that require students to integrate information across several different courses. Responses to essay questions are **limited to 1000 words per question**. One essay question will be a case study and will require the use of the DSM (bring DSM to the afternoon session), One essay question will be course content-focused and will be drawn from the examples included at the end of this student guide. A third question that is unfamiliar and requires synthesis and integration of material from multiple different courses will be used for the third essay question.

## Guidelines

Responses are to be concise and succinct; therefore, the following word count limit applies:

Each key term: 200 word count limit

Each essay: 1000 word count limit

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	=	117 points	

Students **must achieve an 80% score on Part 1 (33.6 of 42 possible points) AND Part 2 (60 of 75 possible points) in order to pass the comprehensive examination.** Definitions/examples of key terms may receive partial credit, so students should not leave any keyword response blank. A student who scores below 80% on one or both of the sections will be required to retake the exam (if first failure) or will be released from the program (if second failure).

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 provided to the Psychology Department 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. Two of the three raters must score the exam as a pass in order for the student to pass 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 be released from 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 key terms portion of the examination. There are 21 terms to be completed in 180 minutes; therefore, students have approximately 8.5 minutes to complete each term's definition and professional/clinical example.

### **Practice Exams**

You have several methods that can help students practice this exam. First is a blank PDF "practice" for electronic version of comps. Although the actual exam will look a bit different (e.g., the terms will not be in columns), this will give students a good sense of the space and the pacing you will need. Students can create their own exams using the PDF.

The second is a required practice exam on the Citadel Online CCP Comprehensive Exam course. This practice exam will require the use of Respondus and Lockdown Browser, so students can identify any issues or questions in advance of the actual exam. There are 3 practice terms and 1 practice essay. Students have unlimited attempts for this practice exam.

### **Respondus Monitor and Lockdown Browser**

Before starting the practice exam, students will need to download and enable Respondus Monitor and LockDown Browser. The links provided below (and in "Practice Comps Part 1" instructions in your CCP comps class on Citadel Online) should allow one to download both programs and there are several additional resources in the student portal to help.

Respondus Monitor: Respondus Monitor is an online proctoring program that accesses a student's web camera while taking the exam. Below are several supports and links to learn about and install Respondus Monitor.

[Respondus Lock-Down Browser Quick Start Guide.pdf](#);

[Respondus LockDown Browser: The Student Experience \(Links to an external site.\)](#)

[Respondus LockDown Browser Support](#)

LockDown Browser: LockDown Browser is for online exams to "lock" a student's web-browsing capabilities so that students can only access the comprehensive exam website for the duration of the exam. Watch this video to get a basic understanding of LockDown Browser:

<https://www.respondus.com/products/lockdown-browser/student-movie.shtml> (Links to an external site.)

Download Instructions:

<https://download.respondus.com/lockdown/download.php?id=470167117> (Links to an external site.)

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

**Why is preparation for this exam important?**

Retention of the key terms 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. For example, 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 about their problem and elements of treatment. One of the services that you have the responsibility to provide to clients is education to help them understand the nature of their struggles. Keywords have been selected deliberately and reflect a foundation of psychological understanding. If you use a term, you should be able to describe it succinctly and accurately, with an example given their situation.

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.

**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.

**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. We recommend:

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 them 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 is a shame when students do not pass the exam as a result of not reading directions.

#### **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 after completing the class, you are rehearsing through practice. Exposure to terms while taking a course will not guarantee retention needed for mastery for the exam and competent practice in the future.
- 2) Hedging your bets: Learn every word rather than missing a few and then hoping that those are not on the exam.
- 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. When studying, generate as many unique examples as you can to increase your flexibility for using the keyword.
- 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.

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.

### **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 cannot 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**

Answer these key questions: What course(s) is this from?, What is it 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) discussed in Counseling and Personality Theories, 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, he



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.

## KEY TERMS

### ***PSYC500 – Human Growth and Development***

Accommodation  
Androgyny  
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  
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  
Stranger anxiety  
Temperament  
Zone of proximal development

***PSYC-501 – 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  
Cognitive fusion  
Cognitive restructuring  
Cognitive therapy  
Conditioned and unconditioned responses  
Conditioned and unconditioned stimuli  
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  
In vivo exposure  
Learned helplessness  
Learning-performance distinction  
Meta-Analysis  
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

***PSYC-507 – General Psychopathology***

ADHD  
Anxiety Disorders  
Anxiety sensitivity  
Assessment interview  
Bipolar I vs. Bipolar II  
Borderline Personality Disorder  
Case study  
Categorical vs. dimensional diagnosis  
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 vs. nomothetic assessment/understanding  
Insanity  
Mania  
Mood Disorders  
MRI  
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

***PSYC-508 – Counseling and Personality Theories***

Automatic thoughts  
Authentic existence  
Behavioral Activation  
Big Five Personality Model/Traits  
Client-centered/person centered theory/therapy  
Cognitive therapy  
Common Factors in Psychotherapy  
Conditional vs. Unconditional positive regard  
Conditions of worth  
Countertransference  
Cultural self-awareness  
Defense mechanisms  
Externalizing conversations  
Existential theory/therapy  
Factor analysis  
Fixation  
Genogram  
Insight/Catharsis  
Multicultural counseling  
Neo-Freudian  
Narrative Therapy  
Person-Behavior-Environment reciprocal interaction  
Person-situation debate  
Potentially Harmful Treatments  
Pleasure Principle  
Projective Hypothesis-Techniques  
Psychodynamic theory  
Psychoeducation  
Psychosexual stages  
Rational-Emotive Behavior Therapy  
Reality Principle  
Resistance  
Schema or core belief  
Self-Actualization  
Self-Concept  
Self-efficacy  
Self-monitoring

Solution-Focused Brief Therapy  
Systems Theory  
Trait  
Warmth, Empathy, Genuineness (WEG)

***PSYC-514 – Ethics and Professional Issues in Counseling***

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-supported treatments  
Ethics  
Ethical boundaries in clinical practice  
Ethnic-sensitive practice  
HIPAA compliance  
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

***PSYC-523 – Statistics and Research Methods***

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

***PSYC-526 – Clinical-Counseling Basic***

Active Listening  
Biopsychosocial  
Capping  
Clarification  
Client expectancies  
Confrontation  
Congruence  
Dual relationships  
Encouraging  
Engagement  
Fixed vs. growth mindset  
Hierarchy of Needs  
Holding vs shifting the focus  
Immediacy  
Interpretation  
Logical consequences  
Open-ended questioning

Paraphrasing  
Positive asset search  
Power dynamics  
Reflection of content  
Reflection of feeling  
Reflection of deeper meaning  
Reframing  
Miracle Question  
Self-disclosure  
Stages of change  
Structuring  
Suicidality  
Summarization  
Termination  
Transference/Countertransference  
Trustworthiness  
WEG skills  
Working alliance

***PSYC528 – Evidence-Based Practice, Case Conceptualization & Treatment Planning***

ADDRESSING model  
Adjunct treatment  
Case conceptualization/formulation  
Client factors  
Common factors  
Efficacy vs effectiveness research  
Empirically Supported Treatments  
Evidence based practice  
Failure to respond  
Informed Consent for Treatment  
Practice Guidelines  
Precipitants of the problem  
Primary vs. Secondary evidence  
Problem list  
Mechanisms of action  
Nonadherence  
Outcome measures  
Origins of mechanisms  
Spheres of influence  
Therapy interfering behavior  
Treatment goals  
Treatment monitoring  
Treatment plan

***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-561 Cultural Issues in Psychological Practice**

Acculturation  
ADDRESSING model  
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  
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

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## ESSAY PORTION OF THE EXAM:

Three essays will be on the exam. **A DSM 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 following:

1. Use the DSM to provide a diagnosis for the case, a defense of that diagnosis, and alternate diagnostic options considered
2. From a cognitive-behavioral perspective:
  - a. develop a case conceptualization of their presenting concern/diagnosis
  - b. develop a treatment plan using evidence-based practice and indicate why you chose to treat the individual this way
  - c. use the multicultural ADDRESSING model to discuss at least two aspects of the client's identity and how they impact your understanding of the case, treatment plan, and potentially the therapeutic relationship

### Essay Examples:

Discuss the major racial identities and help-seeking attitudes you may encounter with people identifying as Black/African American, Hispanic or Latinx, and Asian American. 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: people identifying as Black/African American, Hispanic or Latinx, and Asian American. 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 anxiety or fear-based 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. What are the key components that are required and 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

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 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> 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.

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?

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, (1) list and define the three cultural competencies that should be addressed within this program, (2) identify strategies that will be useful for promoting the development of each of these three competencies, and (3) 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 (1) a professional of their own race and (2) 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 Term Response**

### **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 imbalance. 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 countertransference 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.