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Lisa Robey

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Acknowledgments

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Abstract

Approximately 20 to 30 volunteer and paid community counselors were surveyed in this exploratory study by the author about their experiences with personal therapy and whether they believe they are more effective counselors as a result of their own therapy. The participants in the study were given two surveys. The first survey consisted of five multiple choice questions to measure the counselors own experience with therapy. The second survey consisted of eight short answer questions to measure the counselor's beliefs about how their own personal therapy has affected their current work as a therapist.   The participants in the study ranged from graduate student interns to professional counselors in the fields of counseling, social work, and marriage and family therapists. The author summarizes the prevalence of therapists receiving their own personal counseling, the benefits of counselor's receiving personal therapy, and the overall affects it has on their effectiveness as a counselor. It should be noted that for this paper the words therapist, counselor, and psychotherapist are used interchangeably.

Counselor's Personal Experience with Counseling

At the center of this research quandary is the issue regarding counselor's personal experience with therapy and whether they believe they are more effective as a result of their own personal counseling experiences.   In the subsequent pages that follow is a review of the literature concerning this issue. There seems to be a fair amount of literature published that suggests a relationship between the two does in fact exist. However several factors need to be taken into consideration thus often leaving the question unanswered or too difficult to determine.

When looking at the literature concerning this topic, although many studies have been conducted, several do not have a large enough sample sizes to represent the population as a whole. In addition, some studies rely on subjective accounts of personal therapy to measure their effectiveness. Although subjective accounts are important factors to consider one must realize that certain limitations are set by doing so. Thus, a study's reliability and validity may be compromised.

Review of the Literature

Some researchers have recorded statements that would give credence to the belief that receiving therapy is of great importance in the training and education of therapists. For example, according to Norcross (2005), "one of the most firmly held and cherished beliefs among insight-oriented psychotherapists is that personal treatment is a desirable, if not necessary, prerequisite for clinical work." Similarly, Chessick (1974) argued that when personal treatment is not obtained the counselor is "endangering himself and his patients." Perhaps the most telling of all was when Freud (1937/1964) declared long ago in his book "Analysis Terminable and Interminable" that, "But where and how is the poor wretch to acquire the ideal qualifications which he will need in his profession? The answer is in the analysis of himself" (p. 246).

Therefore, perhaps Freud's statement paved the way for practicing therapist to embark on their own therapy as part of their training.   When taking these comments into consideration, it is of great importance to ask ourselves what do I need to do to become more effective as a practicing therapist?

Prevalence of Personal Therapy

Although much of the literature examined here suggests that receiving personal therapy prior to becoming a licensed mental health counselor, social worker, psychiatrist, or psychologist is required, still many practicing therapist have never experienced therapy from the seat of the client.   Norcross (2005) surveyed 694 clinical psychologists in the United States, 100% of those identifying as psychoanalytic therapists have at some point received personal therapy. In the same study, it was found that only 64% of behavior therapist had undergone personal therapy. Thus, the theoretical orientation of a counselor seems to be of importance in determining if counselors have undergone some form of therapy of their own.

An international study by Wiseman and Shefler (2001) yielded similar findings. Out of 100 psychotherapists, 93% adhered to psychoanalytic theory and had sought out personal counseling. Norcross et al. (1988) found that out of 234 psychologists, 88% who followed a psychoanalytical orientation received personal therapy. The percentage of psychoanalytical therapists was the highest among other therapeutic orientations of the participants in the study.

Although psychoanalytic therapists appear to have the highest percentage of those receiving personal therapy, a large number of psychotherapists, regardless of therapeutic orientation, have received some form of therapy.   Guy et al. (1988) found that 70% of all psychotherapists had received personal counseling. In addition, Deutsch (1985) revealed similar findings in that 54% of the therapists, psychologist, and social workers in a sample of 310 had

received some form of personal therapy regardless of their therapeutic orientation.   Clark (1986) revealed that out of 855 members of the American Psychological Association (APA) Division of Clinical Psychology, 63% of the participants underwent personal therapy.   Likewise, Orlinsky et al. (2005) discovered that 92% of psychodynamic therapists and 92% of humanistic therapists from around the globe reported having received personal therapy, whereas only 60% of cognitive-behavioral therapists reported doing so.

Fromm –Reichmann (1950) stated that, "because of the interrelatedness between the psychiatrist's and the patient's interpersonal processes, and because of the interpersonal character of the psychotherapeutic process itself, any attempt at intensive psychotherapy is fraught with danger, hence unacceptable, where not preceded by the future psychiatrist's personal analysis" (p. 42).   Like with many instances in life, we want people to understand us. Often understanding comes from the ability to empathize with another or to be able to put yourself in the other persons' shoes.   Thus, a client therefore should feel as if a counselor could effectively resolve problems comparable to what they are experiencing (Clark, 1986).

According to Wampler and Strupp (1976) and Clark (1963), personal therapy is thought to be an essential component in the training of future therapists.   Henry, Sims, and Spray (1973), agree that personal therapy acts as a core practice for educational institutes that offer degrees in therapist training programs.   Freud (1937/1964) purposed that counselors should consider personal therapy in the course of their practice so to maintain awareness of the clients "unconscious process."   According to Greenberg and Staller (1981), in the psychiatric field, there seems to be an undeniable value placed on counselors receiving their own personal therapy.   In the analysis of the articles, there was mention, that many trainees who want to become counselors were advised to seek out their own therapy.

Whether personal therapy is crucial or not in the training of therapists, many factors discussed in the literature need to be taken into account. For instance, mandating students to receive personal therapy may result in ethical issues. Therefore, training programs need to adhere to set guidelines when requiring students to receive personal therapy as part of their training. However, we must not ignore the fact that perhaps the best way of being able o help an individual is if you have had similar experiences or had the chance to walk in the clients shoes so to speak. Therefore, is receiving personal therapy in our best interest?

A substantial number of professional psychotherapists in the United States have received some form of personal therapy (Norcross, 2005).   In a 1994 national survey conducted by Pope and Tabachnick, they found that out of a sample size of 476 psychologists, 84% had received personal therapy. Orlinsky et al. (1999) found that out of 5,000 therapists in seventeen countries 78 % reported receiving personal therapy. For the purpose of this study, the accounts of personal therapy varied depending on the country. Approximately three quarters of mental health professionals have undergone personal psychotherapy, typically on several occasions (Norcross & Guy, 2005).

It seems the prevalence of personal therapy varies thoroughly depending on one's own theoretical orientation. Garfield and Hurtz (1974) surveyed 855 members of the American Psychological Association (APA) Division of Clinical Psychology; 63% of those surveyed indicated that they had received some personal therapy. Gochman, Allgood, and Geer (1982) sampled members of the Association for Advancement of Behavior Therapy; 44% of the respondents had experienced some form of personal psychotherapy. Prochaska and Norcross (1983) found that 83% of APA Division 29 Psychotherapist reported experiencing personal therapy.

Norcross (2005), states that as a rule, psychotherapists pursue personal treatment on more than one occasion. Across studies, the number of discrete episodes averages between 1.8 and 3.0. Norcross, Geller, and Kurzawa (2000) found that 32% of psychologists sought personal therapy once, 32% sought therapy twice, 22% sought it three times, and the remaining 14% sought therapy on four or more occasions. Similarly, Orlinsky and Ronnestad (2005) noted that more than 59% of their large, multidisciplinary sample had more than one therapy experience.

Prevalence of Receiving Therapy before Obtaining a Degree

Greden and Casariego (1975) surveyed 86 psychiatric residents in the Washington, D.C., area and found that personal therapy was in fact an essential component in their training according to 52%.   As a result of their beliefs, 52% of the residents were engaged in personal therapy by their third year of school. Wampler and Strupp (1976) surveyed 87 clinical training programs in the United States approved by the American Psychological Association about their attitudes toward personal therapy for trainees. Among the 69 respondents, 43 (67%) actively encouraged therapy and 3 (4%) required therapy.   Norcross, Dryden, and DeMichele (1992) found that only 4 % of psychologists who received personal therapy thought it was unimportant as a prerequisite for conducting clinical work compared with 39% of those psychologists who had not undergone personal therapy.

In a study of 187 psychotherapists which were selected from the membership of the British Columbia Psychological Association, 41% reported receiving personal therapy as part of their training (McEwan & Duncan, 1991).   Interestingly, Guy et al. (1988) discovered that in a study of American psychotherapists, 70% received personal therapy before graduating. Mancillas (n.d.) found that out of 86 graduate students, 48% had received personal therapy. Regardless if they received personal therapy or not, in the same study it was found that 86% felt

that receiving personal therapy would be beneficial in their future of becoming practicing therapist.

Despite those who believe receiving personal therapy is beneficial to becoming an effective therapist, there are those who believe otherwise. Derner (1960) wrote, "To judge a priori, who will be a good therapist by the use of personal therapy experience as a major prediction continues to be questionable. If humanness can be put at the disposal of the patient, he will be a successful patient" (p.134). Brody (1960) pointed out that receiving personal therapy for psychiatric residents was not critical. He also argued that those professionals receiving therapy for reasons other than personal problems would result in worthless attempts of therapy (Brody, 1960).

Purpose of receiving personal therapy/training/ analysis

While reviewing the literature, two recurring themes of why counselors would want to receive personal therapy were found. First seems to be issue concerning whether or not personal therapy will positively contribute to client outcomes. Despite very limited evidence that receiving one's own therapy will result in positive outcomes, it still seems to be a widely held belief. The other seemed to focus on the professionals having the opportunity to work on themselves and problems they are facing.

In the review of the literature, some view those counselors who have received personal therapy as having better patient outcomes. Kernberg (1986) found that clients of experienced psychotherapists who have received their own personal therapy made more progress than those receiving therapy from inexperienced counselors. Guild (1969) ascertained that a better relationship was obtained with clients if the counselor had received personal therapy.

In opposition to Kernberg and Guild's study, various studies (Garfield & Bergin, 1971; Derner, 1960; Holt & Luborsky, 1958; and Katz, Lorr, and Rubenstein, 1958) show that there is no correlation between counselors receiving personal therapy and client outcomes. According to a study by Garfield and Bergin (1971), where three measures of client change was looked at, counselors who have received personal therapy related in more negative outcomes. In Derner (1960), and Holt and Luborsky (1958) didn't show any major discrepancies between counselors who have received personal therapy and those who have not.   In a study of cases at 13 clinics, Katz, Lorr, and Rubenstein (1958) found that there was no correlation between client's overall improvement and whether the counselor providing the services had received personal therapy.

Reasons associated with receiving personal counseling

Based on literature and the widely held belief that personal therapy is essential in the training of counselor's, many therapists seek out personal therapy to deal with problems they are confronted with. Beck and Yager (1988) found that reasons for seeking out therapy were related to personal problems, emotional symptoms and the desire for self-improvement.   Duetsch (1985) found in her study of 310 therapists, psychologists, social workers, and those in the counselor education field, that various reasons were given for receiving therapy. The reasons discussed were due to relationship problems (82%), episodes of depression (57%), substance abuse, suicide attempts, and other reasons not specified (Duetsch, 1985).

Similarly, Norcross and Conner (2205) found that when reviewing five distinct studies relating to reasons for seeking therapy, 50% to 67% mentioned receiving personal therapy for personal reasons. 60% of psychotherapist checked personal growth as a reason for obtaining therapy, 56% listed personal problems as their main concern in wanting therapy, and 46% stated that training was their preferred reason for seeking therapy (Orlinsky, Norcross, et al., 2005).

Effects of personal counseling on the counseling process

For some, it is a belief that personal therapy will increase one's own effectiveness when counseling clients.   According to Norcross, Strausser-Kirtland, and Missar (1988), the goal of the psychotherapist's personal treatment is to alter the nature of subsequent therapeutic work in ways that enhances its effectiveness. Norcross et al. (1988) stated that there was a valuable lesson taken by psychotherapists from their own treatment which was an important factor associated with developing a therapeutic relationships and honing in on interpersonal skills. Thus, Norcross et al. (1988), continued to say that this heightened awareness may well translate into the clinical ability. The experience of personal therapy has been positively associated with the clinician's ability to display empathy, warmth, and genuineness (Peebles, 1980).

Ford (1963) and Wampler and Strupp (1976), maintain that many believe that such an experience (personal counseling) will enhance the student's clinical ability by improving empathy and self-awareness, resolving personal problems, and providing a useful learning experience by means of observation of a seasoned therapist. Some have suggested that periodic courses of treatment are also likely to be helpful for experienced clinicians (Farber, 1983; Freudenburger, 1981).   Norcross et al. (1988) found that there were four common responses when describing the lasting lessons acquired from personal therapy. The four most common responses all concerned the interpersonal relationship and dynamics of psychotherapy ---warmth and empathy, transference and counter transference, patience and tolerance, and use of self.

Andrews, Norcross, and Halgin (1992) identified six recurring commonalities referring to the potential contributions of personal therapy to clinical work. The six commonalities mentioned were improving the emotional and mental functioning of the psychotherapy; providing therapists with a more complete understanding of personal dynamics, interpersonal

elicitations and conflictual issues; alleviate the emotional stresses and burdens inherent in the "impossible profession"; by serving as a profound socialization experience; by placing therapists in the role of the client; and by providing firsthand, intensive opportunity to observe clinical methods.

Buckley et al. (1981), using a self- reported questionnaire to study a group of practicing therapists who had completed personal psychotherapy or psychoanalysis, reported that the positive benefits of personal therapy involved self-esteem, as well as interpersonal relations. Similarly in Wiseman and Shefler (2001) study, interviewees viewed personal therapy as providing "a fertile ground for growth toward such authentic relatedness."

Norcross (2005) noted that there are positive effects from counselor receiving personal therapy such as ones empathic ability, the counseling relationship itself, and the chances of counselors not liking a client. Mcewen and Duncan (1981) looked at members of the APA who worked in counseling, psychology, or independent practice and found four convincing benefits of receiving personal therapy. The four benefits addressed by Mcewen and Duncan (1981), include the mastery of counseling techniques due to having a role model, an increased self-awareness, a degree of confidence about the therapeutic process, and the ability to resolve problems of their own which may impede a therapists ability to be effective in the treatment of his/her clients.

In a study by Macran, Stiles, and Smith (1999) which involved 7 practicing therapist who had either received or were currently receiving personal therapy, they found twelve themes as to the benefit of receiving personal therapy. The 12 themes found were (1) Knowing how it feels to have therapy, (2) Taking care of self, (3) Therapists can be clients, (4) Providing a role model, (5) Learning to be one's real self, (6) Knowing one's boundaries and limitations, (7) Knowing what not to do, (8) Giving clients space, (9) holding back from jumping in to help, (10)

Separating own feelings and client's feelings, (11) Working at a deeper level, and (12) Judging the pace of therapy.

Six similarities were mentioned as positive effects of a counselor receiving personal therapy as stated by Norcross, Strausser-Kirtland, and Missar (1988). The first of which being that personal treatment can be used to improve one's emotional well being and mental stability. Secondly, obtaining personal therapy can result in a more comprehensive understanding of the counseling process. Thirdly, personal therapy can act as an outlet for psychotherapist to lessen the countless amounts of burden and emotional stress they are under while counseling clients. Another reason it may be beneficial is that it provides a solid ground for the counseling profession, thus aiding one's conviction on becoming a therapist. Furthermore, personal treatment allows the therapists to be the client and to experience the counseling process from their perspective. This in turn may be beneficial as it may create a sense of sensitivity and awareness of what it is like to be the client. Lastly, personal therapy may provide insight into the various therapeutic approaches therapists use (Norcross et al, 1988).

Although studies have shown positive effects as a result of counselors receiving personal therapy, some ascertain that receiving personal therapy may negatively impact the effectiveness of their counseling abilities. Grunebaum (1986) found that 11% of those psychotherapists, who had received personal therapy, reported some degree of harm in any one session. Norcross et al. (1988) found that in a sample of 505 psychologists, psychiatrists, and social workers combined, 8% believed that their experience with personal counseling was harmful. In the same study, when participants were asked to rate the severity of the harm endured, 34% said the harmful effects were mild, 38% stated that they were moderate, 19% conceded that it was serious in nature, and 9% stated that the overall harm was severe.

Current Study

In sum of the literature review, my proposed study aims to look at whether or not counselors who receive personal therapy perceive themselves to more effective in their practice as a therapist. Questions that were addressed in the survey centered on the counselor's experiences in receiving personal therapy and why they sought out counseling. The second survey asked questions pertaining to the perceptions counselors have about receiving personal therapy and how it has contributed to their current practice as a therapist.

Method

Setting

The research in this study was conducted at a community agency in Western New York that serves people with no health insurance, no mental health coverage, and people who are underinsured. The clientele that are served at the agency come to us via walk-ins, doctor referrals, referrals from other community agencies, colleges, schools, word of mouth and a variety of other means. The clientele served ranges from the ages of 18 to 70 years old and is diverse in nature in terms of race, gender, ethnicity, religious beliefs, and sexual orientation.

The center services approximately 3,500 individuals (18,000 visits) per year. Although the large majority of patients and clients come from the area and surrounding counties; there are no geographic or other limitations to the services offered. 60% of the 3,500 individuals served are the working poor or underinsured. 30% are unemployed and 10% are student or have limiting economic factors. The organization functions off of an annual budget of 496, 000. The center doesn't receive any federal, state, or local government support. Thus, 79% of their funding comes from donations, 11% from grants, and 10% of their funding comes from fees for services provided at the center.

Participants

      30 participants were asked to take part in the current study. 15 (twelve woman and three males) voluntarily participated. The mean age for the participants in the study was approximately 40 years of age.   Each of the 15 participants in the study considered themselves to be either a community counselor (4), social worker (2), or an intern in the fields of Mental Health Counseling(4), Social Work(3), or Marriage and Family Therapy(2). All participants reported that they considered their work site to be a mental health setting.   Although most were volunteer counselors (11), some were paid community counselors (2) and social workers (2).

      All counselors were over the age of eighteen with 7 reporting that they have received a Master's degree or higher. In addition, 7 participants reported that they were currently in the process of obtaining a Master's degree, and one reported receiving a Bachelor's degree. The majority of participants in the study identified themselves as European American/ Caucasian/White (80%) while the remaining 20 % identified as African American/Caribbean/Black.   Most (73.3%) of the participants reported that they have been a practicing therapist between 0 to 5 years.

Materials

      Each of the participants were given a packet which contained instructions, a statement of consent (Appendix A), an adapted demographics sheet (Appendix B), an adapted survey regarding one's own Personal Experience with Counseling (Appendix C), and an adapted survey on Self-Perceptions of the Benefits from Receiving Personal Counseling (Appendix D). Each packet was distributed and placed in the participants mailboxes at their agency. Instructions also included the method for returning all completed surveys which were to be placed in the researcher mailbox by a specific date.

Procedures

A total of thirty identified community counselor's were given a packet which was placed in their work mailboxes containing the above materials. All participants were informed that their participation in the study was voluntary. Of the fifteen who chose to participate in the study, they were then instructed to first complete a demographic questionnaire to gather information about their age, sex, education, job title, and length of time at the job currently held by the individual. The researcher believed all questions to be of importance when analyzing the data collected.

The participants were next asked to complete the first of the two surveys; Personal Experience with Counseling (PEC) which was created by the author and adapted from other questions used by Beck and Yager in a national study conducted by them in 1988. In the study conducted by Beck and Yager (1988), their question sought to find out reasons for seeking counseling, professional training of the counselor, severity of the concern, number of sessions, method of selecting a counselor, effectiveness of the counseling, effect on one's own performance as a counselor, desirability of counseling, and the likelihood that the individual would return to a counselor in a similar situation.

For the purpose of this study and through this survey, the author sought to find out information on whether or not participants had received therapy, how many times, duration of the counseling received, reasons for seeking counseling, and whether they would consider receiving counseling if they haven't in the past. For those participants who have never received counseling they were only asked to complete question #1 (Have you ever received personal therapy?) and question #5 (Would you consider receiving personal therapy if you haven't received any in the past?) in addition to the demographic sheet.

Upon finishing the adapted Personal Experience with Counseling (PEC) survey, participants were then instructed to complete the Self-Perception of the Benefits from Receiving Personal Counseling (SBPC) survey. The items on this survey were designed to assess how individuals benefitted from their own experiences with therapy. It also looked to evaluate whether their experience(s) had any impact on their skills as a therapists.   Of the eight items on the survey which were represented in terms of questions, six were constructed as open-ended and required one's own subjective account. There was space provided under each questions for their responses.

After the demographic sheet, the adapted Personal Experience with Counseling (PEC) survey, and the Benefits from Receiving Personal Counseling (SBPC) survey was completed participants were instructed to return all materials to the researcher's mailbox. The materials including the consent form and demographic sheet contained no identifying information; therefore all surveys were anonymous. Upon receiving all materials from the voluntary participants, a number was placed on the top right hand side of each page for data collection purposes and to make sure the forms did not get separated. The data from this study was analyzed and results were calculated qualitatively by the researcher.

Results

In the data analysis of this qualitative study, several questions were asked to assess counselor's feelings on receiving their own therapy and how it benefitted them. It was concluded from the adapted Personal Experience with Counseling survey, that of the 15 participants in the study, 12 had received some form of personal therapy during their lifetime. The remaining 3 participants had not received counseling prior to the study, however 2 of them indicated that they would if it was needed while one participant left the answer blank. Of the

participants who received therapy, all reported attending twenty or more sessions of counseling

with the duration ranging from 7 months to 19 years long. Reasons given for seeking therapy

were checked off by participants on question #4 which are listed in Table 1.

Table 1: What were the reasons that made you seek out personal therapy/counseling?

Reasons associated with receiving counseling	Number of participants
Personal Problems	5
Emotional Symptoms	3
Self-Improvement	6
Professional Concerns	1
Marital/Family Issues	5
Spiritual Concerns	0
Alcohol/Drug Abuse	0
Physical Symptoms	2
Other (Please Specify)	0

According to the answers given on question #5 which asked participants if they would

consider receiving therapy if they haven't in the past, 14 answered yes and 1 responded with N/A

(non applicable).

In the analysis of the Self –Perceptions of the Benefits from Receiving Personal

Counseling (SBPC) survey several themes emerged and were tallied by the researcher. In doing

so, the researcher carefully analyzed each answer given to the eight questions from the 15

participants and grouped their responses into common themes seen within the respondents

answers.

Question #1

   Question #1 on the survey asked individuals if they thought there was a relationship between receiving personal therapy and being an effective counselor. Of the responses given, 12 respondents answered yes and 3 answered N/A. In their explanation as to why they felt there was a relationship between the two, answers gathered were able to be grouped into reoccurring themes. Such themes that emerged was that counselor's were able to walk in the clients shoes, they learned to be more understanding, sensitive, compassionate, knowledgeable, and it provided them with a role model for their for future practice as a therapist. 2 of the 3 participants who answered N/A offered explanations such as it depends on the person who is receiving the therapy and whether they think it is beneficial.

Question #2

   Similarly, question #2 asked participants if they believed themselves to more effective counselors as a result of receiving personal therapy. 12 respondents answered yes and the remaining 3 answered N/A.

Question #3

   Question #3 on the Self –Perceptions of the Benefits from Receiving Personal Counseling (SBPC) survey asked clients to check off all factors that they considered being skills effective counselors possess. In addition they were asked which skills they have received as a result of receiving personal therapy. The results are detailed in Table 2.

Table 2: Acquired skills as a result of receiving your own personal therapy.

Skills of effective counselors	Number of participants
Empathy	11
Acceptance	11
Active Listening	10
Unconditional Positive Regard	12

Genuine	10
Understanding	12
Nonjudgmental	10
Objective/Open-minded	11
Kindness/Caring/Warmth	10
Knowledge/Training	11
Good Attending Skills	9
Patient	10
Honesty/Trustworthy	10
Other (Please Specify)	0

Question #4

In analyzing question #4 similar skills mentioned in the previous question were listed as being aspects that the participants found were beneficial while receiving their own counseling and why. Answers were thoroughly analyzed and were then broken into themes that were recurrent among the respondents. Those aspects listed as beneficial from the 12 participants who responded to the question included a warm caring relationship, nonjudgmental attitude, listening, and open-mindedness. 5 participants stated that they found the above aspects beneficial as it allowed them the freedom to express themselves while in therapy.

Question #5

Question #5 of the survey asked participants to list any aspects of the personal therapy they had received as unhelpful and why. 9 answered that there was no aspects that they viewed as unhelpful, 3 answered N/A, and 3 participants said yes. Of the 3 who said yes, all conceded that they found boundary violations to be unhelpful and harmful. 2 of the 3 respondents also added that therapeutic styles/orientations could and have been unhelpful for them.

Question #6

The next question asked participants if they felt receiving personal therapy had contributed to their overall effectiveness as a counselor. In addition they were asked to respond how it has contributed. 12 therapists said that their experiences with counseling had in fact contributed to their overall effectiveness while 3 replied using N/A (non applicable).   Of the 12 who responded yes, the reoccurring theme in 10 therapists was that they were given the opportunity to analyze themselves therefore making them feel more capable of assisting others. 7 respondents stated that as a result of receiving therapy they are more understanding of what it's like to be in the client's chair. Answers to the last two questions are detailed in Table 3 and Table 4.

Table 3: List the factors that you believe are indicative of effective counseling

Factors indicative of effective counseling	Number of participants
Trusting relationship	4
Listening	5
Understanding	4
De-centered therapist	1
Feedback	1
Empathy	3
Knowledge	3
Nonjudgmental Attitude	1
Abiding by Ethical Standards	1
Self-Awareness	2
Creating a safe place	1
Symptom relief of client	1

Table 4: List the factors that you believe are indicative of ineffective counseling?

Factors indicative of ineffective counseling	Number of Participants
Judgmental	5
Centered Therapist	3
Engaging in Unethical Behaviors	3
No Feedback Given	2
Lack of Knowledge	2
Rejection/Abandonment of client	2

Discussion

The current qualitative study aimed to determine whether counselors felt they were more effective as a result of receiving their own therapy.   It was hypothesized from the researcher that counselors who receive counseling believe themselves to be more effective therapists as a result. According to the results compiled in this study, the majority (13) of the participants felt as if there was a relationship between receiving therapy and being a more effective therapist.   The findings in this study are similar to that of Beck and Yager (1988), who found that out of the 81respondents, 56% indicated through self reports that they believed they were more effective counselors due to such experiences. The findings of this study suggest that it may be a commonly held belief that counselors who receive counseling are more effective therapist.

Prior studies have been conducted that looked at the impact of personal therapy on the development of counselors and the effects and benefits associated with receiving therapy, (Beck & Yager, 1988; Norcross, Strausser-Kirtland, and Missar, 1988; Peebles, 1980; Ford, 1963; Wampler & Strupp, 1976; Farber, 1983; Freudenburger, 1981, Andrews, Norcross, & Halgin, 1992; Buckley et al., 1981; Norcross, 2005; Wiseman & Shefler, 2001; Mcewen & Duncan, 1981; Macran, Stiles, and Smith1999). Most of these studies used questionnaires and surveys similar to that of a four-point Likert-scale. Unlike most prior studies conducted, the research

here used two surveys, one that was multiple choices and the other which required individuals to give written responses to various questions. Thus, individual's perceptions, beliefs, and feelings were of special interest when examining the benefits of receiving counseling and how it contributes to one's effectiveness.

It is important to take into consideration how an individual's perceives him or herself to fully understand the concept of effectiveness. What make one person effective in their role as a therapist may not be the same for another individual. As a result, it is of great importance for feelings, beliefs, and perceptions to be voiced and weighed in determining how to measure effectiveness. The counseling profession does not attest to a "one size fits" all model, nor should the idea of effectiveness be categorized as a set definition to measure it by. Effectiveness should be looked upon like grading a fictional story in that it is subjective in nature. What makes a good story for one person may not make for another depending on their writing style. Similarly what one counselor does that is perceived to be effective may not work for another practicing therapist.

Due to both surveys being created by the researcher and adapting the questions from Beck and Yager's (1988) surveys the reliability and validity of the study can't be truly determined. Therefore more studies of this kind need to be conducted to determine the true reliability and validity. Aside from the lack of reliability and validity, when looking at the overall results they seem to be consistent with that of the researcher's hypothesis.

Limitations

One limitation that should be taken into consideration is the number of participants who agreed to take part in the study. There were only 15 participants who responded to the surveys and returned them thus not making the sample size reflective of all practicing therapist in the

area. Another limitation noted was the race and gender of the 15 participants who were among

the study. Of the 15 participants, all but two considered themselves to be Caucasian. 12 of the

participants categorized themselves as females thus leaving only 3 males in the study. The

results and outcomes to this study could have in fact varied providing it contained a larger, more

diverse sample size in terms of race and gender.

Another point to take into consideration is that the surveys were aimed to determine if

participants believed they were more effective as a result of receiving their own therapy. Hence,

this study looked at the beliefs of individuals rather than statistical data that would be evidence

of one being more effective therapists. Perhaps such area could have been measured more

effectively if client outcomes were looked at in comparison to the counselor providing the

therapy.

In addition and perhaps one of the main limitations to consider is how does one measure

another person's effectiveness? Therefore who determines what effectiveness looks like and

what it entails to be an effective therapist? Definitions of effectiveness may vary among

individuals, in turn leaving the concept of one being effective up for interpretation.

Implications for Future Research

The exploratory study conducted by the researcher looked at the beliefs of counselors as

to whether they felt more effective as a result of receiving therapy.   Similar studies should be

conducted; however, certain factors need to be incorporated to get a more realistic understanding

of whether a relationship does in fact exist between the two.   Researchers may want to first

come up with a comprehensive definition for effectiveness since each person may have a

different interpretation for the term.

Future researchers may also want to take into account client outcomes in relation to the therapist providing the services. Thus, a study may want to look at counselors who have received therapy themselves and if a relationship exists between their experiences and their overall effectiveness. A look at counselors who haven't received therapy and their effectiveness should be examined as well. Then a comparison between the two should be analyzed so to determine if a relationship does exist between receiving one's own therapy and being an effective therapist.

In addition, a survey or questionnaire that assesses clients feelings on what they believe makes an effective counselor may be beneficial.   Some questions that may want to be considered in future research are: What factors makes a therapist effective?   What type of training should counselors be required to take while studying to become a therapist and why? What is the biggest indicator that tells if a counselor is effective or not?

Lastly, a larger sample size that is more diverse in nature in terms of age, race, and gender should be considered for use in future studies. The sample population should be a fair representation of all counselors therefore increasing the reliability and validity of the study.

Implications for Counselors and counseling practices

Counselors constantly seem to be in a state of questioning their effectiveness and ability to help individuals. In such a profession education does not stop after a degree is earned. In today's ever changing world it is the responsibility of all helping professionals to stay up to date on the current research and methods applicable to ones job. With that in mind, it is plausible to say that people in helping professions are always learning and evolving over time. Thus, counselors are in a position to make a difference in their effectiveness as practicing therapists.

Furthermore they are in a place to help implement change for the education and training of future therapists.

Conclusion

Although this study has had its many shortcomings, one thing can be surmised for the counseling profession. As counselors it is not unlike us to ask ourselves if we are effective in our practice. We are constantly in a stage of growth with learning new therapeutic techniques and therapies so to better aid us in helping pour clients. It is imperative that as counselor's we stay up to date with current ideas, practices, techniques, and therapies so to enhance our effectiveness as a helping professional. Therefore, if more studies similar to this one are conducted which actually go on to prove that individuals are more effective after receiving their own therapy then why shouldn't any counselor gladly engage in the process. While some colleges do require students in fields such as counseling, psychiatry, psychology, and social work to undergo personal therapy as part of their program many institutes do not. As a result if we can't expect to get such experience in our training as counselor it is incumbent upon us to engage in such processes for our own growth and learning.

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Appendix A

Statement of Informed Consent

The purpose of this research project is to examine if personal therapy for counselors has an effect on counseling clients. This research project is also being conducted in order for me to complete my Master's thesis for the Department of Counselor Education at the State University of New York College at Brockport.

In order to participate in this study, your informed consent is required. You are being asked to make a decision whether or not to participate in the project. If you want to participate in the project, and agree with statements below, your completion of the survey and/or interview signifies your consent. <u>You may change your mind at any time and leave the study without penalty, even after the study has begun.</u>

I understand that:

1. My participation is voluntary and I have the right to refuse to answer any questions.
2. My confidentiality is guaranteed. My name will not be written on the survey. There will be no way to connect me to my written survey. If any publication results from this research, I would not be identified by name.
3. There will be no anticipated personal risks or benefits because of my participation in this project.
4. My participation involves reading two surveys. One survey has 5 questions and the other has 8 questions. I will be asked to answer these surveys by placing an X next to the answer that best corresponds with my opinion and by answering all other questions in writing. It is estimated that it will take 30 minutes to complete these surveys.
5. Approximately 20 to 30 people will take part in this study. The results will be used for the completion of a master's thesis by Lisa Robey, student intern.
6. Data will be kept in a locked filing cabinet by the investigator. Data and consent forms will be destroyed by shredding when the research has been accepted and approved.

<u>I am 18 years of age or older.</u> I have read and understand the above statements. All my questions about my participation in this study have been answered to my satisfaction. I agree to participate in the study realizing I may withdraw without penalty at any time during the survey process. Returning the survey (and/or completing interview if appropriate) indicates my consent to participate. If you have any questions you may contact: Lisa Robey at (585) 414-1008 or Tom Hernandez at (585) 395-5498.

Appendix B

Demographics

Please answer these questions to the best of your ability. Place an "X" next to the answer that best applies to you.

1. What is your sex?

Male _____ Female _____ Other (Please Specify) _____

2. How old are you?

18-29 _____   40- 49 _____   60 – 69 _____

30–39_____   50 -59 _____   70 or older _____

3. What is your ethnic identification?

African American/Caribbean/Black _____   Latino/Chicano/Hispanic _____

European American/Caucasian/White_____   Asian/Pacific Islander _____

Native American/Indian _____   Other (please specify) _____

4. What is your highest level of education completed?

A bachelor's degree _____   Some graduate/professional school _____

A graduate or professional degree _____

5. What is your current job title? _____

6. How many years of practice as a counselor do you have?

_____0-5yrs   _____6-10yrs   _____11-15yrs   _____16-20yrs

_____21-25yrs _____26-30yrs _____31-35yrs   _____36 or more

(Adapted from Halligan, 2007)

Appendix C

Survey: Personal Experience with Counseling

Please answer the following questions to the best of your ability.

1.   **Have you ever received personal therapy or counseling? (If the answer to this question is no, please skip to question #5)**

_____Yes

_____No

2.   **How many times have you received personal therapy/counseling?**

_____ 1-5 x   _____6-10 x _____11-15 xs

_____16-20x   _____20 or more xs

3.   **How long did you receive personal therapy or counseling?**

_____1-6mo   _____7mo-1yr   _____1.5 -3yrs   _____ 4 - 7yrs

_____8 -11yrs   _____12 – 15 yrs   _____16-19yrs   _____20 or more years

4.   **What were the reason(s) that made you seek out personal therapy/counseling? (Check all that apply)**
   a.   Personal Problems _____
   b.   Emotional Symptoms _____
   c.   Self Improvement _____
   d.   Professional Concerns _____
   e.   Marital/Family Issues _____
   f.   Spiritual Concerns _____
   g.   Alcohol/Drug Abuse _____
   h.   Physical Symptoms _____
   i.   Other (Please specify)_____

5.   **Would you consider receiving personal therapy or counseling if you haven't received any in the past?**

Yes _____

No _____

(Adapted from Beck & Yager, 1988)

Appendix D

Survey: Self-perceptions of the benefits from receiving personal counseling

1.   Do you think there is a relationship between receiving personal therapy/counseling and being an effective counselor? Explain.

2.   Do you believe you are a more effective counselor as a result of receiving personal therapy/counseling?

_____Yes

_____No

3.   Listed below are several factors often considered to be skills effective counselors have, please check the skills you feel you have acquired as a result of receiving your own personal therapy/counseling.

- _____Empathy
- _____Acceptance
- _____Active Listening
- _____Unconditional Positive Regard
- _____Genuiness
- _____Understanding
- _____Nonjudgmental
- _____Objective/Open-minded
- _____Kindness/Caring/Warmth
- _____Knowledge/Training
- _____Good Attending Skills
- _____Patient
- _____Honesty/Trustworthy
- _____Other (Please Specify)

4.   In your own experience with personal therapy/counseling what aspects did you find beneficial? Why?

5.   Were there any aspects of the personal therapy/counseling that you felt were unhelpful? If so, why?

6.   Based on your own experience with personal therapy/counseling, do you feel it has contributed to your overall effectiveness as a counselor? Explain how.

7.   List the factors that you believe are indicative of effective counseling?

8.   List the factors that you believe are indicative of ineffective counseling?

(Adapted from Beck & Yager, 1988)