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academic inquiry
within the profession of
counseling



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The Professional Counselor (TPC) is the official, peer-reviewed, open-access electronic journal of the National Board for Certified Counselors, Inc. and Affiliates (NBCC), dedicated to research and commentary on empirical and theoretical topics relevant to professional counseling and related areas. TPC publishes original manuscripts relating to the following topics: mental and behavioral health counseling; school counseling; career counseling; couple, marriage and family counseling; counseling supervision; theory development; ethical issues; international counseling issues; program applications; and integrative reviews of counseling and related fields. The intended audience for TPC includes National Certified Counselors, counselor educators, mental health practitioners, graduate students, researchers, supervisors, human services professionals and the general public.



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The U.S. Workforce from 1960 to 2010: A RIASEC View



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Mary-Catherine McClain
Robert C. Reardon

In this article, the authors analyze ways of categorizing civilian occupations and employment data collected by the U.S. Census Bureau over 6 decades (1960–2010) with respect to six kinds of work (Holland’s RIASEC classification), occupational titles used, employment and income. O*NET provided data for the 2010 census regarding employment and income. The authors discuss the distribution of employment changes over time and the examination of findings in relation to science, technology, engineering and mathematics fields. The article concludes with practical implications for counseling and guidance practice.

Keywords: Holland, RIASEC, census, employment, occupations, income

Holland’s (1997) RIASEC theory is generally recognized as one of the most important and influential in the field of counseling and career development. Foutch, McHugh, Bertoch, and Reardon (2014) sought to verify such an observation by using bibliographic research tools and identified all publications based on this theory from 1953–2011. They found over 1,970 reference citations to Holland’s theory and applications, and categorized them in terms of practice, specific populations (e.g., K–12), instruments, diverse populations and theory. These citations appeared in 275 publications (e.g., books, journals, periodicals, reports) produced in varied professional fields and disciplines worldwide.

Many counselors know relatively more about Holland’s RIASEC personality typology than corresponding environmental models (Reardon & Lenz, 1998). From the outset, Holland believed that the environmental aspects of the typology needed further examination (Weinrach, 1980). Occupations, fields of study or academic disciplines, organizations, leisure activities, and jobs (positions) are aspects of the environment included in the theory. In this article, we address the interaction between RIASEC theory and the environment by examining 2010 census data and updating prior studies of occupational employment in 1960, 1970, 1980, 1990 and 2000 in relation to RIASEC codes and Holland’s theory (Reardon, Bullock, & Meyer, 2007).

Various people contemplating career decisions can benefit from understanding the scope and nature of the labor force and employment from this psychological, counseling-based point of view. Moreover, given characteristics of the contemporary U.S. economy, it is important to know how the distribution of jobs is changing over time. For example, the distribution of jobs across the RIASEC categories has changed from 1960–2010 in some ways, but not in others. An analysis of occupational employment, then, can be beneficial to counselors and career services providers assisting those who are unemployed, displaced or exploring the labor force. This work is important for both theoretical and practical reasons. For example, the number of annual job openings is strongly related to the number of people currently working in an occupation, so knowing the number employed is of practical importance in job hunting because of the need to replace workers.

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Authors of recent literature have identified concerns about the use of outmoded concepts such as *occupation* in career/life counseling at a time of unprecedented socioeconomic change in the global economy. For example, Savickas et al. (2009) noted that new social arrangements for work and the digital revolution have led to unstable occupations and frequent job transitions for individuals: “Today, occupational prospects seem far less definable and predictable, with job transitions more frequent and difficult” (Savickas et al., 2009, p. 240). Sampson and Reardon (2011) summarized these ideas: “Occupations have changed in fundamental ways as technology and globalization have reshaped the workplace. Occupations have become fluid and organizations are evolving rapidly, adapting their workforce to respond to a rapidly evolving marketplace” (p. 41). We agree that some occupations are changing but conclude that the concept of an occupation remains common and useful in the social sciences as a way of categorizing work activities and employment.

In contrast to this view, Murray (2012) suggested that the workplace has not transformed for the 82% of American workers in occupations other than managerial professional positions. Teachers, police, plumbing contractors, insurance agents and carpenters have the same duties and routines that these occupations have always required, although some of the work tasks may have been affected by technology. Sampson and Reardon (2011) noted that the perception of massive occupational change has been exacerbated by inaccuracies in media presentations and the failure to use career theory to examine occupational changes.

In the present article, we examine occupational information using Holland’s (1997) RIASEC theory. This theory rests on four basic assumptions: (a) individuals can be categorized into Realistic (R), Investigative (I), Artistic (A), Social (S), Enterprising (E) and Conventional (C) types; (b) environments (i.e., occupations) also can be categorized into these same six types; (c) individuals tend to choose environments that fit their personality types; and (d) behavior is determined by the fit between an individual’s personality and environment. Examination of the occupational titles used to describe current work in the United States, including information about employment and income, can increase understanding of the workplace from this theoretical perspective.

Holland’s (1997) typological theory specifies a theoretical connection between vocational personalities and work environments that makes it possible to use the same RIASEC classification system for both persons and occupations. Many inventories and assessment tools also use the typology to enable individuals to categorize their interests and personal characteristics in terms of the six types and combinations of the types. These six types are briefly defined as follows:

1. Realistic (R) types are found in occupations such as auto mechanic, surveyor, electrician and farmer. The R type usually has mechanical and athletic abilities, likes to work outdoors and with tools and machines, and might be described as conforming, hardheaded, honest, humble, materialistic, practical and thrifty.
2. Investigative (I) types like occupations such as a biologist, chemist, geologist, anthropologist and medical technician. The I type usually has math and science abilities, and likes to work alone and to solve problems. The I type might be described as analytical, critical, curious, independent, intellectual, pessimistic and rational.
3. Artistic (A) types are found in occupations such as musician, dancer, interior decorator, actor and writer. The A type usually has artistic skills, enjoys creating original work and has a good imagination. The A type may be described as disorderly, emotional, idealistic, imaginative, impulsive, independent, introspective and original.
4. Social (S) types like occupations such as teacher, speech therapist, counselor, clinical psychologist and nurse. The S type generally likes to help, teach and counsel people, and may be described as friendly, generous, helpful, idealistic, kind, responsible, tactful, understanding and warm.

5. Enterprising (E) types like occupations such as buyer, sports promoter, business executive, salesperson, supervisor and manager. The E type usually has leadership and public speaking abilities, is interested in money and politics, and likes to influence people. The E type is described as acquisitive, ambitious, domineering, extroverted, optimistic, self-confident and sociable.
6. Conventional (C) types are found in occupations such as bookkeeper, financial analyst, banker and secretary. The C type has clerical and math abilities, likes to work indoors and to organize things. The C type is described as conforming, efficient, obedient, orderly, persistent, practical and unimaginative.

The six RIASEC types are optimally represented by a circular order, also commonly referred to as the hexagonal model. Holland's (1997) structure of the six types as a hexagon is one of the most well-replicated findings in the history of vocational psychology (Rounds, 1995). The six domains are arranged according to their relative similarity in a hexagonal formation of R-I-A-S-E-C. For example, according to Holland's theory, the Social and Enterprising types appear in adjacent positions on the hexagon because they are alike; in contrast, the Social and Realistic types are dissimilar and appear in opposite positions from one another on the hexagon.

Prior Studies

In the early 1970s, researchers began to examine the U.S. labor market using the RIASEC classification system (Reardon et al., 2007), and the present study is a continuation of that line of research. Using data provided by the decennial census in 1960, 1970 and 1980, researchers (G. D. Gottfredson & Daiger, 1977; G. D. Gottfredson & Holland, 1996; G. D. Gottfredson, Holland, & Gottfredson, 1975; L. S. Gottfredson, 1978; L. S. Gottfredson, 1980; L. S. Gottfredson & Brown, 1978) analyzed U.S. employment patterns using Holland's theory. These studies examined a number of variables with respect to the Holland RIASEC classification, including the percentages of men and women working in hundreds of occupations, salaries earned during the preceding year by incumbents, educational and training levels associated with occupations, occupational prestige, and the education levels or cognitive complexity ratings for occupations. These studies provided practitioners and scholars with more theory-based, detailed information about work environments and the characteristics of workers.

After a 15-year hiatus in research on census employment and Holland codes, Reardon, Vernick, and Reed (2004) analyzed the 1990 census data in relation to data from 1960, 1970 and 1980. They considered the variables of gender, income and cognitive complexity and reported stability in the census data for occupational titles and six kinds of work from 1960–1990. For example, the Realistic area included many more named occupations in the census than the other five areas, averaging between 46% and 50% of all named occupations over the 40-year period.

Reardon et al. (2004) found that while employment declined by 18% in the Realistic area relative to other Holland types, it remained the largest area of employment and actually increased in real numbers through 1990. Only 1% of employment was in the Artistic area. Reardon et al. (2004) also reported marked differences in employment between men and women across the six areas from 1960–1990. Reardon et al. (2004) further examined income and gender by six kinds of work and found that the average income profile ranging from highest to lowest was IESARC. The discrepancy across the six areas was very large, with the average Investigative income being two times the average Conventional income.

In a later study, Reardon et al. (2007) examined trends in labor market characteristics using census data from 1960–2000. They found stability in occupational constructs for six kinds of work from 1960–2000; for instance, the Realistic area included many more named occupations in the census than the other five areas,

ranging between 43% and 50% of all occupations included over the five census periods. Reardon et al. (2007) reported that although employment in the Realistic area declined by 25% from 1960–2000, this area remained the largest area of employment and actually increased in real numbers from 1960–2000. As before, only 1% of employment was in the Artistic area. Finally, Reardon et al. (2007) examined income and gender by kinds of work and found that the average income profile for six kinds of work ranging from highest to lowest was IESARC in 1990 and ISEARC in 2000. The discrepancy across the six areas was very large, with the average Investigative income about twice as large as the average Conventional income.

In summary, the data included in these studies (Reardon et al., 2007; Reardon et al., 2004) were unique in several ways and have special implications for counselors. First, as an independent branch of the federal government, the U.S. Census Bureau reported actual numbers of people working in different occupations based on an accounting of persons in households. Second, these data provided a retrospective look at the labor markets, and by examining them over time it was possible to view changes in the economic lives of persons in the United States. Third, the occupational titles included in the census have remained constant over the years, reinforcing the use of the occupational schema in matching persons and environments. Fourth, these studies were conducted by researchers in the counseling field rather than economists or sociologists, which helps counselors use occupational data organized by Holland codes to illustrate and explain where jobs exist in relation to their clients' interests. For example, a client may have a strong interest in Artistic occupations, and census data may help a counselor explain the relatively small number of persons working in Artistic fields.

The Present Study

We examined the employment trends reported in earlier research and added a new analysis based on the 2010 census and O*NET data. Research questions included the following:

1. What were the numbers of occupational titles reported in the census from 1960–2010 relative to the six areas of work?
2. What were the numbers and percentages of occupational employment in 1960, 1970, 1980, 1990, 2000 and 2010 in relation to six kinds of work?
3. What were the mean incomes for six different kinds of work in 1990, 2000 and 2010?

Methods

Procedures and Research Tools

Varied procedures have been used to collect occupational data for the decennial census over the past 6 decades.

1960, 1970, 1980 census. In the 1960 census, the sampling unit was the housing unit, or the person in the case of group housing. This method provided information about 297 detailed occupational categories. L. S. Gottfredson and Brown (1978) described the methods they used to derive Holland codes for the 1960 census data using 1970 census data as a point of reference. In the 1970 census, the sampling unit again was the housing unit, and 440 detailed occupational titles were included in these data, 143 more than in 1960. As with the 1960 census, the data included only employed persons and excluded members of the armed forces. G. D. Gottfredson, Holland, and Gottfredson (1975) analyzed data from the 1970 census involving 424 occupations, and excluded men (5.6%) and women (6.6%) not classified according to one of the detailed occupations. Information about the 1980 census was taken primarily from G. D. Gottfredson and Holland (1989) and G. D. Gottfredson (1984). The 1980 analysis was based on 503 selected occupations.

1990 census. Comprehensive information about the 1990 census was provided by the U.S. Census Bureau (1992a, 1992b), and was based on 500 selected occupations. G. D. Gottfredson and Holland (1996) indicated that this classification was most closely related to the Standard Occupational Classification (SOC; U.S. Department of Commerce, 1980). The U.S. population count in 1990 was 283,928,233 (U.S. Census Bureau, 1992b). Four new categories of work were added to the 1990 census while six from the 1980 census were eliminated.

2000 census. The 2000 census counted 281,421,906 people in the 50 states and the District of Columbia. As in the past, short and long forms were used with about 17% (1 in 6 households) receiving the latter (U.S. Census Bureau, 2002). The 2000 census included 471 occupations classified using the SOC (U.S. Department of Labor, 2000).

2010 census. The 2010 census counted 308,745,538 people in the 50 states and the District of Columbia. This census included 539 occupations, including those with “all other” titles representing occupations with a wide range of characteristics not fitting into one of the O*NET detailed occupations. However, as in prior studies, the focus was on the detailed occupations in the 2010 census ($N = 494$) and excluded military-based occupations.

The information collected in the 2010 census was based on the short form rather than the long form, which means that demographic information about gender, salary and age was not collected relative to occupations. Lowe (2010) noted that the introduction of the American Community Survey by the U.S. Census Bureau provided the most sweeping change in census data collection in 60 years. The American Community Survey is a nationwide, continuous survey designed to provide reliable and timely demographic housing, social and economic data every year, in contrast to the long form, which provided data only at the beginning of each decade.

After locating the 2010 census data from the U.S. Census Bureau with lists of occupations categorized with census and SOC codes, we organized the information into a spreadsheet using the following headings: Occupation 2010 category description (e.g., management occupations), Occupation (e.g., chief executive), 2010 Census Code (e.g., 0010) and 2010 SOC Code (e.g., 11-1011). Additional columns were created to incorporate Holland code information for 2010 employment data and mean annual wages. The SOC (U.S. Department of Labor, 2010) was used to collect employment and salary information from the O*NET system (<http://online.onetcenter.org/>). O*NET is a comprehensive database that provides information on 780 occupations, worker skills and job training requirements. O*NET is sponsored by the U.S. Department of Labor’s Employment and Training Administration. The *Self-Directed Search Occupations Finder—Revised Edition* (OF; Holland & PAR Staff, 2010) and the *Dictionary of Holland Occupational Codes* (DHOC; G. D. Gottfredson & Holland, 1996) also were used to obtain the first-letter Holland code for each specific occupation. Employment data and mean annual wages for census occupations were found in O*NET.

A Note about Data Analysis

Previous studies of employment using census data and Holland codes have reported frequency and percentage distributions, and this study continued that approach. As earlier researchers have noted (G. D. Gottfredson & Daiger, 1977), the sample sizes are so large that the magnitude of observed differences is more important than statistical differences. Rounded numbers are used in this report to the nearest percent or thousand in order to avoid communicating a misplaced sense of precision in the findings.

Results

Occupational Titles in the Census for Six Kinds of Work, 1960–2010

For the first question, we examined the number of occupational titles used in the census and O*NET, and categorized these in relation to the six areas of work. Occupational titles provide schemas for career exploration using Holland’s (1997) RIASEC codes—tools for the exploration and examination of occupational information. As in previous studies (Reardon et al., 2007), the Realistic area included many more named occupations in the census than the other five areas (see Table 1, updated with 2010 data). For example, the 2010 census specified 211 occupations in the Realistic area and 283 occupations in the other five areas combined. Only 19 occupations were identified in the Artistic area. Overall, occupations in the Enterprising area increased from 27 in 1960 to 88 in 2010. Finally, 282 occupations were included in the 1960 analysis, which increased to 465 in 1970, 502 in 1980 and 500 in 1990, dropped to 434 in 2000, and increased again to 494 in 2010.

Table 1 also shows that occupational titles were not equally distributed across the six areas of work over the past six decades and have changed very little during this period. For example, the Realistic area consistently has the most occupational titles and the Artistic area the fewest. Figure 1 shows the average percentages of

Table 1

Number and Percentage of Census Occupations by Six Kinds of Work, 1960–2010

Kind of Work	Census Year											
	1960		1970		1980		1990		2000		2010	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
R	141	50	216	46	238	47	241	48	186	43	211	43
I	40	14	51	11	59	12	60	12	51	12	57	11
A	14	5	18	4	14	3	10	2	9	2	19	4
S	39	14	70	15	47	9	51	10	48	11	64	13
E	27	10	75	16	100	20	95	19	95	22	88	18
C	21	7	35	8	44	9	43	9	45	10	55	11
Total	282	100	465	100	502	100	500	100	434	100	494	100

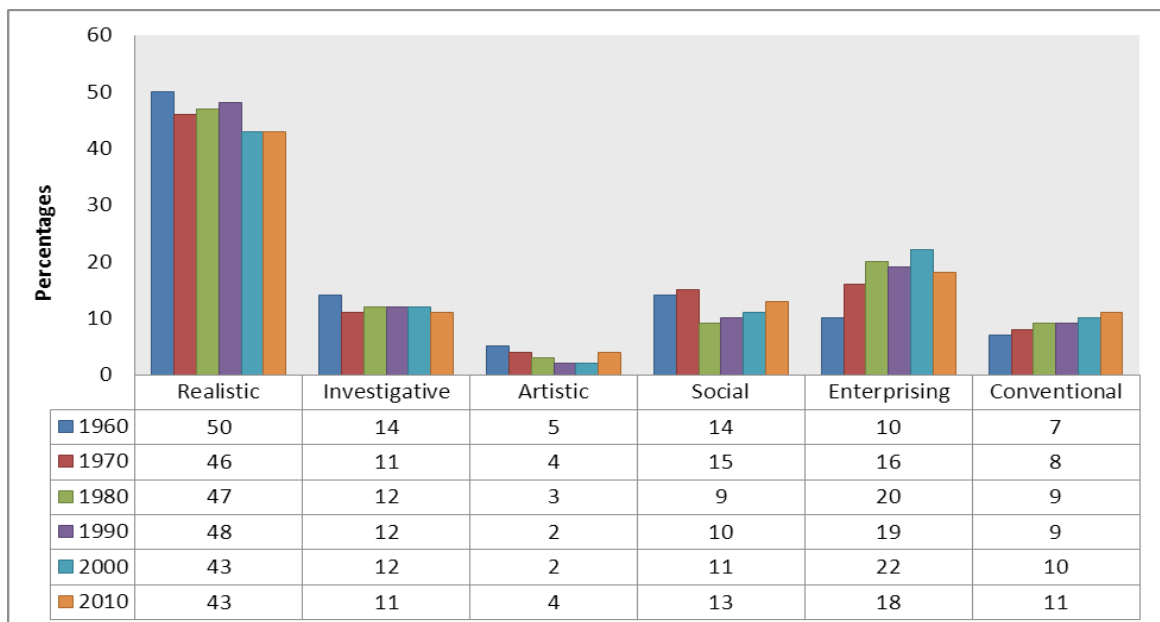


Figure 1. Percentage of occupational titles used in U.S. census over 6 decades.

occupational titles in the census across six decades, as follows: Realistic 46%, Investigative 12%, Artistic 3%, Social 12%, Enterprising 18% and Conventional 9%. This distribution is similar to what was found in 2010: Realistic 43%, Investigative 11%, Artistic 4%, Social 13%, Enterprising 18% and Conventional 11%. Figure 1 shows in graphic form that the schemas used to describe work activities in the U.S. economy have remained relatively stable over 6 decades.

Employment in Six Kinds of Work, 1960–2010

In analyzing U.S. employment data over 6 decades, we focused on the detailed occupations as in previous census studies (Reardon et al., 2007). Table 2 indicates that the total estimated employment increased over the 6 decades from 64.1 million in 1960 to 119.8 million in 2010. Table 2 and Figure 2 reveal that the percentage of Realistic employment declined 28% from 1960–2010, an average of about 4.7% for each decade. However, and in spite of this decline, the Realistic area showed that 31.9 million persons were employed in 2010, and the Realistic area had the highest level of employment across the six RIASEC areas in each census period. The Artistic area had the fewest number employed in 2010 with 2.0 million. Table 2 and Figure 2 show that the percentage of employment in the Social area increased from 9% in 1960 to 24% in 2010, or 5.6 million to 29.6 million persons. During the same period, employment in the Investigative area increased from 3% in 1960 to 10% in 2010, or 2.0 million to 11.5 million persons. Employment in the other four areas remained more stable. Figure 2 graphically shows that the RIASEC employment profile for highest to lowest areas was RSECIA in 1960 compared to RECSIA in 2010. The Realistic, Investigative, and Artistic areas maintained their positions over this time period.

Table 2

Number and Percentage of Persons Employed in Six Kinds of Work, 1960–2010

Kind of Work	Census Year (Detailed Occupations)					
	1960 ^a	1970 ^a	1980	1990	2000	2010
R	35,029 55%	34,342 48%	42,253 42%	42,711 37%	36,700 30%	31,868 27%
I	1,986 3%	3,690 5%	4,169 4%	6,738 6%	9,315 8%	11,457 10%
A	756 1%	975 1%	1,277 1%	1,552 1%	1,622 1%	2,027 2%
S	5,611 9%	8,390 12%	10,815 11%	14,983 13%	18,821 16%	29,563 24%
E	11,106 17%	12,153 17%	25,920 25%	29,668 26%	35,946 30%	23,991 20%
C	9,569 15%	12,658 17%	17,540 17%	20,086 17%	18,574 15%	20,878 17%
Total	64,057	72,208	101,974	115,738	120,978	119,784

Note. Employment numbers are in millions rounded to the nearest thousand.

^aUsed by permission of Academic Press Inc., *Journal of Vocational Behavior*, 10, p. 131. Copyright 1977 Academic Press Inc.

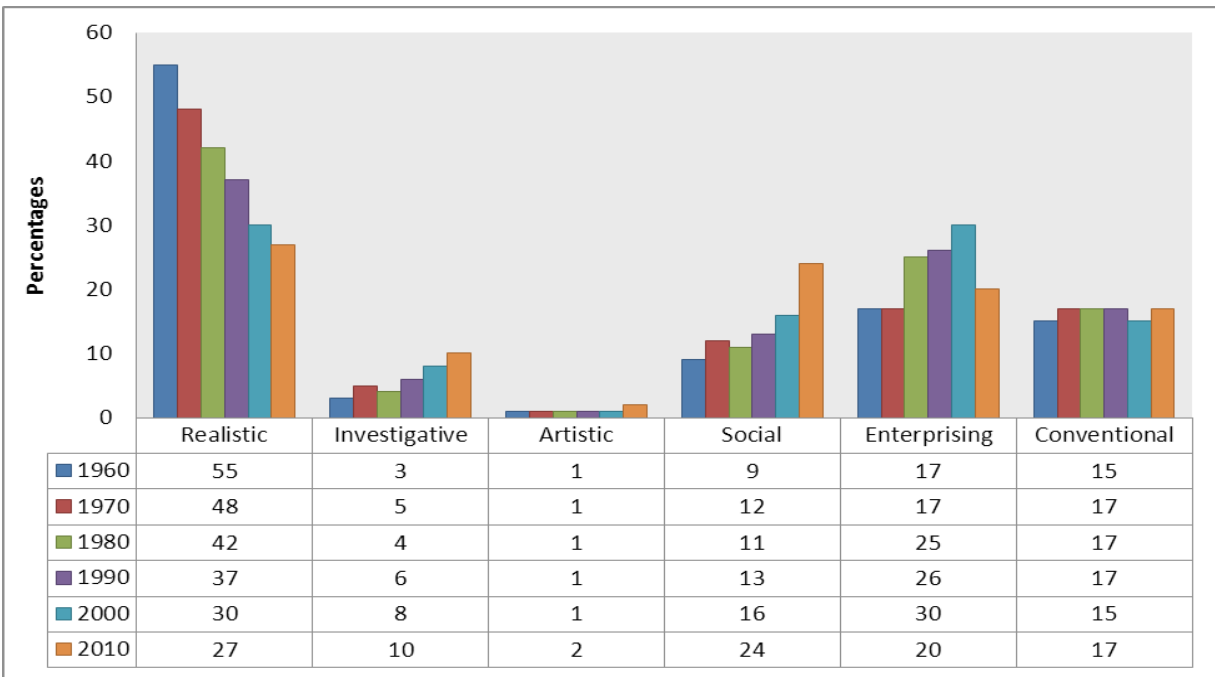


Figure 2. Percentage of persons employed in six kinds of work, 1960–2010.

Income and Kinds of Work, 1990–2010

For the third question, we focused on mean income levels for persons employed in six kinds of work in 1990, 2000 and 2010. Inspection of Figure 3 shows the results of this analysis. These data reveal the continued discrepancy with regard to income among the Holland types across the three most recent census periods. The RIASEC profiles for highest to lowest income were IESARC, ISEARC and IEASRC in 1990, 2000 and 2010, respectively. The Investigative area consistently showed the highest income levels over the 3 decades, while the Conventional and Realistic areas tended to show the lowest. The average income over the 3 decades for the Investigative area was \$54,587, compared to Conventional, \$28,047 and Realistic, \$27,981. Data in Figure 3 continue to show wide variations in income levels among the six RIASEC groups. For example, in 2010 the income in the Investigative area was almost double that of the Conventional area.

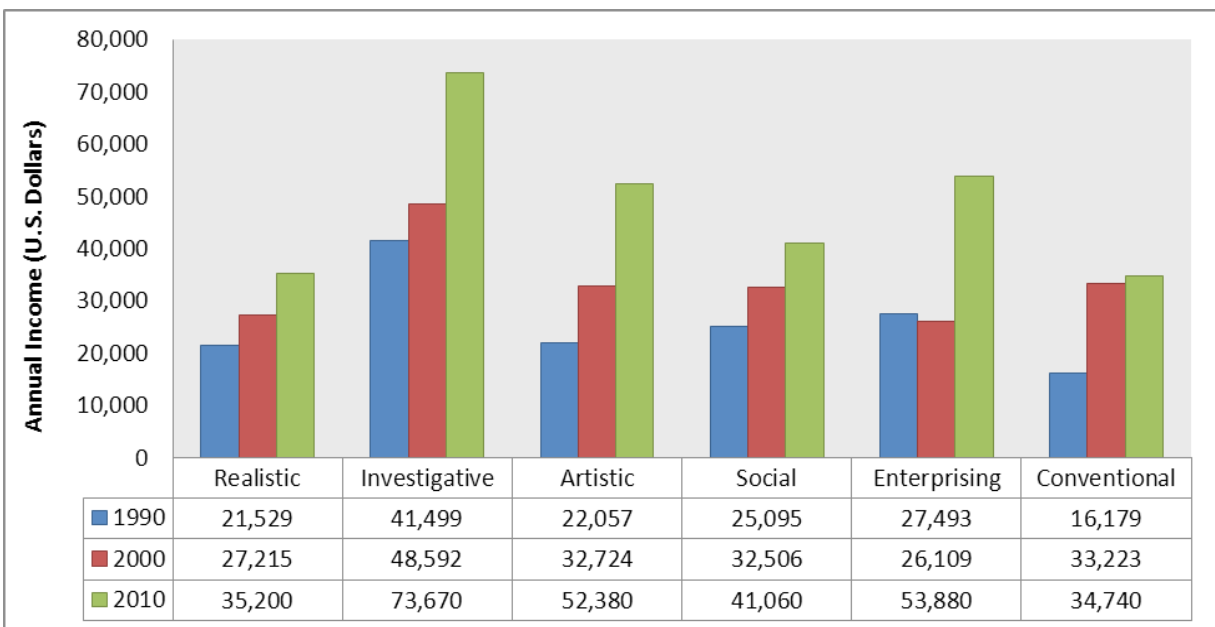


Figure 3. Annual income (dollars) in six kinds of work across 3 census decades.

Discussion

The principal findings of this study are examined in terms of the three questions that guided the research, followed by a discussion of the study's limitations and implications for counseling practice.

Occupational Titles by RIASEC Code

Information about jobs and employment used in counseling may be affected by the uneven distribution of occupational titles describing work across RIASEC areas. Over 60% of the titles used in 2010 were in the Realistic and Enterprising areas, and this distribution has been consistent over the past 6 decades. It is noteworthy that the percentages of occupational titles in the Investigative and Conventional areas in 2010 were the same, but the income reported across the six areas was the most discrepant between these two areas. Labor market information across the six areas is not always equivalent.

G. D. Gottfredson and Holland (1989) reported that the *Dictionary of Occupational Titles* also showed variations in the distribution of RIASEC codes for occupational titles. They were interested in the number of times each RIASEC letter appeared somewhere in the three-letter code for each occupation in the *Dictionary of Occupational Titles* and reported the following: Realistic, 10,708 times; Investigative, 2,551; Artistic, 570; Social, 6,606; Enterprising, 10,405; and Conventional, 5,999. These data reveal that upon examining the world of work from a RIASEC perspective, counselors can obtain a theory-based view of work environments that is not equitable across the six areas. Counselors can use RIASEC codes to inform clients about work and to increase their understanding of occupations and employment.

Information about jobs and employing organizations changes more frequently than information about occupations (e.g., typical work duties, training requirements, working conditions; Reardon, Lenz, Sampson, & Peterson, 2012). Perhaps lessons from the field of general semantics (Johnson, 1946) can be useful here. For example, the word *chair* can communicate information about the arrangement of furniture in a room, but this word does not communicate everything known about chairs, which in reality may take many different forms and be built of varied kinds of materials. The same is true for occupational terms. There are many different carpenters working in varied job positions and for varied employers, but the term *carpenter* still has meaning in communications because it is generally understood that not all carpenters are the same.

Over the 6 decades of this analysis, the number of census occupations in each RIASEC area has been relatively static. This stability indicates that there is considerable permanence in the array of the named occupations in the census reports about the workforce. This finding is contrary to the observations by Savickas (2012) and Savickas et al. (2009) regarding instability of the concept of an occupation in the contemporary global economy.

Employment in Six Areas of Work

The findings of this study report both the numbers of persons employed and the percentages of employment across RIASEC areas for six census periods. We believe that information about employment in the past can be instructive for future career planning. Table 2 reports the numeric and percentage changes in employment over 6 decades. The table shows the actual number of persons employed according to the decennial censuses over the 60-year period. This table and Figure 2 show the percentage changes—the distribution of the workforce within the RIASEC categories. Occupations that employ the largest numbers of people are in the Realistic, Social and Enterprising areas, with less employment in the Investigative and Artistic areas. The latter two areas report both the fewest numbers employed and the smallest percentages of employment across the six RIASEC areas.

The current emphasis on preparation for careers in science, technology, engineering and mathematics (STEM) fields involves occupations that do not employ large numbers of people. These occupations, often

found in the Investigative and Artistic areas, employed relatively small numbers of people in 2010 compared to the other four areas: 12% versus 88%. The STEM fields are not big-growth occupational areas that employ many hundreds of thousands or millions of people (e.g., nurses, retail salespersons, office clerks, teachers). However, the STEM fields are generally characterized by fast growth that involves a few thousand or more persons (e.g., biomedical engineers, veterinary technicians, glaziers, physical therapists). Persons in these occupations typically have higher salaries and better employment opportunities (Horrigan, 2003–2004).

The findings of the present study indicate that most people are employed in Realistic, Enterprising and Conventional (REC) occupations. Public attention to employment and career preparation often is directed at occupations with code combinations in the Investigative, Artistic and Social (IAS) areas because the percentage rate of employment growth is often greater there than in the REC areas (Reardon et al., 2012). The IAS areas provide higher levels of prestige and income, but employ fewer people (Reardon et al., 2004). One must remember that these are projected new jobs, which seem to capture more public attention and interest than the census data regarding actual employment.

A large number of jobs actually involve replacement of older workers, perhaps as much as one-third of employment (Mittelhauser, 1998). The U.S. Bureau of Labor Statistics (BLS; 2012) used data from the Current Population Survey and found that the replacements provide many more job openings in most occupations than straight employment growth does.

While the census data provide information about past employment that can inform career planning, the U.S. BLS provides additional labor market forecast information based on occupational projections. Lockard and Wolf (2012) identified the 20 occupations expected to have the most job openings each year through 2020 (big-growth occupations). Four of these occupations—registered nurses, retail salespeople, home health aides and personal care aides—will add more than half a million jobs each through 2020. These occupations are not new, different or unique, and they are unrelated to STEM fields. Reardon et al. (2012) noted that the Holland summary code order for these 20 big-growth occupations was SREICA. In the current study, the profile for employment in the 2010 census was RECSIA. It is not surprising that the Realistic area is prominent in both of these projections, because according to the census, it is the area of largest employment in the economy.

Given the overall increase in actual employment from 64.1 million in 1960 to 119.8 million in 2010, there has been a corresponding increase in employment across the six areas of work. For example, the number of persons employed in the Investigative area has grown from over 1.9 million in 1960 to 11.5 million in 2010, and in the Social area from 5.6 million in 1960 to 29.6 million in 2010. Employment growth has been less dramatic in the Artistic, Enterprising and Conventional areas, and growth has declined slightly in the Realistic area from 35.0 million in 1960 to 31.9 million in 2010.

In addition, the percentages of the U.S. population employed in the six areas of work also have changed from 1960–2010, but in a less dramatic way (see Figure 2). For example, the employment percent profile from highest to lowest employment in 1960 was RECSIA, and in 2010 it was RSECIA, with only the ECS areas alternating in order. However, the percentage difference between the Realistic and Artistic areas was greater in 1960 (54%) than in 2010 (25%). This may be evidence of a decline in manufacturing.

Income Across Six Areas of Work

Our findings indicate that income is not equitable across the six RIASEC areas, with the Investigative area consistently having the highest income and the Realistic and Conventional areas the lowest. Research using census data by Huang and Pearce (2013), Reardon et al. (2004), and Reardon et al. (2007) revealed similar findings. We find that although the RIASEC schema is familiar to counselors using the Self-Directed Search,

the Strong Interest Inventory and many other career assessments, the idea of using this schema to analyze occupational information is more novel. For example, thinking of income levels in terms of the RIASEC schema means using an order of IEASRC per the 2010 census data when discussing occupational information with clients.

Reardon et al. (2007) reported that examining levels of cognitive complexity associated with occupations may provide an explanation for the income disparity among the six RIASEC areas. G. D. Gottfredson and Holland (1996) created the Complexity Rating (Cx) to estimate the cognitive skill and ability associated with an occupation. In developing the Cx, the authors wanted to make greater use of job analysis ratings obtained by the U.S. BLS and also create a single measure of cognitive or substantive complexity associated with an occupation. They noted that *cognitive complexity of work demands* (G. D. Gottfredson & Holland, 1996) might be an appropriate term for the Cx. A Cx rating of 65 or higher could be associated with an occupation requiring a college degree and possibly postgraduate work and on-the-job training of 4–10 years, while a Cx level of 50 might characterize an occupation requiring a high school diploma and a year or more of on-the-job training. Reardon et al. (2007) found that Cx levels were highest in the Investigative and Artistic areas and that the Conventional area was associated with the lowest ratings. They found that employment in the Investigative area occurred only at the highest two levels of Cx (i.e., baccalaureate or higher) while the other four areas—Realistic, Social, Enterprising and Conventional—showed employment at all six levels of Cx.

Huang and Pearce (2013) reported that higher annual incomes in 2010 were found in occupations associated with greater Investigative and Enterprising traits. In addition, they found that the differentiation of an occupational interest profile positively predicted median annual income and moderated the effect across each of the six RIASEC areas. In other words, the more the occupation was characterized by a single, robust RIASEC code letter, the greater the income level for the occupation.

Reardon et al. (2007) examined income by kinds of work and found that the average income profile for six kinds of work ranging from highest to lowest was IEASRC. In the current study, the income profile was almost identical—IEASRC. These findings are very similar to those reported by Huang and Pearce (2013). Given that the Investigative area of work requires more education and training than the other five areas, these findings from census data provide evidence that education pays. Reardon et al. (2012) reported that the unemployment rate is clearly related to educational attainment. Those with more education are less frequently unemployed and have higher weekly earnings—more education is connected to more income.

Limitations

As with earlier studies (Reardon et al., 2007; Reardon et al., 2004), several limitations in the present study should be noted. First, the occupational titles included in the census have changed only slightly over the years. The U.S. BLS conducts extensive research to determine whether a new occupation should be added to its list of detailed occupations. A new occupation is one that includes duties not previously identified, one that has been recognized in small numbers and continues to grow (e.g., now has its own professional association or trade group), or one that is evolving and whose tasks have changed significantly. These new occupations arise from technological advances, new laws or regulations, or changing demographics. However, we believe that this issue has minimal impact on the findings of the present study because changes in occupational codes are unlikely to affect the first letter of a code. First-letter codes of occupations are much more stable over time and across industries than second or third letters.

A second limitation of this study is related to the classification of hundreds of thousands of jobs into 350–500 occupational categories, which requires considerable judgment and skill by occupational analysts. These

specialists base their judgments on the application of classification criteria, and there is the possibility of error in the use of this system of analysis. Third, we used the first letter in each Holland code in our analysis in order to simplify reporting. While this decision reduced some of the precision inherent in the Holland classification when three-letter codes are used, it increased the accuracy of occupational classification.

Fourth, our analysis was based on a sampling procedure used by the U.S. Census Bureau over 6 decades, and we generalized from this sample to the entire U.S. population. We assumed that the sampling procedure used by the U.S. Census Bureau was appropriate for this study. Fifth, the method for calculating the income levels reported in this study differed across the 3 decades, and comparisons should be made with caution. We used mean levels rather than median levels, and information about the skew of the distribution is not provided in this study. For example, Lowe (2010) noted that while the American Community Survey data are more current, they are not as precise (margins of error are generally higher) as data obtained in the long form used by the U.S. Census Bureau previously. Finally, it is possible that occupations may be shifting within or among industry groups, which would mask some of the findings regarding income reported in the present analysis.

Implications for Counseling Practice

Limitations notwithstanding, the results of this analysis of six kinds of work and employment over 6 decades have implications for counselors. Holland (1997) noted several rules to use in interpreting the Self-Directed Search interest inventory, such as the Rule of Asymmetrical Distribution of Types and Subtypes. This rule reminds both counselor and client that the distribution of types across the six RIASEC areas is very uneven and unequal; moreover, the distribution of jobs across the six types is not symmetrical or equal. Codes associated with small employment numbers may have fewer positions and fewer openings. The research in the present article underscores the validity of this rule. In each census period, the Artistic area was the smallest area of employment at 1% or 2%. At the other extreme, the Realistic area was the largest area of employment, ranging from 55% in 1960 to 27% in 2010. Career counselors should be cautious in advising workers to look for employment outside the Realistic area, because it has been the largest area of employment for the past 6 decades, with ongoing replacement needs (Reardon et al., 2007).

We can add that even the numbers of named census occupations are extremely uneven across six kinds of work. For example, the schema based on RIASEC types used in 2010 to examine occupations was heavily skewed in the direction of the Realistic area ($N = 211$), with very few occupational titles associated with the Artistic area ($N = 19$). We surmise that these findings reveal little evidence of instability and change in the use of the occupational schema by the U.S. Census Bureau, at least from a RIASEC perspective.

Some of these findings may be interpreted in different ways. For example, the Realistic area employed the most persons in 2010, but employment in that area has dropped 28% over the 6 decades. The loss of jobs in the Realistic area is greater than the changes in any other area, decreasing from 42.7 million in 1990 to 31.8 million in 2010. The Investigative area almost tripled in employment from 1960–2010, from 3% to 10%, but fewer than 10% of total U.S. jobs are in the Investigative area (11.5 million). These findings seem related to the issue of big-growth and fast-growth jobs described by Horrigan (2003–2004), in which very few occupations appear at the top of both lists. For example, only home health aides and personal care aides are included in both the top 20 big-growth and fast-growth employment areas. This information underscores the importance of understanding demography and an aging population in using labor market information. The information used in career guidance programs often touts the rapid growth in information and technology jobs; however, this information must be balanced with the understanding that only 8% of U.S. employment is in the Investigative area.

The findings of the current study can update and enhance a counselor's view of labor market information based on Holland's career theory. We suggest that a RIASEC perspective on jobs in the labor market indicates that things are not really changing as much as others sometimes discuss. U.S. census data compiled over 6 decades (1960–2010) can inform counseling practice and career interventions for students and others exploring occupational changes. These findings can assist counselors and their clients in better matching personal characteristics with occupational and work environments.

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Counseling Emerging Adults in Transition: Practical Applications of Attachment and Social Support Research



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Today's emerging adults (i.e., individuals between the ages of 18 and 29) in industrialized nations navigate multiple significant life transitions (e.g., entering career life), and do so in a rapidly changing society. While these transitions pose psychological difficulties, a growing body of research has identified attachment and social support as two notably salient protective factors in emerging adulthood. The purpose of the present article is to explore the counseling of emerging adult clients, particularly those in the midst of one or more transitions. The concept of emerging adulthood represents a relatively recent phenomenon that the counseling community has been slow to acknowledge. Specifically, this author reviews literature pertaining to emerging adulthood, attachment and social support, and uses this literature to provide clinicians with practical recommendations for counseling emerging adults.

Keywords: emerging adulthood, life transitions, attachment, social support, counseling

Emerging adulthood is a stage of life resulting from recent societal trends in industrialized nations, occurring between the ages of 18 and 29 (Arnett, 2000, 2004, 2007). These trends include the proliferation of college enrollment, significant delays in settling down and high unemployment compared to prior generations of young adults (Furstenberg, Rumbaut, & Settersten, 2005). Corresponding with these changes is an evolution of the psychosocial development of current emerging adults, who engage in extended identity exploration and report subjectively feeling *in between* adolescence and adulthood (Arnett, 2001). While the benefits and drawbacks of these changes are a source of frequent and intense debate (Arnett, 2013; Twenge, 2013), few would disagree that being twenty-something today is a drastically different experience than it was several decades ago.

Emerging adulthood presents many life transitions and significant mental health risk. In the midst of prolonged identity experimentation and subjectivity, emerging adults navigate a multitude of major life and role changes, such as leaving home, entering and leaving educational settings, and starting a career. The convergence of these factors—the subjective feeling of not being an adult and near-constant life changes propelling one toward adulthood—seems to contribute to critical periods of identity crisis and various psychological difficulties (Lane, 2013b; Lee & Gramotnev, 2007; Weiss, Freund, & Wiese, 2012). Though not all emerging adults experience difficulties during these transitions (Buhl, 2007; Galambos, Barker, & Krahn, 2006), some respond with significant distress (Murphy, Blustein, Bohlig, & Platt, 2010; Perrone & Vickers, 2003; Polach, 2004), which is problematic given that the emerging adult years are considered a critical juncture in the development of mental illness (American Psychiatric Association [APA], 2013; Ingram & Gallagher, 2010) and substance abuse (APA, 2013; Chassin, Pitts, & Prost, 2002; Ingram & Gallagher, 2010). Elevated distress also has been shown to increase impulsivity and risk-taking behaviors in emerging adulthood (Scott-Parker, Watson, King, & Hyde, 2011). The distress accompanying these transitions, therefore, poses a considerable threat to emerging adult well-being.

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Despite these changes and risk factors, the counseling community has been slow to acknowledge the evolving landscapes of the late teens and twenties. Counselor training programs continue to prominently feature theories of development contending that identity development is a task completed by the end of the teenage years (i.e., Erikson, 1959/1994). It seems likely that many counselors face the challenge of using outdated developmental models to conceptualize their emerging adult clients. For counselors to work effectively with the many challenges and risks that emerging adults face, they must have an increased awareness of emerging adulthood and better understand factors that predict well-being and stability during the numerous transitions commonly experienced. To address this concern, the author provides an overview of emerging adult theory and research describing the significance of emerging adult life transitions; reviews literature examining the importance of attachment and social relationships in emerging adulthood, which appear to especially salient sources of risk resilience during this period of life; and considers implications for counseling professionals to utilize when working with emerging adults.

Emerging Adulthood

Current societal expectations regarding normative life trajectories in the early-to-mid 20s—being finished with education, marrying, acclimating to a professional setting and adjusting to life as a parent—do not seem fully applicable to today’s emerging adults in most industrialized nations. Arnett (2000) described emerging adulthood as a period of feeling “in between” (p. 471), during which individuals are no longer adolescents, but do not yet identify as adults. Thus, the normative developmental tasks for individuals in their 20s seem to have shifted from objective tasks like attaining work, settling down and becoming financially independent, to more subjective tasks like considering the question, Who am I and what do I want my life to look like? This shift is reflected in several factors that distinguish emerging adulthood from other life stages and from prior young adult generations. Of these distinctions, the three most prominent pertain to demographic instability, changes in subjective self-perceptions and extended periods of identity testing (Arnett, 2000).

Characteristics of Emerging Adulthood

One way that emerging adulthood is distinct from other life stages is with regard to demographics. The past several decades correspond with higher proportions of 18- to 25-year-olds leaving home and periodically moving back home several times (Goldscheider & Goldscheider, 1999), attending college immediately after high school (Arnett, 2004), delaying marriage and childbirth (Arnett, 2000), spending more time in college (Arnett, 2004; Mortimer, Zimmer-Gembeck, Holmes, & Shanahan, 2002) and changing careers (Wendlandt & Rochlen, 2008). In comparison to other age groups, the demographic statuses of emerging adults today vary with little predictability (Arnett, 2000; Cohen, Kasen, Chen, Hartmark, & Gordon, 2003); however, the demographic factor that is most predictable is frequent residential change (Arnett, 2000, 2007; Shulman & Nurmi, 2010). All of these trends indicate the changing demographic landscapes of today’s late teens and early 20s compared to those of prior generations.

Another changing landscape of emerging adulthood is a trend toward increasingly vague and subjective self-perceptions (Arnett, 2000; Fussell & Furstenberg, 2005). Emerging adults view their progression into adulthood as long and gradual. When a sample of emerging adults were asked if they felt they had reached adulthood, over 50% selected the answer choice “in some respects yes, in some respects no,” and fewer than 5% selected “yes” (Arnett, 2001, p. 140). Moreover, emerging adults seem to consider individual character qualities (e.g., accepting responsibility) to be more salient indicators of having reached adulthood than objective milestones, such as completing education or becoming a parent (Lopez, Chervinko, Strom, Kinney, & Bradley, 2005). In short, emerging adults perceive themselves as no longer adolescents, but also not quite adults, and report vague perceptions of what it will take to feel more like adults.

A third distinction of emerging adulthood is a prolonged period of identity exploration (Arnett, 2000; Gerstaecker, 2010). Given the relative freedom from life obligations, in tandem with the long-term implications of many of the decisions that will be made during emerging adulthood, this stage of life represents an opportunity for significant identity development to occur (Gerstaecker, 2010). The freedom to engage in identity exploration results in the delay of firm decisions regarding adult roles (Schulenberg, Bryant, & O'Malley, 2004). These factors also contribute to an increased self-focus during emerging adulthood (Arnett, 2004). While some researchers have interpreted these features as resulting from increased narcissism among emerging adults (e.g., Twenge, 2013), Arnett (2004) conceptualized them as temporary and developmentally normative qualities.

The three most common areas of emerging adult identity exploration are love, work and worldviews (Arnett, 2000). First, emerging adults use their freedom to explore varying levels of commitment with regard to sexual and romantic relationships (Arnett, 2004), and do so in a time period with unprecedented societal acceptance of differing sexual and romantic preferences (Garcia, Reiber, Massey, & Merriwether, 2012). Second, significant identity exploration occurs with regard to professional identity, for which evidence can be found in several college trends. Emerging adults are increasingly likely to change their majors more than once (Arnett, 2000), report negative attitudes toward graduation (Lane, 2013a, in press-a; Yazedjian, Kielaszek, & Toews, 2010), spend more time in college (Arnett, 2004) and experience more career turnover (Wendlandt & Rochlen, 2008) than prior generations. Finally, worldviews represent a third area of identity exploration. With today's unprecedented higher education enrollment (National Center for Education Statistics, 2014; Weber, 2012), a growing number of emerging adults are gaining a more complex understanding of the world around them via higher education experiences. The impact of the college environment on moral reasoning and cross-cultural experiences is well documented (e.g., Bowman, 2010). These trends may explain the observations of several scholars that today's emerging adults share an unprecedented passion for social justice and community well-being (e.g., Arnett, 2007), especially in urban areas.

Emerging Adult Transitions

A central feature of emerging adulthood is the frequent occurrence of significant life transitions. Each of these transitions initiates significant role changes that impact social networks, familial support and autonomy. The influence of life transition on well-being has been well documented and frequently results in periods of self-doubt, immobilization and denial (Brammer & Abrego, 1981). In contrast to common assumptions that the transitions associated with emerging adulthood (e.g., college graduation, obtaining employment) are positive life events, these transitions represent periods of loss (Vickio, 1990) that consist of considerable psychological distress for some individuals (Lane, in press-a, in press-b; Lee & Gramotnev, 2007). The proceeding section reviews a growing body of recent research suggesting that the characteristic delay in adult identity formation in emerging adulthood may increase the degree of loss and difficulty experienced during several normative transitions.

High school graduation. Conclusions are mixed regarding the assertion that high school graduation is a critical emerging adult transition. Though some have reported that graduation is associated with increased quality of parental relationships and decreased depressed mood and delinquent behaviors (Aseltine & Gore, 1993), others have reported significant differences in these trajectories as a function of race and college attendance (Gore & Aseltine, 2003). Similarly, social and institutional support predicts whether deviant behaviors increase or decrease after high school (Sampson & Laub, 1990). These findings suggest that the transition of high school graduation is a positive experience for some emerging adults, but a psychologically distressing experience for others, especially those who lack social support, do not attend college, or identify as African American or Latino.

The transition to professional life among non-college attendees. After high school, the two most common trajectories are to enter either postsecondary education or the workforce (Arnett, 2004). The transition to work can be particularly difficult for those who forgo college. These emerging adults attempt to transition into professional life without the advantage of higher education—a psychologically beneficial resource that provides important institutional and social support (Raymore, Barber, & Eccles, 2001). Among individuals with high school diplomas, unemployment rates are highest between the ages of 18 and 19, approaching 20% in 2014 (Bureau of Labor Statistics, 2014). Those who do find work are unlikely to receive a sustainable income, as mean incomes among emerging adults are drastically lower than for other adult age groups (U.S. Census Bureau, 2012). Such difficulties are particularly problematic given that unemployment and economically inadequate employment have been implicated as mental health risks (Dooley, Prause, & Ham-Rowbottom, 2000).

The freshman transition. For those emerging adults who decide to attend college, their adjustment to college life also represents a significant life transition. In particular, the first year of college is a risk factor for psychological distress. Bowman (2010) found that among first-generation college freshmen, psychological well-being significantly decreased throughout the course of the freshman academic year. Similarly, Sharma (2012) demonstrated that first-year undergraduates experienced significantly greater emotional and social difficulties than other college students. A prominent focus of first-year transition literature is the important role of attachment relationships, a construct that will be discussed in greater depth later in this article. In short, the attachment security of incoming freshmen predicts their overall well-being, as well as their social and academic adjustment (Kenny & Donaldson, 1991; Larose & Boivin, 1998).

The senior year experience. A small but growing body of recent research has identified potential difficulties for college seniors preparing to transition out of school (Lane, 2013a, in press-a). The college experience represents a period of moratorium from many adult responsibilities (Fasick, 1988) and is associated with increased leisure behaviors compared to individuals who do not attend college (Raymore, Barber, Eccles, & Godbey, 1999). Given the subjective experience among emerging adults that they have not yet reached adulthood (Arnett, 2001) and the prevailing societal expectation that college graduation is associated with adult roles (e.g., entering the workforce, settling down), it is likely that emerging adults increasingly view graduation as an important signifier of impending life changes for which they do not feel ready (Lane, 2013a). For example, ambivalence about graduating was one of the primary themes to emerge from a qualitative study of college seniors (Yazedjian et al., 2010). Other qualitative studies of college seniors have found that students are frequently anxious about graduating due to the impending changes they will experience in priorities (Overton-Healy, 2010) and the sense that they lack direction regarding the next phase of life (Allen & Taylor, 2006). Factor analyses of surveys given to college seniors uncovered domains of concern about graduation, including leaving behind the student lifestyle, the impending loss of friendships and support, the process of obtaining employment, and the process of applying to graduate school (Pistilli, Taub, & Bennett, 2003). A recent path analysis revealed significant relationships between these domains of concern and factors such as life satisfaction, psychological health and attachment security (Lane, in press-a).

Life after college. Given the psychological implications of preparing to leave the college environment, it is not surprising that the time immediately following college life often presents psychological difficulties as well. A sample of Australian college graduates voiced concerns about adjusting to life after college and to work life, referring to this period as a low point of their lives (Perrone & Vickers, 2003). Chickering and Schlossberg (1998) found that well-being suffered when emerging adult graduates encountered difficulties obtaining employment. Such findings are especially significant since they contrast overall trends toward increased well-being throughout emerging adulthood (Galambos et al., 2006). That is, while emerging adulthood is associated

with upward trends in well-being, the time immediately following graduation can alter this trajectory, especially when emerging adults experience difficulties obtaining employment.

However, emerging adults who do secure postcollege employment are not exempt from transition-related distress. This transition involves significant changes in attitudes, expectations and levels of preparedness compared to college life (Polach, 2004; Wendlandt & Rochlen, 2008). Transitioning to the world of work can be particularly difficult since emerging adults are typically leaving an environment in which they felt experienced (e.g., high school, college) and becoming inexperienced professionals (Lane, in press-b). More than half of all college graduates leave their initial place of postcollege employment within two years of graduating (Wendlandt & Rochlen, 2008), and there is evidence suggesting that this turnover is due to difficulties in adjusting to professional life for the first time (Sturges & Guest, 2001). Such difficulties seem to frequently result in experiences of imposter syndrome (i.e., perceiving oneself as incompetent despite evidence of competence) among emerging adults entering professional life (Lane, in press-b). Other related difficulties include significant learning curves, less feedback and structure than afforded by the college environment, guilt about initial levels of work production, and difficulties forming new social networks (Polach, 2004). Similarly, the results of a survey conducted by Slep and Reed (2006) suggested that most graduates possess limited awareness of the impending culture changes they will experience as a result of leaving higher education and entering the workplace. The importance of this awareness was demonstrated in a longitudinal study in which emerging adults were tested as college seniors regarding their knowledge about workplace culture, and then were subsequently tested both six months and one year after entering professional life (Gardner & Lambert, 1993). Those who had more accurate information as seniors were more likely to report job satisfaction at both subsequent intervals. Buhl (2007) conducted a similar longitudinal study, finding that the subjective quality of participant parental relationships predicted well-being trajectories during the initial three years of professional life.

In sum, it is clear that the common transitions experienced during emerging adulthood pose threats to well-being due to role confusion and psychological distress. Given the risks associated with psychological distress, it is paramount to better understand factors that might promote the maintenance of well-being during periods of transition in emerging adulthood. Accordingly, a focus of emerging adult research has been examining constructs that predict positive developmental progressions through these periods of transition. Two such constructs that have received considerable attention are attachment (e.g., Kenny & Sirin, 2006) and social support (e.g., Murphy et al., 2010). It seems that emerging adults who feel secure in their relational attachments and supported by social networks are able to face the developmental challenges of emerging adulthood with greater confidence and well-being than those who lack support and secure attachments. To better explain the impact of these constructs on emerging adult development and well-being, the proceeding sections of this article examine attachment and social support literature pertaining to emerging adulthood.

Attachment

Attachment theory contends that the early relationships people develop with their caregivers inform attitudes toward help seeking and new learning in times of distress across the lifespan (Bowlby, 1969/1982). *Attachment* is defined as the emotional bonds that develop between children and their caregivers beginning in infancy. Based on repeated experiences of caregiver responsiveness, infants begin to develop beliefs and expectations regarding the degree to which their physical and emotional needs will be satisfied. According to attachment theory, these beliefs become internalized as subconscious representations of self and other, which continue to increase in complexity and broadly inform social interactions throughout the lifespan. Those whose representations are based on consistent and sufficient caregiver responsiveness are considered securely attached

and are likely to trust their ability to resolve future needs, either by themselves or by relying on caregivers. Insecurely attached children, on the other hand, develop expectations that their caregivers cannot be adequately relied upon in times of need; these children are likely to react to perceived threats with inappropriate levels of affect (i.e., overactivation or deactivation). These reactions interfere with the children's development of effective emotional regulation and with the successful resolution of stressful situations, thereby continuing to reinforce such responses to future stressful situations (Guttman-Steinmetz & Crowell, 2006).

This idea positions early attachment relationships as a likely influence on psychological health in emerging adulthood. The years of later adolescence and early emerging adulthood are a time in which attachment needs are increasingly fulfilled by peers and romantic partners, as opposed to caregivers (Fraley & Davis, 1997). Thus, the relative security of parental attachment representations is likely to inform interpersonal trust and intimacy, as well as the ability to seek the meeting of attachment needs from others (Schnyders & Lane, 2014). In fact, frequency of contact with parents during emerging adulthood is negatively associated with subjective closeness to parents (Hiester, Nordstrom, & Swenson, 2009), while geographical distance from parents is positively associated with psychological adjustment (Dubas & Petersen, 1996). Younger emerging adults are likely to begin experimenting with independence, though they often still use parents or caregivers as attachment figures in times of distress (Fraley & Davis, 1997; Kenny, 1987).

Bartholomew and Horowitz (1991) conducted what was perhaps the first study to consider the relevance of attachment to the unique needs of young adult populations. They demonstrated several trajectories in interpersonal functioning on the basis of attachment functioning. In the study, attachment was conceptualized as occurring across dimensions of self and other: secure (positive representations of self and other), anxious (negative representations of self, positive representations of other), dismissive-avoidant (positive representations of self, negative representations of other), and fearful-avoidant (negative representations of self and other). Such a conceptualization has become a standard for contemporary adult attachment research (Brennan, Clark, & Shaver, 1998). Fearful-avoidant participants seemed to struggle with interpersonal passivity. Dismissive-avoidance was "related to a lack of warmth in social interactions" (Bartholomew & Horowitz, 1991, p. 234). The interpersonal problems of anxious participants suggested control seeking or overinvolvement in the affairs of their peers. These findings corroborate more recent conceptualizations of insecure attachments in adulthood (Brennan et al., 1998; Mallinckrodt, 2000). Specifically, individuals with elevated attachment anxiety are likely to respond to distress with a hyperactivated strategy, heightening awareness of their distress and causing them to seek inappropriate levels of interpersonal dependence. Conversely, individuals with elevated attachment avoidance are likely to respond to distress with a deactivated strategy, inhibiting awareness of negative affect and preventing them from seeking support from others.

A growing body of emerging adult research supports the importance of healthy attachment functioning for various psychological outcomes during emerging adulthood. Attachment is a crucial predictor of well-being trajectories at many key emerging adult transition points (Lane, 2014), including the first year of college (Kenny & Donaldson, 1991), the last year of college (Lane, in press-a) and the postcollege years (Kenny & Sirin, 2006). For example, one study tracked Israeli males from their final year of high school through their third year away from home for compulsory military service (Scharf, Mayseless, & Kivenson-Baron, 2004). Securely attached individuals demonstrated better coping strategies and higher capacity for intimacy during their military service than those with insecure attachments. More generally, attachment security in emerging adulthood also influences self-reinforcement capacity and reassurance needs (Wei, Mallinckrodt, Larson, & Zakalik, 2005), affect regulation and resilience (Karreman & Vingerhoets, 2012), perceived self-worth (Kenny & Sirin, 2006), dysfunctional attitudes and self-esteem (Roberts, Gotlib, & Kassel, 1996), self-compassion and empathy toward others (Wei, Liao, Ku, & Shaffer, 2011), self-organization strategies (Lopez, Mitchell, & Gormley, 2002), and

identification with emerging adulthood (Schnyders, 2014; Schnyders & Lane, 2014). Many of these factors illustrate the importance of attachment functioning in developing healthy and supportive interpersonal social networks.

Social Support

The construct of social support refers to social relationships or interactions that provide individuals with actual or perceived assistance (Sarason et al., 1991). Social support is psychologically beneficial in its capacity to mitigate stress during stressful situations (e.g., Ditzen et al., 2008), an idea commonly referred to as the *stress buffering hypothesis* (Cohen & McKay, 1984). A wealth of recent research has strongly suggested that social support is particularly salient during emerging adulthood, as this is a life period marked with numerous transitions and opportunities to experience distress. In a qualitative study of emerging adults who had recently transitioned into professional life, social support was the most prominent theme related to adjustment (Murphy et al., 2010); those who reported relational isolation also struggled with unpreparedness for new financial obligations and feeling that their expectations about life after college were left unfulfilled. Mortimer et al. (2002) reported similar findings. Wendlandt and Rochlen (2008), noting that social support is often lacking in the transition out of college and into the work force, urged college counselors to develop interventions aimed at increasing perceived support. This idea was supported in a study of college graduates who had recently relocated to a metropolitan area and were adjusting to their first year of professional life (Polach, 2004). Participants reported frustration and difficulties trying to establish new peer groups outside the college environment. They also cited the importance of a sense of belonging as the primary reason for moving to a city after graduating. Clearly, ample evidence supports the protective qualities of social support for emerging adults transitioning into professional life.

Moreover, social support also seems to be important during other emerging adult transitions. In one qualitative study, emerging adult participants described the ability to understand friendship dynamics as an important component in the subjective experience of reaching adulthood (Lopez et al., 2005). Examples of understanding friendship dynamics included the maintenance of preexisting friendships, changes in friendships based on varying maturation rates, and understanding the importance of the social network. In another study, first-year college students seemed to adjust more effectively to college life when the support they received from family members shifted from actions consistent with parental attachment to actions consistent with social support (Kenny, 1987). In a multiethnic sample of urban high school students, perceived social support predicted aspirations for career success, positive beliefs pertaining to achieving career goals and the importance of work in the future (Kenny, Blustein, Chaves, Grossman, & Gallagher, 2003).

Several longitudinal studies also have demonstrated relationships between aspects of social support and various elements of positive adjustment in emerging adulthood. A large study that tracked individuals for nearly 30 years beginning at age 7 (Masten et al., 2004) found that social quality was an aspect of resilience and predicted success in various emerging adult developmental tasks (e.g., academic attainment). Moreover, success with these tasks predicted success in postemerging adult developmental tasks (e.g., parenting quality, romantic success, work success). O'Connor et al. (2011) found perceived quality of peer relationships to predict positive development in emerging adulthood, which they conceptualized to include life satisfaction, trust and civic engagement. Galambos et al. (2006), in a longitudinal study tracking nearly 1,000 Canadian participants throughout the course of emerging adulthood, found that increases in social support were significantly correlated with increases in well-being.

These findings suggest that the degree to which emerging adults are able to develop and rely upon support networks directly impacts their ability to adapt to various normative experiences and transitions. Given the aforementioned discussion regarding emerging adult attachment, it is likely that these two constructs (attachment and social support) are of shared importance during such transitions. That is, attachment representations inform one's capacity for positive interpersonal interactions (Mallinckrodt & Wei, 2005), and in this way, attachment and social support collectively facilitate transition processes in emerging adulthood (Lane, 2014; Larose & Boivin, 1998).

Implications for Counseling Emerging Adults

Counseling professionals who work in mental health or university settings are uniquely positioned to intervene with emerging adult clients and to foster resilience and well-being during this turbulent life phase. If counselors are to be effective working with the many challenges that emerging adults face, it is necessary to better understand factors that predict well-being during life transition. The aforementioned literature demonstrates the protective qualities of social support for emerging adults in transition. Emerging adults who are able to rely on positive social relationships during life transitions derive higher psychological well-being, life satisfaction and positive affect (Lane, 2014). Accordingly, counselors would be wise to assist their emerging adult clients in cultivating supportive social relationships. While counseling is a supportive relationship unto itself (Slade, 2008), the degree to which emerging adults in transition are able to derive satisfaction from a number of supportive relationships seems to directly impact the experience of well-being during transition. In this regard, counselors are encouraged to recognize the unprecedented complexity of emerging adult support networks (Arnett, 2007; Garcia et al., 2012; Manago, Taylor, & Greenfield, 2012) due to the proliferation of social media and changing attitudes toward romantic relationships.

Moreover, social support is not limited to interpersonal relationships, but also includes structural and institutional forms of support (Masten et al., 2004). Thus, possessing knowledge of community programs and resources available to emerging adults also is imperative when working with this age group. Support can be enhanced through transition-specific programs (e.g., Lane, 2013a; Yeadon, 2010) that provide information about future expectations and strengthen coping skills (Wendlandt & Rochlen, 2008). Further benefits can be derived as counselors work with their clients to rely on these support systems during times of transition.

As the literature further suggests, one's degree of attachment security will impact the ability to develop and rely upon social support. Thus, excessive attachment anxiety or avoidance could pose challenges to working with emerging adults on support utilization. Accordingly, counselors of emerging adults should be aware of this potential therapeutic roadblock; they also should be prepared to intervene to develop corrective attachment experiences with their clients. Mallinckrodt (2000) suggested an approach in which clinicians utilize the therapeutic relationship to promote secure attachment strategies. The focus of this approach is maintaining relational boundaries through anticipating how clients might resist such boundaries. That is, because elevated attachment anxiety promotes a desire for maladaptive interpersonal dependence (Brennan et al., 1998), counselors should work to establish greater interpersonal distance than their anxiously attached clients would prefer (Mallinckrodt, 2000). Similarly, since elevated attachment avoidance promotes a desire for maladaptive interpersonal isolation, counselors should seek greater interpersonal closeness than their avoidant-attached clients would prefer. While doing so, clinicians should monitor the affective experience of their clients as a result of the therapeutic relationship, and should assist their clients in self-monitoring as well. This process can facilitate client awareness of attachment tendencies and enhance mindfulness about communicating future relational needs.

Other helpful suggestions come from a qualitative study of experienced therapists who worked toward corrective attachment experiences with their clients (Daly & Mallinckrodt, 2009). The therapists in the sample suggested that therapeutic boundaries should be reevaluated over the course of therapy. These therapists also emphasized the importance of sensitivity to client defenses early in the therapeutic relationship, and suggested several strategies for both managing boundaries and combating resistance. Such strategies included intentional disclosure of feelings toward client patterns, fostering a sense of consistency and dependability about counseling, and developing an awareness of the temporary nature of the therapeutic relationship, beginning at the onset of therapy. These considerations may aid counselors in helping emerging adult clients work past insecure attachment patterns to develop healthy social relationships that can be utilized to facilitate emerging adult transition.

More broadly, the preceding literature review speaks to the importance of counselors acknowledging the changing landscapes of young adulthood. Current trends in the media seem to advance a narrative that today's young adults are narcissistic, entitled and lazy. While the veracity of such labels is a focus of current debate in the research community (for an overview of this debate, see Arnett, 2013 and Twenge, 2013), the narrative that these labels perpetuate is not conducive to an empathic understanding of the needs of those in this age group. Thus, counselors are encouraged to consider Arnett's (2004) theory of emerging adulthood when conceptualizing their work with emerging adult clients. This theory indirectly encourages counselors to honor the process of emerging adulthood, during which it is normative to engage in numerous behaviors that are often negatively misconstrued. Specifically, emerging adults are likely to (a) frequently move out and back into the parental household (which could be construed as parental enmeshment), (b) engage in prolonged identity exploration (which could be construed as laziness), (c) possess vague subjective understandings regarding the realization of adult identities (which could be construed as lack of direction), (d) think optimistically about the future (which could be construed as entitlement) and (e) temporarily possess a heightened self-focus (which could be construed as narcissism). Thus, acknowledging and normalizing these characteristics, even if they might constitute relatively recent phenomena, is important for fostering empathic understanding between counselors and their emerging adult clients.

Conclusions

Emerging adults navigate many significant life and role transitions with important long-term implications. These transitions can induce great pressure and distress for some emerging adults, increasing their likelihood of experiencing many of the risks commonly associated with this age group. Thus, it is important that counselors understand the unique dynamics of emerging adulthood, especially given the myriad ways that this group has changed and evolved compared to prior young adult generations. In particular, the aforementioned literature suggests that counselors may find success with their emerging adult clients by working to enhance social support and correct potential insecure attachment behaviors, as well as by incorporating emerging adult theory to conceptualize client behaviors and perspectives. Though emerging adulthood is often a time of turmoil and instability, it is also a period rife with opportunities and possibilities, thus providing the potential for deeply rewarding and transformative counseling experiences.

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An Exploration of the Personal Experiences and Effects of Counselors' Crying in Session



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This article describes a qualitative interview study of 11 counselors' personal experiences of crying in session with a client and their perception of its effects on the therapeutic relationship. Semistructured interviews with counselors at a mid-sized university in the Midwest found that tears could be an appropriate response to a client's unique situation and helpful in empathizing with the client. Themes of awareness, empathy, modeling and authenticity as well as implications for counselors are discussed.

Keywords: crying, empathy, self-disclosure, authenticity, therapeutic relationship

Crying is a response that all people have in common and one of the most powerful demonstrations of emotional expression in humans. Darwin's (1872) early theories of emotions have greatly influenced the significance of studying tears. Emotional expression seems to be universal among humans and the expression of tears is innate, serving an important function for our welfare, as well as a form of non-verbal communication. The words "crying" and "tears" are used synonymously in this study to mean tearing up, as in the eyes filling with tears or running over as an expression of empathy.

Counselors are faced with a variety of emotionally charged situations that at times might be uncomfortable and unpleasant and, as a result, influence counseling behavior during a session. The rationale for this study was based on the paucity of research on counselors' tearing up as an appropriate form of self-disclosure, when it genuinely and spontaneously occurs and is not the result of the counselor's unresolved issues.

The main purposes for exploring the phenomenon of counselors' crying were as follows: (a) to increase counselor self-awareness and reactions in emotionally intense situations, (b) to promote dialogue for counseling supervisors and educators, and (c) to discover the meaning a counselor places on personally significant crying experiences. Cornelius (1981) noted that researchers are a long way from developing a comprehensive theory of crying and that there is a need for more descriptive data before construction of a theory. The current study is a step toward providing such data on the phenomenon of counselors' crying in session.

Individuals in helping roles are vulnerable to a wide variety of emotionally charged situations, which can be defined situations in which there is high potential for reactionary behaviors. These behaviors can lead to overt expressions, such as crying, screaming, angry outbursts and sometimes seemingly irrational demonstrations of emotion. Emotionally charged situations can be uncomfortable and unpleasant and can induce a state of anxiety, especially in professional situations such as counseling. When a counselor has an emotionally charged response to a client, feelings can intensify, resulting in a spontaneous reaction, even crying. However, a study by Curtis, Matise, and Glass (2003) suggested that crying with clients could be a genuine expression of emotions and facilitate the therapeutic relationship.

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Crying has several advantages. Crying is a natural coping mechanism that helps to buffer against the pathogenic effects of stress (Davis, 1990; Frey, Desota-Johnson, Hoffman, & McCall, 1981). Crying not only has certain health benefits (Davis, 1990; Frey, Desota-Johnson, Hoffman, & McCall, 1981) such as relieving stress caused by the buildup of emotions, but also can enhance empathy and facilitate the therapeutic alliance (Horvath, 2001). Waldman (1995) suggested that a counselor's crying could be therapeutic to a client. According to Frey et al. (1981), emotional stress alters the chemical balance of the human body. When the stimulation of the lacrimal gland in the brain increases due to emotional intensity, it results in the production of tears. Although the social expression of crying has differences in degree, for this study crying is defined as the state of lachrymose secretions pouring from the eyes in response to emotional stimulation.

Crying and Stress in the Counseling Situation

The connection between emotional stress and the biological process suggests that crying is a function of the body to maintain homeostasis by helping to relieve emotional stress. In a study on why adults cry, emotional tears seemed to be associated with tension reduction (Efran & Spangler, 1979). The researchers focused on the recovery aspect of tears and suggested that crying happens when a psychological barrier or perturbation disappears, signifying recovery and adaptation rather than continuation of distress or arousal, thus permitting the system to shift into recovery.

Hill, Mahalik, and Thompson (1989) offered two explanations for a counselor's emotional reaction of crying during a session. The first is *self-disclosure*, which refers to a counselor's personal emotional response to the client. When self-disclosure is appropriate, the counselor shares a segment from his or her own life with the client for the purpose of either reassuring or challenging the client's experience. Yet, the focus in this situation is on the client and not the counselor. When a counselor is in a situation that stirs powerful emotions, self-disclosure can deepen the counselor–client connection or can reflect the counselor's inability to contain his or her own feelings.

A second explanation for a counselor's emotional reaction of crying during a session is *empathy*, which refers to one's active attention toward the feelings of others (Rogers, 1980). This concept emphasizes the therapeutic function of a counselor's ability to fully experience the attitude expressed by the client and reflect to the client what he or she is experiencing. Empathy is considered a significant way to enhance and deepen the therapeutic relationship.

Sometimes counselors might discount the behavior of crying as an inappropriate reaction triggered by the experience of anxiety and discomfort or an overly sympathetic response. In order to reduce his or her reaction to an emotionally charged situation, a counselor might emotionally detach from the client in order to quell his or her own discomfort and limit a reactionary response in return. While the intention of this emotional detachment may help the counselor maintain a more objective perspective toward the client's reaction, the result also may be to limit the counselor's emotional availability and thus protect the counselor's own needs over the needs of the client. By detaching, the counselor can unintentionally emotionally abandon the client at a time when the client most needs support.

The Therapeutic Effectiveness of Crying

Few studies have examined the effectiveness of counselors' crying in session. Waldman (1995) and Counselman (1997) suggested that counselors' emotional tears could be therapeutic to a client. Waldman (1995) interviewed ten licensed psychologists with at least 5 years of clinical experience each. Each psychologist discussed his or her perceptions and feelings related to an incident in which he or she cried with a client during

a session. Waldman found that nine of the participants believed that their emotional tears were helpful in facilitating the therapeutic process. In contrast, one participant reported that emotional crying was the result of personal unresolved issues, which was not helpful to the client. With this in mind, it is possible that counselors' crying can be the result of the counselor's own struggles and countertransference. In this instance, objectivity could be lost and the therapeutic relationship hindered. Therefore, counselors might perceive crying as nontherapeutic and even unethical. Nevertheless, Waldman (1995) concluded that crying with clients enhanced the counselor–client connection and facilitated the client's work in session.

Counselman (1997) conducted a case study exploring the therapeutic effectiveness of a counselor crying in session with a client. She reported on her work with a couple in which the wife was dying of cancer. After several sessions of marriage counseling relating to an affair by the husband, the author described crying when the couple disclosed that the wife's breast cancer had recurred. Counselman (1997) admitted that her greatest fear was that she would not be able to stop crying and presumably might be viewed as unprofessional. However, she decided that her first priority was to be fully present with the couple, even if this meant crying with them in session. She reported that her willingness to share her emotions with this couple deepened the therapeutic relationship and facilitated the couple's counseling goals all the way to her client's death. She also indicated that this self-exposure "was healing for me in the way our work as counselors often is" (p. 237). Corey (2001) suggested, "If you use your own feelings as a way of understanding yourself, your client, and the relationship between the two of you, these feelings can be a positive and healing force" (p. 108).

Men in our society have consistently been taught not to cry and to downplay emotions. Counselors who find themselves on the verge of emotional tears may find the experience more profitable if they have had access to images that portrayed this behavior as acceptable and natural rather than a shameful and weak demonstration of emotions, especially for male counselors (Hoover-Dempsey, Plas, & Wallston, 1986).

Given that much therapeutic work is dedicated to helping clients express their deepest feelings, the lack of research regarding counselors' tearing up in session lends significance to the study of professionals who encounter emotionally charged situations and their emotional availability to respond in authentic ways without diminishing their credibility.

Methods

Study Design

The present study was informed by life-world phenomenology (Ashworth, 2003) in order to gain information and to give voice to the lived experiences of counselors around the issue of intense emotional experiences in the counseling situation, which sometimes includes crying. A phenomenological approach with oral responses was consistent with the goals of the study and sensitive to the needs of the participants. Phenomenological research originated from Edmund Husserl's phenomenology philosophy and aims to clarify a person's lived experience through everyday life situations (Giorgi & Giorgi, 2008). The root of phenomenology is that of intentionality, which allows objects to appear as phenomena because the self and the world are inseparable components of meaning. The idea is to suspend all presuppositions and biases and closely capture an experience within the context that the experience takes place. This is attempted through the three steps of epoche, phenomenological reduction and imaginative variation (Willig, 2001).

Participants and Setting

Potential participants were contacted either by email or in person and asked to volunteer for a brief interview concerning crying with clients while in a session. The criteria for inclusion were based on licensure, certification and experience, as well as the ability to provide full descriptions of one's personal experiences of

crying in session. In total, 11 counselors and professionals with related experience were included in this study. Participants were between 25 and 71 years old; four participants were males and the remainder female. The sample consisted of licensed professional counselors, school counselors, national certified counselors, a licensed marriage and family counselor, and a psychologist, with a combined average of 15 years' experience in their related fields. The participant's theoretical perspectives were varied and consisted of the following: cognitive behavioral, family systems, existential, Adlerian and person centered. Open-ended questions provided a general guide to the interviews (see Appendix), while allowing for discussion of relevant material.

Data Collection

Data collection consisted of semistructured interviews varying in length from 30–120 minutes. Interviews were chosen in order to open up topics and receive the participants' stories of crying in session with clients. Each interview was audio recorded and notes were taken during the interviews to facilitate transcription and future analysis. Repeat interviews were conducted with all but three of the participants, thus contributing to richer descriptions. The following topic areas were covered in the interviews: (1) What issues would make you cry in session? (2) What is your response to a client who starts crying in session? (3) How would crying be beneficial to the therapeutic relationship? (4) How do you keep yourself from crying in session with a client? (For more complete information, see Appendix.)

The data were processed in order to discern meanings and actions by first using a central idea or question relating to the research. The central questions used to guide this analysis were as follows:

1. What is the counselor's internal experience of a client who cries in session?
2. What is the counselor's internal experience of allowing him or herself to cry in session with a client?

Second, the author and a colleague brainstormed other terms that relate to the central concept of crying. This process led to further questions and terms, such as *awareness*, *empathy*, *crying as choice*, *loss*, *grief*, *genuineness*, *control*, *equality*, *acceptance* and *permission*. Third, connections were drawn among the various terms based on how the ideas related to each other, until ideas were exhausted about the central topic. Fourth, the findings were summarized and a graphical representation of the data was used to draw themes at face value, rather than explain or interpret at that point. Fifth, the author discussed the findings with a non-biased professional colleague in order to interpret how the data were linked to the big picture, theoretical perspectives and previous literature.

Data Analysis

Following the qualitative guidelines proposed by Creswell (1998) and Moustakas (1994), phenomenological analysis proceeded through several stages. The first was *horizontalization* of the data, in which the researcher read through the data and identified statements that described how the participants experienced the phenomenon of crying. Moustakas (1994) called these *meaning statements* and Creswell (1998) called them *significant statements*. For instance, one participant contributed a significant statement by describing crying as a genuine and spontaneous response:

I see it [crying] as an expression of a deep emotion and a genuine or real thing that happens. The client can see how I'm experiencing what they've told me. If that involves crying, that means that's how I experience their story.

The second stage was transcribing the statements into separate themes. Third, phenomenological reduction was used to group the meaning statements thematically by coding them with short descriptions for each theme. Lastly, imaginative variation was used to vividly capture the textures of the themes. Through intuitive

thinking, imaginative variation enables the researcher to derive structural themes from the textural descriptions (Moustakas, 1994). An overall description of the themes that illustrated the essential meaning of the experience was concluded.

Audio-recorded interviews were transcribed verbatim for each participant and the transcripts were analyzed by the author and cross-analyzed for consistency by a professional colleague who was not a member of the counseling profession. All of the interviews were thematically and categorically analyzed for commonalities in the phenomenon of crying, and regular discussions were held to achieve consensus on emerging themes from the descriptive to the analytic stages.

Three main phases of data collection and analysis occurred over the course of 32 weeks. The first phase was an initial analysis that took place during data collection. The second was a content analysis conducted after the study was completed. The final analysis was thematic, in which categories were used to organize contributions.

Categorical analytic procedures described by Creswell (1998) and Merriam (1998) guided analysis of the interview data and narrative questionnaire data, which were combined for analysis. During the interviews, the author *bracketed* (epoche) experiences that may have contaminated collection, interpretation and analysis of the data. Bracketing is performed by examining possible researcher biases and then setting those biases aside (Moustakas, 1994). This challenge was addressed by the researcher maintaining a journal of thoughts and reactions in order to increase his awareness of and accountability to the process of epoche. Potential researcher biases consisted of the researcher's personal experiences with crying, his own values and opinions concerning the phenomenon of crying, and his own professional ethics related to crying with a client.

During data collection, there was a continuous cycle in which the researcher read, reread, reflected on and interpreted the data. *Constant comparison* (Merriam, 1998) was practiced, in which multiple readings of the data set were examined and compared with the next piece of data. Unique responses and isolated situations also were identified and analyzed.

Ethical Considerations

As a professional counselor, the researcher has been conditioned by his training and abides by ethical codes of conduct from professional organizations, most of which do not address the issue of a counselor's crying in session with a client. These measures were taken during data analysis so as not to interfere with the accurate telling of each participant's personal experiences of the phenomenon of crying.

Ethical approval was granted by the Internal Review Board of the university where participants were solicited. Participants were asked to consent to a voluntary interview about the nature of their experience of crying in session with a client and notified of the estimated time of participation. The results of the interviews were confidential and no personal identification was requested of the participants.

Procedures to Ensure Trustworthiness

A variety of strategies were used to ensure the credibility, confirmability (validity) and trustworthiness (reliability) of this study. First, a purposeful sample was selected for this investigation to ensure that the participants had a wide range of experiences as counselors in a therapeutic milieu, and in order to increase the probability of participants having experienced the phenomenon of crying in a session.

An audit trail (Lincoln & Guba, 1985) was created to ensure that the participants felt confident that the research data showed a fully accurate description of their experiences of crying in session. Records were kept in the form of raw data (e.g., field notes), data reduction (e.g., summaries of theoretical notes), data

reconstruction (e.g., structure of categories, themes, relationships, definitions, conclusions), and process notes (e.g., trustworthiness notes relating to credibility and dependability).

Data triangulation (Thurmond, 2001) was implemented by soliciting feedback from participants during the analysis stage of data collection. The participants' diversity of experience, theoretical perspectives, demographic variability and length of experience as licensed professionals in their fields helped the researcher gain a clearer understanding of the phenomenon of crying and how it applies to counseling. Participants were allowed to see the interview questions prior to the interview, in order to provide more in-depth and thoughtful answers regarding the phenomenon being investigated.

Member checking was implemented to test the accuracy of the categories, interpretations and conclusions of the researcher with the participants from whom the data were originally obtained. This procedure was conducted informally during the normal course of observation and conversation with the participants at the time of their interviews. A more formal procedure was implemented after the researcher transcribed the interviews and sent them to participants for investigation. After the evaluation stage was complete and themes were established for the phenomenon of crying in session with clients, an email was sent to participants with a summary of the thematic conclusions, soliciting feedback, challenges or additional information from participants.

An external audit was conducted throughout the evaluation and analysis stages, in which the author discussed the data with a colleague who was not a part of the mental health profession. The purpose of choosing this colleague was to have an unbiased person who would not be swayed by training as a counselor and the ethics of the profession. The researcher's assumption was that mental health professionals would be more prone to accept, tolerate and be nonjudgmental toward clients' intense emotional experiences, even to the point of crying with them. Another external audit conducted to foster the accuracy and validity of the present study included advising from a faculty member in the applied statistics and research methods department of the university where the participants were sampled.

Results

Through analysis of the participants' interviews, invariant horizons were identified and themes were extracted and clustered through the reduction process (Moustakas, 1994). Following are textual descriptions of the prominent identified themes that emerged, including awareness, empathy, modeling and authenticity. An examination of participants' experiences also was extrapolated from the data.

Theme 1: Awareness

Each of the participants spoke about the skill of *awareness* as a decisive factor as to whether they would cry in session. Awareness was described as a skill that could be learned and used by the counselor, not only to determine whether to cry in session, but whether the voluntary nature of crying as an emotional response could be used to facilitate a therapeutic interaction. One male counselor-participant described crying as follows:

Crying means different things in different cultures. Some cultures and people may see crying as a sign of weakness, whereas others encourage its expression to practice being humble and exercise social kindness. As part of being culturally sensitive, a counselor needs to pay attention and try to explore with the client about this behavior. Crying is like a universal language that involves a list of vocabulary from different cultures and persons.

Awareness was an essential component of whether crying was considered therapeutic for the client. Even though all participants had cried to some degree or another in session, their respective levels of comfort and

opinions of what could help counselors-in-training prepare for such emotionally charged issues varied. One participant spoke of not being able to turn her crying on or off, but said that if she felt it was not appropriate because it took the focus off the client, then she tried to block herself from crying or tearing up:

If I cry in session, I open it up and tell the client that this is how I'm experiencing your situation and I'm crying, how does that feel to you? If they say it's not ok, then I'll tell them that I'll try to block it, but I'm not sure if I'll always be able to.

One interview question asked whether counseling programs could do anything different in terms of preparing counselors-in-training to deal with emotionally intense situations in which crying might occur. There was consensus among more than half of the participants that they had had no formal training in dealing with such emotionally intense situations, largely because this training is not something that can be taught from a textbook. One can read about an issue, but experiencing it is something quite different. To know oneself was said to be more pertinent, in terms of knowing how one would react to a particular situation. All of the participants made this statement, though they had no formal training in dealing with emotionally intense situations in which crying might occur. A male marriage and family counselor stated:

You can read the kinds of things we're talking about in a book, but I think the best way to teach people is in experiential situations. To have some knowledge that these things are going to happen and that it's ok to deal with it, that's the cognitive piece that you can teach people. The emotional piece, that you can't teach people, is how to handle it.

Another participant, a licensed professional counselor, stated that she was in fact overprepared. She continued, "My master's program was in the day [1970s] when there was a lot of therapy. It was about intensity and our own comfort with intensity." She felt that the pendulum had swung too far the other way, stating, "I think we ought to do a lot more personal growth in our [training] programs than we do."

Theme 2: Empathy

A predominant issue for the participants was that of crying linked with empathy. All participants felt that crying demonstrated a deeper form of empathy toward the client. Empathy is the experience of being in the client's shoes and tapping into the present felt experience of the situation. One of the most effective ways a counselor can help a client change is to affirm his or her subjective experience. Empathy is an essential skill for helping clients feel that they are being validated and understood (Teyber, 2000). For a counselor, knowing the issues that touch his or her own personal soft spots (countertransference) is important in order to inform a counselor's interaction with a client. One participant said, "I think it [crying] may be the ultimate empathy, if the tears are genuine. I'm sure Carl Rogers would have cried with clients." The researcher challenged the participant by asking, "I wonder if he [Carl Rogers] ever did cry with a client?" Her response was as follows:

How could he not, because when we're really in psychological contact we don't absorb their stuff; we experience it with them for a short time. I don't think we leave unscathed. I think clients change from our work with them and we change from our work with our clients.

Empathy points to an invisible element that leads to a deeper connection with an individual. Crying with a client in session, if genuine, was deemed a deeper kind of empathy, beyond words, that demonstrates a validating connection and recognition of the client's subjective experience.

Theme 3: Modeling

As a result of specialized training, counselors may be regarded as more competent in human relation skills such as emotional expression, and thus bear a responsibility to model positive and appropriate expressions of intense emotions to clients. Modeling relates to how the client interprets and integrates the influence of the counselor's actions into his or her daily activities of emotional expression. Because of training in interpersonal effectiveness, counselors may be more adept at emotional expression, and thus there may exist a higher expectation from others regarding trained mental health professionals' reactions to such emotionally intense situations. A school counselor stated:

By acknowledging crying, you don't have to pull back, because what I've seen with therapists is they pull back in an attempt to control it, so they lose contact with the client and the situation. They're also modeling for the client that it [crying]'s not ok and whatever it is they're experiencing is not okay to share with other people, because it makes people uncomfortable.

Counselors can have a significant influence on clients and model a corrective emotional experience. If counselors are not to be merely conduits for cultural values, in terms of what the socially acceptable response is for emotional expressions, then a counselor modeling authenticity is most effective when it is a genuine act of responding to an emotionally intense situation.

Theme 4: Authenticity

All participants came from a counseling perspective that was relationally based. One counselor came from a cognitive-behavioral theoretical approach, four came from a family systems perspective, one from an existential approach, one from an Adlerian approach, and the remainder from a person-centered perspective. What these theoretical perspectives have in common is that the relationship with the client forms the foundation of the theory. Being genuine was correlated with authenticity and therapeutic effectiveness. Crying might have an equalizing effect, confirming to clients that the counselor is human and understands their experience.

It was found that among participants the range of and comfort with emotional expression varied by age. Older participants (> 40 years old) with more experience had become more comfortable with the way in which they expressed their emotions. Younger participants (< 40 years old) felt that it was acceptable to cry as long as it was appropriate in their estimation, but were less likely to do so while in session with a client.

A technique called immediacy can have an equalizing effect on the relationship and induce a *therapeutic moment* by revealing the counselor's immediate perspective on the situation at hand. One female participant clarified, "Usually when I cry I will say something regarding the tears and have a discussion whether they are helpful or disturbing to the client." While authenticity is not the sole determining factor of whether or not a counselor cries, according to participants, crying is a strong indicator of the authenticity of a therapeutic interaction. For one counselor, her authenticity took the form of a countercultural response:

When I went to my dad's funeral, I was thinking, if I don't cry then they're going to think something is wrong with me, so I hope I can cry. . . . Sometimes you're in a situation where you feel it's expected.

Despite cultural expectations, authenticity represents characteristics that are unique to every individual and is an internal experience of an outward expression. What is a genuine emotional expression to one counselor might look different to another.

Discussion

The outward expression of crying in a counseling session and whether tears flow as a result of a counselor's unresolved issues versus an empathetic response to a client's situation is critical for determining the effectiveness of the crying response. The studies reviewed and the participants interviewed varied in their conclusions about whether to cry with a client while in session and whether it is helpful to the client. Whether it is helpful to the client for the counselor to cry with him or her depends upon certain factors, including the degree and timing of the counselor's tears, the cultural acceptableness of this type of emotional expression, and even gender. There are unforeseen factors that only a counselor can experience with a client based on the conditions of that exact moment. That being said, whether or not to cry with a client is a choice made based on the professional judgment of the counselor.

One way to measure the appropriateness of crying in session with a client is by the generally accepted practices of professionals in the mental health field. A counselor's professional judgment has some link to the larger profession and the generally accepted practices of other professionals, as long as they adhere to the ethical standards of the prominent organizations of the field. However, this strategy may not always yield a conclusive answer. A counselor's oath to do no harm should be a guiding factor, as well as obtaining supervision in order to work out these unique situations with clients.

The theme of authenticity and the desire to *be oneself* in the counseling session was consistent among the participants of this study. It has been suggested that hiding behind technical expertise and leaving one's genuineness out of the relationship may not create the most therapeutic environment (Corey, 2001). Considerable research indicates that the counseling relationship is more important than technique in predicting client outcomes (Lambert & Cattani-Thompson, 1996; Nelson & Neufeldt, 1996). Thus, counseling by its very nature requires counselors to undertake the difficult task of managing countertransference while maintaining a genuine and open relationship with clients. To be authentic in session may mean to cry with a client or it may not, even if the emotional expression is intentionally held back. There may be no conclusively right or wrong way to *be* with a client, only a list of ethical guidelines to which to adhere.

Another important concept that is becoming more useful in the field of counseling is *mindfulness*. Mindfulness is much like this study's theme of awareness, which the participants in this study recognized as an important aspect of determining whether to cry with a client. Self-awareness is considered not only a vital part of a counselor's development, but also an important goal for the client who engages in counseling. Mindful attention helps distinguish between distorted thoughts and emotional patterns that entrap, in order to free the counselor (Bennett-Goleman, 2001). By practicing mindfulness, the counselor strengthens personal attention as a protection against being hijacked by a schema or distortion of thoughts. A mindful counselor can be more aware of thought patterns and catch him or herself from reacting to certain stimuli, such as a client's tears. By not reacting, a counselor can make a wise choice as to the most appropriate response for a given situation. Because a goal of mindfulness is to be more fully present in the moment, a counselor who is mindful may be more aware of the subtleties between the counselor and client and be less judgmental. The mindful counselor may be slightly detached and more objective in an assessment of the situation and therefore less triggered by rogue feelings and judgments, while allowing for clarity of the situation and an authentic emotional response that may include crying.

Conclusion

A lack of clarity remains around the issue of intense emotional experiences in the counseling situation, which often includes crying or tearing up to some degree, as well as a lack of training in counselor education programs to deal with such situations. This study employed methods adopted from the phenomenological research tradition to generate data with which to interpret the crying event. The phenomenological method served as a starting point for exploration, and through this investigation, a rich description of the textural and structural aspects of each counselor's experience was developed, as well as a final synthesized description of each participant's unique set of circumstances. The findings of this investigation may prove useful for counseling faculty, supervisors, counselors and other mental health professionals.

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Appendix

A qualitative interview on personal experiences and effects of counselors' crying in session.

1. Tell me why you decided to be a counselor.
2. Have you ever cried in session with a client? If no, have you ever felt like crying while in session with a client?
3. What do you think of clients crying in session?
4. What issues would make you cry in session with a client?
5. What do you think of other therapists who cry in session?
6. What is your response to a client who starts crying in session?
7. What do you do if you feel like crying in session with a client?
8. What strategies do you use to deal with yourself crying in session?
9. How would your crying be beneficial to the therapeutic relationship?
10. How would your crying hinder the therapeutic relationship?
11. What fears do you have of allowing yourself to cry in session with a client?
12. How do you keep yourself from crying in session with a client?
13. How would your controlling your desire to cry affect your relationship with a client?
14. What else would you like to add?

Using Mindfulness-Based Cognitive Therapy in Individual Counseling to Reduce Stress and Increase Mindfulness: An Exploratory Study With Nursing Students



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The purpose of this exploratory study was to investigate the effectiveness of a modified mindfulness-based cognitive therapy intervention using individual counseling sessions to reduce stress and increase levels of mindfulness among nursing students. An AB single-subject experimental design replicated three times was implemented. Results indicated reduced stress in two out of three participants and increased mindfulness levels in all participants. Implications for college counselors and counselors working with clients in high-stress occupations are provided. Additionally, the results show promise for the use of mindfulness-based cognitive therapy in individual counseling.

***Keywords:* mindfulness, mindfulness-based cognitive therapy, stress, college counselors, nursing, single-subject experimental design**

Mindfulness-based cognitive therapy (MBCT) has been described as part of a third generation of cognitive therapies (Harrington & Pickles, 2009). Along with dialectical behavioral therapy and others like it, MBCT has integrated the construct of mindfulness with standard cognitive-behavioral paradigms. MBCT found its origins in the work of Kabat-Zinn's (1990) mindfulness-based stress reduction program. This 8-week group-based program consisted of Buddhist mindfulness meditation practices to help chronic pain sufferers reduce their stress associated with illness. MBCT has incorporated elements of mindfulness-based stress reduction and cognitive-behavioral therapy to help individuals become more aware of thoughts and feelings and put them into context as mental events rather than self-defining constructs (Teasdale et al., 2000).

Seeing a need for an intervention to help patients who had repeatedly relapsed into depression, Segal, Williams, and Teasdale (2002) formalized MBCT as a standardized program of therapy. Designed as an 8-week program with specific guidelines for each session, MBCT was originally conceived as a group modality. Clients are placed in classes to learn the mindfulness and cognitive-behavioral (Beck, Rush, Shaw, & Emery, 1979) skills needed to regulate emotions and thoughts. MBCT involves training the mind to avoid judgmental reactions to events, thoughts, feelings and body sensations and to practice nonjudgmental awareness and acceptance (Ma & Teasdale, 2004). The key component of MBCT is mindfulness.

Mindfulness, once an abstract concept in the counseling field, is reaching mainstream awareness and gaining more attention in the literature (Brown, Marquis, & Guiffrida, 2013). Derived from Zen Buddhism, mindfulness has been described as a commitment to bringing awareness back to the present moment (Harrington & Pickles, 2009). Brown and Ryan (2003) defined mindfulness as "the state of being attentive to and aware of

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what is taking place in the present” (p. 822). Despite a growing research base, mindfulness as a testable and operationally defined variable is still being shaped.

Bishop et al. (2004) proposed an operational definition of mindfulness as a two-component skill-building approach for responding to emotional and cognitive distress. The first component involves the self-regulation of attention. Measurable skills must be obtained to reach a successful level of self-regulation of attention, including sustained attention; switching, or bringing the attention back to a focal point; and inhibition of elaborative processing, which involves the ability to maintain a state of flexible and nonjudgmental focus and awareness over a period of time. The second component includes developing an orientation to experience. In this, all thoughts, feelings and sensations are acknowledged.

Mindfulness training works well in counseling in that it is a simple idea: staying focused on momentary experience (Grabovac, Lau, & Willett, 2011). The core strategy to teach clients is mindfulness meditation. Meditation has many forms but is ultimately the practiced skill of quieting the mind (Wright, 2007). Counselors trained in meditation can teach clients to sit quietly and observe thoughts and feelings without reaction or judgment (Brown et al., 2013). A version of this meditation is the 3-minute breathing space (Segal et al., 2002). This meditation approach is a core skill learned in MBCT. It utilizes the breathing techniques of meditation while attempting to bring awareness to present experience, focusing on breath as a mediator and expanding to other bodily sensations.

Because mindfulness is rooted in Buddhist philosophy and belief, its inclusion in Western counseling paradigms has been slow. Most interventions and models consisting of mindfulness-based ideas have been stripped of the Eastern religious and philosophical foundations and presented as skill-based acquisitions (Baer, 2003). This change has increased acceptance of mindfulness-based approaches in mainstream treatment and educational venues. Specifically, using mindfulness to mitigate stress has been a benefit of this practice. One particular population that has historically reported high levels of stress is nursing students (Beddoe & Murphy, 2004).

Nursing Students and Stress

The Spring 2013 American College Health Association’s National College Health Assessment (American College Health Association, 2013) listed stress as the number-one impediment to academic success for college students. Specifically, college students training to be nurses at the university level are subjected to high levels of stress (Gibbons, Dempster, & Moutray, 2011). Pulido-Martos, Augusto-Landa, and Lopez-Zafra’s (2012) review of the literature on the nursing student experience found several factors leading to stress, including balancing home and academic demands, experiencing time management pressures and financial problems, lacking meaningful connections with the nursing faculty, and feeling unprepared and incompetent in clinical practice.

In addition, stress, combined with other issues, has led to significant attrition rates in nursing programs (Harris, Rosenberg, & O’Rourke, 2014). Stickney (2008) found that the number of new students in nursing programs is too low to ensure an adequate number of nurses to meet the future needs of health care agencies. Students in nursing programs experience significant amounts of stress from trying to balance their lives at home with academic responsibilities. It is imperative that counselors, especially those in college settings, are aware of effective and innovative interventions to help nursing students, as well as other students, reduce stress and be successful. MBCT has shown promise in helping people reduce negative emotions such as stress (Collard, Avny, & Boniwell, 2008; Teasdale et al., 2000).

This study utilized a modified version of MBCT in individual counseling sessions to teach and process MBCT core skills of mindfulness meditation and cognitive decentering. While MBCT has mostly been utilized in group formats, there is some argument that group counseling is not always the best approach. Kuyken et al. (2008) found that 5% of an eligible sample for their MBCT study declined participation because they did not like the group aspect of the intervention. Lau and Yu (2009) suggested that offering mindfulness-based treatments in an individual format might increase participation for those who are reluctant to be involved in group settings.

The purpose of this exploratory single-subject experimental study was to evaluate the effectiveness of using MBCT to help reduce stress among university nursing students. Nursing students were used because of their documented high levels of stress. The questions explored included whether using MBCT in individual sessions increases self-reported levels of mindfulness and decreases self-reported levels of stress.

Method

Research Design

Single-subject design has a long history in psychological and counseling research (Heppner, Wampold, & Kivlighan, 2008). Barlow and Hersen's (1984) exposition on the chronology of single-subject design reveals that psychology's early research development was steeped in the use of this type of experiment. Lundervold and Belwood (2000) called single-subject experimental design "the best kept secret in counseling" (p. 92). This design can provide counselors with scientific methods of research that produce practical and useful clinical information that can be applied to practice settings.

There are several advantages of using a single-subject experimental design. It allows the researcher to narrow causes of behavior change and determine which treatment approaches are most effective. Group designs often can obscure change in individuals, thereby not allowing flexibility in modifying treatment protocols to isolate examples of cause and effect (Barlow & Hersen, 1984). Morgan and Morgan (2003) posited single-subject design as the best option when trying to explain individual differences. Another advantage of single-subject experimental design is that because the researcher collects data using a baseline and intervention phase, the subject acts as his or her own control group, thereby increasing internal validity (Sharpley, 2007). Additionally, single-subject design can allow for scrutiny of new and innovative approaches (Chapman, Baker, Nassar-McMillan, & Gerler, 2011). Specifically, this study utilized a basic single-subject experimental AB design that allows for a maximum clinical utility.

Participants

Participants in this study were all senior-level students enrolled in a Bachelor of Science in Nursing (BSN) program at a small rural Southeastern university. Four of the participants were female and one was male. Participant ages ranged from 21–30 years old (mean age 25.6 years). Three of the participants were Caucasian, one was Hispanic American and one was Native American.

The sample was recruited from students enrolled in the upper division pre-licensure BSN program and fully engaged in all activities and requirements of the program, including clinical work at local hospitals in order to develop basic and advanced nursing skills. Recruitment involved presenting the study and requirements for participation to a class for senior nursing students and sending an e-mail to all junior and senior students, yielding five volunteers. Two of the participants dropped out of the study after intervention sessions two and three, respectively. (More discussion and analysis about participant attrition is presented in the results section.)

Measures

The Perceived Stress Scale (PSS) was developed by Cohen, Kamarck, and Mermelstein (1983) to measure the degree to which one evaluates situations and events in his or her life as stressful. Specifically, the 10-item version of the PSS (PSS-10; Cohen & Williamson, 1988) measures the degree to which one perceives life as uncontrollable, unpredictable and overloading. The PSS-10 typically requires participants to answer questions based on their experiences in the past 30 days. A modification for this study was asking participants to answer the questions based on their experiences and thoughts in the past 7 days, as the study was focused on weekly variability. The PSS-10 has a Likert-type rating scale and is widely used as a measure of perceived stress. It is shown to have internal reliability (coefficient alpha of .78) with established construct validity, as the PSS-10 scores have shown moderate relation to other measures of appraised stress. Scores can range from 0–40, with higher scores indicating greater stress. Roberti, Harrington, and Storch (2006) found the PSS-10 reliable and valid with a non-clinical sample of college students. Mean scores for males were 17.4 ($SD = 6.1$); mean female scores were 18.4 ($SD = 6.5$).

Also used in the study was the Mindful Attention Awareness Scale (MAAS), a 15-item scale designed to measure characteristics of openness or receptiveness to what is taking place in the present (Brown & Ryan, 2003). The MAAS aims to assess the level at which one is able to observe what is happening without judgment. The MAAS assesses the absence or presence of mindful mental states over time. For this study, participants were asked to form their answers based on experiences and thoughts over the past 7 days. Normative information is available for college populations (14 independent samples: $N = 2,277$; $M = 3.83$, $SD = .70$). Cronbach's alphas range from .80–.90. The MAAS also has shown high test-retest reliability, discriminant and convergent validity, and criterion validity (Brown & Ryan, 2003). MacKillop and Anderson (2007) confirmed validity and reliability of the MAAS with internal reliability scores of .89.

Procedure

Participants volunteering for the study were scheduled individually for an appointment to meet with the researcher to complete a study orientation and start baseline measurements. This 30-minute meeting consisted of an introduction to the study and the researcher, obtaining a brief background of the participant, a definition of mindfulness, completion of the informed consent paperwork, and completion of a short participant demographic form. Additionally, the first baseline measurements with the PSS-10 and MAAS were collected at the end of this meeting, and the final three baseline measurements were scheduled. Each baseline meeting consisted of an informal discussion about academic and personal stress levels and completion of the dependent measures. In total, four baseline measurements were collected over 5 weeks.

The intervention phase (B) consisted of six 1-hour sessions conducted over 5.5 weeks starting at the conclusion of the baseline phase (A). Session one began on the first week of classes in a spring semester, and sessions two through five occurred during each subsequent week. The final session, a wrap-up and review, was scheduled for the beginning of week six of the intervention. Each session consisted of 50 minutes focusing on MBCT skills, concepts and homework assignments, and 10 minutes at the end of the session to administer the dependent measures. At the final session, the researcher explained procedures and options for counseling if the participant desired to continue exploring MBCT or other issues that may have come up during the study period. Additionally, all participants received mindfulness resources such as book and Web site lists in order to continue learning and practicing mindfulness exercises.

MBCT Intervention

MBCT is traditionally an 8-week intervention conducted in group or class settings (Teasdale et al., 2000). Because this study utilized individual counseling, the intervention was reduced to six sessions, and session length was reduced to 1 hour. The individual counseling modality allowed for more focused attention to

participants, and exercises could be consolidated. Also, MBCT was originally used to treat clients with chronic relapsing depressive disorders, while stress was the target symptom in this study. Due to this shift in focus, some of the exercises and homework assignments relevant to those who might have depression were not included in the intervention. Another modification included the use of prerecorded guided meditations for body scans and breathing instead of researcher-led meditations. During sections of the intervention when a meditation was introduced and practiced, the researcher started a prerecorded meditation and left the room while the participant experienced the meditation. The prerecorded breathing and body scan meditations used for this study were from the Maddux and Maddux podcast (2006).

The modified intervention still utilized the core MBCT exercises and philosophy. The next section includes a description of the major techniques used and what modifications were made to accommodate the study goals. Also included is an outline of the six session themes. Theme 1: *Using Mindfulness to Break Out of Automatic Pilot* focuses on an orientation to mindfulness and techniques to develop a heightened awareness of the present moment. Theme 2: *Focus on the Body Enhances Clarity of the Mind*, and Theme 3: *Mindfulness of the Breath* introduce the exercises of the body scan and breathing meditation. Theme 4: *Acceptance* promotes nonjudgmental acceptance of events, cognitions and emotions. Theme 5: *Thoughts Are Not Facts* is an educational session about cognitive-behavioral philosophies and their impact on moderating emotions. Theme 6: *Putting It All Together* provides a summary of the ideas and techniques of MBCT, with suggestions on how to integrate the concepts daily. The modified structure and content used is unique to this study; however, the specific components, homework and exercises are taken from Segal et al. (2002). Table 1 describes the schedule and order of session content, including session themes and agendas.

MBCT Techniques and Exercises Used in the Study

Raisin exercise. Used as an introduction to mindfulness, this exercise asks participants to take a raisin offered by the researcher and examine all aspects of its shape, texture and external characteristics. Open-ended questions are asked to help participants explore their experience.

Body scan meditation. The exercise brings a detailed awareness and focus to specific areas of the body. A modification in this study included using a shorter meditation (8 minutes; Maddux & Maddux, 2006).

Be mindful during a routine activity. Participants are asked to choose a routine activity (e.g., brushing teeth, vacuuming, washing dishes) and to complete it mindfully per the study's training.

Homework record forms. Used in all sessions, these forms allow participants to document the frequency of practice of mindfulness activities.

Thoughts and feelings exercise (professor sends an e-mail). In this exercise, the researcher presents a scenario to elicit participant reaction.

Pleasant and unpleasant events calendars. Participants receive forms (Segal et al., 2002) that help them identify one pleasant event per day in week two and one unpleasant event per day in week three.

Five-minute hearing exercise. Participants are asked to sit for 5 minutes with eyes closed and center all of their focus on hearing. When intrusive thoughts enter, participants are instructed to acknowledge them, but then return their focus to only hearing.

Three-minute breathing space. A core skill in MBCT, this exercise acts as a mindfulness *timeout*.

Twenty-minute sitting meditation. This meditation is a combination of all the skills participants have learned, including the body scan, breathing meditations and the hearing exercise.

Moods, thoughts and alternative viewpoints discussion. This exercise involves a short overview of how thoughts can influence mood, and techniques and suggestions for viewing intrusive thoughts in a different way. Handouts titled *Ways You Can See Your Thoughts Differently* and *When You Become Aware of Negative Thoughts* are provided (see Segal et al., 2002).

Breathing meditation. This exercise brings a detailed awareness and focus to the breath. A modification in this study included using a shorter (9 minutes) recorded breathing meditation (Maddux & Maddux, 2006).

Mindfulness resources handout. Researchers generate a list of books, Web sites and podcasts that describe mindfulness and the techniques associated with the study. The participants receive this at the last session with encouragement to continue to seeking information on mindfulness practice if they have found it helpful.

Table 1
Schedule and Order of Session Content

Session Number	Theme	Agenda
1	Using mindfulness to break out of automatic pilot	Orientation to mindfulness and MBCT, raisin exercise, body scan introduction and practice, assign homework: use body scan tape six times before next session, be mindful during a routine activity. Provide handouts: <i>Definition of Mindfulness</i> , <i>Summary of Session 1</i> , homework record forms (Segal et al., 2002). Administer PSS-10 and MAAS.
2	Focus on the body enhances clarity of the mind	Body scan practice and review, homework review, thoughts and feelings exercise (professor sends an e-mail), introduction of pleasant events calendar assignment, 10-minute breathing meditation introduction and practice. Assign homework: use body scan tape six times before next session, use breathing meditation tape six times before next session, complete pleasant events calendar once a day. Provide handouts: <i>Tips for Body Scan</i> , <i>Summary of Session 2</i> , homework record forms, <i>Mindfulness of the Breath</i> , <i>The Breath</i> , <i>Pleasant Events Calendar</i> (Segal et al., 2002). Administer PSS-10 and MAAS.
3	Mindfulness of the breath	Five-minute hearing exercise, 10-minute breathing meditation practice and review, homework review, introduction of unpleasant events calendar assignment, 3-minute breathing space explanation. Assign homework: use breathing meditation tape six times before next session, unpleasant calendar (daily) completed once a day, 3-minute breathing space three times a day. Provide handouts: <i>3-Minute Breathing Space Instructions</i> , <i>Summary of Session 3</i> , homework record forms, <i>Mindfulness of the Breath</i> , <i>Unpleasant Events Calendar</i> (Segal et al., 2002). Administer PSS-10 and MAAS.
4	Acceptance	Five-minute hearing exercise, 10-minute breathing meditation practice and review, body scan meditation practice and review, homework review, 20-minute sitting meditation introduction and practice. Assign homework: 20-minute sitting meditation six times before next session, 3-minute breathing space three times a day and as needed. Provide handouts: <i>Sitting Meditation Extended Instructions</i> (Segal et al., 2002), <i>Summary of Session 4</i> , homework record forms. Administer PSS-10 and MAAS.
5	Thoughts are not facts	20-minute sitting meditation practice and review; homework review; moods, thoughts and alternative viewpoints discussion; 3-minute breathing space. Assign homework: 30-minute breathing meditation (three times a week), 3-minute breathing space (three times a day). Provide handouts: <i>Ways You Can See Your Thoughts Differently</i> , <i>When You Become Aware of Negative Thoughts</i> (Segal et al., 2002), <i>Summary of Session 5</i> , homework record forms. Administer PSS-10 and MAAS.
6	Putting it all together	Body scan practice and review, breathing meditation practice and review, sitting meditation practice and review (10 minutes), homework review, review of all techniques used in study. Provide handouts: <i>Daily Mindfulness</i> (Segal et al., 2002), mindfulness resources (researcher generated), <i>Summary of Session 6</i> , <i>Daily Mindfulness</i> , <i>Mindfulness Resources</i> . Administer PSS-10 and MAAS.

Results

All five participants completed the baseline phase (A) of four weekly meetings to complete the dependent measures. A_1 – A_4 represent weeks one through four of the baseline phase. Out of five participants, three participants completed the full intervention phase (B) of six weekly 1-hour sessions. B_1 – B_6 represent weeks one through six of the intervention phase. The phases ran consecutively. One participant completed only two of the intervention sessions before withdrawing from the study. This participant cited a variety of issues including unexpected sickness and time constraints as deciding factors for withdrawal. Another participant completed three intervention sessions before withdrawing, citing time constraints and academic demands as reasons for withdrawal. The researchers have included the results for only the three participants who completed the full intervention, due to the importance in single-subject designs of multiple measurements of the dependent variable occurring over the complete span of the study in order to determine changes in self-reports of mindfulness and perceived stress. It is the comparison of the two full phases that allows interpretation of whether the intervention was the cause of the change.

Participant 1

Participant 1 reported no previous experience with mindfulness activities. The baseline mean score on the PSS-10 for Participant 1 was 21.75. This baseline mean score is higher than that of the normative sample and indicates some experience of perceived stress. The baseline mean score on the MAAS was 3.07. This baseline mean score is lower than that of the normative sample and indicates less self-report of mindfulness as measured by the MAAS. The individual scores over the baseline period for the PSS-10 fluctuated, which may be related to the time of administration. The A_1 and A_4 scores were both 22, and both measurements were taken at high-stress academic times. However, Participant 1 earned the highest score in the baseline phase (25) at A_3 on Christmas Eve. These scores support the literature that found several factors leading to nursing student stress, including home and academic demands (Magnussen & Amundson, 2003). Alternately, the individual scores over the baseline period for the MAAS were mostly stable with a significant drop in A_4 , which was collected on the last Friday before the spring semester started. With the focus that mindfulness places on staying in the present moment, as measured by the MAAS, the anticipation of the new semester may have taken precedence. Essentially, baseline scores on the PSS-10 were variable, as were the academic and home stressors, and MAAS scores were relatively stable, but below normative scores for college populations.

The intervention mean score on the PSS-10 was 23. This score was 1.25 points higher than the baseline mean of overall self-reported stress as measured by the PSS-10. The individual scores of the intervention phase showed decreasing PSS-10 scores from B_1 – B_3 while showing increasing MAAS scores at the same time for Participant 1 (see Figure 1). B_4 showed a 1-point increase from B_3 in PSS-10 scores, which coincided with Participant 1 experiencing a medical emergency. Despite this crisis, stress scores increased only minimally while mindfulness scores increased by .47 from B_3 – B_4 .

MAAS scores continued to increase throughout the intervention phase, with the highest score of 4.93 reported at the final session. This finding indicated that increased exposure to and practice of mindfulness activities correlated with higher self-report of mindfulness scores. This result was confirmed by an increase of 0.88 in the mean scores on the MAAS from baseline to intervention and a gain of 2.73 from B_1 – B_6 (see Figure 1). Table 2 provides the dependent measure scores for Participant 1.

Participant 2

Participant 2 reported no previous experience with mindfulness activities. The baseline mean score on the PSS-10 for Participant 2 was 22.25. This baseline mean score is higher than that of the normative sample and indicates some experience of perceived stress as measured by the PSS-10. The baseline mean score on the

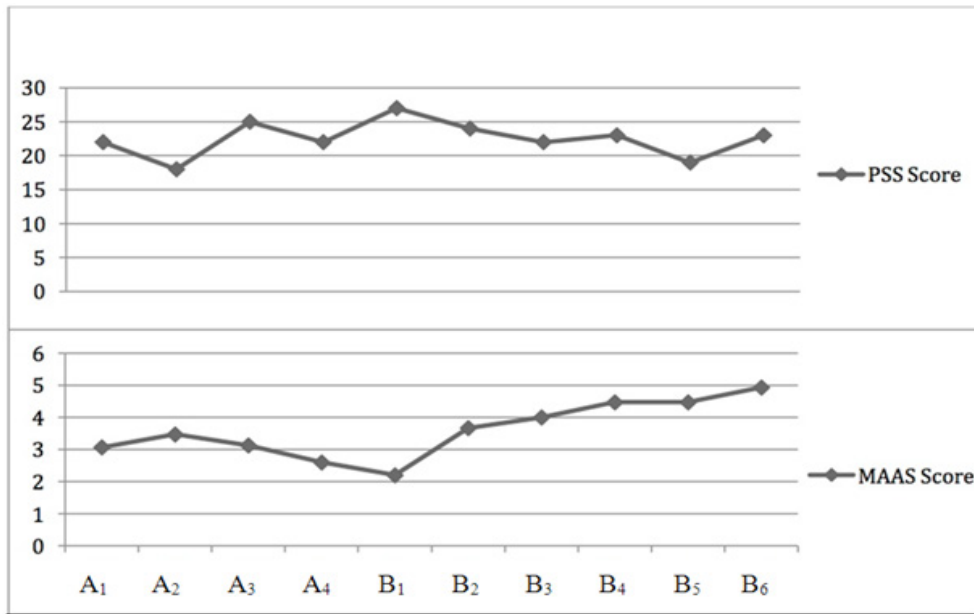


Figure 1. MAAS and PSS Scores for Participant 1

Table 2
Dependent Measure Scores for Participant 1

Session	PSS-10			MAAS		
	Score	<i>M</i>	<i>SD</i>	Score	<i>M</i>	<i>SD</i>
A ₁	22			3.07		
A ₂	18			3.47		
A ₃	25			3.13		
A ₄	22	21.75	2.87	2.6	3.07	0.36
B ₁	27			2.2		
B ₂	24			3.67		
B ₃	22			4		
B ₄	23			4.47		
B ₅	19			4.47		
B ₆	23	23	2.61	4.93	3.96	0.96

Note. Sessions A₁–A₄ were baseline sessions; sessions B₁–B₆ were intervention sessions.

MAAS was 2.9. This baseline mean score is lower than that of the normative sample and indicates less self-report of mindfulness as measured by the MAAS. The individual scores over the baseline period for the PSS-10 showed an increase in stress scores, with the highest baseline score (25) coming at A₄. The individual scores over the baseline period for the MAAS were stable with the lowest score (2.33) reported at A₁. Baseline scores on the PSS-10 increased and MAAS scores were stable once past the initial baseline meeting, but still remained below the normative scores (see Figure 2).

The intervention mean score on the PSS-10 was 25.17. This score represents a 2.92-point gain from the baseline mean in overall self-reported stress as measured by the PSS-10. However, there was a drop of five points on the PSS-10 from B₁–B₂. MAAS scores continued to increase throughout the intervention phase with

highest score of 3.73 coming at the final session. There was an increase of 0.54 in the mean scores on the MAAS from baseline to intervention and a gain of 0.46 from B₁-B₆. Table 3 lists the dependent measure scores for Participant 2.

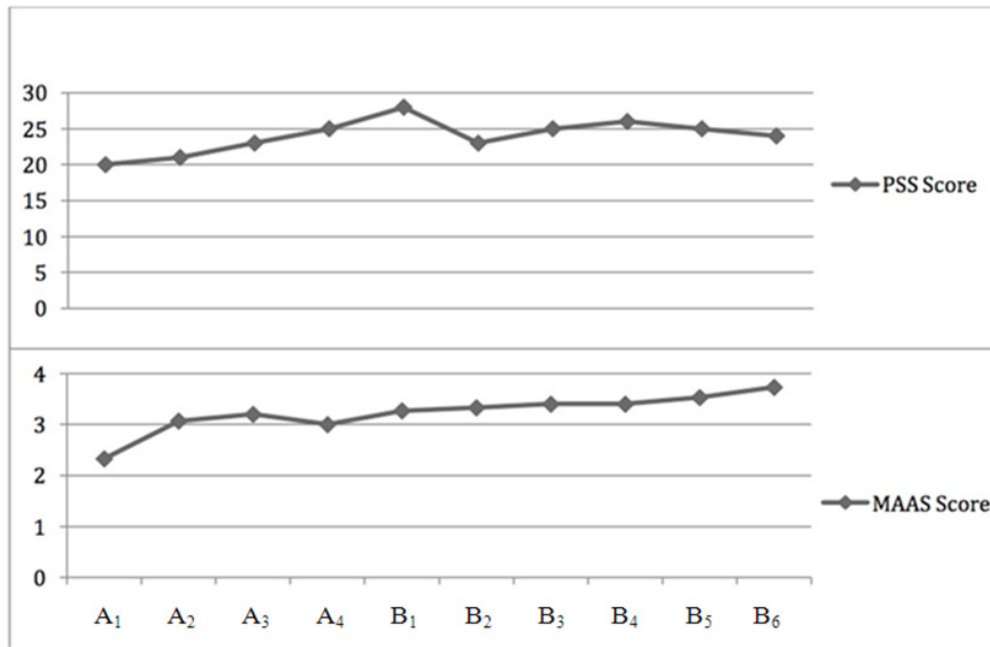


Figure 2. MAAS and PSS Scores for Participant 2

Table 3
Dependent Measure Scores for Participant 2

Session	PSS-10			MAAS		
	Score	<i>M</i>	<i>SD</i>	Score	<i>M</i>	<i>SD</i>
A ₁	20			2.33		
A ₂	21			3.07		
A ₃	23			3.2		
A ₄	25	22.25	2.22	3	2.9	0.39
B ₁	28			3.27		
B ₂	23			3.33		
B ₃	25			3.4		
B ₄	26			3.4		
B ₅	25			3.53		
B ₆	24	25.17	1.72	3.73	3.44	0.17

Note. Sessions A₁-A₄ were baseline sessions; sessions B₁-B₆ were intervention sessions.

Participant 3

Participant 3 reported no previous experience with mindfulness activities. The baseline mean score on the PSS-10 for Participant 3 was 20.75. This baseline mean score is higher than that of the normative sample. The baseline mean score on the MAAS was 2.7. This baseline mean score is lower than that of the normative sample. The individual scores over the baseline period for the PSS-10 showed a baseline high of 27 at A₁. PSS-10 scores dropped eight points from A₁-A₂.

The individual scores over the baseline period for the MAAS were stable from A₂–A₄ with the lowest score (1.93) coming at A₁. Participant 3 posted stable baseline scores on both the PSS-10 and the MAAS except for at the first baseline meeting. At this meeting, the stress score was high and the mindfulness score was low.

The intervention mean score on the PSS-10 was 22.17. This score is a 1.42-point gain from the baseline mean in overall self-reported stress as measured by the PSS-10. There was a significant drop of seven points on the PSS-10 from B₃–B₄, and drops in stress score continued throughout the rest of the intervention phase.

MAAS scores continued to increase throughout the intervention phase with highest score of 5.13 coming at the final session. This is an increase of 1.1 in the mean scores on the MAAS from baseline to intervention and a gain of 3.46 from B₁–B₆ (see Figure 3). Table 4 lists the dependent measure scores for Participant 3.

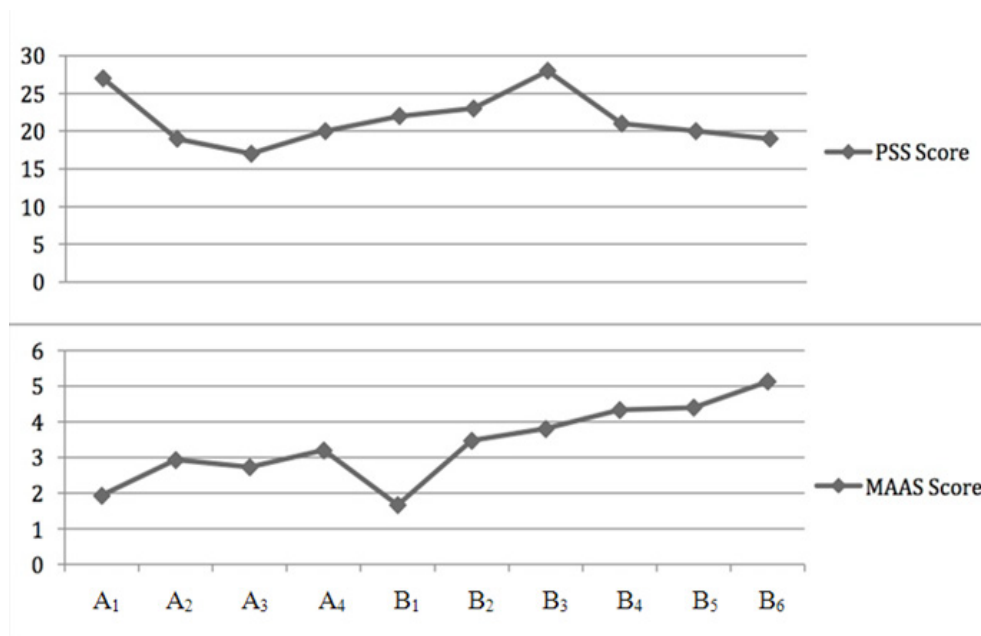


Figure 3. MAAS and PSS Scores for Participant 3

Table 4
Dependent Measure Scores for Participant 3

Session	PSS-10			MAAS		
	Score	<i>M</i>	<i>SD</i>	Score	<i>M</i>	<i>SD</i>
A ₁	27			1.93		
A ₂	19			2.93		
A ₃	17			2.73		
A ₄	20	20.75	4.35	3.20	2.6975	0.55
B ₁	22			1.67		
B ₂	23			3.47		
B ₃	28			3.8		
B ₄	21			4.33		
B ₅	20			4.40		
B ₆	19	22.17	3.19	5.13	3.8	1.19

Note. Sessions A₁–A₄ were baseline sessions; sessions B₁–B₆ were intervention sessions.

Discussion

The results indicate that exposure to an MBCT intervention can positively impact self-reported stress scores as measured by the PSS-10 and increase self-reported mindfulness scores as measured by the MAAS. All participants in this exploratory study showed gains in mindfulness levels as measured by the MAAS. These results likely occurred due to the fact that most participants began the study with no knowledge of or experience with mindfulness. Once exposed to the practice of meditation and other mindfulness exercises, the participants' use of mindfulness processes increased steadily.

PSS-10 scores fluctuated during the baseline phase, and that variability could be explained by academic events, evaluative and anticipatory, occurring at the time of administration of the dependent measures. Specifically, the A_1 and A_4 scores for Participant 1 were both 22. Both of these measurements were taken at high-stress academic times. However, Participant 1's highest score in the baseline phase (25) came at A_3 , on Christmas Eve. These scores support the literature that found several factors leading to nursing student stress, including home and academic demands (Magnussen & Amundson, 2003; Pulido-Martos et al., 2012). Consequently, all three participants posted their lowest mindfulness scores on days that coincided with a high-stress academic event such as final exam week, or the day before the first week of classes. However, once the MBCT intervention phase began, two of the participants (1 and 3) showed steady drops in PSS-10 scores, and the third (2) showed conservative reductions, suggesting that the intervention was a likely factor in decreasing perceived stress among the three participants. However, Participant 3's PSS-10 scores revealed a 1.42-point gain from the baseline to intervention mean. The overall gain in the intervention mean score can be attributed to an unusually high score of 28 on B_3 . Participant 3 did report increased personal and academic distress at this time in the study. This result also could indicate that the benefits of mindfulness practice can be preempted by reactive stress to specific events. More long-term practice of mindful activities might have mitigated the stress of these events.

Participant 2 posted an overall 2.92-point gain from the PSS-10 baseline mean score to the intervention mean score. This increase may be attributed to an unusually high score of 28 on B_1 , perhaps because the first session of the intervention fell on the first week of classes for the spring semester. Additionally, Participant 2 had only 50 minutes of exposure to mindfulness activities at this time. However, there was a drop of five points on the PSS-10 from B_1 – B_2 . This decrease might be attributed to some type of novelty effect from being introduced to a new treatment (MBCT). This argument is strengthened by the fact that Participant 2 posted stable stress scores throughout the rest of the intervention. It should be noted that Participant 2 informed the researchers after B_4 of the need to withdraw from the study due to time constraints and academic demands, but eventually decided to finish the study. This participant acknowledged feeling some personal distress throughout the next two sessions but did not report the need for any additional intervention. For Participant 2, it appears that MBCT was successful overall in increasing self-reported mindfulness levels as measured by the MAAS. Based on the small decreases in PSS-10 scores over time, and the continued self-report of personal distress through the final session, the MBCT intervention was only minimally successful in stress reduction for Participant 2.

Homework assignments and additional meditation practice were highly encouraged in this study, but not required. All participants chose to complete some homework and practice meditations outside the study sessions; however, the reported time spent on meditation practice varied significantly. Ancillary findings from Collard et al. (2008) found a correlation between longer practice times of mindfulness and higher levels of mindfulness. An analysis of the data surrounding participant practice time and levels of attainment of mindfulness would have been an interesting component to include in this study.

Limitations

One disadvantage of this study is the inherent limitation of single-subject design—specifically, external validity. Because this study included separate experiments with data on only three cases, it is difficult to make generalizations. However, external validity can be enhanced by replicating the design multiple times, thus strengthening possibilities for generalizations (Heppner et al., 2008; Hinkle, 1992). Additionally, Hinkle (1992) discussed issues related to the AB design, specifically stating that “cause and effect cannot be explicitly determined” (p. 392).

The sample was motivated enough to volunteer for the study, which may mean that participants were more stressed than other nursing students and more motivated to seek solutions for stress. Alternatively, the willingness to volunteer for the study may have meant that these participants were less stressed and had more free time to participate in a weekly intervention. Another limitation was the modifications made to the MBCT intervention to accommodate the individual counseling modality. However, because of the exploratory nature of the study, modifications in future studies are warranted.

The use of only one dependent measure for each dependent variable also presents limitations. The PSS-10 and the MAAS measure self-reported stress and mindfulness. The use of other instruments or data to measure the two dependent variables might have strengthened the study. Specifically, a mixed-methods design could have focused on the provided quantitative measures as well as qualitatively analyzing the homework forms and the participant’s verbal session content. Potentially, because of the timing of the study, and because stress is often linked with college student academic failure (American College Health Association, 2013), final exam grades and midterm grades could have been compared to assess for academic changes based on the introduction of the intervention.

Implications for Counseling

This study strengthens the growing research base on the use of MBCT. Specifically, it adds to the literature supporting the efficacy of MBCT in reducing stress. A unique contribution is the use of MBCT in a single-subject experimental design. Typically, MBCT is used in a class format; this study supports the potential efficacy of MBCT in individual sessions.

Based on the above implications, this study also has implications for college counselors and counselors who work with those in stressful professions. Due to high attrition, academic distress and high-stakes testing, colleges are struggling to help their students succeed. College counselors provide services that address the academic and personal well-being of students. This study indicates that the use of MBCT in individual counseling to mitigate stress can yield promising results.

College counselors and faculty members can work together to provide mindfulness-based workshops or other activities that promote a meditative approach. Developing effective partnerships should begin with an assessment of available mindfulness resources. Program administrators want their students to be successful and may be willing to integrate resources from outside the program. Many colleges and universities might have trained counselors on staff who can provide these services. If not, negotiations with certified off-campus meditation or yoga centers could provide reduced rates for students. More importantly, counselors can train faculty members in mindfulness exercises that they can integrate into the fabric of their programs. Embedding mindfulness into academic programs could be more effective and efficient if students perceive it as part of their education instead of an add-on.

College counselors will do well to learn the language and culture of the academic programs on their campus. Crafting mindfulness interventions to correspond directly with the stressors of a certain program might help

develop rapport with students. This process could be collaborative, involving college counselors, educators and students. Also, sharing data gathered from program evaluations or studies with administrators can strengthen relationships by assisting with long-term programmatic goals.

Future Areas of Research

Future areas of research should include the use of MBCT and other mindfulness-based interventions in order to replicate these results. More research is needed on delivering MBCT in an individual format. Another component of this study that needs more exploration is whether a longer amount of time spent practicing mindfulness activities provides greater relief from self-reported stress symptoms. The next logical step is to complete a study using a larger sample. Experimental studies comparing the effects of MBCT with more traditional counseling approaches aimed at reducing stress and improving performance could prove useful. How, for example, might MBCT compare to rational-emotive or rational-behavior approaches to reducing stress? Additionally, given the evolving nature of technology-based counseling interventions, future research on MBCT also might explore the value and usefulness of online MBCT interventions. Examining and comparing the effectiveness of synchronous versus asynchronous MBCT interventions would be especially valuable.

Conflict of Interest and Funding Disclosure

The authors reported no conflict of interest or funding contributions for the development of this manuscript.

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Career Adaptability, Resiliency and Perceived Obstacles to Career Development of Adolescent Mothers



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Career adaptability, resiliency and perceived obstacles to career development of adolescent mothers were examined using a proposed conceptual framework that combined resiliency and career adaptability. The goals of this study were to gauge the current state of the career development and resiliency of adolescent mothers, including areas of strength and weakness, and to better understand the interactions between the three components of career adaptability (i.e., planfulness, exploration, decision-making), resiliency and perceived obstacles. Adolescent mothers were similar to nonparenting peers on the planfulness and decision-making dimensions of career adaptability, yet lower on career exploration. While adolescent mothers' traits of personal resiliency and emotional reactivity were comparable to those of their peers, their relational resiliency was lower. Based on the findings of the study, proposed strategies to further the three components of career adaptability and the resiliency of adolescent mothers are suggested.

Keywords: adolescent mothers, career development, career adaptability, resiliency, decision-making

In the United States, becoming a parent during adolescence has been described as a premature and nonnormative life event that can present lifelong challenges and growth opportunities in the career development of adolescent mothers (Gruber, 2012; Zachry, 2005). Taylor (2009) reported the most prevalent negative outcomes associated with adolescent parenthood as lowered high school graduation rates, limited educational opportunities after high school, and difficulty achieving stable work and financial independence. These are important career development considerations for this population given the national statistics on adolescent motherhood, previous research findings on the impact of parenting programs on the long-term career outcomes for adolescent mothers, and the viability of the proposed theoretical framework of the integration of career adaptability and resiliency (Barto, Lambert, & Brott, in press).

The national statistics on adolescent mothers indicate a disparity between racial groups with 8.3% of Latina, 6.5% of African American and 2.7% of Caucasian (non-Hispanic) adolescent females becoming mothers (Guttmacher Institute, 2010). Race and ethnicity may influence how an adolescent pregnancy is perceived by the adolescent mother and those around her, further contributing to the mother's obstacles to and opportunities for career development (McAdoo, 2007; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). Support from families has been shown to be a positive factor in furthering the career development of adolescent mothers (Brosh, Weigel, & Evans, 2009). Although both African American and Latino families may be disappointed by adolescent pregnancies, these families tend to discourage pregnancy termination or adoption, instead offering assistance to adolescent mothers (McAdoo, 2007; Santiago-Rivera et al., 2002). Conversely, Caucasian adolescent mothers have the highest rates of formal adoptions outside the family; thus, family support for

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attempting to combine motherhood and career development may be lower for Caucasian adolescent mothers than for adolescent mothers in other racial or ethnic groups (Low, Moely, & Willis, 1989).

Adolescent mothers typically report more challenges with life planning when compared to nonparenting peers (Spear, 2004). Related issues can be viewed through the lens of obstacles to and opportunities for career development for adolescent mothers. These obstacles may include completing an education, finding employment and experiencing increased financial strain. Conversely, becoming a mother during adolescence may stimulate resiliency and growth opportunities in the working role (Zachry, 2005). These opportunities could foster the desire to provide financially for self and child, positive attitudes toward the future after becoming a mother (Brubaker & Wright, 2006), and a greater sense of maturity and purpose about the future (Rosengard, Pollock, Weitzen, Meers, & Phipps, 2006). Therefore, adolescent parenting can be simultaneously stressful and meaningful (Perrin & Dorman, 2003) while impacting all areas of life, particularly the working role.

Career development can be viewed as a holistic, dynamic and lifelong process, whereby individuals construct meaning and determine the most appropriate expression of their life roles (Savickas et al., 2009). Life roles are conceptualized as a constellation of interacting enactments that have relative importance to the individual within the context that these roles occur (Brown & Associates, 2002). For adolescent mothers, the addition of the parenting role can influence the dynamics between life roles and affect the perceived importance of the working role (Savickas, 1997).

In both school (Kaplan, Blinn-Pike, Wittstruck, Berger, & Leigh, 2002) and community settings (Gruber, 2012; Sarri & Phillips, 2004), programs and services are designed to meet the unique needs of adolescent mothers. Adolescent mothers have reported that parenting programs are moderately helpful in providing information relevant to their parenting role, such as medically related advice to improve the health of child and mother (Sarri & Phillips, 2004). However, these programs typically do not address finding employment and educational training opportunities (Kaplan et al., 2002, Sarri & Phillips, 2004).

Longitudinal studies investigating the career outcomes (i.e., being employed and self-supporting adults) for adolescent mothers participating in parenting programs have produced mixed results. Horwitz, Klerman, Kuo, and Jekel (1991) reported that 82% of the mothers who participated in an adolescent parenting program were financially self-supporting 20 years later. However, Taylor (2009) reported that when compared with nonparenting peers, adolescent parents had lower incomes and less prestigious occupations 20 years later. Neither Horwitz et al. (1991) nor Taylor (2009) indicated which program components helped or hindered participants' career outcomes. Research is needed to derive evidenced-based intervention strategies and programs for improving career development outcomes of adolescent mothers (Brindis & Philliber, 2003). In the current study, career adaptability and resiliency were used to better understand career development of adolescent mothers as they adjust to their new role as a parent in relation to other life roles, especially the role of worker. Career adaptability includes the dimensions of planning, exploring and decision-making about one's future (Savickas, 1997). Resiliency includes the attributes to develop personal and relational strengths in the process of overcoming adversity (Prince-Embury, 2006). In the current study, attention was given to the unique obstacles in the adolescent mother's career development, as she constructs meaningful expression of her working role (Klaw, 2008; Savickas et al., 2009). The goals of this study were to gauge the current state of the career development and resiliency of adolescent mothers, including areas of strength and weakness; and to better understand the interactions between the components of career adaptability, resiliency and perceived obstacles.

Conceptual Framework

Limited research has focused specifically on the career development and adaptability of adolescent mothers (e.g., Brosh et al., 2009). From a review of the literature, the current authors (in press) found the following impediments to career development of adolescent mothers: pressing immediate needs (e.g., housing, transportation, childcare), limited career development skills (e.g., decision-making skills) and lack of career-related knowledge (e.g., occupational information). Based on the existing literature, a career resiliency model has been suggested to promote career adaptability among high-risk individuals who are experiencing a dramatic life event, such as adolescent mothers (Rickwood, 2002; Rickwood, Roberts, Batten, Marshall, & Massie, 2004). The proposed conceptual framework for the career development of adolescent mothers combines resiliency and career adaptability and (a) addresses challenges (e.g., obstacles), (b) capitalizes on opportunities and strengths (e.g., increased sense of maturity/responsibility), and (c) develops positive intervention strategies and programs to better the long-term outcomes of adolescent mothers. Constructs that support this framework are career adaptability and resiliency, as previously combined by Rickwood (2002) and Rickwood et al. (2004).

Career Adaptability

Career adaptability is a central construct in adolescent career development (Hirschi, 2009) and is defined as the ability to adjust oneself to fit new and changed circumstances in one's career by planning, exploring and making decisions about one's future (Brown & Associates, 2002; Savickas, 1997). Planfulness is a learned skill that allows individuals to develop a future orientation to increase adaptability (Savickas, 1997). Exploration encompasses the understanding of relationships between individual differences and contextual factors that influence career development (Blustein, 1997). In the current conceptual framework, decision-making is expanded beyond the traditional models of career development to consider the multiple alternatives and objectives that are present in the career decision-making process (Phillips, 1997).

Career adaptability is currently used as a theoretical basis for both (a) the assessment of career-related skills and knowledge, and (b) the development and implementation of intervention strategies for adolescents (Creed, Fallon, & Hood, 2009; Hirschi, 2009). The concept of career adaptability is applicable to adolescent mothers, as it focuses on developing skills to address the individual and contextual factors associated with career development (Savickas et al., 2009). These career adaptability skills (i.e., planning, exploring, decision-making) are most relevant to the working role, but can be generalized and utilized easily in considering other life roles (e.g., parenting).

Resiliency

Resiliency has been defined as one's ability to overcome adversity and be successful (Greene, Galambos, & Lee, 2004). This concept represents a paradigm shift from looking at risk factors associated with problematic situations to searching for more strengths-based personal attributes that help individuals overcome adverse or stressful situations (Richardson, 2002). Some researchers believe that resiliency is a combination of protective factors (i.e., personal characteristics and relationships) and areas of vulnerability (i.e., ability to self-regulate through adversity; Prince-Embury, 2006; Richardson, 2002; Zachry, 2005). In the current study, mastery (i.e., internalized personal characteristics of optimism, self-efficacy and adaptability) is referred to as *personal resiliency*. Relatedness (i.e., social and relational experience concerning trust, support, comfort and tolerance) is referred to as *relational resiliency*, and emotional reactivity (i.e., level of sensitivity, recovery and impairment to self-regulation in response to adverse events or circumstances) is referred to as *emotional vulnerability* (Prince-Embury, 2006; Richardson, 2002). These three resiliency constructs are helpful in understanding the attributes that are displayed by resilient individuals who are able to adapt to difficult or stressful situations (Prince-Embury, 2006; Richardson, 2002).

Researchers have measured the resiliency of adolescent mothers in various ways. For example, resiliency has been paired with the assessment of risks to better understand both the risks and protective factors that promote resiliency, thus moderating the negative effect of adolescent motherhood (Kennedy, 2005). Black and Ford-Gilboe (2004) used resiliency to validate and predict theoretical relationships among variables associated with creating a healthy family environment for adolescent mothers. Furstenberg, Brooks-Gunn, and Morgan (1987) found that a substantial portion of adolescent mothers demonstrated resiliency by overcoming the challenges of adolescent parenthood through maintaining regular employment and establishing financial stability without the need for public assistance (as cited in Kennedy, 2005). In summary, resiliency is thought to be one of the factors influencing the degree of success that adolescent mothers experience as adults (e.g., Schilling, 2008).

Career Adaptability and Resiliency

Linking career adaptability to resiliency may be more favorable to adolescent mothers than approaches that focus on risk factors, problems associated with adolescent motherhood, and career-related skill deficiencies (Perrin & Dorman, 2003). However, even resilient mothers can find the day-to-day demands of motherhood overwhelming. Without attention to the obstacles they may encounter, adolescent mothers may be unable to attend to career adaptability skill development (Klaw, 2008). Recognizing and addressing these pressing immediate needs helps adolescent mothers gain the ability to focus attention and effort on developing their personal career adaptability (Klaw, 2008).

Furthermore, adolescent mothers need to cultivate their own personal and relational attributes in order to foster and encourage resiliency (Zippay, 1995). Personal characteristics (i.e., optimism, self-efficacy, adaptability) can influence levels of resiliency (Prince-Embury, 2006). Socially supportive relationships based on trust, support, comfort and tolerance with family members and mentors have been effective in helping further the career adaptability of adolescent mothers by providing them with career-related information and aiding them in developing career-related skills (Klaw, Rhodes, & Fitzgerald, 2003; Prince-Embury, 2006). Both career adaptability skills and higher levels of personal and relational resiliency may be helpful in overcoming the obstacles experienced by adolescent mothers.

The Current Study

In the present study, the current state of career adaptability, resiliency and potential obstacles to career development among adolescent mothers from one state in the mid-Atlantic region of the United States was examined. Data were gathered using the career planning (CP) scale from the Career Development Inventory-School Form (CDI-S; Super, Thompson, Lindeman, Jordaan, & Myers, 1979), the self-exploration and environmental exploration scales from the Career Exploration Survey (CES; Stumpf, Colarelli, & Hartman, 1983), the Career Decision-Making Self-Efficacy Scale-Short Form (CDSE-SF; Betz, Klein, & Taylor, 1996), the Resiliency Scales for Children and Adolescents (RSCA; Prince-Embury, 2006), and the Obstacle Survey (Klaw, 2008). The participants also received a demographic questionnaire. The research questions that guided the study included the following: (1) What are the relationships between the dimensions of career adaptability (i.e., planfulness, exploration, decision-making) and resiliency? (2) What are the reported obstacles to the career development of adolescent mothers? (3) Can measures of resiliency predict career adaptability in adolescent mothers?

Method

Participants

Participants in community- and school-based parenting programs were solicited for the study. The community-based parenting program is a support and self-help organization for assisting members in becoming

more self-sufficient, but no specific career development component exists. The school-based parenting program addresses the unique academic, career and personal issues of parenting students, allowing attainment of a high school diploma in an alternative school setting. Study participants ($N = 101$) ranged in age from 15–18 years old (65%) and 19–21 years old (35%). Participants' racial backgrounds included Hispanic, Latino or Spanish origin (74%); African American (22%); Caucasian (2%); Asian American (1%); and bi-racial (1%). Roughly half (52%) indicated that English was not the primary language used in their home. All participants had at least one child; some participants had multiple children (one mother had three children, 12 mothers had two children and 14 were currently pregnant with their second child).

Their current living situations included residing with parent or grandparent (57%), with their child(ren)'s father (20%), in foster care with their child(ren) (9%), with family of their child(ren)'s father (8%) or on their own with their child(ren) (6%). Their primary source of income support was from parents and family (38%), their child(ren)'s father or his family (32%), self (20%) or assistance programs (10%). While most participants (63%) reported not being currently employed, 53 participants indicated that they were actively looking for a job; 31 participants worked part-time and six worked full-time. Only seven participants had graduated high school and were not currently enrolled in school. The remaining participants included ninth graders (11%), tenth graders (16%), eleventh graders (26%), twelfth graders (31%) and college students (9%). Participants indicated that their educational plans included pursuing a college degree (65%), only graduating from high school (23%), unsure (7%) and at risk for not graduating from high school (4%).

Instruments

Career Development Inventory-School Form. The CDI-S has been utilized to assess the career development and adaptability of adolescents (Super et al., 1979; Thompson & Lindeman, 1981). For this study, the CDI-S's CP scale was used, with 12 items for career-planning engagement and eight items for career knowledge. Items are rated on a five-point Likert-type scale: career-planning engagement ranges from 1 (*I have not yet given thought to this*) to 5 (*I have made definite plans and know what to do to carry them out*); career knowledge ranges from 1 (*hardly any knowledge*) to 5 (*a great deal of information*). For female students in grades 9–12 for the CP scale, CDI-S reliability alphas range from .87–.90 (Betz, 1988; Thompson & Lindeman, 1981). The reliabilities for the current study were .89 for both CP subscales and .90 for the total scale. The content validity has been demonstrated on all scales and subgroups; the factor structure was validated as the scale items appropriately loaded on the subscales (Thompson & Lindeman, 1981). Both content and construct validity have been supported (Savickas & Hartung, 1996).

Career Exploration Survey. The CES (Stumpf et al., 1983) was developed to measure aspects of the career exploration process, including reactions and beliefs (Stumpf et al., 1983). The following two subscales were used in the current study to measure career exploration behaviors: the six-item subscale on environmental exploration (e.g., learning about specific jobs and careers) and the five-item subscale on self-exploration (e.g., reflecting on future career choice based on past experiences). Frequency of career exploration behaviors are self-rated on a five-point Likert scale. The reliabilities reported for the self-exploration and environmental exploration subscales are .87 and .88, respectively (Stumpf et al., 1983). Acceptable content and construct validity have been established (Creed et al., 2009; Stumpf et al., 1983).

Career Decision-Making Self-Efficacy Scale-Short Form. The CDSE-SF (Betz et al., 1996) measures one's confidence in making career-related decisions. The 25-item instrument measures self-reported career decision-making behaviors on five subscales: self-appraisal, occupational information, goal selection, planning and problem solving. Reported reliabilities for the subscales range from .73–.83, and reliability for the total scale is .94 (Taylor & Betz, 1983). Content, concurrent and construct validity of the CDSE-SF have been established (Betz, Klein, & Taylor, 1996; Taylor & Betz, 1983).

Resiliency Scales for Children and Adolescents. The RSCA identifies resiliency attributes in children and adolescents (Prince-Embury, 2006) using three scales: Sense of Mastery (MAS), Sense of Relatedness (REL) and Emotional Reactivity (REA). The MAS, which assesses personal resiliency, includes 20 items in three subscales (optimism, self-efficacy and adaptability). The REL assesses relational resiliency and has 24 items in four subscales (sense of trust, support, comfort and tolerance). Emotional vulnerability is measured by the REA, which includes 20 items in three subscales (sensitivity, recovery and impairment). The sum of the subscale scores became the raw score for the respective scale (MAS, REL, REA), which converts to a T score. Higher T scores on the MAS and REL scales and lower scores on the REA indicate more resiliency resources.

The RSCA reliability alphas range from .79–.90 for 15- to 18-year-old females and are considered acceptable (Prince-Embury, 2006). Convergent and divergent validity have been correlated with those of conceptually similar instruments that measure resiliency (e.g., *Reynolds Bully Victimization Scale*); the criterion validity was established by comparing groups of clinical samples to matched groups of nonclinical samples of children and adolescents (Prince-Embury, 2006).

Obstacle Survey. The OS (Klaw, 2008) was designed to determine the specific obstacles that adolescent mothers encounter in daily life that could potentially impede their career adaptability, such as needing childcare and facing discrimination because of race. The survey consists of 26 items that could potentially impact participants' career adaptability. The OS is a relatively new instrument designed for use with adolescent mothers; therefore, there is little information available about psychometric properties. However, the information provided by the OS was expected to be helpful in developing a better understanding of the perceived obstacles to the career adaptability of adolescent mothers.

Demographic Questions. The demographic items were 12 questions designed to gather the following information about the participants: age, racial/ethnic identity, language used in the home, number and age(s) of children, living situation, socioeconomic status, current school status, and employment status.

Procedure

After obtaining approval from the Institutional Review Board, the first author developed relationships with the directors of one community-based and one school-based parenting program in order to recruit study participants. All adolescent mothers in both programs who met the study criteria received the opportunity to participate in the study. Given the unstructured nature of both programs, it is unclear what exact percentage of study-eligible adolescent mothers elected not to participate in the study, but informal observations from the first author suggest that almost all the study-eligible adolescent mothers completed the survey. Attendance was voluntary in the community-based program, so the number of adolescent mothers present varied from week to week, but the first author was present at a total of four meetings. For the school-based program, the first author made two scheduled visits to the school, during which she invited adolescent mothers who were present in classes specifically provided for them (e.g., life skills, support group) to participate in the study. Participants under age 18 received parental permission forms and older participants received informed consent forms. Participants completed all instruments via the computer using an online questionnaire created in Survey Monkey, with the exception of the RSCA (Prince-Embury, 2006), which they completed using a paper-and-pencil version as the publisher required. Survey completion was untimed. Participants who completed all aspects of the study received \$10.00 in compensation to encourage completion. Three incomplete surveys were excluded from the statistical analysis.

Results

Career adaptability, resiliency and perceived obstacles were measured using a number of established instruments in order to generate descriptive statistics to better understand the current state of adolescent

mothers' career development. Career adaptability and resiliency were correlated to look for relationships between the two and entered into a multiple regression to determine the predictive power. Career adaptability was defined as and measured by the participants' process of planfulness, exploration and decision-making. In the area of career planfulness, participants' scores were slightly higher than the average score for the norm sample of female adolescents (Thompson & Lindeman, 1981): CP ($M = 3.34$, $SD = 0.78$), career-planning engagement ($M = 3.15$, $SD = 0.93$) and career knowledge ($M = 3.61$, $SD = 0.88$). This finding suggests that adolescent mothers in this study were similar to their peers in terms of career planfulness. For career exploration ($M = 2.73$, $SD = 0.99$), participants reported a *moderate amount* of career exploration behaviors with slightly higher self-exploration ($M = 3.16$, $SD = 1.12$) involving reflection on one's future career and past experiences, than environmental exploration ($M = 2.34$, $SD = 1.08$) that involves investigating career possibilities. The reliabilities for the current study were .89 for both CP subscales and .90 for the total scale. In terms of career decision-making, there was little variation between the total score ($M = 3.26$, $SD = 0.95$) and each of the subscale scores, which ranged from 3.12–3.37. The subscale reliabilities ranged from .87–.90, and reliability for the total scale was .90. Thus, participants were neither strong nor weak in terms of decision-making skills related to selecting a college major, determining one's ideal job, deciding on values related to occupations and preparing for a job search.

Regarding resiliency, participant T scores for the three scales and scaled scores for the subscales were compared to those of the female adolescent norm group (Prince-Embury, 2006). T scores over 60 are considered high, 50–59 are above average, 46–49 are average, 41–45 are below average, and below 40 are low. The reported T scores for participants were average for both the MAS ($M = 48.29$, $SD = 7.93$) and the REA ($M = 49.44$, $SD = 10.58$) and below average for the REL ($M = 44.47$, $SD = 10.11$). The manual reports that scaled scores for the subscales over 16 are considered high, 13–15 are above average, 8–12 are average, 5–7 are below average, and below 5 are low. The related subscale scores for the MAS were average ($M = 9.45$ – 9.75); subscales for the REL were average ($M = 8.12$ – 8.75); and subscales for the REA were average ($M = 9.80$ – 10.39). The subscale reliabilities ranged from .57–.87 and the scale reliabilities ranged from .84–.93.

The participants rated 25 perceived obstacles using the OS (Klaw, 2008). The obstacles were organized into seven categories plus *other* to capture themes that have been reflected in the literature (e.g., pressing immediate needs, work-related concerns, education-related concerns). Ratings of 2 (somewhat of a concern) and 3 (a large concern) were combined and categorized for descriptive and contextual purposes. The most frequent obstacles for adolescent mothers were related to pressing immediate needs (childcare [73%] and transportation [72%]), work-related concerns (need for more job training [72%] and not many jobs available in my area [72%]), and education-related concerns (need more preparation to continue my education [71%] and need money to continue my education [68%]). Another identified obstacle was health-related concerns for mother or child (68%). Of lesser concern for these adolescent mothers was discrimination (facing discrimination because I am a woman [26%] and facing discrimination because of where I live [20%]) and relationship concerns (parents wanting me to work full-time [27%] and my baby's father doesn't want me to work [19%]). Deviant behaviors do not appear to be obstacles for most adolescent mothers surveyed; these behaviors include education-related concerns such as *suspended/expelled from school* (14%) and community concerns such as fear of community violence (21%), being in jail or in trouble with the police (14%), and being part of a gang (5%).

Relationships Between Career Adaptability and Resiliency

The mean scores for the three dimensions of career adaptability were correlated with the three resiliency scales scores (see Table 1). Within the resiliency measures, personal resiliency (as measured by the MAS scale) and relational resiliency (as measured by the REL scale) demonstrated a moderately strong positive correlation ($r = 0.65$), while emotional vulnerability (as measured by the REA scale) was weakly and negatively related

to the other two measures ($r = -0.22$; $r = -0.26$). The relationships among career adaptability measures suggest that, while each dimension of career adaptability is a separate aspect of career adaptability, they are related. The strongest correlation was between exploration and decision-making ($r = 0.70$). The interrelationships among career adaptability dimensions and the three resiliency attributes were found to moderately correlate with personal ($r = 0.29$; $r = 0.39$; $r = 0.49$) and relational resiliency ($r = 0.27$; $r = 0.26$; $r = 0.35$); emotional vulnerability was not related to any of the scales for career adaptability. Decision-making demonstrated the strongest positive relationship with personal and relational resiliency ($r = 0.49$; $r = 0.35$).

Table 1*Intercorrelations between Resiliency, Dimensions of Career Adaptability, and Obstacles*

Variable	1	2	3	4	5	6
Resiliency Measures ^a						
1. Sense of Mastery (MAS)	(.84)					
2. Sense of Relatedness (REL)	0.65*	(.93)				
3. Emotional Reactivity (REA)	-0.22*	-0.26*	(.87)			
Career Adaptability						
4. Career Planfulness ^b	0.29*	0.27*	-0.10	(.90)		
5. Career Exploration ^c	0.39*	0.26*	-0.11	0.61*	(.93)	
6. Career Decision Making ^d	0.49*	0.35*	0.19	0.56*	0.70*	(.98)

Note. Reliability values for this study are shown diagonally (Cronbach alphas). $N = 101$

* $p < 0.05$

^a RSCA (Prince-Embury, 2006)

^b CDI-S (Super et al., 1979)

^c CES (Stumpf, Colarelli, & Hartman, 1983)

^d CDSE-SF (Betz, Hammond, & Multon, 2005)

Predictive Power of Resiliency for Career Adaptability

Multiple regression was used to examine the predictive power in the three constructs of resiliency to the three dimensions of career adaptability (see Table 2). The three resiliency measures explained a statistically significant 25% of variance in career decision-making ($F = 10.96$), 15% of variance in career exploration ($F = 5.84$) and 9% of variance in career planfulness ($F = 3.37$). Personal resiliency (MAS) was the only resiliency scale that produced statistically significant results in two of the three career adaptability measures (see Table 2). The lack of statistical significance for relational resiliency is due to its high correlation with personal resiliency. Therefore, adolescent mothers who possess higher personal resiliency appear to possess higher levels of career adaptability.

Table 2
Predicting Career Adaptability by Resiliency Scores

	β	<i>t</i>	<i>p</i> value	R^2	<i>F</i>	<i>p</i> value
<i>Career Planfulness</i>				0.09	3.37	0.0217*
MAS	0.191	1.50	0.1373			
REL	0.139	1.08	0.2840			
REA	-0.023	-0.23	0.8178			
<i>Career Exploration</i>				0.15	5.84	0.0010**
MAS	0.385	3.12	0.0024*			
REL	-0.001	-0.01	0.9922			
REA	-0.026	-0.27	0.7857			
<i>Career Decision Making</i>				0.25	10.96	< 0.0001**
MAS	0.455	3.93	0.0002**			
REL	0.035	0.30	0.7667			
REA	-0.080	-0.88	0.3812			

Note. *N* = 101. MAS = Sense of Mastery; REL = Sense of Relatedness; REA = Emotional Reactivity.

**p* < 0.05

***p* < 0.001

Discussion

The results of this study should inform researchers and practitioners who are interested in assessing and advancing the career adaptability and resiliency of adolescent mothers while concurrently being mindful of perceived obstacles. In terms of career adaptability skills, the adolescent mother participants endorsed similar skills to their peers in both career planfulness and career decision-making, but lower scores in career exploration. Overall, participants appear to be average in their career planfulness skills, including engagement in career planning and career knowledge. This finding suggests that adolescent mothers are just as competent with respect to career planfulness as nonparenting peers in the normative sample of the CP of the CDI-S (Thompson & Lindeman, 1981).

The career exploration scores indicate that environmental exploration (e.g., gathering information about careers of interest, jobs/careers in a local geographical region, jobs/careers with specific companies, career training opportunities; making contact with professionals in career areas of interest) is the most pressing of exploration needs. The results suggest that the participants show a need for increased career exploration skills, especially regarding environmental exploration. However, Porfeli and Skorikov (2010) stressed the importance of both aspects of career exploration. Thus, developing self-exploration skills (i.e., reflecting and connecting past experiences to future career choices and plans) would be beneficial for the participants. Consistent with the findings of Creed et al. (2009), targeted exploration initiatives are recommended to develop effective environmental and self-exploration skills to help adolescent mothers improve their overall career exploration skills.

For career decision-making, participants indicated feeling the most confident in assessing their own interests and abilities, conducting career-related research on the Internet, and planning and goal setting. They indicated feeling the least confident in navigating issues related to college, preparing a résumé, clarifying values, knowing about salary and wages for specific jobs and careers, and identifying potential employers. Several of the skills

about which participants felt the least confident are reflected in the lower environmental exploration scores (e.g., knowledge of specific career information, such as salary and being able to identify potential employers). Interventions with adolescent mothers surrounding career decision-making skills should be targeted at areas of reported need (Fouad, Cotter, & Kantamneni, 2009).

In terms of resiliency, the participant profiles offer some consistent information about areas of strength and concern. Participants possess similar levels of personal resiliency and emotional vulnerability as same-age and same-gender peers within the normative sample of the RSCA (Prince-Embury, 2006). However, some differences are apparent between the study sample and the norm group on relational resiliency. The adolescent mothers indicated that they had more trouble communicating with others, less effective support systems, less favorable views of interpersonal relationships, and difficulty initiating and maintaining socially supportive and healthy relationships with family and friends, which is consistent with previous research findings (Gee & Rhodes, 2007; Klaw et al., 2003). It is unclear whether the inability to develop and maintain healthy interpersonal relationships is a result of contextual factors related to adolescent pregnancy/parenthood, inadequate social skills present before the pregnancy/parenthood or a combination of factors.

The multiple regression showed that all of the resiliency measures had statistically significant power in predicting the career adaptability dimensions. Personal resiliency, a relative strength for this sample of adolescent mothers, showed the most predictive power. The relational resiliency scores demonstrated less predictive power and were lower than those of the participants' same-age peers. Participants have difficulty initiating and maintaining interpersonal relationships that are comforting, supportive, tolerant and trusting, which is consistent with previous findings (Gee & Rhodes, 2007). This finding raises questions about the relationship between below-average relational resiliency scores and average career adaptability scores. If the relatedness scores were higher, indicating that the adolescent mothers had strong interpersonal relationships, would the career adaptability scores also be higher? Looking at the relationship between career adaptability and resiliency in larger groups of adolescents, both parenting and nonparenting, might provide more information about correlation or predictive relationships between the two variables (e.g., supportive relationships may provide adolescent mothers with more career-related skills and knowledge).

Data collected from adolescent mothers on their reported obstacles are helpful in understanding the challenges of motherhood. Consistent with Klaw's (2008) findings, the most frequently cited challenges were pressing immediate needs (e.g., transportation, childcare, caring for the baby, healthcare). The next most mentioned obstacles were career and education-related concerns (e.g., job training and difficulty in school), also similar to Klaw's (2008) findings. Although the obstacles were not statistically related to career adaptability and resiliency, understanding the obstacles encountered by adolescent mothers may be helpful in designing and implementing strategies to further develop career adaptability and foster resiliency.

The results indicate that the dimensions of career adaptability (i.e., planfulness, exploration, decision-making) can be quantitatively measured and used for assessment purposes to inform future intervention strategies. Additionally, the nature of career adaptability is expanding to include such attributes of resiliency (Savickas, 1997; Savickas et al., 2009). Theorists are moving away from the linear definition of career adaptability as planfulness, exploration and decision-making skills in order to create a more holistic, contextual and developmental conceptualization of career adaptability (Savickas et al., 2009).

Proposed Intervention Strategies

The following are proposed strategies to further the three components of career adaptability (i.e., planfulness, exploration, decision-making) and resiliency among adolescent mothers. Interventions to increase career-

planning skills include fostering a future orientation and optimism, reinforcing positive attitudes toward planning, and teaching and providing practice in planning and goal-setting skills (Muskin, 2004; Savickas, 2005). While Muskin (2004) advocated for more generalized interventions designed to teach adolescents long- and short-term goal setting, Savickas (2005) recommended specific interventions to develop career-planning skills, like the Real Game (Jarvis & Richardt, 2001).

Interventions to help foster exploration include activities designed to help adolescents learn more about themselves (e.g., clarifying values, reflecting on past exploration experiences, assessing personal interests and abilities) and the world of work (e.g., job shadowing, volunteering, reading about various careers) with exercises designed to encourage both types of exploration (Porfeli & Skorikov, 2010). Interventions to foster decision-making must consider how differing perspectives on decision-making (e.g., collectivist or individualistic) can impact the decision-making process (Cardoso & Moreira, 2009; Shea et al., 2009). Other interventions such as assertiveness and decisional training, time and self-management skills training, and discussion groups can be used to foster career decision-making skills (Muskin, 2004; Savickas, 2005). Interventions to foster resiliency focus on building self-efficacy in order for adolescents to feel that they are strong enough to handle current and future situations and typically include role modeling, encouragement, anxiety reduction and developing problem-solving skills (Savickas, 2005).

Suggestions for Future Research and Limitations

The information gathered in this study highlights the need for assessment to accurately measure and enhance the career adaptability and resiliency of adolescent mothers. Adolescent mothers face additional obstacles that necessitate intervention strategies carefully be constructed based on both theoretical and contextual considerations. The combination of resiliency and career adaptability may provide the positive, strengths-based assessment and intervention strategies framework necessary to assist adolescent mothers in overcoming obstacles and becoming self-supporting adults.

Based on observations during data collection, two recommendations were generated for researchers and practitioners working directly with adolescent mothers in further research, assessment or intervention endeavors. First, adolescent mothers indicated that they would have preferred an interview rather than a written survey. The desire for verbal communication over written communication may provide insight into the most effective means of implementing assessment and intervention strategies. Second, many of the participants expressed immediate interest in the results of the study, both personal and overall results. These inquiries suggest that adolescent mothers are interested in and committed to developing career adaptability skills. Capitalizing on this initial enthusiasm may be a key factor in structuring assessment and intervention strategies. Delays in providing results and subsequent interventions to participants may diminish their interest in further developing career adaptability skills. Prescod and Daire (2013) noted the critical need for adolescent mothers to be involved in career development counseling services in both a time-sensitive and culturally sensitive manner for optimal results.

Given the challenges of studying this population, one limitation of the current study is that the assessment data were gathered from a purposeful sample of three programs in a limited geographical region. Yet, this sample was incredibly diverse, adding much information to the literature. Another important limitation was observed during data collection—not all of the scheduled participants attended data collection sessions. As the results of the OS (Klaw, 2008) also demonstrated, the lack of childcare and reliable transportation was evident during the data collection. Many participants brought their children to the data collection sites or were unable to get transportation to the sites.

Furthermore, research has indicated that childcare may lead to socioeconomic advancements of adolescent mothers, as they have increased available time to focus on school and work (Mollborn & Blalock, 2012). Thus, exploring childcare resources and possibly providing childcare resources while adolescent mothers partake in career development programs may be essential in their ability to focus on such efforts. The childcare challenge likely far exceeds the typical time management struggles of today's nonparenting adolescents who are in the process of exploring careers as described by Strom, Strom, Whitten, and Kraska (2014). In the current study, program staff at community and school program sites indicated that attendance was a challenge for adolescent mothers because of these obstacles (i.e., childcare and transportation), highlighting the need for researchers and practitioners to address obstacles that more than 70% of adolescent mothers face in order to work effectively with these clients.

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Evidence-Based Practice, Work Engagement and Professional Expertise of Counselors



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This study examined work engagement and its role in mediating the relationship between organizational support of evidence-based practice (integrating research evidence to inform professional practice) and educational growth and perceived professional expertise. Participants included 78 currently employed counselors, graduates of a master’s program in mental health counseling located in an urban northeastern university. Results revealed that work engagement significantly mediates the relationship between organizational support of evidence-based practice and educational growth and perceived professional expertise. Implications for counseling practice and recommendations for future research are discussed.

***Keywords:* professional expertise, counselors, evidence-based practice, professional development, work engagement**

Although ongoing efforts to maintain and improve clinical competence are intrinsic to ethical practice for counselors (Jennings, Sovereign, Bottorff, Mussell, & Vye, 2005), clinical experience does not appear to guarantee additional skill acquisition among counselors (Goodman & Amatea, 1994; Skovholt & Jennings, 2005). Notably, a meta-analysis conducted by Spengler et al. (2009) revealed that level of education, training and experience had a small effect on clinical judgment ($d = .12$). Skovholt and Jennings (2005) concluded that “experience alone is not enough” to ensure professional growth and increased professional expertise in counseling practice (p. 15).

Because years of experience only minimally inform professional expertise (defined as the ability to accurately diagnose and implement treatment plans that sensitively incorporate the contexts in which clients are embedded [Meier, 1999]), it is important to isolate both individual and organizational factors that improve professional expertise over time. Individual factors identified in the counseling literature include (a) the importance of self-reflection (Neufeldt, Karno, & Nelson, 1996), (b) exploration of unexamined assumptions about human nature (Auger, 2004), (c) empathy (McLeod, 1999; Pope & Kline, 1999), (d) self-awareness (Richards, Campenni, & Muse-Burke, 2010), (e) mindfulness (Campbell & Christopher, 2012) and (f) cultural competence (Goh, 2005). Organizational factors (defined as organizational systems and processes that are in place to support counselor professional growth linked to organizational and client outcomes) also have been identified (Aarons & Sawitzky, 2006a; Bultsma, 2012, Goh, 2005; Perera-Diltz & Mason, 2012; Truscott

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et al., 2012). The range of studies, however, has been limited in scope, and research has tended to focus on administrative practices associated with staff turnover, morale, efficiency and productivity (Aarons & Sawitzky, 2006a).

This research focused on how individual counselors and organizations providing counseling services can promote the continuing development and refinement of professional expertise among practicing counselors. Specifically, we focused on individual work engagement and organizational factors—that is, organizational support of evidence-based practice (EBP) and educational growth, and their relationships to perceived counselor professional expertise. Counselor use of EBP involves engaging in critical analysis of professional practice and integrating research evidence to inform interventions (Carey & Dimmitt, 2008). We propose that organizational support of EBP and educational growth are important job resources (Bakker & Demerouti, 2008), and that work engagement mediates the relationship between these resources and perceived counselor professional expertise. First, we present a review of the literature related to organizational support of EBP and work engagement, with a specific focus on linking individual and organizational factors to perceived professional expertise.

Evidence-Based Practice

Efforts put forth by the American Counseling Association (Morkides, 2009) and the American Counseling Association Practice Research Network (Bradley, Sexton, & Smith, 2005) have revealed that evidence-based interventions are critical to the optimal functioning of counselors. Implementation of EBP has been increasingly required across a variety of counseling settings, such as in schools (Carey & Dimmitt, 2008; Dimmitt, Carey, & Hatch, 2007; Forman et al., 2013) and nonprofit human services organizations (McLaughlin, Rothery, Babins-Wagner, & Schleifer, 2010). The Council for Accreditation of Counseling and Related Educational Program standards (2009) also have documented the importance of counselors being trained in using data to inform decision-making, although there are no specific guidelines informing counselors and counselor educators how to engage in EBP effectively. Consequently, implementation of EBP has required that practitioners work in new ways, develop and refine existing clinical skills, and at times reconcile philosophical differences between EBP and their respective disciplines (Tarvydas, Addy, & Fleming, 2010).

The requirement that counselors integrate research findings when working with clients serves to not only sharpen their conceptual understanding of treatment effects, but also aligns conceptual understanding with clinical practice. Such alignment affords the counselor a clearer sense of mastery and aids in developing professional confidence (Beidas & Kendall, 2010). At the organizational and individual practitioner levels, supervisors can work to promote the implementation of more efficacious interventions (Brown, Pryzwansky, & Schulte, 2006; Sears, Rudisill, & Mason-Sears, 2006; Truscott et al., 2012). Thus, understanding individual and organizational factors that influence the use of EBP could help inform counselor development and counseling expertise.

Aarons and Palinkas (2007) surveyed comprehensive home-based services case managers working in child welfare settings specifically with respect to their experiences with EBP. The authors reported that organizational support and willingness to adapt EBP to fit unique settings are the best predictors of successful EBP implementation, including positive attitudes toward EBP. When paired with consistent supportive consultations and supervision, implementation of EBP in child services settings has been associated with greater staff retention (Aarons, Sommerfeld, Hecht, Silovsky, & Chaffin, 2009). Researchers have not yet replicated these results with practitioners working across a range of counseling settings, nor have they expanded their analyses to examine the relationship of EBP training and implementation to professional expertise.

In a qualitative study, Rapp et al. (2008) identified barriers to implementing EBP in five Kansas-based community mental health centers participating in the National Implementing Evidence-Based Practice Project. Rapp et al. (2008) were able to identify critical strategies that produced successful outcomes and positive attitudes toward EBP on behalf of the staff. These strategies included the following: (a) managers setting expectations and front-line staff monitoring EBP use, (b) members of upper management serving as champions of EBP by proactively keeping organizational focus on EBP, (c) educating all staff on the importance of EBP rather than exclusively targeting the staff using EBP as part of their job responsibilities, and (d) creating leadership teams that included representatives from all levels of responsibility within the organization to monitor progress and identify obstacles to implementing EBP. Similarly, in a survey developed to assess EBP implementation in community mental health settings, Carlson, Rapp, and Eichler (2012) found that the key components of successful EBP implementation were team meetings, professional development and skill-building activities, and use of outcome measures to track progress.

Organizational and individual processes by which EBP contributes to optimal counselor functioning over time are relatively unexplored in the literature. One possible variable to consider when addressing issues related to EBP implementation and counselor effectiveness is work engagement, a work-related state of mind associated with feeling connected and fulfilled in relation to one's work activities (Schaufeli & Bakker, 2004; Schaufeli, Bakker, & Salanova, 2006). Work engagement holds promise in furthering the understanding of how individuals and organizations that support these individuals can promote the continuing development and refinement of professional expertise (Bakker & Demerouti, 2008; Schaufeli et al., 2006).

Work Engagement and Professional Expertise

Schaufeli et al. (2006) defined work engagement as “a positive, fulfilling work-related state of mind that is characterized by vigor, dedication, and absorption” (p. 702). Contrary to those who suffer from burnout, engaged individuals have a sense of connection to their work activities and see themselves as capable of dealing with job responsibilities. It is important to note that the literature related to work engagement is represented by a wide array of contexts including those that are business related. The results of these studies, therefore, cannot be generalized to counselors working across a variety of mental health and school settings (Bakker & Demerouti, 2007, 2008; Salanova, Agut, & Pieró, 2005; Sonnentag, 2003). However, the findings in business-related contexts have revealed interesting associations that warrant further examination. For example, Langelaan, Bakker, van Doornen, and Schaufeli (2006) found that in participants working in diverse business settings (e.g., managers working for Dutch Telecom, blue-collar employees working in food processing companies), specific personality qualities associated with work engagement, such as low levels of neuroticism, high levels of extraversion and the ability to adapt to changing job conditions, were correlated with high levels of work engagement. A number of studies also identified a reciprocal relationship between personal resources (self-esteem and self-efficacy), job resources (effective supervision, social support, autonomy and variety in job tasks) and work engagement (Hakanen, Perhoniemi, & Toppinen-Tanner, 2008; Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2009). The participants in the Hakanen et al. (2008) study were Finnish dentists, whereas the Xanthopoulou et al. (2009) study was based on the responses of employees working in three branches of a fast-food company.

Supportive Organizational Contexts, Work Engagement and Professional Expertise

Colquitt, LePine, and Noe (2000) emphasized the importance of providing organizational support in the workplace when considering job performance and work engagement. However, the focus on “situational characteristics such as support remains surprisingly rare” (p. 700). The authors defined organizational support of educational growth as the extent to which the organization supports ongoing professional learning and development. Research findings have suggested that work engagement is positively correlated with job

characteristics identified as resources, such as social support from supervisors and colleagues, performance feedback, coaching, job autonomy, task variety, and training facilities (Bakker & Demerouti, 2007; Demerouti, Bakker, Nachreiner, & Schaufeli, 2001; Salanova et al., 2005; Salanova, Bakker, & Llorens, 2006; Salanova & Schaufeli, 2008; Schaufeli & Bakker, 2003; Schaufeli, Taris, & van Rhenen, 2008). According to Bakker, Giervels, and Van Rijswijk (as cited by Bakker & Demerouti, 2008), engaged employees have been successful in mobilizing their job resources and influencing others to perform better as a team.

In accordance with the model proposed by Bakker and Demerouti (2008), work engagement, in the context of perceived counselor professional expertise, mediates the relationship between job and personal resources and job-related performance. Job resources (e.g., organizational support of EBP, organizational support of educational growth) and personal resources inform work engagement, especially in jobs with high demands (Bakker & Demerouti, 2008; Bakker, Hakanen, Demerouti, & Xanthopoulou, 2007; Salanova et al., 2005). We propose that organizational support of educational growth and organizational support of EBP are important job resources as conceptualized by the Bakker and Demerouti model, and that work engagement mediates the relationship between these resources and counselor professional expertise.

This study addresses a gap in the literature by focusing on understanding the relationships among work engagement, organizational support of EBP and organizational support of educational growth with respect to perceived professional expertise in practicing counselors. To our knowledge, no research to date has linked the systematic organizational implementation of EBP and organizational support of educational growth with the proposed mediating role of work engagement in relationship to counselor perceived professional expertise. See Figure 1 for the proposed mediation model. In addition, the participants of this study function across a variety of counseling settings including schools, hospitals and mental health agencies.

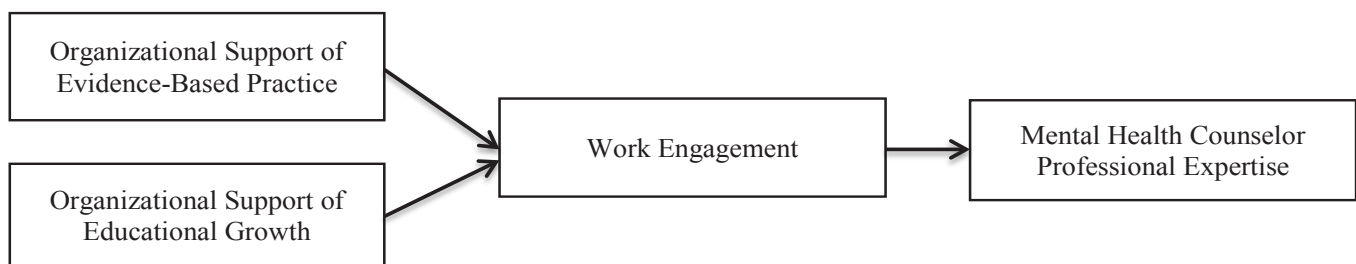


Figure 1. Model of study relationships

It is important to determine whether a supportive professional context in general, rather than support specific to EBP, accounts for the relationship between EBP and work engagement. We assessed an alternative source of organizational support: support of educational growth, defined as the extent to which the organization supports ongoing professional learning and development. We hypothesized that organizational support of EBP uniquely contributes to work engagement, independent of support of educational growth. We hypothesized the following:

1. Organizational support of EBP, organizational support of educational growth and professional expertise will all be positively related to each other.
2. Work engagement will significantly mediate the relationship between organizational support of EBP and educational growth, and in turn will increase perceived professional expertise, as proposed by Bakker and Demerouti (2008).

Methods

Participants

The participants for this study included 78 graduates of a master's program in mental health counseling located in an urban university in the northeastern part of the United States. The graduates of the counseling program were exposed to coursework that incorporated training and content specific to developing EBP (although they did not complete individual courses devoted specifically to the topic). For example, during the completion of internship coursework and courses foundational to the counseling profession, they were required to complete assignments focusing on using research and data to inform decision-making and practice. As such, prior to being employed in the field as professional counselors, the participants had prior exposure to the theory and practice of employing EBP.

Mailing addresses of 286 mental health counseling graduates were obtained from the alumni office, and a survey was sent to each graduate. A total of 91 mental health counselors located in a variety of settings, including mental health, school and hospital settings, completed the survey and returned it by mail; a response rate of 31.8% was obtained. Five of the questionnaires were excluded due to the participants not working in the field, and eight questionnaires were excluded due to missing data. An a priori power analysis was conducted to ascertain the number of participants required to achieve statistical significance using *G*Power* (Faul, Erdfelder, Buchner, & Lang, 2009). In using an alpha level of .05 and establishing a minimum power set of .80 and moderate effect size of .30, a minimum of 64 participants was needed to obtain a power of .80 in a hypothesis test using bivariate correlations. A minimum sample size of 58 was needed to achieve a power of .80 for our mediation model analysis (Fritz & MacKinnon, 2007).

The sample consisted of mostly female ($n = 67$, 86%) respondents. The participants were primarily White ($n = 61$, 78%), a small percentage Black ($n = 4$, 5%) and Hispanic ($n = 3$, 4%), and the rest identified as being "other" or "mixed-race" ($n = 10$, 13%). Participants averaged 37.4 years old ($SD = 9.4$), with a median age of 34.5 years. The participants were experienced, with over 90% having 2 or more years of work experience; 35% ($n = 27$) had 0–4 years of experience, 37% ($n = 29$) had 5–7 years of experience, while over 28% ($n = 22$) had 8 or more years of experience. A majority of participants ($n = 65$, 83%) reported involvement in a national committee within the mental health profession, indicating that the participants were involved within the counseling community and therefore more likely to be engaged at a professional level. Participants came primarily from mental health agencies ($n = 33$, 42%), followed by school settings ($n = 15$, 19%) and hospital settings ($n = 7$, 9%), with the remaining 27% ($n = 20$) indicating that they worked in more than one type of setting and approximately 4% ($n = 3$) not identifying their work setting. Data regarding licensure status was not collected.

Instruments

The Professional Expertise and Work Engagement Survey (PEWES) containing four subscales (Organizational Support of Educational Growth Measure [OSEGM], Organizational Support of Evidence-Based Practice [OSEBP], Utrecht Work Engagement Scale [Utrecht] and Mental Health Counseling Professional Expertise Questionnaire [PES]) was developed to measure professional expertise, organizational support of EBP and educational growth, and work engagement. The survey items were developed through incorporating key literature from counseling and related fields (e.g., business and psychology), since the constructs measured had not been assessed directly in the counseling literature. To ensure that the items were applicable to counseling practices, the survey was developed and piloted by two counselor educators. Items that the counselor educators identified as not applicable to counseling practices were excluded from analysis.

Organizational Support of Educational Growth. This assessment is a 5-item instrument using a 10-point Likert-type scale that evaluates characteristics of work settings. The instrument was designed based on the work of Colquitt et al. (2000) and focuses on attributes that predict motivation to learn and job performance. Cognitive abilities and age (identified as individual factors) along with work environment and trainee feedback from colleagues and supervisors (identified as situational factors) are represented in the model. The scale purports to assess support for educational growth present in the work environment. A few sample items used are the following: (a) To what extent does your work setting provide experiences for professional growth and development? (b) To what extent does your work setting provide time for learning activities to promote your professional growth? (c) To what extent does your organization have a climate that supports learning? A factor analysis was conducted on the items using a principal components extraction method. A single factor solution accounted for 52% of the variance in the items, with an eigenvalue of 2.6, indicating that a single summative scale could be utilized. The scale resulted in a range from 5 (low) to 50 (high). A Cronbach's alpha of .81, 95% CI [.74, .87], was obtained for this instrument.

Organizational Support of Evidence-Based Practice. This 4-item survey using a 10-point Likert-type scale measures the organization's culture in terms of supporting employee commitment to EBP. The items were created based on Colquitt and colleagues' work (2000) and the work of Pfeffer and Sutton (2006). Examples of items used include the following: To what extent do the following statements represent your organizational culture? (a) Committed to evidence-based decision-making, which means being committed to getting the best evidence and using it to guide actions. (b) Looks for the risks and drawbacks in what people recommend—even the best interventions have side effects. A factor analysis with principal components extraction was conducted. Results indicated that a single factor accounted for 66% of the variance in the items, with an eigenvalue of 2.66. The scale resulted in a range of values from 4 (low) to 40 (high). A Cronbach's alpha of .84, 95% CI [.78, .89], was obtained for this questionnaire.

Utrecht Work Engagement Scale. As originally developed, this is a 9-item assessment using a 10-point Likert-type scale that measures level of connection and enthusiasm related to one's work (Schaufeli et al., 2006). Individuals are evaluated within three aspects of work engagement: vigor, dedication and absorption. The first five items of the scale are utilized to assess work engagement, as follows: (a) At my work, I feel bursting with energy. (b) At my job, I feel strong and vigorous. (c) When I get up in the morning, I feel like going to work. (d) I am enthusiastic about my job. (e) I am proud of the work that I do. These five items fall within the first two subscales of vigor and dedication. Given that absorption was not assessed due to clerical error, items were examined to determine whether a single summative scale could be utilized that would define both vigor and dedication at work. A factor analysis using a principal components extraction found a single factor to account for 81% of the variance in the items, with an eigenvalue of 4.06. This total sum scale created a range of values from 5 (low) to 50 (high). The Cronbach's alpha for this subset of questions in our sample was .95, 95% CI [.93, .96], indicating high reliability. Schaufeli and colleagues (2006) found a reliability between .60 and .88 for the full 9-item scale.

Mental Health Counseling Professional Expertise Questionnaire. Professional expertise was measured by the PES. This self-assessment instrument was designed to measure perceived professional expertise and professional skills. It consists of 10-questions on a 10-point Likert-type scale. Those taking the survey are asked to determine how a strict but fair supervisor would rate their counseling and clinical abilities as related to their work setting. Questions focus on two areas of functioning: ability to select and employ appropriate diagnostic methods, including consideration of cultural data, and ability to implement a treatment plan, based on diagnostic considerations. A few sample items include the following: (a) I am able to select and employ appropriate diagnostic methods. (b) I am able to accurately interpret diagnostic material and make an accurate diagnosis. (c) I am able to develop a comprehensive treatment plan based on my diagnosis. A factor analysis with principal

component extraction was conducted to determine whether a single summative scale could be utilized. Our results indicated that a single factor accounted for 63% of the variance in the items, with an eigenvalue of 6.3. A total sum scale was then created and had a range of 10 (low) to 100 (high) points. A Cronbach's alpha of .92, 95% CI [.89, .94], was obtained for the scale.

Data Analysis

Analyses for hypothesis one were performed by calculating a full correlation matrix for the four variables. The second research question evaluated the hypothesized mediation effect proposed by Bakker and Demerouti (2008) using a path analysis. The alpha level was set to .05 for all statistical analyses. Analyses were conducted using SPSS Version 19.0 and SAS Version 9.2.

Results

Hypothesis One

Scores on the OSEGM were positively correlated with the OSEBP Measure, $r(76) = .53, p < .001$. This positive correlation indicated that high values of organizational support of educational growth were found with high values of organizational support of EBP. In addition, scores on the OSEGM were positively correlated with scores on the Utrecht, $r(76) = .55, p < .001$. This significant positive relationship indicated that high levels of organizational support of educational growth were found with high scores on the Utrecht. A significant positive correlation also was found between the OSEGM scores and the PES scores, $r(76) = .25, p < .03$. This positive directional effect indicated that high levels of organizational support of educational growth related to higher scores on professional expertise.

The Utrecht was positively correlated with the OSEBP Measure, $r(76) = .58, p < .001$. High levels of organizational support of EBP related to higher scores on the Utrecht. The Utrecht was positively correlated with the PES, $r(76) = .46, p < .001$. The positive relationship indicated that higher scores on the Utrecht found with higher scores on the PES.

Lastly, OSEBP was found to be positively correlated with the PES, $r(76) = .33, p = .003$. This positive relationship indicated that high levels of organizational support of EBP were found with high scores on the PES. Thus, as hypothesized, organizational support of EBP, organizational support of educational growth and perceived professional expertise were all positively related to each other (see Table 1 for correlations between all major variables.).

Table 1

Correlations Between Study Factors

	Utrecht	OSEBP	OSEGM
PES	.46***	.33**	.25*
OSEGM	.55***	.53***	
OSEBP	.58***		

* $p < .05$, ** $p < .01$, *** $p < .001$

Hypothesis Two

Bakker and Demerouti (2008) proposed a model with a mediation effect of work engagement on the relationship between job and personal resources and performance. Our interpretation of the model placed

the OSEGM and the OSEBP Measure into what Bakker and Demerouti (2008) identified as job and personal resources. Additionally, performance was measured by the PES. Work engagement, a mediating variable as suggested by the model, was measured by the Utrecht. Because we adapted the PEWES in accordance with Bakker and Demerouti's (2008) model, we assessed the individual items and subscales for content validity and reliability as previously described. Given that preliminary findings suggested strong internal consistency, we hypothesized that the full survey could be utilized to ascertain a potential mediation effect of work engagement on the relationship between organizational support of EBP and educational growth, and consequently, greater perceived professional expertise.

The estimated model, along with the standardized estimates, is shown in Figure 2. The fit of the model was very good, with an RMSEA of 0.00, $\chi^2(2, n = 78) = 0.66, p = .72$, GFI = .99, CFI = 1.00. Additionally, 55% of the direct effect between the OSEBP Measure and the PES can be accounted for by the mediation of the Utrecht, and 70% of the direct effect between the OSEGM and the PES can be accounted for by the mediation of the Utrecht. Given the large bivariate relationships between professional expertise and both organizational support of EBP and organizational support of educational growth, it appears that work engagement itself is largely contributing to these positive relationships. This finding is shown by the large percentage of direct effects accounted for by the Utrecht.

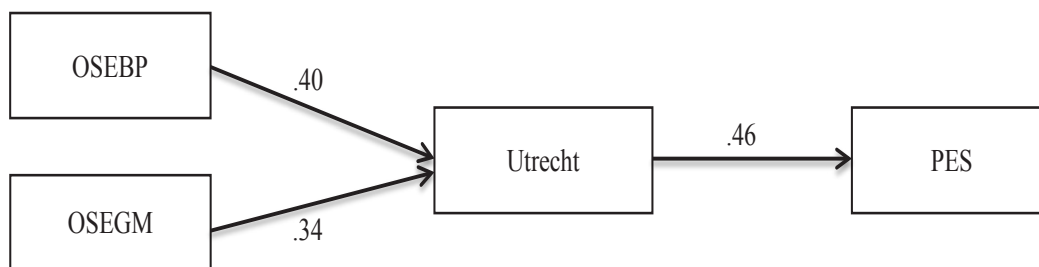


Figure 2. Mediation Model of Work Engagement. All standardized values are significant at the .05 level.

Discussion

The purpose of this study was to gain an increased understanding of the relationships between organizational support of EBP and educational growth, work engagement, and perceived counselor professional expertise. In addition, we examined the mediational effect of work engagement on perceived counselor professional expertise. Results revealed a consistent and coherent picture with important implications for organizational support of continued development of counselor professional expertise across a variety of work settings, including mental health agencies, schools and hospital settings.

Significant positive relationships between all variables indicate that counselors who rated themselves higher in professional expertise and perceived their work settings as supportive of EBP and educational growth reported significantly higher work engagement scores. Results affirm the importance of organizational support of EBP and its unique contribution to nurturing and sustaining work engagement levels among counselors. Results also affirm the importance of organizational support of continued counselor educational growth. These findings help to substantiate the research efforts of Bakker and Demerouti (2007, 2008) and Schaufeli and Salanova (2007).

While organizational support of EBP and organizational support of educational growth both were shown to increase professional expertise, it was the amount of work engagement that accounted for a large proportion of the direct relationships between organizational support of EBP and educational growth with professional expertise. This finding suggests that employers can assist in creating environmental conditions that support and promote employee engagement. A commitment to supervision processes that promote the use of EBP and address issues related to the improvement of work engagement can contribute to improvement in counselors' functioning across a variety of counselor work settings. Supervision that incorporates linkages between and among EBP implementation, work engagement and professional expertise is potentially empowering to respective supervisees.

It is important to note that relying on counselor individual factors exclusively is an insufficient and incomplete path to improving professional expertise outcomes. Results suggest that organizational assessment of work engagement, specifically how it is promoted within the organization, in concert with counselor self-assessments, has the potential to yield meaningful results in terms of creating work environments conducive to professional growth.

Further longitudinal research is needed to corroborate the pathways resulting in increased counselor work engagement and professional expertise. Linkages to client outcomes would have significant implications for the continued assessment and support of professional growth of counselors in the field. Another important contextual consideration, exploration of job demands (e.g., work pressure, emotional demands) and how they inform work engagement, would also be beneficial, with important implications for training, supervision and practice. Because work engagement appears to increase possibilities for influencing positive counselor outcomes across a variety of settings, a promising practice includes increased emphasis on assessment and continued monitoring of counselor work engagement.

Treatment approaches based on evidence-based principles are likely to increase counselors' confidence levels and expectations for treatment (Beidas & Kendall, 2010). As suggested by the work of Bakker and Demerouti (2008), a positive feedback loop develops between level of work engagement and organizational support of EBP. Our data are incomplete in terms of understanding these critical and complex relationships that suggest mutually reinforcing feedback loops. Future research is needed urgently to understand these linkages, specifically how organizational support of EBP and counselor level of work engagement reinforce each other in the service of improving treatment outcomes. Conducting longitudinal studies would allow more complete understanding of the relationship between organizational support of EBP and counselor work engagement. Such studies would permit careful examination of how these feedback loops unfold and are sustained over time. Furthermore, supervision models that promote systematic understanding of feedback loops can empower supervisees and promote their monitoring and evaluating their professional growth.

In the current study, we did not assess individual attitudes about and commitment to EBP; rather, we assessed participants' perceptions of organizational commitment to supporting EBP in their respective counseling work settings. We did not explore the unique contributions of supervision models across provider settings and their contributions to perceived professional growth. Consequently, future studies are needed to determine *how* organizational implementation of EBP, including the use of formal and informal supervision, combined with individual commitment to EBP, is implicated in terms of levels of work engagement and professional expertise.

Organizational support of EBP is likely to thrive in a context in which individuals, as well as the system in which they are embedded, embrace and respect the scientific inquiry process (Aarons & Sawitzky, 2006b). While preliminary factors have been identified (e.g., Rapp et al., 2008), further research is needed to investigate this potentially fruitful area of inquiry across culturally diverse work settings, including mental health agencies, schools and hospital settings.

Limitations

This study is characterized by several limitations, in particular, generalizability. All of the participants were graduates of a Master of Science degree program in mental health counseling at an urban northeastern university with a strong commitment to and focus on social justice and serving vulnerable populations. In addition, participants had completed coursework that incorporated assignments focusing on building knowledge and understanding of EBP. Further limiting the generalizability of our findings is that only a select number (31.8%) of graduates from the master's degree program chose to respond to the questionnaire. The participants were a self-selected group committed to serving clients in urban contexts, and therefore the findings cannot be generalized to all practicing counselors.

Another limitation in our results is the use of a subset of questions designed to assess vigor and dedication on the Utrecht, but that did not assess absorption. However, the questions that were included to assess vigor and dedication yielded a Cronbach's alpha of .95, indicating a very high reliability. A factor analysis revealed that a single factor accounted for 81% of the variance in the items.

The use of self-reports is an additional limitation of the study. Professional expertise and counselor work engagement were assessed by the participants themselves. The study would be enhanced if seasoned external evaluators, deemed experts in their fields, evaluated each of the participants' level of work engagement and professional expertise. Multiple self-report measurements such as the EBP Attitude Scale (Aarons, 2004) would have provided additional useful information.

This study would be enhanced if variables such as provider demographics, job characteristics and in-depth analyses of supervision services provided were assessed. In addition, using a longitudinal design that incorporated client outcomes and linked them to mental health counselor professional expertise and work engagement would address the limitation of the cross-sectional nature of this design. Nevertheless, given the dearth of research in this unfolding area of study, our findings provide an important contribution in terms of building a foundation for developing a relatively unexplored section of literature as it relates to the counseling profession. Examining the impact of organizational support of EBP and educational growth and level of work engagement has the potential for significantly improving counselor professional expertise over time.

Professional Practice and Supervision Implications

The findings of this study suggest important directions for counselors, counseling supervisors and administrators. The mediation model indicates the strength of work engagement as a mediator of the large positive relationship between organizational support of EBP and counselor professional expertise, and provides a potential powerful lens for improving counselor outcomes. Given that work engagement accounts for a majority of the direct relationship between organizational support of EBP and professional expertise, the findings of this study suggest that assessment of work engagement can be a valuable avenue for increasing professional expertise.

Professionals in counseling and related work settings are struggling with how best to situate their organizations in terms of ensuring optimal counselor and client outcomes, particularly in a context of diminishing economic resources. Although, for example, research studies have provided a degree of clarity in terms of identifying strategies that promote positive attitudes on the part of counselors toward implementation of EBP (Rapp et al., 2008), the systematic study of counselor work engagement and its contribution to

professional expertise has not received the attention and focus it merits. While traditional models of counselor training have focused on counselor deficiencies, our finding in support of the mediational role of work engagement expands the understanding of professional growth from a positive psychology perspective—the positive aspects of work.

The dynamic nature of the mediational model proposed in this study provides important opportunities for supervision and administrative practices. In accordance with the model proposed by Bakker and Demerouti (2008), relationships between resources, such as organizational support of EBP and continuing organizational support of education; work engagement; and counselor professional expertise are neither static nor unidirectional. These variables mutually reinforce and inform each other. Based on the model suggested by Salanova et al. (2005), organizational support of EBP and organizational support of educational growth serve as job resources that increase work engagement levels among counselors; they also inform counselor professional expertise. Sensitizing counselors and supervisors who function across a variety of settings, including schools, hospitals and mental health agencies, to the significance of work engagement, its linkage to EBP and the opportunities it provides for self-assessment can increase possibilities for improving counselor professional expertise (Crocket, 2007). To date, there is no study that suggests how these important linkages—organizational support of EBP and education, work engagement, and professional expertise—can best be harnessed and translated to a variety of settings and improved outcomes with respect to counselor professional expertise (as well as improved client counseling outcomes). Comparison studies are needed to determine optimal models and how they may be adapted and individualized across a variety of sociocultural settings in order to reinforce the dynamic interplay of these important constructs.

Supervisors of mental health counselors have an important role in helping counselors understand organizational contexts, and how they may influence and support their professional growth. Crocket (2007) found that a counselor's workplace and professional culture, including what transpires during supervision discussions, influence the counselor's development. Supervisors also play a role in deciphering organizational contexts and can be instrumental in supporting supervisees' job satisfaction and work motivation (Sears et al., 2006). It is important to understand one's work context and the potential impact of organizational and professional values on one's own professional development, a stance that helps counselors to engage actively in the process of self-assessment (Crocket, 2007). Finally, the linkage of organizational commitment to EBP and counselor engagement to continuing professional expertise offers promising opportunities for reflection and professional growth. There is developing evidence that support for professional growth in general facilitates the successful implementation of EBP (Rapp et al., 2008). When there is consistent supportive supervision for using EBP, and when all staff members are included in the education on EBP and demonstration of its importance, even those personnel who are not targeted for EBP implementation, more successful outcomes of EBP implementation have been reported (Rapp et al., 2008). Further, Carlson et al. (2012) reported that successful implementation of EBP is supported by implementation of professional development and skill building as supervisory activities. Not only does our model provide support for the implementation of EBP in counseling settings, but it also provides support for implementation of interventions that enhance professional growth. In keeping with the findings of Colquitt et al. (2000), our model suggests that organizational support contributes to work engagement, independent of support of EBP. Furthermore, Witteman, Weiss, and Metzmacher (2012), based on the work of Gaines (1988), suggested that the development and refinement of professional expertise depend on consistent positive feedback processes. Organizational support of EBP provides counselors and administrators with data-driven feedback processes that encourage opportunities for focused collaboration with room for reflection, evaluation and refinement.

Conclusion

Our robust findings suggest a potentially fruitful area of inquiry that is relatively unexplored terrain. Given that implementation of EBP requires both well-conceived research and practitioners to interpret that research, it would be helpful to isolate and understand the variables that promote successful implementation of EBP in terms of counselor level of work engagement and counselor professional expertise. In the present study, a mediational model that considered systemic factors yielded fruitful findings that have significant implications for counselors, supervisors and administrators working in mental health, school and hospital settings.

Conflict of Interest and Funding Disclosure

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The Black Church: Theology and Implications for Counseling African Americans



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Researchers, scholars and counseling practitioners note the differences in help-seeking behaviors among racial and ethnic minority clients. With African Americans in particular, researchers attribute some of these differences to African Americans' preference for relying on their spiritual and religious communities (i.e., the Black Church) for support in dealing with mental health issues rather than seeking help from professional mental health counseling resources. However, less articulated in the literature are the rationales behind this preference. Because of the salience of spirituality and religion in the African-American community, it behooves counselors to increase their knowledge of the African-American religious experience. This article provides an overview of the history of the Black Church, its theological foundations, implications for culturally competent counseling and recommendations for counselors in practice.

Keywords: African American, religion, spirituality, Black Church, mental health counseling

Kuczewski (2007) asserted that helping professionals often are charged to care for “vulnerable persons facing difficult situations and tragic choices” (p. 9). Often, within the counseling context, client spirituality is an important part of the healing process. There is substantial evidence that one's religious life is a critical feature of the developmental process and can serve to improve one's overall well-being (Cashwell & Young, 2011). Further, researchers have found positive benefits to incorporating spirituality and faith into one's life, including improved physical (Matthews et al., 1998) and psychological (Joubert, 2010) health. Therefore, counselors are expected to assess the impact of a client's spirituality and religion on his or her mental health and overall well-being (Cashwell & Watts, 2010). Moreover, attending to the spiritual needs of clients is an essential part of developing culturally sensitive treatment plans and recommendations (Kuczewski, 2007).

Not unlike other racial groups, African-American families rely on spirituality as a source of support as they face various challenges. These challenges include both systemic oppressions (e.g., overt racism) and familial stressors (e.g., parenting). Given these life stressors, perhaps spirituality and religion offer some explanation as to why African Americans are better adjusted and more psychologically well than some experts expect and predict (Bell-Tolliver & Wilkerson, 2011).

Nearly 80% of African Americans identify religion as important compared to only 50% of the general population (Pew Research Center, 2009). Further, a majority of African Americans identify as Christian, and 50% of African Americans attend church services weekly. The majority of African Americans attend a predominantly African-American church (Pew Research Center, 2009). Many African Americans identify God as a core aspect of their coping, and rely on their religion and spirituality during difficult life transitions (Bell-Tolliver & Wilkerson, 2011; Whitley, 2012). Additionally, African Americans assert that attending worship

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services and Bible study, being involved in their churches, having devotion time, and listening to religious sermons and gospel music allow them to conceptualize their struggles within the larger struggle between good and evil, or God and the devil (Whitley, 2012).

Because of the salience of spirituality and religion in the experience of African Americans, it behooves professional counselors to increase their knowledge and awareness of the African-American religious experience, particularly as it relates to psychological health. Several researchers (Ayalon & Young, 2005; Woodward, 2011) have found that African Americans tend to seek professional counseling at a much lower rate than other racial and ethnic populations. Further, African Americans often choose their spiritual leaders and churches as resources for their mental health needs instead of professional counselors (Ayalon & Young, 2005). Thus, one area of the African-American religious experience that needs further attention from counselors is the Black Church. The Black Church is the term used in popular culture and scholarly literature to refer to the overall institution that encompasses individual, predominantly African-American Christian congregations (Lincoln & Mamiya, 1990).

In order to understand the Black Church and the people who worship therein, counselors must familiarize themselves with the historical context and theological underpinnings that frame the Black Church and likely influence individual parishioners' help-seeking behaviors. The purpose of this article is to provide a brief overview of the history and development of the Black Church, built upon unique theological foundations. These elements of history and theology have important implications for counselors working with religious African-American clients.

History of the Black Church

Similar to African-American communities, the Black Church has experienced change, progression, challenges, struggle and resilience. Counselors must understand the historical role and relevance of the Black Church in African-American communities in order to better understand African-American mental health help-seeking behaviors. This section will provide an overview of the Black Church's inception during slavery, its role in the Civil Rights Era and its relevance in the lives of many African Americans in the 21st century. This history will provide counselors with a context for understanding the Church's salience in the lives of many of their religious African-American clients.

The Black Church and Slavery

During slavery, many plantation owners forbade more than five slaves to gather at a time without supervision by a White overseer. Although slaves possessed a desire for religious and spiritual expression, this rule complicated their ability to assemble for worship services and stifled their sense of community and opportunities for fellowship. Thus, in fear of repercussions for breaking these rules, slaves resorted to informal worship gatherings in secret locations (e.g., swamps and wooded areas; see Frazier, 1963; Lincoln, 1973). Eventually, during the mid-1700s, these informal gatherings became less secretive and more visible (Pinn, 2011), laying the foundation for the institution that would become known as the Black Church. The churches became the epicenter of the slaves' community and a place of education and fellowship that slaves lacked elsewhere on the plantation.

During the genesis of the Black Church, plantation owners feared that if slaves were able to read the Bible, their proclivity to defer hopes of freedom until after death would decrease, and a surge of strength and demand for emancipation would emerge. Slave masters feared that slaves would acquire a comprehensive knowledge of Scripture that would illuminate the flaws and Biblical inconsistencies of a despotic slave system. With a comprehensive knowledge of Scripture, slaves would have an increasingly difficult time reconciling a

Biblically based system that would capture and enslave innocent people (Taylor, Thornton, & Chatters, 1987). As predicted, slaves became discontented with their situation and used the Church as a means to bring about change. As slaves' Scriptural knowledge grew, so did their frustration with organized religion, particularly Christianity. Slaves viewed Christianity as another vehicle used by Whites to advance oppression (Lincoln & Mamiya, 1990).

Slave masters and their families treated slaves poorly even though they worshipped together in the same buildings. Instead of church being a sacred haven away from maltreatment, it was another opportunity for Whites to exert their power, which became overwhelming for many Blacks (Lincoln & Mamiya, 1990). Thus, slaves incepted their own churches out of a desire to have their own worship places on Southern plantations and escape discrimination on Sunday mornings (Lincoln, 1973). Richard Allen inaugurated the first Black church of the Methodist denomination in 1807 (Wilmore, 1998). The formation of the Black Methodist churches was considered a visceral response to the Methodist tradition of having segregated churches for Blacks and Whites. This departure of Blacks from the Methodist Church was one of the first major civil rights protests by African Americans (Lincoln & Mamiya, 1990). Subsequently, African Americans formed predominantly African-American congregations of Baptist, Presbyterian and Episcopal denominations (DuBois, 1903), setting the stage for the prominent emergence of the Black Church during the Civil Rights Era. Slaves felt that they could be themselves and their status as slaves did not subsume their identity in these churches. These services provided therapeutic relief and a departure from the pressures and brutality experienced on the plantation (Wilmore, 1998).

In essence, church services and religious and spiritual resources operated much like counseling sessions. Slaves found hope in the Scriptural promises of a future void of oppression. They looked forward to death as a transition from suffering on earth to a promise of reward and deliverance in Heaven (Johnston, 1954; Wilmore, 1998). Slaves especially could relate to the persecution and torment of Jesus Christ, the pivotal figure of Christianity. In fact, slaves even likened the crucifixion experienced by Christ to the popularized practice of lynching Black men (Pinn, 2010; Terrell, 1998). Terrell (1998) further elaborated that the connection between Jesus and slaves also was related to the Bible story of Judas betraying Jesus for economic compensation. Slaves knew that White plantation owners betrayed, captured and brought them to America for others' economic gain (Pinn, 2011; Terrell, 1998).

Although slaves faced horrendous conditions on plantations, counseling services obviously were not available as a support and therapeutic release. During this time, the Church was the primary resource for support and change during life challenges. It is likely that this proclivity to seek support from the Church began during slavery and continues today. This historical precedent could help explain why African Americans are less likely than many other racial/ethnic groups to seek support from professional counselors (Ayalon & Young, 2005).

The Black Church and Civil Rights

During the 1950s and 1960s, the Black Church became increasingly more autonomous as it began expanding doctrinal beliefs, electing leaders and even creating seminary institutions to educate its leaders (Lincoln, 1973). Further, the Black Church offered a platform for activists to promote messages of equal rights for African Americans (Chandler, 2010). The Black Church worked at both the macro and micro levels of society. For example, on the macro level, large institutions such as the NAACP garnered support (e.g., financial, emotional) from the Black Church (Chandler, 2010). At a more micro level, individuals with difficulty fulfilling financial obligations received economic assistance. The Black Church's growing financial independence initiated the self-help doctrine, as African Americans could not rely on support from outside sources. African Americans learned that in order to survive they had to support themselves financially, mentally, emotionally and socially

(Littlefield, 2005). It is possible that African Americans may still maintain this perspective, and therefore may be less likely to seek support from resources such as professional counselors.

Particularly during the Civil Rights Era, the Black Church was a place that Blacks could experience prestige, rank and authority otherwise denied them by outside institutions, which were typically dominated by the majority culture (Douglas & Hopson, 2001). Thus, many African Americans may be distrustful of the counseling relationship, as it may reflect the larger dominant culture from which they have experienced exclusion and oppression (Sue & Sue, 2013).

The Black Church in the 21st Century

While the Black Church of past decades struggled with achieving equal rights in the community, the contemporary Black Church faces its own set of unique challenges. These challenges are related to health (e.g., HIV/AIDS) and social issues (e.g., welfare reform, disproportionately high unemployment rates for African Americans; Billingsley & Caldwell, 1994). Nonetheless, African Americans have certainly made considerable strides in advancement compared to previous decades, notably in the areas of education. Many argue that these strides should be attributed, at least in large part, to the efforts of the Black Church (Byrd, 2001). These strides are particularly important as the African-American community faces issues such as disproportionate rates of physical illness, financial strains, anxiety, depression and familial concerns (U.S. Department of Health and Human Services, 2001; 2011). Although these challenges may seem daunting for African-American communities and the Black Church in particular, scholars encourage the Black Church to draw on the strength that brought it through turbulent times such as slavery and the Civil Rights Era (Billingsley & Caldwell, 1994). Given the historical involvement of the Black Church in all aspects of the individual lives of African Americans, it is understandable that many African Americans may view their local churches as a viable alternative resource to professional counselors. Therefore, counselors should involve themselves in African-American communities and familiarize themselves with local churches. Counselors have a unique opportunity to partner with Black churches in their communities to build trust, decrease stigma around help seeking, assist in combating concerns facing many African Americans and learning about the impact of Black Church theology.

Black Church Theology

Just as it is important to understand the historical context of the Black Church, it is imperative to understand the Black Church's foundational belief systems in order to thoroughly understand its roles and functions. Theology unites the collective Black Church, but also differentiates between local congregations. Often, individual churches and denominations vary in theological principles, and therefore differ in how they execute beliefs about their purpose, roles and responsibilities (Barber, 2011; Lincoln, 1974). Often, the Black Church is mistaken as a homogenous grouping of individual churches. However, theological differences make this a false pretense (Barber, 2011). These theological positions can serve as overarching guiding principles and influences for parishioners' individual lives and their choices, including decisions about seeking help from professional counselors.

Although theological differences exist, most Black churches unite in the theological belief that during worship services their members experience a personal visitation from Jesus. Typically, this theological notion guides the way services are conducted. This visitation could be manifested through rituals and practices such as *shouting*, singing gospel songs and hymns, or speaking in tongues. To that end, Moore (2003) noted these behaviors as examples of the liberal and animated worship that often is indicative of the Black Church. Other practices that are common to the Black Church and reflective of its theology may befuddle those unfamiliar with the structure of the Black Church service. For example, members of the Black Church may be more likely

to reference God and Jesus interchangeably in spiritual practices, such as prayer, which could be confusing to some outside observers (Johnson, 2010).

These complexities could confuse counselors not immersed in Black Church culture. Moreover, many observers question the variations in theology and the often ambivalent character of an institution that can be so progressive on one hand, yet quite rooted in traditional theology on the other hand. This apparent ambiguity gives many observers pause (Douglas & Hopson, 2001). The religious theology that guides the Black Church can provide helpful insight for counselors interested in increasing their multicultural competence and understanding of African-American clients. Often, this theology can influence individual congregation members' personal lives, including how they make choices regarding whether to seek professional counseling. The following section elaborates on various theologies and how they may manifest in African-American clients.

Liberation Theology

James Cone's liberation theology is one of the most prevailing schools of thought in the Black Church (McBeth, 1981). According to liberation theology, African Americans took Christianity, traditionally perceived as a White man's religion, and adapted it to the plights and triumphs of African Americans. Compared to other theologies, liberation theology is seen as a comprehensive theology because it considers how individuals view God and how they interact with one another. According to liberation theology, the Black Church offered oppressed Blacks a sense of freedom rarely experienced in their day-to-day lives. The Black Church was a place where African Americans had the opportunity to gather and vent about their problems as a community. Additionally, the Black Church was a place where change could be created and enacted (McBeth, 1981). While other theologies focus on Caucasians as oppressors, churches whose members ascribe to liberation theology tend to focus less on the oppression and more on the freedom that is felt when congregation members experience fellowship with one another (Burrow, 1994). Because slaves viewed the master-slave relationship as the epitome of evil, African Americans placed a significant emphasis on forming and preserving healthy relationships (Burrow, 1994; Douglas & Hopson, 2001). Liberation theology values addressing people holistically, emphasizing the connection of the body and the mind (Burrow, 1994).

Alternate Society Theology

Frazier's idea of the alternate society is somewhat similar to liberation theology, in that he proposed that the Black Church should operate as a sovereign society where African Americans would be able to fully express their authentic selves (see McBeth, 1981). Frazier founded this theology upon the belief that Caucasians did not understand African Americans, and therefore could not adequately meet their needs (Frazier, 1963). Frazier endorsed the idea that the Black Church would be a separate nation within the United States and would meet the needs of African-American communities in ways beyond just the spiritual. Optimally, the Black Church would be able to produce education centers, financial institutions, housing and a social outlet (Lincoln & Mamiya, 1990). Ironically, Frazier acknowledged that this alternate society would further inhibit Blacks from successfully acculturating in the majority culture in which they were expected to live and function (Frazier, 1963). It is likely that churches ascribing to this theology believe they will be able to meet both the psychological and spiritual needs of congregation members. In fact, in churches where this philosophy is predominant, it is possible that members who seek guidance from church leaders may be discouraged from seeking services such as professional counseling outside the Black Church.

Other-Worldly and This-Worldly Theology

Other-worldly churches are those whose members believe in deferring freedom and reward until after death. In other words, these churches' members are more accepting of present pain and suffering since they believe they will experience relief posthumously in Heaven. Spiritual songs birthed to comfort, direct and relieve Black slaves became a critical part of other-worldly theology. These songs have served as a reminder that

earthly suffering is temporary and an eternal promise of heavenly peace awaits upon death (Cashwell & Young, 2011). Also, pastors serve as an important mouthpiece for other-worldly theology. During slavery, preachers often delivered sermons reminding listeners of life after death, a life that contrasted with the current reality of enslavement. Today, although some of the challenges facing African Americans may be different, some pastors continue to uphold messages of enduring present suffering and awaiting the promises that accompany death (Wilmore, 1998). Attendees of other-worldly churches may be less likely to present in counseling, but when they do, it is critical for the counselor to understand that the client may be less oriented to solving his or her problem and more oriented to focusing on life after death. Failing to understand and embrace this perspective might lead some counselors to focus prematurely on problem-solving tasks that might damage the therapeutic relationship.

Conversely, *this-worldly* churches typically advocate explicitly for Blacks to experience earthly freedom and happiness. For example, whereas a member of an other-worldly church may be satisfied with receiving physical healing through death, a member of a this-worldly church may pursue other avenues to minimize pain and suffering and delay death as much as possible (Lincoln & Mamiya, 1990). These ideas about suffering also could manifest in one's attitudes about psychological health and needs for counseling. Clients from this-worldly churches may possess a greater sense of urgency to seek counseling during times of psychological discomfort compared to clients from other-worldly churches, who may be less inclined to alleviate emotional distress.

Recommendations for Counselors

Sue and Sue (2013) challenged culturally competent counselors to appreciate and incorporate clients' history, worldviews and life experiences into the counseling relationship. One critical dimension of those considerations is clients' religious and spiritual backgrounds (Cashwell & Young, 2011). Specifically, for religious African-American clients, this process involves examining the intersection of at least two social identities (i.e., what it means to the client to be religious and what it means to be African American; Roccas & Brewer, 2002). One essential aspect of many African Americans' identity is the Black Church and the expression of its various theological perspectives. Thus, it is important that counseling practitioners, counselor educators and clinical supervisors are aware of the nuances of the Black Church and African-American religion and spirituality. Additionally, counseling professionals should be aware of the theology of each individual client's local church, which could influence communal beliefs about symptomology and counseling. Counselors should use this information to increase understanding and inform accurate diagnoses, as well as competent treatment plans and recommendations (Association for Spiritual, Ethical, and Religious Values in Counseling [ASERVIC], 2009; Cashwell & Watts, 2010). To that end, counselors can incorporate the following strategies in recruiting and retaining African-American clients who identify as religious and as members of the Black Church.

African-American clients active in churches with particular theologies (e.g., alternate society theology and other-worldly theology) may be disinclined to seek counseling services outside the church. Congregants may receive messages that the church can take care of all of their concerns, including mental health issues. Moreover, many churches (particularly within the alternate society theological tradition) may offer programs (e.g., financial seminars to address income-related stress) that attend to many of the needs of church members. In these cases, members may not feel a need to go outside to professional counselors. These clients may not voluntarily seek services from professional counselors even when their presenting concerns may warrant intervention. Thus, it is important for counselors to contact local Black Church congregations to establish relationships, form trust and increase visibility. Rather than depending on African Americans to initiate communication with mental health professionals, counselors can volunteer outreach services and host programs at local churches in an effort to increase access to African Americans. Counselors are expected to operate as advocates and proponents of change for their clients (Sue & Sue, 2013); often the Black Church is a hub of

social justice advocacy efforts within African-American communities (Lincoln & Mamiya, 1990). Traditionally, programs in the Black Church have provided clothing, substance abuse services, tutoring, mentoring and nonreligious education services (Tsitsos, 2003). Counselors can partner with the advocacy efforts of the Black Church to help church members in need. These needs range from issues within the family to more systemic issues that affect a large number of African Americans (e.g., unemployment, poverty, AIDS/HIV, incarceration, anxiety, depression). These efforts may increase church members' comfort level with counseling and decrease stigma associated with seeking help.

Specifically, counselors can connect with local pastors, since pastors are very influential in the Black Church and African-American communities in general (Billingsley & Caldwell, 1994; Lincoln & Mamiya, 1990; Mattis et al., 2007; Roberts, 1994). Often, the pastoral role extends beyond spiritual responsibilities, as the majority of African Americans prefer to seek psychological help from their pastors rather than professional counselors (Ayalon & Young, 2005; Chatters et al., 2011). Pastors may be more likely to refer congregation members to trusted counselors who are visible in their community. Counselors likewise have the opportunity to learn more about the pastors' approaches to responding to mental health needs in their congregations.

In addition, theology is important for counselors in formulating client conceptualizations and treatment recommendations. In particular, counselors should be aware of when the client's beliefs about healing juxtapose with the professional's knowledge of science (Kuczewski, 2007), and where counselor biases might be imposed on the client. For example, it is important that counselors are cautious in labeling presenting concerns as problematic when working with a client from a church that focuses on liberation theology. Such clients may choose to focus less on the presenting concern and instead take a more strength-based, optimistic perspective. Clients who attend churches that emphasize liberation theology may be open to more holistic treatment recommendations and reluctant to rely on psychotropic medications to alleviate symptoms. Thus, counselors should be aware of this preference when referring clients to a psychiatrist and suggesting medication as a part of the treatment plan.

Counselors are encouraged to work from theoretical orientations that are sensitive and inclusive of clients' religious and spiritual identities (ASERVC, 2009). Since theology is an important part of many religious African Americans' identities, the counselor should be careful not to approach the counseling relationship from a theoretical orientation that contradicts the client's theological orientation. The biopsychosocial-spiritual model (Cairns, 2011; Engel, 1977) is a culturally sensitive theoretical framework that allows for a client to be holistically assessed from a biological, psychological, social and spiritual perspective. With the addition of the spirituality component to the traditional biopsychosocial model, the religious coping strategies of many African-American clients have been considered, addressed and appreciated (Clark, Anderson, Clark, & Williams, 1999). Further, the importance of addressing people holistically, emphasizing the connection of the body and the mind, is rooted in liberation theology (Burrow, 1994). In this regard, it appears that the spiritually founded liberation theology of the Church and the biopsychosocial-spiritual model may complement one another well. Leaders of the Black Church may not automatically articulate views using the language of the biopsychosocial-spiritual, but are likely to be able to do so using the language of liberation theology. Thus, it is incumbent upon counseling professionals to probe deeper into the intersections of Black Church theology and counseling models.

Counselors should educate themselves on current events and issues that may be affecting the African-American community in general (e.g., recent events in Ferguson, Missouri) and their clients in particular. Although many of these issues could be disheartening (e.g., disproportionate representation of African Americans in many vulnerable populations), counselors also should be aware of advancements made within

the African-American community and work from a strength-based developmental approach that honors the uniqueness of the African-American community in general, and in particular, the Black Church. This perspective is vital, as many references to African Americans are negative, given their disproportionate representation in many vulnerable populations. It could be tempting for counselors to focus on the negative; however, focusing on the positive and acknowledging advancements could serve as a corrective experience for many African Americans.

Because of the centrality of relationships within the Black community, counselors should consider social supports, such as church members, who could serve as great resources for clients during and after the counseling process. For example, counselors should be open to consulting with spiritual advisors and referring clients to their pastors if deemed appropriate. Historically, church members have served as an extended family for many African Americans (Ellison, Musick, & Henderson, 2008; Lincoln & Mamiya, 1990). Therefore, fellow church members also could be included in the counseling process, both within and outside counseling sessions as resources and support systems.

Counselors should invite clients to talk about recent worship services and spiritual experiences in counseling sessions. It is important that this encouragement is made from a curious stance that is noncritical and nonjudgmental. This invitation not only allows the client to integrate his or her spirituality into counseling, but also allows the counselor to learn more about the client's religious background and preferences, as well as his or her specific church culture.

A counselor also can incorporate creative interventions that integrate a client's religious and spiritual influences. For example, the counselor could invite the client to compile a list of his or her favorite gospel songs as a musical chronology and emerging life song. This process allows client and counselor to extrapolate themes and values that are important to the client (Cashwell & Young, 2011; Duffey, 2005). Given the historical importance of spirituals, the client could write songs or use existing songs to help articulate presenting concerns to his or her counselor. Additionally, the counselor becomes privy to the client's spiritual values and theological beliefs by listening to song lyrics. Similar interventions might include asking the client to create a list of favorite Biblical stories or specific scriptures. Additionally, the counselor can ask the client to construct a spirituality genogram, which can provide invaluable information about the role of the Church in the client's family and its influence on their individual lives (Cashwell & Young, 2011).

Conclusion

Researchers, scholars and counseling practitioners have noted the differences in help-seeking behaviors among racial and ethnic minority clients. With African Americans in particular, researchers have attributed some of these differences to African Americans' preference for seeking help from spiritual resources rather than professional counseling resources. When exploring the mental health help-seeking behaviors of African Americans, it is imperative to pay particularly close attention to the role of religion, the Black Church and theology in the counseling experiences of many African-American clients. Learning more about various theological traditions and working from a culture-centered framework can substantively increase the quality of counseling services.

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Dig to Live: An Investigation of the Psychological Well-Being of Women Miners in Davao Oriental, Southeastern Philippines



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This study aimed to determine the psychosocial health status of women artisanal miners in the Philippines. Their socio-demographic characteristics and psychosocial health status are described to formulate a self-efficacy enhancement program to respond to their needs. This study utilized a descriptive multiple case study design. Primary data were gathered via a simple questionnaire regarding the respondents' socio-demographic profile and psychosocial health status. Other primary data sources included key informant interviews, respondents' journal entries, observations and outputs during the structured learning exercises, focus group discussion transcripts, and a researcher's log. Documentary reviews also were utilized to obtain additional facts. The respondents were selected through a fishbowl method. Results show that the participants' coping process, attitude of perseverance and stress management have a moderate impact on their ability to manage life experiences. The study resulted in a proposal for a self-efficacy enhancement program to improve the psychosocial health of women artisanal miners.

Keywords: women miners, psychosocial health, coping process, stress management, self-efficacy

In March 2008, the theme “*Babae, Yaman Ka Ng Bayan*” [Woman, You Are a Treasure of the Nation], emphasizing the worth of women in nation building, was bannered to celebrate Women's Month in the Philippines. In Barangay Puntalinao, Banaybanay, Davao Oriental, Philippines, active artisanal and small-scale magnesite mining activities are visible to the community and visitors. Banaybanay is the last municipality of Davao Oriental, bordering the municipality of the Pantukan, Compostela Valley Province. Women join men at tilling and extracting minerals from steep mountains. This site was visited in October 2007 for an environmental scanning and initial investigation. The idea of conducting a study was discussed with the artisanal miners and they showed interest in the benefits of the study.

The southern part of Mindanao is rich in mineral resources. Nickel reserves are worth \$215 billion (USD), copper reserves are worth \$6.49 billion and gold reserves are worth \$2.01 billion. Mindanao accounts for 48% of the country's gold and 83% of the nickel reserves. According to Ambassador Li Jinjun, investors believe that the mining industry is the “ace” of Mindanao. In agreement, former resident of the Republic and current congresswoman of the province of Pampanga, the Honorable Gloria Macapagal Arroyo has made the revival of the mining industry one of her key tools in sustaining the country's economic growth (Bautista, 2005).

According to the United Nations Development Program (1999), women involved in mining are more likely to be family-centered than men and spend their earnings on food, clothing, education and agriculture. In the Philippines, women artisanal miners' daily routine involves direct exposure to sunlight, climbing difficult

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mountains, tilling and extracting minerals, and carrying heavy sacks of rocks, in addition to household chores and family obligations after work. Moreover, some women are undergoing the physiological discomforts of menopause.

In a focus group discussion (FGD) on perseverance, the women artisanal miners reported that they can bear the heat of the sun, the hazards at work and the workload at home in order to preserve their families and provide what is needed. Their husbands' incomes are not enough for their families' basic needs, typical of the life conditions of the rural poor in the Philippines. According to the Barangay Captain [Puntalinao community leader], these women persist at low-paying quarrying activities to subsist. Women artisanal miners manifest the spirit to persevere in life through their backbreaking work hours. This labor includes quarrying the rocks with a hammer and wedge, hitting the rocks in succession to break them into small pieces, packing them in a sack (which generally weighs no less than 110 pounds), and carrying the sacks to the buyer's loading area. Workers aim to fill 25 sacks per day on average, which are sold to a local buyer for 10 pesos each in order to sustain daily family needs.

According to Greenspan (1992), households ideally spend up to 10% of total income to raise one child, 18% for two children and 26% for four children. Since many families lack the resources to raise children, the per-child share drops dramatically with each child. A household with four children spends 25% less per child than a household with two children. This information suggests that the sufficiency of the family economy depends on the number of children in the household, and thus establishes the need to work harder to ensure family survival as the number of children in the family increases. It is not surprising to find an extended family system among Filipino families (Mercado, 1974) and to see children helping their parents at income-generating endeavors.

The miners' common statement, "*Maayo na lang ning pagpamato, bisan ginagmay kaysa wala jud sapi*" [Even if mining gives us insufficient income, it is better than having nothing at all], reveals the working poor perspective that is important in considering ways to improve the miners' psychosocial well-being. These women, ranging from young adults to elders, are vulnerable to stress; their self-efficacy is a powerful personal resource in the coping process (see Lazarus & Folkman, 1987).

While studies have explored the experiences of miners, these studies have failed to grasp fully the psychosocial health situation of women artisanal miners in Philippine rural communities. Since mining is a major contributor to the country's economy, artisanal mining is expected to spread soon to other rural communities. Therefore, the experiences of community women require attention in order to better anticipate their emerging psychosocial health issues. The theoretical frameworks utilized in developing this study included Erikson's (1963) psychosocial development theory, which posits that each person experiences psychosocial crises or internal conflicts linked to life's key stages, which define growth and personality. Social-cognitive and self-efficacy theory (Bandura, 1992, 1997), defined as beliefs about one's capabilities to produce levels of performance that influence one's life, also was utilized to formulate this study.

Method

The author utilized a descriptive multiple case study design. Primary data were gathered using a researcher-constructed questionnaire that investigated each respondent's socio-economic profile and psychosocial health status. Other primary data sources included key informant interviews, respondents' journal entries, observations and outputs during the structured learning exercises (SLEs), FGD transcripts, and the researcher's log. Documents provided by the *barangay* [community] secretary also were reviewed.

Participants

Twenty-six women ages 26–70 volunteered. Eight were between 35 and 43 years old and eight were within the ages of 53–61. Five of the respondents were between ages 44 and 52 and two respondents were 26–34 years old. The artisanal miners participating in the study were identified from the *barangay* list and via the assistance of the *barangay* secretary. Based on the socio-demographic data drawn from the selected women miners of Barangay Puntalinao, Banaybanay, Davao Oriental, the respondents generally belonged among the rural poor migrant settlers and had low levels of educational attainment. Most participants were mothers responsible for large families and obliged to participate in mining to sustain daily family needs. Most participants owned their homes; however, the houses were located on rental lots, causing some degree of insecurity in terms of permanence of residence.

Data Sources

A 21-item survey, translated from English to Cebuano, provided a socio-demographic profile and psychosocial health status of each respondent, covering perseverance, stress management and coping processes. It was clustered into three areas: personal data, family structure and housing arrangement. Items 1–6 aimed to determine level of perseverance. Items 7–16 covered the impact of stress management styles, and items 17–21 determined the impact of coping processes on managing life circumstances. Responses were tallied using the following scale: 1.00–1.99 indicating that the given life experience had a high impact on psychosocial health status over the past month, 2.00–2.99 indicating moderate impact on psychosocial health and 3.00–4.00 indicating low impact.

Other primary sources of data included key informant interviews, respondents' journal entries, observations and outputs during SLEs, transcripts from the FGD, and the researcher's observation logs from her 3-day community immersion. The key informants included the Barangay Captain, the Barangay Health Worker and a *sari-sari* [small grocery] store owner, all of whom were interviewed during the researcher's community immersion. A formal approval to conduct a study in the area was requested from the Barangay Captain. The Barangay Health Worker was interviewed about health conditions among the women miners and the *barangay's* health programs for women. An interview also was conducted with a *sari-sari* store owner who had firsthand knowledge of the women residents' consumer behavior and lived in a house located at the mining compound. Daily logs recorded what was witnessed and experienced during the immersion. The Barangay Puntalinao Development Plan (2000) also was used to gather basic community information such as the history, demography and topography of the *barangay*.

SLEs were conducted after the baseline data on psychosocial health status were obtained. The SLEs focused on coping processes, perseverance and stress management. During each SLE, a lecture was conducted and an assignment given for follow-up discussion with the group before the activity concluded. Outputs from the SLEs formed part of the data for the multiple case studies. A FGD with 14 randomly selected miners was conducted after the last SLE, focusing on coping processes, stress management and perseverance. Outputs from the FGD were utilized to validate and expand on the data extracted from the survey questionnaires and SLEs. The psychosocial health status of the respondents was monitored three months after the conclusion of the last SLEs. It provided feedback on the sessions' lasting effects on the psychosocial health management of the respondents, despite the assessment of medium-term effectiveness, not included in the objectives of the study.

Results

Socio-Demographic Profile and Psychosocial Health Status

The general conditions of poverty resulted in multiple burdens, including reproduction. The high numbers of respondents' children may have indicated that respondents spent much of their childbearing years within

marriage. Six of the artisanal miners had four offspring. One of the respondents had nine and another had 14 children. Eighteen miners had children aged at least 22 years old. Three respondents had children 1 year old or younger, which suggests that more time and effort were needed to exert in mining to provide the needs of these children in the early stages of human development. Aside from economic needs, data implied that the women miners lived with their husbands and managed time for child care, despite long days at the mines.

Coping processes. The results showed that Filipino women artisanal miners' coping processes had a moderate impact on recent life experiences for which they employed these coping strategies. The respondents had the ability to handle different trials in life, but the ability to use common coping strategies had a fair influence on being able to manage life circumstances well. It was evident from the women's disclosures that multiple workloads consumed their being. However, the coping processes they employed had a low impact on solving family problems.

"Lisod kaayo ang among kahintang labi na og mag-abot ang mga problema sa pamilya" [Our situation is very difficult most especially when the entire family encounters problems at the same time]. Because the women miners were responsible and accountable for problems encountered by the entire family, they became concerned when the family experienced difficulty. This finding was similar to findings from the United Nations Development Program (1999), which reported that women were more likely than men to devote resources for family upkeep, food and children's education. Furthermore, prioritizing the needs of the family demonstrates adherence to the traditional Filipino value of *kagandahang loob* [compassion] (Miranda, 1992).

Among the 14 respondents who participated in the SLEs, coping behavior was utilized regarding problematic circumstances with their husbands' vices and behaviors such as drinking, infidelity, physical abuse and financial neglect. Marital cases brought to the *barangay* office are usually reconciled through forgiveness and for economic reasons. Problems related to their children included participants' daily absence from home, no contact while away from their children, early marriage and inability to support their children. According to the key informant, mining is considered a survival strategy despite its health risks, low compensation and daily starting time, as early as 5:00 a.m. (see Table 1).

According to one informant, a Barangay Health Worker who happened to be a neighbor of the miners, the miners often channeled time and effort into their mining in order to regain a sense of self-worth and focus on caring for their families, despite health risks and low compensation. During the FGD, the women miners mentioned using prayer as a coping strategy. Some Filipino women miners join religious organizations in order to express their feelings with fellow members. Miners' journal entries indicated that they believed their present situation was their destiny.

Table 1

Psychosocial Health of Women Artisanal Miners at Barangay Puntalinao, Davao Oriental in Terms of Coping Processes

Coping Processes Indicator	M	SD	Description
Coping strategies employed	2.71	.65	MI
Conflicts with in-laws or household members	1.84	1.01	HI
Conflicts with immediate family members	2.23	1.03	MI
Conflicts with friends	1.42	.58	HI
Being taken advantage of	2.58	1.27	MI
Lots of responsibilities	3.69	.62	LI

Note. LI = low impact, MI = moderate impact, HI = high impact.

Perseverance. The women miners' attitude of perseverance had a high impact on their effective socializing with their neighbors. During FGDs, participants shared that the community had not encountered cultural problems because of respect for one another; in addition, most participants belonged to the Cebuano tribe. Based on the observation log, the women artisanal miners cared for each other and showed respect to everyone by treating each other without bias. Jocano (1999) wrote that the Filipino value *delicadeza* [being proper], is manifested, for instance, when one does not abuse a friendship by doing something that would be hurtful or embarrassing to a friend. This value is apparent in the practice of *sabot* that allows women to express and meet their needs for help without sacrificing their pride and dignity. Enriquez (1978) discussed *kapwa* as a mode of Filipino social interaction which he defined as "recognition of shared identities as well as the compassionate generosity to others in need."

Based on the statement of the *sari-sari* store owner who was a neighbor of the respondents, the women miners usually incurred credit for food to be paid the following day. This practice of *sabot* [agreement] maintains social relations based on *asal* [consideration] as discussed by Jocano (1999) and *kagandahang loob* [compassion] as depicted by Miranda (1992). The moral undertone of these terms is best expressed by the Filipino concept of *pakikiramay*, or going out of one's way in order to share the sorrow of others in times of crisis (Miranda, 1992). The practice of *sabot*, therefore, addresses the survival needs of the women in a manner that does not compromise their self-esteem, kindness and generosity.

It is evident that the women artisanal miners are insecure in terms of their housing, because most of their homes are built on property owned by other people. The participants' attitude of perseverance had a moderate impact on dealing with the knowledge that the lot their houses were on could be revoked at any time. At the time the study was conducted, most of the houses had to be relocated to accommodate a road-widening project by the provincial government. Houses were uprooted and moved at least 10 meters from the road, causing the miners uncertainty about where to locate, or how far a potential relocation might be from the workplace.

Individual case studies showed that the women artisanal miners performed multiple roles including mother, wife, grandmother and household manager, as well as miner. Since these women were willing to sacrifice for their family, it was important for them to nurture their attitude to persist. Though they had the determination to continue with their various roles, they also needed to recharge from time to time. Their ability to manage the toll of their physical and psychological loads led them to a greater sense of self-efficacy. Such a sense allowed them to select challenging settings, explore their environments or create new ones (see Table 2).

Table 2

Psychosocial Health of Women Artisanal Miners at Barangay Puntalinao, Davao Oriental in Terms of Perseverance

Perseverance Indicator	<i>M</i>	<i>SD</i>	Description
Perseverance	2.88	.46	MI
Having your contributions overlooked	2.62	.85	MI
Hard work to look after and maintain house	3.70	.55	LI
Gossip about yourself	2.42	1.14	MI
Findings your work too demanding	3.88	.59	LI
Financial conflicts with family members	2.31	1.29	MI
Feeling alone	2.85	.97	MI
Experiencing high levels of heat	3.85	.61	LI
Ethnic or tribal conflict	1.62	.70	HI
Dissatisfaction with your physical fitness	1.85	1.12	HI
Dissatisfaction with your physical appearance	1.81	.81	HI
Disqualifying positives	2.00	1.06	MI
Disliking your daily activities	2.85	1.05	MI

Note. LI = low impact, MI = moderate impact, HI = high impact.

Stress management. The women miners' stress management styles had a moderate impact on their management of the stressors they encountered. Thus, there was room for improvement in their repertoire of stress management techniques to help prevent exhaustion or burnout. The data, moreover, showed that the miners did not harbor insecurities regarding their physical appearance and fitness. In addition, because of the forgiving attitude of the participants, violent family conflicts were avoided and rarely compounded their difficulties. Instead of borrowing trouble, the women generally opted to forgive.

Data showed that the stress management styles of the women miners had high impact with regard to viewing the future and remaining optimistic and hopeful. As for techniques employed, one participant stated that watching *teleseryes*, or television series, was a common means of relaxation among the women in the community. Women often finished doing household chores in the evening and watched television. Based on the study log, the miners and their children and grandchildren typically gathered inside the house around 7:30 p.m. to watch television. *Teleseryes* provided a medium for sympathetic catharsis. For instance, when the women witnessed someone's misfortune, they compared it with their own and felt better afterward. When they viewed someone being oppressed on television, they tended to feel better about their own situation. When the oppressed character fought back, the viewer identified with the character's desire to oppose malevolent forces. More importantly, sympathetic catharsis brought stress to a manageable level (see Table 3).

Table 3

Psychosocial Health of Women Artisanal Miners at Barangay Puntalinao, Davao Oriental in Terms of Stress Management

Stress Management Indicator	<i>M</i>	<i>SD</i>	Description
Stress management techniques	2.54	.45	MI
Unsatisfactory housing and conditions	2.35	.85	MI
Trying to secure loans	3.08	1.16	LI
Too many things to do at once	3.52	.64	LI
Take on the burdens of the entire family	3.70	.79	LI

Note. LI = low impact, MI = moderate impact, HI = high impact.

The Barangay Health Worker who was interviewed for the study happened to own a karaoke machine and stated that the women miners sometimes came over and sang whenever they had extra money (each song costs one peso on the *videoke* machine). These were occasions for the miners to bond and socialize as they sang, danced and laughed. During the FGD on stress management, it was mentioned that playing bingo also was one of the miners' common pastimes, providing another social activity and an opportunity to connect with others and meet a very basic human need for the women.

Based on the survey of psychosocial health status, stress management strategies had a low impact on addressing stressful daily activities. According to one participant, "*Usahay kapuyon ko og makabati og sakit sa lawas tungod kay dili lalim ang akong trabaho*" [I get tired sometimes and do not feel good physically because my work is not that easy].

Discussion

The participants in this study indicated a need to enhance their coping strategies to cope with adversities in their lives. While they have the fighting spirit, their coping strategies could be improved further. A sense of self-worth must be further developed for the participants to be aware of their respective capabilities to exercise control over stressful situations. If this need was met further and more positive self-efficacy achieved, the miners would be better able to enhance their psychosocial health status.

Most of the women artisanal miners married at an early age and were financially unable to finish school. They were driven to engage in mining for many years to sustain the basic needs of their families. Most of the respondents have husbands and children who mine as well. More often than not, children are forced to discontinue school and begin work to help support the family. Despite being poor, the women have not surrendered to the trials of life, holding on to aspirations and possessing the following self-related cognition: “I can do it.” This attitude allows them to overcome the lack of opportunities by mining as a way to earn income and sustain the needs of their families.

Mining is perceived as God-sent and affords the women an opportunity to be self-reliant and gain a measure of control over their daily experience. Most of the respondents have persevered for the sake of their children and grandchildren. In addition to their labor, physical and emotional abuse from their husbands increases their suffering; yet they tend to be forgiving. Coleman (1998) advocated the therapeutic value of forgiveness as follows: “Forgiveness is a must in any family problem where there has been deep hurt, betrayal, or disloyalty” (p. 78). If there can be no reconciliation, forgiveness is the process that enables the forgiver to move on with life unencumbered with the pain of betrayal. Madanes (1991) further asserted, “The only way we can survive from day to day without emotional breakdown is by forgiving and forgetting” (p. 416). This study did not explore why the women miners forgive the wrongs done to them. It was found, however, that the women tend to forgive their husbands, although some still nurse hurts and resentment.

For the women, mining plays a major role in survival. The activity is described as a means of livelihood, a family bonding activity and source of hope for life. Furthermore, it also is seen as a chance to establish good relationships with colleagues, or *pakikipagkapwa*, and to enjoy work despite discomfort and hard work.

Most participants aim to build a semi-concrete house with comfortable rooms in a lot that they would own. In addition, the security of their residence is questionable when affected by the road-widening project of the provincial government. Still, the respondents expressed optimism as symbolized by the blooming flowers and abundant trees in their drawings (their output during their SLE), depicting joy and love in their households (see Appendix for an example).

Women artisanal miners in the Philippines would benefit from learning strategies to effectively address problems they encounter. They need to develop a sense of personal efficacy for approaching threatening situations with assurance that they can exercise control over these threats. The miners are hopeful and optimistic; therefore, it would be worthwhile to engage them cognitively and affectively and to facilitate decision-making that would allow them to gain insight into how to better manage resources and improve psychosocial health.

Implications

Given the socio-demographic characteristics, as well as the presentation of different life experiences, aspirations and psychosocial health status of the women artisanal miners, this study discovered that the miners would benefit from an intervention that revitalizes them, despite day-to-day stressors. Although the women are able to cope with various life difficulties, there is a need to enhance their coping strategies for managing stress. The miners should be more aware of their capabilities to exercise control over their own functioning and over the events that affect their lives, and thereby develop a stronger sense of personal efficacy. If these needs are met and self-efficacy achieved, the women miners will be able to enhance their psychosocial health status.

Optimism is commonly manifested in the stories told by the women artisanal miners. According to Bandura (1992), people with high assurance of their own capabilities approach difficult tasks as challenges to be mastered rather than threats to be avoided. Such an efficacious outlook fosters interest and engrossment in activities. A

person who believes in being able to cause events can conduct a more active and self-determined life course. This can-do cognition mirrors a sense of control over one's environment, and reflects the belief of being able to master challenging demands by means of adaptive action. This attitude also can be regarded as an optimistic view of one's capacity to deal with stress (Bandura, 1992; Maddux, 1995; Wallston, 1994). This study reveals the importance of helping women miners enhance self-efficacy to maintain psychosocial health.

After the exploration of the women miners' psychosocial health status, the researcher discovered that the miners need an intervention in order to be revitalized despite the various obstacles they encounter from day to day. They need training on how to maintain a positive outlook on life and how to believe in their potential to endure as a mother, wife, grandmother and daughter, as well as person. Considering the lifestyle and psychosocial health status of the women miners in terms of perseverance, coping processes and stress management, the self-efficacy enhancement program focuses on effective ways of creating a strong sense of efficacy among the miners in order to sustain the perseverance needed to succeed.

Conclusion

The stories of the women artisanal miners suggest that their coping processes, attitude of perseverance and stress management strategies have a moderate impact on their ability to manage their respective life experiences. As the 14 individual case studies were examined further for their psychosocial health status, the author found that most of the women artisanal miners face economic crises as well as maternal and marital problems. Despite these challenges, they manifest a forgiving attitude, which reflects the notion that such sacrifice is necessary for the sake of the family's survival.

The miners also are optimistic about the future, an attitude that was manifested during the sharing of their aspirations in life through drawings. All participants mentioned positive life visions and goals. Flowers and trees were commonly drawn, which symbolized the participants' desires to have happy and harmonious families. Children wearing togas and parents pinning ribbons on a graduation day also depict the participants' yearning for the education and advancement of the next generation. Semi-concrete houses with comfortable rooms are illustrated to show longing for comfort and security in living conditions. All these aspects of the drawings (see Appendix) demonstrate that the women artisanal miners have plans and hopes in life that give them the determination to persist. Optimistic processes are an essential key to gaining a sense of self-efficacy.

The women miners possess the optimistic attitude to carry on, but there is room for them to discover more about how to control their functioning and manage their psychosocial health status more effectively. Therefore, it is necessary to help them enhance their coping strategies and stress management techniques.

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Appendix

A Miner's Drawing of Life Aspirations



Development of an Integrative Wellness Model: Supervising Counselors-in-Training



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Supervision is an integral component of counselor development with the objective of ensuring safe and effective counseling for clients. Wellness also is an important element of counseling and often labeled as the cornerstone of the counseling profession. Literature on supervision contains few models that have a wellness focus or component; however, wellness is fundamental to counseling and the training of counselors, and is primary in developmental, strengths-based counseling. The purpose of this article is to introduce an integrative wellness model for counseling supervision that incorporates existing models of supervision, matching the developmental needs of counselors-in-training and theoretical tenets of wellness.

Keywords: supervision, wellness, counselors-in-training, integrative wellness model, developmental

The practice of counseling is rich with challenges that impact counselor wellness (Kottler, 2010; Maslach, 2003). Consequently, counselors with poor wellness may not produce optimal services for the clients they serve (Lawson, 2007). Furthermore, wellness is regarded as a cornerstone in developmental, strengths-based approaches to counseling (Lawson, 2007; Lawson & Myers, 2011; Myers & Sweeney, 2005, 2008; Witmer, 1985; Witmer & Young, 1996) and is an important consideration when training counselors (Lenz & Smith, 2010; Roach & Young, 2007). Therefore, a focus on methods by which counselor educators can prepare counseling trainees to obtain and maintain wellness is necessary.

Clinical supervision is an integral component of counselor training and involves a relationship in which an expert (e.g., supervisor) facilitates the development of counseling competence in a trainee (Loganbill, Hardy, & Delworth, 1982). Supervision is a requirement of master's-level counseling training programs and is a part of developing and evaluating counseling students' skills (Borders, 1992), level of wellness (Lenz, Sangganjanavanich, Balkin, Oliver, & Smith, 2012), readiness for change (Aten, Strain, & Gillespie, 2008; Prochaska & DiClemente, 1982) and overall development into effective counselors (Bernard & Goodyear, 2014). Supervisors use pedagogical methods and theories of supervision to assess and evaluate trainees with the goal of enhancing their counseling competence (American Counseling Association [ACA], 2014; Bernard & Goodyear, 2014). The method or theory of supervision relates to the interaction between counselor educators and counseling trainees and is isomorphic to a counselor using a theory with a client.

The number of supervision theories and methods has increased over recent years. In addition, integrated supervision models have been established with a focus on specific trainee groups (e.g., Carlson & Lambie, 2012; Lambie & Sias, 2009) or specific purposes (e.g., Luke & Bernard, 2006; Ober, Granello, & Henfield, 2009). These integrated models combine the theoretical tenets of key models with the goal of formulating a new

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perspective for clinical training that adapts to the needs of the supervisee or context. Lenz and Smith (2010) and Roscoe (2009) suggested that the construct of wellness needs further clarification and articulation as a method of supervision. Currently, a single model of supervision with a wellness perspective is available (see Lenz & Smith, 2010). However, it does not specifically apply to master's-level counselors-in-training (CITs) or focus on the wellness constructs highlighted in the proposed integrative wellness model (IWM). Therefore, this manuscript serves to review relevant literature on supervision and wellness, introduce the IWM, and present implications regarding its implementation and evaluation.

Supervision

ACA (2014), the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2009), and the Association for Counselor Education and Supervision (ACES; 2011) have articulated standards for best practices in supervision. For example, ACES' (2011) *Standards for Best Practices Guidelines* highlights 12 categories as integral components of the supervision process. The categories include responsibilities of supervisors and suggestions for actions to be taken in order to ensure best practices in supervision. The ACA *Code of Ethics* (2014) states that supervision involves a process of monitoring "client welfare and supervisee performance and professional development" (Standard F.1.a). Furthermore, supervision can be used as a tool to provide supervisees with necessary knowledge, skills and ethical guidelines to provide safe and effective counseling services (Bernard & Goodyear, 2014).

Supervision has two central purposes: to foster supervisees' personal and professional development and to protect clients (Vespia, Heckman-Stone, & Delworth, 2002). Supervisors work to ensure client welfare by monitoring and evaluating supervisee behavior, which serves as a gatekeeping tool for the counseling profession (Robiner, Fuhrman, Ristvedt, Bobbit, & Schirvar, 1994). Thus, supervisors protect the counseling profession and clients receiving counseling services by providing psychoeducation, modeling appropriate counselor behavior, and evaluating supervisees' counseling skills and other professional behaviors. In order to do this, supervisors and supervisees must have a strong supervisory relationship that supports positive supervision outcomes (Rønnestad & Skovholt, 2003).

Supervision is a distinct intervention (Borders, 1992) that is separate from teaching, counseling and consultation. Supervision is unique in that it is comprised of multifaceted (e.g., teacher, counselor and consultant) roles that occur at different times throughout the supervision process (Bernard, 1997). Bernard's (1979, 1997) discrimination model (DM) of supervision is an educational perspective positing that supervisors can match the needs of supervisees with a supervisor role and supervision focus. The DM is situation specific, meaning that supervisors can change roles throughout the supervision session based on their goal for supervisee interaction (Bernard, 1997). Therefore, supervisees require different roles and levels of support from their supervisors at different times throughout the supervision process, which can be determined by a process of assessment and matching of supervisee needs.

According to Worthen and McNeill (1996), supervision varies according to the developmental level of trainees. Beginning supervisees need more support and structure than intermediate or advanced supervisees (Borders, 1990). Additionally, supervisors working with beginning supervisees must pay more attention to student skills and aid in the development of self-awareness. With intermediate supervisees, supervision may focus on personal development, more advanced case conceptualizations of clients and operating within a specific counseling theory (McNeill, Stoltenberg, & Pierce, 1985). Advanced supervisees work on more complex issues of personal development, parallel processes or a replication of the therapeutic relationship in a variety of settings (e.g., counseling, supervision; Ekstein & Wallerstein, 1972), and advanced responses and reactions to clients (Williams, Judge, Hill, & Hoffman, 1997). Consequently, supervision progresses from

beginning stages to advanced stages for supervisees, with a developmental framework central to the process. Supervision is tailored to the specific developmental level of a supervisee, and tasks are personalized for needs at specific times throughout the supervision process. Developmental stages in supervision have been identified as key processes that counselor trainees undergo (e.g., Rønnestad & Skovholt, 2003; Stoltenberg & McNeill, 2012), a conceptualization that necessitates a supervision model that aids supervisees in a developmental fashion.

Recent models of supervision represent trends toward integrative and empirically based supervision modalities (e.g., Bernard & Goodyear, 2014; Lambie & Sias, 2009). The current integrated model of supervision draws from the theoretical tenets of the DM (Bernard, 1979, 1997), matching supervisee developmental needs (Lambie & Sias, 2009; Loganbill et al., 1982; Stoltenberg, 1981) and wellness constructs (Lenz et al., 2012; Myers, Sweeney, & Witmer, 1998). Wellness is a conscious, thoughtful process that requires increased awareness of choices that are being made toward optimal human functioning and a more satisfying lifestyle (Johnson, 1986; Swarbrick, 1997). As such, the IWM includes wellness undertones in order to support optimal supervisee functioning. This article presents the IWM's theoretical tenets, implementation and methods for supervisee evaluation. In addition, a case study is presented to demonstrate the IWM's application in clinical supervision.

Theoretical Tenets Integrated Into the IWM of Supervision

The DM (Bernard, 1979, 1997) is considered “one of the most accessible models of clinical supervision” (Bernard & Goodyear, 2014, p. 52) and includes the following three supervisor roles: teacher, counselor and consultant. In the teacher role, the supervisor imparts knowledge to the supervisee and serves an educational function. The counselor role involves the supervisor aiding the supervisee in increasing self-awareness, enhancing reflectivity, and working through interpersonal and intrapersonal conflicts. Lastly, the consultant role provides opportunities for supervisors and supervisees to have discussions on a balanced level (Bernard, 1979). The three roles are used throughout the supervision process to promote supervisee learning, growth and development.

The DM of supervision is situation specific in that supervisors enact different roles throughout the supervision session based on the observed need of the supervisee (Bernard & Goodyear, 2014). As needs arise in supervision, the supervisor decides which role is best suited for the issue or concern. This process requires the supervisor to identify or assess a need and to make a decision regarding the appropriate role (i.e., teacher, counselor or consultant) to facilitate appropriate supervision. Furthermore, the use of supervisory roles is fluid, with its ebb and flow contingent upon the supervisee needs or issues. For example, if a supervisee is struggling with how to review informed consent, a supervisor can use the teacher role to educate the student on how to proceed, and then address the supervisee's anxiety about seeing his or her first client using the counseling role. The DM roles are integrated into the IWM, and supervisors alternate between roles to match supervisee needs throughout the supervision process.

Developmental Tenets

The authors of developmental models have suggested that counseling trainees progress in a structured and sequential fashion through stages of development that increase in complexity and integration (e.g., Blocher, 1983; Loganbill et al., 1982; Stoltenberg, 1981; Stoltenberg & McNeill, 2010). In early experiences, supervisees engage in rigid thinking, have high anxiety and dependence on the supervisor, and express low confidence in their abilities (Borders & Brown, 2005; Rønnestad, & Skovholt, 2003; Stoltenberg & McNeill, 2012). Moreover, supervisees have limited understanding of their own abilities and view their supervisor as an expert (Borders & Brown, 2005; Stoltenberg & McNeill, 2010). Struggles between independency and autonomy, as

well as bouts of self-doubt, occur during the middle stages of counselor development (Borders & Brown, 2005; Stoltenberg & McNeill, 2010). In addition, counselors experience decreased anxiety paired with an increase in case conceptualization, skill development and crystallization of theoretical orientation (Stoltenberg & McNeill, 2010). Thinking becomes more flexible and there is an increased understanding of unique client qualities and traits (Borders & Brown, 2005). The later stages of counselor development are marked by increased stability and focus on clinical skill development and professional growth, which promotes a flexibility and adaptability that allows for trainees to overcome setbacks with minimal discouragement (Stoltenberg & McNeill, 1997). Furthermore, supervisees focus on more complex information and diverse perspectives as they learn to conceptualize clients more effectively (Borders & Brown, 2005).

In summary, supervisees' movement through the developmental stages is marked by individualized supervision needs. Structured, concrete feedback and information are desired in early supervision experiences (Bernard, 1997; Stoltenberg & McNeill, 2010). The middle stages have a general focus on processing the interpersonal reactions in which supervisees engage, and supervisors provide support to help supervisees increase their awareness of transference and countertransference (Borders & Brown, 2005; Stoltenberg, 1981). Toward the later stages of supervision, supervisees seek collaborative relationships with supervisors. This collaboration provides supervisees with more freedom and autonomy, which allows them to progress through the stages as they begin to self-identify the focus of their supervision (Borders & Brown, 2005).

Similar to the IWM, models of supervision that are development-focused derive from Hunt's (1971) matching model that suggests a *person–environment fit* (Stoltenberg, McNeill, & Crethar, 1994). The matching model advocates that the developmental level of supervisees should be matched with environmental or contextual structures to enhance the opportunity for learning (Lambie & Sias, 2009). Specifically, the developmental models account for trainees' needs specific to their experience level and contextual environment, with the goal of matching interventions to support movement into more advanced developmental levels (Bernard & Goodyear, 2014; Stoltenberg & McNeill, 2012). The IWM derives its developmental perspective from the unique levels trainees experience during supervision and the cycling and recycling of stages that occurs (Loganbill et al., 1982).

Wellness and Unwellness

Wellness is a topic that has received much attention in counseling literature (Hattie, Myers, & Sweeney, 2004), including several perspectives on how to define wellness (Keyes, 1998). Dunn (1967) is considered the architect of the wellness crusade and described wellness as an integration of spirit, body and mind. The World Health Organization (1968) defined health as more than the absence of disease and emphasized a wellness quality, which includes mental, social and physical well-being. Cohen (1991) described wellness as an idealistic state that individuals strive to attain, and as something that is situated along a continuum (i.e., people experience bouts of wellness and unwellness). Witmer and Sweeney (1992) depicted wellness as interconnectedness between health characteristics, life tasks (spirituality, love, work, friendship, self), and life forces (family, community, religion, education). Additionally, Roscoe (2009) depicted wellness as a holistic paradigm that includes physical, emotional, social, occupational, spiritual, intellectual and environmental components. Witmer and Granello (2005) stated that the counseling profession is distinctively suited to promoting health and wellness with a developmental approach and, coincidentally, supervision could serve as a tool to promote wellness in supervisees as well as in clients receiving counseling services.

Smith, Robinson, and Young (2007) found that counselor wellness is negatively influenced by increased exposure to psychological distress. Furthermore, research has shown that counselors face stress because of the nature of their job (Cummins, Massey, & Jones, 2007). Increased stress and anxiety associated with counseling may have deleterious effects on counselor wellness, and supervisors and supervisees who are unwell may

adversely impact their clients. In addition, Lawson and Myers (2011) suggested that increasing counselors' wellness could lead to increased compassion satisfaction and aid counselors in avoiding compassion fatigue and burnout. Thus, supervisee and supervisor wellness should be an important component of counselor training and supervision. The IWM makes counselor wellness a focus of the supervision process.

Supervision literature contains few supervision models that include wellness components and/or focus on wellness as a key aspect of the supervision experience (e.g., Lenz et al., 2012; Lenz & Smith, 2010). Nevertheless, the paradigm of wellness has emerged in the field of counseling and is primary in developmental, strengths-based counseling (Lenz & Smith, 2010; Myers & Sweeney, 2005). The CACREP 2009 Standards note the importance of wellness for counseling students and counselor educators by promoting human functioning, wellness and health through advocacy, prevention and education. To illustrate, the CACREP 2009 Standards include suggestions of facilitating optimal development and wellness, incorporating orientations to wellness in counseling goals, and using wellness approaches to work with a plethora of populations. The overall goal of wellness counseling is to support wellness in clients (Granello & Witmer, 2013). However, if supervisees seeing clients are unwell, how efficient are they in promoting wellness in others? In order to support development of wellness in supervisees, the IWM incorporates the five wellness domains of creative, coping, physical, essential and social (Myers, Luecht, & Sweeney, 2004) by implementing the use of the *Five Factor Wellness Evaluation of Lifestyle* (5F-Wel; Myers et al., 2004). In addition, supervisees can use a starfish template (Echterling et al., 2002) to gauge their own wellness and prioritize the constructs that influence their personal and professional levels of wellness and unwellness, as well as create plans to increase their overall wellness.

Implementing the IWM

The IWM was created to offer an integrative method of supervision that is concise and easy to facilitate. Specifically, the IWM consists of several processes, including supervisory relationship development, evaluation of developmental phase, allocation of supervision need, and assessment and matching of wellness intervention. The following section outlines each process.

Supervisory Relationship Development

Rapport building and relationship development between supervisor and supervisee constitute a critical step in supervision (Hird, Cavalieri, Dulko, Felice, & Ho, 2001). Similar to counseling, establishing a strong, trusting supervisory relationship is essential because the relationship is an integral component of the supervision experience (Borders & Brown, 2005; Rønnestad & Skovholt, 1993). During initial sessions, supervisors describe the process of the IWM to supervisees in order to maintain open, transparent communication and to promote a safe environment for supervisees to learn, share emotions and feelings, and develop counseling skills. It is hoped that modeling appropriate professional behaviors and setting up supervision sessions to promote a trusting environment will aid in the overall development of counseling supervisees and matriculate into their normal routines as professional counselors. As with counseling, supervisors can promote a strong relationship with supervisees by focusing on the core conditions of empathy, genuineness and unconditional positive regard (Rogers, 1957). Open communication and supervisor authenticity are just two examples of processes that help develop a sound supervisor–supervisee relationship.

Evaluation of Developmental Phase

Supervisee development is an important consideration in the IWM. The IWM divides supervisee development into three phases that consist of distinct developmental characteristics. Similar to Stoltenberg and McNeill's (2010) suggestion and other integrative models (e.g., Carlson & Lambie, 2012; Young, Lambie, Hutchinson, & Thurston-Dyer, 2011), the phases in the IWM are hierarchical in nature, with the highest phase (phase three) being ideal for developed supervisees. In addition, the IWM acknowledges the preclinical

experiences (e.g., lay helper; Rønnestad, & Skovholt, 2003) of supervisees as valuable and relevant to their development. In the IWM, it is important to acknowledge and address the experiences that supervisees have had prior to their work as counselors because they may impact perceptions and expectations.

For example, supervisors can facilitate activities to promote awareness of how supervisees influence counseling sessions. To illustrate, supervisees may participate in activities highlighting culture, family-of-origin, character strengths and bias, and evaluate how those factors may influence their counseling skills, views of clients and interactions with clients, peers and supervisors. One example of a technique that can generate conversation on the aforementioned areas is the genogram (Lim & Nakamoto, 2008). Supervisees can use the genogram to map out their family history, life influences and path to becoming a counselor during a supervision session. Ultimately, the genogram can be used as a tool to assess where supervisees are developmentally and what might have contributed to their worldview and presence as counselors. With any technique used during the supervision process, the goal of increasing awareness is emphasized. Furthermore, supervisees can implement these activities for use with their own clients. Ultimately, supervisors work to facilitate supervisee progression toward being more self-actualized, self-aware counselors. Table 1 provides descriptions of awareness of well-being, developmental characteristics, supervisory descriptors and supervision considerations for each developmental phase.

Table 1

IWM Phases of Supervisee Development

	Awareness of Well-being	Developmental Characteristics	Supervisory Descriptors	Supervision Considerations
<i>Phase 1</i>	Low awareness	Low independence Increased anxiety Follows the lead of others Low self-efficacy	Supportive Educational Structured	Live supervision Feedback Psychoeducation Modeling
<i>Phase 2</i>	Pursuit of awareness	Seeking independence Moderate anxiety Makes attempts to lead Modest self-efficacy	Generating awareness Celebrating successes Challenging	Advanced skill feedback Challenge awareness
<i>Phase 3</i>	Increased awareness	Mostly independent Nominal anxiety Leads others Moderate–high self-efficacy	Increased mutuality Collaborative	Active listening Consultation

One way supervisors seek to assess supervisees' developmental phase is through active inquiry. Similar to Young and colleagues' (2011) recommendations, the assessment of supervisees' developmental phase is achieved through the use of questioning, reflecting, active listening and challenging incongruences. In addition, direct and intentional questions are used to target specific topics. For example, a supervisor seeking to assess the wellness of a supervisee might ask, "How are you feeling?" and then if there is incongruence, the supervisor might state, "You're saying that you feel 'fine,' but you appear to be anxious tonight." Based on supervisee reaction, the supervisor can judge the level of awareness the trainee has into his or her own well-being. Additionally, supervisors might want to ask about specific issues such as planned interventions, diagnostic interpretations or theoretical orientation. For example, a supervisor might ask, "How do you plan to assess for suicide?" Then, based on the trainee's reaction (e.g., asking for help, giving a tentative answer or giving a confident answer) the supervisor can determine his or her developmental phase.

Supervisors also can assess supervisee developmental phase through evaluation. By observing a supervisee in a number of settings (e.g., counseling, triadic supervision, group supervision), supervisors can gauge where he or she is developmentally. Furthermore, observing the supervisee's counseling skills, professional behaviors and dispositions (Swank, Lambie, & Witta, 2012) can provide increased insight into what phase the supervisee is experiencing at that particular point in time.

Allocation of Supervision Need

The allocation of supervision need is the next process in the IWM of supervision. The supervisor assesses the developmental phase of the supervisee and then provides a supervision intervention (contextual or educational) with the goal of supporting and/or challenging the supervisee (Lambie & Sias, 2009). Phase one of supervisee development is marked by high anxiety, low self-efficacy, decreased awareness of wellness and poor initiative. The supervision environment is one of structure with prescribed activities. Activities to support growth in phase one include live supervision, critical feedback, education on relevant issues, and modeling of behavior and skill.

Gaining insight into trainee wellness also is critical. Supervisors can use insight-oriented activities such as scrapbook journaling, which allows supervisees to gain awareness through the use of multiple media such as photos, music, quotes and poems in the journaling process (Bradley, Whisenhunt, Adamson, & Kress, 2013), or openly discussing the supervisee's current state of wellness to help foster an increased awareness of it. Supervisees in this developmental phase can be encouraged to explore the five wellness domains (creative self, coping self, social self, essential self, physical self) and begin increasing awareness of their current level of wellness. An example of an activity for assessing supervisee wellness is the starfish technique, which is adapted from Echterling and colleagues' (2002) sea star balancing exercise. Within this technique, supervisees receive a picture of a five-armed starfish marked with the five wellness constructs (creative, coping, physical, essential, social; Hattie et al., 2004; Myers et al., 2004) and are asked to evaluate the areas that influence or contribute to their overall wellness. Following this, supervisors and supervisees can pursue a discussion regarding the constructs. After the discussion, supervisees redraw the starfish with arm lengths representing the amount of influence that each construct has on their overall wellness or change the constructs into things that they feel better represent their personal wellness. Figure 1 is an example of a supervisee's initial starfish. Figure 2 is the redrawn wellness starfish based on prioritizing or changing the wellness constructs; this supervisee's redrawn starfish prioritizes social, physical and creative aspects. In contrast, nutritional and emotional constructs are depicted as smaller arms, indicating areas for growth or a potential imbalance.

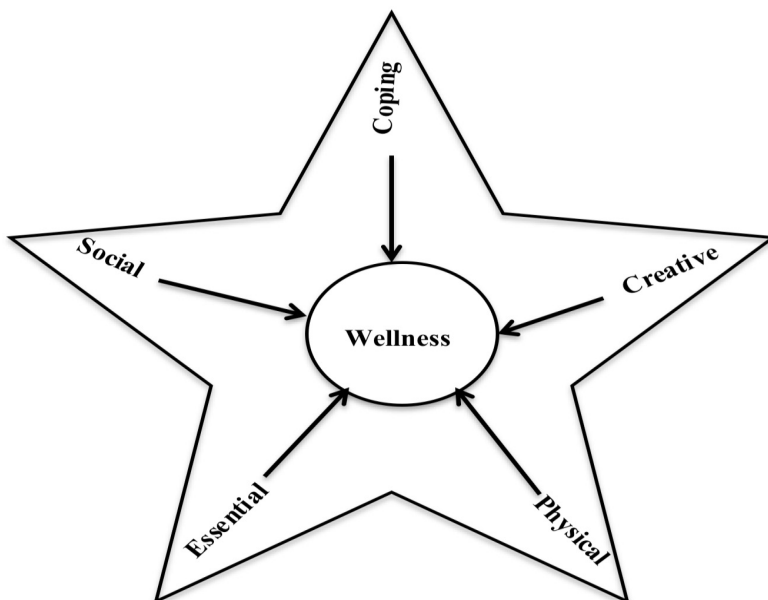


Figure 1. Example of Wellness Starfish Template

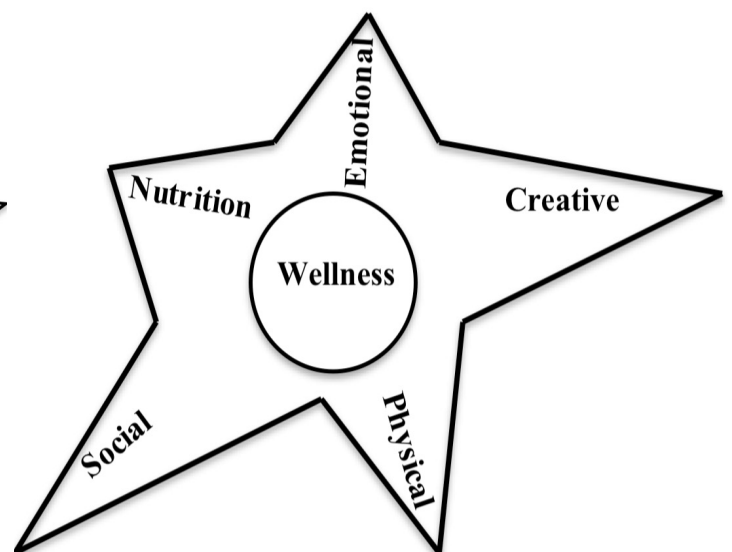


Figure 2. Example of Redrawn Wellness Starfish Template

Supervisees' progression to higher levels of development is facilitated through educational and reflective interventions that their supervisors deliver. Phase two of supervisee development is marked by increased autonomy and self-efficacy, decreased anxiety, and attempts to lead or take initiatives. The context of supervision is less concrete and structured but still supportive and encouraging. Supervisees may seek independence, as well as reassurance that they are correct when working through challenges (Borders & Brown, 2005). Supervisors can provide feedback on advanced skills, challenge supervisee awareness and foster opportunities for supervisees to take risks (i.e., challenge, support; Lambie & Sias, 2009). Supervisees in phase two have an increased awareness of their well-being but may be reluctant to integrate support strategies. Therefore, supervisors may integrate activities, assignments or challenges to enhance supervisees' wellness. For example, supervisors can have supervisees create wellness plans or discuss current wellness plans. Thus, the supervisor can hold the supervisee accountable for personal well-being.

Supervisees in phase three exhibit high autonomy and self-efficacy, low anxiety, and greater efforts to lead (Borders & Brown, 2005). The supervision environment is less structured and the supervisor assumes a consultative role. In addition, the supervisee may serve as a leader by supporting less developed peers. Interventions at this level take the form of consulting on tough cases, working through unresolved issues and providing guidance on advanced skills. Furthermore, supervisees have higher awareness of their wellness and its implications on their work with clients. Finally, supervisees in this phase seek to minimize negative well-being and may need encouragement to overcome this challenge.

Assessment and Matching of Wellness Interventions

Evaluation is a key component of the supervision process (Borders & Brown, 2005) and therefore, wellness, supervisee skill level and supervisor role are assessed in the IWM. A key feature of the IWM is the emphasis on promoting supervisee wellness. Therefore, the IWM emphasizes the evaluation of supervisees and matching of wellness interventions. Furthermore, it is important to assess supervisees' counseling skills throughout the supervision process to provide formative and summative feedback.

The IWM utilizes the five factors of the indivisible self model (Myers & Sweeney, 2004, 2005) as points of assessment. Furthermore, the development of personal well-being is dependent upon education of wellness, self-assessment, goal planning and progress evaluation (Granello, 2000; Myers, Sweeney, & Witmer, 2000). Therefore, the IWM utilizes these aspects of wellness development as a modality for enhancing supervisee well-being. Supervisees are viewed from a positive, strengths-based perspective in the IWM and thus, activities in supervision should highlight positive attributes, increase understanding of supervisees' level of wellness and promote knowledge of holistic wellness. Wellness plans (WPs) and the starfish activity are used to assess supervisee wellness by promoting communication and self-awareness in the supervision session. Furthermore, both evaluations are valuable self-assessment measures for supervisees and allow for initial wellness goal setting. WPs should be developed during early supervision sessions and used as a check-in mechanism for formative wellness feedback. Concurrently, the starfish assessment can be used early on to gauge initial wellness and areas for wellness growth.

Progress evaluation is assessed with the 5F-Wel (Myers et al., 2004), a model used to consider factors contributing to healthy lifestyles. The 5F-Wel is a frequently used assessment of wellness and is based on the creative, coping, essential, physical and spiritual self components of the indivisible self model (Myers et al., 2004; Myers & Sweeney, 2005). Supervisees take this assessment during the initial and final sessions to assess their wellness. Myers and Sweeney (2005) have reported the internal consistency of the 5F-Wel as ranging from .89 to .96.

Supervisee counseling skills should be evaluated using a standardized assessment tool. For example, the *Counselor Competency Scale* (CCS; Swank et al., 2012) can be used as a formative (e.g., midterm or weekly) and summative (e.g., end of semester) assessment of supervisee competencies. In addition, the CCS examines whether supervisees have the knowledge, self-awareness and counseling skills to progress to additional advanced clinical practicum or internship experiences. The CCS assesses supervisee development of skill, professional behavior and professional disposition (Swank et al., 2012). Therefore, supervisors can utilize the CCS to match and support supervisees' growth by taking on appropriate roles (i.e., teacher, counselor, consultant) to enhance work on specific developmental issues.

Evaluation allows supervisors to monitor supervisee development of career-sustaining mechanisms that enhance well-being, as well as counseling skills, dispositions and professional behaviors. Specifically, the goals of supervisee development are to increase or maintain level of wellness and increase or maintain counseling skills by the end of the supervision process. However, if a supervisee does *not* improve well-being, the WP should be reevaluated and a remediation plan set so that the supervisee continues to work toward increased wellness. Similarly, if a student does not meet the minimal counseling skill requirements, a remediation plan can be created to support the student's continued development.

Matching. Supervisors gain a picture of where counseling trainees are developmentally based on the assessment and evaluation process. Then supervisors can match supervisee developmental levels (of skill and wellness) by assuming the appropriate role (i.e., counselor, teacher, consultant) and using the role to provide the appropriate level of support for each trainee. This process allows for individualization of the supervision process and for supervisors to tailor specific events, techniques and learning experiences to the needs of their supervisees. Furthermore, matching supervisee developmental needs and gauging levels of awareness and anxiety allows for appropriate discussions during supervision. Discussing wellness during the latter part of supervision is appropriate for beginning counselors who may be anxious about their skills and work with clients (Borders, 1990) and may not absorb information about their wellness. Each supervisee is an individual, and as a result, it is important to make sure that the supervisee is ready to hear wellness feedback during the supervision session.

IWM: Goals, Strengths and Limitations

The overall goals of the IWM of supervision are for supervisees to increase their wellness, progress through developmental stages and gain counseling skills required to be effective counselors. Additionally, supervisors using the IWM can aid supervisees in increasing wellness awareness via completion of wellness-related assessments (e.g., WPs and starfish technique). Furthermore, supervisors can work to increase supervisees' self-awareness and professional awareness of counseling issues such as multicultural wellness concerns, the therapeutic alliance, becoming a reflective practitioner, and positive, strengths-based approaches of counseling under the IWM framework.

The IWM is innovative in that it is one of a few supervision models to contain a wellness component. Additionally, the IWM tenets (i.e., wellness, discrimination, development) are empirically supported on individual levels. Furthermore, the IWM includes techniques and assessments for promoting open communication relating to supervisee wellness and counseling skills, and therefore supports supervisory relationships and greater self-awareness, and ultimately allows supervisors to encourage and promote wellness.

As with all models of supervision, the IWM has limitations. Specifically, the IWM may not be applicable to advanced counselors and supervisees. The IWM includes three developmental phases, which are applicable to CITs. In addition, the model may not be as beneficial to supervisees who already have a balanced wellness plan or practice wellness, because the wellness component may be repetitive for such individuals. Additionally, all

aspects of the IWM might not be effective or appropriate across all multicultural groups (i.e., races, ethnicities, genders, religions). For example, in relation to wellness, supervisees may not adhere to a holistic paradigm or believe in certain wellness constructs. Lastly, the IWM is in its infancy and empirical evidence directly associated with the integrative prototype does not exist. Nevertheless, supervisors using the IWM can tailor the wellness, developmental and role-matching components to meet specific supervisee needs. The following case study depicts the use of the IWM with a counseling supervisee.

Case Study

Kayla is a 25-year-old female master's-level counseling student taking her first practicum course. She is excited about the idea of putting the skills she has learned during her program into practice with clients. However, Kayla also is anxious about seeing her first clients and often questions whether she will be able to remember everything she is supposed to do. People tell her she will be fine; however, Kayla questions whether she will actually be able to help her clients.

In addition to the practicum course, Kayla is taking three other graduate courses. She has a full-time job and is in a steady relationship. Family is very important to her, but since beginning her graduate program, she has been unable to find enough time to spend with friends and family. Kayla feels the pull between these areas of her life and struggles to find a balance between family, school, work and her partner.

Kayla is in phase one (i.e., high anxiety); therefore, her supervisor assumes the counselor and teacher roles most often, to match Kayla developmentally. This choice of roles allows Kayla to receive appropriate levels of support and structure to help ease anxiety. During this phase, the supervisor introduces a WP to Kayla and has her complete the 5F-Wel and starfish activity. After discussing the supervisory process and explaining the IWM, Kayla and the supervisor have a conversation about the areas influencing her overall wellness. Based on her starfish results, Kayla is encouraged to develop a WP that coincides with the areas depicted on the starfish, emphasizing those that she wishes to develop further. Additionally, the 5F-Wel provides a baseline of well-being to use in future sessions. Along with the wellness focus, the supervisor explains how imbalance or unwellness influences counselors and, in turn, how it can influence clients.

Initial supervision sessions will continue to provide Kayla with appropriate levels of support and psychoeducation so that she will be able to transition from low awareness to a greater sense of counseling skill awareness and increased mindfulness regarding her overall wellness. If the supervisor and supervisee are able to establish a strong working relationship, it is expected that Kayla will eventually move developmentally into phase two, where she will continue to gain insight into her counseling and wellness, begin to increase her autonomy, and work on increasing self-efficacy.

Implications for Counseling

The IWM integrates developmental and DM supervision tenets with domains of wellness. A supervision model that incorporates wellness is a logical fit in counseling and counselor education, where programs can and should address personal development through wellness strategies for CITs (Roach & Young, 2007). Furthermore, the IWM supports the idea that wellness is important. According to White and Franzoni (1990), CITs often show higher psychological disturbances than the general population. Cummins, Massey, and Jones (2007) highlighted the fact that counselors and CITs often struggle to take their own advice about wellness in their personal lives. Thus, while counseling is theoretically and historically a wellness-oriented field, many counselors are unwell and failing to practice what they preach (Lawson, Venart, Hazler, & Kottler, 2007; Myers & Sweeney, 2005). Implementing the IWM can aid in supporting overall wellness in supervisees as well as educating CITs to practice wellness with their clients and with themselves.

In relation to developmental matching and DM roles, counseling supervisors using the IWM have the following theoretical issues (e.g., Bernard, 1997; Myers et al., 2004; Myers & Sweeney, 2005) to facilitate: supervisee change, skill development, increased self-awareness and increased professional development. The IWM is a holistic, strengths-based model that focuses on supervisee development, matching supervisee needs through supervisor role changing, and wellness to promote knowledgeable, well and effective counseling supervisees.

Conclusion

The IWM is designed to integrate wellness, developmental stages and role matching to allow supervisors to encourage holistic wellness through supervision. Wellness has a positive relationship with counselors' increased use of career-sustaining mechanisms and increased professional quality of life (Lawson, 2007; Lawson & Myers, 2011). Likewise, increased professional quality of life has been shown to make a positive contribution to counselors' self-efficacy and counseling service delivery (Mullen, 2014). Therefore, it is logical to promote wellness and career-sustaining behaviors throughout the supervision process.

In summary, the IWM offers a new, integrated model of supervision for use with CITs. Supervisors using the IWM have the unique opportunity to operate from a wellness paradigm, familiarize their supervisees with wellness practices, and monitor supervisees' wellness and how their wellness influences their client outcomes, while simultaneously supporting supervisee growth, counseling skill development and awareness of professional dispositions.

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A Counseling Formula: Introducing Beginning Counseling Students to Basic Skills



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Teaching basic skills to beginning counseling students can be an overwhelming experience. In each therapy session, students bring their own human qualities and life experiences that have shaped them as individuals. Trainees must understand that their needs, motivations, values and personality traits can either enhance or interfere with their counselor effectiveness. Cognitive mapping can help expand students' awareness while building the foundation of their counseling skills because it involves practical integration of learning attributes and prior knowledge into a new situation. Through the use of simple graphic visual learning tools, students can successfully incorporate basic skills into their development as counselors in an attempt to enable a positive initial learning experience that does not overwhelm them with the nuances and complexities of advanced counselor development.

Keywords: counseling students, basic skills, counseling formula, cognitive mapping, graphic visual learning tools

Why does change occur in therapy? Theorists have attempted to answer this question over the decades. Certainly the starting place is to focus on the importance of the therapeutic relationship, which is “central and foundational to therapeutic growth” (Slattery & Park, 2011, p. 235). Specifically, the outcome of counseling involves a connection between the counselor and client that begins with warmth, empathy, respect and genuineness (Chang, Scott, & Decker, 2009; Flaskas, 2004; McClam & Woodside, 2010; Smith, Thomas, & Jackson, 2004).

Rogers (1951, 1957, 1958) discussed his ideas about unconditional positive regard, congruence and empathy as basic key factors in the development of a therapeutic relationship. Moursund and Kenny (2002) summarized Lazarus' perspective and proposed that establishing the therapeutic relationship is the most important skill for clinicians, and involves a connection between the counselor and the client. Each influences the other by bringing individual strengths, knowledge of the situation, life experiences, as well as their own personal values and beliefs. “The therapeutic relationship is viewed as both a precondition of change and a process of change” (Prochaska & Norcross, 2003, p. 492). The purpose of this article is to explore one method of breaking down basic counseling skills into a manageable counseling formula in order to enable a positive initial learning experience for students without overwhelming them with the nuances and complexities of advanced counselor development.

Challenges of Mastering Basic Skills

Initially, when introduced to counseling basic skills from a written textbook, students can find acquiring this knowledge to be challenging. Without prior experience, the challenge may intensify and become daunting

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when successful academic progress becomes an expectation defined by mastery of clearly defined basic skills. Counseling students struggle to appropriately apply these skills, while linked with timing and delivery.

Counseling is a unique experience that is different from daily communications in social interactions. As counselors-in-training learn the art of counseling, they become aware of the necessity of using their skills to empower their clients to set appropriate goals. Often empowerment, a concept that focuses on clients' ability to choose their own solutions in life situations and issues, is a lofty ideal that is difficult to define. Even the definition of empowerment is ever-evolving (Asimakopoulou, Gilbert, Newton, & Scrambler, 2012). Empowerment's overarching theme further contributes to the complexities of the learning process for beginning students (Hill, 2005).

While no one would argue the importance of empowerment or the significance of the therapeutic relationship, it also is critical that beginning students master many interpersonal skills while learning to observe, effectively attend to, and play an interpersonal role in shaping and guiding the counseling session (Ackerman & Hilsenroth, 2001; Chang et al., 2009; Jacobs, 1994; Jacobs, Masson, Harvill, & Schimmel, 2012; Meier & Davis, 2011). In fact, the second belief of Jacob's impact therapy is that "people don't mind being led if they are led well" (1994, p. 8). Therefore, it becomes imperative that educators incorporate logical process teaching methods in order to simplify this initial learning process, and cognitive mapping pedagogy provides that logical process.

Cognitive Mapping Pedagogy

A concept map is "a schematic device for representing a set of concepts and meanings embedded in a framework of propositions" (Novak & Gowin, 1984, p. 15). According to Akinsanya & Williams (2004), cognitive mapping provides an interactive teaching environment incorporating communication, group dynamics and motivation. Concept maps promote awareness of the roles of relationships within the categories and are ideal for the measurement of students' learning (Akinsanya & Williams, 2004). Nurses have been successful in the utilization of cognitive mapping in order to build upon new concepts and incorporate these new concepts into their working framework. The cognitive mapping strategy ensures that both the curriculum and learning processes align with the nurses' practical application of patient care (Akinsanya & Williams, 2004).

Counselor educators, in an initial basic skills course, focus on improving how students understand their basic counseling skills and navigate their individual learning styles. The counselor educator's goal is for students to become successful counselors. Creating a classroom of trust filled with simplistic, graphic learning tools can generate a safe learning environment and reduce anxiety. "The reduction of anxiety removes unnecessary barriers to learning and to performing complex, multidimensional, and multisensory tasks, of which counseling is a prime example" (McAuliffe & Eriksen, 2002, p. 50).

Furthermore, by using graphic learning tools, the counselor educator links what is in his or her mind with what is in the student counselor's mind in order to enable the student counselor to effectively utilize past experiences with new knowledge. In other words, cognitive mapping helps graphically relate a foreign concept to prior learning experience by using experiential links between old knowledge and new learning. These experiential links create a deeper level of learning (Akinsanya & Williams, 2004). By using cognitive mapping in this research, the counselor educator forms a visual representation of the links of communication between student counselor and client. The cognitive mapping visual representation can track student counselor awareness with the communication of the client.

Cognitive mapping helps the student understand the structure of knowledge by providing a process for acquiring, storing and using information. This process helps students think more effectively by creating a pictorial view of their ideas and concepts and how these are interrelated (Kostovich, Poradzisz, Wood, & O'Brien, 2007). Svinicki and McKeachie (2011) explained that visual cues serve as points of reference. Using a diagram or other graphic representative, in addition to an oral presentation, serves as a point of reference for visual cues to enhance learning opportunities within cognitive mapping, which in turn gives the students a visual representation that supports learning. According to Veletsianos (2010), students have learning expectations before the learning process begins. Both learning preferences and personality style are incorporated into the students' learning process. As Veletsianos discovered, when given a graphic such as a cognitive map, the material is organized in a way that influences students' "expectations, impressions, and learning" (2010, p. 583). The combination of human interaction with a visual graphic as part of the classroom experience allows the student to expect that learning is about to occur.

Concept mapping helps the counselor educator track the progress of student learning by allowing the professor to track what the student does not understand. The role that the common language plays in concept mapping allows the counselor educator to correct the links that might confuse the student. Cognitive mapping is not only a visual tool, but also adds verbal and kinesthetic tools to role playing in initial counselor training courses.

According to Henriksen and Trusty (2005), development of specific counselor education pedagogy also must incorporate diversity. Cognitive mapping is a schematic tool that appeals to the diverse learner since it provides a progressive visual that counseling students can follow and understand (Hill, 2005). Cognitive mapping is diverse in itself, as it appeals to a variety of learning styles, culturally diverse students and adult learners. Students have consistently given feedback that this method of teaching has simplified both learning and understanding how the map fits together within the therapeutic process. The following examples provide a reflection of students' perspective.

Student Feedback

Example 1. Typical students learn systematically as they acquire practice and understand how to apply the counseling formula to what is happening in their sessions. One of the current authors was taught the counseling formula during her first clinical graduate course and describes her experience this way:

For me, I could plug in where my parts were and back off on parts where the client needs to do his or her work. It made me feel more confident as I entered my second tape recording and verbatim assignment because I knew that my basic skills of reflection of content, feelings, and meaning would get me where I needed to go with my client. This is where he or she could begin to gain insight into their experience, and begin to have the option to make optimal changes in life.

Example 2. Struggling students are those trying to connect the dots until they apply the cognitive mapping formula to what is happening when working through their second tape. This student defines his experience and the insights he gained as follows:

When I was introduced to the counseling formula, I thought it was definitely something useful, but not something I fully grasped at the time. Before that point, everything I had learned had been more complex, and the formula seemed almost too simple. How could reflection of feeling and content lead to reflection of meaning? Also, how is the client able to know or receive the response the way the counselor wants him or her to? I was confused because the formula seemed so black and white—or at least that is how I made it out to be.

After our second counseling tape was recorded, our transcription was scored. To my surprise, I did not do well. I met with my professor who had taught me the formula at the beginning of the semester. Instead of her telling me exactly where in the formula I had gone wrong, we discussed what elements I was missing during the session and what I focused on too much. As we discussed my struggles, I kept the formula in mind. As we talked, I realized I had forgotten one of my key formula elements; I was stricken by the realization that I did not understand how to make meaning of this seemingly simplified equation. In no way is the equation simple as it is up to the counselor to do his or her part so the client can do theirs. This light bulb moment was a key part of my learning experience during my first basic clinical course.

Counselor Educators

A counselor educator developing a counselor training program that is culturally diverse can use cognitive mapping as a teaching tool to meet the needs of culturally diverse learners. Cognitive mapping provides counselor educators with a multicultural pedagogy which incorporates the race and ethnicity of their students during counselor training (Henriksen & Trusty, 2005). As a multicultural pedagogy, it further reduces cultural clashing by providing common, visual language (Dansereau & Dees, 2002). The cognitive map becomes the students' tool for spoken language, as it parallels verbal thought and expression by breaking down complex thoughts into visual expression. Cognitive mapping, although an effective tool, is more likely to be effective with African Americans and Mexican Americans than Caucasians (Van Velsor & Cox, 2000). The cognitive map represents knowledge graphically; therefore, students whose initial language is not English can pictorially grasp the concepts with more ease.

Just as culturally diverse students can learn using cognitive mapping, adult learners also can benefit from using this schematic tool. According to Hill (2005), cognitive mapping or concept mapping (as she refers to it) is a learning tool that is well suited to the adult learner due to greater accumulation of experiences. Adult students find cognitive mapping useful in organizing their ideas, retaining information and relating content material to other knowledge. When processing content material using cognitive mapping, meaningful learning occurs; the adult student learner engages complex cognitive structures within the brain integrating it with existing knowledge.

Student Feedback

Example 3. A student who is a mature adult learner and whose second language is English shared that she learns better visually and that cognitive mapping helped her comprehend the content as she followed graphically what the counselor educator was explaining. She stated the following:

I am an older Hispanic student and English is my second language. Although I have excellent command of the English language, I still find myself translating from English to Spanish to better understand what the professor is saying. When the professor taught us the counseling formula in class, the methodology of how the counseling process works made sense to me. I was able to visualize in my head how the counseling process functions. From that point on, I was able to grasp the concept of what I need to do as a counselor to get clients to move toward change.

Theory & Basic Skills

The counseling process influences the outcome of counseling. This simple statement can easily lead to a developmental crisis as counseling students struggle with skill acquisition. According to Meier and Davis

(2011), “To master process, beginning counselors must develop a repertoire of helping skills as well as a theory of counseling that directs their application” (p. 1). Most counseling programs separate acquisition of basic skills from theoretical knowledge. Gaining these skills can be like learning a foreign language—learned patterns of human interaction change as students assume their counselor identity and acquire new counseling skills.

Certain critical skills are absent from this formula because, due to prior knowledge and experience, students easily understand them. For example, when given the opportunity to talk about attending skills, most students can easily identify basic posture, facial expressions and space limitations with reasonable accuracy. Minimal encouragers and questioning are both necessary skills that have a useful purpose in the counseling session; nevertheless, students usually have mastered these in normal daily conversation. Therefore, both minimal encouragers and questioning must receive great attention in order to substantially reduce and manage their utilization and avoid hindering or distracting from the effectiveness of a counseling session.

A Cognitive Mapping Formula

The creation of a cognitive mapping formula for counseling was designed to graphically depict the counseling process utilized in the therapeutic process. The formula and the inclusion of certain basic skills illustrate the concept of client empowerment so that clients can take personal responsibility for their actions and make desired changes. The counseling formula works as follows: Cognition (C) plus feelings (F) equals meaning (M), which leads to awareness (A), which promotes insights (I), which facilitates change (see Figure 1).

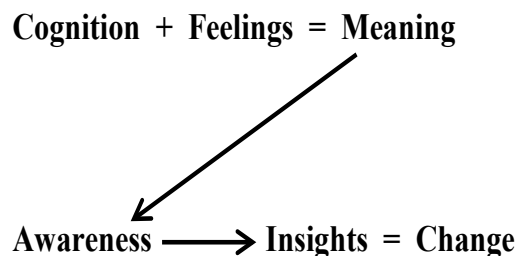


Figure 1. Counseling formula for client empowerment

Through reflections of cognition, feeling and meaning, counselors help clients explore their world and determine what will be effective and ineffective. These reflections encourage exploration on multiple levels. Deeper levels of exploration are achieved through reflection of feeling and meaning so that clients connect what is happening in their heads (cognitions) and what is happening emotionally (feelings), therefore ultimately understanding their experience (meaning). Through counselors’ proper application of the top line of the cognitive mapping equation, clients begin to understand that their situation is solvable if they are willing to take personal responsibility for the change, as reflected in the bottom line of the equation. In other words, change occurs as a result of clients’ personal commitment. The concept of universality and the inclusion of all basic skills are part of all theoretical applications.

The didactic application of the cognitive mapping, as seen in Figure 1, tracks how the counselor shapes the session in classroom role plays. The equation shows how the session crosslinks and builds. The counselor influences the session through the choices the counselor makes to reflect feeling, meaning or cognition. Each counseling session looks different, but all sessions need balance in order for sessions to flow.

Subsumed within this simplistic graphic are additional important counseling skills. Paraphrasing and summarization contain elements of cognition, feeling and meaning, and tend to center the client in the content of these elements. While using content elements is not negative, doing so sparingly prevents clients from intellectualizing their issues and avoiding taking responsibility for their desired change. Silence is located between the elements of cognition, feeling and meaning on the first line of the formula as a counseling skill, but is not represented in the graphic because of the invisible nature of this skill. The absence of spoken words can have a significant impact on the session if used appropriately, allowing clients the opportunity to think about, process and often discover insight related to their personal struggle.

A concept map can be applied to learning basic skills; it also can be applied to connect theory application and theoretical interventions with basic skills. An open umbrella is an excellent graphic that unites these disjointed pieces and crystallizes them into a working concept. The metal ribs of the umbrella are basic skills. The ribs provide the structure of the session and are the tools counselors use to work with their clients. The fabric of the umbrella is the theory imagery application. Theory and basic skills work together to determine how counselors do their job, just as the metal frame and umbrella fabric work together to do their job, which is to keep the user protected from the elements. Umbrella fabric comes in different colors and patterns, and so do counseling theories. Each counselor must find one that fits his or her style, personality, and perspective or viewpoint on how clients are best helped (Evans, Hearn, Uhlemann, & Ivey, 2011; MacCluskie, 2010).

The handle of the umbrella is important since it provides something to hold on to, and comes in various shapes and sizes. Some handles collapse so that the umbrella will fold up and can be carried easily in a briefcase or purse. Some handles are rigid, and can serve another purpose such as providing walking assistance. Counseling techniques, or therapeutic interventions, are the equivalent of the umbrella handle, since it is possible to utilize a variety of techniques with more than one theoretical orientation. Techniques are versatile and can be a significant part of the session, just as the handle is a significant part of the umbrella. However, students must understand the importance of establishing the framework structure first (basic skills illustrated in the counseling formula) before they can move toward conceptualizing a client with their theory of choice (see Figure 2). After counseling students have mastered basic skills, they can move to more advanced intervention techniques (e.g., empty chair, genogram). Mastery allows students to develop a new understanding through building upon different concepts to fit with the open umbrella graphic; this strategy also is known as concept management (Akinsanya & Williams, 2004).

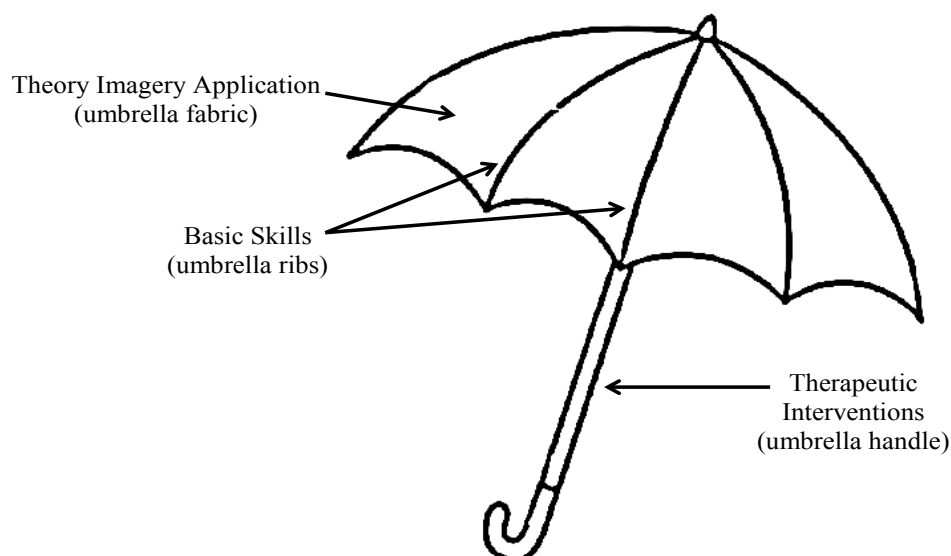


Figure 2. Umbrella image connecting theory, skills and therapeutic interventions.

The counselor's job is not to make clients change; that is the client's responsibility. Clients are the experts of their situations or issues, and it is up to them to determine what they are willing and capable to change. Before they can make decisions about change (Chg), they must first have insight (I) to understand that they have choices (see Figure 1). Before they develop insight (I), they initially must have an awareness (A) of what is creating their struggle. The counselor's timing with active listening skills, appropriate confrontation and silence facilitates client awareness (A) and insight (I).

Clients work on the second line ($A \rightarrow I = \text{Change}$), but the second line is ultimately facilitated by the first line ($C + F = M$), which is similar to the five stages of change presented by Evans et al. (2011, p. 292). Therefore, this formula indicates that the counselor's work focuses on the first line and the client's work focuses on the second.

The second line of the concept map formula also serves as a crosslink in one's development from student to counselor. In making this transition in the professor–student relationship, the professor explores the student's understanding by focusing on the first line of the formula, and the student struggles with personal and professional change in the second line of the formula. As student counselors map out their progress in a counseling session, they are simultaneously developing awareness (A) through the growth and practice of basic skills, which leads to insight (I) related to development of professional effectiveness in shaping the session. This process gives beginning counselors a sense of professional identity development and the ability to track progression at the top of the equation. Just as clients are ready for change when they develop awareness and insight, student counselors cannot include their theoretical orientation and techniques until they develop their own awareness in the therapy room and grasp the application of skills employed in the therapeutic session. Therefore, the client's role in counseling also is the student's role in professional development; and caution must be exercised not to initiate change too quickly with either the student or client, depending on how the formula is applied.

Counseling students often have heard from family and friends that they are great listeners; however, their sense of homeostasis is challenged when they sit across from clients while trying to master basic skills. They are anxious to jump ahead and learn to use techniques that are appropriate for their counseling theory of choice. Because counseling students jump ahead, they tend to overlook the importance of mastering fundamental skills. Since students have not mastered basic skills, they struggle to understand how theory and techniques work together to help clients. This situation can lead to ineffective use of both theories and techniques.

When the counselor moves too quickly, the client's sense of balance is thrown off and resistance may occur because of low commitment or discomfort with change (Reiter, 2008; Wachtel, 1999). Resistance is the client's attempt to return to a sense of homeostasis, even if homeostasis is not effectively meeting the client's needs. MacCluskie (2010) posited that “the concept of homeostasis, borrowed from physiology, refers to the process by which an organism regulates its internal environment to maintain a stable, constant condition” (p. 212).

According to the formula, when the counseling process focuses on the cognitive content, resistance surfaces through the initial “storytelling” that clients offer. Beginning counselors often jump from hearing clients' stories (cognition) to problem solving or advice giving (change) and encounter polarity or the *yes, but* type of resistance. Clients may agree with their counselors' reflections, but respond with multiple excuses for why the suggestions or advice will not work (MacCluskie, 2010; Reiter, 2008; Wachtel, 1999). However, resistance or excuse making is the clients' means of protection or attempt to return to a state of homeostasis when the counseling process threatens to push them to abandon their familiar life patterns or concepts of themselves, or push them too quickly to embrace change (Omer, 2000; Patterson & Welfel, 2000).

Basically, counselors forget to take their clients with them through the therapeutic process and must return to the beginning of the first line of the equation ($C + F = M$). As counselors work here, they must learn to trust the therapeutic process enough to allow clients to do their work on the second line (A promotes I, which facilitates Chg). Through clients' responses and explorations, their awareness is raised, they gain insight and they are then empowered to make choices related to their personal change comfort level.

Two skills not included as part of the formula are confrontation and immediacy, because these advanced skills come later in the training process. Beginning counselors must first develop mastery of initial skills before they are ready to tackle confrontation and immediacy. While confrontation and immediacy may be powerful methods of intensifying emotions, they also may result in significant disengagement of the client if misused or if the timing is inappropriate (Cormier & Hackney, 2012; Evans et al., 2011; Smaby & Maddux, 2011).

Implications for Future Research

This counseling formula study supports the conclusion that a complex learning strategy, such as cognitive mapping, can be effective for counseling students of varied learning styles and cultures. In addition, evidence suggests that forcing students to use strategies that challenge their learning style preferences can be a beneficial attempt to increase their problem-solving skills (Kostovich et al., 2007). Further investigation of the influence of the counseling formula with beginning counseling students could provide counselor educators insight as to how their students are learning the counseling process using cognitive mapping. It is an organized method of teaching basic skills so that students do not find themselves overwhelmed with too much new learning to master at one time. Future research would be helpful to validate the general application of this formula and the umbrella concept when introducing beginning students to the basic tools of their future profession.

Conclusion

The simple images of a counseling formula and a symbolic umbrella help beginning counselors initially understand the interconnectedness of the different counseling skills of their new profession. However, this article is not suggesting that counseling is simplistic or that it does not utilize higher order skills and concepts. Counselor educators can use these symbolic representations as cognitive schemas to build upon students' knowledge as they integrate practical application into their counseling sessions. Cognitive maps provide a way for counselor educators to see where students get stuck in the beginning counselor process, and provide a tool that allows a way of learning that is visual and communicative. This visual representation outlines and crosslinks the critical roles of the therapy process by connecting the communication and experiences of the student counselor to those of the client.

The student counselor stays at the top of the equation, while the client remains at the bottom. As student counselors become more seasoned, they also begin to experience personal and professional growth that results in their own awareness, insight and change; therefore, they experience crosslinking at the bottom of the equation that is similar to how clients begin to change. As clinicians gain experience, they move to a deeper understanding of how to use basic skills with theory, incorporated with existing intentional therapeutic interventions and techniques, in order to facilitate change for their clients. Through this process, clinicians come to fully appreciate both the therapeutic relationship and the counseling process.

Initial learning experiences in kindergarten are designed to help beginning students master simple, repetitive writing tasks. This initial learning experience can be compared to beginning experiences for master's-level counselors through the effective utilization of initial basic skills linked in the counseling session. The formula and umbrella graphics can provide valuable visual tools to lay a solid foundation for the beginning counselor.

Utilizing the formula and umbrella graphics to gain an understanding of the application of basic skills is a valuable tool on the clinician's lifelong learning journey to become a more effective counselor. When clinicians are "stuck" with a client, what better tools are within our grasp than to return to basic skills and use the formula? Basic skills are an integral part of the clinician's toolbox, regardless of theoretical orientation or therapeutic interventions. These tools open clients' awareness (A), promote insight (I), and unlock a myriad of options for clients to embrace (Chg) change (Asimakopoulou et al., 2012; Jacobs, 1994; Jacobs et al., 2012; Meier & Davis, 2011).

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Factors Influencing Counseling Students' Enrollment Decisions: A Focus on CACREP



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A purposeful sample of 359 graduate counseling students completed a survey assessing factors influencing program enrollment decisions with particular attention to students' awareness of and importance ascribed to accreditation from the Council for Accreditation of Counseling and Related Educational Programs (CACREP) prior to and following enrollment. Results indicated that accreditation was the second most influential factor in one half of the students' enrollment decisions; nearly half of participants were unaware of CACREP accreditation prior to enrollment. Accreditation was a top factor that students attending non-CACREP-accredited programs wished they had considered more in their enrollment decisions. Findings from the survey indicate that prospective counseling students often lack necessary information regarding accreditation that may influence enrollment decisions. Implications for counseling students and their graduate preparation programs, CACREP and the broader counseling profession are discussed.

Keywords: CACREP, accreditation, counseling students, enrollment decisions, graduate preparation programs

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) provides specialized accreditation for counselor education programs. Within higher education, accreditation is a “quality assurance and enhancement mechanism” premised on self-regulation through intensive self-study and external program review (Urofsky, 2013, p. 6). Accreditation has been reported to be particularly relevant to prospective counseling students, given increases in both the number of programs seeking CACREP accreditation (Ritchie & Bobby, 2011) and implications of program accreditation status for students' postgraduation opportunities. Research to date has not surveyed counseling students about their knowledge of CACREP accreditation prior to or following enrollment in graduate-level counseling programs.

Graduate Program Enrollment Decisions

For prospective counseling students, selecting an appropriate counselor preparation program for graduate-level study is an exceedingly complex task. Prospective students must choose from a myriad of options across mental health fields, areas of specialization and program delivery formats (i.e., traditional, virtual and hybrid classrooms). Those prospective students who are unfamiliar with CACREP accreditation and potential implications of program accreditation status for postgraduation opportunities may not sufficiently consider accreditation a relevant criterion during selection of a graduate-level counselor education program.

To date, the majority of higher education enrollment research has focused on undergraduate students. Hossler and Gallager (1987) outlined a three-stage college selection model that integrates econometric, sociologic and

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information-processing concerns of prospective enrollees. The first stage, *predisposition*, culminates with a decision to attend college or not. Past student achievement, ability and level of educational aspiration, along with parental income, education and encouragement, are important influences at this stage. The second stage, *search*, includes gathering information about prospective institutions, submitting applications and receiving admission decision(s). Finally, *choice*, describes the selection of a college or university. Factors influencing enrollment decisions include a variety of personal and institutional characteristics including socioeconomic status, financial costs and aid, academic qualities, location, and recruitment correspondence (Hossler & Gallager, 1987).

Academic reputation, job prospects for graduates, campus visits, campus size and financial aid offerings have been identified as critical factors influencing undergraduate student enrollment decisions (Hilston, 2006). Research also has underscored the weight of parental opinions in shaping undergraduate student enrollment decisions. More limited research has examined factors influencing graduate student enrollment decisions, but appears necessary given differences across contexts of individuals making undergraduate versus graduate-level enrollment decisions.

Within a non-field-specific survey of 2,834 admitted graduate students, Kallio (1995) found the following factors to be most influential in participants' program selection and enrollment decisions: (a) residency status, (b) quality and other academic environment characteristics, (c) work-related concerns, (d) spouse considerations, (e) financial aid, and (f) campus social environment. A more recent examination of doctoral-level students within higher education administration programs (Poock & Love, 2001) indicated similar influential factors with location, flexibility of accommodations for work–school–life balance, reputation and friendliness of faculty of highest importance. Flexibility of program requirements and delivery format also were indicated. Ivy and Naude (2004) surveyed 507 MBA students and identified a seven-factor model of variables influencing graduate student enrollment decisions. The seven factors were the following: program, prominence, price, prospectus, people, promotion and premium. Students indicated elements of the program, including range of electives and choice of majors; prominence, including staff reputation and program ratings; and price, including tuition fees and payment flexibility, as the most salient factors.

Accreditation and Graduate Program Enrollment Decisions

In a review of the status of accreditation within higher education, Bardo (2009) delineated major trends with implications for both current and prospective students. First, across higher education fields, there is heightened emphasis on accountability through documented student learning outcomes that transcend individual course grades. Second, there are calls for greater transparency around accreditation procedures and statuses. Parallel attention also is given to ethical obligations of institutions and accrediting bodies to provide clearer information to students, not only about the requirements of enrollment in accredited institutions, but also about the significance of accreditation to postgraduation outcomes (Bardo, 2009).

Accreditation is a critical institutional factor that appears to have both a direct and an indirect impact on graduate program enrollment decisions. Most directly, accreditation may be a specific selection criterion used by prospective students when exploring programs for application or when making an enrollment decision among multiple offers. Indirectly, the accreditation status of an institution likely influences each of the seven *p*'s identified by Ivy and Naude (2004) as informing graduate student enrollment decisions. For example, accreditation may dictate minimum credit requirements, required coursework, program delivery methods and acceptable faculty-to-student ratios. Thus, the need emerges to examine factors informing counseling students' decisions regarding enrollment in graduate-level programs, with specific attention to students' levels of awareness and importance ascribed to CACREP accreditation. To contextualize the current study, a brief history of CACREP and perceived benefits and challenges of accreditation are provided.

CACREP History

CACREP held its first board meeting in 1981 and was founded in part as a response to the development of accreditation standards in other helping professions, such as the American Psychological Association, the National Council for Accreditation of Teacher Education and the Council on Rehabilitation Education. In its history of over 30 years, a primary goal of CACREP has been to assist in the development and growth of the counseling profession by promoting and administrating a quality assurance process for graduate programs in the field of counseling (Urofsky, Bobby, & Ritchie, 2013). Currently, just over 63% of programs falling under CACREP's jurisdiction hold this accreditation; specifically, by the end of 2013, CACREP had accredited 634 programs at 279 institutions within the United States (CACREP, 2014). In the 2012–2013 school year alone, CACREP-accredited programs enrolled 39,502 students and graduated 11,099 students (CACREP, 2014).

As described by Urofsky and colleagues (2013), some revisions to the CACREP standards represent intentional efforts toward growth, self-sufficiency and effectiveness. Such modifications reflected in the 2009 CACREP standards include greater emphases on unified counselor professional identity through specifications for core faculty members and increased focus on documented student learning outcomes in response to larger trends of accountability in higher education. In contrast to these CACREP-directed modifications, Urofsky and colleagues (2013) highlighted that some historical revisions to CACREP standards have been influenced by the larger context of the counseling field. Pertinent contextual issues include licensure portability and recognition from larger federal agencies, including the U.S. Department of Veteran Affairs, Department of Defense and TRICARE, a government-funded insurance company for military personnel. Following the passing of House Bill 232 (License as a Professional Counselor, 2014), Ohio became the first state to require graduation from a CACREP-accredited program (clinical mental health, rehabilitation or addictions counseling) for licensure beginning in 2018. More than 50% of states accept graduation from a CACREP-accredited program as one path for meeting licensure educational requirements (CACREP, 2013). Further, while not directly advocated for by CACREP, graduation from a CACREP-accredited program is required for counselors seeking employment consideration in the Department of Veteran Affairs and the Department of Defense, and for TRICARE reimbursement (TRICARE, 2014).

Perceived Benefits of CACREP Accreditation

Specific benefits of CACREP accreditation have been identified in the literature at both the individual student and institutional levels, which may inform prospective students' decisions regarding enrollment in graduate-level counseling programs. Perceived benefits of CACREP accreditation identified by entry-level counseling students include increased internship and job opportunities, improved student quality, increased faculty professional involvement and publishing, and increased acceptance into doctoral-level programs in counselor education and supervision (Mascari & Webber, 2013). Doctoral students are assured training that will qualify them to serve as identified core faculty members in CACREP-accredited counseling programs (CACREP, 2009).

Counseling students' graduate program enrollment decisions also might be influenced by differential benefits afforded to graduates of CACREP-accredited programs who are pursuing professional licensure. Though licensure requirements vary from state to state, a growing number of states place heavier emphasis on the applicant's receipt of a counseling degree from an accredited program (CACREP, 2013). Some states associate "graduation from a CACREP-accredited program as evidence of meeting most or all of the educational requirements for licensure eligibility" (Ritchie & Bobby, 2011, p. 52). Licensure applicants graduating from non-CACREP-accredited programs may need to provide supplemental documentation to substantiate their

training program's adherence to licensing criteria. In some instances, applicants graduating from non-CACREP-accredited programs may need additional coursework to meet criteria for licensure, which incurs additional costs and delays application processes.

Graduate programs' CACREP accreditation status might impact counseling students' enrollment decisions relative to postgraduation insurance reimbursement and qualification for certain job placements (TRICARE, 2014). Specifically, following intensive professional advocacy initiatives, TRICARE began recognizing and reimbursing counseling professionals as mental health service providers without the need for physician referral. However, as of now, counselors graduating from non-CACREP-accredited training programs after January 1, 2015 will be unable to receive approval to practice independently within the TRICARE system. Considering the estimated 9.5 million people insured by TRICARE (TRICARE, 2014), this contingency may present serious implications for counseling professionals who have graduated or will graduate from non-CACREP-accredited training programs. Johnson, Epp, Culp, Williams, and McAllister (2013) noted that thousands of both currently licensed mental health professionals and counseling students will be affected as they "cannot and will not ever be able to join the TRICARE network" (p. 64).

Existing literature also highlights benefits of CACREP accreditation at the program and institutional levels, which may impact counseling students' graduate program enrollment decisions. Achievement and maintenance of CACREP accreditation entails exhaustive processes of self-study and external peer review. Self- and peer-review processes contribute to shared quality standards among accredited counselor preparation programs and demonstrated student learning outcomes based on standards established by the profession itself (Mascari & Webber, 2013). Faculty members employed by CACREP-accredited counselor education programs also appear to differentially interface with the counseling profession. Specifically, a statistically significant relationship has been found between CACREP accreditation and professionalism for school counselor educators, as reflected by contributions to the profession (i.e., journal publications and conference presentations), leadership in professional organizations and pursuit of counseling credentials (Milsom & Akos, 2005).

Perceived Challenges of CACREP Accreditation

In addition to highlighting potential benefits of CACREP accreditation, extant literature delineates potential challenges associated with CACREP accreditation, which may directly or indirectly impact counseling students' graduate program enrollment decisions. Primary among identified challenges are time and financial resources related to the attainment and maintenance of CACREP accreditation (Paradise et al., 2011). Financial requirements associated with CACREP accreditation include application expenses and annual fees, the costs of hiring faculty to meet core faculty requirements and student-to-faculty ratios, and labor costs associated with compiling self-studies.

Considering that the 2009 CACREP standards identify 165 core standards and approximately 60 standards per specialty area (Urofsky, 2013), attaining accreditation can be a cumbersome process. Curricular attention given to each standard can vary widely across programs. In response to significant and longstanding calls for increased accountability in higher education, CACREP-accredited programs are required to identify and provide evidence of student learning outcomes (Barrio Minton & Gibson, 2012). To address this requirement, it may be necessary for some programs to reorganize curricular elements, as well as to integrate assessment software and procedures to support this data collection within their programs.

An additional challenge of CACREP accreditation surrounds perceived limitations placed on program flexibility and innovation. Paradise and colleagues (2011) found that of the counseling program coordinators they interviewed ($N = 135$), 49% believed that the 2009 CACREP standards "would require all programs

to be ‘essentially the same’ (p. 50). Among changes ushered in by the 2009 CACREP standards, education and training requirements of core faculty and the designated student-to-faculty ratios have received critical attention (Paradise et al., 2011). Clinical experience beyond the requirements of graduate-level internship is not specifically considered within requisites for identified core faculty members (CACREP, 2009, I.W.). While adopted largely to foster counselors’-in-training internalization of a clear counselor professional identity (Davis & Gressard, 2011), these standard requirements may influence program hiring decisions and curriculum content and sequencing (CACREP, 2009; Paradise et al., 2011).

Over CACREP’s history of more than 30 years, the landscape of the accrediting body, as well as the larger counseling profession it serves, has dramatically shifted. Bobby (2013) called for greater research examining the effects of CACREP accreditation on programs and student knowledge, skill development and graduate performance. A specific gap exists in the literature related to factors influencing counseling students’ graduate program enrollment decisions, including the potential relevance of students’ knowledge of CACREP prior to and following enrollment. Research in this area not only would illuminate counseling students’ propensities for making informed choices as consumers of higher education, but might also reveal critical implications for and ethical obligations of students, programs and CACREP itself within contemporary and complex accreditation climates. Consequently, the current study examined the following research questions: (a) What factors influence students’ decisions regarding enrollment in graduate-level counseling programs? (b) How aware are students of CACREP accreditation prior to and following program enrollment? (c) How important is CACREP accreditation to students prior to and following program enrollment? (d) Is there a difference in CACREP accreditation awareness between students in CACREP- and non-CACREP-accredited programs prior to program enrollment? (e) Does students’ awareness of CACREP-accreditation increase after program enrollment?

Method

Participants

In total, 40 graduate-level counseling programs were contacted to participate in this study. A purposeful sample was chosen, seeking participation from four CACREP-accredited and four non-CACREP-accredited programs from each of the five geographic regions within the United States (i.e., Western, Southern, North Atlantic, North Central, Rocky Mountain). For each geographic region, CACREP-accredited and non-CACREP-accredited programs were selected based on the criteria of student body size and status as a public versus private institution. Specifically, within each of the five geographic regions, four institutions (one small [$n < 10,000$], one large [$n > 10,000$], one private, one public) were purposefully selected for each accreditation status (CACREP, non-CACREP). Selection criteria did not include cognate focus; however, participants included students within clinical mental health; school; marriage, couple and family; counselor education and supervision; and addictions counseling programs.

A request for participation was made to the counseling department chairs of the 40 purposefully selected programs via e-mail. In total, representatives from 25 of the 40 contacted programs (62.5%) agreed that their programs would participate in this study. The participation rate of CACREP-accredited programs was higher than that of non-CACREP-accredited programs; the overall participants included 15 of the 20 contacted CACREP-accredited programs (75%) and 10 of the 20 contacted non-CACREP-accredited programs (50%). At the institutional level, counseling program participation across the five regions was representative of national program distribution. Following attainment of consent from the counseling department chairs, an electronic survey was provided to each of the 25 participating programs for direct dissemination to students meeting the selection criteria.

A total of 359 master's and doctoral students currently enrolled in counseling programs nationwide responded to the survey. The exact response rate at the individual student level is unknown, as the number of students receiving the survey at each participating institution was not collected. Of the 359 participants surveyed, 22 surveys were deemed unusable (e.g., sampling parameter not met, blank survey response) and were not included in analyses. Of the remaining 337 participants, missing data were addressed by providing sample sizes contingent on the specific research question.

Participants' ages ($n = 332$) ranged from 20–63, with a median age of 28. Gender within the sample ($n = 335$) consisted of 14.3% male, 85.1% female and 0.3% transgender; the remaining 0.3% of participants preferred not to answer. In regards to race/ethnicity ($n = 334$), 84.1% of the sample identified as Caucasian, 7.2% as African-American, 2.7% as Latino/a, 1.8% as Asian, 1.5% as biracial, 0.3% as Pacific Islander and 0.3% as Hawaiian; the remaining 2.1% preferred not to answer. The reported educational levels ($n = 331$) included 90.4% of participants in a master's program and 9% in a doctoral program; the remaining 0.9% participants were postdoctoral and postgraduate students taking additional coursework. Participants reported enrollment in the following cognate areas ($n = 331$): mental health and community counseling (48.8%), school counseling (27.7%), marriage and family counseling (5.4%), counselor education and supervision (5.1%), other (4.0%), rehabilitation counseling (3.0%), addictions counseling (2.1%), multitrack (1.8%), assessment (1.2%), and career counseling (0.9%).

In order to obtain program demographic information based on the aforementioned purposeful sampling design, participants were asked to identify the university attended. However, as 15.5% of participants provided an unusable response (e.g., preferred not to answer), self-reported program descriptive demographic data were analyzed instead. Participants classified their institution as public or private ($n = 332$) as follows: 68.7% reported attending a public university and 31.3% a private university. Student population of the university also was self-reported ($n = 326$) as follows: 38.7% of the participants attended universities with a student population of fewer than 10,000, 23.3% with a student population of 10,000–15,000 and 38% with a student population of over 15,000. The program accreditation status per participants' self-report ($n = 307$) indicated that 56.7% were enrolled in CACREP-accredited programs, 34.9% were enrolled in non-CACREP-accredited programs and 8.5% were uncertain about program accreditation status.

Procedure

The researchers implemented Qualtrics to house and distribute the electronic survey. Survey items included participant and counseling program demographics, factors influencing decisions on enrollment in graduate-level counseling programs, awareness of CACREP accreditation prior to and following enrollment, and importance ascribed to CACREP accreditation prior to and following enrollment. Relative to factors influencing decisions on enrollment in graduate-level counseling programs, participants first were asked to list the top three factors influencing their enrollment decision. Participants then were asked to select the most important factor among their top three. Additionally, participants responded to the following question: "When choosing your graduate program, is there a factor you now wish had been more influential in your decision?" Questions pertaining to participants' awareness of and ascribed importance to CACREP accreditation included the following: (a) "When first applying to graduate school, how familiar were you with CACREP accreditation?" (b) "When first applying to graduate school, how important was CACREP accreditation for you?" (c) "Currently, how familiar are you with CACREP accreditation?" (d) "Currently, how important is CACREP accreditation for you?" Participants used a four-point Likert scale for their responses, which ranged from "very familiar/very important" to "not familiar/not important." The category of "I was/am not aware of accreditation" also was provided where appropriate.

Results

Research question one examined the top factors participants considered and wished they had considered more when making a counseling program enrollment decision ($n = 328$). As shown in Table 1, results indicated the following rank order for the top 10 factors that influenced participants' enrollment decisions: (a) location at 33.6%, (b) program accreditation at 14.0%, (c) funding/scholarships at 12.2%, (d) program prestige at 8.6%, (e) faculty at 7.7%, (f) program/course philosophy at 4.2%, (g) program acceptance at 3.9%, (h) faith at 3.9%, (i) schedule/flexibility at 3.6% and (j) research interests at 2.4%. The top 10 factors that participants wished they had considered more when making their enrollment decisions included the following: (a) "none" at 42.3%, (b) funding/scholarships at 15.2%, (c) program accreditation at 12.8%, (d) faculty at 6.8%, (e) research interests at 5.1%, (f) program prestige at 4.5%, (g) networking opportunities at 3.6%, (h) location at 2.4%, (i) schedule/flexibility at 1.5% and (j) personal career goals at 1.2%. Further analysis indicated the following three factors that participants at non-CACREP-accredited programs ($n = 106$) wished they had considered more when making an enrollment decision: (a) program accreditation at 31.8%, (b) "none" at 30.8% and (c) funding/scholarships at 9.3%.

Table 1
Counseling Students' Enrollment Decision Factors

Factors Participants Considered		Factors Participants Wished They Had Considered More	
Factor ranked order	% of n	Factor ranked order	% of n
Location	33.6	None	42.3
Program accreditation	14.0	Funding/scholarships	15.2
Funding/scholarships	12.2	Program accreditation	12.8
Program prestige	8.6	Faculty	6.8
Faculty	7.7	Research interests	5.1
Program/course philosophy	4.2	Program prestige	4.5
Program acceptance	3.9	Networking opportunities	3.6
Faith	3.9	Location	2.4
Schedule/flexibility	3.6	Schedule/flexibility	1.5
Research interests	2.4	Career goals	1.2

Note. $n = 328$

Research question two explored participants' awareness of CACREP accreditation prior to ($n = 308$) and following enrollment ($n = 309$) in graduate-level counseling programs. Before enrollment, only one quarter (24.7%) of the sample indicated being "familiar" ($n = 49$) or "very familiar" ($n = 27$) with CACREP accreditation. The remaining 75.3% of the sample reported less awareness of CACREP accreditation prior to enrollment, with these participants reporting only being "somewhat familiar" ($n = 93$) or "not familiar" ($n = 139$) with CACREP accreditation. In contrast, following enrollment in graduate-level counseling programs, nearly three quarters (73.1%) of the sample noted either being "familiar" ($n = 124$) or "very familiar" ($n = 102$) with CACREP accreditation. The remaining 26.9% of participants reported being "somewhat familiar" ($n = 66$) or "not familiar" ($n = 17$). Overall, the percentage of all students reporting that they were either "familiar" or "very familiar" with CACREP accreditation increased by 48.4% following enrollment in graduate-level counseling programs.

Consideration was given to potential differences in familiarity with CACREP accreditation among (a) doctoral- and master's-level students and (b) students attending CACREP- and non-CACREP programs. For those students enrolled in a master's-level program ($n = 276$), regardless of program accreditation status, 21%

reported being either “familiar” or “very familiar” with CACREP accreditation pre-enrollment. For doctoral-level students ($n = 27$), 63% indicated familiarity with CACREP accreditation prior to enrolling in a graduate program. These results indicated that doctoral-level students appeared to show more awareness of CACREP accreditation pre-enrollment, as a 42% difference in familiarity level existed. Post-enrollment, familiarity levels increased for both groups, as evidenced by 72.8% of master’s-level students ($n = 201$) and 81.5% of doctoral-level students ($n = 22$) reporting either being “familiar” or “very familiar” with CACREP accreditation. The difference between the two groups was now 8.7%, with doctoral students exhibiting more familiarity with CACREP post-enrollment.

Students’ familiarity with CACREP prior to and following enrollment also were considered between students in accredited ($n = 173$) and non-CACREP-accredited ($n = 107$) programs, as well as among students who reported being unsure of their program’s accreditation status ($n = 26$). Prior to enrollment, the following percentages of students reported being either “familiar” or “very familiar” with CACREP accreditation: 31.8% in CACREP-accredited programs, 18.7% in non-CACREP-accredited programs and 0.0% among those unaware of program accreditation status. Post-enrollment, 78.2% of students in a CACREP-accredited program, 77.4% of students in a non-CACREP-accredited program and 23.1% of those unaware of their program’s accreditation status reported being either “familiar” or “very familiar” with CACREP accreditation. Overall, the results indicated that higher percentage levels of CACREP familiarity existed both pre-enrollment and post-enrollment for students in CACREP-accredited programs when compared to students in either non-CACREP programs or who were unaware of their program’s accreditation status.

Research question three explored the level of importance participants placed on CACREP accreditation prior to ($n = 309$) and following enrollment ($n = 308$) in graduate-level counseling programs. Before enrollment, 39.5% of the sample noted that CACREP accreditation was either “important” ($n = 50$) or “very important” ($n = 73$). The remaining 60.5% of participants reported the following levels of importance ascribed to CACREP accreditation prior to enrollment: “somewhat important” ($n = 51$) or “not important” ($n = 34$), or indicated they were “not aware” ($n = 102$) of accreditation. After enrollment, participants’ levels of importance ascribed to CACREP accreditation increased, with 79.6% of the sample describing CACREP accreditation as “important” ($n = 80$) or “very important” ($n = 165$). Approximately one fifth (20.4%) of the sample reported low levels of importance ascribed to CACREP post-enrollment, rating CACREP accreditation as “somewhat important” ($n = 33$) or “not important” ($n = 22$), or indicated they were “not aware” ($n = 8$) of accreditation. From pre-enrollment to post-enrollment, the percentage of students identifying CACREP as “important” or “very important” increased by 40.1%.

Potential differences in the results as a function of program accreditation status also were examined. The following percentages of students believed CACREP accreditation was either “important” or “very important” prior to graduate school enrollment: 58% if the program was reported to be accredited ($n = 101$), 17.8% if not CACREP accredited ($n = 19$), and 3.8% if the participant was unsure of the program’s accreditation status ($n = 1$). Post-enrollment, ascribed levels of importance increased for all students regardless of program accreditation status, as follows: 89.7% of students in CACREP-accredited programs ($n = 156$), 72.6% of students in non-CACREP-accredited programs ($n = 77$) and 38.5% of students unaware of their program’s accreditation status ($n = 10$) indicated that CACREP accreditation was either “important” or “very important” to them.

Research question four explored potential differences in levels of awareness of CACREP accreditation prior to enrollment in graduate-level counseling programs between participants in CACREP-accredited programs, those in non-CACREP-accredited programs and those unaware of program accreditation status. Descriptive results indicated that a difference existed between CACREP accreditation awareness levels prior to enrollment contingent on self-reported program accreditation status; to determine whether a significant statistical difference

existed, a one-way ANOVA was used. The omnibus F statistic was interpreted, which is robust even when sample sizes within the different levels are small or unequal (Norman, 2010). The results indicated that self-reported CACREP accreditation statuses (i.e., accredited, non-accredited, unaware of accreditation status) were found to have a significant effect on participants' awareness of CACREP accreditation prior to enrollment into a graduate-level counseling program, $F(2,303) = 15.378$, $MSE = 0.861$, $p < 0.001$. The Levine's test was significant, indicating nonhomogeneity of variance. To account for the unequal variance, post hoc analyses using Tamhane's T2 criterion for significance were run to determine between which accreditation levels the significant difference in the mean scores existed. The post hoc analyses indicated that prior to graduate school enrollment, participants who self-reported attendance in accredited programs were significantly more aware of CACREP accreditation ($n = 173$, $M = 2.88$, $SD = 0.976$) than the following: (a) participants who self-reported attending non-accredited programs ($n = 107$, $M = 3.36$, $SD = 0.934$; $p < 0.001$) and (b) participants who reported uncertainty of their program's current accreditation status ($n = 26$, $M = 3.77$, $SD = 0.430$; $p < 0.001$). Additionally, the analysis indicated that participants who self-reported enrollment in non-CACREP-accredited programs were significantly more aware of CACREP accreditation compared to participants who were uncertain of their program's current accreditation status, $p = 0.004$. Overall, the results for research question four suggested the following information regarding awareness of CACREP accreditation prior to enrollment for all students: (a) those enrolled in CACREP-accredited programs indicated the most awareness, (b) those enrolled in non-CACREP-accredited programs exhibited the second most awareness and (c) those unaware of their program's accreditation status reported the least awareness.

The omnibus F test for research question four was re-run, looking at only students currently enrolled in a master's-level program, teasing out potential outlier effects produced by doctoral students' knowledge base; descriptive statistics had indicated that doctoral-level students exhibited more awareness of CACREP accreditation prior to enrollment. When examining only master's-level students ($n = 274$), the results indicated that self-reported CACREP accreditation statuses (i.e., accredited, non-accredited, unaware of accreditation status) were found to have a significant effect on these students' awareness of CACREP accreditation prior to enrollment in a graduate-level counseling program, $F(2,274) = 14.470$, $MSE = 0.724$, $p < 0.001$. Tamhane's T2 post hoc analyses suggested similar results for master's-level students' CACREP awareness contingent on the program's accreditation status when compared to results found for all participants (i.e., both master's- and doctoral-level students). For master's-level students, the following results were found: (a) those enrolled in CACREP-accredited programs indicated the most awareness, (b) those enrolled in non-CACREP-accredited programs exhibited the second most awareness and (c) those unaware of their program's accreditation status reported the least awareness.

Research question five assessed whether participants' levels of CACREP accreditation awareness increased after enrollment in graduate-level counseling programs. Overall, the descriptive results indicated that participants' awareness of CACREP accreditation increased after enrolling in a counseling program regardless of other factors (e.g., grade level, program accreditation status). The two-tailed dependent t test indicated that the mean score for CACREP accreditation awareness significantly increased for all students after enrollment in a graduate-level counseling program ($M = 1.130$, $SD = 1.046$, $t_{(306)} = 18.934$; $p < .001$), with the following mean scores reported: prior to enrollment ($n = 307$), $M = 3.11$, $SD = 0.975$, and following enrollment ($n = 307$), $M = 1.98$, $SD = 0.869$.

Discussion

The purpose of this research was to examine factors that influence students' decisions regarding enrollment in graduate-level counseling programs, with specific attention to students' knowledge of CACREP accreditation prior to and following enrollment. The findings of this study were congruent with previous research, indicating

that counseling students deemed program location to be the most influential factor in their enrollment decision-making process (Poock & Love, 2001). A dearth of previous research existed on the role of program accreditation in enrollment decisions; the current study suggests that program accreditation status signifies the second most influential factor, reported by 14% of the participants surveyed. Across the sample, program accreditation ranked third among factors participants wished they had considered more prior to making an enrollment decision. For participants attending non-CACREP-accredited programs, the ranking of accreditation increased to the number one factor these students wished they had considered more (31.8%), closely followed by no other factors (30.8%). Results of this study suggest that while CACREP accreditation is important to some students when choosing a program, ultimately, enrollment decisions are influenced by a number of factors whose weight varies from student to student.

A critical finding emerging from this research is that nearly half of participants (45.1%) were not familiar with CACREP accreditation prior to enrollment in a graduate-level counseling program. In contrast, only 8.8% of students reported being very familiar with CACREP accreditation prior to enrollment. These results support the assertion that counseling students may lack information necessary to make an informed program enrollment choice. Specifically, if prospective students are not aware of the existence of accrediting bodies or the potential implications of CACREP accreditation for postgraduation opportunities, they may omit accreditation as a decision-making criterion for enrollment. The ranking of CACREP accreditation as the first and third most important factors that students in non-CACREP and CACREP programs, respectively, wished they had considered more appears to reflect this omission.

Relatedly, one third of participants reported being unaware of the importance of CACREP accreditation prior to enrollment in a graduate-level counseling program. Drastically, post-enrollment, less than 3% of participants reported lacking awareness of the importance of CACREP accreditation. Post-enrollment, the participants appeared to perceive CACREP accreditation as very important, with over half of the participants (53.6%) reporting this perception. Significant differences existed in participants' awareness of CACREP accreditation prior to enrollment between participants enrolled in CACREP- and non-CACREP-accredited programs. A possible grounding for this finding may be that participants who were aware of CACREP accreditation prioritized this factor differently when making an enrollment decision. Regardless of the CACREP accreditation status of their graduate-level counseling programs, participants' knowledge of CACREP accreditation increased significantly following program enrollment. This result suggests that accreditation is an effectively shared domain of professional socialization within counselor preparation programs, but largely not communicated to students outside formal entry into the field.

Overall, the results of this study provide a valuable window to the varied factors that prospective counseling students consider when making graduate program enrollment decisions. Interestingly, while accreditation signified an important factor in this decision-making process, many students lacked awareness of accreditation and subsequent implications of attending a CACREP-accredited program prior to enrollment. Post-enrollment, awareness of and importance ascribed to program accreditation increased for students, indicating that some students' selection priorities changed with increased knowledge about accreditation. Ultimately, though enrollment decisions are personal choices in which students consider a number of factors, this study's findings suggest that unfamiliarity with accreditation might impact the subsequent decisions.

Limitations and Recommendations for Further Research

Several limitations to this study must be noted. First, the results might have been biased by the use of a purposeful volunteer sample, with counseling program representatives electing whether to participate based on unknown motivations. Additionally, while the participation rate was ascertainable at the institutional level,

the participation rate at the individual student level was unknown, as the number of students receiving the instrument at each participating institution was not collected. Second, the binary designation of CACREP-accredited and non-CACREP-accredited programs is broad and may not sufficiently account for rich variation across and within programs. For example, the research design did not account for programs working toward accreditation. Further, the use of self-reported program demographic information (e.g., accreditation status, institution name) may have impacted findings, as over 15% of participants preferred not to answer or gave incorrect data. Finally, data analysis did not address potential differences in participants' responses across program cognate areas, full- and part-time enrollment statuses, or traditional and virtual program delivery formats. Future research may be informed by consideration of these demographic variables, as well as the possible relationship of students' gender, age and race/ethnicity on graduate program enrollment decisions. Additionally, given that many participants lacked awareness of CACREP accreditation prior to enrollment, but ascertained this knowledge while enrolled, future research should examine specific educative venues through which students learn about CACREP accreditation prior to and following enrollment in graduate-level counseling programs. Results of research examining how counseling students become, or fail to become, knowledgeable about CACREP accreditation can inform outreach efforts. Qualitative examination of these questions, as well as of students' lived experiences within and outside CACREP-accredited programs, would be particularly helpful. Examination of counselor educators' levels of awareness of and importance ascribed to CACREP, within both accredited and non-accredited programs, also is suggested.

Implications for Counselor Preparation Programs and the Broader Profession

Results of this study suggest critical disparities among counseling students' awareness and perceptions of CACREP accreditation prior to and following enrollment in graduate-level counseling programs. Considering the increased implications of accreditation within the counseling profession, this study's findings substantiate a professional need to assist individuals in making optimally informed decisions about graduate school. Such an intervention moves beyond the individual student level, bringing renewed attention to the obligations of counselor preparation programs and professional associations. Though prospective students bear the responsibility of the enrollment decision, such an argument becomes confounded (and circular) when one considers that about 50% of students surveyed were unfamiliar with CACREP accreditation prior to graduate school enrollment.

Program Level

This study supports Bardo's (2009) assertion of the responsibility of programs to educate students about the benefits, challenges and rationale of accreditation. Transparent and educative dissemination of facts relative to the significance of accreditation is becoming paramount, particularly in light of new state-level requirements for licensure (License as a Professional Counselor, 2014) and continued movements toward portability, which may introduce new liabilities for programs not accredited by CACREP. Programs may wish to integrate such information about CACREP accreditation into recruitment processes and application materials, such as program websites, on-campus visits and open houses, and prospective student communications. The intention is to assist students in making well-informed decisions when choosing a counseling graduate program related to individual preferences and goals. For non-accredited programs, such transparent discussions may pose additional implications, considering that participants of this study deemed accreditation an important enrollment decision factor. However, because students prioritize enrollment decision factors differently, non-accredited programs still have the potential to attract students through their program's prestige, philosophy, faculty, location and other factors that individuals prioritize.

Broader Professional Level

Among contemporary influences on the counseling profession, the TRICARE resolution is a particularly significant event. Graduation from a CACREP-accredited counselor preparation program increasingly differentiates students' postgraduation employment and licensure opportunities. It is essential to recognize the differing, and potentially incongruent, contexts emerging for CACREP-accredited and non-CACREP-accredited programs. While complex, there is a clear need for proactive and inclusive dialogue across the profession that both minimizes potential collateral damage and maximizes the power of unified preparation standards for achievement of broader goals of professional recognition and licensure portability.

Results of this study lend support to the assertion that CACREP and other professional associations must find new ways of reaching out to non-accredited programs in order to assist them in recognizing the benefits and importance of accreditation, not only for their graduating students and individual institutions, but also for the counseling profession as a whole (Bobby, 2013). It also is essential that both financial support and mentorship continue to be provided to counselor preparation programs seeking and maintaining CACREP accreditation. Directed professional advocacy efforts to inform various stakeholders about the importance of CACREP accreditation as a national preparation standard also are recommended (Mascari & Webber, 2013).

Summary

The history of CACREP as an accrediting body has been and continues to be inextricably connected to broader movements of the counseling profession. Ultimately, the credibility and importance of CACREP accreditation remains grounded in the larger profession it serves. Ongoing respectful and critical dialogue related to CACREP is imperative within the general profession, and more specifically, with potential students of graduate-level counseling programs. Such transparent discussions are grounded by this study's findings—although many students considered accreditation an influential factor when making enrollment decisions, nearly half of the participants sampled were unaware of accreditation prior to enrollment in a counseling graduate program. Assisting vested stakeholders, including institutions and students, in making informed decisions is an important part of the dialogue that is introduced through this research and invites subsequent conversation.

Conflict of Interest and Funding Disclosure

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Professional Identity Development of Counselors-in-Training in a School Internship Program in Turkey



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The purpose of this study was to identify perceptions about a school counseling internship program at a university in Adana, Turkey by determining counseling interns' perspectives on the effects of the internship program and supervisors' perspectives on interns' professional development. Data were collected from nine school counseling supervisors, 11 school counseling interns, 11 guidance teachers and 34 students who attended group guidance activities during counseling students' internships. Data were analyzed using content analysis, and findings suggested that counseling interns have the opportunity to perform activities that school counselors normally perform, and that interns become competent in performing these activities. The internship program helped interns become competent at applying professional knowledge and skills. Additionally, with the assistance of interns, school counselors were able to provide proactive counseling services to students. The study suggests that positive, constructive feedback and advice from supervisors are essential for interns to be successful in completing internship activities in a positive and confident manner.

Keywords: school counseling, school counseling internship, professional development, counselors-in-training, Turkey

Professional school counselor identity is defined as an integration of professional training with personal attributes in the context of the profession (Nugent & Jones, 2009). Brott and Myers (1999) stated that the development of professional school counselor identity can serve as a frame of reference for implementing work roles and making important decisions. Professional identity develops as part of the experiential maturation process over time, which begins in training and continues throughout a person's career. A school counselor's professional development starts during training, evolves during entry into the profession and continues to develop as the school counselor identifies with the profession (Brott & Myers, 1999).

Professional identity has internal as well as external aspects (Auxier, Hughes, & Kline, 2003). Internal aspects are defined as an individuation process derived from a cycle of dependence and autonomy as counselors-in-training (CITs) gain counseling skills (Brott & Myers, 1999). During training, students rely on guidance and support provided by supervisors as external authorities. Gibson, Dollarhide, and Moss (2010) found that CITs needed external validation and assurance from experts, especially at the beginning of their training. Alternatively, counseling students felt much stronger, more confident and more positive toward counseling at the end of their internship and practice, with anxiety levels decreased and feelings of personal accomplishment increased (Nelson & Jackson, 2003). Researchers in Turkey found that the sense of efficacy increased among counseling students who conducted group guidance activities (Atici, Özyürek & Çam, 2005), while their counseling skills evolved throughout the school counseling internship program (Atici & Ulusoy, 2010). Both an increase in positive feelings and a decrease in negative feelings were observed from the beginning to the end of the term (Atici et al., 2005; Atici & Ulusoy, 2010).

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The interpersonal aspect of professional identity development involves the role of the professional community in shaping the new professional (Auxier et al., 2003; Gibson et al., 2010). In the context of counseling, new professionals are socialized in the language of counseling, learn professional expectations, and learn to become a counselor through observation, supervision, consultation and practice (Gibson et al., 2010; O'Byrne & Rosenberg, 1998). This process also is conceptualized as entering a professional culture in which CITs learn appropriate attitudes, values, thinking styles and problem-solving strategies (Dollarhide & Miller, 2006).

It can be concluded that school counseling training programs can contribute to the professional development of CITs. For instance, in the United States, school CITs learn and apply the standards and models of the American School Counselor Association (ASCA, 2003, 2005, 2012) and practice counseling activities under supervision via practicum and internship. School counseling interns at some universities in Turkey (e.g., Çukurova University) perform classroom guidance activities at primary and secondary schools, putting into practice what they have learned. In addition to classroom guidance, these students conduct activities such as small group guidance, individual counseling and consultation; apply individual assessment techniques and psychological measurement tools; and observe school counselor practices. Conducting these activities as CITs can result in a contribution to interns' professional development, in which being prepared as a school counselor and establishing confidence are preeminent. Other factors that contribute to students developing a sense of competency during their internship include observing school counselors' collaborative skills, engaging in the profession, perceiving their activities as successful and acknowledging their own professional development (Atici & Çam, 2013). Studer (2005) found that internship experience can provide opportunities for school counseling interns to engage in a number of activities concerning school counseling, while Nelson and Jackson (2003) indicated that internship experiences had positive effects on interns by giving them the opportunity to apply what they had learned and develop a sense of being a counselor. Similarly, Jett and Delgado-Romero (2009) found that prepracticum service learning and internship programs at schools and community agencies facilitated counseling students' professional development.

Henderson (1994) reported that supervision provided learning opportunities within a school context for counseling students. Furthermore, Sutton and Page (1994) suggested that supervision can function as a bridge between competencies in counselor education programs and the skills required in an actual work context. Receiving feedback from supervisors, along with having varied experiences during internship, appears to positively affect professional identity development. Findings from several studies have shown that support and assurance from university tutors and school counselors as supervisors also have a positive effect on professional identity (Nelson & Jackson, 2003); especially when school counseling students receive constructive, nourishing and encouraging feedback (Özyürek, 2009). Receiving feedback and advice from university professors, having a relaxed supervisory atmosphere in which counseling students can express themselves comfortably, and observing and modeling themselves after working school counselors all lead to improvement and motivation as a counselor (Atici & Çam, 2013).

However, Portman's study (2002) revealed that a group of CITs had not received supervision at their assigned schools, but had received clinical supervision from university supervisors during practicum and internship. Some student counselors found this supervision helpful, while others thought that they did not have a real supervisory experience. Accordingly, Özyürek (2009) found that supervisory courses and supervision were insufficient in school counseling internship programs.

Coker and Schrader (2004) developed a comprehensive, collaborative and integrative school-based practice in order to prepare students to better fulfill the demands of the school counselor's role and to help students learn to work at schools as leaders and advocates. In this school-based internship, in addition to individual and

group counseling, students consulted with teachers and parents, attended team meetings, and advocated for the personal, social and academic development of students. During internship at a primary school, students were able to perform the required number of hours for practicum, counsel real clients in an actual school context, and develop a clear counseling approach and orientation for working with young people at school under the guidance and supervision of researchers. They also experienced the various roles of a school counselor including advocate, consultant, collaborator and leader.

School counseling internship programs can facilitate the development of specific skills required for school counseling and general preparation for the profession. In addition, it can be concluded that during school counseling practice sessions, the support provided by the supervisor and role model at the school is influential in teaching school counselor roles and encouraging professional identity development.

Several studies have shown that counseling interns experience positive emotions such as confidence, success and efficaciousness by the end of the internship (Atici & Ulusoy, 2010; Nelson & Jackson, 2003), and their counseling skills and professional and personal development evolve (Atici & Çam, 2013; Atici et al., 2005; Atici & Ulusoy, 2010; Jett & Delgado-Romero, 2009). Additionally, researchers have found that counseling interns have opportunities to experience several activities (Studer, 2005); to obtain their supervisor's help, support (Nelson & Jackson, 2003) and feedback (Atici & Çam, 2013); and to develop their own personal counseling approach (Coker & Schrader, 2004). However, since these studies focused on counseling interns or counseling students, there is a need to investigate the impressions of working school counselors (who also function as supervisors at school) about school counseling internship programs, as well as to explore counseling students' perspectives on the contributions of school counseling internship programs, supervisors and supervision to their professional development.

The present study focuses on school counseling supervisors' perspectives on school counseling internship programs, their assistance and contribution to school counseling interns, and their recommendations for solving problems and conducting internships more effectively, as well as on counseling students' opinions about the effects of their internship experiences and supervision on their professional development. The aims of this study were the following: (a) to identify school counseling supervisors' views on the effectiveness of school counseling internship programs, (b) to assess the assistance provided to school counseling interns, (c) to gather school counseling supervisors' recommendations for effective internship methods, (d) to investigate counseling students' perceptions about the effects of internship programs and the process of supervision on their own professional development, and (e) to examine the views of secondary school students and their teachers on the effectiveness of group guidance activities conducted by counseling interns.

Method

Participants

Participants included nine professional school counseling site supervisors and 11 school counseling interns. A purposeful sampling strategy (Patton, 1990) was used to collect data from information-rich cases. Specific school counseling supervisors were invited to participate in the study because they were identified as effective models for interns. Six female and three male counseling supervisors working in different schools voluntarily participated in the study. Five counselors had a master's degree in counseling, and the remainder held degrees at the undergraduate level. Of the professional participants, three worked at a high school, five worked at a middle school, and one worked at a primary school in Adana, Turkey. Their experience ranged from 9–22 years, while the number of years spent supervising counseling students ranged from 2–10 years. Eleven school counseling interns enrolled in school counseling internship courses at one university in Adana also participated in the study. These interns were selected because they provided written data from both the students who participated

in their group guidance activities in the schools and from these students' teachers regarding their views on the effects of group guidance activities. An agreement of consent regarding the purpose of the study, the research procedure and confidentiality was obtained from each of the participants. All participants voluntarily accepted participation in the study.

Description of Course Process

Counseling students in this study each attended a course for school counseling internship, taking place at three schools and at one university in Adana, Turkey. They went to their respective schools for half a day each week during the autumn and spring terms in their fourth year of undergraduate study. During internship, counseling students conducted group and classroom guidance activities, consulted with teachers and parents, applied assessment techniques and measurement tools, interviewed individual students, and observed other school counselors working. One group guidance session was observed by a university supervisor and/or a professional school counselor site supervisor, who provided feedback about the intern's activity.

Supervision at the university was 3 hours per week; all students and the university supervisors attended this session. During this session, counseling students discussed their activities and difficulties, and received feedback from supervisors and other students in the group. At the end of the term, students submitted a portfolio of all of their activities during the internship, with a general evaluation of the supervisory course and supervision; the school, school personnel and school counselor; and the contribution of the supervisory course to their professional and personal development.

Data-Collecting Procedure

Interviews and data from documents were used as qualitative data-collecting tools. The researcher interviewed nine school counseling supervisors individually using a semistructured interview guide. Open-ended questions were used to elicit supervisors' views on the effectiveness of the school counseling internship program, problems encountered during internship, their recommendations and the assistance they provided. Interviews were recorded digitally and transcribed.

Three different documents were used in this study. Counseling interns were asked to evaluate their school counseling internship programs, supervisors and supervision in terms of their professional development at the end of the term. Interns wrote about their internship programs and submitted these written texts to their supervisors as part of their final portfolio. High school students who attended group guidance activities and their teachers provided their ideas about the effects of group guidance activities on participating students' behavior by responding to an open-ended question. These written forms of data were collected from 11 counseling students, 11 teachers and 34 students who attended group activities conducted by six counseling students.

Analysis of Data

The researcher analyzed qualitative data by using content analysis. To begin with, an open coding procedure was followed (Strauss & Corbin, 1990). Interview transcripts and written documents were examined by line, sentence and paragraph, and a code or a name representing a particular idea, activity or event was given. Then the researcher combined related codes into categories. For example, in coding data regarding influential factors in conducting group guidance activities, the codes of enthusiasm, not feeling anxious and feeling efficacious were grouped under the heading *emotional state*. Axial coding was carried out to identify main categories, their subcategories, and relationships between main and subcategories. For example, one of the categories that identified influential factors in conducting successful group guidance activities was titled *counseling student-related*. Emotional state and professional skills were placed under the counseling student-related category as subcategories. Finally, in the selective coding stage, the main categories and their subcategories were grouped together.

Credibility and Trustworthiness

Activities performed to ensure validity included data and method triangulations by collecting in-depth data in face-to-face interviews with school counseling supervisors, and examining and analyzing documents produced by counseling interns, teachers and students who attended group guidance activities (Denzin, 1994). Next, the researcher presented direct quotations from counselors and examined research results in terms of meaningfulness and consistency, comparing his findings to those from different data sources in the literature (Miles & Huberman, 1994; Yıldırım & Şimşek, 2008).

The researcher kept a detailed explanation of the data collection and analysis procedure and raw data for reexamination by others. In order to enhance trustworthiness, the researcher attempted to acknowledge personal assumptions and prejudices and prevent those biases from interfering with the data analysis and interpretation process (Miles & Huberman, 1994; Yıldırım & Şimşek, 2008). Since a single researcher conducted the study, he tested for consistency (Robson, 1993) by comparing the codes derived from the initial coding process with those obtained from a second process. The researcher computed the proportion of agreement by dividing the number of agreements by the sum of the number of agreements and number of disagreements, resulting in a consistency value of 0.84.

Results

Results are presented in three categories as follows: (1) results derived from the analysis of interviews with school counselors, (2) counseling students' views on the roles of school counseling internship programs and supervisors impact on their professional development, and (3) school students and their teachers' views on the contributions of group guidance activities to participating students. Throughout the Results section, direct quotations from school counseling supervisors are labeled with a *C*, quotes from teachers are labeled with a *T* and quotes from counseling student interns are labeled with an *S*.

Results from Interviews with School Counseling Supervisors

School counseling supervisors' perspectives on counseling students' practices and effectiveness.

According to the results of the interviews, the counseling students carried out group and classroom guidance activities during their school counseling internships. Counseling individuals, leading seminars with students and their parents, applying individual assessment techniques and measurement tools, and consulting with teachers and parents were among other activities. Examples of the supervisors' views on school counseling internship programs are presented below:

They did nine group guidance activities with their own group and three classroom guidance activities . . . [they also provided] consultation and applied an individual assessment technique. I encouraged them to interview students and their families. I have talked with them and asked what they think about the [client's] problem, which questions they can ask, and what they can do about the problem. (C8)

They did group guidance activities, . . . applied individual assessment techniques, evaluated the results, and consulted with teachers about the interpretation of the results. They did classroom guidance activities, for example conflict resolution, anger management, study skills, and career guidance, that must be carried out by school counselors. They also did individual interviews with students. (C9)

All of the supervisors surveyed acknowledged the positive work outcomes of the counseling interns. The school counselors emphasized the positive effects of the school counseling internship program by using terms like "significant contribution" and "very helpful." They also shared their impressions that the interns' work

was reflected in the behavior of students, parents and school personnel. They also witnessed the students' understanding of their activities, counseling concepts and topics, and expressed positive feelings regarding the interns.

Supervisors stated that the effects of the counseling internship program could be seen more specifically in personal and social areas such as self-awareness, self-acceptance, behavior change, interpersonal skills, awareness and control of emotions among school students. Additionally, school students improved in the areas of career decision and coping with career indecision during career counseling; and in areas of education such as study skills, exam anxiety and academic achievement. According to the supervisors, the counseling students benefitted from gaining experience in classroom management and individual counseling, improving communication skills, expressing themselves, and enhancing efficacy feelings. At the same time, the interns helped school counselors carry out their work plans and lessened their workload, providing counseling services to many more students and presenting proactive counseling services. Professional school counselors themselves benefitted from the internship experience by learning new ideas from the counseling students and enhancing their own motivation levels. For example, a counselor summarized the counseling students' motivating effect in the following quote: "They helped me renew myself. . . . [When counseling interns] came to my school, my enthusiasm and excitement increased. I learned new . . . warm-up activities when I observed them" (C3).

The following quote demonstrates how the counseling students' work was helpful for the supervisors, the school students and the counseling interns themselves: "They definitely made a contribution. I got positive feedback from teachers and students in terms of their contribution" (C6). Another school counselor made the following remarks:

They contributed a lot. . . . My interns were very active in working with me. In particular, some of them worked . . . as a second counselor in the school. They made . . . classroom presentations. They improved themselves, as well as benefit[ted] the students. . . . Their practices lessened my workload. (C2)

A third school counselor stated, "As I said before, I am trying to reach many students. . . . Interns contributed a lot. They also gained experience in classroom management, communication with students and getting feedback from students to increase their efficacy" (C4).

According to the school counseling supervisors, counseling interns learned the most during group work. Interns improved their overall effectiveness, which included emotional comfortableness, readiness, eager communication, leadership, group management and counseling skills. One school counselor explained, "Counseling students' skills of communication, group management and leadership greatly affected conducting successful activities" (C1). In the following quotes, two counselors explained how they used observation and feedback in the process of evaluating activities:

I go to a classroom guidance activity with [interns], especially when they have classroom management problems. They probably feel anxious during the first one or two activities, and then become relaxed. For this reason, after each activity we make an assessment for 5–10 minutes: How was the day? What did they do? What difficulties did they come across? They shared all sorts of things they would like to talk about. Furthermore . . . if there [is] something which I do not like, if they are reluctant to do activities or do something against school rules, I talk to them and express my concerns. (C2)

When they have difficulties I try to help them. Upon completion of their activities, we make a general evaluation of the day, focusing on topics like: How was the activity? What was the difficulty? What did they do to cope with it? (C5)

School counselors' assistance to counseling interns. Interview data regarding professional school counselors assisting counseling internship students revealed four themes: (a) observation, evaluation and feedback; (b) giving information and advice; (c) organizing counseling activities; and (d) being a model.

One counselor explained how she helped by observing group guidance activities and giving feedback and advice about reference books: "I prepared an observation form [for interns]. Then we sit and talk all together as a group. Thus, I create an atmosphere in which they benefit from each other. I advise them on books to be read and give information about the counseling approaches I prefer." (C3) Another counselor explained that she gave individual feedback after classroom guidance, as follows:

I observe [an intern] twice, once at the beginning and once at the end of the term, while they are conducting a classroom guidance activity. I give feedback about their deficiencies as a school counselor and advice on how they can rectify these. . . . I find this way of giving feedback is positive and useful. (C4)

Problems in internship programs and recommendations. When school counseling supervisors were asked about problems they encountered during school counseling internship programs, four said there were no problems and they liked the way the internship program was carried out. On the other hand, five counselors mentioned a few problems related to counseling students, such as school student nonattendance, coming as a large group to internship sessions, being unmotivated toward the internship program and disobeying some rules. There also were a few problems arising from the school, school personnel and students, such as difficulty organizing groups of students; complications in scheduling appropriate days, times and places for classroom, group and individual work; school personnel's negative attitudes and behavior toward counseling interns; and students' reluctance to engage in group work.

One counselor expressed her ideas about the negative effects of nonattendance and the difficulty in observing counseling interns when they came in a large group to internship sessions in the following quote:

When a group of interns is too large, it is difficult for me to help them as I had planned. For example, they are not able to observe while I am interviewing students. Of course, I get permission from students for the presence of . . . counseling interns during interviews . . . it is a big problem for me when . . . interns do not come to counseling sessions on the assigned day. . . . All of the students in that group come to me one by one and ask whether . . . interns will come to the group activity, or why she/he is not coming. I am responsible to the principal, since the teacher leaves the class with me for a group guidance activity at a certain time. So, if the interns don't come, I have to do the activity by myself, meaning extra work for me. (C2)

The school counseling supervisors made recommendations for enhancing the quality of school counseling practices rather than solving problems. Although these recommendations were mainly for counseling interns and counseling activities, school personnel, students and university supervisors also were subjects of these recommendations. In particular, the school counselors suggested that certain activities should occur more frequently, such as consultations, seminars and classroom guidance sessions. Other suggestions for contributing to the school counseling internship programs were the following: learning legislative procedures and the tasks of the board of counselors at the school, keeping interview and council records, learning to solve specific problems like abuse and enuresis, presenting case studies about specific problems, observing school counselors' work, planning warm-up activities to precede group work, and not using old-fashioned individual assessment techniques which lead to labeling students.

In terms of duration and timing of the internship programs, suggestions were as follows: school counseling internship should start during the intern's second or third year of school, junior students should observe senior students during their internships at school, and time assigned for internship should increase. Regarding observation and evaluation, it was recommended that both site supervisors and university supervisors observe and evaluate counseling interns, and that school counselors meet at the university to revise the internship program from time to time. To this end, a school counselor expressed her ideas in the following quote:

There should be a meeting with school counselors, who accept counseling interns at their school, at the beginning and end of the year to talk about what they are going to do and to assess how the term went, what they did, was it useful? Coming together and making an overall assessment would be helpful once or twice a year. (C1)

Furthermore, another school counselor emphasized the necessity of adding consultations, seminars and case presentations to the practices currently being carried out, as follows:

I think the internship program should be revised in the light of a school counselor's actual duties at school. For example, seminars for parents and students, case examinations and presentations should be required from . . . interns. They should work on a specific case example and present this case study to the program supervisor. For instance, the interns may work with a student with exam anxiety and prepare a report on this case. They must work with specific problems that they will meet when they begin to work as a school counselor. There is a lack of practical experience in case work and consultation in the internship program currently operating. However, we do mostly consultation at school. (C2)

The Role of Supervisors and Internship in Interns' Professional Development

Interns' evaluation of university supervisors and supervision. When counseling students' evaluations regarding supervision and supervisors at the university were analyzed, the following three categories emerged: contribution to the practice process, gaining experience and preparing for professional life, and feedback and advice. In the contribution to practice process, students pointed out that the supervisory course was productive and helpful. Counseling students learned a lot from the course that enabled them to create solutions to problems, recognize their mistakes, and share their activities and difficulties, thus making school counseling activities much more functional. Interns watched video recordings of group activities conducted by themselves or their peers in the supervisory course. The students stated that watching these recordings was beneficial, giving them a chance to see their mistakes, find solutions to problems and benefit from feedback. One counseling intern explained as follows:

Due to time limitations our supervisor could not come to observe our work at the school. But, by watching video recordings of the activities we did, and giving detailed feedback in supervisory sessions, our supervisor helped us to see our mistakes. I was lucky to be in her group. (S5)

According to the interns, school counseling internship programs contributed to their professional development and professional life by providing the opportunity to apply counseling knowledge and skills. These internship programs, which are considered indispensable for professional development, enabled counseling students to establish their own approaches and prepare themselves for future difficulties.

A main distinctive theme that emerged regarding university supervisors was the giving of feedback and advice. Feedback was considered helpful and efficient for solving problems that occurred during the program, selecting and organizing activities, conducting productive group activities, correcting mistakes, overcoming obstacles, coping with anxiety, and creating opportunities for self-evaluation. Advice provided by supervisors was seen as helpful enabling students to find solutions to problems and difficulties, to achieve desired results

from group activities, and to feel pleased with their progress. Counseling interns also received feedback and advice from their peers; one stated, “I think sharing our experiences, and giving and taking feedback from each other contributed to our development. The school counseling internship course was effective for gaining experience, getting practice and improving professionally.” (S1)

Interns’ evaluation of school supervisors and supervision. Two themes in this section were assistance to the practice process and negative impressions of supervisors at schools. Regarding assistance to the practice process, counseling interns explained that school counselors coordinated counseling practice for them by organizing groups of students and scheduling appropriate days, times and places for activities during the internship program. The supervisors also shared their experiences and knowledge, and provided opportunities for counseling students to observe some of their interviews with students and parents. The counselors demonstrated various methods of communicating with students, interviewing parents and other aspects of school counseling, and presented an example for which to learn the job. School counselors gave feedback and advice to assist counseling interns in learning how to be school counselors, provided professional information and prepared them for professional life (e.g., files, meetings, reports, minutes of meetings).

Regarding negative impressions, interns reported that some site supervisors, although relatively few in number, were reluctant to share their experiences or communicate with the interns because of time limits. For this reason, these supervisors did not organize individual counseling sessions or time for consultation, application and interpretation of measurement tools, and did not give any feedback. One counseling student said, “I think we did not get enough feedback from our site supervisors/school counselor due to their being busy. This was a negative aspect of our internship at school” (S9). Another intern said the following: I wish I had done more activities like individual counseling, learned more techniques and that the school counselor had shared her experiences more with us. Due to time limitations we didn’t have a chance to do some of the activities. (S1)

Roles of School Counseling Internship Programs in Interns’ Professional Development

Self-improvement in counseling skills. School counseling internship programs enabled counseling students to build their skills and become productive in the areas of group guidance, classroom guidance, individual counseling, seminars and consultation. These activities were followed by improvements in counseling skills, application of theoretical knowledge, management of behavioral problems and group management skills.

Other contributions that counseling students mentioned included gaining professional knowledge, achieving milestones of the profession, preparing for the profession, discovering coherence between their personalities and the profession, and gaining insight into the ways that working with students of different ages and social backgrounds contributed to their professional development. The following quote may be taken as an example of counseling students’ ideas about the internship program:

It was full of experience and learning for me. Both the help of supervision and my own efforts have given me good preparation for my career. I believe that the things I learned this year will facilitate my future education and will be milestones in my professional career. (S7)

Positive feelings during internship. Being happy ($n = 9$) was the most common positive feeling that counseling students experienced during internship. It was followed, in order, by feeling efficacious ($n = 6$), confident ($n = 5$), eager ($n = 5$), proud ($n = 2$), and relaxed and good ($n = 1$), both personally and professionally. Interns used words such as “like” and “enjoy” to describe their experience. Counseling students expressed that they were happy when they were successful and helped students, received supervisors’ support and feedback, and worked with certain supervisors at the university. They also emphasized that their efficacy and

confidence had increased as they did successful work, attended supervision sessions and received feedback from supervisors. Similarly, with the support of the supervisors, they became eager about counseling activities and exercises, taking pride in positive feedback, enjoying the profession through their internship experiences and showing positive emotions such as feeling relaxed. One student expressed the positive effects of feedback as follows: “Having constructive feedback and advice, and our supervisor giving importance to everybody’s work, made me feel happy. Due to her feedback, I felt little anxiety while I was doing activities. This course enhanced my confidence in doing school counseling work.” (S5)

Teachers’ and Students’ Views on Group Guidance Activities

Students’ gains from activities. Ninth graders attended group guidance activities on communication, assertiveness, social skills and career counseling, and produced written documents acknowledging what they had gained from the activities. When the documents were analyzed, it was clear that students had positive results and acquisitions such as self-awareness, getting to know people, introducing themselves to others and skills of communication, assertiveness and relationships. Students also expressed positive feelings and comments regarding group activities, such as happy, relaxed, enjoyable, peaceful, eager and responsible. Students who attended career counseling group activities reported that at the end of these activities, they had learned about several occupations; identified majors and occupations they would choose in the future; recognized their abilities and interests; understood relationships and consistencies between occupation and ability, occupation and interest, and occupation and personality; and acknowledged factors that affect pursuing a career.

Data suggested that students had positive views of the counseling interns. In order, these positive adjectives were as follows: understanding, being good, good listener, respectful, gentle, being confidential, sympathetic, patient, reliable, optimistic and cheerful. Furthermore, the students also thought that the counseling interns produced solutions to problems. However, in contrast to these positive features, school students also mentioned a few negative aspects of the activities, like hesitating to tell their secrets to the group, not understanding how to fill in forms or finding solutions offered to the group as useless.

Teachers’ ideas about classroom guidance activities. When teachers’ views about the effects of these activities with students were analyzed, three themes emerged as follows: interpersonal relationships, communication skills, and behavioral and motional changes. Teachers pointed out that they observed development mostly in interpersonal relationships and communication skills such as active listening, being respectful and getting to know each other, enhancing group transactions, attachment and cooperation, and sharing. The teachers also brought attention to behavioral development and changes in problem-solving skills, participation in lessons, assertiveness and protection of their rights, taking responsibility, and correcting mistaken goals. According to teachers, students showed positive emotional changes, meaning that they enjoyed, were enthusiastic about and were satisfied with the activities, which enhanced self-confidence and motivation toward their lessons. Two teachers expressed the positive effects of the activities in the following quotes:

Some of my students in particular began to come to school with positive feelings such as happy, eager and ready. Others of my students who have had problems in expressing themselves and participating in the lessons started to cope with shyness/timid[ity] and participated in the lessons with confidence. (T1)

There are positive changes in students’ behavior like problem solving and communicating with their peers. They used to fight to solve their problems, but now they have learned to stop, wait and listen to each other to work things out. I assume that group guidance activities are very useful in teaching students how to work out their problems. (T2)

Discussion

According to findings derived from interviews with counseling supervisors, counseling interns gained experience in classroom guidance, group guidance, individual counseling, seminars, consultation, and application of individual assessment and measurement techniques during school counseling practices. It can be said that these are the essential parts of a school counselor's work, and having had these experiences, interns are more likely to be prepared for the school counselor role. Similarly, interns' evaluations of the supervisory course in the internship program showed that through the program, counseling students both developed and enhanced their counseling skills through conducting school counseling-related activities. Coker and Schrader (2004) also found that in school-based practice, counseling interns did individual and group counseling and consultations, attended team meetings, and advocated for the personal, social and academic achievement of students. The findings of the present study parallel those of Brott and Myers (1999), who concluded that professional identity development begins in training and continues throughout a person's career life. Additionally, the current results are considered consistent with Studer's (2005) findings, that internship provides opportunities to do school counseling activities; with Nelson and Jackson's (2003) findings, indicating that internship has positive effects on application of knowledge, skills and development of insight; and Jett and Delgado-Romero's (2009) study, showing that doing internship at a school or hospital facilitates counseling students' professional development.

All school counseling supervisors in the present study noticed the positive outcomes of the school counseling internship programs, for the school students who attended the counseling activities, for the interns and for the school counseling supervisors themselves. These school counselors witnessed school students' cognitive, emotional and behavioral changes as a result of attending counseling activities, and received positive feedback from teachers and parents regarding counseling interns' work. School counseling supervisors' impressions and observations regarding the benefits of counseling practices, in terms of personal-social, educational and career development of students, were consistent with teachers and students' evaluations of the effects of the activities. For example, classroom guidance teachers pointed out that they observed changes in students who attended group guidance activities with regard to interpersonal relationships, communication skills, and emotional and behavioral changes. Furthermore, students who attended these activities also said that they acquired skills in the areas of communicating, building relationships, practicing assertiveness, and making decisions about majors and careers, and that they gained positive feelings toward the activities. It should be emphasized that there were similarities in students' and teachers' perceptions about the effects of counseling practices. These similarities were especially apparent in personal-social changes and positive emotions regarding activities. School counselors emphasized that counseling students assisted them in carrying out their work plans and lessening their workloads; thus, they were able to provide preventative counseling services to many more students.

According to school counseling supervisors surveyed, counseling students benefitted from counseling internship by gaining experience in classroom management and individual counseling, improving communication skills, and enhancing self-efficacy. Similarly, counseling students mentioned their acquisitions in the application and development of school counseling knowledge and skills, feeling happy and efficacious as a result of the successful internship activities they completed. These findings parallel the findings of studies carried out by Atici et al. (2005), Atici and Ulusoy (2010), and Atici and Çam (2013).

The professional school counselors indicated that they were able to help counseling interns by observing them and giving feedback, providing information and advice, organizing counseling practice sessions, and being role models. The counseling interns mentioned the same kinds of help provided by their school counseling supervisors. These results parallel the findings of Atici and Çam's (2013) study, which indicated that school counselors help counseling interns by coordinating school counseling practice sessions, being role models, and sharing materials and resources. Coker and Schrader's (2004) findings indicated that counseling interns develop

a clear counseling approach with the guidance of supervisors, and are able to experience the school counselors' roles of collaboration, advocacy, leadership and consulting with the guidance of professional school counselors.

A few counseling interns in the current study had negative impressions of school counseling supervisors who were reluctant to share their experiences, organize practice sessions and give feedback. As a result, counseling students could not benefit from the experiences and skills of some school counselors. This finding is supported by the results of a study by Atici and Çam (2013). Similarly, some CITs in Portman's (2002) study did not receive supervision at schools, and although they found that clinical supervision from the university supervisors was useful, there were deficits in the internship program, and they did not receive a real supervised experience. According to these results, it can be concluded that school counselors' inability to create an environment in which they function as role models and provide feedback may affect the professional identity development of some counseling interns in a negative way.

According to school counselors surveyed in the present study, counseling interns' readiness, desire, comfort, self-efficacy, communication, leadership, group management and professional skills played roles in the effectiveness of group activities. This finding is consistent with the opinions of counseling interns regarding the contributions of the school counseling internship program to their professional development. Counseling interns reported that as a result of successful work they did, and during successful work, they felt happy, relaxed, eager and efficacious; thus, they acknowledged self-development in conducting group guidance activities and building counseling skills and group management skills. These findings parallel results from other studies, such as that CITs experience positive feelings like confidence, achievement and efficacy (Atici & Ulusoy, 2010; Nelson & Jackson, 2003) and develop their counseling skills, and that school counseling activities contribute to professional and personal development (Atici & Çam, 2013; Atici et al., 2005; Atici & Ulusoy, 2010; Jett & Delgado-Romero, 2009) and provide opportunities to do various activities (Studer, 2005).

It is clear that feedback and advice from university supervisors were useful and effective in planning and carrying out successful activities, finding solutions to problems and assessing of activities. Watching video recordings of sessions enabled students to receive feedback from professional school counseling supervisors and their peers, which was very helpful and improved the conducting of group guidance activities. Similarly, in interviews, school counseling supervisors pointed out that their feedback for counseling students impacted the success of group activities. Counseling interns also reported that their feelings of happiness, pride, efficacy, confidence and love for the profession increased as they did successful work and received feedback from supervisors. These findings shared similarities with results in the literature, indicating that assurance and support from university supervisors and site supervisors in schools positively affect professional identity (Nelson & Jackson, 2003), that counseling students find feedback constructive, encouraging and helpful for improving their professional development (Özyürek, 2009). The literature also shows that nurturing feedback and advice from university supervisors and a relaxed supervision atmosphere have motivating effects (Atici & Çam, 2013), and supervision functions as a bridge between competencies in the counselor education program and the skills required in workplaces (Sutton & Page, 1994).

School counseling supervisors reported that they met few problems during internship, and they solved these problems by talking with counseling students and expressing their expectations. The fact that school counselors encountered few problems emphasizes that they liked and were satisfied with the internship program, although they made recommendations in order to further develop the internship programs and counseling exercises. These recommendations were mainly to increase some activities and to start school counseling internship programs earlier than the last or fourth year of study.

Study Implications

From the results of the study, it is apparent that school counseling internship programs not only contribute to the professional development of counseling students, but also help professional school counselors and school students in several aspects. As a result, school counseling coordinators and school principals should organize school counseling internship programs, so as to benefit from counseling interns' assistance in providing counseling services to as many students as possible.

Since feedback and advice given by university supervisors were considered useful and effective in planning and carrying out successful activities, university supervisors should provide feedback by either observing counseling students or monitoring their activity records from the internship program. This feedback is vital for counseling interns, especially when they need to see and correct their mistakes and assess their professional skills with the guidance of an external authority.

Although there were only a few complaints about school counseling supervisors' reluctance to assist counseling students during internship, their disinclination is still an obstacle to the professional development of counseling students. Therefore, the university counseling educators should consider this issue when deciding to which school and school counselors they will send their counseling interns, and they should discuss this potential problem with the school counselors and express their expectations and concerns. In light of school counselors' recommendations for enhancing activities to better prepare counseling students for the duties and roles of future school counselors and to contribute to professional identity development, revising school counseling internship programs should be considered.

Limitations and Future Research Directions

Interviews with professional counselors and document data from counseling internship students, classroom guidance teachers and school students who attended group activities were used in this study. Although the triangulation method was used, collection of data from multiple participants was limited since this study was conducted by only one researcher. In the future, if more than one researcher were involved in a study, it would be possible to collect data from a greater number of school counselors, counseling interns, school students participating in group or classroom guidance activities, and teachers at schools. There also was the limitation of not involving a university supervisor in the study. If this level of university supervisor could be involved in a similar study, it would be possible to explore the issue from the different perspectives of relevant parties. Similar studies might be conducted by including counselor education programs from several different universities.

Conclusion

This study showed that school counseling internship programs provide opportunities for counseling students to experience many school counselor activities and to become competent in carrying out these activities. It is clear that school counseling internship programs and activities give counseling students a chance to apply counseling skills, make contributions to students attending counseling activities, lessen the workloads of school counselors, provide proactive counseling services to many more students and contribute to their own professional development. Furthermore, once again it is evident that positive and constructive feedback and advice, along with help from university supervisors and site supervisors, were fundamental for counseling interns in conducting activities, feeling positive emotions and establishing confidence.

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The Impact of Transformational Learning Experiences on Personal and Professional Counselor-in-Training Identity Development



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Transformational learning experiences for counselor training can be described as experiential activities that facilitate the ability to express feelings and meanings related to life issues. The authors investigated the impact of a 2-day seminar using transformational learning experiences on the personal and professional identity development of counselors-in-training. Quantitative results indicate that participants' self-reported professional performance scores were not significantly different following the training. However, in the qualitative inquiry, participants noted that through the transformational learning experiences, they became aware of past and present challenges, the need for change, the impact of processing within a group, and the application of transformational activities in clinical practices. Such findings indicate how transformational learning experiences—particularly through the use of reflective journaling—might influence personal identity development among counselors-in-training.

Keywords: personal identity development, professional identity development, transformational learning, counselor-in-training

The promotion of professionalism is a significant component of counselor training and is recognized by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) as a core curriculum requirement for graduate counseling programs (CACREP, 2009). Professionalism includes knowledge and understanding of professional organizations, legal and ethical standards, the role of counselors, professional competencies, and personal and professional growth. Development in this area includes both personal and professional growth and is often referred to as counselor development (Gazzola & Theriault, 2007; Rabinor, 2004; Skovholt & Rønnestad, 1996; Thompson, 2004) or counselor professional identity (Auxier, Hughes, & Kline, 2003; Cashwell, Kleist, & Scofield, 2009; Nugent & Jones, 2009; O'Bryne & Rosenberg, 1998; Reisetter et al., 2004).

Independently, professional development encompasses the acquisition of skills and knowledge, and is “concerned with the doing needs” (Donati & Watts, 2005, p. 476), and personal development includes the “being needs” (p. 476), like authenticity, interpersonal engagement, intimacy and self-evaluation. As dependent concepts, one can imagine the significance each has for counselor identity. A counselor lacking skills and knowledge will function quite differently than a skilled practitioner with years of experience and knowledge. Concurrently, counselors must attend to their own form of personal development (Skovholt & Rønnestad, 1996). Wilkins (1997) went so far as to suggest that personal development embraces everything else that facilitates being a practicing counselor. For example, personal development might include ways in which the counselor maintains a balanced lifestyle, or ways the counselor manages the stress brought on by difficult clients. A counselor lacking in personal well-being might not be considered fit to practice.

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Many counselors view counselor identity development as a process (Auxier et al., 2003; Brott & Myers, 1999) that results in congruency between personal and professional worldviews (Reisetter et al., 2004), or consider it an equal combination of professional (e.g., roles, decisions, ethics) and personal selves (e.g., values, morals, perceptions; Auxier et al., 2003). This view suggests that personal and professional development are not mutually exclusive and are just as much interrelated as dependent concepts.

Research on counselor professional identity development has examined areas such as personal or professional fit (Woodside, Oberman, Cole, & Carruth, 2007), critical incidents experienced by counselors-in-training (CITs; Howard, Inman, & Altman, 2006), career concerns of CITs (Busacca & Wester, 2006), evaluation of personal and professional development (Donati & Watt, 2005; Hensley, Smith, & Thompson, 2003; Lamadue & Duffey, 1999), and ways for counselor educators to address problematic behavior of trainees (Bhat, 2005; Gaubatz & Vera, 2002; McAdams & Foster, 2007; McAdams, Foster, & Ward, 2007). Furthermore, recent research has provided counselor educators with a model for professional identity development, specifying transformational tasks such as “finding a personal definition of counseling, internalizing responsibility for professional growth, and developing a systemic identity necessary for professional identity development” (Gibson, Dollarhide, & Moss, 2010, p. 21).

According to the transformational tasks theory proposed by Gibson et al. (2010), change happens in relation to a “transformational process across time and experience” (p. 28). From these transformational experiences, CITs evolve from reliance on external authorities (i.e., supervisors and teachers) to provide learning experiences to a position of self-validation (i.e., integrated personal and professional identity), resulting in a more internalized view of counseling and the ability to personalize understanding of experiences. The concept of counselor development evolving across time in stages and encompassing a spectrum of elements also is reflected in Skovholt & Rønnestad’s (1996) research, which suggests that counselor development explains a complex interplay between the personal and professional realms over the career span.

The incorporation of transformational learning experiences in counselor training might significantly impact both personal and professional development of CITs. The importance of a more internalized view of counseling and the ability to self-reflect (Skovholt & Rønnestad, 1996) constitute significant distinctions between counselors who continue to develop versus counselors who face professional burnout and stagnation. Furthermore, lack of reflection also has been shown to have significant impact on selecting intervention strategies (McAuliffe, Eriksen, & Associates, 2002). However, few researchers have examined pedagogical methods used to enhance CITs’ level of professional development. As a result, there is a dearth of literature exploring strategies to incorporate student self-reflective experiences into counselor education in order to influence professional identity development. Counselor educators play a significant role (Griffin, 1993; Sheeley, 1986; VanZandt, 1990; Weiss, 1981) and are a key factor in counselor personal and professional development (Gibson et al., 2010; Oliver, Moore, Schoen, & Scarmon, 1989; Weiss, 1981) through the facilitation of tasks that will increase opportunities for CITs to self-evaluate, self-motivate and self-locate.

Transformational learning experiences for counselor training can be described as expressive techniques or experiential activities that facilitate CITs’ ability to express feelings and meanings related to life issues (O’Brien, 2008). Experiential activities in counselor training are applied to creative approaches in the classroom as well as in individual and group supervision (Newsome, Henderson, & Veach, 2005; Sommer & Cox, 2003; ter Maat & Bowman, 2001; Waliski, 2009; Wilkins, 1995). The inclusion of expressive arts in training assists CITs with reframing and deepening their understanding of experience (Bradley, Whiting, Hendricks, Parr, & Jones, 2008) and enhances the development of personal awareness skills (Newsome et al., 2005), functions that

are both considered highly important to professional development in models of supervision (Bernard, 1997; Holloway, 1995; Loganbill, Hardy, & Delworth, 1982; Rønnestad & Skovholt, 2003; Stoltenberg, McNeill, & Delworth, 1998), as well as to personal development.

Such research led the present authors to ask how counselor training programs can best assist in professional and personal identity development using transformational tasks. One suggestion is to incorporate transformational learning experiences into counselor training course work. In the current study, the authors examined the effects of transformational learning exercises on counselor professional identity development, using the professional identity development model (Gibson et al., 2010). In addition, the authors examined how the integration of transformational learning experiences (Mezirow, 1997) impacted CITs' self-reported skill development on the Professional Performance Review Policy Standards (PPRPS; McAdams, Foster, & Ward, 2007) assessment tool and how reflective journaling impacted CITs' personal development.

Method

Participants

The current study involved 17 counseling graduate students ($N = 17$) at a Midwestern university, with eight students (47%) pursuing a specialty in clinical mental health counseling, 8 students (47%) pursuing addictions counseling and one student (6%) pursuing school counseling. One student was in the first year of graduate training (6%), 12 students (71%) were in their second year and 4 (24%) were in their third year. Four students (24%) identified as male and 13 students (76%) as female. Researchers collected demographic data only during the initial stage of data collection, or Time 1. At Times 2 and 3 of data collection, 21 students participated in the study; however, demographic data was obtained for only 17 student participants.

Instrumentation

The PPRPS (McAdams, Foster, & Ward, 2007) was used to evaluate participants' self-reported perceptions of their dispositions and skills. The PPRPS is a 10-item survey with each item rated on a 5-point Likert scale. The 10 dispositions and skills measured on the PPRPS include the following: (a) openness to new ideas, (b) flexibility, (c) cooperativeness with others, (d) willingness to accept and use feedback, (e) awareness of own impact on others, (f) ability to deal with conflict, (g) ability to accept personal responsibility, (h) ability to express feelings effectively and appropriately, (i) attention to ethical and legal considerations, and (j) initiative and motivation. Currently, no psychometric information is available for the PPRPS survey.

Procedure

Graduate counseling students were invited to enroll in an elective 1-hour graduate seminar. Students were notified of this opportunity via a university flyer containing the following message: "Sign up now for this new seminar opportunity which seeks to infuse creative, transformational learning exercises for personal and professional counselor growth and development into a 2-day class." As students signed up for the course, they were informed that the course would involve collecting pretest data and data from three subsequent posttests using the PPRPS survey, in which students would be asked to rate themselves on 10 counselor skills and dispositions. Students also received the opportunity to engage in a self-reflective journaling exercise that accompanied the experiential activities used throughout the seminar. Students were informed that completion of the PPRPS was mandatory for the purposes of the seminar, but that the data gleaned from the surveys and self-reflective journals would only be used for the purposes of this study with their informed consent.

The seminar consisted of a 2-day class in which various counselor development topics were taught and activities were facilitated. The activities were regarded as *transformational learning opportunities* or

experiences, and students were told that the purpose of the seminar was to infuse the didactic content of counselor development with creative, hands-on learning opportunities. Following the facilitation of each activity, students were invited to reflect on their experiences through electronic journaling in the university computer lab. The following section outlines the structure of the seminar across both days for all participants:

1. Discussion of professional development, including CACREP core curriculum requirements for graduate-level counselor training;
2. Discussion of developing the counselor professional identity across training and clinical experiences;
3. Discussion of the role of counselor educators and supervisors;
4. Discussion of professional fit, critical incidents in counselor training and career concerns of CITs;
5. Discussion of research into models of professional identity development including transformational tasks;
6. Discussion of the role of self-reflection in counselor personal and professional development;
7. Discussion of CIT self-efficacy;
8. Facilitation of transformational learning experience 1: True north activity;
9. Discussion of wellness and self-care in counselor training;
10. Facilitation of transformational learning experience 2: Puzzling wellness activity;
11. Discussion of the use of music as an expressive art in counseling practice;
12. Facilitation of transformational learning experience 3: Lyrics to my life activity;
13. Discussion of the use of cinematherapy in counseling practice;
14. Transformational learning experience 4: Viewing of the movie *Prayers for Bobby*, and facilitation of discussion following viewing the movie;
15. Discussion of values as a determinant of counseling theory and practice;
16. Facilitation of transformational learning experience 5: Values bench activity; and
17. Final post-seminar discussion of experiences.

(For a full explanation of each transformational learning exercise facilitated in the seminar, please contact the first author).

Students completed the PPRPS pretest, demographic sheet and informed consent prior to arriving at the seminar on day 1. The PPRPS pretest data collection will be referred to as Time 1 data. The demographic sheet included a personal 4-digit code (for participant anonymity) and gathered information about the counseling specialty track in which the participants were enrolled, their year in the counseling program and their gender. Students completed the PPRPS posttest at the start of the seminar on day 1, subsequently referred to as Time 2 data. Throughout the 2 days, students completed five transformational learning experience activities and reflected on each through electronic journaling following each activity. Students were asked to save their reflective journals and submit them to the principal investigator at the end of the 2-day seminar. At the end of day 2, students completed the PPRPS posttest again, subsequently referred to as Time 3 data. In addition, students wrote down the two most meaningful transformational learning experiences of the 2-day seminar, to be used in a frequency count by the researchers. Approximately 3 months following the completion of the seminar, students completed the PPRPS posttest for the final data collection time point, subsequently referred to as Time 4 data. Researchers kept all student data confidential at each data collection time point through the use of the personal 4-digit codes. Electronic journals were submitted by students to the principal investigator via a protected email server and saved in a password-protected file for review and coding.

Results

A one-way, within-group, repeated measures analysis of variance (ANOVA) was used to compare students' self-reported professional performance using the PPRPS before, during and after the seminar. The comparison was conducted using the mean PPRPS score for all participants at Time 1, Time 2, Time 3 and Time 4. Nine participants did not submit PPRPS results at a minimum of one data collection time point and therefore were

not included in the analysis. As such, 12 participants were included in the analysis of all four data time points (57% of participants). Results indicated that participants' levels of self-reported professional performance scores were not statistically significantly different over time, $F(3, 9) = .83, p = .51$, partial $\eta^2 = .22$. Although while the results across the four data collection time points were not significantly different, further evaluation of the data showed an increase in self-reported professional performance on the PPRPS across each data collection point. Mean data for the PPRPS across the four data collection time points can be found in Table 1.

Table 1

Descriptive Statistics for All Data Collection Time Points

Time	<i>N</i>	<i>M</i>	<i>SD</i>
1	17	39.94	5.26
2	21	40.52	5.00
3	20	41.55	5.29
4	16	42.94	4.68

To explore the movement in the data further, the researchers completed an item analysis for descriptive statistics of all 10 PPRPS items across the four data collection time points. Results of the item analysis supported a positive movement in scores for all 10 areas assessed on the PPRPS, with the most meaningful movement in the data occurring in the following items: (a) Item 7: Ability to accept personal responsibility (+.62 from Time 1 to Time 4), (b) Item 2: Flexibility (+.49) and (c) Item 5: Awareness of my own impact on others (+.48). Table 2 highlights the mean data for each of the 10 PPRPS items across the four data time points.

Table 2

Item Analysis of PPRPS Survey

Item	Time 1 ^a		Time 2 ^b		Time 3 ^c		Time 4 ^d	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
1: Openness to new ideas	4.00	0.87	4.00	0.77	4.30	0.8	4.31	0.79
2: Flexibility	3.76	0.90	3.95	0.67	4.20	0.77	4.25	0.93
3: Cooperativeness with others	4.24	0.75	4.24	0.70	4.30	0.57	4.25	0.58
4: Willingness to accept and use feedback	4.00	0.61	4.29	0.64	4.20	0.7	4.38	0.72
5: Awareness of own impact on others	3.71	0.85	3.67	0.73	3.80	0.77	4.19	0.91
6: Ability to deal with conflict	3.76	0.83	3.76	0.83	4.00	0.65	4.13	1.02
7: Ability to accept personal responsibility	3.88	0.70	4.20	0.77	4.20	0.83	4.50	0.63
8: Ability to express feelings effectively and appropriately	3.82	0.81	3.81	0.73	4.20	0.83	4.13	0.72
9: Attention to ethical and legal considerations	4.29	0.85	4.24	0.89	4.05	0.83	4.31	0.87
10: Initiative and motivation	4.47	0.62	4.33	0.66	4.30	0.80	4.50	0.73

^a*n* = 17. ^b*n* = 21. ^c*n* = 20. ^d*n* = 16.

Qualitative Analysis

In order to gain a deeper understanding of the impact of the transformational learning experiences, the researchers conducted a qualitative analysis of the reflective journals for each participant across each activity. A grounded theory design was used to assess the data, with which an emerging theory could become evident for the use of transformational learning experiences in counselor training. Each participant's journal entry following each transformational learning experience was coded for common themes from open (broad) to axial (narrowed) to selective codes across all five activities (Strauss & Corbin, 1998).

Prior to exploring commonalities and themes across the data, both researchers completed the open and axial coding process separately. Both researchers kept journals with reflective commentary throughout the seminar and coding process to identify, explore and process their emerging awareness, assumptions and biases. Following individual coding, the researchers collaborated to explore the emerging (selective) themes that were present in the data, as well as to further process self-understandings noted within the reflective commentary. Once the researchers identified the final selective codes, they used a member check to serve as a final trustworthiness measure to support the credibility of the findings, in which they invited three study participants to review their submitted journal transcripts to see if the overarching findings of the study accurately reflected their words.

Overarching Themes

Activities led to awareness of past and present challenges. Participants reflected that through the use of transformational learning experiences, they became more in touch with the past and present struggles they had encountered in their life journeys. One participant shared after completing the lyrics to my life activity, "I guess this means that the pain is sometimes still raw and close to the surface, although I haven't thought about it in months." Another participant noted, "As painful and troubled as that time of my life may have been, it did serve a purpose." After the true north activity, a third participant said, "Anxiety, responsibilities, time/money constraints, and other people's standards are my magnetic north." In the same activity, one participant created a metaphor for her struggle and noted, "A picture of an army platoon was graced under the clock and weighed heavily on this magnetic pole. I believe it spoke to my affiliation with war. . . . It might represent my own inner conflicts." Similarly, another participant stated, "This exercise provided me with a deep look at the small elements in my life that pull me off course. . . . My biggest accomplishment today was seeing my failures on paper." When watching *Prayers for Bobby*, many participants explored the impact of discrimination, prejudice and judgment within their own lives. One participant shared, "I have experienced this type of constant condemnation from my grandma." Another noted, "I can also relate to Bobby's feelings of shame and not belonging as I felt some of that growing up, even the point of 'what's the use?'" With the values bench activity, one participant explored family conflict and noted the following about her father: "We have always had a very rocky relationship. . . . The message I got from him was I was not good enough to be his daughter." Across all activities, participants recognized past and present struggles, challenges and conflict that impact their lives.

Activities revealed the need for change. As the participants became aware of past and present struggles through the transformational learning experiences, they also began to express the need for growth and change. One participant shared in the true north activity that "understanding the paths that may be challenging for me can help me have a resolution." In the same activity, another participant stated the following:

Being able to point out the stressors and the negative impacts of things that try to take away from me as a whole and who I am trying to become made it much easier for me to see what I need to work on and what I need to eliminate from my life.

Another participant noted, “I’ve got to break that cycle. . . . I have to let go of the distractors and truly take ownership of my situation.” Similarly, a participant stated in the puzzling wellness activity, “This activity brought out my desires and in a way reinforced my need to stay on target of what I want.” Another shared, “This exercise helped me to identify that I need to find more time to establish a better balance for all elements of wellness in my life.” After watching *Prayers for Bobby*, one participant described her need for better understanding and stated, “I am the only one who can live my life for me and directly suffer the consequences or reap the rewards.” When completing the values bench activity, one participant explored the impact of family struggle in her life and how the activity facilitated her desire to grow and move forward. She wrote, “I don’t mean that I want to win a Nobel peace prize or invent something unbelievable. . . . I simply mean to overcome the battles and issues within my family and get everyone on the same page.” Another participant shared, “What this assignment has done for me personally is to stop and think before I act at home, school, and work because the way you act and treat people is the legacy you will leave behind.” In realizing personal struggles, participants became aware of room for growth and change. The activities sparked discussions of how that growth and development could begin for the participants.

Group processing continued self-exploration and connection. It became apparent across the reflective journals that the participants felt connected to the small group processing that followed each transformational learning experience. Time and again, the participants relayed the relief they felt, as well as the ability to process more deeply when sharing their creative expression with others. In the lyrics to my life activity, a participant shared, “I really enjoyed this assignment and sharing my story with the group,” and another noted, “This activity brought out much emotion in most people that shared today. We all struggle.” One participant explained in the puzzling wellness activity, “I did feel better once we presented our puzzles to our groups. It was nice to see what other people struggle with and how they represent themselves.” Another student stated, “I enjoyed processing the work, which actually turned into a very interesting conversation.” One participant offered the awareness that emerged from processing as she shared the following: “As we processed, I noticed that I felt very content in my life and this often comes when I hear where others are in their own life.” In the true north activity, one participant discussed her “strong emotional reaction” and said, “I wasn’t fully aware of just how visceral the feelings I had about them [were]. I felt anger, disgust and even shame when processing with my group.” Another shared, “I had a little break down trying to explain it to my classmates, but it made me realize how this is important and a part of me.” After watching *Prayers for Bobby*, one participant noted, “This was a great movie and I think the reflection after with the group was powerful. The movie affected everyone in different ways; being able to relax and share our thoughts as a class was so important and refreshing.” Through the group discussion process, participants offered a glimpse into the self-exploration that this interpersonal opportunity facilitated. Participants voiced the normalcy and empathy that were promoted through group self-disclosure and how this processing opportunity deepened their awareness.

Activities became useful interventions for future counseling practice. Across all activities, participants noted the usefulness, relevance and effectiveness of creative interventions for their future professional counseling practice. After watching *Prayers for Bobby*, one participant said, “I have never thought about using film as a therapeutic tool . . . but now my mind is spinning with ideas.” In the same activity, another shared, “This movie could be helpful in the field with families who are struggling to find acceptance.” In the true north activity, one participant stated, “This assignment was very beneficial and it’s something I would definitely use in the future with my clients as well as with myself.” In the puzzling wellness activity, one participant said, “I would recommend this activity to someone that deals with low self-esteem.” In the same activity, another student shared, “I can see how this activity may be useful with a client who has not thought along the lines of wholeness and wellness.” In the lyrics to my life activity, one participant explained, “I will try to incorporate

some of these learning tools with my clients,” while another student noted, “Great activity. Several ‘ah ha’ moments. This could be a powerful tool with a client.” Following the values bench activity, one participant shared, “I will also add this to my clinical techniques during session.” In each activity, the participants were able to articulate the utility and application of these transformational experiences not just for themselves, but for their future counseling clients as well.

Discussion

The current study’s researchers explored the impact of transformational learning experiences and reflective journaling on the personal and professional development of CITs who completed a 2-day seminar in a university setting. Results reflected an increase in each of the 10 areas of professional development across the four data time points, though findings were not statistically significant.

Professional development is meaningful for promoting best practice in counselor training and development. Results of this study show gradual improvement in professional development, mirroring the results of Gibson et al. (2010) and indicating that professional development occurs over time and through experience. Both studies shed light on the progression from “reliance on external (classroom and expert) teachings and validation to a more internalized view of counseling and self-validation” (Gibson et al., 2010, p. 33). Interestingly, the items showing the greatest improvement reflect (a) the ability to accept personal responsibility, (b) flexibility and (c) awareness of personal impact on others. One could argue that these three factors also are reflected in the following transformational tasks from Gibson et al. (2010): (a) finding a personal definition of counseling, (b) internalizing responsibility for professional growth, and (c) developing a systemic identity necessary for professional identity development.

The qualitative analysis of the reflective journals lends rich support to the use of transformational learning experiences for enhancing and promoting personal and professional development. Participants noted that through these activities, they became aware of past and present challenges, the need for change, the impact of processing within a group, and the application of transformational activities in clinical practices. Such findings provide justification for how transformational learning experiences, particularly through the use of reflective journaling, might influence personal development of CITs. The themes identified above, such as awareness of past and present challenges and the need for change, indicate that participation in such activities provides an opportunity for self-examination, which leads to identification of areas in need of personal attention. Finally, the remaining themes identified relate to the use of transformational activities in future counseling practice. These themes are representative of the integration of personal and professional development identified by Skovholt and Rønnestad (1996).

An interesting emergence from the qualitative data is that participants not only recognized challenges inherent to living, but that they also saw themselves as the vehicle for change. Across each activity, participants were aware of the need of personal and professional growth and development. Blonna (2010) wrote that one reasonable response to personal challenge is to “focus on the positive things that can result from taking on a potential stressor. When you feel challenged, you look at a situation for its growth potential or for what you might gain from the challenge” (p. 10). Participants in the study reflected on their desire to grow and change as much as they reflected on the situation that led to the struggle. They voiced their desire to see challenges as obstacles worth overcoming. Doing so could be the beginning of an evolving personal journey that deepens their experience and informs a more competent counseling practice in the future.

Limitations and Directions for Further Research

A notable limitation to the study was the limited number of participants. Furthermore, students in counselor education programs are asked to intrapersonally and interpersonally reflect on their development within a number of courses and learning experiences. As such, it would be misguided to assume that improvements in professional development across a semester were only due to the contribution of a 2-day seminar.

Additionally, results from data in the current study did not support a statistically significant impact in professional development, though a meaningful trend in the data was revealed. The findings must not be overgeneralized; however, the findings can be used to articulate the benefits that the students noted through the self-reported inventory. A follow-up study is currently underway to replicate the original study and identify commonalities as well as differences in findings with another cohort of graduate counseling students.

Conclusions

As counselor educators, the authors believe that CITs benefit from gaining a deeper understanding of themselves, which in turn can positively impact their personal and professional growth. As indicated in the literature related to counselor identity development, the authors are not alone in thinking that greater self-awareness is connected to increased competence on both personal and professional levels. However, at times counselor training curriculum lacks emphasis on self-awareness and would benefit from increasing opportunities for students to engage in self-reflective and experiential activities. The incorporation of transformational exercises into counselor training curriculum can encourage and enhance positive counselor identity development. In participating in these exercises, CITs deepen their intrapersonal and interpersonal learning and developmental journey, thus potentially enriching the counseling relationship, skills and techniques they will eventually use with future clients.

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Supervisor, Counselor-In-Training and Client Perspectives in Counseling: A Qualitative Exploration



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The authors examined multiple perspectives of meaningful in-session events through participant observation of counseling sessions as well as interviews with client and counselor. The results are anchored with the perspective of a supervisor, and highlight similarities and differences among the three perspectives of supervisor, counselor-in-training and client. Six themes emerged from the observer's perspective: immediacy with several subthemes, nonverbals and intuition, rescuing, depth of congruence, insights, and goal setting. For each theme and subtheme deemed meaningful in counseling sessions by a supervisor, an event representing the respective theme or subtheme is presented from the three perspectives of supervisor, counselor-in-training and client. The authors discuss implications for counselor training and supervision.

Keywords: supervisor, counselor-in-training, client perspectives, immediacy, counselor training

Researchers in the counseling field have much to discover about the counseling process and how it works (Paulson, Everall, & Stuart, 2001; Sackett, Lawson, & Burge, 2012). Researchers who examine multiple perspectives (Elliott & James, 1989; Moon, Dillon, & Sprenkle, 1990; Sackett et al., 2012; Sells, Smith, & Moon, 1996), in-session subjective experience (Bennun, Hahlweg, Schindler, & Langlotz, 1986; Elliott & Shapiro, 1992), and comparisons of those experiences further our comprehension of the counseling process (Elliott & Shapiro, 1992; Sackett et al., 2012). The client and counselor have separate perspectives, each of which is important to recognize in order to gain a picture of what is meaningful in counseling (Blow et al., 2009). Further, the perspective of an observer offers a compelling extension for our understanding (Elliott & James, 1989), as an observer can identify subtleties in interactions between clients and counselors, as well as shed light on experiences that clients may be less willing to report and of which counselors may be unaware. Consequently, capturing multiple perspectives on the counseling process, including client, counselor and observer, enriches understanding. Each perspective is compelling and contributes something unique to understanding the counseling process (Elliott & James, 1989; Sells et al., 1996).

Research on Client, Counselor and Observer Perspectives on Counseling Sessions

There is a dearth of research exploring multiple perspectives on counseling sessions beyond those of client and counselor. Several researchers have examined clients' and counselors' experiences and perspectives in counseling (Lietaer, 1992; Lietaer & Neirinck, 1986; Llewelyn, 1988; Martin & Stelmaczzonek, 1988; Sackett et al., 2012; Sells et al., 1996). For example, in a recent study, Sackett et al. (2012) found that clients and counselors-in-training (CITs) consider many of the same aspects meaningful in a counseling session,

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including the relationship, goals, insights, immediacy and emotions. Findings such as these are valuable for clinical supervision, because supervisors' awareness of similarities and differences in clients' and counselors' perspectives can enhance supervisors' training of CITs to effectively work with clients. Further, when CITs are counseling, the supervisor's perspective becomes part of the picture as well, and contributes indirectly to the counseling process through the supervision process.

As Elliott and Shapiro (1992) have noted, few researchers have added a third lens by exploring the process through client, counselor and observer perspectives. This statement from more than 20 years ago is still accurate today. In the research that does exist (Blow et al., 2009; Elliott & Shapiro, 1992), discrepancies have been found when comparing client, counselor and observer perspectives. Thus, including all three perspectives creates a more complete picture of the process (Llewelyn, 1988). In two studies, researchers explored a single client system (either a couple or an individual client) from multiple perspectives, including an observer's. Blow et al. (2009) examined experiences of key therapeutic moments from the perspectives of counselor, client (i.e., a couple) and observation team. Therapeutic mistakes, as labeled by the observation team, did not detract from the work in counseling, given the strong therapeutic alliance. Similarly, what the observation team initially considered to be missed opportunities, they later saw as movement in a direction that they could not anticipate, and that worked well for the couple. Elliott and Shapiro (1992) elicited client, counselor and observer accounts of significant in-session events for a single client system (i.e., one client) as well. Most often the three perspectives were in general agreement. Elliott and Shapiro (1992) saw the few discrepancies in perspectives as opportunities for further understanding of the events and ultimately the counseling process.

Considering that research including an observer's account of the process is limited (Blow et al., 2009; Elliott & Shapiro, 1992), and that researchers who have included an observer's perspective have not connected this perspective with that of a supervisor to explore implications for clinical supervision, we intend to fill this gap in the literature. Sackett et al. (2012) called for studies to examine meaningful, in-session events from the perspectives of the client(s), the counselor and an observer who has training and experience as a supervisor, in order to give counselor educators a more holistic understanding of the process and to inform supervision with CITs. This particular approach to examining multiple experiences of counseling has not been explored before. Therefore, we addressed the following research question: What are the similarities and differences in what is meaningful in counseling from the perspectives of a supervisor, CIT and client? We frame this inquiry in a constructivist lens, which Ponterotto (2005) describes as the perspective that there is no objective reality outside the person experiencing the reality. Consequently, it is critical to gain perspectives from all involved in the process.

Methods

We chose the qualitative methodology of phenomenology to answer this research question because it provides a way to describe the meaning of participant experiences in counseling (Hays & Wood, 2011). We answered the research question with an emphasis on the supervisor's perspective, comparing it with the CIT and client perspectives in order to find similarities and differences. We accomplished this comparison through analysis of field notes from participant observation (Jorgensen, 1989) and of transcripts of in-depth interviews (Seidman, 2013). We utilized a single session unit and significance sampling in this study. The single session unit allows for an examination of in-session events and session impact (Elliott & James, 1989). It also allows participants to reflect on their most recent session, leading to better understanding of experiences than if participants were reflecting on an entire course of treatment (Mehr, Ladany, & Caskie, 2010). Significance sampling is the examination of events that have significant meaning to the participant, or therapeutic impact (Elliott & James, 1989). We designed this study to approach therapeutic impact with what is meaningful in session, as illustrated by Mahrer and Boulet's (1999) statement, "The emphasis is on whatever touches you

as something impressive happening here rather than relying on your theory, your knowledge, and your being on the lookout for particular kinds of traditional significant in-session changes” (p. 1484). For the purposes of this study, *meaningful experiences* are defined as experiences that are important, significant or moving to the participant as described by Mahrer and Boulet (1999). They may be cognitive, emotional, relational or behavioral in nature. Meaningful experiences were defined in each case by both the supervisor and participants.

Participants

Participants in this study included clients and CITs from a master’s counselor education training clinic at a satellite center for a large mid-Atlantic public university. CITs were completing their practicum experience in the clinic and working with actual clients for the first time. Clients were enrolled in a local community college at the time of the study. The resulting sample consisted of 24 participants, specifically 12 CITs and 12 clients, totaling 12 CIT–client dyads. Ages for CITs ranged from 22–29, with an average age of 23. CITs consisted of 10 White females, one Hispanic female and one White male. Client ages ranged from 18–40, with an average age of 25. Among client participants were eight White females and four White males. Each participant chose or was assigned a pseudonym, which appear in the findings section. We gave a \$5 coffee shop gift card to each participant as a token of appreciation for participating in the study.

Data Collection

One supervisor (the first author) was utilized as the observer across all sessions for consistency, and her perspective as the supervisor was captured through participant observation. The first author observed the second counseling session of each client–CIT pair from a different room in the clinic via televisions linked to cameras in the counseling rooms. Based on recommendations from Emerson, Fretz, and Shaw (2011), the first author took brief notes, which included key words or phrases of significant happenings, both verbal and nonverbal, during the observations of the sessions. Later that day or the next, the first author used these brief notes to aid in writing a field note for each observation. The observation, brief notes and subsequent field notes focused on meaningful events in the counseling session.

We conducted semistructured interviews with clients and CITs following their second counseling session. Interviews ranged from 10–45 minutes in length and were audio recorded and transcribed. Interview questions were open-ended and focused on what participants had found most meaningful in that particular counseling session. The client protocol contained a few additional questions that were not asked of the CIT and related to the client’s goals and expectations for counseling. Examples of interview questions for both clients and CITs included the following: What stood out for you in today’s session? Which of those things stood out the most for you?

Data Analysis

We analyzed the field notes from the participant observation through qualitative analytic coding described by Emerson et al. (2011). This process began with open coding, reading field notes line by line to identify ideas, themes or issues without limitation. Through the analytic process, we wrote memos as needed when insights arose that deserved further attention. Through the process of coding and writing memos, we identified themes that described a particular group of codes. We integrated initial themes and combined similar themes, and created subthemes when themes were related, but exhibited distinct differences. Focused coding followed theme development and consisted of re-reading field notes, allowing for elaboration of themes, further development of subthemes, and integration of interesting material that may have initially been overlooked. For the purpose of this study, we only used portions of CIT and client interview transcripts that corresponded to meaningful experiences as observed by the supervisor. Themes of meaningful experiences from the CIT and client perspectives can be found in Sackett, Lawson, and Burge (2012).

Credibility and Rigor

We used several methods in this study to establish credibility and demonstrate rigor as recommended by Anfara, Brown, and Mangione (2002). First, we utilized triangulation through the interview data of clients and CITs and field notes from observations. Obtaining data with two different methods provided an opportunity to describe the counseling process in a more complete way. After interviews were transcribed, we implemented member checks, which allowed each participant (clients and CITs) an opportunity to review his or her interview transcript and clarify or expand his or her perspective if needed. We kept an audit trail detailing the steps of the research process, which enhanced the deliberateness and completeness of the study. The audit trail is specific enough that a reader could retrace the researchers' steps if he or she chose. Peer debriefing and a community of practice were utilized to ensure the ongoing practice of reflexivity by serving as forums for discussion of issues that arose throughout the process.

In qualitative research, all data passes through the researcher's lens; therefore, our position as researchers was important to note. At the time of data collection, the first author and observer was a doctoral candidate in the same counselor education program as the master's student participants. She had practiced for the past 3 years as a clinical supervisor of CITs, and is currently a faculty member in another counselor education program. The first author was purposeful in not having teaching or supervisory relationships with the cohort of CITs who participated in the study. The first author continually examined how she was positioned in the study and heavily utilized her community of practice for reflexivity work. Practicing reflexivity did not limit her perspective, but instead allowed for critical self-reflection of the ways she contributed to the research process. The second author is an associate professor in the counselor education program where the study was conducted, and the third author is a professor of educational research at the university where the study was conducted.

Results

Six themes emerged from participant observation by a supervisor of the counseling sessions, including the following: immediacy (with several subthemes), nonverbals and intuition, rescuing, depth of congruence, insights, and goal setting. With each theme and subtheme discussed below, an example from the supervisor's field notes is provided. These examples are followed first by an account of how the CIT experienced the event, and then by an account of how the client experienced the event. In other words, for each theme deemed meaningful in the counseling session by a supervisor, an event representing that theme or subtheme is presented from three perspectives: supervisor, CIT and client. We chose to present only one example for each theme and subtheme from the supervisor field notes in order to illustrate each event from the three perspectives.

Immediacy

The supervisor identified many instances and facets of immediacy between the CITs and clients. Immediacy as a theme included the following three subthemes: processing the counseling process and relationship, here-and-now moments, and the CIT sharing his or her experience of client with client and the reverse.

Processing the counseling process and relationship. Many CIT–client pairs engaged in conversations about the counseling relationship and about the counseling process in an attempt to define it, better understand it and gain insight into how the other participant was experiencing it. In other words, many dyads engaged in processing the process and the relationship. The example given to illustrate this subtheme is from Annie (CIT) and Heather's (client) conversation about the counseling relationship, including the ways it differs from other types of relationships.

Supervisor. The supervisor wrote the following in her field notes: “The counselor asked the client, ‘How about our relationship?’ The client talked about the relationship feeling awkward. The counselor validated the client’s observation that counseling is a different kind of relationship. The counselor offered, ‘Is there anything I can do to make it [the relationship] more comfortable?’”

CIT. Annie reflected that this conversation about the relationship with Heather was meaningful in their session. She spoke in her interview of initiating the discussion about the relationship with Heather and of asking Heather if she could do anything to make the relationship more comfortable.

Client. Heather experienced this conversation about the relationship as meaningful as well, and said the following about Annie: “Her concern . . . with our relationship . . . seemed something that I would think about and that I would care about . . . , but she seemed to care about that relationship, too.” The supervisor, Annie and Heather all experienced this immediacy moment of the process and the relationship as meaningful, and experienced it in similar ways, emphasizing different parts given their positions.

Here-and-now moments. There also were many here-and-now moments in the counseling sessions that were meaningful to the supervisor. Susan (CIT) and Carol’s (client) session contained a very meaningful here-and-now event that was initiated by the client, Carol.

Supervisor. The observer recorded the following in her field notes: “The client confronted the counselor by stating, ‘You’re not as relaxed’ and saying that the counselor had ‘aggressive energy.’ So the client was being very immediate and authentic, and it didn’t feel to me that the counselor was authentic; instead, the counselor responded by smiling and nodding.”

CIT. Susan spoke about this event as meaningful during her interview, although she described the occurrence as the result of her body language; specifically, the CIT perceived that she was sitting close to her client. Susan appreciated Carol’s honesty and directness.

Client. From the client’s perspective, Carol found it meaningful that Susan wanted her to feel comfortable in the relationship, saying to let her know if she made her uncomfortable. Interestingly, Carol did not mention her initiation of the here-and-now event with Susan in her interview. Although the CIT and client found aspects of this occurrence meaningful as well, the supervisor’s experience of this event and strong reaction to it were unlike the experiences of the CIT and client.

CIT sharing his or her experience of client with client and the reverse. Finally, there were a few immediacy events that involved the CIT sharing his or her experience of the client with the client, and the reverse. The supervisor found the following event from Sue (CIT) and Bridget’s (client) session meaningful. They were working on Sue’s fear of speaking up in class.

Supervisor. The supervisor reflected as follows in her field notes: “The client, Bridget, used role playing to give an example of an awkward moment. Sue, the CIT, reflected, ‘You have put yourself out there.’ Sue shared her experience of Bridget, saying, ‘I would like to provide my feedback,’ and went on to say that Bridget provided many things [positive contributions] in session and she wondered if others in the Bridget’s life were missing out on this side of her. There seemed to be a shift to the positive here.”

CIT. The CIT, Sue, found this event meaningful in the session as well. She reported that she told her client, Bridget, that she really valued what Bridget said in session. Sue was hesitant about whether or not this

disclosure was appropriate, as she was still learning about boundaries in counseling. Ultimately though, Sue found this to be a positive and meaningful experience in the session.

Client. The client, Bridget, also found this occurrence meaningful, saying:

Well, something that was different that was really important and really meaningful to me was just the way that she shared herself with me much more than [in] the first session. . . . She also told me that the things I tell her, even though I think they might not be useful . . . can grow from my opinion and that she really likes to hear what I have to say.

Here again, the supervisor, CIT and client all found this immediacy occurrence meaningful, and in this case, their accounts of the event were compatible from their varied perspectives.

Nonverbals and Intuition

The supervisor found many moments meaningful that were nonverbal events or exchanges in session, or that were intuitive to the supervisor. These moments included silence and space in the counseling, shifts of energy, and other nonverbal occurrences that the supervisor noticed.

Supervisor. During Alex (CIT) and Frank's (client) session, the observer wrote, "I'm wondering if the counselor is uncomfortable in this session. The client seems dominant and as if he is educating the counselor."

CIT. The CIT (Alex) perceived the dynamic between herself and her client (Frank), as Frank wanting Alex to be directive with him, and reflected, "I feel like he's kind of looking for someone to tell him what to do sometimes." On the other hand, Alex also experienced the dynamic in the session as Frank fulfilling the counselor's role, saying, "A lot of times I'll go to like say something just to reflect something back and he's there already. I'm like, 'Oh, you steal my job.'" This comment from Alex was in line with the supervisor's observation that Frank was dominant in the session. It seemed as though Alex saw Frank as both wanting her to be the expert and as jumping into the expert role himself.

Client. In his interview, Frank evaluated Alex, concluding, "I was very impressed with my counselor today." Frank confirmed in some ways the supervisor's intuition here by making evaluative statements of Alex as a counselor, as though he was in a dominant role in relation to her.

Rescuing

The theme of rescuing included instances where the supervisor noticed either the client or CIT shifting the discussion away from something intimate or uncomfortable. Some examples included the CIT interrupting a silence rather than allowing the client to experience what he or she needed in that silence, or the CIT rescuing the client from an uncomfortable thought. In this example from Susie (CIT) and Wanda's (client) session, the supervisor noticed Susie shifting the conversation away from a topic that seemed clearly important, intimate and likely uncomfortable for Wanda.

Supervisor. The supervisor recorded in her field notes, "The client said she was 'always a nervous person, even when [she] was little.' The counselor left this conversation abruptly and shifted to talking about the client's present relationships."

CIT. Susie, the CIT, did not mention that particular occurrence, but did have the following to say about the session, "I felt like . . . I didn't do a lot of validating. So, at times . . . I would kind of forget to be in that

moment with her and validate painful feelings.” It may be that the example from the observer’s perspective was one of the times Susie forgot to be in the moment with her client and validate her feelings. However, this perceived missed opportunity, or shifting away from something intimate, led to a conversation about present relationships, which ultimately led to a major insight for Wanda that she was judging others in her relationships.

Client. Wanda, the client, did not mention this occurrence either, as rescuing was unique to the supervisor’s perspective.

Depth of Congruence

Depth of congruence included instances when CITs understood as well as did not understand their clients’ experiences, and also included questions that CITs asked to further their understanding of their clients’ experiences. This theme also comprised CITs’ efforts to validate and reframe their clients’ experiences. Finally, the theme included instances of clients expressing that their CITs understood their experiences. This example of Penelope (CIT) and Cindy (client) illustrates the supervisor’s perspective of the CIT not understanding her client’s pain and missing the expression of pain and her own part in that pain.

Supervisor. The observer wrote the following in her field notes:

The client began the session saying that she felt . . . badly after last week’s session, that she spent the week feeling very negative. The counselor responded with nodding and smiling, [which seemed] disrespectful and heartbreaking. The client continuously brought it up throughout the session, without the counselor addressing it.

CIT. The CIT in this dyad, Penelope, experienced this event differently and felt she had addressed the client’s pain. Penelope spoke to the difficulty she experienced in hearing her client’s discomfort, which may have contributed to her in-session behavior. Penelope’s experience of this event is as follows:

She [the client] initially came in and she said that after last week’s session, she felt like crap. . . . I tried to talk with her about why she felt so bad about the last session, . . . [how] to make it a better process for her . . . to make her feel more comfortable. . . . It was hard not to . . . blame myself . . . but, I was glad that she did at least feel comfortable being honest with me and I think that it will be more productive in the next couple of sessions.

Penelope perceived her client’s honesty as evidence that they could have a more productive counseling relationship in the future.

Client. Interestingly, Cindy, the client, experienced the CIT’s reaction to her pain as positive, in contrast to the supervisor’s perception. She said the following: “Yeah, today was good. I think what helped is . . . before we even started I let her know how I felt last week, and she was great about it. She didn’t take offense to it. . . . She . . . thanked me for telling her.” The supervisor, CIT and client all experienced this occurrence as meaningful, yet each had her own distinctive view of what happened. While the supervisor saw the CIT as missing on joining with the client on her experience, or as lacking congruence, neither the CIT nor client experienced the situation this way.

Insights

Insights were present in many sessions and constituted meaningful occurrences in the supervisor’s perspective. Included in this theme were new realizations, *ah-ha* moments, and questions and experiences that

led to insights. The supervisor described the following meaningful event, in which Wanda (client) came to a new realization in her session with Susie (CIT).

Supervisor. The supervisor wrote the following in her field notes:

The client, Wanda, talked about feeling judged by her partner's mother. Wanda came around to saying that her partner's mother's behavior might not be about her. Susie, the counselor, affirmed this idea and asked if Wanda felt judged in any other relationships besides her relationship with her partner's mother. There was a long pause and Wanda finally said that she felt judged by her cousin. Wanda said at one point, "Maybe I'm judging her."

CIT. Susie, the CIT, found this event meaningful as well: "The first moment when she [the client] said, . . . 'Maybe it wasn't them being judgmental, it's me that is being judgmental towards others,' . . . I felt like that was a big moment for her. . . . I think that's important for [the client] to realize."

Client. Wanda had the following to say when asked what she had learned about herself through counseling: "I . . . realized that maybe I judge people a little bit too, like I think they have maybe an ulterior motive sometimes, or that they're being mean or judgmental, and when it's really just them being themselves." All three perspectives—the supervisor, CIT and client—found this event meaningful in session, and experienced the event in very similar ways.

Goal Setting

The final theme, goal setting, encompassed formulating and mutually setting goals and creating plans of action for clients. Clients seemed energetic in sessions during conversations about goal setting. The following example of goal setting in Kerry (CIT) and Ava's (client) session, although important to the client, felt like avoidance of painful issues to the supervisor.

Supervisor. The supervisor wrote the following in her field notes:

They ended the session with suggestions about how the client could busy herself so that she is not lonely (such as focusing on her school work). The client stated that she wants to be an ER nurse, start a family and then 'everything will be ok.' This feels like avoidance and/or denial to me, and feels sad.

CIT. Kerry, the CIT in this dyad, did not experience the goal setting as meaningful and did not mention the event in his interview.

Client. The client, Ava, did find the goal setting meaningful, saying, "Schooling . . . is a huge goal that I need to focus on and to keep in mind, and I know schooling will overcome everything if I just focus." Although the supervisor and client both found this event meaningful, it was for different reasons. The client gleaned hope from the goal setting, while the supervisor felt it was a temporary solution for a deeper issue.

Discussion and Implications

The findings from this study contribute to our understanding of the counseling process by providing an examination of the similarities and differences between meaningful happenings from three different perspectives—the client, the CIT and a supervisor. Operating from a constructivist paradigm (Ponterotto, 2005), we see multiple and equally valid realities in the findings. In answering the research question, beginning with

themes from the supervisor's perspective, we found that supervisors, CITs and clients were in general agreement about what was meaningful, as was in the case in Elliott and Shapiro's (1992) study, with some differences in how they experienced the events given their position. Purposely approaching the findings through a supervisor's lens allows us to clearly delineate implications for supervision.

First, many of the findings of this study regarding meaningful events in counseling have support in the literature from the client and counselor (or CIT) perspectives. Immediacy has been found meaningful in counseling from the client and CIT perspectives (Sackett et al., 2012). Goal setting as an important aspect of counseling also is supported in the literature. Sells et al. (1996) demonstrated that both clients and counselors find a focus on goals effective in counseling, and Sackett et al. (2012) found that both clients and CITs find goals meaningful in counseling. Not surprisingly, the literature shows that the counseling relationship is important to both clients and counselors or CITs (Sackett et al., 2012; Thomas, 2006). Further, Singer (2005) established that clients value feeling understood by their counselors, and Paulson et al. (2001) found that clients' feeling connected with their counselors allows them to engage in the process. Several researchers also have found insight important from both client and counselor perspectives (Lietaer & Neirinck, 1986; Martin & Stelmaczek, 1988; Sackett et al., 2012). The present study provides evidence that these aspects of counseling are meaningful to a supervisor as well.

In some cases, the supervisor, client and CIT not only found the same event meaningful, but also had similar experiences of the events. This was the case for the immediacy subtheme of processing the counseling process and the relationship. Hill and Knox (2009) suggested that when clients and counselors process their relationship, the relationship is enhanced, and clients transfer this relational learning to their other relationships. Relatedly, Bowman and Fine (2000) found that counselor transparency is helpful to clients in counseling. Further, Knight (2012) asserted that counselor transparency is critical to client openness in counseling and serves as a model for clients, and that this learning can be transferred to other relationships. Supervisors who observe CIT transparency can reinforce this skill and the benefits for CITs, as well as model this behavior themselves in their supervisory relationships. Osborn, Paez, and Carrabine (2007) recommended participating in reflective conversations in supervision, creating a collaborative relationship that assists CITs in becoming more aware of their own feelings.

Two examples of meaningful events in this study were consistent with Blow et al.'s (2009) finding that a "mistake" as seen by the supervisor did not hinder the process when the counseling relationship was solid, as was the case in the here-and-now subtheme of immediacy, and in the theme depth of congruence. These two examples also are consistent with the finding of Rhodes, Hill, Thompson, and Elliott (1994) in which a client experiencing discomfort in counseling was able to share concern with the CIT, and the CIT responded with understanding and the counseling relationship was strengthened. Similarly, in the case of rescuing, the current results are in line with Blow et al.'s (2009), in that a missed opportunity can lead to a direction that the observer does not anticipate, yet works well for the client.

Other differences in perspectives exist in the findings and give us fodder for discussion of supervision. In the example given for the goal-setting theme, the supervisor and the client both found goal setting meaningful, though for different reasons. In supervision with this CIT, the supervisor might have encouraged him to focus less on the client's seemingly idealistic goals and more on the client's loneliness, unaware that the focus on the goals was so meaningful to the client. In the case of nonverbals and intuition, the supervisor picked up on a dynamic, or a force producing change, between the client and CIT that she could see since she was not directly involved in the dynamic. In the example given for rescuing, the supervisor was the only one who experienced the abrupt shift away from an intimate topic as meaningful. The rescuing in this example actually led, albeit abruptly, to a conversation that ultimately led to a major insight for the client. This finding supports the discovery of Elliott and Shapiro (1992) that a discrepancy in perspectives eventually can lead to a significantly

helpful event for the client. In supervision, the first author might have drawn the CIT's attention to the rescuing, as well as pointed out that the direction taken led to a realization for the client. Examining meaningful events from multiple perspectives allows for identifying discrepancies and how they might be manifested in supervision with CITs.

These findings indicate many recommendations for supervisors. Supervisors can encourage CITs to elicit client experiences throughout the counseling process, as other researchers have recommended (Sackett et al., 2012; Singer, 2005), including directly talking about the alliance as suggested by Hill and Knox (2009). In moments of immediacy, the supervisor can view these intimate interactions from a distance and offer valuable feedback to the supervisee. However, the supervisor is not in the room for these moments of immediacy, and therefore may experience the feeling differently than the CIT and client. Even in these instances, the supervisor can engage in productive conversations with the CIT about the differences in perspectives, facilitating awareness and growth for the supervisee. In addition, modeling conversations about the process and relationship ideally can occur within the context of the supervisory relationship, which also has been suggested by Hill and Knox (2009), as well as Osborn et al. (2007). Clearly, the counseling relationship is paramount, and the supervisor is not part of that relationship. Therefore, what the supervisor sees as a therapeutic mistake might in fact be experienced differently in the counseling room because of the relationship between the client and CIT. Consequently, the significance of the counseling relationship must be continually stressed to supervisees, and the supervisory relationship should be treated with as much care.

The findings point to meaningful experiences that may be unique to a supervisor's perspective, such as those related to nonverbals and intuition, which are often outside the awareness of the CIT and client in the relationship; and rescuing, which may be beyond the developmental level of the CIT and not an aspect with which clients would be in tune. Supervisors can challenge CITs by informing them of moments when they rescue clients. Rescuing is an aspect of counseling that must be seen by the supervisor (live or via video), as CITs likely will be unaware of doing this and therefore not report it. Similarly, supervisors can offer CITs another perspective on what may be happening in the counseling session and in the counseling relationship that the CIT is unable to see, such as nonverbals and intuitive observations. The use of live supervision and video recordings can reinforce how powerful these meaningful experiences are in counseling sessions. For instance, in the case of Sue and Bridget, the supervisor noticed a clear, positive shift in the session following the CIT's disclosure of how she experienced her client, and although the CIT experienced this event as meaningful, she may not have noticed an overall positive shift in the session or attributed the shift to her disclosure.

It is important for supervisors to remember that although they bring expertise to the table, they can only see through their own lens, and therefore should be aware of their predispositions. The use of live supervision and video recording is important in adding the supervisor's perspective to supplement the CIT's account of the session. Interpersonal process recall (Kagan, 1980) can be used to enhance supervisee self-awareness (Getz, 1999) by pausing at vital moments while viewing a video recording and checking in with the supervisee about his or her feelings and thoughts from that moment in the counseling session. The supervisor's perspective can be added to this process as well. The reflective model of supervision (Stinchfield, Hill, & Kleist, 2007) also can be effective in facilitating supervisee self-awareness and growth. This technique involves the supervisor and a peer supervisee observing the presenting supervisee's work and then discussing feedback for the presenting supervisee with each other while he or she only listens and reflects internally. These supervision techniques can include the multiple perspectives of the supervisor, supervisee and peer supervisee(s). However, it is important to remember, as indicated in the findings of this study, that the clients' experience can only be accurately known by eliciting it.

In summary, we found general agreement among a supervisor, CITs and clients about what was meaningful in the counseling events examined in this study. We did find some differences in how they experienced the events given their roles. We purposely approached the findings through a supervisor's lens, which allowed us to discuss implications for supervision.

Limitations and Suggestions for Future Research

There are limitations to this study that are important to mention. We chose examples for each theme to illustrate a meaningful event as seen by the observer, and described them from each of the three perspectives of the supervisor, client and CIT. As such, the similarities and differences among the three perspectives on the chosen events cannot be generalized to the other meaningful events within those same themes. Also, the study was conducted in one particular clinic, which is associated with a counselor education program that has its own training and style preferences that may not be representative of other counselor education programs and their supervisors.

Future research concerning multiple perspectives on meaningful events in counseling sessions can further our understanding of the counseling process. It would be useful to replicate this study across a variety of settings and populations. Finally, using a quantitative or mixed-methods research methodology to examine multiple perspectives on the process would likely provide new, helpful information for supervisors.

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The authors reported no conflict of interest or funding contributions for the development of this manuscript.

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Development of Counseling Students' Self-Efficacy During Preparation and Training



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Counselor preparation is multifaceted and involves developing trainees' clinical knowledge, skills and competence. Furthermore, counselor self-efficacy is a relevant developmental consideration in the counseling field. Therefore, the purpose of this longitudinal investigation was to examine the effects of a counselor preparation program on students' development of counseling self-efficacy. The Counselor Self-Efficacy Scale was administered to 179 master's-level counselors-in-training at three points in their counselor training and coursework, including new student orientation, clinical practicum orientation and final internship group supervision meeting. Findings indicated that students' experience in their preparation program resulted in higher levels of self-efficacy.

***Keywords:* counselor preparation, counselor training, self-efficacy, development, internship**

The practice of counselor training is a complex, intentional process of reflective educational and experiential activities to promote the development of knowledge and skills (Bernard & Goodyear, 2013; Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009; McAuliffe & Eriksen, 2011). As such, the primary goal of counselor preparation programs is to educate and train students to become competent counselors by equipping them with necessary skills, knowledge and experiences (American Counseling Association, 2014; Bernard & Goodyear, 2013; CACREP, 2009). Furthermore, students training to be counselors increase their self-awareness and reflective practice throughout their educational experience (Granello & Young, 2012; Lambie & Sias, 2009; Rønnestad, & Skovholt, 2003). Increased understanding regarding counseling trainee development may aid educators' ability to develop and deliver educational and supervision interventions.

Self-efficacy represents an individual's beliefs or judgments about his or her ability to accomplish a given goal or task (Bandura, 1995). Furthermore, self-efficacy is a recognized measure of development in the counseling field (Larson & Daniels, 1998), has a positive influence on work-related performance (Bandura, 1982; Stajkovic & Luthans, 1998), and consequently works as an outcome and developmental consideration for counselor training. In addition, there are assortments of published research examining counseling trainees' self-efficacy (e.g., Barbee, Scherer & Combs, 2003; Cashwell & Dooley, 2001; Kozina, Grabovari, Stefano, & Drapeau, 2010; Melchert, Hays, Wiljanen, & Kolocek, 1996; Tang et al., 2004); however, limited research examines counseling trainees' development of self-efficacy in a longitudinal fashion based upon their experiences from start (e.g., educational courses) to finish (e.g., initial clinical experiences) in counselor preparation programs. Therefore, the purpose of this longitudinal investigation was to examine counselor trainees' self-efficacy as they progressed through the educational and experiential components of a counselor preparation program.

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Counseling Students' Self-Efficacy

Bandura (1995) described perceived self-efficacy as “beliefs in one’s capabilities to organize and execute the courses of action required to manage prospective situations” (p. 2). Self-efficacy is considered an appropriate scientific lens for examining individuals’ beliefs regarding their ability to accomplish professional goals (Bandura, 1997) and is a common research topic in counseling literature (e.g., Larson & Daniels, 1998). Specifically, Bandura (1997) suggested that individuals’ ability to accomplish a task or goal not only necessitates skill and ability, but also the belief in oneself that provides the confidence and motivation to complete a task. Larson and Daniels (1998) stated that counseling self-efficacy is “one’s beliefs or judgments about her or his capabilities to effectively counsel a client in the near future” (p. 180). Self-efficacy is appropriate for the selection and training of counselors because of the construct’s stability and reliability (Beutler, Machado, & Neufeldt, 1994).

Self-efficacy is important in relation to counselor competence (Barnes, 2004; Larson & Daniels, 1998). Larson (1998) suggested that self-efficacy is a critical influence on one’s self-determining mechanisms and as a result is a critical variable in supervision. The importance of self-efficacy in the counseling field is documented by the development of measures of self-efficacy for various research constructs (e.g., Bodenhorn & Skaggs, 2005; Mullen, Lambie, & Conley, 2014; Sutton & Fall, 1995). Melchert and colleagues (1996) developed the Counselor Self-Efficacy Scale (CSES) to examine counselors’ and counselor trainees’ level of confidence in knowledge and skills regarding counseling competencies. Melchert and colleagues (1996) found that counseling students’ ($N = 138$) scores on the CSES varied based on their experience in their preparation program, with second-year students reporting more confidence than students in their first year of training. Additionally, Melchert and colleagues (1996) found that counselors ($N = 138$) with more years of clinical experience also reported greater levels of self-efficacy.

Counselors’ training, initial clinical experiences and supervision relates to their self-efficacy beliefs. Hill et al., (2008) found that skills training impacted undergraduate students’ confidence regarding the use of helping skills. However, Hill and colleagues (2008) noted that as students faced more difficult skills, their confidence decreased, but eventually increased upon gaining experience using the skill. Barbee and associates (2003) found that trainees’ ($N = 113$) participation in service learning had a positive relationship with counselor self-efficacy. However, these researchers also found that total credits of coursework (i.e., time in the preparation program) and prior counseling-related work were stronger predictors of self-efficacy as compared to service learning.

Supporting the findings from Barbee and colleagues (2003), Tang and colleagues (2004) found that students with more coursework, internship experience and related work experience reported higher levels of competence regarding counseling skills. Regarding self-efficacy during clinical experiences, Kozina and colleagues (2010) found that the counseling self-efficacy of first year master’s-level counseling students increased during initial work with clients during clinical experience. Additionally, Cashwell and Dooley (2001) found that practicing counselors receiving supervision, compared to those not receiving supervision, reported higher levels of self-efficacy, indicating that supervision supports increased beliefs of counseling efficacy. However, no published studies were identified examining counseling students’ longitudinal change in self-efficacy as a result of their participation in a counselor preparation program from the start of the program through their clinical experiences.

Purpose of the Study

The development of trainees is a vital topic for counselor education. Counselor educators and supervisors need a comprehensive understanding of student development with the aim of assessing student learning

outcomes and facilitating pedagogical and supervisory interventions that support development. Enhancing counseling students' self-efficacy regarding clinical skills is an important developmental goal within preparation programs, with higher self-efficacy suggesting increased likelihood of efficient and effective counseling services (Bandura, 1982; Bandura, 1997; Larson & Daniels, 1998; Stajkovic & Luthans, 1998). Research on counselor self-efficacy is common; however, no studies have investigated change in master's-level counseling students' self-efficacy over the course of their preparation program (i.e., longitudinal investigation). Therefore, we investigated the following research questions: (1) What is the relationship between counseling students' demographic factors and self-efficacy at three key times during their preparation program? (2) Does counseling students' self-efficacy change at three points during their graduate preparation program?

Method

Participants and Procedures

Participants included 179 master's-level graduate students from a single CACREP entry-level counselor education program at a university in the Southeastern United States. Specifically, participants included several cohorts of entry-level counselor trainees who started the counselor training program during the spring 2008 through fall 2011 semesters and completed the program by the Summer 2013 semester. Institutional Review Board approval from the university was obtained prior to data collection and analysis. To protect the rights and confidentiality of the participants, all identifying information was removed and the data were aggregated.

The study was introduced to the participants during the counselor preparation program's new student orientation (NSO; a mandatory information session prior to the start of trainees' coursework). At this point, students were invited to be part of the study by completing a paper-and-pencil packet of instrumentation. Participants were invited to complete the second data collection point during a mandatory clinical practicum orientation (CPO) occurring prior to their initial clinical and supervision experience (approximately midpoint during the students' program of study). The final data collection point was at the participants' final internship group supervision meeting (FIGSM; end of students' program of study). A total accessible sample consisted of 224 students who fit the selection criteria for participate in this study. The selection criteria included the following: (a) started the program in the beginning of the spring 2008 semester and (b) graduated by the end of the fall 2011 semester. However, due to incomplete instrument packets, missing items (listwise deletion) or student attrition, 179 participants completed the instruments across all three data collection points, yielding a 79.91% response rate.

The participants included 151 females (84.4%) and 28 males (15.6%). Regarding age, 162 participants (90.5%) fell between the ages of 20 and 29, 13 participants (7.3%) were between the ages of 30 and 39, two participants (1.1%) fell between the ages of 40 and 49, and two participants (1.1%) were over 50 years of age. Participants' ethnicities were as follows: 133 (74.3%) Caucasian, 36 (20.1%) African American, seven (3.9%) Hispanic American, one (0.6%) Asian American and 2 (1.1%) other ethnicity. Participants program tracks included mental health counseling (MHC; $n = 78$, 43.6%); marriage, couples and family counseling (MCFC; $n = 46$, 25.7%); and school counseling (SC; $n = 55$, 30.7%).

Counselor Preparation Program Experience

Students participating in this study were entry-level counseling trainees attending an academic unit with three CACREP-accredited master's-level programs. The students were enrolled in one of the following three programs of study: (a) MHC; (b) MCFC; or (c) SC. Students' early coursework in the counselor preparation program included core curriculum courses that focused on content knowledge and initial skill development required for advanced clinical courses. The course prerequisites for initial clinical practicum experience for all

students included: (a) Introduction to the Counseling Profession, (b) Theories of Counseling and Personality, (c) Techniques of Counseling, (d) Group Procedures and Theories in Counseling, and (e) Ethical and Legal Issues. Additionally, students in the MHC and MCFC tracks were required to complete a Diagnosis and Treatment in Counseling course. Students in the MHC and MCFC tracks were required to complete 63 credit hours, while students in the SC track were required to complete 60 credits hours (if they did not have a teaching certificate) or 51 credit hours (if they had a valid teaching certificate). Courses were delivered by a diverse set of counselor educators who determined course content and style based on their individual pedagogical approaches.

Students participated in their clinical practicum course after their course prerequisites were met. SC students completed their internship after a single semester of clinical practicum (100 total clinical hours in practicum). Students in MHC and MCFC tracks completed their internship experience after two consecutive experiences in clinical practicum (200 total clinical hours in practicum). During their internship experience, SC students completed 600 clinical hours over one or two semesters and MHC and MCFC students completed 900 clinical hours over two semesters. Overall, students progressed through their course and clinical experiences over 2.5–3.5 years, depending on their course load and time commitment preferences. Importantly, it was not required for all coursework to be completed prior to initial clinical experiences. Students completed non-prerequisite coursework at the time most accommodating to their schedule, but were required to complete all coursework by the time of graduation, with the FIGSM being one of the last class-based tasks in the program.

Measures

We utilized the CSES (Melchert et al., 1996) in this investigation to gather data on counseling trainees' level of self-efficacy. In addition, a demographic questionnaire was used to collect data regarding participants' biological gender, age, ethnicity and program track (i.e., MHC, MCFC or SC). The following section introduces and reviews the CSES.

Counselor Self-Efficacy Scale. The CSES is a 20-item self-report instrument that assesses counseling trainees' competency regarding key counseling tasks for group and individual counseling (Melchert et al., 1996). The CSES was developed based upon a review of the literature with the goal of identifying key types of counseling competencies for counselors. The CSES uses 5-point Likert scale responses that indicate an individual's level of confidence in his or her counseling ability, including "Never," "Rarely," "Sometimes," "Frequently" or "Almost Always" answer options. Half of the items are worded in a negative fashion to avoid acquiescent response bias, requiring reverse coding. The total score of the CSES ranges from 20–100 and is calculated by adding the responses to all 20 items with consideration given to the reverse coded items. Some sample items from the CSES include the following: (a) I am not able to accurately identify client affect, (b) I can effectively facilitate appropriate goal development with clients, and (c) I can function effectively as a group leader/facilitator.

Melchert and colleagues (1996) reported a Cronbach's alpha of .91 and a test-retest reliability ($r = .85$; p -value not reported) in their initial psychometric testing of the CSES with counseling psychologist students and licensed professional psychologists. In addition, Melchert and colleagues (1996) tested for convergent validity and reported an acceptable correlation ($r = .83$; p -value not reported) between the CSES and the Self-Efficacy Inventory (Friedlander & Snyder, 1983). Constantine (2001) found that the CSES had an acceptable internal consistency, with a Cronbach's alpha of .77 with counseling supervisees. Additionally, Pasquariello (2013) found that Cronbach's alpha ranged from .85–.93 with doctoral psychology students. For the current study, the internal consistency reliability for the CSES was acceptable, with a Cronbach's alpha of .96 (Sink & Stroh, 2006; Streiner, 2003).

Data Analysis

A longitudinal study design was employed for this investigation. After completion of the data collection process, participants' responses were analyzed using descriptive data analysis, one-way analysis of variance (ANOVA), repeated measures ANOVA, paired-samples t-test and mixed between/within-subjects ANOVA. Prior to analysis, the data were screened for outliers using the outlier labeling method (Hoaglin & Iglewicz, 1987; Hoaglin, Iglewicz, & Tukey, 1986), which resulted in identifying 11 cases with outliers. Therefore, Winsorized means were calculated based on adjacent data points to replace the outliers (Barnett & Lewis, 1994; Osborne & Overbay, 2004). The resulting data were checked for statistical assumptions and no violations were found. A sample size of 179 graduate counseling students was deemed appropriate for identifying a medium effect size (power = .80) at the .01 level for the employed data analysis procedures (Cohen, 1992).

Results

Counseling Trainees' Self-Efficacy

Several one-way between-groups ANOVAs were conducted to examine the impact of each trainee's age, gender, ethnicity and program track (i.e., SC, MHC or MCFC) on his or her level of self-efficacy at each of the three data collection points. There was no statistically significant relationship between self-efficacy and trainees' age at the NSO data collection point ($F[3, 178] = 1.35, p = .26$), at the CPO data collection point ($F[3, 178] = .39, p = .76$) or at the FIGSM data collection point ($F[3, 178] = .71, p = .55$). Similarly, there was no statistically significant relationship between self-efficacy and trainees' gender at the NSO data collection point ($F[1, 178] = .48, p = .49$), at the CPO data collection point ($F[1, 178] = .02, p = .88$) or at the FIGSM data collection point ($F[1, 178] = .001, p = .97$). There was no statistically significant relationship between self-efficacy and trainees' ethnicity at the NSO data collection point ($F[4, 178] = 1.03, p = .39$), at the CPO data collection point ($F[4, 178] = .82, p = .51$) or at the FIGSM data collection point ($F[4, 178] = .03, p = .97$). Finally, there was no statistically significant relationship between self-efficacy and trainees' program track at the NSO data collection point ($F[2, 178] = .03, p = .97$), at the CPO data collection point ($F[2, 178] = .40, p = .67$) or at the FIGSM data collection point ($F[2, 178] = .04, p = .96$).

Counseling Trainees' Self-Efficacy Over the Course of the Program

A one-way within-subjects repeated measures ANOVA was conducted to examine participants' ($N = 179$) CSES scores at the three data points (i.e., NSO, CPO, FIGSM). Table 1 presents the descriptive statistics. Mauchley's Test indicated that the assumption of sphericity was violated, $\chi^2(2) = .53, p < .001$; therefore, the within-subjects effects were analyzed using the Greenhouse-Geisser correction (Greenhouse & Geisser, 1959). There was a statistically significant effect of time, $F(1.3, 242.79) = 404.52, p < .001$, Partial $\eta^2 = .69$ on participants' CSES scores. Sixty-nine percent of the variance in CSES scores can be accounted for by the time participants spent in the program (large effect size; Sink & Stroh, 2006; Streiner, 2003). Therefore, trainees scored higher on the CSES at each interval during their counselor preparation program.

Table 1

Descriptive Statistics for Self-Efficacy Across Data Collection Points

Data Collection Point	<i>M</i>	<i>SD</i>	<i>Mdn</i>	Mode	Range
New student orientation	57.09	14.42	59	58	23–84 (61)
Clinical practicum orientation	77.43	8.53	78	79	53–99 (46)
Final internship group supervision meeting	83.04	6.80	84	76	66–95 (33)

Note. $N = 179$.

Several paired-samples *t*-tests were employed to evaluate the impact of time in the program on trainees' self-efficacy. There was a statistically significant increase in trainees' CSES scores from NSO to CPO, $t(178) = 18.41, p < .001; \eta^2 = .65$. The mean increase in CSES scores between NSO and CPO was 20.33, with a 95% confidence interval ranging from 18.15–22.51. There was a statistically significant increase in trainees' CSES scores from NSO to FIGSM, $t(178) = 23.19, p < .001; \eta^2 = .75$. The mean increase in CSES scores between NSO and FIGSM was 25.94, with a 95% confidence interval ranging from 23.74–28.15. There was a statistically significant increase in trainees' CSES scores from CPO to FIGSM, $t(178) = 10.37, p < .001; \eta^2 = .38$. The mean increase in CSES scores between CPO and FIGSM was 5.61, with a 95% confidence interval ranging from 4.54–6.68. Overall, these results provide additional support indicating that trainees' CSES scores had a statistically significant increase from the start of the program (NSO) to the end of the program (FIGSM). In addition, the span from the start of the program (NSO) to their initial clinical experience (CPO; i.e., completion of the core curriculum required for clinical work) had the largest increase in scores amongst consecutive time ranges (i.e., NSO to CPO and CPO to FIGSM).

A mixed between/within-subjects (split plot) ANOVA was conducted to assess the interaction effect of trainees' degree track (i.e., SC; MHC; and MCFC) on their CSES scores across the three data points (i.e., NSO, CPO, FIGSM). Mauchly's Test indicated that the assumption of sphericity was violated, $\chi^2(2) = .53, p < .001$; therefore, the effects were analyzed using the Greenhouse-Geisser correction (Greenhouse & Geisser, 1959). There was no significant interaction between trainees' degree track and the data collection points, $F(2.72, 239.58) = .12, p = .94$; indicating that trainees' track did not have an effect on their CSES scores across the data collection points, despite the differences in their program requirements.

Discussion

We examined the relationship between entry-level counseling trainees' demographic characteristics and their reported self-efficacy at three key points during their graduate preparation program. The findings from this investigation indicated no relationship between participants' age, gender, ethnicity or program track and their reported self-efficacy at any point in the program. These results are similar to Tang and colleagues' (2004) findings, which identified no relationship between counseling trainees' self-efficacy and their age. However, Tang and colleagues (2004) did find that total coursework and internship hours completed had a statistically significant impact on trainees' counseling self-efficacy.

The current investigation is unique in that it longitudinally studied master's-level counseling trainees' self-efficacy at developmental points from the beginning to the end of their preparation program, while other studies have examined the construct of counseling self-efficacy through a cross-sectional framework or focused on clinical experiences (e.g., Barbee et al., 2003; Cashwell & Dooley, 2001; Kozina et al., 2010; Melchert et al., 1996; Tang et al., 2004). The results of this investigation identified differences in trainees' self-efficacy at the three collection points (large effect size), indicating that trainees had an increase in self-efficacy as a result of their participation in the program. Additionally, the results identified mean differences in trainees' self-efficacy as a result of time in the program from NSO to CPO and CPO to FIGSM. These findings are logical given the theoretical framework of self-efficacy (Bandura, 1986); however, these findings are important and relevant as they provide innovative empirical evidence for Bandura's (1986) theory of self-efficacy.

Trainees' self-efficacy increased the most between NSO and CPO, indicating that completing initial prerequisite content coursework had a larger impact on trainees' development of efficacy compared to their time spent on initial clinical experience. This finding is important, considering that prior research has shown that initial clinical work increases self-efficacy (Kozina et al., 2010), whereas the findings in this investigation

indicate that the majority of efficacy is developed prior to initial clinical experiences. The present results are consistent with those of Tang and colleagues (2004), who found that trainees with more completed coursework and more completed internship hours reported higher levels of self-efficacy. The findings of the current study builds upon Tang and colleagues' (2004) findings, identifying the specific time within a counseling preparation program (i.e., initial coursework versus clinical experience) when the most growth in efficacy belief occurs.

The findings from the present investigation support models of education and supervision that utilize a social cognitive framework (e.g., Larson, 1998). Counselor self-efficacy represents a practitioner's judgment about his or her ability to effectively counsel a client (Larson et al., 1992). Therefore, knowledge regarding counseling trainees' development of self-efficacy during their preparation program prior to their clinical experiences affords supervisor practitioners and researchers insight into student development. Much of the existing literature focuses on trainees' initial clinical experiences, neglecting the large impact that early coursework has on the development of self-efficacy.

Implications for Counselor Education and Supervision

We offer several implications for clinical supervisors based on the results from this investigation. First, our findings demonstrate that master's-level counseling trainees' self-efficacy increases as a result of their experiences in their preparation program, providing further evidence for Bandura's (1986) theory of self-efficacy. Counselor educators are expected to monitor trainees' progress and development throughout their training (Bernard & Goodyear, 2013), and self-efficacy is an established measure of development (Larson & Daniels, 1998); therefore, it serves as an appropriate outcome consideration for counselor preparation programs. Counselor educators can make use of available self-efficacy measures that focus on competency (e.g., CSES; Melchert et al., 1996) and evaluate trainees at milestones in their program as a measure of student learning outcomes. It is logical that trainees entering counselor preparation programs need high levels of instruction, modeling and guidance due to their inexperience in the discipline. Opportunities for modeling counseling skills across topic areas, along with occasions for practicing skills, provide chances for trainees to build mastery experiences early in their program. As noted by Kozina and colleagues (2010), giving feedback on the discrepancy between trainees' skill competency and perceived efficacy may promote reflection and development at key times throughout their training program (Daniels & Larson, 2001; Hoffman, Hill, Holmes, & Freitas, 2005).

In addition, our findings identified the importance of trainees' counselor preparation coursework. Specifically, increased student course requirements to meet accreditation standards (e.g., Bobby, 2013; CACREP, 2009; Hagedorn, Culbreth, & Cashwell, 2012) are likely to improve trainees' self-efficacy (Tang et al., 2004). Prior research indicates that increased coursework as a result of higher accreditation standards has an effect on counselor knowledge (Adams, 2006). Our findings build on existing literature by indicating that coursework has an impact on trainees' self-efficacy prior to their initial clinical experiences. Counselor educators should be strategic and identify prerequisite courses to enhance students' self-efficacy on vital topics (e.g., counseling skills, group counseling, diagnosis and treatment courses) prior to students' initial work with clients.

An additional implication relates to trainees' level of self-efficacy as they enter initial clinical experiences. Participants in this study entered practicum with high levels of self-efficacy regarding clinical competence; and furthermore, participants had low to moderate increases in self-efficacy between practicum and the end of their internship. As such, our findings challenge the notion that growth in self-efficacy occurs during the clinical work phase of preparation (e.g., Kozina et al., 2010), because the majority of growth in self-efficacy for this study's participants occurred prior to initial clinical experiences. On the other hand, participants' reports of self-efficacy due to coursework may have been inflated, given that they had yet to complete their clinical work.

Therefore, counselor educators should examine supervisees during their initial clinical work to assess their perceived efficacy and actual competence.

Limitations

As with all research, the present study has limitations. First, this study took place at a single counseling preparation program whose individual systemic factors may have influenced the participants' experiences. Therefore, future studies should replicate the current investigation to confirm these findings. Second, this study utilized a single instrument that we identified based upon the research objectives for the study; however, more recently developed or validated instruments or a collection of instruments measuring the same construct may produce results that have different findings or implications. Additional limitations include the following: (a) potential unknown/unseen extraneous variables, (b) practice effects of participants retaking the same instruments three times, (c) participant attrition (i.e., 79.91% response rate), (d) cross-generational differences and (e) test fatigue (Gall, Gall, & Borg, 2007). Nevertheless, longitudinal research is considered a complex and comprehensive method of examining individual participants' change over time (Gall et al., 2007), offering a contribution to the counselor education and supervision literature.

Recommendations for Future Research

Future research might expand this study to examine changes in postgraduate practitioners' self-efficacy over an extended period of time (longitudinal study). Additionally, future researchers may examine: (a) the impact of self-efficacy on clinical outcomes, (b) the impact of clinical supervision on trainees' self-efficacy and (c) the impact of initial clinical experiences (e.g., practicum) on trainees' self-efficacy. Furthermore, researchers may examine other factors associated with counselor development (e.g., emotional intelligence, application of knowledge and theory, cognitive complexity). Researchers may examine the impact of specific pedagogical interventions on counseling trainees' self-efficacy. Lastly, the findings from this study should be replicated in other institutes that train counseling professionals.

Counselor educators and supervisors promote counseling trainees' professional competencies, enhancing their ability to provide effective counseling services to diverse clients. Research on counseling trainees' development is imperative for understanding and attending to their counseling students' educational and supervisory needs. The findings from this study indicate that counseling trainees experience an increase in their self-efficacy during their preparation programs.

Conflict of Interest and Funding Disclosure

The authors reported no conflict of interest or funding contributions for the development of this manuscript.

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Factors Contributing to Counselor Education Doctoral Students' Satisfaction with Their Dissertation Chairperson



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The relationship between doctoral students and their chairpersons has been linked to students' successful completion of their dissertations and programs of study. When students fail to complete their degrees, there is a rise in attrition rates, and both programs and students suffer. The current study, based on a survey developed by the first author, was based on previous literature and themes generalized from a qualitative pilot study of recent counseling doctoral graduates regarding the selection of a dissertation chairperson. The purpose of this study was to examine factors used by students to select their chairperson and behaviors exhibited by chairpersons as predictors of overall student satisfaction with their dissertation chairperson. One-hundred thirty-three counselor education doctoral students participated in this study. Results suggest that specific selection criteria and chairperson behavior components significantly predict counseling doctoral students' overall satisfaction with their dissertation chairpersons.

Keywords: counselor education, chairperson, attrition, dissertation, student satisfaction

The process of successfully completing a doctoral program depends upon a variety of factors. One key component of degree completion hinges on the dissertation process. Students, faculty, departments and the university as a whole are affected when doctoral students fail to complete their degrees (Council of Graduate Schools, n.d.-b; Garcia, Malott, & Brethower, 1988; Gardner, 2009; Goulden, 1991; Kritsonis & Marshall, 2008; Lenz, 1997; Lovitts, 2001). In the United States, doctoral attrition rates have been measured at 57% across disciplines (Council of Graduate Schools, n.d.-a). More recently, data have shown that attrition rates are declining in most doctoral programs; however, those in the field of humanities continue to stall (Jaschik, 2007). Many students fall short of completing the dissertation or take much longer than expected to complete the dissertation due to a lack of supervision or mentorship (Garcia et al., 1988). In a meta-synthesis of 118 studies on doctoral attrition, the most frequent finding was that degree completion is related to the amount and quality of contact between doctoral students and their chairperson (Bair & Haworth, 2004).

Mentoring Relationships

Mentoring relationships are essential to doctoral education and contribute to timely dissertation completion (Council of Graduate Schools, n.d.-b; Garcia et al., 1988; Lovitts, 2001). Casto, Caldwell, and Salazar (2005) examined the importance of mentoring relationships between counselor education students and faculty members. They discussed the benefits of having a counselor education mentor to assist with co-teaching, carrying out research activities, and enhancing professional competence and identity development. Kolbert, Morgan, and Brendel (2002) also noted that counselor education doctoral students benefit from faculty mentors who guide students through interactive tasks such as supervision, research, co-teaching, administration, advising

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and helping new graduates find employment. Although the types of interactions between doctoral students and their faculty chairperson have been documented, the relative influences of these interactions on the overall student–chairperson relationship remain unclear.

Selection and Behaviors

Chairperson behaviors and the criteria used by doctoral students to select their chairperson influence student relationship satisfaction and degree completion (Goulden, 1991; Lovitts, 2001). Lovitts (2001) found that the amount of time faculty spent interacting with students, the location of interactions (formal vs. informal settings), and the quantity of work and social interactions with students all influenced doctoral students' satisfaction with their chairperson. In addition, participants in the study who failed to complete their doctoral degree were six times more likely to have been assigned a chairperson rather than to have chosen a chairperson. Furthermore, students who completed their degrees were cited as feeling much more satisfied with their advisors than students who did not complete theirs.

Wallace (2000) researched meaningful student–chairperson relationships and the process by which students are assigned or select a chairperson, and found that previous interactions, personality matching and similar research interests were the three most common factors of meaningful relationships in the dyads. Smart and Conant (1990) conducted a qualitative study examining faculty members' perceptions of key factors that doctoral students should consider when selecting a chairperson. The top suggestions were for someone with similar research interests, someone with a thriving reputation for publishing and someone well educated in methodology (Smart & Conant, 1990). Although this combination can equal success for some doctoral students, researchers also have identified other variables that contribute to a successful student–chairperson relationship. For example, Bloom, Propst Cuevas, Hall, and Evans (2007) accumulated letters of nomination for outstanding advisors. Five overarching behaviors of outstanding advisors included the following: demonstrating genuine care for students, being accessible, acting as a role model in professional and personal matters, individually tailoring guidance, and proactively integrating students into the profession (Bloom et al., 2007). Emerging themes centered on the importance of support and nurturing rather than on the research background or reputation of the chairperson.

Zhao, Golde, and McCormick (2007) set out to examine how selection of a chairperson and chairpersons' behaviors affect doctoral student satisfaction, noting that the process by which students and chairpersons come together is relatively unexplored. Data for the study were gathered from a national survey of advanced doctoral students across 11 disciplines at 27 leading doctorate-producing universities with over 4,000 student participants. The four broad discipline areas included humanities, social sciences, physical sciences and biological sciences. Results revealed differences among disciplines for selection, behaviors and satisfaction. For the humanities and social sciences, categories under which counselor education falls, academic advising contributed most to student satisfaction. Cheap labor, which was more of a factor in physical and biological sciences, was least important for humanities and social science students. Further, humanities students noted that intellectual compatibility and advisor reputation were most influential in selecting a chairperson, while potential pragmatic benefit resulting from working with the chairperson was rated unfavorably. Results suggest that overall satisfaction with the advising relationship, especially in the humanities, is positively correlated with advisor choice and advisor behaviors (Zhao et al., 2007).

Research indicates that the relationship between the doctoral student and the chairperson is a key element in determining the student's success in completing his or her degree (Bloom et al., 2007). Much of the previous research in the area of assessing behaviors has been conducted in a qualitative manner in order to give voice to the participants. All of these studies have been informative across disciplines; however, researchers have

acknowledged that “a limited amount of research focusing on counselor education doctoral students has been conducted” (Protivnak & Foss, 2009, p. 240).

Purpose of the Study

The purpose of this study was to determine which variables are most influential in predicting counseling doctoral students’ and recent graduates’ overall satisfaction with their dissertation chairperson. Throughout the literature, terms such as advisor, chair and chairperson have been utilized; for the purpose of this study, the term chairperson is used. The research questions for this study included the following: (a) What selection criteria, if any, predict doctoral students’ and recent graduates’ overall satisfaction with their chairperson? and (b) What chairperson behaviors, if any, predict doctoral students’ and recent graduates’ overall satisfaction with their chairperson?

Method

Participants and Procedures

Counselor education doctoral students who had successfully proposed their dissertation and counselor education graduates who had defended their dissertation within 24 months of the date of the study were invited to participate. A survey instrument, designed by the first author using previous literature and a qualitative grounded theory pilot study, was posted on SurveyMonkey. Emails were distributed to CACREP-accredited department chairs and an invitation to participate was posted on CESNET, the counselor education listserv. The number of potential participants who fit the above criteria is unknown. A priori power analysis was conducted to determine the number of participants needed. Assuming a medium effect size of .05 at Power = .80, 91 participants were needed to successfully complete the survey (Cohen, 1992). After an 8-week period, 133 participants completed the survey, with 122 protocols valid and used for analysis.

Participant characteristics. Demographic information from the 122 participants was summarized and examined. Ages ranged from 26–63 years, with a mean age of 37. Ninety-one participants identified as female, 29 as male and one as transgender, and one declined to answer. The majority of participants identified as White (72 %) or African American (18%), with a small percentage identifying as Asian American (1.6%), Hispanic (2.5%), Native American (1.6%), and biracial (1.6%). Of the 122 participants, 42% were counselor education graduates and 58% were counselor education doctoral candidates. Lastly, 107 (88%) participants indicated that they had selected their chairperson and 15 (12%) indicated that their chairperson had been assigned to them.

Instrumentation

The survey instrument, developed in a qualitative pilot study, consisted of four sections: demographic items, participant selection criteria (e.g., is doing research similar to my dissertation topic), chairperson behaviors (e.g. provided effective feedback on my dissertation work) and participants’ overall satisfaction with their dissertation chairperson (e.g. overall, how satisfied were you with your dissertation chairperson?). An informed consent agreement appeared at the beginning of the survey and participants were required to confirm their consent in order to proceed to the overall survey.

Item generation. Survey items were developed based on the aforementioned qualitative pilot study. Grounded theory and axial coding were used to derive key themes used in conjunction with prominent themes from existing literature (Bair & Haworth, 2004; Gardner, 2009; Goulden, 1991; Kritsonis & Marshall, 2008; Lovitts, 2001; Zhao et al., 2007) in order to develop survey instrument items for the major constructs. These constructs were as follows: selection criteria used by doctoral students when choosing a dissertation chairperson (selection criteria); behaviors exhibited by the chairperson throughout the dissertation process (behaviors); and

doctoral students' satisfaction with their dissertation chairperson (satisfaction). Multiple survey questions were developed for each prominent theme in order to ensure comprehensiveness of each construct (DeVellis, 2003).

Content validity. The final instrument consisted of 62 items. The initial list of items was sent to a panel of counselor educators who had recently (within the last 5 years) completed their doctoral dissertation in a CACREP-accredited counseling program, for the purpose of ensuring the appropriateness of the items for the study. Changes were made, which included adding one demographic question, changing the wording on two selection items and removing one chairperson behavior item deemed redundant.

Data Analysis

Data screening. Surveys were assessed to identify incomplete responses. Eleven cases were removed, leaving a total of 122 valid surveys ($N = 122$). All variables showed less than 5% of missing values; therefore the listwise default was used. Linearity and normality were examined and variables did not violate assumptions.

A principal component analysis (PCA) was performed in order to appropriately group individual survey items into subscales for each of the constructs. Scree plots, eigenvalues and communalities were examined to determine the appropriate factor structure for the instrument's subscales. The final PCA for selection criteria revealed four components, with an alpha reliability of .79 and 53% of variance accounted for within the four components (success/reputation, research/methodology, collaborative style, obligation/cultural). Component titles were chosen based on the questions that loaded into each component (see Appendix A for selection criteria components, items and loadings within each component). The final PCA for chairperson behaviors revealed five components, with an alpha reliability of .94 and 67% of variance accounted for within the five components (work style, personal connection, academic assistance, mentoring abilities and professional development; see Appendix B for chairperson behavior components, items and loadings within each component).

Data Analysis

Separate multiple regression analyses were conducted in order to predict doctoral students' and recent graduates' overall satisfaction with their chairperson. Selection criteria and behavior components identified in the PCAs were used as the predictor variables. Multiple regressions were conducted to investigate which selection criteria and which chairperson behaviors were most influential in predicting participants' overall satisfaction with their chairperson. In regard to selection criteria, 15 participants stated that they were assigned to a chairperson and therefore were eliminated from this portion of the analysis, leaving 107 eligible participants. Prior to the regression, grouped quantitative variables were examined by testing Mahalanobis' distance to screen for multivariate outliers. Within selection criteria, three cases exceeded the chi-square critical value, and for satisfaction items, one case exceeded the chi-square critical value, leaving a valid pool of 103 participants. Within chairperson behaviors, seven cases exceeded the chi-square critical value, and for satisfaction items, one case was found that exceeded the chi-square critical value, leaving a valid pool of 114 participants.

Results

Analyses focused on selection criteria and chairperson behaviors as predictors of counselor education doctoral students' satisfaction with their dissertation chairperson. Regression results for selection criteria indicated that the overall model significantly predicted overall satisfaction, $R^2 = .251$, $R^2_{adj} = .219$, $F(4,98) = 7.87$, $p \leq .001$. This model accounted for 25.1% of the variance in overall satisfaction. Review of the regression coefficients indicated that only one component, collaborative style, significantly contributed to the final model ($\beta = .445$, $t(101) = 4.58$, $p \leq .001$; see Table 1).

Table 1*Rank Order for Selection Criteria*

Component	Rank	<i>b</i>	<i>SE</i>	β	Partial <i>r</i>	<i>t</i>	<i>p</i>
Collaborative style	1	.376	.082	.445	0.43	4.56	.000*
Success/reputation	2	.058	.077	.084	0.08	0.75	.457
Research/methodology	3	.046	.078	.060	0.06	0.58	.560
Obligation/culture	4	-.027	.095	-.026	-0.03	-0.28	.779

* $p \leq .001$

Regression results for chairperson behaviors indicated that the overall model significantly predicted overall satisfaction, $R^2 = .720$, $R^2_{adj} = .707$, $F(5,107) = 55.10$, $p \leq .001$. This model accounted for 72 % of the variance in overall satisfaction. Review of the regression coefficients indicated that two components, work style ($\beta = .390$, $t(111) = 4.96$, $p \leq .001$) and personal connection ($\beta = .456$, $t(111) = 6.19$, $p \leq .001$) significantly contributed to the final model. See Table 2.

Table 2*Rank Order for Chairperson Behaviors Criteria*

Component	Rank	<i>b</i>	<i>SE</i>	β	Partial <i>r</i>	<i>t</i>	<i>p</i>
Personal connection	1	.498	.080	.456	0.51	6.19	.000*
Work style	2	.327	.075	.390	0.43	4.96	.000*
Mentoring abilities	3	.089	.082	.089	0.11	1.10	.276
Academic assistance	4	.029	.093	.020	0.03	0.31	.757
Professional development	5	.010	.053	.012	0.02	0.18	.856

* $p \leq .001$

Because both regression models in research questions one and two were significant, a third regression was conducted in order to assess both the selection criteria components and the behavior components in predicting overall satisfaction with the participants' chairperson. The intent of this analysis was to show a possible interaction between the two separate constructs when predicting overall satisfaction. For this analysis, stepwise regression was used based on the previous regression results. Components were entered based on significant contribution by assessing each component's beta value. The components were entered in the following order: personal connection, collaborative style, work style, mentoring abilities, success/reputation, research/methodology, obligatory, academic assistance and professional development. Results from the regression indicate that two behavior components, work style and personal connection, and one selection component, success/reputation, accounted for 72.7% of the variance for the dependent variable, overall satisfaction, and contributed significantly to the model. See Table 3.

Table 3*Chairperson Behaviors and Selection Criteria Model Summary*

	<i>R</i>	<i>R</i> ²	<i>R</i> ² _{adj}	ΔR^2	<i>F</i> _{chg}	<i>p</i>	<i>df</i> ₁	<i>df</i> ₂
Model 1	.770	.593	.589	.593	138.52	.000	1	95
Model 2	.846	.715	.709	.122	40.14	.000	1	94
Model 3	.853	.727	.719	.012	4.23	.043	1	93

Note. Model 1 = work style; Model 2 = work style and personal connection; Model 3 = work style, personal connection and success/reputation.

Discussion

The present study was conducted in order to better understand which variables best predict satisfaction in the relationship between counseling doctoral students and their dissertation chairperson. Specifically, the study was designed to address gaps in the literature regarding selection criteria and chairperson behaviors as predictors of satisfaction among counselor education doctoral students.

The authors sought to understand the extent to which selection criteria predict doctoral students' overall satisfaction with their chairperson. Results from the regression analysis suggest that collaborative style significantly contributes to overall satisfaction with one's dissertation chairperson. There are four items within the component of collaborative style, which include the following: work ethic, personality match, previous work with faculty member and faculty member willing to serve as chairperson. Results suggest that doctoral students' perception of their ability to collaborate with their chairperson is most influential in predicting overall satisfaction in the relationship between the two. The items within this component seem to share a sense of alignment between the student and professor that focuses more on internal compatibilities, such as similar work ethic and similar personality styles, as opposed to external similarities and benefits, such as a focus on similar research interests or receiving a beneficial recommendation letter. Although there is limited research on how and why doctoral students select their dissertation chairperson, the findings from the present study support those of Wallace (2000), who found that both previous interactions and personality match are among the top themes for why doctoral students select their dissertation chairperson.

The second research question explored which chairperson behaviors best predict overall satisfaction with one's chairperson. Results from the regression suggest that two components, work style and personal connection, significantly predict overall satisfaction, and the model containing the two components contributed over 71% of the variance in overall satisfaction. Work style includes items such as the following: spoke in "we" vs. "you" statements, provided appropriate structure, held me accountable and on track, provided effective feedback, and discussed expectations prior to the working relationship. Items within the personal connection component included the following: personable and comfortable to be around, used humor in our interactions, advocated for me with others, was patient with my progress, and was invested in me as a professional. The chairperson behavior components that were found to significantly contribute to students' overall satisfaction with their chairperson seem to center on personal, mentoring and validating behaviors shown by chairpersons as perceived by students. The other components, which include more external assistance (such as building professional relationships, assisting with career possibilities, and providing articles and tips for conducting research), were not found to significantly predict overall satisfaction. Current findings support previous research indicating that students feel more comfortable and more satisfied when expectations are shared and discussed up front (Friedman, 1987; Golde, 2005; Goulden, 1991). In addition, the current findings uphold previous research showing that students are more satisfied with their chairperson when the chairperson displays genuine care and regard for the student (Bloom et al., 2007). However, results from the present study conflict with Zhao et al.'s (2007) findings, which showed that humanities and social science students identified academic advising as the most important factor in a satisfactory advising relationship. Although the current study's work style component includes some items that reflect academic advising functions, most academic advising roles fall under the present study's professional development and academic assistance components. Neither of these two components significantly predicted overall satisfaction in the present study.

As a follow-up to research questions one and two, a subsequent multiple regression analysis was conducted. The predictor variables included the four selection criteria components and the five chairperson behavior components. Results from the regression model suggest that three components, work style (behavior

component), personal connection (behavior component) and success/reputation (selection component) together contributed 72% of the variance explained in overall satisfaction. The same two components from chairperson behaviors (work style and personal connection) ended up in both the combined regression and the individual regression (research question two), but their beta weights were reversed, indicating that when selection criteria and behaviors are combined, work style contributes more to overall satisfaction than personal connection. For the selection criteria component, success/reputation did not prove to be significant in the individual regression analysis (research question one), but was significant in the combined regression analysis. This finding could be due to the fact that the items within the success/reputation component are more closely related to external behaviors, which seem to match more consistently with chairperson behaviors such as providing effective feedback and providing a good amount of structure. Interestingly, when the selection criteria components were entered without the chairperson behaviors components, only collaborative style seemed to predict overall satisfaction; however, success/reputation predicted overall satisfaction when combined with chairperson behaviors. Previous research (Smart & Conant, 1990; Zhao et al., 2007) indicated that several of the selection items included in the success/reputation component are valuable factors to consider when selecting a chairperson; however, in the findings of the current study, these selection criteria only seem to play a significant role when combined with chairperson behavior components. Further, although the success and reputation of one's chairperson may be an important factor for selecting a chairperson, it does not appear that the chairperson's success and reputation contributes to a satisfactory relationship between student and chairperson.

Limitations

One of the primary limitations of this study is the use of a researcher-developed survey instrument as the sole measure of selection criteria, chairperson behaviors and overall satisfaction. Because the purpose of the study was not to establish the psychometric properties of the survey, it is difficult to gauge the reliability and validity of the survey with any certainty. Although both the selection criteria construct and the chairperson behavior construct revealed high alpha reliabilities (.79 and .94, respectively), additional research would have to be conducted in order to establish the overall psychometric properties of the survey.

Another limitation was the inclusivity of the sample. Initially, participants were to be recruited using emails sent by CACREP-accredited department chairs to eligible past and present doctoral students; however, due to a lack of responses, the survey request was opened up to CESNET, a counselor educator listserv. Within both forms of participant recruiting, it is unknown how many eligible participants received the request for participation; therefore, the rate of return is unknown. Additionally, since the demographic composition of the counselor education doctoral student population is unknown, it is unclear whether the sample of participants who chose to complete the survey is representative of the broader population. Thus, results from this analysis may not be generalizable to the overall population of counselor education doctoral students.

Recommendations for Future Research

Because the results from this study represent only the perspective of the doctoral student and not that of the dissertation chairperson, future studies might include the voice of the chairperson, allowing researchers to gain a greater level of understanding and broadening the perspective of what constitutes a satisfactory relationship between chairperson and doctoral student. Conducting a larger, more thorough qualitative study, which might include focus groups and perhaps even counselor education doctoral students who did not complete their program, also could add value to this topic. In order to construct a more robust survey, future researchers may want to allow participants an opportunity to share their own influential selection criteria or helpful chairperson behaviors, which may have been inadvertently excluded from the current list. Lastly, researchers might establish formal psychometric properties for the survey instrument.

Implications

Previous literature states that the relationship between a doctoral student and the dissertation chairperson is essential in determining the student's successful completion and defense of his or her dissertation (Gardner, 2009; Lovitts, 2001). Findings from the current study reveal how counselor education doctoral students' selection of their chairperson and the behaviors that the chairperson exhibits are influential in predicting students' overall satisfaction with the student–chairperson relationship. Specifically, students who select their chairperson based on the chairperson's work style and the students' perceptions of their own abilities to collaborate with the chairperson appear to be more satisfied with their relationship with their chairperson than students who select their chairperson based on having a personal relationship. This knowledge can inform doctoral students and faculty members about the criteria and behaviors that contribute to good advising relationships and positive dissertation outcomes. Understanding the most influential selection criteria (similar work ethic, personality match, previous relationship) and chairperson behaviors (patience, investment in the relationship and the student, advocacy for the student, timely and effective feedback) can result in greater satisfaction in the student–chairperson relationship. This information has the potential to influence both students and faculty when making decisions about selection or behaviors that may lead to a favorable dissertation outcome.

Additionally, results from this study and future studies may provide information to programs on how to decrease doctoral student attrition. Being aware of potential behaviors displayed by faculty members in a myriad of roles throughout the program, such as chairperson, advisor, supervisor or professor, could assist in increasing doctoral students' overall satisfaction. By utilizing the current study's findings and understanding which selection criteria and chairperson behaviors are most likely to influence overall satisfaction, counselor educators can enhance their advising behaviors to best meet the needs of students, thereby increasing the likelihood that students will successfully defend their dissertations and graduate from the counselor education doctoral program.

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Appendix A

Component Loadings for Selection Criteria Construct

Items	S/R	R/M	CS	O/C
Has a good reputation as a researcher	.810			
Has a good reputation as a dissertation chairperson	.801			
Recommended by other colleagues or peers	.733			
Higher chance of publishing my dissertation study	.606			
Has excellent writing skills	.586			
For a beneficial recommendation letter	.537			
Number of chairpersons' previous publications	.460			
Is doing research similar to my dissertation topic		.727		
I was approached by the faculty member		.630		
Previously worked with this person on research projects		.518		.505
Has the ability to understand my methodology		.490		
Ability to use already collected data		.473		
We share a similar work ethic			.743	
Matches my personality style			.733	
Previously worked with this person as a professor			.598	
Willing to serve as my chair			.519	
Felt obligated to work with this person				-.684
Previously worked with this person in my assistantship				.572
Is the same race/ethnicity				-.493

Note. S/R = success/reputation; R/M = research/methodology; CS = collaborative style; O/C = obligation/cultural.

Appendix B

Component Loadings for Behavior Construct

Items	WS	PC	AA	MA	PD
Spoke in "we" versus "you" statements	.756				
Provided appropriate structure	.732				
Held me accountable and on track	.725				
Provided effective feedback on my dissertation work	.698				
Discussed expectations prior to the working relationship	.685				
Personable and comfortable to be around		.872			
Used humor in our interactions		.678			
Advocated for me with others		.670			
Was patient with my progress		.634			
Invested in me as a professional		.609			
Unwilling to see others' perspectives*			.711		
Did not involve me in methodological decisions*			.698		
Did not allow for flexibility and individuality*			.693		
Did not focus on my strengths*			.647		
Did my research for me*			.582		
Was difficult to schedule appointments*				.643	
Provided helpful edits	.518			.606	
Was accountable and dependable	.516			.582	
Was patient with me and the dissertation process		.519		.573	
Sent me helpful research articles				.521	
Helped me develop relationships in the field					.829
Assisted with career possibilities					.694
Taught me about research practices					.620

Note. WS = work style; PC = personal connection; AA = academic assistance; MA = mentoring abilities; PD = professional development

* reverse-coded items; all loadings below .5 were suppressed.





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