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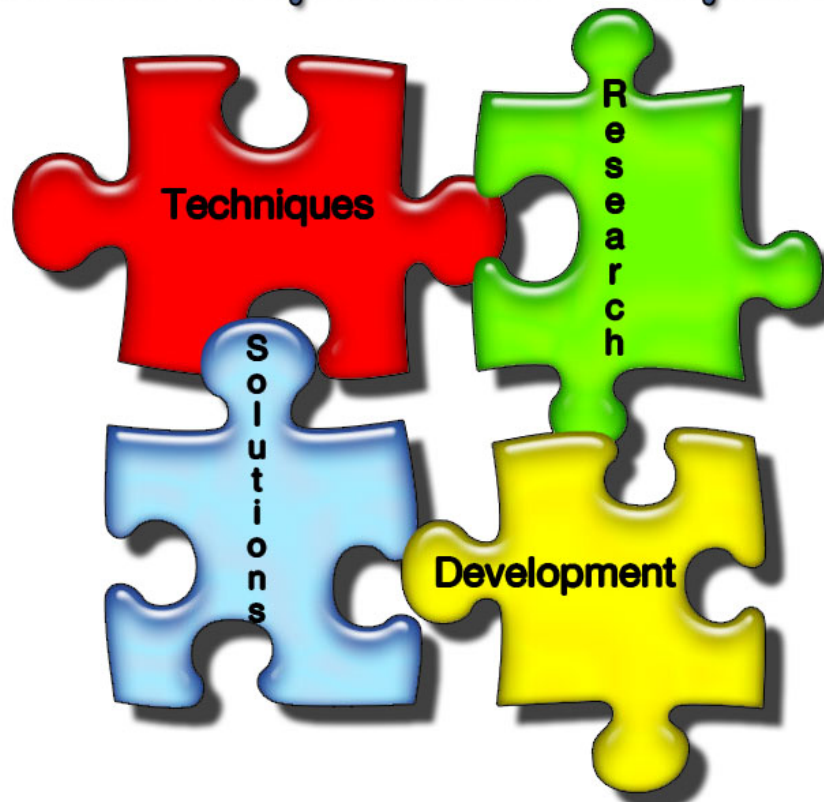
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The Journal of Counselor Preparation and Supervision

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Editorial Notes
Edina Renfro-Michel

Articles

An Exploratory Study of Classroom Diversity and Cultural Competency

Jelane A. Kennedy, Wendy Neifeld Wheeler, and Stephanie Bennett

Students' Experiences with Bilingual Counseling

Heather Trepal, Nathaniel Ivers, and Anna Lopez

Reasons for Ethical Misconduct of Counseling Students: What do Faculty Think?

David Burkholder and Jessica Burkholder

Preplanning for Feedback in Clinical Supervision: Enhancing Readiness for Feedback

Diana Hulse and Tracey Robert

Integrating Continuous Client Feedback into Counselor Supervision

Christopher Schmidt

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Journal of Counselor Preparation and Supervision, Volume 6, Number 2, Fall 2014

Editorial Note

We are proud to bring to you the fall edition of the Journal for Counselor Preparation and Supervision. This new issue contains articles on a variety of topics. Kennedy compares teaching multicultural competencies to students in a predominantly homogenous classroom versus a more diverse classroom. Additionally, Trepal, Ivers and Lopez use qualitative methods to explore student experiences providing bilingual counseling services, while Burkholder uses qualitative methods to explore faculty attributions of Master's students' ethical misconduct. Providing a practical tool for supervisors to preplan for delivering impactful corrective feedback during the supervision process, Hulse and Robert adapt the Corrective Feedback Instrument-Revised (CFI-R) instrument for clinical supervision. Finally, Schmidt investigated how client feedback can increase counseling effectiveness and discusses integrating continuous client feedback into counselor education programs.

As editor, I thank all of the dedicated reviewers who worked quickly and diligently to produce high quality manuscripts for JCPS. I also recognize my Associate Editor Jane Webber and Editorial Assistant Ellery Parker who spent many hours working with reviewers while integrating everything on our new site on Digital Commons. Additionally, I thank the NARACES Board for their support as we continue the process of migrating to our new site.

Edina Renfro-Michel, **Editor**



Jane Webber, **Associate Editor**



An Exploratory Study of Classroom Diversity and Cultural Competency

Jelane A. Kennedy, Wendy Neifeld Wheeler and Stephanie Bennett

This exploratory study compares the effectiveness of multicultural training across two classrooms of counselors-in-training at a predominately white institution—one which was homogenous in class composition; the other which was diverse in class composition. Results indicated that there was a statistically significant difference between classrooms and that individual students demonstrated statistically significant change in perceived multicultural competence. Such findings highlight the need for ongoing research that explores influence of classroom composition on cultural competency training for counseling graduate students.

Keywords: Cultural Competency, Classroom Composition, Multicultural Competence, Counselor Education

For over three decades, the field of counselor education has been working to develop ways to help emerging professionals become more culturally competent. Sue's et al. (1982) position paper on cross-cultural counseling competencies has been repeatedly noted as serving as the initial impetus for valuing multicultural awareness, knowledge, and skills (Kim & Lyons, 2003; Ponterotto, Alexander & Grieger, 1995). The significance of multicultural understanding and sensitivity has also been formally acknowledged by the American Counseling Association Code of Ethics (ACA, 2014) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009).

The paradigm shift away from utilizing a monocultural approach to counseling has influenced how educators assist counselors-in-training in the development of skills to work successfully within a culturally diverse community (Cartwright, Daniels, & Zhang, 2008; King & Howard-Hamilton, 2003). This mindset also has been influenced by the changes in U.S. demographics, particularly the growing number of racial and ethnic minorities (U.S. Bureau of Census, 2010). Counselors and educators both have recognized that these individuals may have unique needs in the counseling relationship (Atkinson, Morten, & Sue, 1998; Smith, Rodriguez & Bernal, 2011), while noting that the level of training emerging counselors receive regarding multicultural competency has been less than adequate (Smith, et al., 2011; Zalaquett, Foley, Tilotson, Dinsmore, & Hoff, 2008). In 1991, Lewis and Hayes stated, "As educators we have a responsibility to lead students to a heightened awareness of the importance of being empathetic and skilled in the realm of cross-cultural counseling" (p. 124). Twenty years later, Mattar (2011) again affirms that "a more diverse, culturally and linguistically competent and well-trained workforce" is needed to successfully engage today's diverse populations (p. 259).

Kiselica (1998) reported that students who enter the graduate school classroom may be at the early stages of cross-cultural development and may have an insufficiently developed

multicultural lens. Students in King and Howard-Hamilton's study (2003) reported that "they are eager to gain more experience and skills in this area [intercultural experience] through their graduate preparation" (p. 129). Educators and faculty frequently respond to these varying degrees of progress by examining personal teaching methodologies, texts, supplemental reading materials and curriculum content (Reynolds, 1995; Zalaquett et al., 2008).

An additional and more challenging element to understand is the impact class composition has on the learning environment (Reynolds, 1995). Participants in Herdlein's (2004) study reported that increased opportunities for students to listen and speak with diverse populations may enhance multicultural proficiency. Abreu, Gim Chung, and Atkinson (2000) and Zalaquett, et al. (2008) argue that counseling programs should strive for a more diversified composition of students and faculty in order to have the greatest influence on multicultural development. Furthermore, Kelly & Gayles (2010) state, "The type and nature of opportunities graduate students have to interact with and dialog about cultural difference is key to preparing professionals who are prepared for multiculturally demanding positions" (p. 78). Additional research suggests that both interpersonal discussions between white students and students of color and the inclusion of culturally diverse guest speakers have an impact on students' development of cultural competence (Heppner & O'Brien, 1994; Tomlinson-Clarke, 2000). Junn (1994) summarized:

deepening students' multicultural knowledge and awareness affords them the potential of critically viewing the work and themselves from multiple, complex, and interrelated perspectives. It is precisely this heightened sense of self in relation to other, more global context that sets the stage for potentially powerful insights and possibilities as those students set out to navigate both their professional and personal worlds (p. 130).

Purpose of Present Study

The primary purpose of this exploratory study was to examine whether increased student diversity at a predominately white institution (PWI) in the classroom would have an impact on students' development of cultural competency. The investigators assessed whether students enrolled in one of two matched courses that had varied class composition (as it related to diversity) demonstrated a greater amount of improvement in cultural competency at the conclusion of a multicultural training course.

The hypotheses were:

H₁: There is a statistically significant change between individual students' level of cultural competence (awareness, knowledge and skills) from the beginning of the semester of the Social and Cultural Foundations course to the end of the semester;

H₂: There is a statistically significant difference in between Class A (class composition not diverse) and Class B (class composition diverse) in cultural competency (awareness, knowledge and skills) measured at the end of the semester.

H₃: The amount of improvement demonstrated at the end of the semester on multicultural competencies of Class B (class composition diverse) would be statistically significant from the amount of improvement from Class A at the end of the semester.

Method

Sample

A total of 39 students were enrolled in the two classes; one student dropped the class, one student did not fully complete the assessments, and two students chose not to participate in the study. Participants were 35 students (31 women and 4 men) enrolled in one of two parallel graduate level multicultural courses. The program does not use a cohort model. The principal investigator taught both sections of the Social and Cultural Foundations class utilizing the same syllabus, textbooks and course activities. One class was primarily homogeneous (Class A) and the second class was more heterogeneous (Class B) in class composition. All students were enrolled at a small private liberal arts college in the Northeast and were pursuing Master's degrees in counseling and college student affairs programs. A convenience sample was used; students through course registration self-selected into one of the two sections of the class as it met the students' scheduling needs. Information about the research project was introduced following the official drop/add period. The students represented four programs (School Counseling, Mental Health: Community, Mental Health: College and College Student Affairs).

The Social and Cultural Foundations Course

The two classes met for 2.5 hours once a week over 15 weeks for a total of 37.5 hours of instructional time. Both classes followed the identical format with homework assignments, guest speakers, DVDs, readings from textbooks and classroom activities [i.e. small and large group discussion, lecture and a cultural simulation (Neville et al., 1996)]. The students were asked to select a focus group for the semester. The focus group was to be different from the student in some way (i.e. race, religion, sexual orientation) and was vetted with the instructor through conversation for each class. As a writing intensive class, the students completed weekly reflective journals and awareness activities; three guided interaction papers related to the focus group choice each interaction required high levels of contact with the focus group; a book report that the students shared with classmates related to the focus group; a prescribed culture paper that asked students to compare and contrast personal views on one's own culture with cultural and religious specific readings in two of the required textbooks; and a final guided reflection paper that assessed overall growth as a more culturally competent professional. The first three classes emphasized building rapport, creating a safe environment, and setting ground rules for the class (Ramsey, 1999). This was done with icebreaker activities that explored cultural sameness and differences. In the two of the three classes, students generated ground rules for creating a safe space that would be used through out the semester.

This course was designed to promote an awareness of one's own cultural biases, to expand the knowledge base about different cultural groups, to enhance practical and professional skills to make culturally appropriate interventions, and to encourage basic to complex immersion opportunities. The instructor comes from a multiculturalist and feminist teaching point of view. This foundation has guided the course curriculum content which has expanded beyond the traditional four racial minority groups and discussions on white privilege to include topics related to sexual orientation, gender, religion, class/socioeconomic status, national origin and disability status (Priester, et al. 2008; Smith-Adcock, Ropers-Huilman & Choate, 2004).

The instructor of the class was a seasoned professor who had designed and taught the class for 13 years. The instructor's research interests have included the impact of classroom diversity on the learning environment, and individual student's progress in multicultural

education. In respect for full disclosure the instructor identifies as: European American, female, and as a lesbian.

Demographics

The students in both classes attend a PWI. Students enrolled in Class A (N=19), the more homogenous class were 95% female (n=18) and 5% male (n=1). The age the participants ranged from 20-35 years old; 20-24 (68%, n=13), 25-29 (26%, n=5) and 30-35 (5%, n=1). The 19 participants self identified as 89% (n=17) European American and 11% (n=2) as students of color. In examining religion 84% (n=16) identified as Christian, and 16% (n=3) as non-Christian. In regard to sexual orientation 95% (n=18) identified as heterosexual and 5% (n= 1) a sexual minority.

Students enrolled in Class B (N=16), the more heterogeneous class, were 81% female (n=13) and 18% male (n=3). The age the participants ranged from 20-35 years old; 20-24 (76%, n=12), 25-29 (19%, n=3) and 30-35 (6%, n=1). The 16 participants self identified as 69% (n=11) European American and 31% (n=5) as students of color. In examining religion 69% (n=11) identified as Christian, and 31% (n=5) as non-Christian. In regard to sexual orientation 100% (n=16) identified as heterosexual.

It is important to note that the number of participants that self-identified from each racial/ethnic, religious, and sexual orientation category was too small to conduct useful analysis so this data was collapsed into dichotomous variables. The demographics were divided into groupings of those who identified with characteristics of the dominant culture (i.e. European American, Christian and heterosexual), and those who did not (i.e. students of color, non-Christian [Jewish, Muslim, non-believers, no religious upbringing and atheist] and sexual minority [bisexual, gay/lesbian and transgendered]). Age and gender were not collapsed.

Instrument

D'Andrea, Daniels & Heck (1991) created the MAKSS-C to assess student's multicultural competence. The MAKSS-C was chosen over the MAKSS-CE-R after consultation with the first author of the instrument (M. D'Andrea, personal communication, February 10, 2009) The MAKSS-C and MAKSS-CE-R are measures that were developed to assess the multicultural counseling competencies based on the model of cross-cultural counseling by Sue et al. (1982). Additionally, the MAKSS-C is longer than MAKSS-CE-R, and was described as better suited for use with students as a tool to measure competencies and develop students' own self-awareness. The MAKSS-CE-R was described as better utilized as a research tool—not for self-assessment, and by using the MAKSS-C, students would continue to gain the benefit of thinking about their own sense of self-awareness. The MAKSS-C has 60 items that give a total score and three subscale scores. The three subscales: Awareness (20 items), Knowledge (20 items) and Skills (20 items). Students respond by using three different 4-point Likert scales. Students are considered to have higher competencies if their score is higher in each subscale.

The MAKSS-C has been found to be a reliable and valid measure of multicultural competency. The reliability coefficients were obtained by using Cronbach's alpha, Awareness: .75, Knowledge: .90, and Skills: .96 (D'Andrea et al., 1991).

Procedure

Once approval from the college's institutional review board on human studies was obtained, the principal investigator introduced the study to the two classes. Students were

informed that participation was voluntary, that the students were free to refuse participation, and that participation would not affect students' grades negatively or positively. The students also were informed that they could withdraw from the study at anytime without adverse affects on final grades in the class. Students demonstrated their agreement by signing an informed consent form that included age and program of study. Students who agreed to participate allowed the investigator to collect their pre-test and post-test MAKSS-C and to utilize their written work (culture papers) to gain demographic information about the students. Utilizing the culture paper to collect demographic information would allow students to express freely how they identified themselves. Students also knew that if the information given in the culture papers was not clear, the principal investigator would meet with the student to address any confusion as how the student identified.

Results

Study data was analyzed using descriptive statistics and t-tests. To examine the effect of diverse class composition on multicultural competencies, differences in pre- and posttest scores on the MAKSS-C were compared. For all means, higher scores indicate self-reporting of higher levels of multicultural competency. The range of possible points on each subscale is 20-80 points.

All students in classes A and B self-reported improvement in their scores in each of the MAKSS-C subscales. Students in Class A (n=19) demonstrated a significant difference in all three subscales from the beginning of the 15-week course to the end of the class: Awareness (t=2.95; df=18; p<.05); Knowledge (t=4.86; df=18; p<.05); Skills (t=5.99; df=18; p<.05).

Students in Class B (n=16) also demonstrated a significant difference in all three subscales from the beginning of the class to the end of the class: Awareness (t=5.75; df=15; p<.05); Knowledge (t=6.03; df=15; p<.05); Skills (t=6.04; df=15; p<.05).

A t-test analysis was conducted to describe the differences between the two classes both at pre- and posttest. Since the students in the existing sample were members of two intact groups, their answers on measures of the dependent variables might have varied systematically at pretest because of their group association. In examining the analysis between the two classes at pretest, no significant differences were found for any of the three subscales. Comparison between Class A and Class B of the MAKSS-C posttest scores were statistically significant for each of the subscales: Awareness (t = -2.377, p<.05), Knowledge (t = -2.851, p<.01) and Skills (t = -2.814, p<.01) (refer to Table 1).

Table 1

Difference in Pretest and Posttest Means between Class A and Class B (n=35)

Competence	<i>M</i>	<i>SD</i>	<i>t</i>	95% CI for Mean	
				Upper	Lower
Awareness					
Pretest	-.477	1.779	-.268	-4.096	3.142
Posttest	-5.132	2.159	-2.377*	-9.530	-.733
Knowledge					
Pretest	-1.441	2.891	-.498	-7.330	4.449
Posttest	-6.352	2.228	-2.851**	-10.892	-1.812
Skills					
Pretest	-3.026	2.466	-1.227	-8.044	1.992
Posttest	-5.852	2.080	-2.814**	-10.092	-1.612

* = $p > .05$ ** = $p > .01$

Independent t-tests were also performed to investigate whether the amount of difference in students' scores between pre- and posttest differed significantly on any of the measures of the dependent variables. Although students in both classes improved their scores on the MAKSS-C between the beginning and the end of the semester, and it appears that scores for Class B seem to have a larger change, no significant difference was found between the amount the change between Class A and Class B on the Awareness subscale ($t = .107, p < .05$) the Knowledge subscale ($t = .119, p < .05$), or the Skills subscale ($t = .369, p < .05$). This data is provided in Table 2.

Table 2

Differences in Posttest Scores between Class A and Class B (n=35)

Competence	<i>M</i>	<i>SD</i>	<i>t</i>	95% CI for Mean	
				Upper	Lower
Awareness	-4.655	2.805	-1.659	-10.363	1.054
Knowledge	-4.911	3.068	-1.600	-11.159	1.336
Skills	-2.826	3.098	-.912	-9.150	3.499

* = $p > .05$

Limits

Some limitations should be considered with respect to the findings of this study. First, it is imperative to acknowledge that becoming a culturally competent counselor is an ongoing process. A one-semester multicultural training course may serve as a partial component of long-term multicultural development, but that enduring improvement cannot be confirmed as part of a 15-week course. Second, the use of a non-randomized convenience sample with representation of participants from only one institution impacts the ability to generalize the results. Third, because only self-reported data was collected, it is possible that students may have inflated their responses due to social desirability. Self-reported responses may also reflect anticipated rather than actual behaviors and attitudes. Fourth, small sample size meant the variables had to be reported as dichotomous (dominate culture vs. non-dominant culture) and not as individual variables. Fifth, the youthful age of the class compositions may have been impacted by students still in emerging adulthood and not be representative of all counselor education programs. Finally, as previously noted the principal investigator was the instructor of both classes; while this may have assisted with consistency between the classes, it may have also impacted how students self-reported on the assessment instrument. Additionally, the principal investigator was aware of potential bias and utilized journaling, colleague consultation and vigilant self-awareness.

Discussion

The study sought to examine if the diversity of the classroom composition had an impact on cultural competence. The results indicate that the class content as it was designed appears to enhance cultural competence for all students regardless of race, religion, gender, and sexual

orientation. It did not matter which of the two classes the students were enrolled in for a statistically significant difference between the pre-MAKSS-C and the post-MAKSS-C to be observed. This confirmed the researchers' prediction that there would be a statistically significant change between individual students' level of cultural competence (awareness, knowledge and skills) from the beginning of the semester of the course to the end of the semester. At pre-test, it was also confirmed that there was no significant difference between Class A and B.

When Class A and Class B were compared to see if Class B's mean post-test scores were significantly different on the post-MAKSS-C from Class A, it was found that there was statistically significant difference. This confirmed the researchers' prediction that there would be a statistically significant difference in between Class A and Class B in cultural competency (awareness, knowledge and skills) measured at the end of the semester. It is important to note that the magnitude of the difference was not statistically significant. The researchers cannot conclude that class composition primarily influenced the difference in the post-test scores. This raises the question regarding the minimal critical mass needed to have both the classroom environment and the class content impact multicultural competence (Abreu et al., 2000).

Reynolds (1995) suggested examining the impact of student composition in the classroom as an important area for research. It is hoped that the differences between the scores of the students in the more heterogeneous class and the students in the more homogeneous class is due to classroom composition. Abreu et al. (2000) indicated that a critical mass of 30% minority representation was needed to support enhanced multiculturalism in an academic program. It would seem then that 30% non-dominant group representation in the classroom would also promote multiculturalism. In this study the threshold of 30% non-dominant group representation was met and resulted in a statistically significant change in scores, but the magnitude of change was not significant. More investigation is needed examining critical mass. There seems to be a need for further research regarding how a higher percentage of classroom diversity may or may not impact the design of course content and structure of classes. Qualitative research to further assess this may provide additional insight. There may be more innovative ways that educators may be able to take advantage of the teachable moment that increased diversity presents in the classroom. Other questions arise on how the training needs of the dominant culture students and those outside the dominant culture are met. Are they mutually exclusive or overlapping?

In several areas of literature, there have been discussions of the needs of dominant culture students (D'Andrea & Daniels, 1999; Neville et al., 1996). One long-standing issue has been trainee resistance, specifically White students' resistance to racial/ethnic issues and the need to find a balance between the challenges and support that is offered in the classroom. Kiselica (1998) also offered that White students might find it helpful to work with a White faculty member serving as a role model as it pertains to multicultural issues and the development of culturally competent practice. For students of color, the identified challenges include: colleagues who are not as interested in multicultural issues, faculty who are uncomfortable with multicultural issues, and the potential differences between developmental progress of students of color and their dominant cultural counterparts (Auletta & Jones, 1994; Rooney, Flores, & Mercier 1998; Zalaquett et al., 2008). Coleman (2006) states:

faculty ... may want to pay particular attention to including a balance of didactic and experiential components related to race and ethnicity (for students of color) with less structured activities that facilitate White students' critical interactions with their racial/ethnic minority colleagues." (p. 180)

Chao, Wie, Good and Flores (2011) suggest that there may be a need to develop differential education for White students and students of color. At minimum, looking at the impact of co-teaching multicultural competency classes with a faculty member of color and a White faculty member could offer some interesting insights. There may be ways to be more purposeful in classroom management that would encourage more inter-cultural dialogue with students or to look more closely at the ways in which faculty create moments for inter-cultural dialogue.

In many cases, cultural diversity classes may be an introduction to issues of diversity. More programs using an integrated model of cultural diversity training may help increase knowledge and facilitate more longitudinal studies. After taking a multicultural course, students may or may not continue to develop their cultural competencies as they complete the program and pursue internship. There may be an optimal time in which students need to explore who they are as cultural beings. Chao et al., (2011) suggest that there maybe a ceiling effect that occurs during pre-service training. The profession may need work with professional associations and licensure boards to address post-training continuing education and professional development as it relates to culturally competent practice.

Another important area to examine is how the use of a broader definition of cultural competency to include not only race/ethnicity, but also religion, gender, sexual orientation, socio-economic status and disability can impact students. The level of inclusivity may allow students to connect with each other and to have a place where they may challenge themselves to explore their own cultural competency. Examining multiple kinds of privilege may allow students to develop a more holistic understanding of what it means to live and work in a diverse society.

Although this study did not examine students' innate interest in cultural competency as students enter programs counselor educators may consider their level of motivation in serving a diverse population. Understanding what inspires students to explore and be open to diversity may help counselor educators to unlock students' resistance to developing cultural competency and ultimately lead them to be better advocates.

As Chao et al. (2011) suggested, multicultural competency requires professionals to actively engage in ongoing deep reflection. Students' willingness to deconstruct personal biases requires maturity and developmental readiness. The journey to multicultural competence is a lifelong process that continues well after the student has received a diploma, and ultimately students will choose to use those skills in daily practice.

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Appendix

Factor Arrays and Distinguishing Statements by Factor

Factor	1	2	3	4
1. I wanted to work in a more desirable environment.	-1	2	0	-1
2. Education is an important valued in my family.	1	-4**	0	4**
3. I wanted to be a better supervisor.	0	0	1	0
4. Achieving a doctorate in CES is a personal accomplishment and goal for myself.	2	2	0	0
5. With a doctorate, people will take me more seriously.	-3**	3	0*	3
6. I enjoyed the power and attention I got while I taught.	-4	-4	1	0
7. I believed that by preparing counseling students to be qualified counselors I could help more of the public than by simply counseling.	-1	1	-1	0
8. I wanted to be more productive in society.	-1	1	-1	0
9. I wanted to be a more effective clinician.	0**	2	-2**	2
10. I wanted to teach future counselors.	4*	0	2	2
11. With a doctoral degree, I will be able to contribute to the field.	0	0	1	-1
12. People in my life pushed me/wanted me to pursue a doctorate.	-2	-3	-1	-2
13. The strength based focus of counselor education fit with me.	1	-1	0	1
14. I had support from faculty to pursue a doctorate.	1	-1	-2	1
15. I had a desire to help others and give back to the community.	2**	0	0	3**
16. I wanted to increase my wealth.	-4**	1	-1**	1
17. I wanted to be a leader for future generations of practitioners.	2	0	3	1
18. I wanted a faculty position.	2	3	0*	2
19. I was worried that I would "burn out" if I spent my whole career as a counselor.	-2	2**	4**	-3**
20. I wanted to talk to people about the core issues of their lives.	0	-1	-1	-1
21. I wanted to work with college level students.	-1	1	0	4**
22. I wanted to be a stronger professional.	3	4	-3**	3
23. I wanted to go through the dissertation process.	-2	-3	-4*	-3
24. I wanted to help students be prepared to practice their counseling in a legal and ethical manner.	0	0	3**	-1
25. I wanted the title of "doctor."	-3	1	-3	1
26. I received positive feedback from peers about my teaching skills.	-1	0	1	0
27. I watched someone close to me pursue a doctorate and I admired the process.	-3	-3	-1	-2
28. I wanted to provide counselors with guidance, increase their enthusiasm, and improve their skills.	3	-1	2	-2

29. I wanted to put myself in a position to influence counseling legislation.	-2	-2	4**	-1
30. I wanted to provide myself with a greater sense of job security.	-1	4**	-2	2**
31. I want a continuous role of a student.	-2	1	-1	-4**
32. I wanted to influence students to explore alternative perspectives.	0	0	2	0
33. I want to help future counselors see the nobility of what they are doing.	0	-2	1	-3
34. A doctoral program provided me with time self-reflection while continuing to feel productive.	0	-1	-2	-4*
35. I desired flexibility in pursuing my research interests.	-1	-2	-4*	-2
36. I desired flexibility in how I used my time, professionally and personally.	3*	1	1	-1*
37. I wanted to stay up to date in the counseling field.	-1	0	2	0
38. I wanted to have the possibility of having multiple roles as a professional, e.g., supervisor, researcher, clinician, administrator.	4	3	2	1
39. I wanted to increase my professional identity as a counselor.	1	-2**	3	1
40. Research was appealing to me, and I wanted to increase my research skills.	0	-2	-3	2**
41. I wanted to be prepared to increase the competence of future counselors (“a hand in future generations.”)	1	-1	-1	-2
42. I wanted to challenge and prove myself.	1	2	-2	0
43. I wanted to surround myself with other students and professionals who had a passion for the counseling profession.	2	-1	1	-1

*Distinguishing Statement $p < 0.05$

**Distinguishing Statement $p < 0.01$

Students' Experiences with Bilingual Counseling

Heather Trepal, Nathaniel Ivers and Anna Lopez

Multilingual diversity is increasing in the United States. In response, more counselors are providing bilingual counseling services. However, little is known about their experiences. This qualitative, phenomenological study examined six mental health counseling students' experiences with providing counseling services in a second language. Analyses revealed that, although unintentional, these students found their experiences with bilingual counseling both challenging and connecting. Implications for counselor educators and supervisors are discussed.

Keywords: Bilingual, Students, Counseling, Supervision, Counselor Education

The United States is experiencing an increase in multicultural diversity and counseling ethical codes and training standards have responded to the need for multicultural training, competence, supervision, and practice (American Counseling Association [ACA], 2014, Standard A.2.c., B.1.a., F.2.b., 6.b., 11.c.; American Mental Health Counselors Association [AMHCA], 2010, Standard A.I. a; C.1.a., g., 1., C. 7.a.; Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009, Clinical Mental Health Counseling Standards C.1., D.2., E. 1., 3). The country is also experiencing an increase in multilingual diversity. From 1980 to 2007, the percentage of non-English speakers residing in the country grew 140% while, during the same period the overall U.S. population grew by only 34%. In addition, 55.4 million individuals, or 20% of the overall U.S. population, reported that they speak a language other than English at home. The majority of the individuals speaking a language other than English at home reported speaking English “well” or “very well.” However, approximately 14 million of them reported speaking English “not well” or “not at all” (Shin & Kominski, 2010). This rise in non-English speakers in the United States, particularly those with limited English proficiency (LEP), has created a greater need for bilingual counseling services, especially considering the fact that non English-speakers, particularly Latinos and Asian Americans with LEP, have lower odds of receiving mental health services than do their monolingual, English-speaking counterparts (Sentell, Shumway, & Snowden, 2007).

Although there are relatively few mental health counselors with adequate linguistic skills to serve the LEP population, those who are bilingual and potentially capable of providing these services to LEP clients are often reticent to do so, possibly because they lack training in providing counseling services in languages other than English (Biever et al., 2002; Verdinelli & Biever, 2009). These data underscore the need for counseling programs that attend to the training and supervision of bilingual mental health counseling students—students who have the foundational linguistic abilities to provide counseling services to this growing LEP population. Literature pertaining to bilingual counseling and the supervision of bilingual mental health

counselors and counseling students is sorely needed; however, it is sparse at best (Fuertes, 2004). A few studies have been completed that shed light on bilingual practicing counselors' perceptions of their provision of services in two languages as well as their sense of preparation and training to provide counseling in a language other than English (Castaño, Biever, González & Anderson, 2007; Verdinelli & Biever, 2009). A review of this literature follows.

Review of Literature

Although offering counseling services in a client's native or preferred language has been highlighted in the literature as important and an ethical mandate (Santiago-Rivera, Altarriba, Gonzalez-Miller, Poll, & Cragun, 2009), little research has touched upon the training of helping professionals as well as their perspectives and experiences of providing services in a non-dominant language. To fill this gap, Castaño et al. (2007) surveyed 127 practicing bilingual psychologists to assess their self-perceived level of second-language proficiency (conversational, reading, and writing), their concerns associated with their second-language proficiency, how they learned the second language, and the training they had received to provide psychotherapy in a second language. Participants were also asked to describe how they personally prepared to provide services in a second language and their suggestions for improving bilingual therapy training. Concerning self-perceived language proficiency, results revealed that many of the participants (52%) were concerned with their second-language vocabulary, as well as their ability to express psychological concepts in session (58%). Concerning bilingual training, a slight majority of participants indicated that they received no formal training regarding psychotherapy in a second language. Those who did receive training reported receiving bilingual supervision (39% of participants), attending workshops related to bilingual counseling (28% of participants), and taking courses specific to the provision of bilingual counseling (16% of participants). Respondents considered courses associated with bilingual therapy, such as bilingual assessment methods courses, cultural courses, and bilingual psychotherapy skills and techniques courses, as the most useful. They also highlighted the importance of bilingual supervision in the training of bilingual therapists—in particular, with supervisors who are bilingual and knowledgeable of pertinent cultural issues. Concerning informal training, Castaño et al. (2007) reported that participants utilized the popular media, books, journals, and immersion experiences to enhance their second-language proficiency. With respect to professional growth, participants reported seeking consultation from Spanish-speaking colleagues and professionals.

Verdinelli and Biever (2009) conducted in-depth telephone interviews with 13 Spanish-English and English-Spanish bilingual practitioners to better understand their experiences in providing counseling in a second language. All of the participants indicated that they had not received formal training, such as courses or bilingual supervision, related to psychotherapy in a second language. Instead, they reported learning “to provide services to Spanish-speaking clients through trial and error or by studying and researching the subject on their own” (Verdinelli & Biever, 2009, p. 236). This is similar to results reported by Biever et al. (2002) and Rivas, Delgado-Romero and Ozambela (2005), in which participants reported self- training and limited bilingual supervision opportunities. Also, similar to Biever et al. (2002), participants in Verdinelli and Biever's (2009) study indicated that formal training, such as content courses and clinical supervision specific to bilingual services, would be helpful. Particular challenges of bilingual services reported by participants included translating their thoughts from their dominant language to their second language, using technical vocabulary, and understanding

language variations between Spanish-speaking clients (e.g., differences in accent, vocabulary; Verdinelli & Biever, 2009).

Although these studies have shed light on bilingual practicing therapists' perceptions of counseling in two languages as well as their sense of preparation and training to provide counseling services in a language other than English, each of these studies limited their participation to practicing psychologists. Thus, no studies were found that analyzed the experiences of bilingual mental health counselors or, more specifically, the future generation of counselors (i.e., current bilingual mental health counseling students) regarding their experiences with and perspectives pertaining to providing counseling in a second language. The purpose of the current study, therefore, was to fill this gap. In particular, we aimed to understand qualitatively these students' experiences in providing counseling in a second language, steps they took to enhance their language and professional proficiency related to counseling in a second language, their experiences with supervision, as well as their suggestions for improving bilingual counseling training, supervision, and practice.

Method

Phenomenology

Phenomenology, a constructivist approach to qualitative research, values participants' lived experience and asserts that multiple realities of an experience exist (Hays & Wood, 2011). A phenomenological approach to data collection and analysis was selected as it allowed the researchers to understand in-depth, the lived experience of the phenomenon (Patton, 2002). We wanted to understand the lived experiences of practicum students who were practicing bilingual counseling. The intention of a phenomenological study is to "understand the individual and collective internal experience for a phenomenon of interest and how participants intentionally and consciously think about their experience" (Hays & Wood, 2011, p. 291).

Participants and Study Procedures

Participants were recruited through a targeted email to all mental health counseling students at one southwest university enrolled in a practicum course during the 2009-2010 academic year. The intent was to hear the voices of the participants rather than to generalize the findings. Therefore, the only criterion for initial inclusion in the study was having had experience with bilingual counseling during their practicum or internship. All interviews were audio recorded for the purpose of transcription and analysis. Purposeful sampling was used to identify practicum and internship students who self-identified as practicing bilingual counseling at their clinical site. Specifically, potential participants were informed that they would be agreeing to be interviewed for approximately 60 minutes. The six participants ranged from 25-54 (mean = 35) years in age and included five females and one male. Four of the participants self-identified as Hispanic, one as Lebanese, and one as White. Polkinghorne (1989) recommends a sample size of 5-25 participants for phenomenological inquiry. The recruitment of additional participants ceased once saturation of themes became evident. Table 1 contains detailed information about each participant. Participants' real names, as well as any identifying information, have been changed in order to protect their confidentiality.

Table 1: Participant Demographic Characteristics

Participant	Age	Sex	Ethnicity	Primary Language Spoken	Secondary Language Spoken
1	54	F	Hispanic	English	Spanish
2	26	F	Lebanese (Arab American)	English	Arabic
3	50	F	Hispanic	Spanish	English
4	28	F	White	English	Spanish
5	27	M	Hispanic	English	Spanish
6	25	F	Hispanic	English	Spanish

Data Collection

Individual interviews were utilized as the method of data collection. All participants were interviewed using a semi-structured interview process and were asked the same grand research question: “What have been your experiences with bilingual counseling?” Sample sub-questions included: “What have been your experiences with language mixing and switching?” “What is your understanding of clients’ language and culture?” And “can you discuss your self-awareness of language and culture; particularly in the counseling relationship?”

Demographic data were also collected. Data triangulation allows data to be collected from many sources, and/or by many investigators (Shank, 2002) and support for the findings is strengthened, increasing trustworthiness and credibility of findings (Patton, 2002). In the current study, one investigator was used to collect data, and two investigators assisted with data analysis, thus using investigator triangulation (Patton, 2002). None of the investigators served as supervisors or instructors for any of the participants.

Research Lens

The research lens that we brought to the current study included a curiosity regarding how practicum students experience bilingual counseling. The lead author was a tenure-track assistant professor and she had experience teaching supervision and practicum courses as well as supervising students who were counseling in their second language. The second author was a tenure-track assistant professor, bilingual in English and Spanish, with previous experience counseling and providing supervision in his second language. The third author was a doctoral student, who was bilingual in English and Spanish, and had experience both counseling and supervising counseling students in her second language. All of these experiences led to the initiation of this study.

Data Analysis

As the researchers approached the data, they used the “phenomenological epoche” (Wertz, 2005, p.172), also known as bracketing procedures, (i.e., checking in with self and the other researchers) to attempt to separate their potential researcher bias from the participants’ lived experiences. Data analysis was completed according to procedures consistent with Creswell’s (2007) recommendations. Transcripts were generated from audio recordings and each was reviewed individually prior to making any initial meaning units out of the data in an effort to more fully understand what was said by each participant (Wertz, 2005). In organizing

the data, statements from the interviews were organized into initial themes. The researchers were able to begin to discuss the deeper relationships emerging and create clusters of meaning. Then, we begin both textural and structural analysis of these themes (Creswell, 2007). These included the participants' expressions of what was experienced (e.g., bilingual counseling; textural description) as well as how bilingual counseling was experienced (structuraldescription). The researchers' goal was to leave behind their experiences of the phenomenon and attempt to understand the participants' unique experiences (Wertz, 2005). Member checks were completed with the participants to gauge their perspectives on the analyses and themes and to further demonstrate trustworthiness of the results.

Results

Each of the six participants' journey to practicing bilingual counseling during their practicum was different; however, there were similarities among their experiences as noted in the following emerging themes: *Un-intentionality: Initial Thoughts and Feelings*, *Challenges, Connections*, and *Barriers to Conducting Bilingual Counseling*.

Each of the six participants' experiences with learning their second language was unique. For example, Participant One was an elective bilingual (i.e., non-heritage language speaker) who had two years of college-level study in her second language; whereas, Participant Four studied her second language in college and then taught it at the high school level for three years. However, although she had a degree in Spanish and a large amount of Spanish teaching experience, Participant Four doubted her ability to do counseling in the language. For Participant Three, English was her second language. She came to the U.S. from Mexico and reported that she was forced to learn the English language when she began to work here. She explains, "I didn't accept this culture as my culture, but I was able to speak English because I understand it was important for my survival."

Participants' Two, Five, and Six were circumstantially bilingual; they all learned their second language from their parents rather than through formal education. Each reported that having a second language tied them with their family and their culture. For Participant Five, the actual practice of the Spanish language, as well as knowing the culture of Mexico was important as the following quote illustrates:

I don't just know Spanish, I'm aware of the cultural things in Mexico, and I also go to a church which is Spanish-speaking, so basically, when they read the Bible, and when they sing the hymns, it's all in Spanish. And basically that's how I learned how to read, because of my church, how to read Spanish, and you kind of learn how to write it, and with my mother and her side of the family I just had to think I was able to practice it. I'd go to Mexico, for religious retreats at least once a year. So I kind of interact in Spanish for several weeks at the time.

Participant Six reported that her parents were from Mexico, however, "they wanted us to go straight into English. I don't think they saw the values of maybe having both languages. What I consider now I think there is a great advantage when you have both languages."

Un-Intentionality: Initial Thoughts and Feelings

All of the participants shared that the opportunity to work with non-English speakers was presented after they had committed to complete their practicum or internship experience at their respective sites in the community. They explained that in addition to the nervousness of being in

the counseling role for the first time, they also had to deal with the anxiety of having to do counseling in another language. Some of the factors that contributed to these feelings included having obtained clinical training only in English and the fear of not understanding or not connecting to the client due to a language barrier. According to one participant:

I didn't know that I would be doing bilingual counseling...before my internship, but I think it really helped me as a counselor to sensitive to their issues, and I hope that this would be and something that would advocate more training for bilinguals to prepare. Because I had no idea that was going to be my role, but I'm OK, I'm embracing, and trying as hard as I can to get through the struggle areas, still struggle in some areas, but at the same time I had some many successes, and I understand that there's such a need (Participant 3).

Participant Two also expressed that she did not enter her practicum with the intention of counseling in her second language:

Initially, I didn't want to tell anyone I spoke Arabic because my Arabic, is my second language, and I really don't know it very well. I'm not comfortable speaking it, but as soon as they would come in, I could tell when they were asking the lady, you know there at the site, and I just took over, I was like, you know, they needed help.

Another one of the participants summarized:

I was a little bit nervous, not only was it the first time I was in a counseling practicum role when I was actually the counselor I was also doing it in another language, which was double-scary (Participant Four).

Although most of the participants did not actively seek out bilingual counseling experiences, once they realized there was a need, they were able to use their language skills. However, as students, most also expressed a fear about not getting to practice their counseling skills in English. This quote from Participant One summarizes this issue:

What's been worrying me, the majority of my clients are Spanish speaking... I need more time, more contact and I know that next semester I can ask for two or three English speaking clients and I can work with them. That's the only part that I see negative, that is limited to the Spanish speaking. I think I need the English too.

Challenges

Since the participants unintentionally found themselves doing counseling in their second language, they described some challenges they experienced. These challenges were organized into two themes, *Rehearsal* and *Language and Cultural Variations*.

Rehearsal. Counselors-in-training speaking a second language often employed informal resources of double-checking their language skills (classmates, family members, or friends). Some resorted to mock counseling sessions to practice counseling sessions in a second language. Most of their backgrounds included learning a second language in their home environment (except for the counselor born in Mexico for whom English was her second language). Thus, they reported a need to build a counseling vocabulary in their second language. Often, they described using their parents as resources. Most of the participants reported some type of rehearsal or practice of their bilingual counseling skills including role-plays with bilingual peers, supervisors, and family members.

In the beginning, before I was a counselor I tried to go through the terminology and to do mock interviews with my husband or somebody else to see if I could use the terminology in Spanish.

Interviewer: Can you give me an example of what type of terminology you used with your husband? What was something you were concerned about?

Mostly, the cliché words, “how you feel about it,” open-ended questions, to avoid the why, and things like that, it was like, one of the things I wanted was the word “empower,” I didn’t know how to use it in Spanish. There is not a translation in Spanish, in the way we use it. There are small words that don’t fit like that, that are important words, and there’s another way to do it, you need to paraphrase, explain it (Participant Three).

Participant Six reported calling her mother on the way to her practicum site to ask her about the translation of a specific word:

I would call my mom, on my way to the center, “Mom, how do you say *monitor* in Spanish? I thought I heard it but I’m not sure” and then she’d tell me and I’d say it, and I’ll be OK, I know exactly where is that, “And how do you say *goal* in Spanish?” And it could be simple words like that and I was just I was taken back, I was kind of upset with myself, thinking, “Jeez, that’s not very fluent of me!” But then I’ve started thinking, it’s because I don’t speak that, I haven’t used that vocabulary with my mom.

In addition to rehearsing their language skills with others, including practicing specific words and counseling terminology, participants also reported rehearsing, or engaging in the process of translating, from one language to another in their minds. Participant Six reported that shifting back and forth from English to Spanish was one of the most challenging tasks, she explained:

That was difficult because I have to shift from English to Spanish, and I had moments when I had to deep breathe, cause I was about to speak in Spanish and then I had to shift Spanish to English. So it was a process for me, it was definitely like a process, and I think understanding it [inaudible] good, I’m already thinking in my head I’m gonna ask this, so sometimes it interferes completely to listening to the client. Yeah, I had to process it, think it, process it in Spanish and say it.

Language and cultural variations.

All of the participants found differences in language depending on the client’s country of origin, or background, and highlighted the need to adapt to understand or be understood. According to Participant Two, “The Arabic in Iraq is very different from Lebanon. By the time we were able to figure out our language, we could speak to each other.” Participant Three reported having a similar experience with her clients:

I do see a couple of clients who are from Costa Rica and Spanish is different for people from Cuba, people from Mexico, people from the U.S. who speak Spanish only and Puerto Rico. I also see a couple of Spanish speaking clients, but they are from the Philippines.

To further illustrate, Participant Five explains:

Spanish is not just a one... one-origin language. If you think about it, actually, here is the number one language, but they have so many different types. Like I have one client who’s from Nicaragua and he has different phrases that I would have put differently, but it’s like different terms. Like the term that I was thinking of, “it’s a lot of weight to carry

up on your shoulders” in Mexico, it’s “a lot of weight upon your chest” and he used another term that I wasn’t really used to, but it’s because it’s a different country.

Most participants highlighted not only of language but also of culture. Participant Six noted some cultural differences in help-seeking with her clients. She utilized circumlocution, where she used many words to describe something simple, and generate conversation.

In their countries, they’re very private, their cultural values are very private so when I would ask them counseling questions, they wouldn’t respond. So I really had to go in a round-about way and ask them “What do you do in our country? What is your story? What did you do as your living?” And things like that. So we would approach it that way, and have like a casual conversation trying to get to know them. And they would open up more to me.

All of the participants noted the importance of understanding culture-related issues within the various expressions of a single language in bilingual counseling. According to Participant Three:

But, looking at the clients that I do have, there’s one from Mexico that I am counseling right now that her husband has been deported, so I mean, you’re not going to get deported if you are from Puerto Rico, so that’s not going to be an issue for you.

Connections

Even though the participants shared challenges, they also highlighted positive outcomes. Many identified the connection with the client as one of the most positive consequences of doing bilingual counseling. This connection was attributed to being perceived by their clients as having the language skills and the understanding of cultural values. They believed shared language gave them the opportunity to be closer to their clients. They also perceived themselves as more knowledgeable in terms of the clients’ cultural worldviews including beliefs, values, and actions. The participants shared that this made their clients feel “understood.” Participant Five explained,

It’s something that right away once you start speaking Spanish with them it kind of allows them to let down their guard, and it’s Ok, this person if I explain something to him he’s going to understand me.

Participant Four shared that her overall experience working with non-English speakers was very positive. After she highlighted the need for more Spanish-speaking counselors and discussed the need to serve this underserved client population, she shared the following,

It wasn’t as scary as I thought it would be, they were really understanding and forgiving, especially the kids, they would kind of smile and I would ask them, and they knew some words in English, and I’d ask them, otherwise we would just sort of navigate the word that I was trying to come up with, and they were really helpful and warm.

Finally, Participant Two highlighted a common feeling of connection with her clients, to be seen as someone with whom the client could communicate.

My biggest success is actually being where they’re at, understanding where they came from, and why they are in the situation that they’re in, it’s just the language of understanding them; and also being able to use terms that they can relate to. So, because it’s like if I were to put you in Japan, and you know no Japanese, and one person speaking, even if it was broken English, but it was enough, you would kind of just gravitate towards that person because it’s very mind boggling to be in a... it’s exhausting to be in an environment where you don’t speak the language to be able to communicate.

Barriers to Conducting Bilingual Counseling

Although the bilingual counseling students in this study experienced success in counseling, and felt a connection with their clients, they also perceived some difficulties. The final theme that was expressed by the participants regarding their experiences was that of missing links or the barriers to conducting bilingual counseling. Sub-themes in this category include *Supervision* and the *Lack of Bilingual Client Resources*.

Supervision. The participants in this study were concerned about their use of the language, and would have liked to have bilingual supervisors. Half had a supervisor who was able to speak the language in which they were counseling. For those who did not receive supervision with a bilingual supervisor, they reported that they did not focus on language skills. According to Participant Five:

Well, with the supervision, it's not about the language, first my supervisor doesn't speak Spanish, but they are flexible enough to let me do whatever is necessary to do to solve if I have some issue. If everything, the forms are in English and Spanish, what you give to the clients in English and Spanish, when I go and do the supervision with him it's about the client in general, what can I do with this client.

In addition, several of the participants commented about needing to translate tapes (which were required for their practicum classes) into English so that they could be understood and evaluated by an English-speaking supervisor. According to one, "Everything I bring is in English ... I need to translate everything about the client, or the situation that I encountered, to English."

Participants reported that they were relieved when they had a supervisor who was able to speak the same language that they were using with their clients in counseling as the following quotes exemplify:

My practicum supervisor, which is a doctoral student, she's bilingual, and at the site, I was also dealing with a bilingual family...so she was able to sit in and observe and understand what was going on, so that's great because it was in Spanish and I didn't have to explain what was going on (Participant Six).

Because she has that experience with bilingual counseling she was so supportive of me being a bilingual counselor and she was able to pick up on different not necessarily English things, she was always so complimentary, "I don't know what you're worried about, you speak Spanish perfectly" but she was really perceptive about cultural things (Participant Four).

Lack of bilingual client resources. Based on their experiences, participants stated that one of the major needs for the clients was help with translating counseling forms, or the availability of translated forms. As illustrated in the comment below, participants recommended that counselors-in-training be prepared to translate forms for their clients.

And the center that I work at, some of their forms are not in Spanish, all like their surveys and things like that, so when we give them the surveys, either their children will have to read to them or they'll have to fill them out or something. When you look at counseling techniques, we don't even have a form in Spanish yet, so we have a long ways to go (Participant Three).

Be prepared because you're going to find situations where you're going to need some materials for the children, and in Spanish and you're not going to have it available to you...be prepared to translate. And the sessions usually take longer, you're going to

move slower, and the process it just more time, you have to have more patience, even more so than you would normally. With kids, you have to have a lot of patience to begin with, but more so when you are working with translating for the parent, trying to get feedback, and work the whole dynamic of the family (Participant One).

Discussion

The experiences of the counseling students who participated in this study spoke to the barriers, limitations, and benefits of conducting bilingual counseling. All of the participants in the study revealed that working with non-English speakers was somewhat of an accident or coincidence. However, even though none of them planned to do this prior to encountering a population that motivated them to do non-English counseling, they all echoed the importance of and need for bilingual counselors. In summary, the participants in this study did not report receiving any training on bilingual counseling during their counselor preparation program. In addition, half of the participants received supervision from an English-speaking supervisor while the others were supervised by someone who spoke the language they were using in counseling.

Similar to the findings reported by Castaño et al. (2007), all participants in this study reported that they had not received any kind of formal training in providing counseling services in another language. These findings support those of other researchers (Biever et al., 2002; Verdinelli & Biever, 2009) who stated that even though there are bilingual counselors possibly capable of providing services to LEP clients, these counselors may be hesitant to do so because of a lack of training. Most of the participants highlighted the need for counseling programs to provide training opportunities for students to practice their bilingual language skills (speaking, reading, and writing). Although the most common recommendation was training in the form of additional courses, such as a counseling skills class in Spanish, some of the participants provided other suggestions such as establishing a peer group of bilingual counselors-in-training to serve as a tool for processing ideas as well as practicing language skills.

The counseling literature has demonstrated that students, particularly those who are early in their training and under clinical supervision, desire ongoing and consistent feedback (Arthur & Gfroerer, 2002; Heckman-Stone, 2003; Trepal, Bailie, & Leeth, 2010). Similar to the results reported by Verdinelli and Biever (2009), the participants that reported having had a bilingual supervisor shared that supervision was utilized to obtain feedback related to clinical skills, language, vocabulary, and cultural issues.

Limitations

Even though a few studies have examined the perception of preparation and training by bilingual practicing mental health counselors, as well as their provision of services in two languages, these studies have focused on the experiences of psychologists. No studies have analyzed the experiences of current bilingual counseling students pertaining to providing counseling in a second language. The intent of this study was to qualitatively understand mental health counseling students' experiences in providing counseling in a second language.

Two potential limitations should be considered when interpreting the results of this study. First, the synthesis and analysis of results completed by the researchers may have been influenced by the researchers' own personal biases regarding bilingual counseling. To minimize

the likelihood of a researcher bias, we employed a phenomenological epoche approach, wherein we collaborated with each other concerning the interpretation of results.

Second, while few studies on this topic exist, it is important that results not be generalized to all mental health counseling practicum students who are practicing bilingual counseling. For example, the relative homogeneity of the participants should be taken into account when examining results. Although the main goal of the study was to examine experiences of practicum students who engage in bilingual counseling, which could include any number of language combinations, the majority of the study participants provided counseling in English and Spanish. The experience of bilingual practicum students who speak languages other than English and Spanish may be different from the experiences shared by participants in this study. Moreover, each study participant was a graduate mental health counseling student at the same southwestern university. It is possible that their experiences may have been influenced by a similar program of study that may not generalize to bilingual mental health counseling students at other institutions. Finally, since the goal of qualitative research is not to produce transferability in findings, applying the themes from this study to other students who are bilingual counselors is cautioned.

Implications for Future Research

Future quantitative and qualitative research on this topic is needed. For example, a qualitative, phenomenological design with non-English-speaking clients who received counseling from a bilingual mental health counselor in the bilingual counselor's second language could be informative. It would provide an additional perspective related to the bilingual counseling relationship and potentially provide important implications for bilingual counseling training. From a quantitative perspective, a pre-test, post-test design analyzing the effectiveness of different types of bilingual counselor training, such as bilingual supervision and courses designed to enhance bilingual counseling skills, would be helpful. A correlational design that compares levels of fluency in a second language with counselor-client working alliance would also contribute to our professional knowledge base.

Conclusion

As a result of this investigation, students' experiences with bilingual counseling came to light. The participants' reactions included feelings of nervousness associated with being in the counseling role for the first time, as well as additional anxiety stemming from counseling in a language other than the one in which they were trained. Factors contributing to these feelings included having obtained clinical training only in English, the fear of not understanding or not connecting to the client due to a language barrier, and the lack specific supervision regarding their language skills in their new counseling role.

Similar to the findings of Verdinelli and Biever (2009), participants reported challenges of translating their thoughts from their dominant language to their second language, using technical vocabulary, understanding language and cultural variations between Spanish-speaking clients, and limited practice working with English-speaking clients. Mental health counselors-in-training speaking a second language often employed informal resources of double-checking their language skills with classmates, family members, or friends. Few reported utilizing the informal training discussed by Castaño et al. (2007) (e.g., popular media, books, journals, immersion).

Five of the six participants identified the connection with the client as one of the most positive consequences of doing bilingual counseling, attributing it to being perceived as having the language skills as well as the understanding of cultural values.

Based on the experiences of these participants, we endorse recommendations consistent with the literature (Biever et al., 2002; Verdinelli & Biever, 2009). There is a need for training in bilingual counseling in counselor preparation programs. The participants in the study also indicated a desire for feedback on their bilingual counseling skills and highlighted the importance of developing clinical supervision specific to bilingual counseling. Fields such as nursing and education have long offered specific training programs focusing on preparation in bilingual service delivery. Given the fact that mental health counselors and counseling students provide bilingual counseling services, it is time that more attention is devoted to this critical area of counseling practice.

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Reasons for Ethical Misconduct of Counseling Students: What do Faculty Think?

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The ethics training of students in the helping professions has been a frequent topic in the literature, yet students still commit ethics violations (Li, Lampe, Trusty, & Lin, 2009). No known research has examined the attributions faculty give for student ethics violations. This online qualitative study used a conceptual framework of attribution theory and explored faculty attributions of counseling master's students' ethical misconduct. Emergent themes were grouped across two broad domains, attribution themes and prevention themes. Attribution themes include: (a) the person, (b) educational factors, and (d) performance. Prevention themes include (a) education and training, (b) gatekeeping and screening, (c) monitoring, (d) personal growth, and (e) support. Singular data for the ethics training of students in the helping professions is discussed.

Keywords: Ethics Violations, Counseling, Counselor Education, Attribution Theory

For an occupation to be considered a profession, certain signposts are required. It is generally accepted that these signposts include: (a) an association for members of the profession, (b) an ethics code and standards of practice, (c) rigorous educational requirements, (d) acknowledgment of the profession by the public, (e) a specified body of knowledge, (f) licensing and credentialing, and (g) accrediting bodies to operationalize curriculum (Gale & Austin, 2003; Ponton & Duba, 2009). The other element of a profession—and the most defining—is the nature of the relationship between the profession and society (Ponton & Duba, 2009). The ethics codes, more than any other definitional component of a profession, define and contextualize this relationship for the helping professions. As “the embodiment of values into guidelines for behavior,” (Strom-Gottfried, 2007, p. 1), ethics codes provide structure and boundaries that inform the relationship between members of the helping professions and the society within which they operate. This may (in part) account for the consistent and frequent presence of ethics issues within the research literature of helping professions. Two main areas of ethics serve as the foundation for this research: (a) defining and exploring ethics and ethics codes, and (b) the ethics training and development of students.

Defining and Exploring Ethics

The construct of ethics and the various codes of ethics are the topic of significant discourse in the literature, and different ethical issues are continually developing (Herlihy & Dufrene, 2011). Researchers have described ethics codes as statements of professional identity

and covenants with society (Ponton & Duba, 2009), noting that some professionals have faith in codes of ethics while some are skeptical (Fine & Teram, 2009). Researchers have examined ethics within the frameworks of diagnosis (Dougherty, 2005; Kress, Hoffman, & Eriksen, 2010), testing and assessment (Naugle, 2009), spirituality (Steen, Engles, & Thweatt, 2006), therapeutic prayer (Weld & Eriksen, 2007), and computer-based supervision (Vaccaro & Lambie, 2007). The literature also contains examples of ethics decision-making models and recommendations to assist professionals in navigating the complexities of ethics dilemmas (Barnett, Behnke, Rosenthal, & Koocher, 2007; Burkholder, Toth, Feisthamel, & Britton, 2010; Calley, 2009; Freeman & Francis, 2006; Foster & Black, 2007; Glossoff, Herlihy, & Spence, 2000). Undoubtedly, a diversity of perspectives and attitudes exist within the helping professions concerning ethics, ethics codes, and how ethics apply within a variety of contexts.

Ethics Training and Development of Students

The other dimension of ethics significantly represented within the literature relates to the ethics training of students. Gray and Gibbons (2007) argued for students to receive ethics training that integrates knowledge, values, ethics, policy, and research to better recognize the moral consequences of clinical decisions and to develop a deeper understanding of ethics issues. Pullen-Sansfacon (2010) added to the recommendations of Gray and Gibbons, advocating for students to receive ethics training through moral development and the promotion of virtue ethics.

Some research has focused on whether ethics training should permeate the curriculum of an entire graduate training program, or be delivered primarily through a specific course. Corey, Corey, and Callanan (2005) made the case for infusing ethics training early and throughout the entirety of student graduate education. Similar to Corey et al. (2005), Pack-Brown, Thomas, and Seymour (2008) argued for an infusion of ethics training across a graduate program with an emphasis on social justice. Sanders and Hoffman (2010) also examined ethics training, comparing two approaches to teaching ethics: (a) infusion of ethics, and (b) two types of mandatory discrete ethics courses (one teaching a mixed-model approach, another teaching a common morality model). Sanders and Hoffman (2010) found that teaching a common morality model resulted in students with greater moral judgment and ethics sensitivity. McGee (2005) encouraged ethics training that emphasized a proactive approach in identifying potential ethics problems, and for students to use vignettes to consider ethics issues within real-life applications. McCarron and Stewart (2011) also advocated the use of vignettes to promote the ethics training of students.

In addition to recommendations in the literature, accreditation bodies mandate that counseling students receive ethics training. Notably, the Council for Accreditation of Counseling and Related Educational Programs (CACREP), the flagship accreditation body for counseling programs, mandates that counseling students receive ethics training. Standard II.G.1.j states that counseling students must have an understanding of “ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling” (CACREP, 2009, p. 10).

The counseling profession has devoted considerable attention to ethics issues (see Barnett et al., 2007; Gale & Austin, 2003; Ponton & Duba, 2009; Sanders & Hoffman, 2010). This is directly linked to the previously discussed role that ethics plays in the relationship the helping professions have with the society in which they exist. The counseling profession is served best if

society views counselors as ethically competent. Despite the sincere efforts of graduate programs to train students, and despite research aimed at assisting students and current clinicians to navigate ethics issues, ethics violations do still occur in graduate programs (Fly, van Bark, Weinman, Kitchener, & Lang, 1997; Li, Lampe, Trusty, & Lin, 2009); Tryon, 2000) and therapeutic practice (Kocet & Freeman, 2005; Phelan, 2007; Strom-Gottfried, 2003). Ethics violations by graduate students are particularly important to examine, because graduate study is a time of development and learning when future clinicians are under supervision and receiving ethics training. Apparently, instruction and knowledge of what comprises ethical behavior does not ensure that graduate students will always behave ethically (Tryon, 2000).

The authors proposed that there is a rich common sense underlying the need to examine the perceptions of faculty members, foremost of which is that faculty members are charged with training students to conduct themselves in an ethical manner. This led to an important question to present to faculty: “Why do faculty think counseling students commit ethics violations?” As no research was found that examined the phenomenon of student ethics violations from the perspectives of faculty, the guiding research question of this exploratory study was: What attributions do faculty give to explain the ethics violations of counseling master’s students? The purpose of this research was to illuminate the reasons faculty give for the ethics violations of their students, resulting in increased understanding toward how to address this issue within graduate training programs in the helping professions.

Conceptual Framework: Attribution Theory

Attribution theory is the rational filter through which to study faculty attributions of student ethics violations. Originated by Heider (1958) within the field of social psychology, attribution theory essentially attempts to explain how individuals utilize information to formulate casual explanations for events (Fiske & Taylor, 1991). Fiske and Taylor stated, “Understanding what factors give rise to a certain outcome enables one to control the likelihood of that outcome, or at least to predict when it will happen” (1991, p. 23). Thus, an attribution is an attempt to explain why people do what they do. Weiner (2010) has also used attribution theory within the context of motivation and achievement, noting that within an attribution are three dimensions: (a) locus of control, (b) stability, and (c) controllability. Locus of control examines whether the behavior is caused by internal or external sources. Stability assesses if causes change over time, and controllability is defined as causes someone can control versus causes one cannot control.

Within the context of this research, illuminating the attributions faculty give for student ethics violations may provide information for understanding what underlies unethical student behavior and how to address it. If faculty attribute internal sources as the primary cause of student ethics violations, there is a distinct set of implications and conclusions to be drawn. However, if faculty attribute external sources as the source of student ethics violations, another set of implications exist. Internal sources (originating in the student) would likely lead faculty to examine issues related to gatekeeping (which students are admitted) and remediation (how concerning student behaviors are addressed). External sources (originating outside the student, such as the counseling program itself) would likely lead faculty to examine how ethics are addressed programmatically. Therefore, the theoretical structure of attribution theory has been used in the design and analysis of this research.

Pilot

In preparation for this study, the researchers conducted a pilot study. The purpose of this pilot study was to explore the viability of the research question and to enhance the questions to be utilized to produce data for this research. The pilot study included ten participants who were faculty members in four different counselor education programs. The ten faculty members who participated in the pilot study were either currently serving on a remediation committee at their university or had previously served on a remediation committee. In this context, a remediation committee refers to committees within graduate programs in the helping professions that serve to address problematic student behaviors, including ethics violations. Faculty members who had experience with serving on a remediation committee were chosen because of their experiences in working with students who had committed ethics violations.

The researchers sent emails to the participants including a link to an Internet research site (Survey Monkey) to complete the pilot study. The participants were instructed to answer the pilot study questions using the following criteria:

1. The student was a former master's counseling student in a counseling program in which you were part of the program faculty OR the student is a current or past master's counseling student in a program in which you are currently part of the program faculty.
2. The student's ethical misconduct resulted in the counseling program taking some sort of corrective action (such as the student being referred to remediation).

The above criteria were included to ensure that when participants were considering the questions, they were doing so within the context of master's students of whom they had specific and sufficient knowledge.

The questions in the pilot study that participants were asked included:

1. What do you perceive as the reasons for the student's ethics misconduct?
2. What do you perceive would have helped the student avoid committing the ethics misconduct?
3. Do the questions clearly and adequately address the following research question: What attributions do faculty give to explain the ethics violations of counseling master's students?
4. Are there any additional questions that would be helpful in addressing the research question?

The pilot study confirmed the viability of the research question. Participants provided answers that clearly articulated the reasons that they believed were informing the ethics violations of students. No participants stated that additional questions were necessary to address the research question. Participants in the pilot also confirmed that the second question was appropriate to ask, because, as one participant stated, "When you're describing what you think would prevent something from happening, you're indirectly saying what you think caused it." Another participant reported, "I think that question adds an extra dimension to understanding the reasons professors think students violate ethics codes." Data from the pilot study were not included in the results of this research.

Method

Qualitative methodology is appropriate when exploring participants' perspectives (Gay & Airasian, 2000), consistent with the researchers' understanding the perspectives faculty have concerning ethics violations of counseling master's students. Furthermore, a precedent exists in

the counseling literature for large-scale qualitative studies that utilize an online data collection format (see Mellin, Hunt, & Nichols, 2011; Protivnak & Foss, 2009) as well as other disciplines (Adam, White, & Lacaille, 2007). Thus, a large-scale qualitative approach utilizing an online data collection process was chosen as the methodology to illuminate faculty attributions of student ethics violations. The authors believed “a relatively large number of participants” would “provide a rich accounting of experiences useful for exploration” (Protivnak & Foss, 2009, p. 242) while at the same time enable a diverse number of participant perspectives to be gathered. As in the Protivnak and Foss (2009) study, our large sample “permitted the development of themes that were repeated solidly throughout the data” (p. 242).

Sampling Procedure, Setting, and Sample

After obtaining IRB approval, participants were recruited for this research through an email sent to the counselor education and supervision mailing list (CESNET-L) and an email sent to the contact liaisons of counseling programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Contact liaisons were asked to forward the email to the entire faculty within their counseling department. Each email gave a brief description of the study and contained a web link to an Internet research site (Survey Monkey), where participants were presented with a brief list of demographic questions, including gender, age, race/ethnicity, and the CACREP region in which their university was.. Participants were presented with two questions: (a) “What do you perceive as the reasons for the student’s ethics misconduct?” and (b) “What do you perceive would have helped the student avoid committing the ethics misconduct?” As in the pilot study, participants were asked to consider each question with two criteria in mind: (a) The student was a former master's counseling student in a counseling program in which they were part of the program faculty OR the student is a current or past master's counseling student in a program in which they are currently part of the program faculty, and (b) The student's ethics misconduct resulted in the counseling program’s taking some sort of corrective action (such as the student being referred to remediation). Participants were also asked for their email address to allow for a member check, which is an “important component in validation” by assessing “the accuracy with which a researcher has represented a participant’s subjectivity” (Koelsch, 2013, p. 168).

A total of 72 individuals completed the questions, with 44 (61%) females and 28 (39%) males. Participants’ ages ranged from 27 to 70, with an average age of 47. Fifty-one (71%) were of Caucasian or European descent, 9 (12.5%) were of African American/Afro-Caribbean/African descent, 5 (6.9%) were of Asian descent, 4 (5.6%) were of Hispanic/Latina/Latino descent, 1 (1.4%) was of Native Hawaiian or Other Pacific Islander descent, and 1 (1.4%) was of American Indian or Alaska Native descent (percentages do not equal 100% due to rounding). Participants were requested to state in what CACREP region their university was located. Twenty-six (36.1%) were located in the Southern region, 15 (20.8%) were located in the North Atlantic region, 14 (19.4%) were located in the North Central region, 9 (12.5%) were located in the Rocky Mountain region, and 8 (11.1%) were located in the Western region.

Data Analysis Process

Because large-scale qualitative research is atypical, the authors took care to utilize a data analysis process consistent with previous large-scale qualitative research (Protivnak & Foss, 2009). The researchers applied the principle of constant comparison (Corbin & Strauss, 2008)

throughout data analysis and utilized an analysis structure consistent with the Miles and Huberman (1994) approach. After the data was collected, the primary author entered each participant answer into a table in Microsoft Word, resulting in manageable units of data. The researchers independently read through the data line by line to produce distinct lists of potential codes to explain the data. The authors then compared and discussed the code lists until the researchers arrived at an agreement, producing a master code list. Each researcher independently utilized the master code list to group participant responses, which resulted in each researcher producing an independent list of themes. The researchers then collaboratively discussed and compared their theme lists until an agreement was reached on joint themes. Both researchers jointly labeled the comprehensive themes that had distinctly emerged from the data. As in the study by Protivnak and Foss (2009), “The data between participants demonstrated the overlap and repetition necessary for the development of meaningful themes” (p. 242).

Trustworthiness

Introduced by Lincoln and Guba (1985), the concept of trustworthiness and its mechanisms of credibility, transferability, dependability, and confirmability were created for qualitative research to take the place of the quantitative concepts of reliability and validity (Kline, 2008). Credibility for this research was established through member checks and peer debriefing. Member checks identified by Lincoln and Guba (1985) as the most critical component for establishing credibility, were completed through email contact with the participants after the data analysis. Participants were emailed the themes that had emerged from the coding of the data, and asked if the themes demonstrated fidelity to their responses. Participants confirmed that the themes represented the responses they had provided. Peer debriefing consisted of requesting a peer’s feedback regarding the data analysis. The primary author met with the peer debriefer after completion of the data analysis, with the peer debriefer examining the researcher’s biases and understandings of the data.

Transferability of the research findings was achieved by providing a substantial amount of participant data. This produced a broad description of the attributions faculty give for students’ ethical misconduct, which is presented in the results section. Readers must make their own judgments of the transferability of this study to their own setting (Lincoln & Guba, 1985). Finally, the use of an outside auditor “can be used to determine dependability and confirmability simultaneously” (Lincoln & Guba, 1985, p. 318). The outside auditor for this study was a counseling faculty member who had access to the researchers’ Microsoft Word table of participant responses, individual code lists, the master code list, individually coded responses, and classification of comprehensive themes. The auditor reviewed these materials and established the dependability and confirmability of this research.

Limitations

One possible limitation of this study is that differences may exist between the reason(s) students commit an ethical violation and the attributions faculty give for the misconduct. Requiring faculty to consider students whose ethics misconduct was formally addressed by the counseling program hopefully mitigated faculty using too much conjecture when providing attributions. Additionally, large-scale qualitative studies may be construed as restrictive in that they do not allow for interaction with participants and exploration of participant

responses. Because of this, the authors acknowledge that multiple in person interviews may have produced more expansive answers and encouraged clarity of responses. The authors addressed this limitation by, (a) conducting a pilot study (to ensure the questions were clear and produced answers relevant to the research question), (b) conducting the member check (allowing participants to review the emergent themes and confirm that the themes were representative of their responses), and (c) having a relatively large sample size (producing a significant amount of participant data).

Results

Themes from participant responses are presented under two headings: attribution themes and prevention themes. Although the themes within each heading are in direct relation to the research question (as confirmed by the participants in the pilot study), presenting the themes within two headings serve to enhance the clarity of the presentation of the themes. Attribution themes include: (a) the person, (b) educational factors, and (d) performance. Prevention themes include (a) education and training, (b) gatekeeping and screening, (c) monitoring, (d) personal growth, and (e) support.

Attribution Themes

The person. Participant responses articulated a clear theme of attributions related to the characteristics and behaviors of the student. Some students believed that considering the code of ethics was optional for them. One participant remarked, “The student thought that what he did wasn’t that bad and he could get by on a reprimand rather than a suspension, almost like the ethics code didn’t really apply for him.” Other participants echoed this remark with statements including, “She did not believe the ethics code applied to her,” “The student viewed themselves as ‘above’ the guidelines, or somehow exempt from following the guidelines,” and “The student’s unwillingness to see how the ethics code applied to him.” A participant remarked,

Some students really feel like the ethics code is for people who are ‘bad’ or ‘impaired.’ They don’t see the nuance and areas of grey that exist, which is why when they are confronted with something or in a situation where they are presented with their inappropriate conduct, it’s like they can’t even reconcile it...that they violated the code of ethics.

This was more strongly described by participants who discussed the role narcissism and self-centeredness played in ethics violations. A participant made this clear when recalling, “The egocentric presentation of this person was clear...I wondered how they were going to be able to work with people who were hurting and struggling. Sure enough, he got in practicum and was in trouble within three weeks.” Another participant recalled a similar student, stating, “The student’s level of arrogance was impeding her development of skills and appropriate use of counseling techniques...she couldn’t look past herself, which led to the ethics violation.” Other participants reported similar experiences with students, including one who described a student as “A twenty four year-old self-proclaimed narcissist, who does not understand that this is a problem and was leading to unethical behavior.” A focus on the self was further described by participants with statements including, “They only cared about meeting their own needs,” “Self-absorption,” “A narcissistic focus on their own needs,” and “selfish motives that were more important than the client.”

A large number of participants commented that an impaired personality, mental health

concerns, and substance abuse were the reasons for ethics violations. Participants described personality impairment in a variety of ways, including: “characterological disorder,” “borderline traits,” “underlying characterological traits that influences her judgment and values,” “The student had a personality disorder,” “personality issues,” and “antisocial inclinations.” Related to personality impairment were descriptions of students who were struggling with mental health concerns. One participant recalled, “I had a student who was suffering from mental illness and was not capable of helping others or behaving ethically.” Another participant stated, “There was clear psychopathology present, perhaps depression,” while other participants recalled students with “emotional problems,” “emotional instability,” and “mental health problems.” Participants also stated that substance abuse was a present factor in many students’ ethics violations. One participant noted, “I have probably witnessed at least five or six students with substance abuse issues that breached the code in some form or another. Chemical dependency is a real problem, especially in the context of counselors who are addicts.”

The final remarks from participants within this theme highlighted that ethics violations can occur if students are careless, disorganized, or overwhelmed. One participant commented that a student was “rushing through field experience and focused on the ‘hours’ rather than the development of counseling skills. This led to several ethics issues.” Another remarked, “Students in a rush to get through the program are so much more likely to get themselves in situations they shouldn’t be in. They are careless, don’t really listen, and basically phone it in during coursework, even field placement.” Several participants recalled students who were “careless,” “sloppy,” “had poor management skills,” and “not able to manage their own life, let alone exhibit ethics competence.” The consequences of poor organization and time management were also expressed by participants who confronted students who “took on too much and did not have time to complete the requirements of their internship.” This was also reflected by a participant who commented “He was completely overwhelmed that semester and he was taking shortcuts at his internship site. It eventually caught up to him.”

Educational factors. The second theme that emerged from the participant responses centered on educational mechanisms. The first cluster of responses within this theme focused on issues from within the counseling program. Participants noted that some students encountered this from faculty members themselves. One remarked, “Poor advisement from a faculty member that resulted in the student getting into trouble.” Two other participants stated similar reasons, stating, “Several students received misguidance from a senior faculty member and just a general lack of direction” and “Improper advisement from the student’s faculty advisor.” Other participants discussed students who experienced a general deficiency in preparation and training for confronting ethics issues. One participant voiced a concern that the reason for a student’s ethics misconduct resulted from the program’s neglect to instill “clarity and understanding about practicum policy and procedures.” Many other participants expressed similar concerns about the academic preparation students were receiving in the area of ethics such as: “There is a lack of preparation and education for students in this area,” “The lack of helpful training is very distressing,” “Students don’t get the preparation and training they really need,” and “Teaching students to be ready for ethics issues requires time.” One participant stated:

Students in our program take a course in ethics and that’s it. It’s probably on a few PowerPoint slides in various courses, but is that enough? One course and some slides? It’s unfortunate, because if faculty need to spend time on something, what more than ethics?

Participants also expressed deficiencies beyond the classroom. While not as frequently expressed as academic training issues, some participants did point to on site supervision as a reason for ethics missteps. A participant reported, “This student did not have quality on site supervision, and as a consequence, got in over their head.” Another participant confirmed this reason, stating “Some students I have observed not getting quality supervision, the professor did not check in about it, and this has led them to boundary issues with clients.” Another participant shared,

Site supervision is hard to account for because it’s so variable from one site to the next. Some students get great supervision, and then others either don’t get it at all or get a bad form of it. And some professors don’t really keep track of supervision on site, and things can happen.

Performance. The third and final attribution theme described the pressure and fear relating to performance that graduate students feel when entering field placement courses. One participant commented, “Students put great pressure on themselves to ‘do a good job.’ The expectations they have for themselves are skewed, and I have seen good students behave in blatantly unethical ways because they are operating from the incorrect perspective.” Several participants described this in terms of students allowing their enthusiasm to blur appropriate boundaries. A participant shared, “One student was overzealous with helping a client and crossed a boundary.” Another participant stated, “The student desired to be of help, but violated a boundary and it became a significant issue.” A third participant shared, “The student was trying to help the client, and was so focused on this aspect that they broke confidentiality by not getting a release of information signed.” The pressure to help clients was also reflected in a participant who stated, “The student was afraid of not being helpful enough and losing the client. This led to ethics problems.”

Participants also provided evidence that students experience pressure to achieve academic success. Participants described these students as: “The students who are most focused on achieving a grade,” “afraid to fail the course and they want to pass, so they take shortcuts,” “they are trying to be perfect and are afraid to report difficulties they are having because they feel it will affect their grade,” and “Some students are just extremely fixated on grades and pressure themselves to try to get a ‘perfect’ grade, which can end badly.”

Prevention Themes

Education and training. This theme augments the attribution theme of “educational factors.” Participants frequently stated that education and training were very important elements to prevent students from committing ethics violations. Some of these recommendations were general in nature. A participant stated, “Ethics and more ethics...earlier and ongoing in the program,” and another noted, “Design curriculum to focus heavily on ethics skill development.” Another remarked, “Strong education with a focus on ethics,” and another participant noted, “More specific information regarding what is appropriate and expected of professional counselors.” Some participant statements were more specific and focused on training on boundary issues. A participant shared, “Students really need a better understanding based on more education about boundaries,” and another stated “Ethics training regarding boundaries earlier in training.”

Many of these statements called for increased exposure to ethics-decision making models and ethics case studies. One participant succinctly stated, “More training in ethics decision-

making models,” while another participant stated, “more time with case analysis and discussion.” Other similar participants statements included, “more education related to ethics case studies,” “scenarios to activate Kohlbergian moral decision-making skills,” “additional coursework on case examples,” and “closer examination of cases.” One participant responded with a statement that provides a suitable summation regarding case studies:

I wonder if having more practice in ethics codes (e.g. ethics scenarios to role play in group supervision where the group members must identify the ethics codes being violated) might give students more background and foundation in what actually is an ethics violation.

Gatekeeping and screening. A clear theme among participants was that preventing ethics violations may require that counseling faculty prevent inappropriate students from enrolling. This theme supplements the attribution theme of “the person.” The need for counseling programs to better screen students was apparent as a participant commented,

How do we filter who we admit into counseling programs? Administration wants high enrollment, times are tough, so how do you make an argument against admitting someone who may look great on paper but interviews horribly? So a group of students gets into these programs and graduates, but we as a faculty know they shouldn’t be in this work.

A participant reinforced this statement, noting, “A lot of this could be avoided if we had better screening of students in the admissions process. But it’s really hard to do.” This statement was echoed by a participant who stated, “If students could be examined relevant to their core values and fit for the counseling profession, much of this could be prevented,” and another who stated, “Screen out applicants who are ill-suited to be counselors.” Other participants reported, “This student should never have been permitted to enroll in the first place,” “better screening,” “earlier screening,” “screened out of program,” and “Regarding student narcissism, is there anything you can do? Other than not admit them in the first place.”

Monitoring. Some participants believed preventing ethics violations required faculty to actively monitor students. This theme complements the attribution theme of “the person.” A participant shared, “Professors should be aware of the motivations, as much as they can be, of their students.” Another participant shared, “The student’s faculty advisor should have provided closer monitoring of this student.” One participant stated, “Early detection is required to ascertain whether students have learned the necessary information.” A participant shared:

We have a committee in our program, where a group of us faculty sit down and go over each student in our program, talking about our impressions of them, how we feel they’re doing...this has really allowed us to be more in touch with how students are doing and address things early.

Several participants stressed that faculty need to be firm with students in the area of ethics, stating “There needs to be strict regulations and rule enforcement,” “Rigorous monitoring,” “Greater monitoring on the part of the faculty,” and “Faculty members need to ‘stick to their guns’ more.” Participants also recommended “Constant review of students,” “Holding students accountable,” and “Students must be watched in a careful and coordinated way, not just giving them grades.”

Personal. Many participants indicated that there is a category of students who commit ethics violations that require personal work, enhancing the attribution theme of “the person.” Not

surprisingly, participants described this in therapeutic terms. A participant shared, “Not all students who commit ethics violations are inappropriate for the profession. But they do need some personal development before continuing.” Several other participants expressed the same responses. One shared, “Personal counseling can help students be aware of their own issues and how they play into certain problematic situations.” Another participant stated, “Personal counseling would aid in understanding one’s reasons for wanting to be a counselor in the first place, perhaps shedding light on the student’s ‘blind spots.’” This response was shared by another participant who noted, “Some students need awareness of triggers of countertransference, and resolution therapy.” An additional 14 participants gave responses such as “personal counseling,” “therapeutic counseling,” “psychotherapy,” and “mental health counseling.”

Support. The last prevention theme indicated that some students need increased faculty support. This theme amplifies the attribution theme of “performance.” A participant shared, “Some students just need to feel they can discuss issues and possible ways to address things.” Another participant noted, “One student who committed an ethics violation probably would have been fine if they had expressed questions, doubts, and concerns about their therapeutic judgment prior to starting practicum.” Similarly, a participant noted the importance of addressing issues before beginning in the field, remarking “The student needed to process their anxiety with their advisor before internship began.” Another participant stated, “This student just needed to know that it was okay to fail and they didn’t have to be perfect.” Other participants shared responses such as “Open discussion,” “Expressing they felt in over their head,” and “Increased support from faculty supervisor and advisor.” One participant expressed that faculty may want to consider support as a part of their job description:

My work with practicum students is helping them understand that a counseling career is hard work, and a journey...I try to alleviate some of the performance demands they put on themselves, because boundaries get blurry for students when they are trying too hard.

Discussion

These findings are a first glimpse into faculty perspectives of student ethics violations. This research revealed that faculty attribute student ethics violations across three primary dimensions: (a) the person, (b) educational factors, and (c) performance. Examining these themes through the lens of attribution theory, several salient elements present themselves relating to locus of control and controllability.

Counseling faculty described trainee ethics violations from both an internal locus and an external locus. Internal included the theme of “the person” and “performance.” Participants described students who committed ethics violations because of deficits in personality and a desire to be perfect. The example of external locus was present in the theme “educational factors,” with participants noting that students sometimes received inadequate advisement and training concerning ethics behavior. When looking at the element of controllability, there appear to be causes within a student’s control, and causes that may not be. Although internal in locus of control, personality deficits could be considered within a student’s control or not, depending on what one believes regarding freedom vs. determinism, proactivity vs. reactivity, homeostasis vs. heterostasis, and most notably, changeability vs. unchangeability (Granello & Young, 2012). For example, some faculty may feel that students with personality or characterological

impairment are essentially fixed in the ways in which they think and behave, while others may believe that these students have great potential for change. It bears noting that all participants in this research stated that personality and characterological impairment are best addressed if screening and gatekeeping measures could prevent the enrollment of these students. Causes that would be within a student's control would be examples given within the theme of "performance." Unless other extenuating factors were present, a student with a focus on perfect grades could work on controlling this within the context of a field placement course, where the focus is more on developing as a future clinician.

The theme of "educational factors" was external in locus of control, illustrating that students do encounter elements within their academic environments that may hinder ethical behavior. Examples from participants included poor advisement from faculty and a lack of focused and comprehensive ethics training. These examples are largely not within a student's control; as is the case within almost any program in higher education, students are, in many ways, at the mercy of their professors.

The prevention themes served to both supplement the attribution themes and provide clear pedagogical implications for faculty to consider. From the perspective of controllability, faculty can both control and not control the possible causes of student ethics violations. Within the control of faculty are the elements of the educational program. The participants in this research echoed recommendations in the literature that faculty should begin ethics training early and infuse it throughout an academic program (Corey, Corey, & Callahan, 2005). The authors are in agreement with the participants of this research that ethics training distilled into a single ethics course is not adequate for preparing students. In addition to ethics courses, faculty should stress ethical decision-making (Calley, 2009) and case studies that emphasize ethical decision-making. (McCarron & Stewart, 2011; McGee, 2005) with students as frequently as possible across the academic program. Although the authors realize that there are challenges to adding content to course curricula, the challenging nature of ethics combined with the importance of ethical competence are compelling reasons to try. Students who are required to consistently think through ethics dilemmas in the context of ethics codes are preparing for field placement courses and the experiences they will encounter as clinicians. Faculty should also make clear to students that anyone is capable of violating ethics codes, not just "bad" or "impaired" people, particularly because situations involving ethics often are unclear and involve nuance and context.

This research has demonstrated that some students may require more than education in order to move toward ethics competence. As such, faculty should intentionally review the progress of students as they progress through coursework and toward field placement. As is the case in many programs, student progress committees are one method to having a mechanism in place that allows faculty to review and discuss students. This degree of review would also assist faculty in being aware of students experiencing personal struggles. Faculty could then encourage students to address these concerns sooner rather than later, possibly preventing the student from entering into ethically problematic situations. In addition, this research has demonstrated that faculty should consider the interpersonal dimension of supporting students. Participants in this study expressed that many students enter field placement courses with anxiety, insecurity, and misplaced motivations. Beyond teaching students technique, theory, and case conceptualization, faculty must encourage students to give voice to their concerns, and communicate to students that their focus should be on developing as a clinician, not the achievement of a perfect grade.

Faculty should not only monitor students' progress, they should also keep clear lines of

communications open with students' site supervisors. Several participants in this research emphasized the importance of on site supervision and the risks of faculty not remaining vigilant in this area. Site supervision is a critical component of any trainee's development as a clinician, and faculty who are teaching field placement courses should make concerted efforts to reach out to supervisors. Faculty should also regularly check in with students to determine how the student perceives the supervision they are receiving.

The authors recognize, like the participants of this research, that personality or characterological challenges may result in students having great difficulty in doing the interpersonal work of a counselor. Personality deficits and characterological impairment will always be present to some degree within the students of an academic program, and faculty must determine how to navigate these challenges in the context of what is best for the profession and the student. According to participants of this research, the best practice is to try to prevent such students from enrolling, meaning controllability for faculty exists at the admissions stage. While not certain, faculty can exert some control over who enters the academic program, and the literature offers guidelines and recommendations on ways to do this (e.g. Ziomek-Daigle & Christensen, 2010). Faculty who are aware and informed of the students in their program from the beginning of the admissions process are more likely to be in tune with the students in their program and able to intervene before an ethical violation has occurred (Gaubatz & Vera, 2002).

Future Research

The authors believe that this exploratory research illuminates many areas for future study, including replicating this research with a broader sample of faculty from different helping professions. Another concentration for future research could include examining ethics violations from the student perspective, allowing an understanding of the viewpoint of students who commit ethics violations. Other directions for future research could examine the number and types of ethics violations occurring across graduate programs such as counseling, psychology, social work, and marriage and family therapy, similar to the study by Tryon (2000). Current research in this area could give a clearer and more current picture of what is happening within the training programs of the helping professions. A final area for future research should examine attributions given for specific types of ethics violations (e.g. sexual misconduct, breaking confidentiality) to investigate any relationships that may exist between type of ethics violation and reasons given.

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Preplanning for Feedback in Clinical Supervision: Enhancing Readiness for Feedback Exchange

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This article makes the case for preplanning for feedback in clinical supervision. Preplanning for feedback can help supervisors maximize the positive benefits of feedback delivery by building and solidifying a supportive supervisory climate that enhances supervisee receptivity to corrective feedback. The Corrective Feedback Instrument-Revised (CFI-R) is introduced as a major tool to facilitate preplanning. Additional resources that derive from the CFI-R are presented to assist supervisors in the preplanning process.

Keywords: Clinical Supervision, Evaluation, Preplanning, Feedback, Counselor Education

Feedback is at the core of effective clinical training (Bernard & Goodyear, 2014) and is emphasized in the ACA Code of Ethics as a continuous feature in counselor training programs (2014). In order to provide effective feedback, openness to feedback is essential. Openness to feedback is assessed in admissions decisions (Duba, Paez, & Kindsvatter, 2010) and encouraged throughout the counselor training process (Swank & McCarthy, 2013). Historically, others have noted the importance of the working alliance between the supervisor and the supervisee (Bernard & Goodyear; Ladany, Ellis & Friedlander, 1999; Mueller & Kell, 1972). In their extensive writing on the topic of supervision, Mueller and Kell (1972) noted that the supervisory relationship was unique in that the supervisor had access to knowledge about the counselor in ways that were limited to few people. If supervision was to be successful, the supervisor had a responsibility to understand the counselor and gain the trust of the counselor. Preplanning for feedback can provide a foundation for supervisors to enhance counselor development. Training programs have found that “feedback is an essential skill for learner improvement” (Bing-You & Trowbridge, 2009, p. 1330).

There is evidence of potential barriers that can interfere with openness to receiving feedback. For example, Eckstein and Wallerstein as cited in Bernard and Goodyear (2014) emphasize that a favorable supervision climate is necessary to help supervisees stop asking, “how can I avoid criticism,” and start asking, “how can I make the most of this supervision time?” (p. 226). Bing-You and Trowbridge (2009) observe that when learners view negative feedback as a personal attack they do not find the feedback useful; in fact devalued and discounted feedback does not lead to improved learner performance. Bernard and Goodyear (2014) and Bing-You and Trowbridge (2009) further note that defensive reactions to corrective feedback and past experiences with authority figures are a few examples of factors that may impede a supervisee’s ability to receive feedback. These examples mirror ones identified by

Hulse-Killacky and Page (1994) when they explored reactions to corrective feedback in counselor training groups and could well exist for supervisors and supervisees.

Bernard and Goodyear conclude that without favorable conditions for evaluation and the delivery of feedback the supervisory relationship can be compromised. Training programs have maintained that learner defensiveness also interferes with a supervisor's desire to provide constructive feedback (Gigante, Dell, & Sharkey, 2011; Swank & McCarthy, 2013; Rapisarda, Desmond, & Nelson, 2011). In the context of medical training rounds, Cantillon and Sargeant (2008) mention that barriers to giving constructive feedback are rooted in supervisors' lack of instruction in giving feedback and their fears of damaging their relationships with learners. Data from a study examining doctoral students' transition from supervisee to supervisor pointed out that one of the "steep learning curves" for new supervisors was learning "the skill of how to structure not only supportive but evaluative feedback for supervisees" (Rapisarda, Desmond, & Nelson, 2011, p. 119).

As counselor educators and supervisors we recognize the importance of clinical supervision to the profession and to the welfare of clients and realize the challenges inherent when barriers exist on the part of supervisors and supervisees to making feedback work effectively in clinical supervision settings. That recognition drives our attention to the matter of preplanning for feedback in supervision as a means for creating necessary and favorable conditions for evaluation. Preplanning for feedback in supervision is a competency we believe will help the supervisor prepare for the first session with the supervisee and activate an effective feedback process in clinical supervision.

What We Know About Feedback

Knowing how one is perceived by others is a necessary ingredient for enhancing interpersonal learning in counseling and therapy groups. Over the years knowledge about self in relation to others has extended beyond therapeutic settings to teams, classrooms, boardrooms, and other venues where people come together to address tasks and work together to achieve designated goals (Hulse-Killacky & Page, 1994). In previous decades much attention was directed to best practice for delivering effective feedback in counseling groups. Research findings led to the identification of concepts and guidelines to maximize the delivery and receptivity of feedback, especially feedback of what was early on referred to as negative feedback (Morran, Robison, & Stockton, 1985; Morran, Stockton, & Bond, 1991; Morran & Stockton, 1980). Even with clear guidelines and appropriate language, however, individuals often indicated hesitation and discomfort in giving and receiving feedback. In their 1994 article Hulse-Killacky and Page defined corrective feedback as feedback intended to encourage thoughtful self-examination and/or to express the feedback giver's perception of the need for change on the part of the receiver (Hulse-Killacky & Page, 1994). This definition is similar to Swank and McCarthy's (2013) definition: "Corrective feedback addresses behaviors that have undesirable consequences" (p. 100). In 1983 Yalom expressed the view that hesitations to engage in feedback are rooted in social norms. He wrote,

Feedback is not a commonplace transaction. As a matter of fact, there are very few situations in life when one feels free to comment directly on the immediate behavior of another person. Generally such direct feedback is taboo; virtually the only place it is permissible is the parent-child relationship and, occasionally in an exceedingly intimate (or exceedingly conflicted) relationship (p. 187).

Yalom's quote highlights potential barriers that can interfere with giving, clarifying, and receiving feedback, especially feedback of a corrective nature.

If, as Yalom writes, feedback is not a commonplace transaction and yet is a central component in clinical supervision as evidenced by the placement of "evaluative" in Bernard and Goodyear's (2014) definition of the supervisory relationship, then how does a supervisor begin to address potential roadblocks that make it hard for supervisees to accept and use feedback to full advantage in supervision?

In the context of group work, Robison and Hardt (1992) recommended that group leaders and members could benefit by participating in structured conversations focused on the value of feedback, the importance of leaders modeling openness to feedback, and any concerns that members might have about receiving corrective feedback. Such discussions were viewed as necessary preplanning activities to normalize and encourage feedback exchange in group settings. Transferred to the supervision setting, preplanning discussions can help normalize feedback, promote a supervisor's understanding of self, and provide a way for the supervisor to learn about the supervisee.

The Corrective Feedback Instrument-Revised (CFI-R)

The Corrective Feedback Instrument was developed as a tool to encourage the type of conversation recommended by Robison and Hardt (1992). At the time of its publication the 55-item CFI was seen as one means for helping to address concerns that members of counselor training groups might have to giving, receiving, and exchanging corrective feedback (Hulse-Killacky & Page, 1994). Hulse-Killacky and Page observed that the reactions to corrective feedback uncovered in the development of the CFI mirrored concerns expressed by members of personal growth groups in earlier research studies and supported Yalom's (1983) statement.

After its use as a discussion tool for 10 years, the CFI was further examined and revised through exploratory factor analysis procedures. This decision was made with the belief that a shorter instrument might be an even more user friendly tool for use in education, clinical, medical, business, and community settings. In 2006 the Corrective Feedback Instrument-Revised (CFI-R) was introduced (Hulse-Killacky, et al, 2006). The revised instrument consists of 30 items, presented in a 6-point Likert format of response choices: strongly disagree, disagree, slightly disagree, slightly agree, agree, and strongly agree. The CFI-R items load on one of six factors that together provide comprehensive information on a person's preferences for and reactions to giving, receiving, and clarifying corrective feedback. The language of the CFI-R reflects its initial focus on groups, group leaders, and group members. For the purposes of preplanning for feedback in supervision these terms can easily be changed to supervision, supervisors, and supervisees.

Overview of the CFI-R by Six Factors

The following presents the CFI-R through a focus on the six factors. A representative item from each of the factors is provided. The six factors are Feelings, Evaluative, Leader, Clarifying, Childhood Memories, and Written.

- The *feelings factor* with 5 items taps emotions associated with corrective feedback. This factor includes items like, "I worry too much about upsetting others when I have to give corrective feedback."

- The *evaluative factor* includes 5 items that suggest corrective feedback is criticism and features the item, “It is hard for me not to interpret corrective feedback as a criticism of my personal competence.”
- The *leader factor* includes 7 items that refer to the leader’s encouragement of norms that support the exchange of corrective feedback. One item reads, “When the norms of the group support the exchange of corrective feedback, I will be open to receiving corrective feedback.”
- The *clarifying factor* emphasizes the need for clarification so that all parties understand the message being sent. Three items comprise this factor. One reads, “I am usually too uncomfortable to ask someone to clarify corrective feedback delivered to me.”
- The *childhood memories factor* with 6 items captures the reality that many reactions to feedback can begin during one’s early years; a function perhaps of culture or family influences that create memories which then may serve as barriers to either giving or receiving feedback. A sample item reads, “Receiving corrective feedback as a child was painful for me.”
- The *written feedback factor* includes 4 items that provide information on preferences for written versus spoken feedback. For example, “It is easier for me to write down my corrective feedback than to speak it.”

Preplanning for Feedback with the CFI-R. *If*, a goal of supervision is to create a climate where supervisees will more likely shift their attention from avoiding feedback to accepting feedback as a means for building therapeutic competence and improving their professional performance, *then* preplanning for feedback using the CFI-R serves as an intervention to encourage this shift (Hulse, 2013).

Discussions on potential barriers to receiving corrective feedback in supervision have extended beyond clinical supervision to include law enforcement training (McDermott & Hulse, 2014b; McDermott & Hulse, 2012) and medical and health professional education and training (Archer, 2010; Gigante, Dell, & Sharkey, 2011). Consistency exists across these literature sources supporting the need to make feedback a reality in supervision by addressing thoughts and feelings that may impede a supervisee’s ability to receive and apply feedback for professional competence in those areas. In our counselor training program we notice the benefits from intentional preplanning with the CFI-R to help supervisees reframe their view of feedback and prepare for feedback in supervision. When students engage in structured discussions on the topic of feedback we observe that they can better listen to, absorb, and apply feedback, and be motivated to change as a result of the feedback received. At our institution we have also observed that using the CFI-R in clinical supervision moderates negative reactions to feedback, minimizes dispositional issues in clinical supervision, and maximizes the possibility that supervisees will more likely engage with feedback rather than avoid or disregard the feedback (Robert & Hulse, 2014; Robert & Hulse, 2013). Through structured dialogue the supervisor and supervisee can each increase self-awareness and gain knowledge and understanding about the other.

Preplanning activities with the CFI-R. The CFI-R is a flexible tool that can be used in totality, in a shortened version, or with items organized by clusters and factors. Conversations on the topic of feedback can take place one-on-one, in small groups, or in movement activities

based on responses to selected items. In the following discussion we will present various uses of the CFI-R to emphasize versatility and to demonstrate that even with time constraints, supervisors have many options on how to adapt the CFI-R for maximum benefit.

Activity 1: Working with all items on the CFI-R. In this example the supervisor asks the supervisee to complete the 30 items on the CFI-R. The supervisor reviews all responses and then meets with the supervisee to discuss his or her responses. The supervisor could also have this type of conversation with a group of students in a practicum class. In this situation the supervisor can tally the responses for each student across the 30 items and present the frequencies in a grid format where students can review how they responded to each item while seeing the responses of others in the class. Questions posed by the supervisor could include, “Were you surprised by how others responded? How are your responses similar to or different from others in the class? What did you learn by completing the CFI-R and reviewing all the responses?” A conversation on the various ways supervisees interpret and manage feedback helps the supervisor and supervisees learn about each other, develop an understanding of different perspectives, which can eventually lead to increasing self-awareness and the emergence of empathy for different perspectives.

Activity 2: Group movement activity. In this activity the supervisor can select certain items that represent each of the 6 factors. Supervisees can be asked to stand in one place if they agree with the item and stand in another place if they disagree. In this activity supervisees can actually visualize where they position themselves in relation to others. Questions to encourage conversation can include, “If you agree with the item, *I feel criticized when I receive corrective feedback*, what might be the consequences of being paired up with a supervisor who disagrees with this item?” Back and forth conversations using different items on the CFI-R help build self-awareness on the part of the supervisor and supervisees and validate the merits of this type of preplanning activity.

Activity 3: Exploring responses on the CFI-R. The purpose of this activity is to provide supervisees opportunity to review their individual responses on the CFI-R within three clusters: Cluster 1: Receiving Corrective Feedback, Cluster 2: Clarifying Corrective Feedback, and Cluster 3: Giving Corrective Feedback. (See Appendix A for a copy of Exploring Responses on the CFI-R). As supervisees review their responses to items in each cluster they discuss which responses indicate a level of comfort or confidence and which responses reflect a level of discomfort or concern. Once items have been discussed within each cluster supervisees are asked the following questions to facilitate transfer of learning: “What was the value in talking through these various responses? What did you learn about yourself? What are your next steps to increase your comfort and confidence for receiving, clarifying, and giving corrective feedback?” In our work with this activity students report that this type of discussion lowers their anxiety and helps them normalize the topic of feedback. Supervisees report that they begin to see that they are not alone in their concerns. They state that the conversations create in them a willingness to engage more frequently in giving, receiving, and clarifying corrective feedback.

Activity 4: CFI-R: Items matched with factors. In this activity the supervisor can examine supervisee responses by factors and decide if responses require further exploration. For example, as illustrated in McDermott and Hulse (2012) the supervisor might observe that the

supervisee agrees strongly with all 5 items on the evaluative factor. The supervisor might then decide to gather more information on what appears to be concerns about evaluation. An example would be how a Field Training Officer responded to a recruit in the McDermott and Hulse (2012) article where the supervisor could take time to clarify the supervisee's feelings and hesitations in order to help the supervisor understand where roadblocks might exist to receiving and incorporating the feedback. Exploring responses to items by factor can also illuminate the positive impact a supervisor can have. If, for example, supervisees tend to agree with the 7 items on the Leader factor they are indicating that the supervisor's behavior and acceptance of feedback can positively shape the feedback process (See Appendix B for a copy of the CFI-R: Items Matched with Factors).

Activity 5: CFI-R items organized in categories to encourage puzzling. This activity (Hulse & McDermott, 2014b) was designed to encourage puzzling and hypothesizing on the part of the supervisor. This activity includes the phrase, "Knowledge→ understanding→ empathy." We believe that such puzzling can only enhance knowledge on the part of the supervisor which leads to understanding and then to the development of empathy for a supervisee's feelings and reactions to feedback. The four categories selected for discussion in this activity are criticism, conflict, modeling, and role of past experiences. These categories use different descriptors than the CFI-R factor names to encourage creative exploration on the part of supervisors. Under the heading of criticism the statement is made, "If a supervisee agrees with Item #1 (I feel criticized when I receive corrective feedback), then you might hypothesize that the supervisee will agree with items

- #9, *I think negative thoughts about myself when I receive corrective feedback*
- #10, *It is hard for me not to interpret corrective feedback as a criticism of my personal competence*
- #20, *When I am not sure about the corrective feedback message delivered to me I do not ask for clarification*
- #26, *When I am given corrective feedback, I think my skills are being questioned and*
- #29, *It is too scary for me to ask other group members to clarify their corrective feedback if it is unclear to me."*

Through engagement in this activity the supervisor develops hypotheses to guide future discussions about the extent of the supervisee's feelings on the topic of "criticism." Supervisors interested in this type of puzzling can develop additional categories and include other items in different combinations. Questions for supervisors to reflect on include, "What are the implications of observing these responses? How might you use this information in supervision?" This activity also illuminates the many ways that one can tailor items on the CFI-R for use in particular supervision circumstances (See Appendix C for a copy of CFI-R Organized by 4 Categories for Discussion).

Conclusion

In our discussion of the CFI-R as a tool to facilitate preplanning for feedback in supervision we have emphasized the importance of taking time first to know oneself as the supervisor and to then to know the person of the supervisee. One way to learn about self and others in the context of giving, receiving, and clarifying corrective feedback is to begin

answering the questions of: who am I, who am I with you, and who are we together? (see Hulse-Killacky, Killacky, & Donigian, 2001). Taking time to answer the question, “who am I?” can prompt experienced and novice supervisors to reflect and engage in critical thinking about their role as supervisors. The Self-Assessment of Feedback Skills (see Appendix D) is a tool for facilitating this type of reflection. By taking upfront and focused time to develop a climate for successful supervision, supervisors increase chances that supervisees will more likely engage with feedback rather than avoid or disregard feedback.

We offer these points to consider:

- The practice of supervision is intentional
- Feedback is at the heart of supervision
- Supervisors need to engage in self-reflection early on about their own preferences, concerns, and barriers to delivering effective feedback
- Supervisors have a responsibility to convey early on their openness to feedback as a tool for learning; to lead by example
- Supervisors need resources to help them facilitate conversations early on with their supervisees to identify concerns, expectations, and fears about receiving feedback, especially of a corrective nature
- The supervisor is always charged with helping supervisees move from avoidance of criticism to an acceptance of feedback; to view feedback as an impetus for professional growth and development

Preplanning for feedback is one way to help develop the trust that Mueller and Kell advocate. Preplanning for feedback also helps make the full impact of feedback in supervision valuable for supervisees who are dedicated to building their therapeutic competence and enhancing their professional growth.

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Integrating Continuous Client Feedback into Counselor Education

Christopher D. Schmidt

Researchers show that the integration of continuous client feedback mechanisms provides many benefits to treatment including enhanced effectiveness and a reduction in early terminations. Although practitioners in the field are increasing their use of this evidence-based practice, counselor educators may not be promoting it. The author suggests that as counselor educators introduce evidence-based practices to their students, they should examine the potential benefits of teaching and practicing continuous client feedback. The article provides both the reasoning behind and recommendations for integrating continuous client feedback into the curriculum of counseling programs

Keywords: Counselor Education, Pedagogy, Supervision, Evidence-based Practice, Client Feedback

The conversation about the extent to which counselor educators should integrate evidence-based practices (EBPs) continues in the profession. The argument no longer is *if* EBPs should be incorporated, but rather *how* and *to what extent* (Sexton, 2000; Young & Hagedorn, 2012). Counselor educators focused on bringing EBPs into the classroom are confronted with some challenging questions: Where should these efforts belong in the curriculum? Will this take away from the emphasis on basic training so necessary for developing the professional client-counseling relationship? (Young & Hagedorn, 2012). As students work with multiple populations, how can counselor educators provide them with training in EBPs for all populations? Therefore, this article reviews the importance of one EBP, deliberate and continuous client feedback, suggests that it should be adopted as standard practice within counselor education with a specific focus on supervision, and describes specific courses in which it can be easily integrated.

While there are challenges involved with integrating EBPs into counselor education, there are a number of best-practice recommendations that can be directly integrated into training programs. Emphasizing the skills and attitudes necessary to enhance the therapeutic relationship is a best practice counselor educators emphasize strongly. Another recent best practice involves the use of deliberate and continuous client feedback (Norcross & Wampold, 2011).

Continuous Client Feedback

In its review of studies of best practices in 2001, the APA Interdivisional Task Force on Evidence-Based Therapy Relationships (Norcross, 2001) suggested multiple positive-outcomes

for the potential effectiveness of psychotherapy and outlined the critical aspects of the therapeutic relationship and how counselors and psychologists promote it. These reviewers also recognized that a consistent feedback dialogue between the therapist and the client about the therapy relationship itself was a vital part of effective clinical work (Lambert & Barley, 2002). In 2010, the same task force set out to review published studies completed during the previous 10 years (Norcross, 2011). Based on a series of meta-analyses, a panel of experts concluded that four elements of the therapeutic relationship were effective and therefore recommended for practice. One of these four elements encouraged practitioners to “routinely monitor patients’ responses to the therapy relationship and ongoing treatment” (Norcross & Wampold, 2011, p. 98). The authors state that this type of, “monitoring leads to increased opportunities to reestablish collaboration, improve the relationship, modify technical strategies, and avoid premature termination” (Norcross & Wampold, p. 98). Therapists and researchers have been and continue to refer to this recommended practice as collecting continuous client feedback.

Client Feedback in Practice

Collecting client feedback consists of systematically monitoring treatment progress through the viewpoint of the client and utilizing the information gained to determine the appropriateness of the current therapeutic approach (Anker, Duncan, & Sparks, 2009; Howard, Moras, Brill, Martinovich, & Lutz, 1996). These efforts entail more than simply asking the client questions verbally. Mechanisms in use seek to gain client perspectives on both the provision of treatment as well as the developing client-therapist relationship. This type of real-time data enables practitioners to better inform their treatment, discuss progress or lack thereof with the client, and inform the process of supervision (Lambert & Hawkins, 2001). Researchers measuring the incorporation of these mechanisms by counselors and psychologists have found them to be a statistically significant predictor of positive client change (Harmon, et al., 2007).

Client Feedback Research Evidence

Mental health practitioners have increased their use of continuous and direct client feedback mechanisms in response to the growing body of evidence supporting their use in treatment (Anker et al., 2009; Duncan & Miller, 2008; Lambert & Shimokawa, 2011; Miller, Duncan, Brown, Sorrell, & Chalk, 2006; Reese, Norsworthy, & Rowlands, 2009a; Reese et al., 2010). Utilizing continuous client feedback leads to fewer premature terminations, improved outcomes for clients at risk for termination (Brown & Jones, 2005; Whipple et al., 2003), increased opportunities to repair alliance ruptures, and improvements in the therapeutic relationship (Ackerman et al., 2001). Clients, both individuals and couples, using feedback mechanisms with their counselor demonstrate significantly greater treatment gains than those not receiving feedback (Anker et al., 2009; Miller et al., 2006; Reese et al., 2009a; Reese, et al., 2010). Reese and colleagues (2009a) reported that the feedback condition clients in one study achieved reliable change in fewer sessions than those in the no-feedback condition. Results of research studies have shown effect sizes double for individual clients engaged in continuous client feedback (Miller et al., 2006).

Client Feedback in Training

Considering the research supporting the use of continuous client feedback (Reese, et al., 2010) and the clear recommendation from the task force, the next step for counselor educators may be to incorporate such practices into the training of counselors. Utilizing continuous client

feedback in the counselor education curriculum can encourage students to integrate professionally recommended practices and should enhance the objectivity of the supervision process. Additionally, based on the research evidence showing enhanced treatment effectiveness when these methods are incorporated in the field, students may also improve their treatment outcomes during their field experiences.

Client Feedback Mechanisms

Two systems of incorporating feedback have been used more often in research and practice settings: the Outcome Questionnaire 45 (OQ45; Lambert et al., 1996) and the Partners for Change Outcome Management System (PCOMS; Miller, Duncan, Sorrell, & Brown, 2005). OQ45 is a 45-item self-report instrument designed for repeated administration throughout treatment and at termination. The instrument measures mental health functioning in three areas (symptoms of psychological disturbance, interpersonal problems, and social role functioning) and includes an evaluation of the client-therapist relationship (Lambert & Shimokawa, 2011). Research has shown the OQ45 to be a psychometrically sound instrument (Lambert et al., 2004; Whipple et al., 2003) used to enhance treatment and to predict treatment failure.

The PCOMS employs two brief scales, consisting of four items each. The first scale, the Outcome Rating Scale (ORS) given at the beginning of each session, is focused on mental health functioning and monitors treatment (Miller, Duncan, Brown, Sparks, & Claud, 2003). Specifically, the ORS assesses change in individual functioning, interpersonal relationships, and social role performance. The second scale, the Session Rating Scale (SRS), given at the close of each session, seeks to evaluate the therapeutic relationship (Duncan & Miller, 2008). More specifically, it considers the quality of the relational bond and the degree of agreement between client and therapist on the goals, methods, and the overall approach to therapy. Like the OQ45, multiple research studies have shown that practitioners' use of the PCOMS is related to multiple positive therapeutic outcomes including fewer premature terminations and increased effectiveness in clients attaining reliable positive change over the course of treatment (Anker et al., 2009; Lambert & Shimokawa, 2011; Reese, Toland, Slone, & Norsworthy, 2010).

Application of Continuous Client Feedback in Counselor Education

Some counselor educators gather feedback from clients to inform treatment interventions as an important aspect of clinical training and clinical work (Paladino, Barrio Minton, & Kern, 2011) and incorporate client feedback methods into particular courses (i.e. practicum & internship) (K. Hixson, personal communication, October 19, 2013; S. Williams, personal communication, September 28, 2012). However, the use of client feedback for the purposes of training was not found in the counselor education literature. As researchers continue to show the relationship between client feedback mechanisms and positive client outcomes, it behooves counselor educators to incorporate their use into counselor training. Additionally, incorporating client feedback into counselor training could also enhance the process of supervision and therefore counselor trainee development.

Counselor educators have historically placed a high value on the process of supervision and its powerful role in developing well-prepared counselors (Lassiter, Napolitano, Culbreth, & Ng, 2008; Newfelt, Karno, & Nelson, 1996; Stinchfield, Hill, & Kleist, 2007). A body of literature evaluating the supervision process helps clarify areas within which our supervision process could improve, specifically with regard to the type of feedback trainees receive from

their supervisors (Worthen & Lambert, 2007). In studies of clinical supervision both counselors and supervisors overestimated client progress and underestimated client deterioration (Grove, Zald, Lebow, Snitz, & Nelson, 2000; Najavits & Strupp, 1994; Walfish, McAlister, O'Donnell, & Lambert, 2010). Supervisors gave overly positive trainee evaluations and held back giving feedback regarding performance (Hoffman, Hill, Holmes, & Freitas, 2005). Ladany and Melincoff (1999) found that 98% of supervisors of graduate student counselors withheld feedback from supervisees. While supervisees valued feedback, supervisors stated that they were reluctant to give negative feedback because of potential negative consequences (Hoffman et al., 2005).

Additionally, research indicates that therapists tend to overestimate their own abilities (Hannan et al., 2005). Hence, there is risk in having counselors in training using self report alone to inform the supervisory discussion. Doing so limits opportunities for setting goals, reaching new developmental mile markers, identifying specific areas of need, and reinforcing a student's emerging strengths (Lambert & Shimokawa, 2011). Bringing the perceptions of the client to supervision will not only help minimize this risk, but also further inform the supervisory discussion. These findings help focus on the areas in which counselor educators might enhance the process of supervision. In agreement with others (Worthen & Lambert, 2007), this author suggests that the integration of continuous client feedback could be a tool through which the process of supervision can be improved.

To date, one research study was found that integrated client feedback into the training of psychologists. Reese et al. (2009b) found that clients of those students receiving continuous feedback over the course of therapy demonstrated better treatment outcomes (as perceived by the client) than the clients of those students not receiving it. Additionally, the supervisors reflected that utilizing the feedback data during supervision made the process of delivering critical feedback easier and it allowed them an entry point for giving more specific feedback. Worthen and Lambert (2007) suggested that using continuous client feedback in training provides five important contributions for both training and treatment. First, it standardizes the process of feedback and therefore removes some of the subjectivity. Second, it allows supervision to focus on the client's experiences and not the trainee's perceptions; this is important given the fact that the counselor's insights are often incorrect (Lambert & Hawkins, 2001). Additionally, doing so can provide relevant information that the trainee did not recognize or overlooked. Fourth, it gives the trainee and the supervisor the opportunity to intentionally locate hindrances to treatment and therefore allow exploration of additional intervention techniques. Lastly, utilizing client feedback in supervision allows for collaboration on information brought from the client, which goes beyond information brought through the trainee's training or intuition.

As more counselor educators integrate evidence-based practices into the training of counselors, teaching and utilizing continuous client feedback will provide an additional method as to *how*. The following sections begin to provide an answer for *to what extent*, and the PCOMS feedback mechanism is suggested for program implementation due to its clarity and ease of use.

Integrating Continuous Client Feedback into the Curriculum

Introductory coursework. In order that students feel confident and comfortable with utilizing client feedback in practice and supervision, it should be introduced early in their program of studies. A professor attempting to have students utilize the PCOMS during their

internship course for the first time might find that this adds an extra and potentially unwanted element to what can be an anxiety provoking experience for some students. First, students should be introduced to client feedback within coursework that explicitly emphasizes best practices in the field. Some professors have chosen to introduce client feedback during courses concentrating on theory, research, and/or a course focused on an introduction to the profession as a whole (C. Yates, personal communication, September 27, 2012). Doing so allows for discussion on sound research-based practices directly applicable to the student's future work. Second, because client feedback mechanisms direct explicit attention to the value of the counselor-client relationship, it offers another opportunity for professors to reinforce this critical element of the counseling process (Grant, 2006). Specifically, it gives students an objective reference point for the critical variable within the counseling process.

The introduction to counseling skills course is the most opportune place to engage students with the PCOMS early in their program of studies. It is suggested that instructors introduce this concept halfway through the semester in order that students have gained comfort with the basic attending skills. The SRS (Session Rating Scale) can be easily integrated into student practice sessions. This scale focuses on the quality of the relational bond and the level of agreement between the student-client and the student-counselor on the goals, methods, and the overall approach to the practice session. While in-class practice sessions may be short in length, students will have enough time to receive helpful feedback on the SRS and more importantly, to allow the SRS to be the starting point and a guide for an honest, collaborative discussion of the practice session.

Providing students with a structured format for receiving and delivering feedback during these experiences is helpful to their development in three important ways. First, utilizing the SRS reiterates to students the importance of developing alignment with a client on both an emotional and cognitive level (Lyons & Hazier, 2002). Second, the practice encourages students to be authentic with one another about their skill development and therefore gain comfort with the support and challenge necessary for moving through the stages of counselor development (McAuliffe, & Eriksen, 2000). Third, all participating students gain experience with initial characteristics of the supervisory process. The structure allows students to practice using skills such as confronting, pointing out discrepancies, and inquiring as to the internal reasons for particular interventions with one another. This peer-to-peer interaction enhances the level of safety within an evaluative process and encourages the student-client to provide counseling as the "more knowledgeable other" offering developmentally appropriate feedback (Stoltenberg, McNeill, & Delworth, 1998). While feedback is a critical element in any counselor training program, the additional intent here is that the structure of client feedback is similar across coursework and therefore familiar to the student. This familiarity increases the likelihood of novice counselors feeling equipped with the skills and experience necessary to introduce these concepts to their clients in their fieldwork.

Experiential coursework and supervision. During experiential coursework, counselors in training enter the clinical world for the first time as the primary provider of services and are in need of feedback (Bernard & Goodyear, 2013; Skovholt & Ronnestad, 2003; Worthen & Lambert, 2007). Reese et al. (2009a, 2009b) suggest that this feedback should come directly from clients. Data based evaluation of student progress or remediation is instrumental to enhancing student development; this is preferred over attempts to use inflated or inaccurate

reassurances from self or supervisor that serve little educational or developmental ends (Holloway & Neufeldt, 1995).

Practicum and internship. When the use of SRS extends to more experiential coursework, the measure has the potential to facilitate feedback exchange between a number of key participants: site supervisor to trainee, client to student counselor, counselor educator to student counselor, site supervisor to counselor educator, and student to student. Feedback, previously experienced as a more static or one-way direction of information, can be re-conceptualized with increased potential for growth and change (Ankler, Duncan, & Sparks, 2009). This information comes directly from the client without imprecise references as a result of taping restrictions or supervisees' self-report, which fall prey to subjective inaccuracies (Grove et al., 2000; Najavits & Strupp, 1994; Worthen & Lambert, 2007). Additionally, client feedback creates teachable moments and occasions for conversations aimed at deeper understanding and self-reflection; ultimately, the outcome of those supervisory conversations loop back from the therapist in training to benefit the client in the form of tailored clinical interventions (Lambert & Hawkins, 2001).

Practicum and internship students are starting to grapple with the realities of theories in practice, experimenting with treatment modalities and techniques, and deepening their understanding of the therapeutic alliance. Since students are now putting theoretical knowledge to practice, it is an intuitive place to integrate fully the use of the PCOMS client feedback mechanisms. Their prior exposure to and familiarity with the SRS & ORS in skills and theory classes will facilitate a smoother transition for them to use the measures with actual clients and within the process of supervision. Yet, the use of client feedback can be both a practical and personal challenge (Hoffman et al., 2005) for novice counselors as well as for supervisors (Skovholt & Ronnestad, 2003; Skovholt, Ronnestad, & Jennings, 1997). Thus, this process should be introduced with sensitivity to ensure the loop of feedback remains intact and effective.

Additionally, establishing goals with trainees in advance of the feedback opportunities makes feedback easier to give and enhances student receptivity (Lehrman-Waterman & Ladany, 2001). Feedback should be grounded in observable factors so that supervisors can avoid the pitfalls of personal opinion or personality clashes entering the feedback arena (Lambert & Shimokawa, 2011). As clinical supervision already exists both to aid in the development of clinical competency and to ensure the promotion and protection of client welfare (Falender & Shafranske, 2004), the use of client outcome feedback supports these goals and provides direct, observable data from which to have growth maximizing conversations.

Elevating Student Potential

A primary objective of counselor educators is to prepare students to “improve the provision of counseling services in all settings of society” (Association for Counselor Education and Supervision [ACES], n.d.). Therefore, this author suggests that integrating client feedback practices into counselor training can enhance the ability to develop counselors in training in the most critical areas: skill competence, cognitive complexity, and client matching models that include the identification of appropriate evidence based practices (Sexton, 1999). Each of these can be fostered and enhanced over time both through pedagogical approaches within the classroom that target cognitive complexity and reflective practice (Granello, 2010; Welfare & Borders, 2010), systematic and routine delivery of feedback from a more knowledgeable other

(Schmidt & Adkins, 2011), as well as a classroom culture that allows for support and challenge (McAuliffe, & Eriksen, 2000; Wheeler, 2000).

Integrating deliberate feedback mechanisms into clinical training allows for additional opportunities for students to grow in their skill set while being reminded of their need to be open to critique, remain dedicated to quality care for clients, and continually enhance their ability to separate professional insight from personal affront (Hoffman et al, 2005). The process of skill competence enhancement inherently involves the improvement of cognitive complexity, a concept frequently found in the literature to be a key element of counselor development (Little, Packman, Smaby, & Maddux, 2005).

Counselor cognitive complexity refers to a counselor's ability to identify and integrate many ambiguous pieces of knowledge in order to gain an accurate understanding of the client's needs, the interpersonal dynamics, and the treatment implications (Welfare & Borders, 2010). The process of growth in this area is developmental; students begin their studies at variable levels of complexity and educators seek to support and challenge their progression throughout their time in the program. Because an instrument like the SRS explicitly gathers information in each of these important areas, it can be used as a tool for encouraging this critical component of student growth. For example, when students see data showing their clients' progress, or indicators that clients are not experiencing positive growth, the feedback may offer insight into therapist factors that impact progress such as the chosen treatment modality, strength of the therapeutic alliance, or lack of cultural competency. Each area becomes a target for student reflection, which can be guided by both peers and supervisors. Additionally, employing real-time client feedback can compensate for the therapist's potential limitations to detect accurately client progression or lack thereof (Lambert & Shimokawa, 2011).

Since cognitively complex counselors provide more effective services, educators and students need to be held accountable for meeting this developmental progression. The use of client feedback data increases accountability for the therapist and, in the case of interns, it also increases the accountability of supervisor effectiveness. Lambert et al. (2004) point out that therapists are more able to address problems with the alliance quickly when they are aware of issues; outcome data with a clinical tool such as the SRS increase this awareness and accountability to respond to problems as they arise.

Encouraging the development of cognitive complexity simultaneously involves enhancing self-efficacy. If students are not supported and encouraged through challenging developmental progressions, they may become discouraged or remain stagnant. According to Worthen and Lambert (2007), nearly all therapists (90%) consider themselves to be above the 75th percentile in delivering treatment; thus, self-efficacy may not appear to be an area of concern for counselors. However, a genuine and informed sense of self-efficacy is important to the developmental potential of counselors in training. Thus, while therapists may have an inflated or overly optimistic sense of their effectiveness, client feedback data are able to measure the strength of the alliance as well as gauge client outcomes, potentially increasing genuine therapist self-efficacy (Lambert & Hawkins, 2001).

In summary, the instruments included in the PCOMS can be integrated throughout the counselor education curriculum. An instructor of a course on theoretical approaches to counseling can introduce it as one of the strategies proven effective without regard to clinical orientation. The research instructor should discuss the research on client feedback mechanisms and engage students in a discussion critiquing one of the many studies utilizing the PCOMS. Most importantly, the SRS scale can be easily integrated into the introductory counseling skills

course and required for use in practice sessions and individual supervision meetings. Faculty can utilize the students' familiarity with the PCOMS during their practicum experience by requiring the use of the SRS with clients. As students establish a client base during their on-site internship experiences, both the SRS and the ORS may be used with each client seen. Faculty may need to discuss the PCOMS with the on-site supervisor during their introductory meeting and explain how it can and should be used during supervision. Students then integrate the findings of the PCOMS into their clinical presentations, classroom discussions, and most importantly, their individual supervision sessions both on and off campus. Ultimately, this allows students to move into the profession having familiarity with an evidence-based practice that encourages their development as a counselor and enhances the treatment outcomes of their clients.

Conclusion

The use of client feedback not only integrates evidence-based practices in order to better prepare counselors, it also promotes developmental growth in light of the current professional challenges and therefore appears essential to meet the high demands of practicing counselors (Harmon et al., 2007; Hawkins, Lambert, Vermeersch, Slade, & Tuttle, 2004; Miller, et al, 2005). Counselor educators' goal to promote student development requires real data not student assumptions, and on-site supervisors' goal to assure premium client care and client retention requires concrete evidence, not personal perception (Lambert & Hawkins, 2001).

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