**AT LAST: THE MISSING ROSENTHAL TUTORIAL QUESTIONS AND ANSWERS**

**A Micro-Mini Introduction: Why This Program is Different!**

This program stands apart from anything I’ve ever shared before—and I’m about to explain exactly why. When I write a book or create an audio program for a major publisher, like Routledge Taylor & Francis (the world’s largest social science publisher), there’s a rigorous process to prove the content is worthy of publication.

Here’s how it works: You develop a stellar idea, then submit a book proposal along with sample material from your project. But these aren’t just any samples. These are the best and most creative excerpts from your work, crafted to impress. The publisher then sends your manuscript to experts—other renowned authors in the field—who will either praise or critique the content. Thus, it must be exceptionally good to make the cut.

The unfortunate reality, though, is that due to publishing constraints—things like edition limits, printing schedules, page count restrictions, and changes in product focus—some (or even all) of your best material never makes it into the final published version. And that’s where this program comes in.

Let me share an interesting story: A few years ago, when I switched to a new computer, my hi-tech guru sons urged me to keep a folder labeled “Dad’s old files.” Come on, why? Well, now I know.

I hadn’t looked at it in ages, but I began searching for some of the great classic counseling articles I had written years ago (hey, I never said I was modest!) for my new website. And then, by pure chance, I made an unexpected, serendipitous discovery.

Now, let’s pause for a moment and define the word serendipity since it just might appear on your comprehensive exam. Imagine a situation where someone in class loses a piece of jewelry, and the whole class looks for it. In the process, they don’t find the jewelry—but they stumble upon a lottery ticket worth over a million dollars! That, my friend, is a serendipitous finding. You set out looking for one thing and end up with something far more valuable.

That’s exactly what happened when I went searching for my old articles. I found something even better: the very best tutorial questions and answers—material that had been praised by experts but never made it into the final product. These insights were hidden away due to changes by the publisher, and I’m excited to share them with you now.

These questions and answers are not only rare, but they’re also incredibly valuable, and I’m confident they’ll deepen your understanding and take your learning to new heights. This program is a treasure trove of information that you just might not find anywhere else. Get ready to dive in and discover something truly unique!

**Human Growth and Development**

1. A child is five months old. This child is in Jean Piaget's first stage, billed as the sensorimotor stage which runs from birth until approximately two years of age. The child accidentally touches a toy doll that makes a noise. The child now intentionally touches the doll because she wants to hear the noise. According to the Piagetian theory of cognitive development this is an example of

a. a primary circular (repeated) reaction.

b. a secondary circular (repeated) reaction.

c. the fact that the child has mastered conservation.

d. all of the above could conceivably be correct. More information is necessary

(b) A circular reaction takes place when a child repeats a behavior. If the behavior is reinforced by *something outside of the body in the environment* (such as when the doll mentioned above makes a noise) it is considered a **secondary circular reaction**. In a primary **circular reaction** (choice a, which occurs earlier developmentally) the child merely does something because he or she enjoys it, say sucking, opening or closing the hand, or putting a foot in the mouth. The primary reaction does not involve objects outside of the body. The most advanced circular reaction is the **tertiary reaction** in which the child will experiment with different ways to get a desired result.

Super mini review on the head of a pin (!):

1**. Primary circular reactions (1 to 4 Months)** - The child focuses on his or her body such as sucking on the toes, thumb, waving hands, or vocalizing.

2. **Secondary circular reactions (4 to 8 Months)** - Identical to the primary repetitive reaction except the behavior focuses on an external item such as kicking a mobile over the crib or shaking a rattle. (Note: Most exams don't mention a purposeful coordination stage from 8 to 12 months in which circular reactions can be linked into longer chains of behavior.)

3. **Circular tertiary reactions (12 to 18 Months)** - An attempt to experiment with a given behavior, such as dropping a ball down the steps, dropping a toy doll, splashing bath water vigorously vs. very lightly.

2. A client comes to you complaining that her 2 1/2-year-old son isn't walking. You should tell her

a. this is totally normal.

b. this is late to begin walking, however, no special intervention is recommended until age 3.

c. to contact her pediatrician. There could be a developmental problem.

d. You cannot take a stand on this and refer the client back to her pediatrician, emphasizing that you are not a medical doctor and have no knowledge in this area.

(c) Most experts insist that a child should be able to walk between the ages of 18 months and 2 years. The key here is "most," since that is what "most" exams will use.

**Theories of counseling and helping relationships**

1. A counselor is running a psycho-educational group in an addiction treatment center. Psycho-educational groups can also be called by their historical name, guidance groups on your exam. The leader keeps using the term "stinking thinking." She is obviously operating out of

a. a Rogerian model also known as the nondirective, client-centered, person-centered counseling or self-theory.

b. a gestalt perspective created by Fritz Perls, classified as an experiential approach.

c. CBT, which stands for cognitive behavioral therapy.

d. a strict narrative therapy paradigm classified as a postmodern theory.

(c) Take a look at choice a, b, and d. Although these choices are all incorrect, one unique feature in *all* my exam prep materials is that I understand you are extremely busy and the last thing I want to do is waste your valuable time. Thus, I use the questions themselves to impart additional information to help boost your exam score. So, in this instance I'm telling you that Rogerian counseling or therapy can also be called nondirective, client-centered, person-centered, or self-theory on your exam. I'm explaining -- or reminding you -- Fritz Perl's gestalt therapy is experiential, and that narrative therapy is branded as a postmodern approach. Okay, now for the correct answer. Trust me when I say that stinking-thinking has become a very popular term in the addiction arena, ergo a must-know term. Cognitive is merely a big 25 cent word that means the thinking process. Cognitive theories (for example, REBT, cognitive behavior therapy or CBT) emphasize the fact that clients need to change their thinking.

2. You suspect a client is contemplating suicide. In situations such as this you should ask the client if he is thinking of killing himself. If the client says yes you should inquire about the client's suicide plan. This is part of your lethality assessment. You decide to use a no-suicide contract with this client. Based on recent research

a. you should use a safety plan instead because it is even more effective.

b. the no-suicide plan would be the best course of action.

c. a no-suicide contract and a safety plan are equally effective.

d. you should never use a no-suicide contract or a safety plan.

(a) Things change in our field and here is an excellent example. For years, suicidologists (yes, there is such a word!) recommended using a document called a no-suicide contract. Some ethical bodies required their usage. But times changed and new research showed that such contracts were of little or no value. (I totally disagree, but hey who am I? They don't base the exam on my preferences.) Anyway, a safety plan is a bigger, more substantial document that covers a lot more strategies to help the client. Now don't get me wrong. *If* the the a,b,c, and d choices in this question did NOT mention a safety plan, and only listed a no-suicide contract, then I *would* choose the no-suicide contract as my answer. **Remember: Comprehensive exams don't always have a perfect answer. Your job is to pick the best answer provided.**

3. A client comes to the session intoxicated. She is very docile. You should

a. confront her with her intoxication and then deal with her internal verbalizations.

b. relax her using the Jacobson Method

c. make plans to get her home safely such as taking a taxi home or having a friend drive her home.

d. do therapy as usual. A client often makes the best progress when she is intoxicated.

(c) Internal verbalizations was the term Albert Ellis used for self-talk when he first created his REBT which wore the RET badge in the early years. Dr. Edmund Jacobson, a physician trained in psychiatry and physiology, is best known for his method of progressive muscle relaxation which became the darling of the systematic desensitization movement (pioneered by psychiatrist Joseph Wolpe) to treat phobias. The correct answer, choice c, is the one most texts espouse.

4. The "spitting in the patient's soup" technique is used in

a. Alfred Adler's individual psychology, a theory that emphasizes birth order and the inferiority complex.

b. Psychiatrist William Glasser's reality therapy with choice theory.

c. Wolpe's systematic desensitization, an excellent paradigm for dealing with phobic behavior.

d. There is no technique known as "spit in the soup." That's ridiculous.

(a) Just because an answer sounds crazy or ridiculous doesn't mean it is wrong! Indeed, spitting in the client's soup is a genuine Adlerian psychotherapy technique. Folklore has it that the term was picked up from kids in boarding schools who would spit in another classmate's soup to spoil it or make it less desirable. Can you say yuck? Anyway, the strategy is intended to make the client aware that the therapist is (or other family members such as parents) aware of the true purpose of the symptom or motivation for the behavior. Let's assume that a child tells his parents that he is too sick to go to school and will miss his final exam. The therapist might advise the parents to point out to the child that since he is ill he could not possibly go his friend's birthday party he was looking forward to attending later that evening. Needless to say, the therapist must be careful never to use this technique when an actual medical condition is present.

5. A client comes to your alcohol treatment center. His blood alcohol concentration/content (BAC) is .91.

a. There is no worry as this is in the normal range.

b. This is very low, he probably hasn't even had a drink.

c. This is a bit over normal. Perhaps he used an alcohol-based mouth wash before the session.

d. He is legally drunk.

(d) .08 or higher (e.g., .10 or.40) is usually considered legally impaired and will cause poor judgment, and psychomotor difficulties such as hindering balance. .10 means you have 1 part alcohol to every 1000 parts of blood. Any figure over .08 can result in a blackout with amnesia. .40 is high enough to put most people in a coma.

6. You refer an alcoholic client of yours to an addiction treatment agency. Because of state funding regulations the center must provide medical assisted treatment (MAT) in addition to counseling, psycho-educational and 12-step approaches. The center will most likely prescribe

\_\_\_\_\_\_\_\_\_\_\_ for your client.

a. Vivitrol

b. Suboxone.

c. lithium carbonate.

d. only SSRI medications

(a) Vivitrol is a prescription injectable form of Naltrexone that begins working in two days or less. The client receives an injection once a month since the product sports an extended release formula that relieves craving for alcohol and the motivation to drink. The manufacturer specifically mentions that Vivitrol is intended to be used along with counseling and other methods of treatment.

7. A client is taking an injectable form of Naltrexone since he received a DUI. He claims he is extremely depressed and suicidal since he began this new form of treatment. You know that

a. this is purely psychological since the medicine cannot cause this.

b. most clients use this as a bogus excuse since this medicine reduces their craving for alcohol and most clients who received DUI don't want to give up drinking.

c. this is serious and must be investigated because Vivitrol can cause serious side effects including depression and suicidal feelings.

d. alcoholics lie (it is part of their disease).

(c) The manufacturer of Vivitrol readily admits the medicine can cause severe side effects which include depression and suicidal feelings. Hey, don't look so surprised. Some of the newer antidepressant medications also can induce suicidal feelings especially among teens and young adults. Talk about paradoxical! P.S. Just in case you didn't know DUI stands for driving under the influence of drugs or alcohol. Some states may use the term DWI or driving while intoxicated. In every state driving with a BAC of .08 or higher is a crime.

8. A client leaves your recovery center AMA. He goes drinking on the way home. He is subsequently stopped by a law enforcement officer who finds that his BAC is .09. Nevertheless, since his driving was not impaired or impacted in any way:

a. The police officer would not give your client a DUI.

b. The police officer would still give your client a DUI.

c. It is the officer's judgment call whether to give your client a DUI or not.

d. The police officer might give him a DUI, but your client could fight the charge in court and might win since his BAC level -- although it was very high -- was not truly impacting his driving.

(b) AMA in this instance means against medical advice. **This biggest rumor is that when a patient leaves a hospital or recovery facility AMA (against medical advice) his or her insurance will not pay the bill. I heard this for years when I worked in a hospital from well-meaning physicians, nurses and yours truly believed it. But, in today's world surveys have conclusively proven this is simply false! Studies show the insurance companies did indeed pick up the medical tab in instances of this nature. Key point:** In terms of a DUI/DWI it doesn't matter whether the client's driving is impacted or not. It is still a crime to drive with a blood alcohol level of .08 or higher. No exceptions!

9. A client who is a heroin addict has been in a medical assisted recovery program for a while now. The psychiatrist at the center will most likely prescribe \_\_\_\_\_\_\_\_\_\_\_ for your client.

a. Vivitrol with counseling and support groups.

b. Suboxone Film with counseling and support groups.

c. only Suboxone sublingual tablets, psychiatrists don't recommend counseling.

d. only SNRI medication.

(b) Suboxone is used to treat opioid/pain killer dependence, and, like Vivitrol, counseling is recommended. So are support groups (such as 12-step groups). The problem: Suboxone tablets can leave a bad taste in your mouth. Suboxone sublingual tablets can be used, but lately Suboxone Film is popular. The so-called Film is a strip you put in your mouth like those mouth wash and breath freshening strips now on the market that merely dissolve in your mouth. The manufacturer recommends placing the strip under your tongue (aka sublingual) for the desirable results. Never chew or swallow the medication. Unfortunately, the for the medication to dissolve can be slow often topping the 10 minute mark. **Memory magic: Hey Dr. R, how do you remember that it is Vivitrol and not Suboxone that is used to treat alcoholism? Glad you asked! Vivitrol sounds like alcohol. Say it out loud and you'll hear the alliteration. Both end in "ol."**

10. Your client is clinically depressed. According to recent research using brain scans

a. the hippocampus, the amygdala, and the thalamus all influence mood.

b. only the hippocampus is involved.

c. only the thalamus is involved.

d. only the amygdala is involved.

(a) With degrees, workshops, and CEUs on neuroscience popping up like weeds don't be surprised if your exam has a couple questions related to the brain and behavior.

11. Mainstream psychiatry has not accepted brain scans as a legitimate diagnostic tool yet. All of the following are brain scans except

a. SPECT

b. PET

c. CT

d. SNRI

(d) SPECT stands for Single Photon Emission Imaging Computed Tomography. PET is Positron Emission Tomography. CT means Computed Tomography. Tomography is merely a technique for seeing 3-D images of objects inside the body. Okay, let's focus on the correct answer choice d. Many commonly prescribed antidepressant medicines are classified as SSRIs or Selective Serotonin Reuptake Inhibitors. However, some newer medications are dubbed SNRIs or Serotonin Norepinephrine Reuptake Inhibitors. As the name SNRI suggests these newer meds focus on serotonin *and* norepinephrine in the brain. Both serotonin and norepinephrine are chemicals in the brain which tend to influence depression. At this time SNRIs are not necessarily viewed as superior to SSRIs, but they are an option when SSRIs are not working.

12. The argument/arguments against using brain scans (also called brain imaging or neuro imaging) would be

a. insurance doesn't pay for them.

b. even though the radiation levels are low, some medical experts feel the radiation could be harmful.

c. the cost can be very expensive if you pay for them out of pocket; several thousand dollars in some cases.

d. All of the above.

(d) At this point in time, adequate experiments show that patients diagnosed via neuro imaging fare better than their counterparts who do not are lacking. A lot of the push to use SPECT with emotional disorders comes from Dr. Daniel Amen, a psychiatrist, who is a frequent guest on Public Television and a popular book author.

13. Which theorist has postulated that neuroplasticity occurs in counseling

a. Michael White

b. Carl R. Rogers

c. Carl Whitaker

d. Allen Ivey

(d) Allen Ivey has been writing and speaking about the role of neuroscience in counseling. He believes that stress over time such as abuse, poverty, bullying, rascism, and sexism disengages the frontal lobes of the brain. Hence, when a counselor addresses the aforementioned social justice issues, he or she is also influencing the biology of the brain. Ivey stresses the concept of neuroplasticity which means that the brain of the client (and the helper!) can change as a result of counseling. This can occur regardless of the person's age. CACREP guidelines for counseling programs will stress this area of study more. (Take a hint: Questions of this ilk will most likely begin showing up on an exam near you!!!)

14. Syncretism can best be defined by

a. an unsystematic process of putting together various psychotherapy modalities to treat a client

b. the first step in learning to be eclectic

c. Choices a and b.

d. None of the above.

(c) Syncretism is the merging of different viewpoints, beliefs and practices. In the counseling arena the word decidedly has negative connotations in the sense that it is a bit like a primitive form of eclecticism.

15. The limbic system can best be defined as

a. a technique in narrative therapy.

b. a popular technique in career construction theory created by Mark Savickas

c. a physiological entity which is involved in emotions and drives (e.g., sex).

d. the seat of Freud's preconscious mind.

(c) The limbic system controls emotional responses. Interestingly enough, the limbic system was discovered by accident while working with rats in the 1950s! Electrical stimulation to this area produced a pleasant sensation for the animals.

16. Motivational interviewing (MI) is

a. based on gestalt because you need a confrontation style when working with addicts and this approach is popular in addiction recovery centers.

b. based on William Glasser's reality therapy with choice theory.

c. based on Alfred Adler's individual psychology, an approach which emphasizes birth order and the inferiority complex.

d. based on Carl Ransom Rogers’ person-centered therapy which puts a premium on empathy.

(d). Although MI is very popular in the treatment of addictions, it is viewed as an alternative to the confrontational styles that were the rage in the past. MI makes use of empathy, open-ended questions, listening, urging the client to make changes, and summarization.

**Appraisal**

1. You want to know if 16-year-old Brandon has attention deficit hyperactivity disorder (ADHD). The best single assessment device would be

a. the WAIS, a popular adult IQ test

b. the WISC, a popular IQ test for children 6 to 16 years of age.

c. the MMPI, a very comprehensive personality test.

d. the Connors

(d) The Connors is a *very popular instrument* for determining if attention deficit hyperactivity disorder is present. It is named after C. Keith Connors, PhD.

2. Brandon, mentioned in the last question, would *best* be served by

a. giving Brandon the Connors

b. giving Brandon and his parents the Connors.

c. giving Brandon, his teachers, and his parents, the Connors.

d. any one of the answers above is correct.

(c) There are three Connors rating scales. One is for the client (yes, the individual actually rates himself or herself . . . not a misprint), one for his or her teachers, and one for the parents. The more data secured the better, hence choice c would be the best option.

3. Lulu works as a counselor in a community college. Her job requires some teaching. She is currently teaching a class in assertiveness skills. Her department chair requires her to give the students an evaluation form at the end of each class to give her feedback. This is an example of

a. a summative evaluation.

b. a formative evaluation.

c. a standardized evaluation.

d. statistical accountability

(b) In formative evaluation, the judgment of the program (in this case LuLu's teaching) occurs when the program is forming or actually occurring. There is a chance that your exam could call this process evaluation.

4. Lulu's department chair (see the previous question) now decides that giving students an evaluation to complete at the end of each class is too time-consuming. He thus creates an evaluation form to give her feedback that will only be given out after the final class period. This is an example of

a. an unethical form of evaluation because the department chair waited too long.

b. a summative evaluation.

c. a formative evaluation.

d. an invalid method of evaluation.

(b) Summative evaluation occurs at the end of a program. The term outcome evaluation can also be used.

5. A counselor is attempting to replicate a research study on IQ from the 1970's which focused on children. Based on the Flynn Effect she will need to consider that

a. kids are not as smart these days and will sport lower IQs.

b. kids IQ scores are higher world-wide.

c. kids IQ scores have not changed since the 1970s.

d. the IQ tests of the 1970s were very primitive since the tests were so new and therefore their results were grossly inaccurate.

(b) Choice d stands incorrect since according to most historical accounts the IQ test ain't new! The first IQ test was the Binet-Simon Scale created in 1905 by Alfred Binet and Theodore Simon. Simon's name was seemingly lost in the annals of time and is rarely, if ever, mentioned in today's textbooks. To answer this question, you'll need to know about the Flynn Effect named after James R. Flynn and coined by the authors of a book titled *The Bell Curve*. Nobody knows what is causing the IQ scores to go up (aka the Flynn Effect) and some experts assert the trend peaked in the 1990s. Explanations include better nutrition, more exposure to scholarly exams, the fact that kids mature earlier and dare I say it, even playing a lot of video or computer games, and using technology that is similar to IQ test questions.

**Lifestyle and Career Development**

1. Melinda the Vice President of a multimillion-dollar brokerage firm. She has now chosen to leave the company to work at a small food pantry near her home. This illustrates the

a. trend known as opting out.

b. notion of the glass ceiling.

c. trend of underemployment we see in this country.

d. notion of the silicon ceiling we see in this country.

(a) Opting out -- the correct answer -- occurs when a woman leaves the corporate world to work in an alternative career. This could be a job in the human services arena helping others (often the poor) and simply spending more time with their family. Choice d refers to the problems women entrepreneurs encounter in the technology sector. Another must know exam term is the glass ceiling which refers to the fact barriers often exist that prevent women and minorities from snaring top-level positions. Fortunately, Melinda is not a victim of the glass ceiling at her brokerage firm.

2. John Krumboltz

a. used primarily REBT created by Albert Ellis to help explain career choice.

b. advocates a humanistic approach to help explain a career choice.

c. draws on behavioristic principles to help explain career choice.

d. relied on psychodynamic notions to help explain career choice.

(c) Krumboltz is primarily classified as a learning theorist.

3. Diana's supervisor allows her to do her job as she wishes. She hardly ever sees him and he rarely interacts with her. It is safe to say that he is

a. operating out of a laissez faire leadership style.

b. a totally desirable democratic leadership style.

c. an authoritarian or autocratic leadership style.

d. an incompetent supervisor and he ought to be replaced.

(a) These exact designations are used to explain group leadership styles, but I'm certain you probably already came to that conclusion on your own.

4. According to sex wage discrimination statistics

a. women earn almost the identical salary that a man would make for the same job.

b. women make a lot less for entry level jobs, but then catch up to men at the higher level positions.

c. women make about 50 cents on the dollar when compared to men.

d. women make about 70 to 75 cents on the dollar when compared to men, however, this figure seems to be lower if you look at salaries entry level jobs secured by younger men and women.

(d) The current figure is running closest to the statistics quoted in choice d.

5. John Holland's theory posits six personal styles often plotted on a hexagon. These are really personality styles. Pick the choice that is *not* one of the six

a. athletic

b. realistic

c. enterprising

d. conventional

(a) Holland puts a premium on matching the individual's personality with the work environment. According to Holland the types are: Realistic, Investigative, Artistic, Social, Enterprising and Conventional. Often abbreviated RIASEC. When there is a match Holland hypothesizes that career satisfaction will be evident.

**Group Work**

1. You are the leader of a counseling group which is meeting for the first session. You decide to institute an exercise where one group member will introduce another. The best technique would be

a. pairing.

b. modeling

c. drawing out

d. blocking

(a) The correct answer is pairing. First the two members would meet, and one would discover the necessary information to introduce the other member. Keep in mind, however, that pairing can actually refer to *any* smaller group the members are placed in to perform an activity. The point is that many times the smaller group would have more than two people. Modeling is used frequently in groups. Here somebody demonstrates a behavior or activity for others in the group. Drawing out might also seem like the correct answer, but the term generally refers to a transaction where the leader interacts with a member to get him or her to contribute. Blocking -- a must know group exam term -- is simply the act of cutting a client off because you as the leader decide that the client's actions/verbalizations would not be helpful to the group.

2. Group leadership is often classified by three major leadership styles.

a. the authoritarian or Theory X group leadership, democratic or Theory Y group leadership, and laissez-faire or Theory Z group leadership.

b. the authoritarian or Theory Z, laissez-faire or Theory X group leadership, or democratic Theory XY.

c. the authoritarian or Theory XY leadership, laissez-faire or Theory X group leadership, or democratic Theory XYZ leadership.

d. the authoritarian or Theory XYZ group leadership, democratic or Theory Y group leadership, and laissez-faire or Theory ZX leadership.

(a) Wow! This one is enough to blow anybody's mind or at least shake your confidence a tad if you encountered it on a comprehensive exam. These terms Theory X, Theory Y, and Theory Z, were originally used in business management circles and now are applied to group leadership styles. Since this is the case I wouldn't be surprised if I were you if these very terms popped up on a question related to Lifestyle and Career Development or even Professional Development. To tackle tough distinctions like this you could create memory devices that make sense to *you and maybe you only!* You could visualize a group leader in your mind with a big X on his shirt or on an iron hand with an X on it to remind you, " the X this guy is in control . . . I wouldn't want this guy to lead in most group situations." Or perhaps for the Y leadership style, "Y wouldn't you want a democratic leader?" Try this: "Z for Zorro. Zorro used a sword, so he was kind of a hands-off (laissez-faire) guy." None of these might work for you! If not, create your own that are meaningful to you. Remember (pun intended!) in a situation like this you only really need memory devices for two out of the three types as the last would be discovered via the process of elimination.

3. You are working with mandated ex-offenders who do not want to be in your group and frankly are a bit out of control. As a group leader who practices REBT you will most likely be:

a. a Theory Z leader.

b. a Theory Y leader.

c. a Theory X leader.

d. a laissez-faire leader.

(c) In a high percentage of cases, gestalt leaders, those trained in REBT, and leaders who put a premium on confrontational modalities lean toward Theory X or authoritarian styles.

4. Imagine that Carl Rogers is still alive today. You hire him to run a therapy group at your agency. The chances are his leadership style would best fit into the \_\_\_\_\_ category.

a. Y Theory

b. X Theory

c. Z Theory

d. laissez-faire.

(a) Note that choices c and d could be immediately eliminated because they mean the same thing. Rogers has been billed as a democratic leader.

**Research and Evaluation**

1. You are observing a family in their own home for one hour per day to determine why the members claim they "do not get along very well." You will judge the situation to get a feeling about what is really going on. This is most likely

a. an example of qualitative research.

b. an example of quantitative research.

c. an example of research that will lead to deductive reasoning.

d. a true experiment.

(a) Let's play a little process of elimination here. Deductive reasoning occurs when we have a theory about families in general and we assert that this family must be the same way. Okay, let's eliminate that choice. A true experiment needs a control group and an experimental group. Well we don't have the required groups to meet that requirement here. When the goal is to describe the nature of the beast (in this case the family!); and when the primary vehicle for collecting data is via the observer's judgments and impressions, the study is nearly always qualitative in nature. Another selling point is that qualitative research commonly focuses on a given unit such as a family or everybody living in a small town. This is a lot different than a true experiment where a random sample is chosen. In a quantitative situation some sort of data collection will be necessary.

2. You are a consultant for an elementary school, and you are working with a 5th grade teacher who is attempting to improve her teaching in social studies. You should recommend

a. a true experiment.

b. a meta-analysis.

c. a single subject (in this case a student) design.

d. action research.

(d) A meta-analysis occurs when you take all the major research in a given area and see what general findings are noted. The single subject design (sometimes billed as N=1 research) is popular with psychoanalytic practitioners since Freud was very fond of the paradigm. Action research, the premier choice here, is very popular with teachers and is targeted at helping the teacher/practitioner fine tune his or her own practice by amassing information.

3. As the consultant for the teacher who will be conducting the action research you will advise her to

a. analyze the data using a correlation coefficient.

b. create a control and an experimental group.

c. analyze the data using a t-test.

d. None of the above would be necessary.

(d) In action research you identify the problem and what you see as progress or the solution. Next, develop an action plan. What will you do differently? After that collect your data. Examine the data and bend, fold, or mutilate the theory if need be. Start over and do the entire cycle again with the new theory etc. **Exam hint:** In action research a researcher can (yes, you read it correctly I said can) legitimately be a participant in his or her own study, hence, the name participatory action research can be used in these situations.

4. You are the executive director of a counseling agency. You are seeking to hire an individual to conduct research on people with disabilities. Your best choice would most likely be

a. a social worker who is licensed and served a practicum in a rehabilitation center.

b. a CRC.

c. an I/O psychologist.

d. a counselor with MAC after their name.

(b) CRC stands for Certified Rehabilitation Counselor and in most cases he or she would be more qualified than a counselor who has MAC, which is a specialty area NBCC offers. MAC is a Master Addictions Counselor. I/O is a specialty in psychology known as industrial organizational psychology.

**Professional Orientation and Ethics**

1. You have been hired to run a new non-profit counseling agency. The best title to use would be

a. professional counselor, because that is your official profession.

b. executive director.

c. clinical director

d. program director

(b) The term executive director is the most common job title for an individual who runs a non-for-profit (also called a non-profit or not-for-profit) agency. The highest clinical position is usually branded as the program director or the clinical director.

2. You are a consultant to a licensed professional counselor who wishes to form her own not-for-profit counseling agency. Your first step would be to

a. make her aware of United Way policies and procedures.

b. select an appropriate location for the center. Make certain it is convenient for clients.

c. familiarize her with 501 (C)3 IRS regulations.

d. select an appropriate location for the center. Make certain it is near a bus stop or other public transportation.

(c) As far as choice a is concerned a lot of not-for-profits are *not* United Way agencies. Add to that, the fact that United Way generally will *not* accept new agencies until they prove they can be financially stable without United Way funding. Many counselors have no idea that it is the good old Internal Revenue Service (IRS) who provides the applications and guidelines for non-for-profits.

3. A non-for-profit board should be diverse. The best board for a counseling agency would be

a. an African American licensed counselor, a Native American school psychometrician, and a Caucasian psychiatrist.

b. an African American licensed counselor, a Native American school psychometrician, and an Asian American social worker.

c. a Hispanic pastoral counselor, a Native American school psychometrician, and a Caucasian licensed clinical psychologist.

d. a Caucasian attorney, a Caucasian television meteorologist, and a Caucasian certified public accountant (CPA).

Most of the time when you hear somebody talking about board diversity, they are *not* referring to issues like race, or ethnicity, or cultural heritage; although to be sure, diversity in these areas is desirable. They are referring to the fact that individuals from different professions can be very valuable. Hence, if your agency has an independent audit, a CPA on the board would be ideal. Sorry folks, but many, if not most counselors, don't know squat about accounting! Well, do you? Attorneys are very popular because they understand legal matters. Here again, counselors and clinicians are generally not lawyers. (Okay, a few have joint JD degrees, but let's face it, that's the minority.)

4. You are a consultant to a counselor who is the executive director for a not-for-profit agency that has been around for nearly 20 years. He wants to have two attorneys on board. You will explain that

a. it is against 501(c)3 regulations.

b. it is not against 501(c)3 but it makes no sense.

c. it might make sense if the attorneys have different specialties. You ask for more information.

d. ACA as well as NBCC ethical guidelines frown on this practice.

(c) Lots -- and I do mean lots -- of agencies have several attorneys on their board of directors. Why? Well let's think about it. Perhaps you have a personnel attorney to help with employee issues. That's wonderful. But your agency wants to expand and open offices in another part of the city. Wouldn't it be nice to have a real estate attorney on your board? Your answer should be a resounding yes!

5. You are a consultant helping a counselor start a non-profit agency. In terms of the budget

a. you will not need to put any salary figures in for the board of directors because they do not get paid.

b. you will need to allocate approximately $10,000 for each board member's salary.

c. you will need to allocate approximately $20,000 a year for each board member's salary.

d. you will need to allocate approximately $30,000 a year for each board member's salary.

(a) Not for profit board members do NOT receive a salary.

6. An executive director is worried because an advisory board member at her non-for-profit counseling agency wants to fire her. As a consultant you should tell her that

a. an advisory board cannot fire an executive director.

b. an advisory board could fire an executive director, but the odds of it happening are very rare.

c. since she is the top paid person she cannot be fired.

d. you really need to know a lot more about the situation in question.

(a) Advisory boards are just that . . . advisory boards. They do not govern an agency. On the other hand, the board of directors could . . . and in some cases should . . . fire an executive director who is not doing his or her job.

7. You serve on the City Council and have a master’s degree in counseling. You are very good at fund raising. The XYZ Children's Crisis Counseling Agency ran a sports auction that raised a healthy sum of money for the agency for many years. The agency now has new board members and employees and quite frankly doesn't have a clue how to pull off this fundraiser. The agency wants you to attend some board meetings because they do not know how to put together the sports auction fund raiser.

a. You could come in to help as an ex officio board member, but you must be elected just like any other board member.

b. You could return as an ex officio board member and help them, but you would have no voting rights if the bylaws of the agency prohibit it.

c. According to state law you cannot attend the board meetings.

d. According to federal 501(c)3 regulations you would not be permitted to attend the board meetings.

(b) An ex officio member is not voted in (elected) like regular members but serves on the board by virtue of his or her other position (in this case serving on the City Council). A common misconception is that appointed ex officio board members always have no voting rights. Some do and some do not. Typically, they do not, but again, it depends on the bylaws of the agency.

8. You are supervising a counselor for state licensing. You are very attracted to this counselor and would like to have a romantic and sexual relationship with this person. According to the new March 2013 NBCC Ethical Code you

a. must wait two years after your final supervision session before you act on your impulses.

b. should wait at least five years until after your final session before you act on your impulses.

c. understand that you can never have a sexual relationship with this supervisee under any circumstances.

d. can have a sexual relationship with her during the supervision period, if and only if, she signs a contract saying she has entered into the relationship willingly.

(a) The figure of five years is mentioned in both the NBCC and ACA Code of Ethics and applies to clients. As you can see, it also now applies to supervisees.

9. You received your EdD in Counseling from an accredited university in counseling. You are licensed as a counselor. Because of your work in neuroscience and psychotherapy, another school gave you an honorary degree (a PhD) in clinical psychology. You are creating an updated brochure for your agency.

a. According to the new NBCC ethics you could list the EdD and the PhD, but you must mention that the PhD is an honorary degree.

b. According to the new NBCC ethics you merely list both degrees. There is no requirement saying you must designate the PhD as an honorary credential.

c. According to the new NBCC 2013 ethics you are only permitted to list the counseling degree and not the psychology degree.

d. The NBCC 2013 ethical code fails to address this issue and thus you may handle the situation using your best professional judgment.

(a) If it is an honorary degree, it must be designated as such in all your agency literature and marketing brochures.

Copyright 2025, Dr. Howard Rosenthal, General Guidance Group.