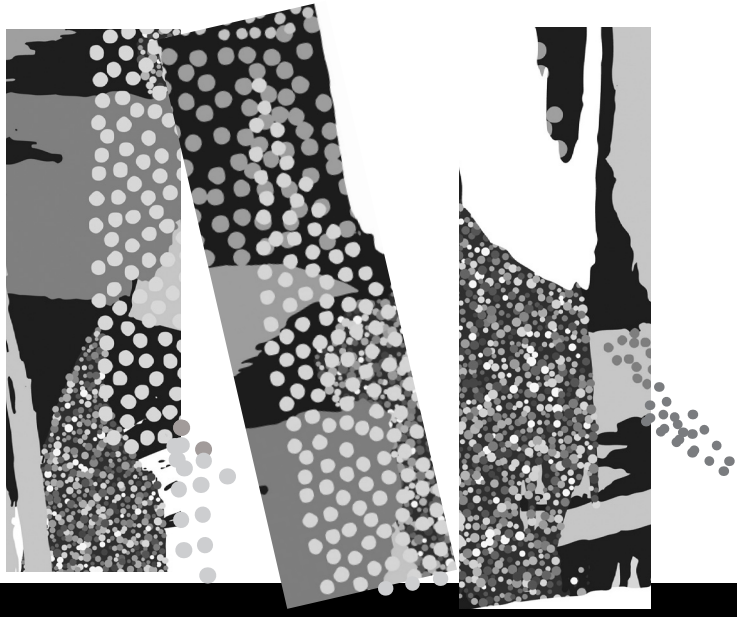

Instructor's Manual

for Orientation to Professional Counseling

Past, Present, and Future Trends

American Counseling Association
6101 Stevenson Avenue • Suite 600
Alexandria, VA 22304
www.counseling.org

Instructor's Manual

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Introduction

This text serves as the Instructor's Manual for *Introduction to Professional Counseling: Past, Present, and Future Trends*. It contains detailed chapter outlines and test questions in multiple formats, including essay, true/false, multiple choice, and matching. The accompanying PowerPoint slides highlight and summarize primary concepts in the main text.

The main text contains many instructor aids as well, such as learning objectives, learning activities, review questions, and supplementary resources in each chapter. In addition, Section I: Foundational Elements of Professional Counseling includes thought questions, brief case examples, and implications for practice interspersed throughout chapters. Chapters in Section II: Counseling Specialties also include Voices From the Field—perspectives from practicing professional counselors in their respective specialty areas. Section III: Current Issues for Personal and Professional Development chapters not only incorporate Voices From the Field, but other rich opportunities for self-reflection for counselors-in-training. We encourage instructors to make use of these learning tools, many of which are presented as sidebars within the chapters.

We hope that, taken together, these materials provide instructors with what they need to give students a comprehensive introduction to the field.

—Lynn Z. Tovar[1] and Sylvia C. Nassar

[1]**Lynn Z. Tovar, PhD,** is a licensed professional counselor and national certified counselor. She holds a doctorate in counseling and counselor education and has taught graduate courses in counseling programs in the U.S. and Mexico. Dr. Tovar currently provides bilingual counseling in a community behavioral health clinic.

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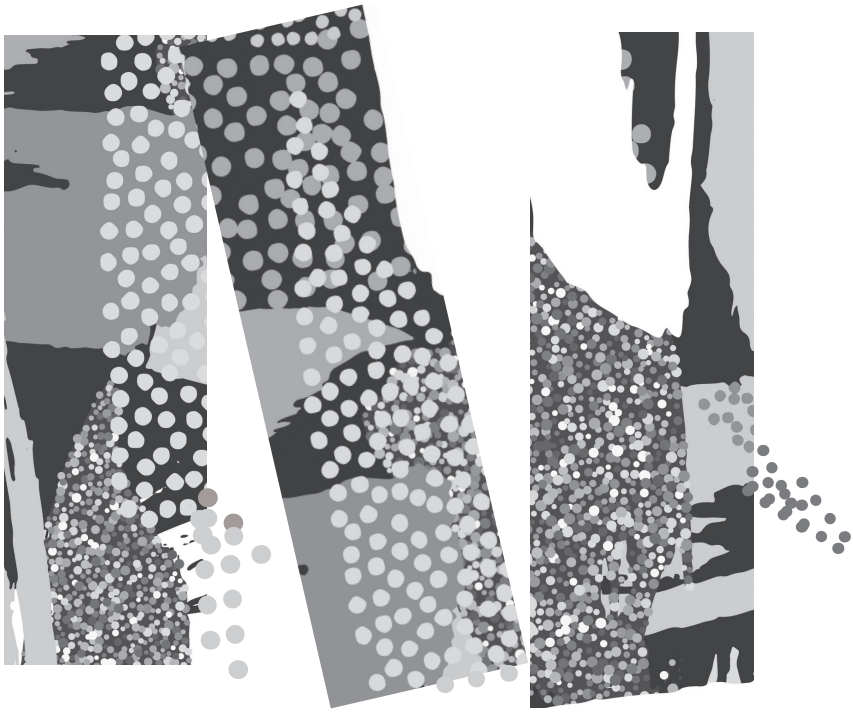
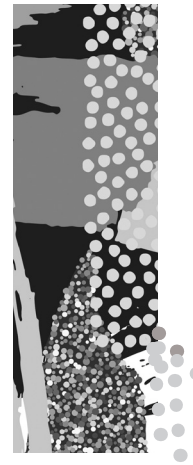


Section I

Foundational Elements of Professional Counseling



Chapter 1

Professional Counseling and Ethical Practice

OUTLINE

Introduction

1. With a projected positive job market growth and opportunities to practice counseling in diverse work settings, this is an exciting time to be entering the counseling profession.
2. Counselors are relative newcomers to the field of mental health care, and these employment opportunities have come about through sustained efforts within the professional, political, and legislative arenas.

A History of the Counseling Profession

3. Counseling evolved from several diverse fields. Its origins are often traced to the early 20th century when U.S. society was undergoing a number of changes brought about by industrialization, a changing population, and social reforms. Forerunners of counseling were vocational guidance, school guidance and counseling, and the mental hygiene/mental health movement.
4. Social reformer Frank Parsons, author of *Choosing a Vocation* (1909), worked to help immigrants who were looking for work. He is often acknowledged as the father of the vocational guidance movement.

5. Progressive school superintendent Jesse Davis was an early pioneer in the school guidance and counseling movement, incorporating vocational guidance into the high school curriculum in Grand Rapids, Michigan, in 1907.
6. Reformer Clifford Beers, author of *A Mind That Found Itself* (1908), contributed to the mental hygiene movement, resulting in humane treatment for people suffering from mental illness.
7. Vocational guidance was further developed during the Great Depression of the 1930s to assist millions of adults and youth who had suffered loss of employment. E. G. Williamson and colleagues developed what is considered the first theory of career counseling: a directive, counselor-centered approach to matching traits of individuals with occupations.
8. A counseling program was established by the War Department and the Veterans Administration to assist soldiers returning from the two world wars. Increased recognition of the need to treat mental health problems resulted in passage of the National Mental Health Act of 1948.
9. Spurred on by the launching of the Soviet satellite Sputnik, U.S. politicians passed the National Defense Education Act of 1958 (NDEA). Title V of this act supported increased funding for school counseling programs to encourage high school students to seek careers in math and science.
10. With the publication of *Client-Centered Therapy* (1951), Carl Rogers promoted the theory of nondirective counseling and offered an alternative to existing approaches.
11. The Community Mental Health Act of 1963, which called for the establishment of community mental health centers across the country, resulted from the deinstitutionalization of large numbers of individuals who had previously been institutionalized in state hospitals. The act was expanded in 1975, creating additional need for community mental health counselors.
12. Many new approaches to counseling emerged during the 1960s, marking expansion and diversification away from psychodynamic (Freudian), directive, and client-centered approaches.
13. NDEA was expanded in 1964 to include training counselors to serve clients from elementary school through junior colleges.
14. The Rehabilitation Act of 1973 increased the need for counselors trained to help individuals with disabilities.
15. The following events occurred during the second half of the 20th century and furthered the professionalization of counseling:

    - 1952: Four professional organizations merged to create the American Personnel and Guidance Association (now the American Counseling Association [ACA]).
    - 1981: The Council for Accreditation of Counseling and Related Educational Programs (CACREP) was formed.

- National credentialing was initiated (in 1973) through the Council on Rehabilitation Education (CORE) and (in 1981) through the National Board for Certified Counselors (NBCC).
- 1976: The state licensure movement begins with Virginia becoming the first state to license counselors.

16. Counseling psychology emerged in the 1950s as a specialty within the psychology profession and shares much of its history with the counseling profession.
    - Within psychology, a doctorate was established as the required degree to practice.
    - In the 1970s, the American Psychological Association worked to establish state legislation that would limit the practice of counseling to doctoral-level psychologists, which led to a great deal of tension between counseling and counseling psychology.
17. As you become a counselor, it is important that you understand the differences among the various providers who can provide mental health services and be able to articulate the unique identity and philosophy of counselors.
18. Counseling has continued to make advances on many fronts to establish itself as a unique profession. These advances include counselor licensure, robust professional associations, established training standards, and leadership provided through ACA as counseling becomes more globalized.

The Philosophy of the Counseling Profession

19. The values and beliefs underlying the counseling profession set it apart from other mental health professions, such as psychology, clinical social work, psychiatry, and marriage and family therapy. The following are key concepts in understanding the counseling profession:
    - *Wellness:* Unlike other professions that have their roots in the medical model, counseling is grounded in the wellness model, which promotes a holistic approach to working with people.
    - *A developmental perspective:* Instead of viewing clients' problems as pathological, counselors view behaviors through a developmental lens and focus on helping clients moving through natural and sometimes difficult transitions.
    - *Prevention:* Seeking not just to help clients resolve existing mental health issues, counselors focus on the prevention of mental illness and encourage early intervention to prevent problems from escalating.
    - *Empowerment:* Counselors aim to empower clients to resolve problems independently rather than encouraging a lifelong pattern of dependence on professional experts.

Professional Organizations

20. Professional associations such as ACA (the largest organization representing professional counselors) serve to connect professional counselors, provide for continuing education, and promote a professional identity. Joining professional organizations that you find interesting helps you connect with mentors and solidify your identity in the profession.
21. The 20 divisions of ACA represent specific counseling specialties (differentiated by work setting or specialty area of practice) and advance areas of the professions.
22. ACA has 56 branches, each of which is geographically specific and has its own membership, conferences, and, in most cases, publications.
23. NBCC, which is not connected to ACA, provides important continuing education opportunities and manages key certification resources, including the National Counselor Examination and the National Clinical Mental Health Counseling Examination.
24. The July 2017 merger between CACREP and CORE is an important development that helps to unify the counseling profession. CACREP accredits counselor training programs and funds research on best practices.
25. Chi Sigma Iota supports scholarship, leadership training, mentoring, and community service events. Individuals are eligible to join this international honor society if they have completed one full-time semester of graduate-level coursework with a grade point average of 3.5 or higher.

Credentialing

26. Credentialing serves to identify members of an occupational group and provides credibility to the profession as a whole. All professional counselors hold a master's degree. The three primary terms used to describe other credentials according to their specialization are *accreditation, licensure,* and *certification.*

    - To strengthen the profession, accreditation (associated with training programs) should be linked to certification and/or licensure.
    - Licensure is granted by the state in which a counselor practices. Licensure laws provide legal sanctioning for a profession and help define the scope of practice.
    - Although it does not grant a person the legal right to practice, certification ensures that individuals are qualified to hold certain jobs. State certification is usually required for school counselors, substance abuse counselors, and rehabilitation counselors. National voluntary certifications include the National Certified Counselor credential (through NBCC) and the Certified Rehabilitation Counselor credential (through the Commission on Rehabilitation Counselor Certification).

Ethical Practice

27. Because of the vulnerability of clients and the fact that counseling often takes place behind closed doors, counselors must uphold the highest standards of ethical practice.
28. The *ACA Code of Ethics* (ACA, 2014) is a primary resource for guidance on ethical questions.
    - Enumerated within the *ACA Code of Ethics* are these six fundamental principles: autonomy (foster the right of clients to make their own decisions), nonmaleficence (do no harm, even inadvertently), beneficence (actively work for the good of clients and society by promoting mental health and well-being), justice (treat individuals fairly and without prejudice), fidelity (keep promises in the service of upholding trust in the professional relationship), and veracity (deal truthfully with clients and others with whom you come into professional contact).
    - The *ACA Code of Ethics* contains specific standards for practice in nine areas:

      Section A: The Counseling Relationship
      Section B: Confidentiality and Privacy
      Section C: Professional Responsibility
      Section D: Relationships With Other Professionals
      Section E: Evaluation, Assessment, and Interpretation
      Section F: Supervision, Training, and Teaching
      Section G: Research and Publication
      Section H: Distance Counseling, Technology, and Social Media
      Section I: Resolving Ethical Issues

    - The *ACA Code of Ethics* has been revised six times since it was first adopted in 1961 in response to the growing knowledge base and consensus reached on new ethical issues.
29. As most areas of counseling practice are affected by the law, counselors also need to have a basic understanding of the law. Counselors should seek legal advice when they have a legal question or issue. The *ACA Code of Ethics* offers guidelines for handling situations in which following legal advice does not seem to entail best ethical practice.

Professional Activities of Counselors

30. The primary professional activity of counselors is *counseling,* defined as "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan, Tarvydas, & Gladding, 2014, p. 368).
31. Almost all counselors also engage in supervision, collaboration and consultation, advocacy, and the use of technology.

32. Practicing under supervision while and after completing the master's degree is a vital part of acquiring any credential.

    - Supervision is a collaborative process that facilitates your growth as a professional counselor.
    - Supervision is provided by a senior clinician or doctoral student with specialized training in clinical supervision.

33. The structure and approach of supervision varies according to the supervision model that the supervisor chooses to follow. The following are four common models:

    - Cognitive–behavioral supervision focuses on exploring thoughts you have while counseling.
    - Person-centered supervision is a collaborative approach based on Rogers's person-centered counseling.
    - The discrimination model is an atheoretical model in which the supervisor functions as a teacher, consultant, or counselor, depending on the area of skills focus for the session.
    - In the integrated developmental model, strategies and interventions used by the supervisor depend on the developmental stage of the supervisee.

34. With their unique, refined professional identity, counselors are vital contributors to facilitating client care and may collaborate and consult with psychologists, psychiatrists, nurse practitioners, social workers, and community support specialists to resolve multifaceted client issues.
35. Multidisciplinary community outreach teams, which function under the direction of a senior clinician, provide mental health care within the client's natural setting and underscore the important professional activity of consultation.
36. Collaboration with other mental health professionals is important in serving shared clients, including in situations when counselors and other mental health professionals find themselves in adversarial positions with each other.
37. Advocacy involves recognizing a need or problem and taking action to plead for a cause or proposal. Advocacy can be done for the establishment and advancement of the counseling profession as well as for clients counselors serve.
38. The following important documents in the profession address advocacy.

    - The ACA Advocacy Competencies (Toporek, Lewis, & Crethar, 2009) describe the complex and multilevel nature of advocacy.
    - *20/20: A Vision for the Future of Counseling* (ACA, 2011) describes advocacy priorities for the future.
    - The 2015 Multicultural and Social Justice Counseling Competencies are based on an ecological approach to counseling and advocacy.

39. The use of technology to assist counselors in their work is another fascinating development in the profession, and advancing the profession requires that counselors embrace technological advances.
40. The *ACA Code of Ethics* addresses the use of technology through the relatively new Section H: Distance Counseling, Technology, and Social Media. Ethical considerations center around client safety, confidentiality, and state licensure laws.

Chapter Summary

41. Counseling has come a long way as a profession, but work remains to be done. Ongoing advocacy for the profession is needed to resolve political battles and turf wars.
42. Counselors continue to work to improve and expand services to clients in diverse settings.

TEST BANK QUESTIONS

Essay

The primary professional activity for counselors is counseling. Beyond counseling, counselors engage in a number of other important professional activities. Name at least three of these professional activities, and explain the importance of these activities as it relates to the primary role of counseling.

Describe the philosophy of the counseling profession. Compare and contrast the field of professional counseling to that of counseling psychology and social work.

True/False

■ T ❑ F 1. Because many areas of counseling practice are affected by legislation enacted at the federal and state level, counselors need to have a basic understanding of the law and should seek legal advice when a legal question arises.

❑ T ■ F 2. The state of Virginia holds an important place in counseling history because it was the site of the first Vocational Bureau where immigrants looking for work could receive help.

Matching

Match the following notable people to the corresponding accomplishment.

__c__ 1. The father of vocational guidance who founded the Vocational Bureau in Boston in 1908
__a__ 2. An early pioneer in school guidance and counseling incorporating vocational guidance into the high school curriculum in 1907
__b__ 3. Author of *A Mind that Found Itself* (1908) and social reformer contributing to the mental hygiene movement
__e__ 4. Pioneer of early career counseling theory leading to the Minnesota model that matched traits of individuals with occupations
__d__ 5. Developed a theory of nondirective counseling in the mid-twentieth century that has been very influential in counselor–client interactions

a. Jesse Davis
b. Clifford Beers
c. Frank Parsons
d. Carl Rogers
e. E. G. Williamson

Match the following fundamental principles from the *ACA Code of Ethics* with their definitions.

__c__ 6. Avoid imposing one's own values and beliefs onto clients and respect client right to make own decisions
__f__ 7. Do no harm, even inadvertently
__a__ 8. Actively work for the good of clients and society
__b__ 9. Treat individuals fairly and without prejudice
__d__ 10. Keep promises and uphold trust in the professional counseling relationship
__e__ 11. Veracity

a. Beneficience
b. Justice
c. Autonomy
d. Fidelity
e. Deal truthfully with clients and others
f. Nonmaleficence

Multiple Choice

_____ 1. Speared on by fear of losing the "space race," legislation that funding programs aimed at encouraging high school students to seek careers in math and science and led to an increase in school counselors followed which event?

a. The Russians launching of Sputnik, the first satellite
b. The discovery of a new moon of Neptune
c. Russian Yuri Gagarin's first flight into space
d. A second failed U.S. attempt to send a human into space

_____ 2. The counseling profession differs from other mental health professions in that it adheres to:

a. Professional standards and an ethical code
b. A holistic approach to working with individuals, known as the wellness model
c. A medical model that promotes curing an individual from a diagnosed mental illness
d. Evidence-based practices in treating an individual

_____ 3. The four cornerstones of the counseling philosophy are:

a. Empowerment, prevention, a developmental perspective, and wellness
b. Fidelity, maleficence, justice, and veracity
c. Mental hygiene, trait/factor, vocational guidance, and social reform
d. Credentialing, accreditation, licensure, and supervision

_____ 4. As a result of deinstitutionalization of large numbers of individuals who suffered from severe mental disorders, this Act established comprehensive community mental health centers across the country.
a. The National Defense Education Act (NDEA) of 1958
b. The Mental Hygiene and Community Support Act of 1952
c. The National Mental Health Act of 1948
d. The Community Mental Health Act of 1963.

_____ 5. Which of the following professional associations started out as the American Personnel and Guidance Association, following a merger of four existing professional organizations in 1952?
a. American Psychological Association
b. National Career Development Association
c. American Counseling Association
d. National Board of Certified Counselors

_____ 6. Professional organizations such as the Council on Counseling and Related Educational Programs (CACREP) and the American Counseling Association serve counselors and the counseling profession through which of the following activities:
a. Providing continuing education
b. Promoting our professional identity
c. Creating opportunities to connect with other professionals with similar interests
d. All of the above

_____ 7. Which of the following provide legal sanction for a profession and is regulated through codes developed at the state level?
a. Licensure laws
b. Accreditation standards
c. Formal coursework taken at the university
d. Professional code of ethics

_____ 8. Ethical practice, an essential counseling component, involves the following *except*:
a. Being knowledgeable about the provisions of the ACA Code of Ethics
b. Hiring a lawyer immediately upon formal entry into the counseling profession.
c. Using an ethical decision-making model to navigate difficult issues.
d. Consulting with others, including (when applicable) one's supervisor, when dealing with an ethical dilemma.

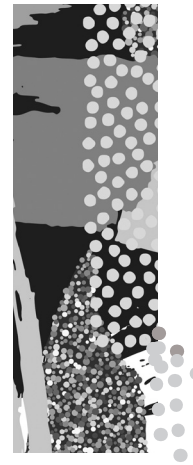
_____ 9. Which of the following best describes the supervision process and goals?

a. It is a regulated process in which the supervisor follows an exact structure and approach that has been standardized.

b. It is a collaborative process through which supervisee growth is facilitated through exploration of counseling skills, cultural factors, theoretical orientation, and ethics.

c. It is a directive process in which supervisors develop goals for their supervisees to meet.

d. It is an arbitrary process in which supervisees and supervisors meet only because they are required by licensure laws to meet.



Chapter 2

Human Growth and Development in a Multicultural Context

OUTLINE

Introduction

1. Human growth and development from infancy to the end of life has been and continues to be a significant element in counselor training and research.
2. Although early theories of human development envisioned development as occurring primarily within infancy and childhood, later studies revealed that behavior can change significantly in later years.
3. The Multicultural Counseling Competencies (MCC) were created to address the social and cultural implications of development (Arredondo et al., 1996).
4. The Multicultural and Social Justice Counseling Competencies (MSJCC) incorporate other important elements of social identity and provide a framework for incorporating multiculturalism and social justice into counseling (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016).

Counseling Within a Multicultural and Life-Span Development Approach

5. The definition of *professional counseling,* developed through the *20/20: A Vision for the Future of Counseling* program, specifies that it is "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (American Counseling Association [ACA], 2017b, para. 2).
6. Core professional counseling values, delineated in the *ACA Code of Ethics* (ACA, 2014), specify development, diversity, social justice, and a multicultural approach as key values within ethical and competent counseling practice.
7. A multicultural understanding of human development involves recognizing how age means different things in different cultures.
8. The increasingly diverse and global context of people's lives compels a culture-centered perspective on human development.

An Overview of Life-Span Human Development

9. Relatively recent human development research has supported the construction of theories of development that, like all theories, describe, explain, and predict behavior.
10. Theories of development are influenced by cultural norms and the times in which people live.
11. The three broad categories of forces that influence human development are age-graded influences, history-graded influences, and nonnormative influences.

Age-Graded Influences

12. Age-graded influences include milestone events related to age that are fairly predictable, such as walking, acquiring one's native language, and reaching puberty.
13. Biology and social customs can create age-graded influences.

History-Graded Influences

14. The development of history-graded influences can be influenced by historical events (e.g., technological advances, wars, changing cultural values).

Nonnormative Influences

15. It is important to take nonnormative events, which include experiences with privilege and oppression, into consideration, as they affect human development in powerful ways.

Neuroplasticity

16. Neuroplasticity, the brain's ability to change and adapt to environmental influences, underlies life-span development and the impact of the individual's experiences on the aging process.

Basic Issues in Human Development

17. Traditional human development theories inquire about whether development is continuous or discontinuous, the role of genetic or environmental factors, and whether one course of development characterizes all people.
18. As development occurs in a multicultural context, counselors need to consider the impact and experience of power, privilege, and intersecting identities when assessing an individual's development.

Continuous or Discontinuous Development

19. Proponents of a continuous view of development hold that development is a gradual and cumulative continuous process.
20. Proponents of a discontinuous view endorse the idea that development occurs in distinct stages.

Nature Versus Nurture

21. The role of environmental influences versus biological or genetic influences has been moderated by an interactive environmental–genetics model.

Universality Versus Context Specificity

22. Although many developmental psychologists purport that people follow a universal sequence of development, the influence of context on an individual's life course is receiving greater recognition within the field of human development.

Power and Privilege

23. Social inequalities such as power and privilege are additional influences on human development.

Intersecting Identities

24. A multicultural human development perspective calls for an understanding of *intersectionality,* or the notion that people have multiple identities and simultaneously are members of multiple groups that contribute to a unique individual identity.

Major Human Development Theories

25. Major human development theories have informed professional counselors.

Psychoanalytic Theories

26. Psychoanalytic theories (e.g., Erikson, 1982; Freud, 1933) propose that people move through a series of stages in which they confront conflicts between biological drives and social expectations.
27. Sigmund Freud believed that humans are driven by unconscious forces motivating behavior.
28. Freud believed that human personality consists of three parts: the id, the ego, and the superego.
29. Freud was the first theorist to emphasize the influence of the early parent–child relationship on development.
30. Neo-Freudian theorists include Erik Erikson, Alfred Adler, Carl Jung, Karen Horney, and Harry Stack Sullivan.
31. Personality development as proposed by Erikson purports that resolution of specific conflicts during systemic stages makes it possible for an individual to be pushed by biological maturation and social demands into the next stage.
32. Erikson considered the influence of culture and external events on behavior and development.

Behaviorism and Social Learning Theory

33. Early learning theorists emphasized changes in human behavior in direct response to environmental stimuli (classical conditioning).
34. John Watson believed that adults can mold children's behavior and that development is a continuous process.
35. B. F. Skinner developed a theory called *operant conditioning theory.*
36. According to Skinner, the frequency of behavior can be increased with reinforcers and decreased through punishment.
37. Operant conditioning became a broadly applied learning principle and theory.

Social Learning Theory

38. Based on the work of Watson and Skinner, many researchers wanted to know about the connection between social behavior and cognition.
39. Most influential social cognitive theory was developed by Albert Bandura.
40. Bandura's theory emphasizes modeling, also known as *imitation* or *observational learning,* as a powerful source of development.
41. Bandura claimed that human beings are cognitive beings and active information processors whose learning is very different from animal learning.

42. Bandura proposed four mediational processes:
    - Attention
    - Retention
    - Reproduction
    - Motivation
43. Bandura asserted, after recent research, that self-efficacy beliefs function as an important set of proximal determinants of human motivation, affect, and action.

Sociocultural Theory

44. Sociocultural theory is an emerging theory that focuses how culture is transmitted to the next generation.
45. Sociocultural theory grew from the work of Lev Vygotsky.
46. Vygotsky believed that parents, caregivers, peers, and the culture at large are responsible for developing higher order functions.
47. According to Vygotsky (1978), functions in the child's cultural development appear first on the social level between people (interpsychological) and later on the individual level inside the child (intrapsychological).
48. Development is understood as guided participation in cultural activity.

Development of Prejudices

49. Understanding the systemic influence of prejudiced beliefs on development can help counselors empathize with clients and help clients navigate waters when prejudiced beliefs are challenged.
50. *Prejudice* can be defined as preconceived ideas about people "being different due to race, religion, culture, gender, disabilities, appearance, language, sexual orientation, or social status" (Byrnes, 1995, p. 3).
51. Research indicates that children are not immune to forming prejudicial stereotypes.
52. Different explanations for this formation of beliefs include psychological features, societal conditions, and social learning theory.

Ecological Systems Theory

53. An ecological systems approach to human development offers the most differentiated and complete account of contextual influences on development.
54. Bronfenbrenner's (1979) systems theory views the person as developing within a complex system of relationships affected by multiple levels of the surrounding environment:
    - *Microsystem:* the system closest to the person and the most influential system
    - *Mesosystem:* connections between microsystems
    - *Exosystem:* environmental elements that influence the individual's development

- *Macrosystem:* overarching patterns characteristic of a given culture
- *Chronosystems:* environmental events and transitions, including sociohistorical events

55. This systems theory greatly influenced the MSJCC and the development of the ecological counseling approach.

Identity Development Theories

56. According to Baruth and Manning (2016), there are three forms of identity to consider:

    - Identity
    - Social identity
    - Cultural identity

57. Many identity models have been developed, including the following:

    - Racial/cultural identity development model (Sue & Sue, 2016)
    - Biracial identity development model (Poston, 1990)
    - Feminist identity model (Downing & Roush, 1985)
    - Several models capturing the experience of gay and lesbian individuals, although continued research is needed (Baruth & Manning, 2012):
        a. Coming-out process (van Wormer, Wells, & Boes, 2000)
        b. Lesbian identity development (McCarn & Fassinger, 1996)
    - Disability identity model (Gibson, 2006)

58. Knowledge of how individuals develop over the life span must also coincide with the client's current understanding of self and the world around him or her.

Resilience and Development

59. For decades, there has been much focus in various fields on the consequences of stress.
60. Stress is a reality of people's daily lives.
61. Some potentially life-threatening traumatic experiences can result in conditions such as posttraumatic stress disorder (Karam et al., 2014).
62. Some stressors are ongoing (e.g., bullying, harassing workplace environments, poverty, environmental conditions).
63. *Racial microaggressions* are ongoing stressors composed of subtle daily racial slights and insults. There are three forms of racial microaggressions:

    - Microinsults
    - Microaggressions
    - Microinvalidations

64. First focused on race and racism, the term *microaggression* is now also applied to other marginalized groups.

65. These everyday verbal indignities inflict more severe psychological damage than overt discrimination.
66. Exposure to stress can give rise to or exacerbate numerous conditions.
67. There is much interest in *resilience,* defined as "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress" (APA, 2014, para. 4).
68. Multiple determinants of resilience interact with one another to determine a person's response to stressful experiences.
69. Within a multicultural context, resilience can be developed and expressed differently from person to person (e.g., the response of African American boys who witnessed police shootings of African American teens by White police officers).
70. APA (2017) lists 10 ways individuals can build resilience.
71. It is important to specify whether resilience is being viewed as a trait, process, or outcome.
72. It is tempting to consider resilience using a binary approach; however, it is likely that resilience exists on a continuum (Pietrzak & Southwick, 2011).
73. Resilience may change as a function of development and interaction with the environment (Kim-Cohen & Turkewitz, 2012).
74. The more counselors learn about resilience, the more they can integrate salient concepts into counseling practice, thereby moving the field toward the inclusion of strengths- and competence-based models that focus on multiculturalism, prevention, and building strengths in clients.

Psychopathology and Development

75. A developmental approach to psychological disorders considers sociocultural experiences, age norms in diagnosis, and charting developmental pathways leading to adaptive or maladaptive developmental outcomes.
76. A diathesis–stress model, which proposes that psychopathology results from the interaction over time of a predisposition or vulnerability to psychological disorders and the experience of stressful events, is useful when conceptualizing psychopathology (Coyne & Whiffen, 1995).
77. Relationships are key to understanding psychopathology at multiple levels of analysis.

Implications for the Counseling Profession

78. The work of professional counselors is directly influenced by human development research and theories.
79. From the beginning, counseling scholars and advocates have emphasized life-span development and health rather than curing, treating, and remediating (McAuliffe & Eriksen, 1999).

80. Through many years of research, links have been found between counselor development and several other factors.
81. There is little research linking increased counselor development with human development theories and trends.
82. Increased calls for counseling professionals to be change agents and advocates for social justice are a response to the need to more adequately address systemic oppression experienced by counseling clients.
83. The ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2002) include competencies for executing social justice advocacy strategies.
84. The MCC and MSJCC address counselor preparation and practices that integrate multicultural and culture-specific awareness, knowledge, and skills into counseling interactions.

Chapter Summary

85. It is important to take time to weave various topics presented in the chapter together in your understanding of your clients' worldviews.
86. Diversity includes a multitude of perspectives.
87. With the MSJCC model, use of the terms *privilege* and *marginalization* helps to incorporate all aspects of diversity from client and counselor points of view.

TEST BANK QUESTIONS

Essay

Providing specific examples, describe how power and privilege can affect human development.

Explain what it means to take a multicultural life-span perspective on development.

True/False

■ T ❑ F 1. Pivotal to understanding psychopathology is considering relationships throughout the life span.

■ T ❑ F 2. The call for the counseling profession to embrace social justice advocacy is a response to the need to more adequately address the systemic oppression experienced by a growing number of counseling clients.

Matching

Match the developmental events with their corresponding category of influence. Some categories will be used more than once.

__a__ 1. Beginning to walk
__b__ 2. Technological advances
__c__ 3. Experiences with privilege and oppression
__a__ 4. Starting school
__b__ 5. Revised attitudes toward same-sex marriage

a. Age graded
b. History graded
c. Nonnormative

Match the term or terms with the corresponding theoretical approach.

__e__ 6. Unconscious motivations and multiple ego states
__b__ 7. Classical conditioning
__a__ 8. Mediational processes
__c__ 9. Tools of intellectual adaptation
__d__ 10. Micro- and macrosystems

a. Social learning
b. Behaviorist
c. Sociocultural
d. Ecological systems
e. Psychoanalytic

Multiple Choice

_____ 1. Characterizing life-span development, which of the following is the brain's ability to change and adapt to positive or negative environmental influences?
a. Biological markers
b. Resilience
c. Neuroplasticity
d. Cognitive development

_____ 2. Piaget's (1970) theory describing stages of cognitive development is an example of which of the following?
a. Continuity view of development
b. Discontinuity view of development
c. Universal view of development
d. b and c

_____ 3. Resilience is best described as which of the following?
a. A binary trait that is either present or absent
b. An individual characteristic resulting solely from biological factors
c. A dynamic process affected by development and interactions with the environment
d. A philosophical concept with little relevance to the counseling profession

_____ 4. Early theories of human development focused primarily on which of the following?
a. The salience of cultural context in an individual's development and identity
b. Traditional biological and psychological milestones of development
c. The impact of counselor identity on the therapeutic relationship
d. Individual adaptation to stressors

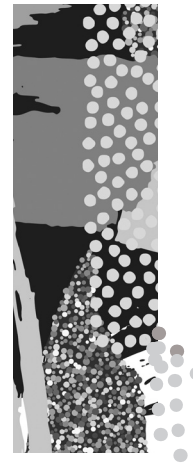
_____ 5. In which of the following theoretical approaches was the influence of early parent–child relationships on development first emphasized?
a. Psychoanalytic
b. Behaviorist
c. Sociocultural
d. Ecological systems

_____ 6. Which form of identity is defined as a person's concept of self that stems from his or her membership within a group?
a. Basic identity
b. Cultural identity
c. Social identity
d. Developmental identity

_____ 7. Which kind of model addresses the interaction over time of an individual's disposition to psychological disorders and his or her experience of stressful events and is useful in conceptualizing psychopathology?
a. Relational
b. Diathesis–stress
c. Classical conditioning
d. Ecological systems

_____ 8. Which of the following is a verbal statement that negates the thoughts, actions, and experiences of people of color?
a. Microinsult
b. Microassault
c. Microinvalidation
d. Micronegation

_____ 9. Which of the following is the notion that social identities overlap and create various forms of oppression and discrimination?
a. Microaggressions
b. Power and privilege
c. Sociocultural theory
d. Intersectionality



Chapter 3

Individual and Group Helping Relationships

OUTLINE

Introduction

1. Whether working with individuals or groups, counselors must consider clients within the context of the larger system (family, friends, community, etc.). Counseling also must always begin with an understanding of the client's cultural background and values.

Individual Counseling

2. Contrary to the popular opinion that counseling is about advice giving, "counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (American Counseling Association, as cited in Erford, 2014, p. 2).

The Counseling Process

3. Counseling is likely both art and science, in that the counseling process is driven by theory but counselors must be intuitive, culturally aware, and creative to be effective.

4. Counselors will not have experienced everything clients have and can work to develop an effective helping relationship through the use of counseling skills.

What Is Effective Helping?

5. Effective helping is not the following:
    - Giving advice (outside of some situations in which giving advice is appropriate, such as about steps to take for self-protection if the client is in an abusive relationship)
    - Imposing your values on the client: Assuming that your clients share the same values could jeopardize the counseling process
    - Doing all of the work for clients or attempting to fix them
6. Effective helping involves the following:
    - Being present and attentive to clients using a variety of clinical approaches and techniques
    - Having high degree of self-awareness and a commitment to working through your own issues
    - Developing empathy for others
    - Counselor and client collaborating in working toward mutually agreed-on goals

Personal Characteristics and Self-Care

7. Although there is no such thing as a perfect counselor, several researchers have identified important characteristics or qualities for a counselor to have. These include acceptance of others, emotional stability, a caring nature, trustworthiness, respect for individual differences, self-awareness, comfort with intimacy, and a sense of humor. Effective counselors can get involved with clients' problems but remain somewhat detached at the same time.
8. Remaining somewhat detached is often difficult, especially for inexperienced counselors.
9. Lack of self-care can lead to burnout and professional impairment.

The Therapeutic Alliance

10. Numerous studies have found that the most important predictor of counseling outcomes is the quality of the therapeutic relationship, although clients usually need more than just a positive therapeutic alliance.
11. Congruence and genuineness are two of the core conditions described by Carl Rogers as necessary for developing a positive therapeutic alliance. Other essential elements described by Rogers and/or others include the following:

- Unconditional positive regard
- Empathy
- A sense of trust
- Respect

12. It is important to remember the difference between being a counselor and being a friend. Counselors at times need to confront clients for them to grow, and this can be done skillfully and respectfully. Self-disclosure on the part of the counselor must be engaged in with careful consideration of the impact on the client and the counseling process.
13. The idea of client resistance has generated considerable discussion in the counseling field. Reframing resistance as reluctance and maintaining empathy for the client and the client's experience with change can in the long run help the client gradually move forward.

Basic Counseling Skills

14. Certain fundamental skills are essential to the counseling process. These are attending skills and basic listening skills.
15. Attending skills convey to clients that you are interested in them and their issues. These skills include maintaining attentive body language, paying attention to your tone of voice, and being relaxed. Cultural differences, for example, the use and meaning of eye contact, are also important to note. Silence and selective attention are also powerful skills.
16. Basic listening skills are also fundamental to the counseling process. These skills include being an active listener, being a careful observer of nonverbal behaviors, hearing the client accurately, and trying to understand the problem from the client's point of view.
17. Additional basic counseling skills include the following:

    - The use of encouragers (nonverbal head nods, smiles, verbal "uh-huhs," short key words used by the client)
    - Paraphrasing (conveying empathetic understanding through rephrasing the essence of what the client has said)
    - Reflection of feelings and meaning (saying something like "It sounds like you feel angry . . . am I hearing that right?")
    - Summarizing (at either the beginning or end of the session)

Group Counseling

18. Skill in facilitating groups is important because groups are therapeutically powerful. Underscoring this importance is the fact that group work is one of the eight core components of accreditation standards under the 2016 Council for Accreditation of Counseling and Related Educational Programs.
19. The Association for Specialists in Group Work (ASGW) puts forth professional standards for the training of group workers.

20. Groups allow members to practice interpersonal skills, allow members to receive feedback from peers, and provide a cost-effective way of serving many people. Studies have found that group members experience significant improvement compared to their waitlisted counterparts.

Therapeutic Factors and Group Dynamics

21. Effective group leaders adhere to the following therapeutic factors described by Yalom and Leszcz (2005): universality, group cohesiveness, instillation of hope, imparting of information, altruism, corrective recapitulation of the family of origin, socializing techniques, imitative behavior, interpersonal learning, catharsis, and existential factors.
22. Many models of group development exist. Tuckman and Jensen's (1977) model is the most recognized and identifies the following stages:

    - Forming (a rationale for the group is developed, members are recruited, and the first sessions are conducted)
    - Storming (the group works through resistance and reluctance; conflict may occur)
    - Norming (if conflict is worked through effectively, a sense of cohesion and togetherness is experienced)
    - Performing (members work through goals and receive feedback from others)
    - Adjourning (the group experience is reviewed, growth is assessed, and farewells are expressed)

Group Leadership

23. The basic counseling skills described above apply in individual and group counseling, yet additional skills are needed to be an effective group counselor. These include the following:

    - Linking (highlighting similar experiences or emotions shared in the group)
    - Confronting (including protecting members from hostile or unnecessary feedback and blocking unproductive activities)
    - Managing the focus of the group
    - Providing feedback and helping members gain insight
    - Modeling

24. Group systems theory (Connors & Caple, 2005) specifies three types of communication that require skill in facilitating: intrapersonal communication, interpersonal communication, and group-as-a-whole communication.
25. Emotional regulation skills, including distraction, redirection, alternative thinking to manage emotions, and response modulation strategies (such as movement or deep breathing), are essential for group leaders. Mastery of emotional management skills has been found to contribute to group leader confidence.

Types of Groups and Settings

26. Groups are facilitated in a variety of settings, including schools, substance abuse treatment centers, and hospitals.
27. There are four common types of groups, as enumerated by ASGW:

    - Task (whose purpose is accomplishing a goal vs. changing an individual)
    - Psychoeducational (whose main goal is prevention and growth, remediation, and increasing coping skills)
    - Counseling (which are typically theory driven with some information imparted; the emphasis is more on group dynamics)
    - Psychotherapy (which typically take place in inpatient or outpatient mental health facilities and address serious personal and interpersonal problems)

Group Formation: Recruiting, Screening, and Selecting Members

28. Pregroup planning is critical in having a successful group outcome. Planning includes establishing and communicating the purpose of the group, assessing the readiness of the leader, ensuring coleadership harmony, as well as deciding logistical details (including the length, time, and frequency of meetings).
29. Also important in pregroup planning is the decision of whether the group will be closed (members can only join at the beginning) or open (members can join whenever they so choose). There are advantages and disadvantages of each, related to level of cohesion, flexibility, and relationships between members.
30. Different settings allow easier access to group members, as most of them are at the facility for many hours of the day. A concerted effort is needed in other settings, such as college counseling centers and outpatient mental health clinics, to recruit members via flyers, e-mails, and word of mouth.
31. Although it is not always possible, screening is important for determining whether everyone is appropriate for the group.

Ethical Considerations

32. Ethical standards are important but somewhat complex in group work. Confidentiality and competency are two specific challenges.
33. Although members may agree to keep information private, leaders cannot guarantee the same level of confidentiality given in individual counseling. Group leaders communicate the role of group members in maintaining confidentiality.
34. Many ethical difficulties can be avoided through proper training of leaders and adequate preparation and screening procedures.

Cultural Considerations

35. Cultural competency is a requirement of individual and group counseling. Familiarizing yourself with the Multicultural and Social Justice Counseling Competencies (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016) and the *Multicultural and Social Justice Competence Principles for Group Workers* (ASGW, 2012) is important to developing cultural competency.
36. Group counselors should understand cultural identity development (D'Andrea, 2014) and be aware of the impact of privilege and oppression in groups (Singh & Salazar, 2014).
37. Group counselors should consider and question their own assumptions about group participation, as verbal participation, emotional expressions, and other group norms can be affected by cultural influences (Conyne, 1998).

TEST BANK QUESTIONS

Essay

It is important for group leaders to have emotional regulation skills. Explain what emotional regulation is and how it can affect the process of facilitating groups. Describe at least three specific skills that group leaders can use to regulate emotions.

Confidentiality and competence are two important but complex ethical standards in group facilitation. Choose one of these ethical areas and describe the challenges that group work presents in adhering to it. Explain how you as a group leader would address this challenge when facilitating a group.

Describe the four most common types of groups, including their purposes and goals. Give an example for each of them, and describe how you would complete the forming stage for each example.

True/False

❑ T ■ F 1. Microskills such as active listening, paraphrasing, reflection of feelings, and summarization are important counseling skills that are applicable primarily in individual counseling settings.

■ T ❑ F 2. One advantage of an open group is that it is generally more flexible and members can receive new insights from new members joining the group.

Matching

Match the counseling skill with the best definition.

__d__ 1. Rephrasing and conveying empathetic understanding of the essence of what the client has said
__e__ 2. Nonverbal gestures or use of key words used by the client conveying interest
__b__ 3. Tying together the client's thoughts and feelings to promote client self-understanding
__a__ 4. Body language and behaviors that convey to clients that you are interested in them and their issues
__c__ 5. Tuning into what seems to be most pertinent to the client issue at hand

a. Attending skills
b. Summarizing
c. Selective attention
d. Paraphrasing
e. Encouragers

Match the type of group with its description and goals.

__c__ 6. A group that is formed to accomplish a goal. Found in many settings and often influenced by group dynamics.
__b__ 7. A structured therapeutic group focused on preventing maladaptive behaviors, increasing coping skills, and learning new life skills. May function more like a lecture.
__d__ 8. Preventive, growth oriented, and remedial in nature. Some information is imparted, but the emphasis is also on group dynamics.
__a__ 9. Take place typically in inpatient or outpatient mental health facilities to address serious personal and interpersonal problems.

a. Psychotherapy
b. Psychoeducational
c. Task
d. Counseling

Multiple Choice

_____ 1. Which group is one that members can only join at the beginning, thus contributing to increased group cohesion and deeper relationships between group members?

a. Closed
b. Open
c. School based
d. Task

_____ 2. Which of the following are among the 11 factors identified by Yalom and Leszcz (2005) that help groups to flourish and members to increase their self-awareness and accomplish their goals?

a. Instilling of hope and universality
b. Altruism and imitative behavior
c. Catharsis and corrective recapitulation of the family of origin
d. All of the above

_____ 3. Which of the following is not a characteristic of effective individual counseling?

a. Being present and attentive to clients
b. Utilizing a variety of research-based clinical approaches and techniques
c. Developing a collaborative relationship to work with clients on mutually agreed-on goals
d. Consistently giving the best advice to clients about how to resolve difficult problems

_____ 4. It is important that counselors work on their own personal issues and engage in self-reflection to ensure which of the following happens?
a. They avoid inadvertently harming their clients
b. They are able to talk extensively about their own personal experiences with clients
c. They develop desirable personal characteristics and become the perfect counselor
d. They identify new, creative self-help strategies to implement in sessions

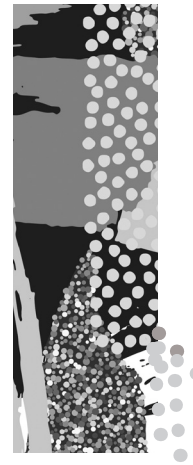
_____ 5. Which of the following crucial components of the counseling process is described as a constructive relationship between the client and counselor built on trust, respect, and congruence?
a. Unconditional positive regard
b. The therapeutic alliance
c. A nonconfrontational approach
d. The person-centered core of counseling

_____ 6. Reframing resistance as _____ and focusing on empathy instead of blame can be an important approach to supporting clients in moving forward through difficult changes.
a. Self-sabotaging
b. Lack of insight
c. Reluctance
d. Defensiveness

_____ 7. In Tuckman and Jensen's (1977) five-stage model of group development, what is the stage in which group members work on the personal goals that brought them to the group and receive feedback through interactions with others?
a. The performing stage
b. The norming stage
c. The forming stage
d. The storming stage

_____ 8. Group leaders engaged in drawing out personal insights of members and starting the process of disclosure are facilitating which of the three types of communication described in group systems theory?
a. Interpersonal communication
b. Intrapersonal communication
c. Insightful communication
d. Group-as-a-whole communication

_____ 9. Which technique involves facilitating connections between group members by highlighting similar experiences or emotions shared in the group?
a. Confronting
b. Managing the focus of the group
c. Linking
d. Blocking



Chapter 4

Research and Assessment in Counseling

OUTLINE

Introduction

1. The tools used in helping and healing relationships developed with clients are grounded in the areas of research and assessment.
2. Ethics codes require professional counselors to be intelligent consumers of research, not only to practice as professional counselors but also to protect the public.
3. *Research* is defined by the federal government as "systematic investigation, including research development, testing and evaluation, designed to develop and contribute to generalizable knowledge" (Office for Human Research Protections, 2009, p. 4).
4. Generalizability refers to the extent to which findings can be applied across populations.
5. Not all counseling research is generalizable. However, research need only contribute to generalizable knowledge.

What Type of Research Do Counselors Do?

6. The researcher chooses a research design that best answers the research question or addresses the research hypotheses posed by the researcher.

7. The researcher uses research questions, hypotheses, or purpose statements to inform the reader about the goals of a study. The methods are then provided to inform how the questions were answered or the hypotheses were confirmed or disconfirmed. At times only the purpose of the study is identified, particularly when the study is exploratory or addresses the development of a theory.
8. Generally speaking, counseling research can be categorized into one of the following families of research: quantitative, qualitative, or mixed-methods research.

Quantitative Research

9. Quantitative methods are centered on the numerical measurement of variables relevant to the counseling profession. They rely on statistical processes to answer research questions, address hypotheses, or investigate the purpose of the study.
10. Some variables, such as grade point average or income, can be directly observed. Many variables of interest, such as self-esteem and wellness, are *constructs,* or phenomena that cannot be directly observed.
11. Most commonly quantitative research consists of one of the following: experimental research, correlational research, or meta-analysis.
12. Experimental research is concerned with demonstrating the effectiveness of an approach or intervention or identifying differences between groups or among groups.

    - Statistics are used to determine whether differences are simply due to chance or due to a meaningful effect.
    - Random assignment (in which individuals in the study are randomly assigned to a treatment or control group) is used to make this determination.
    - When groups are large enough, random assignment ensures that other variables that could influence a study are dispersed equally across groups.

13. Random assignment is not always possible.
14. In quasi-experimental studies, random assignment is not used to compare two groups.
15. Between-groups designs compare groups. Examples include comparing males or females, or various ethnic groups, or treatment versus control groups.
16. Within-groups designs evaluate change over time or across repeated measures for participants.

    - Classic within-groups designs use pretest or baseline scores as the point of comparison against a second measure that is collected after an intervention takes place.
    - Tests of statistical significance help identify whether changes over time due to an intervention occurred.

17. Correlational research is focused on explaining relationships between or among variables.
    - Most quantitative research published in counseling journals is correlational.
    - Correlational research demonstrates relationships between or among variables of interest. It is not evidence for causality.
18. Meta-analyses synthesize existing research on a given topic and provide meaningful data about the efficacy of a treatment, intervention, or approach.
19. Statistical significance can refer to statistically significant effects, relationships, or differences.
    - Statistical significance is a statement about the probability of an event occurring outside the realm of chance.
    - Statistical significance does not demonstrate meaningfulness.
20. To demonstrate meaningfulness, counseling researchers use and interpret effect size, which describes the magnitude of a relationship.
    - Effect sizes are generally termed *small, medium or moderate,* and *large*.
    - Measures of effect size include Cohen's *d,* η^2, φ, *r,* and R^2.
    - A narrative explanation is always provided in the research article to support the reader's interpretation of the effect.

Qualitative Research

21. Qualitative inquiry, which focuses on narrative data, focuses on explaining phenomena in depth that is transferable. This type of research is essential in developing theory and can lead to generalizable knowledge.
22. Transferable findings are those that are found by the reader to be coherent, insightful, and useful (Lincoln & Guba, 1985).
23. Qualitative researchers will demonstrate various aspects of trustworthiness, the process of establishing the credibility of the analysis and results of the narrative data (Patton, 2015). Six aspects of trustworthiness follow:
    - *Prolonged engagement:* time on task in the field. Evidence of time spent in the field is established by providing information that relates to time and intensity in the field (e.g., number of participants, number of focus groups).
    - *Persistent engagement:* how the researcher manages discrepant data (or data that does not fit into identified themes).
    - *Triangulation:* a comparison of various data using a variety of sources, theories, and/or methods.
    - *Peer debriefing:* the process by which the researcher engages with other experts or researchers and shares the data. Peer debriefing provides the opportunity to confirm findings and address subjectivity and researcher bias.

- *Member checks:* refers to the researcher going back to the participants who were interviewed, sharing the findings, and establishing that what was said and how the data were interpreted are correct.
- *Audit trail:* the raw data (survey, interview transcripts, observation logs, and documents collected) that can be shared within reason if results of the study questioned.

Mixed-Methods Research

24. Mixed-methods research combines the approaches of quantitative and qualitative inquiry.
25. The sequence in which data are collected needs to be considered.

Linking Research to Assessment

26. The process of gathering data is central to the research process and to the practice of counseling.
27. Assessment relates to measurement, which is integral to research. It is also a process, but not a final outcome, of counseling practice.

The Role of Assessment in Counseling

28. Counselors use assessment for diagnosis, accountability, counseling outcomes, interventions, and research. Assessment is both a counseling skill and a vital resource within the context of counseling.
29. Assessment can be either a formal or informal process and covers the spectrum of client care.

    - *Informal:* Assessment of a client's motivation, the working alliance, or reaction to a confrontation can occur within the context of the counseling relationship.
    - *Formal:* Counselors may use standardized interviews, a mental status exam, or established measures.

How We Measure

30. Assessment processes in counseling typically focus on measuring *constructs,* or phenomena that cannot be directly observed. Examples of constructs include achievement, aptitude, mood, personality, career interests, and the working alliance.
31. Some constructs, such as multicultural competence, are complex and multifaceted. A degree of subjectivity is present even when items are created to measure a construct.
32. Experts and researchers in the field may define a construct differently; thus, having an operational definition (a guiding description of the construct) is important.

33. Using an operational definition, researchers select assessment items to represent accurately the underlying construct.
34. Two types of measures—or assessment instruments—are used by counselors:

    - *Criterion-referenced tests:* Scores are compared to a set standard or specification (scores are compared to a pre-established criterion). Scores explain what someone knows about a particular construct.
    - *Norm-referenced tests:* Scores are compared to a normative sample (scores are based on other people's performance). When the measure is developed, data are collected on a population of interest, thus creating the normative sample. Scores reveal how someone performed compared to this normative group.

35. Most measures used in counseling are norm referenced.

Psychometric Properties of Assessment

36. Even though scales, such as a Likert-type scale, may be used to score and quantify responses, there is some subjectivity to the way in which measures are developed.
37. Reliability (the accuracy and consistency of scores on a measure) is used to demonstrate that items are scored accurately and consistently.
38. Reliability is a function of scores, not scale.
39. To demonstrate reliability, researchers need to show that responses to items on a measure are consistent.
40. The most common measure of reliability is Cronbach's alpha (also known as *coefficient alpha*).

    - Cronbach's alpha ranges from 0 to 1.
    - Values around and above .70 indicate evidence of internal consistency (consistency of scores within a measure).

41. Validity refers to how scores are interpreted and used according to purpose. There are five basic types of validity evidence:

    - *Evidence based on test content:* Items derived for measuring the construct are based on expert reviews and grounded in theory.
    - *Evidence based on response processes:* This type of evidence provides information on the cognitive processes used to respond to items.
    - *Evidence of internal structure:* This type of evidence refers to the statistical analyses used to demonstrate that items measure the construct of interest.
    - *Evidence of relationship to other variables:* This type of evidence is demonstrated by correlating scores on one measure to scores on another measure. Researchers can attempt to demonstrate convergent evidence (a construct evaluated on one measure is similar to another) or divergent evidence (a construct on one measure is unique from another).

- *Evidence based on consequences of testing:* This type of evidence provides information about how scores should be interpreted and used. It is important in protecting clients' welfare.

Chapter Summary

42. Assessment is the foundation of demonstrating accountability and effectiveness regardless of counseling specialization.
43. To stay current and practice ethically, counselors have the responsibility to be knowledgeable about assessment processes and intelligent consumers of research.
44. Counselors can obtain background on a given topic or construct and identify the importance of the study by reviewing the relevant literature. Several key areas to explore in identifying cross-cultural implications, the appropriateness of a measure, and the importance of the development of the study are demographic information about the study participants, evidence of reliability of scores, and the validity of the measure.

TEST BANK QUESTIONS

Essay

Identify three or four ways in which knowledge of assessment and research is important for protecting clients' welfare. Be sure to use terms such as *generalizability, validity,* and *norm referenced*.

Assessment is the foundation of demonstrating accountability and effectiveness in counseling. Describe how this statement applies within your chosen area of counseling.

Explain how research and knowledge of research concepts are important to ethical practice as a professional counselor.

True/False

❑ T ■ F 1. Because they rely on narrative data such as interviews and observations, qualitative research designs are highly subjective and lack rigor.

❑ T ■ F 2. Statistical significance is used in social science research to demonstrate that the results of a study are important and meaningful.

Matching

Match the type of research design to its best definition.

__a__ 1. Concerned with demonstrating differences between participants who have been randomly assigned to treatment and control groups
__d__ 2. Sets out to explain relationships between or among variables
__c__ 3. Uses quantitative processes to evaluate empirically supported articles and serves to synthesize existing research
__b__ 4. Compares two groups that are not randomly assigned
__e__ 5. Focuses on explaining phenomena in depth that is transferable

a. Experimental
b. Quasi-experimental
c. Meta-analysis
d. Correlational
e. Qualitative

Match each aspect of trustworthiness with its best definition.

__c__ 6. Time on task in the field
__b__ 7. How discrepant data are managed
__a__ 8. Comparison of various data using a variety of theories, sources, and/or methods
__e__ 9. Engaging with other experts or researchers and sharing the data
__d__ 10. Going back to participants who were interviewed to share findings and correct misconceptions

a. Triangulation
b. Persistent engagement
c. Prolonged engagement
d. Member checks
e. Peer debriefing

Multiple Choice

_____ 1. Which of the following is not true of correlational research?
a. It is a useful tool to demonstrate relationships between or among variables of interest.
b. It is a type of quantitative research.
c. It is used to demonstrate causality between two variables.
d. It is highly dependent on the use of statistics.

_____ 2. Which of the following research designs would a researcher who seeks to identify best practices in substance abuse counseling likely choose to provide meaningful data about the efficacy of certain treatments?
a. Quasi-experimental
b. Qualitative
c. Meta-analysis
d. Correlational

_____ 3. Which of the following describes the extent to which research findings can be applied across populations?
a. Validity
b. Reliability
c. Trustworthiness
d. Generalizability

_____ 4. In initiating an investigation, which of the following steps should come first?
a. The researcher decides what kind of design to use.
b. The researcher identifies his or her research question or hypothesis.
c. The researcher recruits participants for the study.
d. The researcher randomly assigns participants to a control or treatment group.

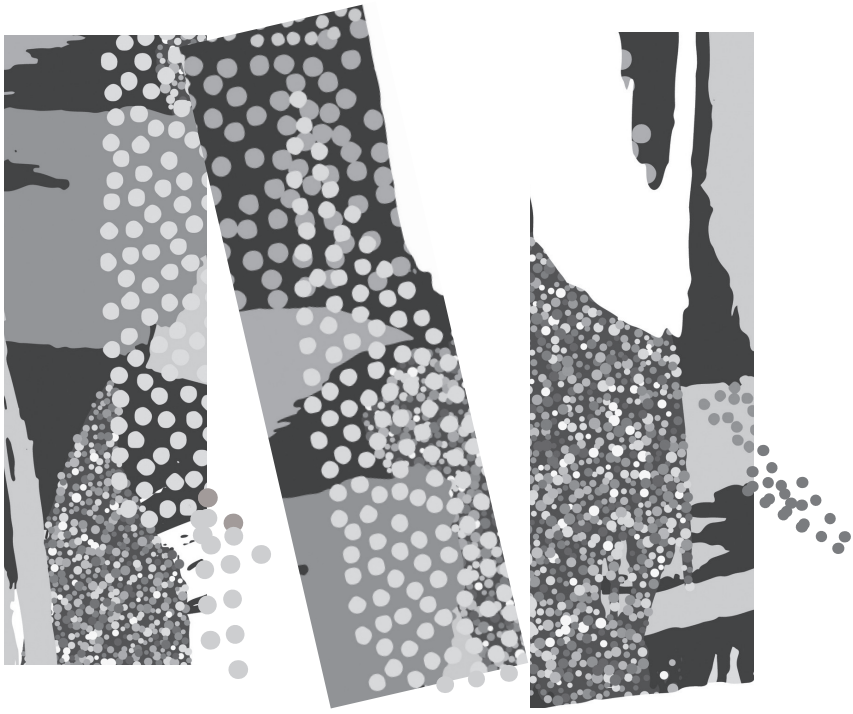
_____ 5. A research study that compares ethnic groups and their self-reported reasons for early termination of counseling services is utilizing which kind of design?
a. Within groups
b. Pregroup
c. Between groups
d. Meta-analytical group

_____ 6. Which of the following is the process of establishing the credibility of the analysis and results in qualitative research?
a. Prolonged and persistent engagement
b. Establishing trustworthiness
c. Peer debriefing
d. Defining a construct

_____ 7. For which of the following can assessment, an integral part in counseling practice, be used?
a. Diagnosis of a mood disorder
b. Assessment of the mental status of a client in a substance abuse treatment center
c. Assessment of the readiness of a client to discontinue counseling services
d. All of the above
e. a and b

_____ 8. Assessment in counseling research often measures phenomena that cannot be directly observed. What are these phenomena called?
a. Criteria
b. Constructs
c. Norms
d. Operations

_____ 9. A counselor who seeks to measure the extent to which an adolescent client is depressed compared to other adolescents would use what kind of measure?
a. Criterion referenced
b. Construct referenced
c. Randomly assigned
d. Norm referenced



Section II

Counseling Specialties

Chapter 5

Addictions Counseling

OUTLINE

Introduction

1. Given the universality of addiction, every professional counselor will encounter the issue of addiction. This likelihood is increased, given that current notions of addiction include both alcohol and substance abuse and process addictions.
2. Available research addresses addiction as an underlying process regardless of whether the addiction is to a substance or behavior. For the purposes of this chapter, process addictions and addictions to alcohol and drugs are treated as a single process.

Theories and Etiology of Addictions and Addictive Behavior

3. Explanatory models of addiction and addictive behavior include unidimensional models and multidimensional models.
4. Unidimensional models include moral models, the medical model, and the psychodynamic model.

    - Moral models explain addictive behavior as a moral failing. These models suggest that there are implicit rules that govern drinking behavior. Most current-day practitioners do not use moral models

as a way of explaining or understanding substance use disorder. However, some professionals retain the belief that addiction can be explained by poor decision making and that behavior is under the control of the individual struggling with the addictive disorder.

- The medical model explains addiction as a fatal, progressive disease affected by the addict's body chemistry or a predisposition that promotes addiction. The medical model is widely endorsed. Addictive disorders have been conceptualized as a cycle of decreased functioning of brain reward systems. Neurobiological changes that underlie vulnerability to addiction continue to be studied through the use of imaging studies.
- The psychodynamic model views addiction as a symptom of underlying neurosis with roots in early experiences and relationships. Behavior is viewed as a means of expressing unconscious unresolved conflict. Environmental factors, including those from early childhood, are usually integrated into treatment models, and a neuropsychoanalytic framework is supported, even within the medical community.

5. The biopsychosocial model includes components of all of the aforementioned models except the moral model.

   - First introduced by George Engel (1977), this model provides a comprehensive framework for exploring the biological, psychological, and social components of addiction.
   - The biopsychosocial model recognizes the complexity of addiction.
   - This model promotes a holistic consideration of risk and protective factors.

The History and Development of Addictions Counseling

6. Evidence suggests that mind-altering substances have been used by humans since the beginning of time. However, national awareness of drug addiction as a potential problem emerged slowly.

   - 1875: First law associated with drugs passed by the city of San Francisco. This law banned opium dens.
   - 1906: Law passed requiring accurate labeling of patent medicines containing opium.
   - 1914: Harrison Narcotic Act passed, prohibiting the sale of large doses of opiates or cocaine except by licensed physicians.
   - 1919: 18th Amendment to the U.S. Constitution passed, prohibiting the use of alcohol.
   - 1933: 18th Amendment repealed.
   - 1930s: Schools began to incorporate educational programs designed to intervene in adolescent use of drugs and alcohol. Drinking and drug use increased despite these efforts.

- 1950s: The use of marijuana, amphetamines, and tranquilizers increased dramatically.
- 1960s: Despite perceptions of increased use of drugs and alcohol, a 1969 Gallup poll revealed that only 4% of American adults had tried marijuana.
- 1970s: The use of marijuana increased dramatically.
- 1985–1986: The use of cocaine was on the rise. An anti-drug act signed by Ronald Reagan imposed mandatory minimum sentences for the possession of controlled substances. The Just Say No campaign started. Funding became available for programs such as Drug Abuse Resistance Education (DARE).
- 1990s: First reported decrease in drug use since the 1960s; however, club drugs and methamphetamines began to emerge. There was an increase in the use of heroin. Opiate-based prescription drugs hit the market for the treatment of pain.
- 2000–2008: Marked increase in the use of illicit drugs by the adult population in the United States.
- 2008: Increase in the use of heroin. Today's users of heroin tend to be older and not limited to males. Heroin use has moved from predominantly urban areas to the suburbs. Moreover, 75% of current heroin users report that their use of heroin was initiated with the use of prescription pain medications.

The Impact of Addiction on Significant Others

7. Addiction has been conceptualized as a family disease, as the existence of addiction within a family affects the family in its entirety.
8. There are three categories of consequences of living with an addict: psychological, relational, and behavioral.
9. In terms of psychological consequences of living with an addict, research has shown the following:

    - Links between parental addiction and depression
    - Risk for anxiety, borderline personality disorder, covert narcissism
    - Impact on overall psychological well-being and self-esteem
    - Vulnerability to feelings of learned helplessness
    - Dissociation, distancing, and disconnecting in the face of highly emotionally charged experiences
    - Hypervigilance

10. Individuals who live with an addict are at an increased risk for experiencing a variety of consequences that affect relationships, including difficulty creating healthy bonds, an inability to create healthy boundaries in relationships, low levels of healthy assertiveness, and difficulty creating and maintaining an authentic sense of self.
11. Behavioral consequences of living with an addict include a limited ability to self-regulate emotionally, externalizing behavior problems (including

higher levels of acting out), an increased likelihood of legal issues, an increased potential for child abuse and neglect, and an increased risk of developing an addictive disorder.

Contextual Dimensions

Settings and Role

12. As issues of substance abuse and addiction will be seen in virtually all mental health services settings, as well as schools, hospitals, and college counseling centers, it is essential to possess a working knowledge of addiction and have access to specific programs (residential and outpatient) for referrals.
13. Programs specifically designed for addictions counseling include residential treatment and outpatient treatment. Professional counselors in all of these settings are likely to provide group and individual counseling as well as coordinate care; work with physicians, families, and other service providers; and establish aftercare plans.
14. Residential treatment is onsite 24-hour treatment and care for approximately 1 month. Issues of third-party payment and other practice considerations have made accessing this treatment difficult for many clients. Most centers include a detoxification component as well as treatment for co-occurring disorders.
15. Outpatient treatment programs include intensive outpatient programs (IOPs) and partial hospitalization programs (PHPs). IOPs combine group and individual counseling, offering 10–12 hours of services to clients per week. PHPs are a more intensive option and include structured clinical services within a stable therapeutic milieu for a minimum of 5 days per week.

Co-Occurring Disorders

16. Co-occurring disorders refers to other mental health issues or disorders that exist in conjunction with the client's addiction. According to the Substance Abuse and Mental Health Services Administration (SAMHSA; 2016), an estimated 39.1% of addicts have a co-occurring disorder.
17. The diagnosis and treatment of co-occurring disorders has been shown to be an integral part of treatment for addicts. Many treatment providers consider the initial use of substances an attempt to self-medicate on the part of the addict to experience relief from long-term suffering.

Regulatory Processes and Substance Abuse Policies

18. A number of regulatory processes and policies have a direct impact on the treatment of addiction.
19. The Affordable Care Act of 2010 has made health insurance available

to larger numbers of families and individuals, making a treatment avenue available to all addicts that did not previously exist. Continued advocacy work among professional counselors is important, as this access to health care is dependent on the political climate.

20. The Mental Health Parity and Addiction Equity Act of 2008 requires insurance companies to provide coverage for mental health disorders that is comparable to that provided for other medical conditions. This act has not been fully enforced; however, it provides a vehicle for advocacy on the part of professionals advocating for treatment for substance use disorders.

Professional Organizations Relevant to the Practice of Addictions Counseling

21. Professional organizations and agencies relevant to the practice of addictions counseling include the following:

    - SAMHSA is the branch of the U.S. Department of Health and Human Services designated to reduce the impact of substance abuse and mental illness across the country.
    - The National Institute on Drug Abuse (NIDA) advances science and disseminates information on the causes and consequences of addiction.
    - Chartered in 1972, the International Association of Addictions and Offender Counselors provides leadership in the advancement of the addictions counseling field. It is a division of the American Counseling Association.

Culturally Relevant Practices

22. Counselors working with clients struggling with an addictive disorder must integrate issues related to the client's cultural background into the conceptualization and treatment of the client. This commitment is supported through the development and endorsement of multicultural competencies that guide counselors' work.
23. Socioeconomic diversity is reflected in the population of clients served. The cost of intensive treatment and insurance companies' reluctance to pay for residential treatment have created a serious dilemma around access to treatment that has yet to be resolved.
24. An issue related to race and ethnicity with an impact on addictions treatment is stress. Between-groups differences exist in sources of stress and sources of resiliency. Compared to Caucasian individuals, African Americans experience a greater number of negative stressful events and are more likely to differ in types of coping strategies used in response to stressors. Racism, an important source of stress for all non-Caucasian clients, has been shown to increase feelings of anger, alienation, and helplessness, which have been associated with negative

health outcomes, including addiction.

25. Culturally relevant practice for working with African American clients includes considering and assessing core cultural values, including communalism, religion/spirituality, expressiveness, respect for verbal communication skills, connection to ancestors and history, commitment to family, and intuition and experience versus empiricism (Resnicow, Soler, Braithwaite, Selassie, & Smith, 1999). The use of storytelling and the spiritual focus within 12-step models may provide a culturally relevant means of treatment.
26. Identifying treatment modalities that are effective within the Latino population is essential and may include attending to core cultural values, including the importance of family, respect for elders, the value of self-worth, the value of rituals and ceremonies, and the importance of positive social interactions. The use of stories may lead to the greatest change for Latino clients. There is evidence of greater physical and social consequences of alcohol use among Latinos (compared to male Caucasian peers).
27. National surveys suggest a lower prevalence of alcohol use among Asians/Pacific Islanders compared to other racial groups, but incidence reporting may not be reflective of the actual state of alcohol problems. Asians/Pacific Islanders have higher reported levels of depression compared with other ethnic groups. A higher rate of negative consequences has been found for Asian American drinkers than drinkers of other ethnicities. Asian Americans and Pacific Islanders are not as likely as members of other ethnic groups to access treatment.
28. Several cultural factors may keep Arabs and Arab Americans from seeking treatment, including a primary focus and reliance on the family for support and direction and shame associated with participating in a behavior that is theologically and culturally deemed sinful. 12-step models, with their reliance on a higher power and solidarity consistent with the Muslim construct of *umma* (a collective consciousness around a common struggle), may be well suited to Muslim Arab clients reaching out for assistance.
29. The Native American population has been disproportionately affected by substance use and abuse. Traditional treatment efforts have not been effective for this population, and more tribe-centric treatment has been suggested. Barriers include funding and access to treatment.
30. Studies comparing addiction between lesbian, gay, transgender, and queer adolescents and heterosexual adolescents have found higher rates of substance use among the former group. Several explanations have been offered by researchers, including the use of drugs and alcohol as a tool to rationalize feelings and behavior or additional stress related to being a sexual minority.

Practice Dimensions

31. Practice dimensions of counseling addicts include the assessment process

and treatment.

Assessing Addiction and Addictive Disorders

32. Effective screening for addiction has the potential to forestall serious issues or provide an appropriate basis for treatment. Screening is supported by the American Society of Addiction Medicine and NIDA.
33. The *Diagnostic and Statistical Manual, Fifth Edition* (*DSM–5*), provides criteria for diagnosing substance use disorder. These include the following:

    - Patterns of symptoms result from the use of a substance that the individual continues to take, despite experiencing negative consequences resulting directly from the substance use.
    - The severity of the disorder can be specified depending on how many symptoms are identified. Remission and treatment status can also be specified.
    - The only process addiction detailed in the *DSM–5* is gambling addiction.

Treating Addiction and Addictive Disorders

34. Cognitive behavior therapy is endorsed as an evidence-based treatment option for working with individuals struggling with addiction. Clients are taught to identify triggers and situations likely to induce cravings and develop strategies to manage these situations.
35. Group counseling, including within 12-step programs, is used more frequently and with higher levels of success than individual counseling with this population of clients.
36. Motivational interviewing (MI) is a widely endorsed treatment model centered on helping individuals identify and increase their level of motivation to change.

    - MI is a person-centered collaborative process.
    - An initial focus is evaluating the client's readiness to change, with the assumption that individuals who are not ready will not change.
    - The stages of change model (Prochaska, DiClemente, & Norcross, 2003) is used in MI. The five identified stages along the change continuum are precontemplation, contemplation, determination, action, and maintenance.
    - In MI, it is assumed that individuals are almost always ambivalent about change. Practitioners using MI assume that by talking through ambivalence and identifying its source, clients internalize a motivation to change.
    - Strategies and techniques used to facilitate movement toward increased motivation include asking permission, change talk, exploring importance and confidence, open-ended questions, reflective listening, decisional balancing, the Columbo approach,

and statements supporting self-efficacy.

37. Twelve-step programs of recovery are popular self-help groups that are often thought to be helpful as supplemental supports. They include Alcoholics Anonymous, whose early roots that can be traced to a religious group popular in the 19th century. Originally structured as a group to support alcoholics who wanted to maintain sobriety, the 12-step recovery model has been expanded to address the needs of those struggling with a variety of addictions.

Chapter Summary

38. It is essential for professional counselors to have an understanding of addictions and addictions counseling, as well as to know what services exist in your community and how to access those services for addicted clients.

TEST BANK QUESTIONS

Essay

Using specific examples from the three categories of consequences of living with an individual with an addictive disorder, explain why addiction has been conceptualized as a family disease.

Describe motivational interviewing and its role in addictions counseling. Be sure to include its basic premise and assumptions.

True/False

■ T ❑ F 1. Because of the universality of addiction, it is important that professional counselors who work in school settings have a working knowledge of addiction.

❑ T ■ F 2. Because of the complexity of treating co-occurring disorders, many treatment providers do not address mental health issues and disorders that operate in conjunction with a client's addiction.

Matching

Match the etiological model of the addiction to the best description.

__a__ 1. Addictive behavior is viewed as complex and stemming from biological, psychological, and social factors
__c__ 2. Addictive behavior is explained by poor decision making and bad choices
__d__ 3. Addictive behavior is a means of expressing unconscious, unresolved conflict from early experiences and relationships
__b__ 4. Addiction is a fatal, progressive disease related to neurobiological changes in the brain circuitry of the addict

a. Biopsychosocial model
b. Medical model
c. Moral model
d. Psychodynamic model

Match the professional organization or agency with its best description.

__d__ 5. Division of the American Counseling Association that provides leadership in the advancement of the addictions counseling field
__b__ 6. Federal agency advancing science on causes and consequences of addiction, and disseminating that knowledge
__a__ 7. Branch of the US Department of Health and Human Services charged with reducing impact of substance abuse and mental illness
__c__ 8. Professional medical society representing physicians, clinicians and associated professionals in the field of addiction medicine
__e__ 9. International self-help group that utilizes a 12-step recovery model

a. Substance Abuse and Mental Health Services Administration (SAMHSA)
b. National Institute on Drug Abuse (NIDA)
c. American Society of Addictive Medicine (ASAM)
d. International Association of Addictions and Offender Counselors (IAAOC)
e. Alcoholics Anonymous

Multiple Choice

_____ 1. According to the National Council on Alcoholism and Drug Dependence, one in every how many adults struggles with alcohol use or dependence?

a. 5
b. 12
c. 27
d. 100

_____ 2. What was the first drug identified in the United States as potentially harmful?

a. Opium
b. Cocaine
c. Marijuana
d. Amphetamines

_____ 3. Mandatory minimum sentences for the possession of controlled substances were imposed through legislation enacted in which decade?

a. 1900s
b. 1930s
c. 1980s
d. 1990s

_____ 4. Which of the following is reported by 75% of current heroin users, marking a change from historic patterns?
a. Their heroin use was initiated by the use of other increasingly impactful substances.
b. Their heroin use was influenced by experiences living with a family member who had an addiction.
c. Their heroin use was encouraged by peers.
d. Their heroin use was initiated by the use of prescription pain medications.

_____ 5. Difficulty maintaining an authentic sense of self and low levels of healthy assertiveness are two examples of what type of consequence of living with an individual with an addiction?
a. Behavioral
b. Relational
c. Vocational
d. Psychological

_____ 6. Providing culturally relevant counseling to individuals with addiction involves which of the following?
a. Consideration of between-groups differences in experience of stress
b. Consideration of the core cultural values of the client
c. Awareness of one's own cultural values and biases
d. All of the above

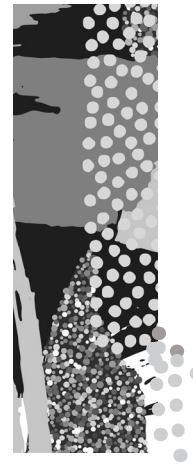
_____ 7. Coordinated and structured clinical services offered a minimum of 5 days per week within a stable therapeutic milieu are typical components of which of the following substance abuse treatment programs?
a. Intensive outpatient
b. Partial hospitalization
c. 12-step recovery
d. Group counseling

_____ 8. According to the *DSM–5*, substance disorders are described as a pattern of symptoms resulting from use of a substance that an individual continues to take despite which of the following:
a. Encouragement by family members to abstain from taking it
b. Exposure to drug prevention materials about how substance use can cause physical harm
c. Negative consequences resulting directly from the substance use
d. The presence of co-occurring psychological disorders

____ 9. The *DSM–5* explicitly details which of the following as a process addiction?
a. Gambling addiction
b. Internet gaming addiction
c. Eating addiction
d. a and b

____ 10. The stages of change model has been adopted into which of the following treatment models?
a. Motivational interviewing
b. Cognitive behavior therapy
c. Group counseling
d. 12-step programs

____ 11. Developing coping strategies to manage situations likely to induce cravings is an integral part of which treatment option?
a. Motivational interviewing
b. Cognitive behavioral therapy
c. Group counseling
d. 12-step programs



Chapter 6

Career Counseling

OUTLINE

Introduction

1. The focus of career counseling is helping people in diverse situations and crises of doing and of being as well as helping people make career choices.
2. The profession of career counseling is 100 years old or so and is the predecessor of the entire field of professional counseling.
3. Career counseling has its roots in the social justice and progressive movements of the late 1800s and the early 1900s, as the United States moved from an agrarian society to an industrial one.
4. Career counseling arose from a split with the social work movement of the time and its predominant focus on case management.

The Definition of Career Counseling

5. Prior to the 1950s, *career* was narrowly defined—simply thought of as a job or an occupation—as represented in Ken Hoyt's writing.
6. Donald Super had other ideas of work and career. He stated that *career* is the "sequence and combination of roles that a person plays during the course of a lifetime" (Super, 1957, p. 27).
7. So career is a collection of work activities, as well as what you do for fun, what you do to make money, and what you do when you retire.

8. The change in the definition of *career* to this broad and inclusive one was critical in the profession of career counseling, even leading in 1985 to a change in the name of the primary professional association.
9. Professional counseling has a distinct and evolving definition.
10. The following definition, included in *20/20: A Vision for the Future of Counseling,* was endorsed by the 2016 American Counseling Association Governing Council: "Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (American Counseling Association, 2010, para. 2).
11. Career appears prominently in earlier and most recent definitions of counseling and thus differentiates professional counseling from all other mental health fields.
12. Career counseling has had a powerful role in shaping the paths of professional counseling, counselor education, counseling psychology, and positive psychology, including keeping professional counseling more focused on a primary prevention model than on remediation.
13. Career + counseling is a powerful relationship that empowers diverse individuals, families, and groups to accomplish career goals in the sequence and combination of roles that a person plays during the course of a lifetime.
14. Career counselors help others address a myriad of issues and now take on substantially larger roles in their practice.

History

15. Late 1800s and early 1900s: Major societal upheaval—people were having financial, employment, and personal problems as a result of the transition from an agrarian society to an industrial one.
16. The profession of career counseling and counseling as a whole was born amid this major societal upheaval.

    - A small group of social workers, personified by the work of Frank Parsons, realized that case management, the traditional focus of that field, was not enough.
    - Parsons and colleagues at the Breadwinner's Institute of the Vocation Bureau of the Boston Civic Service House found that helping individuals migrating from rural areas to resettle in urban centers meant helping them look at themselves through a process they called *vocational guidance.*

17. The new field of vocational guidance/career counseling was sustained through the support of the Progressive social reform movement, the rise of psychological testing as a scientific endeavor, and the emergence of laws that were supportive of vocational guidance (Pope, 2000).
18. The Progressive social reform movement was built on the issue of the exploitation of human beings, especially children.

- During the first decade of the 20th century, more than half a million children from 10 to 13 years of age were employed.
- Parsons was a prominent leader in the struggle to eliminate child labor.

19. 1938: The Fair Labor Standards Act was passed.
20. Psychological testing became an important part of the first functional stage in career counseling (self-assessment) and contributed to the increased respectability of career counseling in American society.

    - Late 19th-century contributors to the newly emerging field of psychological testing (and career counseling) were Francis Galton, Wilhelm Wundt, James McKeen Cattell, and Alfred Binet.
    - 1920s: Edward Kellogg Strong, Jr., developed the Vocational Interest Blank (1927), now called the *Strong Interest Inventory*. This was the earliest and most successful of many career interest measures that have followed.

21. Laws supportive of vocational guidance served to further the career counseling field, including the following:

    - The landmark Smith-Hughes Act of 1917 established secondary school vocational education training.
    - Other acts (George-Reed Act of 1929, George-Ellzey Act of 1934, George-Deen Act of 1936) strengthened this legislation by supporting vocational education as an important part of public schools.

22. 1913: The U.S. Department of Labor (DOL) was founded. The Bureau of Labor Statistics was moved into the DOL (from the Department of the Interior).

The Rise of Professional Institutions

23. 1913: The National Vocational Guidance Association (NVGA) was founded. NVGA is now the National Career Development Association (NCDA).
24. Founders of NVGA included Frank Leavitt, Jesse B. Davis (known as the first school counselor), Meyer Bloomfield (Parsons's successor at the Vocation Bureau), and John Brewer (who wrote a definitive history of career guidance in the United States). They were supported by Pauline Agassiz Shaw, a wealthy Boston philanthropist.
25. NVGA/NCDA was one of four founding divisions of the American Personnel and Guidance Association (now the American Counseling Association) in 1952.

Three Historic Periods

26. There are three historic periods in the evolution of career interventions:

    - *Vocational guidance:* a focus on individual differences (John Holland, Parsons, Strong)

- *Process-oriented approach to career decision making and career development:* a focus on individual development (Super)
- *Career counseling:* a focus on individual design through the construction of career (Hartung, Maree, Savickas)

27. As interventions of these three periods are conceptually additive, a rich tapestry of career interventions has developed (Savickas, 2010).

Philosophic Traditions of Career Counseling

28. Theory is important for the following reasons:

    - It helps people make sense of their experiences.
    - It provides a meaningful framework and context for working with clients.
    - It gives you a better understanding of particular strategies, counseling approaches, and tools, equipping you to better meet the particular needs of a client.

29. Research has shown that you will be more successful working with clients if you work from a theory (Pope, 2015b).
30. Philosophic traditions of career counseling can be classified as follows:

    - *Differential:* matches traits to occupational factors and takes an objective perspective on career
    - *Dynamic:* a subjective perspective on career as a function of early parent–child relationships, family dynamics, and personal meaning
    - *Reinforcement-based career counseling:* focuses on what individuals believe about themselves and the world of work
    - *Developmental:* incorporates objective and subjective perspectives to examine how individuals develop their traits relative to the meaning and beliefs they give to themselves
    - *Narrative:* incorporates social construction and constructivist approaches to help individuals construct their career story so that they can change it
    - *Contextual/cultural:* incorporates various aspects of the aforementioned theories to look at the whole person within the cultural context of his or her life

Differential

31. Differential theories arose from the work of Frank Parsons.
32. His work was largely without theoretical foundation and was grounded in simple logic and common sense.
33. Parsons stated that the following is needed to make a vocational choice:

    - A clear understanding of yourself
    - Knowledge of requirements and conditions for success in different lines of work

- True reasoning on the relation of these two groups of facts

34. Examples include trait-factor and person–environment fit theories such as Dawis and Lofquist's theory of work adjustment, Holland's theory of vocational personalities in work environments, and Myers–Briggs type theory.
35. E. G. Williamson (1900–1979) at the University of Minnesota expanded on Parsons's foundation and proposed the first theory of counseling: trait-factor.
36. Holland proposed that personalities and work environments can be categorized into six broad categories: realistic, investigative, artistic, social, enterprising, and conventional.
37. Per Holland's theory, the closer the match between personality and job, the greater the satisfaction.
38. Holland's model has been extremely influential in career counseling, helping to organize several assessment tools (e.g., the Self-Directed Search) and practical resources (e.g., the *Dictionary of Holland Occupational Codes*).

Dynamic

39. Dynamic theories include parental influence theories and constructivist (or narrative) approaches.
40. Examples are Roe's personality development theory/occupational classification system, Savickas's career construction theory, and Young's parent–child interactions approach.
41. Ann Roe's theory of career choice and development grew out of her work on clinical studies of artists and scientists.
42. Roe proposed that people select an occupation because it satisfies a psychological need.
43. Per Roe's theory, multiple factors influence occupational choice, including basic orientation of attention directedness.

Reinforcement Based

44. Reinforcement-based theories came from behaviorism and cognitive behavior therapies in professional counseling.
45. Cognitive behavior theorists focused on changing a person's thoughts and beliefs.
46. Such theories include social learning and cognitive theories.
47. Examples are Krumboltz's social learning theory; Mitchell's planned happenstance theory; and Brown, Lent, Hackett, and Betz's social cognitive career theory.
48. Krumboltz proposed that the four main factors influencing career choice are genetic influences, environmental conditions and events, learning experiences, and task approach skills.
49. Consequences of these factors lead people to develop beliefs about the nature of careers and their role in life.

50. Learning experiences have a powerful influence.

Developmental

51. This perspective includes developmental theories and career decision-making approaches.
52. Examples are Super's life-span/life-space theory; Ginzberg's theory; Gottfredson's theory of circumscription and compromise; Tiedeman and O'Hara's career decision-making theory; Miller-Tiedeman's lifecareer process theory; and Sampson, Peterson, Reardon, and Lenz's cognitive information processing approach.
53. Super's life-span/life-space theory is a comprehensive developmental model that accounts for the different life roles and various life stages of a person.
54. Super proposed that career development is life long and occurs throughout five major life stages through which people cycle (although not chronologically). These stages are growth, exploration, establishment, maintenance, and disengagement.
55. Super's theory greatly influenced career counseling practice.

Narrative

56. Narrative theories examine how human beings give meaning to their experience of temporality and personal actions.
57. Examples include Savickas's career construction theory and Cochran's narrative theory.
58. Savickas proposed that people are self-organizing and are meaning makers. Their lives are ever-evolving stories, and people can choose to rewrite them and develop new constructs.
59. The approach is generally about life planning.

Contextual/Cultural

60. These approaches define the role of culture as critical to an understanding of individual and career counseling relationships.
61. Culture is inclusive in definition, including ethnographic variables, demographic variables, status variables, and affiliation variables.
62. Examples include Pope's career counseling with underserved populations approach, which was influenced by his early writings on sexual minority career development.
63. Mark Pope proposed 13 keys based on what has been learned about effective practice with ethnic, racial, and sexual gender minorities.

10 Ideas That Changed the Career Field

64. On its 100th anniversary, NCDA commissioned Mark Savickas to conduct a study to identify 10 essential ideas in the evolution of career intervention.

65. The Delphi technique was used for this study.
66. The top 10 ideas that emerged from this study were as follows:

    - Career counseling
    - Matching
    - Career adaptability
    - Vocational guidance
    - Career education
    - Social justice
    - Career construction
    - Congruence
    - Happenstance
    - Career stages

67. Savickas arranged the first 10 ideas into a statement to describe the career development field's core ideas.

Special Considerations in Career Counseling

68. The global economy supported by technology has resulted in substantive changes for individuals' careers.
69. The digital revolution requires that individuals manage their own careers—a shift from the organization to the individual.
70. In the 21st century, the social compact between worker and employer has changed.
71. Individuals may negotiate a lifetime of job changes.
72. The project-focused model, previously the dominant model in construction, engineering, arts, and entertainment, has now overtaken other industries and expanded its scope.
73. Statistics show less time spent in one job and decreased job stability.
74. The result of these changes is insecure and anxious workers.
75. A list of terms for these workers includes "temporary, contingent, casual, contract, freelance, part-time, external, atypical, adjunct, consultant, and self-employed" (Savickas, 2011, p. 10).
76. The loyalty of workers has also been affected.
77. Terms used include *protean* careers (Hall, 1996) and *boundaryless* careers (M. B. Arthur, 1994).

Interventions: Practice Dimensions

78. Emerging career interventions of this period had their foundations in Super's career pattern work, Tiedeman's reflective career consciousness ideas, and Savickas's career construction theory.
79. Informal qualitative assessment:

    - The individual life design perspective uses informal qualitative assessment methods, such as the Career-Story Interview (Savickas, 1998; M. L. Savickas, personal communication to P. J. Hartung, June 11, 2010).

- The central question of life design interventions is the following: How can I use school and work to make my life more meaningful and complete in a way that matters to society?

80. Occupational information:

- The *Dictionary of Occupational Titles* (*DOT*), first published in 1938 by the DOL, was important in the vocational guidance period. It utilized nine-digit numeric codes for each of thousands of U.S. occupations.
- The *DOT* was replaced in 1997 by the Occupational Information Network (O*NET), a free online database.
- O*NET includes free career exploration assessments.

The Rise in Interest in Cultural Diversity and Social Justice

81. Pope and his colleagues led a movement within the profession to look at the effects of culture on the career counseling process.
82. The result has been new contextual/cultural theories, a continued focus on the social justice roots of career counseling, and increased understanding and effectiveness of career counseling interventions with people of diverse cultures.

Chapter Summary

83. Career counseling has a long historic tradition and makes professional counseling different from all other mental health professions.
84. Positive outcomes that typically occur from career counseling interventions are inspiring and empowering.

TEST BANK QUESTIONS

Essay

Describe how the world of work has changed in the 21st century and what the implications have been for clients and career counselors.

Explain the role of career counseling in the origins and further development of the professional counseling field.

True/False

■ T ❑ F 1. The association now called the National Career Development Association was one of the four founding divisions of the association now called the American Counseling Association.

❑ T ■ F 2. The sole focus of career counselors is to help clients or students identify an occupation that aligns with their skills and vocational aptitudes.

Matching

Match the theory with its corresponding philosophic tradition.

__b__ 1. Theory of vocational personalities in work environments
__d__ 2. Parent–child interactions approach
__f__ 3. Social cognitive career theory
__c__ 4. Life-span/life-space theory
__e__ 5. Career construction theory
__a__ 6. Integrative life planning

a. Contextual/cultural
b. Differential
c. Developmental
d. Dynamic
e. Narrative
f. Reinforcement based

Match the concept or term with its best description.

__a__ 7. *Dictionary of Occupational Titles*
__e__ 8. O*NET
__c__ 9. Career-Story Interview
__b__ 10. Career adaptability
__d__ 11. Self-observational generalization

a. Provided occupational information with a distinctive industrial manufacturing focus
b. An individual's readiness and resources to cope with repeated occupational transitions
c. Informal qualitative assessment method utilized in life design interventions
d. An individual's beliefs about the nature of careers and their role in life
e. Free online database utilizing the RIASEC model as an organizing schema for occupational information

Multiple Choice

_____ 1. Which of the following is a basic assumption underlying person–environment fit theories of career counseling?

a. It is possible to identify a match between individual traits and job factors using a straightforward decision-making process.
b. People select occupations to satisfy a psychological need.
c. People's career choices are influenced by the meaning they derive from personal experience.
d. Vocational choice is an individual expressing his or her self-concept.

_____ 2. Pope's approach of career counseling with underserved populations views addressing discrimination as which of the following?

a. Less important than helping clients expand their knowledge of the world of work
b. Something to avoid in our work with clients
c. An important and primary role of the career counselor
d. Something that is important but not possible to address within career counseling work

_____ 3. Considering the three historic periods in the evolution of career interventions, career counselors should do which of the following?

a. Identify one theory and type of intervention and follow it exclusively
b. Choose an appropriate intervention based on the specific career problem of their specific client
c. Familiarize themselves with underlying theory, as it provides an important framework for their work
d. b and c

_____ 4. The profession of counseling was founded by a group of _____ who found that the traditional focus of their field was not sufficient in their work to help individuals affected by the societal upheaval of the time.
a. Psychiatrists
b. Teachers
c. Psychologists
d. Social workers

_____ 5. The Progressive social reform movement of the early 20th century, a critical factor in the establishment of career counseling, was built on which of the following issues?
a. Exploitation of children
b. Misuse of psychometric tests
c. Prohibition of alcohol by employers
d. Changing roles of women

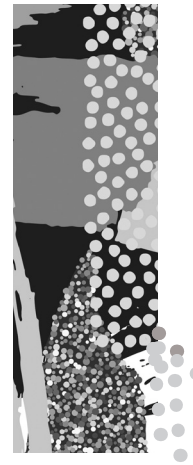
_____ 6. The Vocational Interest Blank, the earliest and most successful of the many career interest measures that have followed, was developed in the 1920s by which of the following?
a. Francis Galton
b. Edward Kellogg Strong Jr.
c. Alfred Binet
d. James McKeen Cattell

_____ 7. Which landmark legislation established secondary school vocational education training?
a. Fair Labor Standards Act
b. Smith-Hughes Act
c. George-Ellzey Act
d. George-Deen Act

_____ 8. Founded in 1913, which organization went on to become the National Career Development Association?
a. National Vocational Guidance Association
b. Vocational Bureau of Boston
c. The Breadwinner's Institute
d. American Personnel and Guidance Association

_____ 9. Through a study commissioned on the occasion of the 100th anniversary of the National Career Development Association, Savickas gathered expert opinion and moved toward consensus to identify which of the following?
a. Thirteen keys to effective career counseling practice with minorities
b. Five primary constructs that people develop about themselves and work
c. Two basis orientations of the attention directedness of people
d. Ten essential ideas in the evolution of career interventions

_____10. Which of the following describe(s) the 21st-century world of work?
a. Use of a project-driven model resulting in insecure and anxious workers
b. Job shifts are more frequent
c. Decreased loyalty of workers
d. All of the above



Chapter 7

Clinical Mental Health Counseling

OUTLINE

Introduction

1. Clinical mental health counseling is one of the youngest programs in the counseling profession.
2. The clinical mental health specialization has a complex history and has been shaped by counseling accreditation, licensure, and social need.

History

3. There was an internal split between mental health and community counseling, wherein the American Mental Health Counselors Association (AMHCA) wanted a 60-credit-hour mental health program versus the 48-credit-hour mental health counseling standards put forth in the original 1998 Council for Accreditation of Counseling and Related Educational Programs (CACREP) draft.
4. The CACREP board agreed to offer a 60-credit-hour mental health counseling program along with the 48-credit-hour community counseling program. The aftereffects of this split have been longstanding in terms of counseling professional identity.

5. After 25 years, the two counselor preparation programs merged to form clinical mental health counseling.
6. The 2016 CACREP Standards reflect a focus on preparing clinical mental health counselors to address a wide variety of circumstances within a clinical setting, helping clients discover their best levels of overall mental health and well-being.

Contextual Dimensions of Clinical Mental Health Counseling

7. The passage of the Patient Protection and Affordable Care Act has made health care more available and affordable. This health care provides additional coverage for mental health and addiction care.
8. It is a popular notion that office visits to the doctor have become the entry point into the mental health system for many patients, especially those who are economically disadvantaged.

Integrated Health Care and Collaborative Care

9. Integrated health care is the systematic coordination of general and behavioral health care.
10. Collaborative care is an integrative approach in which a primary care provider and mental health clinician work together to provide care and monitor a client's progress.
11. Many primary care physicians and clinicians in private practice do not accept Medicaid as a form of payment, which leaves the majority of this clientele, most of whom are racially, culturally, and linguistically diverse, to obtain their health care from federally qualified health centers.
12. Federally qualified health centers are federally funded nonprofit health centers that provide services regardless of a patient's ability to pay.
13. The clinical mental health counseling literature (e.g., a special issue of the *Journal of Mental Health Counseling*) has begun to address direct service delivery in collaboration with primary care professionals.
14. Clinical mental health counselors contribute to the integration of culturally responsive services within the primary care setting.

Treatment Planning and Clinical Mental Health Counseling

15. The following has occurred with the recent release of the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition:*

    - Treatment of mental and emotional disorders has become multifaceted.
    - Clinicians are encouraged to use new emerging assessment measures to support evidence-based treatment planning.
    - Caution is advised against the use of measures with inconsistent validity evidence and lack of alignment with diagnostic criteria.

16. To address a multitude of issues, treatment approaches utilized in community mental health centers are now more contextual and holistic.
17. Evidence-based therapeutic approaches (e.g., cognitive and cognitive behavior therapies) are used to alleviate symptoms but are not enough.
18. *Somebodiness,* the concept that African American men are considered to be human beings on a quest for a greater sense of worth, purpose, and community, is part of one contextual humanistic approach to treatment developed through research focused on African Americans and, specifically, African American men (Johnson, 2016).
19. As noted in the 2016 CACREP Standards, clinical mental health counselors should be prepared and trained to identify and understand addiction, substance abuse, and co-occurring disorders.

Practice Dimensions of Clinical Mental Health Counseling

20. Practicum, internship, and postgraduate clinical experiences provide counselors-in-training with critical development of counseling skills under supervision.
21. Clinical mental health counselors in private practice or agency settings must rely on continuing education opportunities to update their skills and knowledge.
22. AMHCA, the American Counseling Association (ACA), and CACREP have made a concerted effort to identify specific clinical mental health counseling skills in diagnosis and treatment planning (e.g., psychopharmacology and the use of psychological assessments for treatment planning).
23. There is virtually no information on how licensed counselors who graduated prior to the implementation of the 2009 CACREP Standards acquire or maintain important clinical and multicultural skills.
24. Given current racial tension in U.S. society, lack of multicultural counseling training and/or supervision is disturbing.
25. C. C. Lee's (2017) white paper prepared for the Association for Multicultural Counseling and Development underscores the existence of continued serious challenges to the health and well-being of African Americans.

Interfacing With Legal and Child Welfare Systems

26. A by-product of working in mental health agencies or other public institutions is counseling clients who have been ordered by the court or Child Protective Services (CPS) to undergo individual, group, or family counseling.
27. Clinical mental health counselors can be influential in empowering their mandatory counseling clients to have intentional engagement with CPS and the court (e.g., assisting clients in clearly articulating their needs and wants concerning their children to court officials).

28. Distinguishing between monitoring for the court or CPS and their treatment role is important. It is important for counselors to be honest, reflective, and culturally knowledgeable in communicating about client progress.
29. Clinical mental health counselors who testify as expert witnesses can change clients' lives.
30. The revised *AMHCA Code of Ethics* (AMHCA, 2015) includes specific standards that require mental health counselors to have appropriate knowledge and competence in terms of responding to subpoenas and offering expert testimony.
31. In providing expert witness, counselors need to prove that their expertise could help the judge or jury reach a more valid conclusion than would be possible without their testimony. An example is provided of how the chapter author has done this in cases involving African American mothers who used physical discipline as a child-rearing technique.

Special Considerations in Clinical Mental Health Counseling

32. Supervision competence has become an essential component of responsive service delivery. However, most supervisors and some counselor educators received their clinical training prior to the advent of the clinical mental health counseling specialization and may not have received specific coursework in the treatment of mental and emotional disorders. How supervisors are updating their clinical skills is a continuing concern.
33. The issue of assessment instruments used by clinical mental health counselors continues to be a litigious one. The American Psychological Association supports restricting test use at some levels to licensed psychologists. However, Pearson Clinical Assessments (2016) restrictions to purchase tests with the C qualification (those that require high expertise in test interpretation) are different.
34. ACA's firm position is that professional counselors have the right to administer projective tests, intelligence tests, and clinical diagnostic tests if they have the appropriate training and expertise to do so.
35. The ability to use diagnostic assessments is fundamental to the role and duties of clinical mental health counselors.
36. The Fair Access Coalition on Testing, a nonprofit coalition whose office is located in the headquarters of the National Board for Certified Counselors, performs the following functions:

    - Advocates for consumer access to psychological and behavioral assessments performed by qualified health and education professionals
    - Monitors state and national legislation and regulatory actions to ensure that counselors and other qualified professionals are permitted to administer and interpret psychological instruments
    - Provides consultation on assessment issues within counselor education

37. The Fair Access Coalition on Testing was instrumental in blocking the Indiana State Board of Psychology from establishing and maintaining a restricted test list that would have prohibited mental health counselors from using several hundred assessments.
38. ACA's Government Affairs Office provides valuable information to support legislative efforts related to counseling.
39. An emerging issue is the counseling profession's response to the murders of African American men by police officers and hateful rhetoric targeted at Latino and Middle Eastern immigrant families and children. Racial tensions are only projected to get worse.
40. Culturally competent clinical mental health counseling alone may be insufficient to alleviate clinical symptoms.
41. How the counseling profession will assist in dismantling institutional racism in U.S. society must be anticipated and articulated.
42. Responsive advocacy means attending to clients' basic needs, including barriers and challenges faced by clients just to participate in the counseling process.

TEST BANK QUESTIONS

Essay

Treatment approaches often utilized in community mental health centers now embrace a humanistic, developmental perspective. Describe this framework and how it serves clients. Explain how this perspective is or is not congruent with a clinical mental health counseling focus.

Explain the cause for concern in rural communities regarding substance abuse. Be sure to include examples that reflect your understanding of issues of access to services and of addiction.

True/False

❑ T ■ F 1. Clinical mental health counseling is one of the oldest programs in the counseling profession.

❑ T ■ F 2. Assessments that require a high level of expertise in test interpretation can only be purchased by individuals with a doctorate in psychology, education, or a closely related field.

Matching

Match the following organization or office with its best description.

__a__ 1. A team at ACA that provides information to counselors to support legislative efforts on counselor-related issues
__d__ 2. A multidisciplinary nonprofit organization that advocates for consumer access to psychological and behavioral assessments performed by qualified professionals
__b__ 3. A division of ACA that promotes the clinical mental health counseling profession through advocacy, education, and collaboration
__e__ 4. An organization promoting excellence in counselor preparation through the development of standards and program accreditation
__c__ 5. A federally funded center that provides medical, dental, and mental health services regardless of a patient's ability to pay

a. American Counseling Association Government Affairs Office
b. American Mental Health Counselors Association (AMHCA)
c. Federally qualified health center (FQHC)
d. Fair Access Coalition on Testing (FACT)
e. Council for Accreditation of Counseling and Related Educational Programs (CACREP)

Multiple Choice

_____ 1. Which of the following is ultimately the focus of clinical mental health counseling?
a. Diagnosing and treating mental and emotional conditions
b. Providing mental health care at an equitable price
c. Providing direct service delivery in collaboration with primary care professionals
d. Ensuring that clients discover better health and wellness

_____ 2. Clinical mental health counseling, as recognized in the 2016 CACREP Standards, resulted from the reunification of which of the following?
a. Counseling psychology and community counseling
b. Clinical social work and mental health counseling
c. Mental health counseling and community counseling
d. Mental health counseling and vocational guidance

_____ 3. Which of the following include(s) new emerging assessment measures that are recommended by the American Psychiatric Association to address and monitor clinical symptoms?
a. 2016 CACREP Standards
b. *DSM–5*
c. New addictions counseling textbooks
d. Updated 12-step program manuals

_____ 4. Integrated into one humanistic approach to clinical treatment, which concept helps mental health counselors acknowledge the worth, purpose, and community of African American men?
a. Somebodiness
b. Client centeredness
c. Cultural competence
d. Community responsiveness

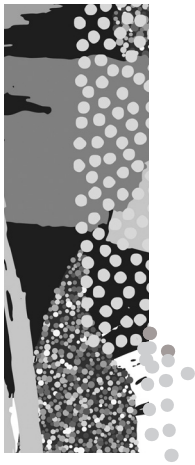
_____ 5. Which of the following is an approach to health care in which the primary care provider and the mental health clinician work together to provide care and monitor a client's progress?
a. Affordable care
b. Community health focus
c. Humanistic orientation
d. **Collaborative care**

_____ 6. Integrative health care can be beneficial to clients in which of the following ways?
a. Clients with emotional disorders and comorbid conditions are treated for both disorders.
b. Clients can secure services that might otherwise be difficult for them to access.
c. Clients can be supported in articulating symptoms and needs to their primary care physician.
d. All of the above
e. a and c

_____ 7. Of the following activities, which is not a part of practice described in the chapter for counselors working with clients who have been ordered by Child Protective Services (CPS) to undergo counseling?
a. Assisting clients in clearly articulating their needs and wants concerning their children
b. Empowering clients to have intentional engagement with CPS
c. Providing testimony regarding observations of clients' progress in therapy
d. Deterring clients from communicating reflectively with CPS about life stressors that affect parenting

_____ 8. Clinical mental health counselors are sometimes called on to provide expert testimony in the legal arena. Providing expert testimony requires which of the following?
a. Comprehensive knowledge and experience in a specific field
b. A law degree
c. Appropriate knowledge in performing court-related activities
d. All of the above
e. a and c

_____ 9. How does the author assert that clinical mental health counselors should address racial tensions, hateful rhetoric targeting certain groups, and an increasingly diverse nation?
a. By providing culturally competent clinical mental health counseling alone
b. By honing skills in basic listening and advanced accurate empathy
c. By assisting in dismantling institutional racism in the mental health system
d. By advocating for increased coordinated care between primary physicians and mental health counselors



Chapter 8

Rehabilitation Counseling

OUTLINE

Introduction

1. Rehabilitation has been termed a *super specialty* as the profession emerged from multiple specializations serving targeted populations.
2. Current estimates are that there are more than 120,000 rehabilitation counselors practicing in the United States (U.S. Department of Labor, 2015).
3. Rehabilitation counselors are specialists who provide counseling services for persons with disabilities, including a diverse range of developmental, congenital, and acquired disabilities.

The History and Development of Rehabilitation Counseling

4. Rehabilitation counseling has a long and storied history as one of the first specialty areas around which the larger field of counseling later coalesced.

Early Years of Services

5. Persons with disabilities historically have been underserved and treated inhumanely.
6. Charitable organizations and churches often took the lead in providing care.
7. Support for programs depended on the political climate of the day.

8. Service providers were typically volunteers with little specialized training (Wright, 1980).
9. Frank Parsons's early career development work and Clifford Beers's advocacy for persons with disabilities helped lay the foundation for career development and rights recognition for persons with disabilities.

Progress Toward Professionalization

10. Important legislation paved the way for the formalization and professionalization of rehabilitation counseling practice.
11. 1918: The Veterans Rehabilitation Act passed, with the hope of helping veterans more fully reintegrate into community and work settings.
12. 1920: The Civilian Rehabilitation Act extended vocational education training to civilian populations with physical disabilities.
13. 1935: The Social Security Act established vocational rehabilitation as a permanent program.
14. 1943: The Vocational Rehabilitation Act Amendments expanded service provision to previously excluded disability groups.

Accreditation and Certification

15. As services expanded to more diverse populations and states were held accountable, the lack of qualified providers came into acute focus.
16. 1940s: The first three rehabilitation counseling education programs (New York University, The Ohio State University, Wayne State University) were established to address this need.
17. 1954: The Vocational Rehabilitation Act Amendments appropriated funds to assist with university training costs. This funding continues.
18. Council on Rehabilitation Education (CORE)
    - Founded in 1972 to review and accredit master's-level rehabilitation training programs
    - Grew from the need for curriculum standardization
    - Is the oldest counseling accreditation body
19. Commission on Rehabilitation Counselor Certification (CRCC)
    - Established in 1974
    - One of the oldest counseling certification bodies
    - Grew out of concern for the quality of practice and the need for practitioners to demonstrate specific competence
20. *Code of Professional Ethics for Rehabilitation Counselors*
    - Developed in 1987 through close collaboration between professional associations and CRCC
    - Intended to provide the public with assurance that rehabilitation accepts its responsibility to provide knowledgeable, fair, and caring service to persons with disabilities (CRCC, 2010)
    - Reviewed periodically (most recent code was adopted in 2017)

Contemporary Practice

Regulation

21. Rehabilitation counseling is regulated by national certification standards and state licensure; served by professional organizations; and guided by a unique set of philosophies, principles, professional standards, and ethics codes.
22. Rehabilitation counseling was the first counseling specialty to enact independent regulation of practitioner certification and graduate educational program accreditation.
23. Some rehabilitation counselors practice in exempted settings without licensure. However, there is a trend toward professionalization within the United States.
24. Accreditation of preservice education programs provides assurance to the public that graduates possess entry-level competence as professional counselors.
25. CORE was an early and leading contributor to the evidence base of the counseling profession.
26. A merger agreement signed on July 20, 2015, dissolved CORE and brought it fully under the Council for Accreditation of Counseling and Related Educational Programs (CACREP) family of accreditation.

Preservice Training

27. Master's-level training is the entry level of practice for rehabilitation counseling.
28. Nearly 100 universities in the United States offer rehabilitation counseling programs.
29. All master's programs are transitioning to 60 credit hours under new CACREP standards.
30. Training programs bring together counseling, psychology, and related rehabilitation disciplines.
31. Graduates of preservice programs are required to engage in professional development activities.

Professional Associations

32. Professional identity within counseling remains a challenge because of the atypical emergence of the counseling profession.
33. Within the rehabilitation specialty, this struggle has played out in the emergence of multiple professional associations.
34. The American Rehabilitation Counseling Association was founded in 1958 as a division of the American Personnel and Guidance Association (now the American Counseling Association).
35. The National Rehabilitation Counseling Association, founded in 1958 as a professional division of the National Rehabilitation Association, is now an independent association.

36. The Rehabilitation Counselors and Educators Association is currently a division of the National Rehabilitation Association.
37. The International Association of Rehabilitation Professionals is a growing organization focusing on the needs of practitioners in private practice from a global perspective.
38. The National Council on Rehabilitation Education focuses on research, training, and the educational mission of the discipline.
39. The presence of multiple organizations has been a topic of much discussion and debate.

Contextual Dimensions

40. Rehabilitation counselor scholars and practitioners draw on a rich history of established and emerging models and training targeting the need for adjustment and adaptation to disability within functional contexts.

Disability Populations

41. Increased need for rehabilitation counseling is due in part to increased incidence, awareness, integration, and advocacy for individuals with all types of disabilities (Smart & Smart, 2006).
42. Rehabilitation counselors possess specialized knowledge, training, and skills related to the medical, functional, environmental, and psychosocial aspects of disability and are the primary providers of counseling services for individuals with physical and mental health disabilities.
43. Populations served include a wide variety of individuals with developmental, congenital, and acquired disabilities, including psychiatric, neurological, muscular, cognitive, sensory, behavioral, systemic, orthopedic, and age-related conditions.
44. Rehabilitation counselors use advanced mental health counseling skills and individualized ecological understanding of disability to help clients achieve functional outcomes.

Philosophy and Models

45. Key philosophical concepts include client self-determination, the value and dignity of all people, interdependence over prescriptivism (Maki, 2012), person–environment fit, and a longitudinal view of disability.
46. Rehabilitation counseling is guided by a holistic framework and is solution focused.
47. Rehabilitation counseling seeks therapeutic change at the individual and environmental levels; thus, consultation (including with employers) is one of the key activities.
48. Hershenson's (1996) model outlines fundamental differences between the rehabilitation counseling paradigm and other rehabilitation disciplines, such as medicine and psychology.

49. Physical medicine and psychiatry direct interventions toward preventing or limiting the effects of disease and disability.
50. Rehabilitation counseling focuses on tertiary prevention—preventing chronic conditions from causing further disability after restorative or habilitative progress has plateaued and considering equally the individual and the environment.
51. Emerging from trait-factor theory (Parsons, 1967), the ecological model guides practitioners to systematically evaluate person–environment fit and enlist client collaboration in developing plans that empower choice and maximize fit and function.
52. Early scholars envisioned a life-span developmental orientation in conjunction with a trait-factor approach.
53. The contemporary ecological model of rehabilitation counseling (Maki, 2012) illustrates how four functions of rehabilitation counselors are used to facilitate correspondence between individuals' behavior and demands of the environment.
54. The four functions are counselor, case manager, advocate, and consultant.
55. Quality of life ultimately decides the success of any rehabilitation outcome (Maki, 2012; Roessler, 1990).
56. The World Health Organization's International Classification of Functioning, Disability, and Health provides a common language and mechanism for identifying measures, exploring moderators, and examining mediators.
57. Both the ecological model and the International Classification of Functioning, Disability, and Health have been instrumental in building the evidence base of rehabilitation counseling.

Research-Based Foundations of Practice

58. The professional practice of rehabilitation counseling has been systemically studied.
59. An extensive body of knowledge has been acquired over the past 50 years identifying specific competencies and job functions important to the practice.
60. Rehabilitation counselors have been found to have a diverse role requiring many skills.
61. The role of the rehabilitation counselor encompasses assessment, affective counseling, vocational (career) counseling, case management, and job placement (Roessler & Rubin, 1992).
62. Results of a study conducted by Leahy, Chan, Sung, and Kim (2013) provide empirical support that 10 knowledge domains represent the core knowledge and skill requirements of rehabilitation counseling.
63. Additional large-scale research initiatives have identified and defined specific competencies and job functions important to the practice of rehabilitation counseling and the achievement of positive outcomes with clients.

Knowledge Translation

64. Empirically derived descriptions of role, function, and required knowledge and skill competencies have assisted the discipline in performing the following functions:

    - Defining a professional identity
    - Developing preservice educational curricula
    - Contributing to the field's leadership role in the establishment and refinement of graduate educational program accreditation and individual practitioner certification
    - Identifying common ground with the profession of counseling in general and the uniqueness of rehabilitation counseling

Phases of Rehabilitation

65. There are four phases of services: intake, assessment, service, and outcome.
66. Services provided directly by the rehabilitation counselor include counseling and guidance, case management or coordination of services, consultation, and advocacy.
67. Whereas counseling and case management services target the individual client, consultation and advocacy operate at the larger systems level.
68. When assessing outcomes, the ultimate goal is improved quality of life for the individual with the disability.

Evidence-Based Practices

69. In recent years, significant interest and movement toward concepts of evidence-based practice and knowledge translation efforts within health care, disability and related practice settings.
70. The development of theory-driven or model-driven research to inform best practice in rehabilitation will be greatly important in efforts to improve the effectiveness of rehabilitation counseling service and outcomes, especially for subpopulations of consumers with the poorest rehabilitation outcomes (Chan, Cardoso, & Chronister, 2009).

Practice Dimensions

Work Settings

71. Rehabilitation counselors work in a variety of settings, with continued growth in potential work settings.
72. The CRCC (2016) scope-of-practice statement applies to all settings.

State/Federal Settings (Public Vocational Rehabilitation Program)

73. Around 28% of all certified rehabilitation counselors work in the state/federal system (Saunders, Barros-Bailey, Chapman, & Nunez, 2009).

74. State–federal vocational rehabilitation was established as a formal practice first for veterans and later for civilians. It was expanded by the Rehabilitation Act of 1973 and its amendments.
75. Vocational rehabilitation agencies operate in each of the 50 states, District of Columbia, and many U.S. territories (Fabian & MacDonald-Wilson, 2012).
76. The Rehabilitation Services Administration is responsible for overseeing these agencies.
77. Programs are eligibility based.
78. Veterans rehabilitation services are housed within the federal Veterans Administration.
79. An increase in service-related injuries, both physical and psychological in nature, due to increasing involvement in global conflicts has led to an increase in the number of veterans seeking, receiving, and benefiting from rehabilitation services on their return from service.

Private For-Profit Settings

80. Private for-profit settings are the fastest growing of the practice settings, accounting for more than 30% of all work settings where certified rehabilitation counselors practice (Saunders et al., 2009).
81. Private for-profit settings operate on a fee-for-service model of service delivery.
82. Examples include workers' compensation, forensic expert witness testimony for disability hearings, long-term disability, life care planning, disability consultation and management (Brodwin, 2008).
83. Rehabilitation counselors are hired by insurance companies and employers themselves as part of disability-related initiatives.

Private Not-for-Profit Settings

84. Community rehabilitation programs (CRPs) play an increasing role in the provision of counseling and direct service to persons with disabilities.
85. CRPs augment services provided by state and federal agencies and provide services not provided by the state or federal systems (e.g., community-supported employment).
86. There are more than 9,000 CRPs providing services to almost 10 million individuals.
87. CRPs work with community partners, including mental health agencies, the Social Security Administration, the U.S. Department of Labor, probation and parole offices, and substance abuse programs.
88. Settings include university disability resource centers, centers for independent living, and community-based rehabilitation programs.
89. Centers for independent living are another type of nonprofit community-based organization.

Psychiatric Rehabilitation

90. Psychiatric rehabilitation is an even more focused specialization within rehabilitation counseling that has the mission to help persons with long-term psychiatric disabilities.

91. William Anthony was a pioneer in psychiatric rehabilitation and developed the Boston model, based on the premise of recovery.
92. Other approaches/interventions include assertive community treatment, supported employment, integrated dual disorders treatment, family psychoeducation, illness management and recovery, and medication management.
93. Psychiatric rehabilitation seeks to address functional needs that cannot be fully addressed through medication alone while promoting the empowerment and integration of persons with mental illness.
94. The Centers for Disease Control and Prevention (2016) estimates that mental illness is the leading cause of disability in developed countries.
95. Approximately 25% of all U.S. adults have a mental illness, and almost 50% will experience mental illness at some point in their lifetime.
96. Rehabilitation counseling has a long-standing tradition in psychiatric rehabilitation.
97. 1943: The Barden-LaFollette Act expanded state vocational rehabilitation services to persons with cognitive impairment and mental illness.
98. Another philosophical shift occurred in the 1970s, after states began deinstitutionalizing individuals with severe and persistent mental illness.
    - The Community Mental Health Centers Act passed in 1963.
    - In 1979, legislation mandated the provision of rehabilitation services within community mental health.
    - Federal and state allocations for community-based mental health services continued to grow.
99. Rehabilitation counselors regularly serve clients with co-occurring mental health problems, even in agencies where primary service delivery is not centered on mental health or psychiatric issues.

Special Considerations in Rehabilitation Counseling

100. Rehabilitation counselors are playing a growing role in serving students as they transition from school to work, higher education and training, and independent living.

Transition Youth

101. 1990: The Individuals with Disabilities Education Act outlines transition counseling as a dynamic process in which students with disabilities engage with rehabilitation counselors to solidify career and vocational options through a variety of activities (Riesen, Schultz, Morgan, & Kupferman, 2014).
102. The number of students with disabilities seeking assistance continues to grow.
103. There is an increased need to engage in collaborative efforts with others to maximize educational and eventual employment outcomes for students with disabilities.

Assistive Technology (AT)

104. The Assistive Technology Act Amendments of 2004 (PL 108-364) provides a specific definition of AT.
105. Rehabilitation philosophy and the ecological model of rehabilitation counseling align naturally with an examination of technology's potential for increasing participation in all aspects of life for individuals with disabilities.
106. AT is considered an essential tool of rehabilitation professionals.
107. Rehabilitation counseling is the only counseling specialty with entry-level training in AT and training program accreditation standards for AT (CACREP, 2015).

A New Chapter in CACREP Accreditation

108. CACREP's addition of the newly created clinical rehabilitation counseling as an accreditation program addresses preparation in the clinical mental health areas of rehabilitation counseling.
109. Further accreditation will address the traditional rehabilitation counseling program area within CACREP so that the great majority of CORE-accredited rehabilitation counseling programs can be accommodated with accreditation.
110. Future evolution and reconciliation of two types of accreditation areas within the larger field of rehabilitation counseling remains to be determined.
111. As part of the CORE/CACREP merger agreement, CACREP will infuse disability knowledge and awareness across all counseling specialties.
112. Rehabilitation counselor educators will be instrumental in disseminating evidence on the needs of clients with disabilities across the life span.

Chapter Summary

113. We have witnessed significant growth and development in this specialty area of practice over the past few decades.
114. The future market for these types of trained professionals looks excellent.
115. Beyond a bright employment outlook, rehabilitation counselors reap the social and emotional rewards of knowing that their specialized knowledge and expertise promote an improved quality of life for persons with disabilities.
116. Rehabilitation counseling will continue to advance social justice, advocacy, and empowerment for persons with disabilities within varied contexts.

TEST BANK QUESTIONS

Essay

Explain rehabilitation philosophy and how this philosophy affects the delivery of counseling services to individuals with disabilities.

Describe the scope-of-practice statement for rehabilitation counseling, and identify how this statement applies to one work setting of particular interest for you.

True/False

❑ T ■ F 1. In their work with individuals with disabilities, rehabilitation counselors are primarily focused on therapeutic change at the individual level.

❑ T ■ F 2. The majority of all certified rehabilitation counselors work in the state/federal system.

Matching

Match the following legislation with key outcomes.

__c__ 1. 1918 Veterans Rehabilitation Act
__d__ 2. 1920 Civilian Rehabilitation Act
__b__ 3. 1935 Social Security Act
__a__ 4. 1943 Barden-Lafollette Act
__e__ 5. Vocational Rehabilitation Act Amendments of 1954

a. Expanded service provision to individuals with cognitive impairment and mental illness
b. Established vocational rehabilitation as a permanent program
c. Mandated vocational training for veterans injured in the service of their country
d. Extended vocational training to civilian populations with physical disabilities
e. Appropriated funds to assist in university training in rehabilitation counseling

Match the rehabilitation service phase with its best description.

__b__ 6. Intake
__a__ 7. Assessment
__d__ 8. Service
__c__ 9. Outcome

a. Records review, interview, inventories, and consultation used to measure levels of functioning, strengths, and needs
b. Eligibility or suitability for services determined
c. Progress toward goals assessed and recommendations made for placement, termination, follow-up, or extended services
d. Client helped to move through a plan within a specified period of time

Multiple Choice

_____ 1. Growing out of a concern for the quality of practice and the need to demonstrate competence in the field of rehabilitation, which organization was formed in 1974?
a. Council on Rehabilitation Education (CORE)
b. Commission on Rehabilitation Counselor Certification (CRCC)
c. American Rehabilitation Counseling Association (ARCA)
d. National Board for Certified Counselors (NBCC)

_____ 2. Which of the following was the first counseling specialty to enact independent regulation of practitioner certification and graduate educational program accreditation?
a. Rehabilitation counseling
b. Career counseling
c. School counseling
d. Clinical mental health counseling

_____ 3. Within rehabilitation counseling, how is assessment conceptualized?
a. As a vital early step that occurs only at the start of the service phase
b. As an objective inventorying of client deficits as they relate to the environment and functional need
c. As an iterative process used to measure progress and identify further needs
d. As a counselor-directed process in which rehabilitation goals are determined by the service provider

_____ 4. Within rehabilitation counseling, the ultimate measure of success for the individual with the disability is which of the following?
a. Employment
b. Independent living
c. Improved mental health
d. Quality of life

_____ 5. Which of the following is not an identified knowledge domain for rehabilitation counselors across practice settings?
a. Assessment, appraisal, and vocational evaluation
b. Marriage and couples counseling
c. Disability management
d. Case management and utilization of community resources

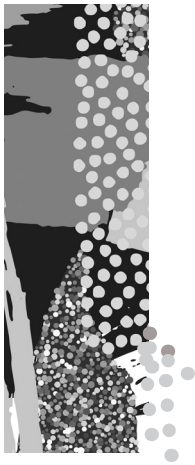
_____ 6. Which of the following is one of the unique features of rehabilitation counseling compared with other counseling specialties?
a. Research-based foundations of practice
b. The foundational influence of the work of Frank Parsons and Clifford Beers
c. Regulation by national certification standards and state licensure
d. Entry-level training in assistive technology

_____ 7. A community rehabilitation program (CRP) is one example of which type of practice setting?
a. State/federal
b. Private for profit
c. Psychiatric rehabilitation
d. Private not for profit

_____ 8. The increased need to engage in collaborative efforts with school professionals and with family members to support transition-related counseling goals of youth is an outcome of which of the following?
a. Individuals with Disabilities Education Act (IDEA)
b. Assistive Technology Act Amendments (PL 108-364)
c. Social Security Act
d. Community Mental Health Centers Act

_____ 9. Who developed the Boston model of psychiatric rehabilitation, which is based on the premise of recovery?
a. Frank Parsons
b. Clifford Beers
c. William Anthony
d. David Hershenson

_____10. Which of the following associations, founded in 1958, is a professional division of the American Counseling Association?
a. National Rehabilitation Association (NRA)
b. **American Rehabilitation Counseling Association (ARCA)**
c. International Association of Rehabilitation Professionals (IARP)
d. National Council on Rehabilitation Education (NCRE)



Chapter 9

College Counseling and Student Affairs

OUTLINE

Introduction

1. College counseling is the application of the definition of counseling ("a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals"; Kaplan, Tarvydas, & Gladding, 2014, p. 368) on a college campus.
2. However, college counseling and student affairs are more complex. They historically and continue to evolve to meet the needs of students and their educational institutions.
3. College counseling has grown beyond personal and vocational guidance to include counseling services, consultation with faculty and staff, supervision of interns, and much more.
4. Student affairs has evolved from an early focus on moral and religious development to include a plethora of programs that complement the academic mission of an institution, support the personal and social development of the student body, and meet changing needs.
5. The form and function of services is dependent on many factors.

Counseling in Student Affairs

6. The role and function of student affairs has evolved.

7. The broad goal of student affairs professionals is to support the academic mission of the institution while promoting the social, intellectual, and emotional development of the whole student (Francis, 2011; Nuss, 2003).
8. Your knowledge as a professional counselor gives you the skills and abilities to work within this profession.
9. To be successful in applying your knowledge as a professional counselor, you must also understand the American College Personnel Association (2008) student learning imperative.
10. Student affairs professionals share in the education of students, contributing to the social, emotional, intellectual, and career development of students through the unofficial curriculum that is part of the life of the campus.
11. The size and type of the educational institution, its funding, its mission, staff size and training, and the configuration of student services all affect the role of the counseling center on a college campus (Francis & Horn, 2016).
12. Community college counseling centers often provide the most variety of services by combining the counseling center with academic advising services. A total of 19% of community colleges do not offer mental health services (American College Counseling Association [ACCA], 2014).
13. A large, well-funded university counseling center will offer more comprehensive mental health services.
14. In between the community college counseling center and the large university counseling center are a variety of types of counseling centers that provide different levels of services. The size and type of counseling services will affect the staffing configuration.
15. The incoming higher education student body is the most diverse ever (Watkins, Hunt, & Eisenberg, 2012).
16. It is incumbent on the counselor to be open to the many experiences that students and their families bring into the consultation room or the office of the dean of students. A first step in that process is to be aware of your own cultural history and heritage and how that affects your view of the world.

Developmental Theory and Student Affairs/College Counseling

17. Depending on the institution, students vary in age, race/ethnicity, gender, and gender orientation. Institutions of all types are seeing increases in the diversity of their student bodies, and the number of nontraditional students is increasing at a slightly quicker pace than that of traditional students across the country.
18. A broad understanding of the developmental needs of each group is needed to design and implement appropriate programming and interventions.

19. The following types of theories address specific issues of college students:
    - Identity development
      a. Erickson's psychosocial development
      b. Marcia's ego identity status
      c. Chickering's seven vectors
    - Intellectual and ethical development
      a. Perry's cognitive schemes
      b. Belenky et al.'s women's ways of knowing
    - Moral development
      a. Kohlberg's theory of moral development
      b. Gilligan's theory of women's moral development
    - Racial identity development
      a. Racial and cultural identity development: five-stage model
      b. Helms's model of White identity development
    - Sexual identity development
      a. Cass's model of sexual orientation formation
      b. Fassinger's model of gay and lesbian identity development

Professional Identity and Associations

20. Counseling is a profession with an established professional identity. This professional identity is further divided into areas of specialization that themselves have their own particular identity and professional associations.
21. College counselors primarily identify with the counseling profession while having their own professional division (ACCA) within the main professional association (the American Counseling Association [ACA]; ACCA, 2016).
22. Student affairs professionals have a more diffuse identity that is dependent on the area of specialization.
23. It would benefit you to explore the many professional organizations representing counseling and student affairs as you begin to form your own professional identity.

Mental Health Issues on a College Campus

24. College counseling as a specialty involves the application of counseling knowledge and skills to the special challenges, limitations, boundaries, and environment of a higher learning setting.
25. Attending college is a time when traditional undergraduate students (18–25 years of age) begin to develop mental illness. Students must also now manage the illness on their own (Kessler et al., 2007).

The Increasing Complexity of Mental Health Issues on Campus

26. The utilization of counseling services has remained relatively stable at 10%–15% of the student population; however, the complexity of mental health issues has increased over the past decades. Reasons for this include the following:

    - Increased academic expectations
    - Increased financial burdens
    - Accessibility to higher education
    - Increased usage of psychotropic medication

Anxiety and Depression

27. The two most common mental health issues that plague students are anxiety and depression.
28. Anxiety has surpassed depression as the most common issue among students seeking services.
29. Depression continues to be a significant impediment to student success, affecting 12% to 33% of students per year (American College Health Association, 2014; Chung et al., 2011; Lee, 2005).

Nonsuicidal Self-Injury

30. Engaging in nonsuicidal self-injury is one way students manage emotions and stress. The purpose is often the regulation of troubling emotions, self-punishment, psychological or physiological stimulation, or the relief of overwhelming feelings and urges (Whitlock et al., 2011).

Alcohol Abuse

31. Alcohol use and abuse, which has occurred among college students for centuries, have detrimental consequences, including the following:

    - Death
    - Assault/violence
    - Sexual assault
    - Academic problems
    - Alcohol use disorder

32. Both student affairs professionals and college counselors are involved in activities to address alcohol use and abuse on campus as well as related activities that are often affected by alcohol abuse (e.g., sexual assault counseling, academic remediation).

What Does All of This Mean for Student Affairs and College Counseling Professionals?

33. The vast majority of students arrive on campus, navigate corresponding developmental challenges and issues, and successfully proceed to graduation with a minimum of problems.

34. The work of student affairs professionals and college mental health providers is very important in helping students move through this period of development and graduate college as productive citizens and healthy individuals.

Working Together for Student Success: Practice Dimensions

35. The two related professions of student affairs and college counseling work together to help students overcome challenges, be successful learners, and prepare for a life beyond the classroom.
36. Two examples of where the work of these two professions intersect are behavioral intervention teams (BITs) and suicide prevention programs.

BITs

37. BITs were first created as threat assessment or crisis intervention teams following the shootings at Virginia Tech in 2007.
38. BITs today are staffed by senior campus professionals, many of whom have student affairs, security, educational, and counseling backgrounds.
39. The task of BITs is to convene on a regular basis to identify students who may be at risk for failure or are disruptive to campus life and intervene before a problem becomes serious (National Behavioral Intervention Team Association, 2015; Sharkin, 2012).
40. The role of student affairs professionals on a BIT is to identify and to offer services proactively.
41. The role of the counselor is that of consultant, providing information helpful in the crafting of interventions. The role of the counselor is limited by legal and ethical rules governing the practice of counseling. Specific information about students cannot be released without the written consent of the student unless there are issues of serious and foreseeable harm to self and others.
42. A college counselor may be asked to evaluate a student for a BIT to assess the level of dangerousness or potential for violence and suicidal ideation. As counselor education program training in the assessment of violence or potential violence is not extensive, proper training and/or supervision is indicated to provide this service.

Suicide Prevention and Education

43. Several events helped bring the problem of student suicide to the attention of the nation.

    - The death by suicide of Elizabeth Shin at the Massachusetts Institute of Technology and the subsequent lawsuit against the school.
    - The creation of the Jed Foundation following the 2000 death of Jed Satow on a college campus.

- Passage of the Garrett Lee Smith Memorial Act following the 2003 death of U.S. Senator Gordon H. Smith's son. This act resulted in the funding of prevention and education grants for college campuses and Native American reservations.

44. College campuses continue to be challenged by student suicide and suicidal ideation. Suicide continues to be the second leading cause of death among college students after vehicular and other accidents (Turner, Leno, & Keller, 2013).
45. College counselors and student affairs professionals work together on educational programming, prevention efforts, and gatekeeping training for faculty and staff to prevent suicide.

Ethics, College Counseling, and Student Affairs

46. The division within ACA that represents the profession of college counseling is ACCA. It has no specific code of ethics and endorses the *ACA Code of Ethics* (ACCA, 2012). Other mental health professionals (e.g., psychologists and social workers) who populate the college counseling profession align with their own professional associations and codes of ethics.
47. Counseling professionals who work within student affairs (e.g., academic advising, disability services, campus life) have several different professional organizations, each with its own ethics code or statement of principles. Professionals should review and understand the appropriate document that corresponds to their practice.

Common Ethical Issues in College Counseling and Student Affairs

48. All mental health professionals adhere to the practice of confidentiality for clients and their personal information with the same limitations as other counseling environments. This allows clients to trust that their issues will be kept between counselor and client, facilitating the therapeutic alliance and progress toward health and healing.
49. The counselor's job includes educating the administration concerning when information can and cannot be released without written permission of the student.
50. Others in the campus community are required to report specific incidents such as sexual harassment or assault under Title IX.
51. Counselors are specifically exempt from reporting what is revealed to them in a counseling session.
52. The Family Educational Rights and Privacy Act, a law that affects how students' educational records are maintained, allows their release without students' permission in specific circumstances. Medical and mental health records that meet the following criteria are exempt:

    - The student is 18+ years of age or is attending postsecondary education.

- The record is made or maintained by a physician or mental health professional or paraprofessional acting in a professional capacity.
- The record is made, maintained, or used only in connection with treatment to the student and is not available to anyone (including the student), except by those providing the treatment or other medical (mental health) providers of the student's choice.

53. If a student's mental health file is used for any purpose beyond these criteria, it becomes an educational record and is governed by the Family Educational Rights and Privacy Act.

Scope of Practice and Competence

54. Counselors who are working in a student affairs capacity need to have a clear understanding of their role and job description.
55. If a job allows for counseling services, the student must be clearly informed when the session moves from an advising session to a counseling session and must give his or her permission through a clear informed consent process (see Section A.2. of the *ACA Code of Ethics* [ACA, 2014]).

Special Considerations in College Counseling and Student Affairs

56. In the early days, the goal of student affairs was to act in place of parents (*in loco parentis*). Challenges and issues are different, resulting in diverse programming to meet student needs.
57. Issues addressed at college counseling centers now include crisis and trauma work and the treatment of complex mental health issues.

Sexual Violence

58. Sexual violence on college campuses, a pervasive problem, has drawn greater attention. Implications of sexual violence include the following:

    - Traumatization of the victim/survivor
    - Creation, funding, and staffing of a Title IX office to investigate
    - Increased training, funding, staff time and outreach, and programming related to sexual violence

Integrative Approaches

59. The increase in complexity of the issues and diagnoses of students coming to counseling centers has prompted a more integrated approach to prevention and treatment. Some key components include the following:

    - A developmental and wellness/prevention foundation
    - The incorporation of biological, social, and cultural factors into treatment
    - An increased understanding of the neurobiological foundations of some mental health issues

- A holistic approach that addresses multiple needs that students present in session

Provision of Services

60. As many as 19% of community colleges do not offer any formal mental health services, and only 8% have some kind of psychiatric services available. A total of 58% of 4-year institutions offer some kind of psychiatric services (Francis & Horn, 2016).
61. Given the increasing complexing of mental health issues, a strong argument can be made for increased staffing and funding of student affairs and counseling services.

Anxiety and Depression

62. The two most common issues for which students seek treatment on college campuses are depression and anxiety (Center for Collegiate Mental Health, 2015).
63. The consequences of untreated or undertreated anxiety and depression include poor academic performance, difficulty concentrating, and relationship problems.

Chapter Summary

64. A degree in counseling offers the flexibility to work in a range of higher education areas, including academic advising, disabilities services, campus life, wellness centers, and college counseling centers.
65. Working on a college campus either as a professional counselor or in the office of student affairs provides you with a mix of opportunities that will keep you interested, challenged, and motivated.

TEST BANK QUESTIONS

Essay

Define scope of practice as it relates to college counseling and student affairs practice. Explain the importance of informed consent in addressing potential scope-of-practice concerns.

Describe the history and function of a behavioral intervention team. Describe how the roles differ for a college counselor and a student affairs professional on a behavioral intervention team.

True/False

❑ T ■ F 1. Community college counseling centers typically offer comprehensive mental health services, including psychiatric consultations and long-term psychotherapy.

■ T ❑ F 2. Student affairs professionals, college counselors, and faculty fulfill different roles on campus but share in the education of the student.

Matching

Match the title with its corresponding description.

__d__ 1. Law that affects how students' educational records are maintained on a college campus
__e__ 2. Law that requires colleges and universities to report specific incidents such as sexual harassment or assault
__c__ 3. Law funding prevention and education grants for college campuses and Native American reservations
__b__ 4. A set of guiding principles and statements that represent the values and expectations of the counseling profession for its members
__a__ 5. Document created to stimulate discussion on how student affairs professionals can enhance student learning and personal development

a. ACPA student learning imperative
b. *ACA Code of Ethics*
c. Garrett Lee Smith Memorial Act
d. Family Educational Rights and Privacy Act
e. Title IX

Match the theorist with the corresponding theory.

__b__ 6. Psychosocial development
__e__ 7. Seven vectors
__d__ 8. Women's ways of knowing
__a__ 9. Theory of moral development
__c__ 10. Model of White identity development
__f__ 11. Model of sexual orientation formation

a. Kohlberg
b. Erickson
c. Helms
d. Belenky et al.
e. Chickering
f. Cass

Multiple Choice

_____ 1. Which of the following is the broad goal of today's student affairs professional?

a. Serve as caretaker of the student (*in loco parentis*)
b. Provide a wide range of short- and long-term counseling services to students
c. Serve students holistically through the provision of services promoting their social, emotional, and intellectual development
d. Ensure a robust level of recreational offerings to students to provide balance to their higher education experience

_____ 2. Professional counselors working on college campuses, in community mental health centers, and in schools share which of the following?

a. The settings are so different that there are few to no commonalities
b. A philosophy of service focused on wellness, prevention, and human growth and development
c. A professional identity aligned solely with their specific division of the American Counseling Association
d. A shared mission in the education of students

_____ 3. College counselors and student affairs professionals provide programming and other related activities to address which of the following areas often affected by alcohol abuse?

a. Sexual assault
b. Academic remediation
c. Alcohol-related accidents
d. All of the above
e. b and c

_____ 4. The death of Elizabeth Shin and the subsequent lawsuit against the university she attended, as well as the creation of the Jed Foundation to foster prevention and treatment programming, helped bring which problem to the attention of the nation?
a. Substance abuse
b. Sexual assault
c. Student suicide
d. Gun violence on college campuses

_____ 5. Which of the following affects the role of the counseling center on a college campus?
a. The size and type of the educational institution
b. Funding issues
c. Staff size and training
d. All of the above

_____ 6. According to Beiter et al. (2015), which of the following are the two most common mental health issues among college students?
a. Substance abuse and depression
b. Depression and anxiety
c. ADHD and anxiety
d. Adjustment and depression

_____ 7. Seen as something individuals have done to regulate troubling emotions and stress, scratching, cutting, burning, or otherwise causing damage to the skin and hitting an object or self are examples of which of the following?
a. Suicidal ideation
b. Academic avoidance
c. Nonsuicidal self-injury
d. Developmental differentiation

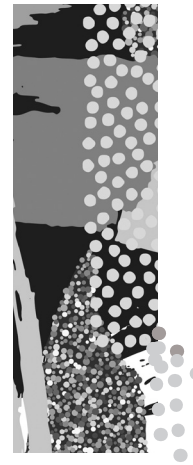
_____ 8. Increased academic expectations and the financial burden of attending college are two factors posited to contribute to which of the following?
a. Increased use of psychotropic medication among incoming students
b. Decreased access to higher education
c. The creation of behavioral intervention teams
d. The increased complexity of mental health issues on campus

_____ 9. You are a college counselor working in a mid-size university that has seen an increase in reported sexual assaults within the student body. The dean of this university directs you to provide her with the names of all students seeking counseling services for substance use and related issues. Which of the following is your next step?

a. Generate a list of students seeking counseling services for substance use reasons and give it to the dean, specifying that this list should not be released to other parties
b. Explain to the dean when you can and cannot release information without students' expressed written permission
c. Create a psychoeducational group for students impacted by sexual violence
d. Call the students affected by the request to explain the reason for releasing their names

_____10. Which of the following statements is true of the incoming student body in higher education institutions in the United States?

a. It is the most diverse we have seen.
b. It is made up of students with similar cultural backgrounds.
c. It is increasingly made up of traditional students (18–25 years of age).
d. It is predominantly made up of individuals unable to navigate developmental challenges.



Chapter 10

Marriage, Couples, and Family Counseling

OUTLINE

Introduction

1. Marriage, couples, and family counseling is a young profession.
2. Early 1920s: Alfred Adler and Rudolf Dreikurs proposed and demonstrated the importance of working with the family as a unit (Bitter, 2014; Carlson, Watts, & Maniacci, 2006; Sherman & Dinkmeyer, 1987).
3. 1940s and 1950s: Professional associations related to the profession formed.
4. 1975–2000: Family counseling attained university acceptance within the mental health profession.
5. Mental health professionals are increasingly moving from viewing clients as individuals to considering family and societal influences.
6. The understanding of what constitutes a family has changed significantly since the beginning of the family counseling movement.
7. Originally, the focus of the family was nuclear or traditional intake family. The typical family discussed was White, middle class, and heterosexual.
8. The understanding of family now is significantly different and reflects enormous diversity.
9. The demand on today's couples and families is also greater than ever before; thus, being prepared to work within a family systems context is important.

The History and Development of Family Counseling

10. According to Gladding (2015), three major trends in history contributed to the development of family counseling:
    - The rise in the divorce rate after World War II
    - The changing role of women
    - The increased life span
11. Major events in the early development of family counseling include the following:
    - 1920s and 1930s: the beginning of marriage and premarital counseling—largely intrapsychic
    - Early 1900s: child guidance movement, founded by Adler in Vienna and Dreikurs in the United States—expanded the notion of intervening in child problems by working with the entire family
    - Early 1900s: early use of group dynamics or processes in counseling; psychodrama developed by Jacob Moreno to help group participants work through interpersonal situations
    - Late 1930s and early 1940s: research studies on the role of the family in the development of schizophrenia; pioneers (Nathan Ackerman, James Framo, Murray Bowen) integrated systemic ideas into their practices and developed new theoretical perspectives of mental illness
12. 1950s: generally considered the official beginning of family counseling and therapy:
    - Several practitioners were meeting with families.
    - 1956: The Palo Alto Group wrote a seminal paper on the double bind, which described a theory of the relationship between family communication patterns and schizophrenia (Bitter, 2014; Gladding, 2015; Goldenberg & Goldenberg, 2013).
13. 1960s: a time of family centeredness and group welfare that contributed to evolution of family therapy (Beels, 2002):
    - Family counseling became a recognized topic at professional meetings.
    - This was seen as a very productive period for persons working from a systems perspective.
    - 1962: The first family therapy journal was published, and Virginia Satir published *Conjoint Family Therapy.*
14. 1960s and early 1970s: Other family therapy models emerged in the literature (Bitter, 2014; Gladding, 2015; Goldenberg & Goldenberg, 2013):
    - Jay Haley (strategic family therapy)
    - Salvador Minuchin (structural family therapy)
    - Carl Whitaker (experiential family therapy)

15. 1970s and 1980s: There was continued productivity in the field and significant expansion to a traditional systems perspective. The narrative therapy approach was also developed.
16. 1980s: The feminist movement emphasized the role of gender in family dynamics (Kaslow, 2000), and the role and impact of cultural and ethnic diversity in family functioning and family counseling were examined (McGoldrick, Giordano, & Garcia-Preto, 2005).
17. 1990s: Solution-focused perspectives were emphasized in response to managed care constraints.
18. Contemporary issues include the following:
    - Changing role and understanding of the family and family process in a multicultural and pluralistic society
    - Changing perspectives regarding family counseling
19. Contemporary changes are reflected in a number of ways within the family counseling profession.

The Family: Systemic and Developmental Perspectives

20. All people have basic emotional and physical needs.
21. According to Foley (1989), there are three dimensions to emotional needs: intimacy, power, and meaning. The possibility of meeting these needs apart from a family is remote.
22. Goldenberg and Goldenberg (2013) provided a more encompassing definition of the family.

Perspectives on Family Functioning: Contextual Dimensions

23. Until the 1980s, family research literature focused primarily on characteristics and symptoms of dysfunctional families.
24. Through a tennis lesson analogy, characteristics of well-functioning families and family dysfunction are addressed.

Characteristics of Well-Functioning Families

25. The following characteristics of well-functioning families are the ones most often mentioned in the literature:
    - Commitment
    - Communication
    - Clear boundaries
    - Positive family atmosphere
    - Connectedness
    - Adaptability
    - Spirituality

26. When working with couples and families, it is important to look at strengths and assets and not merely limitations and liabilities.
27. Characteristics of well-functioning families help identify family strengths and serve as points for dialogue to address areas of growth.
28. It is important to understand these characteristics as processes across a continuum; families will never completely manifest all of these characteristics.
29. Characteristics must also be understood contextually in terms of stressors and cultural context.
30. It is crucial to attend to a couple's or family's cultural background to avoid misunderstanding or pathologizing culturally diverse families whose behavior is unfamiliar (Goldenberg & Goldenberg, 2013).
31. The cultural genogram, developed by Hardy and Laszloffy (1995), is a useful technique to help couples and families increase self-understanding. It is also a useful tool to help counselors-in-training increase their own cultural self-awareness prior to engaging in work with diverse families and couples.

Common Patterns of Family Problems or Distress

32. Three patterns of family problems are commonly addressed in the literature.

Problems With Boundaries

33. Boundaries within a family are the means by which members perceive their function within the system and subsystems contained therein.
34. It is crucial to address boundaries within the marital/couple subsystem and between other subsystems within the family system.

Problems With Communication

35. The importance of healthy communication is widely documented as a trait of healthy families.
36. Communications have two different levels: report (content) and command (metacommunication).
37. The metacommunication level is the more powerful influence, albeit more difficult to notice (Gladding, 2015; Goldenberg & Goldenberg, 2013; Watzlawick, Beavin, & Jackson, 1967).
38. Communication dysfunction occurs when communication is incongruent—when verbal and nonverbal levels of communication do not agree.

Problems With Family Structure

39. A family's structure is the invisible set of functional demands that organizes family relations.

40. The structure represents the family rules (stated and unstated) for relational patterns.
41. Rules indicate beliefs and values, which are based primarily on the parental subsystem.
42. Each family has its own unique set of rules because each family has its own unique beliefs and values (Gladding, 2015; Goldenberg & Goldenberg, 2013; Minuchin, 1974; Satir, 1972).
43. Family rules also delineate family roles—the socially expected behaviors for each person who occupies a place in the family system.
44. There are both formal and informal roles.
45. Family members are typically unaware of the role assignment process.
46. Roles not necessarily dysfunctional; however, in distressed families they are rigidly inflexible.
47. When assessing rules and roles, counselors must pay careful attention to ethnic and cultural norms and understand how these elements affect the family's understanding of rules and roles.

Some Contemporary Couple and Family Stressors

48. A number of contemporary couple and family stressors may amplify problem patterns mentioned previously.
49. Couples and family counselors should assess for the following:

    - The impact of substance use and addictions
    - The impact of Internet activity on couple and family interactions
    - Couple and family interpersonal violence
    - Unemployment and other socioeconomic issues and stressors
    - Family members with mental health issues
    - Physical issues due to injuries, accidents, or illness
    - The impact of living with and/or caring for aging family members

Approaches to Couples and Family Counseling: Practice Dimensions

Bowen Family Systems Therapy

50. Bowen family systems therapy was developed by Murray Bowen in the 1950s.
51. It was among the first systemically based approaches for working with families.
52. It is sometimes referred to as *transgenerational family therapy.*
53. It conceptualizes the family as an emotional unit best understood when analyzed within a multigenerational framework (Bowen, 1978; Goldenberg & Goldenberg, 2013).
54. As seen through a Bowenian lens, dysfunction in the family results when members of the marital dyad have poor differentiation of self and are emotionally stuck together with their families of origin.

55. The level of fusion or differentiation is best observed during anxiety-producing family situations.
56. A multigenerational genogram (a visual mapping of the family tree) is a primary technique that serves as both an assessment and an intervention.
57. Other techniques of this approach include detriangulation and the therapist as coach.

Structural Family Therapy

58. Structural family therapy was one of the most influential theories of the 1970s.
59. It originated with the work of Salvador Minuchin at the Philadelphia Child Guidance Clinic.
60. It emphasized that an individual's symptoms are best understood as rooted in the context of family transactional patterns and that a change in family structure must take place before symptoms can be relieved (Bitter, 2014; Goldenberg & Goldenberg, 2013).
61. Symptoms within the family arise when family structures are inflexible, enmeshed, or disengaged and appropriate structural adjustments are not made.
62. Within this perspective, the therapist must provide a directive leadership role in changing the structure or context in which the symptom is embedded.
63. Techniques include the following:

    - Reframing
    - Engaging clients in enactments
    - Structural family maps

Strategic Family Therapy

64. Strategic family therapy was developed by Jay Haley (influenced by the work of Gregory Bateson and Milton Erickson) and further developed by Chloe Madanes.
65. It is described by Haley as a problem-solving therapy that proposes that current interactions of the family (vs. historical events or family-of-origin issues) create family problems.
66. Family problems can be solved under the direction of an innovative, active, directive therapist who will challenge the power and unspoken rules that govern family member behaviors.
67. Strategies used include the following:

    - Reframing or relabeling
    - Directives
    - Paradoxical intervention or prescribing the symptom

The Human Validation Process Approach

68. The human validation process approach was developed by Virginia Satir.

69. It views dysfunctional families as consisting of persons whose freedom to grow and develop has been blocked.
70. Dysfunctional behavior results from the interplay of low self-esteem, incongruent communication, and dysfunctional rules and roles (Bitter, 2014; Satir, 1972, 1983).
71. Three overarching goals of this approach are that family members do the following:

    - Grow in their understanding of self and the ability to communicate congruently
    - Develop increased respect for the uniqueness of each member
    - View individual uniqueness as an opportunity for growth (Bitter, 2014)

72. In this approach, the family therapist is:

    - Highly active, personally involved, yet able to confront; and
    - A facilitator, resource person, observer, detective, and teacher/model of congruent communication.

73. Typically, the marital/couple dyad is seen first, and then conjoint family therapy is convened.
74. Techniques used include the following:

    - Family life fact chronology
    - Family sculpting
    - Family reconstruction

Experiential Family Therapy

75. Experiential family therapy was developed by Carl Whitaker.
76. It characterizes family dysfunction in terms of interactional rigidity and emotional deadness.
77. The presenting problem is related to pre-established roles for—and collusions between—family members. Symptoms serve to maintain the status quo (Goldenberg & Goldenberg, 2013).
78. The goal of therapy is growth and creativity so that family members are able to experience the present moment and communicate that experience with other family members.
79. In this approach, the therapist:

    - Is focused on being fully with the client family,
    - Uses himself or herself to help family members express what they are experiencing,
    - Usually works with a cotherapist, and
    - Is very active but not usually very directive.

80. Techniques include the following:

    - Reframing
    - Modeling fantasy alternatives

- Therapeutic use of self
- Use of as-if situations

Narrative Therapy

81. Narrative therapy was developed by Michael White and David Epston.
82. It deviates from traditional systems thinking.
83. The family is seen as a microsystem embedded in a cultural macrosystem.
84. Families have their own beliefs and value system, but they are significantly influenced by the beliefs and values of the larger cultural system.
85. Dysfunction stems from oppressive forces that generate family problems.
86. Families develop personal and family narratives that are centered on the problem and are failure oriented (White & Epston, 1990).
87. The goal is to help the family restory the problem-saturated narrative and author a new narrative of success and empowerment.
88. Narrative therapists make extensive use of reflection-oriented questions and serve as editors, readers, and publishers of the family's new story.

Solution-Focused Brief Therapy (SFBT)

89. SFBT was originally developed by Steve de Shazer.
90. It deviates from traditional systems thinking.
91. It shares with narrative therapy the notion that knowledge is chronologically and culturally embedded.
92. According to this approach, clients and client families can change their realities by doing and viewing things differently (O'Hanlon & Weiner-Davis, 2003).
93. The fundamental goal of SFBT is to assist families in restoring patterns of hope (Guterman, 2013; Littrell, 1998).
94. The client–counselor relationship in SFBT is cooperative, optimistic, and collaborative.
95. SFBT counselors seek to help clients change family members' behavior and attitudes from a problem/failure focus to a focus on solutions and success and to discover latent assets.
96. Reflection-oriented questions are used.
97. Techniques include the following:

    - Presession change question
    - Miracle question
    - First sign question
    - Exception-finding questions
    - Scaling questions
    - Cheerleading

Gottman Couples Therapy

98. Gottman couples therapy was informed by the research of John Gottman and Robert Levenson, and then Gottman and his wife Julie Gottman, on couples communication and relationship analysis.

99. Findings included the stability of couples' interaction over time and the ability of data to predict the longitudinal course of relationships (Gottman & Gottman, 2015).
100. Dysfunctionality and functionality in relationships are described.
101. Predictors of divorce include the following:

    - More negativity than positivity
    - Emotional disengagement and withdrawal
    - Failure of repair attempts
    - Refusal to accept influence
    - Escalation of negative affect: the "Four Horsemen of the Apocalypse" (criticism, defensiveness, contempt, and stonewalling)

102. Identified predictors of relationship satisfaction include the following:

    - Good relationships are matched in preferred conflict style.
    - Good relationships are characterized by dialogue.
    - Individuals make peace with the problem to some degree.

103. The Sound Relationship House: Two components that, according to Gottman, make marriages work are having an overarching sense of positive affect and reducing negative affect when in conflict.
104. Gottman designed a marriage therapy to increase these two qualities.

Emotion-Focused Therapy (EFT)

105. EFT was developed in the early 1980s by Leslie Greenberg and Sue Johnson.
106. It was influenced by the work of Carl Rogers, Salvador Minuchin, and John Bowlby.
107. EFT integrates experiential and systemic perspectives along with attachment and bonding to help understand the nature of close relationships (Reiter, 2014).
108. It asserts that most pressing issues for couples are related to the need for secure attachment relationships across the life span (Johnson, 2004).
109. The focus is on the emotional systems of the couple involving both intrapersonal and interpersonal functioning.
110. It targets interactional cycles and changing each person's intrapsychic experiences of the relationship, which maintain and are maintained by the cycle.
111. It includes concepts and language from attachment theory.
112. EFT practitioners do the following:

    - Focus on the present
    - Follow a treatment design of three stages with nine steps
    - Attempt to help each partner or family member identify and express his or her emotional experiences and confront the negative cycle of interactions that characterizes the relationship
    - Help to reorganize patterns of interactions, replacing negative hurtful cycles with family members becoming more responsive to one another so bonding interactions can occur

Unique Ethical Issues in Couples and Family Counseling

113. Treating a couple or family expands the treatment context (Wilcoxon, Remley, Gladding, & Huber, 2007).
114. It is important to remain neutral in counseling when treating a couple or family so that each client will realize that the counselor is on his or her side but also on everyone's side at the same time.
115. Before the start of treatment, couples and family counselors need to communicate to clients how confidentiality extends to all adults in the session and that the signatures of all legal adults are required to release the whole record.
116. Counselors who see members of the couple/family individually or in smaller groups need to consider whether separate files are needed and what they will do if separate files not kept.
117. This is relevant for disclosures of information when one adult in conjoint session(s) declines to give consent.
118. Counselor neutrality and capacity to manage confidentiality can be affected by who attends a session and who starts the counseling process.
119. In several approaches to couples counseling, counselors initially see couples conjointly, have individual sessions for assessment purposes, and then see the couple conjointly again (Gottman & Gottman, 2015; Johnson, 2015).

A Career as a Marriage and Family Counselor/Therapist (MFC/T)

120. There is a concern that there will not be enough mental health workers to serve the nation's needs in the future because of the following:

    - Preferences of MFC/T graduates to stay close to larger cities, leaving rural areas underserved
    - Aging of MFC/Ts

Work Locations and Income for MFC/Ts

121. Employments sites include community mental health agencies, private practice, inpatient facilities and hospitals, social service agencies, churches, universities and research centers, courts and prisons, business and consulting companies, employee assistance programs, and health maintenance organizations (American Association for Marriage and Family Therapy [AAMFT], 2017).
122. In May 2016, MFC/Ts had a median annual wage of $49,170 compared to $42,840 for mental health counselors (Bureau of Labor Statistics, 2017b).
123. An increase of 15% in the number of MFC/Ts in the United States is predicted from 2014 to 2024 (Bureau of Labor Statistics, 2017a).

Training and Credentialing of Couples and Family Counselors/Therapists

124. Informal training and information sharing has been occurring since the late 1950s among couples and family counselors.
125. Early training was provided through national meetings, workshops, conferences, and staff training focused on families across the country. This tradition continues.

Professional Associations for MFC/Ts

126. 1970s: The American Association for Marriage and Family Counselors set standards for student, associate, and clinical memberships.
127. 1978: The American Association for Marriage and Family Counselors changed its name to the American Association for Marriage and Family Therapy (AAMFT).
128. Other professional associations influencing the direction of training of MFC/Ts include the following:

    - American Family Therapy Academy—founded by a group of practitioners in 1977
    - Division 43 (Society for Couple and Family Psychology) of the American Psychological Association—formed in 1986
    - International Association of Marriage and Family Counselors, now a division of the American Counseling Association (ACA)—formed in 1986 and affiliated with the American Association for Counseling and Development (now ACA) in 1990

129. Each association has created standards for membership that have been codified into specific graduate coursework and training programs.
130. The most influential organizations for couples and family counselors and therapists are the International Association of Marriage and Family Counselors and AAMFT.

State Licensure

131. Both ACA and AAMFT have worked with state-level counseling and MFT organizations to seek licensure in states for MFC/Ts; all 50 states and the District of Columbia have licensure for MFC/Ts.
132. The Association of Marital and Family Therapy Regulatory Boards website contains information regarding licensure in each state.

Special Topics and Further Considerations

Systems Counseling in School Settings

133. Since the 1980s, family counselors have recognized the influence that society's larger systems have on family systems.

134. An ecosystemic approach—and mapping the ecosystem—can be adopted when working with families presenting with a child who is having school problems (Lusterman, 1988).
135. You become a sort of systems consultant who facilitates a family–school collaboration leading to systemic change (Wynne, McDaniel, & Weber, 1986).
136. Since the inception of the vocational school counseling model of the 1950s, school counseling has been viewed from an individual perspective.
137. Experts in the fields of school and family counseling have suggested that professional school counselors would benefit from training in family counseling and systems theory to better serve students in schools (Davis & Lambie, 2005; Holcomb-McCoy, 2004; Kraus, 1998).

Online Couples and Family Counseling

138. The use of the Internet to deliver counseling services is becoming more commonplace and acceptable.
139. ACA has established norms and guidelines for online counseling (ACA, 2014).
140. Some tools are available: e-mail consultation, text-based chat rooms, and videoconferencing (ACA, 2014; Jencius & Sager, 2001).
141. The idea of providing services to families who live in remote areas or are confined to their homes because of illness is appealing. However, many issues need to be addressed, including the following:

    - Confidentiality
    - Setting clear boundaries with 24 hours/day Internet availability
    - Licensure and regulations when counseling over the Internet across state lines
    - Insurance complications
    - Risks of overlooking serious pertinent information about clients

142. The availability and increasingly more therapy-friendly modalities of online counseling will continue to increase.
143. Couples and family counselors need to engage in rigorous research regarding the efficacy and ethical implications of this new field.

Chapter Summary

144. The chapter includes an overview of the field.
145. Those interested in working with couples and families are encouraged to actively pursue training and supervision in the area during and after formal counseling education.

TEST BANK QUESTIONS

Essay

Using specific examples, describe how our understanding of the family and family process has changed since the beginning of the family counseling movement.

Describe one of the ethical issues unique to couples and family counseling. Explain how you would address this ethical issue in your counseling practice.

True/False

❑ T ■ F 1. Employment sites for MFC/Ts are limited to employee assistance programs, churches, and private practice.

■ T ❑ F 2. Early family research literature focused primarily on the characteristics and symptoms of dysfunctional families.

Matching

Match each characteristic of a well-functioning family with its best description.

__b__ 1. Commitment
__a__ 2. Communication
__e__ 3. Clear boundaries
__c__ 4. Positive family atmosphere
__d__ 5. Connectedness

a. Members strive to actively listen and empathize with each other.
b. Members of the marital or partner couple are dedicated to each other.
c. The environment is encouraging, affirming, optimistic; unconditional love is expressed.
d. Members share a sense of belongingness and purposefully spend time in both spontaneous and planned activities.
e. Intimate and social needs of parents are met through relationships with adults; families are part of a community that provides support.

Match the term with its best description or definition.

__a__ 6. Family role
__c__ 7. Genogram
__e__ 8. Family sculpting
__d__ 9. Family structure
__b__ 10. Detriangulation

a. Socially expected behavior within a particular family system
b. An intervention that involves helping clients be both in contact with and emotionally separate from their families
c. A visual mapping of family patterns and relationships
d. An invisible set of functional demands that organize family relations
e. An intervention that involves placing families in positions signifying their family position

Multiple Choice

_____ 1. Unemployment, interpersonal violence, problematic Internet activity, and physical issues due to injuries are all examples of contemporary contextual stressors that can _____ problem patterns with family structure, communication, and boundaries.

a. Amplify
b. Neutralize
c. Improve
d. Have little effect on

_____ 2. Founded by Adler in the 1900s, which movement had a strong influence on practitioners working with families?

a. Child guidance
b. Psychodrama
c. Family counseling
d. Relationship theory

_____ 3. Families and well-functioning couples that are able to constructively address problems and manage developmental transitions are said to have which of the following?

a. Spirituality
b. Commitment
c. Adaptability
d. Cultural heritage

_____ 4. This therapeutic approach, which deviates from traditional systems thinking, conceptualizes a family as a microsystem embedded in a cultural macrosystem.
a. Human validation
b. Solution focused
c. Experiential
d. **Narrative**

_____ 5. The human validation process approach, which incorporates humanistic goals addressing understanding, congruency in communication, and respect of uniqueness, was developed by which of the following theorists?
a. Carl Whitaker
b. Murray Bowen
c. Virginia Satir
d. Salvador Minuchin

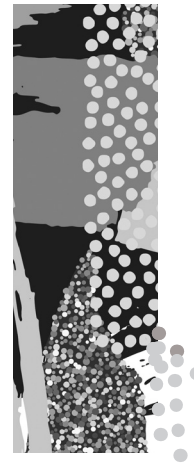
_____ 6. Which of the following approaches, called a *problem-solving therapy*, utilizes reframing, relabeling, and paradoxical intervention to challenge the power and unspoken rules that govern family member behaviors?
a. **Strategic family therapy**
b. Experiential family therapy
c. Narrative family therapy
d. Bowen family systems therapy

_____ 7. A therapist engaged in which kind of family therapy might ask family members when they received the first indication that a miracle had occurred?
a. Solution-focused brief therapy
b. Experiential family therapy
c. Narrative family therapy
d. Bowen family systems therapy

_____ 8. Licensure of MFC/Ts is regulated at which level?
a. The federal level
b. The state level
c. The local level
d. The international level

_____ 9. Which influential association, now a division of the American Counseling Association, sets standards for membership and worked with other entities to address the issue of licensure for MFC/Ts?
   a. Society for Couple and Family Psychology division
   b. International Association of Marriage and Family Counselors
   c. American Association for Marriage and Family Therapy
   d. Association of Marital and Family Therapy Regulatory Boards

_____10. Which of the following is one of the issues identified as contributing to concerns about being able to meet the complex behavioral needs of the U.S. population?
   a. A paucity of graduate programs preparing marriage and family counselors and therapists
   b. Preferences of MFC/T graduates to live in rural areas
   c. **The aging of MFC/Ts**
   d. Lack of clear training standards and professional development of MFC/Ts



Chapter 11

School Counseling

OUTLINE

From Guidance Counselor to School Counselor

1. School counseling is one of the oldest specialty areas in counseling.
2. Early 1900s: emphasis on vocational guidance and providing career advice
    - Frank Parsons and Jesse B. Davis played important roles in the history of the counseling profession.
3. 1920s and 1930s: increased formalization of vocational activities through the use of assessments and a more directive approach
    - The psychometric movement saw an increased focus on assessment.
    - Availability of assessments used by the armed forces (Army Alpha and Army Beta)
4. 1950s and 1960s: directive counseling approach and expansion of school counseling programs
    - E. G. Williamson introduced the directive counseling approach.
    - Gilbert Wrenn offered a new vision for school counselors in the 1962 report *The Counselor in a Changing World*.
    - The National Defense Education Act helped expand the number of counselors in schools and the number of counselor training programs.

- The Elementary and Secondary Education Act of 1965 included provisions for funding to support training for school counselors.
- The American School Counselor Association (ASCA) was established. ASCA promoted a new vision of school counseling that focused on development of students, the provision of individual and group counseling, as well as vocational guidance.

5. 1970s and 1980s: challenges with standards, qualifications, and professional identity

   - School counselors were pulled from the teaching ranks.
   - There was declining school enrollment, and school counseling positions were cut.
   - The Council for Accreditation of Counseling and Related Educational Programs was formed in 1981. It offered uniform counseling standards and highlighted the importance of counseling knowledge and skills to the role of school counselors.
   - Gysbers and Henderson (2012) introduced a goal-driven, comprehensive kindergarten through Grade 12 developmental approach to school counseling.

6. Turn of the century: turning point for school counseling, unification, and identity

   - ASCA published the first *ASCA National Standards for School Counseling*.
   - The term *school counselor*, as opposed to *guidance counselor*, started to be promoted by ASCA.

7. ASCA published *The ASCA National Model: A Framework for School Counseling Programs,* derived from Gysbers's developmental concept, in 2003.
8. The *ASCA National Model*:

   - Is now in its third edition (as of 2012);
   - Emphasizes the role of school counselors in addressing students' academic, career, and socioemotional concerns; collaborating with others; using data to inform their work; and using leadership and advocacy to influence systemic change;
   - Highlights the importance of integrating the school counseling program with the school's academic mission and ensuring that all students receive equitable access to services and programs; and
   - Provides guidance on the development of a strong foundation for the school counseling program, components for the management of the program, ideal activities to engage in for the delivery of the program, and ways to demonstrate accountability.

9. ASCA published *Mindsets and Behaviors for Student Success: K-12 College and Career Readiness Standards for Every Student* in 2014.

- This document contains descriptions of knowledge, skills, and attitudes that students should be able to demonstrate as a result of participating in a school counseling program.
- It includes standards to guide the development of school counseling programs.
- It has the capability to be aligned with state or district-wide initiatives.

Contextual Dimensions in School Counseling

10. The school counselor role has changed over time.
11. A school counselor's role and day-to-day activities are influenced by the following:
    - Building level
    - District (size, school board, administrators)
    - Characteristics and needs of the students
    - Existing counseling staff and program
    - Expectations of and relationships with the principal
    - Public education
12. The caseload of a school counselor often drives what kinds of activities are possible, although decisions about how time is spent are ideally based on assessed needs in the school.
13. Caseloads are affected by school district policies.
14. The ASCA-recommended student-to-counselor ratio is 250:1, whereas the reported national average during the 2013–2014 school year was 491:1.
15. Public education is the factor that most influences school counselors' roles. Trends and pertinent legislation influence funding, mandated requirements for record keeping (Family Educational Rights and Privacy Act), and possible roles (Individuals with Disabilities Education Act).
16. School counselors have a responsibility to be aware of the laws that drive public education in their state.

Practice Dimensions in School Counseling

17. A general overview of what a school counselor's actual practice might look like incorporates components described in the *ASCA National Model:* foundation, management, delivery, and accountability.
18. School counselors develop a strong *foundation* for the school counseling program through aligning annual goals with the program mission, any current district-wide initiatives, and standards identified in ASCA's (2014) *Mindsets and Behaviors for Student Success.*
19. School counselors engage in informed management of the program by aligning programs with annual goals, utilizing the standards crosswalk to delineate topics of interventions, examining data related to student achievement and behaviors, and utilizing disaggregated data to identify any differences among groups. School counselors create an annual calendar outlining significant program activities.

20. Ideally, 80% of a school counselor's time is spent in the delivery of the program (ASCA, 2012). Activities can be *direct* student services (when you are working directly with students in some way) or *indirect* (activities you engage in on behalf of students).
21. At times, school counselor activities can involve direct service (e.g., engaging in academic and career planning with a student) and indirect service (e.g., making a referral on behalf of the student) concurrently.
22. School counselors frequently engage in consulting and collaborating with others (two indirect service activities) in an effort to help students.
23. The way in which school counseling programs are delivered reflects the context of where you work (e.g., the grade level of students).
24. Key school counseling roles include counselor, collaborative consultant, leader, and advocate.
25. *Counselor:* The relationship between counselor and client is the heart of school counselors' work. People need to feel heard and understood.
26. *Collaborative consultant:* Consultation means interacting with others to solve problems. Collaborative means appreciating multiple perspectives and inviting others to contribute ideas.
27. *Leader:* It is important to adopt the mindset of a leader. School counselors exhibit leadership in speaking up and identifying concerns, offering suggestions, fostering collaborative relationships, and encouraging others.
28. *Advocate:* It is important to advocate on behalf of others and for yourself and your program to benefit your students.

Special Considerations in School Counseling

Accountability and Outcome Research

29. Accountability and outcome research addresses the question of whether school counseling programs make a difference to students.
30. It is critical to collect and use these data to ensure that your role is recognized and supported.
31. Many school counselors feel unprepared to work with data; however, expertise in statistics is not essential. There are resources and tools to support data collection and analysis.
32. Some areas of outcome research include examining the connection between school counseling interventions and positive student outcomes related to discipline, career knowledge, problem-solving skills, and academic achievement.

School–Family–Community Partnerships

33. When families, schools, and communities assume a shared responsibility, students learn more (Epstein, 1987). Cited benefits of school–family–community partnerships include increased academic achievement, improved student attendance, and improved student behavior.

34. Epstein promoted six types of involvement for families and communities.
35. Diversity in communities and families and barriers to school involvement underscore the importance of partnerships.
36. Schools must recognize the importance of parent/caregiver involvement and be creative in terms of how they attempt to engage families (Van Velsor & Orozco, 2007).
37. Reaching out to communities can lead to increased understanding of the needs, existing resources, and supports of those communities and families. School-based health centers can be a valuable resource within some communities.

Mental Health in Schools

38. There has been an increase in mental health diagnoses among school-age students.
39. Negative socioemotional outcomes are associated with bullying, school violence, and other crises.
40. School counselors must do what they can to address mental health needs. What is the appropriate school counselor role?

    - Short-term individual or group counseling (not long-term therapy)
    - Identification (not diagnosis, which is beyond the scope of practice)
    - Referrals
    - Collaboration with teachers and parents
    - Educating teachers and families about mental health needs

College Readiness

41. Being college ready involves possessing the academic skills needed for academic success as well as knowing what to expect and having a desire and commitment to develop the skills and knowledge to successfully navigate college (Conley, 2007).
42. There are disparities by race in the percentages of students attending college.
43. School counselors need to be familiar with the unique needs of diverse individuals (including students with disabilities, first-generation college students, racial minorities, students who speak English as a second language, and those who are undocumented).
44. The Barack Obama Administration promoted the importance of college and the role of school counselors in relation to helping students become college ready.
45. Research suggests that school counselors matter when it comes to applying to college (Bryan, Moore-Thomas, Day-Vines, & Holcomb-McCoy, 2011).

TEST BANK QUESTIONS

Essay

Referencing terms from the *ASCA National Model,* describe the components of a comprehensive, developmental school counseling program. Explain in detail how you would implement one of the components.

Explain what accountability and outcome research is and why it is important to school counseling programs.

True/False

❑ T ■ F 1. Because the types of roles school counselors assume and the settings where they work are so different, it is impossible to delineate a common set of skills that school counselors use.

■ T ❑ F 2. Given the increase in school-age students with diagnosed mental health disorders, it is important that school counselors be aware of signs and characteristics of various mental health disorders.

Matching

Match the following notable people to the corresponding accomplishment.

__e__ 1. Offered a new vision for school counseling through the 1962 report *The Counselor in a Changing World*
__d__ 2. Introduced the directive counseling approach in 1950, facilitating the use of assessments to support students' vocational guidance
__b__ 3. Proposed school–family–community partnership in promoting student learning and success
__c__ 4. Incorporated vocational guidance into the high school curriculum in a school district in Michigan
__a__ 5. Introduced a comprehensive K–12 developmental approach to school counseling that became the basis of the *ASCA National Model*

a. Norm Gysbers
b. Joyce Epstein
c. Jesse B. Davis
d. E. G. Williamson
e. Gilbert Wrenn

Match the term or concept with its best corresponding description.

__e__ 6. Collaboration between stakeholders assuming shared responsibility in student learning
__d__ 7. Data collection and analysis to show the impact of school counseling interventions
__b__ 8. An example of a creative effort to engage families and meet community needs
__a__ 9. Academic skills and knowledge about and commitment to navigate the higher education process
__c__ 10. Provide information about specific subgroups within a larger set

a. College readiness
b. School-based health center
c. Disaggregated data
d. Accountability and outcome research
e. School–family–community partnerships

Multiple Choice

_____ 1. Highlighting the influence of societal trends and government influence on the evolution of school counseling, which legislation resulted in an increase in the number of counselors in schools as well as the number of counselor training programs?

a. National Defense Education Act (NDEA)
b. Family Educational Rights and Privacy Act (FERPA)
c. Individuals with Disabilities Education Act (IDEA)
d. Reach Higher Initiative

_____ 2. In its early days, school counseling focused on which of the following?

a. Preventive efforts to address mental health concerns
b. Vocational guidance
c. Consulting and advocacy
d. Crisis intervention and grief counseling

_____ 3. A description of the knowledge, skills, and attitudes students should be able to demonstrate as a result of participating in a school counseling program is provided in which of the following?

a. CACREP's school counseling program standards
b. ASCA's *Mindsets and Behaviors for Student Success*
c. The 1962 report *The Counselor in a Changing World*
d. The *ASCA National Standards for School Counseling Programs*

_____ 4. In light of the many hats that school counselors wear throughout the year, school counselors focus their counseling, collaboration, and advocacy skills on addressing which of the following?
a. Career concerns of students
b. Academic concerns of students
c. Socioemotional concerns of students
e. All of the above

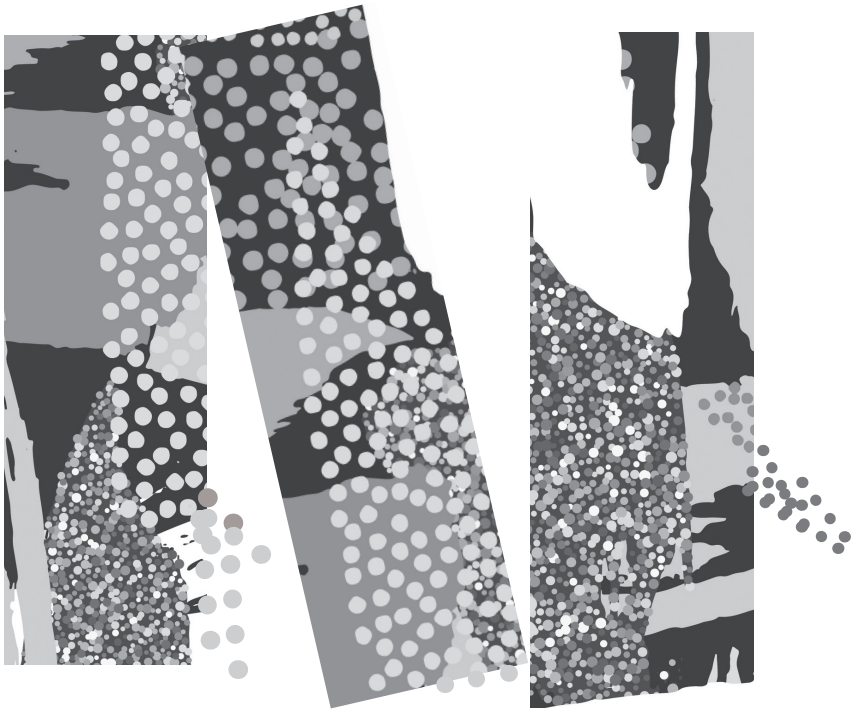
_____ 5. Guidance regarding the utilization of disaggregated data is provided in which component of the *ASCA National Model*?
a. Foundation
b. Management
c. Delivery
d. Accountability

_____ 6. Classroom lessons, crisis intervention activities, and individual counseling are all examples of which of the following?
a. Direct services
b. Collaborative service delivery
c. Advocacy
d. Indirect services

_____ 7. Information about how many people participated in a psychoeducational group is an example of which type of data?
a. Process
b. Perception
c. Outcome
d. Categorical

_____ 8. Partnering with others to solve problems is the essence of which of the following school counselor roles?
a. Counselor
b. Collaborative consultant
c. Leader
d. Advocate

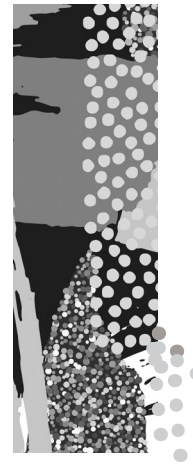
_____ 9. The national average student-to-counselor ratio, as reported by ASCA during the 2013–2014 school year, was nearly _____ ASCA's recommended 250:1 ratio.
a. Half
b. Equal to
c. Double
d. Triple



Section III

Current Issues for

Personal and Professional Development



Chapter 12

Current Issues and Trends in the Counseling Profession

OUTLINE

Introduction

1. The growth and development of the counseling profession was propelled forward by the passion and commitment of professional counselors, leaders, and advocates and by politics and social change.
2. Ongoing dialogues center on unifying the profession through common definitions, practice competencies, and training curricula.
3. There has been tremendous movement in recent years toward unity and clarity in the counseling profession.
4. Historic actions taken by the 2015–2016 American Counseling Association (ACA) Governing Council related to the following have deeply affected the counseling profession and influenced emerging trends:

    - Accreditation
    - Licensure portability
    - Professional advocacy
    - Nondiscrimination advocacy—relocation of 2017 ACA conference from Tennessee following the state's bill to legalize counselors' right to refuse services because of personally held values

Counselor Licensure: Portability and Challenges From Other Professional Groups

5. Barriers exist that interfere with the professional mobility of licensed counselors.
6. Several national organizations have developed portability models to address barriers.

Licensure Portability

7. Licensing rules and regulations arise from the state level.
8. Several counseling organizations have developed initiatives to outline portability requirements:

- American Association of State Counseling Boards (2015)
  a. Reported on requirement trends for licensure in most states
  b. Recommended that an applicant be accepted for licensure without further review of education, supervision, and experiential hours if the following conditions are met:
     i. Fully licensed at the highest level available in the state
     ii. In good standing with the licensure board
     iii. No disciplinary record
     iv. Active practice for a minimum of 5 years after receipt of licensure
     v. Taken and passed the National Counselor Examination or National Clinical Mental Health Counseling Examination
     vi. May be required to take jurisprudence exam
- The Association for Counselor Education and Supervision (ACES), National Board for Certified Counselors (NBCC), and American Mental Health Counselors Association recommend unrestricted interstate reciprocity for licensure applicants in a new state who do the following:
  a. Obtain a clinically focused degree accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), OR
  b. Become certified as a National Certified Counselor, OR
  c. Meet current state board standards, AND
  d. Document at least 2 years of postlicensure practice.

The ACA Counselor Licensure Portability Model Plan

9. This plan was adopted by the 2015–2016 ACA Governing Council following the recommendations of the ACA Task Force on Portability.
10. It recommends counselor eligibility for licensure at the independent practice level in any state or U.S. jurisdiction if the following conditions are met:

- Licensed at the independent practice level in his or her home state
- No disciplinary record
- May be required to take jurisprudence exam

Challenges From Other Professional Groups

11. Other professional groups have proposed policies and legislation to limit counselors' practice options.
    - The Kentucky Board of Examiners of Psychology made efforts to impede counselors' and other professionals' rights to use various assessment instruments. ACA, the Kentucky Counseling Association, the Fair Access Coalition on Testing, and other advocates successfully stopped these restrictions from becoming law.
    - Psychologists trained at the master's-degree level often pursue licensure as a professional counselor. Counseling psychologists argued that master's-level training in counseling and psychology are similar and that counselor licensure is generic enough to accommodate a wide range of related professions.
12. Growth and development of the counseling profession
    - Counseling licensure
    - CACREP acknowledged by 2015–2016 ACA Governing Council as the accrediting body for counselors

Counselor Supervision: Roles and Credentials

The Role of Supervision

13. Many different roles are assumed by supervisors, as highlighted in Bernard's discrimination model:
    - Counselor
    - Teacher
    - Consultant
14. Supervision models grew from the intersection of practice and scholarship.
15. Early supervision theories focused on the psychodynamics between counselors and clients.
16. As the profession grew, new theories developed: multicultural, developmental, educational, clinical aspects, relational, and contextual.
17. Effective supervision can lead to increased counselor competence and performance.

Supervision Training and Credentials

18. Training has evolved from 1-day trainings to comprehensive doctoral programs.
19. Educational and experiential requirements are outlined by many licensing boards.
20. ACES established best practice.

21. Full- or part-time private practice as a supervisor is a viable career path (per O*NET).

Private Practice Settings

Administration and Management

22. Many tasks and benefits are unique to private practitioners.
23. You may establish yourself as a managing partner, which introduces managerial aspects into your work.
24. Business and administrative competencies may be required and may feel uncomfortable.

Private Practice Supervision

25. The potential for professional isolation underscores the need to develop a consultation and supervision network.
26. Wellness and self-care (important in being able to deal with complicated client issues) are furthered by strong connections with peers and colleagues.

Changing Client Demographics and Current Issues

27. Counselors are challenged to think globally about client concerns.

Working With Veterans

28. War and combat exact psychological and emotional tolls on many.
29. Veterans are at heightened risk for suicide, substance abuse disorders, family conflict, posttraumatic stress disorder (PTSD), homelessness, and financial issues.
30. Counselors assist by working from a relational, developmental, and nonpathological perspective.

PTSD

31. Counselors can receive training in various modalities that reportedly help veterans cope with PTSD symptoms, including exposure therapy, cognitive processing therapy, and eye-movement desensitization and reprocessing. Medication also reportedly helps.

A Counseling Context: The Deployment Cycle

32. Phases of the deployment cycle include predeployment, deployment, sustainment, redeployment, and postdeployment (Padden & Agazio, 2013).
33. Each phase includes practical, emotional, and systemic considerations.

Child and Family Counseling

34. Counselors consider maladaptive behaviors within the family from a systemic and familial perspective.

35. Counselors help family members adjust, reintegrate, and discuss hopes for the future.
36. Multicultural counseling competencies and attunement to the nuances of military culture, issues of reintegration, and systems of care in place are required.

Immigrant and Refugee Populations

37. Counselors recognize stressors, including PTSD, sense of loss, employment, and financial problems, and work with clients as they negotiate their losses.
38. Counselors can help immigrant clients honor their culture and loved ones back home and capitalize on their desire to succeed academically and vocationally.
39. Multicultural counseling competencies provide guidance in work with clients from different cultures.
40. You can advocate for clients as they experience acculturation pressures, prejudices, racism, and challenges meeting basic needs.

The Role of Diagnosis Across Settings

41. The medical and diagnostic model of modern health care and mental health treatment requires counselors to reconcile their wellness and strengths-based philosophy with diagnosis-driven care.
    - Important for clients who deserve to be seen holistically
    - Important for counselors to uphold ethical responsibilities

The Medical Model of Diagnosis

42. The medical model of diagnosis focuses on resolving identifiable ailments. Diagnosis of illness and dysfunction is central.
43. Counselors use diagnostic criteria as one element during their case conceptualization. They also consider nonpathological aspects of their clients' lives and circumstances when planning treatment.
44. Many counselors work in settings in which diagnosis and treatment is inappropriate (e.g., in working with career issues, family problems, or personal growth).

A Contextual Model of Diagnosis

45. Many counseling, wellness, and mental health models provide a framework for integrating a person's circumstances, culture, social aspects, and development into conceptualization.
46. Wellness and relationally based models do not assume that clients are sick.
47. The counseling relationship is central to clients' change, growth, and development; thus, attending to relational dynamics in the counseling space is important.

Distance Counseling and Supervision

48. Distance counseling and supervision is not a new concept. Before the Internet, the telephone was often used.
49. The Center for Credentialing and Education offers a Distance Credentialed Counselor national certification that attests to your training in important aspects of online and distance counseling.
50. Concerns remain about the following:

    - Security of online networks
    - How counselors and supervisors address nonverbal dynamics
    - Potential dilution of therapeutic and supervisory relationships
    - The most effective ways to communicate

51. Internet and social media are powerful platforms that can promote healing and goodwill (e.g., national project documenting impact).

Legal and Ethical Considerations in Distance Counseling

52. The *ACA Code of Ethics* (ACA, 2014) provides guidance on the safety, appropriateness, and limitations of technology in professional counseling and informs their appropriate use with clients.
53. Online counseling practice is standardized at the national level through ethics codes and standards.
54. State licensure boards vary in the direction they provide; however, they do not prohibit distance counseling.
55. Per ACA (2014), ethical practice involves the following:

    - Ensuring that clients can access and use technology
    - Using private and encrypted channels to communicate confidential information
    - Being sensitive to time zone and cultural differences
    - Outlining alternative methods of contact during times of crisis and technological failures
    - Listing local resources for clients

Clinical and Relational Strategies in Distance Counseling

56. Studies show that distance counseling can help clients cope with and experience relief from numerous issues.
57. The pace of the session is slower and more topically focused.
58. The absence of nonverbal cues is considered, and discussion about emotions and reactions that occur is intentionally invited.
59. Sessions are found to promote growth when the counselor stays focused on client narratives.
60. Video counseling has some potential.

Distance Supervision: An Emerging Practice

61. Guidelines and ethical standards for practice are in the formative stages.
62. A relational foundation sets the tone and direction of the supervisory process, including the following:

    - Focus on intentional communication of warmth and respect
    - Be aware of and respect the power dynamic
    - Address disconnections
    - Focus on diversity and empowerment in supervision

Chapter Summary

63. Professional counselors are securing their place within the larger mental health profession.
64. The profession distinguishes itself by focusing on strengths, wellness, context, and the power of relationships.
65. Opportunities for counselors continue to grow, with success following decades of advocacy efforts, national dialogues, and hard work.
66. Increased clarity within the profession of ethical and professional standards guides counselors' work.
67. There are diverse opportunities for counselors to capitalize on the profession's strengths and to make a difference in the community.

TEST BANK QUESTIONS

Essay

Describe the unique attributes and career options associated with being a private practitioner. Explain how peer consultation can be used to address one of the identified challenges of private practice.

Demonstrating your knowledge of some of the issues that immigrants and refugees face, explain the importance of clinical and multicultural competencies in counseling immigrants and refugees.

True/False

■ T ❑ F 1. Licensing rules and regulations for professional counselors are made at the state level, which creates inconsistency between states with respect to academic and experiential requirements to obtain licensure.

■ T ❑ F 2. The counseling profession shares some common elements with other helping professions yet is a unique profession focused on human wellness, diversity, and development.

Matching

Match the following concepts or terms with the best description.

__a__ 1. The ability to obtain professional counselor licensure in a state to which a licensed professional counselor moves
__d__ 2. An examination of state-specific rules and statutes relevant to counselors
__b__ 3. Procedures and processes a counselor is permitted to undertake within the terms of a license and/or setting
__c__ 4. Validation from an external organization that an educational program/institution meets specific standards

a. Licensure portability
b. Scope of practice
c. Accreditation
d. Jurisprudence examination

Match the organizations below with their corresponding role or accomplishment within the counseling profession.

__c__ 5. Helped to block efforts to limit counselors' use of certain assessments
__d__ 6. Offers national certification attesting to training in key aspects of online and distance counseling
__a__ 7. Passed a motion to relocate its national conference from Tennessee following the passage of a bill legalizing counselors' right to refuse services because of personally held values
__b__ 8. Established best practices for counselor supervision
__e__ 9. Acknowledged as the counseling profession's accrediting body

a. American Counseling Association (ACA) Governing Council
b. Association for Counselor Education and Supervision (ACES)
c. Fair Access Coalition on Testing (FACT)
d. Center for Credentialing and Education (CCE)
e. Council for Accreditation of Counseling and Related Educational Programs (CACREP)

Multiple Choice

_____ 1. Which of the following is the contextual, developmental process unique to families and individuals serving in the military and important for counselors to understand?
a. Reunification process
b. Deployment cycle
c. Sustainment and redeployment process
d. Military adjustment cycle

_____ 2. Which of the following organizations recommends a minimum of 5 years of postlicensure active practice for fully licensed counselors seeking licensure in another state without further review of education, supervision, and experience hours?
a. American Counseling Association
b. American Association of State Counseling Boards
c. National Board for Certified Counselors
d. American Mental Health Counselors Association

_____ 3. The licensure portability models and plans described in the chapter are similar in many respects. Which of the following marks a difference between the models and plans?
a. Jurisprudence exam
b. Level of licensure
c. Number of years of active practice
d. Ethical practice with no disciplinary sanctions

_____ 4. Which of the following groups recently sought to impose legislation in Kentucky limiting the use of certain assessments to its profession?
a. American Counseling Association
b. Kentucky Counseling Association
c. Kentucky Board of Examiners of Psychology
d. Kentucky Board of Social Work

_____ 5. Which of the following is often sought by psychologists trained at the master's-degree level, thereby countering progress to establishing counseling as a viable and unique profession?
a. A dual degree in counseling
b. Professional counselor licensure
c. Standardized entry-level training requirements
d. CACREP accreditation

_____ 6. Bernard's _____ model of supervision highlights the roles of counselor, teacher, and consultant within counselor supervision.
a. Discrimination
b. Psychoanalytic
c. Contextual
d. Relational

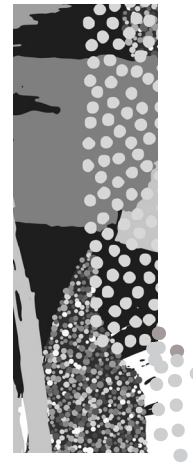
_____ 7. Recognized as a valued practice in the counseling profession, effective supervision can contribute to which of the following?
a. Increased counselor competence and performance
b. Greater counselor awareness of strengths in work with clients
c. Enhanced understanding of administrative procedures involved in counseling
d. All of the above

_____ 8. Which model permeating mental health treatment focuses on the diagnosis of illness and dysfunction?
a. Wellness model
b. Contextual model
c. Diagnostic model
d. Medical model

_____ 9. Clinical mental health counselors who work from a wellness and strengths-based philosophy do which of the following?
a. Provide a client diagnosis only when required to do so in a managed care setting
b. Are not qualified to provide a formal diagnosis utilizing ICD–10 codes
c. Integrate the process of accurate diagnosis with a holistic, relational approach
d. Are not able to work in settings in which third-party reimbursement is used

_____10. Which of the following statements about distance counseling is not true?

a. Guidance for ethical practice is outlined in the 2014 *ACA Code of Ethics*.
b. Positive client outcomes have been found several studies.
c. It is regulated tightly through state licensing boards.
d. It is a concept that was around prior to the advent of the Internet.



Chapter 13

Personal and Professional Counselor Identity Development

OUTLINE

Introduction

1. Erik Erikson argued that identity formation occurs as people establish a self-image that evolves out of social interaction (Erikson, 1994).
2. In this chapter, a broad framework for counselor development is presented.
3. Early in your training, you may be focused on establishing your professional identity as a counselor by developing skills, understanding theory, and learning about current issues.
4. A hallmark of counselor identity development is the integration of personal and professional identity (Moss, Gibson, & Dollarhide, 2014).
5. Development as a professional counselor is a lifelong commitment to learning, skill development, and self-reflection.

What Does It Mean to Be a Professional Counselor?

6. *Professional counselor* refers to a licensed and credentialed counselor trained minimally at the master's level with a degree in counseling.

7. The term is used with intention, and readers are encouraged to use it.
8. The term *counselor* is not a well-protected term legally, so use the term *professional* to distinguish yourself from others who call themselves a counselor.
9. Self-identifying as a professional counselor gives primacy to your identity as a counselor.
10. You can also provide information on your work setting or population.
11. Being intentional about how you identify yourself is an act of advocacy.
12. We hold other mental health professions in the highest regard; all are necessary in the continuum of services needed by people.
13. You need to understand the language of your work setting while at the same time, recognizing that the lens through which you see a client is different.
14. Professional counselors view clients first as people who have a developmental story that informs their current struggles and successes.
15. Research supports the assertion that professional counselors operate from a focus on wellness, development, and prevention (Mellin, Hunt, & Nichols, 2011).
16. A working familiarity with the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition,* is important, but it is also important not to reduce a client to a cluster of symptoms.
17. When possible, professional counselors provide primary or secondary interventions.
18. Even when working with clients who have already developed symptoms, counselors recognize that each client is a product of his or her developmental experiences.
19. To fully join with the client and be able to empathize, it is necessary to fully understand the client's developmental narrative (e.g., as someone with borderline personality features).

Developing a Personal Identity

20. Three personality identity aspects important in one's development as a professional counselor are self-awareness, realistic expectations, and self-care.

Self-Awareness

21. The age-old maxim "Know thyself" applies, as content learned in the classroom and in supervision will have a limited impact on your counseling work without self-examination and self-awareness (Pompeo & Levitt, 2014; Skovholt & Ronnestad, 1992).
22. Students are often surprised about how much they are invited to self-reflect and how difficult this is to do in an environment rife with external evaluations.
23. Extensive evaluation may leave you feeling vulnerable.
24. Self-doubt and a vocal inner critic are normal experiences of graduate students.

25. The journey to becoming a professional counselor is a path of development and learning from stumbles.
26. We do not support mandated counseling for all students.
27. The best counselors are the ones who have done, are doing, and will continue to do work to optimize their wellness and wholeness.

Idealism to Realism

28. One transformational task is to move from an idealistic stance to one that is more realistic (Moss et al., 2014).
29. Most people drawn to the counseling profession have a somewhat naïve perspective.
30. Often, students begin their studies believing that clients will present in counseling ready to change.
31. These beliefs often challenged, and counselors early in their development are prone to take this personally.
32. The ethical principle of autonomy is difficult for counselors early in their development to fully grasp and embrace.
33. Many students struggle with self-efficacy and perfectionism in ways that affect their ability to dialogue with supervisors and clients (Ganske, Gnilka, Ashby, & Rice, 2015).
34. Counselors-in-training often are naïve about relational challenges and think that relationships with clients will be positive and easy.
35. Challenging counseling relationships can interact with low counselor self-efficacy or perfectionistic tendencies, leaving the counselor impatient and frustrated with the client.
36. Counselor development is movement toward having realistic expectations for the client, self, and counseling process.

Self-Care

37. A transformational task for counselors is moving from burnout to rejuvenation.
38. Common activities include work, self-talk, life balance, personal self-care activities, and others.

Developing a Professional Identity

Licensure and Credentialing

39. One way to develop a professional identity is to pursue licensure as a counselor in your state.
40. State licensure is essentially permission from the state to provide professional counseling services (National Board for Certified Counselors [NBCC], 2016).
41. All 50 states have licensure laws.
42. States vary in their requirements and in what they call a professional counselor.

43. Another way to develop a professional identity is to obtain professional certification.
44. Certification is granted by a professional counseling association.
45. Certification shows that you have met professional standards or obtained expertise in a specialty or technique.
46. NBCC provides counselors with several certification opportunities, including the National Counselor Examination.

Professional Organizations

47. Another way to develop professionally is to join and get involved in professional organizations.
48. The American Counseling Association (ACA), the flagship organization of professional counseling, has state-level branches and divisions focused on specific interests and practices.
49. Chi Sigma Iota (CSI), an international honor society specifically for professional counselors, supports counselors-in-training, practitioners, and educators.
50. ACA, its divisions, and many state-level organizations host conferences that are opportunities for learning and professional development.
51. Professional organizations offer many other benefits to support the enhancement of professional counselor identity.

Knowledge of History

52. It is important for you to learn about the rich history of professional counseling to understand how counselors are similar to and distinct from other helping professionals.
53. CSI's *Principles and Practices of Leadership Excellence* (CSI Academy of Leaders, 1999) underscores the importance of history in guiding decision making.
54. There are many ways to learn about the history of professional counseling, including reading the literature and getting involved in service and leadership.

Service and Leadership

55. You can develop your professional identity by getting involved in service and leadership opportunities.
56. The vast majority of professional organizations depend on volunteers.
57. Service and leadership benefits the organizations and your professional development.

Professional Advocacy

58. An extension of service and leadership is advocacy for clients and for the profession (McKibben, Umstead, & Borders, 2017).
59. Counselors are often taught to be agents of social change for clients.

60. They must also advocate for themselves as professionals (Myers, Sweeney, & White, 2002).
61. Clients, insurance companies, legislators, and professionals with whom counselors may work do not always understand who counselors are, the skills they provide, and how their training and philosophy are distinct.
62. This can limit clients' access to counseling services.
63. The burden of clarifying their professional identity for the public lies with professional counselors themselves.
64. Many counseling organizations advocate for the profession by advancing practice and policy and by engaging in political advocacy.
    - NBCC, ACA, and the American Mental Health Counselors Association (AMHCA) have advocated for increased hiring of counselors by the U.S. Department of Veterans Affairs.
    - The American School Counselor Association (ASCA) provided the *ASCA National Model* to clarify the roles of professional counselors working in schools.
    - The Council for Accreditation of Counseling and Related Educational Programs provides minimum education and training standards for graduates of accredited counselor education programs, establishing a critical component of professional advocacy.
    - The Association for Counselor Education and Supervision, AMHCA, and NBCC have jointly endorsed a licensure portability plan.
65. Counseling organizations have a variety of groups and committees to provide information on issues facing the profession and offer the opportunity to get involved in advocacy.
66. The ability to concisely, comprehensively describe your professional identity is the most important form of professional advocacy.

A Personal Model of Counseling

67. A central component to your growth as a counselor is to develop a personal working model of counseling.
68. This model refers to how you comprehend and process the human experience and how you understand your role as a counselor.
69. As you develop as a counselor, you will be able to more comprehensively mold a model of counseling that fits you and your style.
70. The first step in developing this model is to examine your strengths and abilities, personal experiences, and growing areas.
71. Your practica and internship supervisors are an important resource and can help you mold your personal counseling model.
72. Evolving from a very basic understanding of counseling to a complex, flexible model of counseling takes time and effort.
73. Even the most skilled and experienced counselors reflect on who they are and how this affects how they view others and the counseling process (Skovholt, Jennings, & Mullenbach, 2004).

The Integration of Personal and Professional Identity

74. A hallmark of counselor development is the integration of and congruence between professional and personal selves.
75. Although healthy boundaries are necessary, with experience and ongoing mentoring, you will grow to think of yourself as a professional counselor rather than thinking of counseling as what you do.

Chapter Summary

76. Professional counselors affirm the dignity and respect of all persons and work to optimize wellness and potential for all.
77. By intentionally developing both personally and professionally as a counselor, you are growing to join a noble profession.
78. Development will not be linear.
79. Seek help and support and recognize that identity development never ends.

TEST BANK QUESTIONS

Essay

Explain the role of clinical supervision in personal and professional counselor identity development.

Describe the three most salient aspects of personal identity development important for professional counselors. Be sure to provide concrete examples of each one.

True/False

❑ T ■ F 1. Because they operate from a wellness paradigm, professional counselors are advised to avoid work settings that require a working familiarity with the *Diagnostic and Statistical Manual of Mental Disorders.*

■ T ❑ F 2. Understanding the rich history of professional counseling helps to enhance professional identity development.

Matching

Match each of the following organizations with one of its described initiatives serving professional counselor development.

__d__ 1. CACREP
__c__ 2. CSI
__a__ 3. NBCC
__b__ 4. ACA

a. Along with ACES and AMHCA, jointly endorsed a licensure portability plan.
b. Flagship organization for professional counselors that advocated for increased hiring of counselors by the U.S. Department of Veterans Affairs
c. Counseling honor society that provides access to professional development resources
d. Provides a uniform set of minimum education and training standards

Multiple Choice

_____ 1. According to Erik Erikson, identity formation occurs as we establish a self-image that evolves out of which of the following?
a. Social interaction
b. Maturation
c. Self-reflection
d. Differentiation

_____ 2. Always calling yourself a professional counselor is considered which of the following?
a. A formality
b. An act of professional advocacy
c. Unnecessary
d. Irrelevant to your professional and personal development

_____ 3. Professional counselors are unique in the world of mental health because of their focus on which of the following?
a. Prevention
b. Wellness
c. Development
d. All of the above

_____ 4. Because of the characteristics and demands of the graduate program environment, it is _____ for counselors-in-training to experience self-doubts.
a. Unusual
b. Undesired
c. Normal
d. Of clinical concern

_____ 5. A state counseling _____ is essentially permission from a state to provide professional counseling services.
a. Accreditation
b. Credential
c. Graduate degree
d. License

_____ 6. Which of the following, granted by a professional counseling organization, shows that you have met professional standards or obtained specialized counseling expertise?
a. Accreditation
b. Credential
c. Graduate degree
d. License

_____ 7. Considered a central component of your growth as a counselor, which of the following refers to how you comprehend the human experience and your role as a counselor?
a. Personal wellness plan
b. Personal model of counseling
c. Professional credentialing plan
d. Professional disclosure statement

_____ 8. Which of the following is the best conceptualization of personal and professional counselor identity development?
a. A linear process that follows a precise path
b. An intentional process that is never ending
c. A standardized process that is the same for every professional counselor
d. An individualized process that should be done without input from others

_____ 9. The hallmark of counselor identity development is the _____ of personal and professional identity.
a. Understanding
b. Awareness
c. Separation
d. Integration

_____10. A transformational task of developing counselors is to move from a(n) _____ stance to one that is more _____.
a. Naïve . . . skeptical
b. Realistic . . . idealistic
c. Idealistic . . . realistic
d. Optimistic . . . realistic