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Two different tests are administered to 50 students. When the scores on the tests are correlated, a coefficient of .49 is obtained. This means that approximately ____ % of the variability in the two tests is shared in common.

A. .51  
B. .49  
C. .25  
D. .70  

C IS CORRECT The coefficient of determination is the statistic that indicates the proportion of variability shared by two measures. The coefficient of determination is the square of the correlation coefficient, which in this case is .49. The square of .49 (i.e., .49 X .49, or, rounding off, about .5 X .5) is about equal to .25.

You give one of your career counseling clients a test based on Holland’s six occupational themes. The client scores very high on the investigative theme. This client likely scored very low on which of the following themes?

A. Realistic  
B. Enterprising  
C. Social  
D. Conventional  

B IS CORRECT According to Holland’s theory, the investigative and enterprising themes are opposite from each other. In other words, someone can score high on one of these themes, but not both. Holland theorized that the six themes or types could be placed on a hexagon, starting with Realistic at the top left and proceeding clockwise with Investigative, Artistic, Social, Enterprising, and Conventional. The three pairs opposite each other on this hexagon can be considered opposing themes: realistic and social; investigative and enterprising; and artistic and conventional.

Which of the following is not an advantage of using co-therapists in group therapy, according to Yalom?

A. The observational range of co-therapists is greater than that of a single group leader.  
B. Co-therapists broaden the range of possible transferential reactions, making the nature of the client’s transferential distortions more evident.  
C. A co-therapist can provide a beginning group therapist with needed objectivity and expertise.  
D. When co-therapists pursue their own separate agendas in therapy, clients have the opportunity to intervene and learn conflict management skills.  

D IS CORRECT Yalom described a number of advantages and disadvantages of using co-therapists in group therapy. According to Yalom, a potential disadvantage of the co-therapy format is that co-therapists may be overly competitive and pursue their own interpretations rather than supporting inquiries begun by the group. If this occurs, the group will be distracted and unsettled. The other choices describe potential advantages of the use of co-therapists.

EXPERT STUDY TIP

Take advantage of your natural biorhythms by scheduling study sessions for times you’re most awake.
The parents of 4-year-old Walter report that, even as a baby, he didn’t like to be held, which they attributed to colic. They report that he still doesn’t like to be touched and that he doesn’t like to play with other children and “seems to be in his own world” much of the time. When not engaged in an activity (he only likes playing with cars and dominos), Walter rocks constantly and has a hard time sitting still, but he can focus for hours when he’s lining up his toy cars or dominos. Walter’s cognitive development and language acquisition have been normal, but he does seem to have some trouble reading social cues. Which DSM-5 diagnosis should be considered first for Walter?

A. Autism Spectrum Disorder  
B. Asperger’s Disorder  
C. Stereotypic Movement Disorder  
D. Pervasive Developmental Disorder NOS

**A IS CORRECT** Asperger’s Disorder and Autistic Disorder have been combined in the DSM-5 (along with Childhood Disintegrative Disorder and Pervasive Developmental Disorder NOS) into the single diagnosis of Autism Spectrum Disorder which involves persistent deficits in social communication and interaction and restricted, repetitive patterns of behavior, interests, and activities.

Answer B: When using the DSM-IV-TR, Walter would most likely receive a diagnosis of Asperger’s Disorder because his cognitive and language development have been relatively normal. However, when using the DSM-5, he would be assigned a diagnosis of Autism Spectrum Disorder with specifiers as applicable.

Answer C: Although Walter engages in stereotypic movements (rocking), he exhibits other symptoms that are consistent with Autism Spectrum Disorder (limited interests, difficulties with social reciprocity).

Answer D: As noted above, the DSM-IV-TR diagnosis of Pervasive Developmental Disorder NOS is not a separate diagnosis in the DSM-5 but has been incorporated into the diagnosis of Autism Spectrum Disorder.

**EXPERT STUDY TIP**

Set an alarm to signal a study break. This will help you focus more on the material in front of you.
7 Gretchen, a 35-year-old woman, is depressed over her recent divorce. She is in therapy currently with a certified counselor. She has been unable to begin dating, and expresses a fear of trusting men. As treatment progresses, Gretchen tells the counselor that she had been in therapy before, but it was unsuccessful. When asked by the counselor to elaborate, Gretchen reveals that she had a sexual relationship with the previous counselor. In this situation, the counselor should:

A. confront the offending counselor.
B. report the other counselor to the NBCC.
C. maintain the confidence of the client.
D. call the police to report sexual misconduct.

C IS CORRECT You are required to take action when you have good reason to believe that a colleague has committed an ethical violation; the NBCC Code of Ethics indicates that you should first use your institution’s channels and then use the procedures established by the NBCC. However, it is also necessary to consider issues of client confidentiality before taking any action; confidentiality in a helping relationship is not broken unless a client poses a clear danger to self or others.

A. Incorrect - This would violate the client’s confidentiality.
B. Incorrect - This would violate the client’s confidentiality.
C. CORRECT - In a situation like this, the counselor should inform the client of her options regarding action against the previous counselor.
D. Incorrect - This would violate the client’s confidentiality.

8 A person wants to identify himself with a group and, therefore, goes along with the group’s expectations and behaviors. The group’s “power” in this situation is best described as:

A. reward.
B. legitimate.
C. expert.
D. referent.

D IS CORRECT A person has referent power when people do as he/she requests because they respect the person or want to be like him/her. You may have been able to choose the right answer through a process of elimination if you weren’t familiar with the nature of referent power. (Answer A): Reward refers to a person’s ability to influence another through control of valued rewards and resources. (Answer B): A legitimate base of social power is founded on the target’s belief that the influencing agent has legitimate authority. (Answer C): In expert base of social power, the influencing agent is believed to have superior ability, skills, or knowledge.

9 Greg, a school counselor who works in the same school as Nancy, administers an achievement test to a group of his students. The mean of the distribution of scores is 40 and the standard deviation is 8. In this distribution, a raw score of 56 would be equivalent to a z-score of:

A. +1.0.
B. +2.0.
C. +8.0.
D. +16.0.

B IS CORRECT A z-score expresses a raw score in terms of the distance, in standard deviation units, the score falls from the mean. In this case, the raw score (56) is 16 points above the mean (40); since the standard deviation is 8, the score is two standard deviation units above the mean and the z-score is thus +2.0. The formula for computing a z-score is $X - M / sd$, where $X$ = the raw score, $M$ = the mean, and $sd$ = standard deviation.

EXPERT STUDY TIP

Study in 30- to 60-minute brief study sessions to maintain adequate attention and concentration.
According to Piaget, there are four underlying processes that facilitate cognitive development. The four processes are:

A. sensori-motor, preoperational, concrete operations, formal operations.
B. schema, assimilation, accommodation, and equilibrium.
C. conservation, assimilation, accommodation, abstract reasoning.
D. automatic operations, concrete operations, formal operations, abstract reasoning.

**B IS CORRECT** Be sure you read this question carefully. The question is not asking for Piaget’s four stages of cognitive development, which are listed in answer A. The question is looking for the processes that underlie cognitive development. According to Piaget, these are: 1) schema (an individual’s self-constructed mental structures); 2) assimilation (the fitting of new stimuli into existing schema); 3) accommodation (creating new schema or modifying old schema); and 4) equilibrium (balancing assimilation and accommodation).

**SAMPLE CONTENT**

** Taken from our materials

ABNORMAL PSYCHOLOGY

The exam will include some questions that require you to be familiar with the diagnostic criteria for the disorders included in the DSM-5 (APA, 2013), and these questions typically will describe a client’s symptoms and ask for the most likely diagnosis. The following review of the DSM-5 presents a selective review of the criteria for the major diagnoses and some additional information that might be asked about on the exam.

**I. The Classification of Mental Disorders in the DSM-5**

In the United States, the most widely-used diagnostic classification system is presented in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM). The current version, the DSM-5, was published in 2013. It utilizes a categorical approach that divides the mental disorders into types that are defined by a set of diagnostic criteria and requires a clinician to determine whether or not a client meets the minimum criteria for a given diagnosis. To allow for individual differences in symptoms, the DSM-5 includes a polythetic criteria set for most disorders that requires a client to present with only a subset of characteristics from a larger list. As a result, two clients can have somewhat different symptoms but receive the same diagnosis. In contrast to previous versions of the DSM, the DSM-5 provides a nonaxial assessment system in which all mental and medical diagnoses are listed together with the primary diagnosis listed first. Psychosocial and contextual factors and level of disability are then listed separately, with psychosocial and contextual factors being indicated using International Classification of Diseases (ICD) codes and disability being assessed with the World Health Organization Disability Assessment Schedule and/or another relevant measure.

**A. DSM-5’s Diagnostic Categories**

The DSM-5 contains separate chapters for the 19 diagnostic categories listed in Table 10 as well as chapters for Other Mental Disorders, Medication-Induced Movement Disorders and Other Adverse Effects of Medication, and Other Conditions That May be a Focus of Clinical Attention. It provides the equivalent ICD-9-CM and ICD-10-CM codes, when applicable, for each diagnosis and condition (although you won’t need to know them for purposes of the exam.)
Table 10: DSM-5 Diagnostic Categories

- Neurodevelopmental Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma- and Stressor-Related Disorders
- Dissociative Disorders
- Somatic Symptom Disorders
- Feeding and Eating Disorders
- Elimination Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphoria
- Disruptive, Impulse Control and Conduct Disorders
- Substance Related and Addictive Disorders
- Neurocognitive Disorders
- Personality Disorders
- Paraphilic Disorders

When using the DSM-5, diagnostic uncertainty about a client’s diagnosis is indicated by coding one of the following: Other specified disorder is coded when the clinician wants to indicate the reason the client’s symptoms do not meet the criteria for a specific diagnosis – for example, “other specified depressive disorder, recurrent brief depression.” Unspecified disorder is coded when the clinician does not want to indicate the reason the client’s symptoms do not meet the criteria for a specific diagnosis.

II. Neurodevelopmental Disorders

The disorders in this category “typically manifest early in development, often before the child enters grade school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning” (APA, 2013, p. 31). Included in this category are Intellectual Disability, Communication Disorders, Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder, Specific Learning Disorder, and Motor Disorders.

A. Intellectual Disability (Intellectual Developmental Disorder)

For a diagnosis of Intellectual Disability, three diagnostic criteria must be met:

- deficits in intellectual functions (e.g., reasoning, problem solving, abstract thinking) that are confirmed by a clinical assessment and individualized, standardized intelligence testing;
- deficits in adaptive functioning that result in a failure to meet community standards of personal independence and social responsibility and impair functioning across multiple environments in one or more activities of daily life (e.g., communication, social participation, independent living); and
- the onset of intellectual and adaptive functioning deficits during the developmental period.

The DSM-5 distinguishes between four degrees of severity (mild, moderate, severe, and profound) based on adaptive functioning in conceptual, social, and practical domains.

Differential Diagnosis: Intellectual Disability must be distinguished from Neurocognitive Disorders, Communication Disorders, Specific Learning Disorder, Autism Spectrum Disorder, and Borderline Intellectual Functioning (which is included with Other Conditions That May Be a Focus of Clinical Attention).

B. Communication Disorders: Childhood-Onset Fluency Disorder

Childhood-Onset Fluency Disorder (Stuttering) is characterized by a disturbance in normal fluency and time patterning of speech that is inappropriate for the person’s age and involves sound and syllable repetitions, sound prolongations, broken words, word substitutions to avoid troublesome words, and/or monosyllabic whole-word repetitions. This disorder usually begins between the ages of 2 and 7, and symptoms may become worse when there is special pressure to communicate (e.g., when giving an oral report). About 65 to 85% of children recover, with the severity of dysfluency at age 8 being a good predictor of recovery.

Differential Diagnosis: Childhood-Onset Fluency Disorder must be distinguished from normal speech dysfluencies that often occur in early childhood.
C. Autism Spectrum Disorder

For a diagnosis of Autism Spectrum Disorder, the individual must exhibit:

1. Persistent deficits in social communication and interaction across multiple contexts as manifested by deficits in social-emotional reciprocity, nonverbal communication, and the development, maintenance, and understanding of relationships;
2. Restricted, repetitive patterns of behavior, interests, and activities as manifested by at least two of the following: stereotyped or repetitive motor movements, use of objects, or speech; insistence on sameness, inflexible adherence to routines, or ritualized patterns of behavior; highly restricted, fixated interests that are abnormal in intensity or focus; hyper- or hypo-reactivity to sensory input;
3. The presence of symptoms during the early developmental period;
4. Impairments in social, occupational, or other area of functioning as the result of symptoms.

Associated Features: Many individuals with Autism Spectrum Disorder have intellectual and/or language impairments and typically exhibit an “uneven” profile of cognitive abilities. For example, people with this disorder may perform above average on measures of visual-spatial abilities and mechanical skills and occasionally exhibit savant abilities but do poorly on measures of verbal comprehension and abstract reasoning.


D. Attention-Deficit/Hyperactivity Disorder

Attention-Deficit/Hyperactivity Disorder (ADHD) is characterized by a pattern of inattention and/or hyperactivity-impulsivity that has persisted for at least six months, had an onset prior to 12 years of age, is present in at least two settings (e.g., home and school), and interferes with social, academic, or occupational functioning. The diagnosis requires at least six characteristic symptoms of inattention and/or six characteristic symptoms of hyperactivity-impulsivity:

1. Inattention – e.g., fails to give close attention to details; has difficulty sustaining attention to tasks or play activities; doesn’t listen when directly spoken to; fails to finish schoolwork or chores; is easily distracted by extraneous stimuli; is often forgetful in daily activities
2. Hyperactivity-impulsivity – e.g., frequently fidgets or squirms in seat; often leaves seat at inappropriate times; frequently runs or climbs in inappropriate situations; talks excessively; has difficulty waiting his/her turn; interrupts or intrudes on others

Three specifiers are provided to indicate subtype: predominantly inattentive presentation applies when the individual has six or more symptoms of inattention and fewer than six symptoms of hyperactivity-impulsivity; predominantly hyperactive/impulsive presentation applies when there are six or more symptoms of hyperactivity-impulsivity and fewer than six

Norms: In groups, the implicit expectations of group members concerning how they and other members should behave. They define both the specific behaviors and the range of behavior that is acceptable and provide predictability and stability for the group by defining what members can expect from one another.

Alternate Forms Reliability: Method for estimating a test’s reliability that entails administering two forms of the test to the same group of examinees and correlating the two sets of scores. Forms can be administered at about the same time (coefficient of equivalence) or at different times (coefficient of equivalence and stability). Considered by some experts to be the best (most thorough) method for assessing reliability.

Constructs: According to Kelly, personal theories that individuals develop about people and events - they reflect individuals’ perceptions of events and include the judgments and evaluations they make about themselves, others, and the world. In turn, people use their personal constructs to predict future events.

Group Therapy: Bringing together two or more individuals in a controlled setting, under the direction of a group leader to share problems and emotions, discuss solutions, share information and resources, etc. Broader than group psychotherapy, it involves not only treatment for emotional disorders, but may also involve treatment of other social maladjustments.

Client-Centered Career Counseling: Model that emphasizes the influence of self-concept on career decision-making.

Curriculum-Based Measurement: Curriculum-based measurement (CBM) involves periodic assessment of school-aged children with brief standardized and validated measures of basic academic skills that reflect the current school curriculum for the purposes of evaluating instructional effectiveness and making instructional decisions.

Open Group (or Open-Ended Group): Group in which members join and leave the group at different times; i.e., a new member is added when an old one leaves. Also identified as a group without a set number of sessions or ending date.

Compensatory Theory of Leisure: Suggests that people ‘compensate’ for what they do in their job with what they do in their leisure time - i.e., they choose activities that are very different from (or opposite of) their work activities.
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