## Issues and Ethics in the Helping Professions Gerald Corey MARIANNE SCHNEIDER COREY PATRICK CALLANAN CROMPONIMACION CROMPO

## Chapter 2--The Counselor as a Person and as a Professional

|    | Student:   |
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| 1. | Rhonda is a counselor at a drug and alcohol treatment center. She grew up in an alcoholic home and is not fully aware of the "unfinished business" she has with her parents. She is still angry and resents her parents for having to grow up in an alcoholic family system. It is most likely that Rhonda will:   |
|    | <ul> <li>A. be able to understand her addicted clients through her own childhood experiences.</li> <li>B. examine her unresolved conflicts as she continues to work in the treatment center.</li> <li>C. obstruct the progress of her clients as they attempt to move towards recovery.</li> <li>D. feel comfortable with her clients because she is familiar with their behavior.</li> </ul>  |
| 2. | Ronald directs his clients toward solutions instead of encouraging them to seek alternatives for themselves. He is likely to have a strong need:   |
|    | <ul><li>A. for approval.</li><li>B. to feel a sense of achievement and accomplishment.</li><li>C. to empower his client.</li><li>D. to nurture his client.</li></ul>   |
| 3. | Counselors who have unresolved personal conflicts:   |
|    | <ul> <li>A. need to recognize that their problems may interfere with their effectiveness and refrain from activities that would harm a client.</li> <li>B. must resolve all their difficulties before counseling others.</li> <li>C. are quite effective because they know how difficult it is to resolve problems.</li> <li>D. need to repress anxiety-provoking issues in their own lives before becoming effective counselors.</li> </ul> |
| 4. | is the process whereby clients place past feelings or attitudes they had toward significant people in their lives onto their therapist.  |
|    | A. Transference B. Countertransference C. Projection D. Mirroring  |
| 5. | Termination of the therapy process:  |
|    | <ul><li>A. can be mandated by ethics codes alone.</li><li>B. is regulated by state law.</li><li>C. is decided jointly by both the client and the therapist.</li><li>D. must always be decided solely by the therapist.</li></ul>   |
| 6. | Which of the following therapist behaviors might be indicative of a countertransference reaction?  |
|    | A. Overprotecting the client B. Treating the client in benign ways C. Rejecting a client D. Seeking the approval of the client E. All of the choices   |

- 7. Joanne finds herself wanting to solve her client's problems which are similar to the issues her daughter is going through. Joanne gives advice and feels frustrated when her client won't follow through on her suggestions. Her emotional reactions to her client, which involve her own projections is based on:
  - A. transference.
  - B. nurturance.
  - C. countertransference.
  - D. caretaking.
- 8. When counselors become overly concerned with meeting their own needs or pushing their own personal agendas, their behavior becomes:
  - A. annoying to the client.
  - B. unethical.
  - C. illegal.
  - D. helpful to the client.
- 9. Sexual or romantic feelings toward a client:
  - A. are the result of seductive behavior on the part of the client and need to be ignored.
  - B. are an indicator that the client needs to be referred to another counselor.
  - C. are unethical, counter therapeutic, and also illegal in many states.
  - D. do not necessarily mean that the counselor cannot effectively work with the client.
  - E. never occur if the counselor is operating within his or her professional code of ethics.
- 10. Deutsch and Farber found surprisingly similar results in their surveys of therapists' perceptions of stressful client behavior. In both studies therapists reported that the following clients' behavior was most stressful for them:
  - A. aggression and hostility
  - B. suicidal statements
  - C. severely depressed clients
  - D. premature termination of therapy
  - E. agitated anxiety
- 11. Martina has been working at a crisis intervention center for three years and is starting to have nightmares about her work. Despite having a strong work ethic, she dreads her job because she feels burdened by the lack of power she has in making decisions pertaining to the treatment of her clients. Martina is experiencing:
  - A. burnout
  - B. institutional countertransference
  - C. institutional transference
  - D. the precursor to mental illness
- 12. The responsibility for addressing the assessment, remediation, and prevention of counselor impairment lies with:
  - A. the impaired counselor.
  - B. the ethics committee and licensing board.
  - C. colleagues of the impaired professional.
  - D. All of the choices
  - E. a and b

A. An absence of boundaries with clients B. Accepting clients within one's scope of competence C. Living in isolated ways D. Being unwilling to seek professional help when experiencing personal distress E. None of the choices 14. According to the authors, what makes us "therapeutic persons"? A. The willingness to live in accordance with what we teach B. Completing the coursework in one's training program C. Getting 3000 hours of supervised clinical experience D. Both b and c \_\_\_\_\_ are the hallmarks of being able to make a difference 15. in the helping professions. A. Self-interest; ambition B. Compassion for others; dedication to serving others C. Good public relations skills; an outgoing personality D. High verbal reasoning abilities; a high I.Q. 16. Researchers point out that there is relationship between a practitioner's personal life and his or her professional behavior. A. no B. a negative C. an inverse D. often a reciprocal and causal 17. Which of the following influences the way a clinician carries out his or her professional role? A. A clinician's beliefs B. A clinician's personal attributes C. A clinician's ways of living D. All of the choices E. None of the choices 18. The authors state that in many ways, therapeutic encounters serve as mirrors in which therapists can see their own lives reflected. As a consequence, A. therapy can become a catalyst for change in the therapist as well as in the client. B. many therapists become narcissistic. C. therapists tend to commit ethical violations stemming from blurred boundaries. D. All therapists are required to participate in their own therapy. 19. Tanya seems to meet some of her personal needs through counseling her clients. This is A. a win/win situation for Tanya and her clients since it is always a sign of being highly invested in the process when counselors meet their own personal needs through their work. B. acceptable as long as these needs do not assume priority or get in the way of her clients' growth. C. never acceptable under any circumstances. D. illegal in 42 states.

13. Which of the following is not a sign of therapist decay?

- 20. When we are unaware of our needs and personal dynamics, A. we cannot harm our clients. B. we are like most clinicians practicing today. C. we are likely to satisfy our own unmet needs or perhaps steer clients away from exploring conflicts that we ourselves fear. D. it is quite possible that we are suffering from a personality disorder. 21. The NAADAC Code of Ethics (2008) states: "I shall not do for others what they can readily do for themselves but rather, facilitate and support the doing. Likewise, I shall not insist on doing what I perceive as good without reference to what the client perceives as good and necessary." This statement speaks directly to the need for A. client autonomy. B. therapist control. C. malpractice insurance. D. social justice. 22. Which of the following statements is true with regard to the rapists experiencing personal problems and A. If you are experiencing problems, you have no business practicing as a therapist. B. Psychoanalysis is increasingly being recommended for trainees who are experiencing countertransference. C. Therapists should be aware of their areas of denial and unresolved problems and conflicts. D. Therapists are strongly encouraged to work through their personal issues in supervision. 23. Cathy is an eating disorders specialist who has a past history of bulimia. Given her personal experiences with dysfunctional eating patterns, Cathy A. can draw upon her life experiences in her work as a counselor. B. should abandon her specialization and choose a new area to specialize in so as to practice ethically. C. should assume that her clients developed their dysfunctional eating patterns for the same reasons that she developed bulimia. D. should be very open with her clients about her struggles with bulimia and tell them her own stories to make them feel more comfortable. 24. Informing students prior to entering a training program that self-exploration will be part of their training A. more than satisfies the requirement for informed consent. B. only minimally satisfies the requirement for informed consent. C. has little to do with informed consent. D. is a scare tactic that many programs use to screen out prospective students who are not serious
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| 25. | Some professionals believe that self-care is a practitioners. | for mental health |
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|     |   |                   |

- A. luxury
- B. moral imperative
- C. legal requirement
- D. waste of valuable time

## Chapter 2--The Counselor as a Person and as a Professional Key

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