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**INSTRUCTIONS:**

◉ Read the study guide.

◉ Print and complete the sample test. Correct your test and review the incorrect items.

◉ Attend class to ensure your money-back guarantee.

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A. HISTORICAL ELEMENTS

1. With the age of the enlightenment and the rise of the industrial revolution through the eighteenth and nineteenth centuries, populations became mobile as they sought employment in towns and cities that were often far from their original homes. This separated them from their natural counselors, although the religious support was still available. Yet with the rise of science, the power of the church declined, and it was not always able to give the help that was needed.

2. Capitalism and science also had subtle effects on beliefs, values, and general cognition. Everything had to be explained. The work ethic was dominant, and hedonism was an option for only a few.

3. Along with the concentration of towns and cities came the need to protect its citizens and civic organizations such as police forces were developed. In small communities, the power of shame and the threat of banishment is enough to sustain social control. In town, anonymity is an option which brings its own problems. Particularly in America, social mobility was very much a norm.

4. As much to protect the populace as the individual concerned, somewhere between the workhouse, hospital, and prison sat the lunatic asylum. Here, the insane (as well as a few unhappy individuals who had embarrassed their families) were incarcerated with little treatment.

5. Science scoffed at the notion of possession by demons but had little idea what to do beyond basic approaches such as drugging and leeching. In the cruel days of misfit sideshows, the asylum was just another place to go and laugh at those less fortunate.

6. Hypnotism had been known for some time (Mesmer lived around the turn of the eighteenth century), and was popular through the nineteenth century and was used as an informal therapeutic method. Nevertheless, it perplexed scientists who were suspicious of its shamanistic roots.

7. With the continued development and dominance of scientific medicine, establishment attention was eventually turned to matters of the mind (something that empiricists had largely ignored as impenetrable). Medical science took over as the caretakers of the mentally disturbed and a new age of discipline and psychiatry arose towards the end of the nineteenth century.  

http://changingminds.org/disciplines/counseling/history.htm
B. SIGNIFICANT INFLUENCES

1. **Sigmund Freud** was perhaps the most significant pioneer in seeking to understand and treat mental problems for those who lived in normal society, but who suffered from emotional and behavioral difficulties. Rather than try to treat mental problems as a physical issue, he chose to listen to them and try to work out what was happening from what they said, and then apply treatment in the opposite direction, again through words.

2. Despite massive leaps, Freud was still trapped by notions of his day, such as the assumption that mental problems had an emotional basis and the derivation of ideas such as libido came from nineteenth-century biological theories.

3. Psychoanalysis thus developed and was evolved by people such as Jaques Lacan and Melanie Klein into the approaches still used today. This was not without some internal division of opinion, and Klein famously split with Sigmund Freud’s daughter, the more traditionalist Anna. [http://changingminds.org/disciplines/counseling/history.htm](http://changingminds.org/disciplines/counseling/history.htm)

C. SIGNIFICANT PEOPLE

1. **Frank Parsons**: “The father of the guidance movement,” and credited with being the first true counselor. He used a scientific process to help people choose careers.

2. Jessie B. Davis: Brought vocational counseling into the schools.

3. **Anna Y. Reed and Eli Weaver**: in the early 1900’s, they established counseling services based upon the concept of Social Darwinism.

4. **Dorothea Dix**: in the early 1800’s, she advocated for the establishment of institutions that would treat people with emotional disorders in a human manner.

5. **Clifford Beers**: Founded the Mental Hygiene Movement in the early 1900’s after his own experiences within a mental hospital.

6. **William Healy, M. D.**: in 1908, he established the first community psychiatric clinic.

7. David Spence Hill: He organized the first guidance and counseling services in New Orleans and used Simon Binet’s appraisal instruments to provide vocational counseling for kids in school.
8. **James Cattell**: The first person to focus on ways to measure intelligence in the 1890’s.

9. **Binet-Simon Test**: In 1905, this test was used in France to determine intelligence.

10. **E. G. Williamson**: Developed what some consider being the first theory of vocational counseling and utilized a directive counselor-centered approach which came to be known as the “Minnesota point of view.”

www.ablongman.com/helpingprofessions/.../historyofcounseling.ppt
II. COUNSELOR ROLES AND FUNCTIONS

A. COUNSELING AS A PROFESSION

1. Professional counselors have a minimum of a master's degree (M.Ed.) in counseling. A Ph.D. degree program is available to professional counselors who wish to enhance their research, administrative, general counseling skills or who need a doctoral degree for careers as university professors, administrators, counseling practitioners, or researchers.

2. The title, "professional counselor," is the preferred title for members of the counseling profession. In Louisiana (and in most other states and jurisdictions in the United States), the title of professional counselor is protected by statute. An individual must be licensed by the state or must work in a setting that is exempt from state licensure requirements in order to utilize that title. During the time that students are enrolled in master degree programs, the titles, "counseling graduate student," or, during their practicum and internship placements, "counselor," are appropriate.

3. After receiving a master's degree, students will register with the licensure board.

   http://coehd.uno.edu/ELCF/.../CounselorEd/docs/CounselingProfession.doc

B. ROLE EXPECTATIONS IN DIFFERENT COUNSELING SETTINGS

2. Security/Privacy: providing the client with security during a session.
3. Noise control: ensuring that noise does not affect communication.
5. Supportive environment: a space in which the client can share in their own pace.
6. Facilities: Amenities, décor, and other office facilities are relevant aspects to be observed.

C. PROFESSIONAL ASSOCIATIONS

1. ACA – American Counseling Association – Established in 1952. Dedicated to the growth and development of the counseling profession and those who are served. http://www.counseling.org

2. AMHCA - American Mental Health Care Association - For more than 30 years, AMHCA has served the professional needs of mental health counselors. Their mission is to enhance the profession of clinical mental health counseling through licensing, advocacy, education and professional development. http://www.amhca.org/

3. ASCA – American School Counselor Association – The American School Counselor Association (ASCA) supports school counselors’ efforts to help students focus on academic, personal/social and career development so they achieve success in school and are prepared to lead fulfilling lives as responsible members of society.

D. CONSULTATION

1. Consultation is the process whereby an expert enables a consultee to deliver services more effectively to the client by increasing, developing, modifying or freeing the consultee’s knowledge, skills, attitudes or behavior with respect to the problem at hand.

2. Counselors may serve as consultants to members of other professions and to other counselors in need of their special expertise, including when they fill the role of supervisor.

3. They may provide consultation to school personnel who need assistance in understanding and coping with problem students, to health care providers who see assistance in understanding a patient’s family or ethnic and cultural factors, etc. (Direct Social Work Practice, pg 30)
E. GROUP APPROACHES

1. *The role of the group counselor involves facilitating interaction among the members,* help them learn from one another, assist them in establishing personal goals and also provide continuous empathy and support to the members and also to check if the members have carried their learning experience from the group and practiced it in the outside world. http://changingminds.org/articles/articles/group_counseling.htm

F. FAMILY COUNSELING

1. *A family counselor treats married couples or family members in order to help them overcome mental or emotional problems that may result within the home.*
2. The counselor will diagnose any disorders and provide effective treatment measures in which to help the family members resolve their issues.
3. The counselor will work to alleviate the clients’ problem and find effective treatment methods. http://www.exforsys.com/career-center/career-tracks/the-role-of-a-family-counselor.html

G. SELF-HELP GROUPS

1. *In a self-help group, the members share a common problem, often a common disease or addiction.*
2. The goal is to help each other deal with if possible to heal or to recover from their problem by sharing issues, concerns, and problems.
3. In self-help groups, there are less likely chances of professional leadership. The leader of the support group is someone who may share a common problem with the group. (Ashman and Hull Jr. pg 100)
H. ADVOCACY

1. Advocates speak on behalf of the clients.
2. Advocates help decide what their clients are entitled to and what problems are keeping clients from receiving what they need.
   Some adversaries may quickly meet the requests and demands of an advocate. It is more likely that additional work may be required. This work may include assessing the client’s situation to determine if advocating for
3. The client is likely to cause further problems. (Understanding Generalist Practice, Karen K. Krist and Grafton H. Hull Jr, pg. 50)

I. ENVIRONMENT

1. The environment refers to the stability and adequacies of one’s physical surroundings and whether the environment fosters or jeopardizes the client’s health and safety.
2. A safe environment is free of threats such as personal or property crimes.
3. Health and safety factors include considering sanitation, space, and heat. (Direct Social Work practice, pg. 230)
III. THE COUNSELING RELATIONSHIP

A. VERBAL AND NONVERBAL BEHAVIOR

1. At the most basic level, human interaction and communication involve both verbal and nonverbal behavior.
2. Verbal behavior is what is being said.
3. Nonverbal behavior is communication in ways other than speaking words. People communicate by facial expressions, hand movements, or eye contact, the manner in which they sit, and how close they stand to you. (Understanding Generalist Practice, pg. 52)

B. PERSONAL CHARACTERISTICS, LIFE STYLES, AND CAPABILITIES

1. Ability to listen and convey understanding without judgment
2. Ability to be sensitive, empathic, and patient
3. Ability to convey to the client that the counselor values the client’s experiences
4. Ability to convey the belief that the client is capable, trustworthy, and dependable.
5. Demonstration of a positive belief in himself or herself as a counselor and demonstration of positive self-esteem
6. Has self-awareness and knows his or her own biases or prejudices and is able to analyze his or her own feelings
7. Has tolerance for ambiguity
8. Sensitive to cultural differences
9. Highly ethical

http://www.ablongman.com/helpingprofessions/coun/ppt/.../character.pp
C. AUTHENTICITY, EMPATHY, AND CONFIDENTIALITY

1. **Authenticity and genuineness is to be honest, natural and an open expression of you.** It means that you continue to be yourself despite the fact that you are working to accomplish goals in your professional role. Empathy is purely acknowledgment that you understand the client’s situation. It enhances a worker-client relationship. It is essential to the effectiveness of the whole helping process. (Understanding General Practice, pg. 56)

2. Confidential information includes personal details about the client’s identity; records of verbal statements made by the client, professional reports, or professed opinions concerning the client and content from other records. (Understanding General Practice, pg. 418)

D. ETHICAL AND LEGAL ISSUES

1. Adherence to ethical codes and standards relevant to the profession of career counseling (e.g. NBCC, NCDA, and ACA).
2. Current ethical and legal issues which affect the practice of career counseling with all populations.
3. Current ethical/legal issues with regard to the use of computer-assisted career guidance systems.
4. Ethical standards relating to consultation issues.
5. State and federal statutes relating to client confidentiality
IV. SOCIAL AND CULTURAL FOUNDATIONS

A. MULTICULTURAL ISSUES (E.G., RELIGION, RACE, ETHNICITY, SOCIOECONOMICS)

1. Research shows clients from ethnic minority groups are the least likely to make use of counseling services. One explanation for this is that it is an ethnocentric activity, based on the values of the white middle classes, an approach which can alienate those from other cultures. A multicultural approach to counseling challenges the assumption that one style of interviewing is transferable to all clients.

2. A broad definition of the term 'multiculturalism' embraces a wide range of social variables or differences. This includes: gender, sexual preference, disability, social class, age, religion, and ethnicity.

3. Multicultural counseling is known as a metatheoretical approach that recognizes that all helping methods ultimately exist within a cultural context. Multiculturalism starts with awareness of differences among and within clients; it stresses the importance of family cultural factors affecting the way clients view the world; it challenges practitioners, theoreticians and researchers to rethink the meaning of counseling, and pay attention to family and cultural concerns.

4. Many writers in the area of multicultural counseling advocate the need for all practitioners to start on a continual process of multicultural self-awareness.
   a) The first task is to think about yourself
   b) The second to identify the values of the dominant culture in which you practice counseling or communication
   c) The third is to examine alternative value orientations.

B. DISCRIMINATION ISSUES (E.G., GENDER, AGE, SEXUAL ORIENTATION, DISABILITY, AIDS, MANAGED CARE)

1. There has been a great deal of psychological research on the subject of prejudices to try to understand what causes them and how they can be removed. Psychiatric professionals are interested in the mechanism behind discrimination and the ways that society and other factors can create prejudices in individuals. It can be a fascinating field and a somewhat taboo subject for certain people.
2. When you’re dealing with discrimination, here are a few things to keep in mind to help you understand prejudice and find help in handling it.

3. Most people who discriminate against a group do so because of upbringing or societal reasons. However, some prejudices are due to a bad experience with a certain person or a traumatic life event that caused an individual to stereotype an entire group. Many prejudices developed from fears or a misunderstanding of a certain culture or race.

4. It’s best to discover the reason for prejudice before trying to remove it, and a licensed therapist or counselor can be a great resource for finding out why a prejudiced person discriminates.

C. TREATING PREJUDICE AND DISCRIMINATION WITH COUNSELING

1. In some cases, counseling can help remove prejudices, and those prejudice people can be taught skills that allow them to overcome their discriminatory way of thinking. You may have heard of “sensitivity training,” which is often used in situations of outward racism or discrimination in the workplace. *Sensitivity training teaches individuals to understand how their discrimination affects other people and can give a person the necessary tools to avoid future discriminatory practices.*

2. Many offices and government institutions also use other types of group therapy sessions to deal with sexism, racism, and other issues in the workplace and to avoid the conflicts that prejudice and discrimination can cause. These therapy sessions include activities for office workers and an open, comfortable atmosphere, which can be essential when approaching a taboo subject such as discrimination.

3. Prejudice can also be treated one on one with a licensed therapist or counselor. The therapist will speak with the patient to try to work through feelings and fears. In some cases, prejudices are tied to other fears or conditions that need treatment, and a therapist can provide this for their patients.
D. SOCIETAL CONCERNS (E.G., SUBSTANCE ABUSE, PERSON ABUSE, STRESS, VIOLENCE)

1. **Substance abuse is a major social problem and concern for counselors. It is the most prevalent mind disorder**, encompassing some 40 percent of the diagnoses in the DSM-IV (American Psychiatric Association [APA], 1994), the number one continuing health problem, and the number one prison problem in the United States (Inaba, Cohen, & Holstein, 1997). Yet, school, rehabilitation, and mental health counselor education programs do not require expertise in this area as a prerequisite to receiving a degree. Given this, a need exists to implement strategies to ensure that all counselors have expertise in this area.

2. This digest focuses on identification of counseling outcome research implications for counseling individuals with substance abuse problems. The following conclusions regarding counseling individuals with substance abuse problems have been highlighted.

3. All counselors, no matter what work setting or clientele, will counsel individuals with presenting or related problems of substance abuse.

4. Counselors counsel and empower individuals with substance abuse problems versus treat the substance abuse problem.

5. Counselors must be able to establish the same open, collaborative, therapeutic relationship in counseling individuals with substance abuse problems as they do with other client populations. This ability is viewed as a prerequisite to successful outcome in any counseling setting.

6. Counselors just focus the counseling relationship on addressing the client's presenting problems directly and identifying client need for change.

7. Counselors must be able to articulate and implement counseling intervention strategies perceived as appropriate by both the counselor and the client.

8. Counselors must know community resources and procedures for referral to be able to ensure access to effective and appropriate support services for clients.
V. CAREER DEVELOPMENT THEORIES

Career development theories help make sense of experiences. A theory is, in effect, a rationalized set of assumptions or hypotheses that allows you to explain the past and predict the future. As such, theories may provide "direction", and as theories are tested and prove "true", they may be said to expand knowledge. There are two types of career development theories: structural and developmental. Structural Theories: Focus on individual characteristics and occupational tasks. Developmental Theories: Focus on human development across life span.

A. TRAIT AND FACTOR THEORY

Two major assumptions of trait and factor theory are that individuals and job traits can be matched and that close matches are positively correlated with job success and satisfaction. This theory began with Parsons, who proposed that a choice of a vocation depended upon: An accurate knowledge of yourself, thorough knowledge of job specifications, and the ability to make a proper match between the two. Parsons believed that in the wise choice of a vocation there are three broad factors:
1. A clear understanding of yourself, your aptitudes, abilities, interests, ambitions, resources, and limitations
2. thorough knowledge of the requirements and conditions of success, advantages and disadvantages, compensation, opportunities, and prospects in different lines of work
3. true reasoning on the relations of these two groups of acts

B. JOHN HOLLAND -- VOCATIONAL PERSONALITIES AND ENVIRONMENTS

1. This typology theory was developed to organize the voluminous data about people in different jobs and the data about different work environments, to suggest how people make career choices and to explain how job satisfaction and vocational achievement occur.
2. Holland suggested that people can function and develop best and find job satisfaction in work environments that are compatible with their personalities.
3. Holland-based his theory of personality types on several assumptions. People tend to choose a career that is reflective of their personality. Because people tend to be attracted to certain jobs, the environment then reflects this personality.

4. He classified these personality types and work environments into six types which he labeled realistic, investigative, artistic, social, enterprising, and conventional (often referred to by the acronym RIASEC).

5. He suggests that the closer the match of personality to job, the greater the satisfaction.

6. All types are part of each of us. However, one type is usually evidenced most strongly. We may even resemble up to three of the types.

7. Holland’s theory places emphasis on the accuracy of self-knowledge and career information necessary for career decision making.

C. SOCIOECONOMIC THEORY

1. Sociologists and economists provide detailed explanations and descriptions of how one’s culture, family background, social and economic conditions and other factors outside an individual's control strongly influence one's identity, values, and overall human and career development.

2. Socioeconomic theory is also known as the "chance" or "accident" theory.

3. This approach to understanding career development suggests that many people follow the path of least resistance in their career development by simply falling into whatever work opportunities happen to come their way.

D. KRUMBOLTZ’S SOCIAL LEARNING THEORY

1. Krumboltz developed a theory of career decision making and development based on our social learning, or environmental conditions and events, genetic influences, and learning experiences.

2. People choose their careers based on what they have learned. Certain behaviors are modeled, rewarded and reinforced.
E. DECISION-MAKING THEORIES

1. Some decision-making theories hypothesize that there are critical points in our lives when choices are made that greatly influence our career development. These decision-making points are such events as educational choices, entry-level job positions, changing jobs, etc.

2. Other decision-making theories concerned with ongoing choices across the lifespan. The decisions that we make are influenced by our awareness of the choices that are available to us and our knowledge of how to evaluate them.

3. Others address our complex environment. For example, H.B. Gelatt says, "We make our decisions based on what is actual and what is actual is never static."

F. COGNITIVE THEORIES

1. **Cognitive theories of career development are built around how individuals process, integrate and react to information.**

2. The ways in which individuals process information are determined by their cognitive structures. These structures influence how individuals see themselves, others and the environment.

3. Cognitive theories suggest ways to help clients build or refine a hierarchy of thinking skills and decision-making skills that influence career development.
VI. INFORMATION SOURCES

A. SELF-ASSESSMENT TOOLS

There are many self-assessment tools, in the form of personality tests, IQ tests, and interest and aptitude quizzes available on the Internet. The results obtained by such online tests should prove valuable to students, but it should be emphasized strongly to them that these tests are not, and should not be regarded as, absolute authorities on their personalities, skills, or interests, and thus on their future employment prospects. Rather, such tests should be viewed as helpful insights. Whenever possible, more information about the tests and their importance should be obtained.

1. The Keirsey Temperament Sorter is an online test that takes less than ten minutes to complete. The test will be scored online. The result will be a personality profile based upon Jungian personality types.
2. The Holland Interest Inventory is an online interest inventory, which is scored and then succinctly interpreted.
3. The Career Planning Process offers a model that takes one through all the following levels of the career planning process via websites: Self-Assessment; Academic and/or Career Options; Relevant and/or Practical Experience; Job Search and/or Graduate School Preparation; Career Change. It is a good synthesis of information, insight-oriented questioning, guidelines, and solid career advice.

B. CAREER AND OCCUPATIONAL INFORMATION

1. The Occupational Outlook Handbook, 2010-11 edition provides detailed descriptions of hundreds of occupations, including salary expectations and growth outlook. This is an excellent resource, with lots of information and web links.
2. Research Guide: Business and Management provides step-by-step advice and researching guidelines. It also lists other resources, directories, and indices of employers.
3. Hoover’s Online is an encyclopedia of company profiles and company websites.
4. Job Smart Salary Survey provides students with a place to take their own "Salary IQs." It describes salary surveys and salary negotiation strategies.
VII. HUMAN GROWTH AND DEVELOPMENT

A. PERSONAL DEVELOPMENT

Jean Piaget, a developmental psychologist, and philosopher, spent 50 years developing theories about ways in which children think, reason and solve problems. Piaget was interested in the way children’s thinking and inner representations of physical reality changed at different stages in their development.

1. **He suggested that children use mental structures called schemes to assimilate and accommodate to information in their environment.** Schemes are the building blocks of developmental change. Piaget characterized the infant’s initial schemes as sensorimotor intelligence.

2. **Sensorimotor intelligence is mental structures or programs that guide sensorimotor sequences, such as sucking, looking, grasping, and pushing.** With practices, these elementary schemes are combined and differentiated into more complex and diverse actions patterns.

3. According to Piaget, two basic processes work in tandem to achieve cognitive growth - assimilation and accommodation.

4. Assimilation modifies new environmental information to fit into what is already known.

5. Accommodation restructures of modifies the child’s existing schemes so that new information is accounted for more completely.

6. The balanced application of assimilation and accommodation permits children’s behavior and knowledge to become less dependent on concrete external reality, relying more on abstract thought.

7. Piaget believed that children’s cognitive development could be divided into a series of 4 ordered, discontinuous stages. All children are assumed to progress through these stages in the same sequence, although one child may take longer to pass through a given stage than another. He labeled the four stages of cognitive development: sensorimotor, preoperational, concrete operations, and formal operations. These stages have specific characteristics and major accomplishments that are:

   a) **Sensorimotor stage** - this stage extends from birth to age 2. The child begins life with small number of sensorimotor sequences such as sucking, looking, grasping and pushing. Child develops object permanence and the beginnings of symbolic thought. **Object permanence** refers to children’s understanding that objects exist and behave independently of their actions or awareness.
They follow objects with their eyes, but when the object disappears from their view, they turn away as if the objects had also disappeared from their minds.

b) **Preoperational stage** - this stage extends from 2 to 7 years of age. *Child’s thought is marked by egocentrism and centration.* In cognitive development, egocentrism is the inability of a young child at the preoperational stage to take the perspective of another person. Centration is a thought pattern common during the beginning of the preoperational stage of cognitive development; characterized by the child’s inability to take more than one perceptual factor into account at the same time. A child with centration is not able to understand that the amount of a liquid does not change as a function of the size or shape of its container.

c) **Concrete operations stage** - this stage extends from ages 7 to 11 years. The child achieves understanding of conservation and can reason with respect to concrete, physical objects. Conservation is the understanding that physical properties do not change when nothing is added or taken away, even though appearances may change. They also acquire a new operation called reversibility. **Reversibility is the child’s understanding that both physical actions and mental operations can be reversed.**

d) **Formal operations stage** - this stage extends from ages 11 and beyond. The child develops capacity of abstract reasoning and hypothetical thinking. Adolescents at this age can see how their particular reality is only one of several imaginable realities, and they begin to ponder deep questions of truth, justice, and existence. Once they achieve formal operations, they are able to use the types of advanced deductive logic.

**B. SOCIAL DEVELOPMENT**

1. **Social development** is the ways in which individuals’ social interactions and expectations change across the lifespan.

2. Children’s basic survival depends on forming meaningful, effective relationships with other people. **Socialization** is the lifelong process through which an individual’s behavior patterns, values, standards, skills, attitudes, and motives are shaped to conform to those regarded as desirable in a particular society.
3. **Social development begins with the establishment of a close emotional relationship between a child and a mother, father, or other caregiver.** This emotional relationship between a child and regular caregiver is known as attachment. Humans rely on complex signals to solidify attachment. Children who develop secure attachments are more socially competent in later life.

4. Erik Erikson was a German-born American developmental psychologist and psychoanalyst known for his theory on psychosocial development of human beings.

5. He proposed that every individual must successfully navigate a series of psychosocial stages, each of which presented a particular conflict or crisis.

6. Erikson’s **psychosocial stages** focus on an individual’s orientation toward the self and others; these stages incorporate both sexual and social aspects of a person’s development and the social conflicts that arise from the interaction between the individual and the social environment.

7. Erikson identified 8 stages in the life cycle. In each stage, a particular crisis comes into focus and although each conflict never completely disappears, it needs to be sufficiently resolved at a given stage is an individual is to cope successfully with the conflicts of later stages. Erikson’s Psychosocial Stages:

   a) **Stage 1:** Trust vs. mistrust occurs between ages 0-1½ - an infant needs to develop a basic sense of trust in the environment through interaction with caregivers. This is resolved by feeling a basic sense of safety. If this is not resolved, the baby will feel insecure and have anxiety.

   b) **Stage 2:** Autonomy vs. self-doubt occurs between ages 1½ - 3 - the child will begin walking and begin exploring and manipulating objects. With these activities will come a sense of autonomy, and of being a capable and worthy person. If they are given autonomy and not self-doubt, the child will have a perception of himself as capable of controlling his own body and making things happen. If there is not a resolution, the child will feel inadequate to control events.

   c) **Stage 3:** Initiative vs. guilt occurs between ages 3-6 - the child can now initiate both intellectual and motor activities. Parents can respond to the child’s initiation through encouragement and giving them a sense of freedom and self-confidence or introduce guilt and feelings of being inept and lack of self-worth.

   d) **Stage 4:** Competence vs. inferiority occurs between ages of 6-puberty. The child is ready to go beyond exploring and testing to the systematic development of competencies. Successful efforts will result in feelings of competence in basic social and intellectual skills. Inadequate resolution will lead to lack of self-confidence and feelings of failure.
e) Stage 5: **Identity vs. role confusion occurs at adolescent age.** In this stage, the adolescent is discovering his true identity amid confusion created by playing many different roles for different people in their social surroundings. Resolving this crisis helps the individual develop a comfortable sense of self as a person, whereas not resolving this results in a fragmented or unclear sense of self.

f) Stage 6: **Intimacy vs. isolation this essential stage in early adulthood allows a person to have the capacity for closeness and commitment to another.** Not resolving this leads to feelings of aloneness, separation; and denial of need for closeness.

g) Stage 7: **Generativity vs. stagnation** occurs in middle adulthood and allows people in their 30s and 40s move beyond a focus on self and partner to broaden their commitments to family, work, society, and future generations. Those people who haven't resolved earlier developmental tasks are still self-indulgent, question past decisions and goals, and pursue freedom at the expense of security.

h) Stage 8: **Ego-integrity vs. despair occurs in later adulthood prepares one to look back without regrets and to enjoy a sense of wholeness.** When previous crises are left unresolved, aspirations remain unfulfilled, and the individual experiences futility, despair, and self-depreciation.
VIII. ASSESSMENT AND APPRAISAL TECHNIQUES

A. TESTING

1. The research process can be divided into two major categories that occur in a sequence. First is **discovery: forming an idea** and then **justification: testing it**. The context of discovery is the initial phase of research during which observations, beliefs, information, and general knowledge lead someone to come up with a new idea of a different way of thinking about a phenomenon.

2. To obtain reliable evidence that generate valid results, researchers follow the **scientific method**. The scientific method is a general set of procedures for gathering and interpreting evidence in ways that limit sources of errors and yield dependable conclusions.

3. Because subjectivity must be minimized in the data collection and analysis phases of scientific research, procedural safeguards are used to increase objectivity. One of these safeguards is that researchers must keep complete records of observations and data analyses in a form that other researchers can understand and evaluate.

4. Scientific theories undergo rigorous testing, and the results must be replicated by independent investigators before the theories are recognized as proven.

B. MEASUREMENT

1. In research, secrecy is banned because all data and methods have to be open for public verifiability. This means that other researchers have the opportunity to inspect, criticize, replicate or disprove the data and methods. Since psychological processes are so varied and complex, it poses a challenge to researchers who want to measure them. Researchers can make this easier by quantifying some procedures by assigning numbers to or quantifying variables.

2. There are two ways to gauge the accuracy of a measure. Reliability and validity.

3. **Reliability is the degree to which a test produces similar scores each time it is used; stability or consistency of the scores produced by an instrument.** A reliable result is one that will be repeated under similar conditions of testing at different times.
4. **Validity is the extent in which a test measures what it was intended to measure.** For example, a valid measure of happiness should allow us to predict how happy you are likely to be in particular situations.

5. **Tests and experiments can be reliable, but not valid.** For example, we could use shoe size as an index of your happiness. This would be reliable because we’d always get the same answer, but not valid because we’d learn very little about your day-to-day happiness level.

C. **DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, 4TH ED. (DSM-IV)**

*DSM-IV is the current diagnostic and statistical manual of the American Psychiatric Association that classifies, defines, and describes over 200 mental disorders.* DSM-IV emphasizes the description of patterns of symptoms and courses of disorders rather than the etiological theories or treatment strategies. The descriptive terms allow clinicians and researchers to use common language to describe problems while leaving room for disagreement and continued research about which theoretical models best explain the problems. The 4th edition of the DSM-IV emerged after several years of intense work by committees of scholars. They carefully scrutinized large bodies of research on psychopathology and also tested proposed changes for workability in actual clinical settings.

DSM-IV uses dimensions or axes that portray information about all these factors. Most of the principal clinical disorders are contained on Axis I.

1. **In Axis I, clinical disorders:** these mental disorders present symptoms or patterns of behavioral or psychological problems that typically are painful or impair an area of functioning. Included are disorders that emerge in infancy, childhood, or adolescence. This does not include mental retardation.

2. **Axis II, personality disorders, and mental retardations:** list mental retardation as well as personality disorders. These are dysfunctional patterns of perceiving and responding to the world.

3. **Axis III, general medical conditions:** incorporates information about general medical conditions, such as diabetes. This axis codes physical problems relevant to understanding or treating an individual’s psychological disorders on Axes I and II.

4. **Axis IV, psychosocial and environmental problems:** this axis codes psychosocial and environmental stressors that may affect the diagnosis and treatment of an individual’s disorder and the likelihood of recovery.
5. **In Axis V, global assessment of functioning**: a clinician evaluates the global level of an individual’s functioning in the psychological, social, and occupational domains.
1. Who was the most significant pioneer in seeking to understand and treat mental problems?
   a. Sigmund Freud  
   b. Clifford Beers  
   c. Dorothea Dix  
   d. Frank Parsons

2. _____ is the “father of the guidance movement and credited with being the first true counselor.
   a. Sigmund Freud  
   b. Jessie B. Davis  
   c. Anna Y. Reed  
   d. Frank Parsons

3. _____ was the first person to focus on ways to measure intelligence in the 1890’s.
   a. Clifford Beers  
   b. James Cattell  
   c. E.G. Williamson  
   d. Eli Weaver

4. _____ and _____ established services based upon the concept of Social Darwinism in the early 1900’s.
   a. Clifford Beers and William Healy  
   b. James Cattell and E.G. Williamson  
   c. Anna Reed and Dorothea Dix  
   d. Anna Reed and Eli Weaver

5. In 1905, this test was used in France to determine intelligence.
   a. Binet-Simon Test  
   b. IQ Test  
   c. Math Test  
   d. SAT
6. He brought vocational counseling into the schools.
   a. Frank Parsons
   b. Jessie B. Davis
   c. E.G Williamson
   d. David Spence Hill

7. He established the first community psychiatric clinic in 1908.
   a. Sigmund Freud
   b. William D. Healey
   c. James Cattell
   d. Frank Parsons

8. He founded the Mental Hygiene Movement in the early 1900’s after his own experience in a mental hospital.
   a. Frank Parsons
   b. Clifford Beers
   c. E.G Williamson
   d. Eli Weaver

9. He used a scientific process to help people choose careers.
   a. Jessie B. Davis
   b. Frank Parsons
   c. Clifford Beers
   d. William Healy

10. _____ advocated for the establishment of institutions that would treat people with emotional disorders in a human manner.
    a. Jessie B. Davis
    b. Anna Y. Reed
    c. Dorothea Dix
    d. David Spence Hill

11. Professional counselors have a minimum of a _____ degree in counseling.
    a. Bachelor’s degree
    b. High school diploma
    c. Master’s degree
    d. Associate’s degree
12. For professional counselors who wish to enhance their research, administrative, or general counseling skills a _____ program is available to them.
   a. Bachelor’s degree
   b. Associate’s Degree
   c. Master’s Degree
   d. Ph.D. degree

13. The title _____ is the preferred title for members of the counseling profession.
   a. Professional counselor
   b. Staff member
   c. Doctor
   None of the above

   a. Loud
   b. Bright
   c. Comfortable
   d. Dark

15. The counselor should ensure that _____ does not affect communication.
   a. Noise
   b. Expressions
   c. Scent
   d. All of the above

16. It is important to provide the client with _____ during a session.
   a. Comfort
   b. Security
   c. Privacy
   d. B and C

17. The AMHCA has served the professional needs of _____ health counselors.
   a. Drug
   b. Family
   c. Physical
   d. Mental
18. Counselors may serve as _____ to members of other professions and to other counselors in need of their special expertise, including when they fill a role of a supervisor (pg. 9).
   a. Consultants
   b. School personnel
   c. Assistance
   d. Helpers

19. The role of the group counselor involves facilitating interaction among the _____.
   a. Goals
   b. Members
   c. Counselor
   d. None of the above

20. A family counselor treats married couples or family members in order to help them overcome _____ or _____ problems that may result within the home.
   a. Mental or Emotional
   b. Physical or Mental
   c. Emotional or Physical
   d. Mental or Drug

21. The leader of a self-help group is someone who may share a _____ problem with the group.
   a. Different
   b. Common
   c. Mental
   d. Physical

22. _____ and _____ is to be honest, natural and an open expression of you.
   a. Empathy and Sincerity
   b. Authenticity and Genuineness
   c. Confidential and Secretive
   d. Sensitive and Emotional

23. _____ embraces a wide range of social variables or differences.
   a. gender
   b. multiculturalism
   c. race
   d. socialism
24. ______ teaches individuals to understand how their discrimination affects other people and can give a person the necessary tools to avoid future discriminatory practices.
   a. prejudice
   b. affirmative action
   c. sensitivity training
   d. multiculturalism

25. The most prevalent mind disorder is _____.
   a. substance abuse
   b. racism
   c. schizophrenia
   d. bulimia

26. A rationalized set of assumptions or hypotheses that allows you to explain the past and predict the future is a ______.
   a. validity
   b. theory
   c. exam
   d. theorem

27. __ focuses on individual characteristics and occupational tasks.
   a. Fundamental theory
   b. Structural theory
   c. Developmental theory
   d. Super’s theory

28. Two major assumptions of trait and factor theory are that individuals and job traits can be matched, and that close matches are positively correlated with ______.
   a. higher salary
   b. job success and satisfaction
   c. unhappiness
   d. decline in work ethic
29. This approach to understanding career development suggests that many people follow the path of least resistance in their career development by simply falling into whatever work opportunities happen to come their way. This is known as _____.
   a. structural theory
   b. socioeconomic theory
   c. developmental theory
   d. trait and factor theory

30. According to Krumboltz’s social learning theory, people choose their careers based on what they _____.
   a. see their parents do
   b. learn
   c. see on TV
   d. none of the above

31. Cognitive theories of career development are built around how individuals process, integrate, and react to _____.
   a. information
   b. society
   c. environment
   d. peers

32. According to Piaget, children use structures called _____ to assimilate and accommodate to information in their environment.
   a. society
   b. schemes
   c. theorems
   d. lanes

33. Mental structures or programs that guide sensorimotor sequences, such as sucking, looking, grasping, and pushing are known as _____.
   a. sensorimotor intelligence
   b. developmental theory
   c. structural intelligence
   d. learning
34. In this stage, a child’s thought is marked by egocentrism and centration.
   a. sensorimotor
   b. preoperational
   c. concrete operations
   d. formal operations

35. _____ is the inability of a young child at the preoperational stage to take the perspective of another person.
   a. egocentrism
   b. centration
   c. object permanence
   d. sensorimotor

36. _____ is a thought pattern common during the beginning of the preoperational stage of cognitive development; characterized by the child’s inability to take more than one perceptual factor into account at the same time.
   a. Egocentrism
   b. Centration
   c. Object permanence
   d. Sensorimotor

37. In this stage, the child achieves understanding of conservation and can reason with respect to concrete, physical objects.
   a. sensorimotor
   b. preoperational
   c. concrete operations
   d. formal operations

38. _____ is the understanding that physical properties do not change when nothing is added or taken away, even though appearances may change.
   a. object permanence
   b. centration
   c. egocentrism
   d. conservation
39. _____ is the child’s understanding that both physical actions and mental operations can be reversed.
   a. object permanence
   b. conservation
   c. reversibility
   d. centration

40. In this stage, the adolescent is discovering his true identity amid confusion created by playing many different roles for different people in their social surroundings.
   a. autonomy vs. self-doubt
   b. trust vs. mistrust
   c. identity vs. role confusion
   d. initiative vs. guilt

41. This essential stage in early adulthood allows a person to have the capacity for closeness and commitment to another.
   a. autonomy vs. self-doubt
   b. intimacy vs. isolation
   c. identity vs. role confusion
   d. initiative vs. guilt

42. Those people who haven't resolved earlier developmental tasks are still self-indulgent, question past decisions and goals, and pursue freedom at the expense of security. This stage is known as.
   a. autonomy vs. self-doubt
   b. intimacy vs. isolation
   c. generativity vs. stagnation
   d. initiative vs. guilt

43. This stage occurs in later adulthood prepares one to look back without regrets and to enjoy a sense of wholeness. This occurs in:
   a. autonomy vs. self-doubt
   b. intimacy vs. isolation
   c. generativity vs. stagnation
   d. ego-integrity vs. despair
44. Social development begins with the establishment of a close emotional relationship between a child and _____.
   a. doctor that delivered the child
   b. teacher
   c. maternal grandparent
   d. a mother, father, or other caregiver

45. _____ is the degree to which a test produces similar scores each time it is used; stability or consistency of the scores produced by an instrument.
   a. validity
   b. reliability
   c. object permanence
   d. centration

46. _____ is the extent in which a test measures what it was intended to measure.
   a. validity
   b. reliability
   c. object permanence
   d. centration

47. Tests and experiments can be reliable, but not _____.
   a. accurate
   b. assumed
   c. varied
   d. valid

48. DSM-IV is the current diagnostic and statistical manual of the American Psychiatric Association that classifies, defines, and describes over 200 mental _____.
   a. problems
   b. issues
   c. disorders
   d. memories

49. _____ present symptoms or patterns of behavioral or psychological problems that typically are painful or impair an area of functioning.
   a. personality disorders
   b. clinical disorders
   c. mental retardation
   d. psychosocial problems
50. These are dysfunctional patterns of perceiving and responding to the world.
   a. personality disorders and mental retardation
   b. clinical disorders
   c. environmental problems
   d. psychosocial problems
1. A) Sigmund Freud  
2. D) Frank Parsons  
3. B) James Cattell  
4. D) Anna Reed and Eli Weaver  
5. A) Binet-Simon Test  
6. D) David Spence Hill  
7. B) William D. Healey  
8. B) Clifford Beers  
9. B) Frank Parsons  
10. C) Dorothea Dix  
11. C) Master's Degree  
12. D) Ph. D Degree  
13. A) Professional Counselor  
14. C) Comfortable  
15. A) Noise  
16. D) B and C  
17. D) Mental  
18. A) Consultants  
19. B) Members  
20. A) Mental or Emotional  
21. B) Common  
22. B) Authenticity and Genuineness  
23. B) Multiculturalism  
24. C) Sensitivity Training  
25. A) Substance Abuse  
26. B) Theory  
27. B) Structural theory  
28. B) Job Success and Satisfaction  
29. B) Socioeconomic theory  
30. B) Learn  
31. A) Information  
32. B) Schemes  
33. A) Sensorimotor intelligence  
34. B) Preoperational  
35. A) Egocentrism  
36. B) Centration  
37. C) Concrete Operations  
38. D) Conservation  
39. C) Reversibility  
40. C) Identity vs. Role Confusion  
41. B) Intimacy vs. Isolation  
42. C) Generativity vs. Stagnation  
43. D) Ego-integrity vs. Despair  
44. D) A mother, father or other caregiver  
45. B) Reliability  
46. A) Validity  
47. D) Valid  
48. C) Disorders  
49. B) Clinical Disorders  
50. A) Personality disorders and mental retardation
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