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The development of family counselors during internship: A multiple case study using constructive developmental theory

Donna Hines Kaiser
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The Development of Family Counselors during Internship:
A Multiple Case Study using Constructive Developmental Theory

A Dissertation

Presented to

The Faculty of the School of Education

The College of William and Mary

In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

By

Donna Kaiser

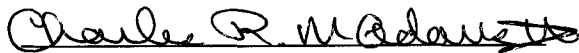
June 2003

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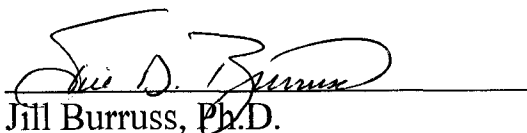
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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	xii
LIST OF TABLES	xiii
LIST OF FIGURES	xiv
ABSTRACT	xv
CHAPTER 1: INTRODUCTION	1
Description of the Problem	1
Research on Family Therapy Training	6
Challenges of Learning Family Therapy	7
Self of the Therapist in Family Therapy Training	10
Cognitive Developmental Theory	12
Constructive Developmental Theory	15
Current Study	19
Methodology	20
Significance of the Study	23
Limitations and Delimitations	24
Statement of Bias	24
Definitions	26
Family Therapy Terms	26
Cognitive Developmental Terms	28
CHAPTER 2: A SELECTED REVIEW OF THE LITERATURE	30
Overview	30
Family Therapy	31

Cybernetics.....	32
Second-order Cybernetics, the Feminist Critique, and Constructionism.....	34
Family Therapy Training and Education.....	37
Challenges of Learning Family Therapy.....	38
Relationship Skills in Family Therapy Training.....	42
Self of the Therapist in Family Therapy Training.....	45
Research on Family Therapy Training.....	50
Research on Relationship Skills.....	51
Therapist Variables Related to Positive Outcome.....	55
Cognitive Developmental Theory.....	59
Process of Development.....	60
Research on Cognitive Development in Counselor Education.....	65
Kegan’s Constructive Developmental Theory.....	69
Constructive Developmental Stages.....	70
Constructive Developmental Theory and Counseling.....	73
Research on Therapist Development using Kegan’s Theory.....	74
The Subject-Object Interview.....	81
The Deliberate Psychological Education Model.....	87
Constructive Developmentalism and Family Counselor Education.....	88
CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY.....	92
Overview.....	92
Qualitative Research.....	92
Qualitative Approaches to Family Therapy Research.....	94

Qualitative Research and Constructive Developmental Theory	97
Design Type: Multiple Case Study	98
Participants	100
Setting	101
Procedures	106
Researcher's Role	108
Data Collection Strategies	110
Ethical Considerations	119
Verification/Evaluation Criteria	120
Summary	122
CHAPTER 4: WITHIN-CASE ANALYSIS	123
Overview	123
Master's Level Students	124
Allister: "To work intentionally with clients"	124
Interview Themes	126
Essay Themes	132
Portfolio Themes	133
Journal Themes	133
Developmental Interpretation	135
Summary	135
Interpretation	136
Betty: "An eye-opening experience"	137
Interview Themes	138

Essay Themes	145
Portfolio Themes	145
Developmental Interpretation.....	145
Summary	146
Interpretation	146
Frank: “A really powerful form of therapy”	147
Interview Themes	149
Essay Themes	155
Portfolio Themes	155
Developmental Interpretation.....	156
Summary	156
Interpretation	157
Lynn: “I want them to feel comfortable so they can open up”	157
Interview Themes	159
Essay Themes	164
Portfolio Themes	165
Journal Themes	165
Developmental Interpretation.....	166
Summary	167
Interpretation	167
Taylor: “Everyone has a purpose”	169
Interview Themes	170
Essay Themes.....	176

Journal Themes	177
Developmental Interpretation.....	178
Summary	178
Interpretation	179
Doctoral Students	180
Arthur: “Holding back a hurricane with a flimsy umbrella”	180
Interview Themes.....	181
Essay Themes.....	188
Portfolio Themes.....	188
Journal Themes	189
Developmental Interpretation.....	189
Summary	189
Interpretation	190
Cliff: “The guide on the side”	192
Interview Themes.....	193
Essay Themes.....	200
Portfolio Themes.....	200
Journal Themes	200
Developmental Interpretation.....	200
Summary	201
Interpretation	201
Dami: “My gut instinct is what I live my life by ”	203
Interview Themes.....	204

Essay Themes	210
Portfolio Themes	211
Developmental Interpretation.....	211
Summary	211
Interpretation	212
Michelle: “Giving them the skills”	213
Interview Themes	214
Essay Themes	220
Portfolio Themes	220
Developmental Interpretation.....	220
Summary	221
Interpretation	221
Summary.....	222
CHAPTER 5: CROSS-CASE ANALYSIS AND INTERPRETATIONS	223
Overview	223
Cross-case Analysis.....	223
Ideas Guiding Family Counseling Practice.....	224
Perception of the Therapeutic Relationship in Family Counseling.....	227
Support for Practice.....	228
Assimilation and Accommodation.....	229
Disequilibrium.....	231
Change in Perspective Taking.....	233
View of Self	234

Emotional Response to Client Families	235
Developmental Positions and Themes	236
Summary of Cross-case Analysis	238
Interpretations	238
Ideas Guiding Family Counseling Practice	238
Perception of the Therapeutic Relationship in Family Counseling.....	240
Support for Practice.....	241
Assimilation and Accommodation	242
Disequilibrium.....	243
Change in Perspective Taking.....	245
View of Self	246
Emotional Response to Client Families	247
Developmental Positions and Themes	248
Summary.....	249
CHAPTER 6: FAMILY COUNSELORS IN TRANSITION	251
Overview	251
Limitations and Delimitations	251
Research Questions.....	252
1. In what ways do beginning family counselors describe their affective experiences in their relationships with client families?	253
2. In what ways do beginning family counselors conceptualize their therapeutic relationships with families?.....	254

3. How are these experiences interpreted through the lens of Kegan’s constructive developmental theory?	257
Comparison to the Literature	260
Affective Experiences in Relationships with Client Families.....	260
Conceptualization of the Therapeutic Relationship in Family Counseling.....	263
Kegan’s Constructive Developmental Theory	264
Summary Points	267
Additional Interesting Findings.....	268
Implications for Counselor Education and Supervision.....	269
Need for Future Research	273
Researcher's Reflections.....	277
APPENDIX A: INTERVIEWS	280
Interview 1	280
Interview 2.....	284
Interview 3.....	286
Interview 4.....	288
Videotape Interview	289
APPENDIX B: LETTER TO INTERNS.....	290
APPENDIX C: INFORMED CONSENT FORM	292
REFERENCES	293

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LIST OF TABLES

Table 1: Sample Demographics	101
Table 2: Developmental Positions of Participants	108
Table 3: Interview 1 Questions	112
Table 4: Themes for Allister	127
Table 5: Themes for Betty	139
Table 6: Themes for Frank	150
Table 7: Themes for Lynn	160
Table 8: Themes for Taylor	171
Table 9: Themes for Arthur	182
Table 10: Themes for Cliff	194
Table 11: Themes for Dami	205
Table 12: Themes for Michelle	215
Table 13: Comparison of Participant Themes	225
Table 14: Themes Grouped by Developmental Level	237

LIST OF FIGURES

Figure 1: Researcher's Representation of Differing Conceptualizations of Family Therapy	3
Figure 2: Kegan's Schema of Developmental Stages.....	17

Abstract

The Development of Family Counselors during Internship: A Multiple Case Study using Constructive Developmental Theory

This inquiry used a qualitative multiple case study research design to describe, analyze, and interpret the experiences of beginning family counselors through the lens of constructive developmental theory (Kegan, 1982, 1994). Nine beginning family counselors enrolled in an academic year family counseling internship were interviewed at seven key points over a period of eight months. Other data sources included essays that each participant wrote on expectations of the internship experience, and for some family counseling portfolios and supervision journals.

Qualitative inductive analysis was conducted on the individual interviews to generate themes for each participant which were then compared to themes from other data sources for the within-case phase of analysis. Subsequently, a cross-case analysis generated eight themes reflecting commonalities and differences related to the experiences and perceptions among participants.

Data analysis revealed that: 1.) Most participants described positive affective experiences in response to their work with client families, 2.) All participants experienced disequilibrium as they were confronted with learning challenges and most exhibited an accommodative response, 3.) Perspective-taking change occurred for most students over the year, 4.) Many participants showed within-stage growth, and one transitioned between stages, and 5.) Conceptualization of practice and view of self varied by developmental position. Further, the ways in which students discussed their positive affective experiences suggested that emotional engagement with client families was a significant aspect of their internship experience and is interpreted as possibly providing motivation for confronting disequilibrating experiences.

Data from this study can advance an understanding of student experiences during a family counseling internship and hold implications for counselor education and supervision in terms of the benefits of providing instruction and interventions employing a developmental framework. Future research is needed to further study the experience of transition between stages and what supports or impedes learning and growth, the perceptions of the therapeutic relationship as viewed by both clients and practitioners, and the possibly critical role of emotional engagement in student learning and growth.

Chapter 1

Introduction

Description Of The Problem

The development of family therapy in the 1950s launched an approach to clinical work that was radically different from previous forms of psychotherapy and carried with it a host of challenges for practitioners (Nichols & Schwartz, 2001). Systems theory and its application to the social sciences, including family therapy, emerged as a major influence in theory, conceptualization, assessment, and training that required the therapist to make a conceptual shift from linear cause-effect to complex circular thinking (Keeney & Thomas, 1986). Based on the cybernetics metaphor, therapy practiced from a systems perspective required a reorientation to understanding human behavior and problems as not only circular but also as contextualized in the family, not arising in the individual. The shift to a systemic lens has been called “a revolutionary one, providing those who grasp it with a profoundly powerful tool for understanding and resolving human problems” (Nichols & Schwartz, 2001, p. 14). In practice, family therapists were trained to assess a family’s interactional patterns in order to devise interventions for altering dysfunctional interactive processes among its members (Liddle, Breunlin, & Schwartz, 1988), a wholly new approach from previous intrapsychic therapies that centered on the client experience within the therapeutic relationship (Flaskas, 1996).

Early training in family therapy followed an apprenticeship model because pioneers in the field believed novice family therapists would learn best from the experience of doing family therapy under their mentorship (Avis & Sprenkle, 1990; Minuchin, Lee, & Simon, 1996). Training occurred in family therapy institutes such as

the Philadelphia Child Guidance Clinic, and emphasized supervised clinical experience with little attention given to the conceptualization of educational content or pedagogy necessary for effective outcome (Touliatos, Lindholm, & Nichols, 1997). With the emergence of academic programs in family therapy, the expansion of accreditation programs, and the credentialing and licensure of clinicians, interest in curriculum development and educational content increased (Liddle et al., 1988; Touliatos et al., 1997). Yet, family therapy is still in the early stages of establishing guidelines for training and supervision. The reexamination of these topics has “generated significant questions but few convincing answers” (Liddle et al., 1988, p. 8).

Currently no consensus exists on the best practices for the effective training of family therapists (Goldenberg & Goldenberg, 1998), nor is there a consensus on what competencies trainees should achieve during training (Storm, Todd, Sprenkle, & Morgan, 2001). As the field has advanced beyond the era of charismatic leaders and pressures have mounted for accountability, research on training practices is needed: “Ultimately, the future of family therapy rests with the quality of its training. To assure that future, we must show empirically that we know how to train our students” (Breunlin, Schwartz, Krause, Kochalka, Puetz, & VanDyke, 1989, p. 394).

Family therapy training has focused primarily on improvement of therapeutic skills and case conceptualization (Greenberg & Neimeyer, 1986), although some programs have addressed improving relationship skills (Anderson, 1992). Until recently, the field’s conceptual focus on the client family, growing out of a reliance on cybernetic thinking, gave little attention to the importance of the therapeutic system comprised of the relationship and interactions between the family system and the therapist (Campbell &

Draper, 1996). First-order cybernetics conceived of the therapist and the family as “black boxes,” separate and distinct from one another with the therapist objectively assessing the family system to develop interventions—relational and internal processes of family members and the therapist were minimized (Breunlin, Karrer, McGuire, & Cimmarusti, 1988). Figure 1 is a graphic representation created by the researcher that shows the differing conceptualizations of intrapsychic therapy and first-order cybernetics therapy on the left-hand side of the figure. Intrapsychic therapy excludes the family system from the arena of clinical work and the therapeutic system of client and therapist is central with influence of the client on the therapist assuming an important role. In first-order cybernetics the family system exists separate from the therapist with the therapist acting

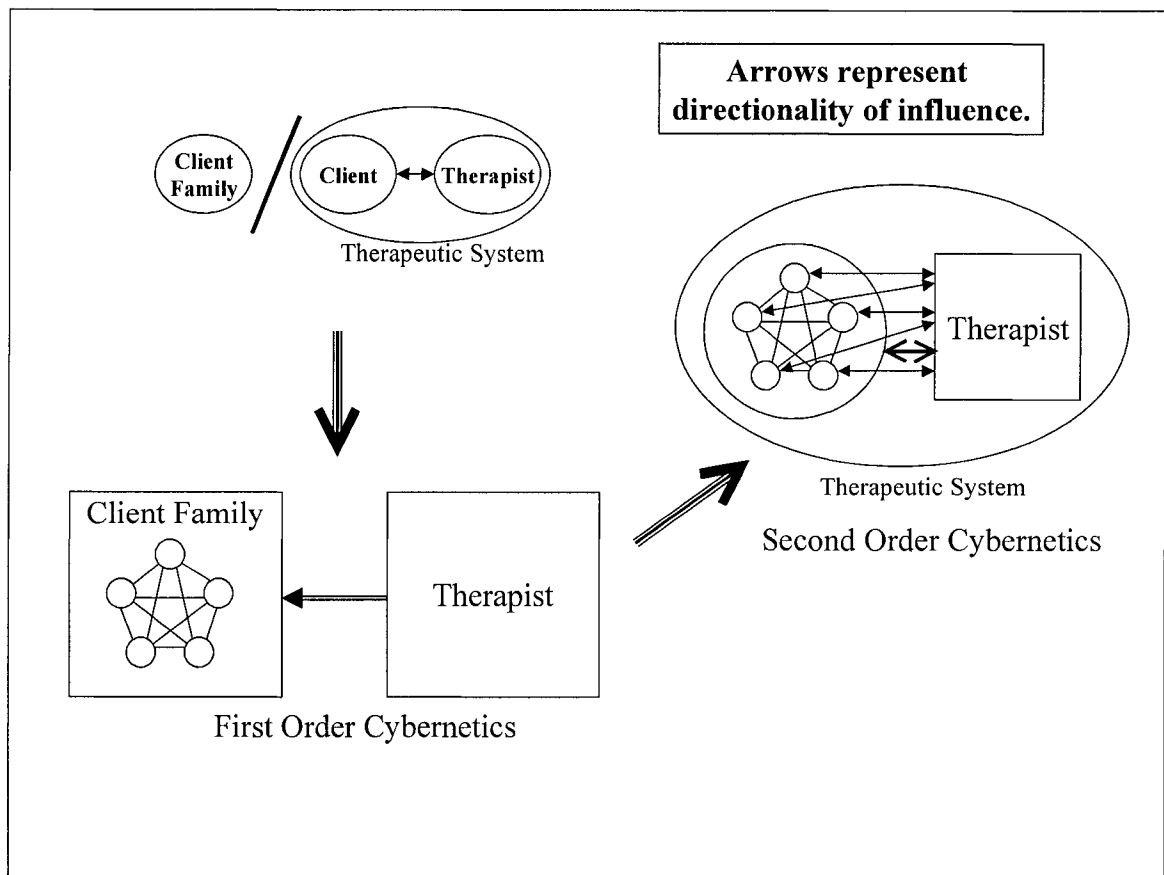


Figure 1: Researcher's Representation of Differing Conceptualizations of Family Therapy

on the family. The right-hand side of the diagram depicts the more recently discussed concept of second-order cybernetics with influences seen as bi-directional between the therapist and the family as a whole and between the therapist and each family member. In addition, the internal processes of the therapist are significant to the interactions though it is not possible to represent that level of detail in this diagram.

Flaskas (1993, 1997), in addressing the emotional dimension of the therapy relationship in systemic therapy, claimed that emotional engagement between the family therapist and client families has been under-theorized in the field. There has been inadequate attention given at the conceptual level to the emotional and relational processes in systemic therapy, to the therapeutic relationship and the therapist-family system, and to the self of the therapist. Historically, this is understandable, given that family systems therapy was intent on breaking away and distinguishing itself from the intrapsychic paradigm and has tended to view emotions and the therapeutic relationship as unsystemic (Flaskas & Perlesz, 1996)

Second-order cybernetics, or cybernetics of cybernetics, conceptualizes the therapist as part of the therapist-family system. (See the right side of Figure 1.) The internal processes of the therapist are central to the relational processes in systemic therapy that includes both internal and interactive sequences (Breunlin et al., 1988). The therapist's internal processes are critical in that they shape therapist observations, inform the ways in which the therapist shares these observations with the family, and then uses them to elicit an interactive and recursive process with the family. At this level of conceptualization, there is a clear implication that systems and psychoanalytic theories can be used together to “elucidate the relationship between the inner world and the

interactional world and the way these come together in the therapeutic relationship” (Campbell & Draper, 1996, p. xii).

This description of the interactional and internal processes is similar to the cognitive developmental theory of Robert Kegan (1982, 1994) which conceptualizes the development of human meaning-making structures as a person's organization of his or her interpersonal and intrapsychic worlds and the activity of coordinating one with the other. Kegan's theory is thus compatible with a second-order cybernetics point of view. With the cybernetics framework dominating family therapy practice and training during the field's formative era, there has been a disregard for the processes that contribute to the personal growth and development of the trainee, unlike intrapsychic therapy training approaches that centralized the personal growth of therapists-in-training (Breunlin et al., 1988).

Wertheim (1996) underlined the need for a training focus on the intersection of the therapist with the family system and the significant relational issues that evolve during the course of treatment. She contended that this important contributor to therapy process was ignored in the early years of the rapid growth of family therapy training programs. She conjectured that the recent interest in the therapeutic relationship in systems thinking was stimulated by therapists' dissatisfaction with the traditional pragmatic approach to clinical work that contradicted their own personal experiences with families. She further hypothesized that practitioners suspected their therapeutic difficulties (e.g. “getting stuck” and treatment failures) were related to the overemphasis on the pragmatic practice of simply learning techniques without a guiding conceptual structure that includes the therapist-family relationship. Wertheim (1996) also stressed that the emergence of second-order cybernetics in the past two decades has underscored

the significant impact of the participation of the family therapist in the family system as one of the major “theoretical perturbations” occurring in the field. One implication of this line of thinking is that treatment impasse may hinge on problems in the relationship between therapist and client; therefore, it is of utmost importance that the therapist-family system be theorized.

It is speculated, based on Wertheim’s (1996) assertions, that therapist dissatisfaction related to therapeutic failures occurs during the educational experiences of beginning family therapists who have no conceptual framework as yet to comprehend their frustrations surrounding “being stuck.” This occurs at a time when students are additionally challenged with integrating knowledge, skills, and a conceptual shift (Avis & Sprenkle, 1990; Goldenberg & Goldenberg, 1998) while experiencing emotional responses to client families and to the training context (Horne, Dagley, & Webster, 1993; Laszloffy, 2000; Liddle & Saba, 1982; Ronnestad & Skovholt, 1993; Stoltenberg & McNeill, 1997).

Research On Family Therapy Training

Research on family therapy training and supervision is minimal and has not adequately explored marriage and family training program experiences (Anderson, 1992; Bernard & Goodyear, 1998; Shadish, Ragsdale, Glaser, & Montgomery, 1995). Avis and Sprenkle (1990) noted that a small body of research on family therapy training has begun to appear since it was noted over two decades ago that there was a lack of empirical investigation in this domain (Kniskern & Gurman, 1979). Although training programs have grown rapidly, there is still little research to guide educational program development. There continues to be an over-reliance on the isomorphic approach, with

training theorized as corresponding to the trainer's model of therapy and training practices mirroring the therapeutic process (Breunlin et al., 1989). This isomorphic assumption has been reexamined in light of the fact that there is no research support for its use.

The existing training research has focused primarily on acquisition of theoretical and conceptual knowledge and on skills training (Anderson, 1992; Avis & Sprenkle, 1990; Friedlander, Wildman, Heatherington, & Skowron, 1994). An omission in the evaluation of training programs has been assessment of changes in trainees' relationship skills, an area that is seldom addressed in the general literature on family therapy (Anderson, 1992; Barton & Alexander, 1977; Kniskern & Gurman, 1979). Relationship skills have been defined as empathy, warmth, and genuineness (Gurman & Kniskern, 1978), and as affect-behavior integration, humor, and warmth by Alexander et al. (1976, cited in Anderson, 1992).

Laszloffy (2000) pointed out that several in the field have observed that in spite of the obvious significance of relationship skills suggested in the research on family therapy outcome, there is little that addresses this aspect of the therapy process (Anderson, 1992; Friedlander et al., 1994). Relationship skills are related to both positive family therapy outcome (Gurman & Kniskern, 1978) and to keeping families coming to therapy (Shapiro, 1974; Shapiro & Budman, 1973). Little empirical data is available for assisting educators in integrating instruction in relational skills into their curricula.

Challenges of Learning Family Therapy

Family therapy students experience performance anxiety and apprehension about evaluation during the initial phases of learning—this is compounded by their attempts to

retain theory and skills while implementing recently learned intervention strategies (Stoltenberg & McNeill, 1997). Trainees strive to move past their initial learning experiences as quickly as possible to put anxiety and uncertainty behind them. Ronnestad and Skovholt (1993) noted the impact of performance anxiety on new counselors who have recently learned vast amounts of theoretical and empirical information and must apply this knowledge while performing adequately under the continual scrutiny of supervisors. Reisling and Daniels (1983), in a study of counselor development, found that beginning counselors were more anxious, dependent on their supervisors, and dependent on the use of techniques. Grater (1985) recommended that the fear of failure experienced by novice counselors be addressed in the initial skills-training process.

Learning family therapy is inherently challenging (Watzlawick, 1978). The family-therapist-in-training must learn new theoretical concepts and implement new skills usually after having just learned the skills required for individual therapy. Concurrently the student must make a conceptual shift from a linear to a circular view of conceptualizing human behavior, family problems, and resolutions to problems (Goldenberg & Goldenberg, 2000; Liddle & Saba, 1982; Whiffen, 1982). Whiffen (1982) emphasized this shift as a critical task in teaching the systems approach so that the trainee can move from a causal-linear mode of thinking to a cybernetic-circular conceptual formulation of a family's presenting problem.

Liddle and Saba (1982) pointed out that new family therapists experience disequilibrium as they are challenged to view family problems from a systemic rather than an individual perspective. Weinstock (1984) investigated student cognitive and affective responses to systems training and found that participants characterized their experience as

both challenging and uncomfortable. Discomfort took the form of anxiety and confusion. Another study noted that family-counselors-in-training were initially preoccupied with looking inept and often felt apprehensive and awkward (Liddle, Davidson, & Barrett, 1988). Those in degree-granting programs had preoccupations about competency compounded by fears about grades and other evaluative aspects of their training. The vulnerability experienced by trainees can lead to feelings of anxiety, embarrassment, resentment, and even anger (Gershenson & Cohen, 1978). In addition, evaluative concerns are intricately interwoven with the wide range of affective responses to clients who present numerous difficulties that can overwhelm new counselors (Kratochwill, Lepage, & McGivern, 1997).

Based on the foregoing discussion, it is surmised that with their preoccupations with performance, new family therapists might be expected to lack an attunement to their own affective responses to client families. Nor are they likely to have developed the reflective practices necessary for understanding the impact of their attunement to the family, or lack thereof, on their clinical work. Laszloffy (2000) offered this description of the experiences of novice family therapists:

Beginning therapists often are confused and overwhelmed by what they perceive as the daunting mystery, magic, and complexity of therapy. While it is important to know as much theory and technique as possible, there may be a developmental advantage to offering a simple framework for understanding “what this therapy stuff is all about” (p. 396).

In research aimed at determining the important aspects of family therapy she found that both clients and therapists identified the therapeutic relationship as the primary task they both regarded as critical to effective therapy. She suggested that a conceptual and training focus on the therapeutic relationship must occur before addressing the two

other critical tasks her research participants had identified: setting clear goals and behaviorally enacting the systemic interventions to meet the goals.

Self of The Therapist in Family Therapy Training

Many authors have discussed the importance of the self of the therapist in family therapy although only one empirical study has appeared in the literature. Early on, Minuchin and Fishman (1971) stated that family therapists must use themselves in a relational way to effect change in the family. Mikesell, Lusteran, & McDaniel (1995) also asserted that the self of the systems therapist is critical since the significant stressors of working with families often evoke strong affective responses in the therapist: "It is well established that the self of the therapist is a major, if not *the* major factor in change in therapy" (p. 545). Nichols (1986) devoted his book *The Self in the System* to exploring the emotional interplay between the therapist and client families and the impact of the emotional connection on effective therapeutic work.

Liddle, Becker, and Diamond (1997) expressed the belief that the person of therapist should be a dimension of family therapy training because "it is the personal interaction between the therapist and the client family that provides the context for potential change" (p. 406). A therapist's style along with his or her ability to join with and be a part of the family while effectively directing treatment sessions is largely a function of who the therapist is as a person. The person of the therapist includes her or his values, experiences in the family of origin, and current relational patterns. Rober (1999) delineated the self of the therapist as including the entire experiencing process of the therapist reflecting his or her human participation in the relationship with the client family. This encompasses the therapist's observations, intuitions, cognitions, and all

feelings, images, associations, and memories evoked in the context of interacting with and relating to the family.

Aponte (1992) advocated a training emphasis on the relationship between the therapist and client family by focusing on the self of the therapist. Stressing the need for family therapy training to include work on the self of the therapist, he said, “therapy is a personal encounter within a professional frame. Although theory and technique are essential to the professional practice of therapy, the process is effected wholly through the relationship between therapist and client” (Aponte, 1992, p. 2). He has been the field's most vocal advocate for integrating personal work on the self of the therapist with training because, “The personal component of the therapy relationship viscerally relates the therapist to the client’s life” (p. 1). He believed that family therapists need to acknowledge their emotional responses within therapy and that training experiences should promote personal growth through family of origin work.

An alternative framework may be required to examine the deficiencies of family therapy training. For family therapy education to incorporate, both theoretically and in practice, the concepts of the self of the therapist, the therapeutic relationship in systemic therapy, and emotional aspects of the family therapy process, a perspective for conceptualizing mental complexity is needed. A promising framework is found in cognitive developmental theory because it takes into account the ways people think about and understand their social world in terms of the psychological processes underlying their cognitive constructions (Rest, 1994).

Cognitive Developmental Theory

Cognitive developmental theory provides a map for comprehending how beginning family therapists can develop more complex mental structures for coordinating the tasks needed to learn systemic concepts, theoretical knowledge, intervention skills, conceptualization of the client-therapist relationship, and the important capacity to use the self to establish an on-going therapeutic relationship with a client family. Further, it points to the ongoing development of qualitatively more differentiated and complex mental structures given that the educational environment for promoting this development is in place. With the need for research on family therapy training and the call for a focus on self of the therapist and the therapeutic relationship in systemic therapy, cognitive developmental theory is introduced here as a framework for conceptualizing the salient processes that may contribute both to theory building and to more effective curricular and training practices in the field.

The major premise of cognitive developmental theory is that psychological growth entails the development of mental structures of increased complexity that at higher developmental stages allows individuals to more adequately process information for problem solving in complex social situations (Rest & Narvaez, 1994). Problem solving also can be accomplished in a more differentiated rather than simplistic manner at higher levels taking into account greater amounts of information from several perspectives (Blocher, 1980). Considering the complex training situations encountered by family therapy students, with the unique educational demands required for attaining proficiency, and given that many in the field call for a focus on the self of the therapist in family

therapy training, cognitive developmental theory has much to offer that is potentially beneficial.

The body of research on cognitive developmental theory is germane to the study of the therapeutic relationship and including self of the therapist issues in family therapy training (Aponte & Winter, 2001; Boyd-Franklin, 2000; Gladding, 1998). Research has shown that counselors at higher cognitive developmental levels have the capacity to be more empathic, to communicate empathy to clients, to display more autonomy and interdependence, to use more flexibility in counseling approaches, and were less likely to display prejudice (Holloway & Wampold, 1986; Stoppard & Miller, 1985). Sprinthall and Thies-Sprinthall (1993) found that functioning effectively in complex helping roles, such as teaching and counseling was associated with higher levels of cognitive development. Since research clearly indicates that professionals at higher levels of cognitive development, as assessed by measures of moral, intellectual, and conceptual development, are more effective in their professional roles (Foster & McAdams, 1998; Reiman, 1995; Rest & Narvaez, 1994; Sprinthall & Thies-Sprinthall, 1983), the use of a conceptual framework for promoting higher development in family counselors is warranted.

Kegan (1994), mentioned earlier in relation to his theory's compatibility with a second-order cybernetic approach to family therapy, has described a problematic work environment as creating what he called an "in-over-one's-head phenomenon." This occurs when an individual is expected to perform in a manner in which he or she is not psychologically prepared: "What may be lacking is an adequate conception of the changes people need support in making to become more effective at work" (Kegan, 1994, p. 164).

What Kegan referred to as “the hidden curriculum of work” requires a wholly different order of mental complexity to meet the demands of work—“the experience of being in over one’s head as an adult—even a relatively privileged, well-educated, middle-class adult—in contemporary culture is a widespread phenomenon” (p. 188). As previously described, many authors have emphasized the complexity of the tasks faced by novice family counselors-in-training (Goldenberg & Goldenberg, 1998, Liddle & Saba, 1982; Nichols & Schwartz, 2001), thus a theory such as Kegan's constructive developmental psychology provides a framework for mapping a developmental sequence required for this complex learning task.

Kegan (1994) emphasized that the mental burden of work is the gap between the demands of a task and a person’s capacity to meet those demands. In family therapy education the gap between what is required in the learning process and a student’s capacity to implement this in the practice of family therapy is where cognitive developmental theory provides such promise. It is in understanding the nature of this gap, conceptualizing what a student needs in the learning environment to meet the demands, and then tailoring the curriculum to address the gap, that a theoretical framework for constructing the educational support for the family-therapist-in-training lies. Educators who train beginning family therapists are faced with the professional challenge of constructing an educational environment for a very complex learning process. They cannot adequately prepare students by simply teaching theory and technique (Aponte, 1992; Lasloffy, 2000; Liddle et al., 1997; Mikesellet al., 1995; Wertheim, 1996) and can potentially benefit from a developmental approach such as Kegan's.

Constructive Developmental Theory

Robert Kegan (1982, 1994) proposed constructive developmentalism as a theory for understanding the psychological processes occurring as adults face the challenges of living in a complex social environment. As a neo-Piagetian theorist Kegan perceived human “knowledge structures” or “meaning-making balances” as individuals’ systems for meaning construction that determine how they understand their daily experiences and approach dilemmas that call for problem-solving strategies. The underlying knowledge system hinges on how a person is able to understand the self in relation to others, thus the intrapsychic and interpersonal realms of experience provide the basic organizational structure for stage growth.

The key ideas of “construction” and “development” underlie Kegan’s theory with “construction” placing it within the social constructivist philosophical tradition emphasizing the active creation of personal meaning as opposed to meaning that is externally imposed (Pieretti, 1996). Kegan (1982) said that the term construction, “directs us . . . to that most human of ‘regions’ *between* an event and a reaction to it—the place where the event is privately composed, made sense of, the place where it actually *becomes* an event for that person” (p. 2). “Development” places the theory within the Piagetian tradition of unidirectional, sequential, hierarchical stages of growth with each successive stage becoming qualitatively more adequate for organizing and comprehending experience.

At each stage in constructive developmentalism there is a reconstruction of how one views the relationship between self and others, which constitutes what Kegan (1982) calls the stages of “subject-object” balance. Promoting movement to a higher

developmental stage requires stimulation from the environment in the form of some kind of perturbation. Being perturbed, or reaching a state of uncertainty when new experience does not fit with previous modes of understanding leads to disquiet and uneasiness. A person must then reconsider the adequacy of his or her current meaning-making structures by actively creating alternate ways to organize the new information. In other words, when new information cannot be “assimilated” (i.e., does not fit into current meaning constructions), a change process is set in motion by the activity of “accommodation” (i.e., changing of the current structures to accommodate the discrepant information). This recursive assimilation-accommodation activity fuels development as new structures are created to account for new information. The resulting change in cognitive structure involves formation of a qualitatively new and different system for comprehending one’s experiences. The new structures influence behavior and determine how one interacts with others.

For Kegan (1982, 1994) these changes involve ever more integrated and differentiated balances of how a person conceptualizes what is object and what is subject, what is self and what is other. If a person is subject to something, he or she cannot take a metaperspective on it—it is a part of one’s experience that cannot yet be reflected upon—each successive stage allows a perspective to be taken on the previous stage upon which it is built. For example, an elementary school child is subject to his or her wants and desires and interacts with others based upon how others can fulfill those needs. As the child matures he or she develops the capacity to reflect on the desires, thus they become an object to be considered as he or she moves toward more reciprocal interactions with others—instead of being the desires the growing child has the desires. The desires are an

object of thought and can be planned for and negotiated in the context of mutuality in the social environment—the adolescent can now take a metaperspective on them and can organize them as objects.

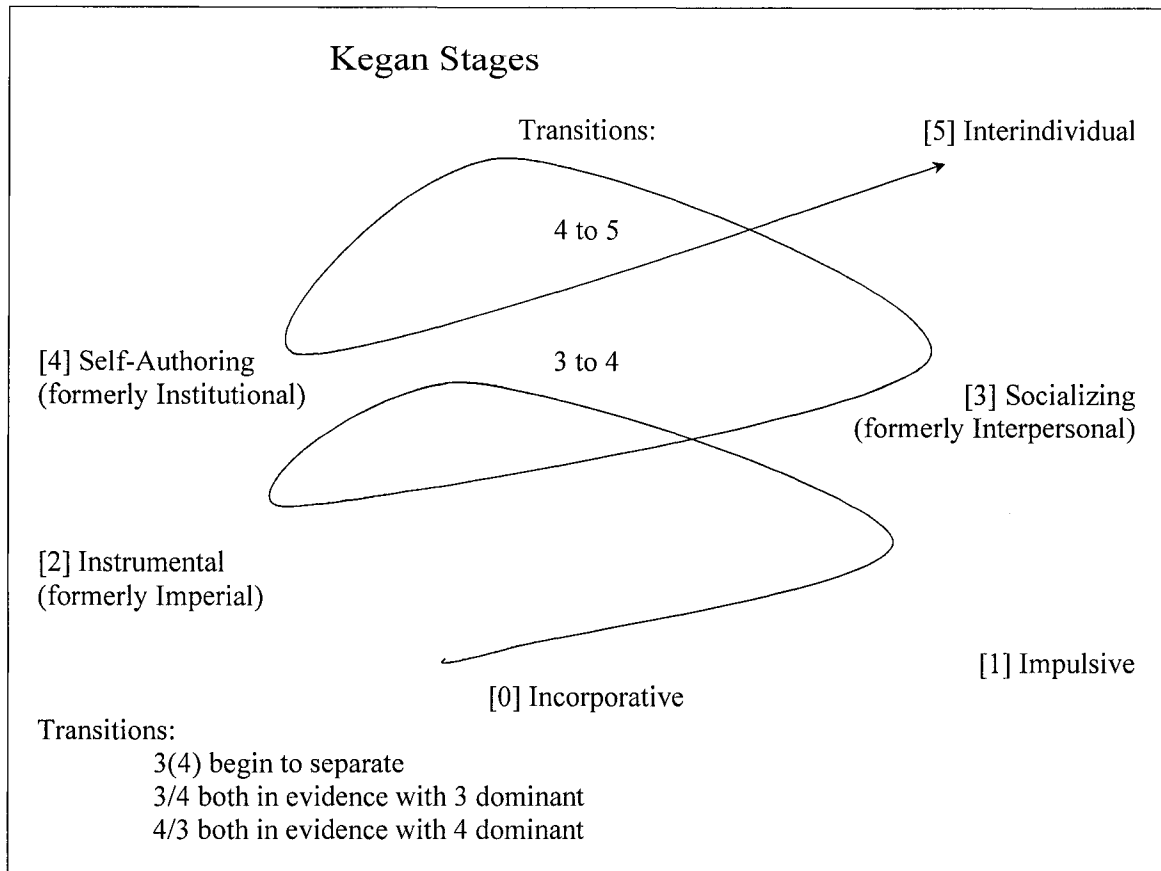


Figure 2: Kegan's Schema of Developmental Stages

Kegan's (1982, 1994) schema, depicted in Figure 2, includes six stages beginning with the Incorporative Balance (Stage 0) of infancy in which the child views the world itself as self, and extending to the highest stage, the Interindividual Balance (Stage 5). At Stage 5, a person has the capacity to take what has been called a "dialectical" perspective on the previous stages (Hammerman, 1999).

Kegan's (1994) research suggests that most adults in the United States function at the Interpersonal Balance, Stage 3, with an embeddedness in their social roles that precludes much self-awareness or ability to engage in critical self-reflection. The most common transformation in adulthood, evolution from the Interpersonal (Stage 3) to Institutional (Stage 4) Balance, is viewed by Kegan as necessary for helping a person create "qualitatively new mental tools" for handling the "curriculum of modern life". Adults also function at the two stages adjacent to the Interpersonal Stage, the lower Imperial Stage and the higher Interindividual Stage.

Most recently the three adult stages in Kegan's framework have been designated with new terms (Kegan, Broderick, Drago-Severson, Helsing, Popp, & Portnow, 2001). The Imperial Stage (2) is now the Instrumental Stage, the Interpersonal Stage (3) is now the Socializing Stage, and the Institutional Stage (4) is now the Self-Authoring Stage. From here on, these new terms for the three most common adult stages will be used. A brief description of the six stages of Kegan's model is found in Chapter 2.

Constructive developmentalism focuses on the intra- and interpersonal realms of human experience in terms of what can be reflected on and organized. This makes it salient to studying the family counselor-in-training who must simultaneously comprehend and coordinate several processes in terms of the self as therapist in relation to a family. The novice family counselor must be able to take therapeutic action based on perceptions of the interactional patterns of the family, the interactional processes between the therapist and the family, the individual perspectives of family members, and his or her own intrapsychic process in response to the actual work with a family. It could be argued that to learn to do family therapy, one must develop the ability to reflect on the processes

of one's relationships, to consider them as object rather than be subject to them. Kegan's theory also offers a way of looking at facilitating the student's ability to perceive, reflect upon, and then take action in a therapeutic way to address a family's problems. This requires the development of complex psychological processes during the educational process, no easy task for family therapy educators to promote. A theoretical perspective for conceptualizing developmental growth and for clarifying how higher developmental levels influence effectiveness with clients is needed to elucidate what is required to assist new family counselors in the learning process.

Current Study

The purpose of this inquiry was to describe, analyze, and interpret the experiences of beginning family counselors during training using the theoretical lens of Kegan's (1982, 1994) constructive developmental theory. Novice family counselors' experiences related to the use of self and the emotional aspects of family therapy, and their conceptualization of the therapeutic relationship were investigated using a qualitative multiple case study research design. An in-depth description of trainee experience of the challenges of learning family therapy is needed to provide data about learning processes that might support or impede the ability to learn to do effective clinical work. In spite of the field's recognition of the need for empirical investigation in this area it has not been examined and explored from the student's viewpoint. The research questions used to guide this study were:

1. In what ways do beginning family counselors describe their affective experiences in their relationships with client families?
2. In what ways do beginning family counselors conceptualize their therapeutic relationships with families?

3. How are these experiences interpreted through the lens of Kegan's constructive developmental theory?

Methodology

A qualitative multiple case study research design was used to explore the experiences of beginning family therapists in a nine-month internship. The purpose was to describe how the interns constructed meaning about themselves in relation to client families, to the therapeutic relationship, and to the process of change in therapy, to contribute to a better understanding of these aspects of the learning experiences in family therapy. In addition, these experiences were interpreted through the theoretical lens of Kegan's (1982, 1996) theory. The multiple case study design was used to inquire into specific phenomena rather than one particular case, and to investigate individual cases manifesting this phenomena (Stake, 1998). In this sense, it is an instrumental case study with each case contributing in that "understanding them will lead to better understanding perhaps better theorizing, about a still larger collection of cases" (Stake, 1998, p. 89). Creswell (1998) defines a case study as "the exploration of a 'bounded system' of a case (or multiple cases) over time through detailed, in-depth data collection involving multiple sources if information rich in context" (p. 61). In this study the boundaries were time, nine months; place, one educational program; and the cases, student counselors enrolled in a family counseling internship.

Purposeful criterion sampling was used in that participants were master's and doctoral level students actively engaged in the process of learning family therapy. The five master's level students had all completed an introductory family theory class and the first year of their community counseling program which entailed introductory work in

individual and group counseling. Four of the five had completed an eight-week live supervision family counseling practicum in which they worked with one family. Four doctoral students with limited or no experience in family therapy also participated in the study. The students who had not taken the live-supervision practicum class, both master's and doctoral level received live supervision with their first family during the internship year.

The training setting in which the students interned is a university-based family counseling clinic funded by a consortium of regional schools that was established in the early 1980s. The consortium funds several projects including the family counseling clinic, a collaborative effort with the university's School of Education, designed to provide services to students and families that promote better functioning of at-risk students. The clinic serves families of school-referred students who attend pre-kindergarten to grade 12 and are referred from six regional school districts. Students and their families are referred by school personnel for a variety of problems that impact their ability to function successfully in the school setting including but not limited to, learning disabilities, impulse control problems, self-esteem, family divorce, mental illness or substance abuse of family members, and school-family communication problems.

In case studies multiple data collection provides an in-depth and detailed description of the phenomenon of interest (Creswell, 1998). Both interviews and artifact analysis were used in this study. The primary data collection involved seven interviews that occurred over the nine months of the student's course of study. Four in-depth interviews were conducted at designated intervals over the nine months with shorter interviews scheduled in the intervening months. The briefer interviews entailed viewing a

selected videotaped section of a family counseling session that the student had chosen as significant to his or her development as a counselor. Interview questions explored the reasons the participant selected the particular section of videotape followed by asking about his or her thoughts and feelings that occurred during the session. The purpose of the interviews was to explore the meanings beginning counselors attached to significant interactions in family counseling and their emotional responses to families.

In addition to the interviews, artifact analysis was planned using three data sources: an initial essay on expectations of the learning experiences in the internship, entries in supervision journals, and counseling internship portfolios. The aim was triangulation of the data to increase rigor and credibility of the findings. Essays were completed by all participants, however, due to differing requirements in the two sections of the internship class, supervision journals were analyzed for five of the nine participants. In addition, one student was enrolled in the school psychology degree program and did not complete a portfolio.

Data analysis proceeded first by using analytic inductive procedures to establish emergent themes from the seven interviews. This resulted in three to six themes for each interview, which at the last data collection point were clustered to determine the themes for the entire year for each participant's seven interviews. Documents available for each participant were then analyzed using the constant comparative method to determine whether new themes emerged and what interview themes were repeated. This was done by first collecting and then reviewing the documents to ascertain whether interview themes were repeated and if any new themes emerged. The emergent themes within cases

provided information for individual case analysis and then for the subsequent cross-case analysis.

Significance Of The Study

This research has potential for contributing to the knowledge base informing family therapy training practices and extends the body of research on counselor development by studying family-counselors-in-training. Further, it used a qualitative research approach to address the need for descriptive qualitative data on therapist and counselor development that has been called for in the literature (Skovholt & Ronnestad, 1992). Doerries (1999) confirmed that there continue to be limitations in the current research on the training of novice family counselors and emphasized the need for more detailed and in-depth “information pertaining to their development and growth in the application of cognitive conceptualizations to therapeutic interventions” (p. 87).

From a theoretical standpoint, this inquiry sheds light on the therapeutic relationship in systemic therapy that has been deemed undertheorized by Flaskas (1993, 1996, 1997). By exploring how the novice family therapist experiences and thinks about the emotional and relational processes in family therapy, conceptualizations consistent with second-order cybernetics and social constructivistic thinking were examined with the constructive developmental theory of Robert Kegan (1982, 1994). This research elucidates the developmental nature of the learning processes in family therapy education and provides empirical data informing a framework for discerning and addressing therapeutic difficulties and treatment impasses in family therapy.

Limitations And Delimitations

This study was delimited in that it examined the experiences of a small group of novice family counselors in a nine-month internship. Additionally, it occurred at one training site. This study was also limited to the perspectives of the students as revealed in interviews, in their essays on expectations of the internship, and in journals and portfolios from several but not all students. Since a qualitative research design was deemed the best approach to study family counselors' experiences, there are delimitations with regard to researcher bias.

Because the aim of this study was to provide an in-depth description of the experiences of the interns and was not designed for purposes of generalizing results, the degree of transferability must be determined by the readers based on comparisons to their situations of interest. Generalizeability is thus limited. A further limitation is the use of one theoretical framework to interpret the data.

Statement of Bias

As and an educator and supervisor of family therapists, as well as a family therapist myself, I am drawn to studying the processes by which students become effective in practicing family therapy, work that requires the adoption of a systemic perspective. Early on I conceptualized all forms of therapy in terms of attachment theory which is both intrapsychic and interpersonal. This theoretical perspective influenced my perceptions, my understandings, and what I learned along the way.

During the extended period of time that it took for me to become minimally proficient as a family therapist I often struggled to understand the intricacies of the work and alternated the strategies that I used to help families with their complicated situations.

After gaining more expertise and reexamining how I had gained it, I was not able to articulate how I had moved from a state of relative confusion to developing clearer understandings and an ability to work with families both conceptually and in practice.

The next set of challenges arose as I was teaching and supervising new family therapists and working to conceptualize the most effective ways to support their learning. This led me to reflect further on my own progression from novice to more experienced practitioner. I still found that I could not articulate the processes I had undergone and knew that I needed a useful framework for teaching students. I also found that the family therapy literature was not very helpful in this regard. I was inclined to think of the work with supervisees through the lens of theories I had used in clinical work.

Because of my interest in attachment theory and also in response to the cognitive developmental bent of my doctoral program, I gravitated toward Kegan's theory. His theory looks at development in terms of a person's understanding of self and others, and thus is akin to attachment theory. Further, his theory gives emphasis to the processes by which one organizes meaning and interprets experiences across the cognitive and affective domains, and how this develops over time given an amenable environment. To me, it seemed imminently fitting as a framework for studying the significant learning processes of family counselors by focusing on the student's perspective, with an eye to theory that embraces both emotion and cognition. Although I had a vague initial recognition of its potential utility I still could not differentiate or integrate the ways in which the new therapist might be supported in a challenging educational setting by using this theory. My curiosity and openness to discovering more about this process was the driving force behind my decision to undertake this research project.

During the early stages of data collection I attended a training workshop on the Subject-Object Interview and over the next few months became proficient enough to attain reliability in scoring the interview protocol. Experiences in that learning context as well as my own learning processes and engagement with particular theoretical ideas affected my approach to collecting, analyzing, and interpreting the data from this study.

Definitions

Definitions of terms are provided to assist the reader since both the fields of family therapy and of cognitive developmental theory use words in a specific way that relates to their frameworks. The terms are presented in two sections beginning with those for family therapy. It should also be noted that in this study the terms counseling and therapy will refer to the same processes, those by which people with difficulties seek help from professionals to change thinking, feelings, and behavior to alleviate stress and achieve more satisfaction in life (Davidson & Neale, 1994).

Family Therapy Terms

1. Circular causality: A view of causality in opposition to the stimulus-response notion that one action or event causes another (Nichols & Schwartz, 2001). Circular causality involves a feedback model of a circular process with causality viewed as multicausal, multidetermined, and reciprocal among systems' elements.

2. Cybernetics: science or study of processes in systems focused on the flow of communication and interaction in a system. In family therapy the cybernetic model centers on circular causality rather than linear causality (Sauber, L'Abate, & Weeks, 1985).

3. Cybernetics of cybernetics: Margaret Mead's term referring to the inclusion and participation of the cybernetician in the system she or he is observing and working with (Keeney & Thomas, 1986). The purpose of this term was to remind cyberneticians that interactions with a system constitute a cybernetic system as well. Also referred to as second-order cybernetics.

4. Family of origin: In family therapy this term designates the family into which a person is born or adopted—it may refer to the client's or the therapist's family to differentiate it from the current family constellation (Sauber, et al., 1985).

5. Family of origin work: The term referring to an adult's processing of events, memories, and experiences that occurred with one's parents and siblings, the original nuclear family, the purpose of which is to differentiate emotional issues of the therapist from clinical work with a family (Nichols & Schwartz, 2001).

6. Linear causality: The concept that causality flows from one event directly to another; one is stimulus, the other is response (Nichols & Schwartz, 2001).

7. Self of the therapist: Also called person of the therapist. The self of the therapist includes the therapist's values, experiences in the family of origin, and current relational patterns (Baldwin, 2000). Rober (1999) delineated the self of the therapist as including the entire experiencing process of the therapist reflecting his or her human participation in the relationship with the client family. This encompasses the therapist's observations, intuitions, cognitions, and all feelings, images, associations, and memories evoked in the context of interacting with and relating to the family.

8. Second-order cybernetics: see cybernetics of cybernetics.

9. System: Group of interrelated elements that form a collective entity in which the elements interact among themselves and with the environment (Nichols & Schwartz, 2001). The family is viewed as a system in family therapy as well as are larger systems such as schools, churches, or work places.

10. Systems theory: Term that refers to studying a group of elements that are related to one another and that interact as a whole entity (Nichols & Schwartz, 2001). The use of the term in family therapy usually encompasses the constructs of general systems theory and cybernetics.

Cognitive Developmental Terms

1. Assimilation and Accommodation: In Piagetian and cognitive developmental theories, these mental activities work in tandem and are usually in balance as a person processes experience (Sprinthall & Collins, 1984). Assimilation is the activity in which an individual is engaged when incorporating features of the external world into existing cognitive structures. This involves attempts to make aspects of a new situation or event fit existing mental structures. Accommodation is the mental response that is activated when assimilation is not adequate to accommodate new information or demands from the environment.

Assimilation and accommodation occur recursively and are believed to usually be in balance. In the event that one encounters a more complex experience than can be accommodated, this equilibrium between the ongoing assimilative and accommodative processes is disrupted and disequilibrium occurs. A new equilibrium or balance requires that the cognitive structure be broadened to account for new information. The result is a new and more complex structure.

2. Equilibration/disequilibrium: Piagetian terms for the processes of adaptation occurring as an individual is engaged in assimilation-accommodation activities (Kegan, 1994). Piaget referred to equilibration as the movement from one stage to the next in developmental growth that involves change in the psychological structures underlying cognition at each stage (Sprinthall & Collins, 1984). It is marked by alternating periods of balance and instability. Disequilibrium refers to the instability that occurs when one is unable to assimilate new information and must accommodate to discrepant information to adapt adequately. This phase of equilibration during which a person is engaged in the activity of accommodation and is in transition between new and old cognitive structures, is often accompanied by feelings of uneasiness or even stress (Kegan, 1982, 1994).

4. Meaning-making: Kegan's (1982) term for the process of a person's personal knowledge construction that occurs through the on-going assimilation-accommodations interplay when a person is challenged with incorporating new experiences into preexisting cognitive structures. This is the basic activity of development or, in Kegan's terms, in one's evolution of consciousness.

5. Self: According to Kegan (1982, 1994) the self is a system actively engaged in regulating and organizing aspects of experience and ultimately constructing an epistemology of what is "self" and what is "other." The self as a "maker of an internal psychological life" carries with it the assumption of an activity of growth, of an unfolding and on-going activity that is constructing new notions of what is self and what is other based on experience in the social realm. In this way, it is similar to the definition of self of the therapist given by Rober (1999) earlier.

Chapter 2

A Selected Review of the Literature

Overview

The previous chapter established that research in family therapy training is needed to add to the body of knowledge for establishing guidelines for educational curricula. The framework of Kegan's constructive developmentalism, theoretically akin to the emerging second-order cybernetic focus on intrapsychic and interpersonal meaning-making processes within the therapeutic relationship, was proposed as a framework for research on the experiences of beginning family counselors. With a body of research on cognitive developmental theory supporting a developmental approach to counselor training, extending constructive developmental theory to family counselor training has the potential to lend a guiding framework for practice and future research.

The current chapter reviews the literature in seven areas beginning with systems theory and the foundational ideas of first-order cybernetics in the practice of family therapy. The emergence of second-order cybernetics and the implications for practice are then developed to point to the significance of the therapeutic system to family therapy outcome. Next, family therapy training is examined with a focus on the experiences and challenges of learning family therapy. Following this, research on family therapy training is summarized to emphasize the need to expand the scope of inquiry in this domain. The fifth area reviewed is that of the increasing attention in the literature to the therapist-client system and the self of the therapist influences on the therapeutic system. A sixth section reviews the literature on cognitive developmental theory with a focus on research pertaining to counselor development. Finally, Kegan's constructive developmental theory

and its potential for contributing to a conceptualization of family counselor development during training, particularly with respect to the therapeutic relationship and the self of the therapist, will be discussed.

In this chapter there are numerous works cited most of which are theoretical, opinion, or position papers and a few of which are based on research. For the reader's clarity, unless otherwise identified as research, the work cited is a theoretical or opinion paper.

Family Therapy

Family systems therapy emerged to facilitate work with families at a time when the field of therapy was dominated by intrapsychic approaches—systemic thinking was diametrically opposed to the psychodynamic view of families as “simply the sum and layering of individual psyches” (Flaskas & Perlesz, 1996, p. 2). The idea that human behavior is reciprocally interactive and that problems can be resolved by helping families change their patterns of interactions is central to the theory and practice of family systems therapy (Nichols & Schwartz, 2001). This approach to therapy produced a significant shift from thinking about human events and relationships in a linear fashion to one that attends to recursive social processes. Recursive explanations of behavior focus on mutual influences, interactional patterns, and reciprocity—at the level of clinical practice this required the therapist to completely alter his or her orientation to clinical work. Fishman (1993) represented family therapy as essentially “a reform movement pitted against orthodox psychiatry and psychotherapy” (p. 1).

Family therapy drew from theories in several disciplines (Nichols & Schwartz, 2001). Early practitioners incorporated constructs of cybernetics from engineering,

general systems theory from biology, and functionalism from anthropology. The cybernetics metaphor, with the family viewed as a system with structure and patterns of interactions, has informed the way in which the field has conceptualized the therapeutic relationship.

Cybernetics

Family systems therapy has an intellectual foundation in cybernetics, the science and study of the reciprocal, ongoing communication processes and feedback controls in information-processing engineering systems (Keeney & Thomas, 1986; Nichols & Schwartz, 2001). Ideas from cybernetics were imported to the social sciences by Gregory Bateson who was interested in the dynamics of metacommunication that take into account the seldom acknowledged and latent messages that are often expressed behaviorally, take precedence over verbally communicated messages, and constitute the meta-message. Cybernetics provided constructs for assessing the structure and organizational patterns of families as well as the communication feedback cycles, or feedback loops, among family members. This shift in conceptualization was an entirely new way to conceive of the objective world and amounted to what was believed by the founders of systemic therapy to be a more coherent and meaningful way to understand and conceive of reality.

The emergent systems theory postulated that family systems are organized in a way similar to the feedback systems in mechanical systems studied in engineering (Nichols & Schwartz, 2001). Using this metaphor, families with problems were viewed as engaged in repetitive loops of dysfunctional communication patterns. The solution to this dysfunction involved intervening to correct the pattern, thus the cybernetics model

placed the “therapist outside and above the family” with the therapist acting on the family to change it. The therapist acted to correct the feedback mechanisms in the family system, which was seen as functioning in a way similar to a broken mechanical system. Although this new approach was beneficial in that it took into account circularity and context, it was a pragmatic approach that resulted in a minimization of the importance of the therapeutic relationship, a central focus of the then dominant intrapsychic therapies (Flaskas & Perlesz, 1996). The shift to focusing on the family system at a time when one-to-one psychotherapy was the norm required a “theoretical and practical quantum leap” (p. xv, Wertheim, 1996). At that time the field of family therapy selectively conceptualized the family as a system without considering other aspects of the therapeutic field. Left out of the conceptualization were the individuals in the system (including each family member and the therapist), the relationships between the therapist and each individual family member, and the contextual therapeutic system in its entirety. This failure to conceptualize holistically, according to Wertheim (1996), violated the principle of open-systems theory, another foundational idea that had profoundly influenced the field. This created a model of the therapist as “an external agent of change” detached from and acting on the family (p. xv, Wertheim, 1996). This is represented in the diagram in Figure 1 (p. 3 of this document) on the bottom left with the therapist and family depicted as “black boxes” and with interactions directed by the therapist on the family system.

Flaskas (1993, 1997) argued that the lack of attention to the relational process in family therapy arose out of the privileging of Bateson’s cybernetic metaphor. The feminist critiques along with postmodernist and social constructionist ideas have led to a

reexamination of emotions as a critical aspect of the therapy process. Although the relational focus of feminist therapy has been incorporated into the mainstream thinking of family therapy, it does not seem to have yet effected bringing a relational focus into the training process. Shadley (2001) also remarked that the field has failed to consider important therapeutic relationship issues and the effective use of the self of the therapist in family therapy. She noted that the demands of managed care have led to the dominance of problem- and solution-based models over more relationally focused approaches in order to expedite clinical work. The result has been less attention to theory and to development of the therapist in family therapy education: “How therapists develop and the methods they utilize to most effectively use ‘themselves’ have apparently become less applicable to education in our time-sensitive therapy era” (Shadley, 2001, p. 192). Successful outcomes with clients require that therapists be supported during training to develop a congruent use-of-self relational style with families.

Second-order Cybernetics, the Feminist Critique, and Constructionism

As early as 1954, John Spiegel stressed that the therapist should be included with the family in the therapy system (Nichols & Schwartz, 1998). It was only later, with help from the feminist critique of family therapy, that this idea was reintroduced as second-order cybernetics to emphasize that the therapist is a participant in, not merely an observer of the interpersonal interactions of family members. This important fact was minimized in the early days because the originators of family therapy sought to establish their contributions as unique and unlike the intrapsychic therapies that had placed the client-therapist relationship at the center of the work. With the metaphor of cybernetics as a template, practitioners viewed themselves as technologists skilled in assessing family

systems and conducting interventions to correct dysfunction. This resulted in a technique-oriented approach, deemed overly pragmatic by several authors (Flaskas, 1997; Wertheim, 1996) and as “model-oriented” (Shadley, 2001).

The demise of this kind of detached objectivity began in the 1980s (Flaskas & Perlesz, 1996). The feminist critiques of family therapy targeted the failure of family therapists to address gender and power inequities in the family and opened the way for other challenges to the established order. In addition, feminist perspectives also refocused interest on emotions, intimacy, and the subjective therapeutic relationship experiences of both clients and therapists. A second strand of influence that permeated the entire field of psychotherapy at that time came from social constructionist ideas with a focus on human meaning-making as socially constructed (Doherty, 1991; Flaskas & Perlesz, 1996; McAulliffe & Erikson, 1999). The stage was set for reconsideration of the cybernetics view.

Fine and Turner (1991) discussed the shift from first-order to second-order cybernetics in family therapy and the field’s interest in reexamining the nature of the therapeutic relationship. They stated this "moves therapists from a view of themselves as privileged, objective management-consultants in relation to family systems, to the role of participant-facilitators who collaborate with clients in co-constructing new realities" (Fine & Turner, 1991, p. 307). They noted that this invites reflection and self-awareness on the part of practitioners, not simply a focus on theory and technique.

The centrality of interactional patterns to systems theory, and the psychodynamic context out of which systems theory emerged and from which it sought to distinguish itself, led to what Flaskas and Perlesz (1996) called a de-individualization process. This

de-individualization involved a lack of attention to the therapist's use of self in the therapy process and to disregard for the significance of the therapeutic relationship. The result was a loss of viewing the therapeutic relationship as the medium for therapeutic change, and lack of focus on the emotional responses occurring between the therapist and client family. In addition, Flaskas (1996, 1997) contended that the therapeutic relationship and the necessity for emotional engagement have been under-theorized in the field. There is now an emerging systemic literature on the therapeutic relationship that is exploring potentially useful aspects of the therapeutic relationship, including the extension of the ideas of emotional engagement as an ongoing relational process during the course of systemic treatment (Flaskas, 1997).

In a recent critique of strategic therapy, Schwartz & Johnson (2000) noted that, "Family therapy has never been terribly comfortable with emotions" (p. 29) because the early models of structural and strategic family therapies focused on changing behavior patterns and on the use of reframing to alter underlying cognitive patterns maintaining the dysfunctional behavior. With the focus on change in behavior and cognition, the early experiential family therapy approaches of Virginia Satir and Carl Whittaker eventually became marginalized as the field evolved. In some quarters, most notably in Australia, New Zealand, and England, there is a renewed interest in exploring the emotional dimensions of the family therapy process. Recently Minuchin (2001) commented on the current second-order challenges to systems theory stating that the field is beginning "to reopen for examination its old taboos: the individual, intrapsychic life, emotions, biology, the past and the particular place of the family in culture and society" (p. xiii-xiv). There may now be a swing of the pendulum away from expedient treatment in family therapy

and toward integrating significant constructs about the therapeutic relationship into family therapy training—it is significant that in 1988, California passed a law establishing licensure of marriage and family therapists that recommended that the person of the therapist be a part of training programs (O’Sullivan & Gilbert, 1989).

Family Therapy Training and Education

Training in family therapy arose in free-standing institutes and clinics rather than in academic settings and was conducted by pioneers in the field such as Minuchin, Satir, Whittaker, Bowen, and Haley (Nichols & Schwartz, 2001). These early charismatic leaders mentored trainees using an apprenticeship system with the same dynamic influence they exercised in launching the new clinical paradigm. As family therapy developed rapidly, the apprenticeship model dominated training approaches because the originators believed new therapists would integrate and learn best while doing family therapy under their direct supervision. They assumed that integration of theory and learning to practice effectively would result from this kind of experiential training with families. It was a time of intellectual excitement characterized by an almost idealistic devotion to this new form of therapy with techniques experimented with and evolving daily. Students from a variety of disciplines such as psychiatry, psychology, social work, and psychiatric nursing sought training and this resulted in a fruitful interdisciplinary cross-fertilization of ideas and practices. Theories of training were secondary to clinical practice itself and limited to the isomorphic nature of training to the family therapy process (Liddle et al., 1988; Touliatos et al., 1997). As an outgrowth of the isomorphic training approach, live supervision using one-way mirrors was established early on. This

provided immediate supervisory feedback and remains a hallmark training technique in most family therapy educational programs.

The influence of the apprenticeship model gradually gave way as training programs evolved in academic settings. With this development the need for establishing standards for educational training practices became apparent (Avis & Sprenkle, 1990). Licensure and accreditation processes also magnified the need for academic settings to attend to curricular content (Touliatos et al., 1997) and training programs gradually became more standardized in both their curriculum and in their courses on family therapy (Smith, 1993). Liddle et al. (1988) delineated the major components of training as the body of knowledge on family therapy, clinical work with families, and regular supervision of trainee clinical work. They asserted that educational programs clear guidelines and more adequate conceptualizations of the skills and the body of knowledge that should be included in family therapy training.

The rapid growth of family therapy and the attendant shortened preparation time for trainees led to what has been framed by Wertheim (1996) as “a rank-and-file generation of therapists primarily interested in the ‘how to do’ of therapy” (p.xvi). She has called for training that includes a reconsideration of the relational dimensions of the therapeutic process in systemic therapy rather than the overly pragmatic stance characteristic of the first-order cybernetics era.

Challenges of Learning Family Therapy

One of the reasons that a theoretical framework for family therapy training has been slow to develop is because it is difficult to learn the complexity of behaviors required in family therapy; numerous authors have highlighted this as was reviewed

earlier (Avis & Sprenkle, 1990; Goldenberg & Goldenberg, 1998; Liddle & Saba, 1982; Waltzlawick, 1978). The experience of disequilibrium surrounding the conceptual shift to circular and contextual formulations of family problems and conducting effective systemic therapy to address them is compounded by feelings of anxiety related to performance, evaluation, and feelings of incompetence (Gershenson & Cohen, 1978; Horne et al., 1993; Laszloffy, 2000; Liddle et al., 1988; Liddle & Saba, 1982; Weinstock, 1984). Added to this is the intensity of affective responses students experience as they are confronted with the array of difficulties and issues families present (Kratochwill et al., 1997).

Gershenson and Cohen (1978) studied two beginning family therapists in live supervision and found that they experienced vulnerability, resistance, and even anger within the supervisory relationship during training—feelings of anxiety and embarrassment about performance may lead to resentment about the supervisor’s advantaged perspective. The family therapy trainee is in an uncertain position at the beginning of training and is in need of supervisory interventions that are “swift enough to be within the same time scale as interactions occurring in families” (Whiffen & Byng-Hall, 1982). Experiential supervision and educational formats specific to the field have evolved to provide the best opportunities for family therapy trainees to learn new skills quickly and to promote their success with families (McGoldrick, 1992).

Based on their research, Stoltenberg and McNeill (1997) note that even after the initial stages of training difficulties persist. Although anxiety and apprehension may decrease, family therapy trainees may become over confident. They may begin to develop the capacity to incorporate an affective component into their work by empathizing more

adequately and understanding the client's viewpoint, yet this often leads to a state of confusion. Confusion and emotional turmoil arise as students begin to take the client's perspective and realize that more complex approaches are required than were originally expected. When clinical work does not go well students may experience confusion, ambivalence, and decreased motivation. This leads to the kind of disequilibrium mentioned by Liddle and Saba (1982) that is characteristic of novice family therapists. It is also the sense of disequilibrium that is expected to occur when an individual's current system of meaning-making is no longer adequate for the tasks of his or her work environment, the "in over-one's-head phenomenon" Kegan (1994) has described.

Two research studies mentioned earlier document further challenges. Clients presenting with more complex problems can be problematic: "Exposure to more difficult client types and problems and subsequent lack of effectiveness with all clients results in the questioning of the trainee's skills and shakes his or her level of confidence" (p. 194, Stoltenberg & McNeil, 1997). The new therapist may become discouraged or even grow distant from clients when progress is not readily apparent and subsequently the motivation to learn may decline. New family therapists may even distance themselves from the therapeutic process and question their career decision. Worthen and McMeil (1996) mentioned the fragility characteristic of the novice therapist at the intermediate stage of training as he or she struggles with disillusionment and possible demoralization about the efficacy of therapy. This state exists at a time when there is much anxiety about and sensitivity to supervisor evaluation as well. This is a time in which the student gains an increased understanding of the complexities involved in the therapy process, and potentially becomes able to conceptualize treatment, devise appropriate interventions,

and anticipate engaging with clients in problem-solving of difficult treatment dilemmas. Worthen and McNeil (1996) stressed that supervisory support during this time is essential for encouraging nondefensive self-reflection to explore and validate the range of feelings experienced. Kegan's (1982, 1994) constructive developmental theory is useful for theorizing this process because it explains this sense of fragility as an expected condition when a person's meaning-making structures are challenged with increased complexity and an accommodation process begins to unfold. The student is in transition from a comfortable position of knowing and understanding reality and moving toward unknown and somewhat bewildering territory as new meaning-making structures at a higher level of development evolve.

The fragility and vulnerability the student may experience at this time is compounded by affective arousal in response to the wide variety of stimuli arising from difficult family issues (Kratochwill et al., 1997). There has not been sufficient attention paid in family therapy training to the experience of the emotional "pull" of the family system, or to the emotional responses students have to client families (Smith, Osman, & Goding, 1990). There are important implications for how therapist emotional response informs conceptualization of treatment and subsequent therapeutic interventions based on the affect generated. Smith et al. (1990) advocated for recognizing the affective field that is created as a therapist and family work together:

We have essentially been arguing the case for the need to be in touch with our emotional world if we are to work effectively in the therapist-family system. This includes knowing about our own tendency to enact messages from the family. To refrain from such an enactment, or to acknowledge it when it happens, is to recognize overwhelming communications and to experience them for what they are . . . None of us finds it easy to experience distress, particularly in a context where others are coming for

help, and it is tempting to find ways of distancing ourselves from our own emotions and those of the families with whom we work (p. 146).

Clearly, it is important for educators to consider the emotional dimensions of the therapist-family system, the complexity of the demands of learning family therapy, and how the novice family therapist is challenged to make sense of all this during training.

Relationship Skills in Family Therapy Training

As was pointed out earlier, family therapy training has emphasized improvement of therapeutic skills and case conceptualization (Avis & Sprenkle, 1992; Greenberg & Neimeyer, 1986, Laszloffy, 2000), while many have called for a training focus on relational processes in family therapy (Breunlin et al., 1988; Campbell & Draper, 1996; Flaskas, 1997; Friedlander et al., 1994). In an article that discussed engagement, the reciprocal and enduring relational process between the therapist and the family, Jackson and Chable (1985) declared that the on-going relationship between the therapist and the family is “one area which it is imperative for trainees to master” (p. 65). They pointed to this as essential for the success of the first session with a family and to assure that the family returns to treatment. They synthesized ideas from their clinical practice and the scant literature on the topic of engagement to identify elements comprising the engagement process. They stressed that Minuchin’s notion of joining, often seen as synonymous with engagement, is only one part of an on-going interactive modification of the therapist’s own behavior in response to family members to communicate acknowledgment and connection. These adaptations on the therapist’s part provide valuable information about the family’s functioning at any given point in time and points to areas ripe for exploration to promote therapeutic change. They enumerated several strategies for facilitating engagement: circular questioning (respects each family

member's unique point of view and can highlight unexpected patterns), joining, clarifying the problem, linking affect and behavior, expressing warmth and empathy (nonverbal expression of understanding and care), use of humor, an ability to be spontaneous, "non-blaming messages" (positive comments, reframing, normalizing), and matching and using the family's language. Engagement "is a crucial skill for therapists to acquire, underpinning as it does all successful therapy" (Jackson & Chable, 1985, p. 67).

Flaskas and Perlesz (1996) discussed the problems for family-therapists-in-training who attempt to make sense of the therapeutic relationship and how it is connected to the use of self in therapy. They contended that trainees most likely engage in their own "privatized struggles" while attempting to comprehend the intersections of the process of therapy and the use of self. They asserted that these internalized efforts to make sense of therapy experiences arise from the failure of the field to theorize the therapy relationship. Thus development of training practices that sensitize and extend the use of the therapy relationship in family work has been restricted. And although the systemic therapies incorporate techniques to address this need, such as with joining skills, there are no theoretical constructs for naming failure or impasse in terms of the dynamics of the therapeutic relationship. Trainers and their students are then left to struggle with this unacknowledged aspect of the therapy system and process, namely the ground of the therapeutic relationship which carries treatment progress forward, and this results in an absence of public discourse about it. Even though second-order cybernetics reconceptualized the relationship of the therapist-family system to the process of therapy, Flaskas and Perlesz (1996) stressed that there has not been adequate attention at the level of theory paid even now to the importance of the therapeutic relationship. Further, they

remarked on the lack of attention even post-second-order cybernetics paid to the self of the therapist, the therapeutic relationship, or to emotions in therapy. They speculated that this area has been viewed as unsystemic and has not been “privileged as foundational” in the way that other aspects of systems theory have been. They expressed hope that the freeing influence of the feminist critiques and postmodernism will open the way for theorizing “some of the central topics of therapy that may never have left our practice agendas” (p. 5).

Gladding (1998) suggested that current family therapy educational programs have a weakness in their structuring because “they tend to ignore issues that are controversial and difficult to teach” (p. 438). He argued that subjects that evoke an emotional response due to their therapeutic content and process, such as divorce, substance abuse, or extramarital affairs, tend to be avoided by educational programs. He identified this aspect of training as a critical issue as the profession grows:

...individuals wanting to be family therapists must not only learn scholarly content involved in the process of working with families but also resolve their own personal and family concerns. Such an emphasis on the health of the therapist as well as the family is consistent with a systemic and a gender-sensitive approach to treatment (p. 449).

In a parallel fashion McAuliffe and Lovell (2001) discussed the need for counselor educators to have an orientation to coaching counseling students to take a metacognitive stance in counseling. This is needed so that the student counselor can “become alert to the within-session stream of events, the emotions on both sides of the dyad, and the goodness of fit between clinical moves and particular elements of theory or supervisor advice” (McAuliffe & Lovell, 2001, p. 37). Using Kegan’s (1982, 1994) constructive developmental framework they emphasized how the “within self” elements

of the student, at higher developmental levels, can lead, through reflection on the process of the interaction between one's inner life and interpersonal events in therapy, to comprehension of the on-going dialectical nature of clinical work. This creates conditions that allow the counselor to become a constructivist thinker, pondering client and self responses during counseling, taking multiple perspectives on how successful treatment might evolve, developing the capacity to accommodate difference and newness, and developing the ability to "coordinate various competing, conflicting, or remote elements within the 'self'" (McAuliffe & Lovell, 2001, p. 37).

Self of the Therapist in Family Therapy Training

A contemporary topic being discussed in the literature is the self or person of the therapist in training. In addition, teaching the use of the self was recently deemed a critical supervisory function regardless of a therapist's theoretical or therapeutic approach (White & Russell, 1995). Nichols and Schwartz (1998) said, "The methods and techniques of therapy are never wholly separate from the qualities of the persons applying them" (p. 535-536). A shift toward a social constructionist view of family therapy has occurred and with it an interest in second-order cybernetics is beginning to take a more central theoretical role. Social constructivism and second-order cybernetics both entail an increased focus on the therapist's past and current experiences, intrapsychic life, values, and worldview, all of which shape the relationship and processes with client families. According to Gladding (1998), as the field of family therapy becomes more competitive and rigor in licensure increases the person of the family therapist will become more critical in the training process.

Boyd-Franklin (2000) also asserted that one of the most powerful techniques in family therapy is the effective “use of self” which necessitates that the therapist have a good self understanding. Personal therapy and family of origin work, and construction of genograms are ways she suggested trainers address use of self with family therapy trainees. Interactions between therapist life cycle stages and client family life cycle stages are also important to consider. Lerner (1998) said, “When we get off track by confusing our unresolved issues at a particular stage with those of the clinical family, revisiting how we have been navigating the transitions confronting us and identifying where we are stuck will usually help us to find a more creative direction to take in therapy” (pp. 518-519). This requires shifting focus to the therapist’s family history to deal with unresolved personal issues that may interfere with the clinical work with the family seeking help.

Often educational programs have required that students engage in family of origin work by assigning genogram construction to explore issues from their families (Kane, 1996). This has usually been done in a rational task-defined way, a cognitive, analytical, conscious approach that often evokes defensiveness from students. Kane (1996) argued that the current trend of family of origin work in training is not adequate since it is unlikely to prove useful conducted in such an analytical manner. She called for an affective approach to complement these analytical exercises and has adapted an experiential workshop approach to be used in a marriage and family therapy introductory course. Her rationale for this approach is based in object relations theory and centers on countertransference responses students encounter in therapeutic work that arise from their own unresolved family of origin issues. The problem with this approach is that the affective focus gives rise to blurred boundaries in the instructor’s role although Kane

(1996) asserted that this was an acceptable risk and required adequate preplanning for difficult situations. It is doubtful whether many educators would agree with her. Haley, for example, is opposed to any kind of engagement with student therapists that explores personal issues that he believes belong outside the educational context (Aponte & Winter, 2001).

Bird (1993), in the context of critiquing narrative therapy's tendency to ignore emotional aspects of the therapeutic relationship, stated that:

Most schools of family therapy directly or indirectly recognize that personal qualities of the therapist influence therapy process. It is generally accepted that personal qualities such as honesty, perceptiveness, empathy, open-mindedness, and caring influence therapy process (p. 243).

She pointed out that in contrast to narrative approaches, the experiential and transgenerational therapies directly addressed personal qualities of the therapist. She suggested that even the postmodern approaches, similar to the early first-order cybernetics models, are overly focused on interventions while ignoring the therapeutic relationship and the self of the therapist. She underlined that the feminist critique has made a major impact on family therapy by emphasizing the centrality of the relational dimensions of interactions that take place between the therapist and the family.

Shadley (1987) defined the use of self as the therapist's acceptance of her or his humanity in relation to the client that is expressed in the emotional connection in therapy. This exists concurrently with the clinical expertise of the therapist with both expertise and acceptance of humanity required for effective therapeutic outcome. She described how developing a congruent use of self style is not only a difficult process but was also difficult for therapists to describe. In her research on family therapists' perceptions of their use of self she asked, "What is the self of the family therapist?" The therapists

typically had great difficulty articulating a response to this question. They most often gave responses interpreted by the researcher to mean that the family therapist is “a constantly evolving system which is changed by the conscious and unconscious interplay of the numerous systems impacting the clinician” (Shadley, 2000, pp. 194-195). She also found that the ways in which they responded to the intense emotional responses to family work was highly individual and related more to gender, developmental stage, and personal attributes, than to theoretical approach.

In a modified Delphi study of experienced family therapists’ delineation of important skills for novice family counselors, Doerries (1999) found that the skill believed to have a principal influence on the family therapy process was the use of self. The experienced therapists in her study stressed the need for relational skills to actualize successful structuring interventions in practice. They defined these skills as “being able to tolerate emotional intensity, being quiet and listening, patience, taking care of oneself, giving a vision of hope for change, willing to take direction or supervision, and use of the self in therapy” (Doerries, 1999, p. 281). She framed use of self as the process of attaining awareness of one’s strengths and weaknesses. As part of her research she studied in-session behaviors and case conceptualizations of novice family counselors and concluded that the novice family counselors in her study “appeared to need a greater awareness of who they are, their values, attitudes, and beliefs, particularly with respect to issues of cultural diversity and gender roles” (Doerries, 1999, p. 294).

Aponte (1992) has been a vocal advocate for incorporating the self of the therapist into training. He developed the person/practice model to integrate personal work on the self with training in structural family therapy training because, “The personal component

of the therapy relationship viscerally relates the therapist the client's life" (p. 1). He believed that family therapists had to examine how emotional responses to therapy sessions effected their work. In order to do effective clinical work students should understand and master their personal issues during the training process. He also noted that a critical problem with this approach is that of dual relationships inasmuch as boundaries are blurred when personal issues become a focus between the trainer and the trainee. His solution is to recommend personal therapy for the student when cognitive processing during supervision fails to resolve the issues impacting the student's clinical work.

In an article on a family therapy internship in a healthcare setting, Gawinski, Edwards, and Speice (1999) discussed their personal and professional experiences as doctoral-level marriage and family therapists. They underlined the clinical intensity of their work with patients that evoked their own family-of-origin issues and attendant use of self in therapy reflections. They said, "When interns begin to experience the emotional intensity of multiproblem families and a full caseload, they commonly find themselves reflecting on their own lives and their own families" (Gawinski et al., 1999, p. 480). They pointed to the value of supervisory discussions that provided a safe space for self-discovery surrounding the feelings that arose. They also related that they could discuss these issues in a personal awareness/family-of-origin group which helped them to bring together "powerful strands of meaning" (Gawinski et al., 1999, p. 479).

Many others have emphasized the importance of the self of the therapist in family therapy training. Bowen and Satir claimed that a fundamental task of a systems training program is to facilitate the personal integration of the therapist-in-training so that he or

she can enact interventions from a greater range of choices, and use insight and creativity to help client families more effectively (Aponte & Winter, 2001). Aponte and Winter (2001) pointed out that clinical work with families is a social context that engages the therapist's personal issues in a singular manner. They said:

As Freud foretold, the continuous reflection on people's personal struggles leaves little of the therapist's own internal life untouched. Repeatedly, such a process moves clinicians to seek resolution of their own life issues, especially as their personal dilemmas and limitations are inevitably brought to the foreground when attempting to help others change (p. 139).

Unfortunately few clinical programs offer an in-depth focus on the students' personal functioning in relation to the conduct of therapy and instead focus on skill development and theoretical knowledge.

Research on Family Therapy Training

There is little evidence supporting the effectiveness of family therapy training (Kniskern & Gurman, 1988), which is consistent with the historical minimization of the importance of training in the field (Flaskas & Perlesz, 1996). Little research was conducted on the training process in family therapy in the early days—it was a time of heady excitement with efforts focused on proclaiming family therapy as a unique, different, and revolutionary approach to psychotherapy (Nichols & Schwartz, 2001). Research was not a priority nor was the traditional positivist research approach adequate to address the complexity of family therapy and its training processes (Moon, Dillon, & Sprenkle, 1990). Interest in research emerged when outcome studies were needed to demonstrate the effectiveness of the family therapy modality to the therapeutic community and to managed care.

Research on family therapy training has evolved slowly but is growing with increased pressures for accountability, for meeting accreditation standards, and with licensure procedures developing in most states. Reviews of the research on family therapy training indicate that though it is increasing there is still a paucity of activity in this area (Avis & Sprenkle, 1990), especially in regard to the self of the therapist and relational dimensions of the therapist-family system. Friedlander et al. (1994) pointed out that the emphasis on family therapy treatment efficacy has led to a dearth of empirical knowledge about therapeutic change as it occurs in either family therapy or in the training of family therapists. In addition, the research that currently exists shows only modest evidence for the effectiveness of training programs (Avis & Sprenkle, 1990; Liddle, 1991). This concern with outcome research has been accompanied by a lack of attention to the evaluation of training programs resulting in a gap in the literature. Such research is needed to inform educators as they construct programs to effectively educate new family therapists.

Research on Relationship Skills

Consistent with the focus on researching treatment outcome, the existing research on family therapy training has centered primarily on assessing improvement in students' conceptual knowledge and skills training (Anderson, 1992; Avis & Sprenkle, 1990; Friedlander et al., 1994). Results suggest that the different forms of family therapy training improve trainees' cognitive and conceptual skills and may improve intervention skills. The improvement of intervention skills is not as certain though since only one recent study by Doerries (1999) assessed change by observing in-session behaviors of family therapy interns. Other studies have primarily used self-reports and simulated

therapy sessions to evaluate improvement, a problem with instrumentation that reduces the internal validity of the research.

Anderson (1992), in an article reporting his research on student changes during family therapy training, pointed out that previous program evaluations failed to assess relationship skills. This has been in spite of the fact that research in several related areas has corroborated the central role of the therapy relationship to positive outcome in family therapy. His research on the assessment of changes in student family therapist relationship and intervention skills over a two-year academic program, showed that some measures showed evidence of improvement but others did not. In his study he sought to address the omission of previous research on training programs by assessing change in relationship skills over the course of training. Several methods of evaluation were used including assessments of in-session behaviors with families that were rated by observers and ratings by both on-campus faculty supervisors and off-campus agency supervisors. Assessment by observers and both sets of supervisors was accomplished by using a relationship inventory that provided subscales for empathy, regard, and congruence, and a rating scale. Changes were analyzed with a 2 x 2 ANOVA for repeated measures with two levels for time at pre- and posttest. He found that academic supervisors gave less favorable ratings than placement supervisors did and that the trained observers saw the least amount of improvement. In addition, supervisors did not agree on any given student's performance. Agency supervisors rated trainees as significantly improved in expressions of positive regard and empathy with change in the expected direction for congruence that was not statistically significant. The author did not clarify how the supervisors determined ratings but implied that they were based on interactions with

students within the supervisory relationship. No information was given about how the supervisors were instructed on rating the variables and this would have been useful information for assessing external validity and thus, the usefulness of the findings.

Observers' ratings of in-session behaviors resulted in only one significant finding for main effect on the Experiential scale of the Family Therapist Rating Scale (Piercy, Laird, & Mohammed, 1983, cited in Anderson, 1992). This scale measured affective experience for family members that appeared to facilitate the therapeutic process. Mean differences suggested that male trainees were more proficient in experiential in-session behaviors than females; however, female trainees were rated as improving their in-session behaviors over the two years, while male trainees were unchanged. Again, the author did not provide enough information on how the ratings were determined so that the reader could evaluate this finding. The question is raised of whether and how an observer could accurately determine affective experiences of family members from watching a videotape session. While not explicating this, the author concluded that, "the data suggest that male and female trainees may have differing skill proficiencies" (Anderson, 1992, p.375). Alternative explanations seem just as feasible. It could be that there was gender bias that influenced this result or it could simply have been an artifact of the statistical analysis since the sample was so small ($n=19$).

A problem with this study arose with the differences in ratings given by site and academic supervisors and by the trained observers. With the lack of continuity of ratings and no information given on how ratings were determined, it is questionable whether any conclusions can be drawn. It is also difficult to evaluate the findings based on the mixed results reported. Anderson (1992) pointed to the inherent difficulties in this type of

research including the lack of a comparison group, the small sample size, and the questionable psychometric adequacy of the instruments used. In addition, the measures used and the statistical analyses were not adequate for capturing the ways in which students change over the course of training. The researcher recommended that alternative strategies for future research including single case study designs and qualitative approaches, are needed.

Figley and Nelson (1989), in a Delphi study aimed at discovering what experienced therapists believed to be skills beginning family therapists needed for conducting effective clinical work, found that among the mostly technical skills delineated they also identified personal qualities of empathy, genuineness, attending, and immediacy. The researchers noted that few training programs attempt to evaluate mastery in these kinds of relationship skills. Figley and Nelson (1990) continued this line of research with a Delphi study surveying academic educators to determine the most important skills needed by new family therapists learning structural family therapy. This activity generated a list of over 100 skills, which they grouped into the following categories: conceptual, perceptual, and behavioral. These skills were operationalized as therapy behaviors rather than as personality factors as was done in their previous study. From this, they delineated a list of basic structural family therapy skills—recognition of the impact of the self on the family system was included under the conceptual skill category. They concluded that the field continues to attempt to identify the key elements of successful family therapy outcome and thus the kind of training that would support positive results.

Therapist Variables Related to Positive Outcome

Several in the field have remarked that in spite of the obvious significance of relationship skills, there is little in the literature that addresses this dimension of the family therapy process (Anderson, 1992; Friedlander et al., 1994; Laszloffy, 2000). In an earlier critical review of research on therapist relationship variables, Kniskern and Gurman (1988) concluded that therapist relationship skills, along with level of experience, and structuring skills were positively related to successful outcome. Alexander and Barton (1976) investigated characteristics of novice family counselors that effected therapy outcome and determined that relationship skills such as humor, warmth, directiveness, confidence, supportiveness, and absence of blaming behaviors were important. Relationship skills and structuring skills accounted for almost 60 per cent of the variance in outcome.

Research by Scott, Edward, and Russell (1997) identified five categories deemed as variables predictive of successful family therapy outcome by experienced academic practitioner-educators—one of the categories was therapist variables and another was therapist-client variables (others included client variables, therapeutic process variables, and contextual variables). The therapist variables included personal qualities, executive skills, relationship skills, and therapist perceptual-conceptual skills; relationship skills combined with structuring skills accounted for almost 60 per cent of the variance in outcome. They concluded that for successful therapy outcome, the therapist had to accomplish several things: recognize family interaction patterns, execute specific tasks of family therapy, demonstrate effective relationship skills, and possess personal maturity and character.

Stolk and Perlesz (1990) investigated family reports of satisfaction with therapy outcome after receiving services from family-therapists-in-training. They found that families preferred first year to second year students and conjectured that a deskilling process might have occurred when students were in the intermediate stages of learning. According to family reports, second year students gave fewer facilitative responses in sessions. This suggests the students may have been expending more energy on formulating treatment strategies and neglecting to attend as much to affective and relational aspects of therapy. This defocus on the therapeutic relationship was attributed to a developmental stage phenomenon in which the therapist who has attained a level of comfort with families begins to focus on skill development while failing to sustain a mindfulness of the crucial role of relationship skills to effectiveness. If this is in fact an example of an intense focus on attending to conceptual skills while allowing relationship skills to decline, educators need to incorporate this knowledge into their instructional strategies. They could construct educational interventions to promote trainees' awareness of this occurrence so that the need to hold relationship goals in mind more effectively while working on skill development would remain paramount. This finding also provides support for those in the field who have called for attention to the therapeutic relationship in systemic therapy at the theoretical level (Flaskas & Perlesz, 1996). By emphasizing the crucial role of the therapist-family system throughout didactic and clinical work, students can be supported to remain cognizant of this important factor for achieving successful treatment outcome.

In a study examining client satisfaction with beginning family therapists, Laszloffy (2000) found that both client and therapist feedback on positive therapy

outcome was related to three basic tasks. The first and foremost was the establishment of a positive client-therapist relationship. This was described as client perception of the therapist as warm, honest, open, nonjudgmental, and understanding. The second task entailed the establishment of clear, mutually agreed upon goals related to the direction of therapy. The third was the necessity of the therapist “doing something” to reach the goals, i.e., conducting behaviorally oriented interventions such as assigning tasks, reframing negative behaviors, blocking negative interactions, or teaching communication skills. She also found that although therapists reported feeling anxiety and reactivity in therapy, only therapist reactivity was associated with unsatisfactory outcomes. She concluded with the implication that trainers and supervisors might consider focusing more on self of the therapist issues to help beginning family therapists “identify, distinguish between, and negotiate their emotional reactions in therapy, especially with regard to reactivity” (Laszloffy, 2000, p. 396). The results of her study hold implications for training in light of what the literature reports regarding the tendency of training programs to focus on perceptual/conceptual and behavioral skills rather than relational skills. Her recommendation is consistent with Kegan’s belief that emotions are an integral part of a person’s learning process. He said, “Feelings may be the sensation of evolution (of meaning-making)” (Kegan, 1982, p. 169), and that a theory of development, and of learning as development, must include a sophisticated understanding of the relationship between emotion and thought.

In a position paper on the future of family therapy, Gurman and Kniskern (1992) called for qualitative studies that examine the relationship between the therapist and family members with a meaningful clinical focus around identifying “combinations,

sequences, or patterns of therapist activity that are better predictors of outcome than any single therapist activity alone” (p. 68). In family therapy supervision, a major component of training, supervisors’ reports of their experiences and common practices diverge from what has appeared in the literature on supervision (Storm et al., 2001). With this gap between practice and the literature that should inform practice, it is apparent that research is needed to illuminate crucial training practices. Storm et al. (2001) recommended that qualitative research efforts should be increased to explore the supervision aspect of training in a more satisfactory way.

In an updated review of research on family therapy training, Street (1997) critically evaluated the current status of research as overly program-oriented, “lacking a multi-perspective approach (particularly that of the trainee) and not making use of qualitative research methods” (p. 89). He further stated:

Any discussion of family therapy training should as a first step consider the general context of adult learning and professional education, for it is within this context that important issues and parameters will be found that have a direct bearing on the evaluation of training (p. 89).

Adult learning and education, according to Kegan (1994), involves more than acquisition of skills, mastery of a field’s body of knowledge, and behavior that meets professional standards. This echoes what several authors have asserted about family therapy requiring more than conceptual and skill-based proficiencies (Aponte, 1992; Nichols, 1986; Shadley, 2000; Wertheim, 1996). He contended that a theory is needed for looking at adult development to provide an analytic tool to discern the mental complexity demanded by the particular work one decides to devote oneself to.

By understanding the ability of the person to meet the demands of work and ascertaining the gap between that ability and the demands and expectations, the

developmental educator can discern the nature of the difficulties faced by the learner and shape the curriculum accordingly. Kegan (1982, 1994) put forward his theory of human psychological meaning-making that frames development as the evolution of human consciousness from simple ways of understanding to ever more complex and elaborate systems for organizing experience. His constructive developmental theory has been used to understand how adults manage the complex tasks of parenting, partnering, working, and accepting diversity and change in a modern, complex, technological society. Family therapy education, in need of a perspective that acknowledges the student's perspective of the learning difficulty inherent in the process (Street, 1997), might benefit from Kegan's (1982, 1994) constructive developmental framework in conceptualizing training efforts. This framework can provide educators a means for constructing the educational support students need to reflect on their own cognitive and affective processes as well as to appraise a client family's cognitive-affective processes (McAuliffe & Lovell, 2000). Family therapy requires that practitioners consider the cognitive-affective processes in the family as well as the ability to coordinate the intersection of client and therapist processes to effectively conduct this challenging clinical work.

Cognitive Developmental Theory

Neo-Piagetian theories of cognitive development characterize development as a process of progression through stages of understanding one's experience that advances from simpler to greater complexity (Sprinthall, 1994). The group of cognitive developmental theories include several frameworks describing human cognitive development as a sequential, hierarchical, and invariant progression from a concrete and simplistic manner of perceiving the world to modes of greater complexity, differentiation,

and higher order integration (Blocher, 1980). A person's stage of development is assumed to be predictive of behavior and how she or he will function in a professional capacity (Rest & Narvaez, 1994). The major premise of this group of theories is that an individual's stage of development determines a person's construction of meaning based upon his or her interactions with the social world and ultimately one's behavior is influenced by the current system of understanding and meaning-making (Rest & Narvaez, 1994; Sprinthall, 1994).

A group of constructs or assumptions of these theories will now be given to provide a more comprehensive picture of this conceptual framework. The first construct is that development involves the change or transformation of a person's internal structures of thought or cognition that results from interaction between the person and the environment (Sprinthall, 1978). Cognitive developmental theory identifies these stages as *qualitatively* different modes of thinking and problem-solving that form an invariant sequence. Each stage forms a structured whole of an underlying cognitive organization of modes of thinking about the self and the world. The stages are hierarchical integrations with the structural properties changing at each stage level and new stages reintegrating preceding stages in more inclusive and adequate ways. Examining the process of development as an interactional one between the person and the environment is important for using this framework to understand the need for development of effective educational curriculum in family therapy education.

Process of Development

Piaget's conceptualization of how stage transition occurs via the processes of assimilation and accommodation contributes to an understanding of the process of

developmental stage growth. His organic vision of the equilibration process, the activity of assimilation/accommodation, describes developmental change as a movement from integration to perturbation and differentiation and ultimately transformation and reintegration at increasingly complex levels of organization (Sprinthall & Collins, 1984). This model of adaptation occurs in an ever-shifting dynamic equilibration process and, "Optimal growth in cognition is best achieved when . . . the person is in an intellectual environment that is stimulating and the learner is continuously exposed to moderately discrepant stimulation" (Muuss & Porton, 1998, pp. 63-64).

The concept of equilibration is central to Piaget's theory. Kegan (1982) explained that:

Piaget's principle loyalty was to the ongoing conversation between the individuating organism and the world, a process of adaptation shaped by the tension between the assimilation of new experience to the old 'grammar' and the accommodation of the old grammar to new experience (pp. 43-44).

The processes of assimilation and accommodation interweave to sustain the progression of developing transformations of consciousness Kegan described. Assimilation involves an individual's attempt to fit new information into existing frameworks of subject-object structures; however, when this is inadequate, the result is a felt sense of unbalance. The activity of accommodation is then activated to manage divergent information that has challenged the working of previous mental structures. Disequilibrium results, perturbing the previous state of balance. Periods of dynamic stability or balance alternate with periods of instability gradually leading to a qualitatively new balance, given adequate support from the environment. Assimilation and accommodation recursively unfold in the context of a person's interactions with the social world. Kegan saw the guiding principle

for this as the individual's continually renegotiated subject-object balance. This evolutionary motion is the "grounding phenomenon" in personality, the process of psychological activity providing the context for thought and feeling—the process of knowing or of construction of meaning.

Kegan (1994) described development as involving a creative disequilibrium which precedes each new evolutionary state with its more adaptive and complex organizing capacities. The primary mechanism of development involves "resolution of crises of meaning through a de-embedding process, similar to Piaget's 'reflective abstraction'" (p. 19, Alexander et al., 1990). Each developmental stage is itself vulnerable to instability and to being perturbed before evolution to the next stage. The new stage constitutes a qualitatively different construction of internal and interpersonal psychological understandings and processes subject to future disruptions in unfamiliar situations.

Sprinthall (1994) and Perry (1970) have both pointed out that developmental growth requires a person to give up old ways of problem solving which is always painful. The experience of cognitive structural change is perturbing, unbalancing, and painful during the transition from the current stage to the next. During this transition, it is important to provide for periods of relaxed reflection and affective support (Furth, 1981, cited in Sprinthall, 1994) to allow the evolving person to tolerate the sense of unbalance during intense periods of accommodation-assimilation. Though the dissonance may be ultimately constructive, support and scaffolding are required to create a zone of proximal growth for the learner (Vygotsky, 1978).

In a recent article on the nature of stage transition, Commons and Richards (2002) reviewed transition behavior, the means by which new stage behavior potentially develops, and the emotions associated with the transition process. They pointed out that stage transition is slow and that a full stage transition takes approximately two years according to Armon and Dawson (1997, cited in Commons & Miller, 2002). Different emotions are associated with each step of transition as viewed through their Model of Hierarchical Complexity. These they deemed “transition emotions.” Commons and Miller (2002) stated that, when confronted with tasks requiring new behavior and new modes of problem solving, an individual initially perceives less reinforcement from the environment and usually views this as an experience of failure. This sense of failure may lead to avoidance of the task or other defensive behaviors, and sometimes fear of the task itself. The environmental demands for new task performance may contribute to feelings of incompetence, stupidity, or anger when these novel tasks cannot be completed adequately. With persistence at the new task, an individual might feel dejection as well as anxiety, uncertainty, and conflicting emotions in response to a growing awareness of relativism in that they discover that certain tasks may be contextual in nature.

This recognition of relativism involves the person’s dawning insight that solving tasks can take many forms and can be done in several ways depending on the context. The person gains the ability to compare contexts but does not yet know how to coordinate a solution dependent on specific contexts. Thus one is likely to feel there is no sense of control over a situation, no ability to coordinate and manage problems by learning what to do, and when, where, and how to do it: “People may feel uncomfortable and confused, but not helpless. They feel they know what to do, but not when to do it” (p.164).

Commons and Richards (2002) suggest that those who do not advance beyond this point in task mastery may develop deep feelings of incompetence because they experience no sense they are able to proactively respond to task challenges. Finally, with persistence and environmental support, the person becomes able to coordinate salient factors arising from the relativistic nature of the problem. Upon attaining this ability to coordinate and solve the task they often feel “glorious and ecstatic for combining right components successfully” (Commons & Richards, 2002, p. 165).

Building on the work of Commons and Richards (2002), and with a focus on emotion experienced in the context of action-based therapy tasks, Wolfson (2002) proposed an action-based definition of emotion. He focused on these same transition emotions in terms of how they “seem to fuel action on the task” (Wolfson, 2002, p. 1). He reiterated that, as explicated by Commons and Richards (2002), emotions related to task actions could facilitate or inhibit behavior activated by emotional response to attempts made to solve difficult problems.

When a new family counselor is in the process of making the paradigm shift from an individual perspective to an interactional and systemic model of therapy during the educational process, disequilibrium occurs (Liddle & Saba, 1982). The literature on family therapy training, although acknowledging that cognitive dissonance might be an aspect of the shift, has not addressed the nature of the developmental process that the student counselor must negotiate as described above. Instead the learning has been viewed as a sequence of moving from novice to expert through phases of development based on gaining experience and learning skills and knowledge (Loganbill, Hardy, & Dellworth, 1982; Stoltenberg & Dellworth, 1987). By using a cognitive developmental

framework a more in-depth and comprehensive picture of the challenges of learning family therapy can be acknowledged and a framework for constructing the learning environment can be used to more effectively match the student's needs.

Research on Cognitive Development in Counselor Education

Promoting the cognitive development of counselors has been a focus in counselor education for almost three decades culminating in a body of research indicating that effective counselor behaviors are associated with higher levels of cognitive development in several domains (Brendel, Kolbert, & Foster, 2002). Research on the development of effective interventions for fostering counselor growth and development during training is covered extensively in the literature on developmental supervision and counselor development. Blocher (1983) was perhaps one of the first in the field to emphasize the need for counselors to have higher levels of cognitive development. He described the work of counseling as requiring discrete cognitive and affective skills with an integration of these into a complex conceptualization of the counseling relationship as the ground for promoting client development. Blocher highlighted the human meaning making processes of counselors as they actively collect and analyze clinical information and organize an understanding of it. His ideas are reminiscent of Kegan's theory with the focus on the process of evolving meaning-making structures.

Holloway (1995) has suggested that based on research, ego development and cognitive conceptual levels of trainees are more predictive of trainee needs than is experience. Studies by Borders, Fong, and Neimeyer (1986) and by Holloway and Wolleat (1980) also suggested that ego development and cognitive conceptual levels of trainees were more predictive of trainee needs than level of experience. Holloway and

Wolleat (1980) found that conceptual level was associated with quality and clarity of expression and the number of questions used by counselors to arrive at clinical hypotheses. Borders (1989), who has conducted many studies on supervision, called for qualitative efforts to describe supervisees' thoughts, feelings and behaviors so that educators can understand the day-to-day processes they experience during practicum and internship. It is interesting that, in the last ten years, there have been only a few follow-ups to her suggestion.

Brendel et al (2002) conducted a longitudinal study of graduate counseling students to examine developmental change that occurred in a counselor preparation program that incorporated elements of an educational model for promoting cognitive development during training. They measured moral reasoning and cognitive complexity at three key points during two years. Results showed that cognitive complexity increased only after fieldwork had been completed. This finding supports Kohlberg's (1975) hypothesis that significant new role-taking is required for developmental growth to take place. Contrary to their second hypothesis increased moral reasoning was not found. Limitations of this study included the small sample size (N=30), lack of a control group, and the fact that the study focused on one educational program. Strengths are the longitudinal design and the relatively large effect size for gains in cognitive complexity. The researchers called for future studies to identify the essential educational components for promoting cognitive growth: "Studies are needed that combine various activities related to problem solving, social role taking, ethics, and basic philosophy concepts . . . in the process of counselor education and then evaluate the various developmental outcomes" (Brendel et al, 2002, p. 21).

Ancellotti (1999) conducted a phenomenological investigation of counseling students' experiences during internship and interpreted the data using the framework of Belenky, Clinchy, Goldberger, and Tarule (1986), which is comparable to Kegan's (1982, 1994) theory in terms of epistemological stage growth. She interviewed students over a nine-month period at four different junctures during their internship (several students had dual placements and conducted both individual and family counseling). In addition, she observed their weekly group supervision class, analyzed the videotaped presentations of counseling sessions, and analyzed their written essays of initial goals for their internship. She identified the salient variables related to their psychological development as chronological age, type of client, supervision experience, and sense of personal power or self-reliance (capable of producing knowledge and insight about self) related to overcoming a need to be an authority figure in the counseling relationship. Related to the last, another important variable was acquiring the ability to conceptualize work with clients particularly with regard to a new cognizance of the nature of counselor-client relationships.

Although Ancellotti (1999) did not evaluate stage differences as others have and had a smaller sample (N=5), her research gives valuable information about the development of counselors-in-training and was conducted over a longer period of time. In the area of case conceptualization she found that all but one intern made relatively slow progress learning to assess a client to choose an adequate theoretical approach. The intern who made significantly more progress had had an extra year of experiential education that promoted her ability to apply theory to practice. The interns who still struggled with case conceptualization toward the end of internship could not yet accommodate to the

new theoretical schema required for family counseling. They fell back on trying to assimilate family counseling into their cognitive structures for conducting individual counseling. This finding is relevant to educators of novice family counselors and to improving programs for students who are challenged to do clinical work in both individual and family counseling at an early point in their development.

Strengths of this research included the multiple methods of data collection, the inclusion of procedures to ensure rigor in a qualitative design, and extending the study over a nine-month period of time to ascertain evidence of growth. For these reasons her study gives a more accurate depiction of the processes of development than do other studies.

Foster and McAdams (1998), in an article describing a cognitive developmental model for group home supervisors, summarized research that indicates that higher levels of cognitive development are associated with successful counseling behaviors and functioning. These include greater empathic communication, more autonomy and independence, and more flexible use of interventions. Individuals at higher levels of development are more flexible and adaptive, have the capacity to respond more empathically to others, and thus function more adequately in professional helping roles such as counseling and therapy (Rest & Narvaez, 1994; Sprinthall, Peace, & Kennington, 1999). Psychological growth and development; however, require adequate stimulation. Growth will not occur unless an individual is challenged to consider alternative approaches to problem solving and given support in a manner that facilitates the reexamination of customary modes of understanding and adaptation.

Kegan's Constructive Developmental Theory

Constructive developmental theory as espoused by Kegan (1982, 1994) conceptualizes psychological development as a lifelong process in which increasingly more complex systems of a person's meaning-making constructions evolve. This entails a potentially on-going self-development based on how the self actively organizes self-other relationships to understand experience as it unfolds. Kegan's theory focuses on both the intrapersonal and interpersonal realms of human experience making it salient to studying the family counselor-in-training who is learning to comprehend the complex factors involved in a client family's situation, to coordinate the interactions between the therapist and the family and the therapist and each family member. As well, the family therapist brings constructions about the self and others to this context. Kegan maintains that his theory conceptualizes the basic organization of subject-object as the deep structure underlying domains of cognitive development others have investigated.

Kegan's (1994) conceptualization of self is that it is the "*experiencer* of a reportable internal psychological life but also the *maker* of an internal psychological life" (p. 133). The self is actively engaged, as a system, in regulating and organizing aspects of experience and ultimately constructing an epistemology of what is "self" and what is "other." Envisioning the self as a "maker of an internal psychological life" carries with it the assumption of an activity of growth, of an unfolding and on-going activity that is constructing new notions of what is self and what is other based on interpersonal experience. This description underlines the theory's inclusion of the intersection of intrapersonal and interpersonal experiencing as a dialectical and recursive process that activates the motion of development.

Kegan (1982) pointed out that viewing the self as the active maker of meaning requires that the study of feelings be included. This is in contrast to Piaget's concentration on cognitive processes. Kegan said:

We are the activity of this evolution. We compose our stages, and we experience this composing. Out of this evolutionary motion, which we are, we experience emotion (this is what the word means—*ex* + motion: out of or from, motion). Any theory of emotion must begin by naming that motion it regards as the source. I have named my candidate. Feeling may be the sensation of evolution; more complexly, the phenomenology of personality in its predicament as self-constituting meaning-making (Kegan, 1982, p. 169).

The notion of an evolution of structural regularities of development extends the idea of human development across the life span and places it within the context of the interactions between individuals and their environment over the lifetime. Reconstructing the relationship between self and others, which he termed subject-object, promotes an emergence from embeddedness in previous meaning-making structures and the creation of new structures with a new balance. Kegan grounded this evolving human process of constructive development in the Object Relations branch of psychoanalytic theory because he viewed object-relating as a primary means by which personality development occurs throughout life. In this view, early development is important but not deterministic—humans continue to have the potential for transformative change.

Constructive Developmental Stages

The stages of Kegan's theory depicted in Figure 2 of Chapter One begin with the stages found in childhood and adolescence which include the Incorporative, Impulsive, and Instrumental (formerly Imperial) stages. At the Incorporative Stage (0), the child is subject to his or her own reflexes; as yet there is no object, or other to consider. The self is embedded in and subject to its own reflexes, sensing the world with no distinction

between what is subject and what is object. This is the infant self that cannot yet distinguish between the inner and outer world.

Next, at the Impulsive Stage (1), the child is subject to his or her own perceptions and impulses and can take as object his or her own reflexes. The self has gained control of reflexes and now is embedded in perceptions and impulses. There is a lack of impulse control and no ability to have two competing feelings or perceptions at the same time.

At some point, usually in adolescence, the Instrumental Stage (2) evolves. At this juncture the child can now take his or her own perceptions and impulses as object. The individual at this stage, whether adolescent or adult, is subject to their interests and preferences and tends to interact with others based on this perspective. The self has gained control of impulses, made them object and is now subject to needs, wishes, and interests. Thus the world is seen in terms of one's needs and desires and others are related to in terms of how they help a person meet those needs. The self has a separate perspective distinct from others and is able to perceive that the self's plans and purposes are different from others' plans and purposes. These conflicting perspectives can potentially hinder one's goals so it becomes crucial to determine whether others will be of help or will deter one's plans.

At the Socializing Balance (3) a person, who again may be adolescent or adult at this stage, is subject to relationships with others while taking as object his or her interests or desires. This is a time of mutuality and the Socializing person is as yet unable to reflect on relationships because he or she is subject to the relationships. There is an inability to view relationships as an object to be reflected on. If through experience, such as the challenge of higher education, a person begins to reflect on his or her relationships,

beliefs, and socialized roles, and begins to see them as objects of thought, she or he begins to take a meta-perspective by thinking about the processes of the relationships. In other words, a theory of the self in various roles in the social world develops to direct the relationships in the manner of managing an institution.

With this transition to the next stage, the Self-authoring construction unfolds. This is the stage at which one thinks about how the self relates with others and this allows movement from being *subjected* to relationship experiences to making the experiences *objects* of thinking—there is greater differentiation of experiences and an ability to integrate them at a new level. This constitutes a reconstruction of prior cognitive structures, and subsequently the creation of a new order of consciousness, the Self-authoring Stage (4). This transformation is what Kegan calls evolvment of the self since the emergence of a new way of constructing meaning as a result of experiences entails a reformulation of the self itself.

The next and highest stage, the Interindividual Balance (5) is found in only a small proportion of the general population. In the single largest study of adult constructive developmental stages only ten percent of a highly educated, graduate level sample (N=60), was found to have reached the Interindividual Balance stage (Bar-Yam, 1991). At this stage the individual moves to being able to take a perspective on the psychic administration (institution) that constituted her or his structure at the previous stage (Kegan, 1982). Movement to taking the institutional as object instead of subject allows for a self separate from one's organization. The self is no longer *the organization* but *has* the organization and can direct and change the organization in an on-going dialectical manner. One has developed a metatheory of the previous stage: "Stage 5 is a

theory of the institutional: the institutional is ordered by that new self which is taken as prior to the institutional” (Kegan, 1982, p. 104). Attaining the ability to coordinate the institutional at the Interindividual Balance allows for:

... the recognition of our multiple selves, for the capacity to see conflict as a signal of our overidentification with a single system, for the sense of our relationships and connections as prior to and constitutive of the individual self, for an identification with the transformative process of our being rather than the formative products of our becoming ... (Kegan, 1994, p. 351).

A person begins to see the self as ever evolving in a dialectical manner in contrast to being the self as a manager of its institution. There is an ability to let go of what might be called rigid boundaries around the self and have the capacity to “subordinate or relativize *systemic knowing* (the fourth order): they all require that we move systemic knowing from *subject* to *object*” (Kegan, 1994, p. 317).

Constructive Developmental Theory and Counseling

McAuliffe (1993), in a position paper, explored the application of Kegan’s constructive developmental theory to career counseling and therapeutic actions for helping clients with career transitions. He argued that constructive developmentalism is the most inclusive of the cognitive-developmental theories because it explains how an individual constructs meaning in several realms including the affective, cognitive, and moral areas. Carrying these ideas further, McAuliffe and Eriksen (1999) devised an assessment model for counseling that integrates constructivist and developmental concepts. Their ideas can be applied to training counselors as well—they noted that, “From the overall constructivist perspective, every counselor, like every client, is engaged in the act of making sense of experience. The counselor is not a passive receptor of client input or an expert who interprets the ‘true’ meaning of client behavior or doles

out curative prescriptions” (McAuliffe & Eriksen, 1999, pp. 268-269). They emphasized that as active constructors of meaning, individuals make sense of themselves in the world through interactions in an interpersonal and a cultural context. In terms of novice counselor learning, this implies that the educator needs to support the new counselor’s process of becoming able to operate effectively with a diverse range of clients. They need to be supported to attain the abilities to respect each client’s views and take multiple perspectives, to remain flexible and open to reconstructing meaning, and to recognizing that no one counseling “truth” or theory can be applied to every client or circumstance.

Research on Therapist Development using Kegan’s Theory

Few studies have applied constructive developmentalism to the study of counselor development. Pratt (1998), in a dissertation study, used Kegan’s framework in a qualitative study of psychotherapist development to determine level of development. Using purposeful sampling she interviewed twelve experienced female psychotherapists using a semi-structured interview based on the subject-object assessment. Her interviews focused on six areas of clinical practice: client manipulation, therapy termination, dual relationships, perceived challenges of therapeutic work, perceived need for supervision, and perceived change in self as a therapist over time. She found a relatively narrow range of development (3[4]-4) in her sample and perhaps would have gained more useful data if she had sampled a broader range of experience level. She found clear evidence of developmental growth between the therapists at the two levels for four of the six areas studied, lending support to Kegan’s model.

First, therapists at the higher stage were able to set limits with their clients more effectively, the most commonly reported change found in ten of the twelve therapists.

Second, they were more proficient in dealing with termination of therapy in terms of appropriately delineating personal responsibility toward the client and having formulated a therapeutic theory about termination. Third, therapists at the higher level had more well-defined criteria and reasoning for making ethical decisions related to dual relationships. Fourth, they had different perceptions of themselves as therapists over time with higher level participants reporting change in becoming more comfortable with boundaries, limit setting, and dealing with a client's anger. She asserted that the results lent credence to Kegan's theory as a structural developmental model for understanding therapists work with clients with clear developmental differences apparent between therapists at the different stages, even given the limited range represented. Pratt (1998) noted that "the changes therapists described in themselves were in line with developmental expectations, lending support to Kegan's notion of a hierarchical and invariant sequence to development" (p. 190). She asserted that Kegan's model could potentially provide an organized schema for understanding the challenges therapists are likely to face at each stage of development.

A major limitation of this study is the use of only one interview. Additional evidence from other sources or even multiple interviews would have supplied corroboration for her findings. Other limitations of Pratt's research include the restricted range of development represented in her sample—research with clinicians outside the range in this study would give more meaningful data about differences across a broader range. Related to this is the homogenous nature of her sample of Caucasian women. The cross sectional design is a limitation as well especially when endeavoring to understand the phenomenon of development—longitudinal research would extend the data to include

valuable information that could emerge over time. Despite these limitations, the study provides valuable nuanced information about the constructive developmental growth of therapists and points the way for interesting new directions for future research.

Another dissertation project investigated Kegan's theory by exploring the use of emotion within the meaning making processes of practicing mental health practitioners (Grigoriu, 1998). In order to look at the phenomenon of therapists' use of emotion as part of the therapeutic process, Grigoriu (1998) interviewed 12 therapists using the SOI to obtain a range of developmental levels. From this she obtained three sample groups of different developmental stages with one practitioner at stage two (Instrumental, formerly the Imperial Balance), seven at stage three (Socializing, formerly the Interpersonal Balance), and four at stage four (Self-authoring, formerly the Institutional Balance). (One participant at stage four showed evidence of stage five meaning-making.) She then conducted a second interview, which she had developed to elicit the interviewee's description of a memorable negative reaction in a therapeutic encounter. Data from this interview yielded material for using grounded theory analysis to arrive at a conceptual model.

Grigoriu (1998) stated that her findings suggested there are clearly delineated ways in which practitioners organize and use their emotions in clinical work. She used her data to build a theory of emotion used by therapists in clinical practice. She asserted that emotions operate on two different levels and interact between the levels leading to sense-making experiencing regarding the self in relation to the client. The therapist's past emotional experiences, or emotion described historically includes experiences having lasting effects arising from personal life history. She coined the term "crystallized

emotion” to refer to emotion that has become symbolized in mental representations and has become more trait-like due to the intensity of the experiences informing it. This concept applies to situations that “push one’s buttons” eliciting specific affect because it is part of one’s self-definition and more resistant to change. Thus crystallized emotion and emotion arising in the present in the context of therapy interact to inform the therapist’s meaning-making process.

In attempting to build her theoretical model, Grigoriu (1998) stated that in the interest of parsimony, the interaction between emotion that had crystallized or become a part of structure, and emotion felt in the present is, “how one is *being* or experiencing and constantly evolving: a rearrangement of experiences due to new emerging structure that allows for this rearrangement” (p. 176). At the Socializing Balance (stage 3) emotion is used by the therapist as a cue to reassess one’s approach with a client because it is important to be a good therapist. The concern is with how the therapist’s behaviors appear to others rather than with the client’s emotional struggle and meaning-making processes.

At the Self-authoring Balance (4) therapist emotion is a tool informative of both the client’s and the therapist’s meaning-making experiences. Concern shifts to adjusting the therapeutic approach to conduct better work within the therapist’s theory of how therapy works. The limitation of this stage is that the therapist’s theory is adhered to even when the client’s situation does not correspond or fit.

At the Interindividual Balance (5) the use of emotion cues the therapist to distinguish between what feelings are the therapist’s and what belong to the client. The affective experience of the therapist then is more about assisting the therapist to

understand the client's psychological struggle while holding a theory of therapy in mind, and while reflecting on what are the therapist's crystallized emotions that may be called to play during work with the client. Grigoriu (1998) concluded by arguing that a fifth order perspective is more desirable in a mental health practitioner because at this stage there is an ability to facilitate a therapeutic relationship that provides a greater potential for client change. The fifth-order therapist recognizes, understands, and is able to use his or her affective response as a "fundamental component of the therapeutic relationship" (Grigoriu, 1998, p. 161).

The weaknesses of this study pertain to data collection and analysis. First of all, only one form of data was gathered, thus there was no triangulation to provide verification of the interview findings. Secondly, the sequence of first establishing developmental stage before analyzing the Emotional Organization Interview raises a question of bias in the grounded theory analysis since the researcher had prior knowledge of the participants' Subject-Object stage. Further, the development of a conceptual model based on so little data is questionable since grounded theory requires substantially more empirical evidence for that. It would have strengthened her methodology to have performed thematic analysis related to use of emotion before knowing the stage scores from the SOIs. She did however state that she regarded the scores as a guide rather than a "rigid determination of meaning making" (Grigoriu, 1998, P.134). A final weakness is related to her lack of verification procedures for monitoring investigator bias by using peer reviews or audits as has been recommended in the literature on qualitative research (Creswell, 1998).

The demographics of the sample indicated a more diverse range than that obtained by Pratt (1999), with an age range of 24 to 60 years, a range of years of practice from less than one year to over 20 years, and both genders represented. In addition, the participants had divergent theoretical orientations, educational training, and modalities of service. (Again, there is a notable lack of racial or cultural diversity.) Grigoriu (1998) recounted that the strengths of her research were that the theoretical concepts were grounded in the data, had conceptual strength and explanatory power, and were practically useful. The value of her study is that it gives educators promising information about how practitioner's emotional responses to clinical work might operate at different developmental levels. In addition, the findings are consistent with Pratt's work and with the research literature on cognitive developmental theory.

Structural-developmental change involves the ability to view situations and the world from multiple perspectives. Lovell (1999) said that, "This facility to 'decenter' from one's own particular perspective means that one gains an enhanced ability to see a situation from another person's point of view; thus, with adult cognitive development comes increased empathy" (p. 34). He surveyed a large sample of student members of a national professional counseling association and found that higher levels of intellectual development (according to the Perry scheme) were associated with higher levels of empathy. He highlighted that higher capacities for empathy are required from counselors who must be adept in understanding the interpersonal world of clients, appreciate clients' diverse worldviews, and comprehend the client's socially constructed reality. Lovell also pointed out that empathy is productively viewed through a social interactionist perspective in that development and cognitive structural change occurs as a result of

social experience, consistent with that described by Vygotsky (1978). Lovell's study points to the significance of understanding the stage of meaning-making informing the beginning counselor's therapeutic actions surrounding a very important component of the counseling process, empathy.

The constructive developmental framework offers counselor educators a framework for ascertaining the current developmental level of students and for orienting to the growing edge of a student's development (Kegan, 1994). With others, he developed the Subject-Object interview to assess the stages of his model (Lahey, Souvaine, Kegan, Goodman, & Felix, 1988). An examination of the use of the Subject-Object Interview for determining a person's developmental level will be delineated next to show how stage level is assessed according to Kegan's theory.

In particular, Robert Kegan's (1982, 1994), constructive developmentalism provides a conceptual framework for addressing these issues. His theory is useful for understanding how beginning family counselors construct meaning of their experiences during training and of the transformations they might be expected to undergo as they are confronted with an array of challenges. His framework is of particular value for examining how the novice family counselor views the relational and affective aspects of the clinical work they are attempting to learn. Primary consideration is given to a person's subject-object differentiation at each stage of cognitive development providing a basis for understanding how the student makes meaning, or constructs an understanding of the relationships in family therapy, including relationships with the family as a whole, its individual members, and often larger systems. Constructive developmental theory provides educators "an intellectual foundation on which to base the development of new

roles” (Kegan, 1992, p. 256). The lens of constructive developmental theory provides a promising framework for examining the learning experiences and struggles experienced by family therapists that are described in the literature.

The Subject-Object Interview

The Subject-Object Interview was constructed in a semi-clinical open-ended format similar to that which was used by Piaget (Lahey et al., 1988). The interviewee is asked to choose one or more among ten cards labeled with the following words: 1) angry, 2) anxious, nervous, 3) success, 4) strong stand, conviction, 5) sad, 6) torn, 7) moved, touched, 8) lost something, 9) change, and 10) important to me. Questions are then asked to determine how a person construes the self-chosen content generated from the cards selected. The open-ended format requires that questions and probes be constructed as the interview proceeds to adequately explore content generated by the speaker. The interview is designed to generate discourse for assessing an individual’s “natural epistemological structures” based on speech about their real-life experiences that has both emotional and cognitive content (Kegan, 1994).

In Pratt’s (1998) study of psychotherapist development using Kegan’s theory, she constructed interviews with questions related to psychotherapy practice rather than using the interview procedure described above. She adapted the subject-object methodology for analyzing her interviews to ascertain the developmental levels of the participants. The data analysis adhered to the procedures used in *A Guide to the Subject-Object Interview: Its Administration and Interpretation* (Lahey et al., 1988).

A central feature of the subject-object analysis procedure is the identification of aspects of speech, which contain structural material related to the speaker’s subject-object

balancing. The analysis task entails determining, in the textual material of interview transcripts, what is viewed as *object* by the interviewee, that is, what the speaker can reflect on, take as an object of attention, or can organize, versus what is the principle of the organization. That which is the principle of organization, or *subject*, cannot be reflected on since the speaker is subject to it—it cannot be spoken of as an object of consideration. That which is subject can only be demonstrated by “locating how it is (the interviewee) cannot talk” (Lahey et al., 1988, p. 13). A person can talk about what is object to them because they can take a perspective on it and generate reflection and speech about it.

Distinguishing between structure and content in speech is complicated because it is difficult to separate structure from the content in which it is embedded. Elements reflecting structure can be identified but pure structures themselves cannot. A full range of feelings and behaviors are possible at any developmental stage and similar content can be experienced at any stage (Kegan, 1994). Thus, developmental assumptions cannot be made on the basis of one’s feelings or behaviors. What is important to evaluate is the person’s reasoning about the experiences and content described. Simplistic determinations cannot be made because structure and content are intertwined in the discourse. The guidelines for analysis that have been established by Kegan and his colleagues are now described.

Analysis of interviews involves identifying “analyzable bits” of interview transcripts, those parts of text that contain structural material for evaluating the developmental level. A bit is “any continuous speech on a single subject which clearly exposes the underlying developmental structure of the speaker’s thoughts, feelings, or

actions” (Goodman, 1983, p. 81). A given interview typically has from eight to fifteen bits or units in which structure is clarified and thus can be designated with a score (Kegan, 1994). Each unit is scored separately with an overall score arrived at by using a standard procedure.

Three criteria are used to determine construction of meaning in the bits: the speaker’s sense of a psychological “boundary”, the speaker’s ability to take a perspective on something, and what the speaker is able to take responsibility for. The first criterion, determining the way in which a person sets boundaries between the self and others involves ascertaining the psychological processes seen as one’s own in contrast to what is perceived as belonging to others (Lahey et al., 1988). In other words, what is projected and what can the person acknowledge as truly originating in their own experience?

The second criterion, the ability to take a perspective on something, whether on one’s needs, one’s relationships, or one’s own psychological processes, reveals what can be viewed as object. What one cannot take a perspective on, one is subject to or embedded in, in terms of structure. In the SOI the interviewer probes for responses in order to provide the opportunity for the speaker to demonstrate his or her highest capacity for perspective taking. When several probes fail to elicit a description of a wider frame of reference for the experience, then it is identified that the speaker is subject to the experience, it is part of their current organizational balance.

The third criterion, responsibility taking, is revealed by what one verbalizes being responsible for: “Something must be object for the person to take responsibility for it; a person cannot take responsibility for that which she is subject to” (Lahey et al., 1988, p. 15). In other words, when an individual lacks awareness of a feeling that is being acted

upon and discussed in an embedded way, he or she is subject to the experience thus cannot take responsibility for it. Kegan (1982) described this as “One can only see the figure (object) and not the ground (subject)” (p. 100). As development progresses to higher stages, what was formerly subject becomes object. The guide for analysis of interview transcripts includes the following questions for analyzing responsibility taking:

What does she take responsibility for? What does she not take responsibility for? What does she not take responsibility for and know she does not take responsibility for? What does she not take responsibility for and *not* know she is not taking responsibility for? (Lahey et al., 1988).

From this it can be seen that there is the suggestion of a continuum of awarenesses of responsibility taking that characterize the discrete stages and the transitions between stages (Pratt, 1998).

The subject-object methodology has been adapted in several different research studies to serve different research purposes. Pratt (1998) adapted the subject-object methodology for analyzing interviews she constructed to explore key clinical issues in psychotherapy practice. She also used the constant comparative method of data analysis on the same interview data to determine emergent themes following the subject-object analysis for determining developmental level of the therapists. Other researchers have analyzed interview transcripts using both the subject-object methodology and qualitative emergent theme analysis. Popp's (1993) study of psychological boundaries used methodology according to coding schemes for the subject-object procedure and for a qualitative analysis of emergent themes. In an exploration of developmental levels of teachers and principals both subject-object analysis and thematic evaluation of interview data were used to determine how developmental stage is reflected in content in the emergent themes (Roth, 1996). In a study of life narratives, a similar method was used to

determine developmental levels and emergent themes in narratives of life before recovery from addiction and after (Rosen, 1999). Studies have also used analysis procedures patterned after the subject-object methodology to determine developmental stages in narrative writing samples (Hodgson, 1990).

Recently, Kegan et al. (2001) conducted a qualitative study of the learning processes of 41 Adult Basic Education/English as a Second Language (ABE/ESOL) students at three “best practice” program sites for over a year. The study’s purpose was to gain a better understanding of how these adult learners perceived their learning experiences, whether these experiences enabled them to better enact being a student and the other social roles in their lives (parent, employee), and how the learners changed while in the program. Their overarching question was “What are the bigger internal meanings for adults of participating in ABE/SOL programs?” (p. 1).

Three major findings arose from this study. The first was that a variety of changes were observed and included: 1. That all the participants gained new skills and information, 2. That some participants underwent change involving the development of more complex ways of understanding, and 3. That most of the participants were experiencing acculturation changes as well as changes in learning new skills and knowledge. The researchers highlighted the fact that the ways in which students described their experiences and managed acculturation changes were related to their developmental position. Those with the same developmental position gave similar descriptions of change. The study authors also noted that combinations of changes were apparent in several aspects of their lives, thus they were “coming to many new understandings at once” (Kegan et al., 2001, p. 9).

The second major finding, an unexpected one, was that the student peer group was a powerful influence on each participant's learning experience. The researchers interpreted this to mean that the cohort served as a holding environment in terms of supplying both high support and high challenge. Kegan et al. (2001) described the cohorts as "dynamic transitional growth spaces that helped learners make good use of each other by providing both the *challenge* that encouraged learners to grow and the *support* they need in order to meet those challenges" (p. 15). This occurred in the context of collaborative learning activities that were part of each program's curriculum. The learner cohorts provided several forms of emotional and psychological support and additionally, challenged students to broaden their perspectives via becoming acquainted with peers whose backgrounds were divergent from theirs. Several participants came to empathize more with others as they became better able to take on other perspectives and challenge their own assumptions.

The third major finding from the Kegan et al. (2001) study was that "a new pluralism" characterized these ABS/SOL students—diversity in the ways of knowing among the students constituted a less visible form of pluralism in the classroom. Further, these findings were similar to the ranges found in previous studies of English speaking adults of similar socioeconomic status.

The current study used the subject-object methodology as a guide to gauge developmental processes over the course of the family counseling internship. Instead of analyzing the interview transcripts using the SOI, the themes that evolved over the year and the individual case study data were used to gain an understanding of a participant's developmental position. The interviews were also analyzed using analytic inductive

procedures to develop emergent themes for interpretation and comparison to developmental position and discovery of any change over the nine months of training. Knowledge about student developmental level and anticipated or expected change over the course of learning to do clinical work with families can be used to inform educational programs such as those using what has been designated the Deliberate Psychological Education model.

The Deliberate Psychological Education Model.

To advance educational practices for promoting development in adult learners, Mosher and Sprinthall (1971) initiated a series of naturalistic studies to determine whether an intervention incorporating the key elements of action (new role taking) and reflection would enhance growth and development in various domains of cognitive development (Reiman & Thies-Sprinthall, 1998). The Deliberate Psychological Education (DPE) model grew out of these initial groundbreaking studies and it has been used successfully to promote cognitive development in various educational settings (Mosher & Sprinthall, 1971). Since the 1960's numerous studies have documented the value of using developmental models to promote growth in cognitive, moral, and ego development (Sprinthall et al., 1999). For example, Rest and Narvaez (1994) presented data from several studies documenting the relationship between higher moral development and ethical behavior in professional groups including doctors, nurses, accountants, veterinarians, and dentists.

The body of research on the use of DPE interventions to deliberately stimulate psychological growth continues to expand and provides a rationale for using the DPE framework in family counselor education. In the counseling field, the DPE model has

been used in the training of counselors (Brendel et al., 2002) and counselor supervisors (Foster & McAdams, 1998). In addition, research has been conducted on the effects of a DPE training format for teacher supervisors (Thies-Sprinthall, 1984), police officers (Morgan, Foster, & Kolbert, 1999), rural African-American youth (Faubert, Locke, Sprinthall, & Howland, 1996), and high-risk college students (McAdams & Foster, 1998). Research on the development of educational interventions for fostering counselor growth and development continues to grow. There exists however, minimal attention directed toward the application of DPE principles to family counselor education. One recent article described such an approach (Kaiser & Ancellotti, 2003). The next section examines how the DPE is a viable model for use in family counselor education.

Constructive Developmentalism and Family Counselor Education

Extending Kegan's theory to the training of family counselors is significant for several reasons. Goldenberg and Goldenberg (2000) emphasized the multiple and complex tasks of family therapy training: comprehending theoretical constructs; grasping systems and postmodern thinking; developing proficient relationship skills; attaining self awareness; remaining aware of issues of gender, power, and culture with families; mastering perceptual/conceptual skills; and then successfully implementing interventions taking all of the above into consideration. Becoming a family counselor requires learning family counseling skills and techniques along with the theoretical understanding and relationship skills to implement them appropriately with good timing. Doerries (1999) reviewed the research on training family therapists and noted that, "The aggregate of behaviors and personal characteristics which result in successful family therapy outcomes

presented in the literature suggests that the training of family therapists is a daunting task” (p.59).

Clearly, these clinical tasks require that the development of a high degree of cognitive complexity be acquired as a student is learning to be an effective family therapist. Yet it is also vital for the family counselor to develop the ability to differentiate self from other in the context of intense emotional interactions with families. It is conjectured that clinical work with families requires that the counselor achieve a Kegan stage beyond the Socializing in which he or she is embedded in socialized roles and relationships. At the Socializing level, there would theoretically be an inability to take a metaperspective on the relational issues, conceptualize the therapist-family system as impacting the success of treatment, and recognize self of the therapist factors that have the potential to impede treatment progress. In addition, at the Interpersonal stage individuals are embedded in their socialized roles (Kegan, 1994) which can interfere with their ability to acknowledge difference and diversity as it impacts the therapy work. Along these lines, Hare-Mustin (1987) has discussed the consequences of gender socialization practices that inhibit women’s development. This inhibition applies to men’s development as well and can prevent those in family therapy training from developing the requisite functioning for providing effective services. It is probably necessary that the family counselor must move past the Socializing stage to the Self-authoring stage to provide services to diverse families with a range of complicated situations.

Doerries (1999) researched the growth and development of novice family counselors during a nine-month internship and found that the primary areas of growth

occurred in increased complexity of the counselors' interpretations of their role in the counseling relationship. This complexity translated into the ability to implement skills incorporating taking an effectively directive leadership role while empowering parents to problem solve more successfully. There was also a greater capacity "to balance and hold simultaneously the perspectives of an individual pathology model and an interactional model" (Doerries, 1999, p. 255). As well, she discerned qualitative changes in the counselor's willingness to enter and experience the family's reality by the end of the internship. These descriptions parallel Kegan's (1994) description of a person's functioning more at the Institutional stage.

Doerries (1999) specifically called for phenomenological research of trainees' perspectives of the actual experience of learning family counseling to enhance future training efforts. In addition, she noted that to provide a growth-enhancing environment for students, inquiry into alternate ways to "punctuate and enhance the pre-existing curriculum framework based on the Deliberate Psychological Education Model" (Doerries, 1999, p. 283) must be done.

The evolving structures of the new family counselor's cognitions and personal meaning-making systems during training constitute transformations in the way they think of self and others (D'Andrea & Daniels, 1992). An understanding of the importance of higher levels of cognitive development in the areas of constructive meaning-making and higher levels of epistemological thought require educators to delve further into this area. McAuliffe and Eriksen (1999), in a conceptual article on the counseling field's need for developmental approaches, asserted that counselors need ". . . to be *committed relativists* of a sort, in Perry's terms" (p. 268). This, they noted, requires the capacity for critical

self-reflection. They applied the principles of Kegan's constructive developmental view to counseling emphasizing that humans are active creators of the meaning of their experiences instead of passive recipients of reality defined by others. Their call to apply these principles can be extended to the training needs of family counselors.

The literature suggests that novice counselors move through developmental stages as they develop greater cognitive complexity; however, few field-based studies in this area exist (Ancellotti, 1999) and there is even less about family counselor development. Improvement of educational practices for training beginning family counselors requires research efforts directed toward understanding what is involved in the developmental change process. Research is needed to explore and describe the experiences of family-therapists-in-training to describe their "lived experience."

Chapter 3

Research Design and Methodology

Overview

Using the lens of Kegan's (1982, 1994) constructive developmental theory to investigate interns' learning experiences, this study examined nine family counseling interns' perceptions and experiences of the therapeutic relationship in family therapy, and their emotional responses to clinical work with families. This chapter describes the multiple case study research design and methods, the role of the researcher, the participants and setting, data collection and analysis procedures, limitations of the study, and ethical considerations.

Qualitative Research

The methodological forms of qualitative inquiry are grounded in a view of the world as socially constructed, in constant flux, and filled with complexities (Glesne, 1999). Thus, they are in contrast to positivist research approaches, in which reality is seen as fixed, objective, external to people, and measurable. Qualitative approaches to inquiry assume that there are multiple realities, that reality is experienced subjectively, and that beliefs and context influence one's perceptions of the world (Merriam, 1998). Qualitative research then, aims to explore, describe, and emphasize processes and meanings ascribed to experience by research participants. The aim in qualitative research is not to test hypotheses but to build a detailed, in-depth description of the phenomenon of interest in order to analyze the data inductively and interpret the results. Qualitative research is often termed an interpretivist or constructivist approach.

Multiple methods are used in qualitative research to study and interpret phenomena in terms of meanings people bring to their experiences and perceptions (Denzin & Lincoln, 1998). The wide range of interconnected methods found in many qualitative studies has been called “bricolage”, “a pieced-together, close-knit set of practices that provide solutions to a problem in a concrete situation” (Denzin & Lincoln, 1998, p. 3). Each research inquiry can be seen as a bricolage that emerges during construction of the research design and formulation of the research questions, and while data collection strategies are constructed to answer the questions. Methods often include but are not limited to interviews, observations, artifact analysis, and researcher reflections.

The use of multiple methods enables the researcher to build a descriptive and in-depth study of specific areas of interest (Gall, Borg, & Gall, 1996). Data is collected in the form of the words of the participants conveying the ways in which they understand their life experiences and make meaning of them. Qualitative researchers study phenomena in their natural settings in order to describe, explore, develop understandings of, or interpret them in terms of the meanings of the participants. Constructed realities arise from the interactions of participants in their natural social settings and qualitative researchers seek to understand and describe both routine and problematic moments in their lives (Denzin & Lincoln, 1998). Stake (1995) compared the case researcher’s role to the interpretive stance of the artist who aims to juxtapose unrelated images that evoke new ways of understanding and end with helping to “liberate the reader from simplistic views and illusion. The researcher is the agent of new interpretation, new knowledge, but also new illusion” (p. 99).

Since qualitative research is interpretive, the researcher is the primary instrument of data collection and analysis; therefore, the data is “mediated through this human instrument, rather than through some inanimate inventory, questionnaire, or computer” (Merriam, 1998, p. 7). With the researcher as instrument there are several advantages. These include a responsiveness to the context of the study, adaptation of techniques of data collection depending on what the particular circumstances require, a sensitivity to nonverbal aspects of the setting, immediate data processing, and opportunities for clarification of puzzling aspects of the study as it evolves. As such the researcher’s human biases, judgments, and values should be stated explicitly prior to research activity (Creswell, 1998). This open presentation of the worldview and preconceptions of the researcher results in a construction of reality “which interacts with other people’s constructions or interpretations of the phenomenon being studied. The final product of this type of study is yet another interpretation by the researcher of others’ views filtered through his or her own” (Merriam, 1998, p. 21).

The final product of research as bricolage is “a complex, dense, reflexive, collagelike creation that represents the researcher’s images, understanding, and interpretations of the world or phenomenon under analysis” (Denzin & Lincoln, 1998, p. 4). Rich descriptive interpretations build a holistic picture giving detailed views of the participants’ perspectives that contribute to an understanding of the phenomenon of interest (Cresswell, 1998).

Qualitative Approaches to Family Therapy Research

Qualitative research offers a systematic way to study the complex social interactions inherent in family therapy (Moon et al., 1990). In the last decade research on

the practice and techniques of family therapy has increased but has focused almost solely on therapy outcome or on observable behaviors, not on the process of therapeutic change (Greenberg, Heatherington, & Friedlander, 1996). Neither has it examined the learning and teaching of family therapy. Evaluating outcomes and studying observable behavior has constricted the research outlook by disregarding the processes involved in family therapy and in training and thus an understanding of the how and what of the human experiences of learning family therapy in an educational setting has been described and explored only minimally.

In the helping professions in general, and counseling in particular, a move towards the use of qualitative research methodology, has been noted over the past 20 years and is seen as being congruent with the philosophical underpinnings of the field, (Paisley & Reeves, 2001). The recent emphasis on qualitative approaches points to the desire and need for understanding the interactive and interpersonal processes of clinical work in all its complexity. Paisley and Reeves (2001) emphasized that understanding the processes of counseling from the perspectives of clients can give valuable clues to the critical occurrences that inform change. In the same vein, this also applies to the learning processes of family counselors-in-training, adding another level of complexity to the social processes in counseling that are worthy of study as well. Paisley and Reeves (2001) stated:

If counseling, as a discipline, is to come of age, and if we, as counselors, are to acknowledge the diversity of our experiences and our different ways of knowing, then we must come to a place where we can honor both quantitative *and* qualitative studies. If we fail to do so, then we will unintentionally limit our professional potential—the research questions we could ask, the answers and themes that might emerge, and the meanings we might co-construct (Paisley & Reeves, 2001, p. 496).

Sprenkle and Moon (1996), in a discussion of recent transformations in family therapy research, noted that the intellectual challenges to positivism paved the way for more discovery-oriented and descriptive approaches. These qualitative methods have made it possible to study the complexities and subtleties of the therapeutic process in its natural context in a way that was harmonious with systemic models of therapy. They said:

We do believe that qualitative methods have a unique relationship with the history of our field. We also believe that qualitative designs seem congruent with systems theory, afford creative ways to investigate the actual process of therapy, and legitimize the kind of discovery-oriented research that has helped to make marital-family therapy a vibrant field (Sprenkle & Moon, 1996, p. 5).

The increased interest in using qualitative research in family therapy has also been highlighted by Gehart, Ratliff, and Lyle (2001) who underscored that for the field this is “an exciting and invigorating process” (p. 267). They view qualitative research as consistent with the second-order cybernetics strand of thinking in family therapy and as arising out of the recent trends of social constructionist orientations. They reviewed several major research categories appearing in the literature through early 1999, and noted only five qualitative studies on supervision and family therapy training. To address this gap in the research related to two areas, family counselor development during training and conceptualizing the therapeutic relationship in family therapy, it is important to provide a intensive, descriptive study of the experiences of family counselor trainees. This will help educators to better understand the processes involved as family counselors struggle to construct meaning of their learning experiences.

Qualitative Research and Constructive Developmental Theory

In terms of epistemology, constructive developmentalism is compatible with a qualitative research design. Kegan (1982) has stated that his theoretical work is “an organized way of wondering what happens if the evolution of the activity of meaning is taken as the fundamental motion of personality” (p. 15). This wondering stance is characteristic of the qualitative approach to research consequently it seems apropos that a research design using constructive developmentalism to examine students’ meaning-making of their learning experiences uses this approach. The complexity of the phenomenon of constructive development is consistent with a form of inquiry grounded in the study of meaning-making methods. The similarity of qualitative methodology and clinical processes is also notable.

Constructive developmental theory has its origins in the ideas of constructivism and developmentalism (Kegan, 1982). Piaget’s theory of development, that provided the foundational ideas for the cognitive developmental theories, is constructivist in that it posits that development is built on the individual’s construction of an understanding of the world based on social experience (Gall et al., 1996). Constructivism is also a major paradigm in qualitative inquiry with its view of the active human construction of reality. The constructivist paradigm “assumes a relativist ontology (there are multiple realities), a subjectivist epistemology (knower and subject create understandings), and a naturalistic (in the natural world) set of methodological procedures” (Denzin & Lincoln, 1998, p. 27). And just as the developing person is engaged in an on-going process of constructing meaning based on interactions in the world, the qualitative researcher pursues sense-

making and interpretation of reality characterized by emergent understandings of phenomena being studied.

Design Type: Multiple Case Study

Merriam (1998) suggested that a case study approach is a qualitative methodology suited for addressing problems that require more in-depth understanding for improving professional practices. Stake (1998) noted that by constructing rich experiential understandings of a case, information could be provided for improvement of educational practices. The end result of the case study is a holistic, detailed description that is characterized by the presentation of results in the form of a detailed narrative. The case study method seeks to “uncover the interaction of significant factors characteristic of the phenomenon” and is particularly suitable for studying those situations in which it is difficult, or even impossible, to separate the variables from their context (Merriam, 1998, p. 10). Wilson, (1979, cited in Merriam, 1998) focused on the importance of case study for investigating an entity in qualitative, complex, and comprehensive terms, often as the process unfolds over time. Moon and Trepper (1996) pointed out that case study methods have historically had enormous impact in the social sciences and have been recognized for their potential use in bridging research and practice.

As a research design, the case study systematically investigates a phenomenon, occurring in a bounded system that produces data for analysis and interpretation and has potential to yield insight into the area of interest. Stake (1998) contended that case study is not so much a methodological choice as a choice of the entity one wishes to study. He noted that a case may be one individual and that the number of cases in a study may vary from one to several. When several cases are studied together Stake (1995) uses the terms

collective case study, though more often the designation of multiple case study is used in the literature.

Denzin and Lincoln (1998) emphasized that in case study research, the interest is most often in a process, not an individual case. Stake (1995) outlined the difference between an intrinsic case study and an instrumental case study. The intrinsic case study aims at exploring an exceptional instance of a phenomenon while an instrumental case study examines a case to understand something else, such as a particular process. It is conducted to answer questions about a particular phenomenon. In the current study learning family therapy is the process of interest, thus it is an instrumental multiple case study of nine students in order to describe and analyze their perspectives on particular aspects of learning family therapy. Each of the nine cases will be instrumental for gaining a better understanding of how students describe and perceive experiences related to emotional dimensions of the family therapy and the therapeutic relationship in systems work. Their experiences will be interpreted by using Kegan's (1982, 1994) theory of constructive developmental theory to discern how student development might occur in terms of subject-object meaning construction.

This inquiry employed a multiple or collective case study method to investigate several individuals, each as a specific, complex, functioning entity: a student engaged in the process of learning family therapy. In the sense that this is an instrumental case study, each individual case contributes to what can be learned about the processes of meaning making and family counselor development during the nine months of the internship (Stake, 1995).

The purpose of this study was to describe the experiences of beginning family counselors during internship, and to interpret the experiences through Kegan's theoretical framework. The research questions used to guide this study are:

1. In what ways do beginning family counselors describe their affective experiences in their relationships with client families?
2. In what ways do beginning family counselors conceptualize their therapeutic relationships with families?
3. How are these experiences interpreted through the lens of Kegan's constructive developmental theory?

Participants

Since qualitative research emphasizes an in-depth description of a small number of people, sampling is purposeful and criterion-based (Marshall & Rossman, 1995). This allows the researcher to maximize what can be learned from an intensive analysis of empirical material from a small number of cases (Stake, 1995). For this study, participants were selected who were involved in the beginning phase of learning family therapy while enrolled in a nine-month, two-semester family counseling internship at a university in a mid-Atlantic state.

The students who participated in this research were nine students in two graduate level programs that were enrolled in a family counseling internship class. In addition, all participants were enrolled in a full-time academic curriculum at the time of the study. Four of the students, all in the M. Ed. program, had taken an eight-week family counseling practicum in which they worked with one family while receiving live supervision. Those participants who were not enrolled in this live-supervision class conducted their initial family counseling sessions under live supervision with their individual internship supervisors. The amount of clinical experience for each student

varied depending on whether they had been employed in a counseling setting prior to enrollment in the program. Differences in courses taken by each student, both previously and currently, and the styles of instructors each had may have impacted the current findings.

In Table 1 the demographics of the sample are given. The names of the participants have been changed and other details have been modified slightly to protect anonymity and confidentiality:

Participant	Age/Sex	Program	Classes taken	Counseling Experience
Taylor*	24/F	M. Ed.	Marriage & Family, Family Practicum	None
Lynn*	23/F	M. Ed.	Marriage & Family, Family Practicum	None
Betty	25/F	M. Ed.	Marriage & Family, Family Process	Adolescents
Allister*	23/M	M. Ed.	Marriage & Family, Family Process, Family Practicum	None
Frank*	30/M	M. Ed.	Marriage & Family, Family Process, Family Practicum	Adults with chronic mental illness
Michelle	31/F	Doctoral	Marriage & Family	Clients with disabilities
Cliff	43/M	Doctoral	Marriage & Family	School counseling, church youth minister
Arthur	46/M	Doctoral	Marriage & Family	Clergy
Dami	29/M	Doctoral	Marriage & Family	Adolescent treatment center, home-based court services

Table 1: Sample Demographics

*Students who completed the summer family counseling practicum.

Setting

The family counseling internship is taught in the graduate counseling program in the School of Education at Atlantic Coast College (ACC). (The name of the institution is a pseudonym.) The internship experience is a post-practicum clinical experience in which

the student is supervised closely in order to promote the development of their skills and knowledge while learning to counsel families.

The primary site at which students provide family counseling services is the university-based family counseling clinic housed in the School of Education. Students also provide family counseling services at other sites in designated schools in the surrounding area. The primary systems theory taught and used is structural family therapy. The structural framework is integrated with approaches that highlight family competencies and promote family counselor understanding of the range of diversity in the families seeking services.

The school and the university-based family counseling clinic are located in an upper middle class suburban community in a mid-Atlantic state. The clientele is primarily in the lower range of socioeconomic status although there is a range from very low to moderately high income levels. Family counseling faculty and the clinic director, assisted by advanced doctoral students, administer the clinic. The clinic has been funded by a regional consortium of public schools since 1980. The consortium was originally established to provide clinical services to families of children with disabilities. Over time these services have been expanded to include any children exhibiting school problems ranging from failing grades to aggression and assault. Participating school districts refer students and their families identified by school personnel for services. Students enrolled in the family counseling internship provide free services to the referred families at two locations on campus and in three to four public schools within a 30-mile radius of the campus. In addition to providing family counseling services to public school students in the area, the clinic focuses on the implementation of school-family collaboration by

family counseling interns to facilitate communication between these systems to coordinate and resolve student problems.

In a review of data compiled for a recent five-year report, it was demonstrated that approximately 312 families are referred each year for counseling (Annual Report, 1998). This ranged from a low of 222 in 1993-1994, to a high of 395 in 1996-1997. Of the referrals received there are instances in which families do not respond to the services offered. In two recent years, the percent of families referred that received services was 62% for each year—the number of families seen each year was 245 (1996-1997) and 197 (1997-1998). As a general rule the clinic serves between 200 and 250 families each year.

Families may be referred for a number of reasons designated on the referral form—school personnel making the referral usually select more than one reason. A breakdown of the primary categories designated by referral sources include family communication (40.3%), academics (38.3%), self esteem (36.7%), peer social skills (35.8%), divorce or separation (30%), aggression (29.7%), school discipline (24.9%), and depression (12.1%). Other categories accounting for less than ten percent each include attention deficit disorder, family death, abuse or neglect, physical health, developmental delays, and suicidal ideation. With the current landscape of social issues that impact schools and families, the nature of family problems of those referred for services have intensified, resulting in a client population with fairly severe difficulties. Unlike many training clinics, there is no screening process and services are provided to any family who chooses to participate resulting in a waiting list that begins to build in the spring semester. It is important to point out that the severity of the family's problems can significantly affect the learning process of novice family counselors with this factor

adding to the stress experienced by students (Breunlin, Schwartz, Krause, Kochalka, Puetz, & VanDyke, 1989).

The counselor education program and the family counseling clinic emphasize cognitive developmental theory as a framework for their curricula. The educational goals for counseling students include promoting development of conceptual and cognitive complexity so that they develop the ability to take multiple viewpoints of family members and coordinate these perspectives in a way that enhances the developmental growth of the family and its' members.

M.Ed. students. The counseling program provides education at both the M. Ed. and doctoral levels. M. Ed. level students choose one of several tracks: community counseling, school counseling, addictions counseling, or family counseling. Since the family counseling internship is the primary clinical experience in the academic year before graduation, and ACC is CACREP-accredited, M. Ed. students must complete a requisite number of client contact hours. Thus, they are expected to focus a great deal of energy on this primary clinical learning experience and work with a caseload of up to 8 to 12 families. The internship is the M. Ed. student's chief focus of study during the year leading up to graduation. Five of the family counseling interns in this study were M. Ed. level students.

Doctoral students. Doctoral students major in counselor education and may choose one of several tracks including but not limited to addictions counseling, family counseling, or multicultural counseling. In contrast to the M. Ed. level students they enroll in the family counseling internship on an elective basis and consequently are

assigned a fewer number of families unless they are completing their doctoral internship requirements.

Three of the doctoral students in this study were in the first year of their program, attending full-time. They were adjusting to the expectations of doctoral study, which is, quite rigorous, and at the same time fulfilling graduate assistantship assignments in the School of Education. The fourth doctoral student had been attending part-time for several years and was taking the internship to fulfill his doctoral internship class—he was expected to carry a caseload similar to the M. Ed. level students of up to 8 to 12 families. This information is highlighted to emphasize that the experiences of this fourth student, the other three doctoral students, and the M. Ed. students are quite distinct. In addition, educational expectations were quite different.

Individual and group supervision. In a given academic year five or more beginning family counselors enroll in the family counseling internship which entails participating in weekly individual and group supervision. In the year in which this study was conducted there were more students than usual enrolled and two supervision classes were formed with about nine students each and the groups were composed of a mix of M. Ed. and doctoral students. The weekly group supervision classes also included more advanced students, from both programs who had from two to four years of experience working in the family counseling clinic. Instructors for the supervision classes included the clinic director and two faculty members who served as directors of the clinic. Those new interns who had not participated in the summer family counseling practicum received live supervision for five sessions with their first client family before taking new referrals and assuming a full caseload.

Procedures

Selection and recruitment. Students enrolled in the family counseling internship for the academic year, who had not taken the class previously, were contacted by letter prior to the beginning of the internship—See Appendix A. The letter asked students to contact the researcher by phone or e-mail to schedule an interview. One student responded by phone. In the third week of the fall semester, visits were made to the two supervision groups to explain the nature of the study and answer any questions that students had. Eight additional students volunteered following these visits. Interviews were scheduled by e-mail and through personal contact at the university.

Data collection procedures. The first interviews were conducted in the last two weeks of September 2001. At that time, prior to the interview, the data collection procedures were explained and the informed consent forms were reviewed with each participant and signed. Arrangements were made with the students to obtain their essays prior to their video interview the next month. It was also arranged to communicate with participants by email about future appointments and to receive the essays via email. After this initial interview the six remaining interviews were conducted in the following order: Video Interview 1, Interview 2, Video Interview 2, Interview 3, Video Interview 3, Interview 4. Video Interview 1 was not scheduled until after an intern had begun working with a family. The first three interviews were completed during the Fall 2001 semester and the final four during the Spring 2002 semester. The interviews were audio taped and later transcribed for member checking and data analysis.

A single participant provided journals for November and December, 2001. Additional journals were obtained from five of the nine participants during the Spring

2002 semester. In that class the instructor made the journals a requirement. Portfolios were collected for four of the nine participants in March 2002. Four more were collected in May 2002. The supervisors in the two groups had decided upon different timelines for collection of portfolios. Data collection was complete after the collection of the last four portfolios in May.

Data analysis. As each set of interviews was done, each individual interview was analyzed and emergent themes were established. Since the final three interviews were conducted fairly close together in comparison to the previous four, and there were some problems with quality of some of these last tapes, it took about six weeks to transcribe and member check the final interviews. Therefore, data analysis on the individual cases was started in June. After this each participant's seven interviews had a group of themes for each interview resulting in 63 sets of themes for the total number of interviews for all participants. Then, the themes for each participant over the year were analyzed by grouping each one's seven sets of themes into meaningful clusters of themes. The resulting themes for each student for the year were then compared to the data from essays, journals, and portfolios. This data was used to perform the within-case analysis for each of the nine participants. In addition, for each case a developmental interpretation was conducted using the SOI methodology. Based on the interviews and other data and on the themes that emerged over the year, developmental positions were analyzed over the course of time. As spelled out in Chapter Two three criteria for establishing stages were used including examining a participant's sense of a psychological boundary, ability to take a perspective on something, and what he or she was able to take responsibility for. Table 2 presents developmental positions for each participant at the beginning and at the

end of the internship year. The final column of the table shows the kind of change assessed over the nine months.

Participant	Beginning Position	Final Position	Change
Lynn	3	3(4)	Within-stage growth
Betty	3	3(4)	Within-stage growth
Michelle	3(4)	3(4)	No change
Arthur	3(4)	3/4	Within-stage growth
Taylor	3/4	3/4	No change—approaching transition
Frank	3/4	4/3	Between-stage growth
Allister	4/3	4(3)	Within-stage growth
Cliff	4(3)	4(3)	No change
Dami	4(3)	4(3)	No change

Table 2. Developmental Positions of Participants

The entire process extended from June until August 2002. In September 2002 two audit meetings of the within-case analysis occurred. Subsequently the researcher performed the cross-case analysis. An audit of the cross-case analysis was completed with the dissertation committee in October 2002. The researcher met with an outside peer debriefer several times throughout the year to discuss issues with the dissertation process as those arose.

Researcher's Role

An advantage of qualitative methodology is that the researcher becomes a primary “instrument” of the research (Firestone & Dawson, 1988). The subjective understanding of the investigator becomes an additional source of data and can be used for generating hypotheses relevant to the topic of study. However, the biases of the researcher should be acknowledged so that they have minimal influence on subjectivity and remain in the researcher's awareness.

This researcher, as the main instrument of data collection and interpretation, endeavored to understand as thoroughly as possible, through the data collection strategies, the perspectives and understandings of the interns (Stake, 1995). The degree of involvement with the participants in this study is described as a “peripheral-member-researcher” as specified by Adler and Adler (1998). This was because observation was only a small aspect of this study occurring during the mutual observation of videotaped counseling sessions with the students that provided stimulus for the video interview. There were little day-to-day interactions with the participants. The primary form of contact occurred during the interviews, which were planned at approximately four to six week intervals in order to maintain a continuity of presence and to develop rapport and trust with the participants.

During interviews and while analyzing interview texts, it was important to engage in a reflexive examination of the researcher’s perspective as well because it is through this lens that interpretation occurs. During the research process it was important to remain cognizant that interpretation was an interactive process shaped by personal history, gender, social class, race, ethnicity, and worldview, both of the researcher and of the participants (Denzin & Lincoln, 1998).

Rossman and Rallis (1998) proposed the alternative metaphor of the researcher as learner rather than research instrument. As a learner, the researcher asks questions and studies the context in which the participants act while endeavoring to construct an understanding of certain aspects of the topic of interest. Also, it is important to recognize that, “Data are filtered through the researcher’s own unique ways of seeing the world—his lens or worldview. Given this interpretive nature of qualitative research, the

researcher's personal biography shapes the project in important ways" (Rossman & Rallis, 1998, p. 26). It is important then, for the assumptions and perspective of the researcher to be reflected upon and stated.

Data Collection Strategies

The primary source of data collection were a series of seven interviews that included four semi-structured interviews conducted during the course of the internship, and three shorter interviews. The shorter interviews, designated as video interviews, were conducted in conjunction with watching a segment of a student's videotaped family counseling session. Data collection also included student essays written following the first interview on their expectations of the internship experience.

Originally, it was planned that supervision journals and family counseling portfolios would be collected for analysis. Due to differing expectations of the instructors for journal writing they were not available for all students—five of the nine students contributed journals for at least part of the year. In addition, one student who was enrolled in another program, was not required to complete a portfolio. The journals and portfolios that were available were analyzed for the individual cases but were not used for the cross-case analysis.

Interviews. Kvale (1996) described the research interview as a conversation with structure and purpose that extends beyond everyday dialogue. In the interview:

. . . the researcher listens to what people themselves tell about their lived world, hears them express their views and opinions in their own words, learns about their views on their work situation and family life, their dreams and hopes. The qualitative research interview attempts to understand the world from the subjects' points of view, to unfold the meaning of peoples' experiences . . . (p. 1).

The purpose of the qualitative research interview is to gather descriptions of the interviewee's world and gain an understanding of the meanings given to their life experiences (Kvale, 1996).

Semi-structured individual interviews were conducted with the interns at four designated junctures during their internship. The first interview occurred at the beginning of internship class just as the students were starting to see their first families. The purpose of the first interview was to establish rapport and gather contextual information from the participants in order to describe each student's background and begin to build each case study in detail. The second and third interviews occurred at approximately three and six months respectively and followed up on the students' experiences as the academic year progressed. The final interview was conducted during the last full month of the internship class and focused on their reflections on the internship experience, the meanings they constructed of their experiences with actual families, and their conceptualization of the therapeutic relationship in family therapy following the internship.

The interview questions were guided by salient constructs found in the literature on family therapy training and constructive developmental theory. Themes informing interview questions related to the client-therapist relationship and its role in the family counseling process, the self of the therapist, and the intersections between these areas and constructive developmental theory. Broadly, the questions included: (1) background questions, (2) questions related to the counselor's affective experiences in response to counseling families, and (3) questions aimed at determining how they conceptualized family counseling and the counselor-family relationship. Interview protocols were subjected to a peer checking procedure with students who had recently completed the

family counseling internship who were not participants in this study. This checking procedure was used to determine whether the language and wording of questions were accurately framed so that interviewees were likely to understand them and to maximize the chances of obtaining answers that were meaningful for the research purposes. Table 3 presents the interview questions, rationale for questions, and purpose of questions for the first interview. Appendix A contains both the questions for the four semi-structured interviews that were somewhat different from one another, and the questions for the video interviews which were consistent throughout.

Question	Rationale	Purpose
<p>1. I'd like to start by learning about you as a person. Tell me about yourself.</p> <p>Prompts: For example, what kinds of life experiences have influenced your desire to be a family counselor? To do family counseling? Who or what led you to this line of work?</p>	<p>Background and rapport Kegan (1982, 1994) Usual/unusual cases</p>	<p>How do they talk about themselves in terms of what they see as meaningful; possibly what can be reflected on as object.</p>
<p>2. Why and how did you decide on your program of study in family counseling?</p> <p>Prompts: Was there a pivotal moment when you decided on family counseling? What led you to the family therapy internship?</p>	<p>Background and rapport Kegan (1982, 1994) Usual/unusual cases</p>	<p>How do they talk about themselves in relation to the learning of family therapy.</p>
<p>3. What would you like me to know about you so I can understand your interest in family counseling?</p> <p>Prompts: What do I need to know about your coming into the family counseling field?</p>	<p>Baseline information for building each case Aponte (1992) Nichols & Schwartz (2001) Shadley (1987)</p>	<p>Background influencing self of the therapist factors</p>
<p>4. How do you make sense of the process of family counseling?</p> <p>Prompts: From the perspective of it as a process. What does the experience of family counseling mean to you?</p>	<p>Flaskas (1996) Wertheim (1996) Kegan (1994)</p>	<p>How they conceptualize the process of counseling/therapy; how they think of self in relation to tasks of counseling.</p>

Question	Rationale	Purpose
<p>5. Tell me about your interests in learning family counseling?</p> <p>Prompts: What do you value about the work of family counseling? What about this type of work is important to you?</p>	<p>Aponte (1992) Boyd-Franklin (1995) Kegan (1994) Shadley (2001)</p>	<p>Personal values in relation to the work they are learning to do; connections between self of therapist and the work of family counseling.</p>
<p>6. What is important about the relationship between the therapist and the client family?</p> <p>Prompts: what is important to the on-going therapeutic process? How do you figure out how the relationship between the counselor and the client family relates to the process of counseling? How do you see the therapist-client relationship in family counseling?</p>	<p>Flaskas (1996) Kegan (1994) Laszloffy (2000) Wertheim (1996)</p>	<p>Conceptualization of the therapeutic relationship; relationship between therapist and client; Do they see it as critical or not? (Kegan-subject/object).</p>
<p>7. What do you think are the most important things a family counselor does to promote therapeutic change?</p> <p>Prompts: By things I mean theoretical knowledge, techniques, assessment skills, the relationship between therapist and family, those kinds of things. If say techniques: any specific techniques? From what you've mentioned, what are the top two most important and why?</p> <p>Probe: Of the things you named how do they relate to each other?</p>	<p>Laszloffy (2000)</p>	<p>Their view of the most important aspects of therapy process. How important do they think the therapeutic relationship is to therapy process/outcome? Conceptualization of tasks critical to effective family therapy outcome. Do they perceive one as more important, skills more important than relationship, for example?</p>
<p>8. What would a challenging client family look like for you to work with? Please describe an example of a family that might be challenging to you.</p> <p>Prompts: what would they act like, what would their problems be, what emotional responses might be evoked in you?</p>	<p>Flaskas (1993, 1996) Kegan (1982, 1994) Liddle & Saba (1982) Smith, Osman, & Goding (1992)</p>	<p>Anticipation of family situations that may evoke disequilibrium or emotional response.</p>

Question	Rationale	Purpose
<p>9. There are many different personal factors of the therapist that are believed to impact the family counseling process. I will list them and I'd like you to talk about whether and in what way you think each might be significant to you in family counseling. Please explain each one.</p> <ul style="list-style-type: none"> • Cultural background • Gender • Marital status • Age • Class • Sexual orientation • Your family of origin • Your current experiences in relationships • Your family life cycle stage 	<p>Aponte (1992) Kegan (1994) Shadley (2001)</p>	<p>Perception of personal factors that impact on family counseling; reflections on the influences of these on self of therapist; degree of reflection about self and work</p>
<p>10. When you are trying to make sense of things in family counseling how do you do it?</p> <p>Prompt: How do you know when something is true? What counts as evidence of truth to you?</p>	<p>Kegan (1994)</p>	<p>Meaning-making</p>

Table 3: Interview 1 Questions

Participants received copies of interview questions the day before by e-mail so that they could review the questions if they chose to. The interviews were conducted in a setting within the School of Education that was convenient for the participants. They were recorded on audiotape for later transcription. The transcripts of the interviews were given to participants for member checking to ensure accuracy of transcription and to allow for further reflection on the contents therein if desired (Stake, 1996). Interview transcripts yielded textual material for subsequent data analysis that used analytic inductive methods.

Interviews with videotapes of family counseling sessions. During the second set of interviews each counselor was asked to play a selected section of videotape of one of their counseling sessions with a family. (These will hereafter be termed video interviews.) They were asked to choose a section of a videotaped session that they believed was significant to their development as a counselor. These interviews occurred during the months in which the in-depth interviews did not occur. The purpose of these interviews was threefold: 1) to maintain on-going contact and develop rapport and trust with the participants, 2) to provide a means for the intern to present a session identified as significant to their learning and development and relate more readily their thoughts and emotions about actual work with a specific family, and 3) to ask relevant open-ended questions about their cognitive and affective responses to their in-session interactions with the family.

In order to explore the meaning-making processes ascribed to their interactions with families in treatment, questions explored the reasons the participant selected the particular section of videotape followed by asking about his or her thoughts and feelings that occurred during the session. Additional questions probed for meanings that the participant gleaned from the session and inquired about aspects of their experiences they might still be processing. The purpose was to explore the meanings they attached to significant interactions in family counseling sessions and their emotional responses to families with which they worked.

Essays, supervision journals, and portfolios. The interns were asked to write a short essay describing their expectations of the internship experience early in the semester. In addition, some students kept reflective journals that they shared with

individual or group supervisors. The purpose of the journals was to promote self-reflection so that the students could begin to broaden their perspectives on the kinds of issues families present in counseling. Both these documents provided valuable information for understanding their perceptions and experiences.

Another source of data was obtained from the students' family counseling portfolios in which they described their goals for professional development during the internship. For some, there was also an assessment of their professional development during the semester that included the student's evaluations of progress toward stated goals. As stated earlier, one student was not required to complete a portfolio.

Researcher's journal. The recording of descriptions of research practices, critical reflections, and tracking of the research process was provided by keeping ongoing notes in a journal (Glesne, 1999). The journal also became an audit trail of the entire process of research accompanying the researcher's insights that resulted from "the interaction of reading, reflecting, and doing research" (Glesne, 1999, p. xiii). Keeping a research journal allowed for reflection on the interview sessions, recording of observations and any comments made by participants before and after interviews that might be significant, and for thoughts about the phenomenon of study during data collection and analysis.

Data analysis. The initial interviews were transcribed, returned to the participants for member checking, and then analyzed by using a modified version of Carney's (1990, cited in Miles & Huberman, 1994) analytical abstraction method for each case. A Level I analysis, involving comparison of answers to individual questions by all participants in order to address the research questions, was not conducted because of the complexity of such a task. Since each of the 63 interviews was comprised of from seven to twelve

questions, this would have been unwieldy and extraordinarily time consuming. In addition, since the third research question was addressed with multiple interview questions, collating a Level I analysis for that question would have been quite difficult as well.

Themes for each individual interview were determined by first reading and rereading each interview several times. Memos and observations were recorded on interviews during these readings to obtain a sense of the themes that were emerging. Then, as a check, word counts were used to identify the most frequently used words and phrases in the interview. Those frequently used words and phrases most significant to the topics of interest were selected and examined within the context of the interview and then were grouped with surrounding related interview text that constituted a unit of meaning related to the word or phrase. These were compared to themes that had previously emerged based on initial reading, rereading, and memoing the interview. Using these two procedures, initial themes were identified and portions of text were extracted and grouped with other relevant text into possible themes.

The identified themes that emerged were then tested against the interview text to make a judgment as to whether they actually fit the data. Any final modifications or adjustments to themes were then made resulting in themes that reflected the overall meaning expressed by the speaker. Subsequently, theme names were assigned by using the words of the participant that best fit the meaning of the each theme that emerged in an interview. Then, as each interview was analyzed in the same manner there accumulated, by the end of data collection, a set of themes for each of the seven interviews for each

case over the year. This resulted in seven sets of themes for each participant with each set containing from five to eight themes.

After all themes for all 63 interviews were determined following the last round of interviews, all the themes from all seven interviews for a participant were examined together and sorted and resorted into themes to test different groupings. This involved trying out various groupings and reading and considering which themes were connected across interviews. This process was repeated several times to determine the best way to collate the themes for each participant for the year. After a final sorting, themes for a participant's entire set of interviews were read and the theme groupings tested together to evaluate their expression of similar and meaningful ideas. The theme groups were subsequently renamed depending on the person's words that best expressed the meaning for the theme from all of his or her interviews. If a theme appeared at four or more interviews it was deemed as a theme for the full data collection period. Those themes that appeared in two or three interviews were then examined to determine their significance to the topics of inquiry and to that individual participant. Using these criteria, decisions were made as to whether to retain them as a theme for the entire year. This process resulted in from six to eight themes for each participant for the year.

Data analysis of essays, portfolios and journals was conducted by reading and comparing the meanings in them with the themes that had emerged from a participant's interviews. In many instances not enough data was available to establish the presence of new or continuing themes. Often though, there was some text that reflected ideas that were similar to the interview themes and when present were included in the case analysis.

If new or continuing themes from interview data emerged, this was recorded as well for the individual case analyses.

Along the lines just described, each case was analyzed separately which resulted in the within-case analyses and data display matrices for each case that allowed for a longitudinal observation of theme emergence. During this phase the researcher recorded observations and impressions relevant to the ultimate cross-case analysis and met with the peer debriefer to discuss initial impressions. After the individual case analyses were complete an audit was conducted by the dissertation committee to review the researcher's procedures and examine possible alternative cases prior to moving forward with the cross-case phase of analysis.

The cross-case analysis involved comparing and contrasting the themes for all of the participants to determine commonalities and differences. A matrix was constructed to group the themes across cases and this provided a framework for focusing, reducing, and integrating the themes, laying the groundwork for the interpretation phase of the study.

Ethical Considerations

Conducting research carries with it a responsibility to the individuals willing to share some of their most private feelings and thoughts. "When we enter into a research relationship with participants and ask them to share their stories with us, there is the potential to shape their lived, told, relived, and retold stories as well as our own" (Clandinin & Connelly, 1998). It is imperative that researchers take extreme care to avoid harm to the people willing to allow researchers access to their private world (Fontana & Frey, 1998). Informed consent, right to privacy, and protection from harm are the ethical concerns traditionally addressed by researchers.

The ethical standards of the American Psychological Association and the American Counselors' Association served as guidelines for protection of research participants and thus participants were informed in writing and orally of the purpose of the research. The Human Subjects Review Board of the School of Education at the ACC reviewed the research proposal to assure that appropriate steps were taken to protect participants. The informed consent agreement clarified that participation was voluntary, that confidentiality would be maintained, and that participants could withdraw at any time without suffering adverse consequences. They were assured that grades in classes and evaluations by faculty would be in no way be connected to their decision to participate or not participate in the research study. Participants were advised they had the opportunity to see results of the study on completion of the project.

Verification/Evaluation Criteria

Criteria standards for judging a scholarly qualitative study are highly variable and have been debated by several authors from the stances of different epistemological paradigms (Creswell, 1994; Denzin & Lincoln, 1998). Denzin and Lincoln (1998) described the "legitimization crisis" in qualitative research as the retheorizing of the traditional positivist evaluation criteria of validity, reliability, and generalizability. They contended that the postpositivist, constructivist, and critical theory perspectives require criteria unique to their respective aims and worldviews. Lincoln and Guba (1985) discussed quality criteria in terms of the designations "trustworthiness" and "authenticity" in contrast to the previously mentioned quantitative terms. Trustworthiness and authenticity hinge on the accuracy of the account. The credibility of data collection

and analysis centers on accuracy and the degree of fit to the reality of the participants (Creswell, 1994).

According to Creswell (1998) strategies for ensuring trustworthiness and authenticity include the following:

1. prolonged engagement with extended time in the field to establish trust and to learn the culture,
2. triangulation by using multiple data collection methods, sources, investigators, or theoretical perspectives,
3. peer review and debriefing to augment the researcher's viewpoint with external input,
4. alternative case analysis by consciously searching for disconfirming evidence to refine emergent assertions,
5. clarifying of researcher bias through reflection on one's own subjectivity and establishing means for monitoring it during the research process,
6. member checking by sharing interview transcripts, analysis, or drafts of results with participants to ensure accurate representation of their ideas, thoughts, and feelings,
7. rich, thick description, and
8. external audit by persons outside the research process.

In the current study extensive time in the field was accomplished through continued contact with the participants during seven interviews over a nine-month period of time. The criterion for triangulation was met by using multiple sources of data collection including seven interviews and an essay from each participant, and journals and family counseling portfolios from some of the participants. This also helped to minimize bias arising from the methods used, sources of data, and researcher perception (Creswell, 1994).

Procedures for peer debriefing, member checks, and internal audit were established to increase rigor, check for accuracy, and augment clarification of examples

of alternative cases. A peer debriefer assisted by providing feedback on the researcher's establishment of themes during the early analysis of individual interviews, the final themes that emerged for each student for the year, and the later cross-case analysis. The peer debriefer was an external researcher familiar with cognitive developmental theory, Kegan's theory, and family therapy.

In addition to the peer review and debriefing, audits by the dissertation committee were done at three intervals during data analysis to ensure trustworthiness and credibility and to examine the researcher's emergent interpretations. Peer reviews and audits were valuable means for helping to identify and confirm impressions of potential alternative cases. Clarification of bias was accomplished by writing a statement acknowledging personal influences and interests prior to the initial interviews and by use of the peer reviews, audits, and also by keeping a researcher's journal to reflect on impressions that arose during the course of data collection. Efforts were made to create rich, thick descriptions of the cases to convey verisimilitude to the reader (Glesne, 1999).

Summary

This chapter presented an explanation of the research methods and a description of the setting and study participants. In Chapter 4 the analysis of the nine individual case studies is presented and in Chapter 5 the cross-case analysis is discussed. Chapter 6 concludes with a discussion of the analysis in relation to the literature, along with implications and suggestions for future research.

Chapter 4

Within-Case Analysis

Overview

This study investigated the experiences and perceptions of nine beginning family counselors during their academic internship in a university-based clinic. A multiple case study research design was used to collect and analyze data from seven interviews over the year as well as essays written by the students on their expectations of the internship experience. Family counseling portfolios and supervision journals were also analyzed for some of the students. Journals were provided by five of the nine participants and all but one student completed a portfolio.

This chapter presents the individual case analyses for the nine family counseling interns who participated in this study; a cross-case analysis will be presented in the next chapter. Each case begins with a background description, includes a discussion of the themes that were identified from the data available for the student, an interpretation of developmental change, a summary of the analysis, and ends with an interpretation. For each case analysis, a matrix was constructed to show the emergence and frequency of themes over time. The names of the interns are pseudonyms the participants selected and identifying information has been altered to provide anonymity.

The developmental interpretation for each student was conducted informally and was not based on the established procedure of the Subject-Object Interview (SOI; Lahey et al., 1988). Because of the number of interviews and the need to gather information related to the first two research questions, it was decided that conducting the traditional SOIs at the beginning and the end of data collection would not be feasible and possibly

burdensome for the participants. This informal analysis followed the Lahey et al. (1988) criteria to ascertain each participant's sense of psychological boundary, ability to take a perspective on what emerged in their discourse, and the degree of responsibility each assumed in relation to what they discussed. So, with these three criteria in mind the data were examined to determine what an individual demonstrated an ability to take as object versus what they were subject to. In order to take something as object the person must show the capacity to reflect on it and cognitively organize it. For example, if self identity emerged in the data, especially if it was a theme for the year, it was seen as evidence that a student was able to take their self-identity as object, as something they could actively conceive of and organize. This theme was looked at in conjunction with other themes that were present that suggested patterns indicative of developmental position.

Master's Level Students

Since the expectations and experiences of the master's and doctoral level students varied, they will be presented in separate groups. The first five students presented next were enrolled in a master's level graduate program; all but one majored in community counseling. The remaining four students were in the doctoral level counselor education program.

Allister: "To work intentionally with clients"

Allister is a 24-year-old male who moved from the Northeast to enter the master's community counseling program at ACC. He had previously attended a small private liberal arts college majoring in psychology and biology and had no previous counseling experience. In the first interview Allister discussed key life experiences that influenced his decision to become a family counselor. Prior to graduate school, two family friends

suffered deaths of a parent that affected the remaining family members greatly. He concluded that the impact of this on remaining family members warranted the services of a family counselor to help the family cope with loss and possibly prevent subsequent problems. These events, in addition to a spiritual commitment, led to an early interest in family therapy. In his first year in his graduate program he had worked as a graduate assistant in a local elementary school and while there recognized the importance of working with students' families because he saw, "how the family life really affected [the students] and impacted their behavior at school." He noted that the experience, "changed my view of counseling in terms of the systems orientation." These experiences, in addition to the marriage and family class, informed his decision to enroll in the internship.

Allister participated in the summer practicum class, and his experience there involved work with his first client family who he continued to see throughout the internship year. His work with this family was seen by him as significant for several reasons, including the parents' disclosure, after more than 20 sessions, that their 6-year-old was having suicidal thoughts. Allister spoke often and fondly of his work and relationship with this family during the year.

Allister was soft-spoken and gave brief, unelaborated responses to questions, particularly the first semester. Questions asking for more specificity rarely elicited much more elaboration from him. On one occasion he described himself as "not very emotional" and said he was a private person and this may have contributed to the way in which he responded. Later in the year he gave more detailed answers to questions and

provided examples of his experiences more freely. On one occasion he left one interview explaining further an answer to probing questions: "It's all about the feeling."

Allister had a caseload of up to nine families during the internship year in order to fulfill CACREP requirements for client contact hours and he conducted over 60 family sessions. In the next section the themes from his interviews, essay, portfolio, and journals are presented.

Interview Themes

In Table 4 the seven themes that emerged in Arthur's interviews are presented showing the points at which they emerged and reemerged. Two themes emerged three times while the remainder arose at four data collection points.

A family framework. This theme emerged in three interviews and was retained because it was relevant to the research topic and also appeared in his essay. In his first interview Allister said that certain experiences led him to see that:

...in family counseling you're not working with just one person; you're working with the entire system so that the potential is there to effect change on the entire system rather than just one person, and the change can be long-term if you do change the system.

Later Allister talked about specific techniques that would help the family "change structurally" and that would perhaps also "get to the underlying issue." In the final interview he said that he saw family counseling as "more powerful than I thought it was... than I was realizing that it might be." In a parting comment he said it was important "to have a family framework and I hope to carry it with me. I'm sure I will, I just hope that I can use it in a job." In this interview he also expressed his ideas about change from a family systems perspective.

Interview 1	Essay	Video Interview 1	Interview 2	Video Interview 2	Interview 3	Video Interview 3	Interview 4
A family framework (Emergent)	A family framework (Continuing)				A family framework (Continuing)		A family framework (Continuing)
Taking different perspectives (Emergent)		Taking different perspectives (Continuing)			Taking different perspectives (Continuing)		Taking different perspectives (Continuing)
Relationship encourages depth (Emergent)			Relationship encourages depth (Continuing)		Relationship encourages depth (Continuing)		Relationship encourages depth (Continuing)
What exactly is going on? (Emergent)		What exactly is going on? (Continuing)				What exactly is going on? (Continuing)	
			Change is up and down (Emergent)		Change is up and down (Continuing)		Change is up and down (Continuing)
	Being who I am (Emergent)		Being who I am (Continuing)		Being who I am (Continuing)		Being who I am (Continuing)
				Amazing to get to know people (Emergent)	Amazing to get to know people (Continuing)	Amazing to get to know people (Continuing)	

Table 4: Themes for Allister

Taking different perspectives. This theme emerged in five interviews and involved both a changed view of working with particular clients and his attempts to understand something in family counseling by viewing the situation from each family member's viewpoint. About the later, he said,

...it helps me to take different perspectives and that's one thing I do with my practicum family...it is important to take perspectives of everybody, not just one person you most sympathize with, or that you most feel for...I guess I don't have the experience to know exactly what to do theoretically and so it helps me to understand.

In the final interview he elaborated on the client's perspective when asked if he saw other people differently: "I guess you always have to realize there is more to a person than you see." He added that he had changed his thinking about clients in terms of being conscious "that people have a lot going on." He continued: "As you get to know people you get a better feel for why they are the way they are, or how they are the way they are—what they are doing and why it's the only thing that they can do."

At the end of the year, when asked whether he had any thoughts about his comments at the beginning of the internship related to working with same sex couples. He discussed the change in his thinking:

I sort of really developed an awareness of that and have really developed an idea of some of the different issues involved and how it could be looked at from a multicultural standpoint, and so I would definitely feel more comfortable with my ability [to work with these clients] now, and I think that was driving a lot of my unwillingness to say I wouldn't see a gay or lesbian client.

He added that earlier "he wouldn't know how to be with them," but that, "I think I do know more now...I think that I could ethically see those clients at this point, would have a better idea... part of it has been just the professor that I have that's a lesbian woman, and you get a whole lot of perspective from that."

Relationship encourages depth. This theme arose in four interviews and was expressed in terms of building trust in the first two interviews. In these he discussed what he thought contributed to therapeutic change: “without having built some sort of a relationship in which they can trust that you’re working for their good and they can be honest with you—I don’t think [change] is possible.” In the second semester he was more specific about this noting that the relationship is,

...almost like a bank account, that if you build a strong relationship... with my first family...I feel like I have a lot of investment in terms of relationships and I can pull some of that investment and really confront them. Not harshly but in a strong way and use up some of that excess strength of the relationship to really push them along in a therapeutic way.

In the next interview he described how relationships develop depending on the family: “different families have had different challenges and you’d need to approach different challenges in different ways.” He added that at times, “You can’t be real laid back ...you really have to take action.” In the last interview he said in response to a question about how the therapeutic relationship affects treatment progress that, “I think it benefits the treatment process, it think it speeds it up, facilitates it. I think the relationship encourages more depth...people are willing to discuss things that are less superficial and are more meaningful and are really the more core issues.”

What exactly is going on? This theme arose in three interviews and refers to challenging situations in which he was unsure how to proceed. It was retained as a theme since it also emerged in his journals and because Allister tended to downplay his emotional responses, thus this kind of expression was significant for him. An example of a situation in which he felt unsure occurred early in the year as Allister spoke about his religion as an influence in his life and acknowledged his uncertainty about working with

particular kinds of clients because of his beliefs. In relation to the example previously given, he noted that, “a particularly challenging client would be...a same sex couple, particularly one with relational difficulties and the desire to adopt children—things that I just haven’t worked out yet.” He added,

I’m not sure how I’d deal with it and I don’t know how I’d react to that, I just don’t. You know I don’t necessarily say it’s wrong but I can’t tell you what I’m going to feel...when I’m faced with that—I don’t have an answer.

He further related that, “I would feel incompetent and not, I don’t think it would be ethical because if you don’t know, then how can you ethically counsel someone?”

This theme also appeared in two video interviews, one each semester. In the first, Allister presented a session in which his first client family had a crisis involving the son’s suicidal ideas. He was faced with a situation with “a lot of really emotional and deep stuff involved” and with a family that he thought he knew fairly well since he had worked with them for over two months. He stated that up until then the family problems had been “easily manageable” but this “is harder to put a finger on, like, what exactly is going on?” In the final video interview he again presented a situation that was new for him involving an adolescent who had been charged with underage drinking. He had taken action with the parents that led him to wonder if he had handled it appropriately: “I wasn’t sure...I was unsure of how well I did it and I can’t look back on it and go ‘I wish I would’ve done it this way.’” He noted it was “something that I hadn’t dealt with and it was just somewhat difficult.” His concern was related to feeling “anxious about, ‘I hope this is the right thing to do.’”

Being who I am. This theme appeared in three interviews and was retained because of its relevance to the research questions and because it was repeated in his

essay. Allister expressed becoming more comfortable with his counseling style at the second interview saying, “I think that I’ve learned to be more comfortable with being who I am.” Later he talked at length about his personal traits and how counseling was “a match of personality and discipline.” He said,

...my personality seems to match, and my characteristics...like the interest in people, in having relationships and useful relationships, but again with that distance, you know the professional distance that you can have in a counseling relationship has been pretty focused because I have the ability to relate to people, I just choose not to sometimes.

In the last interview he said in response to a question about the most important aspect of family counseling,

I guess the self of the counselor is sort of this stuff. I still say that I’m no different with people in a session...I try and be the same person. I might use different tactics in terms of what I’m trying to accomplish but, who I am doesn’t change.

Change is up and down. This theme appeared in Allister’s final three interviews.

At the end of the first semester he talked about learning from

...my long-term family how the process of change actually happens and what it looks like...they haven’t moved a whole lot but I still feel like they are moving quite a bit—it may sound paradoxical but they do seem to make these small steps that are very positive I think and so that’s been good to see.

He also referred to the challenge of seeing progress when “there is a crisis” and then having the family turn to completely new issues the next session and described this as “sort of peaks and valleys.” He returned to this idea of change later when he spoke about success in family counseling as “success goes up and down,” and he likened it to his previous field placement experience. He said, “maybe it’s like addiction. You have brought them to at least a different level and different ability, they have experienced it once and the next time they go backward, they’ll hear it again in a different way.”

In the second semester he talked about recognizing patterns that recurred in a first family. He related he “was able to look back across 20 some sessions...and say, well here’s what we’ve been doing and I’ve been unwittingly drawn into this cycle of build it up, let the pressure off, build it up, let the pressure off,” in reference to conflict between the parents. He concluded, “I guess I’ve learned in retrospect how to look at things differently...[to] look back and say that, here’s the cycle and here’s how I’m going to involve them and here’s why it’s important to change that cycle.”

Amazing to get to know people. This was the final theme to emerge for Allister and it appeared in three interviews. Initially it related to seeing his first client family change over the course of several sessions, especially the mother: “in this session [the mother] had been changing and really actively had done stuff to back up what she had said...and so that was really nice...I was real excited for her.” In the next interview he spoke about the rewards of

...seeing families talk to one another and learn how to communicate with one another, particularly couples. To see them break patterns that weren’t working for them or at least begin to challenge patterns...and know that you had something to do with that. It’s just interesting to see how you could potentially begin to effect someone’s lives. So that’s a highlight.

In the second semester he also expressed more emotion than usual when he said, “I think it’s really amazing to get to know people and see who they actually are.” When he presented a new family in the last video interview he spoke of them using terms such as “they’re really great” and “really a neat family.”

Essay Themes

No new themes emerged in Allister’s essay, and two themes from his interviews were repeated. “A family framework” arose when he said, “Ideally, I will begin to

develop a sense of where to go based on theory. I hope to be able to work intentionally with clients rather than shot gunning techniques and moving blindly through each session.” The second theme, “being who I am,” emerged with his stated goal of wanting to, “smoothly incorporate those suggestions from my different supervisors in my own style in session.” He added, “It is possible that developing my own style could be the most important thing that I do this year.”

Portfolio Themes

In Allister’s portfolio there were no new themes and one theme from his interviews reemerged. “Being who I am,” was seen as he noted his ability to appropriate interventions he saw other counselors use and apply them in his own way: “To me this process is similar to the difference between playing someone else’s song off of a sheet of music versus incorporating elements of a song’s style into an original song.”

Journal Themes

Allister was the only student who kept a journal the first semester thus there is more data from his journals and it extends over six of the nine months of the internship (November-May). The journals were analyzed in two groups. The first group is comprised of four journals from the first semester and the second group includes seven journals written in the second semester.

First Semester Journals. Two themes from Allister’s interviews were repeated and a new theme emerged in this group. One repeated theme appeared in his expression of “concern with unfamiliar situations” which was consistent with the interview theme of “what exactly is going on?” The second was “being who I am” which arose in statements about developing his own style. For example he remarked that, “Overall I am pleased

with this development—my ‘counselor’ style is highly congruent with my true personality.”

A new theme consistently seen in each journal and a predominate theme overall for this set was “observed about myself” which included assessments of his interactions with families. In the first journal he wrote: “One thing that I observed about myself was that I think that I’ll have pretty solid boundaries as a counselor.” He then related an example of this. Another statement related to another theme: “I am gaining what I think is a pretty good feel for the limits that I can push my families based on our level of rapport.” Thus this new theme and the theme of “relationship encourages depth” arose.

Second Semester Journals. The seven journals from the second semester contained two new themes as well as two previous themes from his interviews (“change is up and down” and “what exactly is going on?”), and the theme of “observed about myself” that had emerged in the first semester journals. This last theme included accounts of his thinking about how particular sessions went or a view of his effectiveness. An example was seen when a supervisor observed that he might be in a power struggle with an adolescent client and he wrote,

The situation made me think of my own vulnerability in this area. I am a fairly competitive person, and it will be important to realize when this competitiveness is flaring up with a client. It seems that this response would be non-therapeutic at best.

The first new theme was “applying theory to practice” which was repeated in four journals. He noted initially that, “Applying theory to practice is...getting easier (if only marginally), and more natural,”—later he noted that with his “growing comfort with theory” he was able to more readily, “draw on theory ‘on the run’” in the context of the unexpected nature of family sessions.

The second new theme was “part of me feels” and was related to both positive and negative feelings he experienced while working with families. Feelings of frustration arose early and marked a shift toward emotional expression that occurred in each subsequent journal. Later in the year he remarked, “Part of me feels anxious and as if I’ve failed when a family goes from up to down.” Expression of negative emotions was related to feelings of discomfort that arose. For example he said,

This week I faced spontaneous crises and challenges...I know that this is when I am growing and learning the most; when I am challenged and faced with novel situations my learning is not readily forgotten, but that doesn’t mean that I am particularly comfortable with the situation.

Positive emotions that were related to seeing families make progress also occurred as he related experiencing excitement seeing his families “making strong changes” and that it was “a good feeling to see people able to do things to enhance the quality of their lives.”

Developmental Interpretation

Allister began the internship operating primarily at a Self-authoring position with a Socializing influence also evident, a Kegan stage 4/3. Gradually over the year he demonstrated the ability to reflect on his use of systemic theory, on the role of the therapeutic relationship within this theory, and on himself and his emotional responses to clients. He also began to evaluate his practice and intentionally worked to apply theory to practice, all evidence of a functioning institutional system. Based on these capacities he is viewed as operating at a stage 4(3), a Self-authoring position with lingering Socializing pull at the end of the year.

Summary

Seven themes emerged over the year for Allister. He began the year using “a family framework” and also recognized that the therapeutic relationship encourages depth

in the work. He also started the year with a frame for “taking different perspectives” and displayed a growing ability to take the perspectives of each family member and also of families he originally thought he could not understand. Early on he also acknowledged there were situations he did not yet have the experience to understand and over the year he discussed encountering such challenging situations. Allister gradually recognized the “up and down” quality of therapy progress and with that came to see that different families required different approaches. His focus on “being who I am” arose in his essay and was consistently expressed over the year in three data sources.

Interpretation

In part, since he had participated in the summer practicum, Allister began the year with a theoretical map for thinking about the process of family counseling, a belief that the therapeutic relationship was important, and a recognition of the need to take multiple perspectives. This, along with the manner in which Allister approached his learning experiences in very intentional ways, combined with his low-key emotional responses to clients and to his learning experiences, allowed him to utilize the support he needed at particular times during his internship to meet challenging situations. His practicum experience and his developmental position set the stage for a relatively smooth trajectory of growth. His growth centered on his progressive recognition of complexity in family therapy and the integration of systemic theory with the need for establishing therapeutic relationships with the family and family members. And, for him perspective taking became more particularized with time and seemed to be connected to his theme of amazement about getting to know his clients and experiencing more of an emotional connection to them later in the year. In his journals Allister explored what it meant to be

himself with clients, considered how to apply theory to practice, began to evaluate his practice, and reflected on his feelings in response to his learning experiences. This capacity for self-observation and evaluation led to growth in understanding both himself and his clients more deeply and at the end of the year he centralized his use of self:

...the authenticity of being who you are is the most important aspect of it all. Obviously the theory is important...and some of the technical stuff too, which sure there are techniques but I think it's how you use all that stuff in accordance with who you are.

Betty: "An eye-opening experience"

Betty is in her mid 20's, is single, and is in her second year in the master's level community counseling program. She graduated from a university in the South with a BA in psychology and prior to graduate school worked with adolescents with substance abuse problems. She enjoyed this work and had considered becoming a school counselor; however, she decided to pursue family counseling because the opportunity to do her internship in family counseling would expand her horizons and "even though it might not be exactly what I am interested in, I feel like it's the road I need to take to get there."

Betty recognized that her own family experiences influenced her choosing to be a counselor: "I think it was probably the biggest force driving me even just into the counseling profession because I thought so many times ... if we had had someone's help to support us throughout [family divorce]" In her portfolio she stated, "My major interest is to work with families affected by divorce. I am most interested in working with the couple—helping to teach ways to minimize the negative effects of divorce on children; providing appropriate support for the couple." She also related her concern for the children in divorced families: "I would like to help other families to have that especially the kids, because I think the kids sometimes end up suffering the most."

Betty returned home for the summer after her first year so did not enroll in the summer family counseling practicum as did most of her peers. Therefore she had a slow start in building up to a full caseload of eight families because she had to complete five sessions of live supervision before seeing families on her own. In addition to this, her first family did not show up for their appointments and this led to a delay in receiving other referrals. By the end of the year she had worked with eight families and had conducted about 35 sessions over the course of her internship.

The next section is devoted to a discussion of the themes from Betty's interviews, essay, and portfolio. Betty did not complete reflection journals because students in her supervision group were encouraged but not required to complete them; she chose not to.

Interview Themes

Six themes emerged in Betty's interviews as depicted in Table 5. Most of them were present four or more times except for two that emerged three times.

I am there to support them. This theme emerged in three interviews and was retained since it pertains to research questions. Before seeing her first family, Betty spoke of the important role of providing support: "I just think that is such an important part—it's to have support I guess for any member of the family." She continued to talk about the importance of support over the year and in the final interview she described the work she did with one mother in relation to giving support. She related that, "Basically what I do in there is support her and just constantly, constantly, constantly try to empower her so that she can be in control and provide the safety that her kids need." Thus, her idea of support expanded to include empowerment by the end of the year.

Interview 1	Essay	Video Interview 1	Interview 2	Video Interview 2	Interview 3	Video Interview 3	Interview 4
I am there to support them (Emergent)					I am there to support them (Continuing)		I am there to support them (Continuing)
Kind of scared me (Emergent)		Kind of scared me (Continuing)		Kind of scared me (Continuing)	Kind of scared me (Continuing)	Kind of scared me (Continuing)	Kind of scared me (Continuing)
Struggling with tough situations (Emergent)			Struggling with tough situations (Continuing)		Struggling with tough situations (Continuing)	Struggling with tough situations (Continuing)	Struggling with tough situations (Continuing)
An eye-opening experience (Emergent)		An eye-opening experience (Continuing)				An eye-opening experience (Continuing)	An eye-opening experience (Continuing)
		I have more empathy (Emergent)		I have more empathy (Continuing)		I have more empathy (Continuing)	
	I need my supervisor (Emergent)		I need my supervisor (Continuing)		I need my supervisor (Continuing)	I need my supervisor (Continuing)	

Table 5: Themes for Betty

Kind of scared me. This theme emerged in the first interview and was present as a theme for six interviews. When asked in the initial interview about families that might be a challenge, she expressed fear when she said that families that get violent “would really terrify me.” She also recalled the impact of watching a video of a family session in a family counseling class: “it really scared me when [the instructor] showed the little video of the counseling, and I was like, I can’t do family counseling!” Betty expressed fear early on when she talked about her first client family. They had been court ordered for treatment and she said, “it kind of scared me some, because it is court ordered and the court’s involved, and the attorneys were calling me and trying to get information and wanting me to evaluate the family.” She went on to say that when working with families with legal involvement you had to, “be careful what you write because if your notes are subpoenaed, it can either hurt or help the dad and kids, and it freaks me out.”

In the second semester she talked about her fear somewhat differently. Early in the semester she reported “uncomfortable feelings” when a family was arguing. She handled the discomfort “just by letting go of the fear” and “just letting them be and do what they need to do, I think that really helped the relationship and will help in the long run.” Later, when referring to a family with which she needed “to be more assertive” she said, “If I’m scared, I try to push forward and do whatever I think needs to be done.” She added, “I’m not so scared like I used to be.” By the last video interview she still referred to feeling scared and had become more aware of this emotional state when watching videotapes of her sessions. She said, “part of the time I’m just sitting there because I don’t know what to do and maybe I’m scared and I can kind of notice that.” By the final interview Betty still talked about her fear. When responding to a question about how she had changed

over the year she said that she was more confident at times, “but then I also have a lot more fear.” This was related to learning that “families will just bring something out of the blue and just lay it out there on you—you’re not always prepared and that scares me.” When asked later about how her feelings impacted practice she emphasized the need to “pinpoint what your feelings are” and recognize that “you’re not going to get much out of it being afraid and scared.”

Struggling with tough situations. This theme emerged in five of the seven interviews and was related to several specific situations. Struggles with the difficulty of family counseling arose in the first interview in which Betty expressed concern about how she was going to “focus on process” in family work. She had learned from other students that that was important in family work and stated,

I think that is going to be very difficult for me—at first anyway because I am used to looking at the content and...how do they feel about that, instead of the bigger picture. So that is kind of difficult for me and I am not really sure what exactly I am supposed to be doing as far as that goes.

At the end of the first semester she struggled “with case presentations, just doing the structural diagram. Sometimes that is hard for me after seeing the family only one or two times and then you are going to present on it.” She also related struggles about her first family: “I called so many times to make sure this family would come in that they tried to take the family away from me...I mean just wanting the family so bad and then them not wanting [to come].” She continued to talk about the frustrations she experienced when families missed sessions in the second semester. This led to struggles about deciding whether to keep calling the family. She said,

...if they no show and there’s no contact (we terminate after three sessions), but when they continue to call and act interested I found that that has been sort of a struggle...but I guess if you are working too hard

and they are not doing anything, that's probably when you should draw the line.

As Betty looked back over the year in her final interview she named several struggles she had had over the year. These included mediating between divorcing parents and setting boundaries with their phone calls, deciding what to do when families attended sporadically or did not return to counseling, and dealing with fears surrounding families involved with the legal system. She also noted a situation that was “a struggle at the very end for me.” She talked about trying to use theory: “I can sort of look at the family in terms of structural family therapy, but it's been hard for me to actually implement when I only have four weeks.” Again, in relation to theory, she added “being a family counselor is more than just your theoretical background.” She then said, “I think that I've found that you can't always go step-by-step through that model. Sometimes it's not feasible to do that—that has kind of been a struggle for me.”

An eye-opening experience. This theme emerged at the beginning of the year and appeared in four interviews. In the first interview she said, in relation to working with families from a different cultural background, that, “I think that I would want to make sure that I was at least trying my best to understand that family from their perspective, not mine and what I feel.” She also recognized the need to step back and consider alternative views: “maybe you don't have the right perspective or you need another perspective that maybe the client is going through and it kind of helps you to make sense of the whole picture.” This theme arose again as she struggled with a family that seemed foreign to her. She commented in her first video interview, “a lot of the time I was thinking of how negative the family is,” and she noted also that she was comparing them

to her own family. Then later she said, “it is hard to think that every family doesn’t know how to communicate.”

In contrast, towards the end of the year she spoke about another family in terms of being able to understand their point of view even though she initially questioned the parent’s actions. She had identified this shift in her view of the mother and the family as a meaningful experience for the year and said,

..there was one family that has been really kind of an eye-opening experience...It’s the family that is the mom and the two boys that lived in the shelter...[that] opened my eyes to what single moms face, especially when they’re been in abusive relationships.

She emphasized that she had to remind herself to think through a family’s situation; she said, “again I’ve had to go back and rethink those thoughts...so that has been an extremely meaningful situation that I’ve been in this whole year and it’s greatly impacted my thinking as far as abusive relationships go.”

I have more empathy. This theme appeared in all three of Betty’s video interviews and was retained as a theme because it emerged in the context of her contact with clients and is important to the research questions in this study. It emerged initially as she focused on a family’s need for improvement in terms of making fewer negative comments to one other. She had a range of emotional responses reflecting empathy:

I really felt bad for the little one. I felt kind of sad for the whole family. I felt more positive and a little bit more at ease seeing them now than I did before...I felt sad during that part just because they are having such a hard time that I feel like they sort of need to focus on, “OK, we all love each other, we are working hard, you might be angry at dad but he loves you,”—we talked about that some. I felt the need to nurture the little girl.

As the year progressed Betty talked more about empathy and connection with families. This was evident at the start of the second semester when she related that a

daughter in the family she presented was being treated for cancer and the family had been “in a tizzy”. She said,

It’s easy for me to understand or make sense of why they would come in yelling at each other or why they would be so upset or so stressed...It’s just painfully obvious everything that they have on their shoulders at this point and why they would be irritated or have anger outbursts at this point.

Near year’s end she spoke of the mother who had left an abusive relationship noting, “how hard it must be to parent in that situation and to be a child and feel safe or feel like you can express your feelings.” She added that the more she learned about the family she recognized what they faced and this led her to conclude, “I think I have more empathy.”

I need my supervisor. This theme appeared in three interviews over the year and was retained as a theme because it also emerged in her essay. In the first semester Betty talked about using both individual and group supervision to assist her with difficulties she encountered. She remarked that, “I really think that group supervision is so helpful to me, to see other tapes, listen, and give my feedback and my input.” She realized that she could get, “the best ideas for other people’s families” when seeing their sessions on video and that “just to have two supervision classes, wow, that’s great. You get so much more information.”

In the second semester she expressed similar ideas about using her individual supervisor for help. Also, she said, “I really enjoy the supervision classes...it’s just getting the support from your peers and being able to watch others and listen to the concerns and questions that they have and try to help them brainstorm new ideas and then getting the same thing for yourself.” In her last video interview, Betty described a family situation the led her to feel, “maybe scared, not knowing what to do...I don’t really know what to do at this point in my career...I need my supervisor immediately!” Though this

final comment was framed in a humorous way it reflected her ongoing use of supervision when she was uncertain about how to proceed.

Essay Themes

In her essay the supervision theme appeared and included her thoughts about her relationships with supervisors and her peers in supervision group. Betty emphasized this in the following statement:

I am looking forward to the continuous support from peers, supervisors, and faculty that past students speak so highly about. I believe this is very important, if not the most essential, aspect of promoting growth for counselors. At this point, we all have doubts as to the effectiveness of our skills and knowledge we possess.

Betty also indicated a desire to gain feedback on her performance when she wrote, “I want to gain valuable insight on how my performance as a counselor is progressing or improving throughout the year.”

Portfolio Themes

In the second semester Betty completed her portfolio in which she listed short- and long-term goals. No new themes appeared and there was too little data for themes from her interviews to reemerge, though the content was consistent with previous themes.

Developmental Interpretation

For the most part, Betty operated from a primarily Socializing position (stage 3) with a Self-authoring view, 3(4), beginning to emerge by the end of the year. The Socializing position was seen in her ability to see other perspectives, her focus on the relationship with clients in terms of supporting them, and in her reliance on supervision and the support and feedback of her peer group. There was no evidence that Betty reflected on a theory of practice, a conceptualization of the therapeutic relationship, or

self-identity. Growth towards self-authoring was noted in her gradually increasing ability to take her own feelings as object thereby taking responsibility for them. This allowed her to focus on observing family interactions and along with this gain more than one perspective of a family's situation. Out of this evolved a more empathic response to parents and a broader understanding of the behavior of family members.

Summary

Betty's idea involving supporting family members in practice was consistent through the year. Her talk about struggles with tough situations was also fairly consistent over the year and was present as a theme in five interviews. As well, the theme of supervision was uniformly expressed. Betty's feelings of fear were present for six of her interviews, thus it was a dominant theme, and changed over time, as she was able to be more observant of her feeling states by the final interview and recognize that she needed to push through them and take action. At the end of the year, Betty was able to reflect upon her struggles, her fears, and her propensity to "worry myself sick" along with the many other feelings that arose in response to practice. The theme of development of more empathy denoted a change over the year that involved the extension of her feelings for the parents as well as the children in families that resulted in a more complete view of the family situation.

Interpretation

Betty seemed to begin the year in a disequibrated state expressing many fears about her upcoming learning experiences and as she worked with families she talked at length about her "struggles with tough situations." Her initial approach to practice in terms of providing support to family members seemed to arise from her own family

experiences—a fact she seemed only vaguely aware of. With the guidance she received from supervisors and peers, Betty was able to reflect on her emotional responses and shift toward more of an observing rather than a reactive stance in family sessions. This allowed her to focus on family interactions and led to a change in her capacity to take other perspectives. She moved from a tendency to view clients in terms of her own family experiences, struggling to understand why they did not “express more love.” By the end of the year she had developed an ability to see “there are other things involved,” and in conjunction with this she developed “more empathy” for parents. Her growing capacity to observe her own emotional responses to clients was accompanied by more empathy and a greater realization of the complexity of family situations.

Frank: “A really powerful form of therapy”

Frank is in his early 30’s, is married, and has a child just under two years of age. He is in the second year of his master’s community counseling program and participated in the summer practicum class. His undergraduate degree is in psychology and he attended one year of a graduate program in clinical psychology before moving to this state. Frank has worked for several years with adults with chronic mental illness in various community settings and was a volunteer counselor in a domestic violence shelter during the last year of his undergraduate program.

Frank’s decision to enroll in the internship grew out of his interest in the dynamics of his own family as well as out of his academic and work experiences in the first year of his current master’s program. He stated a desire to gain, “a better understanding of my own family and families in general.” Two classes from his first year were also influential. The family process class reaffirmed much of what he had learned in

his previous work in counseling and in undergraduate sociology classes. About this he said, “it reaffirmed a lot of the stuff that I had already learned, at the domestic violence shelter and out in the community and in the feminist courses that I took as an undergrad.” The marriage and family therapy course was an influence in that, “Viewing therapy from the standpoint of involving all members in the system was kind of something new to me and even though I had done some of that, just viewing it in that way was exciting.” His graduate assistantship assignment in the family counseling clinic exposed him to

...the systems talk and really underscored the idea that you can’t change an individual in a system without considering the rest of the system... That idea alone was very powerful and made me think that there was a lot of truth to that and that I should think about going down that route.

During his internship Frank worked with 12 families and conducted about 65 sessions. Over the course of the seven interviews his presentation style changed quite a bit. In the first interview Frank appeared concerned about giving the “right” answers even though it was emphasized that his perceptions were the focus of the questions. He repeatedly asked whether he had “hit the question.” This continued into the next interview and resulted in an unusually stilted quality to his speech. When asked afterwards about why he seemed uncomfortable and “not himself” during that interview he explained that he wanted to sound more professional. With encouragement to express his opinions without regard for the way the interview text read he returned to his former demeanor in subsequent interviews. By the last interview he was animated and accented his thoughts about his personal growth. The change in his demeanor over time coincided with the themes that evolved in the interviews and other data sources.

The next section will present themes from Frank's interviews, essay, and portfolio. Frank did not complete reflection journals because his supervision group was encouraged, but not required to complete them—he chose not to write one.

Interview Themes

The seven themes that emerged in Frank's interviews are depicted in Table 6. Four themes emerged at three junctures while the remainder appeared at least four times.

A systems perspective. This theme emerged in the first interview with Frank's discussion of "how larger systems can impact the individual." He also talked about the need to work purposefully from a theoretical framework and that "part of the process on the family side is that they should hopefully slowly begin to understand that the system is broader than just the individual that's trying to get fixed." In his previous work Frank had primarily practiced counseling using Rogerian theories and he compared this framework to systems theory when he remarked, "for the most part I think that the work is much more directive than the Rogerian stuff." Frank discussed in the final interview how he had expanded his framework beyond structural family therapy to include other systems theories such as strategic and Bowenian approaches and that he had developed a growing interest in the impact of intergenerational patterns.

Rapport helps you push for change. This theme emerged in the first and last interviews and in one video interview over the year. In the first interview he said, when talking about the importance of the relationship between the therapist and client family, that the family needs to "accept the therapist as an outside person...that's being invited into this...very personal time and space in order to help the family to move forward."

Interview 1	Essay	Video Interview 1	Interview 2	Video Interview 2	Interview 3	Video Interview 3	Interview 4
A systems perspective (Emergent)					A systems perspective (Continuing)		A systems perspective (Continuing)
Rapport helps you push for change (Emergent)				Rapport helps you push for change (Continuing)			Rapport helps you push for change (Continuing)
A scary process (Emergent)	A scary process (Continuing)			A scary process (Continuing)		A scary process (Continuing)	A scary process (Continuing)
Feeling the intensity (Emergent)		Feeling the intensity (Continuing)	Feeling the intensity (Continuing)		Feeling the intensity (Continuing)		
Thinking about differences (Emergent)			Thinking about differences (Continuing)				Thinking about differences (Continuing)
	I've learned how difficult it is (Emergent)					I've learned how difficult it is (Continuing)	I've learned how difficult it is (Continuing)
			An introspective person (Emergent)		An introspective person (Continuing)		An introspective person (Continuing)

Table 6: Themes for Frank

In the last interview Frank talked about the importance of:

...pushing families to actually do some work. At this point I think that I have a stronger view of that, that that really is important. You start out with the rapport and then the rapport is ongoing, but there is this sense of expertness or at least telling the family that I know what I'm doing here...showing the family that it helps out with the push.

A scary process. This theme emerged in the first interview and in three other interviews, as well as in Frank's essay. At the beginning of the year he anticipated that, "There's going to be a lot of terror and there has been some already as I go into this process—and fear—not certainty." By the last video interview he spoke about the meaning he ascribed to the session he had presented and said,

I was stepping out on a limb a little bit and trying something new at, something that I wasn't necessarily all that comfortable with, and I was also thinking on my feet, which is something that I'm not necessarily really comfortable with. I do it a lot but it's kind of a scary process to not know exactly where you're going.

In the final interview Frank expressed less intensity in relation to fear and was able to look back on these fearful emotions. He reflected on a particular session with a culturally different family: "It was really scary. I was really concerned...in the beginning about whether or not dad was going to go off and was able to put that into more of a cultural—able to reframe that."

I've learned how difficult it is. This theme emerged when Frank mentioned "how difficult it is" when discussing his actual work with client families. This theme was retained because of Frank's urgency when he talked about difficulties and its relevance to the research questions. The theme first occurred at the end of the first semester so he had had several opportunities to interact with client families by then. He said, "I've been trying to do some reading on my own outside and tried to bone up a little bit more on

structural family therapy...I really see myself as...very much a novice counselor, an especially novice family counselor.” This was a dominant theme in this interview and reemerged in the last two interviews of the year. He talked about several sessions that had been difficult many of which he had talked about previously but one difficulty he mentioned for the first time was working with young children in sessions. He said, “I’ve really struggled with having a two year old in the session,” because of the need to set limits and problems with the child’s behavior “interrupting the course of therapy.”

Feeling the intensity. This theme emerged in three interviews beginning with the first one. It was retained as a theme because Frank touched on emotional intensity in all his interviews, thus his consistent recognition of “feeling the intensity” was deemed significant as a theme for him. In the first interview he expressed being attuned to the emotional power of family work saying it was exciting because of

...that moment, the time and space that you’re with the family is, is such a private time and space, and the family is inviting you in...and if you can join with the family, that’s just, that’s humbling you know. That’s really powerful stuff and that kind of makes me really interested in family work.

In the first video interview he continued in this vein when he described the session he was presenting by saying, “There was a lot of emotion from mom, the kids were having a difficult time seeing it and I was feeling the intensity of everything that was going on in the session.” When asked how he came to know or understand situations with client families he noted that if emotions are present and, “if I’m really empathizing well with the clients and they are really touching me...I think that is how I know.” At the end of the first semester he again spoke about his response to working with families: “I’ve kind of worked on this semester being aware of [my tendency to respond

emotionally] and being aware that it is not necessarily a bad thing, which I thought that it was before, but that it is kind of a reflection of my ability to empathize with people.”

An introspective person. Three of the last four in-depth interviews contained this theme and it was retained because of the emerging emphasis Frank placed on this personal characteristic. At the end of the first semester, in the second interview when he was speaking about what helped him conceptualize treatment he noted that he would attempt to review all the videotapes of his family counseling sessions. He added that because, “I’m such an introspective person [reviewing tapes] really heightens that introspection and when I’m able to...review them and take notes on them and think about my notes and then think about the family when I’m driving [home after sessions], I think that helps.” This theme reappeared later as he talked about his desire to grow as a counselor. In relation to how he evaluated family counseling success, he said, “If I’ve done the best that I can, that is pretty much it. I think it’s successful if I’m learning, if I’m growing in the process.” An interesting example of introspection was seen in his reaction to collegial discussions of developmental theory. In the last interview, when asked how he thought he had changed over the internship Frank seemed to struggle with the idea of development being raised by education: “I have changed but I really don’t buy into the idea that education ups you a level.” He continued, “no, I don’t feel that [I’ve changed]—I know that I’ve gone through a lot of growth. I don’t buy into the whole idea [of stage growth] at this point.” When asked if he saw other people differently he said, “I’ve certainly had an earful of [developmental theory] in that clinic, and so when I think about people’s development...that idea that there is such a thing... and that [it’s] pretty important to pay attention to [when working with clients].” He continued, “I think I’m

going to read a little bit more on Loevinger, and maybe Kohlberg, I don't know. So that stuff is interesting and as far as seeming people differently, I guess...I don't know." In a later interview he again noted that, "I'm a pretty introspective kind of person...and that can be really helpful to the therapy." He continued by talking about how "knowing your own personal characteristics and being able to use it appropriately in therapy" is really "critical" to the counseling process.

This theme also included reflecting on his work with families. An example is seen in the second semester as he asserted that success in terms of therapy progress was important but also that he was

...looking at it more by where I am. Granted the family is in there with me and the reason why I'm there is because of them, but therapy is successful for me if I'm asking all the right questions, if I'm really thinking about the families and what they are working on or what they should be working on.

Thinking about differences. This theme emerged in the first interview, in two interviews in the second semester, and in Frank's portfolio. Although it did not constitute a theme in other interviews he talked at least once about it in most of his interviews, thus it was consistently expressed as a focus of his thinking over the year. In his first interview, Frank addressed his approach to family counseling when differences between himself and clients were evident:

People have different experiences, that's what's so exciting for me going into counseling is that nobody sees things like I see them and everybody has their own view of things, and if I were to assume that people viewed things the same way that I do from my cultural background then I'd be making a big mistake and would be overlooking an awful lot of things.

He elaborated by discussing several specific reflections on responses he might anticipate when working with clients who might present with a range of differences.

In the second semester Frank presented a session with a family and focused on the impact of racial and cultural differences. In response to a parent-child interaction that he felt might either be indicative of physical abuse or of a culturally different approach to parenting, he said, “I was thinking about whether or not there was something within their culture that was somehow clouding my understanding of what was going on.” In the next in-depth interview he again focused on this family when he related that the father was, “hard on his son and he needs to be hard on his son.” He then explained how he came to understand the father’s perspective and his need to protect his son by being strict. He also noted that with this family he had to strike a balance between being “a coach, a teacher sometimes as far as parenting goes” but also was

...an outsider as far as culture goes—so those are almost opposing kind of things—a teacher and then an outsider, so there is a balance there that I’m aware that I need to strike, I don’t need to be a teacher when I don’t know what the heck I’m doing in the culture that I’m working in.

Essay Themes

In Frank’s essay themes of “a scary process” and “I’ve learned how difficult it is” reemerged. A new theme of “strong supervision” emerged as well. (Since it was not a theme for the entire year it was not included on Table 6.) The new theme related to expectations for better supervisory help than he had previously had: “...I’ll have the opportunity to get strong supervision... [Since previous supervision consisted only of support] I have felt that I’m not exactly sure what I’m doing as a counselor.”

Portfolio Themes

In his portfolio, completed at the beginning of the second semester, one theme was repeated, that of “thinking about differences.” Frank listed short- and long-term goals that related to his desire to: “Increase my theoretical base and skills in providing

counseling services to a diverse group of individuals” and to: “Increase my cultural awareness in providing services to individuals and families from diverse cultural backgrounds.”

Developmental Interpretation

Frank appeared to have begun the year at a dominant Socializing position with Self-authoring also operational (Kegan stage 3/4). By the end of the year he demonstrated a dominant Self-authoring position since he expressed an increasingly firmer commitment to systems theory, and to a belief that the therapeutic relationship was an integral part of treatment progress. He also expanded on his ability to reflect on himself and evaluate his practice. Evidence for this was seen in his review of sessions and a concerted effort to understand a very difficult family situation when he encountered a situation with a family of a different cultural background and a parenting style to which he was unaccustomed.

Summary

Early in the year, in his essay, Frank expressed a need for having a theory to guide his interventions and his themes for the year were consistent with this. His focus on working from a theoretical perspective while incorporating an idea of how the therapeutic relationship fit in terms of “pushing families” for therapeutic change, was apparent throughout the year as well. The theme of the difficulty of the work was also consistent over the seven interviews, as was his emphasis on recognizing differences between himself and clients and carefully considering how that impacted the work. Though Frank began the year expressing fear and uncertainty along with a strong desire to “get things right,” he ended the year reflecting on these earlier feelings and asserting his opinions

more forcefully. His attunement to the emotional intensity of sessions continued throughout the year as he consistently used the word powerful to describe his experiences with families. Frank's view of himself as an introspective person who reflected on his thoughts and feelings emerged at the end of the first semester and continued in the later part of the year as he expanded his thoughts about himself and his learning experiences.

Interpretation

For Frank, developmental change from a dominant Socializing to a dominant Self-authoring position appeared to have been set in motion early in the year and was accompanied by experiences of fear. The intensity of the emotional responses he expressed is viewed as partly due to disequilibrium and a sense of unbalance that accompanies psychological change. By the end of the year Frank was reflecting on these earlier fears and confidently expressing his opinions and beliefs that grew out of his learning experiences. The nature of change for Frank encompassed the areas of theory and practice, client diversity, and view of self. He was also taking responsibility for his own personal and professional growth and actively engaged in processing ideas he was exposed to in his interactions with doctoral students. In relation to this he intended to read more about developmental theory as he struggled with whether to believe that people actually changed as a result of educational experiences. His expression of contradictory ideas about this and the difficulty he had articulating his thoughts on this topic suggest this was the growing edge of his development.

Lynn: "I want them to feel comfortable so they can open up"

Lynn is a second-year master's level community counseling intern in her early twenties. She recently completed an undergraduate degree at a state university and

currently lives with her parents while completing her master's program. She related that her interest in family counseling arose partly from her own family experiences: "I'm very family orientated myself. I could never think of moving out of state because I would leave my family...So, I think that influences me a lot when I deal with families."

As an undergraduate Lynn "came to decide that I just liked to work with people one on one [so I decided to] go the counseling track." She majored in Human Services and minored in Psychology and did an internship with a Child Protective Services Department. Part of her duties there included removing children from their homes which was so upsetting that she

...decided that I wanted to do counseling and it needed to be family, because most of my experience there was pulling kids out of the family, and that was probably the hardest summer of my entire life...I don't want to pull them out, I want to try to keep them in there.

In addition, Lynn enjoyed volunteer work with adolescents during her undergraduate program that reinforced her desire to pursue family counseling.

Lynn worked with approximately nine families over the course of the internship and had conducted over 60 sessions by the end of the year. She participated in the summer family counseling practicum and continued working with her first client family over the course of the internship.

The themes from Lynn's interviews, essay, journals, and portfolio are presented in the next section. Lynn was required to complete journals in her supervision group in the second semester of her internship and seven journal entries were analyzed.

Interview Themes

The seven themes that emerged in Lynn's interviews are depicted in Table 7. The last two themes appeared only twice but were retained because they related to the research questions of this study.

Getting clients to open up. In the first interview Lynn explained that her idea of joining in family counseling related to "getting clients to open up." Whenever she was asked about her conceptualization of family counseling she spoke about this as well. For example, in the first interview she said,

...I want to be kind of inducted enough that they trust me and are willing to share openly and honestly. At the same time I can be open and honest with them and just give them somewhere to bounce ideas off of, feel safe opening up, and having those ideas and kind of leading them.

This theme appeared in all four of the in-depth interviews. Later on she said, "I want them to feel comfortable enough that they can share, you know very personal, hurtful things and be OK with that." Near the end of the year she described how a parent "finally opened up": "they weren't really bringing out the true family issues until just recently, so they were kind of keeping that elephant in the closet... and so now I feel like we can start working."

Join so everyone's comfortable. This theme appeared in four of Lynn's seven interviews. Early in the year Lynn talked about monitoring a family's comfort level to make sure the therapeutic relationship was what she deemed "good." She explained, "if they're uncomfortable...we need to back up...even after the session...I think a lot about that relationship and hoping that it's a good relationship." In the second interview she said that it was important to make families feel comfortable because to make them

Interview 1	Essay	Video Interview 1	Interview 2	Video Interview 2	Interview 3	Video Interview 3	Interview 4
Getting clients to open up (Emergent)			Getting clients to open up (Continuing)		Getting clients to open up (Continuing)		Getting clients to open up (Continuing)
Join so everyone's comfortable (Emergent)			Join so everyone's comfortable (Continuing)		Join so everyone's comfortable (Continuing)		Join so everyone's comfortable (Continuing)
		Really struggling (Emergent)			Really struggling (Continuing)	Really struggling (Continuing)	Really struggling (Continuing)
	Getting help from supervisors (Emergent)		Getting help from supervisors (Continuing)	Getting help from supervisors (Continuing)	Getting help from supervisors (Continuing)		Getting help from supervisors (Continuing)
			Confrontation is hard (Emergent)		Confrontation is hard (Continuing)		
				Really touched me (Emergent)			Really touched me (Continuing)
					There's a lot I don't know (Emergent)		There's a lot I don't know (Continuing)

Table 7: Themes for Lynn

uncomfortable would result in their feeling, “uncertain that I knew what I was talking about, or that I wouldn’t come across confident and in charge of the session...or come across as being uncomfortable and not sure of myself.” Later, in the second semester she continued to emphasize comfort but specified that distance was also helpful:

I need to join with them enough that they are comfortable talking about their personal problems and family problems that they probably wouldn’t talk to anybody else about. But at the same time [I need] to be distant enough that it’s teaching them that they could do this on their own and down the road they will learn the skills to solve their own problems.

Really struggling. This theme appeared in four interviews (and in her journals) and was discussed in relation to her perceptions of difficulties encountered in family counseling. It emerged in the first video interview as she described feelings of uncertainty when the parents spoke about their young child’s suicidal thoughts. She noted feeling,

...very upset with what to do at this point...it was the very first session, I hadn’t really joined with the family, there was no indication of suicide on the referral, and [the parent] threw this out and it was the last ten minutes of the session and I really felt like I didn’t know how to deal with it.

In contrast, later in the year, she presented a family that she saw there was no “clear-cut way to go, and so kind of a struggle family for me” because “what do you do without having to do a suicide check every week?” She said,

I’m really struggling with this family because they are not coming in with that crisis, so it’s really making me learn my skills, I guess, as far as how you help just the typically little issue of dad is feeling left out and the grades are bad. How do you help that process? So, I’ve had to learn a lot of different things. I feel like I’m really struggling with, ‘how do I help them and what do I do?’ because they’re not coming in with this big crisis, so it’s been different.

Looking back over the semester in her last interview, Lynn reviewed the difficulties she experienced in relation to intensity of emotion in some family sessions. About one

session she said it was a struggle because, “it was hard to sit there and listen to her talk about all that and not become emotional myself.”

Getting help from supervisors. This theme occurred in four of the seven interviews and emerged initially at the end of the first semester (in the second interview) and was repeated in her essay and her journals. Lynn spoke about how much she valued both individual and group supervision several times. An example is this statement:

I probably have learned the most from these supervision groups and classes and individual supervision as well. Just being able to take a piece of tape back and say, ‘Now what did I do wrong, how could I have done this different?’ —Especially, ‘How could I have done this different?’ It has been the biggest experience, just learning how to strengthen the hierarchies and how to get the parents strengthened.

As supervision appeared in later interviews similar ideas were expressed with a notable increase in the frequency with which she talked about her individual supervisor and how she had been helpful with specific problems. She noted that her supervisor was also helpful in validating Lynn’s perceptions of a family’s progress and was instrumental in how she could understand what was happening in sessions. At one point she explained how she came to understand situations in families: “I don’t know, I’m still trying to figure that out. Right now I’ll run it by [my supervisor] and see what she says.”

Confrontation is hard. Recognizing that confrontation was hard emerged for Lynn in the second and third interviews and was retained as a theme because it was expressed in a way closely tied to her perception of herself as someone not possessing this trait. In her second interview Lynn talked about learning that being able to confront family members was something her supervisors recommended she do and that, “with me, being confrontive and being directive is hard...it’s hard for me to get that message through to [the parent] in a nice way, so I’ve been working on that.”

Near the end of the year she still spoke at length about the need to change in this respect. She said she had learned, “That I’m not confrontational, that I need to be more direct...I’ve never really been like that, but I guess it’s just one of the things about me that I needed to change to be a counselor.”

Really touched me. This theme emerged later in the year in two interviews and was retained as a theme because it also was a theme in Lynn’s journals and the theme was important for answering the research questions. It emerged when Lynn presented her first client family to illustrate how they had made progress since she began seeing them in the summer practicum. She referred to the family as “very interesting,” and talked about family members in an affectionate way. An example occurred as she described their behavior in the session she presented: “It just felt really good. She (the mother) was coming up with consequences for things on her own...it just was one of those sessions where it really opened my eyes to how this has helped her a little bit.” She continued, “I’m really glad that they have started to talk to one another,” and noticed her tendency to be “a kind of a mirror of their emotion almost.”

In her final interview she talked about another family that evoked an emotional response when she was asked to identify what experiences had been meaningful during the internship. She described a session in which a mother had cried as she shared her feelings with her son and said, “I hadn’t experienced that before and it was really heartfelt to me. It was kind of hard to sit there and listen...and not become emotional myself, because it was just so sad.” She also said it was “just kind of humbling I guess, I don’t know any other way to put it. It was very different and she really touched me—hard

to deal with.” Thereafter she expressed a belief that, “the family kind of responds better when you have real emotions.”

There’s a lot I don’t know. This theme related to Lynn’s growing awareness of the complexity of family counseling and was retained because it provides data germane to the final research question. It also emerged in her journals and was one of the most pronounced themes in her final interview, appearing many times as she looked back over her internship experiences. It arose for the first time in the third interview as she began to recognize that learning experiences “kind of make you realize how much you don’t know...and [that there’s] a lot that I really need to learn.” In the final interview she continued to talk about this: “I don’t know why I felt that once I got the masters’ [degree I would] know how to do it all—that’s not the way it works. So I think I’ve learned that and I’ve learned that counseling isn’t perfect.” She also expressed recognizing that the process was not always smooth: “I’ve got to understand that there will be times when clients get angry and I do the wrong thing and that’s OK.” She added that, “counseling is just...there is just no science to it and that’s kind of hard for me to wrap my mind around...it’s like a day-by-day, minute-by-minute thing.” She also spoke about the need to expand her knowledge and continue learning even after graduation.

Essay Themes

In Lynn’s essay one theme reemerged. Fully half of the essay pertained to the help she anticipated receiving in supervision. She noted that she looked forward to supervision because previously she had not had “very much.” She wrote, “I am looking forward to receiving at least seven hours a week of supervision. I am also very excited to be videotaping all of my sessions so that I can go back and watch them later to see how I

presented with the family.” She added, “I expect to learn a great deal from working with all of the other students in the clinic and especially from working with [name of her group supervision instructor].”

Portfolio Themes

Lynn completed portfolios at the end of both two semesters for her master’s level practicum class. No new or repeated themes emerged in these documents.

Journal Themes

Lynn completed seven journals in the second semester. Four interview themes reemerged: “support from supervision,” “really touched me,” “there’s a lot I don’t know,” and “really struggling.” No new themes emerged but in her last two journals there was enough data to suggest a shift towards evaluating her practice. Lynn continued to emphasize the support she received from her supervisor. An example is seen in this statement: “I have really enjoyed my experience in supervision with [name of supervisor]. She has been a great support. She has done a great deal to boost my ego. She is always very encouraging.”

“Really touched me,” the second theme, occurred in relation to sessions with two different families. About one she wrote, “I was very touched by this session. I could feel myself beginning to tear up. It was just such a touching moment...this was the first session that I really felt so touched by the content of the session.”

The third theme that reemerged was detected in her remarks concerning, “there is a great deal that I still have to learn.” She listed areas in which she needed to learn more and noted, “I need to go back and read up on some of the chapters in the theories book.”

The final theme of “really struggling” was also expressed when Lynn wrote about her uncertainty about how to provide services to some families. Statements indicating this were, “I am not sure how beneficial this counseling has been,” in reference to one family, and “I am not sure how to assist this family,” in relation to another.

Though not enough data was present to constitute a theme, a focus on the quality of her work was seen in her last two journals. She expressed thoughts and feelings related to self-evaluation: “This week I am feeling a little inadequate.” This was in relation to her perception that, had she been more effective her families would be terminating instead of being transferred to another counselor. This led her to think that,

...it may have something to do with my counseling skills or style. I think I need to stress the positives of the family more so that they are more confident when I get to the point to tell them that we will be terminating.

She continued along these lines in the final journal as she wrote about an article she read on termination: “I came to the conclusion that I do not praise my families enough. I feel that I could be praising them more along the way than what I am currently doing.”

Developmental Interpretation

Lynn is seen as operating primarily from a Socializing (Stage 3) position for most of the year. Her focus on joining so that her clients felt comfortable and appraised her in a favorable light, and the importance of her relationship with her supervisors and peers suggests an embeddedness in the social world of relationships. Over the year there was no evidence that she could take as object a theory of practice, of the therapeutic relationship, or her own identity. Movement towards self-authoring was seen in the final months of the year as she developed a view of knowledge as an on-going enterprise that she herself was responsible for. At the same time, she turned her attention toward

appraising her work in her final journals and, began to reflect upon her emotional responses to clients and to assert a dawning belief that expression of affect in sessions was helpful to the therapy process. Hence she moved to a final 3(4) position, one in which the Socializing position is dominant and there is an emergent Self-authoring trend.

Summary

Seven themes emerged over the year for Lynn and most remained fairly consistent over time. The themes related to getting clients to “open up” and to making families comfortable were basically unchanged over time. Her struggles with the difficulties of family counseling were also consistent and reemerged as a theme in her journals. As well, her focus on supervision was consistently expressed over the year and also emerged in her essay. Two themes emerged for Lynn later in the year: “really touched me” and “there’s a lot I don’t know” and they arose in both her interviews and her journals. In relation to this her nascent thinking about the counselor’s expression of emotion as helpful to the therapeutic process constituted an elaboration of her initial notion that family counseling involved helping family members to open up and share feelings.

Interpretation

Lynn began the year at a full Socializing developmental position and appeared to be in disequilibrium as she began to see several families and encountered distressing problems such as a child’s suicidal ideas. With her youth and limited amount of experience, she had little to assimilate her new learning experiences to and was exceedingly challenged by the varied family difficulties she encountered over the year. Near the end of the year she was even puzzled about how to approach working with a family who did not appear to be in crisis. Change occurred in the final months of the year

primarily in her growing perception of the complexity of family counseling practice, and her recognition of the evolving nature of knowledge and learning. At this time Lynn also seemed to be surprised by her emotional responses to clients and needed to process this with her supervisor, implying that she needed approval that this emotional reaction was acceptable. Thereafter she noted that the counselor's emotional response, "makes you a real person to them, in their eyes, and I just think it makes the process better." Along with this, the emergence of a reflective stance towards her practice in her two final journals was a tangible sign that she was beginning to appraise her effectiveness with clients. In relation to her developing notion that there are no clear answers to what to do in any given situation in family counseling, she espoused a new belief that there is no science to counseling, a fact she found difficult to comprehend.

Lynn's idea that family counseling involved helping family members open up and share was reminiscent of what she shared in her first interview about her own family's inclination to be less than open; she appeared to be unaware of this connection. At the end of the year she began to introduce new ideas about family counseling when she spoke of her attempts to focus on family interactions: "it's really hard to get the family to take the process instead of coming in and just chatting about the content of their week." Thus, at the end of the year she had added a process orientation to her ideas about "getting clients to open up." Taken together, changes in the last months of her internship are perceptible and indicate an emergent Self-authorizing orientation while she primarily continued to operate from a Socializing position.

Taylor: "Everyone has a purpose"

Taylor is a woman in her mid twenties who is enrolled in the second year of a three-year master's program in a counseling-related field. She is single and moved from a neighboring state for her graduate work at ACC. Taylor became intrigued with a systems approach to counseling when she took the marriage and family class in her first year as a graduate student. She said, "I fell in love with [family counseling]," and this motivated her to enroll in the summer practicum where her experiences inspired her to continue in the internship.

Taylor said she had always known that working with people was where her talents and interests lay and came to see family counseling as "a calling" of sorts after taking the summer practicum. She stated a belief that "everyone has a purpose" and in her first sessions with her first family she found that the work "changed my whole view on what I wanted to do." Later in the year she considered the possibility of either seeking a second degree in counseling, or specializing in family counseling in her master's program. Outside of a focus on her "purpose" Taylor typically talked little about herself personally.

Since she had taken the summer practicum class, and as part of her family counseling internship, Taylor was recruited by the clinic staff to provide family counseling in a local elementary school for her internship. This is a well-established arrangement in which the intern works closely with the school counselor who facilitates referrals and any follow-up work with families receiving counseling services. She also continued throughout the academic year to see the first client family with which she had worked in the practicum in the university clinic. In addition to the family counseling

internship Taylor was concurrently completing another practicum in a different local school. Thus, she completed two separate practica in two schools during the year.

Taylor worked with approximately seven families and conducted about 60 family counseling sessions during the year. A personal crisis arose for Taylor over the course of several months that led to her need to miss some interview appointments around the middle of the year—these were rescheduled and she completed the interviews in the second semester on a delayed schedule but without difficulty.

The next section will present themes from Taylor's interviews, essay, and journals. Since Taylor was not enrolled in the counseling program and, instead, was working on a related degree, she was not required to complete a counseling portfolio. As part of the requirements for her internship class in her second semester, she submitted six reflection journals.

Interview Themes

The seven themes that emerged over the year are presented in Table 8. The table reflects when the themes emerged and when they were repeated.

My purpose. This theme emerged in four interviews as well as in her essay. In her first interview Taylor said, "It's really working with people that has been my true love and my purpose I feel...that everyone has a purpose, and I feel that I do best when I am working with people." She spoke also about how important having a purpose was to her:

"The value is...I can't really put it into words... I can relate it to a purpose or a calling, the value is that big to me." She returned to this idea about a purpose throughout the year often relating it to her experience in the summer practicum class. For example, when explaining why she decided to enroll in the internship she said that her experience

Interview 1	Essay	Video Interview 1	Interview 2	Video Interview 2	Interview 3	Video Interview 3	Interview 4
My purpose (Emergent)	My purpose (Continuing)		My Purpose (Continuing)	My Purpose (Continuing)		My Purpose (Continuing)	
The relationship comes first (Emergent)			The relationship comes first (Continuing)		The relationship comes first (Continuing)		The relationship comes first (Continuing)
	Supportive supervision (Emergent)	Supportive supervision (Continuing)	Supportive supervision (Continuing)	Supportive supervision (Continuing)			Supportive supervision (Continuing)
		An amazing family (Emergent)			An amazing family (Continuing)	An amazing family (Continuing)	
		You never know what to expect (Emergent)	You never know what to expect (Continuing)				You never know what to expect (Continuing)
			Challenging myself (Emergent)		Challenging myself (Continuing)		Challenging myself (Continuing)
				Some families aren't ready to change (Emergent)	Some families aren't ready to change (Continuing)		

Table 8: Themes for Taylor

in the practicum changed her life. Later in the year she explained this further—she described it as, “sort of like an inner feeling and a sort of inner voice that tells you what you are supposed to be doing and then when you do it, it just feels right.” In the last two video interviews this theme was characterized by her desire “to help people” and feeling “instrumental in their lives.” She said, about her first client family, who had presented in a crisis and “had really dealt with it well” that, “This is what I do this for, to really help families manage their lives better and to help people... What a great opportunity to see that process from the beginning to the end for my first family. I’m really lucky... really lucky.” In the last interview she reflected that, “I’ve changed a lot both personally and professionally—professionally... it’s changed the future of where I go with my career. It’s really showed me that I think this is what I want to do.”

The relationship comes first. Taylor spoke about the importance of the relationship in her first three interviews. When asked in the first interview what she considered to be the most important aspects of family counseling she said,

I learned that the theory is important but it’s really not what theory you use, it is about the client-therapist relationship, and I think it’s important to establish a tight relationship, and if you can things are going to start happening... first of all they are going to start to come, and they are going to start to trust you, open up and feel comfortable.

Later, in the third interview (second semester) she stated, “I think the relationship is paramount, more important than anything else, still. I think the skills and the theory come after that.” And though she focused on the relationship she also expressed at this time that it was important to, “be very aware of the theories and techniques... I’m trying to bring that back.” This was said in the context of recognizing that her supervisor would ask her to give theoretical rationales for her interventions.

Supportive supervision. This appeared as a theme in all four in-depth interviews as well as in Taylor's essay. In most of the interviews it emerged in comments about what her supervisor said or about how her supervisor "is just really supportive" with positive feedback. Taylor's use of supervision was reflected in this comment: "I'll call her up right after a session when I'm driving home at 8:30 at night...just because I'll not be able to sleep unless I get it off my chest...I do that often." In the final interview as she reflected on her early family sessions and identified her toughest challenge as,

...my first session that I had right after [her supervisor's name] wasn't doing live supervision with me anymore...I was able to get through the first session but the next family got worse...I didn't have her watching me anymore, and then all of a sudden I got four families right in a row...I mean I had gone from having one family with live supervision...that was real challenging.

She added that her supervisor, "wasn't there to give me that affirmation, so I had a lot of self doubt."

An amazing family. This theme was evident in recurrent talk about her first client family and emerged in three interviews. Early in the year Taylor noted, "The family is amazing, sort of the atypical type of family you would have in therapy...the mother is amazing...great family." In the last video interview she continued to express the importance of working with this family: "it was really meaningful because I felt really connected to the family...I have such a good relationship with them." She spoke about this family in two other interviews and in her journals, though they did not constitute themes, thus it was retained even though it emerged three times.

You never know what to expect. This theme appeared in three interviews and was related to Taylor's surprise and disquiet when she encountered unanticipated situations. Early in the year she described her experiences when the family she had been seen

regularly presented unexpectedly with “heightened emotions.” She explained, “I was pretty confident going into this session, and then they presented this entirely different family that I hadn’t seen before—threw me for a loop and it was the first session without live supervision.” She explained that the son had refused to take a drug test and that “Emotions were heightened, and the grandfather had just passed away, lots of crying in session...and yelling from his dad.” She added that this session,

...proved to me that I am going to have ups and downs where I’m going to feel confident or faced with challenges, and I’m going to doubt myself because I only have such a small toolbox right now, and I think I thought I was a lot more confident than I was.

At the end of the first semester, she described having encountered “really tough situations” and said, “Each and every family has brought in something different and surprising to me...you have one session planned...and then they come in with this big disaster that happens...you are just surprised every session.” She talked further about how she had come to expect “more of these surprises so I’m more prepared.” She also said,

You can have a whole idea planned for a session and you get in there and they throw you for a loop by just throwing in something to the session that you never thought you were going to deal with and you just have to be real flexible and you have to adapt.

She added, “you have to have the confidence to be able to deal with those surprises.” She returned to this theme in the last interview when she reflected on “doing things I haven’t dealt with before” and emphasized again that “if you lack confidence they’re going to read it and whether you know stuff or not you need to pretend you do. So I think if you have confidence in yourself they’ll have confidence in you.”

Challenging myself. This theme emerged at the end of the first semester and was repeated in the two subsequent in-depth interviews. It was retained as a theme because of the emphasis she placed on its importance, the fact that it developed later in the year, and because it pertained to the research questions. It emerged initially in response to a question about what she had learned about herself over the first semester. She said, “That I can face challenges and come out of them without too many scrapes and bruises.” She added that, “the little setbacks don’t set me back forever, they just sort of make me stop and think and say, ‘OK, how am I going to do this differently next time?’” In the next in-depth interview she said, “I think you have to be really up to challenging yourself as a family counselor.” She responded to a question about how she viewed herself differently in the last interview by saying, “personally it’s really made me look at and challenge myself to...look at the things I have difficulty bringing up in the session.”

Some families aren’t ready to change. This theme did not emerge until the second semester where it was seen in two interviews and was retained as a theme because of the emphasis Taylor placed on it and because it also emerged in her journals. In the second video interview Taylor said, before she presented the family on the video, “So the main point here is the resistance that I wanted to talk about, sort of a new theme that I have been coming across in the last two weeks.” She emphasized the lack of progress with the family: “I’m not making any movement, [we’re] wasting our time and maybe I should be doing more productive things.” She questioned whether the parent might, “be better with someone who is a little older.” At the same time she expressed that,

...some people just aren’t ready [to change] and that’s not really a reflection on you. You can’t help everybody you’re going to work with. I think I’m still going through it so I think it’s tougher to say that now but I think it will be a good lesson to learn.

She related this to her purpose: “the point of me getting into counseling is to help people and I don't want anyone to slip through my hands... that's why it's hard, it's like "I don't want this one to slip by.”

This theme emerged in the next interview as she described a situation involving a mother who “went off on me” because Taylor had given her son some readings on parenting to deliver to the mother. She mentioned several times that she could not put “a lot of pressure on myself” because the mother had decided to terminate, and that she was “really coming to grasp the idea that some families aren't willing to change and there is only so much you can do.” At the same time she also talked about this in reference to the relationship with the parent. She said, “I don't know what comes first...because of her unwillingness to change maybe she wouldn't want to establish any sort of relationship unless I agreed with her.”

Essay Themes

In her essay the themes related to support from supervision, having a purpose, and “challenging myself” reemerged. Another theme, not evident in the interviews, was that of “a toolbox.” About supervision she wrote of her hope of building a relationship with her supervisor who had given her “an appropriate balance of support and challenge” during the summer practicum. She also related her hopes for a group supervision experience like that she had had in the practicum because it was “extremely supportive and offered insight in a respectful manner.” Regarding “a purpose” Taylor began her essay with a comment about the practicum class:

Last summer I had the most amazing experience in my marriage and family practicum. Looking back, I learned a great deal about myself and quickly fell in love with the counseling profession. In a sense, I feel like I have now discovered my “calling” or my purpose on this earth.

The theme of “challenging myself” arose in the context of expressing her “hope to grow as a person.” She referred again to her experiences in the practicum class: “Like this summer, I hope to be challenged on many levels.”

The new theme was denoted as a hope to “gain more tools to put into my toolbox.” Taylor emphasized that reading about techniques and theory was not as helpful as experiencing them and, once again, she related this to her family counseling practicum experience: “This summer I learned about several techniques to use with families and I discovered a variety of different approaches.”

Journal Themes

No new themes emerged in Taylor’s journals but three themes reemerged: “my purpose,” “supportive supervision,” and “some families aren’t ready to change.” Related to the last theme, Taylor noted resistance was, “an overriding theme with my families,” and gave an explanation for this: “As a beginner in the field, I always had the belief that I had the ability to help anyone.” Then she reflected about the family that had terminated: “I quickly questioned what I could have done better during the sessions. However, the more I was able to process the conversation...the more I began to believe that I **COULD NOT HAVE DONE ANYTHING TO HELP THIS FAMILY** [her emphasis].” In the next journal she reconsidered the situation: “Part of me wonders what I could be doing differently. Perhaps I need to find a different, more effective approach with my families. On the other hand, I also understand that I can’t help a family unless they are ready to change.”

Developmental Interpretation

Taylor began the year at a 3/4 position with both Socializing and Self-authoring stages operational and Socializing dominant. Evidence for the Socializing position was seen in her emphasis on the relationship with clients and her close relationship with her individual supervisor. Her belief in family counseling as “her purpose,” that arose initially from her own experiences in the practicum class, reflects an emergent Self-authoring stance. In her last interview she described her purpose as, “sort of like an inner feeling and a sort of inner voice that tells you what you are supposed to be doing and then when you do it, it just feels right.” As well, her focus on challenging herself to reconsider theory as well as the therapeutic relationship indicates that this was the growing edge for her developmentally and though she was still assessed at a 3/4 position she appeared to be approaching a transition to a 4/3 position.

Summary

The aspects of Taylor’s experience that stand out include her belief that family counseling fulfilled a purpose in life for her, her reliance on her individual supervisor, and her struggle with client resistance toward the end of the year. Having a purpose in family counseling was consistent across her interviews, her essay, and her journals. “Supportive supervision” also emerged in these data sources and was consistently expressed over time. Taylor’s themes related to not knowing what to expect in family counseling continued over three interviews through the year. She consistently expressed this as being accompanied by a loss of confidence. Taylor’s theme related to clients who were “not ready to change” emerged later in the year. The theme related to challenging

herself also emerged later on as she gained more experience and reflected on client resistance in her journals.

Interpretation

Taylor's participation in the family counseling practicum prior to the internship had a tremendous impact on her, both personally and professionally. During the practicum she had developed a close working relationship with her individual supervisor, her peers, and her first client family. In her first interview she professed that family therapy was her "life purpose" and this led to her decision to enroll in the internship. She most likely had moved to a 3/4 developmental position during the practicum and this set the stage for her active engagement in subsequent learning experiences.

For most of the year Taylor stressed the importance of the therapeutic relationship and came to believe that clients responded more to "who you are and your sense of being" than to theories and techniques. However, near the end of the year she recognized that her supervisor expected her to have theoretical rationales and this motivated her to "use theory more" and attempt to balance the two, something she struggled with at the end of the year: "It's starting to...come into ideas for me." At the same time she encountered "resistance" when clients were not willing to engage in therapeutic interventions and she used her journal to explore this issue, finally concluding that she needed to rethink her role as the counselor when this occurred. As a result of this unfolding in her thinking Taylor appeared to be in disequilibrium in the second half of the year and could have been on the verge of shifting to a 4/3 developmental position.

Doctoral Students

Four doctoral students participated in this study—three were first year students and the internship was an elective course for them so they saw only a few families. The fourth doctoral student, Arthur, was completing requirements for one of his final classes, the doctoral internship, so he was expected to see a larger caseload of families and was assigned to an off-site facility.

Arthur: "Holding back a hurricane with a flimsy umbrella"

Arthur is in his mid-forties and has worked for the past 20 years as a pastor for Asian congregations. He has been involved in various helping professions his entire life—his work experience includes youth ministry, missionary work, and some teaching at a small college. He has spent a significant portion of his life in Asia and speaks a foreign language fluently.

Arthur has been a part-time doctoral student for several years and attended full-time this year to fulfill the residency requirements for his degree. Unlike the other students he did not have a cohort group and lived over an hour away from campus. Thus he was somewhat isolated and only interacted with his peers occasionally in his classes.

Part of what influenced Arthur to enroll in the family counseling internship was, "some of my own journey in looking for answers to some of my own stress or life issues, challenges, problems and beginning to get some insight there." He stated he had a desire to learn and to gain insight into himself but also wanted to lead others to insight. He also felt it was natural, considering his line of work, for him to want to be better equipped to help others with family issues in a more professional way. Arthur had taken a family

counseling internship during the previous academic session and at that time saw his first family under live supervision.

Arthur was assigned to an off-site counseling facility in a regional school administration building located in a lower socioeconomic urban area. He was assigned many families that either terminated early in treatment or did not come for their first session. These families had a different cultural heritage and he spoke several times about trying to understand their perspective so that he could be more helpful to them. He also talked in many of his later interviews about the fact that many families terminated early and he expressed regret about this.

The next section presents the themes from data available from Arthur including his interviews, his essay, journals written for his supervision group in the second semester, and his family counseling portfolio.

Interview Themes

The matrix in Table 9 indicates the emergence and reoccurrence of the six themes that emerged for Arthur over the year. All the themes emerged three or four times.

Making families comfortable. This theme appeared in the first, third, and final in-depth interviews and was retained because Arthur also mentioned it in three other interviews and emphasized the need to change his behavior in this respect. He expressed an awareness of his propensity to feel the need to put others at ease in the first interview:

I come from the Deep South where there's a great emphasis on being nice and saying nice things and making people feel good. Which I think is nice in joining with people and making them feel comfortable, but sometimes the downside of that is always the need to say something to make things better when sometimes I need just to listen and let them talk through it.

Interview 1	Essay	Video Interview 1	Interview 2	Video Interview 2	Interview 3	Video Interview 3	Interview 4
Making families comfortable (Emergent)					Making families comfortable (Continuing)		Making families comfortable (Continuing)
I was looking for concrete techniques (Emergent)			I was looking for concrete techniques (Continuing)				I was looking for concrete techniques (Continuing)
		Facilitating some sort of interaction (Emergent)	Facilitating some sort of interaction (Continuing)		Facilitating some sort of interaction (Continuing)		Facilitating some sort of interaction (Continuing)
		Understanding other viewpoints (Emergent)		Understanding other viewpoints (Continuing)	Understanding other viewpoints (Continuing)	Understanding other viewpoints (Continuing)	
		Tremendous desire to help in some way (Emergent)	Tremendous desire to help in some way (Continuing)				Tremendous desire to help in some way (Continuing)
				Maybe I'm not getting it (Emergent)	Maybe I'm not getting it (Continuing)	Maybe I'm not getting it (Continuing)	Maybe I'm not getting it (Continuing)

Table 9: Themes for Arthur

Midway through the second semester, he talked less about making clients comfortable and more about attaining a level of comfort in the work they were doing together. He noted that he needed to get past the need to be liked and explained that he had to focus on encouraging family members to talk to one another. He said,

I need to be a little demanding in terms of ‘I don’t want you to talk to me, I want you to talk to him’...and there might be a little surprise, but I get this finer balance between joining with them and finding a level of comfort but also continuing to work at what we are doing.

I was looking for concrete techniques. This theme emerged in three of the in-depth interviews and appeared initially in Arthur’s first interview. It was retained as a theme because it was referred to in other data sources and because of the way his thinking about techniques changed over the year. At the beginning of the year Arthur spoke of techniques such as empowering and of “playing a game like the Ungame” to involve children in the sessions. He also said,

I am thinking of having more clear-cut techniques and strategies rather than just talking and making them feel comfortable. That’s of course the first step but I’m seeing more and more [that] to have some techniques to get them maybe to relate to each other in a little different way is really important.

In his second interview, before the second semester started, Arthur talked more about feeling challenged to apply theoretical techniques in actual counseling sessions. He said, “Sometimes it seems like in group we talk a lot about what is going on with the family and more of the issues and so forth but sometimes in talking about that I forget a little bit—what are we actually doing with it in terms of applying [structural] concepts to [family issues]?” By the final interview he had become aware that

... there really aren’t concrete techniques...that I can say, “OK, here’s your problem, here’s a little trick or a little magic we can do here in the session that will make that different.” I guess I began to see, through just

by experience and also in hearing the other counselors discuss their cases and clients, that that's not exactly what we're doing.

Facilitating some sort of interaction. This theme emerged in Arthur's first video interview and in the later three in-depth interviews. At first he expressed his emerging idea of family therapy as he questioned himself about what exactly was involved. He explained that he was trying to move from "an individual counseling frame of mind" to get every family member involved but then wondered what to do when a young child dominated sessions. He concluded, "family counseling may not always be as much of a giving this unconditional positive regard for every person there, but more about trying to support what you see as a healthy subsystem, in this case the parental subsystem." This idea about supporting healthy family interaction was continued in the next interview as Arthur attempted to articulate his ideas about family therapy by comparing it to previous counseling approaches.

By the final interview he talked about family therapy in terms of his role in "helping to facilitate more healthy interactions." When asked how he conceptualized family therapy after his experiences in the internship, he explained,

It just seems like we bring people together in a safe setting where they are encouraged to interact with one another, but with some guidance they perhaps begin to interact in a little different way that brings insight, and also taking a little different way of interacting back to their own environment. So, I guess I'm saying it seems to be very subtle in that it's not so much a process of where, "Okay, here's what you can do to fix your problem."

Understanding other viewpoints. This theme appeared in four interviews. It arose as Arthur recognized that viewpoints of different family members might be in opposition, then later it arose in relation to cultural differences. In the first video interview, he wondered how to help a family in which the young daughter wanted to visit her father in

jail, and her mother was opposed. He recognized that it “does seem like a very difficult situation” especially since the father was in jail because of spousal violence. Arthur recognized the different perspectives of child and parent, and the nature of their competing needs. He said, “I did feel kind of torn about how can I help.”

In later interviews this theme was reflected in Arthur’s attempts to understand his culturally different clients. The focus on cultural difference emerged in three interviews in the second semester. In relation to one family in which a teenage girl was discussing fighting in school he said, “I don’t usually think of girls as threatening to beat up another girl after school, so when they described that obviously I’m thinking, ‘what that would be like?’” He said this led him to,

...think a little bit about focusing on a different race, social, ethnic segment of society that I’m not familiar with and maybe those kind of things do happen...so that’s the struggle between to what degree is this something to say ‘oh sure’, or be alarmed, or not be alarmed.

In a later interview he spoke of the same family in relation to the mother’s fears her son would end up in jail. Arthur related that in their community, with “their social strata, [when] you get in trouble with the law and eventually get in jail—it’s a very real possibility...and it makes me want even more to try to do something to break this cycle.” Arthur added that his work with this family “results in my feeling closer to them in their struggle.” However, he added, “I’m not sure they know that,” since they seemed to see him as, “still just that counselor...I’m white and they’re [culturally different] and I’m a college student and they’re whatever, and for some reason I just sense that when they’re saying those things that they may not think that I really understand.”

Tremendous desire to help in some way. This theme emerged in three interviews and was retained because of the quantity of text related to it and the emotional emphasis

Arthur gave to ideas surrounding his desire to help. This theme was expressed in relation to the complexity of family situations, to families who did not come to sessions or dropped out, and to families who were “not really connecting with me.”

In the first video interview Arthur expressed feeling “kind of sad today” because a family had terminated counseling as, “I felt it was just really getting comfortable.” He commented, “I really would have liked to have helped...but the mom feels like she is just holding on with a thread...and didn’t feel like she could come anymore.” He reflected: “it is difficult because you are not going to be able to help them much...it is a very complex situation going on in their world but we have just a very small part we might do in those few minutes together.”

In the next interview this theme emerged as he discussed a family he felt was not emotionally connecting with him, and another that dropped out of counseling after Arthur requested that an absent family member attend the sessions. He said, “I thought we got off to a pretty good start,” and then later, he said he “felt really disappointed that I never got to go further with [them].” He also expressed feeling “really bummed out” about the kinds of problems the families had: “sometimes you feel really crummy about, ‘this is the way life is for some people.’” He summed up his ambivalence surrounding the desire to help: “on the one hand it produces a tremendous desire to somehow help, but feeling a little bit of, like trying to hold back a hurricane with a flimsy umbrella. ‘What can I do here?’” By the last interview Arthur continued to discuss “the tremendous challenges that some people are dealing with” that led to his feeling “a desire to help in some way” but frustration that he had not been able to help them much.

Maybe I'm not getting it. This theme emerged in the second semester in four interviews. It first appeared when he presented a session in which he said, "I guess I was feeling like maybe I wasn't accomplishing much because one child was asleep and the other one wouldn't talk—so [I felt] a little bit of maybe—failure." He later noted, as he was trying to encourage the daughter to become engaged in the session, that, "I think it required a little talking to myself, 'This is not the idea, this is not the way I'd like it to be' but you still have to hope that the process is enough itself." He added, "I probably wasn't forceful enough. I felt afterward like that might not have been a good thing to do and I felt a sense that I needed to... be more directive instead of being so Rogerian."

Halfway through the second semester he said, "I think I have lost confidence in myself," and spoke about clients who had dropped out of treatment. He recounted that, "I can't seem to get them past six or seven [sessions] before they begin to miss, and then I'm calling them and they come back once and I just wonder if maybe I'm not getting it..." He compared this to "other interns that maybe have been doing this for a couple of years that have seen clients for 50 sessions, or 20 or 30."

Near the end of the year he appeared to be questioning his effectiveness with families. After referring several times to his feelings of discouragement related to a parent who said "at least you're getting what you need to get for your education out of this," Arthur reflected,

I just think I'm really seeing how [family counseling] really can be at times, an art as much as a science. You've got all these techniques but sometimes like—which one am I using now? —I'm not sure. You're trying to respond to what's going on, what things are happening and you may step back and say "well, I think something was happening that doesn't happen at home and maybe it will change something"—that's about the best you can do, I guess.

At the last interview he talked about how it was difficult to know when there was a viable therapeutic relationship: “I’ve found that a little bit hard to know when I have really established a right relationship” because the family’s level of acceptance of him had not “gone beyond just some professional person.”

Essay Themes

Arthur’s essay did not contain any new themes, nor did themes from his interviews reemerge there. In it he stated expectations similar to the goals in his portfolio related to becoming “more proficient” and allowing “the process [of family counseling] to ebb and flow with it’s own life.” He ended by emphasizing his desire to become, “more comfortable with the process of family counseling.”

Portfolio Themes

Arthur completed a portfolio at the end of the year that reviewed his work and one new theme emerged, “toward a family therapy approach.” It was included in one of his three goals for professional development. The goal was,

...to become more proficient in consciously applying structural family therapy techniques in family counseling, to keep families engaged in counseling long enough to carry out the entire process of treatment planning, etc., and make further progress in moving away from individual therapy techniques and more toward a family therapy approach.

He elaborated by describing how he had attempted to carry out the goal. He took notes during group supervision case presentations, “with a goal of becoming more consistent in operating out of this theoretical framework.” In his “concluding reflections” he commented on his progress over the year: “group and individual supervision made for a really dynamic experience of applying newly learned concepts and techniques in real family counseling situations.”

Journal Themes

Arthur completed six assigned journals for his group supervision class second semester. No themes emerged but topics that he touched on were consistent with two previous themes, “understanding other viewpoints” from his interviews, and the new theme from his portfolio, “toward a family therapy approach.”

Developmental Interpretation

Arthur began the year at the Kegan 3(4) stage, a primarily Socializing position with an emergent Self-authoring trend. Initially he focused on making families comfortable and learning concrete techniques to help families solve their problems. As the year progressed he began to take responsibility for conceptualizing the family therapy process, and for understanding a cultural group he was entirely unfamiliar with. He also recognized his strong desire to help families facing difficult and complex situations even as he struggled to understand how to help them given this complexity. With a dawning understanding of his clients’ perspectives, of a theory of practice about facilitating interactions, and an incipient ability to evaluate his practice, he is perceived as moving towards a 3/4 position. This stage is one in which the Socializing position is dominant and operates concurrently with a Self-authoring position.

Summary

Arthur’s perceptions of family counseling evolved over the year in several areas. Initially he related understanding that as the counselor he should get all family members involved in the activity of the session and then later professed that he needed, “to somehow guide a little different interaction in the family.” By the end of the year he had formulated the idea that family therapy entailed his acting to facilitate “healthier

interactions.” In terms of his relationship with client families, Arthur expressed the importance of making families comfortable at first. This evolved to a recognition that it was important to achieve a level of comfort in the relationship while also directing family members to talk to one another to achieve healthier interactions. His initial idea that he could apply “concrete techniques” that would lead to therapeutic progress also changed. By the end of the year Arthur related that family counseling is, “not something that can be fixed with a bag of tricks,” and called family counseling “sort of a creative process.” In his portfolio and journals, at the end of the year, a new theme emerged, “toward a family therapy approach” in which he expressed his desire to apply “newly learned concepts” to actual work with families.

The theme of understanding other’s views also unfolded beginning with his awareness that parents and children could have quite different perspectives of the family problem and this made it difficult to determine what course of action to take. This expanded as he worked with culturally different clients and sought to understand them. He spoke several times about being of “a different race and background” and attempted to “open the door to further discussion [with clients], if such discussion would enhance the counseling relationship.” The final theme for Arthur, “maybe I’m not getting it,” emerged near the end of the year was related to his loss of clients that led him to feel “less confident than I was.”

Interpretation

Arthur began the year questioning what family counseling involved and gradually came to view it as “facilitating some sort of interaction that is healthier.” His ideas grew from a vaguely defined notion of family counseling to a more specific concept that

centered his attention on family interactions. Also, particular experiences with client families evoked development of perspective taking and this was experienced in a way that suggested a significant shift, for example, from wondering about the veracity of a client's account to seeing the reality of his client's lives as something he would have difficulty understanding. Thereafter he realized that his clients might have difficulty establishing a relationship with him because their life experiences were so divergent.

Arthur ended the year in disequilibrium that impacted his self concept in a way that left him feeling, "a little discouraged about, how do we actually apply our technique in session?" The nature of disequilibrium for Arthur occurred as he was confronted with both diversity and complexity that was quite unfamiliar and unlike his previous life experiences. He gradually improved his understanding of his clients and at the same time this seemed to prompt him to turn away from a techniques-only approach and contemplate how to actually apply systemic theory and techniques to practice. And though he developed strategies to promote his desire to learn family therapy he was left feeling, near the end of the year that he "wasn't getting it." Unfortunately for Arthur, he was not a member of a cohort group and spent little time on campus so did not have as much support and dialogue with other students, as did classmates. One bright note at the end of the year occurred when he reported "feeling validated" after successfully facilitating an enactment between a parent and a child. He said, "it sort of affirmed to me...[joining] with the family was now paying off in terms of being able to really do some work." Thus, even though he experienced negative feelings in relation to his ability to learn family counseling, he showed development in significant areas.

Cliff: "The guide on the side"

Cliff is 42 years old, married, and has four school-age children. His wife works locally as a school administrator and the family lives in a community about twenty minutes away from ACC. Before entering the doctoral program he and his family lived in a rural area of the state for nine years where he worked as a school counselor for the past eight years. He also has work experience as a campus minister, teacher, and counselor in a residential treatment center for adolescents. After completing his doctoral program Cliff wants to blend teaching, community service, and private practice, and has also considered working as a counselor in higher education. He sees himself as eventually having some combination of these work roles.

In his first job as a counselor, Cliff worked with families of adolescents who were in residential treatment. After about a year he decided to take a position as a school counselor. He had contact with families while working in the public schools; however, his work with families was fairly limited in that setting. He also taught parenting classes with his wife in various church settings. With a background in school counseling he said he "tended to be cognitive behavioral" even though he consistently talked of using several theoretical approaches throughout his interviews.

Cliff began the year saying that he enrolled in the internship because, recognizing that it was a focus of the counseling program, he was giving family counseling "a try." By the midpoint of the second semester he stated that he had decided this mode of counseling was not a good fit for him. He recalled that he had left his job at the adolescent residential treatment center for similar reasons: "I decided to walk away

before I crawled away, and then I still felt good when I walked away. I could have lasted another year or two perhaps but I could see the handwriting on the wall.”

Cliff began working with his first family about halfway through the first semester and did not receive a second referral until midway through the second semester. He conducted about 15-20 sessions with these two families. The most distinctive feature of the interviews with Cliff was the way in which he answered questions. He often gave long and elaborate responses and it was often difficult to discern how he was actually answering questions. When clarity was needed it was necessary to rephrase questions several time. As a result, his interviews tended to be fairly long. The next section will present themes from Cliff’s interviews, essay, portfolio, and journals.

Interview Themes

In Table 10 are seven themes presented as they emerged over the course of the internship for Cliff. Most themes were repeated at least four times while one theme emerged twice at the end of the second semester. No themes emerged in his essay, portfolio, or journals.

Multiple Theories. This theme emerged in the first interview and appeared in five interviews in all. Early on Cliff stated that he needed to strengthen his use of theory and noted, “one of the things that I think is a weak point for me is, I don’t have a theoretical grounding that I use time after time.” In his first three interviews Cliff talked about structural family therapy and occasionally touched on other theoretical frameworks. He referred to “the structural paradigm” several times in relation to needing to change his strategy in order to work within the framework used in the clinic setting. He decided to combine his prior counseling approaches with “two structural activities” for a session

Interview 1	Essay	Video Interview 1	Interview 2	Video Interview 2	Interview 3	Video Interview 3	Interview 4
Multiple theories (Emergent)			Multiple theories (Continuing)		Multiple theories (Continuing)	Multiple theories (Continuing)	Multiple theories (Continuing)
Trusting, safe, respectful (Emergent)			Trusting, safe, respectful (Continuing)		Trusting, safe, respectful (Continuing)	Trusting, safe, respectful (Continuing)	Trusting, safe, respectful (Continuing)
Techniques that work (Emergent)		Techniques that work (Continuing)	Techniques that work (Continuing)	Techniques that work (Continuing)			
True to myself (Emergent)			True to myself (Continuing)		True to myself (Continuing)		True to myself (Continuing)
		Going with my instincts (Emergent)		Going with my instincts (Continuing)	Going with my instincts (Continuing)		
		Highlight the positive (Emergent)	Highlight the positive (Continuing)		Highlight the positive (Continuing)	Highlight the positive (Continuing)	Highlight the positive (Continuing)
					Draining for me (Emergent)		Draining for me (Continuing)

Table 10: Themes for Cliff

and use “what I have...to make myself more effective and better rather than throw out all [my] previously gained knowledge.”

Midway through the second semester Cliff began to include ideas and phrases from cognitive developmental theory (he had taken a seminar on cognitive developmental theory the previous semester) and several other theories and approaches to counseling. He talked about the cognitive developmental levels of different family members as well as his use of behavioral approaches and paradoxical techniques. References to cognitive developmental theory continued in the last video interview where he again focused on individual family members and “their relative cognitive level in terms of planning interventions.” He also mentioned linguistic programming, brief solution-focused therapy, and popular psychology approaches (Beattie’s codependency and Bradon’s self-esteem ideas). This theme also emerged in the final interview where again he referred to several theories including cognitive developmental, behavioral, and psychoanalytic, as well as Goleman’s ideas about emotional intelligence—structural family therapy was mentioned, but only once.

Trusting, safe, respectful. This theme emerged in five interviews over the year and arose in response to questions about his perception of the therapeutic relationship. Cliff used several words and phrases to describe his ideas and overall, a statement from his second interview describes the theme best. He said that the relationship should be “trusting, safe, respectful.” In the first interview he said, “it appears to me that I am more successful when there is a good, to use the term that is used here, joining, or there’s a good rapport built,” and he reiterated that this reflected his counseling style. He often used the phrases “guide on the side” and “journeying with clients” when talking about the

therapeutic relationship. When asked about how he saw the therapeutic relationship with the family as a system he said, later in the year,

I hope I've been the guide on the side that I referred to...Some other adjectives or phrases or descriptors I would use to describe the relationship with the family as a whole would be—a reasonably informed adult co-problem solver, a supportive and caringly challenging—I struggle to find the noun there.

At the final interview, Cliff explained how he saw the therapeutic relationship with the whole family and with each member and for the first time introduced systemic concepts.

He said,

I believe that if you have a therapeutic relationship with the family as a whole and the head or heads of the family, (though you could make it work without a therapeutic relationship with the siblings or other subsystems that might be there)—I think it's to your advantage to have one with each person, but I think if you have the whole and the head or heads of the family, that could work.

Unlike his previous descriptions, this one included systemic term of subsystems.

Techniques that work. This theme emerged in four interviews. In the first interview Cliff said, "I'm not a bag of techniques exactly but I have things that work." Later in the same interview he referred several times to techniques he used such as paraphrasing, Rogerian techniques, techniques he saw as effective with certain types of clients, and giving homework. He also said, "I like the idea of a counselor being more than somebody who operates in a little room where people come to them and they use certain techniques...impose certain techniques on people to fix certain problems." Over the course of the year he discussed the use of several techniques he had learned to use in family therapy. These included a process diagram in one interview, a "make it happen" request with a parent in another, and reframing at several points. On the whole, he talked more about techniques in the first part of the year and less later on.

Going with my instincts. This theme emerged in three interviews and initially appeared when Cliff began seeing his first family. Because of the emphasis he gave to this and due to its salience to the research topic it was retained as a theme. As he began to work with the family he was assigned he talked about instincts and using his intuition as he presented a session in which he had attempted to enact a structural approach. This remark reflects his ideas about his early family counseling work: “The second session I went in thinking somehow that I needed to come out fully formed from the head of Zeus as they say, as a structural therapist.” He noted that the session was not the worst he had ever had but was “in the bottom percentile” and that he was, “biting my tongue off and not going with the instincts I had.” In the two succeeding interviews he related that he had recalled advice he was given early in his career to “trust his instincts” and so decided he would trust “going with my instincts more.” At another point he described this as a personal trait: “I do have fairly good instincts I think, and I can over think things sometimes.” Later in the year he noted in an interview that to gauge success of sessions he would, in part, go by “the feel.”

Highlight the positive. This theme emerged in five interviews and refers to the manner in which Cliff talked about how he approached his work with families. It related to both to the interventions he used and his ideas about the therapeutic relationship. In the first video interview he related what he was thinking about in the session he presented: “My hope was to take a concrete experience that they have, they can feel themselves in and relate to, and open up possibilities for that experience to be different, for it to be more positive than they normally experience.” He also said, “With some encouragement they let down their guards and say positive, constructive and often caring and loving

things to each other.” He added that his hope was that this would transfer into their daily life. In the second semester Cliff responded to a question about the therapeutic relationship by describing how he related to both the family and the individual family members: “I try to be supportive and highlight positive things.” He also talked about assessing whether “their interactions were more positive” and noting how you could count the number of positive interactions over time to track improvement. This emphasis on the positive was also expressed when he spoke of enhancing the positive communication of the family members. He said he would: “invite them to change as a family in positive ways” and noted he tried to be attuned to “positive change.” In relation to work with his second family, near the end of the year, he related there had been “an apparently positive outcome” in the session and said, “My hope for them is that this will be a positive, life-enhancing experience.”

True to myself. This theme emerged in the four in-depth interviews and pertained to Cliff’s beliefs about himself, his values and spiritual beliefs, and how he brought these into the practice of counseling. In the first interview, he stated that he saw counseling “as a ministry” and a part of that was not imposing his beliefs on others, although there were values he brought to the process.

Midway through the second semester, he discussed the significance of past experience to his values. He noted that “the idea of being true to myself, being a person of integrity is very important and continued with,

The idea of being who I am, combined with the other important idea of being a steward and improving the world in some way, using my gifts to empower some positive change in a small corner of the world—who I seem to be in terms of the gifts that seem most helpful...lend themselves to the professions I’ve chosen.

By the final interview Cliff used the term journeying as he spoke of his work with families. He explained that “journeying with these folks in their tough times,” came from

...a humanistic and spiritual sense. I try to have a deep respect for each person, making their own journey from origins that are unknown to me to destinations that I probably won't see...I'm invited to participate in part of their journey, in whatever roles that I'm engaged in, I consider that an honor, so that comes from a deep sense of respect for humanity and individual humans.

Draining for me. This theme emerged in Cliff's last two interviews and relates to his decision not to pursue family counseling as a focus in doctoral work or future career enterprises. It was retained as a theme because of the emphasis he put on this decision during the third interview and because of the time at which it arose. He declared emphatically, in answer to a question asking how he had changed over the year that he would like to relate how he had not changed. He said,

I have thought about it (family counseling) and gotten excited at many points in working with this family and I'm very excited to work with the second...But I still don't see myself being a licensed marriage and family therapist... I kind of gave it a whirl and after a few months...for a time I was thinking “Maybe I'd like to do this,” but it came down to...I enjoy counseling and would like that to be part of whatever I do, but family counseling full-time would not be something I'd want to do – the only counseling I can see doing full time is school counseling.

He went on to explain that he could see balancing family counseling “with teaching or working with the youth group or working with a population that's struggling to develop.” He repeated several times during the interview that the number of “struggles that families who come to counseling have...it doesn't fill up the tanks, the psychic tanks.” He continued with this in the last interview when he commented that doing family counseling “exclusively is draining for me.”

Essay Themes

Cliff wrote a brief response to the request for an essay about the internship expectations. It consisted of a list with five items that he denoted as his “hopes/expectations for this year’s internship.” There was not enough data to establish emergent themes and the items he listed reflected themes from his interviews.

Portfolio Themes

Cliff completed a portfolio in February 2002. The sections containing pertinent data were a list of goals for professional development, and an assessment of the goals. There were no new or repeated themes that emerged in the portfolio but the content was consistent with interview themes of “techniques that work” and “true to myself.”

Journal Themes

Cliff was in the supervision group in which journals were not required. He however, volunteered to keep journals for the last month of the internship. From his four journals, ideas related to the themes of “multiple theories” and “highlight the positive” were present. No new or repeated themes emerged.

Developmental Interpretation

Cliff’s developmental position was determined to be predominantly Self-authoring with some pull to the former Socializing position evident, thus a Kegan stage 4(3). His ability to take self as object, to trust his inner feelings when deciding on a course of action, and his commitment to developing a particular kind of relationship with clients indicates that the self-authoring position was dominant. His focus on multiple theories suggests he does not yet firmly advocate a self-generated theory of practice after several years in the counseling field. In addition, there is some evidence that attunement

to other's opinions is operating and indicates the presence of some construction of meaning at the Socializing stage. He ended the year at the same 4(3) position.

Summary

At the beginning of the year Cliff noted that he needed a better "grounding in theory" and the theme of multiple theories subsequently emerged. The theme of "trusting, safe, respectful," related to his perception of the therapeutic relationship, was consistent throughout the year, and appeared in conjunction with the theme of "true to myself" in four interviews. "Techniques that work" emerged early in the year and then trailed off at the beginning of the second semester. The theme of "highlight the positive" emerged concurrently with Cliff's learning experiences in family counseling and continued through the year appearing in five interviews. "Going with my instincts" also emerged as Cliff began seeing his first client family and dropped off by the middle of the second semester. In the middle of the second semester Cliff stated that he had decided that family counseling was not compatible with his personality because it was too draining of his psychic energies and the final theme of "draining for me" emerged.

Interpretation

Cliff enrolled in the family counseling internship because it was a focus of the program in which he had begun his doctoral work, even though he had previously left a job in family counseling early in his career. He worked with one family for most of the year and received his second referral near the end of the year, conducting about 20 sessions altogether, fewer than the other students.

Over the year Cliff was confronted with challenges in the areas of theory and in the perceived mismatch between family counseling and his view of himself. He began the

year recognizing his need for a better grounding in theory and with intentions to use structural theory. This was an unfamiliar framework with which he immediately experienced discomfort and he responded by turning to specific techniques and “trusting his instincts”—thereafter the theme of multiple theories arose. His use of many theories, which were individually focused, created a barrier to his ability to conceptualize the work systemically. In addition to the theories he brought from his previous work as a school counselor he was influenced by a new theoretical framework from an intensive doctoral seminar on cognitive developmental theory.

The second area of challenge involved his view of himself as a person with strong convictions about affirming and journeying with clients in the context of a “trusting, safe, respectful” therapeutic relationship. This most likely seemed, in his mind, to be in conflict with what family therapy required in terms of counselor directiveness. At the start of the second semester he struggled with supervisory instruction to be assertive with a “make it happen” intervention designed to empower a parent to discipline more effectively. He expressed anxiety and discomfort with the session he had presented and said that he was perhaps “too nice” because he tended to be “softer, more comforting, more supportive...[and] hopefully kind always, compassionate.” He related that his nervousness about the intervention arose from his attitude that, “the world already gives people the rough and tumble, they wouldn’t be in counseling if they weren’t experiencing some discomfort already.”

“Draining for me” appeared in the interview immediately following Cliff’s presentation of this session and he seemed to feel that his spiritual, humanistic approach to counseling was antithetical to what was required from him as a family counselor. It is

speculated that he was both in conflict about this and possibly at the same time expending a great deal of energy attempting to “be the guide on the side” with all the members of his client family, which would certainly be depleting of his emotional energy.

Dami: “My gut instinct is what I live my life by ”

Dami is a first year doctoral student who has previous counseling experience with adolescents and their families. He is twenty-nine years old, single, and moved from a southern state to enroll in the doctoral program. His professional goals include private practice along with adjunct teaching in a higher education setting. He has an interest in eventually working with same sex couples especially those with children. He relates that growing up a small town in the Midwest as the first-born son of a policeman and a mother who did not work was positive and “helped make me who I am today.”

Dami recently completed a master’s degree in mental health counseling while working full-time. He has worked with “troubled kids” since he was 19 years old and most recently worked in juvenile justice and social service. In that capacity he provided services to court-involved youth and their families.

When asked about his interest in family counseling, Dami, in the first interview, stated, “I don’t know if I want to be a family counselor,” but said that he saw the need for working with families and planned to eventually obtain family therapy licensure. He went on to say that, “I don’t see myself calling myself a family counselor.” By the middle of the second semester, when asked how his internship experiences had changed the way he thought about himself he declared, “Actually I self-identify as a family therapist now, which up until very recently I was still the individual counselor doing family therapy.”

Dami worked with three families and conducted about 25 sessions over the course of the internship. Since he enrolled in the internship as an elective course his caseload was lower than the master's level students. He was not assigned a family until well into the first semester and this family only attended two sessions before dropping out of treatment. He began work with a second family at the start of the second semester and then a third shortly thereafter. He conducted approximately 25 sessions overall. The next section will present themes from his interviews, essay, and portfolio. There are no journals because his supervision group was encouraged but not required to complete them and he chose not to complete one.

Interview Themes

Seven themes emerged over the year in Dami's interviews. Table 11 presents these themes and shows when they first emerged and the times at which they recurred.

Working with the whole system. In the first interview Dami talked about how he became aware of the importance of a systems perspective while working in the juvenile justice system. He related that working with children in that context,

...and then putting them back into the same environment, with the stuff that is going on at home, I learned very quickly we can ...do a lot of work while they are here with us, but then it is almost all out of the window as soon as they go back home...that's where I started realizing, if you want results you have to work with the entire system.

Later, with his first family he focused on the power in the system saying, "I wanted to shake-up that structure," when he assessed an imbalance of power between the parents. In the second semester, he recognized that during his previous work with families he had used "a lot of structural techniques," without calling them such and he began exploring

Interview 1	Essay	Video Interview 1	Interview 2	Video Interview 2	Interview 3	Video Interview 3	Interview 4
Working with the whole system (Emergent)		Working with the whole system (Continuing)	Working with the whole system (Continuing)	Working with the whole system (Continuing)	Working with the whole system (Continuing)		Working with the whole system (Continuing)
Become part of the system (Emergent)					Become part of the system (Continuing)		Become part of the system (Continuing)
My gut instinct (Emergent)			My gut instinct (Continuing)		My gut instinct (Continuing)		My gut instinct (Continuing)
		Looking outside the box (Emergent)		Looking outside the box (Continuing)	Looking outside the box (Continuing)		
		I analyze everything I do (Emergent)	I analyze everything I do (Continuing)		I analyze everything I do (Continuing)		
		I self-identify as a family counselor (Emergent)			I self-identify as a family counselor (Continuing)		I self-identify as a family counselor (Continuing)
			Really unsure of myself (Emergent)	Really unsure of myself (Continuing)		Really unsure of myself (Continuing)	Really unsure of myself (Continuing)

Table 11: Themes for Dami

whether this systemic approach was a good fit for him. By the middle of the second semester he was talking about using both strategic and structural family therapy, “and blending (them) with my own style.”

At the final interview Dami talked about the way in which his ideas about how systemic therapy works had changed: “before my focus was completely on my client, which was the kid, and I had no problem telling the parents what they needed to do.” Though he had recognized the importance of working with the family system, he said, “in a naïve way I didn’t realize how much they (the child and the family) influenced each other.” He saw that he had been counseling, “individually with each person even if we were doing a family session—more individually with each one...without looking at the family as a whole.”

Become part of the system. This theme appeared in the last two interviews and was retained because of its relevance to the second research question. Near the end of the year Dami was recognizing that when working with families the therapist has “to get into the middle of the system, be accepted into the system...if you’re not in the system, you’re not going to see the true picture.” At the same time he noted that, “if you get too much into it, you miss something, so it’s a give and take almost, which isn’t very easy.” He added that if the therapist is “too deep into it, you’re going to miss everything else that the objective person needs to be able to see.”

In the final interview he contrasted the therapeutic relationship in individual counseling with that in family counseling: “with families you have to get every member because if you don’t, one person can easily sabotage whatever else is going on. It’s more intense to work and make sure you have that relationship, not only with the family as a

whole but with each individual member of that family.” He went on to describe the need to be accepted by the family system enough to “see what’s really going on” and had become aware that it took time for that to happen with some families.

My gut instinct. This theme emerged in three of the in-depth interviews beginning in the first interview when he declared, “My gut instinct is what I live my life by.” This was in response to a question about how he knew when he understood something. In the second interview he answered a similar question by saying that he relied on his “gut feeling” when challenged with a family therapy situation in which he felt stuck. He reiterated that, “I’m really, really in tune with my emotions, usually.” He seemed to equate instinct with a tendency to be emotionally oriented and, in relation to this he also talked about his tendency to be “more emotive” than what he perceived structural family therapy allowed: “The type of person I am in everyday life, I’m in tune with my emotions.” In the last interview when asked about the most important characteristics of a therapist he answered that genuineness, being nonjudgmental and, “heart, you know caring, you have to care about what you do, you have to feel it.”

I analyze everything I do. This theme emerged in six interviews and was based on his response to a question about how he came to an awareness of problems he identified in his interactions with his first family. An early example of this theme occurred as he spoke about “taking the expert role a little too much” in the first video interview as he presented a session with his first family. Dami explained, “I probably should have joined a little bit more first...it comes from my background,” a reference to his previous work in juvenile justice in which briefer, solution-focused work was required. In the last video interview he talked about the session he presented in terms of how he could have

“followed up and made it (the intervention) more effective.” He also noted, in reference to his missing a chance to sum up a session with this family that “I think it impeded the effectiveness to a degree. It wasn’t like a waste; it’s not like it wasn’t effective, but again it wasn’t where I had hoped to go with it. It was one of those teachable moments and I think I could have taught a little bit more than I did.”

Looking outside the box. This theme emerged as Dami began seeing families and emerged in three interviews. It was retained since it was pertinent to the topic of study and arose in relation to a subsequent theme, “really unsure of myself.” About his first family session he stated, “I had more difficult building the relationship with the adults than the kids, because my initial inclination is to help the kid.” He related this to the fact that since he was 19 he had been working with children, “so it is easier with me to continue to relate with them and be able to understand their point of view.” He noted that with this family he, “didn’t focus as much on the mom as I should have and she is sort of in control of whether they come back or not, and they didn’t come back.” He would before long rethink his work with this family.

Later Dami recognized that with his second family he, “had to join with each of the members (of the family) in their own way,” and that balancing joining with both the parents and the identified child client was necessary. He worked at “aligning” with the parent while working around the child’s reluctance to be in treatment. Dami identified that; “my biggest challenge is...working with the adults and helping them realize that it’s a family issue as opposed to a kid issue.” In the next interview Dami talked again about the first family who had left treatment after three sessions and continued to think about how he might have approached them differently. He said,

I just approached it the wrong way...we can go through a back door, window, or take a step back and see what it was about the way it was approached to them...if you try to do everything one way, you're going to get the same results, so there's more ways of trying to do things...it's almost—the looking outside the box thing.

I self-identify as a family counselor. This theme emerged in three interviews and appeared initially in the context of working with his first client family. Dami shared his thoughts about seeing clients after beginning doctoral study: “Counseling is what I like to do...I see myself as a counselor.” In another interview he spoke about his previous work as a counselor at length, and about his emerging identity as a family counselor as the biggest change he experienced over the year. He said, “Actually I self-identify as a family therapist now, which is, up until very recently, I was still the individual counselor doing family therapy.” In this interview he talked at length about “who I am” when discussing feeling “self-assured, knowledgeable” in his relationships with the other counselors in the clinic and in his supervision group. He often related this to being, “a therapist and this is just another aspect of being in that role.”

Really unsure of myself. This theme emerged in the second semester as Dami began seeing his second family. It emerged four times, twice in the context of family sessions presented in the video interviews and was also closely related to a theme that emerged in his essay (“how to make the switch”). During the last two video interviews Dami expressed feeling “unsure” when attempting to implement interventions that were unfamiliar to him. In one session he left the counseling room and debriefed with his supervisor who was conducting live supervision. In the other he noted a feeling of, “confusion, I think would be the closest emotional word I could come up with, because I

wasn't anxious, I wasn't scared, it was more confusing—just trying to figure out...[what to do].”

Another situation that he described that left him feeling unsure was establishing therapeutic relationships with the adults in his client families. He noted that he could easily “connect with kids” but that with adults, “I don't always have...the confidence, I think to build that relationship or have it come as quickly.” In his final interview Dami reflected again on the situation with his first family saying he felt uncertainty, “which then culminates into fear, ‘am I doing this right?’...not knowing what to do, that type of thing.” He talked about this as an experience of disequilibrium: “after trying to make more sense of it I think, which there is the disequilibrium that got me to where I am today, and realizing...that you've got to take it slower, work within the system.”

Essay Themes

Dami completed his essay in the month following the first interview. A new theme emerged which was “how to make the switch.” It refers to having to make the shift from an individual to a systemic approach to counseling. He said, “my biggest anxiety stemmed from...having to use a structural approach. Aside from knowing an overview of the theory, I have never really used it and didn't really consider it as part of my own orientation.” He also recognized his anxiety about live supervision, not because others would be watching but because,

I worried about how to make the switch from where I was headed with the family to where the supervisor believed I should be headed. I was unsure of how I would be able to make the transition without being too choppy. I think I also was somewhat concerned about not being able to counsel in my own manner but would rather be like a puppet mimicking my supervisor. I thought that this may create a sense for the family that I was not as qualified and that they may wonder why I'm their counselor rather than the supervisor.

Dami also wrote, “In general, all the anxieties excluded, I have been very excited about the prospect of working with the families. I self-identify as a counselor and completely enjoy the counseling process.”

Portfolio Themes

Dami completed his portfolio in February of the second semester. No new or repeated themes emerged—his goals related to increasing “personal awareness and understanding of systemic family therapy,” and becoming “more versed in strategic/structural family techniques.”

Developmental Interpretation

Dami began the year at a 4(3) position; he expressed both a strong sense of identity and clear ideas about his professional goals. Additionally, he had firm ideas about the practice of family counseling that were self-generated and based on his previous work experiences. He demonstrated the capacity to take his own identity as object and to organize it; in response to his learning experiences he shifted from seeing himself as a counselor who worked with families to identifying himself as a family counselor. He came to articulate a complex view of theory and practice that entailed addressing the formation of therapeutic relationships while accounting for perspectives of parents as well as children. With this and his tendency to firmly defend what seems to be a newly gained institutional organization of meaning, a fully operational Self-authoring position with a lingering Socializing frame is present at the end of the year, a 4(3) stage.

Summary

For Dami the theme of “working with the whole system” was consistent through the year appearing in all but one interview. The two themes “become part of the system”

and “my gut instincts” emerged at the first interview and were expressed somewhat less consistently than the systems theme. The premature termination of his first family was followed by the appearance of three new themes. “I analyze everything I do” emerged in response to his attempts to make sense out of what had transpired that might have impacted the family’s decision to leave counseling. “Looking outside the box” was related to his growing awareness that establishing a therapeutic relationship with the family had to account for the perspectives of the parents as well as the children in the family. Then, as he began work with a second family the theme of “really unsure of myself” arose as he felt challenged to both alter the way in which he approached establishing therapeutic relationships and to work through feeling “confusion about what do I do right now?” “I self-identify as a family counselor” emerged as Dami began seeing families and became stronger over the year. When he looked back over the year he stated that the biggest change for him was “rather than saying I’m a counselor...I would say I’m a family therapist.”

Interpretation

Though he began the year with some ambivalence about being a family counselor, Dami came to enthusiastically declare he was now a family therapist as he gained experience with a systems approach. His previous experience with families in a different context helped him to quickly alter his approach to establishing a therapeutic relationship when his first family prematurely terminated. Dami’s focus on his instincts, on analyzing the sessions with this family, and processing what had transpired allowed him to alter his conceptualization and proceed with his second family in a different manner. Dami was also attuned to his use of self with clients and in the final interview related that “the

therapist is the instrument” of the work in family counseling. He recognized the value of theory and techniques but chose to centralize, “the art of it” saying that, “without the person, you’ll never excel as a counselor.” Growth for Dami encompassed the change in perspective about the therapeutic relationship as it pertains to a systems view, and in his newly conceived identity as a family therapist; however, actual stage change was not apparent with the limited experience he had over the year.

Michelle: “Giving them the skills”

Michelle is a first year doctoral student in her early thirties who is married and has a young child. Her prior work experience was with clients with disabilities and she has worked extensively with those with sensory impairments. Michelle had not previous family therapy experience and enrolled in the internship because it was a “natural progression” to her graduate assistantship assignment in the family counseling clinic. In her previous work with clients she had recognized the need for family involvement and support for her clients. She stated that she hoped to expand her skills and become a better counselor because she “felt working with individuals, that it was something missing.”

Since she enrolled in the internship as an elective course for her doctoral program, Michelle worked with three families and had approximately 30 sessions during the year. She considered the families she worked with to have been on the easier end of the spectrum of difficulty compared to families presented by her peers in supervision group. Since she had not worked with families before, her first five sessions were conducted with live supervision and she was very enthusiastic about this format for learning.

Michelle usually gave brief and unelaborated answers to interview questions and further probing elicited few specific details or elaboration on her responses. As a result

her interviews tended to be shorter than most. Also, she rarely talked about herself unless questions specifically asked for that kind of response and even then her answers were brief. It was not until the second semester that she mentioned that part of her motivation for working with specific populations arose from experiences in her personal life.

Over time what stood out as a feature of her interviews over time was her enthusiasm for the learning opportunities and warm feelings for the families with which she worked. During the second semester she decided that she wanted to pursue continued training in family counseling. She said it, “feels like this might be the niche, maybe next month it might be a different niche, but I do think that this is my niche.” At the end of the year Michelle was planning to work as one of the student directors in the clinic and continue with the family counseling classes throughout her doctoral program.

The next section presents the themes from Michelle’s interviews, essay, and portfolio. Michelle did not complete reflection journals because her supervision group was encouraged but not required to complete them.

Interview Themes

The seven themes that emerged in Michelle’s interviews are delineated in the matrix in Table 12. Themes that emerged over the course of data collection reveal that five of the themes emerged as she started seeing her first family in the middle of the first semester. All themes arose at three times except the last theme that emerged twice.

To see from other perspectives. This theme was the first to emerge and the only theme from the first interview. It included the need to take the client’s perspective, the need to help family members take perspectives of each other, and a need for the

Interview 1	Essay	Video Interview 1	Interview 2	Video Interview 2	Interview 3	Video Interview 3	Interview 4
To see from other perspectives (Emergent)					To see from other perspectives (Continuing)		To see from other perspectives (Continuing)
	Help from supervision (Emergent)		Help from supervision (Continuing)		Help from supervision (Continuing)		Help from supervision (Continuing)
		A neat family (Emergent)		A neat family (Continuing)	A neat family (Continuing)		
		An exciting process (Emergent)	An exciting process (Continuing)				An exciting process (Continuing)
			Joining with the family (Emergent)		Joining with the family (Continuing)		Joining with the family (Continuing)
			Giving them the skills (Emergent)		Giving them the skills (Continuing)		Giving them the skills (Continuing)
						Feeling frustrated (Emergent)	Feeling frustrated (Continuing)

Table 12: Themes for Michelle

counselor to see all the perspectives involved. These emerged sequentially over time. The need to take the client's perspective appeared in the first interview: "you don't always have to see eye to eye...But I think it is important for the therapist to understand the perspective of the family, where they are coming from." Helping family members to see each other's perspective appeared later in the year as she described an intervention she devised to help parents "respect each other's perspective done and done well just differently." A need to see all perspectives emerged in the final interview drawing both the previous themes together with Michelle's realization that,

...I think for family counseling you have to be able to see from the different perspectives of all the players...Early on I tried with just focusing on the parents, not ignoring, but not focusing on the kids, but as I've been working at it, I see how important just pooling in all the members is, so yes, seeing perspectives and being able to take perspectives from all those involved as well as my own, being able to pull that all together.

A neat family. This theme appeared in two video interviews and one in-depth interview and designates the way in which Michelle spoke about her clients, describing them as "neat" and as "a cute family". Early on she described the relationship with one of her families by saying, "the family is very trusting of me and I think we have a really nice relationship...there is definitely a nice working relationship with them, a trusting relationship and certainly there is that helping relationship. I'd like to see them succeed." In the second semester she spoke about her continued work with her first family and described an intervention she did with them as "very powerful and just very telling." She added, "It just affected me." Michelle also spoke of her second family in the same

affectionate way with comments like, “it was wonderful and exciting for me to watch” in reference to a particular session.

Help from supervision. The theme appeared in Michelle’s essay and in three interviews. Michelle referred often to her supervisor and how supervision had been helpful. For example she said that “learning how the supervision process works” was important because she had never had clinical supervision previously. At the end of the year she noted, “I’m still not sure which direction to go with everybody and [I] still value supervision,” and gave an example of how she used supervision to decide what action to take with a family she felt frustration due to their lack of progress. She also noted the positive impact of group supervision and of live supervision particularly: “I really have to give kudos to the process of live supervision because I think that really helps me step back when I get that phone call. I really like having that because there is that other perspective ...you are not seeing it like a live supervisor, so it has been kind of neat.”

An exciting process. This theme emerged four times, more than any other theme. It initially arose in the first semester as Michelle and it refers to her feelings of excitement about learning family therapy techniques and seeing their effectiveness in work with her first family. She also expressed liking the “excitement aspect of seeing something work”. In the next interview, she more specifically described her excitement at seeing how a particular technique was beneficial in a session. Through other interviews she continued to describe how various techniques lead to “a neat interaction” or that it was “really exciting to see that.” At the last interview Michelle talked about the excitement of working with families describing it as fascinating and that she saw this as the work she wanted to continue with in her career. She said, “it’s just been an exciting

process to see how families improve their functioning...it's been kind of interesting." At this time she added it was also interesting to see "how I've changed."

Becoming joined with the family. This theme appeared in three interviews beginning at the end of the first semester and constituted Michelle's ideas about the therapeutic relationship. She stated initially that "to become joined with the family" means "you have a relationship with the family but in a supportive aspect, not to be enmeshed or pulled into the problems of the family—to act as a model." She continued, "it's a very involved process, that relationship—I don't think there is just one word to describe it." At the next emergence of this theme she said joining was, "making sure that you develop a trusting, warm environment for the family to feel safe." In the final interview Michelle responded to a question about the therapeutic relationship with, "I think how the counselor is able to join from the very beginning and gain the family's trust, with all members of the family, that's the key." At this time she elaborated with, "once you have that then...you have more opportunity to challenge a family...or to encourage them to do certain things that if I hadn't joined...I would never be able to do."

Giving them the skills. This theme emerged at the end of the first semester and appeared also in the third and fourth interviews. It encompassed her ideas that family counseling involved, "giving them the skills to be able to use, once our ties are separated." It also included the view that she could, "bring the skills that I've acquired over the years and bring them into family counseling." This theme emerged initially when she framed a family's problems as, "they haven't had communication skills up to this point". About a session with them she said, "it was neat for me to be able to give them a tool that they can use." Later she referred to her previous work in vocational

settings saying it was exciting when clients, “had the skills to be able to go out and look for another job.” She then compared it to family counseling: “I think it’s going to be the same way for our families...it’s what they do with what they’ve learned and gathered during counseling.” She also characterized her previous work with clients as “giving them the skills” to use once their work together was finished, and paralleled this to family counseling by saying she was “giving the family tools and skills to use at home.” She also spoke of getting skills from her supervisor and bringing her previous skills to the family counseling arena.

In her final interview Michelle returned to the idea of skills and techniques when she focused on the powerful effect of a technique she had devised. She also described her first family’s improvement in family counseling: “They do use a lot of the techniques that I taught them at home.” She also discussed a technique she used with her second family that was consistent with her idea that “giving skills” was how family counseling worked.

Feeling frustrated. The theme of frustration emerged in the last two interviews and is retained as a theme because of the time at which it arose, because it was one of the few negative emotions Michelle expressed, and because it is germane to the research questions. It arose in response to the work with her first family as she talked about the lack of progress after working with them for over five months. She said one of the things that stood out as a challenge for her was, “The struggle with the first family, feeling frustrated that we’re not moving anywhere.” This occurred even though they came regularly, followed through with assignments, and cooperated with interventions. She related,

I think it was a challenge for me because I’ve put so much work into it and they weren’t reciprocating the work back, I was ready for them to change

but they just weren't there yet. So I think that was the most challenging piece for me.

Essay Themes

In Michelle's essay, written after the first interview, the theme of "help from supervision" emerged. It centered on both individual supervision and feedback from her peers in group supervision. The following statement captures her expectations about supervision:

I have never had live supervision or clinical supervision for that matter, and am hoping to gain a great deal from this type of relationship experience. It is my opinion that we learn so much from our peers—hearing their perspectives, ideas, and problems. So, I am also looking forward to having the "open forums" of discussion within the clinic.

Portfolio Themes

Michelle completed her portfolio in February 2002, before her third interview. No new themes emerged nor were themes from interviews repeated. The goals she delineated were consistent with the interview themes of "an exciting process." She also talked about her desire to learn structural family therapy and techniques, and compared her current learning with past experience: "I worked with individuals and very rarely had the opportunity to work with the family system." She stated goals of wanting, "to learn basic concepts of structural theory and general systems theory and to learn to recognize family roles and organizing factors, i.e., boundaries, coalitions."

Developmental Interpretation

Michelle was viewed as operating primarily from a Socializing position with an emergent Self-authoring orientation, a Kegan stage 3(4). Her growing ability to recognize the various perspectives of family members and of the therapist is consistent with the Socializing stage. With continued movement to a more Self-authoring position, the

ability to coordinate these perspectives to address problems from a systemic framework might appear. There was no indication that she was able to reflect on a theory of the therapeutic relationship or on her own identity. She continued to assimilate her current ideas of practice into her previous mode of individual counseling, that of “giving skills.”

Summary

The first theme that emerged for Michelle, “seeing from other perspectives,” arose in the first interview, continued over the year, and ultimately evolved to a more inclusive frame than she originally expressed. Supervision as a theme also emerged early in the year and remained consistent over time. Themes of “a neat family” and “an exciting process” appeared as she began working with her first family. Michelle unceasingly conveyed warmth and caring when talking about families with whom she worked and excitement about her own learning, prominent features of her interviews through the year. “Becoming joined with families” and “giving them the skills” arose as she gained experience and they persisted in the later interviews. Joining was expressed in terms of “gaining trust” until the last interview when Michelle also emphasized the need to establish an environment of safety as well. “Giving skills” arose after it looked as though a theme of structural family therapy was beginning to emerge in the first two interviews, but that theme fell off and a focus on skills arose instead. At the end of the year “feeling frustrated” emerged as her first client family failed to make progress.

Interpretation

Michelle was a new doctoral student and because of this she worked with only three families over the year. At the end of the year growth for Michelle entailed the elaboration of her original belief that it was important to “see the client’s perspective” to

her identification of the need to account for perspectives of the different members of the family and of the counselor as well.

The most prominent theme over the year was “an exciting process” and it emerged more than any other theme for Michelle. It appeared early on, as she worked with her first family and spoke of her feelings of excitement about learning family therapy techniques and seeing how effective they could be. At the last interview Michelle asserted that family counseling was “fascinating” and that she saw this as the kind of counseling she wanted to continue with in her career.

Michelle construed that “giving skills” constituted the process that occurred in family counseling and this was consistent with her previous approach to work with individual clients in vocational settings. Though she initially talked about structural family therapy she appeared to turn away from this view and instead to assimilate her new counseling experiences to her old frame of understanding. Over time, as her long-term family made little progress, Michelle expressed frustration and decided to terminate counseling because “they haven’t been able to make that leap into the work stage.” It is conjectured that this sense of frustration potentially preceded a shift toward a more complex conceptualization of family counseling practice.

Summary

This chapter presented the nine individual cases that each included background information on the student, the themes that developed over the year, a developmental interpretation, a summary, and an individual interpretation. The next chapter proceeds to the cross-case analysis by examining themes that were common across participants and concludes with interpretations of that analysis.

Chapter 5

Cross-case Analysis and Interpretations

Overview

This study used a multiple case study design to investigate the experiences and perceptions of nine family counseling students during their internship. The preceding chapter presented the within-case analyses with a description of the participants and the themes that emerged from their interviews and other data sources over the internship year. Additionally a developmental interpretation was done for each participant, which together with the preceding analyses were included in an interpretation for each individual case. Advancing the analysis and interpretation, the current chapter is devoted first to the cross-case analysis and then to the researcher's interpretations.

Since the interpretations in this study are based on data from a small, purposively selected sample, and are viewed from one interpretive lens, their generalizability is limited. The aim of this study was to provide an in-depth description of the experiences of the interns and was not designed for purposes of generalizing results, therefore the degree of transferability must be determined based on the reader's judgment of comparability to his or her situation of interest.

Cross-case Analysis

Miles and Huberman (1994) emphasize that one goal of a multiple case study is to learn about the "processes and outcomes across many cases" (p. 172). This has to take into account the contexts and conditions of the individual cases while steering toward the final objective of a deeper understanding and explanation. They assert that, "Multiple cases not only pin down the specific conditions under which a finding will occur but also

help us form the more general categories of how those conditions may be related” (Miles & Huberman, 1994, p. 173).

The cross-case analysis involved first looking for patterns that were common across the nine cases to determine the presence of overarching cross-case themes, and then identifying similarities and differences among the thematic perceptions and experiences of each participant. Table 13 displays the themes from each intern in the columns, with the themes expressed in the participants’ words. The cross-case themes, expressed in the researcher’s language, are located in the column on the far left, with individual case themes that fit each cross-case theme reading across from left to right. In the next section the analysis of each cross-case theme is discussed and the themes are also presented and discussed according to participant developmental level. In the final section interpretations of each theme and of developmental positions and related themes are presented.

Ideas Guiding Family Counseling Practice

This theme refers to a participant’s understanding of the processes involved in the practice of family counseling. It includes those ideas that guide what they do in family counseling sessions and how they interact with families to promote progress in treatment. For all nine participants a theme clustered under this overarching theme though there were differences in how they characterized these ideas. Four students referred to theoretical frameworks, four students discussed ideas in terms of action-oriented relational processes, and one student asserted that the therapeutic relationship should be the primary focus of family counseling.

Researcher Themes	Allister	Arthur	Betty	Cliff	Dami	Frank	Lynn	Michelle	Taylor
Ideas Guiding Family Counseling Practice	A family framework	Facilitating some sort of interaction	I am there to support them	Multiple Theories	Working with the whole system	A systems perspective	Getting clients to open up	Giving them the skills	The relationship comes first
Perception of Therapeutic Relationship in Family Counseling	Relationship encourages depth	Making families comfortable		Trusting, safe, respectful	Become part of the system	Rapport helps you push for change	Join so everyone's comfortable	Joining with the family	
Support for Practice			I need my supervisor	Techniques that work	I analyze everything I do	Learning from my experiences	Getting help from supervisors	Help from supervision	Supportive supervision
Assimilation / Accommodation	Change goes up and down	I was looking for concrete techniques	Struggling with tough situations	Highlight the positive	My gut instinct	I've learned how difficult it is	I realize there's a lot I don't know	An exciting process	Challenging myself
Disequilibrium	What exactly is going on?	Maybe I'm not getting it	Kind of scared me	Draining for me	Really unsure of myself	A scary process	Really struggling	A little frustrating	You never know what to expect
Change In Perspective Taking	Taking different perspectives	Understanding other viewpoints	An eye-opening experience		Looking outside the box	Thinking about differences		To see from other perspectives	Some families aren't ready to change
View of Self	Being who I am			True to myself	I self-identify as a family counselor now	An introspective person	Confrontation is hard for me		My purpose
Emotional Response To Client Family	Amazing to get to know people	A tremendous desire to help in some way	I have more empathy			Feeling the intensity	Really touched me	A neat family	An amazing family

Table 13: Comparison of Participant Themes

Of the four interns who verbalized theoretical ideas three had themes related to systemic theory, while one of them mentioned multiple theories. The students who talked about a systems framework did so from the first interview on and consistently repeated the theme over the course of the year. An example of a systems focus is noted with Frank who emphasized the importance of “a systems perspective” as a way to understand family problems and to provide guidelines about interventions to conduct in sessions. Cliff, on the other hand, though he began the year using systemic terms related to structural family therapy, ended the year with a theme of multiple theories as he discussed numerous frameworks over time. These included those he had used in previous counseling roles and a new theory he had studied in a doctoral seminar during his first semester.

The ideas expressed by the four students who discussed action-oriented relational processes in family therapy tended to be quite general and global especially in the early part of the year. These students centralized the importance of supporting family members, making clients comfortable, or share feelings. Later in the year one student began to move from a focus on comfort to facilitating healthier interactions between family members.

One student, Taylor, placed primary importance on the therapeutic relationship in the practice of family therapy. She began and ended the year by asserting that the relationship “was more important than anything else.” In her last interview she began to rethink this belief as she struggled to understand how she might reconcile the need to use “basic theories and techniques” as well. She remarked that it was interesting to think

about both theory and techniques at the same time as highlighting the importance of the therapeutic relationship.

Perception of the Therapeutic Relationship in Family Counseling

This theme name refers to a participant's understanding of the therapeutic relationship in the context of family counseling interactions. Seven of the nine interns had themes that clustered here and two interns did not because they viewed the therapeutic relationship as guiding their practice. For these two, perceptions of the therapeutic relationship were clustered under the previous cross-case theme.

There was a range of ways in which participants' themes were expressed here. For two the importance of achieving a sense of comfort was emphasized. Two others characterized the relationship in terms of trust and safety, and for three participants this theme was related to ideas of therapeutic change.

Of the two students who talked throughout the year about the need to make family members comfortable, Lynn expressed the belief that the comfort level would enable families to feel at ease enough to open up and share their feelings. Her focus on monitoring a family's comfort level to assure that the therapeutic relationship was "good" depended on whether she thought the family felt comfortable or uncomfortable. This was motivated by her desire for families to feel that she was "confident and in charge of the session."

Two interns described trust and safety as important. Michelle, though she used the family therapy term of joining to typify the therapeutic relationship, described this as a need to "gain the family's trust from the very beginning." For Cliff the therapeutic relationship was portrayed as "trusting, safe, respectful"; he stated at the end of the year

that “a positive trusting relationship is something that I work hard to invite and sustain.” He also maintained that the relationship is “the crucible where the elements mix and...that [it] provides the atmosphere of support and trust” vital for family members to engage in new behaviors. In this way his description paralleled the students who spoke about therapeutic change.

Frank was one of the three students whose perception of the therapeutic relationship was related to therapeutic change. He expressed that the therapist had to be accepted by the family in order for them to make progress. He noted at the end of the year that he felt even more strongly that the therapist needed “to push” the family to try new behaviors and noted that rapport with them was an ongoing process not just something that happened at the beginning of treatment.

Support for Practice

This theme includes what participants talked about as supporting their learning efforts and helping them improve their ability to perform in their new roles as family counselors. Themes that emerged here often arose as the participants spoke about how they came to understand the process of family counseling and the families with which they worked. It also related to the experience of “being stuck” and how they worked to figure out what to do in challenging situations.

All but two participants had themes under this cross-case theme. For four of the nine interns supervision was the primary source of help and support they identified when confronted with learning challenges. The three remaining students had themes involving the use of personal resources including drawing on successful techniques from previous counseling experiences, or reflecting on current or previous counseling experiences.

The students who had themes about supervision often referred to both their individual supervisor and colleagues in their supervision groups when talking about the source of support for their learning. An example is seen with Lynn, whose discourse about “what to do next” along with the focus on her relationship with her individual supervisor as the primary means of determining what to do increased over the year as she saw more families. She also referred to group supervision as a “safety net” because other students helped either validate her perspective or provided a more helpful one that she had not considered. At the end of the year she pointed out that supervision was one of the most meaningful experiences she had had over the year.

For one student the theme of supervision was a particularly significant aspect of her learning experiences and a dominant theme for her for the year. Taylor was especially focused on the relationship with her individual supervisor and spoke often about needing her affirmation to feel confident enough, and about calling her supervisor after sessions to process what had transpired with her clients.

The participants with themes related to use of personal resources spoke much less about seeking help through supervision, though they did mention that, and more about their own internal processes of thinking about and considering alternative means of understanding situations and deciding how to proceed in their work with clients. For example, Dami stressed how important it was for him to “analyze everything I do.” In a similar vein, Frank noted his tendency to reflect on and learn from his experiences, while Cliff turned to techniques he had used in previous counseling situations when he met with uncertainty or difficulties.

Assimilation and Accommodation

Assimilation and accommodation, the complimentary mental activities that drive cognitive development (Sprinthall & Collins, 1984), emerged as themes for seven participants. All but two of them had themes indicating accommodation.

Two students had themes that were assimilative. Assimilation is activated as one encounters unfamiliar problems or situations and uses current modes of understanding to construct solutions and guide behavior. Cliff's theme of "highlight the positive" provides an example of assimilation because it was the framework he had used in his previous work as a counselor. Thus, he attempted to fit the new demands and tasks of family counseling into what was familiar, his former approaches to working with individuals.

Accommodation, occurring for seven of the students, was more prevalent. Accommodation is activated when the activity of assimilating new information to old schemas does not adequately account for the new information (Sprinthall & Collins, 1984). Most of the accommodative themes involved learning through experience how the process of family therapy works and what to do in particular kinds of situations. The participants often referred to the complexity involved in therapeutic work with families and, in one instance, a student's theme reflected a changed understanding of the nature of knowledge. An example of accommodation is noted with Allister who voiced his emergent understanding of therapeutic change in family counseling as a process that has an "ebb and flow" with progress evident at some times but not necessarily at every session. This was similar to Michelle's theme for accommodation in that she expressed an emerging recognition of how change occurs in family counseling and an evolving focus on interactional processes. In this light, in her final interview she reconsidered her

initial picture of family counseling, “sitting around and chatting” before applying techniques, and though she still had difficulty articulating ideas about the important processes involved, she did realize that it was more complex than that.

Lynn, in her final interviews, reflected upon her changing view of knowledge. Looking back over the year, she stated that at the beginning of the year she thought she had learned everything about counseling during classes in her first year, but then came to the awareness that “counseling is just—there is just no science to it and that’s kind of hard for me to wrap my mind around.” She added, “it’s like a day-by-day, minute-by-minute thing.” She also acknowledged that she would need to continue to expand her knowledge in order to be an effective counselor, even after graduation.

Disequilibrium

This cross-case theme refers to the state of unbalance that one experiences when new experiences cannot be assimilated or accommodated readily (Sprinthall & Collins, 1984). The theme of disequilibrium occurred for all nine participants and was expressed with differing levels of intensity, in response to various situations or events, and was manifested in divergent ways. Most of the participants either expressed uncertainty about anticipating situations in which they would not know what to do, or experienced this when they actually encountered unfamiliar situations with families for which their previous life experiences provided little information to guide their understanding. The latter was especially evident in situations in which two students with very little previous work experience conducted sessions in which children expressed suicidal thoughts. These students noted feeling a great deal of uncertainty about how to proceed with their work in a situation in which a child was potentially at-risk for self harm.

In addition to uncertainty, feelings of fear, frustration, lack of self-confidence, and self-doubt were also evoked. One student expressed that family counseling was “draining” for him and led to his decision that it was not a good fit for him personally. Two students who anticipated difficult situations in which they would not be sure about how to proceed expressed fear and worried they might not take the “right” action in difficult situations. Frank expressed this feeling when describing his thoughts about his upcoming learning experiences: “it’s kind of a scary process to not know exactly where you’re going.”

The timing of disequilibrium also varied. For example a student with previous counseling experience in rehabilitation settings had indicated few negative responses to her learning experiences until near the end of the year. At this time her first family, who responded cooperatively to the work she did with them for several months, failed to make progress and returned weekly with the same problems. She began to “feel a little frustrated” when she recognized this pattern and thus ended the year in a state of disequilibrium, and additionally it was expressed in a notably less intense way than many other students expressed their negative feelings.

Expressions of a lack of confidence were seen in themes from three students. Dami’s theme of “really unsure of myself” represented feelings associated with attempting to establish therapeutic relationships with adults that was unfamiliar to him since in his previous work with families he had focused on the adolescent clients. Another student indicated feeling that he was not adequately learning how to effectively practice as a family counselor and a theme of “maybe I’m not getting it” emerged.

Change in Perspective Taking

This theme, in which a new view of a situation, problem, or experience becomes apparent to an individual, emerged for seven of the nine interns and arose in response to aspects of individual situations or specific challenges that were encountered. For six of the interns, this theme related to viewing situations from the client's perspective. For one student, this theme related to clients she perceived as resistant to her interventions.

The way in which perspective changed was dependent on the kinds of situations and challenges each intern faced as well as their previous experiences. For instance, Arthur's theme, "understanding other viewpoints" evolved out of his on-going interactions with clients from a different racial and cultural background. His unfamiliarity with clientele from this particular cultural group, though he had worked extensively with Asian clients, led to a sense of perplexity about the life situations they related to him. He discussed specific incidents his clients described that seemed to truly puzzle and surprise him. Eventually he came to see that it would be hard for these families to recognize that he felt "a strong desire to help" when he had difficulty comprehending their situations. Frank too spoke about the importance of recognizing racial and cultural differences between himself and his clients particularly in terms of how he might make assumptions about them without recognizing he was doing so.

Taylor's theme under perspective taking took a different form than the other interns. After some trying experiences with two different families that challenged her notion that she could help all of her clients, she decided that "some families just aren't ready to change." As a consistent and fairly strong theme in the second semester this focus on resistance emerged in her journals as well as her interviews. In her efforts to

comprehend not being able to help these families she came to express in one of her final journals that perhaps she should be thinking about what she could be doing differently in situations in which clients were not so accepting of her view of their problems.

View of Self

View of self as a cross-case theme emerged for six of the nine interns and is comprised of a participant's expressions of an identity, of specific values and beliefs, or of a personal characterization of themselves. For four interns identity was a principal component while one student focused on "having a purpose," and one student characterized herself in a particular way.

A clear example of identity as a theme is found with Dami who spoke early in the year about his identity as a counselor. After working with two families, he declared that, "I self-identify as a family counselor now." The counselor identity was verbalized in a way that indicated it was very important to his self-concept and he proceeded to alter this based on positive experiences with client families.

Taylor's articulation of "having a purpose" was present throughout the year as a strong theme in her interviews and journals. In her first journal Taylor spoke of having an "overwhelming sense of fulfillment" after working with her client families. She referred to her sense of purpose by noting it was "an awesome feeling to (a.) know that you are doing what you are meant to do in this life and (b.) actually enjoy it!" This growing conviction initially evolved out of her experiences in the summer practicum class where she felt she had been successful with her first client family.

Lynn, in contrast, described herself as someone who innately had difficulty with confrontation especially with clients. She talked about this in the context of carrying out

supervisory directives with families and portrayed herself by saying that, “with me, being confrontive and being directive is hard,” relating this to her personality as well as to her youth.

Emotional Response to Client Families

This cross-case theme refers to the emotional or affective engagement students experienced in relation to one or more families. It was expressed in a variety of ways by seven of the nine students. For example, three students talked about specific families, while the other four had more global responses to their work with more than one family.

For Michelle and Taylor this emerged in positive theme names such as “a neat family” and “an amazing family” as they referred to their first client families. One of Taylor’s journal entries captures her emotional response to her first client family: “My experience with them was literally life-changing. They introduced me to the concept of family therapy and after my first counseling session with them I experienced an overwhelming and gratifying feeling.” Often her emotional responses later in the year were related to the progress that she saw families make as they worked hard to resolve their problems. Others also discussed the on-going work with their first client family and how working with them and coming to know them better led to an emotional connection. This theme emerged for Lynn later in the year and related to particular emotional experiences she had with specific families. She reacted with surprise as she felt “touched” when family members became emotional with one another in her presence. She spoke of talking with her supervisor about these feelings and sought reassurance that it was acceptable to have this kind of emotional response.

In terms of more global responses to family work, Frank expressed his tendency to be acutely attuned to a family's emotional climate and he worked to remain alert to maintain some emotional distance to remain professional. Later on he expressed recognition that the emotional responses he experienced were what allowed him to be empathic. In a similar way Betty noted that "having more empathy" emerged as she developed relationships with some of her clients over time.

Developmental Positions and Themes

The matrix in Table 14 depicts developmental positions according to whether a participant was primarily Socializing or primarily Self-authoring, signified by a double line dividing them. The themes across the top have been collapsed in two instances. In the first, the first two themes from Table 13 are denoted under conceptualization, and in the second, development contains the three themes of assimilation/accommodation, disequilibrium, and change in perspective taking.

This matrix reveals how themes differed according to developmental position. Under conceptualization, three of the four Self-authoring students had themes that relate their idea of family counseling to their perception of the therapeutic relationship. Under support for practice, all but one participant in the Socializing group had a theme for supervision in contrast to the Self-authoring group where most had themes indicating support was internally generated. Under development most participants had similar themes except for two Self-authoring students who had assimilative themes instead of accommodative ones, and two students, one from each group, who had no theme for change in perspective taking. For view of self, all in the Self-authoring group had a theme related to identity whereas only two in the Socializing group did and these were not

Participant	Final Position	Conceptualization	Support For Practice	Development	View Of Self	Emotional Response
Lynn	3(4)	Getting clients to open up Join so everyone is comfortable	Getting help from supervisors	I realize there is a lot I don't know Really struggling	Confrontation is hard for me	Really touched me
Betty	3(4)	I am there to support them	I need my supervisor	Struggle with tough situations Kind of scared me An eye-opening experience		I have more empathy
Michelle	3(4)	Giving them the skills Joining with the family	Help from supervision	An exciting process A little frustrating To see from other perspectives		A neat family
Arthur	3/4	Facilitate some sort of interaction Making families comfortable		I was looking for concrete techniques Maybe I'm not getting it Understanding other perspectives		A tremendous desire to help in some way
Taylor	3/4	The relationship comes first	Supportive supervision	Challenging myself You never know what to expect Some families aren't ready to change	My purpose	An amazing family
Frank	4/3	A systems perspective Rapport helps you push for change	Learning from my experiences	I've learned how difficult it is A scary process Thinking about differences	An introspective person	Feeling the intensity
Allister	4(3)	A family framework Relationship encourages depth		Change goes up and down What exactly is going on? Taking different perspectives	Being who I am	Amazing to get to know people
Cliff	4(3)	Multiple theories Trusting, safe, respectful	Techniques that work	Highlight the positive Draining for me	True to myself	
Dami	4(3)	Working with the whole system Become part of the system	I analyze everything I do	My gut instinct Really unsure of myself Looking outside the box	I self identify as a family counselor now	

Table 14: Themes Grouped by Developmental Level

not clearly related to self identity. Under emotional response, all the students at the Socializing position had themes whereas two of the four in the Self-authoring group did.

Summary of Cross-case Analysis

The cross-case thematic analysis examined the eight themes common to most or all of the participants in this study. In addition a matrix was constructed to examine how the themes varied by developmental position. In the next section interpretations of this comparative analysis is advanced to elucidate the processes and conditions at play in the interns' learning experiences.

Interpretations

Interpretation, or sensemaking in qualitative research is, according to Wolcott (2001), "a human activity that includes intuition, past experience, emotion—personal attributes of human researchers that can be argued endlessly but neither proved nor disproved to the satisfaction of all" (p. 33). Interpretation involves the researcher's apprehension of patterns in the data that contribute to an understanding of the phenomena of interest.

Ideas Guiding Family Counseling Practice

Participants' articulations of their conception of family therapy and their ideas about how therapeutic change is promoted ranged from somewhat elementary ideas such as supporting family members or making them feel comfortable to more complex ideas of a theoretical nature. Some of the differences seen may be developmental in nature in that more complexity and increased use of theoretical concepts may be characteristic of participants as they advance along a developmental continuum. There were basically two

ways in which participants expressed their ideas: using theoretical terms and using relational ones.

Of the four students who expressed theoretical ideas in relation to family counseling practice, three had themes involving systemic theory while one referenced multiple theories. The students who talked about a systems framework had either sequenced through the family counseling curriculum in the counseling program or had prior work experience with families. From the beginning of the year they used systemic language and viewed problems from a systemic perspective. In addition, they described their use of theory in more detail over time. In contrast, the student with a theme of “multiple theories” began the year using the systemic terminology of structural family therapy, and shifted fairly quickly to discussing several theories, most of which were individual rather than systemic. This reflected an initial tendency to use assimilation when he met with the new task and role demands of family counseling by using former ways of understanding and enacting counseling in the new context of counseling families.

An assimilative process was at work also with the students who expressed relational ideas guiding their counseling tasks with families. Three of these students pointed to the importance of providing support or making families comfortable, and they all described ideas that were related to their own families of origin. The fourth student attempted to understand family counseling by using prior modes of practice from former work in rehabilitation settings. One of these students also appeared to be in a process of constructing new ideas about practice and expressed a sense of struggle surrounding his efforts. He began to express ideas about facilitating healthier interactions that gradually

became somewhat more specific over time as he struggled to enact this within his sessions. For this group then, ideas about building viable relationships guided their work.

Thus, in terms of ideas guiding practice one group of students emphasized theoretical premises while another stressed the importance of the relationships involved in family counseling. One student struggled to grasp a more systemic approach as he put forth much effort toward facilitating healthier family interactions. It appeared he was transitioning from one group to the other. Developmental position as well as previous work, education, and life experience, all seemed to influence whether a participant used a systemic theoretical perspective or a relational framework.

Perception of the Therapeutic Relationship in Family Counseling

There were a variety of thematic responses in this area for seven of the study participants. One group of students emphasized creating a comfortable environment for clients while another characterized the therapeutic relationship in terms of trust and safety. A third group emphasized the therapeutic relationship as integral to systems theory and therapeutic processes involving assessment and change of family interactions. The differences among these themes reflect degrees or levels of complexity ranging from simpler ideas concerning relationships to more complex ones reflecting ongoing relational processes within a systemic context.

Two students did not have themes here because relational ideas themselves guided their practice. For one student, whose theme involved the primacy of the relationship as guiding her practice, it is interpreted that because she had no previous counseling experience and little instruction in family therapy theory, relational ideas rather than systems concepts guided her practice. At the end of the year she turned her

attention to using systems theory along with her relationship focus. For the other student with no theme in this area, supporting family members was central to her practice.

In summary, there were primarily three ways in which participants viewed the therapeutic relationship. From simpler to more complex ways, one group of students focused on creating a comfortable environment, another stressed the importance of trust and safety, while the last highlighted the role of the therapeutic relationship for advancing progress using a systems framework. These differing perceptions seem to reflect a developmental continuum in that more aspects of the relationship are considered and organized at more complex levels. Students may begin by understanding family counseling in terms of emphasizing relational experience while paying little attention to a theory of the relationship or the family as a system. As they gain experience and are challenged to consider their interventions conceptually, they may be more likely to begin to theorize the relationship before integrating theoretical ideas about the therapeutic relationship with a systems view.

Support for Practice

This theme encompassed the tendency to primarily rely on supervision for support, as well as, for some students, the use of personal resources in meeting family counseling task demands. Most of the students who had themes here relied on supervision when faced with difficulties understanding situations or when they needed help deciding what to do in particular circumstances. These students tended to look to others for guidance and validation of their performance. One student was particularly reliant on her supervisor and for her this seems to have been related to her developmental trajectory as she began moving toward a more complex view of family counseling practice in which

she began to consider using theory along with a conceptualization of the therapeutic relationship. This would seem to be expected as one moves from one way of understanding to another and possibly indicates an intermediate step preceding an integration of the therapeutic relationship and use of systemic theory.

A smaller group of students expressed self-generated use of personal resources for dealing with challenges. These three indicated using a range of approaches that supported their learning efforts, including reflection, eliciting information from peers, seeking guidance from supervisors, reviewing tapes of sessions, and reading literature on family therapy.

A developmental phenomenon is likely reflected in this grouping of those who are more reliant on supervisors and those exhibiting more personal agency in their learning efforts. This difference is interpreted as indicative of developmental position since the first group is more reliant on external authority in terms of providing guidance while the second is more reliant on their own internal mechanism for constructing a workable understanding of problem situations. This internal orientation included assuming responsibility for gathering and processing information in ways they had each determined were viable for themselves.

Assimilation and Accommodation

This cross-case theme encompasses those themes that indicated either an assimilative or accommodative process at play as students were challenged in their new family counseling roles. Assimilation was present when students worked to fit new experiences to old ways of working while accommodation reflected the incorporation of

new ways of understanding. All nine interns had themes here with seven of them having themes reflecting accommodation and two having assimilative themes.

For students with accommodative themes, there was a range of nascent understandings that evolved. For example one student began to perceive and account for the complexity and the difficulty of coordinating aspects of family situations in his interventions. Of the two students whose themes were assimilative one attempted to use existing psychological structures for understanding and problem solving, and the other relied on his tendency to use intuition when encountering difficulty. And for each of them, accommodation was apparent in individual interviews but did not appear consistently and frequently enough to retain as a theme for the year.

The fact that most students had themes of accommodation is interpreted as evidence that these students' interactions with families were sufficiently challenging to move them past assimilating to accommodating their new experiences. It would seem that the students with assimilative themes, since they saw fewer families and conducted the least number of sessions over the year, had not had sufficient time or enough challenge for accommodation to take place. In the final video interview for one of them, there was evidence that points to the possibility that accommodation was beginning to occur.

Disequilibrium

This theme was present for all participants. Disequilibrium arose when students encountered or expected to encounter situations in which they would be unsure how to respond. Interpersonal experiences with families and the new task demands required did not fit current modes of functioning and were not easily accommodated either, leading to

a state of disequilibrium. Often disequilibrium is what drives developmental change and leads to new mental or psychological structures.

Again, as for the previous theme, the theme of disequilibrium varied depending on the kinds of challenges encountered. For students with little previous experience just meeting with families seemed to evoke disequilibrating feelings such as fear or uncertainty. Actually encountering situations of emotional intensity among family members or ones that involved potential harm to a family member were also particularly worrisome to students. This can be viewed in terms of there being very little for the students to assimilate these experiences to in their own lives. Disequilibrium also often arose as students faced situations in which they had to act quickly and worried about choosing the “right” course of action. This was especially stressful for two students when child clients expressed suicidal ideas and for another when there was legal involvement. For these inexperienced counselors this was notably distressing.

In summary, disequilibrium would appear to be expected in the context of the first experiences of counseling families since it emerged as a theme for each participant. The discomfort surrounding disequilibrium was connected to negative feelings, a desire to feel more confident for some, and even to deciding that family counseling was not a good match for one student. The nature of disequilibrium for students in this study also varied in timing, impact, and intensity. For example, for one student disequilibrium was not seen until the end of the year, as she became frustrated when her first family did not progress. For another the notion of being “confronting” with family members felt ego dystonic and he decided that family counseling was not something he wanted to pursue. Three students

recounted negative feelings about their competency and many expressed a desire to feel more confident.

Change in Perspective Taking

This theme, which entails a shift in perspective or change in understanding, is viewed as a potential outcome of cognitive developmental growth. It was the most common and observable change that unfolded for the participants in this study. Seven of the nine interns had themes indicating perspective-taking change with five of them expressing a framework for perspective taking at the beginning of the year that was expanded and expressed in more specific and detailed ways over time.

The nature of the themes varied for each student depending on their previous experiences and the kinds of clients or difficulties they encountered during the year. For most students this involved understanding clients more adequately in terms of differences. Encountering differences entailed dealing with situations they had not previously experienced that challenged their assumptions or unexamined beliefs with respect to the particular difference confronted.

It is interesting to consider the student who struggled with her encounters with “resistant” clients because the process of a potential perspective-taking shift can be tracked in the data over time. She expended a great deal of energy processing her thinking about resistance in her interviews and journals and ultimately asserted that she should consider taking action to address this phenomenon as a barrier to treatment progress. This is viewed as expressing an emergent perspective shift because she began to reconsider her responsibility as the counselor in situations in which clients were not so eager to accept her view of their problem and the kind of assistance she offered.

View of Self

This cross-case theme emerged for six students and the emergence and nature of the theme may indicate developmental position. Since this theme was present for each of the four students found to exhibit a primarily Self-authoring position, a developmental phenomenon is interpreted to be at play with the presence of the theme, except for one case that is discussed below.

Of the four students at a primarily Self-authoring position, all had a theme indicating personal identity. The theme was reflected in their identity as counselors or in terms of their chosen values, beliefs, or life goals. In other words, there existed an emphasis on personal choice in relation to how the self acted in the social world. One student in this group was observed to shift from a primarily Socializing to a primarily Self-authoring position as he expressed a more firmly defined sense of self and began to assert his opinions and beliefs rather than trying to give correct answers to interview questions.

Of those at a primarily Socializing position three had no themes while two had themes about self that did not indicate identity. Of the latter two, one described herself in a particular way in terms of a personal attribute by characterizing herself as someone with difficulty with confrontation. Her view of this as a trait-like quality or personal attribute, an unchangeable aspect of her personality, was not indicative of identity. If she had had more of a concept of her own identity, there would have been more of a sense of taking responsibility for the attribute instead of being under its sway to the extent she expressed that it was. The other student at a primarily Socializing position had a theme expressed as “having a purpose,” and this seemed to reflect movement toward identity construction as

she explored what it meant to have found what it was that she was “meant to do.” This group of students without a theme concerning identity appeared to not yet have developed the ability to construct a personal or professional identity.

Thus, four students at a primarily Self-authoring position had themes denoting identity, indicating the capacity to construct a view of the self. The remaining participants, who operated primarily at the Socializing position, did not have a theme indicating identity. One student in this last group had a theme suggesting that she was moving toward identity construction.

Emotional Response to Client Families

This theme arose for seven of the nine students and was absent for the two students having the least amount of client contact. Unlike several of the other themes, there does not appear to be a developmental pattern at work; the amount and continuity of client contact seemed to be related to the presence of this theme. Students with no theme in this area saw fewer families and had fewer sessions, yet it is notable that there were some data in individual video interviews indicative of emotional responses to their clients. Thus, it would appear that continued work with families is more likely to lead to an emotional or affective response in the counselor.

This theme often emerged during video interviews as participants discussed one of their client families in more depth. It is notable that it arose later in the year for the two youngest participants, after they had had time to develop relationships with their families. At about this time, some were also beginning to recognize the concept of “use of self” and, although this did not appear enough to constitute a theme for anyone for the year, several of them mentioned it and for many it was a theme for individual interviews. The

use of self is related to student emotional response to client families in that it involves how the interns expressed their own process of relational experiencing, both on an affective and a cognitive level.

A significant finding in regard to this theme is that several students emphasized their emotional responses to their first client families. Moreover, these responses often were expressed in conjunction with their identification of the family's progress in treatment. This raises a question regarding the significance of the development of an affective connection with a particular family since that experience seemed so meaningful to five of the beginning family counselors.

Developmental Position and Themes

The pattern of themes by developmental position is noteworthy in several ways. First of all, most students at the Self-authoring position related their conceptualization of family counseling practice to their perception of the therapeutic relationship. The only Self-authoring student who did not had continued to assimilate family counseling to his previous mode of counseling and had not adopted a systems framework for practice. The Socializing students tended to focus on the relationship instead of a broader conceptualization that coordinated systems theory and the therapeutic relationship.

In terms of support for practice, it is significant that most Socializing students had themes related to supervision while Self-authoring students did not. The participant who indicated the most reliance on her supervisor also appeared close to transitioning to a predominately Self-authoring position and may have needed this kind of supportive relationship in order to negotiate this difficult transition.

The view of self theme, which occurred for all the Self-authoring students and was expressed in terms of identity, appears to be related to developmental position. The student who was close to developmental transition had a strong theme indicating a sense of purpose, which is interpreted as being quite close to becoming an identity for her. The other Socializing student with a theme here, instead of signifying identity, expressed a belief that she was not a person who could easily confront others.

Under the three themes comprising development and the final theme of emotional response, there does not appear to be a developmental phenomenon at work. Most themes were fairly consistent under development except for the cases previously noted in which two Self-authoring students had assimilative themes and one from each group had no theme for change in perspective taking. For the final theme, two Self-authoring students did not have a theme indicating emotional response to families most probably because they saw fewer clients over the year.

Summary

This chapter began with the cross-case analysis to examine the similarities and differences among the themes that emerged for the nine participants. The cross-case themes were discussed and commonalties and variations among participants were considered prior to the presentation of interpretations. Some of the themes that emerged reflected a developmental pattern and others appeared to be also related to the interns' learning experiences, such as amount and nature of client contact, as well as previous work and life experience.

The next chapter will return to the original research questions and the literature review to relate them to the analysis and interpretations discussed in this chapter. The last areas examined in the final chapter are implications for counselor education practice, suggestions for future research, and the researcher's reflections.

Chapter 6

Family Counselors in Transition

Overview

This research project used a qualitative multiple case study design to explore the experiences of beginning family therapists in a nine-month internship. The aim was to provide an in-depth description and interpretation of the experiences and perceptions of the interns as they were learning to practice family counseling. The current chapter begins by revisiting the limitations and delimitations that were detailed in Chapters One and Three. Then, the research questions that guided the study are discussed in light of the data, summary points are presented, and subsequently relevant research cited in Chapter Two is linked to the summary points. Following this, implications for counselor education and supervision and the need for further research are considered. The chapter concludes with the researcher's reflections.

Limitations and Delimitations

This research project is delimited in that it examines the experiences of a small group of novice family counselors in a nine-month internship in one counselor education program. This study was also limited to the perspectives of the students as revealed in interviews and in specific documents contributed by the participants.

In addition to these delimiting conditions, limitations involving generalizeability are recognized. Since this inquiry was conducted at one educational institution with a purposively sampled group of students, the ability to generalize from the data is limited. The use of purposive sampling reduces the generalizability of the findings, however this is not the intent of most qualitative research designs—instead a refinement of

understanding, or particularization is sought (Stake, 1995). Knowing a particular case well, examining its meaning to refine knowledge of it, and then “vigorously” interpreting data so that assertions can be made, are all aims of qualitative inquiry. This research project does not propose to generalize to a population but is meant to construct a picture of these participants’ perspectives of their learning experiences. Generalizations cannot be made in the positivist sense but can be useful to the extent that readers can apply the results to their field of interest as determined by their evaluations of its transferability. Firestone (1993, cited in Miles & Huberman, 1994) has suggested an alternate way to view generalizations from qualitative inquiry is to consider the findings as analytic generalizations rather than ones made from a random sample to a population.

Research Questions

This section considers the research questions that guided this study in light of the analysis and interpretations discussed in the previous chapter. And, as noted in Chapter Three, a Level I analysis was not conducted due to the number of interviews and limited resources for conducting such a complex endeavor. Subsections are organized by the research questions with each one divided further by topics arising from the interpretations. To reiterate, the research questions used to guide this study were:

1. In what ways do beginning family counselors describe their affective experiences in their relationships with client families?
2. In what ways do beginning family counselors conceptualize their therapeutic relationships with families?
3. How are these experiences interpreted through the lens of Kegan’s constructive developmental theory?

1. In what ways do beginning family counselors describe their affective experiences in their relationships with client families?

All participants reported positive feelings about the families with which they worked. These were expressed as they came to know family members and to understand the circumstances of each family's difficulties more fully. Positive affect was also evident as they observed families improving and gaining benefit from treatment. Often these affective experiences were expressed with a deep sense of admiration for the strengths exhibited by families under very trying circumstances, and were most noticeable in the video interviews when they described client families with terms such as "neat," "really great," and "very interesting." Interestingly, the youngest students reacted with surprise that these kinds of feelings arose in the context of working with families. One of them seemed particularly emotionally affected by working with families and she connected this experience to her developing belief about having a purpose in life that involved helping others.

In distinct contrast, when it was difficult to engage emotionally with families, students expressed negative feelings. For some it was expressed in the form of struggles around "client resistance" and for others in negative feelings about their competence, especially when clients failed to attend sessions or dropped out treatment prematurely.

Although all participants expressed positive affective responses during at least some interviews, two students had no theme for emotional engagement for the year. These two also had the least amount of client contact. This suggests that affective engagement might be at least partially dependent on the development of relationships involving positive emotional engagement that generally occurs over time.

In summary, for all participants positive affect was manifested in response to the relationships they developed with their clients over the year. As evidenced by remarks in interviews near the end of the year, the emotional bonds that evolved as students became engaged with families seemed to be one of the most fulfilling aspects of their learning experience. The emphasis on its significance may possibly point to the role of emotional engagement while learning family counseling in that it may be instrumental in motivating students to continue to struggle with difficulties they encounter. The smaller amount of negative affective responses, apparent as some participants perceived resistance on the part of client families, was associated with a lack of emotional engagement. In other cases negative emotions about competence arose for students when their clients missed sessions or terminated prematurely.

2. In what ways do beginning family counselors conceptualize their therapeutic relationships with families?

There were three basic ways in which students described and construed the therapeutic relationship in family therapy. One group of students emphasized the primacy of the therapeutic relationship, another coordinated beliefs about the therapeutic relationship with systemic theory, and another group highlighted the importance of the therapeutic relationship while experiencing uncertainty about how to practice family therapy incorporating this emphasis.

Primacy of the therapeutic relationship. Students who emphasized the primacy of the therapeutic relationship were able to readily articulate their ideas about the relationship and described their work with families by stressing relational ideas such as establishing a sense of comfort with and providing support for individual family

members. In contrast, they were observed to say little about theory, gave few details about how theory was used in sessions, and often talked instead about the difficulty of applying theory. This suggests that the relationship held primacy over a theoretical framework for the practice of family counseling for these students.

As the year progressed this group of students began to more fully recognize the complexity involved and to gradually incorporate systemic concepts when discussing the therapeutic relationship. This was clearly seen with one student who recognized the need to connect with every family member rather than focus on a specific person, and to look at establishing relationships according to the hierarchy and structure of the family. She was beginning to incorporate systemic ideas into her thinking in service of establishing therapeutic relationships. This change in conceptualization involves use of theory to provide guidance in the development of therapeutic relationships therefore the therapeutic relationship is still seen as primary.

It is also notable that these students articulated that when it was more difficult to establish a therapeutic relationship, treatment progress was slower or nonexistent. They expressed recognition that when the relationship was therapeutic families felt comfortable and were more honest and open.

Coordination of therapeutic relationship and systems theory. In contrast to the first group, a second group of students viewed the therapeutic relationship as integral to a systemic practice. They emphasized the relationship as important for achieving counseling goals conceptualized systemically or talked about the importance of building trust in the therapeutic relationship in order to promote change in the family system. One student in particular articulated learning that a trusting relationship allowed him to “push

[the family] along in a therapeutic way.” In varied ways this group highlighted the importance of the relationship for achieving progress in treatment and stressed that without it little work was possible. These students varied in how much they related systems concepts to the development of relationships with one student in particular being more specific in this regard.

Difficulty coordinating therapeutic relationship and systems theory. For a third group of students there were indications that working with families challenged their established beliefs about the importance of the therapeutic relationship. Also, they all had fairly strong ideas about a framework for practicing counseling based on previous work in individual counseling. In one way or another these participants struggled with the actual practice of family counseling once they had established relationships with family members. Each of them encountered situations in which their current understanding of counseling did not fit situations arising in family therapy in cases where they had sufficiently joined with the family. These students expressed negative feelings in relation to disequilibrium in either the form of “client resistance” or by a decision that family therapy was not a good fit. It is significant that the students in this group had the least amount of instruction on systems theory and they also conducted relatively fewer sessions over the year than the other students.

In conclusion, differences were seen in the ways that students conceptualized the therapeutic relationship in family therapy. One group emphasized the primacy of the therapeutic relationship, another coordinated beliefs about the therapeutic relationship with systems theory, and the last group experienced difficulties reconciling contradictory beliefs about the relationship and the practice of family therapy.

3. How are these experiences interpreted through the lens of Kegan's constructive developmental theory?

Kegan's (1982, 1994) theory emphasizes the development of meaning construction in terms of the qualitatively different ways in which experience is organized at various developmental positions based on one's subject-object structures. Kegan also highlighted the subjective experience of development that occurs with progressive changes in a person's organization and construction of meaning because of the disequilibrating nature of that experience. The following discussion first addresses how developmental position and subject-object constructions were related to conceptual frameworks for family counseling practice and for construction of self-identity. The discussion then turns to the experience of development in terms of disequilibrium, the activities of assimilation and accommodation, and the growth manifested by participants.

Differing developmental positions. According to constructive developmental theory, a person's current meaning system is informed by a set of organizing principles that are based on their subject-object differentiation (Kegan, 1982). A person's conceptual or interpretive frame is determined by what he or she can take as object, reflect on, and organize, versus what he or she cannot yet organize and are hence subject to. Based on data from this study, participants at the Socializing and Self-authoring positions, as well as at the transitional positions between them, exhibited distinct differences in meaning construction that guided their practice of family counseling and informed a construction of the self.

Students at the primarily Socializing position related less complex ideas and concepts about family therapy and the therapeutic relationship—they emphasized the

primacy of the therapeutic relationship. There was also no empirical evidence for construction of a self. Thus they can be seen as being subject to their relationships and to not yet have the capacity to take relationships or self as object.

All but one student at the primarily Self-authoring position demonstrated the ability to coordinate frameworks of a systemic theory of family counseling and the therapeutic relationship. This group of students also all had themes for the year indicating self-identity, therefore they were able to take as objects their relationships and a view of the self. With the exception of one case these students also were able to take a theory of systemic practice as object. The student who had difficulty with systemic theory struggled with assimilating a systemic framework because apparently his previous approach to individual counseling was closely allied with his self-identity.

Students in transition between the Socializing and Self-authoring positions were beginning to take relationships as object, to at least some extent were taking self as object, and none had yet taken a systemic theory of practice as object. The transition position between Socializing and Self-authoring is denoted as 3/4 or 4/3 because both orders of mind are operational with either one or the other dominant. In various ways they all appeared to hold strong beliefs with regard to the therapeutic relationship based on an individual approach to counseling.

In summary, conceptualizations of family counseling and the therapeutic relationship appear to be influenced by one's developmental position which in turn may be related to one's evolving sense of identity. Those at a primarily Socializing position emphasize aspects of being in relationship and have not yet developed an identity. Those at a primarily Self-authoring position can integrate the two ideas of the therapeutic

relationship and systemic theory and also have developed a sense of identity. Those in transition appear to be in the process of developing a sense of identity and their values about relationships are entwined with a Socializing developmental position that may be difficult to reconcile with a systemic view of family therapy.

Developmental growth. All of the study participants, regardless of developmental position, experienced disequilibrium in response to their learning challenges, and most of them accommodated to their new experiences and exhibited within-stage change. For some students growth was apparent in within-stage transitions and the most commonly manifested form of within-stage growth was seen in themes for change in perspective taking. One student demonstrated between-stage growth when he moved from a primarily Socializing (3/4) to a primarily Self-authoring (4/3) position.

There was notably more evidence for growth in the master's level students than the doctoral level students in this study. As presented in Table 2 in Chapter 3, no developmental stage change was seen for three of the four doctoral students, while all but one master's level students showed either within- or between-stage change. The master's level student one who did not manifest stage change did show significant perspective-taking change and was viewed as close to transitioning from 3/4 to 4/3. There were also more themes for assimilation than accommodation in the doctoral students. The one doctoral student who did show within-stage change was enrolled in his doctoral internship and had more clients and sessions than the first year doctoral students had. Since these three first year doctoral students had fewer sessions and were also adjusting to the rigors of doctoral study, it is perceived that they did not have sufficient opportunities for challenge in their work with families to manifest stage growth.

For all the students, disequilibrium was exhibited in the form of feelings of discomfort and distress that arose in response to unfamiliar situations. These feelings were expressed in terms of frustration, uncertainty, anxiety, fear, and lack of confidence indicating a state of destabilization that can be subjectively quite uncomfortable. Most students accommodated to the disequilibrium and this led to within-stage change. Specific within-stage change was seen most clearly in the form of change in perspective taking for most participants. The perspective-taking changes varied depending on developmental position, and the amount and nature of challenge encountered. Several students showed within-stage growth (five of the nine) while the most dramatic growth was seen as one student progressed from a primarily Socializing, 3/4 position, to a primarily Self-authoring, 4/3 position. Collectively then, all students experienced disequilibrium, most students exhibited accommodative processes in response to the disequilibrium, and most students also exhibited developmental growth.

Comparison to the Literature

In this section the findings from this study are compared to the extant literature with emphasis on the research related to the questions guiding this inquiry. Accordingly, the three subsections correspond to the research questions.

Affective Experiences in Relationships with Client Families

There is little in the literature that discusses the affective experiences, positive or negative, that beginning family counselors experience in their relationships with families. The focus has been more on the negative emotions experienced in response to difficult issues families bring to the treatment setting, and to anxiety about performance and

evaluation (Gawinski et al., 1999; Gershenson & Cohen, 1978; Horne et al., 1993; Kratochwill et al., 1997; Liddle et al., 1988; Liddle & Saba, 1982).

On the whole, in this study there was more evidence of positive than negative affect in relation to client families. Significant negative affect was expressed in only two cases and this was in response to perceptions of client resistance. The literature has not addressed the kinds of positive affective responses to client families expressed by the participants in this study. It has instead stressed the vital role of emotional engagement to the effective practice of family therapy. This has been underlined particularly by Smith et al. (1997) but also mentioned by several others such as Bird (1993), Campbell and Draper (1996), Flaskas (1993, 1997), Friedlander et al. (1994), and Jackson and Chable (1985).

The only research that touches on the phenomenon of therapist emotional engagement with clients directly is Shadley's (1987) study on the use of self in which she emphasized emotional connections between the therapist and the family. She defined use of self as the expression of the therapist's acceptance of his or her own humanity in relation to the client that is experienced in the emotional connection that occurs in treatment. Shadley found that practicing family therapists believed that emotional connection was critical to establishing trusting interactions. So although she did not directly study therapist's emotional responses she related the capacity for emotional connection and intimacy with clients to their use of self in the therapeutic process.

Based on a study of the development of novice family counselors over an internship year, Doerries' (1999) suggested that emotional engagement might be related to the growth of family counseling skills. She noted that more effective joining with families was the most common area of growth for students and that they were, over time

more willing to enter into and experience a family's reality. She added that once connection was established the actual work proceeded more smoothly. She also discussed the importance of relational skills that were defined in the Delphi study phase of her project—these she frames as “being able to tolerate emotional intensity, being quiet and listening, patience, taking care of oneself, giving a vision of hope for change, willing to take direction or supervision, and use of the self in therapy” (p. 281).

While many authors have accentuated students' problematic emotional responses during family therapy training, and some have called for more attention to emotional aspects of the therapeutic relationship, there is little in the extant literature that focuses on positive feelings or meaningful experiences like those recounted by the participants in this study. Research by Shadley (1987) and Doerries (1999) suggest the important role of emotional connection in the practice of family counseling and findings from this study indicate that students experience positive and favorable affective responses in relation to their interactions with client families. It is possible that this emotional engagement may play a critical role in both the outcome of family therapy, as has been stressed by some, and may also be a motivating factor for beginning students.

The preceding discussion echoes what many in the field of family therapy have asserted about the need to include the self of the therapist in educational programs (Aponte, 1992; Bird, 1993; Gladding, 1998; Kane, 1996; Lerner, 1998). As Gawinski et al. (1999), among others have noted, the intensity of working with client families can elicit the therapist's family-of-origin issues and novice therapists need a safe place to explore feelings that arise. Aponte and Winter (2001) pointed out that clinical work with families is a social context that engages the therapist's personal issues in a singular

manner. Aponte (1992) has encouraged training that includes examination of how emotional responses to family therapy affect the therapist's work including both how the evoked emotions touch on personal issues and how it impacts the therapeutic relationship. The data from the current study suggest Aponte's approach is an important one. It is particularly interesting to consider the instances in which perceptions of client resistance or family-of-origin issues arose that may have influenced the development of a therapeutic relationship and the course of treatment.

Conceptualization of the Therapeutic Relationship in Family Counseling

There is no known research that directly addresses family counseling students' conceptualizations of the therapeutic relationship, however, two studies have examined the relationship skills of family therapy students in terms of treatment outcome. Both Stolk and Perlesz (1990) and Laszloffy (2000) studied client satisfaction with beginning family therapists. In the first study families preferred first year to second year students presumably because first year students emphasized the affective and relational aspects of therapy and the second year students focused on skill development. Laszloffy (2000) found that client perception of the therapist as warm, honest, open, nonjudgmental, and understanding was related to positive outcome. Additionally she found that therapist reactivity was associated with unsatisfactory outcomes. She concluded that new family therapists needed help in negotiating their emotional reactions in therapy with particular attention to reactivity. This is interesting in light of what arose in the current study about client resistance and family-of-origin influences.

These two studies were based on client perception and not on student conceptualization of the therapeutic relationship. In the current study there were three

different ways in which students construed the therapeutic relationship in family therapy that might be in accord with the client perceptions of family therapy students in the above studies. The in-transition group in the current study that expressed difficulty coordinating the therapeutic relationship and a systemic framework might be similar to students who focused on skills development in the study by Stolk and Perlesz (1990). The fact that participants in the current study all had themes about techniques in at least some of the data sources may indicate some parallels between this group and the students in the Stolk and Perlesz (1990) study that focused on skills.

Kegan's Constructive Developmental Theory

The findings related to Kegan's theory concern first the contrasting interpretations of family counseling practice and self-identity that relate to developmental position. Secondly, they concern the participants' experience of development itself as it relates to change and growth over the course of the family counseling internship year.

Developmental position. The differences in the ways in which students at different developmental positions interpreted their learning experiences are, on the whole consistent with the research that examines similar phenomenon. Several studies point to the different ways in which family counseling students or mental health practitioners understand experience at various developmental stages.

Consistent with some of the growth seen in the current study, Doerries (1999) found that over a nine-month internship novice family counselors developed an increasingly complex understanding of their role in the counseling relationship. She also found that most students demonstrated growth in an ability to simultaneously hold both an individual and an interactional model in their conceptualization of family counseling

practice. This is in accord with findings from the current study in which increased complexity was demonstrated by most participants and in which many also began to incorporate systemic ideas into their conceptualizations of the therapeutic relationship based on an individual model of counseling.

In a study by Pratt (1998) that examined the constructive developmental level of counselors in relation to specific areas of practice, some of the differences between therapists at different levels are similar to findings from the current study. She found that counselors at higher stages had developed both theories about termination, and criteria for making ethical decisions about dual relationships. They also had acquired different perceptions of themselves as therapists over time in that they became more comfortable with boundaries, limit setting, and dealing with client anger. This is in line with developmental differences in terms of conceptualizations guiding counseling practice and different perceptions of self from the current study.

Findings from a recent study by Kegan et al. (2001) also parallel the empirical evidence from the current study. They studied the learning processes of adult basic education students and found that all of these students gained new skills and information over time, an example of within-stage change. This is comparable to the within-stage growth interns experienced in their shifts in perspective taking and in transition movement within stage in the current study. Kegan et al. (2001) also found that some students developed qualitatively more complex ways of understanding over the course of their study as seen in actual stage growth. This is similar to the finding in the current study in which one student transitioned from a primarily Socializing to a primarily Self-authoring position over the course of the internship year.

The experience of development. There is little research that has investigated the experience of development itself and nothing that seeks to understand how family counseling students experience learning during their internship. In this study all students experienced disequilibrium and most also demonstrated an accommodative process indicating some structural change in cognitive organization. Moreover, most also experienced a shift in perspective related to specific aspects of their learning experiences. In relation to disequilibrium, negative emotions were expressed, and these are consistent with the family therapy literature that describes various distressing emotions during family therapy training.

A recent article by Commons and Richards (2002) describes emotions associated with the transition process similar to ones described in the current study. As viewed through their Model of Hierarchical Complexity, they emphasized that different emotions are associated with each step of a stage transition; these they deemed “transition emotions.” Commons and Miller (2002) stated that, when confronted with tasks requiring new behavior and new modes of problem solving, an individual experiences personal failure that may exhibit defensive behaviors, avoid the task, and sometimes fear the task. Feelings of incompetence, stupidity, or anger when new tasks cannot be completed adequately may also occur. With persistence and continued lack of success, feelings of dejection as well as anxiety, uncertainty, and conflicting emotions may arise. They related this phenomenon to the developing person’s growing awareness of relativism as he or she discovers that certain tasks might be contextual in nature. In the current study, the negative emotions expressed by participants correspond to this description of transition emotions and may denote the recognition of relativism in the context of

working with families. It is important to also consider how this might interweave with the personal qualities and background of the novice family therapist in terms of what might evoke a particularly intense emotional response.

Building on the work of Commons and Richards (2002), and with a focus on emotion experienced in the context of action-based therapy tasks, Wolfson (2002) focused on transition emotions in terms of how they “seem to fuel action on the task” (Wolfson, 2002, p. 1). He reiterated that, as explicated by Commons and Richards (2002), emotions related to task actions could facilitate or inhibit behavior activated by emotional response to attempts made to solve difficult problems. The positive emotional responses expressed by students in the present study may be commensurate with what Wolfson (2002) describes in that these emotions may stimulate learning efforts.

Summary Points

Summary points are briefly discussed in order to reiterate what the data from the current study reveals. The first point is that positive affective experiences were described by participants and indicated that emotional engagement with client families was an important aspect of their learning experiences. The second is that all participants expressed disequilibrium in response to learning challenges and most of them exhibited accommodation to the experience. In relation to this, perspective-taking change occurred for most students, many of them showed within-stage growth, and one student transitioned between stages. The final major point is that both student conceptualization of practice and presence of identity were related to developmental position. Students at the Socializing position were not yet able to conceptualize systemically and also did not express having developed an identity. All but one student at the Self-authoring position

had developed a conceptualization of family counseling that coordinated interpersonal and systemic counseling theory, and all had themes reflecting an identity.

Additional Interesting Findings

The data revealed other areas of interest for both family therapy educators and researchers. They relate to themes that evolved about use of techniques, about journal writing as a means to promote evaluation of one's practice, and the influence of family of origin on a student's concept of family therapy.

Themes related to the use of techniques were more prevalent among the participants who were in-transition, who seemed to be entering transition, or were struggling to integrate systemic theory with an individual framework of counseling. Two of these students began to recognize the need to use theory in addition to applying techniques and skills, and the other two had not yet abandoned assimilating family therapy into their notions of individual counseling. Thus, those who had greater difficulty coordinating interpersonal and systems theory had more themes related to techniques. Their focus on techniques may indicate a view that learning family therapy entails the use of different techniques rather than a change in conceptualization. As mentioned earlier, this in-transition group in the current study might be similar to students who focused on skills development in the study by Stolk and Perlesz (1990).

Themes that emerged in student journals were often related to disequilibrium and pointed to areas that students were attempting to accommodate. The two students just mentioned who began to recognize the need to use theory wrote about this in their journals. Other students processed their thinking about resistant clients, about how to enact use of self, and about how their conceptualizations of practice needed to change.

Therefore, for almost all students who wrote journals to fulfill assignments for their internship, this activity provided an important forum for reflection on the need to change or alter their thinking.

Most of the students at the Socializing developmental position expressed ideas that indicated there was a strong influence of their own family of origin on their concept of family counseling practice. All but one of them was aware of this link and reflected on the need to be aware of this phenomenon in order to avoid imposing beliefs, assumptions, and values on their clients. One student, however, did not express an awareness of this and continued throughout the year to conceptualize practice in a way that mirrored problems that she saw in her own family. This brings to mind Aponte's (1992) assertion that "The personal component of the therapy relationship viscerally relates the therapist the client's life" (p. 1), and points to the need to examine this area further.

Implications for Counselor Education and Supervision

This study points to the diverse ways in which students construe family counseling practice and how this may change over the course of their studies. Given that the particular demands for learning family counseling require a conceptual shift from a linear to a more complex systemic framework, it would be important for educators and supervisors to understand more adequately the range of interpretive frames students bring to the family counseling internship experience.

Data from this study advance an understanding of how students at the Socializing, Self-authoring, and transitional positions have differing abilities to conceptualize family counseling practice, and consequently have dissimilar needs for support and challenge. Counselor educators and supervisors would benefit from adopting a developmental frame

for understanding the need to culture an attunement to student developmental position in order to devise educational curricula and supervisory interventions that support the developmental change needed for effective practice. This involves understanding the gap between where the future family counselor currently functions and where he or she needs to be to provide effective services to clients. It is also important to recognize that students at different developmental positions may interpret instruction or supervision in unintended ways that relate to their developmental positions.

There are also important implications for recognizing that students taking the internship as an elective, as did the three first-year doctoral students in this study, may not experience sufficient challenge to move beyond assimilation to accommodation to a new form of counseling. If they are in supervision groups with master's level counselors who are advancing more quickly or understanding systems work in more complex ways, they may feel additional discomfort as they compare their mastery to that of their less experienced peers. In fact, there were themes that evolved for two of the doctoral students that suggests this may have occurred. It is critical that educators recognize the potential for this additional source of discomfort and construct strategies to overcome this barrier for those taking the course as an elective.

Educators and supervisors also need to be alert to experiences of disequilibrium and to evolving changes in students, particularly those related to entering the transition from a Socializing to a Self-authoring position. The fact that all students experienced disequilibrium and accompanying negative emotion points to a need to recognize this as a common developmental phenomenon the educator can normalize. Educators and supervisors should recognize that expression of negative feelings does not necessarily

mean students are resistant or have a lack of motivation. Further, it may be useful to teach students that disquieting feelings are part of the personal and professional developmental process that potentially lead to more adequate understandings of clinical work with families.

In relation to the above discussion of disequilibrium, accommodation, and transition, data showing that journal writing provided a format for students to reflect on disequilibrating experiences points to the value of incorporating this practice into internship curricula. For most students who journaled it afforded them an alternative way to describe their thoughts and feelings and seemed to facilitate their understandings and promote new conceptualizations or more firmly articulated ideas and beliefs.

Journaling might also help students recognize their own family-of-origin influences and how these interact with situations they encounter with client families. Educators need to recognize that an intern, especially one at the Socializing level, may unwittingly transfer beliefs, assumptions, and values to the arena of systems work in ways that may be counterproductive. In terms of the significant self of the therapist issues that have been discussed by several authors, both Socializing and Self-authoring students need support and challenge in relation to recognizing how their personal life, family history, values, race, culture, gender, and age impact their work with families. As Aponte (1992) and others have asserted, self of the therapist issues should be incorporated into family therapy education and seem paramount with regard to shaping a viable therapeutic relationship.

In addition, for educators and supervisors, recognition of and appreciation for the potentially emotionally intense nature of the transition experience between Socializing

and Self-authoring positions, particularly when this is exacerbated by particularly problematic family situations, is needed in order to support students effectively. Recognition of transitional phenomena also provides information that denotes student readiness for particular kinds of educational or supervisory interventions. This is particularly important since it would seem that in order to conceptualize systemically, students need to advance to a Self-authoring balance since in this study students at the higher stage were able to coordinate conceptualizations of the therapeutic relationship and systemic theory. This parallels the literature that emphasizes the conceptual shift required for a systemic conceptualization of practice. Also, since the participants in transition had themes related to learning techniques, educators should consider this as a favorable time for both teaching skills and relating them to systems concepts.

For family counselor supervisors, remaining alert to the unfolding developmental trajectory of a supervisee can provide guidance for constructing supervisory interventions that match the student's readiness for integrating certain concepts and putting them into practice. For example, students in transition between a Socializing and Self-authoring position, would probably benefit from skills training workshops that highlight relating the skills to systemic theory in order to provide a boost to promote the paradigm shift to a systemic conceptualization of practice.

It is interesting to also consider the experience of disequilibrium that was expressed by all participants in this study. It leads to speculation as to whether graduates who continue practicing family therapy might also continue experiencing disequilibrating feelings as they meet ever more challenging situations in their career. Perhaps disequilibrium is indicative of ongoing professional growth and can be reframed for

graduating students as an inherent characteristic of their future work life. In addition, could it be that Self-authoring individuals begin to accept the experience of disequilibrium and indeed, might even seek it out?

The data from this study hold broad implications for using a developmental framework to better understand and scaffold the learning experiences of beginning family counselors. Counselor educators can use the knowledge gained from this study to create learning contexts that promote evolution of more complex conceptual frameworks for practicing family therapy in their students. Educating future practitioners may require conceptualizing the gap between current student interpretations of practice and where they need to be to become proficient family counselors. This provides direction for formulating strategies and approaches that promote the conceptual shift to a systemic theory of practice.

Need for Future Research

Research on family therapy education is just beginning to explore students' perspectives of their learning experiences. Additional study is needed to provide a more thorough understanding of their perceptions and how these change during professional preparation programs. In a review and critical analysis of research on family therapy training, Street (1997) asserted that qualitative research methods are needed for examining important aspects of educational practice to gain the student perspective and view it from an adult learning perspective. Data from the present study also points to the need for this kind of future inquiry in several areas. The areas discussed next center on transition between stages and what supports or impedes learning and growth, perceptions of the therapeutic relationship as viewed by both clients and practitioners, and the

possibly critical role of emotional engagement in student learning and growth. Finally, discussion of the need for research on how the experiences of students may differ from those of more experienced practitioners is presented.

A fruitful area for research lies in a closer examination of the transition process and both the barriers and supports that most adequately scaffold learning and development in family counselor education. Looking more closely at educational practices that support transition to the Self-authoring position would provide useful data enabling educators to support students to negotiate the paradigm shift to systems thinking that several authors have identified as a necessary attribute for successful practice. Also, it would be helpful to identify practices that impede learning so that identification of more effective approaches or interventions to promote the transition to a Self-authoring position could be more clearly delineated. In relation to this,

It is critical to study those students who may be experiencing intense difficulty and feelings of vulnerability that impede their ability to learn and to practice effectively. Vulnerabilities might take many forms and they are not always so obvious. The student who expressed embarrassment and shame related to his perceived lack of “getting it” would have benefited from interventions that promoted his affiliation with peers in the learning context. Peer interactions provide a format for students to continue informal exploratory discussions about practice difficulties that appear to enhance the growth of more complex conceptualizations as they endeavor to understand multiple perspectives. Another student struggled with trying to provide “unconditional positive regard,” a self-authored and strongly held value, to every family member at once. His use of multiple theories seemed to further confuse him rather than help him. Further study of these kinds

of learning dilemmas that appear to discourage growth need to occur in order to facilitate the design of interventions conceptualized to overcome specific impediments to learning that may or may not be related to developmental position.

Another fruitful direction for research that is related to the data about developmental position is the process by which students at various developmental positions actually enact what they learned in family counseling sessions. It would also be helpful in future studies similar to the current one to evaluate both the skills and knowledge of participants and examine how they relate to perceptions and conceptualizations, and to learning and growth experiences. Another area to explore would be a closer and more in-depth investigation of how students move toward taking as object the three aspects in which change was apparent in this study: taking conceptualization of the work as object, self as object, and other as object. In addition, since this was a unique sample of internship students, it would be useful to study those who have continued to provide family therapy after graduation to discern whether or how their experiences might be different. Do they continue to experience disequilibrium, perspective-taking change, and similar emotional responses to clients? And, if so, how do those experiences compare to those of beginning family therapists?

A second area for future research lies in the investigation of how both family therapists and their client families perceive and experience the therapeutic relationship. This study looked only at student perception of the therapeutic relationship while others have focused more on client perception. Laszloffy (2000) found that both family therapists-in-training and their clients viewed the therapeutic relationship as critical to effective therapy and called for a concentration during training on how this is

conceptualized. In addition, since at least the mid-80's the field of family therapy has been interested in the relationship between therapeutic alliance and outcome of therapy. Studies have been reported from time to time that link therapeutic relationship with goal attainment, with depth and smoothness of the therapy process, and family perception of the therapist and impact on outcome. As far as is known, this has been explored in only a limited way by using approaches that explicate important relational processes that occur in family therapy. Further, research is needed that explores the processes by which students integrate conceptualizations of the therapeutic relationship and systems theory.

Another area in which future research is needed is the emotional engagement related by students in this study regardless of their developmental position. The current interpretations bring to the foreground the subjective experiencing of relationships with client families and the suggestion that it may play an important role in the learning process. This emotional experiencing may help to motivate students to new construction of meaning as has been described by other developmentalists (Commons & Miller, 2002; Kegan, 1994; Wolfsant, 2002). It is important to further investigate the role of emotions in the underlying psychological processes accompanying development.

The final area for future investigation concerns the ways in which student experiences may differ from those of practicing family therapists. Since little previous research has examined the ongoing learning and growth of practicing family therapists in the areas of conceptualization of their practice, disequilibrium, perspective taking, identity, or emotional experiencing in relation to clients, little knowledge is available to make comparisons. Research of this nature would extend current knowledge and help to place the experiences of students in a broader context, thus contributing to a more holistic

picture of family counselor development from novice through levels of ever more expertise.

This study only touched the surface of several rich areas that need to be explored further using descriptive qualitative approaches for exploring the family counseling student's experience of learning. Also, descriptive studies of family experiences with novice counselors that builds upon this study and what Lazloffy (2000) found would yield important data for informing development of instructional practices that would both meet student learning needs and the needs of the families for effective services. Thus there are still several areas left open to study, and adult developmental theory appears to provide a productive framework for conceptualizing and examining further avenues for improving family therapy training. This would provide what Liddle et al. (1988) called for over ten years ago—more adequate conceptualizations of family therapy education with clear guidelines for development of curricula. This takes into account the ways people think about and understand their social world in terms of the psychological processes underlying their cognitive constructions (Rest, 1994).

Reflections

When knowledge and abilities are subtracted from the totality of what could legitimately be called 'cognitive,' an important remainder is surely the person's subjective experience: how self and world seem and feel to that person, given that knowledge and those abilities" (Flavell, 1992, p. 1004).

In the first chapter are three embedded assumptions that represent my preconceptions about what I expected to find over the course of this inquiry. Cognitive developmental theory has been the defining aspect of my doctoral program and has

informed my thinking about family therapy practice, about teaching and supervising family therapy students, and about theoretical ideas in systems work.

At the beginning, many of my earliest notions were vague and of an incipient nature. I believed that cognitive developmental theory was a useful heuristic framework for guiding the practice of family counselor supervision because it accounted for the need for acquiring complex mental operations to coordinate the cognitive, emotional, and social tasks required for the practice of family therapy.

An area that challenged me while I was learning family therapy was the experience of “being stuck” and working through various mental and emotional struggles that I sensed were interrelated. Over a long period of time I believe I was able to grapple with these and eventually integrate some of what I later discovered in my readings in both family therapy and cognitive developmental theory. While conducting the literature review for this study I was excited to find that particular authors had explored what seemed to me to have been largely ignored in most of the family therapy literature. These included the therapist use of self, the central role of the emotional dimensions of the work, and how both of these interplay with the therapeutic relationship in systemic therapy.

Concurrent with this, again occurring over an extended period of time, my study of cognitive developmental theory lead to the exploration of Kegan’s (1992, 1994) subject-object approach to understanding how we construct meaning of our experiences. This lead to my first preconception, that constructive developmental theory provided a promising framework for studying the developmental processes of family counseling students in the particular areas related to the emotional dimensions of the work. A second

preconception I brought to this project was based on ideas from the feminist critique and social constructivism. After reading the work of Flaskas (1993, 1996, 1997) and Flaskas and Perlesz (1996) I resonated with their contention that it is important to theorize the therapeutic relationship. The work of Bird (1993) was also influential in that she has called for family therapy to pay more attention to relational dimensions of the work as well as the use of self.

After spending so much time interviewing the students who so graciously gave their time and energy to share their thoughts, perceptions, feelings, beliefs, and struggles, I have come to more firmly believe in the value of a developmental perspective for family counselor education. I was surprised at the amount of data that reflected disequilibrium, assimilation/accommodation, and change in perspective taking change. And in addition to seeing the developmental struggles expressed by the participants I recognized the parallel development, and the significantly uncomfortable struggles, that I experienced as the researcher trying to make sense of this material. An advantage of qualitative methodology is that the researcher becomes a primary “instrument” of the research (Firestone & Dawson, 1988) and I believe this serves to challenge the researcher’s conceptualizations and beliefs about their topic. Now, at the conclusion of this project, my beliefs have become stronger, my conceptualizations clearer, and my curiosity heightened for exploring further these kinds of transition processes and the accompanying emotional component that is so intriguing.

Appendix A

Interviews

This Appendix details the interview text and questions used in this study.

Interview 1

Introduction

I am interested in learning about your experiences with your family therapy internship. The questions I'll be asking you will be about your background, your expectations for the family therapy internship, and your experiences during your internship. The questions will also focus on your thoughts about yourself as a family therapist, how you view aspects of the therapeutic relationship in family therapy, and some of your emotional responses to the work itself. There are no singular right answers to the questions; I am interested in your perspective on these topics.

Questions

Question, Prompts and Probes	*	Rationale	Purpose
1. I'd like to start by learning about you as a person. Tell me about yourself. Prompts: For example, what kinds of life experiences have influenced your desire to be a family counselor? To do family counseling? Who or what led you to this line of work?	3	Background and rapport Kegan, 1982, 1994 Usual and unusual cases	How do they talk about themselves in terms of what they see as meaningful; possibly what can be reflected on as object.
2. Why and how did you decide on your program of study in family counseling? Prompts: Was there a pivotal moment when you decided on family counseling? What led you to the family therapy internship?	3	Background and rapport Kegan, 1982, 1994; Usual and unusual cases	How do they talk about themselves in relation to the learning of family therapy.

Question, Prompts and Probes	*	Rationale	Purpose
<p>3. What would you like me to know about you so I can understand your interest in family counseling?</p> <p>Prompts: What do I need to know about your coming into the family counseling field?</p>	3	<p>Baseline information for building each case</p> <p>Aponte, 1992; Nichols & Schwartz, 2001; Shadley, 1987, others</p>	Background influencing self of the therapist factors
<p>4. How do you make sense of the process of family counseling?</p> <p>Prompts: From the perspective of it as a process. What does the experience of family counseling mean to you?</p>	1 2 3	<p>Flaskas, 1996; Wertheim, 1996; Kegan, 1994</p>	How they conceptualize the process of counseling/therapy; how they think of self in relation to tasks of counseling.
<p>5. Tell me about your interests in learning family counseling?</p> <p>Prompts: What do you value about the work of family counseling? What about this type of work is important to you?</p>	2 3	<p>Aponte, 1992; Boyd-Franklin, 1995; Kegan, 1994; Shadley, 2001</p>	Personal values in relation to the work they are learning to do; connections between self of therapist and the work of family counseling.
<p>6. What is important about the relationship between the therapist and the client family?</p> <p>Prompts: what is important to the on-going therapeutic process? How do you figure out how the relationship between the counselor and the client family relates to the process of counseling? How do you see the therapist-client relationship in family counseling?</p>	1 2 3	<p>Flaskas, 1996; Kegan, 1994; Laszloffy, 2000; Wertheim, 1996</p>	Conceptualization of the therapeutic relationship; relationship between therapist and client; Do they see it as critical or not? (Kegan-subject/object).

Question, Prompts and Probes	*	Rationale	Purpose
<p>7. What do you think are the most important things a family counselor does to promote therapeutic change?</p> <p>Prompts: By things I mean theoretical knowledge, techniques, assessment skills, the relationship between therapist and family, those kinds of things. If say techniques: any specific techniques? From what you've mentioned, what are the top two most important and why?</p> <p>Probe: Of the things you named how do they relate to each other?</p>	2 3	Laszloffy, 2000	Their view of the most important aspects of therapy process. How important do they think the therapeutic relationship is to therapy process/outcome? Conceptualization of tasks critical to effective family therapy outcome. Do they perceive one as more important, skills more important than relationship, for example?
<p>8. What would a challenging client family look like for you to work with? Please describe an example of a family that might be challenging to you.</p> <p>Prompts: what would they act like, what would their problems be, what emotional responses might be evoked in you?</p>	2 3	Flaskas, 1993, 1996; Kegan, 1982, 1994; Liddle & Saba, 1982; Smith, Osman, & Goding, 1992	Anticipation of family situations that may evoke disequilibrium or emotional response.
<p>9. There are many different personal factors of the therapist that are believed to impact the family counseling process. I will list them and I'd like you to talk about whether and in what way you think each might be significant to you in family counseling. Please explain each one.</p> <ul style="list-style-type: none"> • Cultural background • Gender • Marital status • Age • Class • Sexual orientation • Your family of origin • Your current experiences in relationships • Your family life cycle stage 	1 2 3	Aponte, 1992; Kegan, 1994; Shadley, 2001	Perception of personal factors that impact on family counseling; reflections on the influences of these on self of therapist; degree of reflection about self and work

Question, Prompts and Probes	*	Rationale	Purpose
10. When you are trying to make sense of things in family counseling how do you do it? Prompt: How do you know when something is true? What counts as evidence of truth to you?	3	Kegan	Meaning-making

* Related Research Question

*Interview 2**Introduction*

I am interested in learning about your experiences in the family therapy internship since we last talked. The questions I'll be asking you today will again focus on your thoughts about the process of learning family counseling and about yourself as a family therapist. There are no singular right answers to the questions; I am interested in your perspective on these topics.

Questions

1. I am curious, considering the events of September 11, what you were thinking about in relation to that, at the time of our 1 st interview. How do you think the events might have influenced your responses to that interview?		
2. Tell me about your learning experiences in the family counseling internship since we last met. Prompt: For example, what kinds of things do you perceive as significant to your learning to do this kind of clinical work?	Kegan	Events, situations, people, experiences that impact development as perceived by intern
3. What kinds of experiences have been surprising to you, as you have been working with families? Prompt: What stands out in your mind?	Kegan, 1994; Liddle & Saba, 1982	Thoughts and responses to this kind of clinical work. Whether mention anything as particularly challenging.
3A. What have you learned from these experiences? Prompt: For example, what new insights do you have about yourself?	Kegan, 1994	How student is making meaning of experiences, capacity for self reflection.
3B. What have you learned about yourself from these experiences?	Aponte, 1992; Kegan, 1994; Shadley	Meaning-making, level of reflection, events that are viewed as significant to self awareness
4. Describe how you understand the therapeutic relationship in family counseling. Prompt/probe: What makes it therapeutic?	Laszloffy, 2000; Shadley	Self of therapist factors (empathy, etc.) vs. skills, interventions; conceptualization
4A. Explain to me how you determine, when working with a family, whether the therapy relationship is therapeutic or not.	Flaskas, 1996	Conceptualization of what constitutes therapeutic relationship—level of complexity.

<p>5. What kinds of emotional responses are you aware of having during sessions with the families with which you work? 5B. Describe the feelings that you experience as uncomfortable. 5C. What do you do in response to the feelings? 5D. How do you cope?</p>	<p>Kegan, Liddle & Saba, Nichols & Schwartz, Smith et al.</p>	<p>Self-awareness, kinds of affect in response to each family; ability to reflect on own affective responses; ability for taking a metaperspective? See affective response as useful at theoretical level?</p>
<p>6. Describe a family that has been particularly challenging for you to work with in the internship.</p>	<p>Kegan, 1994; Smith, et al., 1992; Wertheim, 1996</p>	<p>Experiences of disequilibrium; how student describes thoughts and feelings about challenging situations</p>
<p>7. What stands out to you about your experiences in the internship that is significant to your development as a family counselor?</p>	<p>Kegan, 1994; McAuliffe & Lovell, 2001</p>	<p>Meaning-making</p>

*Interview 3**Introduction*

I am interested in learning about your experiences in the family therapy internship since we last talked. The questions I'll be asking you today will again focus on your thoughts about the process of learning family counseling and about yourself as a family therapist. There are no singular right answers to the questions; I am interested in your perspective on these topics.

Questions

1. Tell me about your family counseling experiences since the last time we talked.		
2. Now that you've had more time to work with families in counseling, what do you think are the most important aspects of this work?	Laszloffy, 2000;	Perceptions of importance of skills, techniques, relationship
3. Family counseling is based in systems theory—describe how you perceive the family system in relation to the family counselor.	Flaskas, 1996	Is there a concept of the therapeutic system comprised of the therapist + the family?
4. Characterize your relationship with the families with which you work at the present time. Taking each family one by one, describe your relationships with them, both as a family and as individual family members.	Goldenberg & Goldenberg	Perceive the need to have therapeutic relationship with family as a whole, with the identified client, with the parents, with all family members? Level of complexity of thinking about the relationships.
5. How do you decide if your work with a family has been successful? Prompt: What does success look like in family counseling from your perspective?	Kegan	Level of complexity, i. e., they came back, solved the problem, changed the structure, growth and development of family members.
6. Think of the family with which you had the most success. Describe why and how the treatment was successful.	Kegan	

7. Give an example of a family with which you think the work has not been successful. Describe how and why you believe it has not been successful.	Flaskas, 1996; Wertheim, 1996	Is there a way of conceptualizing treatment failure/lack of progress or do they just see the family as unmotivated or themselves unable to implement requisite skills?
8. In what ways have your experiences in the internship changed the way you think about yourself?	Aponte, 1992; Kegan, 1994; Shadley, 2001	Meaning-making, reflection on self and world, degree of reflexivity, indications of developmental change
9. In our first interview, I asked you about personal factors you thought were significant to you as a family counselor (culture, age, gender, marital status, class, family of origin, current relationships, stage of your family life cycle). Explain any further thoughts you have on these factors after your experiences in internship.	Aponte, Kegan, Shadley, etc.	Self of therapist background factors; changes in perception over time; reflection given to self in relation to family counseling
10. Describe the highlights of your experiences in the family counseling internship so far.	Kegan	Meaning-making

*Interview 4**Introduction*

Since this is our final interview at the end of your family counseling internship, I will ask you to think back on your experiences over the past nine months for the questions today.

Questions

1. Describe a particularly meaningful counseling experience you have had this year.
What about it was meaningful to you?
2. Describe a particularly challenging counseling experience you had this year. What made it challenging to you?
3. What is your conceptualization of family counseling now?
Prompt: How is it different now than when you began the internship?
4. From your perspective, how important is the therapist-family relationship to the successful outcome of family counseling?
Probe: How do you think your relationship with the family impacts treatment progress, or does it?
How do you think your relationship with each family member impacts treatment progress, or does it?
5. How do you see yourself as having changed over the course of the internship?
Have your learning experiences in the internship changed the way you think about yourself? In what ways?
Changed the way you think about other people?
6. From your perspective, how do the emotional responses you experience while working with a family impact the counseling work?
7. From your perspective, how important are personal characteristics of the therapist to the counseling process?
Probe: What are the three most important?
8. What was memorable about your experiences? What memories will you take with you?
Prompts: Be specific, what was good, what was not so good?

*Videotape Interview**Instructions*

Choose a ten-minute tape segment with a family that is significant to you in terms of your development as a counselor.

Before tape presentation:

1. Describe the family you are showing on the tape.
2. How did you decide to choose this particular family and this segment of tape?

After tape:

1. What were you thinking during that segment?
2. What were your emotional responses?
3. What pictures, memories, or words were going through your mind?
4. How were they significant to the family counseling process?
5. How were they significant to your relationship with the family? With each family member?
6. What did this experience in family counseling mean to you?
7. Tell me about how this family counseling experience was significant to your development as a family counselor.

Appendix B

Letter to Interns

Donna Kaiser
Mailing Address
Williamsburg, VA 23185

July 14, 2003

Student
School of Education
College of William and Mary

Dear Student,

I am writing this letter to request your assistance with a research project being conducted by me under the direction of Dr. Jill Burruss, and Dr. Rip McAdams. This research will be for the purposes of fulfilling my requirement for dissertation research during the academic year of 2001-2002.

The aim of my research is to investigate the internship experience through the perceptions of the interns themselves. I have decided that the best way to explore this subject is through interviews that will examine your thoughts on topics such as your perceptions of your relationships with client families and how you view yourself as a family counselor.

I would like to interview you at the beginning of the fall semester, briefly in early December, and early March, and again at the end of the internship in early May. And, so that I can gain an in-depth understanding of how you experience and perceive family counseling I will be asking to meet with you briefly in the months of October, February, and April. In those meetings I would like to watch a segment of a videotaped family session, chosen by you that you feel reflects significant learnings for you. The total time for the interviews is expected to be from 6 to 9 hours over the 9 months of your internship.

Dr. Rip McAdams, Dr. Victoria Foster, and Dr. Teri Ancellotti have given their permission and encouragement for this research project. It is expected that your participation in this research project will be a positive experience for you and will provide an avenue for processing the internship experience in a unique and purposeful way. Your participation in this research is completely voluntary and should you decide not to participate, there will not be any penalty to you or impact on your grades in any way.

Your identity as a research participant will remain anonymous and information received from the interview process will remain confidential. In order to encourage your openness with providing vital information and to increase your comfort with the confidentiality of the research process, I am allowed to change identifying factors from the interviews in order to maintain confidentiality. These factors may include variables such as age, race, background, etc. The information gathered from the interviews will be transcribed into a narrative form and you will receive a copy, and encouraged to review the narrative for accuracy and to respond further should you so desire. You are welcome to request a final copy of the final research project from me as well.

Any questions concerning this research project may be directed to Dr. Tom Ward (221-4001), Chairman of Human Subjects Research Review Committee, or Dr. Jill Burruss (221-2361) and Dr. Rip McAdams (221-2338), dissertation committee co-chairs. If you would like to participate please call me at 229-6184 or email me at dhkais@wm.edu. I will then schedule the first interview at a time convenient for you.

Sincerely,
Donna Kaiser

Appendix C

Informed Consent Form

I understand that I am volunteering to participate in a research project for the purpose of examining my perceptions of the counseling internship experience that I am participating in this year as part of my degree requirements for the counseling program at the College of William & Mary. This research project is part of a dissertation being conducted by Donna Kaiser, a doctoral student at the College of William & Mary. This project will begin in September, 2001 with a 60-90 minute semi-structured interview that will be taped for the purpose of transcribing the data for analysis. Two 45-60 minute interviews will be conducted during the middle of the year (December, 2001 and March, 2002). There will be a final in-depth interview at the end of the internship (May, 2002). Briefer interviews, 30-45 minutes will be conducted in October, February, and April, for the purpose of examining videotapes sessions chosen by students.

In addition to the four interviews, the researcher will analyze journals with supervisors and portfolios submitted at the end of each semester.

Lastly, the researcher will be requesting a short, 1-2 page paper indicating your expectations of the internship prior to this experience beginning. This will assist in chronicling each counselors' growth during the internship.

It is expected that participation in this research project will be a positive experience for the interns. It will provide an avenue for processing the internship experience in a unique and purposeful way. There is no anticipation of any foreseeable risks or discomfort from participation in this research project.

Participation in this research is completely voluntary and refusal to participate will not result in any penalty. Participants may discontinue participation at any time. Participation in this research study will remain anonymous and all information received by the researcher as a result of participation in this study will remain confidential.

If at any time during the research study interns have questions about the study they may contact Dr. Rip McAdams at 221-2338 or Dr. Jill Burruss at 221-2361.

Signature of intern, Date

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