Perceived Helpfulness of Teachers in Clinical Courses

The Professional Counselor
Volume 7, Issue 2, Pages 155–168
http://tpcjournal.nbcc.org
© 2017 NBCC, Inc. and Affiliates
doi:10.15241/rmm.7.2.155

Randall M. Moate, Jessica M. Holm, Erin M. West

Clinical courses are important in the development of students pursuing a master's degree in clinical mental health counseling (CMHC). Despite the importance of clinical courses, little is known about what CMHC students perceive as being helpful about their teachers of clinical courses. To investigate this, we sought the viewpoints of beginning counselors who were in their first four years of working as licensed counselors post-graduation. Thirty-two beginning-level counselors completed a Q sort that assessed the perceived helpfulness of their teachers of clinical courses in their CMHC master's degree program. Three different learning preferences—application-oriented learners, intrinsically motivated learners, and affective-oriented learners—were observed among participants in the study.

Keywords: **clinical courses, beginning counselors, Q sort, learning preferences, learners**

Counselor educators who teach in clinical mental health counseling (CMHC) master's degree programs are responsible for preparing counselors-in-training to acquire important content knowledge and develop competent clinical skills (Schwitzer, Gonzalez, & Curl, 2001). Didactic-oriented courses in CMHC curricula (e.g., ethics, diagnosis, cultural diversity, career counseling) tend to emphasize the acquisition of important content knowledge and are often associated with larger class sizes (Sperry, 2012). Clinical courses (e.g., skills, practicum, internship) emphasize development of clinical skills through experiential and applied learning opportunities and are typically associated with smaller class sizes. Although experiential and applied learning can be infused into didactic-oriented courses, they are fundamental to the pedagogy of clinical courses.

For students, engagement in clinical courses requires a shift from passive to active learning, with an increased emphasis on putting what they have learned into action (Auxier, Hughes, & Kline, 2003; Skovholt & Ronnestad, 1992). Clinical courses require students to engage in activities such as role plays, case formulizations and skill demonstrations (Young & Hundley, 2013). Although these types of learning experiences tend to be impactful for students (Furr & Carrol, 2003), they can also pose new emotional and cognitive challenges. Students in clinical courses are frequently observed by peers and instructors demonstrating skills, techniques and clinical thinking, which may be anxiety-provoking for students who are unsure of themselves as counselors-in-training.

We believe counselor educators encounter different types of pedagogical challenges teaching clinical courses when compared to didactic courses. For example, teachers interact closely with students in clinical courses on account of classroom dynamics that are more up close and personal. Additionally, there is an increased need for teachers to help students overcome emotional (e.g., feeling anxious about being observed by peers during a counseling demonstration) and physical (e.g., difficulty demonstrating a basic skill) challenges that arise through curricula focused on skill development. Further, teachers of clinical courses are challenged to evaluate students and provide feedback based on their direct observation of trainees' ability to perform basic skills, advanced techniques and clinical-thinking abilities.

Randall M. Moate is an Assistant Professor at the University of Texas at Tyler. Jessica M. Holm is an Assistant Professor at the University of Texas at Tyler. Erin M. West is a Lecturer at the University of Texas at Tyler. Correspondence can be addressed to Randall Moate, The Department of Psychology and Counseling, University of Texas at Tyler, 3900 University Blvd., Tyler, TX 75799, rmoate@uttyler.edu.

Unfortunately, little empirical research is available to counselor educators to inform their pedagogical choices in clinical courses (Barrio Minton, Wachter Morris, & Yaites, 2014). We believe that better understanding students' viewpoints of their teachers in clinical courses and what they perceive as beneficial for their clinical practice could provide counselor educators with valuable information to inform their pedagogy in these courses. The current study was designed to contribute in this regard by exploring what aspects of teachers of clinical courses were perceived as helpful by recent graduates of CMHC programs who were working as beginning counselors.

Teaching in Higher Education

Higher education researchers have focused on personal characteristics of teachers as a way to explore what students perceive as effective teaching; results of such research suggest that students attribute several different characteristics to their teachers' effectiveness. Examples include perceptions of teacher warmth (Best & Addison, 2000), compassion and interest in students (Sprinkle, 2008), rapport with students, effective delivery of information, focus on interpersonal relationships with students in the classroom (Goldstein & Benassi, 2006), and effective course organization and usefulness (Young & Shaw, 1999). Students additionally believed that effective teachers sparked interest in the course material and were accessible for support as needed (Feldman, 1988). From this research, it appears students value and perceive teacher effectiveness through both teachers' relational abilities and their effective delivery of course material.

In addition to studying personal characteristics of teachers, some higher education researchers have conceptualized different models of teaching styles. One notable model of teaching styles was created by Grasha (1994) through analysis of interviews with higher education faculty members. Grasha identified five teaching styles among faculty members: expert, formal authority, personal model, facilitator and delegator. An expert style refers to the direct transfer of knowledge to students through teaching modalities such as lecture. The formal authority style refers to defining clear expectations and learning objectives for students, which are based on an instructor's perceived authority on a subject, and providing direct feedback. A personal style refers to instructors teaching by personal example and encouraging students to learn appropriate behaviors through observation. The facilitator style refers to teachers serving as a guide and consultant, encouraging students to move toward independent learning. Finally, the delegator style refers to a hands-off approach in which students are given freedom to function independently. Rather than the teaching styles being exclusive, Grasha noted that teachers display varying degrees of each of the styles within their classrooms. Consequently, different combinations of teaching styles create a unique learning experience for students.

Another stylistic aspect of teaching that has been categorized in higher education literature is teacher-centered and learner-centered pedagogy. Instructors who use teacher-centered approaches are characterized by working in an expert role to disseminate knowledge to students. Conversely, teachers who utilize learner-centered approaches take the role of facilitator and aim to create an active learning environment (Smart, Witt, & Scott, 2012). Research on the effectiveness of these two approaches remains inconclusive, and some researchers have suggested that a teaching approach that utilizes both teacher- and learner-centered styles is probably ideal (Baeten, Dochy, & Struyven, 2012).

Teaching in Counselor Education

Little research exists that examines pedagogy within counselor education programs. Barrio Minton et al. (2014) completed a content analysis of published articles related to teaching and learning within

counseling and found a clear focus on techniques and content rather than pedagogical practices and students' learning experiences. Further, only a third of the articles were empirically based, and less than 15% had clear pedagogical foundations, indicating that the majority of the literature available on teaching in counselor education is conceptual in nature. Among these conceptual pieces, Malott, Hall, Sheely-Moore, Krell, and Cardaciotto (2014) aimed to bridge evidence-based practices of teaching in higher education with best practices in counselor education. Malott and colleagues affirmed that although counselor-based characteristics (e.g., empathy, positive regard) are essential for effectiveness in teaching counseling courses, they are not sufficient. They suggested that counselor educators should create effective learning environments characterized by creating strong rapport with students, engaging students in active learning (e.g., case studies, role plays) and providing opportunities for feedback throughout the course. Pietrzak, Duncan, and Korcuska (2008) examined factors that impacted counseling students' perceptions of teaching effectiveness and found that students rated an entertaining delivery style and perceived knowledge of the teacher as the most influential factors.

An examination of the limited literature that exists on pedagogy within counselor education programs identified three important theoretical perspectives: developmental, constructivist and contextual teaching. The developmental approach to teaching suggests that teachers should alter their teaching style and techniques to meet the changing developmental needs of students, progressing from a content-oriented and highly structured emphasis to facilitating active learning experiences (Granello & Hazler, 1998). According to the constructivist perspective, it is important for counselor educators to facilitate students' engagement in reflective thinking and the personal construction of knowledge (McAuliffe & Eriksen, 2010; Nelson & Neufeldt, 1998). Similarly, the emphasis on contextual teaching is to help students find personal meaning in what they are learning by placing information within a context of how it is relevant to them (Granello, 2000). Although the reviewed literature adds important context to the area of teaching in counselor education, none of the research specifically examines the unique nature of teaching in clinical courses.

Purpose of the Study

The current study is the first to explore beginning counselors' perceptions of helpful aspects of teachers of clinical courses in CMHC. Clinical courses were selected as a focus in this study because of their key role in student development of skills needed for professional practice and the lack of information on teaching clinical courses within the counselor education literature. We believed exploring the perspectives of beginning professional counselors, rather than students, was valuable for two important reasons: (a) beginning counselors are close enough to their master's degree program experiences to be reflective about their teachers and (b) beginning counselors are able to consider helpful aspects of their teachers in light of their real-world experiences as professional counselors.

Method

We used a Q methodology to investigate aspects of counselor educators of clinical courses in CMHC that were perceived to be helpful by beginning-level counselors. Q methodology embraces both the analytic rigor of quantitative methodologies and the richness and depth of qualitative methodologies (Watts & Stenner, 2012). We selected Q methodology for this study because it was designed for systematic exploration of subjective human phenomena (i.e., people's preferences) on topics such as teaching (Ramlo, 2016).

Phase 1: Concourse Development

This study was completed in two phases. The first phase involved developing the concourse. In Q methodology a *concourse* represents a collection of ideas that is composed around a topic (Stephenson, 1978). The concourse for this study was generated in two ways. First, we conducted a literature review and selected important themes for inclusion in the concourse. Second, after obtaining Institutional Review Board approval, we conducted interviews with five participants and then included statements from the participant interviews into the concourse. Five beginning-level professional counselors were interviewed and asked the following question: "What was it about teachers of your clinical classes during your program that was most helpful in becoming the professional counselor you are today?" To ensure a diverse range of viewpoints would be represented in the second phase of the study, we interviewed different gendered individuals (i.e., two male counselors, three female counselors) who worked in a variety of professional settings (i.e., two counselors worked in a private practice, one counselor worked in a community agency, and two counselors worked in a hospital setting) and who had differing racial identities (i.e., two Caucasian counselors, one African American counselor, one Asian American counselor, one Hispanic counselor).

The lead researcher then analyzed all of the statements in the concourse (from the literature and participant interviews) and began identifying unique statements, grouping similar statements together. Groups of similar statements were further analyzed by the lead researcher, and one statement was selected from each group. Participant statements selected for inclusion were edited to abbreviate long statements or to change the tense of statements. The co-researchers then reviewed the lead researcher's analysis to ensure that each remaining statement was distinct from other statements and relevant to the study. This process culminated in a 34-item instrument that would be used in the Q sample (see Table 1).

Phase 2: Q Sample and Q Sort

The second phase of this study entailed constructing a Q sample and administering Q sorts to participants. A Q sample is a composite of stimulus items administered to participants for rank-ordering during the Q sorting process (Stenner, Watts, & Worrell, 2008). Thirty-two participants were given the Q sample and were asked to rank order 34 items in the Q sample on a 9-point scale in the shape of a normal distribution. Prior to rank ordering statements for the Q sort, participants were prompted to reflect on teachers they had in clinical courses during their master's degree programs and then to reflect on what it was about those teachers that had been most helpful to them in becoming the counselors they are today. Participants were then directed to read all statements and rank order them on a response grid that ranged from +4 (*most helpful*) to -4 (*most unhelpful*). After rank ordering the statements, participants were asked to provide written responses to several post-Q sort questions designed to elicit qualitative data about why certain items were important to them. Two examples of post-Q sort response questions were as follows: (a) "describe how the two items you ranked at 4 (*most helpful*) were helpful to the counselor you have become," and (b) "describe how the two items you ranked at -4 (*most unhelpful*) were not helpful to the counselor you have become."

P Sample

The P sample refers to the participants sampled for the Q sort, which in the case of this study were beginning-level professional counselors. Participants were required to meet the following criteria in order to be eligible for this study: (a) were a graduate of a counselor education master's degree program in CMHC, (b) accrued at least 400 direct hours of post-master's clinical service working with clients as a licensed counselor and (c) were no more than four years removed from graduating with their degree. After obtaining a second IRB approval to collect data using the Q sort, participants were recruited in several ways. The researchers called on the telephone and sent general recruitment e-mails to supervisors and directors of counseling agencies, private practices and in-patient

Table 1
34-Item Q Sample and Factor Arrays

Item	Statements	Factor 1	Factor 2	Factor 3
1	A professor created opportunities for me to get feedback from my peers.	-3	1	0
2	A professor encouraged group discussions about relevant topics.	0	0	-2
3	A professor modeled behaviors that I could use with clients.	4	2	0
4	A professor used role plays in class to explain things.	3	2	-1
5	A professor created a safe classroom environment where it felt OK to make mistakes.	3	-1	1
6	A professor required me to self-critique my counseling skills by observing video/audio tape of myself.	-1	3	2
7	A professor required me to show video/audio tape of my counseling skills to my classmates for feedback.	-4	4	0
8	A professor challenged me in uncomfortable, yet helpful ways.	0	0	-2
9	A professor helped me to make connections between counseling theories and my clinical practice.	0	3	-1
10	A professor helped me to develop my ability to conceptualize clients.	2	4	1
11	A professor demonstrated that he/she was open-minded.	1	-2	1
12	A professor discussed ethical issues that related to students' clinical experiences working with clients.	1	0	-1
13	A professor who I knew was currently working with clients, or had significant experience as a practicing counselor.	1	2	2
14	A professor helped students in the class cultivate close relationships with one another.	-2	-4	-3
15	A professor was open, empathetic, and authentic in their interactions with students.	4	-2	4
16	A professor shared "in the moment" struggles they faced as a counselor.	2	0	-1
17	A professor gave me direct feedback where they made it clear what I was doing well, and what I was not doing well.	1	3	0
18	A professor gave me strength-based feedback.	2	0	1
19	A professor incorporated multiculturalism and issues of diversity into class.	0	-1	0
20	A professor encouraged students to share differing viewpoints on a topic/discussion.	-1	1	0
21	A professor helped me to see the purpose in what I was learning by explaining "how" and "why" it would be useful to me in the future.	2	1	-3
22	A professor I could sense was passionate about what they were teaching.	0	-1	2
23	A professor expected a high standard of performance from me.	-3	1	-1
24	A professor was readily accessible to give me extra help when I needed it (e.g., office hours, e-mail, phone).	-1	-3	-2
25	A professor I could sense was fully present during my interactions with them.	0	-2	1
26	A professor created in-class activities that helped me to become a more reflective thinker.	1	2	-2
27	A professor streamlined course readings and assignments down into what was essential.	-2	-3	-4
28	A professor held me and other students accountable for our actions.	-3	-1	-3
29	A professor had an engaging personality.	-1	-2	3
30	A professor used technology to enhance my learning experience.	-4	-4	-4
31	A professor I believed was probably a good clinician.	-1	0	4
32	A professor who I liked as a person.	-2	-3	3
33	A professor I sensed was an expert on what they were teaching.	-2	-1	2
34	A professor used examples from their clinical experiences to explain things.	3	1	3

hospitalization units in Ohio and Texas, requesting that they forward recruitment information for the study to potential subjects. Snowball sampling was also used to recruit participants when participants who had completed the study recommended colleagues who might be willing to participate in the research. Data were collected from participants by sending packets in the mail that consisted of an informed consent, demographic questionnaire, Q sort, post-Q sort questions and a postage prepaid return envelope.

Thirty-two participants met the criteria for inclusion in the study and completed the Q sorting process. In Q methodology a sample size only needs to be large enough for factors (i.e., groups of shared viewpoints) to emerge and is typically 20 and 60 participants (Brown, 1980). Seventy-two percent (n = 23) of the participants in the study were 20–30 years old; 28% (n = 9) were between 31–40 years old. Seventy-two percent (n = 23) of the participants identified as female and 28% (n = 9) of the participants identified as male. Fifty-nine percent (n = 19) of the participants reported they worked in a community counseling agency; 22% (n = 7) reported they worked in a private practice; and 19% (n = 6) reported they worked in a hospital setting. Thirty-eight percent (n = 12) of the participants indicated they had accrued 400–1,000 direct clinical hours working with clients; 22% (n = 7) indicated they had accrued 1,001–1,500 direct clinical hours working with clients; 3% (n = 1) indicated they accrued 1,501–2,000 direct clinical hours working with clients; 9% (n = 3) indicated they accrued 2,001–2,500 direct clinical hours working with clients; and 28% (n = 9) indicated they had accrued more than 2500 direct clinical hours working with clients. Eighty-two percent (n = 26) of participants identified as Caucasian, 9% (n = 3) of participants identified as African American, and 9% (n = 3) of participants identified as Hispanic.

Data Analysis

Data were entered into the PQMethod software program (Schmolck, 2014) and were factor analyzed using principle components analysis (PCA). After the PCA was initiated, a varimax rotation was used to determine reliability, scores and factor loadings. A 3-factor solution was selected for the data because it accounted for each participant loading onto at least one factor. Due to each participant being accounted for by a 3-factor solution, it was unnecessary to search for a fourth factor.

In Q methodology, factor scores are used for interpretation rather than factor loadings. The factor narratives presented in the results section were created through a factor interpretation method developed by Watts and Stenner (2012). This method was designed to consistently approach each factor in the context of all other factors and to provide a holistic factor interpretation by taking into consideration all differences between factors. First, a worksheet was created from the factor array for each individual factor. The worksheet contained the highest (+4) and lowest (-4) ranked items within the factor (note: items of consensus were not included and were analyzed separately) and those items ranked higher or lower within the factor compared to the other two factors. Second, items in the worksheet were compared to participants' demographic information and qualitative responses associated with that factor to add depth and detail before the final step. Finally, the finished worksheet was used to construct the factor narratives, which were written as stories that reflected the shared viewpoint of each factor.

Results

Of the three factors produced by the PCA of the 32 Q sorts, Factor 1 contained 12 of the participants and accounted for 17% of the variance; Factor 2 contained nine participants and accounted for 13% of the variance; and Factor 3 contained nine participants and accounted for 14%

of the variance. There were two Q sorts that were mixed cases (i.e., they had significant loadings on more than one factor) and were removed from the study.

Factor 1: Application-Oriented Learners

A total of 12 participants loaded onto Factor 1, accounting for 17% of the variance, and their demographic traits were unremarkable when compared to the other two factors. Participants of Factor 1 were application-oriented learners who preferred their professors to be pragmatic, supportive and active leaders during class.

Factor 1 individuals preferred it when their professors demonstrated specific techniques or skills they could envision directly applying to their counseling practice. As one participant noted: "I am a visual learner, so seeing helpful behaviors and how I could act with a client helped me visualize what a therapy technique could be like [in session]. I feel like I was used to seeing good counseling behaviors so it felt more natural to do them myself." When introducing a new concept in class, individuals of Factor 1 perceived it as more helpful when their teachers provided context of why and how it would be useful to them as a professional counselor (item 21). Individuals of Factor 1 also perceived it as helpful when they were able to hear relevant clinical anecdotes from their teachers (items 12, 16), as they served as a practical way of remembering important lessons that applied to real-world counseling situations. This was described by a Factor 1 participant: "Learning by hearing about my professors' experiences is the easiest way for me to apply information and the easiest way for me to remember it." Another participant broadly stated, "Real life examples were the biggest influence on my education."

Persons of Factor 1 preferred it when their teachers were active leaders in the classroom and used their knowledge and experience to efficiently instruct students. They perceived teachers as having a more credible viewpoint than themselves or their classmates because of their advanced training and experience in counseling. Factor 1 individuals did not perceive it as important that their teachers be experts (item 33) or skilled clinicians (item 31), so long as they could effectively lead class by teaching practical information, demonstrating relevant clinical skills and providing them with strength-based feedback. This preference was evident in a desire for receiving strength-based feedback from their instructors (item 18) rather than engaging in self-critique (item 6) and receiving feedback from their peers (items 1, 7). A Factor 1 participant elucidated, "Getting feedback from peers is not effective, mostly because they didn't know any more than I did about the subject matter and I don't value their opinion as much as the professors."

In addition to the belief that peer feedback was unhelpful, persons of Factor 1 also expressed concern about being critiqued by their peers: "I hated showing my video/audio tapes to others because I felt like I was being judged by peers and not being provided helpful suggestions." Factor 1 individuals also expressed that high expectations from their teachers (item 23) provoked worries of "not being able to measure up" and were perceived as less helpful. One participant narrated, "The words 'high expectation' really struck me as negative. I feel afraid that I won't be able to meet those expectations. I want my professor to be hopeful about my development as a counselor and not have high expectations." Teachers who created a safe space for mistakes (item 5) through having a person-centered way of being (item 15), were transparent about their own difficulties as a counselor (item 16) and used strength-based feedback (item 18) were perceived as being more helpful, as they helped mitigate worries present in the Factor 1 viewpoint. Describing this viewpoint, one participant responded:

> I appreciated knowing that making mistakes was part of the class and that any expectation to be perfect was unreasonable. Also, it felt safe to grow and take risks when I feel empathy and

> authenticity from my instructors. This allowed me to be vulnerable and share my thoughts and feelings.

Overall, representatives of Factor 1 perceived it as important that their teachers provide them with a safe and encouraging environment in clinical courses.

Factor 2: Intrinsically Motivated Learners

A total of nine participants loaded onto Factor 2, accounting for 13% of the variance, and demographic traits were unremarkable when compared to the other two factors. Participants of Factor 2 were independent, intrinsically motivated and reflective learners who preferred to learn through considering different points of view about a topic.

In contrast to Factor 1 individuals' preference for concrete and specific practical knowledge, Factor 2 individuals preferred to learn about conceptual topics that were more abstract and through activities that stimulated reflective thinking. This is evident in the Factor 2 participants' preference for teachers who helped them hone their ability to conceptualize clients (item 10) and who helped facilitate connections between theoretical concepts and clinical practice (item 9). One participant remarked about item 9, "My theoretical orientation is the biggest part of my counseling identity. Having those initial connections made for me helped solidify my understanding of clients." Individuals of Factor 2 perceived it as helpful when their teachers created activities that prompted reflective thinking (item 26), as this is a foundational component of how they work with clients. One participant noted, "I feel as though I have to reflect 100% of the time in my job. It helps me take a step back to think of what the client is really trying to say." Persons of Factor 2 also perceived it as helpful when their instructors prompted them to self-reflect through critiquing their counseling skill. As one participant described, "The self-critique of my video tapes was by far my most memorable learning experience. Watching video of myself challenged my self-concept and gave me opportunities to see what I could do to improve."

Receiving frequent and direct feedback from teachers and peers was perceived as particularly helpful to representatives of Factor 2. Unlike Factor 1, Factor 2 individuals preferred it when their professors held them to high standards (item 23) and provided them with feedback that was clear and direct (item 17) rather than strength-based. A participant elaborated on their preference for direct feedback: "I liked knowing where I stood, so I could try to improve in areas where I was weak. It was refreshing when professors offered this instead of sugar coating things." Individuals of Factor 2 indicated a strong preference for teachers who required them to show tapes of their clinical work to classmates (item 7). This activity gave them the opportunity to consider a "broad base of opinions," which they found to be important to their learning; as one participant explained, "I learned the most when I heard different ideas. Then I had to figure out what I thought was true."

Persons of the Factor 2 viewpoint were independent learners in clinical courses and preferred when their teachers assumed more facilitative roles on the periphery of the learning environment. Their teachers' personality characteristics (items 11, 15, 25, 29, 32), enthusiasm for teaching (item 22) and ability to create a safe learning environment (item 5) were perceived as less important than their propensity for facilitating dialog among students. This can be seen in the Factor 2 preference for teachers that facilitated group discussions (item 20) and created ample opportunities for peer feedback (item 1). Although Factor 2 individuals valued their teachers' forthright feedback, they did not place the high level of importance on the teacher's perspective that Factor 1 did. Instead, Factor 2 representatives regarded their teachers' perspectives as one of many useful perspectives present in the classroom. One participant seemed to capture the essence of the Factor 2 viewpoint, remarking:

"I learned just as much from my interactions with peers in clinical classes as I did from instructors. I believe in these classes teachers can act as facilitators and help students that way, just as much as they can interacting [with students] or lecturing."

Factor 3: Affective-Oriented Learners

A total of nine participants loaded onto Factor 3, accounting for 13% of the variance, and demographic traits were unremarkable when compared to the other two factors. Participants of Factor 3 were oriented toward affective and relational qualities of their teachers and were inspired to learn through their admiration and respect for their teachers.

It was paramount for Factor 3 individuals to have a positive appraisal of their teachers as human beings so that they could develop an affinity for them. When Factor 3 individuals liked their teachers (item 32), they were able to form strong relationships with them, and these relationships acted as a catalyst for their learning. As one participant explained, "I am much more likely to grow and learn from someone I like." Another participant shared a similar sentiment in regards to item 32: "I think my relationship with the professors and how I perceived them were just as important, if not more important, than what they taught me or the feedback they gave me." Persons of Factor 3 strongly preferred when their teachers had a person-centered way of being (item 15), as this helped them feel like their teachers were good people who cared about them: "Having a kind and understanding professor is key! That is a huge make-it-or-break-it thing for me. I wanted my professors to be people I liked, respected and enjoyed being around, and who I sensed cared about me." Further, Factor 3 representatives perceived it as helpful when they could sense their teachers were fully present with them (item 25), as this indicated to them that their teachers cared for them and were invested in their learning.

In addition to the importance of having a positive appraisal of their teachers as human beings, it was also important for representatives of Factor 3 to believe that their instructors were skilled teachers and counselors. Factor 3 individuals perceived it as helpful when they could sense that their teachers were skilled clinicians (item 31) and were experts on what they were teaching (item 33) in clinical courses. When persons of Factor 3 held positive beliefs about their instructors as human beings, teachers and counselors, it inspired them to emulate their instructors as clinicians. Elucidating this notion, one participant remarked, "It [item 31] gave me greater respect and admiration for them, which motivated me to be influenced by them." Similarly, another participant stated, "I remember feeling inspired and wanting to 'just be like' certain professors as I entered practicum." After teachers earned Factor 3 individuals' respect and admiration they were ascribed credibility, which made it less important for them to provide context for what was being taught (item 21) or to streamline assigned readings (item 27). That is, when a teacher they valued taught something in class or assigned reading, those things were immediately assumed to be important.

It was important to persons of Factor 3 that their teachers had charisma during class, which captivated their attention and motivated them to learn. As such, Factor 3 individuals preferred when their teachers were the active figures in the classroom and led class through having an engaging personality (item 29). Elaborating on the importance of this perspective, one participant explained, "It [item 29] helped me to get excited about what I was doing and learning and helped me to get engaged in discussions and activities." Representatives of Factor 3 also perceived it as helpful when they could sense their teachers were passionate about what they were teaching (item 22). As one participated remarked, "I experienced several professors who loved what they were teaching. This attitude ignited my excitement for counseling and inspired me." Summarizing Factor 3 representatives' emphasis on relational characteristics of their teachers, one participant noted, "My

relationships with professors had the greatest impact on my growth; more so than any technique they used or material they covered."

Consensus Statements

There were two items of consensus on which all three factors agreed. It was of moderate importance to all three factors that their teachers were currently working with clients or possessed significant experience working with clients (item 13). Qualitative data seemed to suggest this item enhanced a counselor educator's credibility when teaching students in clinical courses, providing them with experiences to draw on when demonstrating a technique. One participant explained: "I felt I received more honest and pragmatic lessons from professors that had recent stories, feedback and teachings from being up-to-date and current with everyday practice. Their knowledge meant more to me and left a longer-lasting impression."

Representatives of the three factors also perceived it as particularly unimportant that counselor educators incorporate technology into clinical courses to enhance learning (item 30). Qualitative feedback from respondents seemed to focus on two different themes in regards to item 30. One, respondents considered technology unnecessary in clinical courses, as they did not perceive that it was relevant to their work as professional counselors: "Technology does not affect how I practice as a counselor. I actually felt that I wasted much time in fighting with technology during my education that could have been better spent further developing my skills." Two, respondents suggested that technology was perceived as less helpful when it came at the expense of clinical learning occurring in the classroom: "Technology is nice and all, but I appreciated clinical moments in the classroom with my professor and peers."

Discussion

An important finding of this study was that three different shared viewpoints (i.e., application-oriented learners, intrinsically motivated learners, affective-oriented learners) exist among beginning-level clinical mental health counselors about helpful aspects of teachers in clinical courses. When considering the different teaching preferences that emerged in this study, it may be helpful for counselor educators to conceptualize each factor as a student-learner archetype present in CMHC clinical courses. An example of the Factor 1 application-oriented archetypal student is as follows: a student focused on becoming a competent professional counselor who is apprehensive about his or her lack of knowledge and experience. This student's ideal teacher explicitly articulates and demonstrates what he or she needs to do to become a competent professional counselor, while providing supportive feedback as he or she tries to achieve that goal. An example of the Factor 2 intrinsically motivated archetypal student is as follows: a student who is a reflective thinker with a broad enjoyment of learning, motivated to become an excellent counselor. His or her ideal teacher helps to develop deeper personal understandings and wisdom through creating opportunities to hear diverse opinions and feedback. An example of the Factor 3 affective-oriented archetypal student is as follows: a student who wants to feel cared for and valued by a teacher as a means of developing a transformational relationship with him or her. His or her ideal teacher is a person he or she admires who inspires the student to want to become a professional counselor.

The preferences of the Factor 1 student-learner archetype are congruent with counselor educators of clinical courses who use developmental (Granello, 2000) and teacher-centered (Baeten et al., 2012) pedagogies. Students from the Factor 1 archetype are unsure of themselves because of their lack of knowledge and experience in counseling. Thus, it may be helpful when counselor educators use their advanced knowledge and experiences as formal authorities to disseminate essential foundational

knowledge and skills (Grasha, 1994). These Factor 1 students also may find it helpful when counselor educators use a personal model of teaching to demonstrate how something should be done, which has the dual benefit of helping students learn through observation and creating a clear objective for which to strive (Grasha, 1994). Additionally, the Factor 1 archetype prefers teachers who introduce new information and skills using a contextual approach (Granello & Hazler, 1998) in which they take time to explain how and why what is being taught is relevant to the goal of becoming a competent professional counselor. These approaches to teaching may quell developmental anxieties experienced by Factor 1 students, and counselor educators can encourage further growth through providing strength-based feedback as students perform clinical learning tasks.

The preferences of the Factor 2 student-learner archetype are closely aligned with counselor educators who use constructivist (Nelson & Neufeldt, 1998) and learner-centered pedagogies (Baeten et al., 2012) while teaching clinical courses. The Factor 2 archetype prefers for minimal class time to be used for teacher-led instruction and the majority of class time to be used for reflective learning activities, discussion and exchanging feedback. These Factor 2 students prefer for counselor educators to operate on the periphery of the classroom in the style of a facilitator and delegator, acting as a catalyst who orchestrates a rich learning environment (Grasha, 1994). A rich learning environment from the Factor 2 perspective is a classroom with many active voices openly sharing different points of view, providing one another with candid feedback about their clinical work. An important task then is for counselor educators to create relevant learning activities in class that provoke discussion and reflection. One example of this could be requiring the Factor 2 archetype to present videos or case vignettes of their clinical work with clients in which they are required to conceptualize the client with their classmates. During such an activity, counselor educators may be helpful to Factor 2 students by offering candid feedback, sharing (potentially) alternative viewpoints and prompting them to justify clinical interventions based on their theoretical orientation(s).

The preferences of the Factor 3 student-learner archetype are focused on the personality and relational qualities of counselor educators. This orientation toward the personality qualities of the teacher is congruent with research from undergraduate populations that found instructors with warmth-inducing behaviors (Best & Addison, 2000) and who demonstrated enthusiasm about course content (Feldman, 1988) were associated with effective teaching. Similarly, it is important to the Factor 3 archetype that they perceive their instructors as kind, genuine and passionate about what they are teaching because these personal qualities kindle their interest for learning. Factor 3 students are further motivated to learn when they develop respect and admiration for counselor educators, which can be achieved through expert and formal authority styles of teaching (Grasha, 1994). Factor 3 prefers for counselor educators to lead class in a teacher-centered fashion so that their teachers' personal qualities are at the forefront of the learning environment. However, dissimilar to teacher-centered approaches that emphasize the importance of mastering course content, the Factor 3 archetype learns primarily through the relationship developed with counselor educators. Their ideal teacher is affable, demonstrates charisma in the classroom and is an exemplar of personality qualities they perceive as important for a counselor to possess. Observing and experiencing these desirable characteristics in counselor educators inspires Factor 3 students to emulate them in their clinical work. Several examples of how counselor educators can engage Factor 3 students are as follows: (a) ethically sharing candid anecdotes that may directly or tangentially relate to course material; (b) asking students how they are feeling about their experiences in the class or in clinical situations; and (c) using humor as a pedagogical tool.

It is interesting to consider results from this study in light of a similar Q study that explored what beginning professional counselors perceived as helpful about teachers from didactic courses

(Moate, Cox, Brown, & West, in press). In both studies, three factors emerged from the data that bear great similarities to one another, despite each study being comprised of different participants and Q sort items. This may suggest that to some degree a commonality exists between CMHC students' perceptions of what is helpful about teachers in both clinical and didactic courses. However, unlike the previous study that found a high level of agreement among the three factors about the helpfulness of counselor educators of didactic courses, the factors in this study demonstrated three distinct viewpoints about their preferences. This may suggest that it is more challenging for counselor educators in clinical courses to find a pedagogical middle ground that is mutually pleasing to each student-learner archetype. Thus, counselor educators may need to spend more time in clinical courses considering how they can accommodate the different learning perspectives present in their classroom.

Limitations and Future Research

This study used Q methodology to explore different shared viewpoints that exist among beginning-level counselors about their perceptions of helpful aspects of counselor educators teaching clinical courses in CMHC. Although we believe that student learning preferences are an important perspective for counselor educators to consider, we also recognize that this represents only one side of a coin. It would be helpful for future research to explore what counselor educators perceive as being important for CMHC students to learn in clinical courses to prepare them for the rigors of being professional counselors. This added perspective could elucidate important pedagogical items that were not accounted for in this study.

Implications for Teaching Practice

Because of the three distinctive teaching preferences among CMHC students in clinical courses, counselor educators may need to spend more time considering how they can accommodate diverse student learning needs when teaching clinical courses. An important first step may be for counselor educators to reflect on their teaching and learning bias by considering the following questions: (a) with which student-learner archetype did they most closely identify as a student; (b) which student-learner archetype's teaching preferences most closely align with their style of teaching; and (c) to which student-learner archetype do they prefer to teach? Counselor educators who possess self-awareness of their teaching and learning biases in relation to the student-learner archetypes presented in this study may be better able to make pedagogical adjustments that are beneficial to students who are most unlike their preferences. For example, a counselor educator who identifies as having a pedagogical style that they believe aligns with the Factor 1 (application-oriented) preferences might consider ways to better engage Factor 2 and Factor 3 learners. This could entail structural considerations when designing the course and lesson planning for each class or being intentional about emphasizing or de-emphasizing certain personality characteristics during class.

We also believe that counselor educators can use the findings of this study as a tool to conceptualize students with whom they work in clinical courses. Having such a conceptualization tool may help counselor educators modify their pedagogical approach when working with students individually in a classroom setting. Smaller class sizes and interactive environments in clinical courses provide counselor educators with greater opportunities to communicate directly with students. Consequently, counselor educators have greater potential in clinical courses to make adjustments based on the perceived needs of the individual students. For example, rather than working in the same way with all students (e.g., providing strength-based feedback), a counselor

educator who notices that a student has traits of the Factor 2 archetype may consider providing feedback that is corrective in nature.

The findings from this study highlight different teaching preferences that exist among beginning counselors about helpful aspects of teachers in clinical courses. It is probably unrealistic and unnecessary for counselor educators to make drastic changes to their pedagogy in pursuit of perfectly meeting the learning preferences of all CMHC students in a clinical class. Rather, we broadly suggest that counselor educators should be reflective of their own teaching characteristics and biases and consider making small modifications to their pedagogical approach that will be more inclusive for students with preferences different than their own.

Conflict of Interest and Funding Disclosure
The authors reported no conflict of interest or funding contributions for the development of this manuscript.

References

Auxier, C. R., Hughes, F. R., & Kline, W. B. (2003). Identity development in counselors-in-training. *Counselor Education and Supervision*, *43*, 25–38. doi:10.1002/j.1556-6978.2003.tb01827.x

Baeten, M., Dochy, F., & Struyven, K. (2012). Using students' motivational and learning profiles in investigating their perceptions and achievement in case-based and lecture-based learning environments. *Educational Studies*, *38*, 491–506. doi:10.1080/03055698.2011.643113

Barrio Minton, C. A., Wachter Morris, C. A., & Yaites, L. D. (2014). Pedagogy in counselor education: A 10-year content analysis of journals. *Counselor Education and Supervision*, *53*, 162–177. doi:10.1002/j.1556-6978.2014.00055.x

Best, J. B., & Addison, W. E. (2000). A preliminary study of perceived warmth of professor and student evaluations. *Teaching of Psychology*, *27*, 60–62.

Brown, S. R. (1980). *Political subjectivity: Applications of Q methodology in political science*. New Haven, CT: Yale University Press.

Feldman, K. A. (1988). Effective college teaching from the students' and faculty's view: Matched or mismatched priorities. *Research in Higher Education*, *28*, 291–329.

Furr, S. R., & Carroll, J. J. (2003). Critical incidents in student counselor development. *Journal of Counseling & Development*, *81*, 483–489. doi:10.1002/j.1556-6678.2003.tb00275.x

Goldstein, G. S., & Benassi, V. A. (2006). Students' and instructors' beliefs about excellent lecturers and discussion leaders. *Research in Higher Education*, *47*, 685–707. doi:10.1007/s11162-006-9011-x

Granello, D. H. (2000). Contextual teaching and learning in counselor education. *Counselor Education and Supervision*, *39*, 270–283. doi:10.1002/j.1556-6978.2000.tb01237.x

Granello, D. H., & Hazler, R. J. (1998). A developmental rationale for curriculum order and teaching styles in counselor education programs. *Counselor Education and Supervision*, *38*(2), 89–105. doi:10.1002/j.1556-6978.1998.tb00561.x

Grasha, A. F. (1994). A matter of style: The teacher as expert, formal authority, personal model, facilitator, and delegator. *College Teaching*, *42*(4), 142–149.

Malott, K. M., Hall, K. H., Sheely-Moore, A., Krell, M. M., & Cardaciotto, L. (2014). Evidence-based teaching in higher education: Application to counselor education. *Counselor Education and Supervision*, *53*, 294–305. doi:10.1002/j.1556-6978.2014.00064.x

McAuliffe, G., & Eriksen, K. (2010). *Handbook of counselor preparation: Constructivist, developmental, and experiential approaches*. Thousand Oaks, CA: Sage.

Moate, R., Cox, J., Brown, S., & West, E. (in press). Helpfulness of teachers in didactic courses. *Counselor Education and Supervision*.

Nelson, M. L., & Neufeldt, S. A. (1998). The pedagogy of counseling: A critical examination. *Counselor Education and Supervision*, *38*(2), 70–88. doi:10.1002/j.1556-6978.1998.tb00560.x
Pietrzak, D., Duncan, K., & Korcuska, J. S. (2008). Counseling students' decision making regarding teaching effectiveness: A conjoint analysis. *Counselor Education and Supervision*, *48*(2), 114–132. doi:10.1002/j.1556-6978.2008.tb00067.x
Ramlo, S. (2016). Mixed method lessons learned from 80 years of Q methodology. *Journal of Mixed Methods Research*, *10*, 28–45. doi:10.1177/1558689815610998
Schmolck, P. (2014). PQMethod (Version 2.35). [Computer Software]. Retrieved from http://schmolck.userweb.mwn.de/qmethod
Schwitzer, A. M., Gonzalez, T., & Curl, J. (2001). Preparing students for professional roles by simulating work settings in counselor education courses. *Counselor Education & Supervision*, *40*, 308–319. doi:10.1002/j.1556-6978.2001.tb01262.x
Skovholt, T. M., & Ronnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development*, *70*, 505–515. doi:10.1002/j.1556-6676.1992.tb01646.x
Smart, K. L., Witt, C., & Scott, J. P. (2012). Toward learner-centered teaching: An inductive approach. *Business Communication Quarterly*, *75*, 392–403. doi:10.1177/1080569912459752
Sperry, L. (2012). Training counselors to work competently with individuals and families with health and mental health issues. *The Family Journal: Counseling and Therapy for Couples and Families*, *20*, 196–199. doi:10.1177/1066480712438527
Sprinkle, J. E. (2008). Student perceptions of effectiveness: An examination of the influence of student biases. *College Student Journal*, *42*, 276–293.
Stephenson, W. (1978). Concourse theory of communication. *Communication*, *3*, 21–40.
Stenner, P., Watts, S., & Worrell, M. (2008). Q-methodology. In C. Willig & W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp. 215–239). London, UK: Sage.
Watts, S., & Stenner, P. (2012). *Doing Q methodological research*. London, UK: Sage.
Young, M. E., & Hundley, G. (2013). Connecting experiential education and reflection in the counselor education classroom. In J. D. West, D. L. Bubenzer, J. A. Cox, & J. M. McGlothlin (Eds.), *Teaching in counselor education: Engaging students in learning* (pp. 51–66). Alexandria, VA: Association for Counselor Education and Supervision.
Young, S., & Shaw, D. G. (1999). Profiles of effective college and university teachers. *The Journal of Higher Education*, *70*, 670–686.

nbcc