**Chapter 1**

**Multiple Choice Questions**

1. Dr. Jones encountered a problem with a new client in therapy. Using the model of reflective practice described in Chapter 1, what is the sequence of steps he should use in order to work with this client effectively?

a. Reflect on what has worked best in his own personal experience and apply that knowledge to the client’s problem.

b. Reflect on well-established theories; apply the theoretical knowledge to the individual's case; and then test out new ways of thinking about the problem if prior theory does not suffice.

c. Apply experience-based knowledge first, and then use theory-based knowledge.

d. First test out any method by subjecting it to rigorous scientific experimentation and then apply it for use with the client.

2. Theories of development differ from opinion primarily because

a. they provide a complete picture of development.

b. they have been proven to be true.

c. they are based on scientific research.

d. they are more abstract than opinions.

3. Which of the following helpers is most likely to have an implicit “incrementalist” belief about intelligence?

a. A counselor who recommends a strategy of academic skill building for a client who is experiencing academic problems.

b. A therapist who helps the client adjust to the limitations of his academic ability.

c. A school counselor who bases the decision about which career information to provide on the client’s intelligence test results.

d. A counselor who develops a program to track elementary school-aged children in classes that reflect their academic achievement.

4. Stage theories of development typically describe \_\_\_\_\_\_\_\_\_\_\_\_ changes in behavior, cognition, or social relationships.

a. quantitative

b. incremental

c. qualitative

d. cumulative

5. Mrs. Washington is conducting her weekly group counseling session for single young adults. Karen, a lonely young professional woman, talks about feeling abandoned by her boyfriend. The other group members listen patiently and respond empathically. Mrs. Washington reflects Karen’s feeling with concern and sensitivity. What would operant learning theory predict about Karen’s behavior in the next group session?

a. Karen will be embarrassed about her past self-disclosures and feel anxious about speaking up.

b. Karen will not self-disclose because she fears the group will lose patience.

c. Karen will not self-disclose because her problems have been resolved.

d. Karen will speak openly because she has previously received attention and support.

6. Mrs. Washington is conducting her weekly group counseling session for single young adults. Karen, a lonely young professional woman, talks about feeling abandoned by her boyfriend. The other group members listen patiently and respond empathically. Mrs. Washington reflects Karen’s feeling with concern and sensitivity. What would social learning theorists predict about the behavior of others in the group in the next session?

a. Group members will be encouraged to self-disclose after observing the positive way Karen’s self-disclosure was received.

b. Group members will be discouraged from self-disclosing because they do not want to imitate Karen’s example.

c. Karen’s behavior will have no effect on other members of the group.

d. Group members will scapegoat Karen for her self-absorption.

7. Using Erikson’s developmental theory as a framework, which of the following statements is an accurate representation of his ideas?

a. An individual cannot progress to a later stage unless the earlier stage has been resolved successfully and completely.

b. Successful progression through the stages of development depends upon effective resolution of the Oedipal crisis.

c. Successful resolution of a psychosocial crisis at each stage depends upon having more positive than negative experiences in the area of major concern.

d. Highly intelligent individuals can skip specific stages and make progress at a faster rate than other people.

8. Models of development which hold that change typically occurs in shifts between periods of relative stability and periods of disequilibrium are called

a. incremental models.

b. stage models.

c. multidimensional model.

d. information-processing models.

9. Models of development which hold that change occurs as a continuous process are called

a. incremental models.

b. stage models.

c. multidimensional models.

d. information-processing models.

10. Models of development which hold that change occurs as a function of reciprocal influences, both from within the person and from the external environment are called

a. incremental models.

b. stage models.

c. multidimensional models.

d. information-processing models.

11. In Bronfenbrenner’s model, proximal processes refer to

a. independent changes in mental processes.

b. favorable developmental conditions that are more likely to exist in one particular stage of development than in another.

c. reciprocal interactions between an organism and its immediate environment.

d. indirect influences on an organism.

12. Juan, a 7-month-old infant, lives in a city where the availability of high quality child care is very limited. His mother is forced to leave Juan in the care of a young woman who also cares for five other infants and toddlers in her small apartment. According to Bronfenbrenner’s theory, which of the following influences on Juan’s development represents an example of a proximal process?

a. The quality of care-giving Juan receives in day care.

b. Juan’s genetic inheritance.

c. State legislation regarding licensing of day care providers.

d. Juan’s cultural and economic background.

13. Juan, a 7-month-old infant, lives in a city where the availability of high quality child care is very limited. His mother is forced to leave Juan in the care of a young woman who also cares for five other infants and toddlers in her small apartment. Which of the following influences represents an example of a distal process?

a. The sensitivity of Juan’s caregiver.

b. Governmental policies and subsidies for child care that apply in the city.

c. The quality of care-giving provided by Juan’s mother.

d. The quality and characteristics of the apartment complex in which Juan and his mother reside.

14. Seven-month-old Juan and his mother live in a small rented apartment in a large city. Affordable, high quality child care centers are very hard to find in her neighborhood. Which level of the environment, according to Bronfenbrenner’s model, is limiting her access to high quality day care in her community?

a. Macrosystem

b. Exosystem

c. Microsystem

d. Mesosystem

15. Contemporary developmentalists focus on which question concerning nature and nurture?

a. Is nature the most important determinant of developmental change?

b. Is nurture the most important determinant of developmental change?

c. How do we explain the mechanisms by which nature and nurture interact to affect development?

d. Why is nurture most influential at certain developmental periods?

16. A kitten whose eyes are covered during the first months of its life loses the ability to see clearly in ways that would have been possible without the loss of early visual stimulation. This effect remains despite later attempts to remediate the loss. This is an example of which of the following?

a. Behavior genetics.

b. Critical period.

c. Plasticity.

d. Visual demand.

17. A group of people characterized by shared traditions, attitudes, values, and beliefs handed down from one generation to another constitute \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

a. a socioeconomic group.

b. a racial group.

c. an ethnic group.

d. a cohort.

18. The measure of social status that combines aspects of education background, income, and occupation is called

a. socioeconomic status.

b. social standing.

c. social class.

d. economic class.

19. The belief that individuals create their own knowledge by interpreting new experience in the light of past experience is a fundamental proposition of

a. behaviorism.

b. rationalism.

c. transactionalism.

d. constructivism.

20. Keisha is a 35-year-old African-American woman who is depressed. Her presenting concerns include marital distress, the imminent possibility of losing her job, overeating, and chain-smoking. As you listen to her story, you begin to construct a picture of her developmental history. Which of these explanations would someone using a stage theory of development be most likely to offer for Keisha’s problems?

a. Keisha’s difficulties most likely developed through the interaction of her family experiences and societal conditions like poverty and racism.

b. Keisha’s problems are most likely related to insufficient emotional gratification during infancy when oral needs are paramount.

c. Keisha’s problems are most likely related to lack of appropriate models of effective marital communication.

d. Keisha’s has experienced reward from her eating and smoking habits, and so she seeks these rewards in stressful situations.

21. Keisha is a 35-year-old African-American woman who is depressed. Her presenting concerns include marital distress, the imminent possibility of losing her job, overeating, and chain-smoking. As you listen to her story, you begin to construct a picture of her developmental history. Which of these explanations would someone using an incrementalist developmental perspective be most likely to offer for how Keisha’s problems have developed?

a. Keisha’s difficulties most likely developed through the interaction of her family experiences and societal conditions like poverty and racism.

b. Keisha’s problems are most likely related to insufficient emotional gratification during infancy when oral needs are paramount.

c. Keisha’s problems are most likely related to lack of appropriate models of effective marital communication.

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22. Keisha is a 35-year-old African-American woman who is depressed. Her presenting concerns include marital distress, the imminent possibility of losing her job, overeating, and chain-smoking. As you listen to her story, you begin to construct a picture of her developmental history. Which of these explanations would someone using a multidimensional perspective be most likely to offer for Keisha’s problems difficulties?

a. Keisha’s difficulties most likely developed through the interaction of her family experiences and societal conditions like poverty and racism.

b. Keisha’s problems are most likely related to insufficient emotional gratification during infancy when oral needs are paramount.

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23. Counselors must recognize the principle of \_\_\_\_\_\_\_\_\_\_\_: Individual pathways of development may result in a wide range of possible outcomes.

a. equifinality

b. hierarchical integration

c. dysfunctionality

d. multifinality

24. In *lifespan developmental theories***,** significantdevelopmental changes are thought to be largely complete by

a. the age of 18.

b. the age of 30.

c. the age of 50.

d. death.

25. The idea that children’s development is affected by biological factors, and that biological factors are also affected by the environment and experience, is part of

a. developmental stage theories

b. incremental developmental theories

c. social learning theories

d. multidimensional systems theories

26. Human development involves changes in size, efficiency, and capacity that can be described as \_\_\_\_\_\_\_\_\_\_\_\_change, and shifts in forms of thought and behavior that can be described as \_\_\_\_\_\_\_\_\_\_\_\_\_\_ changes.

a. quantitative / qualitative

b. qualitative / bidirectional

c. growth / incremental

d. qualitative / quantitative

27. An attempt to forestall the development of problems by promoting health and wellness in the general population is called

a. tertiary prevention.

b. secondary prevention.

c. primary prevention.

d. mediation.

28. Counselors apply multidimensional models most explicitly in their work with clients when they

a. recognize the primary importance of genetic influences on behavior.

b. consider levels of influence on the individual and select interventions that are targeted to more than one level.

c. pay close attention to the stage of development that characterizes the client.

d. understand that client’s developmental tasks must be met in each stage of development.

29. When clinicians assess a client’s presenting problem(s) in order to plan for treatment, which of the following approaches to diagnosis reflects a developmental viewpoint?

a. Consider those issues in a client’s life which result from multifinality.

b. Count the number of symptoms currently manifested in order to reach a specific diagnosis.

c. Assess the person’s level of symptomology on a checklist and assign a diagnosis only when a certain percentile has been reached.

d. Assess the nature of the problem by considering the person’s unique history, interpersonal context, and challenges in the extrapersonal environment.

30. Mrs. Dubois knows that her son, Andre, is very advanced in understanding math compared to his first grade peers. However, he is rather immature in his social relationships and doesn’t share or interact well with classmates. His social skills are not what his mother would expect, given his advanced cognitive development in math. Piaget’s term for this variation in skills is

a. hierarchical organization.

b. decalage.

c. preoperational intelligence.

d. accommodation.

31. The scientific usage of the word *theory* is best described as

a. a proposed explanation whose status is conjectural and untested.

b. a personal opinion that is part of one’s worldview.

c. a tested and supported explanation that synthesizes a large body of information to account for known facts or phenomena.

d. an explanation of facts or phenomena that fits with an individual’s best assessment of a situation.

32. Gisela is a 6-year-old Peruvian girl who lives with her family on a farm in a rural village. She often helps her father take produce to a market to sell. She does not know how to read, but she understands the cost of items and can make change without errors. Sophie is a 6-year-old who lives in the US. She is in the 1st grade, is making great progress in learning to read and write, and is gaining skill in computer use. What is the best way to explain the development of these two children?

a. The progression of cognitive development is not universal; it is different for children in different cultures.

b. The processes involved in cognitive development are similar across cultures, but the specific kinds of knowledge acquired may differ depending upon children’s culture.

c. The content of children’s knowledge is similar across cultures, but the processes involved in cognitive development differ depending upon children’s culture.

d. Cognitive development is the same for all children, regardless of culture.

33. Guidelines for the application of developmental research in helping professions include

a. keeping abreast of issues in the field and taking a multidimensional view of the influences on an individual.

b. always assessing the developmental stage of each client.

c. giving developmental theories an equal weight with your personal opinions.

d. recognizing that developmental stage limits therapeutic progress.

**Chapter 1 Essay Questions**

(See answer key for potential essay answers)

34. Compare and contrast stage, incremental, and multidimensional models of development. What specific contributions does each perspective make to our knowledge of development?

35. Create a case scenario using an example of a helping professional that describes the process of reflective practice.

36. Explain why having a working knowledge of development or a “developmental template” is useful to helping professionals.

37. In the applications section of Chapter 1, several rules of thumb are provided to guide helping professionals incorporate developmental knowledge into their work. Choose three of the guidelines and, for each of these, provide either

(a) a detailed and specific example of how helping professionals incorporate the guideline in a practice setting, or

(b) a specific and detailed example of how you will incorporate this guideline into your practice.

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| **Answer Key for Multiple Choice Questions**  (Aligned with Text pages and Section Heads; Essay answers follow Multiple Choice Log) | | | |
| Item Number | Correct Answer | Page # | Subject Heading |
| 1.1 | b | 4 | Reflection and Action |
| 1.2 | c | 6 | A Historical Perspective on Contemporary Developmental Theories |
| 1.3 | a | 8 | A Historical Perspective on Contemporary Developmental Theories |
| 1.4 | c | 8 | A Historical Perspective on Contemporary Developmental Theories |
| 1.5 | d | 14 | A Historical Perspective on Contemporary Developmental Theories |
| 1.6 | a | 15 | A Historical Perspective on Contemporary Developmental Theories |
| 1.7 | c | 11 | A Historical Perspective on Contemporary Developmental Theories |
| 1.8 | b | 8, 14 | A Historical Perspective on Contemporary Developmental Theories |
| 1.9 | a | 8, 14 | A Historical Perspective on Contemporary Developmental Theories |
| 1.10 | c | 17 | Contemporary Multidimensional or Systems Theories: Embracing The Complexity of Development |
| 1.11 | c | 19 | Contemporary Multidimensional or Systems Theories: Embracing The Complexity of Development |
| 1.12 | a | 19 | Contemporary Multidimensional or Systems Theories: Embracing The Complexity of Development |
| 1.13 | b | 19 | Contemporary Multidimensional or Systems Theories: Embracing The Complexity of Development |
| 1.14 | b | 19 | Contemporary Multidimensional or Systems Theories: Embracing The Complexity of Development |
| 1.15 | c | 22 | A New Look at Three Developmental Issues |
| 1.16 | b | 23 | A New Look at Three Developmental Issues |
| 1.17 | b | 24 | A New Look at Three Developmental Issues |
| 1.18 | a | 25 | A New Look at Three Developmental Issues |
| Item Number | Correct Answer | Page # | Subject Heading |
| 1.19 | d | 12 | A Historical Perspective on Contemporary Developmental Theories |
| 1.20 | b | 8-9 | A Historical Perspective on Contemporary Developmental Theories |
| 1.21 | c | 14-15 | A Historical Perspective on Contemporary Developmental Theories |
| 1.22 | a | 17-19 | Contemporary Multidimensional or Systems Theories: Embracing The Complexity of Development |
| 1.23 | d | 31 | Focus on Developmental Psychopathology |
| 1.24 | d | 2 | Organizing Themes in Development |
| 1.25 | d | 17 | Contemporary Multidimensional or Systems Theories: Embracing The Complexity of Development |
| 1.26 | a | 14 | A Historical Perspective on Contemporary Developmental Theories |
| 1.27 | c | 32-33 | Applications |
| 1.28 | b | 30 | Focus on Developmental Psychopathology |
| 1.29 | d | 31 | Focus on Developmental Psychopathology |
| 1.30 | b | 13 | A Historical Perspective on Contemporary Developmental Theories |
| 1.31 | c | 30 | Applications |
| 1.32 | b | 23-24 | A New Look at Three Developmental Issues |
| 1.33 | a | 28-29 | Applications |

**Chapter 1 Essay Questions**

1. **Compare and contrast stage, incremental, and multidimensional models of development. What specific contributions does each perspective make to our knowledge of development? (Pages 6-20)**

Stage, incremental, and multidimensional models of development are similar in that they attempt to explain a wide variety and breadth of behaviors. Stage theories, such as Piaget’s theory of cognitive development, characterize development as a discontinuous process, whereas, incremental theories view change as a continuous process. Metaphorically, stage theories, conceptualize change as resembling a staircase. In contrast, incremental theories view change as more like a steadily rising slope. Stage theories are useful for addressing issues related to developmental readiness to learn. They also help us understand limitations associated with trying to accelerate an individuals’ capacity to learn and mature. Stage theories focus on qualitative differences in mental processes and behavior, compared to incremental theories that emphasize quantitative changes.

Incremental theories are based on the assumption that developmental change is not marked by major reorganizations that affect many behaviors at once, as in stage theories. Rather, change is gradual and steady and specific to particular mental activities or behaviors. Incremental theories also differ from stage theories in the kinds of processes they assume to underlie psychological change, such as the kinds of processes involved in learning. For example, social learning theory and most information processing theories are among the incremental models available to explain development and how knowledge is acquired.

In the multidimensional model, development is considered to be the result of many causal components that impact all domains of development from cognitive to social. According to this model there are different layers and levels of interacting causes for behavior change: physical, biological, social, psychological and cultural. Changes at one level causes and is influenced by what happens at other levels. Thus, the relationships among causes are reciprocal. Bronfenbrenner’s bioecological model is a good example of multidimensional model because it specifies how the following different levels of environment influence a person’s development:

* + - 1. Microsystem: This refers to immediate environment where proximal processes are played out. For example family, school, neighborhood.
      2. Mesosystem: Relations among microsystems. For example, parental involvement in school affects the child’s education.
      3. Exosystem: includes settings that may not directly interact with the child but will influence the child indirectly. The teacher’s family life influences the teacher and thereby influences the child.
      4. 4. Macro system: This includes the customs and character of the larger culture that help shape the microsystem. For example, cultural attitudes toward senior citizens would influence the structure of the family and interactions with grandparents.

1. **Create a case scenario using an example of a helping professional that describes the process of reflective practice. (Pages 3-5)**

An experience counselor is working with a young adolescent who recently lost her best friend in a car accident. The counselor is an experienced grief counselor and knows what type of therapeutic techniques to guide the client through experiencing such a loss. The counselor has recently experienced the pain of losing a close family member. She is very self-aware of her own feelings and when to self-disclose appropriate information to her client about her own grieving process. The counselor carefully self-monitors her own emotions related to death and dying and is able to appropriately share her life experiences with her client. The counselor has mastered reflective practice, which is a creative method of mastering the knowledge and skills base pertinent to one’s profession, but goes beyond rote technical applications to generate new kinds of understanding and strategies of action. Her counseling approach involves problem-solving strategies that depend on a deep understanding in fundamental knowledge germane to the field. A common challenge for counselors is that they come to the process with a base of personal life experiences and views, which can influence their ability to be objective. The best way to counselors to avoid misapplication of their personal views is by self-monitoring – being aware of their personal theories and recognizing that they are only one of a set of possibilities.

**36. Explain why having a working knowledge of development or a “developmental template” is useful to helping professionals. (Pages 28-32)**

Helping professionals who emphasize development in their work bring an awareness that persons grow and change over time and that their capacities and concerns also shift over the life course. As noted in the text book, many writers have called for a rethinking of diagnostic taxonomies as well to make them more developmentally and sensitive. They claim that diagnostic classification systems need to include a comprehensive understanding of the way people grow and adapt, for better or for worse, to their changing circumstances. Lerner (1996) argues a developmental focus allows helping professionals to consider ways to support developmental transitions to later life stages by taking steps to promote a caring network.

Specific developmental theories such as Piaget’s theory of cognitive development, Freud’s psychosexual stage theory, and Kohlberg’s moral development theory assist helping professionals to understand the developmental underpinnings of their profession and advocate for a contextualized perspective on client functioning. We can see that developmental knowledge is evident in the emerging field of applied developmental science, which has begun to synthesize and apply the findings of developmental psychology to the solution of real-world problems. Noam’s (1992, 1998), takes a developmental and constructivist approach to the study of disorders in his therapeutic approach called developmental psychopathology, which blends developmental knowledge with clinical practice. Noam uses developmental knowledge as a kind of metatheory that helps counselors integrate the problems presented by the “person-in-situation” and limits the reliance on treatments for isolated problems. Noam argues that the developmental approach is useful in addressing immediate difficulties, but has the additional benefit of anticipating what clients will need at later points in their growth. Knowledge of developmental science also helps clinicians distinguish normal developmental “bumps” or mishaps from real deviations in development, which allows them to make more effective interventions.

**37. In the applications section of Chapter 1, several rules of thumb are provided to guide helping professionals incorporate developmental knowledge into their work. Choose three of the guidelines and, for each of these, provide either a) a detailed and specific example of how helping professionals incorporate the guideline in a practice setting, or b) a specific and detailed example of how you will incorporate this guideline into your practice. (Pages 28-30)**

One of the guidelines suggested in the text book is that helping professionals take a multidimensional view of developmental processes. With respect to the traditional dilemmas in development, it is most consistent with current research that helpers refrain from taking an either-or position in favor of a both-and stance in regards to understanding the importance of nature and nurture. It is suggested that having an awareness of the interacting contributions of genetics and environment can allow helpers to take a more reasoned and accurate view of problems. The current trend toward “over-biologizing” (Tavris, 1998) many kinds of physical and psychological conditions can lead people to the false belief that our genes control our behavior. In fact, they may produce tendencies for people to respond to environments in certain ways. One system, proposed by Sadler and Hulgus (1994), would incorporate three levels of symptom assessment into treatment planning. Examples of these three levels include:

1. Syndromes related to personal history (such as early parental deprivation)
2. Syndromes related to interpersonal environments (such as victimization or divorce)
3. Syndromes related to extrapersonal environments (such as job loss or systemic discrimination).

What these approaches share is the desire to shift the prevailing theoretical paradigm from a model of pathology “within the individual” to a more integrative model that incorporates critical developmental principles such as the importance of contextual features. For example, a counselor would be encouraged to not overly rely on biological theory to explain an adolescent’s risk taking behaviors. Although the adolescent’s temperament may influence her desire for novelty and risk-taking, her temperament and behaviors also influence her selection of peers. The situation becomes more complex because her peer group shapes her self-concept and identity.

One of the “rules of thumb” comes from Steenbarger (1991), who cautions against thinking about developmental progress as movement through a fixed set of stages that are the same for all people. Such an excessively rigid interpretation of problems does not account for the complexities of person–environment interactions. At the other extreme of the debate, some radical constructivist views abandon all sense of developmental stage progressions, which may be too extreme for the helper who needs to construct a developmental map of the client. Thus, the rule of thumb is to rely n an informed middle ground. For example, it may be useful to rely upon some stages of psychosocial development that not entirely dependent on chronological age and maturational attainments.

Another guideline to keep in mind is the scientific meaning of *theory*. A theory represents a synthesis of hypotheses that have been tested and supported by careful research, such as the theory of relativity or evolution. We can think of a theory as referring to one’s personal opinion, such as one’s opinion about the best way to counsel the elderly or explains why someone is extroverted is social situations. Scientific theories evolve and they can be disproved with the accumulation of evidence. Skilled helping professionals need to keep themselves well informed about current research findings, but they must also avoid overgeneralizing from single studies and not rely too much on speculation.

Anther rule of thumb for effective helping professionals is to be selective about their sources of information they rely upon in their practice. We need to keep in mind that knowledge builds relatively slowly and is accumulated over time by repeated observations of similar results. Helping professional who take too simplistic of an approach to developmental issues can miss the complexities of interacting factors, including contextual and historical influences. They are also cautioned against making quick direct causal connections between experiences and outcomes that may make for an easy prediction but might misrepresent the phenomenon under study.

Finally, helping professionals need to be committed to ongoing education in the field. Counselors and other helping professionals need to keep an open mind and continually work to accommodate new information as they practice reflection in action. Thus, it is important to talk with colleagues, attend professional meetings and conferences, and read scientific journals within our profession.