Guidelines for Comprehensive Examination
Clinical Counseling Program
January 2014

Comprehensive examinations are 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 are made with the Comps Coordinator (currently, Dr. Taylor) and should be discussed with one’s advisor during the semester prior to taking the examination. 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.

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-IV-TR to the afternoon session.

Content of Comprehensive Examination

The content of the comprehensive examination is drawn from each of the core courses. Instructors have provided a list of potential keyword and example essay questions, which are included in 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 counseling example of the word’s usage. The student will be limited to one page for his or her response.

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.

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)
- 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.

Examinations will be graded by two independent raters (faculty members). Only the last four digits of the student’s social security number will appear on the examination responses so that raters will be blind to the identity of the student. Should there be a disagreement between the two raters as to whether the student passes or not, a third rater will grade the examination.

Students who do not pass the examination upon first administration will be permitted to retake the 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 in 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.
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 know the term fictional finalism well, you will easily recognize that the loss experienced by a client might relate the picture of how s/he thought things might turn out in his/her life and the loss associated with things not turning out how s/he expected them to be. 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 save your thinking time for the integrated examples.

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 every once and awhile 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 defend all axes for a DSM-IV-TR diagnosis.
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
Updated January 2014

PSYC500 – Human Growth and Development
Accommodation
Activity theory
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
Difficult babies
Egocentrism
Extinction
Genotype
Genotype-environment relationship
Habituation
Heterozygous
Homozygous
Hypothesis
Identity achievement
Informed consent
Invincibility fable
Knowledge base
Language acquisition device
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
Functional Family Therapy
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
Participant Modeling
Positive reinforcement
Premack Principle
Problem Solving Therapy
Primary/Secondary Reinforcer
Punishment
Reactivity of Self-Monitoring
Reciprocal determinism
Reinforcer
Rules
Schedules of reinforcement-FR, FI, VR, VI, CRF
Schema
Self-efficacy and Outcome Expectations
Self-Reinforcement
Shaping
Social skills training
Spontaneous recovery
Spontaneous emission
Statistical vs Clinical Significance
Successive approximations
Superstitious Behavior
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
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
Idiographic assessment/understanding
Insanity
Mental status exam
Mood Disorders
MRI
Nomothetic assessment/understanding
Obsessive-Compulsive and Related Disorders
Oppositional Defiant Disorder
Personality Disorder
PET scan
Placebo effect
Positive vs. Negative symptoms
Projective hypothesis
Psychosis
Regression
Remission
Repression
Schizophrenia
Serotonin
Substance-related disorders
Syndrome
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
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

**PSYC525 – 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
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
EXAMPLE ESSAYS

At least one of the three essays that will appear on the comprehensive examination will be drawn from the following example essays. One or two additional essays (for a total of three) will be unfamiliar to the student (i.e., novel in the sense that they did not appear on this study guide).

Carefully define the two fundamental criteria that must be met to label a person mentally ill, and provide examples that meet one but not the other criterion.

Define and relate the constructs of transference and stimulus generalization. Provide an example of client behavior and indicate how conceptualizing the behavior in terms of each construct might lead to different interventions.

Discuss major ethical issues associated with organizing, starting and maintaining a counseling/therapeutic group.

Design a treatment program for Geof who is a 15 year old boy who is having extreme difficulty with his anger.

Describe the revised stages of Cross’ racial identity model and discuss the new and relevant research applicable to these stages. What are the implications of each of these stages for the counseling process?

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 process of classical conditioning. How does this process apply to the development and maintenance of phobic behaviors? What are the implications of this process for treatment?

Describe the visual cliff apparatus. Explain how the visual cliff experiments have provided support for or against learned or nativistic theories of depth perception.

Describe cross-sectional, longitudinal, and cross sequential research designs. Describe each method with its advantages and disadvantages.

Compare and contrast learning theory (i.e., Operant Conditioning or Social Learning Theory) with Piaget’s Cognitive Theory.

You will be given a case vignette. Please describe how you would use a problem solving approach to assist the client.

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.

You will be provided with the details of a clinical case and will be asked to provide a diagnosis (DSM-IV, Axis I and II). You will be asked to review the options which you considered and give specific reasons for your diagnosis.

Compare and contrast two major theoretical perspectives (to be presented to you on the examination).
Discuss the ethical and legal responsibilities of counselors with regard to both maintaining and breaking confidentiality.

Why is professional documentation so important? Discuss the ethical and legal issues associated with professional documentation.

Of the several theories (or approaches) of personality which you have studied, select the one that appeals most to you and describe it on the basis of the following factors:
1) Name of the theory and the theorist or theorists involved in its development
2) Brief review of the basic concepts of the theory.
3) Review of the goals of counseling as proposed by the theory.
4) Description of how behavior change is brought about by the theory.
5) Development of personality (adaptive and maladaptive) according to the theory.

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.

DSM-IV has greatly improved the diagnostic system. However, there are problems inherent in any diagnostic system. Mention at least three of these problems and suggest a possible solution to overcoming these problems.

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?

Explain language development from the following theoretical perspectives: behavioral theory, social learning theory, and innate theory.

Compare and contrast structured versus unstructured interviews. 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?
Ms. Rutherford presents to you with a four year history of panic attacks. Her anxiety-related difficulties have intensified over the past several months. Describe how you would assess Ms. Rutherford from the following perspectives:

a) psychodynamic theory
b) cognitive/behavioral theory

Be sure to identify the assessment approach and the underlying theoretical rationale for each.

Explain the concepts of exemplary person, filial piety, and shame and their relationship to the dynamics of an Asian family.

Explain the correlation-causation problem and give an example.

Describe the advantages and disadvantages associated with behavioral observation techniques. Provide an example of when you would use a behavioral observation approach, the context in which such an approach would be most useful, and the potential problems associated with the approach.

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 validity. Also discuss other factors that may influence an individual’s performance on this test and how you would go about establishing other forms of validity like concurrent and predictive validity.

Discuss Ivey’s concept of Developmental Level in counseling. What are the implications of developmental level for the counseling process? How might the counselor use this concept to enhance the therapeutic relationship? How might the counselor use this concept when selecting a treatment intervention?

Discuss the concept of the projective hypothesis. What are the implications of this hypothesis for psychological assessment? Give an example of projection in situations other than formal psychological testing.

What role, if any, should the legal system play in the regulation of psychological tests and why?

In what settings are psychological tests most likely to be found today? What role does psychological testing play in contemporary society and how has this role changed since the inception of testing?

You have been hired at a residential program for severely retarded individuals to help develop self-care programs. Let’s begin with eating. Discuss the issues that you must consider from a behavioral perspective in designing a self-feeding program. Next design a program (or discuss one about which you have read) to teach these individuals to feed themselves.

Helen is a 12 year old female who has been referred to you for depression. Compare and contrast two different behavioral (cognitive or otherwise) orientations to how you would treat her. Give the rationale and the issues to be addressed (the two orientations will be presented to you at the time of the exam).
**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 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.