EPPP Cheat Sheet

**Human Growth & Development**

**S. Freud** (Psychosexual):
- **Key Stages:** (first three of the five most critical):
- **Fixations** (at any stage, above) due to excess of related pleasure or pain.

**E. Erikson** (Psychosocial, lifespan theory— including “adolescence”):
- **Key Stages:** (i) trust vs. mistrust (ages 0–1) = hope vs. withdrawal, (ii) autonomy vs. doubt/shame (2–3) = personal willpower vs. compulsion, (iii) initiative vs. guilt (4–5) = purpose vs. inhibition, (iv) industry vs. inferiority (6–12) = competency vs. inferiority, (v) identity vs. role confusion (13–21— key stage) = devotion vs. fanaticism, (vi) intimacy vs. isolation (young adult) = love vs. promiscuity, (vii) generativity vs. stagnation (adulthood) = care vs. rejection, (viii) integrity vs. despair (old age) = wisdom vs. disdian.

**J. Piaget** (Intellectual Development):
- **Key Stages:** Sensorimotor, preoperational, concrete operations, formal operations.

**L. Kohler** (Moral Development— three levels, six stages):
- **Level I:** Stages one and two.
- **Level II:** Stages three and four.
- **Level III:** Stages five and six.

**N. Chomsky** (Language Acquisition):
- **Key Terms:** Imitation (ages 0–9 mo.), echolalia (9 mo. to 1 yr.), holophrastic speech (1–2 yrs.), telegraphic speech (2–4 yrs.).

**J. Bowlby** (Attachment Theory):
- **Key Terms:** Stranger anxiety (8 mos.), separation anxiety (12 mos.).

**R. Spitz**
- **Key Terms:** Anacitic depression, reactive attachment disorder, anxious avoidant attachment, insecure attachment.

**E. Kubler-Ross** (Death & Dying):
- **Five Stages:** Denial, anger, bargaining, depression, acceptance (DABDA).

**V. Apgar**
- The “Apgar score”— a newborn infant functional assessment (not uppercase “APGAR,” which is a family function test).

**A. Adler** (birth order):
- **Key Concepts:** Only child (self-centered), firstborn (authoritarian, achievement oriented), second child (competitive), middle child (congenial/ adaptable), last child (spoiled).

**Counseling Theories**

**S. Freud** (Psychoanalysis, Scientific):
- **Basic Personality:** Id (pleasure), ego (reality— age 6 mos.), superego (morality— 6 yrs.), ego defenses (“defense mechanisms”— denial, etc.).
- **Goals:** reveal repressed memories & resolve conflicts, release transference & projections.
- **Motivation:** anxieties (moral, neurotic, and real).
- **Tools:** free association (unconscious), analysis of dreams, resistance, conflicts, and transference.

**A. Adler** (Neo-Freudian, Analytic, Humanistic/ Holistic— adds social impact to personality formation):
- **No pathology exists** (only discouragement at seeking for perfection and coping with inferiority).
- **Five tasks:** relationships, contributions (work), intimacy, self-acceptance, and spirituality.
- **Motivation:** thoughts to actions.
- **Goals:** overcoming feelings to inferiority.
- **Tools:** Antisuggestion, “as-if” actions, spilling bad behavior (“spitting in the soup”), catching oneself, task setting and commitment (goals), “pushbutton” technique.

**R. Dreikurs** (Behaviorism: Child Psychiatry):
- Child misbehavior due to attention, power, revenge, helplessness, or inadequacy.

**C. Jung** (Teleological/Spiritual):
- **Psyche— (three parts):** conscious ego, personal unconscious, collective unconscious (archetypes).
- **Animus & Animula** (blending of both masculine and feminine).
- **Four Personality Types:** feeling (subjective), intuitive (open), sensation (senses driven), thinking (logic driven).
- **Goals:** personality integration.
- **Tools:** Dream & symptom analysis, life history, word association. Mapped via the Myers-Briggs Type Indicator.

**K. Horny** (Holistic Model):
- **Basic Anxiety:** reduced security.
- **Three Personality Types:** aggressive, compliant, detached.
- **Self-Concept:** actual self (experiential), real self (healthy), idealized self (neurotic).
- **Goals:** self-actualization.
- **Tools:** identifying and resolving thought and feeling distortions.

**R. May & I. Yalom** (Existentialism):
- **Key Concepts:** self awareness, relationships, and freedom vs. responsibility.
- **Goals:** self-actualization.
- **Tools:** identifying and resolving thought and feeling distortions.

**E. Berner** (Transactional Analysis):
- **Key Concepts:** Choice is constant, and reduction is possible with new information.

**J. Watson** (Behaviorism via Experimental Psychology):
- **Key Concepts:** Neuroses: maladaptive habits, sociocultural conditioning drives human behavior, learned via imitation and reinforcement. Abnormal behavior is simply faulty learning.
- **Goals:** form new behavioral patterns.
- **Tools:** assertiveness training, aversion therapy, impulsive therapy, operant conditioning, systematic desensitization.
**B.F. SKINNER** (operant conditioning):

*Key Concepts:* Consequences shape (modify) behavior (via applied or withheld rewards)—called “reinforcement.”

*Reinforcement Types:* positive, negative, primary, secondary, intermittent, punishment, extinction.

*Schedules:* continuous, fixed-interval, variable-interval, variable-ratio.

*Other:* satiation, deprivation, ratio strain.

**I. PAVLOV** (classical conditioning):

*Key Concepts:* acquisition, unconditioned stimulus, conditioned stimulus, conditioned response, discrimination, extinction, generalization, spontaneous recovery.

**E. THORDIKNE** (laws of effect):

*Key Concepts:* contingency, deprivation, immediacy, size.

**J. WOLFE** (systematic desensitization):

*Key Concept:* Anxiety leads to neurotic behavior.

*Tools:* counterconditioning, reciprocal inhibition. First *in vitro* (mind) then *in vivo* (life).

**A. SALTER** (relex therapy):

*Removes* inhibition via "reconditioning."

**H. SELYE** (general adaptation syndrome — (GAS) or "biological stress syndrome"): *Key Concept:* Coping changes distress to eustress.

**GAS Stages:** alarm reaction, stage of resistance, exhaustion.

*Floating:* bombards with imagery or situations until acclimation occurs.

*Implosive Therapy:* expose to increasingly vivid images until acclimation occurs.

*Aversive/Counterconditioning:* use punishment to extinguish (ethics questionable).

*Contingency Contracting:* written consequences in advance.

*Time* Out: loss of reward.

**SOCIAL LEARNING THEORY** (vicarious conditioning)

**A. BANDURA & R. WALTERS:**

*Key Concept:* links operant behaviorism and humanistic theory.

*Key Terms:* Drive: behavioral desire or motivation, reinforcing behavioral signal or prompt. Response: a behavior. Reinforcement: behavior-shaping event.

*Tools:* modeling, observational learning, behavioral rehearsal, cognitive mediation.

**A. ELLIS** (Rational Emotive Therapy (RET), cognitive restructuring):

*Key Concept:* Rational thinking is possible, but the tendency is to irrational thoughts.

*Goals:* Correct problem beliefs, thoughts, and perceptions, and emphasize self-mastery.

*Tools:* ABCDE model, dispute (D) counters beliefs (B) leading to new feelings (F). Scientific model, cognitive disputation, imaginal disputation, DesiBel technique, process = Rational Emotive Therapy.

**W. GLASSER** (reality therapy):

*Key Concept:* harness basic needs, create "success identity" of responsibility, develop "positive" addictions.

*Tools:* Focus on "what" not "why" and "behaviors" as opposed to "feelings." The "eight basic steps."

**A. BECK** (cognitive correction):

*Key Concepts:* Problems are due to "cognitive distortions." Distortions arise from: arbitrary inference, selective abstraction, overgeneralization, magnification vs. minimization, personalization, dichotomous thinking.

*Tools:* Socratic dialogue, collaborative empiricism, guided discovery, decatastrophizing, reattributing, redefining, decentering.

**D. MIETCHENBAUM** (self-instructional therapy—used to be "self-control therapy"): *Key Concepts:* Cognitive modification useful to manage anger, anxiety, and stress.

*Tools:* stress inoculation therapy: 1) education, 2) rehearsal, 3) application.

**R. BANDLER & J. GRINDER** (Neuro-Linguistic Programming):

*Key Concepts:* perception (auditory, kinesthetic, and visual), storing, and recollection of events structures influence.

*Tools:* Identify the primary sensory system via “mirroring” (visual, inner auditory, kinesthetic or feeling, auditory output).

*Pace and lead." Anchor. Metaphor and storytelling are often useful.

**OTHER COUNSELING THEORIES:**

**R. CATTELL** (trait theory):

*Key Concepts:* Human "traits" define behavior. Positive choices emerge from quality information and proper motivation. Scientific problem solving is needed.

*Tools:* interview, autobiography, cumulative and anecdotal records, and psychological testing.

**E. WILLIAMSON** (career counseling):

*Six-Step Program:* analysis, synthesis, diagnosis, prognosis, counseling, follow-up.

**F. THORNE** (structured):—draw the best from multiple theories:

*Three major eclectic schools: integrative (Gilliland et al.), prescriptive (Norcross & Patterson), and technical (Lazarus).

**G. ALLPORT** (both trait and ecletic views):

*Key Concepts:* idiographic research.

Viewed people as basically rational and conscious in motivations; growth is episodic and discontinuous. The proprium ("ego") has three traits: 1) cardinal, 2) central, 3) secondary.

**A. LAZARUS** (eclectic approach required as problems vary.

*Key Terms:* motivation: assessment via BASIC: I.D.: behavior, affect, sensation, imagery, cognition—interpersonal, and drugs/biology, and their mutual effects.

**R. CARKHUFF & G. EGAN** (eclectic problem solving):

*Check:* concepts: clarify, goal setting, and implement action.

**B. OKUN** (systems therapist):

*Key Concepts:* personal maturation requires self-differentiation, relationship maintenance, and balance in roles; primary needs maintenance; primary issue is who set; "interaction goals; resolution is achieved via communication.

Metacommunications (underlying messages) further define and shape the self and the relationship.

**R. CARKHUFF & C. TRUAX:**

First to systematically evaluate elements needed for successful counseling.

*Key Findings:* Most therapy is ineffective—significant help is sometimes evident, and significant harm sometimes results; treat/no treatment are about equal.

Effectiveness requires accurate empathy, nonpossessive warmth, and genuineness.

**GENERAL COUNSELING SKILLS**:

*Checking out (following a "hunch"): clarifying, confronting, focusing, immediacy (discussing the "now"), interpretation, informing, leading ("tell me more..."), paraphrasing, reflection (paraphrasing with emotion and affect), self-disclosure (limited), probing, structuring, summarizing.

**NONVERBAL COMMUNICATION** (85% of all communication is nonverbal):

*Key Concepts:* kinesics (gestures), paralinguistics (verbal inflections), proxemics (spatial and environmental elements).

*Core Positive Elements:* calm vocal tone, congruent expressions, attending posture, eye contact (cultural variation), inviting gestures, proper proximity and orientation.

**ADDRESSING PROBLEMS** (in order of relevance):

*Identify components, identify patterns, identify intensity (duration, frequency, etc.), design solutions.

**G. CAPLAN** consultation models (very popular):

*Two Dimensions:* 1) focus of interaction, and 2) target of change.

*Three Types:* 1) client-centered, 2) consultee-centered (how to help the counselor), and 3) client-consultation-centered (how to support the program).

**L. VON BERTALANFFY** (originator of General Systems Theory—GST):

*Key Concepts:* "The whole is greater than the sum of its parts." Systems include (i) organizations (mechanical, psychological, and social) and (ii) families (family systems theory).

**FAMILY SYSTEMS THEORY & FAMILY THERAPY (FT):**

*Key Concept:* The family is a system; a change in one member changes others. Focus of treatment: on subunit organization (not the subunits themselves) and on relationships between individuals.

*Core Difference from Psychotherapy:* The context, not pathology, produces dysfunction.

**Family Therapy Goals:** Affect, behavior, cognition, and conflicts shape relationships. Etiology is not important; modification of behaviors and interpersonal patterns are important.

*Resistance in Family Therapy (FT): Intrapsychic theorists view resistance as a defense; FT sees it as seeking homeostasis, and it is useful in developing interventions.

*Abreaction and Catharsis:* Essential in intrapsychic theory and unnecessary in FT. Individual issues are systemic. "Structural," "experiential," and "multigenerational" models see value only in behavioral change (vs. mere "insight").

*Reframing vs. Interpretation: Psychotherapy seeks "interpretation" for insight; FT pursues "reframing" to 1) bypass individual deficits, 2) move dysfunction to a systems view, 3) change behavior, and 4) design treatment. Reframing leads to negotiation and problem resolution.

*Psychometric Testing:* Not used in FT (individual disorders are irrelevant). The clinical interview is the key.

*History Inventory Value:* Bowen's multigenerational perspective uses history taking (follows transmission of dysfunction); "interpersonal model" focuses on behavior patterns not history; "communication model" focuses on current behavior not history.
**DSM Diagnostics:** FT acknowledges, but finds limiting; context (not pathology) is the key to change.

**Psychopharmacology:** useful but limited; may interfere with interventions.

**Therapy Length:** average: 10–20 sessions; multigenerational models: up to 1–2 years; the key is enduring change.

**Role of Theory:** Theory (not technique) drives the process. Theory-driven questions address four dimensions: 1) problem impetus, 2) definitions of problematic behavior, 2) the problem’s presenting nature, and 4) multigenerational models and relationship structures needing change.

**Role of Techniques:** Vary via major schools: ahistorical, historical, and experiential.

**Change Techniques:** Technique responses are treatment responses. Dysfunctional patterns determine techniques.

**Major Models of FT and Parents:** The “parental unit” (in all models) provides primary control and influence in the family unit.

—**Ahistorical school approaches:** 1) behavioral models, i.e., parenting skills; 2) strategic model (Haley), use of power; 3) structural model (Minuchin), creating a “bounded subsystem.”

—**Historical school approach:** multigenerational model (Bowen), parental immaturity; “unresolved issues” from prior generations (“generational residuals”), parent/child “triangulation”—results in aberrant behaviors.

—**Existential/humanistic approach:** experiential model (Whitaker & Satir). Whitaker (more psychoanalytic) emphasizes parental modeling; Satir emphasizes communication and quality marital relationships.

**Three Core Concepts of FT:**
1) Organization—three subconcepts: a) boundaries, b) hierarchies, c) wholeness. 2) Morphosis—family stability—two subconcepts: a) homeostasis, b) resiliency. 3) Morphogenesis—adapting to change—key subconcept: “feedback loop enables adjustments and self-corrections. Two types of feedback loops: a) positive (overactive), b) negative—balanced reactions.

**Family Therapy Orientations:**

*Overarching Concepts:* homeostasis, reframing, feedback loops, double bind (contradictory system messages), family secrets. "Premack principle" (following a low-preference activity with a high-preference consequence to induce change). 2) **AHISTORICAL MODELS** (behavioral, communication, psychoeducational, structural).

**Unifying Concepts:** 1) Problems resolved by revised family interaction patterns. 2) Focus is on current behaviors and beliefs. 3) Therapist identifies interactions that produce problem behaviors. 4) Therapist is active, directive, and expects compliance. 5) The family must be compliant and cede authority.

**Mental Research Institute (MRI) Group—Jackson/Reskin/Satir:**
*Key Concepts:* wholeness: total system (not “sum of parts”); behavior: cause-and-effect (circular causality); social interactions: shape and maintain the system; nonnormative assumptions ("right vs. wrong") are ignored in favor of what "works."

**Goals:** first order: intrasystem changes that don’t disturb homeostasis; second order: structural, systemwide changes.

**Techniques:**
1) Devil’s pact, covert to overt, advertising, prescribing the symptom, replacing the symptom, behavioral prescription, resistance utilization.

**STRATEGIC FAMILY THERAPY MODEL** (Haley/Madanes/Erickson):
*Key Concepts:* Focused on brief, pragmatic, behavioral solutions. Changing problematic dyadic interactions and "homeostatic mechanisms" are needed. Triangulation occurs when stress calls for a third-party buffer.

**Normalcy:** Normalcy is a flexible, adaptable family with clear rules.

**Goals:** problem resolution via behavioral objectives, pattern sequences, and hierarchy clarification.

**Techniques:** directive, metaphorical communication (reframing, circular questions, prescribing the systems, renaming, paradoxical injunctions), and indirect and direct paradoxical directives (intentionally restraining change, positioning, symptom exaggeration, pretending, straightforward directives, reframing and connotation).

**SYSTEMIC FAMILY THERAPY** (Milan):
*Key Concepts:* Dysfunctional families maintain "symptoms" by sacrificing a family member to homeostatic needs. Male/female cotherapists & a therapy team observe and provide feedback. Three therapy stages: 1) circular family questioning to produce a hypothesis, 2) strategy building, 3) family task(s).

**Goals:** nonspecific; random flow of change via changing information and behavior patterns.

**Techniques:** rituals, prescriptive interventions, and circular questions, positive connotations (reframing) resulting in behavior change.

**SOLUTION-ORIENTED THERAPY** (O’Hanlon/Weiner-Davis/de Shazer/Berg):
*AKA: brief therapy, solution-focused therapy, etc.*

*Key Concepts:* Change is inevitable and constant, focus on present, remain goal-oriented.

**Goals:** Specifically define problems and optional ways of viewing them; seek insight from *before* the problem existed.

**Techniques:** miracle question, exception question, scaling question, progressive narratives.

**STRUCTURAL FAMILY THERAPY MODEL** (Minuchin):
*Key Concepts:* Structural failings (invisible family rules) produce problems, boundaries protect and define roles. Two family types: 1) disengaged (lacking any rigid boundaries) and 2) enmeshed (diffuse boundaries).

**Normalcy:** firm boundaries, clear hierarchy, and flexibility.

**Goals:** Establish proper boundaries, revise family rules, strengthen proper hierarchy, mobilize adaptations and alternatives.

**Techniques:** enactment, joining, reframing, restructuring.

**BEHAVIORAL FAMILY THERAPY (BFT) model (Bateson/McFarlane):**
*Key Concepts:* Focused on parenting. Behaviors are learned responses; boundaries are implicit; children naturally tend to antisocial and aggressive behaviors; behavior can be modified via proper parenting.

**Normalcy:** Normalcy refers to clear rules and equitable reciprocity.

**Goals:** Decrease problems via “who, when, where” tracking and introducing changes.

**Techniques:** assessment, time out, modeling, prompting, behavior rehearsal, shaping, problem-solving skills, education, contingency contracting.

**PSYCHOEDUCATIONAL MODEL** (Bateson/McFarlane):
*Key Concepts:* Marital and family quality can influence numerous diseases (e.g., diabetes and schizophrenia, treatment compliance, etc.).

**Goals:** Maximize coping function, offer support, provide education.

**Techniques:** four stages: joining, education, address conflicts, optimize rehabilitation.

**HISTORICAL MODELS** (less popular today—psychodynamic, generational)

**Unifying Concepts:** 1) psychodynamic roots, 2) growth and individuation are good, 3) therapies take longer, 4) therapists are more passive.

**OBJECT RELATIONS THERAPY** (Psychodynamic—Ackerman, Lidz):
*Key Concepts:* Per homeostatic family systems theory, infants "introject" (internalize) pleasure and frustration. "Power object" is mother. Feelings merge in fantasy and distort reality. Therapy reconciles unconscious childhood patterns and grounds them in reality.

**Normalcy:** Normalcy requires accurate perceptions of relationships and current realities.

Böszörményi-Nagy emphasized scapegoating and relational equity issues; Lidz recommends 1) producing a parental coalition and 2) creating generational boundaries and establishing sex-linked parent roles.

**Goals:** Provide insight and conflict resolution and pursue relationship reconstruction, unification, and individual and family growth.

**Techniques:** Offer insights and resolve conflicts from early attachment figures. Therapists remain neutral to facilitate undistorted address if intrapsychic introjects.
MULTIGENERATIONAL FAMILY THERAPY (family systems model—Bowen):  
*Key Concepts: Use a three-generational perspective (intergenerational transmission of issues); differentiation is lost via "emotional cutoff" from parents, leading to "fusion" in marriage, triangulation, projection, and conflict.  
*Key Terms: nuclear family emotional system (high emotionality leads to undifferentiated children), triangles (anxiety and fusion require third party to achieve stability), family projection (transmitting undifferentiation to children), multigenerational transmission (passing on pathology), genograms (multigenerational family maps).  
*Normalcy: adequate differentiation, intellectual and emotional balance.  
*Goals: improved emotional balance, cognitive functioning, differentiation, detriangulation, and reduced emotional cutoff.  
*Techniques: exploring family issues by tasks such as visits with relatives, letter writing (to living and dead), and releasing negative. Therapist becomes the "triangulated child," coaches via questions to remain neutral, and assigns tasks.  

EXPERIENTIAL MODEL  
(Existential/Humanist—Sarit/Whitaker).  
*Unifying Concepts: Emphasize growth via focus on the "here and now," self-monitoring of "internal processes," and emergence of "self" from within the family context. Sarit established "conjoint therapy." Whitaker rejected theory, emphasized family experiences and family structure.  

EXPERIENTIAL FAMILY THERAPY (Sarit model):  
*Key Concepts: Interpersonal functioning seen in communication patterns; validating individual growth facilitates change and resolves developmental delays. Damaged self-esteem from negative parent/child interaction. Increased individuation paradoxically produces greater intimacy.  
*Three Phases of Therapy: 1) Initial: life history and family of origin exploration, life expectations, marriage, and parenting. 2) Second: encounter vulnerability by open expression of feelings, needs, and wants. 3) Third: issue resolution via action plans.  
*Communication Patterns in Stress: placating, blaming, super-reasonable, irrelevant behavior.  
*Normalcy: Normalcy is possessing both a separate and a shared life, with open communication.  
*Goals: Position differences as paths for growth; use negotiation to improve decision making and communication.  
*Techniques: activities, drama, family reconstruction, family sculpting, "I" statements, rephrasing, and ropes and blindfolds.  

EXPERIENTIAL FAMILY THERAPY (Whitaker model):  
*Key Concepts: Individuals learn first via the family. Rigid patterns, closed communication, and an atmosphere of emotional deadness produce dysfunction. Experiential therapy liberates impulses and affects, frees suppressed emotions, and allows divergent, intimate expression.  
*Goals: growth, via experience, increased generational separation, enhanced uniqueness, and becoming more flexible and spontaneous.  
*Techniques: stir-the-pot, absurdity, confrontation and self-disclosure, modeling fantasy, free associations, dream sharing, augmenting despair, and redefining symptomology.  
*Co-therapy manages countertransference and emotional tension.  

COGNITIVE/BEHAVIORAL APPROACH TO FAMILY THERAPY  
(Cautella)  
*Overview: Consists of cognitive restructuring, covert behavioral rehearsal, and self-statements work.  

KEY FAMILY THERAPY TERMS:  
*Concurrent Therapy—multiple related clients seen separately by therapists.  
*Cojoint Therapy (Sarit)—treating two or more related clients together.  
*Cotherapy (Whitaker)—two therapists in sessions to manage countertransference and emotional tensions.  
*Disengaged Family—emotionally cutoff by limited interaction, etc.  
*Double Bind (Batson, MIR group)—an inability to commit or leave due to contradictory messages on multiple levels. Batson: Double bind between mother and son can contribute to schizophrenia.  
*Emmeshed Family—lacking emotional and behavioral boundaries and identity.  
*Feedback Loops—returning information used to adjust behavior.  
*Homeostasis—balanced family equilibrium.  
*Identified Patient—identified by family.  
*Individuation—healthy sense of self in the context of family.  
*Parentified Child—a child pressed to care for siblings.  
*Propinquity—the role of proximity in mate selection.  

APPRAISAL AND ASSESSMENT  

RELIABILITY (consistent, repeatable, precise):  
*True Score: actual performance in ideal conditions (not fully possible).  
*Error: random error involved in testing.  
*Pearson Product Moment (Pearson's r): correlation coefficient of reliability; ranges from +1.0 to -1.0; validity score cannot exceed reliability score; 0.0, no reliability; +0.80, good; +1.0, perfect correlation.  
*Confidence Band: use of Pearson’s r to estimate the difference between degree of error and true score.  

TYPES OF RELIABILITY:  
*Test/Retest: same test and subject, consistent over time.  
—Coefficient of stability: degree of consistency over time.  
*Alternate Form: equivalent tests given at separate times; yields a coefficient of equivalence (precision) measure.  
*Split-Half of Internal Consistency: equivalent question (measuring same thing) given once to a group, then divided into separate (half) scores. Offers measure of internal consistency.  
*Kuder-Richardson (Rationale) Equivalence: reveals how all items on a test relate to each other via interitem consistency. KR is the best test of reliability, and KR20 is the best of all such standardized tests.  
*Interrater (Scorer) Reliability: Differences due to different observers; -0.80 is desired.  
*Alternate Reliability Checks:

—Standard error measurement (SEM): offers "true score" variation from the mean (between +1 & -1 about 68% of the time; +2 and -2 about 95% of the time; and, +3 and -3 about 99.7% of the time).  
—SEM Values: if low = high reliability; if high = low reliability; predicts Type 1 error probability via significant “beta weight.” Beta weights predict level of relationship between a “predictor” variable and a “criterion” variable (e.g., G.P.A. and IQ).  
*Factors Affecting Reliability:  
—Test length (longer = better).  
—Examinee characteristics (homogenous, more reliable).  
—Item difficulty (midrange is best).  
—Guessing (worst effect in true/false tests as opposed to multiple choice).  

VALIDITY (does a test measure what it claims?):  
*Internal Validity: degree of certainty that independent and dependent variables have a true cause-and-effect relationship.  
*External Validity: generalizability from the test population to the general population.  
*Construct Validity: when testing something that cannot be directly observed, established by 1) factor analysis and 2) correlating with other similar tests measuring the same construct.  
*Content Validity: the degree to which the test items cover all the items the test should cover (e.g., achievement tests).  
*Criterion-Related Validity: the degree to which the finding may be predictive (e.g., SAT Reasoning Test, Minnesota Multiphasic Personality Inventory, etc.).  
*Internal Consistency (homogeneity): High correlation between test items.  
*Statistically Based (factor based): high loading (grouping) of factors without an apparent operant relationship.  

MEASURES OF CENTRAL TENDENCY:  
*Mean: arithmetic average.  
*Median: midpoint (least affected by skew).  
*Mode: most common high score.
STANDARDIZED TESTING:

*Individual Intelligence Tests: measures capacity for learning, etc. The term "IQ" is no longer used. New term: Standard Age Scores (SAS).

—Stanford-Binet Intelligence Scale (SB-IV): ages 2 through adult. Mean = 100; SD = 16.
—Classification levels: mild: 50–55 to about 70 (−2SD); moderate: 35–40 to 50–55 (−3SD); severe: 20–25 to 35–40 (−4SD); profound: 20–25 or lower (−5SD).
—Wechsler Intelligence Scales: The mean is 100, and the SD is 15. Three age-related formats: 1) WPPSI R: 3–7 yrs. 3 mos. 2) WISC R: 6–16 yrs. 11 mos. 3) WAIS R: 16–74 yrs.
— Kaufman Scales: Two age-related formats: 1) K-ABC (Kaufman Assessment Battery for Children): ages 2½ to 12½ (including physically, linguistically, and/or culturally disparate/impaired). 2) KAIT (Kaufman Adolescent and Adult Intelligence Test): assesses both acquired knowledge ("crystallized intelligence") and problem solving ("fluid intelligence").
*Group Intelligence Tests (schools, etc.):
—Otis-Lennon School Ability Test (grades 1–12)
—Lorge–Thorndike Intelligence Test (3rd grade through college freshman).
*Culturally Sensitive Intelligence Tests: SOMPA (System of Multicultural Pluralistic Assessment). Ages 5 to 11; uses WISC-R; requires information from parents, and medical history.
— Raven’s Progressive Matrices. Ages 5 to adult of normal intelligence; Advanced Progressive Matrices for those of above-average intelligence.
—IPAT (Institute for Personality and Ability Testing) by R.B. Cattell. Eliminates language issues via nonverbal tests. Three age levels: 1) 4–8 yrs. and cognitively delayed adults, 2) 8–12 yrs. and adults, 3) high school and adults of superior ability.
*Achievement Tests: Measure what one has already learned.
—PIAT-R (Peabody Individual Achievement Test). Assesses general achievement, ages 5 to 18.
—WRAT-R (Wide-Range Achievement Test). Ages 5 to adult: vocational aptitude, job placement, and personality.
—Other Common Tests: ABLE (Adult Basic Learning Examination), CAT (California Achievement Test), GED (General Educational Development), ITBS (Iowa Test of Basic Skills), SAT (Stanford Achievement Test).
*Multiple Aptitude Tests: educational placement or classification.
—DAT (Differential Aptitude Test): education and career advisement, 8th grade and above.
—GATB (General Aptitude Test Battery): military recruit qualification.
—SAT (Scholastic Aptitude Test): college admission qualification.
—Others: GRE (Graduate Record Examination), GMAT (Graduate Management Admission Test), LAST (Liberal Arts and Sciences Test): for advanced degree admission qualification.

*Personality Inventories: evaluates personality structure and stability.
— CPI (California Psychological Inventory): Based on the MMPI, 434 items; ages 13 and older; culturally sensitive for career counseling and hiring.
— EPS (Edward Personality Preference Schedule): Derived from Murray’s manifest need system. Measures intrapersonal needs via personal preference (ipsative) scores; for career counseling.
— MCMI-III (Million Clinical Multiaxial Inventory—III): best suited for undifferentiated psychiatric patients.
— MMPI-2 (Minnesota Multiphasic Personality Inventory—revised): ages 16–84.
— Subscores: lie score (L), infrequency score (F), correction score (K). Normal Range: 50, SD +/- 10; cutoff 65. Higher = pathology.
— MCMI-A: 478-item adolescent version.
— PIC-R (Personality Inventory for Children): parental responses to 420 T/F inventory items.
— 16 PF (Sixteen Personality Factor Questionnaire—by R.B. Cattell): ages 16 to adult; personal and career counseling.
— Interest Inventory (career counseling).
— CISS (Campbell Interest and Skills Survey): newer test; seven occupational themes: adventuring, analyzing, creating, helping, influencing, organizing, and producing.
— CAI (Career Assessment Inventory): assessment for service occupations, skilled trades, and technical services.
— JVIS (Jackson Vocational Interest Survey): based on work roles and work styles.
— KGIS (Kuder General Interest Survey—a version of KOIS): 10 interest scales, grades 6–12.
— KOIS (Kuder Occupational Interest Survey): 10 broad interest scales (artistic, clerical, computational, literary, mechanical, musical, outdoor, persuasive, social service) and occupational scores.
— SDS (Self-Directed Search): Uses Holland’s six hexagonal occupational themes in exploring individual interests.
— SII (Strong Interest Inventory): Oldest inventory (since 1919; revised in 1994). General and career counseling.
— VIE (Vocational Interest Estimate): 109 occupational groups and 40 college majors.

TESTS FOR SPECIAL POPULATIONS:
— ADHD (Attention Deficit Hyperactivity Disorder): Used to differentiate between hyperactive and nonhyperactive.
— CAAS (Children’s Attention and Adjustment Survey): for ages 5–13; addresses both home and school behaviors; evaluates intervention success as well.
— CBCL (Achenbach Child Behavior Checklist): available in both parent and teacher report formats.
— Conners’ ADHD Scales: Conners’ Teacher Rating Scale—Revised (CTRS-R), a 28-item scale; 3 to 17 years of age. Conners’ Parent Rating Scale (CPRS-R): 48-item scale for use by parents.
— Infant/Child Development (ages 4 weeks to 5 years).
— Bayley Scales of Infant Development: Emotional and physical development of infants 2 to 30 months old.
— Gesell Development Schedules: observational; assesses development and personal-social skills; early identification of behavioral, neurological, and organic abnormalities.
— Mental Retardation: Public Law (PL-94-142) passed in 1975, requires education of handicapped children in “least restrictive environment.” It was amended in 1997 and re-enacted as the Individuals with Disabilities Educational Act (IDEA). Now includes ADHD, dyslexia, depression, and “504” learning problems.
— American Association on Intellectual and Developmental Disabilities (AAIDD) Adaptive Behavior Scales (ABS): Ages 3–18 years; assesses capacity to cope with environment. “Maladaptive” scale evaluates destructive behavior and hyperactivity, etc.
— Vineland Adaptive Behavior Scale: self-sufficiency evaluation for ages 0–18 and age 11 to low-functioning adulthood. Focus is on actual behaviors not theoretical capacity.
— Physically Handicapped Persons:
— Hikse–Nebraska: Nonverbal intelligence test; ages 3–17 (for the deaf, speech impaired, bilingual, etc.).
— Leiter International Performance Scale: For children having sensory/motor deficits, or reading or language difficulties.
— Peabody Picture Vocabulary Test (PPVT-R): Preschool to adult and the orthopedically and/or speech impaired.
— Porteus Maze Test: Intelligence test for children with motor deficits; uses head movements to answer.
*Identification of Neuropsychological Deficits:
— Bender Visual-Motor Gestalt Test: Ages 5 to adult. Explores brain damage, ego structure and function, and personality conflicts.
— Halstead–Reitan Battery: Evaluates cognitive, motor, and perceptual deficits; identifies brain lesions/damage.
— Luria–Nebraska Neuropsychological Battery: Detects areas of brain damage and multiple sclerosis.
— Learning Disabilities: Two primary tests: combine parent and/or teacher observations and student responses.
— Kaufman Test of Educational Achievement.
— Woodcock–Johnson Psycholinguistic Battery, Revised.

INDIVIDUAL vs. GROUP TESTING:

— Group: Pros: Economical; normative data available; scoring is objective. Cons: Often dependent on subjects’ reading skills; rapport is poor; unknown factors may affect the outcome.
GROUP DYNAMICS, PROCESSING, AND COUNSELING

*Yalom: therapeutic (curative) factors (most important factors):
1) altruism, 2) cohesion, 3) catharsis, 4) feedback, 5) insight, 6) interpersonal skills, 7) family re-enactment, 8) identification, 9) instillation of hope, 10) spectator learning, 11) universality.

*Group Structure Recommendations:
—Group Size: Adults: 8-10; children: smaller (two or more); diverse problems but within 1 year in age.
—Meeting frequency: weekly, 1-2 hrs.
—Homoogeneity: closely match intelligence, age, vulnerability, ego strength, & tolerance for anxiety.
—Heterogeneity: in conflicts, problems, and socio-economic status. Adolescents, however, do better with peers.

*General Group Stages: 1) inclusion, 2) power, 3) affection.

*Tuckman's Specific Group Stages:
1) orientation (forming), 2) transition (storming), 3) norming, 4) working (performing), 5) termination (adjourning).

GROUP LEADERSHIP

*Group Leader Styles: 1) authoritarian, 2) democratic (common), 3) laissez-faire.

*Leader Responsibilities: 1) group creation, 2) member screening, 3) establishing group culture, 4) keeping to the "here and now."

*Leadership Roles & Involvement: 1) telling, 2) selling, 3) participating, 4) delegating.

*Leadership Skills: 1) active listening, 2) encouraging and supporting, 3) modeling, 4) questioning and summarizing, 5) reflection and clarification, 6) self-disclosure.

*Leadership Characteristics: 1) empathetic, 2) no excessive anxiety, 3) tolerance, 4) perceptive/intuitive, 5) mature, 6) poised.

*Group Work Advantages: 1) Models everyday interactions and 2) fosters give and take.

*Group Work Disadvantages: 1) loss of individual focus, 2) confidentiality challenges, 3) harder to control and reduce harm, 4) scapingoing and “groupthink” can force opinions of others.

*Success Tips: 1) If multiple leaders: outside meetings are needed for collaboration and focus. 2) Corey: prior group participation enhances effectiveness. 3) Trust is crucial. 4) Optimal leaders: high in meaning and caring, moderate in executive functioning and emotional stimulation.

GROUP TYPES, TERMS, AND RECOMMENDATIONS

*Groups (Lewin): focus on human relationship development in organizations (see the National Training Lab of the National Education Association).

*Encounter Groups (Rogers/Esalen): focused on "I/you" and "here and now" encounters to stimulate personal growth.

*Consciousness Raising Groups: political and social issues and sensitivity training.

*Ginott Children's Groups: recommended focus on play therapy for children (ages 3-9) with diverse needs & problems, and within one year in age; media variety is helpful (Dinkmeyer et al.).

*Sociogram Mapping: Can help track and refine group interactions—the “star” is central; “isolation” refers to exclusion; “clusters” host the majority.

GROUP COUNSELING THEORY AND METHODS

*Johari Window in Group Work: moves members from "secret areas" to "blind areas" (unknown to self, known to others), into "open areas" (via self-disclosure and feedback). Address of "unconscious areas" (unknown to self and others) only ethically accomplished in individual counseling.

*Psychoanalytic Group Work: techniques: 1) free association ("go-around" approach); 2) interpretation; 3) mutual insight sharing; 4) dream analysis; 5) exploring transference, multiple transference, and countertransference.

*Adlerian Group Work: Shaped by social interests and interactions. Assessment via 1) family constellation exploration, 2) reporting memories, and 3) lifestyle investigation. Primary intervention: members asked to "act as if.”

*Glasser Reality Therapy Work: Focused on "facing reality" and developing "success identity." Methods: confrontation, contracts, humor, modeling, role playing, and action plans.

*Rational Emotive Group Work: Leader confronts, challenges, and deconditions behaviors. Uses "three D’s of disputing irrational beliefs (detect, debate, discriminate—see Ellis). REBT (Rational Emotive Behavior Therapy) used as self-help strategy (Maultsby).

*Transactional Analysis Group Work: focused on "redefinitions" for change via script analysis, family modeling, role playing, etc. (see Berne).

*Existential Group Work: Focused on existential themes, including self-awareness, self-transcendence, and authenticity (promotes freedom and responsibility).

*Person Centered Group Work (Rogers, Egan, Carkhuff, Ivey): Focused on congruence, positive regard, and empathy. Facilitated by clarification, feelings reflection, and active listening. Group stages (in order): miling, resistance, past feelings described, new feelings expressed, exploration, here-and-now expressions, healing capacity development, self-acceptance, shedding facades, feedback, confrontation, improved relations outside group, basic encounter, closeness, changed behavior.

*Gestalt Group Work: Focused on moving from external to internal support, and awareness of responsibility avoidance. Growth via "body messages" and completing "unfinished business." Methods include using a "hot set" during member rounds.

*Behavioral Group Work: Focused on assertiveness training and inoculation (Meichenbaum). BASIC I.D. seeks behavioral modification, enhanced coping skills via information, imposive therapy, operant conditioning, reinforcement, coaching, modeling, feedback, challenging, and cognitive change.

*Psychodrama in Group Work: Acting out past, current, or likely future events. Components: 1) the stage (life); 2) director (facilitator); 3) techniques: auxiliary egos, double technique, future projection, mirroring, role reversal, and soliloquy; 4) protagonist; 5) auxiliary egos (others); 6) audience (group, feedback).

RESEARCH AND STATISTICS

Ideal research will 1) control independent variable(s), and 2) use a randomly assigned sample.

*Reporting Research: 1) State purpose, identify variables (independent and dependent) and study population. 2) Use "null hypothesis" (NH) to state a research hypothesis (e.g., claiming a relationship using verbiage from Type I error (alpha) that rejects the NH, or from Type II error (beta), accepting the NH.

*Sampling: Must be "random" (directly, or by random assignments into groups) to ensure it is "representative." "Cohorts" have a key similar characteristic (e.g., age range). Placebo group: receiving no intervention. Double blind: no one (including researcher) knows who is in the placebo or intervention groups.

*Sampling Types: Simple: all have the same change of random selection. Stratified: arranged in layers and samples from each layer. Cluster: sampling from a known intact group. Systematic: choose every Nth in a population.

*Validity Threats and Control: "Procedures" must minimize threats to internal validity (design flaws) and external validity (generalizability).

Internal validity flaws: 1) history (unexpected events), 2) maturation (subject changes), 3) testing (familiarity), 4) statistical regression (outliers move toward mean over time). External validity flaws: 1) multiple-treatment interference (consecutive treatments), 2) Hawthorne effect (test awareness changes subjects), 3) novelty effect (diminishing effects over time), 4) experimenter effect (changes due to investigator influence), 5) Rosenthal ("halo") effect (early impression creates bias).

*Research Types: Action (practical field study); correlational (measures only correlation, not cause–effect; Pearson r (product-moment) for interval and ratio data; Spearman rho (for ordinal data); descriptive (no hypothesis, mapping existing variables over time); experimental (single study of cause and effect; most powerful is the Solomon; 4) quasi-experimental (can’t control all variables, but group is already intact—common in the counseling field); historical (e.g., literature review); outcome (measured only after treatment completed); Process (changes seen during an intervention).
STATISTICS
*Scale Types: nominal (sorts to categories only; not precise); ordinal (classifies and ranks; more precise); interval (measured at equal intervals); ratio (most precise).
*Descriptive (Summary) Types: grade equivalent (GE)—average raw score; percentile rank (PR—percentages at or under a score); standard scores (from the "normal curve," derived into: Z scores—most basic; mean of zero and SD of 1), T scores (mean of 50, SD of 10—most used); stanines—division of the normal curve into nine unequal parts.
*Variability Measures (spread of data): 1) Range (span—highest minus lowest; round up if needed); 2) standard deviation (range—6 = SD; average the variation of scores around the mean).
*Variance Calculation: 1) calculate the mean; 2) subtract scores from the mean and square the difference of each; 3) add up the squared products; 4) divide by the number of scores.
*Correlation Coefficient: reveals the degree of a relationship between two variables. If negative: both increase while the other decreases (or vice versa). If positive: both variables increase. Most popular correlation measures are the Pearson r (product—moment) and Spearman rho.
*Inferential Statistics: used to generalize to the larger population. Level of Significance ("P" or "confidence level": if 0.05 or less, then 5 or less times out of 100, the results are not due to chance).
*Most Common Inferential Statistics: 1) chi-square (observed frequencies of nominal data compared with expected frequencies—tests the independence of two nominal variables); 2) T-test measures statistical significance between the means of two groups—requires interval or ratio data; and 3) ANOVA (analysis of variance—similar to T-test but used with three or more groups).
LIFESTYLE AND CAREER DEVELOPMENT (five general theories):
*Trait and Factor Theories: 1) Frank Parsons: three factors: a) understand person's traits; b) explore various occupations; and c) match the person with career factors. C.H. Miller: Choosing an occupation is a single event. Edmond Williamson: six-step directive counseling (analysis, synthesis, diagnosis, prognosis, counseling, and follow-up).
*Personality-Based Theories (matching personality and career): 1) Ann Roe (highly deterministive view): careers selected to gratify needs, due to one's childhood parenting (warm style = person-oriented work, cold style = technical or scientific work). Poor career match can potentially be damaging. 2) John Holland (RIASEC; hexagram): Congruence is needed between work and personality. 3) Carl Rogers: career choice affected by motivation and affective factors; primary goal: self-understanding. Robert Hoppock ("composite theory"): meeting "perceived needs" is key.
*Developmental-Based Theories: Eli Ginzberg: Four factors that shape career choice: reality (environment), education (limits), emotions, and personal values. Three career development periods: a) "fantasy period" (ages 10–12); "tentative period" (ages 13–18, exploring skills and interests); and, "realistic period" (ages 17–21), with substages of exploration, crystallization (ages 19–21), and specification. Donald Super: self-concept shapes life career patterns. Five developmental tasks: crystallization (ages 14–18); specification (ages 18–21); implementation (ages 21–24); stabilization (ages 24–35); consolidation (ages 35+). Major points: Career development is lifelong; career pattern arises from parental socioeconomic, personal capacity, opportunity, and personality; work/life satisfaction arises from interests, abilities, values, and "life rainbow" refers two life stages: longitudinal (maxi life cycle, with mini cycles interspersed), latitudinal (life space role). "Arachnoid model" integrates biological, psychological, and sociological career determinants. Super & Kidd: "Career adaptability" related to capacity to accept and integrate career changes. Tiedeman/O'Hara: Eriksonian model of career "stages": a) differentiation, integration, and ego-identity (central feature).
*Social Learning Theory (available life models): Rotblolz: Four influential career factors: a) genetics/special abilities, b) environment, c) experiences, and d) task-approach skills.
*Situational Theories (factors beyond personal control): Hotchkiss & Borow: careers shaped by social institutions in four ways: (1) citizen socialization, affiliations, lifestyles, and mobility/advancement. Blau/Duncan: paternal occupation/education are influential in ultimate career choices.
COUNSELING SPECIAL GROUPS: Major challenges: low skills; poor career adjustment; limited income; and incongruities (prior jobs and self). Four progress steps: education, counseling, information, realistic training and placement. Midlife crisis (30–45). Delayed entrants (paroled, military, homemakers). Projections: increased women, minorities, immigrants; six to eight career changes in lifetime; average age increasing (current: 25–54).
SOCIAL AND CULTURAL FOUNDATIONS:
*Terms: acculturation (accommodating dominant culture); assimilation (internalizing dominant culture); ethnic pluralism (reaching old and learning new); ageism (age-based biases); prejudice (beliefs based on assumptions); discrimination (acting on prejudices); YAVIS (young, attractive, verbal, intelligent, successful): preferentially selected by counselors to offer help.
*Major Contributor: Donald Sue: Minorities less likely to seek counseling; drop-out rate less is 50% (vs. 30% for Anglos). Low socioeconomic status leads to poor treatment and biased diagnoses of mental illness. Stages of racial identity (in order): conformity, dissonance, resistance & immersion, introspection, and integrative awareness.
*Generic Issues: Culture-bound values, class-bound values, language. Class and cultural issues may lead to faulty diagnoses.
*Women and Work: more likely than men to experience three things: sexual harassment, discrimination, and career choices based on family and children.
MARRIAGE & DIVORCE ISSUES:
*Teens: Two to three times higher divorce rates (75% vs. 48% for older adults; usually in the first five years).
*Middle-Aged: Second and third marriages lead to the second-highest divorce rates.
*Children of Divorce: Age 18 can expect their parents to divorce. Most traumatic for those ages 3–6 (they assume responsibility); one-third carry lasting psychological trauma (agression increases in boys 7–12); remaining in contact with both parents helps.
*Teen Pregnancy: Rates increasing, though with fewer children due to abortion. One million girls (age 15–19) pregnant annually – 90% keep baby. If unwed, 74% don’t marry (ages 15–34). Related problems include: low high school graduation (15%–30%); un- or underemployment; welfare dependency; poor parenting; burden shifting to aging grandparents.
GAY, LESBIAN, & BISEXUAL CULTURE:
*Prevalence: 3%–8% self-identify as homosexual; 9%–10% report past same-sex experiences.
*Key Interventions: Accepting sexual identity; coping with "coming out", overcoming discrimination, and stigma.
*Coping with HIV/AIDS: use voluntary counseling and testing (VAT) strategies; address behavioral change; promote community-centered acceptance; promote treatment options and compliance highly active antiretroviral therapy (HAART); AZT (zidovudine); nevirapine; etc.
EPIDEMIOLOGY OF DEATH:
*Health Mortality (adults): 1) heart disease; 2) cancer; 3) stroke; 4) lung disease. AIDS is the primary mortality cause among males ages 25–45.
*Environmental Mortality (adults): 1) tobacco, 2) diet and inactivity, 3) alcohol.
*Leading Preventable Youth Deaths (15–24): 1) alcohol-induced accidents; 2) homicide (41% are black males 15–19, 6% of all childhood [age 0–19] deaths are from gunshots); 3) suicide.
*Life Expectancy: men, 72 years; women, 79 years.
*Elde & Suicide: most common demographic for suicide.
PROFESSIONAL ORIENTATION (Ethics):
*Two Primary Principles: 1) favor the client where possible and 2) follow standards of governing bodies.

*ACA (American Counseling Association):
Universal principles: autonomy (self-determination, informed consent); confidentiality; veracity (truth telling unless misinformation clearly prevents harm); beneficence; nonmaleficence; role fidelity (competence); justice.

*Reamer (six guidelines to ethical decisions): 1) Rules against "basic harm" will override rules against milder harms (confidentiality vs. suicide); 2) others' right to well-being trumps another's right to self-determination (child abuse vs. right to anger); 3) self-determination trumps self well (e.g., refuse treatment); 4) laws ordinarily trump wishes (reporting abuse over minor victim's objections); 5) right to well-being may override mutual agreement (elderly agreeing to live in substandard setting); 6) right to public good overrides property control (eminent domain, taxes, etc.).

*Important terms: malpractice (injury due to errant conduct); professional negligence (failing to act as required); malfeasance (harm via intent and force); privileged communication (confidentiality); duty to warn (Tarasoff); privacy (info release); Buckley amendment (parent right to child's education); professional disclosure statement (posted); educational records); fees (no kickbacks, fee extortion, etc.).

**THEORISTS (Annotated):**

*Psychoanalytic (analysis):
**Freud:** Analysis of dreams, resistance, and transference; free association (unconscious).

*Neo-Freudian (psychodynamic):
**Adler:** Birth order; striving for power; superiority/inferiority; family constellation.
**Erikson:** Lifespan theory (incl. adolescence).
**Fromm:** the art of loving, five characteristics needs, five anxiety needs.
**Horney:** three self-concepts (actual, real, idealized).
**Jung:** Collective unconscious, polarities (persona/shadow), symbol & myth.
**Rank:** Birth trauma, separation anxiety.
**Reik:** Listening with the Third Ear (1948).

**Sullivan:** Ego function, protaxic, parataxic, syntactic.

*Existential:
**Frankl, May, Yalom** freedom and responsibility.
**Maslow:** Innate talents and capacities, needs hierarchy, self-actualization.
**Gestalt:**
**Perls:** polar splits, introjects, empty chair, hot seat, unfinished business.
**Person Centered (client focused):
**Egan/Carkhuff/Ivey:** empathic understanding, attending, responding, action skills.
**Carkhuff/Truax:** human resource development, empathy, warmth, genuineness, research: helpful vs. harmful counseling.
**Rogers:** organismic valuing process (OVP), empathy, congruence, unconditional positive regard.

**Transactional Analysis (TA):**

**Berne:** Three ego states (child, adult, parent), choice potential, rackets, strokes, scripts.

*Rational Emotive Therapy (RET):**
**Ellis:** Cognitive restructuring, ABCDE model (activating event, beliefs, consequences, dispute emotions, ultimate behavior).

*Reality Therapy:
**Glasser:** failure vs. success identity, focused on "what" not "why" and behaviors over feelings.

*Neuro-Linguistic Programming (NLP):
**Bender & Grinder:** behavioral rehearsal, cognitive mediation (visual), observational learning (in vivo).

**Rotter:** internal/external locus of control, expectancy reinforcement.

*Cognitive Behavioral Modification:
**Beck/Meichenbaum:** distorted thinking, irrational beliefs, depression scale.

*Developmental Theory (accommodation and assimilation):

**Piaget:** Sensorimotor, preoperational, concrete operations, formal operations.
**Eclectic Approach** (early proponent: Frederick Thorne)

**Allport**:

* Family Therapy (ego states):
**Allport:** Three proprium (ego) traits: cardinal (dominant), 2) central (parts of 5 to 10 universal traits), 3) secondary (quieter, less evident traits).

* Lazarus: multimodal, BASIC-I.D.


* Family Therapy (homeostasis, family secrets, double blind).

* Minuchin (structural family therapy): dysfunctional triangles, boundaries (emmeshed/disengaged, joining/enactment).

* Haley/Madanes (strategic family therapy): metaphorical communication (reframing, renaming, paradoxical injunctions); family reorganization.

* Bowen (multigenerational family therapy, family systems): genograms, sibling order, guide toward differentiation.

* O’Hanlan, Weiner-Davis, DeShazer (solution-oriented therapy): progressive narratives, miracle, exception, scaling questions.

* Satir (human validation process model): unmet needs, blocked communication, family member roles, family sculpting.

* Whitaker: Unconscious emotional infrastructures, "stir the pot," guide family toward greater flexibility and spontaneity.

* Ackerman (homeostatic family systems): pathological personality patterns, complimentary roles, guide through personality issues and negotiate change.

*Theory-Based Groups:

**Adlerian:** proposing "as-if" actions, recollections and lifestyles, family constellations.

**Psychoanalytic:** Leader remains "anonymous" (members do sharing), "go-around technique," free association.

**Johari Window** (model): move from "secret area" to "blind area," to "open area."

**Reality Therapy Groups:**

—Glasser: therapist uses "classroom meetings" to model "success-oriented behavior," members pursue "success identity."

**Rational Emotive Therapy (RET) Groups:**

—Ellis: detect, debate, discriminate (three Ds of disputing irrational beliefs).

—Maultsby (REBT, based on RET): self-help role-playing strategy, assertiveness training, use behavioral techniques, assigned homework as needed.

**Transactional Analysis Groups:**

—Berne: Redecision model: group members as "family" (modeling past influences), make new decisions for change (therapist didactically assists).

**Existential Groups**

—Frankl, May, Yalom: authenticity, freedom, and responsibility.

—Maslow: innate capacity and talent, needs hierarchy, self-actualization.

**Person-Centered Groups** (client centered)

—Egan/Carkhuff/Ivey: Allow members to find their way with limited leader assistance.

**Gestalt Groups** (confront responsibility avoidance and move to self-support; leader helps identify "body messages."

—Perls: polar splits, introjects, empty-chair technique, hot seat, unfinished business.

**Behavioral Groups**

—Lazarus: BASIC-I.D.

—Meichenbaum: Assertiveness training, stress inoculation.

Psychodrama (audience, stage, director; auxiliary egos).

—More: catharsis and understanding, techniques: soliloquy, role reversal, mirroring, double technique, auxiliary egos, future projection.

**CO-DEPENDENCY ISSUES:**

* Dysfunctional Family: possessing fear, anger, pain, or shame that is ignored or denied.

* Codependency: Learned emotional and behavioral condition, self-sacrifice to meet others’ needs.

* Codependent Characteristics: exaggerated responsibility, confuse “love” with rescuing, disproportionate doing for others, high need for approval, easily hurt, feel guilt for self-assertion, lack trust, fear abandonment, confused feelings, poor adjustment to change, boundary issues, chronic anger, honest issues, poor communication, decision-making problems.

* Codependency Interventions: education, group work, link childhood issues with current self-defeating behavior, identify feelings, reconstruct family dynamics, establish proper boundaries.
ADOLESCENT & ADULT DEVELOPMENT:
*Primary tasks of adolescence: 1) becoming independent and 2) establishing personal identity.

*Adolescent Stages: Stage 1, Ages 11–14: sexual development, Oedipal/Electra feelings present, peers more important, self-absorbed, 20% have "stormy" course. Stage 2, Ages 14–17: heterosexuality emerges, first love, greater independence sought. Stage 3, Ages 17–20: physical maturation, logical and abstract thinking, sense of morality expands, concerns turn outward.

HOLLAND’S CAREER HEXAGRAM (used to help achieve consistency and congruence in choosing a career). Differentiation refers to the degree of overlap between areas (sides): high, low, etc.

Six sides: conventional, realistic, investigative, artistic, social.

BELL CURVE STATISTICS
Learn and know to reproduce on paper and to convert from one statistic to another.

**OTHER STATISTICAL TERMS:**
*Bimodal, a distribution with two "modes." Three or more, "multimodal."

*Measures of Variability: variance, standard deviation (SD), standard error of measure (SEM).

*Types of Distribution: skew (normal, positive, negative).

*Bivariate Relationships (a correlation between two variables): histogram or scatterplot can show 1) no relationship (vertical or horizontal line, or no line at all), 2) positive relationship (slants right at top), 3) negative relationship (slants left at top).