

Attitudes and beliefs



**ASSIGN
BUSTER**

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I took three of the Project Implicit assessments on diversity: (1) Age-Groups, (2) Race, and (3) Social and Political Study. The results of my implicit association with age-groups, race, and social and political standpoints demonstrate some biases towards particular age groups, races, and social and political standpoints. However, these biases, according to the results, are somewhat minimal but still I consider them significant particularly in my chosen career which is counseling. To discuss the results more specifically, the age-group assessment result suggests that I possess an implicit association that children, young adults and middle-aged adults are better than old adults. In terms of the race IAT, I have an implicit preference for Black people and less preference for White people. This result disagrees with the result of my social and political attitudes study which suggests that I have a slight automatic preference for White people compared to Black people. These Project Implicit assessments have made me realize the prejudices I have towards age, race, and various issues in the society. I would have to admit that I was unknowledgeable about these biases until I took these assessments and provided me with suggested results. I understand that to be an effective counselor it is highly essential to develop and keep an open-mind pertaining to different client variables such as race, age, gender, ideologies, religion, social class, and/or gender preference. Being broad-minded and diverse in terms of understanding the predicaments and circumstances of the clients will certainly improve the capability of any counselor in providing a useful and effective guidance towards the betterment of the client's condition. The biases that the three assessments I took have suggested might impact the manner I deliver counseling

techniques because these prejudices might possibly overshadow my diagnostics of the client's condition, for instance giving excessive importance on one particular variable, while ignoring or missing other pertinent facts. Furthermore, these biases might unhelpfully influence my decisions about the kind of guidance or assistance a particular client needs because these biases would make me see what I would like to see and not really what I need to see in a client. For example, the result of my age-group assessment suggests my negative preference towards the older-adults age group. Therefore, if in case I will be faced with an old client, there might be a possibility that I will not be able to efficiently perform my duties as a counselor and provide the client the help he/she truly requires. It is because the bias I probably have, if this will not be improved, might give me negative feelings about old people and, therefore, prevent me from fully connecting to them. Without this connection, I might not be able to clearly identify their problem and the kind of guidance they need to improve their lives. In addition, these negative biases might impact the diagnostic process because there is a possibility that these preconceptions might cloud my understanding of their true condition. What is important with these biases, in my opinion, is that I must recognize and accept them in order to determine my limitations in helping clients whose age, gender, beliefs, culture, ethnicity, and political and social standpoints are different from mine. In this manner, I will be able to address my biases and understand the diversity of the population more. This I believe will help me become a better and more effective counselor in the future. Project Implicit. Retrieved June 19, 2011, from <https://implicit.harvard.edu/implicit/demo/>.