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Assessing The Psychometric Properties Of The Counseling Competencies Scale A Measure Of Counseling Skills, Dispositions, And Behaviors

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ASSESSING THE PSYCHOMETRIC PROPERTIES OF THE COUNSELING COMPETENCIES SCALE©: A MEASURE OF COUNSELING SKILLS, DISPOSITIONS, AND BEHAVIORS

by

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ABSTRACT

Ethical and competent professional counselors are needed to provide quality counseling services to the public. Counselor educators and supervisors have the responsibility of training competent counselors. Furthermore, counselors and counselors-in-training have the responsibility of continually assessing their own development and implementing measures to increase their competency.

Assessment instruments have sought to measure counseling competencies through evaluating counseling skills. However, a paucity of research exists that examines counseling competencies in a comprehensive manner using a psychometrically sound approach. Therefore, a need exists for a psychometrically sound assessment instrument that measures the construct of counseling competencies in a holistic manner. Thus, the purpose of this study was to assess the psychometric properties of the *Counseling Competencies Scale©* (CCS; UCF Counselor Education Faculty, 2009), an instrument designed to measure counseling competencies, within the areas of counseling skills, professional dispositions, and professional behaviors.

The sample included 81 counseling practicum students and 21 counseling practicum supervisors from two graduate counselor education programs at public institutions accredited by the Council for Accreditation for Counseling and Related Educational Programs (CACREP) within the United States (one program in the southeast and another in the northwest). The practicum supervisors evaluated the counseling competencies of the counseling practicum students per the CCS at the semester midpoint and conclusion. Additionally, the counseling practicum students evaluated their own counseling competencies per the CCS at the semester midpoint and conclusion. Furthermore, the counseling practicum students and supervisors both

completed a demographic questionnaire developed by the researcher. The data analysis procedures employed to test the research hypotheses were: (a) factor analysis, (b) Pearson product-moment correlation (two-tailed), and (c) Cronbach's alpha.

The exploratory factor analyses yielded five midterm CCS factors ([a] Factor 1: Assessment and Application, [b] Factor 2: Professional Behaviors and Dispositions, [c] Factor 3: Beginning Counseling Skills, [d] Factor 4: Advanced Counseling Skills, [e] Factor 5: Directive Counseling Skills) and four final CCS factors ([a] Factor 1: Professional Dispositions and Behaviors, [b] Factor 2: Counseling Skills, [c] Factor 3: Assessment and Application, [d] Factor 4: Growth). Additionally, the CCS exhibited strong internal consistency reliability for both the individual factors and the overall models. The interrater reliability among raters yielded a low correlation (Skills [$r = .436$], Dispositions [$r = .515$], Behaviors [$r = .467$], and Total [$r = .570$]). Furthermore, an assessment of criterion-related validity yielded a high correlation ($r = .407$) between the final total score on the CCS and the students' final grade in the counseling practicum course.

The results of the statistical analyses support the development of the CCS, a promising assessment instrument for evaluating counseling competencies within counselors-in-training. Through the further development of the CCS, counselor educators and supervisors will have a sound method for assessing their students' levels of counseling competencies and learning outcomes. Additionally, the CCS may support counselor educators and supervisions in their ethical and legal responsibilities as teachers, evaluators, and gatekeepers for the counseling profession. Furthermore, the CCS offers counselors-in-training a tool to assist them in understanding and developing their level of comprehensive counseling competencies.

For my dad, you are my inspiration.

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CHAPTER 1: INTRODUCTION

Counselor preparation programs are designed to assist students in developing the knowledge and skills to become ethical and competent counseling professionals. Becoming a competent counselor requires an individual to act ethically and professionally in fulfilling his or her responsibilities as a counselor. The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) *Standards* and the American Counseling Association (2005) *Code of Ethics* both emphasize the importance of counseling competencies; however, limited research and literature was found that defines what constitutes sound counseling competencies.

The counseling profession emphasizes the responsibility of all counselors to gatekeep for the profession, including counselors-in-training, in order to protect existing and potential future clients (Foster & McAdams, 2009). Counselor educators are encouraged to assess the counseling competencies of counseling students and recommend remediation when deemed necessary for students, in order to fulfill their gatekeeping responsibility (ACA, 2005; Association for Counselor Education and Supervision [ACES], 1993; CACREP, 2009; National Board for Certified Counselors [NBCC], 2005). Therefore, it remains paramount that educators and supervisors have a clear, detailed method to employ in evaluating counselors-in-training's level of professional competency. However, despite the significant role of gatekeeping in counselor education, specific guidelines are not provided regarding how to evaluate counseling competencies. Thus, inconsistency exists in objectively determining the counseling competencies of counselors-in-training, including guidelines for when to recommend remediation or dismissal (McAdams & Foster, 2007).

The two primary challenges in assessing counseling competencies relate to (a) designating specific areas of counseling competencies to evaluate and (b) developing a quantitative instrument to evaluate the identified counseling competencies. The present study sought to address these challenges by identifying essential components of counseling competencies that were utilized to construct a psychometrically sound, quantitative assessment instrument to employ in measuring counseling competencies. Thus, the development of the *Counseling Competencies Scale* (CCS; University of Central Florida Counselor Education Faculty, 2009) provides an opportunity to promote the personal and professional growth and development of counselors-in-training. Furthermore, the CCS establishes consistent competencies and expectations to assist counselor educators and supervisors in evaluating counselors and counselors-in-training; therefore, fulfilling their responsibility to gatekeep for the profession.

Background of the Study

Researchers have examined the assessment of counseling competencies for the past 65 years (e.g., Aronson, 1953; Danish, D'Augelli, & Brock, 1976; Eriksen & McAuliffe, 2003; Hill & O'Brien, 1999; Porter, 1943a, 1943b; Robinson, 1950; Snyder, 1945, 1963; Seeman, 1949; Urbani et al., 2002). Additionally, the assessment of counseling competencies remains an area of emphasis within the ACA (2005) *Code of Ethics* and the CACREP (2009) *Standards.* Thus, the counseling profession presents a need for developing a psychometrically sound assessment tool to measure counseling competencies through the (a) counseling literature, (b) ethical guidelines,

and (c) accreditation standards; which includes a focus on counselor educators' and supervisors' responsibilities to promote counselor development and gatekeep for the profession.

History of Assessment in Counseling

Assessment within the counseling profession began in the 1940's with an emphasis on assessing a counselor's verbal responses. The purpose of the evaluation focused on assessing which techniques were useful and effective in counseling (Porter, 1943a). Through the development of the first assessment instruments, researchers provided an initial foundation for assessing counseling competencies, thus establishing supervisory evaluation as an area of importance within the counseling profession.

A second trend in counseling assessment focused on counselors' facilitative conditions, which evolved in the 1960s (Hill, 1990). The facilitative conditions, which included empathy, unconditional positive regard, and genuineness, were identified as essential components of facilitating client change (Rogers, 1957). The facilitative conditions trend included the work of Truax and Carkhuff (1967), through the development of Truax's *Relationship Questionnaire* (as cited in Truax & Carkhuff, 1967).

During the 1970's, counseling assessment returned to focusing on the assessment of verbal response modes used by counselors (Hill, 1990). Most recently, within the last 10 years, assessment in counseling has evolved to encompass verbal response modes, nonverbal behaviors, and facilitative conditions (Eriksen & McAuliffe, 2003; Hill & O'Brien, 1999; Urbani et al., 2002). However, despite the marked changes in counseling evaluation, assessment instruments continue to predominately evaluate only one area of counseling competency, counseling skills.

Therefore, a need exists for the development of an assessment tool that comprehensively assesses counseling competencies.

ACA Code of Ethics

The ACA (2005) *Code of Ethics* contains ethical guidelines for counselors, students in counselor preparation programs, counselor educators, supervisors, and researchers. The guidelines focus on outlining ethical responsibilities and behaviors within one's role as a counselor, including the development and assessment of counseling competencies.

Counselor educators have ethical responsibilities regarding the assessment of counseling competencies among their students, designated within the ACA (2005) *Code of Ethics*. Within *Section F: Supervision, Training, and Teaching*, the code specifies that counselor educators communicate to counselor trainees their expectations regarding counseling competencies, and assess and provide feedback to students regarding their progress in developing the competencies (*Standard F.9.a.*). Furthermore, within *Section F*, the code states that counselor educators address students' inabilities to obtain counseling competencies, which may include requiring students to obtain professional help (*Standards F.7.b.; F.9.b.*). Thus, the ACA *Code of Ethics* defines the ethical responsibilities of counselor educators related to identifying and assessing counseling competencies among counselors-in-training and providing remediation when deemed necessary for students.

Counselors-in-training also have responsibilities regarding counseling competencies outlined within the ACA (2005) *Code of Ethics*. Specifically, the code states that counselors-in-training need self-awareness of their abilities to provide counseling services and seek professional help when they are impaired, and therefore likely to harm a client (*Standards F.8.a.;*

F.8.b.). Thus, the ACA *Code of Ethics* requires counselor trainees to take responsibility for recognizing their counseling competencies and seeking assistance with addressing concerns, when necessary, throughout their counselor training process.

<center>*CACREP Standards*</center>

CACREP began as an initiative in the 1970s. The vision of CACREP includes (a) developing and improving counselor training programs and (b) training counselors and related professionals to provide services that focus on optimal human development (CACREP, 2006). Furthermore, the mission of CACREP relates to the promotion of counseling competencies through (a) the designation of program standards, (b) encouraging excellence in program development, and (c) accreditation of preparation programs for counselors and related professionals (CACREP, 2006). Thus, CACREP emphasizes counseling competencies in the development of counselors.

The CACREP (2009) *Standards* focus on ensuring that counselors-in-training develop a professional counselor identity and obtains the knowledge and skills necessary to provide counseling in an effective manner. In regards to assessment, the standards require counselor educators to assess the academic performance, and the personal and professional development of students on a continuous basis throughout the counselor training program. When students are identified as being inappropriate for the program, counselor educators engage in a process to assist students with transitioning out of the program (CACREP *Section I, Standard P*).

Counseling practicum and internship experiences provide counselors-in-training with the opportunity to integrate their knowledge and skills into practice within the training environment. The CACREP (2009) *Standards* require counselor educators and supervisors to evaluate a

counselor-in-training's performance throughout the counseling practicum and internship

experiences and provide documentation of a formal summative evaluation at the conclusion of

these experiences (CACREP *Section III, Standard F.5 & Standard G.6*). Thus, in order to remain

in compliance with the CACREP *Standards*, counselor preparation programs must have an

established procedure that specifies the process used to formally evaluate counseling practicum

and internship students' counseling competencies. Nevertheless, a psychometrically sound

instrument to evaluate counseling students' levels of competency was not found.

Gatekeeping and Evaluation Responsibilities

Gatekeeping is defined as a process to protect current and future clients from receiving

counseling services from impaired or incompetent counselors (Bhat, 2005; Foster & McAdams,

2009); which is the responsibility of all counselors, including student counselors (Foster &

McAdams, 2009). More specifically, gatekeeping functions to:

> (a) promote student equity, (b) fulfill the educational and ethical responsibilities of the
>
> educator, (c) guard the integrity of training programs, (d) ensure the quality of graduates,
>
> (e) enhance the status of the profession, (f) maintain societal sanction, and (g) protect the
>
> interests of the community (Brear, Dorrian, & Luscri, 2008, p. 94).

Counselor educators and supervisors have the challenging responsibility to evaluate the

performance of counselors and counselors-in-training (Bernard & Goodyear, 2009). The

gatekeeping and evaluation roles of counselor educators are identified as ethical responsibilities

within the counseling ethical codes (ACA, 2005; ACES, 1993). Additionally, the moral principle

of nonmaleficence encompasses the ethical responsibility to do no harm (Kitchener, 1984).

Furthermore, the threat of legal liability also classifies gatekeeping as a legal responsibility

(Bhat, 2005). Thus, counselor educators and supervisors have continued responsibility to support counseling students' development, evaluate students' competency, and gatekeep for the counseling profession.

In considering the threat of legal liability, Bhat (2005) identified a legal proceeding that emphasized the importance of addressing gatekeeping and evaluation in counselor education. In the 1986 case of *Harris v. Blake and the Board of Trustees of Northern Colorado*, Harris, a former graduate psychology student at the University of Northern Colorado, sued his practicum instructor and the university after he received his master's degree in counseling from another university following his dismissal from the graduate psychology program at the University of Northern Colorado. He was ultimately dismissed from the program at the University of Northern Colorado after receiving an unfavorable evaluation in practicum and then blocked from enrolling in his second practicum. Two critical areas identified within the lawsuit focused on the dismissal of the student based on one faculty member's evaluation and the lack of a review and retention policy at the university. The court ruled to uphold the practicum instructor's professional judgment; however, the case acknowledged the importance of having detailed evaluation and remediation plans to assess the counseling competencies of counselors-in-training.

Olkin and Gaughen (1991) surveyed 54 chairs of mental health programs (counseling, counselor education, and psychology programs) to explore the procedures used by these programs to evaluate and dismiss students. The term "problem student" was defined as a student having a problem severe enough that it comes to the attention of the faculty and requires a response from the faculty. Seventy-six percent of participants reported having one to three problem students each year. However, 24% reported having four or more problem students each

year. Fifty-five percent of participants reported having written policies regarding problem students and 85% reported routinely evaluating students, with approximately half reporting that the evaluation occurred once a year. In regards to problem areas, 88% reported student problems with academic proficiency, 77% reported student deficiency in clinical skills, and 54% reported students having interpersonal problems, of which 54% were identified in practicum or other clinical courses. However, despite the identification of problem student behaviors, only 67% of programs shared their evaluations with students. Thus, the findings suggest the need to assess counseling competencies in the areas of clinical skills and personal and professional attributes, in addition to assessing academic performance during clinical coursework. Furthermore, the findings support the need to educate counselor educators about the ethical and legal concerns regarding the lack of written polices and not sharing evaluations with counselors-in-training. Despite the implications of these findings, caution should be used in accepting them due to the study occurring almost 20 years ago and encompassing only self-reporting data. Nevertheless, the findings support the need for further exploration into evaluating counselors-in-training.

Gaubatz and Vera (2002) surveyed 118 faculty members within 29 CACREP accredited and 38 non-CACREP accredited programs. The study focused on obtaining faculty members' perceptions regarding: (a) the rate that students who are identified as being poorly suited for the counseling profession were accepted into counselor preparation programs and (b) the rate that these students graduate from counseling preparation programs without remediation. This study was similar in scope to Olkin and Gaughen's (1991) study. Faculty members estimated, on average, that 10.4% of their students were poorly suited for the counseling profession. More specifically, faculty members from CACREP accredited programs estimated fewer students

having deficiencies (7.2%) when compared to students from non-CACREP accredited programs (12.9%). Additionally, when averaging all participant responses, faculty members reported that their programs intervened with 55% of their deficient students, which represented approximately 5.7% of their total student population. Furthermore, the researchers concluded that 4.9% of student may have been deficient; however, they did not receive remediation or dismissal from the program, referred to as "gateslipping" (p. 299). The rate of gateslipping was higher among non-CACREP accredited programs and programs that employed a higher percentage of adjunct faculty. Gateslipping was also more prevalent among faculty who expressed experiencing institutional pressure not to screen deficient students and who were concerned about teaching evaluations and being sued. In generalizing these findings to the graduation rates of counselors-in-training nationwide, an estimated 70 deficient students graduate from CACREP accredited programs each year without remediation and another 263 deficient students may graduate from non-CACREP accredited programs each year. Therefore, a need exists for instituting formal gatekeeping and evaluation procedures that Gaubatz and Vera suggested reduces the number of deficient students graduating with counseling degrees.

Palmer, White, and Chung (2008) investigated faculty members' perceptions of gatekeeping at Christian universities, which utilized the survey developed by Gaubatz and Vera (2002). There were a total of 102 participants from Christian universities with counseling programs that were affiliated with the Council for Christian Colleges and Universities (CCCU). Participants estimated that 10.9% of their counselors-in-training were poorly suited for the counseling profession; which compared to 10.4% estimated by participants in Gaubatz and Vera's study. Additionally, participants estimated that their programs intervened with only

52.7% of their deficient students, which was also not significantly different from the estimate

(55%) reported by Gaubatz and Vera. Similar results were also found regarding the factors that

contributed to gateslipping. However, two additional gateslipping factors were identified by

Palmer and colleagues that specifically related to the Christian context: (a) gifting and calling,

and (b) the meaning of grace. These two additional gateslipping factors remain important in

addressing gatekeeping within Christian universities. The similar results between Gaubatz and

Vera (2002) and Palmer et al. (2008) suggests the importance of establishing formalized

gatekeeping and evaluation procedures in counselor preparation programs regardless of whether

they are affiliated with the CCCU or accredited by CACREP.

Gaubatz and Vera (2006) conducted a follow-up investigation to their previous study in

2002, which focused on examining the perceptions of faculty members and counselors-in-

training regarding the prevalence of deficient students and remediation for these students. A total

of 45 faculty members and 62 students participated in the study, which represented a total of 30

programs (12 CACREP accredited programs and 18 non-CACREP accredited programs).

Ninety-eight percent of the faculty participants indicated having awareness of deficient

counselors-in-training within their programs. Additionally, faculty estimated that 8.9% of their

counselors-in-training were deficient and that the program had intervened with two thirds of

these students. Ninety percent of the counselor-in-training participants indicated having

awareness of deficient counselors-in-training within their counselor preparation programs,

estimating that 21.5% of their peers were deficient. The estimates of deficient counselor trainees

were lower among both counseling faculty members and counselors-in-training from CACREP

accredited programs. Moreover, in assessing counselors-in-training's expected reactions to

remediation or dismissal, 97% of counselors-in-training reported that they would follow the recommendations of their counselor preparation program if asked to engage in remediation, 22% reported they would sue their counselor preparation programs if they were targeted for dismissal, and only 2% reported that they would pursue legal action if asked to engage in remediation. Furthermore, 43% of counselors-in-training reported that they would apply to another counselor preparation program, if they were dismissed from their current counselor preparation program. In summary, the counselor-in-training participant findings suggested that the prevalence of deficient counselors-in-training might be higher than what was perceived by counseling faculty members. Additionally, the findings suggested that counselors-in-training support engagement in remediation activities. Thus, the findings support the development of written gatekeeping and evaluation policies that outline clear guidelines for assessing counseling competencies and specify the provisions for remediation and dismissal of counselors-in-training from counselor preparation programs.

Frame and Stevens-Smith (1995) acknowledge that it remains impossible to effectively screen out every individual who is inappropriate for the counseling profession during the counselor preparation program admission process, which results in three primary issues. First, counselor educators and supervisors have the responsibility to promote the well-being of students by protecting their confidentiality and recommending counseling when addressing concerns with identified counselors-in-training. Second, counselors-in-training may demonstrate exemplary performance in completing academic tasks, while performing below expectations in demonstrating their clinical skills and dispositions, which emphasizes the importance of assessing competency in clinical skills. Additionally, the assessment of competency in personal

and professional attributes remains essential in conducting a comprehensive evaluation of the performance of counselors-in-training (Kerl, Garcia, McCullough, & Maxwell, 2002). A final concern pertains to counselor educators and supervisors' ethical and legal responsibilities to protect clients from harm that may result from receiving counseling services from an impaired counselor. Symptoms of impairment have been identified among counselors including cynicism, alcohol and drug abuse, depression, emotional difficulties due to one's own personal trauma, and being overly involved with clients (Enochs & Etzbach, 2004). Thus, to address these three concerns within counselor educators' and supervisors' gatekeeping and evaluation responsibilities, counselor preparation program need an established process to evaluate counseling competencies, and develop and implement remediation plans when necessary for counselors-in-training.

In further discussing the development of an evaluation process for counseling students, Frame and Stevens-Smith (1995) presented a monitoring and dismissal process developed at the University of Colorado at Denver. The university developed a policy statement and an instrument to assess the personal characteristics of competent, ethical counselors, which was used to identify counselors-in-training who needed remediation and to provide a mechanism for addressing identified concerns. The model was evaluated by counselors-in-training and counselor educators one year following implementation. Eighty-two percent of counselors-in-training acknowledged being aware of the process and 93% of counselors-in-training and counselor educators reported that the evaluation process was important. Additionally, 50% of the counselor educators reported that the established monitoring and dismissal process had assisted them in addressing concerns with counselors-in-training and 86% of the counselor educators

acknowledged that they had become more intentional in evaluating the personal qualities of counselor trainees following the implementation of the monitoring and dismissal process. Thus, the establishment of a formal procedure for evaluating counselors-in-training may assist counselor educators and supervisors with fulfilling their ethical and legal responsibilities to identify and address concerns among counselors-in-training that may cause harm to clients.

Lumadue and Duffey (1999) presented another gatekeeping model developed by the counselor education faculty at Southwest Texas State University (SWT). The model involved the development of a policy and an assessment tool, similar to the components presented in the model developed by the University of Colorado at Denver (Frame & Stevens-Smith, 1995). However, the SWT model emphasized the implementation of the gatekeeping process during the admission process and designated evaluation criteria that involved specific behaviors, instead of using abstract characteristics. Thus, the SWT model built upon the strengths of the gatekeeping model developed at the University of Colorado at Denver, while also addressing areas of criticism present within the previous gatekeeping model.

The College of William and Mary established a procedure for evaluating and addressing professional performance issues in their counselor preparation program, which was known as the Professional Performance Review Policy (PPRP; McAdams, Foster & Ward, 2007). The PPRP was modeled after the policy discussed by Frame and Stevens-Smith (1995). McAdams and colleagues examined the strengths and concerns regarding the PPRP following the conclusion of a legal proceeding initiated by a former counselor-in-training who was dismissed from the counselor preparation program. There were several strengths of the PPRP, identified by McAdams and colleagues. First, the counseling faculty developed the PPRP based on literature

related to student evaluation policies. Second, the PPRP contained a rubric that outlined the criteria for acceptable and deficient performance by counselors-in-training. The evaluation procedure also contained a process for providing continuous feedback and remediation procedures when deemed appropriate for a counselor-in-training. Additionally, the PPRP incorporated a multilayered review process. Furthermore, the program provided detailed documentation of the implementation of the PPRP.

McAdams and colleagues (2007) also discussed the limitation of the PPRP that were identified following the legal proceeding. First, the PPRP involved informal meetings with counselors-in-training when initial concerns were expressed, which may not have included clear documentation of these meetings. Second, the PPRP provided criteria for a student's acceptable and deficient performance; however, it did not provide clear definitions for each of the criterion. Third, although the formal review required the counselor-in-training's signature, the authors emphasized the importance of having all documentation signed by the counselor-in-training (e.g. remediation plans, follow-up review meetings, etc.), in addition to the formal review. Finally, McAdams and colleagues reported that confidentiality cannot be maintained if a student initiates a lawsuit. Therefore, in explaining to counselors-in-training their role in the gatekeeping process, counselor education faculty should communicate that they intend to promote the best interest of all counselors-in-training, despite the potential for breaking confidentiality.

Foster and McAdams (2009) presented a framework for fostering student investment in the gatekeeping process. The framework focused on creating a climate of transparency, involving congruence between counselors-in-training's and counselor education faculty members' perceptions of program values and expectations. Achieving transparency involved three key

components: (a) creating a formalized performance evaluation, (b) promoting egalitarian communication between faculty and counselors-in-training, and (c) establishing a program culture that views gatekeeping as a responsibility to promote professional care of counselors and the care of clients, instead of viewing gatekeeping as a punishment. In creating evaluation procedures, faculty members have the responsibility to review relevant literature, ethical codes, and accreditation standards and then allow counselors-in-training to have access to this information. Establishing egalitarian communication involves promoting opportunities for communication at various levels, including new counselor-in-training orientation, course instruction, and academic advising. Finally, promoting a culture that supports gatekeeping involves promoting a trusting environment where counselors-in-training perceive the gatekeeping process as a beneficial way for counselors-in-training to receive assistance, instead of a way to harm counselor trainees. Thus, the culture of the counselor education program must be congruent with the programs ideals and expectations (Schwartz-Mette, 2009).

The gatekeeping framework presented by Foster and McAdams (2009) has only recently been implemented within their counselor preparation program. However, preliminary results suggested that counselors-in-training have greater awareness of the evaluation process. Thus, the initial findings supported utilizing transparency to promote student investment in the gatekeeping process.

The literature supports the need to develop an instrument to utilize in assessing counseling competencies that assists counselor educators and supervisors with fulfilling their responsibilities to promote counselor develop, evaluate competency, and gatekeep for the counseling profession. However, despite the development of the three presented gatekeeping

models, a lack of empirical evidence exists for supporting the psychometric properties of these models. Thus, a clear need remains present for developing a psychometrically sound assessment instrument to use in assessing counseling competencies.

In summarizing the background for this study, the literature described the history of assessing counseling competencies throughout the past 65 years and acknowledged the importance of the gatekeeping and evaluation roles among all counselors, including counselor educators, counseling supervisors, counselors, and counselors-in-training. Additionally, the ACA (2005) *Code of Ethics* emphasized the importance of identifying and assessing counseling competencies, and addressing areas of concern, in order to maintain the ethical standards of the counseling profession. Finally, the CACREP (2009) *Standards* outline the accreditation standards for counseling and related professional programs, reinforcing the importance of assessing counseling competencies in the areas of practice and personal and professional development throughout the counselor preparation process, which includes counseling practicum and counseling internship experiences.

Statement of the Problem

Counseling techniques are considered a significant aspect in the therapeutic process, and therefore the development of counseling competencies remains an area of focus in counselor preparation programs (Hill, 1990). Additionally, the CACREP (2009) *Standards* and the ACA (2005) *Code of Ethics* outline the importance of both personal and professional development, in addition to obtaining knowledge and skills. However, difficulty arises in attempting to classify

counseling skills and specify essential areas within the broad groupings of personal and professional development.

The counseling literature has explored various classification systems used to assess counseling competencies. These counseling classification systems have primarily focused on counseling skills, specifically verbal response modes (e.g., Helping Skills Verbal Response System [HSVRS], Danish, D'Augelli, & Brock, 1976; Hill Counselor Verbal Response Category System-Revised [HCVRCS], Hill, 1978). However, a few counseling classification systems have addressed other areas of counseling skills, including nonverbal behaviors and facilitative conditions. Additionally, a paucity of research exists regarding the development of counseling assessment instruments that measure counseling competencies in the areas of professional dispositions and behaviors. Thus, a need exists for the development of an objective counseling assessment instrument focused on evaluating counseling competencies in a comprehensive manner.

The lack of a comprehensive assessment instrument to measure counseling competencies creates difficulty for counselor educators and supervisors in fulfilling their ethical and legal responsibilities as evaluators and gatekeepers for the counseling profession. Counselor educators and supervisors appear to have an awareness of their roles as gatekeepers and evaluators; however, they may experience uncertainty about how to fulfill these roles (Bhat, 2005). In addition, counseling supervisors may have limited, if any, training or procedures to use in evaluating counselors-in-training (Bernard & Goodyear, 2009). Additionally, the evaluation aspect of counseling supervision may serve as a source of anxiety or discomfort for supervisors, which may include the threat of legal liability (Baldo & Softas-Nall, 1997; Bhat; Kerl et al.,

2002; McAdams et al., 2007). Therefore, a comprehensive assessment instrument remains essential to assist counselor educators and supervisors with fulfilling their roles as educators, evaluators, and gatekeepers for the counseling profession.

In summary, two problematic areas exist regarding the assessment of counseling competencies. The first area consists of the lack of an assessment instrument that comprehensively addresses counseling competencies. The other issue relates to the ethical and legal responsibilities of counselor educators and supervisors to be evaluators and gatekeepers for the counseling profession. Thus, the present study seeks to address these concerns through the development of the *Counseling Competencies Scale* (CCS), an assessment instrument designed to comprehensively measure counseling competencies.

Significance of the Study

The evaluation of counseling competencies remains an essential aspect of counselor training (CACREP, 2009). The development of a psychometrically sound comprehensive assessment instrument to measure counseling competencies may assist with the evaluation process that encompasses benefits for counselors-in-training and counselor educators and supervisors. First, the utilization of a sound counseling assessment may assist counselors-in-training with recognizing essential areas of counseling competencies. Additionally, counselors-in-training may experience a decrease in anxiety because they are aware of the evaluation procedures used to assess their counseling performance and their supervisors match their developmental needs (Bernard & Goodyear, 2009; Lambie & Sias, 2009); specifically, in regards to their counseling practicum and internship experiences. Furthermore, the CCS may benefit

counselors-in-training, when used in formative and summative evaluations, by enabling counseling students the opportunity to receive specific feedback regarding their personal and professional development as counselors. Through feedback, counselors-in-training have increased awareness of their strengths and areas for improvement, and are therefore empowered to take responsibility for their personal and professional growth as counselors.

The development of the CCS may also benefit counselor educators and supervisors. The CCS may serve as an educational tool to help counselor educators teach counselors-in-training about the areas of counseling competencies. Additionally, the CCS may assists counselor educators and supervisors in their ethical and legal responsibilities as gatekeepers and evaluators by providing a clear, comprehensive method to formally evaluate counselors-in-training and provide documentation of the assessment. The development of the CCS may assist with standardizing the evaluation process by (a) providing clear definitions for each assessment category, (b) presenting a comprehensive manual to utilize when administering the assessment, and (c) designating the expectations for minimal competency in each assessment category. Standardizing the evaluation process may assist in reducing anxiety among counselor educators and supervisors related to evaluating counselors-in-training. The standardization process, per the CCS, may also assist in reducing legal liability when implementing remediation procedures for counselors-in-training who lack competency within identified areas of counseling competencies. Thus, the development of the CCS may assist counselor educators and supervisors in the process of educating students and evaluating counseling competencies. Furthermore, the CCS may enable counselors-in-training to take ownership in their development as counselors.

Purpose and Research Hypotheses

The purpose of the study was to examine the psychometric properties of the counseling competence construct as measured by the *Counseling Competencies Scale* (CCS) within a sample of counselors-in-training. The specific research hypotheses that were investigated included the following:

Research Hypothesis 1

The counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will yield three factors ([a] counseling skills, [b] professional dispositions, and [c] professional behaviors) within a population of counselors-in-training, as shown in Figure 1.
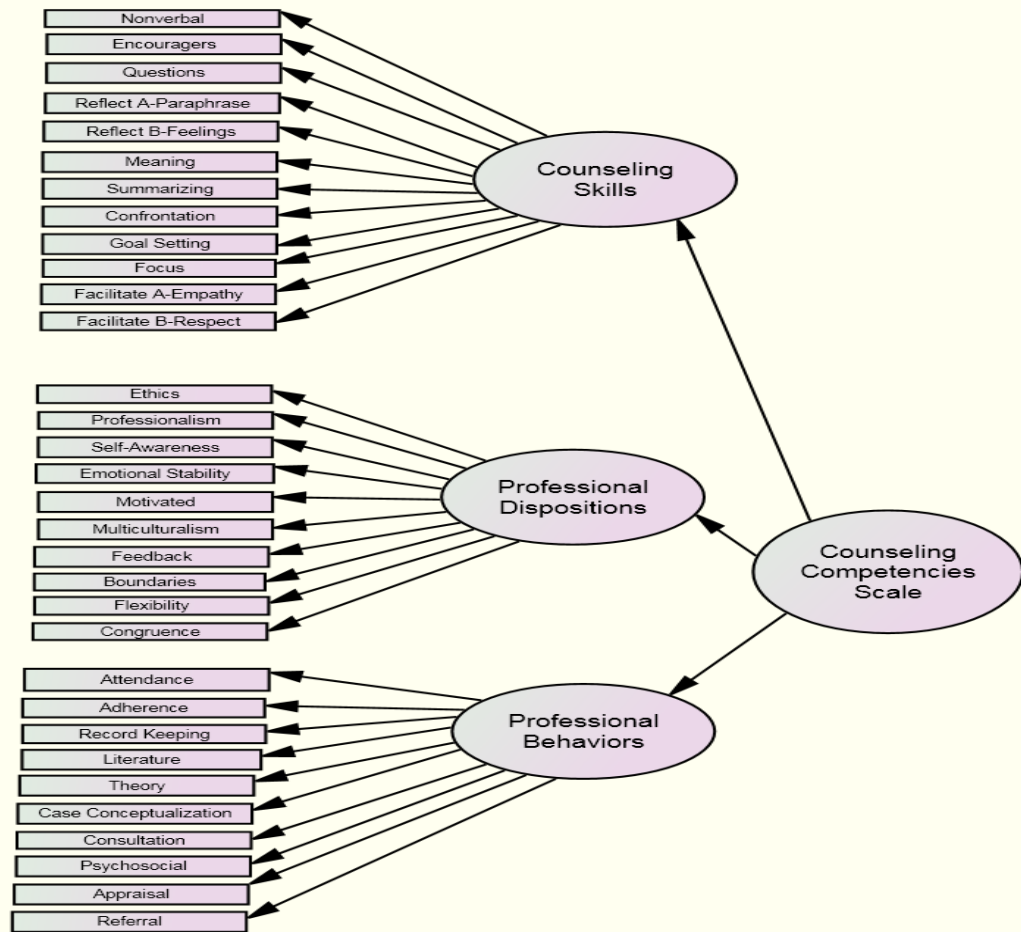
Figure 1: CCS Original Model

Research Hypothesis 2

The internal consistency reliability of the counseling skills factor within the counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will meet or exceed a Cronbach's alpha of .70 within a population of counselors-in-training. A value of .70 is needed to indicate internal consistency (Mitchell & Jolley, 2004).

Research Hypothesis 3

The internal consistency reliability of the professional dispositions factor within the counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will meet or exceed a Cronbach's alpha of .70 within a population of counselors-in-training. A value of .70 is needed to indicate internal consistency (Mitchell & Jolley, 2004).

Research Hypothesis 4

The internal consistency reliability of the professional behaviors factor within the counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will meet or exceed a Cronbach's alpha of .70 within a population of counselors-in-training. A value of .70 is needed to indicate internal consistency (Mitchell & Jolley, 2004).

Research Hypothesis 5

The interrater reliability of counseling practicum supervisors measuring counseling competencies (as measured by the *Counseling Competencies Scale* [CCS]) will yield a reliability coefficient of .60 or above within a population of counselors-in-training.

Research Hypothesis 6

The criterion-related validity between the counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) and academic performance (as measured by final course grades earned in the counseling practicum course) will yield a validity coefficient of .40 or above within a population of counselors-in-training.

Research Design

The research design for this study was descriptive, correlational research. A descriptive

research design involves describing a single variable or several variables. When the study

focuses on measuring two or more variables to determine if the variables are related, it is referred

to as a correlational research design (Mitchell & Jolley, 2004). This research study focused on

the assessment of the psychometric properties of the *Counseling Competencies Scale* (CCS),

including the examination of the three proposed counseling competency factors ([a] counseling

skills, [b] professional dispositions, and [c] professional behaviors).

Population and Sample

The target population consisted of master's level counselors-in-training enrolled in

counseling practicum courses and their counseling practicum supervisors. More specifically, the

sample was obtained from CACREP accredited counselor preparation programs throughout the

country. Accredited programs were targeted in order to obtain a sample that met a standard of

quality for training counselors-in-training. The proposed sample size was 160, which was

selected due to the scale containing 32 items, and thus calculated based on the 5:1 ratio discussed

within the literature (Hair, Black, Babin, Anderson, & Tatham, 2006; Tinsley & Tinsley, 1987).

Furthermore, in order to obtain a 95% confidence level that the sample size is generalizable to

the population, which was estimated to encompass 2,000 practicum students in CACREP

accredited programs, the sample would need to be $N = 322$ (Krejcie & Morgan, 1970).

Instrument Development Procedures and Instrumentation

The development of the *Counseling Competencies Scale* (CCS) began as an initiative

among the counselor education faculty at UCF. The faculty identified a need for a

psychometrically sound assessment tool that assessed counseling competencies of master's level counselor trainees. Various assessment instruments existed; however, no psychometrically sound instruments were found that comprehensively measured counseling competencies as determined by the counselor education program faculty. Thus, the counselor education program faculty developed an assessment instrument known as the *Counselor Skills and Professional Behavior Scale* (CSPBS; UCF Counselor Education Faculty, 2004; Appendix D) to utilize in evaluating the counseling competencies of counselors-in-training. The CSPBS was integrated within the counselor education program evaluation system in the Fall 2004 semester.

In reviewing the CSPBS, the faculty determined that the response format lacked precision and was confusing due to two different response systems used within the instrument. Therefore, a group of counselor education faculty members at UCF initiated a project to modify the CSPBS. The revision process was extensive, and it eventually led to the development of a new instrument known as the *Counseling Competencies Scale* (CCS).

The CCS was integrated as an evaluation component within the counseling practicum course during the Spring 2008 semester. The faculty then evaluated the use of the CCS during a retreat in the summer of 2008. The 10 counselor education faculty members determined that inconsistency occurred in the scoring of the instrument and a need existed for examining the psychometric properties of the assessment tool. Therefore, an initiative began to develop a training manual and this researcher began a plan to examine the psychometric properties of the CCS for the present study.

The eight steps of scale construction outlined by DeVellis (2003) were examined in order to revise the CCS for the purpose of the present study. However, since a preliminary version of

the CCS already existed, some of the steps were modified or altered during the revision process. The eight steps outlined by DeVellis include (a) determining clearly what to measure, (b) generating an item pool, (c) determining the format for measurement, (d) having the initial item pool reviewed by experts, (e) considering inclusion of validation items, (f) administering items to a developmental sample, (g) evaluating the items, and (h) optimizing scale length.

The manual for the CCS was designed for training prior to utilizing the instrument. Additionally, the manual was developed for use as a reference guide when scoring the CCS. In order to address the two-fold purpose, the manual contained (a) definitions for each CCS item, (b) areas to consider when evaluating students within each item, (c) written scenarios, (d) directions for administration, and (e) videotaped practice sessions. Thus, the CCS manual was developed to assist in improving the psychometric properties of the CCS, specifically interrater reliability and consistency within the instrument.

CCS Revised Format

At the beginning of the data collection period, the *Counseling Competencies Scale* (CCS; UCF Counselor Education Faculty, 2009) contained 32 items and was designed to measure counseling competencies within three proposed factors. The three factors encompassed (a) counseling skills, (b) professional dispositions, and (c) professional behaviors. Raters scored the instrument using five response categories that included (a) harmful, (b) below expectations, (c) near expectations, (d) meets expectations, and (e) exceeds expectations.

The first proposed factor (counseling skills) contained 12 items or subscales. The evaluation of counseling competencies within this factor required the review of a counseling session. Raters watched a recorded session and then evaluated the counselor-in-training's level

of competency regarding various counseling skills. The two other CCS factors consisted of professional dispositions and behaviors. These two counseling competence factors were assessed through the observation of the counselor's performance over a 15-week semester, rather than evaluating the factors based on a single counseling session, which was used to evaluate the counseling skills factor.

Practicum Supervisor Demographic Questionnaire

The second instrument was the practicum supervisor demographic questionnaire (Appendix H). The questionnaire requested demographic information, which included gender, age, and ethnicity. Additionally, the questionnaire focused on specific counseling areas that encompassed (a) area of counseling specialty, (b) theoretical orientation, (c) number of times teaching counseling practicum, (d) supervision experience, (e) level of training in counselor supervision, and (f) teaching status within the university (tenured faculty, instructor, or adjunct instructor).

Practicum Counseling Student Demographic Questionnaire

The final data collection instrument was the practicum counseling student demographic questionnaire (Appendix G). The questionnaire requested student information regarding (a) counseling program track, (b) practicum level (for the programs requiring two semesters of practicum), (c) theoretical orientation, and (d) number of counseling courses completed to date. Additionally, the questionnaire requested basic demographic information, which included gender, age, and ethnicity.

The initial versions of both demographic questionnaires were reviewed by doctoral students and counselor education faculty at UCF. The purpose of the review focused on

examining face validity and the quality of the instruments. Participation in the review process was voluntary and individuals participating in this process were not potential participants for the study.

Data Collection

The instrument revision process occurred between January and May 2009. After the revision process, the researcher submitted the instrument to the research associate for the program to obtain institutional review board (IRB) approval for replacing the original instrument with the revised version to use as a component of the counselor education program evaluation system. After receiving IRB approval, the revised instrument was used to evaluate counseling practicum students during mid-term and final evaluations during the Summer 2009 semester. The counseling practicum supervisory instructors received an electronic version of the draft of the manual to assist them in utilizing the revised version of the CCS during the summer evaluation period.

Prior to beginning the Fall 2009 data collection, the researcher initiated a process to explore eligible programs' potential interest in the study. The process involved posting an announcement regarding the study on the CES-NET listserv (a listserv for counselor educators and supervisors) and also contacting individuals in the academic community to acquire contact information for programs that met the eligibility criteria. Before engaging in a formal recruitment process, the researcher obtained permission from the IRB at UCF to conduct the study. Then, the researcher contacted the IRBs at each university with programs that met the criteria and expressed interest in the study. The IRB application process was followed at each university

expressing interest in the study and approval was obtained before participants were recruited at the various locations.

After receiving IRB approval from a participating university, the researcher contacted the counselor preparation program at the university to discuss the study in further detail. The supervisors at one institution were provided with a formal training on utilizing the CCS. The training was not feasible for the other location. However, the counseling practicum supervisory instructor at the second location was provided with the training manual and recorded practice sessions to assist with properly utilizing the CCS. The counseling practicum supervisory instructors and the counseling practicum students completed the demographic questionnaire once and then complete the CCS twice, at midterm and at the conclusion of the semester. Additionally, the researcher obtained the counseling practicum students' final practicum course grades to correlate with the CCS scores. Thus, the study involved two periods of data collection during the fall semester, in addition to the summer data collection.

Definition of Terms and Assumptions

Definitions

ACA Code of Ethics

A set of ethical guidelines developed by the American Counseling Association (2005) designed for guiding the ethical decision-making process of counselors, counselor educators, counselors-in-training, and researchers within the counseling profession.

CACREP Accredited Counselor Education Program

A master's level counselor training program, which is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

CACREP Standards

A set of guidelines developed by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) used for accrediting counseling and related educational programs.

Counseling Competencies

Having the knowledge, skills, professional dispositions, and professional behaviors necessary to fulfill the responsibilities of a professional counselor and carrying out these duties in an ethical and professional manner. The ACA (2005) *Code of Ethics* identifies the importance of being a competent counselor by practicing within the limits of an individual's knowledge and experience and seeking remediation to address areas of limited competence that may impede the ability to fulfill one's counseling responsibilities.

Counseling Competencies Scale (CCS)

An instrument constructed to assess counseling competencies, which was the focus of the present study. The CCS contains 32 items within three factors and is scored used a five point Likert-type response format.

Counseling Skills

Responses made by the counselor that assist in developing and maintaining a relationship with the client and facilitating the helping process (Hill, 2004), which include verbal responses, nonverbal behaviors, and facilitative conditions.

Counselor Preparation Programs

A master's level degree program designed to train students in becoming professional counselors in the areas of marriage and family therapy, mental health counseling, and/or school counseling.

Counselors-In-Training (Counselor Trainees)

Master's level students who are enrolled in a counselor preparation program.

Gatekeeping

An ethical and legal responsibility of counselors, counselor educators, counseling supervisors, and counselors-in-training that involves identifying individuals within the counseling profession that lack specific counseling competencies and implementing procedures to address the lack of counseling competencies, in order to protect potential clients from harm (Bhat, 2005; Foster & McAdams, 2009).

Counseling Practicum

A counseling course within the master's level counselor preparation program curriculum, which is designed to allow counselors-in-training the opportunity to obtain professional experience in fulfilling the responsibilities of a counselor. Within CACREP accredited counselor preparation programs, counselors-in-training are required to complete a total of 100 clock hours, which includes 40 hours of direct service to clients (CACREP, 2009, *Section 3.F.*).

Counseling Practicum Student

A master's level counselor-in-training who has met programmatic course prerequisites for the counseling practicum course, and is now enrolled in the practicum course.

Counseling Practicum Supervisor

An individual who provides individual or triadic and group supervision to counselors-in-training enrolled in the counseling practicum course. The counseling practicum supervisor is responsible for the counselors-in-trainings' development and delivery of quality, ethical services to clients. The supervisor may include a program faculty member, doctoral student, or a site supervisor; as defined by the CACREP (2009) *Standards* (*Section 3.A., 3.B., 3.C.).*

Professional Behaviors

Acts that are consistent with the counselor standards outlined in the CACREP (2009) *Standards* and the ACA (2005) *Code of Ethics*.

Professional Dispositions

Acting in a professional manner when fulfilling one's counseling responsibilities, which is consistent with the ACA (2005) *Code of Ethics* and the CACREP (2009) *Standards*.

Assumptions

1. Members of the expert panel will be knowledgeable regarding the counseling competence construct and the three proposed factors ([a] counseling skills, [b] professional dispositions, and [c] professional behaviors) encompassed within the CCS.

2. Counseling practicum supervisors at participating universities will use the knowledge obtained during the training session and the training manual to complete the CCS in a consistent manner.

3. Counseling practicum students and counseling practicum supervisors participating in the study will score all items in a manner that reflects their honest opinion about the level of competency in each defined area.

Ethical Considerations

Ethical considerations are important to address when conducting a study. The researcher followed various procedural steps to ensure that ethical standards were upheld during the research process. The first step involved the researcher obtaining permission to conduct the research study from the dissertation committee members and the IRB at UCF. The researcher also completed the IRB approval process at each participating university before collecting any data at the various locations included within the study. Additionally, prior to collecting data, counseling practicum student participants and counseling practicum supervisory instructor participants were informed about the purpose of the study and study procedures within the letter of informed consent used for the study. All participants were informed that participation in the research study was voluntary. Next, in collecting the data, all study documents contained a code to allow the researcher to correlate the instruments for each research participant. However, no names were recorded on any of the study instruments. Finally, participants were informed that all responses would remain anonymous and analysis of the results would be presented in aggregate form, without identifying individual participants.

Limitations of the Study

Various limitations existed in relation to the present study. The small sample size presented one limitation of the present study. The researcher utilized a variety of methods to recruit participants including (a) posting an announcement on a counselor education listserv, (b) contacting counselor educators known to the researcher to identify additional contacts within counselor education, (c) identifying eligible programs through internet searches, (d) networking with counselor educators at conferences, and (e) contacting programs directly through e-mail and

telephone. However, difficulty arose in obtaining participants and IRB approval at the various institutions. Additionally, some participants that initially agreed to participate in the study later declined due to time constraints. The sample size for the supervisor ratings was slightly short of the minimal requirements of 100 cases (Hair et al., 2006) for the midterm CCS data set ($N = 97$) and exceeded this requirement for the final CCS data set ($N = 128$). However, a sample size that reaches five or ten times the number of items is encouraged (Hair et al.) and neither CCS data set met five (160 cases) or ten times (320 cases) the number of items. Furthermore, the student self-assessment CCS data sets were not utilized for the present study because the number of cases for both the midterm CCS data set ($N = 45$) and final CCS data set ($N = 47$) were less than half of the recommended number of cases. Thus, a small sample size was a limitation in the present study.

A second sampling limitation of the present study relates to generalizability. The sampling criteria focused on CACREP accredited counselor preparation programs throughout the country. However, only two CACREP program (representing the northwest and the southeast) were included in the study. Additionally, 89% of the counselors-in-training and 95% of the supervisors who participated in the study were from one program. Furthermore, not all counselor preparation programs are CACREP accredited. Thus, the exclusion of some geographical locations and programs that are not CACREP accredited may influence the generalizability of the instrument in assessing counseling competencies among various counseling programs not represented within the study sample.

A final limitation pertains to instrumentation. In revising the CCS, the researcher might have overlooked some items relevant to the construct. The researcher conducted an extensive

literature review and two expert panels were consulted in revising the CCS items, following the extensive development process conducted by the faculty. However, due to the lack of literature exploring two of the proposed CCS factors in relation to counseling (professional dispositions and professional behaviors), some CCS items may have been missed in the scale construction process. Thus, additional areas not considered may be relevant to the development of an instrument focused on assessing counseling competencies.

The present study has various limitations that influence the interpretation of the results of the study. However, these limitations identify areas for future research. Thus, the researcher may further strengthen the psychometric properties of the CCS by addressing the limitations in future research endeavors.

Chapter Summary

The development of a psychometrically sound assessment instrument to measure counseling competencies in a comprehensive manner is emphasized within this chapter through a discussion of the counseling literature (including a discussion about gatekeeping and evaluation), ACA (2005) *Code of Ethics,* and the CACREP (2009) *Standards*. Additionally, the chapter explored the two primary issues related to assessing counseling competencies that presents a rationale for the present study. First, there is a lack of research regarding the development of a comprehensive assessment instrument that extends beyond measuring counseling skills, to include measuring professional dispositions and professional behaviors. The second issue relates to counselor educators and supervisors having both ethical and legal responsibilities for being gatekeepers for the profession. Finally, the chapter concluded with an outline of the present study

that sought to address these primary concerns through the development of a psychometrically sound assessment instrument designed to measure counseling competencies. Chapter 2 focuses on reviewing the history of assessing counseling competencies and analyzing each of the items contained within the *Counseling Competencies Scale* (CCS).

CHAPTER 2: REVIEW OF THE LITERATURE

Chapter 2 begins with a review of the history and trends in categorizing and assessing counseling competencies, which includes various counseling skills assessment instruments developed over the past 65 years. The construct of counselor competence is explored next, including the three proposed factors ([a] counseling skills, [b] professional dispositions, and [c] professional behaviors) and the 32 items contained within the factors. In examining the three factors of the counseling competence construct, the section provides a definition for each item and reviews the theory and empirical research supporting the inclusion of the item. Finally, the chapter concludes with a review of measurement considerations related to utilizing an assessment tool to measure counseling competencies. Thus, this chapter presents theory and empirical research to support the development of the *Counseling Competencies Scale* (CCS).

Historical Overview

Historically, counseling competencies have been measured by focusing on counseling skills (Hill, 1990). Counseling techniques are considered a primary factor in the therapeutic process, and therefore specific counseling skills remains an area of focus in counselor training programs (Hill, 1990). However, difficulty arises in attempting to classify counseling skills and develop objective assessment tools to evaluate these counseling competencies. Therefore, the research and literature have presented various classification systems to employ in measuring counseling competencies.

Earliest Measurements

In reviewing the history of assessment in the counseling profession, Hill (1990) discussed three distinct periods (1940s-mid 1960s, 1960s-mid 1970s, 1970s-present time). Assessment in the counseling profession began in the 1940s with the focus centered on the counselors' verbal responses, which were independent of the discussed topic (Hill, 1982). In providing a further explanation of verbal response modes, Russell and Stiles (1979) reported that three language analysis systems were involved in psychotherapy research, which include: (a) content categories, (b) inter-subjective categories, and (c) extra-linguistic categories. Verbal response modes exist within the inter-subjective category (Russell & Stiles, 1979). Additionally, a verbal response mode was defined as "a category of language behavior that implies a particular interpersonal intent or microrelationship between communicator and recipient" (Stiles, 1978, p. 693). Furthermore, during a single interaction with a client, the counselor may utilize various types of verbal responses to facilitate the counseling process.

The purpose of evaluating the counselor's verbal responses focuses on assessing which techniques were useful and effective in counseling (Porter, 1943a). Through the development of assessments, scholars provided an initial foundation for assessing counselor competencies. More specifically, five researchers developed and researched assessments focused on verbal response modes during the earliest years of counseling assessment including Aronson (1953), Porter (1943a, 1943b), Robinson (1950), Snyder (1945, 1963), and Seeman (1949).

Porter (1943a, 1943b) developed a checklist of interviewing techniques focused on measuring the counselor's level of directiveness. The checklist classified counseling skills in four areas: (a) defining the interview situation, (b) bringing out and developing the problem

situation, (c) developing client's insight and understanding, and (d) sponsoring client activity/fostering decision-making. Additionally, the counseling techniques scale included 24 subcategories. Raters utilized the scale by listening to recorded sessions and reviewing transcripts, and then placing tally marks beside the various items utilized by the counselor during the session. Following the review of the tape, the rater totaled the number of tally marks. Additionally, the rater indicated the counselor's level of directiveness on a 10-point scale.

Porter (1943b) examined the effectiveness of the checklist (Porter 1943a) through an analysis of 19 interviews conducted at the Psychology Laboratory and Clinic at Ohio State University. The raters were trained and then each interview was rated by two judges, in addition to the author of the study. The researcher found 31.6% agreement in exact coding. Despite the small sample size, Porter (1943b) proposed various hypotheses: (a) viewpoints on counseling is reflected in patterns of procedures used in sessions, (b) counselors are generally consistent in procedure patterns utilized across time with clients, (c) counselors are likely to use a pattern of procedures consistent with one's viewpoint of counseling instead of using various procedures, and (d) counselor training may influence the performance of the counselor. Thus, the counseling skills checklist provided a starting point for quantifying counseling skills. However, the major limitation of this system related to the use of a counting system. The counting system tallies the number of times a specific skill is utilized by the counselor; however, it does not assess the quality of the response or the context (Eriksen & McAuliffe, 2003).

In another counseling assessment system, Snyder (1945) proposed 17 response types classified within five groupings of categories. The first grouping consisted of four *lead-taking* categories, which included (a) structuring, (b) allowing the client to choose the topic, (c)

directive questions, and (d) nondirective questions. The *nondirective response to feeling* categories encompassed (a) simple acceptance, (b) restating content or problem, and (c) clarifying or recognizing feelings. The third grouping category consisted of the *semi-directive response to feeling* category, which consisted of interpretation. The next category focused on *directive counseling* categories, including (a) approval and encouragement, (b) giving information or explanation, (c) proposing client activity, (d) persuasion, and (e) disapproval and criticism. The final grouping, *minor* categories focused on (a) ending of the contact, (b) ending of the series, (c) friendly discussion, and (d) unclassifiable.

Snyder (1945) investigated the designated verbal response categories within 48 counseling interviews, conducted by four counselors who treated six clients. There were approximately 10,000 verbal responses that were coded by Snyder and then checked by himself and one other individual. Based on the results of the study, Snyder suggested that there was a possibility for coding an unstructured counseling session into measurable data; therefore, identifying an evaluation tool to employ in evaluating counseling students. Furthermore, clients showed insight regarding the nature of their problems at the conclusion of treatment and the nondirective techniques supported positive change in clients' behavior. However, the findings from this study should be interpreted with caution because the number of counselors was small ($N = 4$), and therefore the results may not be generalizable to other counselors. Nevertheless, the findings supported the utilization of nondirective techniques in counseling sessions and the development of a quantitative assessment tool to evaluate counselors who employ a nondirective counseling approach.

The verbal response categories identified by Snyder (1945) were further explored by Seeman (1949) through the coding of responses by four raters. The results suggested an increased number of nondirective verbal responses used during counseling sessions, in comparison to the previous study. Therefore, the findings reinforced the use of nondirective verbal responses during counseling sessions and the importance of assessing these skills when evaluating the counseling competency levels of counselors.

Robinson (1950) developed 14 counseling skill categories that had varying degrees of leading the client. The 14 categories included (a) silence, (b) acceptance, (c) restatement, (d) clarification, (e) summary clarification, (f) approval, (g) general leads, (h) tentative analysis, (i) interpretation, (j) urging, (k) depth interpretation, (l) rejection, (m) assurance, and (n) unrelated topics. The researcher had 42 judges evaluate the degree of leading of each of the counselor's verbal responses. The results suggested that the *silence, acceptance, restatement, clarification*, and *summary clarification* categories involved less leading than the other categories. Robinson concluded that the recognition of the 14 categories may assist with increasing a counselor's repertory of counseling skills and with regulating the degree that a counselor divides responsibility and leads the client. Thus, counselors have a greater ability to enhance their use of counseling skills.

Aronson (1953) investigated the relationship between counselor characteristics and counseling techniques and the outcome of counseling, involving 4 counselors and 28 clients. The researcher proposed a classification system of counseling verbal response modes that contained a total of 22 categories. The 22 categories included (a) restatement of content, (b) clarification of feeling, (c) accurate clarification of feeling, (d) inaccurate clarification of feeling, (e)

clarification of non-verbalized feeling, (f) interpretation, (g) structuring, (h) nondirective lead, (i) forcing the topic, (j) proposing client activity, (k) direct question, (l) persuasion, (m) simple acceptance, (n) reassurance, (o) approval and encouragement, (p) disapproval and criticism, (q) friendly discussion, (r) giving information, (s) ending of a contact, (t) ending of the series of interviews, (u) unclassifiable, and (v) unclassifiable because of transcription difficulties. In regards to the results related to counseling techniques, the findings indicated that a statistically significant difference existed between counselors only in their use of nondirective and directive techniques. However, due to the small sample size of counselors, further research was suggested to further explore the classification system.

In 1963, Snyder proposed a revised classification system to his original 1943 system, which expanded the original 17 categories to 19 categories contained with five groupings or factors. The *lead-taking group* contained four responses: (a) structuring, (b) non-directive lead, (c) directive lead, and (d) question. The second group, *reflective or re-education responses* contained six categories consisting of (a) restatement, (b) clarification, (c) interpretation, (d) attenuation, (e) advice, and (f) information. The next group, *relationship response* contained a single category entitled relationship. The fourth grouping, *supportive responses* contained three categories that included (a) reassurance, (b) offer to help, and (c) approval. The final group, *redirecting responses* consisted of five categories, which encompassed (a) calling attention, (b) challenging, (c) withholding support, (d) persuasion, and (f) disapproval. Thus, the proposed classification system expanded upon the initial system developed by Snyder (1943).

In summary, scholars began a movement to measure counseling competencies in the 1940s. The research findings demonstrated promise for developing a system to quantify the

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counseling process to assist in measuring counseling competencies and counselor effectiveness. However, criticism arose regarding the applicability of the systems to diverse theoretical orientations beyond utilization with the client-centered approach (Strupp, 1960). Nevertheless, the initial groundwork was laid for developing instruments to measure counseling competencies, providing a foundation for researchers to build upon to create an effective assessment instrument.

Second Trend-Facilitative Conditions

In the 1960s a new counseling competencies classification system emerged focusing on facilitative conditions (Hill, 1990). The second trend was based on the facilitative counseling conditions including empathy, unconditional positive regard, and genuineness, supported by Rogers (1957), who reported that the core conditions were essential in facilitating client change and growth. Truax's *Relationship Questionnaire* (as cited in Truax and Carkhuff, 1967) allowed clients to evaluate their perception of the counseling relationship in six areas: (a) empathy, (b) warmth, (c) genuineness, (d) connectedness, (e) intensity and intimacy of the contact, and (f) overall counseling relationship (Truax & Carkhuff, 1967); employing a format allowing participants to choose between binary options ("true" or "false"). Therefore, a system was established to evaluate the counselor from a different perspective involving facilitative conditions (client's perspective of the counselor's therapeutic skills), instead of only verbal response modes.

Carkhuff (1969) presented a series of scales that were derived from various sources. The Carkhuff scales focused on assessing interpersonal functioning in several areas: (a) empathy, (b) respect, (c) genuineness, (d) self-disclosure, (e) personally relevant concreteness or specificity of expression, (f) confrontation, (g) immediacy, and (h) client self-exploration. Five levels were

encompassed within the scales with rating response categories that included (a) significant addition to the helpee's expressed feelings, (b) interchangeable response, and (c) significant detraction from the helpee's expressed feelings. Thus, Carkhuff presented eight different assessment instruments to assess areas of interpersonal functioning.

The research published in the 1960s (e.g., Carkhuff, 1969; Truax & Carkhuff, 1967) presented an innovative approach to assessing counseling competencies by focusing on the facilitative conditions. However, despite the initial interest in assessing facilitative conditions, controversy arose regarding whether this approach was appropriate for use with other theoretical orientations besides Rogers' (1957) client-centered approach (Bergin & Jasper, 1969; Gormally & Hill, 1974). Bergin and Jasper explored empathy in two studies. The first study involved 18 counselors and 36 clients and the second study included 36 counselors and 48 clients. The results indicated no correlations between empathy scores and outcome ratings, which suggested that Truax and Carkhuff's (1967) findings may not be generalizable to theoretical orientations other than the client-centered approach. Thus, the concern regarding the applicability of Truax's instrument to various theoretical orientations created another shift in assessing counseling competencies.

Final Trend-1970s through the Present

The next shift in the development of psychometrically sound assessment instruments designed to measure counseling competencies was a return to an emphasis on evaluating counselors' verbal response modes (Hill, 1990). This period of counseling competence assessment development was from the late 1970s through the present time (2010). Within the counseling competence assessments, variance existed regarding the labeling and definition of

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counseling skills. However, during this period, the focus remained on developing

psychometrically sound counseling assessment instruments designed to evaluate counselors'

verbal responses, in order to measure the level of counseling competencies among counselors

and counselors-in-training.

In developing counseling verbal response categories, Goodman and Dooley (1976)

proposed six criteria that would assist in formulating categories that were useful for both

research and training purposes. The first criterion focused on having a small number of

assessment categories. Second, the researchers emphasized the importance of having clearly

identifiable units that were not vague or complex. The next criterion consisted of organization at

the response level, with units generalizing to the overall relationship. The fourth criterion

highlighted the importance of category development based on counseling theory. Another area of

consideration related to focusing on the counseling process, rather than on the specific

counseling content to assist with generalizability. The final consideration consisted of the

applicability of the classification system to various settings, including community, training

clinic, and classroom settings. Furthermore, Goodman and Dooley emphasized the importance of

having counseling competency categories that were easily distinguished without requiring

expensive training. Therefore, in utilizing these recommendations, researchers may develop

counseling competency assessment instruments to classify verbal responses that assist with

identifying the qualities of the interactions, differentiating between therapeutic approaches,

evaluating a counselor's therapeutic style, and/or providing an overview of the counseling

relationship (Goodman & Dooley, 1976). Thus, the categorization of counseling verbal response

modes may assist in the counselor preparation process.

When evaluating previous systems to categorize counseling verbal response modes, Strupp (1960) reported concern that a categorization system focused on analyzing diverse techniques in counseling did not exist. He stated that the systems developed by Porter (1943a) and Snyder (1945) were designed for client-centered counseling (Rogers, 1957); however, they may not apply to counselors using other theoretical orientations. Therefore, he concluded that these counseling assessment systems, despite their usefulness, were limited in scope. Thus, Strupp established a rationale for the development of a new counseling competence classification system.

In focusing on designing a system of assessing counseling competencies that was applicable to various theoretical orientations, Strupp (1960) identified three areas common to the major schools of theories. First, the counselor listens to the verbal messages and acknowledges the nonverbal messages of the client to assist with developing an understanding of the client. Second, the counselor communicates one's understanding to the client. Finally, the counselor engages in various operations that may seem technical and secondary to the counselor's use of interpretation. These three operations may include the use of questions, refocusing the client, or providing assurance. Therefore, Strupp sought to use these three common areas to design a system to assess counseling competencies within diverse counseling theoretical orientations.

Strupp (1960) identified eight categories of therapeutic strategies, which included (a) facilitating communication (silence and acknowledgment), (b) exploratory operations (questions and probes), (c) clarification (reflection of feelings and restatements), (d) interpretive operations (interpretation and summary), (e) structuring, (f) direct guidance, (g) not relevant to the topic, and (h) unclassifiable. Strupp's system of counseling competencies provided an expansion of

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categories to address the limitations of previous assessment systems. Thus, Strupp proposed a system of essential counseling competencies that he reported as being applicable with various theoretical orientations.

In 1971, Ivey proposed 12 microskills, which were defined as communication skills that assist the counselor with acting in a more intentional manner with a client. The 12 microskills included (a) attending behavior, (b) open invitation to talk, (c) minimal encourages to talk, (d) reflection of feeling, (e) summarization of feeling, (f) paraphrasing, (g) summative paraphrase, (h) expression of feeling, (i) expression of content, (j) direct, mutual communication, (k) interpretation, and (l) integration of several skills. Baker and Daniels (1989) reviewed the literature on microskills and reported that it was the most effective form of training. More specifically, Ivey and Ivey (1999) reported that microskills training changes the behavior of both trainees and their clients. Thus, Ivey's (1971) proposed system of 12 microskills has empirical evidence supporting the utilization of the system.

The *Counseling Strategies Checklist* (CSC; Hackney & Nye, 1973) contained a total of 79 items within six subscales or factors. The CSC subscales included (a) counselor reinforcing behavior divided into nonverbal and verbal categories, (b) opening the interview, (c) termination of the interview, (d) goal-setting, (e) counselor discrimination, and (f) the process of relating. The CSC items contained three response categories, which included "yes", "no", or "N/A". All the CSC scale items were worded in a manner that a "yes" or "N/A" response was desirable and a "no" response was considered undesirable. The instrument was designed for use by the counseling supervisor in evaluating the counselor's performance while viewing a single

counseling session. Thus, the CSC provided a means for the counseling supervisor to evaluate

the counselor's performance and identify potential areas of strengths and areas for improvement.

Hill (1975) investigated the influence of gender within counseling sessions involving 24

counselors (12 male, 12 female) and 48 clients. Counselors recorded their second counseling

session with a female and male client. Then, judges rated the recorded counseling sessions using

a proposed rating system that included 11 counseling categories, consisting of both facilitative

conditions and verbal response modes. The 11 counseling categories included (a) nonverbal

referents, (b) reflects feeling and meaning, (c) immediacy, (d) genuineness, (e) positive

confrontation, (f) negative confrontation, (g) self-disclosure, (h) additive empathy, (i) advice, (j)

data gathering questions, and (k) other. Findings suggested that counselors were more

comfortable with same-sex clients as evidenced by eliciting more feelings and demonstrating

more empathic responses with the same-sex clients. However, the results should be interpreted

with caution due to the small sample size ($N = 24$). Nevertheless, Hill proposed a system that

would assist with uniting two distinct approaches for assessing counseling competencies

(counseling core facilitative conditions and verbal response modes).

The *Helping Skills Verbal Response System* (HSVRS; Danish et al., 1976) focused on the

classification of verbal response modes. The HSVRS consisted of three counseling competency

categories and eight response types. The three counseling competency categories consisted of

continuing responses, leading responses, and self-referent responses. The response types within

the *continuing responses* category consisted of content and affective responses. The second

category, *leading responses*, included closed questions, open questions, influence, and advice.

Lastly, the *self-referent* category contained self-involving, and self-disclosing responses.

Danish and colleagues (1976) used the HSVRS to evaluate the effectiveness of a counselor training program focused on teaching helping skills. Their study included 126 counselors-in-training who were rated on the use of verbal response modes in two role plays with another trainee; one occurring before training and the other role play following the completion of training. Each role play lasted for approximately six minutes. In analyzing the results, the researchers reported an increase in continuing responses and a decrease in leading responses following the completion of training. More specifically, there was a significant decrease in asking closed-ended questions, which was the most frequently used response in the role plays conducted prior to training (Danish & D'Augelli, 1976; Danish et al., 1976). Therefore, the findings supported the importance of counselor training focused on the development of helping skills. Furthermore, the HSVRS may assist with evaluating the effectiveness of training pertaining to fostering helping skills in counselor trainees.

Goodman and Dooley (1976) developed another approach to classifying counselors' verbal response modes involving helper intentions. Goodman and Dooley first identified six helping intentions that guide a counselor's verbal responses. The six helping intentions included (a) guiding the behavior of another, (b) gathering information, (c) providing interpersonal space, (d) explaining or classifying the behavior of another, (e) revealing one's personal condition, and (f) expressing empathy. Additionally, there were six verbal response categories proposed by Goodman and Dooley consisting of (a) questions, (b) paraphrasing or reflection, (c) silence, (d) advisement, (e) interpretation, and (f) self-disclosure. In developing the verbal response categories, Goodman and Dooley sought to create groupings that were independent from an individual's professional status or theoretical orientation. Therefore, the six verbal categories

were proposed to use for training helpers at the paraprofessional level, in addition to an advanced

counseling level, and were not exclusive to specific theories.

Elliott (1979) investigated the intentions and verbal response categories identified by

Goodman and Dooley (1976) in two studies, an analogue study and a counseling study. The

analogue study involved 12 clinical psychology graduate students who fulfilled the role as

counselors and 12 undergraduate students who volunteered to discuss a genuine problem. The

study involved 30 minute counseling sessions that were rated by independent raters. The

counseling study involved 16 counselors and 16 clients who had attended counseling for various

lengths of time with the counselor. The sessions were recorded and then rated by independent

raters, involving a similar process to what was used in the analogue study. Similar results were

found in the analogue and counseling studies. The findings identified a relationship between

specific response categories and intentions. Specifically, a relationship was found between

questions and *gathering information*; and *acknowledgment*, *reassuring*, *using self*, and

communicating understanding. The findings from this study should be interpreted with some

caution due to the small number of counselors involved in each study. However, the results

provide support for establishing Goodman and Dooley's verbal response mode classification

system.

In a later study, Elliott (1985) revised the intentions and verbal response modes proposed

by Goodman and Dooley to develop the *Therapist Response Mode Rating System* (TRMRS). The

TRMRS included a total of eight intentions and 10 verbal response modes. The revised list of

TRMRS intentions included (a) gathering information, (b) guiding, (c) advisement, (d)

communicating understanding of the client's message, (e) explaining client's behavior, (f)

reassuring client, (g) disagreeing with client, and (h) revealing oneself. The modified TRMRS verbal response mode categories consisted of (a) closed questions, (b) open-ended questions, (c) process advisement, (d) general advisement, (e) reflection, (f) interpretation, (g) reassurance, (h) disagreement, (i) self-disclosure, and (j) information giving. The TRMRS contained a four-point confidence rating scale ranging from 0 to 3, which included response categories ranging from "clearly absent" to "clearly present". Thus, Elliott proposed a revised classification system to enhance the classification of the counselor's verbal responses.

Elliott (1985) investigated the use of the TRMRS with 24 clients and 12 counselors to explore the revised designations of the intention and verbal response mode categories. Additionally, Elliott further classified responses into clusters to identify helpful and non-helpful events occurring throughout the counseling sessions. There were 86 helpful events that were classified into eight clusters and two overall groupings. The *task oriented* group contained four clusters: (a) new perspective, (b) problem solution, (c) clarification of problem, and (d) focusing attention. The second grouping was the *interpersonal* super-cluster: (a) understanding, (b) client involvement, (c) reassurance, and (d) personal contact. A total of 70 non-helpful events were identified and categorized into six types, which consisted of: (a) misconception, (b) negative counselor reaction, (c) unwanted responsibility, (d) repetition, (e) misdirection, and (f) unwanted thoughts. The *negative counselor reaction* category had two subcategories that included uninvolved counselor and critical counselor. The *unwanted responsibility* cluster also had two subcategories, which consisted of inadequate counselor response and counselor pressure.

Through the classification of helpful and non-helpful events, Elliott (1985) was able to correlate the events to the verbal response modes. Elliott found positive, significant correlations

between helpfulness and the four verbal response modes of general advisement, information giving, reassurance, and interpretation. A negative, significant correlation was found between helpfulness and the verbal response mode disagreement. Thus, the findings suggested the usefulness of using general advisement, information giving, reassurance, and interpretation in counseling and caution counselors about the use of disagreement. However, the results should be interpreted with caution due to the small sample size.

In order to study whether counselors continued to use the counseling skills they were taught in their preparation program following the completion of the program, Spooner and Stone (1977) identified 10 areas to use in evaluating counselors' therapeutic skills. These 10 counseling skill areas included (a) goal setting, (b) confrontation, (c) reflection/restatement, (d) interpretation/summary, (e) structuring, (f) probe, (g) minimal verbal responses, (h) self-disclosure, (i) information giving, and (j) other. Thus, Spooner and Stone identified verbal response modes similar to those utilized in other systems in order to evaluate counseling competencies.

To assess counselor competencies across time using these 10 categories, Spooner and Stone (1977) evaluated counseling sessions conducted by 13 participants. Thirty minutes of session recordings were evaluated at three stages, which included evaluation during a pre-practicum skills training course, during the practicum experience, and following the completion of the counselor training program while working in the field. Findings suggested that counselors struggle with maintaining use of more complex skills, including interpretation/summary, goal setting, and confrontation. Additionally, the participants had difficulty limiting the use of probes (questions) following the completion of the training program despite being encouraged during

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their training program to not overuse this skill during counseling sessions. Furthermore, participants reported that skill training was useful and they wanted additional skill training following the completion of their preparation program. Therefore, the findings supported the importance of having continued skill training following the completion of a counselor preparation program, as well as the need to continue evaluating counselors' performance in order to increase self-awareness about one's counseling competencies and identify strengths and areas for growth. However, difficulty may arise with generalizing the findings to a larger group of counselors. Nevertheless, the findings supported the need for counseling supervision.

Whalen and Flowers (1977) investigated counselors' verbal communication modes. Their study involved 41 undergraduate students that were asked to respond to statements in writing regarding what they would say if they were in a face-to-face conversation. The responses were evaluated using a 19 category response system. The 19 response categories included (a) three types of reflection (reflection, echoic reflection, and interrogative reflection); (b) five types of advice (general advice, interrogative advice, interrogative process request, process statement about roles or objectives in counseling, and process requests relating to the person's behaviors); (c) two types of interpretation (interpretation and interrogative interpretation); (d) two types of self-disclosure (self-disclosure and me-too disclosure); (e) three types of questions (here and now, information seeking, and pseudo-feeling); (f) two types of evaluation/feedback (positive/supportive and negative/confrontational); and (g) two residual categories (un-scoreable response and no response). Whalen and Flowers found that information seeking and advice were the two categories used most frequently, which accounted for 50% of the response units identified within the study. Interpretation (8%), process request (5%), and reflection (5%) were

the next most frequently used categories. Therefore, the four categories accounted for a total of 68% of the total response units. However, the findings related to general conversations and may not relate to communication occurring during counseling sessions. Nevertheless, the findings identified the communication skills most frequently used in conversation.

In contrast to other verbal response mode classification systems, Stiles (1978) proposed a system that was based on principles of classification instead of verbal descriptions. There were eight verbal response modes within Stiles' classification system, which included (a) disclosure, (b) question, (c) edification, (d) acknowledgment, (e) advisement, (f) interpretation, (g) confirmation, and (h) reflection. These eight response modes were similar to other systems described (e.g., Danish et al., 1976; Goodman & Dooley, 1976; Spooner & Stone, 1977); however, Stiles focused on the interaction of three principles to define the modes. The principles were source of experience, frame of reference, and focus, which pertain to the speaker or other individual. For example, "*question* concerns the other's experience, in the speaker's frame of reference, focused on the speaker" (Stiles, 1978, p. 695). Thus, Stiles' verbal response system had similarities to other response systems while maintaining the difference of focusing on the intersection of the three principles.

As noted, various taxonomies exist for the classification of verbal response modes used by counselors in sessions. Hill (1978) reviewed 11 existing systems to assist in the development of a comprehensive rating system of verbal responses, including: Aronson (1953), Danish and D'Augelli (1976), Goodman and Dooley (1976), Hackney and Nye (1973), Hill (1975), Ivey (1971), Robinson (1950), Snyder (1945, 1963), Spooner and Stone (1977), Strupp (1960), and

Whalen and Flowers (1977). Each of these verbal response mode classification systems was discussed separately within the context of this literature review.

The development of Hill's (1978) rating system involved five stages. In the first stage, Hill had two individuals identify the response categories existing within the 11 systems. There were a total of 25 categories identified initially and then this was reduced to 24 categories in the second stage when the two individuals rated two sessions. The scale was revised again after reviewing additional sessions and discussing the presence of the categories between the two raters. Following this rescaling process, the fourth stage consisted of having the system evaluated by three counseling psychologists, which focused on establishing face validity. Next, the system was revised again to contain 17 verbal response categories. The fourth version was again assessed by three different counseling psychologists. After additional revisions, the fifth version was reviewed by 10 graduate students in counseling psychology asking them to match the definitions with the examples. Thus, the final version contained 17 verbal response categories that were then evaluated.

Through the process of developing the verbal response rating scale, Hill (1978) had evaluators analyze 3,866 response units from 12 intake sessions. The categories with the least agreement were eliminated as separate categories and then integrated into other existing categories. Following this data analysis process, the 17 categories proposed in the rating scale were reduced to 14 categories. The final verbal response instrument contained the following 14 categories: (a) minimal encouragers, (b) approval-reassurance, (c) information, (d) closed questions, (e) open questions, (f) direct guidance, (g) restatement, (h) reflection, (i) confrontation, (j) interpretation, (k) nonverbal referent, (l) self-disclosure, (m) silence, and (n)

other (Hill, 1978). Thus, a system was created that sought to combine previous systems to propose a comprehensive instrument to assess verbal responses utilized by counselors during sessions.

In reviewing the *Hill Counselor Verbal Response Category System* (HCVRCS; Hill, 1978), Friedlander (1982) acknowledged two areas of criticism. The first criticism related to the HCVRCS conceptual framework including the types of categories and the coding strategy. The second concern pertained to the definition used to designate units for categorization. More specifically, the system allowed for the coding of utterances that may inflate the coded use of minimal encouragers and may not fully account for categories used in compound responses because they are coded as a single unit (Friedlander, 1982). Thus, Friedlander proposed the *Hill Counselor Verbal Response Category System-Revised* (HCVRCS-R), which included nine verbal response categories: (a) reflection/restatement, (b) providing information, (c) confrontation, (d) interpretation, (e) self-disclosure, (f) information seeking, (g) direct guidance/advice, (h) encouragement/approval/reassurance, and (h) unclassifiable. Furthermore, Friedlander designated three super-categories that related to the degree of structure that predicted the influence of the counselor's response on the client's subsequent responses. The low structure super-category included encouragement/approval/reassurance and reflection/restatement. The moderate structure category contained interpretation, providing information, and confrontation. Finally, the high structure category encompassed direct guidance/advice and information seeking. Thus, the HCVRCS-R provided a comprehensive assessment instrument for classifying verbal response modes. However, the system was classified within the category of a counting system, and therefore it had the limitations discussed with previous systems related to

categorizing verbal responses without assessing the context or quality of the responses (Eriksen & McAuliffe, 2003).

The focus on the interaction between the counselor and the client was also referred to as the *Conversation Model* (Goldberg et al., 1984). Using this model, the focus was on the "here and now" in relation to discussing the client's feelings and interpersonal problems. In evaluating the counselor's performance using the conversation model, there were six areas that the rater evaluated regarding the session. The six areas included: (a) cue recognition (verbal or nonverbal); (b) counselor involvement ("I" and "we" language); (c) negotiation (counselor's openness to correction); (d) functioning (questions, information, advice, framework giving comment, understanding, linking hypothesis); (e) content (symptoms, feelings, relationships); and (f) time focuses (past, future, here and now). In relating the *Conversation Model* to other rating systems discussed, the functioning area contained within this rating system reflected verbal response modes existing within the other models. Thus, the researcher has the opportunity to use the functioning area to compare the *Conversation Model* to other verbal response systems, while also having the advantage of assessing the remaining areas utilized within the model.

The *Conversation Model* (Goldberg et al., 1984) was used to study whether differences existed in psychotherapy sessions by five psychiatrists trained in the model compared with five psychiatrists not trained in using the model. The findings suggested that differences were apparent between the two groups of psychiatrists in only some areas, which implies that training developed by Goldberg and colleagues may assist with developing some clinical skills (e.g. using statements instead of questions, using pronouns such as "I" and "we", and willingness to be corrected), while counselors may acquire other clinical skills with experience (e.g. responding

to what the client just said, responding in the present, and discussing the client's interpersonal problems). Thus, Goldberg and colleagues acknowledge the importance of emphasizing specific skills in training.

In an attempt to identify the primary response modes utilized by counselors, Elliott et al. (1987) investigated six rating systems. The six rating systems examined in the study included (a) *Hill's Counselor Verbal Response Mode Category System* (Hill, 1978), (b) Friedlander's response system modified from Hill's system (Friedlander, 1982), (c) Stiles' *Verbal Response Mode System* (Stiles, 1978, 1979), (d) Elliott's *Response Mode Rating System* (Elliott, 1985), (e) the *Conversational Therapy Rating System* (Goldberg et al., 1984), and (f) Mahrer's *Taxonomy of Procedures and Operations in Psychotherapy* (Mahrer, 1983). Elliott and colleagues compared the six classification systems through the analysis of seven therapy sessions. The researchers concluded that a core set of categories were apparent within various systems. Convergent and discriminant validity existed for six response modes (question, reflection, advisement, information, interpretation, and self-disclosure). However, the measurements did not converge completely and no one system yielded the best results in all response mode categories. Therefore, Elliott and colleagues suggested selecting or modifying a response mode system to effectively meet the researcher's needs. Furthermore, the researchers noted that the verbal response mode systems measured only the action component of therapists' responses. Thus, the study yielded support for a system to classify counseling verbal response modes, while acknowledging the limitations of the six classification systems explored in the study.

Scales Developed in the Last 10 Years (1999-2009)

Three counseling competency instruments have been discussed in the recent literature (within the last 10 years). The *Helping Skills System* (Hill & O'Brien, 1999) began as the *Hill Counselor Verbal Response Category System* (Hill, 1978) with 17 verbal response modes. The second scale is the *Skilled Counseling Scale* (SCS; Urbani et al., 2002), which was modified from the *Skilled Group Counseling Scale* (SGCS; Smaby, Maddux, Torres, & Zimmick, 1997) and addresses 18 skills. The final scale is the *Counseling Skills Scale* (CSS; Eriksen & McAuliffe, 2003), which contains 19 skills that are contained within six categories. Thus, within the past 10 years, research has evolved to expand the classification of counseling skills within three new classification systems.

The *Helping Skills System* (HSS; Hill & O'Brien, 1999) contains 12 categories that describe verbal response modes. The 12 categories include (a) approval and reassurance, (b) closed questions, (c) open questions, (d) restatement, (e) reflection of feelings, (f) challenge, (g) interpretation, (h) immediacy, (i) self-disclosure, (j) information, (k) direct guidance, and (l) other. The HSS was designed to use in classifying verbal responses. The strength of the HSS relates to modifying previous systems to build upon the identified strengths while addressing the limitations of the previous systems. However, the primary limitation of the HSS relates again to the use of a counting system that has the rater classify verbal responses without indicating the quality, accuracy, or the context in which the skill is used by the counselor (Eriksen & McAuliffe, 2003).

The *Skilled Counseling Scale* (SCS; Urbani et al., 2002) contains six groupings and 18 different counseling skills. Each item is scored on a five-point Likert scale that ranges from "not

at all" to "always". The first grouping category is classified as *attending skills*, which includes (a) eye contact, (b) body language, and (c) verbal tracking. The second classification referred to as *questions and reflecting* contains three skills that encompass (a) questions, (b) paraphrasing, and (c) summarizing. The next group, *interchangeable empathy* includes (a) feeling and content, (b) self-disclosure, and (c) concrete and specific. The fourth grouping, *additive empathy*, contains (a) immediacy, (b) situation, action, and feelings, and (c) confronts caringly. The fifth area is *decision-making* and it includes three skills that include (a) deciding, (b) choosing, and (c) consequences. The final section, *contracting*, includes (a) agreements, (b) deadlines, and (c) review goals and actions to determine the outcome. Urbani and colleagues examined the interrater reliability among three raters, who rated responses in a study involving 61 participants. The researchers reported a correlation coefficient of .89, suggesting that the SCS was a reliable instrument to use in assessing counseling skills.

The *Counseling Skills Scale* (CSS; Eriksen & McAuliffe, 2003) contains 19 counseling skills that are grouped into six categories or subscales. Each item is scored on a scale ranging from -2 to +2 that includes the following response categories: (a) major adjustment needed, (b) continue practice, (c) developing skill, (d) well developed, and (e) highly developed. The CSS also contains a "not performed, but not necessary" category, which is not an option to score on five categories (body language and appearance, minimal encouragers, voice tone, develops therapeutic relationship, and manages the session). The rater averages the scores of the skills in each grouping to get six group scores and then adds the scores to get a total score. The first grouping category, *assesses interest and appreciation*, contains four skills that include (a) body language and appearance, (b) minimal encouragers, (c) vocal tone, (d) evoking and punctuating

client strengths. The second area, *encourages exploration/primary empathy*, also contains four skills encompassing (a) questioning, (b) requesting concrete and specific examples, (c) paraphrasing (reflection of content), and (d) summarizing. The *deepens the session/advanced empathy* group contains five skills including (a) reflecting feeling, (b) using immediacy, (c) observing themes and patterns, (d) challenging/pointing out discrepancies, and (e) reflecting meaning and values. The fourth subscale, *encourages change*, has four skills that encompass (a) determining goals and desired outcomes, (b) using strategies for creating change, (c) considering alternatives and their consequences, and (d) planning action and anticipating possible obstacles. The final two categories (*develops therapeutic relationship* and *manages the session*) each contain only one item. Thus, the researchers sought to develop a comprehensive assessment instrument.

In the process of developing the CSS, Eriksen and McAuliffe (2003) conducted a pilot study with a focus group encompassing five counselor educators. The focus group participants rated a series of counseling sessions in order to assess for interrater reliability. The focus group was also used to train the counselor educators in using the CSS. Following the pilot study, Eriksen and McAuliffe examined the psychometric properties of the instrument in a study involving two counselor educators, serving as raters, and 29 counselors-in-training enrolled in a *Theories and Techniques of Counseling* course. The Cronbach's alpha was .91, indicating high internal consistency. Additionally, the researchers assessed for construct validity by utilizing a pre-posttest. The results indicated an effect size of .80, suggesting a meaningful change. Furthermore, the researchers conducted an item analysis and the results suggested that the items did not represent true factors, which may have been influenced by the small sample size. Thus,

the CSS presents a newer scale that addresses counseling competencies in a manner that begins to address more than verbal responses and nonverbal behaviors. However, further research is needed to effectively evaluate the psychometric properties of the instrument.

In comparing the three constructed scales, the HSS (Hill & O'Brien, 1999) addresses various verbal response modes; however, this scale does not address nonverbal skills, which were included in the SCS (Urbani et al., 2002) and the CSS (Eriksen & McAuliffe, 2003). Additionally, the *Helping Skills System* utilizes a counting system, as discussed previously, while the SCS and the CSS utilize a judgment system. The judgment system allows the rater to judge the skill used within the context of the session, assessing the quality of the skill. In contrast, the counting system tallies the number of times a verbal response is used by the counselor without considering the quality or context of the usage. In comparing the SCS and the CSS, several similarities exist between the two scales regarding groupings and categories. Reportedly, the CSS was developed to address the limitations present within the SCS, specifically precision and absoluteness in scoring, in addition to modifying items (Eriksen & McAuliffe, 2003). Thus, the assessment of counseling skills continues to be an area of research.

The historical review of the literature thus far has focused on several assessments that measure counselors' verbal responses (e.g., HSVRS; Danish et al., 1976; HSS, Hill & O'Brien, 1999). Additionally, two instruments developed within the last 10 years focused on the integration of both verbal and nonverbal behaviors (SCS, Urbani et al., 2002; CSS, Eriksen & McAuliffe, 2003). The focus now shifts to explore the utilization of nonverbal behaviors in counseling.

Nonverbal Behaviors

There are three identified areas within the nonverbal category to explore regarding counselor effectiveness, which include nonverbal behaviors, nonverbal abilities, and the congruence between verbal and nonverbal behaviors (Hill, Siegelman, Gronsky, Sturniolo, & Fretz, 1981). Hill and colleagues examined six areas of nonverbal behavior. The nonverbal categories included (a) head nods, (b) smiles, (c) body facing the client, (d) forward trunk lean, (e) ankle of one leg resting on the knee of the other leg, and (f) vertical and horizontal arm movements. In analyzing the findings, Hill et al. reported that difficulty may arise in evaluating nonverbal skills separately from verbal skills. However, other findings have suggested the significance of nonverbal skills independent of assessing verbal skills (e.g., Fretz, 1966; Hackney, 1974; Lee, Hallberg, Kocsis, & Haase, 1980). Hackney examined the influence of head nods and smiles utilized during interactions within a sample of 72 undergraduate students. His findings suggested that nonverbal behaviors, specifically head nods and smiles have a significant role in the communication process. Furthermore, Lee and colleagues found that individuals ($N = $ 34 postgraduate teacher trainees) who were good at decoding nonverbal messages were not necessarily skilled at encoding nonverbal messages during their interactions. Therefore, a need arises in addressing both areas in training counselors, instead of assuming that counselor trainees skilled in one area are also proficient in the other area. Thus, research has identified the importance of addressing nonverbal behaviors in training and assessing counselors-in-training.

Fretz (1966) investigated nonverbal behavior, specifically focused on body movement. The study involved observing movements present in counseling dyads. Participants included 12 graduate students who served as counselors, 17 undergraduate students who participated as

clients, and 13 undergraduate students who were observers. Observations were conducted during the first, third, and sixth sessions. A total of 131 movements were recorded; however, only 60 were used by three or more participants, and therefore utilized in the data analysis. A total of 41 factors were identified; however, it was determined that only 10 were considered common factors. The 10 common factors included (a) horizontal hand movements; (b) vertical hand movements; (c) head movements other than nods; (d) positive nod; (e) negative nod/points; (f) smile and laugh; (g) lean forward, lean back; (h) talk-stop; (i) thinking; and (j) clasping movements. The results of the study need to be interpreted with some caution due to the small sample size. Nevertheless, the findings identified a basis for identifying specific behaviors relevant in assessing counselor competency in regards to nonverbal behaviors.

Research has also explored the relationship between nonverbal behaviors and warmth, along with the facilitative conditions including genuineness, empathy, and positive regard (e.g., Bayes, 1972; Graves & Robinson, 1976; Haase & Tepper, 1972; Smith-Hanen, 1977; Tepper & Haase, 1978). Bayes investigated the relationship between nonverbal behaviors and facilitative conditions with 16 counselors-in-training. The findings suggested that smiling was the greatest single predictor of warmth ($r = .666$). Additionally, positive content correlated significantly with warmth ($r = .536$). Smith-Hanen examined the relationship between three specific areas of nonverbal behavior and the presence of warmth and empathy, involving 40 participants consisting of mostly students. The areas included arm position, leg position, and movement. The findings suggested that the movement of the legs and arms did not have a significant effect on the ratings of empathy and warmth. However, both the position of the arms and the legs significantly affected the ratings of warmth and empathy. More specifically, crossed arms and

having the ankle of one leg resting on the knee of the other leg were portrayed as colder and less empathic positions when compared to other positions of the arms and legs. Thus, the findings supported the development of counselor competency in the use of nonverbal skills to assist with facilitating warmth and empathy during counseling sessions.

Haase and Tepper (1972) investigated the degree of empathy communicated by counselors, through the rating of recorded interactions of 26 counselors and upper level counseling students. The findings suggested that ignoring the presence of nonverbal behaviors and relying only on verbal responses to rate empathy may reduce the accuracy of judgment by 66%. Additionally, the researchers found that nonverbal and verbal responses interact to communicate empathy to the client. Furthermore, high level empathy communicated in verbal responses may be reduced to low levels of empathy when the counselor's nonverbal behavior did not communicate empathy, such as avoiding eye contact, or turning away from the client. However, the findings should be interpreted with caution due to the small sample size. Nonetheless, the results demonstrate the importance of nonverbal behaviors in communicating empathy to clients.

Fretz, Corn, Tuemmler, and Bellet (1979) explored the effects of three nonverbal behaviors within three studies. The first study involved 104 participants who rated counselors' use of eye contact, direct body orientation, and forward lean within a 10 minute scripted counseling session. The second study involved 40 different raters who viewed scripted counseling session. The final study involved quasi-counseling sessions between 18 undergraduate students discussing genuine problems with three counselors. The results in all three studies suggested that counselors who used the three nonverbal behaviors more frequently

were rated as more facilitative and attractive. These results were similar to the findings reported by Haase and Tepper (1972). Thus, research supports the importance of assessing nonverbal behaviors occurring during interactions between counselors and clients.

Tepper and Haase (1978) explored the relationship between nonverbal behavior and empathy, respect, and genuineness. Their study involved 15 counseling students and 15 experienced counselors, who served as judges in rating interactions between actors in role played counseling sessions. A total of five areas were assessed, comparing two levels in each of the areas, which consisted of (a) trunk lean (forward or backward), (b) vocal intonation (concerned or indifferent), (c) eye contact (direct or no eye contact), (d) facial expression (concerned or indifferent), and (e) verbal messages (high or low). In comparing nonverbal behavior to verbal response, Tepper and Haase found that nonverbal behavior had a dominant role in the significance of the response. More specifically, in regards to empathy, facial expressions accounted for the most variability (26.01%), with the other four areas also showing significance. Additionally, nonverbal behaviors accounted for more than two times the variance than what was accounted for by verbal responses. In considering respect or positive regard, facial expressions also accounted for the most variability (39.62%) with the other areas also having significance. The ratio of nonverbal to verbal variance in the area of respect/positive regard was 5:1. Finally, in the area of genuineness, the largest significant main effect was eye contact, which accounted for 11.06% of the variance. Regarding genuineness, the ratio of nonverbal to verbal variance was 23:1. However, there was not significance in the main effect for verbal messages. Tyson and Wall (1983) found similar results in a study of 120 female undergraduate students that rated eight minute role plays, suggesting that nonverbal behaviors may influence verbal messages.

Therefore, further support exists for assessing nonverbal behavior within counseling competencies.

Graves and Robinson (1976) explored genuineness related to the interaction between verbal and nonverbal behavior. Their study involved 80 undergraduate participants that were asked to participate in a 15 minute role play. Following the role play, participants were asked to rate the counselor. The findings indicated that inconsistency between verbal and nonverbal responses appeared to create interpersonal distance between the counselor and the client during sessions. The greatest interpersonal distance resulted when inconsistency in messages consisted of a negative nonverbal message and a positive verbal message. Thus, the findings reinforced the influence of nonverbal behaviors on the client's perception of the counselor's performance.

Kim, Liang, and Li (2003) examined the use of nonverbal behaviors among different ethnic groups. Specifically, the researchers investigated whether differences existed in the use of nonverbal skills among counselors who were Asian Americans compared with counselors of European descent. The participants included 10 doctoral students who served as counselors and 30 undergraduate students participating as clients. Nonverbal behaviors were rated by four undergraduate student judges. The researchers identified eight categories of nonverbal behaviors, which included (a) adaptors, (b) arm movements, (c) horizontal head movements, (d) vertical head movements, (e) illustrators, (f) leg movements, (g) postural shifts, and (h) smiles. The researchers found that Asian Americans exhibit fewer adaptors, postural shifts, and smiles. Additionally, smiling was indicated as a nonverbal behavior viewed as contributing positively to the session. Thus, in addition to acknowledging the importance of nonverbal behaviors in counseling sessions, the findings supported the importance of addressing cultural differences.

In summarizing the research regarding nonverbal skills, there are a myriad of skills that the counselor can employ that may influence the counseling session (e.g., eye contact, forward lean, and facial expressions). These counseling skills may influence the development of the therapeutic relationship and the communication of empathy, warmth, genuineness, and unconditional positive regard (e.g., Bayes, 1972; Fretz et al., 1979; Graves & Robinson, 1976; Haase & Tepper, 1972; Smith-Hanen, 1977; Tepper & Haase, 1978). Therefore, nonverbal behavior remains an essential area to address in training and assessing counseling competencies.

Global Rating

A global rating system is another method used to measure counseling competencies. The *Global Scale for Rating Helper Responses* (Gazda, 2005) was designed to assess overall communication responses. Gazda's scale encompasses a four-point scale with ratings that include being "harmful", "ineffective", "facilitative", or "additive". Additionally, the scale provides an overall assessment of each response and a rating of the overall interaction between the helper and helpee. Hence, this scale presents a different approach to assessing counseling competencies.

The *Global Scale for Rating Helper Responses* (Gazda, 2005) is a judgment rating scale that allows the rater to assess the quality of communication occurring within the session. Therefore, the instrument may provide useful information regarding the overall pattern of communication. However, Gazda's scale does not allow the rater to identify specific areas of counseling competency where the counselor excels and areas where the counselor needs growth because it provides a broad rating without assessing individual areas of competency. Thus, integrating a global perspective within a scale focused on specific areas of counseling

competency may provide an effective assessment instrument that builds upon the strengths of a global rating scale, while also addressing the limitation of this scale design.

Client Assessment

The three approaches (verbal response modes, nonverbal behaviors, and global ratings) previously discussed focus on rating a counseling session from the perspective of a rater, which may include an independent rater, a supervisor, or the counselor facilitating the counseling session. However, one additional area to consider in assessing counseling competencies relates to the client's evaluation of the counselor's effectiveness.

The *Counseling Evaluation Inventory* (Linden, Stone, & Shertzer, 1965) was designed to allow clients the opportunity to evaluate their counselors. The scale encompasses 68 items, which includes the *Interview Rating Scale* (IRS; Anderson & Anderson, 1962). To assess the psychometric properties of the instrument, Linden and colleagues distributed the instrument to 703 school counselors and 386 high school students who had received counseling from practicum students. The researchers received returned instruments from 446 counselors and 289 students. The factor analysis conducted by the researchers yielded three final factors ([a] counseling climate, [b] counselor comfort, and [c] client satisfaction). Reliability was assessed through a test-retest method, which yielded correlations ranging from .62 to .83. Additionally, the researchers assessed criterion-related validity through an examination of the correlation between the total score on the instrument and the practicum grade for students. The correlation between the total score and practicum grades was .32, which was significant at the .05 level. However, a potential limitation of the study relates to possible inconsistency in grading criteria. The supervisors did not discuss and agree upon the criteria they used to figure practicum grades,

and therefore inconsistency may have occurred in grading (Linden et al., 1965). Nevertheless, the study demonstrated support for utilizing practicum grades as a way to assess criterion-related validity for an assessment instrument designed to evaluate counseling competencies.

Another client evaluation instrument, the *Session Process and Outcome Measures* (Hill & Kellems, 2002) was designed for clients to evaluate a specific session conducted by a counselor-in-training utilizing a five-point Likert scale with response items ranging from "strongly disagree" to "strongly agree". The instrument contains three subscales and 21 total items. The first subscale, the *Helping Skills Measure* (HSM), contains 13 items that focus on evaluating the counselor's use of counseling skills from the client's perspective. More specifically, the items relate to the exploratory, insight, and action skills outlined by Hill and O'Brien (1999). The second subscale, the *Relationship Scale* (RS), encompasses four items and pertains to the client's perception of the relationship established with the counselor. The final subscale, the *Session Evaluation Scale* (SES), includes four items relating to the client's overall assessment of the quality of the session. Thus, the *Session Process and Outcome Measures* scale provides an opportunity to obtain feedback from the client in regards to assessing the competency of the counselor regarding counseling skills, the client-counselor relationship, and the overall evaluation of the session.

Hill and Kellems (2002) assessed the validity and reliability of the *Helping Skills Measure* subscale of the *Session Process and Outcome Measures* through two studies. The first study involved 322 volunteer clients who were undergraduate psychology students and 109 total helpers (90 undergraduate students and 19 graduate students) who were enrolled in helping skills classes. Undergraduate student helpers conducted three sessions, which consisted of a 20 minute

session at the beginning of their coursework, another 20 minute session six weeks later, and finally a 45 minute session seven weeks later. The graduate students conducted one to five sessions with two to five volunteer clients. The second study included 204 volunteer clients who were undergraduate psychology students and 75 undergraduate student helpers taking helping skills classes. The procedures used in the second study were similar to the methodology used in the first study. The researchers found that the clients' perceptions of the helper's skills and relationship contributed to clients' perceptions of the overall effectiveness of the session. Additionally, the findings indicated that the HSM scores increased with training, suggesting that trainees learned helping skills as they progressed throughout the course. Furthermore, the findings suggested that the HSM was sensitive to change. However, the results may not be generalizable to other populations because the HMS was designed for assessing beginning helpers. Additionally, the individuals serving as clients were either classmates or students from other classes (Hills & Kellems, 2002). Nevertheless, the two studies provided initial support for the development of an instrument (Session Process and Outcome Measures) designed to measure counseling competencies from the client's perspective.

Hill and colleagues (2008) investigated the outcomes of helping skills training involved 85 undergraduates students enrolled in a helping skills course. Participants conducted two helping sessions each lasting 20 minutes. The first session was conducted at the beginning of the course and the second session was held when the course was two-thirds completed by students. The study involved the administration of various assessment instruments. In focusing specifically on the client's perspective, the researchers utilized four items from the HSM (Hill & Kellems, 2002) focused on the exploration skills and the four items contained within the SES (Hill &

Kellems). The findings suggested that counselors-in-training were able to manage sessions better and were perceived by clients as being more helpful as they progressed in their training as helpers. Thus, empirical support exists for using a client perception instrument in conjunction with other instruments to provide a comprehensive assessment of counseling competencies.

In summary, the counseling literature has examined the assessment of counseling competencies by focusing on various aspects (verbal response modes, facilitative conditions, nonverbal behaviors, etc.). Additionally, the literature has presented a variety of methods to assess the counseling competence construct, including rater assessment of specific areas of competency, global assessment, and client assessment. However, a paucity of research exists regarding the development of a comprehensive assessment instrument; therefore, indicating a need for the development of the CCS to comprehensively assess the counseling competence construct.

Council for Accreditation of Counseling and Related Educational Programs Standards

The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) *Standards* designate criteria for master's and doctoral level programs to promote the development and assess competencies of counselors-in-training in the areas of counselor identity, counseling skills, and counseling knowledge. In accordance with the CACREP *Standards*, all counselors-in-training are required to demonstrate knowledge in the eight common core curricula areas: (a) professional orientation and ethical practice, (b) social and cultural diversity, (c) human growth and development, (d) career development, (e) helping relationships, (f) group work, (g) assessment, and (h) research and program evaluation. Additionally, counselor trainees are required to have practicum and internship experiences that

involve working with clients, which allow them opportunities to demonstrate their competencies in maintaining a professional counseling identity, practicing counseling skills, and implementing counseling knowledge. Furthermore, counselor educators have the responsibility to evaluate counselors-in-training regarding their competencies in the areas of counselor identity, counseling knowledge, and counseling skills. Therefore, the CACREP *Standards* support the rationale for the development of a psychometrically sound assessment instrument to measure the counseling competencies of counselors-in-training.

Counseling Competence Construct

The construct of counseling competence is defined within the *Counseling Competencies Scale* (CCS) as having the knowledge and skills necessary to fulfill the responsibilities of a professional counselor and carrying out these duties in an ethical and professional manner. Additionally, the literature defines counselor competency as an integration of both skills and psychological fitness (Duba, Paez, & Kindsvatter, 2010). Furthermore, the American Counseling Association (ACA, 2005) *Code of Ethics* identifies the importance of being a competent counselor by practicing within the limits of an individual's knowledge and experience and seeking remediation to address areas of limited competence that may impede the ability to fulfill one's counseling responsibilities.

The CCS encompasses three factors consisting of (a) counseling skills, (b) professional dispositions, and (c) professional behaviors. The first factor, *counseling skills*, contains three subscales including (a) verbal skills, (b) nonverbal skills, and (c) facilitative conditions. The verbal skills subscale is divided into nine categories and the facilitative conditions subscale

contains 2 categories. Additionally, a single category exists for nonverbal behaviors. Finally, the

second and third factors each contain 10 categories (see Figure 2).
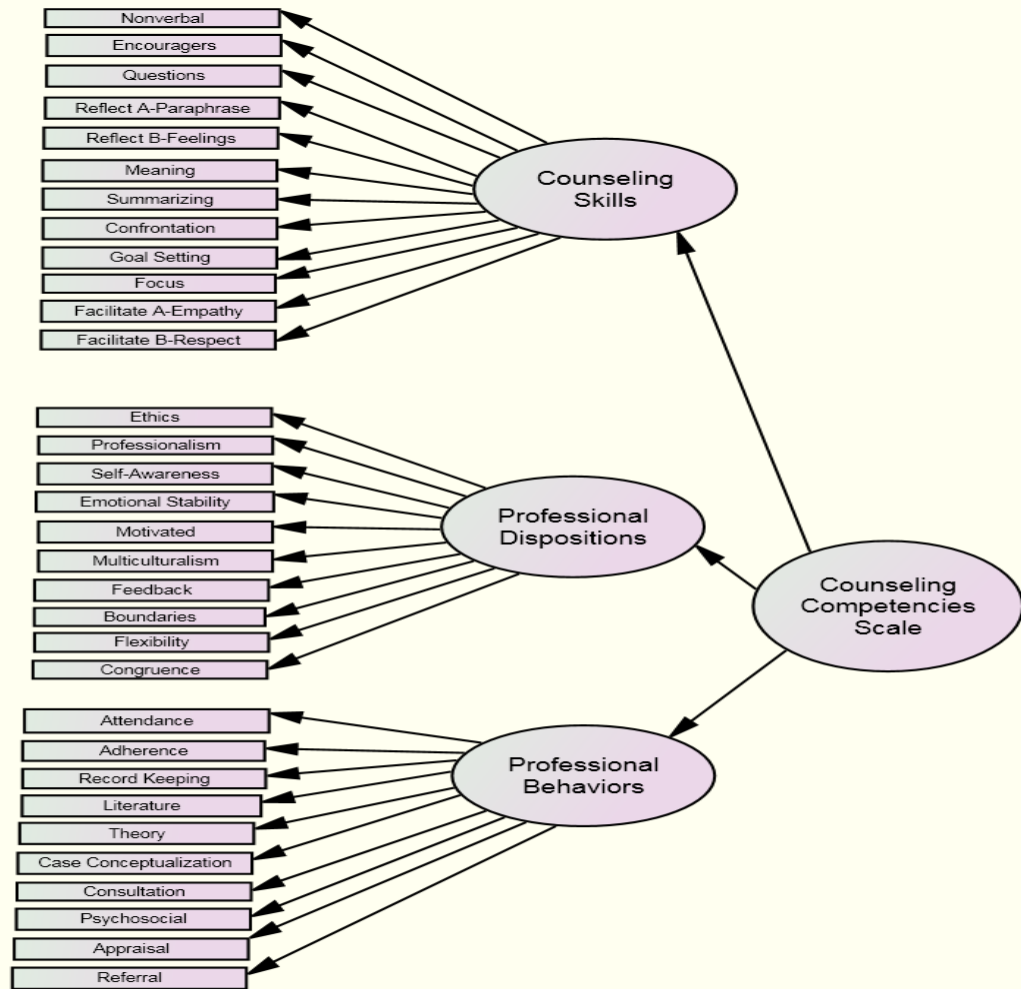
Figure 2: CCS Original Model

The specific skills within each CCS factor were selected from a comprehensive review of

the literature. Each item contained within the three factors is first introduced with a definition

that is utilized within the CCS. Additionally, this researcher discusses a review of the theoretical

literature and previous published research providing evidence to support the inclusion of the item within the factor designated in the CCS. Thus, this literature review provides a clear understanding of the inclusion of all items contained within the CCS.

<center>*Counseling Competencies Scale: Counseling Skills*</center>

During a single interaction with a client, a counselor employs various responses to assist in developing the therapeutic relationship. The CACREP (2009) *Standards* emphasize the importance of having competency in counseling skills. The standards highlight counseling skills within the fifth core curricula area (helping relationships) and also within the professional practice section of the standards, specifically related to the practicum experience. Counseling skills utilized by the helper involve verbal responses, nonverbal skills, and the facilitative conditions. Each of these three areas is explored in the following sections, including an in-depth analysis of the inclusion of each CCS item within these areas.

CCS: Verbal Skills

Stiles (1978) defines the verbal skill category as "language behavior that implies a particular interpersonal intent or microrelationship between communicator and recipient" (p. 693). There are nine verbal skills that were included in the development of the CCS. The CCS skills include (a) encouragers, (b) questions, (c) paraphrasing (reflection of content), (d) reflection of feeling, (e) advanced reflection (reflection of meaning), (f) advance reflection (summarizing), (g) confrontation, (h) goal setting, and (i) focus of counseling. Each of these skills are reviewed in the following section.

Encouragers. The first counseling skill consisted of the use of encouragers. For the purpose of the CCS, the various definitions for encouragers found in the literature were

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combined to form a new definition as follows: "a verbal utterance, phrase, or brief statement that

indicates acknowledgment and understanding and encourages the client to continue talking." The

use of head nods, silence, expressions, and gestures were included in the *nonverbal* category

within the counseling skills section of the CCS.

Young (2009) classified the *encouragers* category as one of two opening skills, which is

further divided into two types. The two types included door openers and minimal encouragers.

The door opener is initiated by the counselor and provides the client with an opportunity to share

without being judgmental. Door openers assist with starting a discussion, encouraging the client

to elaborate on what has been said, and providing the counselor with an opportunity to think of a

response (Young, 2009). Minimal encouragers are "brief supportive statements that convey

attention and understanding" (Young, 2009, p. 111). Additionally, encouragers are

acknowledgments to use in the exploratory stage of counseling (Hill, 2004). Thus, the literature

identified the importance of the *encouragers* skill category.

Researchers included the *encouragers* category in various forms within several verbal

response mode systems. A *minimal encourager* category was included in the HCVRCS (Hill,

1978), the component skills of microcounseling (Ivey, 1971) and the CSS (Eriksen & McAuliffe,

2003). Hill (1978) defined encouragers as consisting of a brief phrase that: "indicates simple

agreement, acknowledgment, or understanding. It encourages but does not request the client to

continue talking; it does not imply approval or disapproval. It may be a repetition of key word(s)

and does not include responses to questions" (p. 467).

In revising the HCVRCS, Friedlander (1982) combined the *minimal encourager* category

with the *approval-reassurance* category because difficulty arose in distinguishing between the

two categories. The *approval-reassurance* category was defined as providing: "emotional support, approval, or reinforcement" (Hill, 1978, p. 467) and was also included in the *Helping Skills System* (Hill & O'Brien, 1999). Additionally, Snyder (1945) referred to the category as simple acceptance. Moreover, Aronson (1953) developed three categories that would relate to the *encouragers* category, including nondirective leads, simple acceptance, and approval and encouragement. Furthermore, Strupp (1960) described the *encouragers* category as facilitating communication, and classified it as acknowledgments.

Researchers have explored the influence encouragers have on the helping relationship. Sharpley, Fairnie, Tabary-Collins, Bates, and Lee (2000) investigated 50 minute counseling sessions conducted by 59 counselors. The clients made a minute by minute evaluation of rapport during the sessions. The findings suggested that the use of encouragers was associated significantly with rapport building throughout the session. Ridgway and Sharpley (1990) found similar results in examining the empathic responses utilized during 12 assessment interviews. Thus, research supports the inclusion of encouragers within an assessment tool designed to measure counseling competencies.

In summary, scholars have integrated an *encouragers* category within several verbal response mode systems (e.g., Aronson, 1953; Eriksen & McAuliffe, 2003; Friedlander, 1982; Hill, 1978, 2004; Hill & O'Brien, 1999; Ivey, 1971; Ivey & Ivey, 1999; Snyder, 1945; Strupp, 1960; Young, 2009). Additionally, empirical support suggests a relationship between using encouragers and relationship building (Ridgway & Sharpley, 1990; Sharpley et al., 2000). Therefore, an *encouragers* category was included within the CCS.

Questions. The second verbal counseling skill included within the CCS was questions. The CCS employed a single *questions* category that may include the use of both open and closed questions. Open-ended questions are encouraged, along with sparingly using closed-ended question, in order to encourage exploration, instead of repeated reporting of facts during counseling sessions. The CCS involved the integration of descriptions for the questions category provided in the literature for open and closed-ended questions. The definition included defining open-ended questions as a further exploration involving more than a one or two word answer and defining closed questions as seeking facts that involve a one or two word answer or "yes" or "no" response.

Scholars have employed various definitions and explanations for the questions category. Elliott (1979) described the category as "gathering information or understanding of the client" (p. 286). Young (2009) presented four categories of questions (why, leading, open and closed) and reported that counselors are discouraged from frequently using why and leading questions because they may do harm and/or focus on the counselor's agenda, instead of providing an opportunity for the client to provide additional information to assist with understanding. When describing the last two categories of questions (open and closed-ended), Young compared them to multiple choice and essay tests, in which a multiple choice test allows an individual to demonstrate knowledge of specific facts and an essay test allows one to discuss the topic in greater depth. Additionally, closed questions were described as being answered in one or two words or with a "yes" or "no" response (Danish et al., 1976; Young, 2009) and they often begin with "is", "are", or "do", when compared to open ended question, which may begin with "how", "could", or "what" (Ivey & Ivey, 1999). Hence, closed questions are generally specific and

limited; and open questions seek further exploration or clarification of feelings, thoughts, or situations (Hill, 1978, 2004).

The use of questions in various forms was identified in 16 studies/systems focused on the classification of verbal response modes (e.g., Aronson, 1953; Danish, D'Augelli, & Brock, 1976; Elliott, 1979, 1985; Eriksen & McAuliffe, 2003; Goldberg et al., 1984; Goodman & Dooley, 1976; Hill 1975, 1978; Hill & O'Brien, 1999; Snyder, 1945, 1963; Spooner & Stone, 1977; Stiles, 1978; Strupp, 1960, Urbani et al., 2002; Whalen & Flowers, 1977). Snyder (1943, 1963) discussed two categories of questions consisting of directive and nondirective questions. Directive questions (closed questions) were focused on providing factual information, while nondirective questions or leads provided an opportunity for the client to expand upon what they had previously verbalized to the counselor. Aronson also had a questions category labeled direct questions. Furthermore, Spooner and Stone classified the category as including simple questions or probes, which seek to obtain information, clarify, or lead. Questions were also grouped as an exploratory operation (Strupp, 1960).

Scholars have also used other labels for the questions category. Hill (1975) labeled the category as data gathering questions and Goldberg and colleagues (1984) defined questions within a wider classification referred to as the functioning area. Additionally, various systems divided the category into two smaller categories consisting of closed questions and open questions (e.g., Danish et al., 1976; Elliott, 1985; Hill, 1978; Hill & O'Brien, 1999). Another classification of the *questions* category involved three types, which included here and now questions, information seeking, and pseudo-feeling (Whalen & Flowers, 1977). However, despite

the division of this category into smaller grouping by some scholars, three systems maintained a single category labeled as questions (e.g., Goodman & Dooley, 1976; Elliott, 1979; Stiles, 1978).

Research has explored the frequency and importance of questions within counseling sessions. Elliott (1979) sought to explore the verbal response categories identified by Goodman and Dooley (1976). The study included 28 helper-client pairs and involved coding three sections of a 30 minute counseling session. Elliott found that questions and reflections were the most frequently utilized verbal responses. Hill and Gormally (1977) assessed the use of questions in counseling sessions involving 48 clients and two counselors. In exploring the influence of questions, the researchers found that using open questions led to further discussions of client feelings, and closed questions assisted with focusing on behaviors and the goal setting process. Additionally, Elliott (1985) explored the use of questions during counseling sessions involving 24 clients and 12 counselors and the findings suggested that open questions facilitated the development of insight and cognitive restructuring for clients. Furthermore, Hill and colleagues (1988) examined 127 counseling sessions facilitated among eight counselor-client pairs and reported findings suggesting that using open questions with paraphrasing contributed to a decrease in anxiety exhibited by clients. Therefore, research supports the inclusion of a *questions* category within an assessment instrument designed to measure counseling competencies.

The literature has provided various labels and definitions for the question category (e.g., Aronson, 1953; Danish et al., 1976; Eriksen & McAuliffe, 2003; Elliott, 1979, 1985; Goldberg et al., 1984; Goodman & Dooley, 1976; Hill 1975, 1978, 2004; Hill & O'Brien, 1999; Ivey & Ivey, 1999; Snyder, 1945, 1963; Spooner & Stone, 1977; Stiles, 1978; Strupp, 1960, Urbani et al., 2002; Whalen & Flowers, 1977, Young, 2009). Additionally, empirical evidence identified the

relationship between using questions in counseling sessions and obtaining positive counseling outcomes. Therefore, the *questions* category was included within the development of the CCS.

Paraphrasing (reflection of content). The CCS included a category focused on paraphrasing or reflection of content. The definition for the category was defined as: a rephrasing of the client's stated thoughts and facts in a nonjudgmental manner, without repeating the exact word for word description used by the client. Reflection of feeling, meaning, and summarizing were included in other categories in regards to the development of the CCS for measuring counseling competencies.

Scholars have included paraphrasing as a distinct category in the development of verbal response mode systems (e.g., Aronson, 1953; Danish et al., 1976; Eriksen & McAuliffe, 2003; Hill; 1978; Hill & O'Brien, 1999; Ivey, 1971; Robinson, 1950; Snyder, 1945, 1963; Urbani et al., 2002). However, the paraphrasing category has also been combined with reflection of feeling within some systems (e.g., Elliott, 1985; Friedlander, 1982; Goodman & Dooley, 1976; Spooner & Stone, 1977; Stiles, 1978; Strupp, 1960). For the purpose of developing the CCS, both categories are discussed separately, while acknowledging which systems combine the two categories.

Seven scales were identified that labeled the category as restatement or content (e.g., Aronson, 1953; Danish et al., 1976; Hill, 1978; Hill & O'Brien, 1999; Robinson, 1950; Snyder, 1945, 1963). Scholars defined restatement as a rephrasing or repeating of the client's words in a clear and concrete manner, without needing to use the exact wording of the client (Hill; Snyder, 1943, 1963). Additionally, Whalen and Flowers (1977) described three types of reflection (reflection, echoic reflection, and interrogative reflection). However, it is unclear if the types

referred to content or feelings. Urbani and colleagues (2002) included both a *paraphrasing* category and a *feeling and content* category, which appeared to have overlap between the reflection of content and reflection of feeling categories. Furthermore, other systems referred to the category as reflection, clarification, or reflection/restatement and included both reflection of thoughts and reflection of feelings within the same category (e.g., Elliott, 1985; Friedlander, 1982; Goodman & Dooley, 1976; Spooner & Stone, 1977; Stiles, 1978; Strupp, 1960). Thus, scholars have established a comprehensive category to classify reflection of content.

A review of counseling techniques textbooks provides further clarification regarding the *paraphrasing* category. Young (2009) divided reflecting skills into four categories, which included paraphrasing, reflection of feeling, reflection of meaning, and summarizing. In describing paraphrasing, Young emphasized the importance of restating the thoughts using different words and remaining nonjudgmental in responding to the client. Additionally, Hill (2004) referred to this category as restatement, which the counselor employs in the exploratory stage of counseling. Finally, Ivey and Ivey (1999) described paraphrasing as a way for counselors to communicate to their clients that they are heard, with the goal focused on clarification and further exploration.

Research has explored the inclusion of a paraphrasing category within an assessment instrument designed to measure counseling competencies. Hill and colleagues (1988) studied 127 counseling sessions occurring with eight clients and the findings suggested that paraphrasing combined with less counselor approval contributed to an increase in self-esteem among clients, and using paraphrasing with open questions contributed to lowering anxiety among clients. Additionally, paraphrasing has been found to lead to rapport building when used early in the

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counseling process with clients (Ridgway & Sharpley, 1990; Sharpley et al., 2000). Therefore,

evidence exists supporting the inclusion of the *paraphrasing* category within the CCS.

The literature has presented the *paraphrasing* category using several variations (e.g.,

Aronson, 1953; Danish et al., 1976; Elliott, 1985; Eriksen & McAuliffe, 2003; Friedlander,

1982; Goodman & Dooley, 1976; Hill; 1978, 2004; Hill & O'Brien, 1999; Ivey, 1971; Ivey &

Ivey, 1999; Robinson, 1950; Snyder, 1945, 1963; Spooner & Stone, 1977; Stiles, 1978; Strupp,

1960; Urbani et al., 2002; Whalen & Flowers, 1977; Young, 2009). Additionally, research

suggested that paraphrasing contributes to positive counseling outcomes (Hill et al., 1988;

Ridgway & Sharpley, 1990; Sharpley et al., 2000). Thus, the literature supported the inclusion of

the *paraphrasing* category within the CCS as an area to measure counseling competencies.

Reflection of feeling. The next category contained within the CCS focused on reflection

of feeling. The definition for the *reflection of feeling* category was similar to the definition

provided for the *paraphrasing/reflection of content* category. The *reflection of feeling* category,

within the CCS, was defined as: a statement or rephrasing of the client's stated or implied

feelings in a nonjudgmental manner, without repeating the exact feeling word used by the client.

Reflection of feeling is a significant, facilitative skill a counselor utilizes in counseling

(Hill, 2004; Ivey & Ivey, 1999). Thus, researchers have often included a *reflection of feeling*

category within the development of verbal response mode systems (e.g., Aronson, 1953; Danish

et al., 1976; Elliott, 1985; Eriksen & McAuliffe, 2003; Friedlander, 1982; Goodman & Dooley,

1976; Hill, 1975, 1978; Hill & O'Brien, 1999; Ivey, 1971; Snyder, 1945; Spooner & Stone,

1977; Stiles, 1978; Strupp, 1960; Urbani et al., 2002; Whalen & Flowers, 1977). The researcher

identified six systems that contained categories focused on reflection of feeling, referred to as

affective, reflection, or clarification or recognition of feeling (e.g., Danish et al., 1976; Hill, 1978; Hill & O'Brien, 1999; Ivey, 1971; Snyder, 1945, 1963). Additionally, Whalen and Flowers classified reflection in three separate categories (reflection, echoic reflection, and interrogative reflection). However, it is unclear if these types referred to content or feelings because a definition was not provided for the three types within the context of the article. Some researchers also referred to the category as reflection, clarification, reflection/restatement, or feeling and content, and included both reflection of feeling and reflection of thoughts in the same category (e.g., Elliott, 1985; Friedlander, 1982; Goodman & Dooley, 1976; Spooner & Stone, 1977; Stiles, 1978; Strupp, 1960; Urbani et al., 2002), as discussed within the *paraphrasing/reflection of content* category. Aronson identified three areas that related to the category: (a) accurate clarification of feeling, (b) inaccurate clarification of feeling, and (c) clarification of unverbalized feeling. Furthermore, Hill (1975) designated the category to include reflection of feeling and meaning. However, in regards to the development of the CCS, the areas were separated into two distinct categories.

Reflection of feeling was defined in a similar manner to defining paraphrasing or reflection of content, with the difference relating to the inclusion of a feeling word (Hill, 1978; Young, 2009). The reflection may pertain to the client's statements, nonverbal behavior, or the counselor's knowledge regarding the client's situation (Hill 1978, 2004; Young, 2009). Furthermore, the reflection may include a feeling not yet labeled by the client (Danish et al., 1976).

Assisting clients in recognizing their feelings supports them in the problem-solving process (Hill, 2004). Additionally, Young (2009) identified reflection of feeling as being

therapeutic for four reasons. First, the client develops increased awareness of the feeling regarding his or her situation. Secondly, the skill assists the client with engaging in deeper self-disclosure. Additionally, the use of reflection of feeling has the potential to strengthen the therapeutic relationship between the counselor and the client. Finally, using the skill leads to a sense of relief for the client. Thus, Young emphasized the importance of the *reflection of feeling* category within the counseling process.

Snyder (1945) investigated verbal responses utilized by counselors employing a nondirective approach during sessions, which consisted of a focus on Roger's core conditions of empathy, unconditional positive regard, and genuineness (Rogers, 1957). The researcher analyzed 48 counseling sessions conducted by four counselors with six different clients. The findings were specifically related to counselors employing a nondirective approach to counseling. The results indicated that half of the responses made by nondirective counselors consisted of clarification of feelings and this type of response most frequently produced acceptance by the client and led to rapport building. Additionally, Sharpley and colleagues (2000) studied 59 counselors-in-training who participated in a 50 minute interview. The results suggested a positive relationship between reflection of feeling and rapport building. Thus, the research established a connection between using reflection of feeling and yielding positive counseling outcomes.

A review of the literature indicated the inclusion of a *reflection of feeling* category within numerous verbal response mode systems (e.g., Aronson, 1953; Danish et al., 1976; Elliott, 1985; Eriksen & McAuliffe, 2003; Friedlander, 1982; Goodman & Dooley, 1976; Hill, 1975, 1978, 2004; Hill & O'Brien, 1999; Ivey, 1971; Ivey & Ivey, 1999; Snyder, 1945, 1963; Spooner &

Stone, 1977; Stiles, 1978; Strupp, 1960; Urbani et al., 2002; Whalen & Flowers, 1977; Young, 2009). Research supports establishing the *reflection of feeling* category within assessment instruments measuring counseling competencies. Therefore, the category was established within the development of the CCS.

   Advanced reflection (meaning). The next CCS category is advanced reflection. In the development of the CCS, reflection of meaning was distinguished as a separate category from paraphrasing/reflection of content, reflection of feeling, and summarization. The category was defined as: a statement that assists the client in connecting with one's core beliefs and values, beyond simply reflecting thoughts and feelings stated or implied by the client.

   Reflection of meaning goes beyond reflecting content and feeling to reach the deeper meaning, which includes the client's worldview and values (Ivey & Ivey, 1999; Young 2009). In using the skill, the counselor attempts to "restate the personal impact and significance of the event" (Young, 2009, p. 167) described by the client. Hill (2004) described the skill as interpretation and included it within the insight stage identified within her model of counseling techniques. Hill (2004) defined interpretation as a statement that provides "new meaning, reason, or explanation for behaviors, thoughts, or feeling so the client can see problems in a new way" (p. 246). Furthermore, interpretation was divided into four types, which included (a) identification of themes; (b) connections of isolated events; (c) explanations of defenses or transferences; and (d) designation of a framework to promote understanding of thoughts, feelings, and behaviors (Hill, 1978; 2004).

   The researcher identified several verbal response mode systems that included the reflection of meaning category (e.g., Aronson, 1953; Elliott, 1985; Eriksen & McAuliffe, 2003;

Friedlander, 1982; Goodman & Dooley, 1976; Hill, 1975, 1978; Hill & O'Brien, 1999; Ivey, 1971; Robinson, 1950; Snyder, 1945, 1963; Spooner & Stone, 1977; Stiles, 1978; Strupp, 1960; Whalen & Flowers, 1977). Throughout the literature, reflection of meaning was often referred to as interpretation or interpretive operations (e.g., Aronson, 1953; Elliott, 1985; Friedlander, 1982; Goodman & Dooley, 1976; Hill, 1978; Hill & O'Brien, 1999; Ivey, 1971; Robinson, 1950; Snyder, 1945, 1963; Stiles, 1978; Strupp, 1960; Whalen & Flowers, 1977). Within some systems, the *reflection of meaning* category was divided into smaller categories (Robinson, 1950; Whalen & Flowers, 1977). Three categories were designated by Robinson to include: interpretation, depth interpretation, and summary/clarification. Additionally, Whalen and Flowers incorporated two categories (interpretation and interrogative interpretation). Furthermore, Hill (1975) and Spooner and Stone combined the *reflection of meaning* category with other categories (reflects feeling and meaning; interpretation/summary).

Despite the lack of research exploring the relationship between reflection of meaning and counseling outcomes, the literature discussed the relevance of the *reflection of meaning* category. The relevance was demonstrated through the utilization of the skill category within several verbal response mode systems (e.g., Aronson, 1953; Elliott, 1985; Eriksen & McAuliffe, 2003; Friedlander, 1982; Goodman & Dooley, 1976; Hill, 1975, 1978; Hill & O'Brien, 1999; Ivey, 1971; Robinson, 1950; Snyder, 1945, 1963; Spooner & Stone, 1977; Stiles, 1978; Strupp, 1960; Whalen & Flowers, 1977). Therefore, the *reflection of meaning* category was explored in relation to counseling competencies through the development of the CCS.

Advanced reflection (summarization). Within the CCS, summarization was defined as a summary of the client's expressed or implied feelings, thoughts, deeper meaning, or future plans

that the counselor may also use for clarification or transition to a new topic. Summarization was distinguished as a category independent of other categories encompassed within the CCS, including paraphrasing/reflection of content, reflection of feeling, and advanced reflection of meaning. Thus, summarization was evaluated separately in regards to assessing counseling competencies.

The definition for summarization designated within the CCS was based on definitions provided by Young (2009) and Ivey and Ivey (1999). Summarizing consists of providing a synopsis of the session, which may include content, feelings, meaning, or future plans (Young, 2009). Additionally, the skill may assist with clarifying a lengthy client story or transitioning to a new topic of discussion (Ivey & Ivey, 1999). Furthermore, the counselor may employ the skill at any point within the counseling session, instead of relying only on its use at the end of a counseling session (Ivey & Ivey1999; Young, 2009).

Despite the paucity of research exploring the relationship between summarization and positive counseling outcomes, scholars have included summarization within various verbal response mode systems. In some systems, summarization was classified with content, interpretation, or clarification (e.g., Danish et al., 1976; Robinson, 1950; Spooner & Stone, 1977; Strupp, 1960). However, Urbani et al. (2002) and Eriksen and McAuliffe (2003) classified the *summarization* category separately. Additionally, Ivey (1971) identified two distinct summarization categories consisting of summarization of feeling and summative paraphrase. Inconsistency therefore arises in how to effectively classify the counseling skill. Nevertheless, the CCS distinguishes summarization as a distinct category separate from other counseling skill categories.

Confrontation. The CCS classified confrontation as a distinct category. For the purpose

of the CCS, confrontation was defined as: bringing the client's attention to a discrepancy existing

within their words, behaviors, or thoughts that may present as being out of the client's

awareness. The definition was developed from the existing literature focused on using

confrontation.

Young (2009) defined confrontation as a challenging skill that "points out discrepancies

in client beliefs, behaviors, words, or nonverbal messages" (p. 194). Additionally, Ivey and Ivey

(1999) described confrontation as a "supportive challenge" (p. 196). When indentifying

discrepancies, several areas are important to consider, including incongruence between (a)

nonverbal and verbal messages, (b) beliefs and experiences, (c) client's words and behaviors, (d)

values and behaviors, (e) two verbal messages, (f) two behaviors, (g) two feelings, (h)

experiences and plans, (i) one's ideal and real self, and (j) the counselor's and the client's

opinions (Hill, 2004; Young, 2009). Furthermore, when implementing the skill, the counselor

may employ three steps, which involve (a) identifying the discrepancy or mixed message, (b)

communicating the discrepancy to the client and assisting the client with working through the

conflict, and (c) evaluating the use of confrontation in helping the client grow (Ivey & Ivey,

1999). Thus, the counselor's effective use of confrontation may assist the client with developing

insight, which may lead to change (Hill, 2004; Young, 2009).

The research included the use of the *confrontation* category in various forms (e.g.,

Eriksen & McAuliffe, 2003; Friedlander, 1982; Hill, 1975, 1978; Hill & O'Brien, 1999; Snyder,

1963; Spooner & Stone, 1977; Urbani et al., 2002; Whalen & Flowers, 1977). Within three of the

systems the category is labeled as confrontation (Friedlander, 1982; Hill, 1978; Spooner &

Stone, 1977). Spooner and Stone defined confrontation as: drawing the client's attention to something that the client may not be aware of, which may include pointing out discrepancies among the clients messages, challenging the client, or presenting a viewpoint different than what is expressed by the client. Whalen and Flowers included negative-confrontation feedback within one of two types identified within a category classified as evaluation/feedback. The other type of confrontation was referred to as positive-supportive feedback. Additionally, confrontation was classified as challenge by Hill and O'Brien and by Snyder, which is similar to the classification used by Eriksen and McAuliffe, with the addition of pointing out discrepancies. The skill category was also referred to as confronts caringly by Urbani et al. The final system, identified within the literature, divided the category into two smaller groupings consisting of positive confrontation and negative confrontation (Hill, 1975). Thus, the literature provided support for the inclusion of the *confrontation* category within the CCS, an assessment instrument designed to measure counseling competencies.

  Goal-setting. Within the CCS, goal-setting was defined as: a process that the counselor and client engage in together in order to transform the identified problem areas into goals to work towards accomplishing throughout the counseling process. The definition for goal-setting was derived from a review of the literature focused on the category(Hill, 2004; Young, 2009). Thus, scholars provided support for the inclusion of the category to assess counseling competencies.

  Within the literature, goal-setting was contained in the action stage identified by Hill (2004) and described as having the potential to occur naturally following the completion of the exploratory and insight stages. If, however, the goal-setting process does not occur naturally, or

if the client has a lengthy list of goals, then the counselor works with the client to identify a goal

to focus on first within the counseling sessions (Hill, 2004). Additionally, within the goal-setting

process, it remains essential that the developed goals encompass five basic characteristics: (a)

specific, (b) simple, (c) stated positively, (d) realistic, and (e) important to the client (Young,

2009). Thus, the goal-setting process is purposeful and assists with providing direction for

counseling.

In reviewing the various systems for categorizing counseling skills, only four systems

included a *goal-setting* category (e.g., Eriksen & McAuliffe, 2003; Hackney & Nye, 1973;

Spooner & Stone, 1977; Urbani et al., 2002). Goal-setting was classified by Eriksen and

McAuliffe as a way to determine goals and desired outcomes. Hackney and Nye investigated the

goal-setting category by having supervisors evaluate counselors by responding to a checklist

containing 14 items. Spooner and Stone (1977) defined the goal-setting category as: "actions that

the client or the client and counselor can take; exploration of alternatives; plans for the client;

ability-potential statements that imply what the client can do to help alter his situation, change

his behavior or get different outcomes" (p. 67). Finally, Urbani and colleagues developed two

groupings with a total of six categories that appear to relate to the *goal-setting* category. The

grouping categories were decision making and contracting and they included the skills: (a)

deciding, (b) choosing, (c) consequences, (d) agreements, (e) deadlines, and (f) review goals and

actions to determine outcomes. A paucity of research exists for examining the relationship

between goal-setting and counseling outcomes. However, more recent classification systems

have included goal-setting as a skill category. Therefore, the CCS included goal-setting within

the counseling skills categories to explore in regards to measuring counseling competencies.

Focus of Counseling. The *focus of counseling* category was defined within the CCS as:

the counselor's ability to transition from greeting the client to focusing the session on addressing

the therapeutic issues and mutually defined goals in a timely manner, and then providing closure

to the session that includes preparing the client for future sessions and/or termination. The skill

category was more general and therefore was not included in the traditional systems classifying

verbal response modes. Eriksen and McAuliffe (2003) referred to the *focus of counseling*

category as managing the session, which included assessing the counselor's ability to address the

therapeutic issues in a timely manner, providing structure to progress through the session

smoothly, and assisting the client with preparing for future sessions and termination.

Additionally, the SCS (Urbani et al., 2002) contained the *decision making* and *contracting*

groupings, discussed within the goal-setting category, which also appear to have overlap with the

focus of counseling category. Despite the lack of research examining the *focus of counseling*

category, the *focus of counseling* category was identified as having importance within two

recently developed classification systems, and therefore it was included as a counseling skills

category within the CCS.

CCS: Nonverbal Skills

Nonverbal skills remained a single category contained within the CCS. Nonverbal skills

were defined as: actions taken by the counselor that communicate that the counselor is listening

to the client. The *nonverbal skills* category on the CCS included eye contact, posture, gestures,

facial expressions, physical distance, movements, physical touch, attentive silence, and vocal

tone including rate of speech.

Counselors communicate that they are listening to clients through their use of nonverbal behaviors, in addition to verbal messages (Young, 2009). Nonverbal messages are less complex, which may help explain why they account for a greater variance in client judgments compared with verbal messages. Additionally, the nonverbal behaviors are predominantly communicated visually. Nonverbal behaviors include eye contact, leaning forward/backward, posture, distance, gestures, movements, and facial expression (Robbins & Haase, 1985). Nonverbal cues also involve the paralinguistic aural channel, which includes rate of speech, pitch, and volume (Robbins & Haase, 1985). Attentive silence is another technique to classify within the *nonverbal skills* category (Hill, 2004; Ivey & Ivey, 1999; Young, 2009). A final nonverbal skill pertains to physical touch. However, counselor should be cautious in using physical touch because some clients may feel invaded if it is used in counseling. Therefore, it remains important for the counselor to be attuned to the client's reaction to physical touch, in addition to other nonverbal behaviors used by the counselor (Hill, 2004; Young, 2009).

The assessment of nonverbal skills was included within three systems identified within the literature (Hill, 1975, 1978; Eriksen & McAuliffe, 2003). However, Hill (1975, 1978) referred to the skill as nonverbal referents, which focused on discussing the client's nonverbal behavior, and was therefore considered a verbal response mode. For the purposes of the CCS, the *nonverbal skills* category refers to the counselor's use of nonverbal skills within the counseling session. Therefore, the only scale that encompassed the skill in the form intended for the CCS, that also included verbal responses, was the CSS (Eriksen & McAuliffe, 20003). Within the CSS, nonverbal behavior was addressed within two categories that include body language and appearance, and vocal tone. Within the *body language and appearance* category, the researchers

included posture, eye contact, forward lean, gestures, head nods, and professional dress. The *vocal tone* category was described as the counselor using a tone that matched the session and communicated care and connection with the client. Thus, the *nonverbal skills* category included several areas to explore when assessing counseling competencies.

Various nonverbal counselor behaviors have been explored in several studies (e.g., Bayes, 1972; Fretz, 1966; Fretz, Corn, Tuemmler, & Bellet, 1979; Graves & Robinson, 1976; Haase & Tepper, 1972; Hackney, 1974; Hill et al., 1981; Kim, Liang, & Li, 2003; Smith-Hanen, 1977; Tepper & Haase, 1978). These studies present the various nonverbal skills employed during counseling session. Additionally, the research emphasized the relationship between nonverbal behaviors and positive counseling outcomes (e.g., Bayes, 1972; Fretz et al., 1979; Graves & Robinson, 1976; Haase & Tepper, 1972; Hackney, 1974; Smith-Hanen, 1977; Tepper & Haase, 1978). Thus, the literature and research provided support for the inclusion of a *nonverbal skills* category within the CCS.

CCS: Facilitative Conditions

The facilitative conditions encompass empathy, genuineness, and unconditional positive regard (Rogers, 1957, 1961). Researchers have studied these conditions in different ways, including the demonstration of usage with nonverbal behaviors (e.g., Bayes, 1972; Graves & Robinson, 1976; Haase & Tepper, 1972; Smith-Hanen, 1977; Tepper & Haase, 1978). The inclusion of the facilitative conditions has also been related to various verbal skills (e.g., Eriksen & McAuliffe, 2003; Ivey & Ivey, 1999; Urbani et al., 2002; Young, 2009). In regards to the development of the CCS, the area of facilitative conditions was divided into two specific skill categories, which included empathy and care, and respect and positive regard.

Empathy and care. The first category of facilitative conditions was empathy and care. Within the CCS, the *empathy and care* category was defined as: actions taken by the counselor to accurately communicate understanding and meaning of the client's experience in a nonjudgmental manner that involves both immediacy and concreteness. The definition was derived from the literature focused on discussing the skill.

Rogers (1957) defined empathy as the ability to: "sense the client's private world as if it were your own, but without ever losing the 'as if' quality" (p. 829). When the counselor exhibits accurate empathy, the counselor is able to communicate one's understanding to the client, as well as assist the client with recognizing the meaning of his or her experience, which may exist outside of the client's awareness (Rogers, 1957). In addition to understanding the client's story accurately, it is essential that counselors remain nonjudgmental and that their understanding extends beyond the superficial level (Young, 2009). An empathic response to a client's feelings is referred to as emotional empathy and a response of understanding to the client's motives and intentions is called cognitive empathy (Young, 2009). Furthermore, Young identified five areas that are misconceptions regarding the understanding of empathy. First, empathy extends beyond simply providing support for the client. Additionally, empathy is not acting like one understands, but instead it must be sincere to be effective. The counselor must also be cautious about taking on the client's problem, which is not empathy. Moreover, sympathy is not a synonym for empathy. Finally, empathy is not a single event, but instead it is important to embrace throughout the development of the therapeutic relationship.

Ivey and Ivey (1999) described empathy as having three dimensions including immediacy, a nonjudgmental attitude, and having concreteness. Immediacy refers to bringing the

experience into the here and now by using the present tense when speaking with the client. Being

nonjudgmental pertains to remaining neutral towards the client. Furthermore, concreteness

relates to providing specific examples during the counseling session (Ivey & Ivey, 1999).

When examining traditional verbal response mode systems, Hill (1975) was the only

study identified that included empathy as a distinct category. Within the system, Hill labeled the

category as additive empathy. However, Hill did not provide a description of the category.

Additionally, Carkhuff (1969) focused on quantifying empathy without addressing verbal

response modes within the *Empathy Rating Scale*. Furthermore, empathy was included within the

grouping categories of two instruments (SCS [Urbani et al., 2002] and CSS [Eriksen &

McAuliffe, 2003]). Within the SCS, Urbani and colleagues (2002) included two empathy

grouping categories, which encompassed interchangeable empathy and additive empathy.

Eriksen and McAuliffe (2003) also included two grouping categories that contained empathy

(encourages exploration/primary empathy and deepens the session/advanced empathy) within the

CSS. However, despite the inclusion of empathy in the grouping categories contained within the

SCS and the CSS, the definitions were not provided for the groupings within either of the

instruments.

Definitions for the various groupings of empathy were provided by Ivey and Ivey (1999).

Basic empathy focused on counselors using responses that are basically "interchangeable" with

the client's statements. The statements included reflecting of feeling, paraphrasing, or

summarizing, which are the categories described within the primary empathy grouping within

the CSS and that have some overlap with the interchangeable empathy grouping in the SCS.

Additionally, Ivey and Ivey (1999) defined additive empathy as occurring when the counselor

"uses skills and adds congruent ideas and feeling from another frame of reference to facilitate client exploration" (p. 158). Thus, the definitions provided some clarification for the utilization of the terms within various classification systems.

During the discussion of the core conditions, Rogers (1957) reported that empathy appears to be essential in therapy. Additionally, researchers have explored the relationship between empathy and counseling outcomes. Mullen and Abeles (1971) examined the construct of empathy through a review of 396 recorded sessions among 36 client cases. The findings suggested that a relationship existed between empathy and effective counseling outcomes. Ridgway and Sharpley (1990) also examined the relationship through the review of audiotaped interviews from 12 counseling dyads and their findings also suggested that a relationship existed between empathy and counseling effectiveness. Thus, the research supports assessing empathy in relation to counseling competencies.

In summary, the literature identified empathy as contributing to positive counseling outcomes. However, quantifying the skill in a reliable manner appears to be difficult. Nevertheless, an *empathy and care* category was included within the development of the CCS, due to research supporting the significance of the skill in measuring counseling competencies.

Respect/positive regard. The final category included within the counseling skills section of the CCS pertained to respect and unconditional positive regard. For the purpose of the CCS, the *respect and positive regard* category was defined as: the counselor's demonstration of respect for the client and valuing the client as a worthy human being, which is exhibited in the counselor's verbal and nonverbal messages communicated to the client. The definition was developed from the literature focused on describing respect and unconditional positive regard.

The concept of unconditional positive regard was defined as: "a warm acceptance of each aspect of the client's experience" (Rogers, 1957, p. 829). In further clarifying the concept, Young (2009) reported that the counselor respects every person and views him or her as having inherent worth; however, this does not mean that the counselor approves of the client's action. The counselor can respect the individual and one's freedom to make choices, while rejecting one's choice of action, instead of rejecting the individual. Furthermore, the demonstration of respect and positive regard for the client may encompass the counselor's verbal and nonverbal messages to the client.

Positive regard and respect was identified as one of the core conditions for change (Rogers, 1957). Despite the paucity of research directly exploring the relationship between positive regard and counseling outcomes, Tepper and Haase (1978) explored the demonstration of positive regard in relation to the use of nonverbal behaviors. The study involved 15 counselors-in-training and 15 clients who reviewed 32 role played counseling sessions. The results suggested a positive relationship between nonverbal behaviors (eye contact, facial expressions, and forward lean) and positive regard. Therefore, despite the difficulty with measuring the skill in a reliable manner, positive regard and respect was identified as an area to assess in measuring counseling competencies.

In conclusion, the *counseling skills* factor, contained within the CCS, addresses a total of 12 skill categories within the three areas of (a) verbal skills, (b) nonverbal skills, and (c) facilitative conditions. Difficulty may arise in assessing each skill category in a reliable manner. However, each skill was included based on the theoretical and empirical support suggesting the importance of assessing the skills in measuring counseling competencies.

Counseling Competencies Scale: Professional Dispositions

A disposition is defined as: acting in a specific manner under certain circumstances (Merriam-Webster, 2009). Synonyms for disposition may include character, temperament, or nature (Merriam-Webster, 2009). The counseling literature emphasized the importance of assessing professional dispositions, in addition to academic performance, in order to provide a comprehensive evaluation of counselors-in-trainings' counseling competencies (Kerl et al., 2002, Lumadue & Duffey, 1999). Thus, one of the three factors within the CCS focused on assessing competencies in the area of professional dispositions.

Within the CCS, there are 10 categories included within the *professional dispositions* factor. These 10 *professional disposition* categories include (a) professional ethics, (b) professionalism, (c) self-awareness and self-understanding, (d) emotional stability and self-control, (e) motivation to learn and grow/initiative, (f) multicultural competencies, (g) openness to feedback, (h) professional and personal boundaries, (i) flexibility and adaptability, and (j) congruence and genuineness. Each category is examined to include a definition, a review of the CACREP (2009) *Standards*, ACA (2005) *Code of Ethics*, and any empirical evidence supporting the inclusion of the category within the CCS to measure counseling competencies.

CCS: Professional Ethics

Within the CCS, the professional ethics category was defined as: using decision-making skills and engaging in behaviors consistent with the established codes of ethics for the profession. The definition specifically related to the ACA (2005) *Code of Ethics*. However, other ethical codes specific to a counselor's specialty area may also be considered, such as the codes for the American Association of Marriage and Family Therapy (AAMFT, 2001), the American

Mental Health Counselors Association (AMHCA, 2000), and the American School Counselor Association (ASCA, 2004).

The CACREP (2009) *Standards* outline the inclusion of professional ethics within the curriculum of accredited counselor education programs. In outlining the procedures for evaluating student progress and development, the CACREP *Standards* discuss the importance of including ethics. Additionally, *professional orientation and ethical practice* (*Standards G.1.*) is one of the eight core curriculum areas designated within the CACREP *Standards*. More specifically, one of the guidelines within the curriculum area relates to applying ethical and legal considerations in counseling. Thus, the CACREP *Standards* emphasize the importance of ethics as a professional disposition.

Counseling students, counselors, and counselor educators value and commit to understanding and following the ACA (2005) *Code of Ethics* within counseling practice and in teaching and supervising counselors and counseling students. The ACA *Code of Ethics* defines ethical behaviors and responsibilities and provides a guide for engaging in the ethical decision-making process. Counselors certified by the National Board for Certified Counselors (NBCC) also commit to abiding by the NBCC (2005) *Code of Ethics*. Furthermore, counseling supervisors follow the *Ethical Guidelines for Counseling Supervisors* (ACES, 1993).

The CACREP (2009) *Standards* and the establishment of counseling codes of ethics emphasize the importance of being an ethical counselor. Additionally, the literature acknowledges the *professional ethics* category as an area to assess for counseling competency within the evaluation procedures established within counselor education programs (Duba et al.,

2010; McAdams et al., 2007). Thus, the *professional ethics* category was identified as significant in assessing counseling competencies and was included within the development of the CCS.

CCS: Professionalism

In designating professionalism as an area within the CCS, the category was defined as: interactions with peers, supervisors, and clients that encompass behaviors and attitudes that promote a positive perception of the profession. The category also included maintaining a professional appearance regarding dress and grooming. Thus, the definition focused on behaviors, attitudes, and appearance.

The CACREP (2009) *Standards* designate one of the eight core curriculum areas as *professional orientation and ethical practice* (*Standards G.1.a. – G.1.j.*). Within the curriculum area, the *Standards* outline the importance of understanding professionalism in various capacities including interacting with other professionals and in advocating for clients. In addition to having knowledge of professionalism, the CACREP *Standards* also mandate the opportunity to have professional practice, including practicum and internship experiences. Professionalism is not clearly defined in discussing the mandates for these experiences. However, one may infer that the definition for professionalism provided within the CCS would suffice for the CACREP *Standards*.

In considering the ACA (2005) *Code of Ethics*, *Section C*: *Professional Responsibility* focuses on professional responsibility. Within this section, the code outlines standards for communicating with the public and other professionals in an accurate manner. Additionally, *Section D: Relationships with Other Professionals* pertains to relationships with other professionals. The section emphasizes the importance of establishing strong working

relationships with other professionals in order to provide quality care for clients (*Standard D.1.b.*). Thus, the ACA *Code of Ethics* aligns with the definition of professionalism provided within the CCS.

In summary professionalism is identified by the CACREP (2009) *Standards* and the ACA (2005) *Code of Ethics* as an essential disposition. Additionally, professionalism is recognized in the literature as a nonacademic characteristic used to evaluate counseling students (Duba et al., 2010). Therefore, despite the difficulty in measuring professionalism in a reliable manner, the category was deemed necessary to include within the CCS to assess counseling competencies.

CCS: Self-Awareness and Self-Understanding

Within the CCS, the self-awareness and self-understanding category has two components. The first component involves the engagement in activities to increase awareness and understanding of one's thoughts, feelings, beliefs, and values. The second area focuses on addressing the identified areas in order to promote personal and professional growth and development.

The rationale for the inclusion of the *self-awareness and self-understanding* category lies within the foundational principle that every individual has feelings, thoughts, beliefs, and values that influence the way one behaves and interacts with others (Young, 2009). In considering the counseling profession, it remains essential for counselors to have an awareness of these areas and how they may influence the therapeutic relationships they have with their clients. One way to increase awareness involves becoming a reflective practitioner (Young, 2009). Committing to the process of being a reflective practitioner involves engagement in constant reflection to

recognize and address the areas. Through this process, the counselor continues to grow personally and professionally.

The CACREP (2009) *Standards* discuss the counselor's role in developing self-awareness. More specifically, the CACREP *Standards* report the importance of cultural self-awareness in working with diverse populations, as outlined within the second core curriculum area (social and cultural diversity). Therefore, the CACREP *Standards* emphasize the importance of assessing self-awareness and self-understanding as a professional disposition within the measurement of counseling competencies.

In considering the ACA (2005) *Code of Ethics*, self-awareness is first addressed in *Section A: The Counseling Relationship*. Within the section, the code discusses the importance of self-awareness related to personal values, and the counselor's responsibility to not impose one's own values, beliefs, attitudes, or behaviors on the client (*Standard A.4.b.*). *Section C: Professional Responsibility* also discusses the importance of personal awareness related to working with diverse populations (*Standard C.2.a.*). Thus, the ACA (2005) *Code of Ethics* acknowledges the importance of self-awareness and self-understanding as a professional disposition.

The literature also supports the importance of self-awareness. Frame and Stevens-Smith (1995) and McAdams and colleagues (2007) identified *awareness of own impact on others* as a category within the evaluation policies established at the University of Colorado at Denver and the College of William and Mary. Additionally, Duba and colleagues (2010) reported that awareness of one's personal strengths and weaknesses, openness to personal development, and working on personal issues were areas identified by counselor educators for evaluating

counseling students. Furthermore, Tennyson and Strom (1986) reported that counselors often make decisions that require consideration beyond a review of professional standards. Therefore, counselors' engagement in critical self-reflection is essential in order to make ethical decisions that extend beyond the consideration of the counselor's personal beliefs and values.

The CACREP (2009) *Standards*, the ACA (2005) *Code of Ethics*, and the literature emphasize the importance of self-awareness and self-understanding as a professional disposition. Thus, self-awareness was included within the CCS as a disposition for assessing counseling competencies. Furthermore, to assist in addressing the difficulty with quantifying the disposition, the CCS provided a clear definition for the category.

CCS: Emotional Stability and Self-Control

The next category within the *professional dispositions* factor was emotional stability and self-control. The CCS defined the category of emotional stability and self-control as: the counselor's ability to regulate one's emotions and to exhibit self-control in a manner that allows a client to explore personal issues without the focus shifting to the counselor's emotional state. Additionally, the category relates to a counselor's emotional regulation and self-control in regards to interactions with colleagues, such as during case consultation.

The CACREP (2009) *Standards* outline the importance of assessing the personal development of students throughout the program. Personal development is a broad area that includes the assessment of personal attributes. Therefore, the *emotional stability and self-control* category is considered within this area.

In reviewing the ACA (2005) *Code of Ethics*, two sections focus of emotional stability and self-control in regards to impairment. *Section F: Supervision, Training, and Teaching*

specifically focuses on not having counselors-in-training provide counseling services when their emotional problems may harm a client (*Standard F.8.b.*). Additionally, emotional stability is addressed in *Section C: Professional Responsibility* in regards to practicing counselors (*Standard C.2.g.*). Thus, the ACA *Code of Ethics* establishes the importance for counselors and counselor trainees to not offer counseling services to others when they are impaired in various areas, including emotional impairment.

The literature also explores the concept of emotional stability as a counselor characteristic. Nagpal and Ritchie (2002) interviewed nine faculty members from four counselor education programs to explore the criteria that faculty members consider when interviewing potential master's level counselors-in-training. The faculty participants identified emotional stability as a personal attribute to consider in evaluating potential students. The attribute was defined as the "absence of significant emotional distress, psychological dysfunction, or social maladjustment" (p. 213). Participants identified the awareness of personal issues and having engaged in attempts to resolve them as a positive attribute. Duba and colleagues (2010) interviewed faculty members at 30 counselor education programs and they also found that counselor educators identified emotional stability as a nonacademic criterion used to evaluate students. Additionally, Jansen, Robb, and Bonk (1970) compared 34 female counselors-in-training (17 rated in the top 25% and 17 rated in the bottom 25% in overall competence). Jansen and colleagues concluded that counselors-in-training rated as being emotionally stable rated higher in overall competence. Furthermore, Frame and Stevens-Smith (1995) and McAdams and colleagues (2007) acknowledged this category, referred to as the *ability to express feelings effectively and appropriately,* as an essential assessment area in evaluating the competencies of

counselors-in-training. Therefore, research supports the importance of emotional stability as a measure of counseling competencies.

Emotional stability and self-control is an area that is not clearly defined throughout the literature. However, it is considered an area related to counselor effectiveness. Therefore, the *emotional stability and self-control* category was deemed important to include in the development of the CCS.

CCS: Motivation to Learn and Grow/Initiative

The fifth category identified within the *professional dispositions* factor of the CCS was motivation to learn and grow/initiative. For the purpose of the CCS, the category focused on an individual's willingness to continue to grow personally and professionally. The category may involve a variety of personal and professional development activities, including reflection, scholarly readings, and workshops/seminars.

The CACREP (2009) *Standards* state that students should engage in activities that promote personal and professional growth including participation in professional organizations and workshops. Additionally, the CACREP *Standards* outline areas for counselor educators to review in evaluating counselor trainees' progress throughout the program. Two of the areas identified for evaluation include personal and professional development. Therefore, it remains essential for counselor educators to assess counselors-in-training regarding their motivation to learn and grow/initiative as a professional disposition. Furthermore, the CACREP *Standards* also emphasize the importance of development and renewal for counselor educators.

The ACA (2005) *Code of Ethics* contains the mission statement for ACA. The mission includes promoting the development of professional counselors. Additionally, *Section C:*

Professional Responsibility states that counselors remain active within organizations that promote the development of counselors. Furthermore, the code emphasizes the importance of continuing education by stating that counselors should remain aware of current practices in the field and take steps to remain competent in providing counseling. In remaining competent, counselors continue to learn new methods and also stay current regarding the issues experienced by their client populations (*Standard C.2.f.*). Thus, having motivation to learn and grow remains essential in upholding the standard within the ACA *Code of Ethics*.

The literature also addresses the category of motivation to learn and grow/initiative. McAdams and colleagues (2007) discussed the inclusion of an *initiative and motivation* category within an assessment instrument utilized to evaluate counselors-in-training. Additionally, Bradey and Post (1991) investigated admission, screening, and termination procedures in counselor education programs. The researchers obtained information from 133 programs throughout the United States and found that programs primarily focused on academic standings and letters of recommendation for admission and screening without assessing personal attributes, openness to feedback, and openness to professional development. Therefore, the researchers recommended the development of effective measurement instruments to assess competencies in these areas, which may assist with screening out inappropriate applicants and also addressing concerns with current counselors-in-training. Thus, the *motivation to learn and grow/initiative* category was acknowledged as an assessment category within the counseling literature.

In summary, the CACREP (2009) *Standards*, the ACA (2005) *Code of Ethics,* and the literature focused on counseling dispositions support the inclusion of the *motivation to learn and grow/initiative* category within an assessment instrument designed to measure counseling

competencies. The category may be difficult to measure in a reliable manner; however, the inclusion of the *motivation to learn and grow/initiative* category may assist counselor educators in their role as gatekeepers for the counseling profession. Therefore, this disposition remains necessary to include the *motivation to learn and grow/initiative* category within the CCS.

CCS: Multicultural Competencies

The next professional dispositions category related to multicultural competencies. Within the CCS, the *multicultural competencies* category was defined as the demonstration of awareness, appreciation, and respect of cultural differences. Differences included a variety of areas encompassing ethnicity, gender, race, socioeconomic status, spirituality/religion, and sexual orientation, etc.

Within the CACREP (2009) *Standards*, the second core curriculum area is focused on multiculturalism, titled *social and cultural diversity*. The curriculum area emphasizes the importance of knowledge, skill development, and self-awareness related to diversity. Additionally, each of the seven other core curriculum areas address multiculturalism in some aspect. Thus, the CACREP *Standards* emphasize the importance of the category in assessing counseling competencies.

The ACA (2005) *Code of Ethics* also addresses the importance of diversity. The mission of ACA and the preamble of the code acknowledge the importance of embracing diversity in counseling. Within *Section A: The Counseling Relationship*, the code acknowledges the importance of respecting the diversity of clients, and therefore not imposing the counselor's values onto clients (*Standard A.4.b.*). Additionally, in *Section B: Confidentiality, Privileged Communication, and Privacy*, the code emphasizes the importance of having professional

awareness of the meaning of confidentiality and privacy among different cultures (*Standard B.1.a.*). Also, within *Section B*, the code acknowledges the importance of respecting the diversity of families (*Standard B.5.b.*). In *Section E: Evaluation, Assessment, and Interpretation*, the code discusses the importance of counselors remaining aware of differences that may influence the administration and interpretation of assessments (*Standard E.8*). *Section F: Supervision, Training, and Teaching* focuses on remaining aware and addressing multiculturalism within the supervisory relationship (*Standard F.2.b.*) and also in teaching courses and workshops (*Standards F.6.b., F.11.c.*). The section also addresses the importance of diversity among faculty and students in counselor education programs (*Standards F.11.a., F.11.b.*). Finally, multiculturalism is addressed within *Section G: Research and Publication*, stating that researchers need to respect the diversity of participants when conducting research (*Standard G.1.g.*). Thus, multiculturalism is emphasized within the various components existing within the ACA *Code of Ethics*.

Researchers have explored the importance of multicultural competencies as a professional disposition for counselors (e.g., Duba et al., 2010; Constantine, 2002; Sue, Arredondo, & McDavis, 1992a, 1992b; Fuertes, Bartolomeo, and Matthew, 2001). Duba and colleagues (2010) explored nonacademic criteria utilized to evaluate students and found that counselor educators identified a willingness to engage with others from diverse cultures as an area for evaluation. Additionally, in comparing general counseling competencies to multicultural competencies, Constantine found that significant overlap (60% shared variance) existed between clients' perceptions of competencies in the two areas. Fuertes and colleagues also suggested a relationship existing between multicultural competencies and traditional counseling

competencies, stating that multicultural competencies is a more specialized area of knowledge and skills that is developed after obtaining a basic level of counseling competencies. Furthermore, Sue and colleagues (1992a, 1992b) identified cross-cultural competencies in an attempt to identify the attributes of a counselor skilled in recognizing and addressing cultural diversity. Thus, the literature emphasizes the need for addresses multicultural competencies.

The CACREP (2009) *Standards* and the ACA (2005) *Code of Ethics* emphasize the importance of multiculturalism. Additionally, research supports the integration of a *multicultural competencies* category within an assessment instrument focused on addressing counseling competencies in a broader scope. Therefore, the area of multicultural competencies was identified as a professional dispositions category within the development of the CCS.

CCS: Openness to Feedback

The seventh professional disposition encompassed openness to feedback. For the purpose of the CCS, the category had two components. The first component involved one's willingness to hear the suggestions and opinions of the supervisor and colleagues without becoming defensive. The second aspect focused on integrating the feedback as appropriate within the performance of one's counseling responsibilities. Thus, the category contributes to the growth and development of the counselor and the well-being of the clients.

The CACREP (2009) *Standards* provide guidelines for supervision during practicum and internship experiences for master's level counselors-in-training. The CACREP *Standards* discuss the use of video/audio recordings to assist supervisors with critiquing counseling sessions with supervisees during supervision sessions. Additionally, through the establishment of group supervision, counselor trainees have the opportunity to provide feedback to their peers.

Furthermore, the CACREP *Standards* emphasize the importance of evaluating counselor trainees' performance throughout practicum and following the completion of the practicum experience. Thus, the evaluation procedures provide an opportunity for supervisors to offer feedback to counselors-in-training regarding their counseling performance.

In reviewing the ACA (2005) *Code of Ethics*, *Section F: Supervision, Training, and Teaching* outlines the importance of providing ongoing feedback throughout the supervisory relationship (*Standard F.5.a.*). In addition to providing feedback during the supervisory relationship, the code emphasizes the importance of feedback throughout the training program (*Standard F.9.a.*). Thus, the ACA *Code of Ethics* acknowledges the importance of feedback in the development of effective counselors.

The literature also discusses the influence of feedback in the counselor training process. Bradey and Post (1991) identified having an openness to the values and opinions of others as an area to consider in assessing counseling competencies. Duba and colleagues (2010) also explored nonacademic criteria utilized to evaluate students and found that counselor educators identified students' openness to feedback as an area for evaluation. Additionally, Ray and Altekruse (2000) conducted a study involving 64 participants assigned to one of three treatment groups. The study explored whether the type of supervision (large group, small group, or combined group and individual supervision) influenced counselor effectiveness. The researchers concluded that supervisees demonstrated growth in their development as counselors with all forms of supervision. Furthermore, Frame and Stevens-Smith (1995) and McAdams and colleagues (2007) both discussed the inclusion of a feedback category within their established gatekeeping policies. Thus, the literature supports the importance of feedback in counselor development.

The CACREP (2009) *Standards* mandate supervision and the provision of feedback for CACREP accredited programs. Additionally, the ACA (2005) *Code of Ethics* identifies supervision as an ethical practice. Finally, the literature establishes the relationship between the provision of feedback and counselor development. Thus, support exists for including the *openness to feedback* category as a professional disposition within the CCS.

CCS: Professional and Personal Boundaries

The next category within the *professional dispositions* factor related to professional and personal boundaries. The CCS defined the category as maintaining appropriate physical and emotional boundaries when interacting with clients, colleagues, and supervisors. The category included the demonstration of appropriate verbal and nonverbal behavior.

Within the admission criteria, the CACREP (2009) *Standards* identify the importance of assessing an applicant's ability to form effective interpersonal relationships. Additionally, the first core curriculum area, *professional orientation and ethical practice*, outlines the importance of relationship building with other helping professionals (*Standard G.1.b*). Thus, the CACREP *Standards* emphasize the importance of boundaries through the discussion focused on establishing relationships with others.

The ACA (2005) *Code of Ethics* discusses the importance of boundaries in counseling. *Section A: The Counseling Relationship* focuses on boundaries related to clients (*Standards A.5; A.7*). Additionally, *Section B: Confidentiality, Privileged Communication, and Privacy* focuses on establishing and maintaining trust with clients by developing and maintaining appropriate boundaries. Furthermore, *Section F: Supervision, Training, and Teaching* presents the importance of counselors maintaining appropriate boundaries with students and supervisees.

Thus, the ACA *Code of Ethics* describes ethical standards related to relationships with clients, colleagues, and supervisors.

The counseling literature identifies boundary issues as encompassing several areas including battering, social relationships (sexual or nonsexual), and accepting gifts, which may contain both legal and ethical implications (Corey, Corey, & Callanan, 2007; Remley & Herlihy, 2005). Additionally, Webb (1997) reported that all counselors experience challenges related to boundaries, and therefore training remains essential to educate counselors and counselors-in-training about professional and personal boundaries. Furthermore, Duba and colleagues (2010) explored nonacademic criteria utilized to evaluate students and found that counselor educators identified students' awareness of personal boundaries as an area for evaluation. Thus, establishing a standard for educating counselors-in-training and counselors about boundaries and then assessing the professional disposition throughout the counselor training process assists with promoting competency.

Establishing personal and professional boundaries with clients, colleagues, and supervisors is emphasized within the counseling profession. However, difficulty may arise in assessing competency regarding boundaries. Nevertheless, due to the importance of the disposition, the *professional and personal boundaries* category was included in assessing counseling competencies within the CCS.

CCS: Flexibility and Adaptability

The ninth category existing within the *professional dispositions* factor was flexibility and adaptability. Within the CCS, the category was defined as one's ability to adjust to changing

circumstances, unexpected events, and new situations. The category included the areas in relation to clients, colleagues, and supervisors.

The CACREP (2009) *Standards* do not specifically address flexibility and adaptability. However, the ACA (2005) *Code of Ethics* addresses flexibility and adaptability in a broader scope. The code addresses the category in *Section A: The Counseling Relationship* by stating that counselors continually evaluate counseling plans with clients and respect their freedom of choice (*Standard A.1.c.*). Additionally, *Section C: Professional Responsibility* states that counselors remain open and willing to use new counseling strategies (*Standard C.2.f.*). Thus, the ACA *Code of Ethics* provides support for the disposition.

Counseling research has explored the potential relationship between flexibility and counseling effectiveness (Whiteley, Sprinthall, Mosher, & Donaghy, 1967; Rapp, 2000). Whiteley and colleagues explored flexibility with 19 counselors-in-training. The findings suggested that counselors-in-training identified as being more flexible were also more effective counselors. Additionally, students identified as being more rigid struggled during the learning process. Rapp also discussed the importance of flexibility and adaptability, specifically related to substance abuse treatment, emphasizing the importance of these qualities in addressing the multiple needs of clients. Furthermore, Frame and Stevens-Smith (1995) discussed the inclusion of flexibility as a category within the Personal Characteristic Evaluation Form, which was used as an evaluation instrument. Duba and colleagues (2010) also reported that flexibility was identified by counselor educators as a nonacademic criterion for evaluating students. Therefore, the literature provides support for the inclusion of the disposition.

The *flexibility and adaptability* category is not specifically addressed within the CACREP (2009) *Standards* and is only broadly addressed within the ACA (2005) *Code of Ethics*. The lack of a clear description in the accreditation *standards* (CACREP) and the ACA *Code of Ethics* may relate to the difficulty in providing a concrete definition and measuring the category in a reliable manner. Nevertheless, due to support in the literature and the ACA *Code of Ethics* in a general sense, the *flexibility and adaptability* category was identified as an important area to assess in regards to counseling competencies.

CCS: Congruence and Genuineness

The final category identified within the *professional dispositions* factor was congruence and genuineness. Within the CCS, the category was defined as one's ability to be true to oneself and others. The counselor therefore does not present a façade when interacting with others within one's role as a professional counselor.

The CACREP (2009) *Standards* do not specifically address the category. Additionally, it is not specifically included in the ACA (2005) *Code of Ethics*. However, congruence and genuineness, in regards to the counseling relationship, is explored within the literature for the field of counseling.

Congruence and genuineness were core conditions described by Rogers (1957) and deemed important to maintain during counseling sessions in order to promote client growth and change. Tudor and Worrall (1994) explored congruence and its relationship to the other core conditions identified by Rogers. The authors reported that a counselor can develop congruence through self-awareness, self-awareness in action, appropriateness, and communication. Additionally, Tudor and Worrall stated that congruence is a central core condition in counselor

and client development. Thus, the literature supports the inclusion of the category in measuring counseling competencies.

The CACREP (2009) *Standards* and the ACA (2005) *Code of Ethics* do not specifically discuss the *congruence and genuineness* category. However, both documents emphasize the counseling relationship and the literature identified congruence and genuineness as important conditions within the helping relationship. Therefore, the *congruence and genuineness* category was included as a professional disposition within the CCS.

In summary, the *professional dispositions* factor contains 10 items that are identified within the CACREP (2009) *Standards,* ACA (2005) *Code of Ethics,* and the literature as consisting of important areas to assess in measuring counseling competencies. However, difficulty may arise in assessing some dispositions. Therefore, the CCS provides definitions for each category to assist with the assessment process. Thus, the disposition categories acknowledged within the literature are outlined within the CCS to assess in measuring counseling competencies.

Counseling Competencies Scale: Professional Behaviors

The purpose of counselor education programs focuses on the development of professional counselors. Throughout the training process, it remains essential to assess counselors-in-training's professional behaviors, in addition to assessing academic performance. The evaluation of their professional behaviors assists counselors-in-training with identifying strengths and areas for personal and professional growth in the process of becoming professional counselors. Furthermore, assessing competency in the area of professional behaviors supports counselor

educators and supervisors in fulfilling their ethical and legal responsibilities as gatekeepers for the profession (Kerl et al., 2002).

The CCS included 10 categories within the *professional behaviors* factor. The 10 professional behavior categories included (a) attendance and participation, (b) knowledge and adherence to site policies, (c) record keeping and task completion, (d) knowledge of professional literature, (e) application of theory to practice, (f) case conceptualization, (g) seeks consultation, (h) psychosocial and treatment planning, (i) appraisal, and (j) adjunct therapeutic services, termination, and continuity of care. Each category is examined to include a definition, a review of the CACREP (2009) *Standards*, ACA (2005) *Code of Ethics*, and any empirical evidence supporting the inclusion of the category within the CCS to measure counseling competencies.

CCS: Attendance and Participation

The first category within the *professional behaviors* factor focused on attendance and participation. The category, within the CCS, was defined as being present at course meetings and clinical experiences. Additionally, participation focused on active engagement in course activities, such as contributing to group discussions.

The CACREP (2009) *Standards* outline the requirements for counselors-in-training's clinical experiences in practicum and internship. The requirements include the designation of a set number of hours of direct service with clients. Additionally, the *standards* mandate a specified number of supervision hours, which includes both individual/triadic supervision and group supervision. Furthermore, counselors-in-training are required to audio/video record their counseling session and review them during supervision. Therefore, counselor trainees'

attendance and participation in course meetings and clinical activities is essential in order to meet the CACREP *Standards*.

The ACA (2005) *Code of Ethics* indirectly describes the importance of counselors-in-training's attendance and participation. Within *Section F: Supervision, Training, and Teaching,* the code outlines the importance of supervisors incorporating the principle of participation into supervision (*Standard F.4.a.*). Therefore, the statement implies that participation remains an important ethical consideration.

Lowe (1994) investigated the effective characteristics of a graduate program, which involved 183 master's level psychology students and 51 faculty members. Faculty rated attendance and participation as necessary; however, this was inconsistent with student ratings. Faculty also reported that they used participation to assess students' knowledge and interest, thus providing valuable feedback to the professor. Therefore, the findings suggested that student involvement may lead to developing a knowledge base regarding the course content and also promoting interest in the area of study, which are essential in counselor development. Additionally, Duba and colleagues (2010) investigated nonacademic characteristics used by counselor educators to evaluate counseling students and found that attendance and participation were utilized for evaluating students. Thus, the literature supports the inclusion of the *attendance and participation* category within an assessment instrument designed to measure counseling competencies.

In summary, the *attendance and participation* category was recognized within the CACREP (2009) *Standards*, the ACA (2005) *Code of Ethics*, and the literature. The reviewed literature acknowledged the relevance of the category in regards to the growth and development

of students. Thus, the *attendance and participation* category was identified as essential in counselor development, and therefore included as a counseling competency assessment category within the CCS.

CCS: Knowledge and Adherence to Site Policies

The second category within the *professional behaviors* factor related to knowledge and adherence to site and university policies. For the purpose of the CCS, the category was defined as having knowledge and understanding of all policies related to the counseling site. Additionally, counselors-in-training are expected to follow all policies and procedures.

The CACREP (2009) *Standards* do not specifically address the *knowledge and adherence to site and university policies* category. However, within the discussion of clinical experiences, the *standards* describe the importance of becoming familiar with various professional activities. Thus, one may infer that having knowledge and adhering to the clinic policies is incorporated within this description provided in the CACREP *Standards*.

Several areas within the ACA (2005) *Code of Ethics* discuss the importance of knowing and adhering to site policies and procedures. In *Section A: The Counseling Relationship*, the code describes the importance of addressing errors in client records according to the policies of the agency or institution (*Standard A.1.b.*). It remains necessary for a counselor to know the existing policies in order to follow the ethical recommendation. Additionally, *Section B: Confidentiality, Privileged Communication, and Privacy* emphasizes the necessity of the category by outlining the importance of following policies related to deceased clients (*Standard B.3.f.*) and clients who are minors or adults who are not able to give informed consent (*Standard B.5.a.*). The category is also described in *Section D: Relationships with Other Professionals* related to knowledge of

policies within one's place of employment and identifying when the policies are inappropriate (*Standards D.1.g., D.1.h.*). Furthermore, within *Section F: Supervision, Training, and Teaching*, the code discusses the importance of supervisors and counselor educators informing counselors-in-training of policies that they must adhere to during their academic program, including during clinical experiences (*Standards F.4.a, F.6.g.*). Also, within the section, the code states that students will follow all policies applicable to the professional staff at their placement setting (*Standard F.8.a.*). Thus, the ACA *Code of Ethics* emphasizes the importance of the *knowledge and adherence to site policies* category within assessing counseling competencies.

Wetchler and Fisher (1991) described the design of a prepracticum course. Within the course, students receive information about the policies and procedures of the clinic. Thus, Wetchler and Fisher emphasized the importance of having knowledge of clinic policies prior to engaging in the practicum experience.

The *knowledge and adherence to site and university policies* category was discussed within the bodies of knowledge explored within this section. The limited information provided may relate to the difficulty with measuring the *knowledge and adherence to site policies* category in a reliable manner. Nevertheless, the identified support justifies the inclusion of the *knowledge and adherence to site policies* category within the CCS.

CCS: Record Keeping and Task Completion

The CCS integrated record keeping and task completion into a single category. Record keeping was defined as the completion of all documentation (progress notes, reports, and treatment plans) in a correct, complete, and professional manner by the required deadline. Task completion related to completing all activities in an ethical and effective manner, including

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counseling sessions (individual, family, group) and documentation as described in the *record keeping* category. Thus, the *record keeping and task completion* category included both components in a comprehensive manner.

The CACREP (2009) *Standards* include the importance of students having the opportunity to engage in various professional activities during their clinical experiences. The *standards* identify record keeping as an area to include within this area. Therefore, the CACREP *Standards* acknowledge the importance of including the *record keeping and task completion* category within an assessment designed to measure counseling competencies.

The ACA (2005) *Code of Ethics* discusses the ethical importance of including the *record keeping and task completion* category. *Section A: The Counseling Relationship* describes the necessity of timely documentation that contains sufficient, accurate information (*Standard A.1.b.*). Additionally, *Section C: Professional Responsibility* addresses the importance of maintaining competence in one's area of practice, therefore emphasizing the completion of tasks in an ethical and effective manner. Thus, the ACA *Code of Ethics* supports the inclusion of the *record keeping and task completion* category within the CCS.

The literature explores the importance of the *record keeping and task completion* category within the assessment of counseling competencies. Prieto and Scheel (2002) discussed a format for case note documentation that may assist with the development of case conceptualization skills. They reported that documentation is an essential component of helping clients; therefore, being proficient in documentation is a component of being an effective counselor. Thus, the literature emphasized the importance of assessing competency in record keeping and task completion.

The CACREP (2009) *Standards* and the ACA (2005) *Code of Ethics* offer support for the inclusion of the *record keeping and task completion* category. Additionally, the literature, although limited, provides support for the category. Therefore, the category was included in the CCS within the *professional behaviors* factor as an area to assess in measuring counseling competencies.

CCS: Knowledge of Professional Literature

The fourth category included within the *professional behaviors* factor focused on knowledge of professional literature. Within the CCS, the category was defined as obtaining information through research about effective counseling practices, including therapeutic interventions. Thus, the counselor demonstrates a willingness to use empirically supported interventions.

The CACREP (2009) *Standards* discuss the importance of the availability of learning resources to assist counselors-in-training with engagement in the review of scholarly research. Additionally, the core curricular areas specify the importance of professional counseling literature. Furthermore, the CACREP *Standards* mandate the use of current research in teaching counselors-in-training. Thus, counselors-in-training are exposed to the professional literature within the counseling profession and encouraged to also engage in scholarly inquiry.

The ACA (2005) *Code of Ethics* discusses the *knowledge of professional literature* category within *Section C: Professional Responsibility* by stating that counselors use appropriate literature when making media presentations (*Standard C.6.c.*). Additionally, within *Section C*, the code describes the importance of acquiring continuous professional information regarding a counselor's specialty area. Thus, the *knowledge of professional literature* category was

supported for inclusion in an assessment instrument designed to measure counseling competencies.

No literature was found that addresses the *knowledge of professional literature* category. However, the literature does describe the utilization of evidenced based treatment with various populations. Additionally, the inclusion of the *knowledge of professional literature* category was supported by the CACREP (2009) *Standards* and the ACA (2005) *Code of Ethics*. Therefore, the *knowledge of professional literature* category was included in assessing counseling competencies within the CCS.

CCS: Application of Theory to Practice

The next category within the *professional behaviors* factor was application of theory to practice. For the purpose of the CCS, the category was defined as having two components. The first component related to the counselor identifying with a counseling theory. The second component encompassed the application of the theoretical principles of the theory to the counselor's work with clients.

The CACREP (2009) *Standards* designate counselor trainees' demonstration of theory to practice as an essential component of the learning process (*Standard G.5.d.)*. The demonstration of the *application of theory to practice* category occurs during practicum and internship experiences. Thus, the two clinical experiences allow counselors-in-training an opportunity to demonstrate their knowledge and application of theory to counseling settings.

The ACA (2005) *Code of Ethics* discusses the application of theory to practice. Within *Section C: Professional Responsibility*, the code outlines the utilization of techniques and

procedures that are grounded in theory (*Standard C.6.e*.). Thus, the code acknowledges the importance of having knowledge of theory and then applying it to practice.

Generally, a common goal among counselor preparation programs focuses on the integration of theory and practice (Sperry, 2005). Within the training program, an individual's transition from student to professional counselor begins during the practicum and internship experiences. During the clinical experiences, difficulties may become evident that were unseen in the counselor-in-training's academic performance (Woodard & Lin, 1999). Thus, counselor trainees may have knowledge of counseling theories and other academic areas within the counselor education curriculum; however, they experience difficulty in applying the knowledge to practice within the practicum and internship components of the program. Additionally, the application of theory to practice is also supported by the state of California, which requires individuals seeking licensure to apply theory to practice in the development of a theory-based treatment plan that involves case conceptualization on the licensure exam. The state reports that the integration of theory to practice promotes quality care (as cited in Sperry, 2005). Thus, the literature supports the assessment of counselor competency within the *application of theory to practice* category.

In summarizing the information related to the *application of theory to practice* category, the CACREP (2009) *Standards*, the ACA (2005) *Code of Ethics*, and the literature each discuss the importance of having knowledge of theory and applying it to practice. However, difficulty may arise in assessing competency in this area. Nevertheless, the category was classified as important, and therefore the *application of theory to practice* category was included within the CCS as an area to measure counseling competencies.

CCS: Case Conceptualization

The next category focused on case conceptualization. The category was defined as one's ability to discuss and summarize a client's history. Additionally, the counselor demonstrates an appreciation of the multiple factors influencing the client's level of functioning and is able to integrate the information into the counseling process.

The CACREP (2009) *Standards* discuss the case conceptualization category within three specific program areas, including clinical mental health counseling; marriage, couple, and family counseling; and student affairs and college counseling. Within the program areas, the *standards* emphasize having an understanding of case conceptualization and utilizing it in a comprehensive manner in order to effectively address the various multicultural factors influencing the client's level of functioning.

Although the ACA (2005) *Code of Ethics* does not specifically refer to the term case conceptualization, the code discusses aspects of the category indirectly. The code describes the importance of multicultural competencies, which exists as a separate category, but also has some relation to the *case conceptualization* category. Furthermore, the ACA code devotes an entire section to assessments, which would also be utilized in case conceptualization, in addition to being distinguished as a separate category. Thus, the ACA code indirectly acknowledges the importance of case conceptualization.

Case conceptualization is an essential competency for effective counseling practice (Falvey, 2001). Additionally, competency in case conceptualization is needed in order to engage in effective treatment planning with clients (Eells & Lombart, 2003). Counselors and counseling students utilize case conceptualization to identify and organize the information they currently

have available about the client, which assists in beginning to plan or adjust therapeutic interventions. Case conceptualization also assists with identifying areas where the counselor needs additional information (Prieto & Scheel, 2002). Furthermore, case conceptualization was identified by counselor educators as an area for evaluating counselors-in-training (Duba et al., 2010). Thus, the literature supports the development of the *case conceptualization* category to assess counseling competencies.

The CACREP (2009) *Standards* and the literature discuss the importance of case conceptualization. Additionally, the ACA (2005) *Code of Ethics* indirectly addresses this category. Therefore, case conceptualization was identified as an essential area to consider in the development of the CCS.

CCS: Seeks Consultation

The next category within the *professional behaviors* factor related to seeking consultation. For the purpose of the CCS, the category was defined as one's willingness to ask for assistance regarding a specific client's case or an issue related to performing one's role as a counselor. The category may relate to assistance sought in individual, triad, or group supervision.

In reviewing the CACREP (2009) *Standards*, consultation is identified as a component within the *helping relationships* core curriculum area. The *standards* state that students need a working knowledge of consultation and also need to practice in this area. Additionally, consultation is specifically identified in several program areas including addictions counseling, clinical mental health counseling, school counseling, and student affairs and college counseling. Therefore, the CACREP *Standards* note the importance of the *consultation* category within the training of counselors.

The ACA (2005) *Code of Ethics* emphasizes the importance of consultation. In *Section A: The Counseling Relationship*, the code addresses the importance of consulting in regards to issues related to confidentiality and terminally ill clients (*Standard A.9.c.*). Additionally, *Section B: Confidentiality, Privileged Communication, and Privacy* devotes an entire area to consultation that includes three specific standard (*Standards B.8.a.; B.8.b.; B.8.c.*). *Section C: Professional Responsibility* also discusses the area related to consultation on ethical obligations (*Standard C.2.e.*) and regarding counselor impairment (*Standard C.2.g.*). Moreover, the code discusses the consultant's role in *Section D: Relationships with Other Professionals* (*Standards D.2.a.; D.2.b.; D.2.c.; D.2.d.*). Consultation is also reviewed in regards to assessment (*Standard E.9.c.*). Furthermore, the code discusses the importance of consultation for supervisors and counselor educators (*Standards F.5.b.; F.9.b.*) and for researchers (*Standards G.1.b.; G.1.g.*). Finally, the code emphasizes consultation in *Section H: Resolving Ethical Issues* (*Standard H.2.d.*). Thus, the ACA *Code of Ethics* addresses consultation in each of the eight sections provided within the code.

The counseling literature discusses the importance of consultation. Caplan (1970) was one of the earliest writers to address consultation. Caplan described the goal of consultation related to assisting counselors with addressing the current issue and equipping them with skills to address similar issues on their own, which may occur in the future. Brown (1993) also addressed consultation stating that counselor educators need to educate counselors-in-training regarding the need for consultation and to assist them in developing competency in this area. Furthermore, Duba and colleagues (2010) explored nonacademic criteria utilized to evaluate students and found that counselor educators identified *seeking consultation* as an area for evaluating

counselors-in-training. Thus, the literature supports the development of the category in regards to counseling competencies.

In summary, the CACREP (2009) *Standards*, the ACA (2005) *Code of Ethics*, and the literature discuss the *seeks consultation* category. The *standards*, *code of ethics*, and literature support counselors having knowledge in the area of consultation and actively seeking consultation in their continued development. Therefore, the *seeks consultation* category was included in the CCS, specifically within the *professional behaviors* factor.

CCS: Biopsychosocial and Treatment Planning

The next category existing within the *professional behaviors* factor was psychosocial and treatment planning. The category was defined within the CCS as the ability to construct a comprehensive and appropriate biopsychosocial report and treatment plan. Thus, the category emphasized the importance of competency in two areas.

In reviewing the CACREP (2009) *Standards*, the completion of a biopsychosocial history is specifically discussed within three program areas, which include addictions counseling, clinical mental health counseling, and student affairs and college counseling. Additionally, the *standards* emphasize the importance of understanding the information gathered on the biopsychosocial history and utilizing the information to formulate therapeutic treatment plans for clients. Therefore, the CACREP *Standards* acknowledge the importance of the *biopsychosocial and treatment planning* category throughout the counseling process.

The ACA (2005) *Code of Ethics* addresses the development of a treatment plan within *Section A: The Counseling Relationship* (*Standard A.1.c.*). The code emphasizes the importance of having a plan that is consistent with the client's abilities and circumstances. Therefore, in

developing treatment plans, the code emphasizes the utilization of information acquired through conducting the biopsychosocial history, in order to develop comprehensive and appropriate treatment plans for clients.

Counselor educators identified treatment planning as a nonacademic criteria utilized to evaluate students (Duba et al., 2010). Additionally, Seligman (1993) reported that the information obtained during the intake interview, which includes the biopsychosocial history, is important to include in the development of the treatment plan. Seligman also described treatment planning as having various roles in the counseling process. First, a treatment plan developed from research supported interventions provides a high likelihood of success. Secondly, a treatment plan serves as a method to demonstrate accountability for obtaining funding and to protect against malpractice suits. Additionally, it may assist with tracking progress. Finally, the treatment plan provides structure and direction. Thus, the literature supports having competency in completing a biopsychosocial history and then utilizing the information to develop a comprehensive treatment plan.

The completion and understanding of biopsychosocial history forms is addressed in the CACREP (2009) *Standards*, ACA (2005) *Code of Ethics*, and the literature. Additionally, the utilization of the biopsychosocial history to develop comprehensive, appropriate treatment plans is also emphasized within the *standards*, *code of ethics*, and the literature. Therefore, the *biopsychosocial and treatment planning* category was included as an assessment category within the *professional behaviors* factor of the CCS.

CCS: Appraisal

The next category within the *professional behaviors* factor of the CCS was appraisal. For the purpose of the CCS, the category was defined as the ability to appropriately administer, score, and interpret clinical assessments. Thus, the category addressed all aspects of the assessment process.

In considering the CACREP (2009) *Standards*, assessment is a core curriculum area. Additionally, knowledge of assessments is included in the *career development* core curriculum area. The *standards* also identify the importance of counselors-in-training having the opportunity to become familiar with assessment instruments during their internship experience. Furthermore, an assessment category exists within each of the program areas including addictions counseling; career counseling; clinical mental health counseling; marriage, couple, and family counseling; school counseling; and student affairs and college counseling.

The ACA (2005) *Code of Ethics* discusses appraisal related to several areas. Within *Section A: The Counseling Relationship*, the code addresses assessment related to a client's ability to make rational decisions (*Standard A.9.a.*) and the use of online assessments (*Standard A.12.a.*). Additionally, an entire section of the code, *Section E: Evaluation, Assessment, and Interpretation*, focuses on ethical considerations related to assessments. Thus, the ACA code emphasizes the importance of ethical guidelines in the utilization and interpretation of assessments.

Researchers investigated the assessment activities of 161 school counselors and found that 29% reported responsibility for selecting tests, 63% identified administering tests, and 71% reported being accountable for interpreting tests (Ekstrom, Elmore, Schafer, Trotter, & Webster,

2004). Ekstrom and colleagues' findings indicated the importance of counseling competency in regards to appraisal. Additionally, the CACREP (2009) *Standards* and the ACA (2005) *Code of Ethics* emphasize the importance of assessment. Therefore, the *appraisal* category was included as an area of counselor competency within the CCS.

CCS: Referral

The final category within the CCS was referral. Within the CCS, *referral* was defined as the ability to identify resources to assist clients therapeutically during and following the counseling experience. Thus, the category focused on enhancing care both during counseling and after the conclusion of counseling.

The CACREP (2009) *Standards* address the importance of having knowledge of community resources and referrals in all program areas, which include addictions counseling; career counseling; clinical mental health counseling; marriage, couple, and family counseling; school counseling; and student affairs and college counseling. Additionally, the *standards* note the importance of internship students having the opportunity to become familiar with referral information and resources. Thus, adjunct therapeutic services remain important within various counseling areas.

The ACA (2005) *Code of Ethics* discusses the important of the *referral* category. Within *Section A: The Counseling Relationship*, the code emphasizes the importance of making a referral when a counselor chooses not to work with a client regarding end-of-life options, in order to ensure that the client receives help (*Standard A.9.b.*). *Section A* also contains an area with four standards related to termination and referral (*Standards A.11.a.; A.11.b.; A.11.c.; A.11.d.*). Additionally, the category is addressed within *Section D: Relationships with Other*

Professionals, stating that referral sources are provided when requested by the client or determined necessary by the counselor (*Standard D.2.a.*). *Section E: Evaluation, Assessment, and Interpretation* also addresses referrals in regards to assessments conducted by a third party (*Standard E.6.b.*). Furthermore, the ACA code discusses supervisors and counselor educators' responsibility to make referrals (*Standards F.4.d.; F.5.c; F.9.c.*) and counselors' responsibility to make referrals when suspecting an ethical violation (*Standard H.2.c.*). Thus, the ACA code emphasizes the importance of making referrals.

A client may need a referral for a variety of reasons, including the counselor determining that another type of counseling is more appropriate or that additional therapeutic services are simultaneously needed for the client. The counselor needs competency in identifying referral sources. Additionally, the counselor needs competency in explaining the reason for the referral to the client to assist with reducing negative feelings developed by the client regarding the referral process (Hill, 2004). Furthermore, counselors need competency in terminating counseling with clients because termination is challenging and may evoke a variety of intense emotions in both the client and the counselor (Hill, 2004).

The CACREP (2009) *Standards*, ACA (2005) *Code of Ethics*, and the literature each discuss referral. Developing competency in the *referral* category is therefore identified as essential. Thus, the *referral* category was included as an area to assess counseling competencies within the CCS.

The *professional behaviors* factor contained 10 items identified as significant areas to address in assessing counseling competencies. These professional behaviors were identified

within the CACREP (2009) *Standards,* ACA (2005) *Code of Ethics*, and the literature. Thus, each of the 10 areas was included within the development of the CCS.

This section focused on presenting the three proposed factors and each of the 32 items contained within the CCS. The discussion of each CCS item included a definition and a review of the literature, CACREP (2009) *Standards, and* ACA (2005) *Code of Ethics* to examine the rationale for item inclusion. Therefore, an instrument (CCS) was proposed that focuses on assessing counseling competencies in a comprehensive manner.

Measurement of Counselor Competencies

This section reviews areas to consider in the development of an instrument focused on measuring counseling competencies. The areas of consideration include (a) material for scoring, (b) rater qualifications, (c) interrater reliability, and (d) other measurement challenges. Thus, the section identifies areas to focus on in preparation for use of the CCS.

Material for Scoring

Before utilizing an assessment instrument, it remains essential for the rater to have training in the use of the instrument. A manual may assist in the training process. The development of a comprehensive manual should include clear definitions and examples of the items (skills) contained within the assessment instrument (Strupp, 1960). Additionally, standardization remains essential in training raters (Hill, 1978). Standardization assists with obtaining objective ratings that seek to reduce rater bias. Thus, a comprehensive and clear manual helps with developing a standardized assessment instrument.

Having access to both an audio/video recording and a transcript of the session are recommended for rating counseling skills utilized during a counseling session (Strupp, 1960). The presence of only a recording or a transcript may influence the evaluation, when compared to having both sources of output to utilize in evaluating the counselor's level of competency within the identified assessment areas. The audio/video recording provides the rater with an opportunity to assess the quality of the counselor's voice, which may include tone and rate of speech. The use of a video recording provides a visual of the session, which provides an opportunity to evaluate nonverbal responses. Moreover, the transcript allows the rater to analyze the verbal content of the session in a written format. However, a summary of the session provided by the counselor should not be used as a substitute for the transcript because this document contains a biased perspective and the rater should attempt to evaluate the utilization of skills while attempting to minimize bias and not taking the session content out of context (Strupp, 1960). Thus, having a variety of data sources may assist in conducting a comprehensive assessment of the counselor's demonstration of competency.

Rater Qualifications

In assessing counseling competencies, it remains important to solicit qualified raters. In obtaining raters, the researcher may want to consider several areas to assist with obtaining effective raters, which include educational level and counseling experience (Hill, 1978). Raters need an existing knowledge base of counseling and the processes occurring within the counseling experience (Strupp, 1960). Additionally, raters should have an understanding of various theoretical orientations and the basic qualities inherent in all theories. Furthermore, raters

need an awareness of their own biases and how they may influence the objectivity of their rating ability.

Interrater Reliability

When using multiple raters to evaluate a counseling session, interrater reliability remains an important area to consider. In considering interrater reliability, Strupp (1960) had two independent raters evaluate two sessions. The first session had 114 coded responses and the second session has 154 coded responses. The correlation between the raters ranged from .87 to .93. Additionally, Spooner and Stone (1977) facilitated a continued training process until a reliability coefficient of .85 was reached. Furthermore, Hill (1978) continued training until 80% consistency was reached between raters that occurred following 10 hours of training and the review and scoring of three practice sessions. Thus, according to the guidelines reported by Drummond and Jones (2010) each study obtained results that are interpreted as high reliability correlations (greater than .79). Therefore, research emphasizes the importance of considering interrater reliability when using multiple raters to assess counseling competencies.

Measurement Challenges

A variety of challenges may exist in assessing counseling skills, specifically in regards to evaluating skills based on a counseling session (Eriksen & McAuliffe, 2003). The challenges involved in evaluating skills used in a session include the rating system employed (Eriksen & McAuliffe, 2003), rater bias which includes the influence of the rater's theoretical orientation (Hill, O'Grady, & Price, 1988; Hill, Thames, & Radin, 1979; Stiles, Shapiro, & Firth-Corzens, 1988), and length of segment evaluated by the rater (Friedlander et al., 1988). Hence, various

challenges exist with engaging in the assessment process in order to evaluate the psychometric properties of the CCS.

The first challenge focuses on the development of a rating system. There are two types of rating systems discussed in the literature, consisting of a counting system and a judgment system (Eriksen & McAuliffe, 2003). The counting system focuses on tallying the number of times a skill is used during a session. The criticism of the counting system relates to evaluating the competency of using a skill in regards to the frequency of use. When using a counting system, the quality of the response and the context in which the response is used is not evaluated by the rater (Eriksen & McAuliffe, 2003). In contrast, the judgment system generally utilizes a Likert scale. However, controversy exists in defining the response categories and ensuring that the respondent is able to discriminate between the response options (DeVellis, 2003). Therefore, it remains essential that there is not overlap between the categories and that each category is clearly defined while minimizing ambiguity (DeVellis, 2003).

A second challenge, specifically related to judgment rating systems, relates to rater bias. In addressing the challenge, researchers use caution in selecting qualified raters who have received extensive training on evaluating sessions using the assessment instrument (Hill, O'Grady, & Price, 1988). This strategy may explain the low rater bias reported by Hill, O'Grady, and Price in a study that involved eight raters evaluating recorded counseling sessions. Despite the low incident of rater bias, Hill and colleagues reported that raters remarked that fatigue, declining levels of sensitivity, and changes in the process of rating sessions may have contributed to their bias in rating sessions across time. Additional areas identified for potential bias among raters included expectations regarding the counselor's performance due to

determining the counselor's theoretical orientation early in the reviewed segment and length of the assessment tool instrument and manual, and the accessibility of the definitions for each response category for the various items.

Stiles and colleagues (1988) examined rater bias related to a counselor's theoretical orientation, involving 39 clients and four therapists. The study examined the use of counseling skills by counselors prescribing to exploratory and prescriptive treatment modalities. The researchers concluded that the counselor's theoretical orientation influenced the use of directive skills, while other skill areas (active listening) were used consistently by counselors prescribing to exploratory and prescriptive treatment modalities. Additionally, Hill and colleagues (1979) found differences in the use of counseling skills when evaluating the sessions conducted by Rogers, Perls, and Ellis on the Gloria tapes (Shostrom, 1966). Thus, theoretical orientation is a potential area to consider when evaluating the use of counseling skills in session.

A final challenge to consider relates to the segment used for the assessment. Friedlander and colleagues (1988) reported that a review of the research exploring the issue yielded inconclusive results. Thus, the researchers further explored the issue within three studies. The first study involved reviewing seven counseling sessions, and the second and third studies focused on examining 12 sessions each. The sessions were divided into segments for the analysis. The researchers reported consistency when looking at a group of data in aggregate form. However, when considering individual sessions, the researchers found inconsistency in segments and they concluded that using 30 minutes segments or less may yield invalid results, regardless of the portion of the session reviewed for the assessment. Therefore, when seeking to

evaluate individual performance, it may remain necessary to review a majority of the session, instead of relying on a small clip to accurately evaluate the counselor's performance.

This section reviewed areas to consider when developing and utilizing an instrument to measure counseling competencies. Specifically, the areas included (a) material for scoring, (b) rater qualifications, (c) interrater reliability, and (d) other measurement challenges. Thus, each of the areas was addressed in the development of the CCS to measure counseling competencies.

Chapter Summary

The literature review contained three main sections. The first section focused on reviewing the history of counseling assessments beginning in the 1940s and continuing to the present time. In presenting the history, the section contained measurements of counseling competencies in the areas of (a) verbal response modes, (b) facilitative conditions, (c) nonverbal behaviors, (d) global ratings, and (e) client assessments. Additionally, the CACREP (2009) *Standards* were reviewed in regards to assessing counseling competencies. In the second section, the construct of counseling competence was examined through the exploration of the three proposed factors ([a] counseling skills, [b] professional dispositions, and [c] professional behaviors) contained within the CCS and the 32 items encompassed within the factors. The section provided a definition of each CCS item and an analysis of the theoretical and empirical support for each item, including the CACREP (2009) *Standards* and the ACA (2005) *Code of Ethics*. Finally, the third section presented measurement considerations related to the construction of an assessment instrument designed to measure counseling competencies, including (a) material for scoring, (b) rater qualifications, (c) interrater reliability, and (d) other

measurement challenges. The review of the literature presented in the three sections suggested a

need for a comprehensive assessment instrument designed to measure counseling competencies.

Chapter 3 presents the research methods employed within the present study.

CHAPTER 3: METHODOLOGY

Chapter 3 presents the research methods utilized to investigate the psychometric properties of CCS, an instrument designed to measure counselors-in-training's level of counseling competencies. More specifically, the chapter includes the following areas: (a) research design, (b) population and sample, (c) data collection, (d) instrument development procedures, (e) instrumentation, (f) research purpose and hypotheses, (g) assessing psychometric properties and statistical analysis, (h) ethical considerations, and (i) potential limitations of the study.

Research Design

The research design for this study was descriptive, correlational research. A descriptive research design involves describing a single variable or several variables. When the study focuses on measuring two or more variables to determine if the variables are related, it is referred to as a correlational research design (Houser, 2009; Mitchell & Jolley, 2004). This research study focused on the assessment of the psychometric properties of the *Counseling Competencies Scale* (CCS), including the examination of the three proposed counseling competency factors ([a] counseling skills, [b] professional dispositions, and [c] professional behaviors).

Population and Sample

The target population consisted of master's level counseling students enrolled in a counseling practicum course and their counseling practicum supervisors. Counselor preparation programs with accreditation from the Council for Accreditation of Counseling and Related

Educational Programs (CACREP) were targeted in order to obtain a sample that met a standard of quality for training counseling students. Thus, the population consisted of a diverse grouping of students and their supervisors from two institutions within the United States that held CACREP accreditation.

In determining the sample size, Hair and colleagues (2006) noted that a sample size for a study employing the proposed research design and statistical analyses should include a minimum of 100 participants. More specifically, the minimum acceptable sample size should be five times as many observations as the number of variables analyzed within the study and a more acceptable sample size involves a ratio of 10:1 (Hair et al.; Tinsley & Tinsley, 1987). A purposive sampling method was selected for the study based on the sampling criteria. The proposed sample size was 160, which was selected due to the scale containing 32 items, and thus calculated based on the 5:1 ratio discussed within the literature. Furthermore, in order to obtain a 95% confidence level that the sample size is generalizable to the population, which was estimated to encompass 2,000 practicum students in CACREP accredited programs, the sample would need to be $N = 322$ (Krejcie & Morgan, 1970).

Data Collection

The instrument revision process, as explained in the instrument development procedures section, was conducted from January through May 2009. Following the completion of the revision process, the researcher submitted the CCS to the research associate for the program to obtain Institutional Review Board (IRB) permission for replacing the original instrument with the revised version to use as a component of the counselor education program evaluation system.

After receiving IRB approval, the revised CCS was distributed to the counseling practicum instructors to use in evaluating counseling practicum students during midterm and final evaluations, during the Summer 2009 semester. Additionally, the researcher contacted the practicum instructors to provide training using the manual to assist in developing interrater reliability. However, due to scheduling difficulties, a formal training was not held in the summer. Instead, counseling practicum supervising instructors received an electronic version of the draft of the manual to assist them in utilizing the revised version of the CCS.

Prior to beginning the Fall 2009 data collection period, the researcher initiated a process to explore master's level counselor training programs' potential interest in the study. The process involved posting an announcement regarding the study on the CES-NET listserv (a listserv for counselor educators and supervisors) and also contacting individuals in the academic community to acquire contact information for programs that meet the eligibility criteria. Before engaging in a formal recruitment process, the researcher obtained permission from the IRB at the University of Central Florida (UCF) to conduct the study. Permission from the IRB allowed the researcher to collect data separate from the IRB permission held for the UCF counselor education program evaluation system. Next, the researcher contacted the IRBs at each university with programs that met the criteria and expressed interest in the study. The IRB application process was followed at each university expressing interest in the study and approval was obtained before participants were recruited at the locations.

After receiving approval from a participating university, the researcher contacted the counselor preparation program at the university to discuss the study in further detail. A formalized training session was only conducted with supervisors from one of the counselor

preparation programs. However, the training manual, which included a digital video disc (DVD) of practice sessions, was sent to the other participating institutions. The counseling practicum supervisory instructors and counseling practicum students completed the CCS at midterm and at the conclusion of the semester. Additionally, the researcher obtained the counseling practicum students' final practicum course grades to correlate with the final CCS scores. Thus, the study involved two periods of data collection during the fall semester, in addition to the summer data collection period.

Instrument Development Procedures

The study focused on examining the psychometric properties of the *Counseling Competencies Scale* (CCS). Additionally, the researcher developed two demographic questionnaires ([a] counseling practicum student questionnaire and [b] supervising instructor questionnaire) for utilization in the study. Furthermore, counseling practicum students and supervising instructors participating in the study received a statement of informed consent and voluntarily agreed to participate in the study that was approved by UCF's IRB.

Counseling Competencies Scale (CCS)

Development of the Counseling Competencies Scale (CCS) Prior to the Present Study

The CCS began as an initiative among the counselor education faculty at UCF. The faculty identified a need for a psychometrically sound instrument that assessed counseling competencies of master's level counselor trainees. Various assessment tools existed; however, no psychometrically sound instruments were found that comprehensively measured counseling competencies as determined by the program faculty. Thus, the faculty developed an assessment

instrument known as the *Counselor Skills and Professional Behavior Scale* (CSPBS; UCF Counselor Education Faculty, 2004; Appendix D) to utilize in evaluating the counseling competencies of counseling students. The CSPBS was integrated within the counselor education program evaluation system in the Fall 2004 semester.

The faculty utilized the initial instrument to assess counseling practicum students throughout a series of semesters. However, in reviewing the CSPBS, it was determined that the response format lacked precision and was confusing due to two different response systems used within the instrument. Therefore, counseling supervisory instructional raters did not rate students' counseling competencies in a consistent manner. Additionally, clear definitions were only provided for some of the items within the scale, which increased the amount of subjectivity in defining and scoring the items. Thus, a need arose to modify the CSPBS in order to develop a comprehensive assessment instrument that clearly defined each item and utilized a single, precise scoring method.

The development of the revised instrument occurred as a curriculum development project sponsored by the Faculty Center for Teaching and Learning at UCF. The project was untaken by a select group of faculty members within the UCF counselor education program. The revision process was extensive, and it eventually led to the development of a new instrument known as the *Counseling Competencies Scale* (CCS).

Following the completion of the comprehensive assessment instrument (CCS), the faculty began incorporating the instrument within the counselor education program evaluation system. The CCS was integrated as an evaluation component within the counseling practicum course during the Spring 2008 semester. The faculty next evaluated the use of the CCS during a retreat

in the summer of 2008. The 10 counselor education faculty members determined that inconsistency occurred in the scoring of the instrument and a need existed for examining the psychometric properties of the CCS. Therefore, an initiative began to develop a training manual and this researcher began a plan to examine the psychometric properties of the CCS for the present study.

Instrument Develop Procedures Initiated for the Present Study

The eight steps of scale construction outlined by DeVellis (2003) were examined in order to revise the CCS for the purpose of this study. However, since a preliminary version of the CCS already existed, some of the steps were modified or altered during the revision process. Thus, the researcher worked to further the efforts of the faculty in the development of a psychometrically sound instrument to measure counseling competencies among counselors-in-training.

Step 1: Determining clearly what to measure. The first step of the scale construction process involves a researcher determining the construct to measure within the scale. The step involves being specific and clear regarding the identification of the construct (DeVellis, 2003). For the purpose of constructing the CCS, the construct was identified as counseling competence, which related to having the knowledge and skills necessary to fulfill the responsibilities of a professional counselor and carrying out these duties in an ethical and professional manner. Additionally, the ACA (2005) *Code of Ethics* identified the importance of being a competent counselor by practicing within the limits of an individual's knowledge and experience and seeking remediation to address areas of limited competence that may impede the ability to fulfill one's counseling responsibilities.

The counseling competence construct encompassed three proposed factors consisting of (a) counseling skills, (b) professional dispositions, and (c) professional behaviors. In addition to clarifying the definition of the construct (counseling competence), the researcher defined the three proposed factors existing within the construct. *Counseling skills* was defined as responses made by the counselor that assist in developing and maintaining a therapeutic relationship with clients, facilitating the helping process. The CCS contained three proposed groupings within the counseling skills area, which included (a) verbal responses, (b) nonverbal skills, and (c) facilitative conditions. The *professional dispositions* factor focused on acting in a professional manner when fulfilling one's counseling responsibilities (e.g., professionalism, self-awareness and self-understanding, and emotional stability and self-control). The third factor, *professional behaviors*, related to engaging in acts that are consistent with the counseling standards identified through the CACREP (2009) *Standards* and the ACA (2005) *Code of Ethics* (e.g., knowledge and adherence to site policies, application of theory to practice, and case conceptualization).

Step 2: Generate an item pool. The faculty involved in the initial phase of the CCS development process generated an initial pool of items. At the beginning phase of this study, the researcher conducted an extensive literature review to examine the existence of the three proposed factors ([a] counseling skills, [b] professional dispositions, and [c] professional behaviors) encompassed within the CCS. The examination of the literature involved reviewing instruments that measured similar constructs (e.g., *Skilled Counseling Scale* [SCS; Urbani et al., 2002]; *Counseling Skills Scale* [CSS; Eriksen & McAuliffe, 2003]). Additionally, the researcher reviewed the CACREP (2009) *Standards* and the ACA (2005) *Code of Ethics*. During this step,

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the researcher modified the existing list of items by adding and deleting items, as well as revising some of the existing items within the CCS.

Step 3: Determine the format for measurement. The CCS was designed with a Likert response format. The initial version of the scale contained four response categories. The categories included (a) below expectations, (b) near expectations, (c) meets expectations, and (d) exceeds expectations. Each response category was clearly defined for each item in a manner that resembled a scoring rubric.

Following an examination of the response categories by the researcher and a panel of experts, an additional response category was added to the CCS. The category was labeled "harmful" and it was positioned lower than the "below expectations" category that was already contained within the CCS. The researcher and the panel of experts developed a description of the *harmful* category for each item included within the CCS. Thus, the revised measurement format contained five response categories that maintained the structure initiated in the original design of the CCS. Furthermore, adding an additional measurement category to the existing Likert scale increases the variability (DeVellis, 2003), which is advantageous within the CCS, due to the limited number of items existing within the present version of the instrument.

Step 4: Have the initial item pool reviewed by experts. Following the initial development of items contained within the CCS, the items were reviewed by a group of experts. The experts included counselor education faculty from a variety of counseling specialties, including mental health counseling, school counseling, and marriage and family therapy. Additionally, one of the experts has a specialty in classifying counseling skills and has written a textbook on teaching counseling skills.

During and following the revision process, the researcher met with a panel of experts to discuss the existing format of the CCS and the proposed revisions. The panel consisted of six counselor education doctoral students and one counselor educator. The doctoral students involved in the panel were familiar with the CCS in its original format, due to utilizing the instrument to evaluate students they supervised during a counseling practicum course. Additionally, five out of the six doctoral students had recently taught or were presently teaching a counseling techniques course (under the supervision of a counselor educator) to master's level counselor education students.

During the review, the items contained within the CCS were modified again. The revisions included modifying the descriptions for each item and the definitions within the scoring categories. Additionally, the format of the CCS was modified, as discussed earlier, to include a new response category entitled "harmful". Thus, this researcher completed step four of the scale construction process, per DeVellis (2003).

Step 5: Consider inclusion of validation items. The fifth step identified by DeVellis (2003) involves the inclusion of two types of items. The first type encompasses items used to detect problems, which includes social desirability. The problem of social desirability occurs within self-reporting instruments. The researcher used the CCS as a self-reporting instrument. However, counseling practicum instructors also completed the CCS to evaluate the counseling competencies of counseling students. Therefore, items to address social desirability were not included within the CCS.

The other type of validation items relates to construct validity (DeVellis, 2003). Additional items were not included to focus on construct validity during this stage of scale

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construction. However, construct validity was addressed within the exploratory factor analysis conducted within the present study. Thus, no additional items were added to the CCS in regards to step five of the scale construction process.

Step 6: Administer items to a developmental sample. The original version of the CCS was utilized with the target population designated for the present study. However, the number of counselor-in-training participants was fewer than 100. Additionally, inconsistency existed in assessing the counseling competence construct and scoring items contained within the CCS. Furthermore, revisions were made to the CCS following the administration of the instrument, and therefore the items existing within the revised version of the CCS differed from the original version of the CCS. Hence, the researcher did not analyze the existing data to utilize in modifying the CCS.

The researcher considered initiating a pilot study following the completion of revisions made to the CCS. However, the researcher did not have access to a large sample size for the pilot study. The presence of a small developmental sample size created concern because having a limited number of participants may result in patterns between items that are unstable. Additionally, the population in which the CCS was designed may not be represented within a small sample size (DeVellis, 2003). Therefore, the researcher chose not to conduct a pilot study due to the small sample size and the concerns identified by DeVellis.

Step 7: Evaluate the items. A variety of procedures were used to evaluate the validity and reliability of the CCS items and the overall assessment instrument. Four types of validity were assessed within the present study that included (a) face validity, (b) criterion-related validity, (c) construct validity, and (d) content validity. Additionally, the study examined two types of

reliability that encompassed Cronbach's alpha and interrater reliability. The assessment of psychometric properties and statistical analyses, used within the study, are discussed in greater detail within the data analysis section of this chapter.

Step 8: Optimize scale length. The final step in the scale construction process involves adjusting the length of the scale through the deletion of items, if necessary (DeVellis, 2003). Following the analysis of the data, the researcher deleted items that did not meet the established criteria for item retention (e.g., items loading below .5). Thus, the process assisted with enhancing the development of a psychometrically sound instrument to measure counseling competencies.

Manual Development

When the CCS was initially created, a manual was not developed to explain how to administer the instrument. However, during the Spring of 2009 when the CCS was being revised, the process began to develop a comprehensive manual to utilize in administering the CCS. A group of seven counselor education doctoral students at UCF, including the researcher, worked extensively on the development of the CCS manual along with a member of the counselor education program faculty. All doctoral students had experience using the CCS to evaluate counseling students whom they had supervised during the counseling practicum experience. Additionally, six out of the seven doctoral students had recently taught or were presently teaching a counseling techniques course, and were therefore especially familiar with the items contained within the first factor (counseling skills) contained within the CCS. Thus, a manual was created to provide a training tool that would assist in achieving consistency among raters to promote interrater reliability.

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The manual was designed for training prior to utilizing the CCS. Additionally, the manual was developed for use as a reference guide when scoring the CCS. To fulfill this purpose, the manual contained (a) definitions for each item, (b) areas to consider when evaluating students within each item, (c) written scenarios, (d) directions for administration, and (e) videotaped practice sessions. Thus, the CCS manual (Appendix J) was developed to assist with improving the psychometric properties of the CCS, specifically interrater reliability and consistency within the CCS.

Instrumentation

There were three instruments utilized within the present study. The first instrument, the CCS, was the focus of the present study. The two additional instruments consisted of a demographic questionnaire designed for the counseling practicum students and a demographic questionnaire developed for the counseling practicum supervisory instructors. Thus, the study integrated the use of two demographic questionnaires, along with the CCS.

CCS Revised Format

The *Counseling Competencies Scale* (CCS; UCF Counselor Education Faculty, 2009) was revised for utilization during the Summer 2009 semester, which began the data collection period for the present study. At the beginning of the summer data collection period, following the revision process, the CCS contained 32 items and was designed to measure counseling competencies within three proposed factors. The three factors encompassed (a) counseling skills, (b) professional dispositions, and (c) professional behaviors. The CCS contained five response

categories that included (a) harmful, (b) below expectations, (c) near expectations, (d) meets expectations, and (e) exceeds expectations.

The counseling skills factor contained 12 items or subscales. The evaluation of counseling competencies within this factor required the review of a counseling session. Raters watched a recorded session and then evaluated the counselor-in-training's level of competency regarding various counseling skills. Additionally raters were encouraged to have a written transcript of the session, which may assist with accurately assessing the counselor's competency with utilizing counseling skills during the recorded session.

The two other proposed factors within the CCS were professional dispositions and professional behaviors, which were assessed through the observation of the counselor's performance over a 15-week semester. This scoring procedure differs from the assessment of competencies within the counseling skills factor that assesses competencies within a single counseling session. Thus, the CCS required two methods for assessing counseling competencies within the proposed factors.

Practicum Supervisor Demographic Questionnaire

The second instrument consisted of a demographic questionnaire for the counseling practicum supervising instructors. The questionnaire asked supervisors to provide basic demographic information, which included gender, age, and ethnicity. Additionally, the questionnaire focused on specific areas that included (a) area of counseling specialty, (b) theoretical orientation, (c) number of times teaching counseling practicum, (d) supervision experience, (e) level of training in counselor supervision, and (f) teaching status within the university (tenured faculty, instructor, or adjunct instructor).

Practicum Counseling Student Demographic Questionnaire

The next data collection instrument gathered demographic information regarding the counseling practicum students. The questionnaire asked students to provide information regarding (a) counseling program track, (b) practicum level (for the programs requiring two semesters of practicum), (c) theoretical orientation, and (d) counseling courses completed to date. Additionally, students were asked basic demographic information, which included gender, age, and ethnicity.

The initial versions of both demographic questionnaires were reviewed by counselor education faculty members and counselor education doctoral students at UCF. Participants assessed the quality of design and face validity of the instruments. Participation in the review process was voluntary and individuals participating in this process were not potential participants for the study.

Purpose and Research Hypotheses

The purpose of the study was to examine the psychometric properties of the counseling competence construct as measured by the *Counseling Competencies Scale* (CCS) within a sample of counselors-in-training. The specific research hypotheses that were investigated included the following:

Research Hypothesis 1

The counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will yield three factors ([a] counseling skills, [b] professional dispositions, and [c] professional behaviors) within a population of counselors-in-training, as shown in Figure 3.
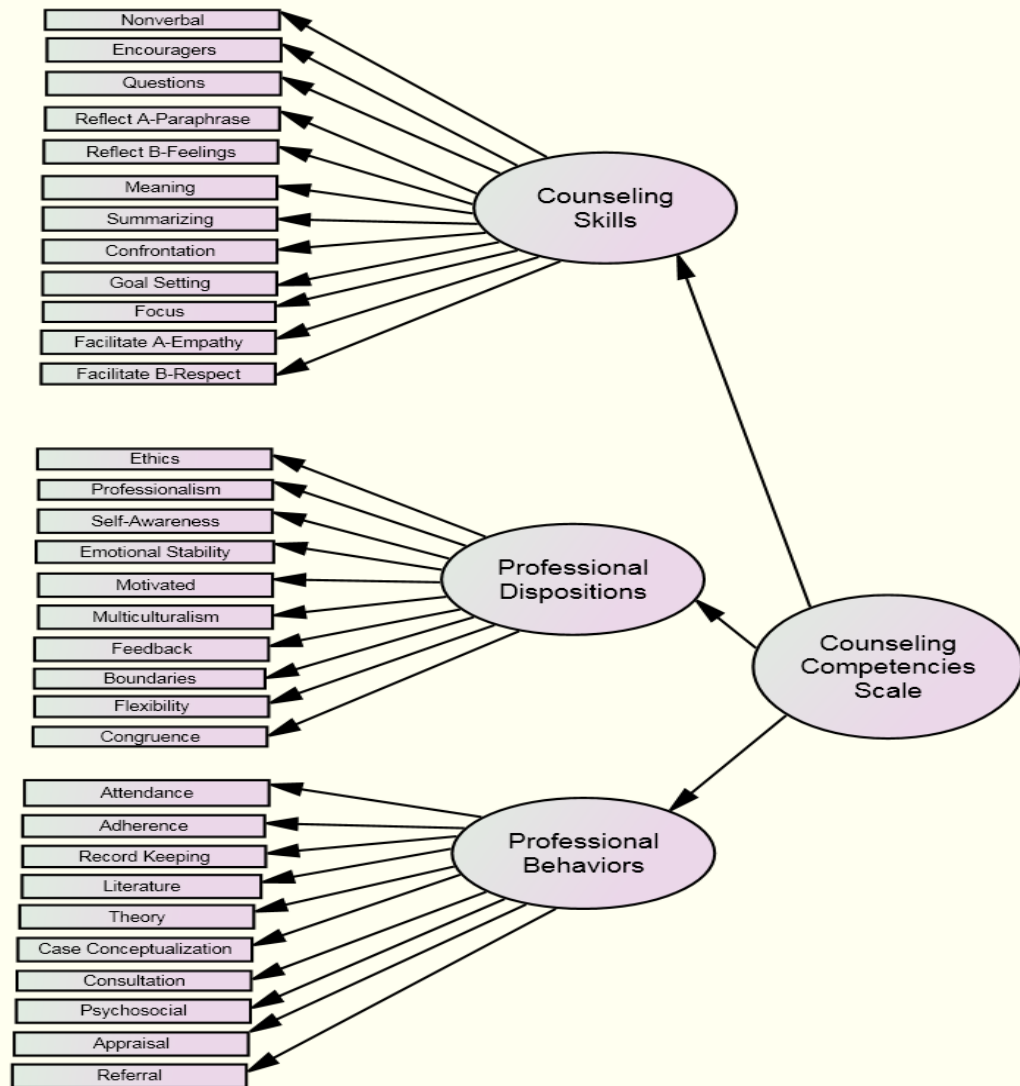
Figure 3: CCS Original Model

Research Hypothesis 2

The internal consistency reliability of the counseling skills factor within the counseling

competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will meet or

exceed a Cronbach's alpha of .70 within a population of counselors-in-training. A value of .70 is needed to indicate internal consistency (Mitchell & Jolley, 2004).

Research Hypothesis 3

The internal consistency reliability of the professional dispositions factor within the counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will meet or exceed a Cronbach's alpha of .70 within a population of counselors-in-training. A value of .70 is needed to indicate internal consistency (Mitchell & Jolley, 2004).

Research Hypothesis 4

The internal consistency reliability of the professional behaviors factor within the counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will meet or exceed a Cronbach's alpha of .70 within a population of counselors-in-training. A value of .70 is needed to indicate internal consistency (Mitchell & Jolley, 2004).

Research Hypothesis 5

The interrater reliability of counseling practicum supervisors measuring counseling competencies (as measured by the *Counseling Competencies Scale* [CCS]) will yield a reliability coefficient of .60 or above within a population of counselors-in-training.

Research Hypothesis 6

The criterion-related validity between the counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) and academic performance (as measured by final course grades earned in the counseling practicum course) will yield a validity coefficient of .40 or above within a population of counselors-in-training.

Assessing Psychometric Properties and Statistical Analysis

In developing the CCS, the researcher assessed the psychometric properties of the instrument. The researcher explored the relevance of validity in four areas: (a) face validity, (b) criterion-related validity, (c) construct validity, and (d) content validity. Additionally, the researcher assessed the degree of reliability of the CCS. The analysis of the data involved various statistical procedures that were conducted through the utilization of *Statistical Package for Social Science* (SPSS) software package for Windows version 17.0 (2008).

Validity

In examining the psychometric properties of an instrument, one area to consider is the instrument's degree of validity. Validity is defined as: "the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration" (Babbie, 2001, p. 143). Within the overarching category of validity, there are a variety of types of validity to consider in assessing the psychometric properties of a scale. The types of validity explored in relation to the CCS included (a) face validity, (b) criterion-related validity, (c) construct validity, and (d) content validity.

Face Validity

The first type of validity explored in constructing the CCS consisted of face validity. Face validity relates to whether the measure appears to measure the identified concept. In order to assess face validity, the developer may choose to have a panel of experts review the instrument. However, DeVellis (2003) cautions researchers about areas to consider when assessing for face validity. First, assuming that an item measures what it looks like it measures at face value may be wrong. Second, the instrument developer may not want the participant to

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know the variable being measured within the instrument; therefore, having a high level of face validity is not advantageous. Finally, the instrument may appear to have a high degree of face validity to one group of experts, but not to another group. Thus, the researcher should use caution in assessing for face validity.

The face validity of the CCS was assessed at various points throughout the instrument development process. The CCS was reviewed by counselor education faculty at various points throughout the development of the original instrument. Additionally, a group of doctoral students reviewed the instrument during the revision process, which was discussed in step four of the scale construction process presented by DeVellis (2003). The assessment of face validity by these groups (counselor educators and doctoral students) assisted with addressing the concern presented by DeVellis in regards to assessing for the level of face validity. Thus, an extensive process occurred in order to assess the face validity of the CCS.

Criterion-Related Validity

The second type of validity, criterion-related validity, is also known as predictive validity, which focuses on an external criterion (Babbie, 2001). For the purpose of the present study, criterion-related validity was assessed by examining the correlation coefficients between the CCS and academic performance of master's level counselors-in-training enrolled in a counseling practicum course, as measured by final course grades earned in the counseling practicum course.

Construct Validity

The next type of validity consists of construct validity, which relates to "the degree to which the measure is measuring the construct that it claims to measure" (Mitchell & Jolley,

2004, p. 107). To assess construct validity, the researcher may employ a factor analysis or measures of convergent and discriminant validity. Convergent validity assesses the degree to which the new instrument correlates with an existing instrument measuring the same construct. In contrast, discriminant validity demonstrates that the new instrument does not correlate with another instrument that measures different constructs (Mitchell & Jolley, 2004).

In considering the assessment of convergent validity, existing measures focus on assessing counseling skills, which represents the first factor contained within the CCS. However, assessment instruments do not exist that focus on measuring the two remaining factors within the CCS. Therefore, the researcher was unable to assess for convergent validity in regards to the comprehensive assessment instrument (CCS) proposed within the present study. Additionally, a paucity of instruments exist that focus on measuring constructs that differ from the construct of counseling competencies measured within the present study. Therefore, the researcher was unable to assess for the degree of discriminant validity. Thus, the study lacks the assessment of both convergent and discriminant validity; however, the researcher explored construct validity by conducting a factor analysis.

Content Validity

The final type of validity consists of content validity, which is defined as: "the extent to which a specific set of items reflects a content domain" (DeVellis, 2003, p. 49). When evaluating content validity, it remains important to have a well defined content domain (DeVellis, 2003) and to determine if items are included from every dimension of the construct being measured within the scale (Mitchell & Jolley, 2004). Some constructs allow the scale developer to randomly select items from a list of appropriate items. However, this is not feasible in measuring

some constructs, such as attributes. In this situation, the researcher may again utilize a panel of experts to determine the relevance of items within specific domains (DeVellis, 2003).

The CCS contained items measuring counseling competencies within three factors. The factors related to specific counseling skills and attributes (professional dispositions and professional behaviors), which prevented the researcher from randomly selecting items from an extensive list of related items. Therefore, the researcher conducted an extensive literature review to examine the items. Additionally, the researcher utilized a panel of experts to determine the relevance of the items contained within the three factors of the CCS. The panel discussed the inclusion of each item, which included critiquing the definitions for the items. Following the literature review and the critique by the panel of experts, the researcher revised the items to increase the level of content validity.

The researcher presented four types of validity to explore when examining the psychometric properties of a new instrument. The present study explored each types of validity (face validity, criterion-related validity, construct validity, and content validity). Thus, the study thoroughly examined the area of validity to assist with developing a sound assessment instrument to assess counseling competencies.

Reliability

A measure that exhibits a high degree of reliability produces "stable, consistent scores that are not strongly influenced by random error (chance)" (Mitchell & Jolley, 2004, p. 96). There are a variety of methods that estimate reliability, including (a) test-retest, (b) split-half, (c) coefficient alpha, and (d) interrater reliability (Drummond & Jones, 2010). The test-retest method is a measure of stability that addresses time sampling error. The split-half and coefficient

alpha are both measures of internal consistency that focus on assessing content sampling error. Finally, interrater reliability is a measure of interrater agreement that addresses interrater differences (Drummond & Jones, 2010).

In assessing the degree of reliability for the CCS, the researcher considered the various types of reliability. The researcher did not use the test-retest method because the sample was not accessible to be retested within a short duration of time. Additionally, the split-half method was excluded from the present study. Thus, the researcher assessed for reliability using two methods (Cronbach's alpha and interrater reliability).

Cronbach's Alpha

The first method used to assess for reliability was Cronbach's (1951) alpha. The selection of this internal consistency method allowed the researcher to assess for content sampling error. Cronbach's alpha informs the researcher about the degree of correlation between item scores. When items are highly correlated, the findings suggest that the items measure a similar construct. Conversely, an item with a low correlation to other items may not represent the construct measured within the scale. The range for Cronbach's alpha is between 0 and 1, with values closer to one representing higher reliability (DeVellis, 2003). A value of .70 is needed to indicate internal consistency (Mitchell & Jolley, 2004).

Interrater Reliability

Interrater reliability measures the level of agreement among raters. When conducting observations and rating behaviors, interrater reliability remains important in order to assess whether individuals are scoring or rating behaviors in a similar manner. Correlations range from

0 to 1 with a value closer to one representing a higher correlation, and thus indicating greater consistency in scoring between raters (Drummond & Jones, 2010).

Within the CCS, the first factor involved the rating of a video recorded session to assess the use of counseling skills. The two additional factors within the CCS also involved ratings, specifically related to professional dispositions and professional behaviors. However, the ratings within the second and third factors involved assessing counseling competencies across a period of time, instead of assessing the areas within a specific recording.

Prior to assessing counseling students' counseling competencies for the present study, the researcher held a training session for the counseling supervisory instructors at one of the two programs participating in the study (program in the southeast). The training involved viewing a brief counseling session and then rating the counseling student's level of competency in the use of the 12 identified skill categories. The definition of each skill category, along with areas to consider in assessing the categories, was discussed prior to rating the recorded session. After the ratings were completed, the researcher facilitated a discussion with the raters about their ratings, which included examining the similarities and differences among raters and working towards reaching a consensus among the raters. During the study, counseling students attending the program in the southeast were assessed by two raters in each of the three proposed factors included within the CCS. The pairs of ratings for the counseling students were utilized to calculate interrater reliability for the present study. Therefore, the researcher was able to assess interrater reliability within each of the three proposed factors within the CCS.

The present study utilized two reliability methods (Cronbach's alpha and interrater reliability). In using the two methods, the researcher addressed internal consistency and interrater

differences. Thus, the present study supported the development of a psychometrically sound assessment instrument through the implementation of methods to assess the reliability of the CCS.

<div align="center">*Factor Analysis*</div>

Factor analysis is a "complex algebraic method used to discover patterns among the variations in values of several variables" (Babbie, 2001, p. 449). Additionally, factor analysis is classified as an interdependence technique (Hair et al., 2006) that serves a variety of purposes (DeVellis, 2003). First, a factor analysis functions to assist a researcher with determining the number of latent variables underlying a group of items. Secondly, the statistical procedure helps explain variation between variables through the grouping of variables within factors. Finally, the procedure allows the researcher to define the meaning of the factors (DeVellis, 2003). Thus, factor analysis has three essential purposes in regards to scale construction.

Factor analysis assists with assessing the construct validity of the scale (DeVellis, 2003). As discussed earlier within the chapter, factor analysis was the only method utilized within the study to assess for construct validity. There are two types of factor analysis, exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). EFA focuses on exploring the data to determine the number of factors necessary to account for the data (Hair et al., 2006). CFA goes beyond exploring the data to inform the researcher about how well the factors reflect the data. A CFA seeks to confirms or reject a theory proposed by the researcher (Hair et al., 2006). For the purpose of the present study, the researcher conducted an EFA. However, the researcher recommends a follow-up study that focuses on conducting a CFA.

In conducting the EFA, the researcher used an orthogonal rotation method. More specifically, the study involved the use of the varimax rotational procedure. The orthogonal rotation method is the most widely used and it was selected in order to obtain a set of uncorrelated measures (Hair et al., 2006). Additionally, in considering practical significance regarding the factor loadings, Hair and colleagues reported that .50 is considered necessary for practical significance. Therefore, items yielding values less than .50 were not retained within the CCS. Thus, the factor analysis assisted with distinguishing the relevant factors present within the CCS.

In summarizing this section, the present research study examined the psychometric properties of the CCS. The examination process involved assessing four types of validity. Additionally, the researcher assessed two types of reliability within the study. Furthermore, the study involved an EFA to determine the factors present within the CCS. Thus, the present study supports the process of developing a psychometrically sound assessment instrument for assessing counselors-in-training's level of counseling competencies.

Ethical Considerations

Ethical considerations are important to address in any study. The researcher followed various procedural steps to ensure that ethical standards were upheld in the research process. The first step involved the researcher obtaining permission to conduct the research study from the dissertation committee members and the IRB at UCF. The researcher also completed the IRB approval process at each participating university before collecting any data at the two locations included within the study. Additionally, prior to collecting data, counseling practicum student

participants and counseling practicum supervisory instructor participants were informed about

the purpose of the study and study procedures within the letter of informed consent used for the

study. All participants were informed that participation in the research study was voluntary.

Next, in collecting the data, all study documents contained a code, which allowed the researcher

the ability to correlate the instruments for each research participant. However, no names were

recorded on any of the study instruments. Finally, participants were informed that all responses

would remain anonymous and analysis of the results would be presented in aggregate form,

without identifying individual participants.

Limitations of the Study

Various limitations existed in relation to the present study. The small sample size

presented one limitation of the present study. The researcher utilized a variety of methods to

recruit participants including (a) posting an announcement on a counselor education listserv, (b)

contacting counselor educators known to the researcher to identify additional contacts within

counselor education, (c) identifying eligible programs through internet searches, (d) networking

with counselor educators at conferences, and (e) contacting programs directly through e-mail and

telephone. However, difficulty arose in obtaining participants and IRB approval at the various

institutions. Additionally, some participants that initially agreed to participate in the study later

declined due to time constraints. The sample size for the supervisor ratings was slightly short of

the minimal requirements of 100 cases (Hair et al., 2006) for the midterm CCS data set ($N = 97$)

and exceeded this requirement for the final CCS data set ($N = 128$). However, a sample size that

reaches five or ten times the number of items is encouraged (Hair et al.) and neither CCS data set

met five (160 cases) or ten times (320 cases) the number of items. Furthermore, the student self-assessment CCS data sets were not utilized for the present study because the number of cases for both the midterm CCS data set ($N = 45$) and final CCS data set ($N = 47$) were less than half of the recommended number of cases. Thus, a small sample size was a limitation in the present study.

A second sampling limitation of the present study relates to generalizability. The sampling criteria focused on CACREP accredited counselor preparation programs throughout the country. However, only two CACREP program (representing the northwest and the southeast) were included in the study. Additionally, 89% of the counselors-in-training and 95% of the supervisors who participated in the study were from one program. Furthermore, not all counselor preparation programs are CACREP accredited. Thus, the exclusion of some geographical locations and programs that are not CACREP accredited may influence the generalizability of the instrument in assessing counseling competencies among various counseling programs not represented within the study sample.

A final limitation pertains to instrumentation. In revising the CCS, the researcher might have overlooked some items relevant to the construct. The researcher conducted an extensive literature review and two expert panels were consulted in revising the CCS items, following the extensive development process conducted by the faculty. However, due to the lack of literature exploring two of the proposed CCS factors in relation to counseling (professional dispositions and professional behaviors), some CCS items may have been missed in the scale construction process. Thus, additional areas not considered may be relevant to the development of an instrument focused on assessing counseling competencies.

The present study therefore has various limitations that influence the interpretation of the results for this study. However, these limitations identify areas for future research. Thus, the researcher may further strengthen the psychometric properties of the CCS by addressing the limitations in future research endeavors.

Chapter Summary

The purpose of the present research study was on assessing the psychometric properties of the CCS, an instrument designed to measure counseling competencies. This chapter discussed the (a) research purpose and hypotheses, (b) research design, and (c) population and sample. Additionally, the researcher described the instrument development procedures that followed the steps of scale construction outlined by DeVellis (2003). The chapter also included the instrumentation, which encompassed the development of two demographic questionnaires, in addition to the CCS, and the data collection procedures. Next, the chapter presented the methods that were used to examine the psychometric properties and conduct the statistical analyses, which included assessing the types of validity and reliability. Finally, the chapter reviewed the ethical considerations and limitations of the study. Chapter 4 presents the results of the study.

CHAPTER 4: RESULTS

This study investigated the psychometric properties of the counseling competence construct as measured by the *Counseling Competencies Scale* (CCS) within a sample of counselors-in-training. The data were analyzed using the Statistical Package for the Social Sciences (SPSS, 2008). This chapter presents the results of the study. The chapter is organized into the following sections: (a) data collection procedures, (b) descriptive statistics, and (c) data analysis for the research hypotheses.

Sampling and Data Collection Procedures

The targeted population for the present study consisted of two groups. The first group was comprised of counseling practicum students attending a graduate program accredited by the Counsel for Accreditation of Counseling and Related Educational Programs (CACREP). The second group included the students' counseling practicum supervisors.

Prior to recruiting participants for the study, the researcher obtained permission to conduct the study from the Institutional Review Board (IRB) at the University of Central Florida (UCF). After receiving approval for the study, the researcher used three primary methods to recruit participants. First, the researcher sent an e-mail to the CESNET listserv. Members of the listserv primarily consist of counselor educators, supervisors, and doctoral students throughout the United States and various countries. One response was received from the listserv membership expressing interest in the study. The second method of recruitment consisted of contacting counselor educators known by the researcher, to identify their interest in the study and to obtain contact information for additional potential participants. Finally, the researcher attempted to e-

mail the program coordinators of all graduate counseling programs in the United States

accredited by CACREP ($N = 231$).

After a program agreed to participate in the study, the researcher contacted the IRB at the

institution to obtain permission to include the institution in the study. The procedure to obtain

permission from the IRB varied at each institution. After receiving permission from the IRB at

an institution, the researcher sent data collection packets to the contact person at the counseling

program. In addition to the data collection packets, the researcher sent a manual to aid in

utilizing the CCS and a digital video disc (DVD) that contained sample counseling sessions for

participants to practice completing the CCS. The data collection packets included an informed

consent, the CCS, and a demographic questionnaire. The researcher employed two additional

strategies to assist in reducing potential error. First, the data collection packets were colored

coded to distinguish the counseling student packet from the counseling supervisor packet.

Additionally, the researcher sent separate packets for midterm and final data collection. The

counseling program contact person agreed to distribute the data collection packets to the

counseling practicum students and counseling practicum supervisors and then to collect the

completed packets and return them to the researcher in the enclosed stamped return envelope.

Thus, the researcher employed a detailed data collection plan that attempted to minimize error.

The researcher collected data during the Fall 2009 academic semester that included the

completion of the data collection packet at midpoint in the semester and at the end of the

semester. Additionally, the researcher included data from the Summer 2009 semester, collected

by one institution for the purpose of program evaluation. To increase the response rate, the

researcher utilized components of Dillman's (2007) *Tailored Design* method. The researcher

employed multiple contacts to potential participants. Additionally, the researcher utilized "personalized correspondence" with potential participants and included a stamped return envelope in each instrumentation packet. Furthermore, in order to reduce measurement error, the data collection packet was reviewed by the researcher's dissertation committee and a group of six counselor education doctoral students. Changes were then implemented to create a more respondent-friendly instrument packet. Thus, the researcher employed various strategies to assist with increasing the response rate and reducing sampling error.

<center>Sample Demographics and Descriptive Statistics</center>

There were a total of 231graduate programs that were invited to participate in the study. The researcher was unable to contact 27 of the program coordinators due to undeliverable e-mails. Of the programs that were contacted, there was no response from 161 programs. Of the 43 programs that responded to the request for participants, 26 declined participation, six were not eligible because they did not have a fall practicum course, and 11 initially agreed to participate in the study. The researcher was unable to obtain permission from the IRB at three of the eleven institutions. The remaining eight counselor education programs were sent data collection packets. Six of these counselor education programs dropped out of the study before completing the midterm data collection packets, reporting that they were unable to devote the time to participate in the study or that they no longer had interest in the study. The two remaining programs completed the midterm and final data collection packets.

Both participating CACREP accredited counselor education programs were public universities, which represented different regions of the United States. One counselor education

program was located in the southeastern part of the country and the other program was in the northwestern part of the United States. The counselor education program in the southeast had a total of 43 counseling practicum students and the program in the northwest had a total of nine counseling practicum students. The students completed a data collection packet at midterm and at the end of the semester. In regards to supervisor ratings, one supervisor completed the nine data collection packets for the counselor education program in the northwestern part of the country. The supervisor ratings for the counselor education program in the southeastern United States were completed by 15 different supervisors. The supervisors at the southeastern program included both faculty members and doctoral students. The faculty and doctoral students completed separate data collection packets for each student they supervised in the practicum group supervision. Therefore, counseling practicum student participants in the southeast program had multiple ratings.

Data was also analyzed from completed CCS evaluations from within the program evaluation data for the Summer 2009 semester at the counselor education program in the southeast. Demographic questionnaires were not completed by counseling practicum student and supervisor participants for the data from the summer semester. There were a total of 29 students enrolled in a counseling practicum course for the Summer 2009 semester, who were supervised by five different counseling practicum supervisory instructors.

In total, 81 counseling practicum students and 21 counseling practicum supervisors participated in the study. During the Summer 2009 semester, counseling practicum supervisors completed 26 (90%) midterm CCS evaluations and 29 (100%) final CCS evaluations. A total of 71 (73%) midterm CCS evaluations and 99 (100%) final CCS evaluations were completed by

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counseling practicum supervisors during the Fall 2009 semester for both universities. Thus, a total of 97 (77%) midterm CCS evaluations and 128 (100%) final CCS evaluations were analyzed for the present study. Furthermore, counseling practicum student participants were asked to complete a CCS evaluation for themselves during the Fall 2009 semester, yielding a total of 45 (87%) midterm CCS student self-evaluations and 47 (90%) final CCS student self-evaluations.

<center>*Descriptive Statistics of Supervisors*</center>

There were a total of 16 supervisors for the 52 students enrolled in a Fall 2009 counseling practicum course, who participated in the study. The supervisor response rate for completing the CCS was 100%. The academic rank of the supervisors was reported as: two (12.5%) associate professors, three (18.8%) instructors, three (18.8%) adjunct faculty, and eight (50%) counselor education doctoral students. Twelve (75%) of the supervisors identified as female and four (25%) were male. Of the 12 supervisors reporting age, the mean was 40.8 years ($SD = 10.42$), with a range of 25-57 years of age. The ethnicity and race of the 13 reporting supervisors was: 11 (84.6%) Caucasian, 1 (7.7%) African American, and 1 (7.7%) Hispanic. Further analysis revealed the counseling specialty of the 15 reporting supervisors to be 40% mental health ($n = 6$), 13.3% marriage and family ($n = 2$), 13.3% school ($n = 2$), 20% mental health and marriage and family ($n = 3$), 6.7% ($n = 1$) mental health and school and 6.7% marriage and family and school ($n = 1$). All supervisors ($N = 16$) reported completing at least one graduate-level counseling supervision course. None of the doctoral students ($n = 8$) had previously supervised practicum students. However, all eight faculty instructors had previous experience supervising practicum, which ranged from two to eleven times supervising the practicum course. Furthermore, the

supervision experience of the supervisors ranged from 0 to 12 years of experience, with a mean of 2.8 years ($SD = 4.24$).

<div align="center">*Descriptive Statistics of Practicum Students*</div>

Of the 52 students enrolled in the counseling practicum courses for the fall semester, 96.2% ($n = 50$) completed the data collection packets for at least the midterm or final data collection period. Of the student participants reporting gender, there were 42 (86%) females and 7 (14%) males. The age of the student participants ranged from 22 to 52 years, with a mean of 26.7 years ($SD = 6.66$). Race and ethnicity for the 45 reporting students was: 60% Caucasian ($n = 27$), 7% Black/Non-Hispanic ($n = 3$), 20% Hispanic ($n = 9$), and 13% Asian/Pacific Islander ($n = 6$). Regarding program of study, 15 (33%) reported mental health, 13 (28%) marriage and family, 17 (37%) school, and 1 (2%) mental health and school counseling. Furthermore, of the 45 students reporting their counseling practicum level, 40 reported being practicum one students and 5 reported being enrolled in the practicum two course.

<div align="center">*Descriptive Statistics of Supervisor Ratings for Midterm CCS Data*</div>

The counseling practicum supervisors completed data collection packets for the counseling practicum students at midterm during the semester. There were a total of 97 packets completed for midterm during the Summer and Fall 2009 semesters. The descriptive statistics of the item responses, including the minimum and maximum values, mean, and standard deviation are provided in Table 1.

Table 1: Descriptive Statistics for Midterm Supervisor CCS Ratings

Item	Minimum	Maximum	Mean	Standard Deviation
Nonverbal Behaviors	4.00	8.00	6.27	1.28
Encouragers	2.00	8.00	5.90	1.27
Questions	2.00	8.00	5.32	1.29
Reflect A	2.00	8.00	5.61	1.14
Reflect B	2.00	8.00	4.97	1.48
Meaning	.00	8.00	4.27	1.37
Summarizing	2.00	8.00	4.82	1.32
Confrontation	2.00	8.00	5.01	1.39
Goal Setting	2.00	8.00	5.30	1.19
Focus	2.00	8.00	5.44	1.15
Facilitate A	4.00	8.00	6.12	1.03
Facilitate B	2.00	8.00	6.19	1.00
Ethics	4.00	8.00	6.31	1.27
Professionalism	2.00	8.00	6.72	1.16
Self-Awareness	.00	8.00	5.65	1.32
Emotional Stability	2.00	8.00	6.21	1.14
Motivated to Learn	2.00	8.00	6.54	1.17

Item	Minimum	Maximum	Mean	Standard Deviation
Multicultural	.00	8.00	5.96	1.19
Openness to Feedback	.00	8.00	6.54	1.40
Boundaries	2.00	8.00	6.37	1.05
Flexibility	2.00	8.00	5.98	1.17
Congruence	2.00	8.00	6.12	1.22
Attendance	2.00	8.00	7.38	1.06
Adherence	4.00	8.00	6.76	1.24
Record Keeping	4.00	8.00	6.39	1.18
Literature	2.00	8.00	5.53	1.28
Theory	2.00	8.00	5.22	1.31
Case Conceptualization	4.00	8.00	5.28	1.26
Consultation	2.00	8.00	6.41	1.41
Psychosocial	2.00	8.00	5.69	1.17
Appraisal	4.00	8.00	6.04	1.12
Referral	4.00	8.00	6.06	1.06

($N = 97$)

Descriptive Statistics of Supervisor Ratings for Final CCS Data

The counseling practicum supervisors completed data collection packets for the counseling practicum students at the end of semester. There were a total of 128 data collection packets completed for the end of the semester for the Summer and Fall 2009 counseling practicum courses. The descriptive statistics of the item responses, including minimum and maximum values, mean, and standard deviation are provided in Table 2.

Table 2: Descriptive Statistics for Final Supervisor CCS Ratings

Item	Minimum	Maximum	Mean	Std. Deviation
Nonverbal	4.00	8.00	7.02	1.03
Encourager	4.00	8.00	6.83	1.02
Questions	2.00	8.00	6.50	1.15
Reflect A	2.00	8.00	6.58	1.18
Reflect B	2.00	8.00	6.28	1.27
Meaning	2.00	8.00	5.84	1.14
Summarize	2.00	8.00	6.23	1.05
Confrontation	2.00	8.00	6.03	1.00
Goal Setting	4.00	8.00	6.22	.95
Focus	4.00	8.00	6.36	1.21
Facilitate A	4.00	8.00	6.77	1.21
Facilitate B	4.00	8.00	6.83	1.02
Ethics	4.00	8.00	6.91	1.03
Professionalism	4.00	8.00	7.00	1.09
Self-Awareness	2.00	8.00	6.31	1.19
Emotional Stability	4.00	8.00	6.45	1.01
Motivated	2.00	8.00	6.83	1.36

Item	Minimum	Maximum	Mean	Std. Deviation
Multicultural	2.00	8.00	6.34	.94
Feedback	2.00	8.00	6.98	1.23
Boundaries	4.00	8.00	6.58	1.01
Flexibility	4.00	8.00	6.73	1.03
Congruence	4.00	8.00	6.72	1.06
Attendance	2.00	8.00	7.31	1.16
Adherence	4.00	8.00	7.13	1.06
Record Keeping	2.00	8.00	6.67	1.10
Literature	2.00	8.00	6.19	1.05
Theory	2.00	8.00	5.98	1.02
Case Conceptualization	2.00	8.00	6.14	.98
Consultation	2.00	8.00	6.88	1.12
Psychosocial	4.00	8.00	6.41	.98
Appraisal	4.00	8.00	6.36	.85
Referral	4.00	8.00	6.48	.93

($N = 128$)

Data Analyses and Results for Research Hypotheses

The data were analyzed using the Statistical Package for the Social Sciences (SPSS, 2008). Prior to examining the hypotheses, the researcher screened the data for missing data and outliers, and conducted tests to examine normality and linearity. When all statistical assumptions were considered, the researcher initiated the data analysis procedures to examine the research hypotheses. The results of the data analyses for the six research hypotheses are reported below. The researcher conducted an exploratory factor analysis (EFA) to examine the first hypothesis. EFA focuses on exploring the data to examine the correlations between variables. Variables that are highly correlated form factors and EFA provides information about the number of factors necessary to account for the data (Hair et al., 2006). EFA was employed within the present study to assess for construct validity.

Research Hypotheses 2, 3, and 4 were calculated using Cronbach's alpha to compute internal consistency reliability. Computing Cronbach's alpha allows the researcher to assess for content sampling error. Additionally, this data analysis method of assessing internal consistency reliability informs the researcher about the degree of correlation between items. When items are highly correlated, the findings suggest that the items measure a similar construct. Conversely, an item with a low correlation to other items may not represent the construct measured within the scale. The range for Cronbach's alpha is between 0 and 1, with values closer to one representing higher reliability (DeVellis, 2003). A value of .70 is needed to indicate internal consistency (Mitchell & Jolley, 2004).

The fifth hypothesis was examined by calculating the Pearson product-moment correlation (two-tailed) for each pair of raters and then averaging the correlations to determine

interrater reliability. After reviewing the literature, Drummond and Jones (2010) provided the following general guidelines for interpreting reliability coefficients: (a) greater than .90 is very high, (b) .80 - .89 is high, (c) .70 - .79 is acceptable, (d) .60 - .69 is moderate/acceptable, and (e) less than .59 is low/unacceptable. These guidelines were used to interpret the results for Research Hypothesis 5.

The final hypothesis was also examined by calculating the Pearson product-moment correlation (two-tailed). Drummond and Jones (2010) provided the following general guidelines for interpreting validity coefficients: (a) greater than .50 is very high, (b) .40 - .49 is high, (c) .21 - .40 is moderate/acceptable, and (d) less than .20 is low/unacceptable. These guidelines were used to interpret the results for Research Hypothesis 6.

Reliability coefficients examine the consistency between items within a test or between raters, and therefore a correlation close to 1.00 is needed to indicate a high correlation. In contrast, validity coefficients are generally lower because the researcher is comparing different tests (Drummond & Jones, 2010). Therefore, the guidelines differed for interpreting the results for Research Hypotheses 5 and 6, despite using the same procedure (Pearson product-moment correlation [two-tailed]) to calculate the results.

Research Hypothesis 1

The counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will yield three factors ([a] counseling skills, [b] professional dispositions, and [c] professional behaviors) within a population of counselors-in-training, as shown in Figure 4.

Figure 4: CCS Original Model

Exploratory factor analysis (EFA) was conducted on the 32-item CCS to test Research Hypothesis 1, for the purpose of assessing construct validity. To test the hypothesis, the researcher examined the supervisor ratings from midterm and final as two separate CCS data sets, in order to explore the factor loadings of each set of data. The supervisor midterm CCS data set contained 97 cases, which is three fewer than the recommend number of cases proposed by

Hair and colleagues (2006). However, the analysis was run, noting that the results may not be robust due to the fewer number of cases. The supervisor final CCS data set contained 128 cases, which met the requirement for the total number of cases recommended by Hair and colleagues. An EFA was not conducted on the midterm or final CCS data set of student self-evaluations because these data sets contained less than half of the recommended number of cases proposed by Hair and colleagues. The student midterm self-assessment CCS data set had only 45 cases and the student final self-assessment data set had only 47 cases.

Prior to conducting the EFA, the researcher examined each data set for multivariate normality and sampling adequacy to determine the suitability of an EFA. The Bartlett's Test of Sphericity reports whether significant correlations exist between at least some of the variables. The Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy also examines intercorrelations and the overall test value must exceed .50 to proceed with the factor analysis (Hair et al., 2006). In examining the counseling practicum supervisor CCS ratings for the midterm data set the Bartlett's Test of Sphericity yielded a statistically significant value ($x^2 = 2237.272$; $df = 496$; $p = .000$) and KMO Measure of Sampling Adequacy was meritorious (.856). When examining the counseling practicum supervisor ratings for the final data collection, the Bartlett's Test of Sphericity yielded a statistically significant value ($x^2 = 3357.973$; $df = 496$; $p = .000$) and Kaiser-Meyer-Olkin Measure of Sampling Adequacy was meritorious (.929). Therefore, both CCS data sets were suitable for conducting an EFA.

The researcher employed the principal axis method of extraction. This data analysis procedure was followed by an orthogonal (varimax) rotation to identify the CCS factors. There were five criteria used for the retention of items throughout the factor analysis: (a) a significant

value for Bartlett's Test of Sphericity, (b) a Kaiser-Meyer-Olkin (KMO) measure of sampling

adequacy value of .50 or above for the overall test, (c) a measure of sampling adequacy (MSA)

value of .50 or above for each item, (c) a factor loading of .5 or above, and (d) at least two items

loading on each factor (Hair et al., 2006).

Supervisor Midterm CCS Evaluation Data

The researcher first examined the CCS data from the midterm data collection period. The

principal components analysis initially yielded a seven factor matrix for the counseling

competence construct. The MSA for each CCS item exceeded .50, with the lowest value being

.729. Therefore, no CCS items were removed based on the MSA. However, one CCS item

(motivation to learn) yielded a factor loading below .5 and was therefore removed. The second

factor analysis continued to yield a seven factor matrix, distributing the CCS items differently

among the factors. One factor contained only one CCS item (knowledge of literature); therefore,

this CCS item was removed. During the third factor analysis, another CCS item (flexibility)

loaded below .5 and was also removed. The fourth factor analysis yielded six factors.

Nevertheless, one factor contained only one CCS item (questions) and it was deleted. The fifth

and final factor analysis yielded five factors, with each factor containing at least two CCS items

and each CCS item loading at .5 or above. The orthogonal (varimax) rotation for the final set of

CCS factors accounted for 66.5% of the total variance in scores (see Table 3), with eigenvalues

greater than 1 for each of the five factors. These eigenvalues met the criterion established for the

retention of factors developed by Kaiser in the 1960, known as Kaiser's Rule (Mertler &

Vannatta, 2005). Additionally, in considering the total variance explained, Hair and colleagues

(2006) reported that there is no threshold for all applications; however, accounting for 60%, or

even less at times, is satisfactory in the social sciences. Furthermore, the scree plot is a visual representation of the "magnitude of each eigenvalue plotted against their ordinal numbers" (Mertler & Vannatta, 2005, p. 250) and it also illuminated the presence of five predominant factors (see Figure 5).

Table 3: Variance Explained for Midterm CCS Data

Factor	Eigenvalues	% of Variance Explained	Cumulative %
1	11.27	40.26	40.26
2	2.61	9.32	49.58
3	1.89	6.75	56.33
4	1.63	5.83	62.16
5	1.22	4.35	66.51

($N = 97$)
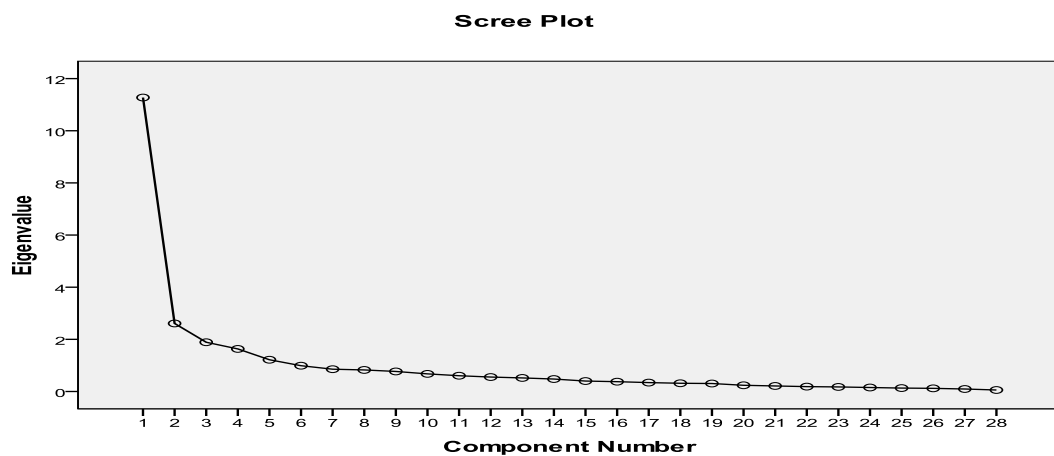
Figure 5: Cattell's Scree Plot for Midterm CCS Data

After conducting the final factor analysis for the midterm CCS data, the researcher examined the data again for intercorrelations. The Bartlett's Test of Sphericity continued to yield a statistically significant value ($x^2 = 1866.9$; $df = 378$; $p = .000$) and Kaiser-Meyer-Olkin Measure of Sampling Adequacy remained high (.847). The Cronbach's alpha for the remaining 28 items contained within the CCS, using the supervisor midterm data, was (.941), indicating a very high correlation (Drummond & Jones, 2010).

In further interpreting the factor matrix, the researcher examined the variables for cross-loading. Cross-loading occurs when a variable has a significant loading on more than one factor (Hair et al., 2006). Two of the CCS items (emotional stability and reflect B) had cross-loading on two different factors. When cross-loading occurs, the items are generally removed, unless they are theoretically justified to remain in the instrument (Hair et al., 2006). Both CCS items were considered theoretically justified, and therefore they remained within the CCS. These CCS items were grouped within the factor in which they loaded higher (emotional stability within Factor 2 and reflect B within Factor 4). Each of the five factors was given an appropriate name based on the CCS items contained within the factor. The factors were named as follows: (a) Factor 1: Assessment and Application, (b) Factor 2: Professional Behaviors and Dispositions, (c) Factor 3: Beginning Counseling Skills, (d) Factor 4: Advanced Counseling Skills, and (e) Factor 5: Directive Counseling Skills. Figure 6 illustrates the five factors for the midterm CCS data.
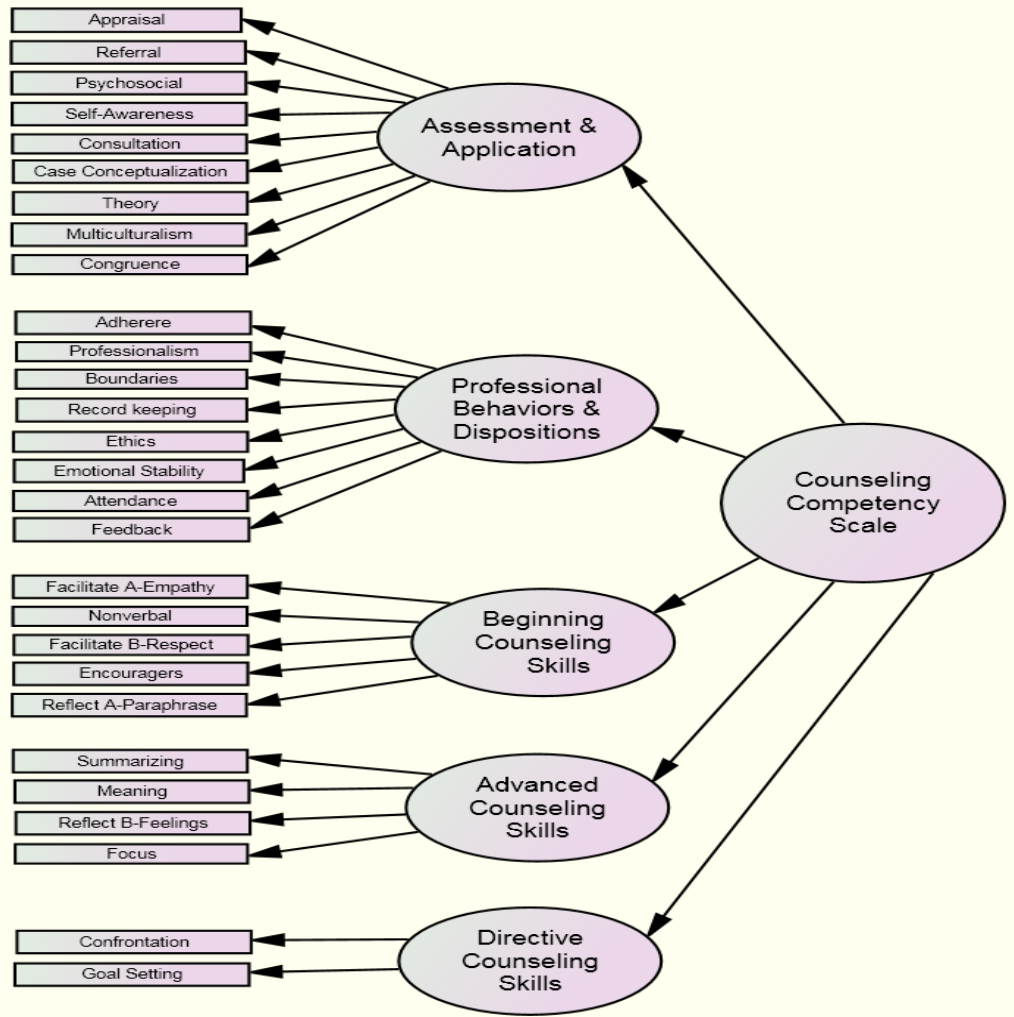
Figure 6: Factors for Midterm CCS Data

Midterm CCS Factor 1: Assessment and application. The first CCS factor, per the EFA

results, contained nine items and yielded a Cronbach's alpha of .908, indicating a very high

correlation (Drummond & Jones, 2010). Factor 1 contained CCS items related to assessing the

client and self-assessment ([a] psychosocial, [b] appraisal, [c] self-awareness, [d] case

conceptualization, and [e] consultation) and applying strategies based on the assessment ([a]

referral, [b] theory, [c] multiculturalism, and [d] congruence). Table 4 presents the mean,

standard deviation, and factor loading for the nine CCS items encompassed within Factor 1.

Table 4: Midterm CCS Factor 1: Assessment and Application

Item	Mean	Std. Deviation	Factor Loading
Appraisal	6.04	1.12	.820
Psychosocial	5.69	1.17	.762
Referral	6.06	1.06	.804
Self-Awareness	5.65	1.32	.662
Theory	5.22	1.31	.585
Case Conceptualization	5.28	1.26	.590
Congruence	6.12	1.22	.523
Multicultural	5.96	1.19	.561
Consultation	6.41	1.41	.601

($N = 97$; $\alpha = .908$)

Midterm CCS Factor 2: Professional Dispositions and Behaviors. The second CCS

factor, per the EFA results, contained eight items and yielded a Cronbach's alpha of .895,

indicating a very high correlation (Drummond & Jones, 2010). Factor 2 contained CCS items

related to professional dispositions ([a] professionalism, [b] boundaries, [c] ethics, [d] emotional

stability, and [e] openness to feedback) and professional behaviors ([a] adherence, [b] record

keeping, and [c] attendance). Table 5 presents the mean, standard deviation, and factor loading

for the eight CCS items contained within Factor 2.

Table 5: Midterm CCS Factor 2: Professional Dispositions and Behaviors

Item	Mean	Std. Deviation	Factor Loading
Adherence	6.76	1.24	.876
Professionalism	6.72	1.16	.756
Boundaries	6.37	1.05	.750
Ethics	6.31	1.27	.696
Record keeping	6.39	1.18	.722
Emotional Stability	6.21	1.14	.578
Feedback	6.54	1.40	.505
Attendance	7.38	1.06	.533

($N = 97$; $\alpha = .895$)

Midterm CCS Factor 3: Beginning Counseling Skills. The third CCS factor, per the EFA

results, contained five items and yielded a Cronbach's alpha of .842, indicating a high correlation

(Drummond & Jones, 2010). Factor 3 encompassed CCS items related to beginning counseling

skills ([a] facilitate A: empathy and care, [b] nonverbal behavior, [c] encouragers, [d] facilitate

B: respect and unconditional positive regard, [e] reflect A: paraphrasing). Table 6 presents the

mean, standard deviation, and factor loading for the five CCS items contained within Factor 3.

Table 6: Midterm CCS Factor 3: Beginning Counseling Skills

Item	Mean	Std. Deviation	Factor Loading
Nonverbal	6.27	1.28	.700
Encouragers	5.90	1.27	.679
Facilitate A	6.12	1.03	.781
Facilitate B	6.19	1.00	.689
Reflect A	5.61	1.14	.566

($N = 97$; $\alpha = .842$)

Midterm CCS Factor 4: Advanced Counseling Skills. The fourth CCS factor, per the EFA

results, contained four items and yielded a Cronbach's alpha of .831, indicating a high

correlation (Drummond & Jones, 2010). Factor 4 contained CCS items related to advanced

counseling skills ([a] reflect B: feelings, [b] meaning, [c] summarizing, and [d] focusing the

session). Table 7 presents the mean, standard deviation, and factor loading for the four CCS

items contained within Factor 4.

Table 7: Midterm CCS Factor 4: Advanced Counseling Skills

Item	Mean	Std. Deviation	Factor Loading
Reflect B	4.97	1.48	.677
Meaning	4.27	1.37	.723
Summarize	4.82	1.32	.824
Focus	5.44	1.15	.629

($N = 97$; $\alpha = .831$)

Midterm CCS Factor 5: Directive Counseling Skills. The fifth CCS factor, per the EFA results, contained two items and yielded a low Cronbach's alpha of .574 (Drummond & Jones, 2010). Factor 5 contained CCS items related to directive counseling skills (confrontation and goal setting). Table 8 presents the mean, standard deviation, and factor loading for the two CCS items contained within Factor 5.

Table 8: Midterm CCS Factor 5: Directive Counseling Skills

Item	Mean	Std. Deviation	Factor Loading
Confrontation	5.01	1.39	.654
Goal setting	5.30	1.19	.641

($N = 97$; $\alpha = .574$)

Supervisor Final CCS Evaluation Data

Following the review of the midterm data, the researcher explored the data set containing the final CCS supervisor ratings. The principal components analysis yielded a four factor matrix. The MSA for each CCS item exceeded .50, with the lowest value being .862. Therefore, no CCS items were removed based on the MSA. However, one CCS item (referral) yielded a factor loading below .5 and was therefore removed. The second factor analysis continued to yield a four factor matrix, with each factor containing at least two CCS items and each item loading at .5 or above. The scree plot also illuminated the presence of four predominant factors (see Figure 7). The orthogonal (varimax) rotation for the final set of factors accounted for 67.6% of the total variance (see Table 9). In considering the total variance explained, Hair and colleagues (2006) reported that there is no threshold for all applications; however, accounting for 60%, or even less at times, is satisfactory in the social sciences.
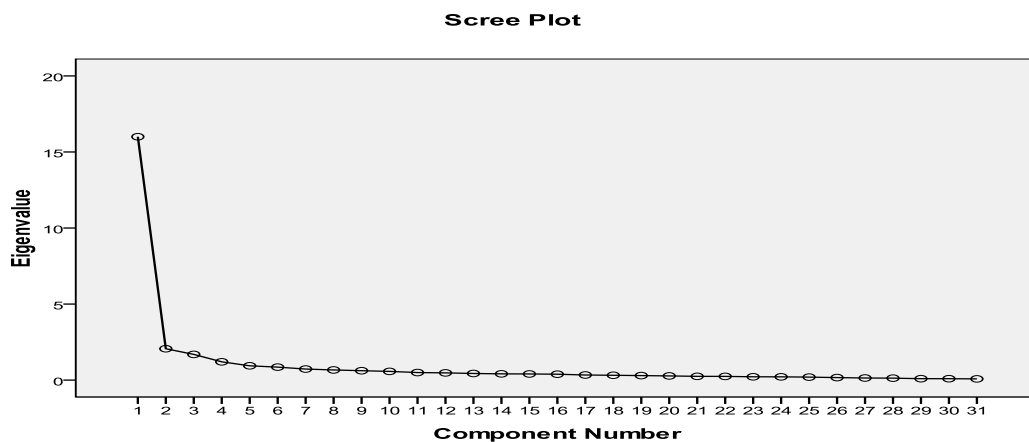
Figure 7: Cattell's Scree Plot for Final CCS Data

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Table 9: Variance Explained for Final CCS Data

Factor	Eigenvalues	% of Variance	Cumulative %
1	16.00	51.62	51.62
2	2.06	6.66	58.27
3	1.69	5.45	63.72
4	1.20	3.88	67.60

($N = 128$)

After conducting the final factor analysis for the final CCS data, the researcher examined the data again for intercorrelations. Bartlett's Test of Sphericity continued to yield a statistically significant value ($x^2 = 3255.153$; $df = 465$; $p = .000$) and Kaiser-Meyer-Olkin Measure of Sampling Adequacy remained high (.932). The Cronbach's alpha for the remaining 31 items contained within the CCS, using the supervisor final data, was .968, indicating a very high correlation (Drummond & Jones, 2010).

In further interpreting the factor matrix, the researcher examined the variables for cross-loading. Cross-loading occurs when a variable has a significant loading on more than one factor (Hair et al., 2006). Four of the CCS items ([a] facilitate B: respect, [b] facilitate A: empathy, [c] encouragement, and [d] literature) had cross-loading on two different factors. Each of these CCS items was considered theoretically justified; therefore, they remained within the CCS. The first three CCS items ([a] facilitate B: respect, [b] facilitate A: empathy, and [c] encouragement) remained in Factor 2 because they were theoretically justified within this factor, instead of their

grouping in Factor 1. The last CCS item with cross-loading (literature) remained grouped with the third factor because it loaded higher within this factor and was theoretically justified within Factor 3. Each of the four factors was given an appropriate name based on the CCS items contained within the factor. The CCS factors were named as follows: (a) Factor 1: Professional Dispositions and Behaviors, (b) Factor 2: Counseling Skills, (c) Factor 3: Assessment and Application, and (d) Factor 4: Growth. Figure 8 presents the four factors for the final CCS data set.
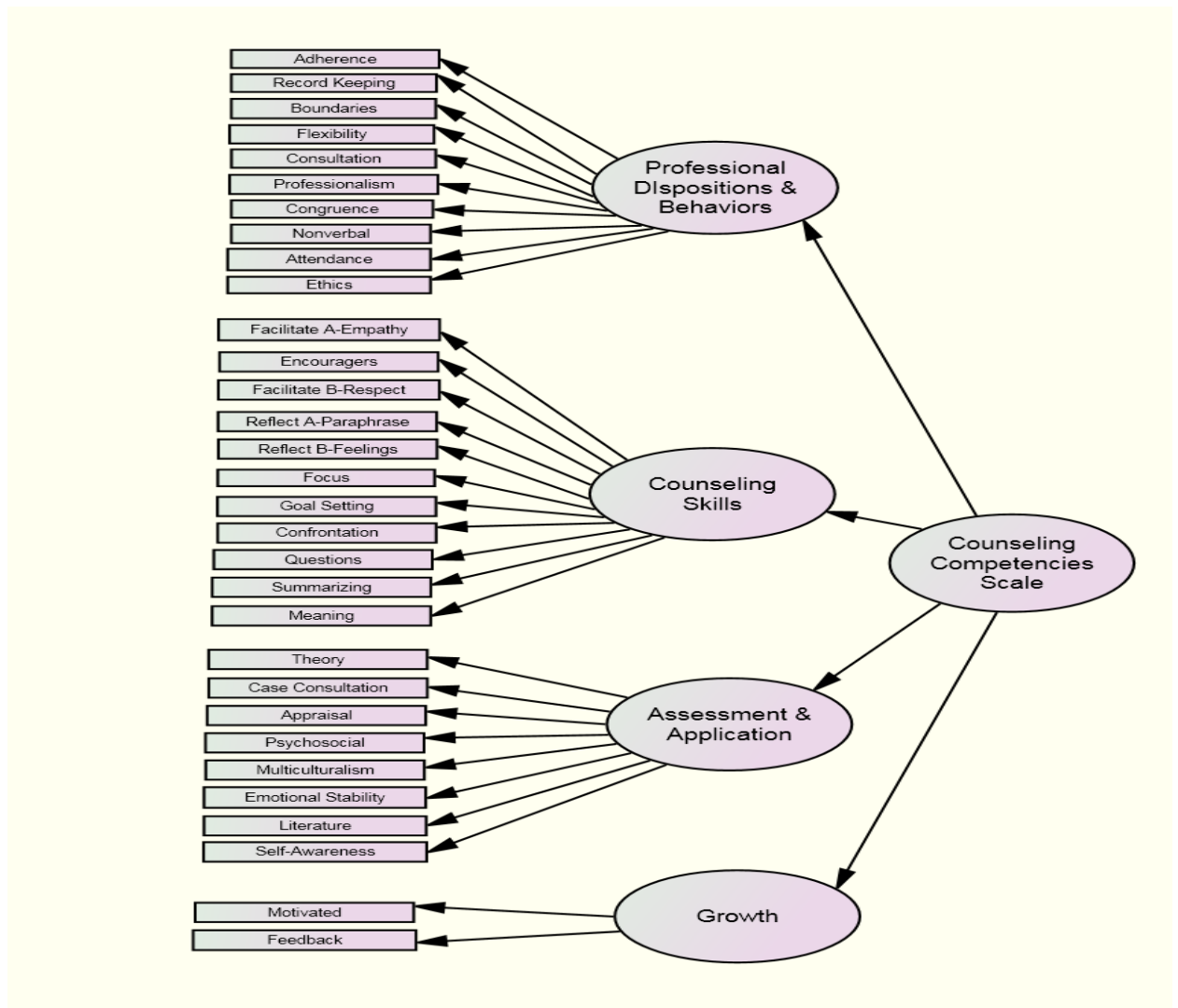
Figure 8: Factors for Final CCS Data

Final CCS Factor 1: Professional Dispositions and Behaviors. The first CCS factor, per

the EFA results, contained 10 items and yielded a Cronbach's alpha of .925, indicating a very

high correlation (Drummond & Jones, 2010). Factor 1 contained CCS items related to

professional dispositions ([a] boundaries, [b] flexibility, [c] professionalism, [d] congruence, and

[e] ethics) and professional behaviors ([a] adherence, [b] record keeping, [c] consultation, and [d]

attendance). The CCS factor also contained one counseling skill (nonverbal behavior). Table 10 presents the mean, standard deviation, and factor loading for the 10 CCS items encompassed within Factor 1.

Table 10: Final CCS Factor 1: Professional Dispositions and Behaviors

Item	Mean	Std. Deviation	Factor Loading
Adherence	7.13	1.06	.738
Record Keeping	6.67	1.10	.725
Boundaries	6.58	1.01	.718
Flexibility	6.73	1.03	.715
Consultation	6.88	1.12	.683
Professionalism	7.00	1.09	.664
Congruence	6.72	1.06	.633
Nonverbal	7.02	1.03	.613
Attendance	7.31	1.16	.586
Ethics	6.91	1.03	.587

($N = 128$; $\alpha = .925$)

Final CCS Factor 2: Counseling skills. The second CCS factor, per the EFA results, encompassed 11 items and yielded a Cronbach's alpha of .939, indicating a very high correlation

(Drummond & Jones, 2010). Factor 2 contained CCS items related to counseling skills ([a] facilitate A: empathy and care, [b] encouragers, [c] reflect A: paraphrasing, [d] reflect B: feelings, [e] focus, [f] goal setting, [g] confrontation, [h] questions, [i] meaning, [j] summarizing, and [k] facilitate B: respect and unconditional positive regard). Table 11 presents the mean, standard deviation, and factor loading for the 11 CCS items contained within Factor 2.

Table 11: Final CCS Factor 2: Counseling Skills

Item	Mean	Std. Deviation	Factor Loading
Facilitate A	6.77	1.21	.557
Encouragers	6.83	1.02	.507
Reflect A	6.58	1.18	.761
Reflect B	6.28	1.27	.729
Focus	6.36	1.21	.690
Goal Setting	6.22	.95	.683
Confrontation	6.03	1.00	.686
Questions	6.50	1.15	.673
Meaning	5.84	1.14	.568
Summarize	6.23	1.05	.675
Facilitate B	6.83	1.02	.530

($N = 128$; $\alpha = .939$)

Final CCS Factor 3: Assessment and Application. The third CCS factor, per the EFA results, contained eight items and yielded a Cronbach's alpha of .915, indicating a very high correlation (Drummond & Jones, 2010). Factor 3 included CCS items related to the assessment of a client and self-assessment ([a] case conceptualization, [b] appraisal, [c] psychosocial, [d] emotional stability, and [e] self-awareness) and application ([a] theory, [b] multiculturalism, and [c] knowledge of literature). Table 12 presents the mean, standard deviation, and factor loading for the eight CCS items contained within Factor 3.

Table 12: Final CCS Factor 3: Assessment and Application

Item	Mean	Std. Deviation	Factor Loading
Theory	5.98	1.02	.756
Case Conceptualization	6.14	.98	.713
Psychosocial	6.41	.98	.670
Appraisal	6.36	.85	.669
Multicultural	6.34	.94	.638
Emotional Stability	6.45	1.01	.640
Literature	6.19	1.05	.604
Self-Awareness	6.31	1.19	.603

($N = 128; \alpha = .915$)

Final CCS Factor 4: Growth. The fourth CCS factor, per the EFA results, contained two items and yielded a Cronbach's alpha of .842, indicating a high correlation (Drummond & Jones, 2010). Factor 4 contained CCS items related to growth (motivation to learn and openness to feedback). Table 13 presents the mean, standard deviation, and factor loading for the two CCS items contained within Factor 4.

Table 13: Final CCS Factor 4: Growth

Item	Mean	Std. Deviation	Factor Loading
Motivated	6.83	1.36	.726
Feedback	6.98	1.23	.587

($N = 128$; $\alpha = .842$)

Research Hypothesis 1 analyzed the correlations between variables to determine the number of factors needed to adequately account for the data. The factors identified in each CCS data set (midterm and final) differed from the original three proposed factors. The midterm CCS data yielded a factor matrix containing five factors and the final CCS data yielded four factors. Table 14 presents a comparison of the factors and items included within each CCS data set.

Table 14: Comparison of the CCS Models

Original CCS Model	Model from Midterm CCS Data	Model from Final CCS Data
Counseling Skills	Beginning Counseling Skills	Counseling Skills
Nonverbal Behavior	Nonverbal Behavior	
Encouragers	Encouragers	Encouragers
Questions		Questions
Reflection A (paraphrase)	Reflection A (paraphrase)	Reflection A (paraphrase)
Facilitate A (empathy)	Facilitate A (empathy)	Facilitate A (empathy)
Facilitate B (respect)	Facilitate B (respect)	Facilitate B (respect)
	Advanced Counseling Skills	
Reflection B (feelings)	Reflection B (feelings)	Reflection B (feelings)
Meaning	Meaning	Meaning
Summarizing	Summarizing	Summarizing
Focus	Focus	Focus
	Directive Skills	
Confrontation	Confrontation	Confrontation
Goal Setting	Goal Setting	Goal Setting
Professional Dispositions		Growth
Motivated to Learn		Motivated to Learn
Openness to Feedback	Openness to Feedback	Openness to Feedback
	Dispositions and Behaviors	Dispositions and Behaviors
		Nonverbal Behavior
Ethics	Ethics	Ethics
Professionalism	Professionalism	Professionalism
Self-Awareness		
Emotional Stability	Emotional Stability	
Multiculturalism		
Boundaries	Boundaries	Boundaries
Flexibility		Flexibility
Congruence		Congruence
Professional Behaviors		
Attendance	Attendance	Attendance
Adherence	Adherence	Adherence
Record Keeping	Record Keeping	Record Keeping
	Assessment and Application	
Consultation	Consultation	Consultation
		Assessment and Application
	Self-Awareness	Self-Awareness
	Multiculturalism	Multiculturalism
Theory	Theory	Theory
Literature		Literature
Case Conceptualization	Case Conceptualization	Case Conceptualization
Psychosocial	Psychosocial	Psychosocial
Appraisal	Appraisal	Appraisal
Referral	Referral	
		Emotional Stability
	Congruence	

Research Hypothesis 2

The internal consistency reliability of the counseling skills factor within the counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will meet or exceed a Cronbach's alpha of .70 within a population of counselors-in-training. A value of .70 is needed to indicate internal consistency (Mitchell & Jolley, 2004).

The researcher used Cronbach's alpha to calculate the internal consistency reliability for the counseling skills factor using both the midterm and final CCS data sets. The analyses yielded a high Cronbach's alpha for both the midterm CCS data set (.875) and the final CCS data set (.942). However, in calculating the construct validity using the EFA, the counseling skills factor was divided into additional factors. The internal consistency reliability of the additional factors is illustrated in the footnote for Tables 4-8 for the midterm CCS data set and Tables 10-13 for the final CSS data set.

Research Hypothesis 3

The internal consistency reliability of the professional dispositions factor within the counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will meet or exceed a Cronbach's alpha of .70 within a population of counselors-in-training. A value of .70 is needed to indicate internal consistency (Mitchell & Jolley, 2004).

The researcher used Cronbach's alpha to calculate the internal consistency reliability for the professional dispositions factor using both the midterm and final CCS data sets. The analyses yielded a high Cronbach's alpha for both the midterm CCS data set (.920) and the final CCS data set (.921). However, in calculating the construct validity using the EFA, the professional dispositions factor was divided into additional factors. The internal consistency reliability of the

additional CCS factors is illustrated in the footnote for Tables 4-8 for the midterm CCS data set and Tables 10-13 for the final CCS data set.

Research Hypothesis 4

The internal consistency reliability of the professional behaviors factor within the counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will meet or exceed a Cronbach's alpha of .70 within a population of counselors-in-training. A value of .70 is needed to indicate internal consistency (Mitchell & Jolley, 2004).

The researcher used Cronbach's alpha to calculate the internal consistency reliability for the professional behaviors factor using both the midterm and final CCS data sets. The analyses yielded a high Cronbach's alpha for both the midterm CCS data set (.866) and the final CCS data set (.896). However, in calculating the construct validity using the EFA, the professional behaviors factor was divided into additional factors. The internal consistency reliability of the additional factors is illustrated in the footnote for Tables 4-8 for the midterm CCS data set and Tables 10-13 for the final CCS data set.

Research Hypothesis 5

The interrater reliability of counseling practicum supervisors measuring counseling competencies (as measured by the *Counseling Competencies Scale* [CCS]) will yield a reliability coefficient of .60 or above within a population of counselors-in-training.

The researcher used Pearson product-moment correlation (two-tailed) to explore the interrater reliability of the counseling practicum supervisors measuring counseling competencies. Within counseling practicum courses taught at the southeast counselor education program, counselor education doctoral students worked with a counseling practicum faculty instructor to

provide triad and group supervision to counseling practicum students. The doctoral students and practicum instructors completed separate ratings on their core group of counseling practicum students. The pairs of ratings were utilized to calculate the interrater reliability for each pair of raters. After correlating each pair of raters, the researcher averaged all the correlations together to obtain an average correlation among all raters. The average was obtained for each of the three factors and the total score of the CCS (the three factors summed together).

The average correlation for the three CCS factors yielded low correlations (Skills [r = .436], Dispositions [r = .515], and Behaviors [r = .467]). Additionally, the Total CCS Score yielded a low correlation (r = .570). Table 15 presents a representation of the correlation results.

Table 15: Interrater Reliability Correlations of CCS Data

Pair	Skills	Dispositions	Behaviors	Total
Pair 1	.395	.983	Constant	.556
Pair 2	.904	1.00	.866	.984
Pair 3	.993	1.00	Constant	.995
Pair 4	-.357	.000	-.408	-.221
Pair 5	.905	.938	.968	.933
Pair 6	.743	-.270	-.136	.555
Pair 7	-.243	-.359	Constant	-.251
Pair 8	.037	.947	Constant	.514
Pair 9	.122	.387	.864	.682
Pair 10	.865	.523	.650	.953
Average	.436	.515	.467	.570

Number of Pairs = 10

Research Hypothesis 6

The criterion-related validity between the counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) and academic performance (as measured by final course grades earned in the counseling practicum course) will yield a validity coefficient of .40 or above within a population of counselors-in-training.

Pearson product-moment correlation (two-tailed) was used to explore the correlation between the total score on the CCS given at the end of the semester and the final semester grade

for the counseling practicum course. The correlation was only calculated for the students

enrolled in a counseling practicum course at the southeastern institution ($n = 43$) because the

northwestern program utilizes a pass/fail grading system for their practicum courses. Regarding

the distribution of grades, there were 38 'A's" (88.4%), one "A-" (2.3%), three "B's" (7%), and

one "B-" (2.3%). The results of the Pearson product-moment analysis indicated a high

correlation between the final total score on the CCS and the final counseling practicum course

grade, explaining 17% ($r = .407$, $p < .01$) of the variance.

Chapter Summary

Chapter 4 presented the results of the data analysis procedures calculated in order to

examine the six research hypotheses, which assessed the psychometric properties of the

Counseling Competencies Scale©(CCS). The data analyses utilized within the study included (a)

exploratory factor analysis, (b) Cronbach's alpha, and (c) Pearson product-moment correlation

(two-tailed). Chapter 5 discusses the findings of the analyses including implications for

counselor education and supervision and limitations of the study.

CHAPTER 5: DISCUSSION

This chapter begins with a brief summary of the study and the research methodology. The focus next shifts to reviewing the findings per research hypotheses presented in Chapter 4 and comparing the results with previous findings pertaining to the measurement of counseling competencies. The chapter concludes with a discussion of the (a) limitations of the study, (b) recommendations for future research, and (c) implications for counselor education and supervision.

Summary of the Study

A need exists for the development of a psychometrically sound counseling assessment instrument designed to evaluate the construct of counseling competence in a comprehensive manner. The lack of a comprehensive assessment instrument to measure counseling competence creates difficulty among counselor educators and supervisors in promoting counselor trainees' and supervisees' development and fulfilling their ethical and legal responsibilities as evaluators and gatekeepers for the counseling profession. Thus, the purpose of the study was to examine the psychometric properties of the *Counseling Competencies Scale* (CCS; UCF Counselor Education Faculty, 2009), an instrument designed to measure the counseling competence construct in a comprehensive manner (skills, dispositions, and behaviors).

The sample for the study included 81 counseling practicum students and 21 counseling practicum supervisors from two CACREP (Council for Accreditation of Counseling and Related Educational Programs) accredited graduate programs at public institutions within the United States, one in the southeast and the other in the northwest. Data collection took place during the

Fall 2009 semester; however, program evaluation data from the southeastern counselor education program was also included in the data analyses. The participants completed the CCS at midpoint and at the end of the semester of their counseling practicum course. Additionally, participants completed a demographic questionnaire developed by the researcher. Multiple CCS ratings were completed for counseling practicum students at one institution during the Fall 2009 semester, due to counselor education doctoral students working with counseling practicum instructors to provide group supervision to the counseling students. In regards to supervisor CCS evaluations, a total of 97 (77%) midterm CCS evaluations and 128 (100%) final CCS evaluations were analyzed for the present study. Counseling practicum students only completed the CCS evaluations during the Fall 2009 semester, yielding a total of 45 (87%) midterm CCS student self-evaluations and 47 (90%) final CCS student self-evaluations. A total of 96.2% of the students ($n = 50$) completed the instrument packets for at least the midterm or final data collection period.

To increase the response rate, the researcher utilized aspects of Dillman's (2007) *Tailored Design* method. The researcher employed multiple contacts to potential participants (university programs). Additionally, the researcher utilized "personalized correspondence" with potential participants and included a stamped return envelope in each data collection packet. Furthermore, in order to reduce measurement error, the data collection packet was reviewed by the researcher's dissertation committee and a group of six counselor education doctoral students. Changes were then implemented to create a more respondent-friendly data collection packet. The data were analyzed using Statistical Package for the Social Sciences (SPSS, 2008), including

exploratory factor analysis (EFA), Pearson product-moment correlation (two-tailed), and Cronbach's alpha.

Discussion

This section discusses the results that were reported in Chapter 4, including further examination of the descriptive statistics related to the reported demographic information and the analyses conducted per the six research hypotheses. In the discussion, the researcher compares the findings to previous research examining counseling competencies, which were reviewed in Chapter 2.

Participants

Two groups of participants were involved in the present study. The first group consisted of counseling practicum supervisors. The second group included counseling practicum students.

Practicum Counseling Supervisors

There were a total of 16 supervisors for the 52 students enrolled in a Fall 2009 counseling practicum course, who participated in the study. The academic rank of the supervisors was reported as: two (12.5%) associate professors, three (18.8%) instructors, three (18.8%) adjunct faculty, and eight (50%) counselor education doctoral students. Twelve (75%) of the supervisors were female and four (25%) were male. Of the 12 supervisors reporting age, the mean was 40.8 years ($SD = 10.42$), with a range of 25-57 years of age. The ethnicity and race of the 13 reporting supervisors was: 11 (84.6%) Caucasian, 1 (7.7%) African American, and 1 (7.7%) Hispanic.

Further analysis revealed the counseling specialty of the 15 reporting supervisors to be 40% mental health ($n = 6$), 13.3% marriage and family ($n = 2$), 13.3% school ($n = 2$), 20%

mental health and marriage and family ($n = 3$), 6.7% ($n = 1$) mental health and school, and 6.7%

marriage and family and school ($n = 1$). All the participating supervisors had completed at least

one graduate-level counseling supervision course prior to the data collection. None of the eight

doctoral students had previously supervised a counseling practicum student. However, all eight

faculty instructors had previous experience teaching counseling practicum, which ranged from

two to eleven times teaching the counseling practicum course. Furthermore, the counseling

supervision experience of the supervisors ranged from 0 to 12 years of experience, with a mean

of 2.8 years ($SD = 4.24$).

The researcher did not find any previous published studies that investigated supervisors

assessing their supervisees' counseling competencies using "real" counseling sessions. However,

Eriksen and McAuliffe (2003), developers of the *Counseling Skills Scale* (CSS), tested the

psychometric properties of the CSS using two Caucasian counselor educators who were

instructors for students enrolled in a counseling theories and techniques course. The students

were evaluated by sessions they role played with other students in the class. Additionally, one

study was found that involved counselor education doctoral students as counseling skills raters.

Urbani and colleagues (2002) developed the *Skilled Counseling Scale* (SCS) and used three

counselor education doctoral students as raters. In regards to the demographics of the raters, one

rater was a 35-year-old African American female, the second rater was a 32-year-old Caucasian

female, and the third rater was a 45-year-old Caucasian male. The raters were trained on using

the SCS to evaluate the counseling competency of students; however, the raters were not

supervisors for the students involved in the study. The researcher identified seven other studies

(Bergin & Jasper, 1969; Danish et al., 1976; Elliott, 1979, 1985; Fretz, 1966; Hill, 1975; Spooner

& Stone, 1977) that involved raters assessing counseling competencies, which primarily assessed verbal and nonverbal skills. However, limited information was provided regarding the demographical information of the counseling skills raters.

In summarizing the comparison of demographical data of the counseling competency raters from previous studies with the present study, the present study was unique in having trained counseling supervisors as raters. Additionally, the present study included a greater number of raters ($N = 16$) compared with previous studies (e.g., Eriksen & McAuliffe, 2003 [$N = 2$]; Urbani et al., 2002 [$N = 3$]). In regards to gender and race/ethnicity, the majority of raters were female and Caucasian in both Urbani and colleagues' study (67% female, 67% Caucasian) and the present study (75% female, 85% Caucasian). Furthermore, consistency was present related to the age of counseling competency raters in Urbani and colleagues' study (age range of 32-45) and the present study (age range of 25-57).

Practicum Counseling Students

There were a total of 52 students enrolled in the counseling practicum courses for the Summer and Fall 2009 semesters. Of the student participants reporting gender, there were 42 (86%) females and 7 (14%) males. The age of participants ranged from 22 to 52 years, with a mean of 26.7 years ($SD = 6.66$). Race and ethnicity for the 45 reporting students was: 60% Caucasian ($n = 27$), 7% Black/Non-Hispanic ($n = 3$), 20% Hispanic ($n = 9$), and 13% Asian/Pacific Islander ($n = 6$). Regarding program of study, 15 (33%) reported mental health, 13 (28%) marriage and family, 17 (37%) school, and 1 (2%) mental health and school. Furthermore, of the 45 students reporting their practicum level, 40 reported being counseling practicum one students and 5 reported being enrolled in practicum two.

The researcher found four published studies that investigated the counseling competencies of students during actual counseling sessions. Bergin and Jasper (1969) published two studies. The first study involved 18 post-internship students and the second study involved 36 psychology graduate students. Hill (1975) examined 24 counseling and psychology students' (12 female, 12 male) counseling competencies. Half of these student participants were enrolled in counseling practicum courses and the other students were completing their counseling internship. Additionally, Spooner and Stone (1977) investigated counselor education students' counseling competencies (seven females and six males). Furthermore, Fretz (1966) assessed nonverbal counseling skills within a group of graduate students, including eight females and four males. Thus, the present study included a larger number of students ($N = 52$) when compared to previous published studies ($N = 18, 36, 24, 13,$ or 12). However, the previous published studies included a more balanced representation of gender among participants, when compared with the present study.

Additionally, five published studies were found that involved using role played counseling sessions in the assessment of counseling competencies. Danish and colleagues (1976) measured the counseling competencies of counselors-in-training during role played sessions. The study sample included 93 females and 33 males with a mean age of 21.65. Elliott (1979) assessed the counseling competencies of 12 graduate psychology internship students (six female, six males), who were all Caucasian. Additionally, 12 graduate psychology students (six female, six male) were involved in another study by Elliott (1985). Eriksen and McAuliffe (2003) evaluated 29 student participants' counseling competencies that were enrolled in a counseling theories and techniques course. The participating students ranged in age from 22-42 years with a mean age of

26.38 years and 62% were female. Of those reporting race/ethnicity, 76% were Caucasian, 17% African American, and 3% Asian. Program of study was also reported, which included: 31% school counseling, 24% community counseling, 24% student affairs administration, 7% student affairs counseling, and 3% other programs. Finally, Urbani and colleagues (2002) investigated the level of counseling competencies among 61 counselors-in-trainings who were enrolled in a counseling theories and process course or an introduction to counseling course. The students ranged in age from 25-60 years with a mean age of 29 and 49 students were female. Eight of the students represented a minority group (four Latino, two Asian, one African American, and one American Indian). Thus, these five studies, despite the involvement of role played session, provided a variety of demographical information.

In comparing the present study to the five published studies involving role played counseling sessions, three of the studies had a majority of female participants, which was consistent with the present study. In regards to age, the mean age of the participants in the present study was 26.7, which compared to the mean ages of 21.65, 26.38, and 29 in the previous studies. In comparing race/ethnicity, the majority of the students were Caucasian, which was consistent with the race/ethnicity of the students involved in the present study. One previous study that reported program of study had similar representations of school counseling and mental health/community counseling; however, the student affairs grouping was only represented in the previous study, and the marriage and family grouping was only represented in the present study. Thus, despite the limited number of published studies investigating counseling competencies that reported demographical information, consistencies existed between these previous studies and the present study.

Descriptive Data Analysis

This section discusses the findings of six research hypotheses explored in the present study. The researcher compares the findings of the hypotheses to previous research that examined similar questions.

Research Hypothesis 1

The counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will yield three factors ([a] counseling skills, [b] professional dispositions, and [c] professional behaviors) within a population of counselors-in-training, as shown in Figure 9.
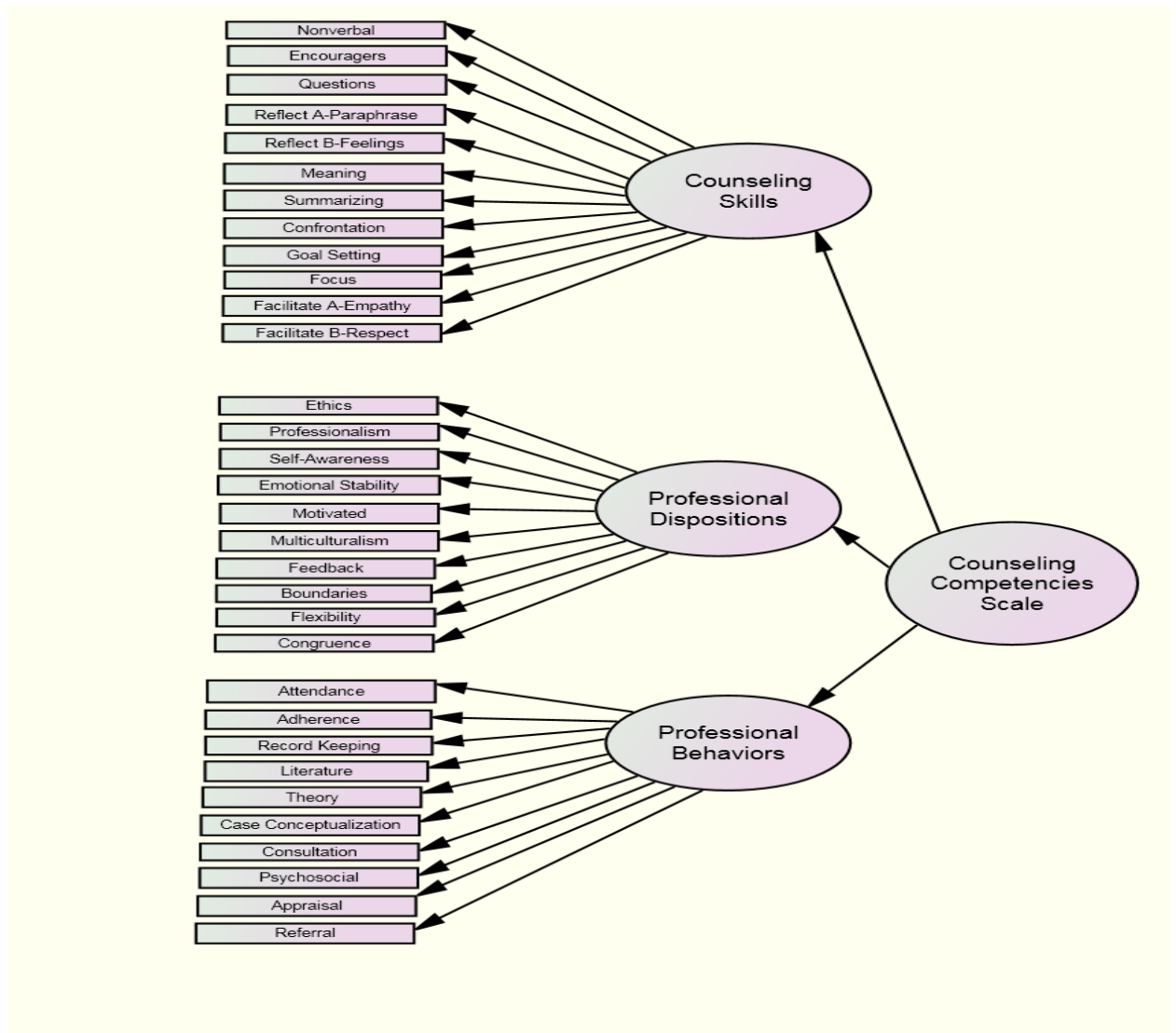
Figure 9: CCS Original Model

The researcher conducted an EFA on the supervisor midterm CCS data set ($N = 97$) and

the supervisor final CCS data set ($N = 128$) to examine the first hypothesis. The researcher

examined each CCS data set separately. The student self-assessment CCS data sets were not

examined using an EFA due to the low number of cases contained within both the student

midterm CCS data set ($N = 45$) and the student final CCS data set ($N = 47$) per Hair and colleagues' (2006) recommendation of having a minimum of 100 cases.

Supervisor Midterm CCS Data

The EFA with the supervisor midterm CCS data set yielded a final set of five factors. The factors were named as follows: (a) Factor 1: Assessment and Application, (b) Factor 2: Professional Behaviors and Dispositions, (c) Factor 3: Beginning Counseling Skills, (d) Factor 4: Advanced Counseling Skills, and (e) Factor 5: Directive Counseling Skills (see Figure 10).
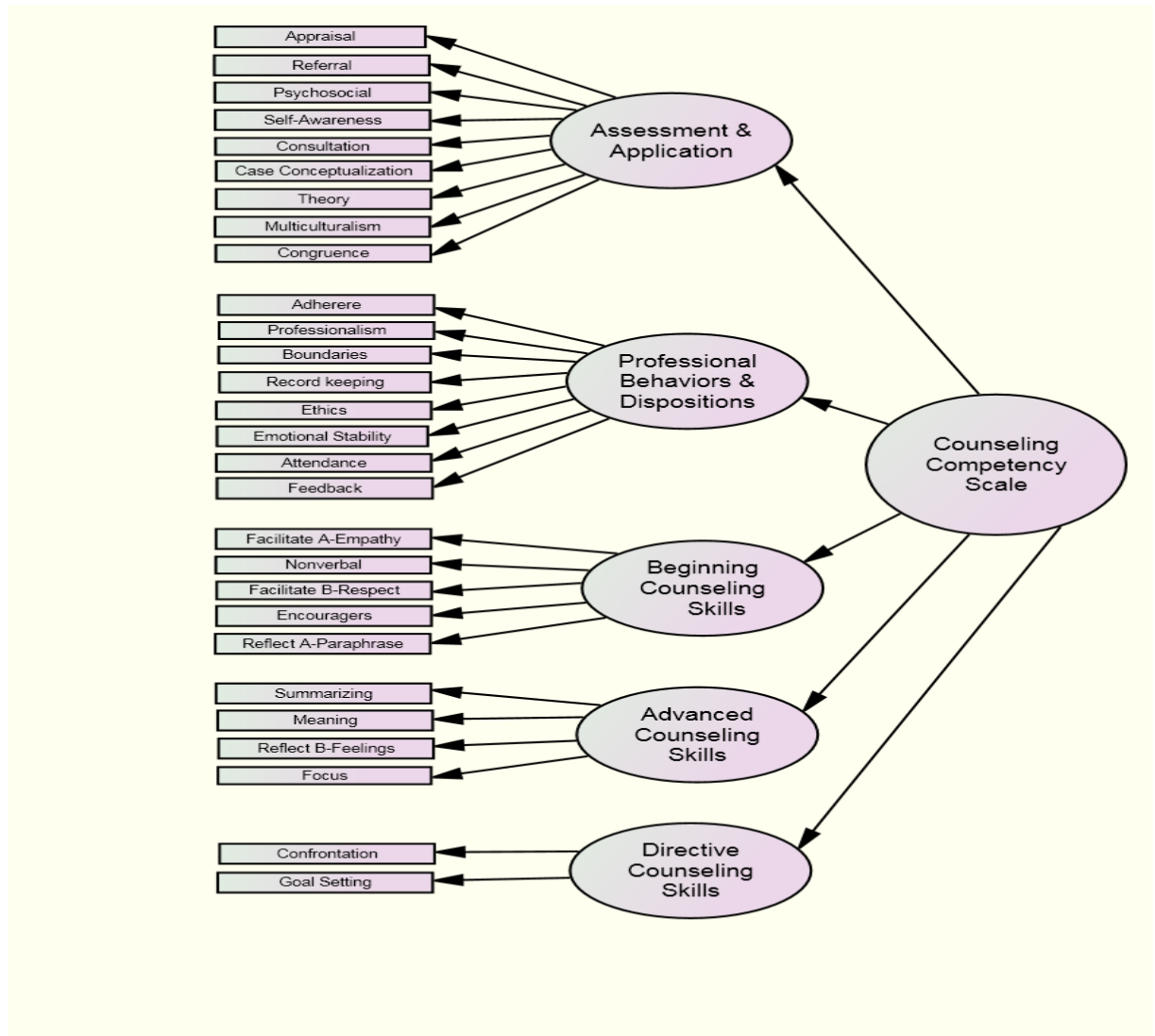
Figure 10: Factors for Midterm CCS Data

Midterm CCS Factor 1: Assessment and application. The first midterm CCS factor, per

the EFA results, contained nine items related to assessing clients and counselor self-assessment

([a] psychosocial, [b] appraisal, [c] self-awareness, [d] case conceptualization, and [e]

consultation) and applying counseling strategies based on the assessment ([a] referral, [b] theory,

[c] multiculturalism, and [d] congruence). Four of the nine CCS Factor 1 items related to the

assessment of clients ([a] psychosocial, [b] appraisal, [c] case conceptualization, and [d] consultation). Additionally, four of the CCS items in Factor 1 connected to counseling strategies to applying assessment ([a] referral, [b] theory, [c] multiculturalism, and [d] congruence). The final CCS midterm Factor 1 item (self-awareness) related to counselors' self-assessment, which has been identified as an essential counselor characteristic in providing ethical and effective counseling services (e.g., ACA, 2005; CACREP, 2009). Table 16 provides a summary of the data supporting the inclusion of each CCS item contained within Factor 1, including (a) the correlation between the CCS item and Factor 1, (b) a definition of the CCS item, and (c) support from the counseling literature.

Table 16: Factor 1: Assessment and Application Midterm CCS Data Summary

Item	Correlation	Definition	Support from the literature
Psychosocial	.762	ability to construct a comprehensive biopsychosocial report and treatment plan	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics* (*A.1.c.*); Seligman (1993)
Appraisal	.820	ability to appropriately administer, score, and interpret clinical assessments	CACREP (2009) *Standards* (*G.7.*); ACA (2005) *Code of Ethics* (*A.9.a., E.1-E.13*); Ekstrom et al. (2004)
Case Conceptualization	.590	ability to discuss a client's history; and appreciating factors influencing the client's functioning and integrating this into counseling	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics*; Eells & Lombart (2003); Falvey (2001)
Consultation	.601	seeking assistance regarding a specific case or an issue related to one's role as a counselor	CACREP (2009) *Standards* (*5.f.*); ACA (2005) *Code of Ethics* (*A.-H.*); Brown (1993); Caplan (1970)
Congruence	.523	ability to be true to oneself and others	Rogers (1957); Tudor and Worrall (1994)

Item	Correlation	Definition	Support from the literature
Referral	.804	ability to identify resources to assist clients during and following the counseling experience	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics* (*A.9.b., A.11, D.2.a., E.6.b.*); Hill (2004)
Theory	.585	identifying with a counseling theory and applying the theory to the counselor's work with clients	CACREP (2009) *Standards* (*G.5.d.*); ACA (2005) *Code of Ethics* (*C.6.e.*); Sperry (2005); Woodard and Lin (1999)
Multiculturalism	.561	demonstration of awareness, appreciation, and respect of cultural differences	CACREP (2009) *Standards* (*G.2.a-G.2.f*); ACA (2005) *Code of Ethics*; Constantine (2002); Sue, Arredondo, and McDavis (1992a, 1992b)
Self-Awareness	.662	increasing awareness of one's thoughts, feelings, beliefs, and values, and addressing the areas	CACREP (2009) *Standards* (*G.2.e*); ACA (2005) *Code of Ethics* (*A.4.b, C.2.a*); Frame and Stevens-Smith (1995); Tennyson and Strom (1986)

Midterm CCS Factor 2: Professional behaviors and dispositions. The second CCS factor, per the EFA results, included eight items that were initially grouped within two factors (professional behaviors and professional dispositions). Three of the Factor 2 CCS items were initially grouped within the professional behaviors factor ([a] adherence, [b] record keeping, and [c] attendance). The remaining five Factor 2 CCS items were initially grouped within the professional dispositions factor ([a] professionalism, [b] boundaries, [c] ethics, [d] emotional stability, and [e] openness to feedback). In reviewing these CCS items per the EFA results, the researcher decided to combine the names of the original factors to effectively describe the CCS items contained within Factor 2. Table 17 provides a summary of the data supporting the inclusion of each CCS item contained within Factor 2, including (a) the correlation between the CCS item and Factor 2, (b) a definition of the CCS item, and (c) support from the counseling literature.

Table 17: Factor 2: Professional Behaviors and Dispositions Midterm CCS Data Summary

Item	Correlation	Definition	Support from the literature
Adherence	.876	Knowing and understanding all policies related to the counseling site	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics* (*F.8.a.*); Wetchler and Fisher (1991)
Record Keeping	.722	completing all activities in an ethical manner and documentation in a correct, complete, and professional manner by the deadline	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics* (*A.1.b, C.*); Prieto and Scheel (2002)
Attendance	.533	being present and actively engaging in course meetings and clinical experiences	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics*; Lowe (1994)
Professionalism	.756	positive interactions with others and maintaining a professional appearance	CACREP (2009) *Standards* (*G1*); ACA (2005) *Code of Ethics* (*C, D.1.b*)
Boundaries	.750	maintaining appropriate physical and emotional boundaries when interacting with clients, colleagues, and supervisors	CACREP (2009) *Standards* (*G.1.b.*); ACA (2005) *Code of Ethics* (*A.5, A.7*); Corey et al. (2007); Remley and Herlihy (2005); Webb (1997)

Item	Correlation	Definition	Support from the literature
Ethics	.696	decision-making skills and engaging in behaviors consistent with the established codes of ethics for the profession	CACREP (2009) *Standards* (*G1*); ACA (2005) *Code of Ethics*; McAdams et al. (2007)
Emotional Stability	.578	ability to regulate one's emotions that allows a client to explore personal issues without focus shifting to the counselor's emotional state, and emotional regulation regarding interactions with others	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics* (*F.8.b*); Frame and Stevens-Smith (1995); Jansen et al. (1970); McAdams et al. (2007); Nagpal and Ritchie (2002)
Openness to Feedback	.505	willingness to hear the suggestions of others without becoming defensive and appropriately integrating feedback	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics* (*F.5.a, F.9.a*); Bradey and Post (1991); Ray and Altekruse (2000); Frame and Stevens-Smith (1995); McAdams et al. (2007)

Midterm CCS Factor 3: Beginning counseling skills. The third CCS factor, per the EFA results, included five items related to beginning counseling skills ([a] facilitate A: empathy and care, [b] nonverbal behavior, [c] encouragers, [d] facilitate B: respect and unconditional positive regard, and [e] reflect A: paraphrasing). Each of the five Factor 3 CCS items originally appeared in the counseling skills factor contained within the original CCS model. The facilitative skills (empathy and respect) were both included within Factor 3, which work together to build a foundation for the counseling relationship. Factor 3 also included two CCS items (nonverbal behavior and encouragers), which are referred to as invitational skills. An invitational skill invites the client to engage in the counseling process (Young, 2009). Thus, the invitational skills are classified as beginning counseling skills. The final Factor 3 CCS item included was paraphrasing, which is a reflecting skill (Young, 2009). In summary, Factor 3 contained a variety of skills that focus on initiating the development of the counseling relationship. Table 18 presents a graphical summary of the data supporting the inclusion of each CCS item contained within Factor 3, including (a) the correlation between the CCS item and Factor 3, (b) a definition of the CCS item, and (c) support from the counseling literature.

Table 18: Factor 3: Beginning Counseling Skills Midterm CCS Data Summary

Item	Correlation	Definition	Support from the literature
Facilitate A Empathy	.781	communicating understanding of the client's experience in a nonjudgmental manner that involves immediacy and concreteness	Ivey and Ivey (1999); Mullen and Abeles (1971); Ridgway and Sharpley (1990); Rogers (1957); Young (2009)
Facilitate B Respect	.689	counselor's demonstration of respect for the client and valuing the client as a worthy human being	Rogers (1957); Tepper and Haase (1978); Young (2009)
Nonverbal	.700	actions taken by the counselor that communicate that the counselor is listening to the client	Bayes (1972); Fretz (1966); Fretz et al. (1979); Graves and Robinson (1976); Hackney (1974); Hill (2004); Ivey and Ivey (1999); Kim et al. (2003); Smith-Hanen (1977); Young (2009)
Encouragers	.679	a verbal utterance or phrase encouraging the client to continue talking	Hill (2004); Ridgway and Sharpley (1990); Sharpley et al. (2000); Young (2009)
Reflect A Paraphrase	.566	rephrasing client's thoughts and facts without repeating the exact words	Hill et al. (1988); Ridgway and Sharpley (1990); Sharpley et al. (2000); Young (2009)

Midterm CCS Factor 4: Advanced counseling skills. The fourth factor, per the EFA

results, included four CCS items that related to advanced counseling skills ([a] reflect B:

feelings, [b] meaning, [c] summarizing, and [d] focus of counseling). Each of the four Factor 4

CCS items appeared in the counseling skills factor in the original CCS model. The first Factor 4

CCS item (reflection of feeling) is grouped with paraphrasing within some scales (e.g., Elliott,

1985; Friedlander, 1982; Goodman & Dooley, 1976; Spooner & Stone, 1977; Stiles, 1978;

Strupp, 1960). However, other scales identify the *reflection of feeling* skill as a separate category

(e.g., Danish et al., 1976; Hill, 1978; Hill & O'Brien, 1999; Ivey, 1971; Snyder, 1945, 1963).

Additionally, Factor 4 encompassed two CCS items (reflection of meaning and summarizing),

which are referred to as advanced reflecting skills. These advanced reflecting skills assist the

counselor in moving the client to a deeper level (Young, 2009). The final skill within Factor 4

was focus of counseling, which relates to transitioning the session from greeting the client to

focusing on the therapeutic issues. Thus, the four CCS items contained within Factor 4

encompassed more complex counseling skills that strive to assist the client in progressing

through counseling. Table 19 presents a summary of the data supporting the inclusion of each

CCS item contained within Factor 4, including (a) the correlation between the CCS item and

Factor 4, (b) a definition of the CCS item, and (c) support from the counseling literature.

Table 19: Factor 4: Advanced Counseling Skills Midterm CCS Data Summary

Item	Correlation	Definition	Support from the literature
Reflect B Feelings	.677	rephrasing client's feelings without repeating the client's exact feeling word	Hill (2004); Ivey and Ivey (1999); Rogers (1957); Sharpley et al. (2000); Snyder (1945); Young (2009)
Meaning	.723	a statement that assists the client in connecting with one's core beliefs and values	Elliott (1985); Hill (1975, 2004); Ivey and Ivey (1999); Snyder (1945); Young (2009)
Summarizing	.824	summary of the client's expressed or implied feelings, thoughts, deeper meaning, or future plans	Eriksen and McAuliffe (2003); Ivey (1971); Ivey and Ivey (1999); Urbani et al. (2002); Young (2009)
Focus of Counseling	.629	ability to transition from greeting the client to focusing the session on addressing the therapeutic issues and mutually defined goals	Eriksen and McAuliffe (2003); Urbani et al. (2002)

Midterm CCS Factor 5: Directive counseling skills. The final factor, per the EFA results, contained two CCS items (confrontation and goal setting). The Factor 5 skills were both included within the counseling skills factor contained within the original CCS model. Both of these Factor 5 skills involve a more directive approach from the counselor. Confrontation challenges the client to recognize discrepancies (Young, 2009). Additionally, goal setting focuses the client on identifying and establishing goals to address in counseling (Young, 2009). Thus, the Factor 5 CCS items grouped together as counseling skills that require the counselor to take a more active, directive role in the counseling process. Table 20 presents a summary of the data supporting the inclusion of each CCS item contained within Factor 5, including (a) the correlation between the CCS item and Factor 5, (b) a definition of the CCS item, and (c) support from the counseling literature.

Table 20: Factor 5: Directive Counseling Skills Midterm CCS Data Summary

Item	Correlation	Definition	Support from the literature
Confrontation	.654	bringing the client's attention to a discrepancy existing within their words, behaviors, or thoughts that may present as being out of the client's awareness	Eriksen and McAuliffe (2003); Hill, (1975, 2004); Ivey and Ivey (1999); Snyder (1963); Spooner and Stone (1977); Urbani et al. (2002); Young (2009)
Goal Setting	.641	a process that the counselor and client engage in together in order to transform the identified problem areas into goals to work towards accomplishing throughout the counseling process	Eriksen and McAuliffe (2003); Hackney and Nye (1973); Hill (2004); Spooner and Stone (1977); Urbani et al. (2002); Young (2009)

Midterm CCS deleted items. There were four CCS items ([a] motivation to learn, [b] knowledge of literature, [c] flexibility, and [d] questions) included within the original CCS model that were removed from the midterm CCS model per the EFA results. The CCS items were removed because they did not meet the following retention criteria: (a) a measure of sampling adequacy (MSA) value of .50 or above for each item, (b) a factor loading of .5 or above, and (c) at least two items loading on each factor (Hair et al., 2006). Table 21 presents a summary of the deleted items from the CCS midterm data including (a) reason for deletion, (b) CCS item definition, and (c) support from the literature regarding the importance of the CCS item in measuring counseling competencies.

Table 21: CCS Data Summary of Deleted Midterm Items

Item	Reason for Deletion	Definition	Support from the Literature
Motivation to Learn	loading below .5	willingness to continue to grow	CACREP (2009) Standards; ACA (2005) *Code of Ethics* (*C.2.f.*); Bradey and Post (1991)
Knowledge of Literature	Factor had one item	obtaining information through research about effective counseling practices, including therapeutic interventions	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics*
Flexibility	loading below .5	ability to adjust to changing circumstances, unexpected events, and new situations	ACA (2005) *Code of Ethics* (*C. 2 f.*); Whiteley et al. (1967); Rapp (2000)
Questions	Factor had one item	includes open and closed-ended questions; open-ended questions-further exploration involving more than one or two words closed questions-seeking facts that involves one or two words	Elliott (1979, 1985); Goodman and Dooley (1976); Hill (2004); Ivey and Ivey (1999); Young (2009)

The literature provides support for the inclusion of the four CCS items deleted from the midterm data set. In examining the deleted items, the researcher considered grouping two of the deleted CCS items (motivated to learn and knowledge of literature) within the variable of *openness to feedback*, defined as a willingness to hear the suggestions of others without becoming defensive and appropriately integrating the feedback. However, the researcher did not identify a conceptual relationship between the remaining two CCS items (flexibility and questions) and other CCS variables contained within the midterm model of the CCS. Thus, further exploration is needed to consider the inclusion of these CCS items (flexibility and questions) in a different context.

In summary, the original CCS model contained 32 items within three factors ([a] counseling skills, [b] dispositions, and [c] behaviors). The EFA results, per the midterm CCS data set, yielded five factors, which contained 28 items. As discussed, the loading of the CCS items within the factors was theoretically and empirically justified supporting the new model containing the midterm CCS data.

Supervisor Final CCS Data

The EFA with the supervisor final CCS data set yielded a set of four factors. The factors were named as follows: (a) Factor 1: Professional Dispositions and Behaviors, (b) Factor 2: Counseling Skills, (c) Factor 3: Assessment and Application, and (d) Factor 4: Growth (see Figure 11).
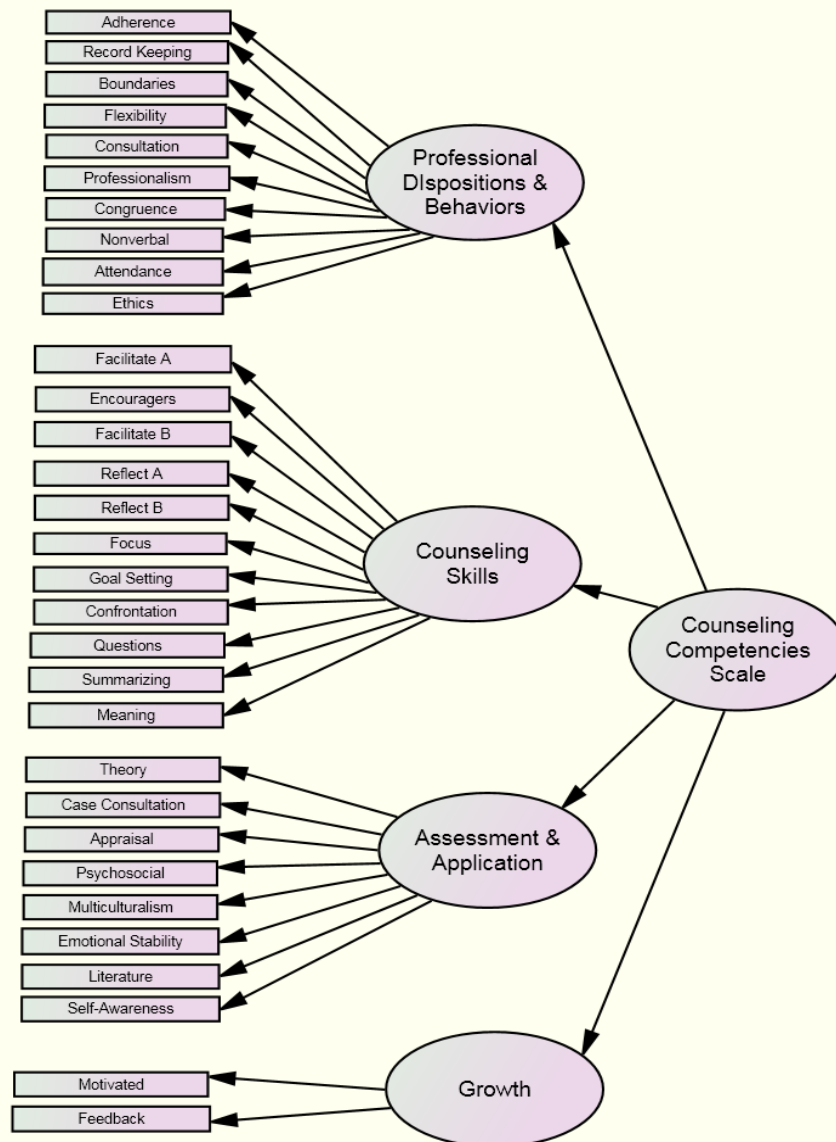
Figure 11: Factors for Final CCS Data

Final CCS Factor 1: Professional dispositions and behaviors. The first factor, per the

EFA results, contained a total of 10 CCS items. Nine of the ten Factor 1 CCS items were initially

contained within two factors (professional dispositions and professional behaviors) encompassed

within the original CCS model. Five CCS items ([a] boundaries, [b] flexibility, [c] professionalism, [d] congruence, and [e] ethics) were contained within the professional dispositions factor and four CCS items ([a] adherence, [b] record keeping, [c] consultation, and [d] attendance) were present within the professional behaviors factor. Factor 1 also contained one CCS counseling skill (nonverbal behavior). Factor 1 was identified in both the midterm and final CCS data sets; however, the two factors differed slightly in their composition of professional dispositions and professional behaviors contained within the original CCS model. In regards to the professional dispositions factor, three items were contained within both CCS data sets ([a] professionalism, [b] boundaries, and [c] ethics). Differences among the professional dispositions and professional behaviors factor existed regarding the presence of two additional Factor 1 CCS items (emotional stability and openness to feedback) within only the midterm data set and two additional Factor 1 CCS items (flexibility and congruence) within only the final CCS data set. However, in reviewing these CCS items, the researcher decided to combine the names of the original factors to effectively describe the items contained within this factor for both the midterm and final data sets. Table 22 presents a summary of the data supporting the inclusion of each CCS item contained within Factor 1, including (a) the correlation between the CCS item and Factor 1, (b) a definition of the CCS item, and (c) support from the counseling literature.

Table 22: Factor 1: Professional Dispositions and Behaviors Final CCS Data Summary

Item	Correlation	Definition	Support from the literature
Boundaries	.718	maintaining appropriate physical and emotional boundaries when interacting with clients, colleagues, and supervisors	CACREP (2009) *Standards* (*G.1.b.*); ACA (2005) *Code of Ethics* (*A.5, A.7*); Corey et al. (2007); Remley and Herlihy (2005)
Flexibility	.715	ability to adjust to changing circumstances, unexpected events, and new situations	ACA (2005) *Code of Ethics* (*C. 2 f.*); Whiteley et al. (1967); Rapp (2000)
Professionalism	.664	positive interactions with others and maintaining a professional appearance	CACREP (2009) *Standards* (*G1*); ACA (2005) *Code of Ethics* (*C, D.1.b*)
Congruence	.633	ability to be true to oneself and others	Rogers (1957); Tudor and Worrall (1994)
Ethics	.587	decision-making skills and engaging in behaviors consistent with the established codes of ethics for the profession	CACREP (2009) *Standards* (*G1*); ACA (2005) *Code of Ethics*; McAdams et al. (2007)
Adherence	.738	knowing and understanding all policies related to the counseling site	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics* (*F.8.a.*); Wetchler and Fisher (1991)

Item	Correlation	Definition	Support from the literature
Record Keeping	.725	completing all activities in an ethical manner and documentation in a correct, complete, and professional manner by the deadline	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics* (*A.1.b, C.*); Prieto and Scheel (2002)
Consultation	.683	seeking assistance regarding a specific case or an issue related to one's role as a counselor	CACREP (2009) *Standards* (*5.f.*); ACA (2005) *Code of Ethics* (*A.-H.*); Brown (1993); Caplan (1970)
Attendance	.586	being present and actively engaging in course meetings and clinical experiences	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics*; Lowe (1994)
Nonverbal	.613	actions taken by the counselor that communicate that the counselor is listening to the client	Bayes (1972); Fretz (1966); Fretz et al. (1979); Graves and Robinson (1976); Hackney (1974); Hill (2004); Ivey and Ivey (1999); Kim et al. (2003); Smith-Hanen (1977); Young (2009)

Final CCS Factor 2: Counseling skills. The second factor, per the EFA results, contained 11 of the 12 counseling skills encompassed within the original CCS model. The 11 Factor 2 CCS items included: (a) facilitate A: empathy and care, (b) encouragers, (c) reflect A: paraphrasing, (d) reflect B: feelings, (e) focus of counseling, (f) goal setting, (g) confrontation, (h) questions, (i) meaning, (j) summarizing, and (k) facilitate B: respect and unconditional positive regard. The one CCS item contained within the original CCS counseling skills factor that was not loaded within Factor 2 was nonverbal behavior. Thus, the researcher classified Factor 2 as counseling skills because 11 of the original 12 CCS items contained within the counseling skills factor were contained within this factor.

The original CCS counseling skills factor appeared as three separate factors ([a] beginning counseling skills, [b] advanced counseling skills, and [c] directive counseling skills) within the midterm CCS data set. One explanation for the emergence of the three midterm CCS counseling skills factors into a single counseling skills factor for the final CCS data set relates to the advancement of skill level throughout the semester. As students increased their counseling skill level, their competence increased among the CCS items contained within the three midterm CCS counseling skills factors. Thus, during the final data collection period, the counseling skill level of students was more similar across the various categories of skills. Table 23 presents a summary of the data supporting the inclusion of each CCS item contained within Factor 2, including (a) the correlation between the CCS item and Factor 2, (b) a definition of the CCS item, and (c) support from the counseling literature.

Table 23: Factor 2: Counseling Skills Final CCS Data Summary

Item	Correlation	Definition	Support from the literature
Facilitate A- Empathy	.557	communicating understanding of the client's experience in a manner that involves immediacy and concreteness	Ivey and Ivey (1999); Mullen and Abeles (1971); Ridgway and Sharpley (1990); Rogers (1957)
Encouragers	.507	a verbal utterance or phrase indicating understanding and encouraging the client to continue talking	Hill (2004); Ridgway and Sharpley (1990); Sharpley et al (2000); Young (2009)
Reflect A- Paraphrasing	.761	rephrasing client's thoughts and facts without repeating the exact words	Hill et al. (1988); Ridgway and Sharpley (1990); Young (2009)
Reflect B- Feelings	.729	rephrasing client's feelings without repeating the client's exact feeling word	Hill (2004); Rogers (1957); Sharpley et al. (2000); Snyder (1945)
Focus of Counseling	.690	ability to transition from to focusing on addressing the therapeutic issues and mutually defined goals	Eriksen and McAuliffe (2003); Urbani et al. (2002)
Meaning	.568	a statement that assists the client in connecting with one's core beliefs and values	Elliott (1985); Hill (1975, 2004); Snyder (1945); Young (2009)

Item	Correlation	Definition	Support from the literature
Goal Setting	.683	a process that the counselor and client engage in together in order to transform the identified problem areas into goals	Eriksen and McAuliffe (2003); Hackney and Nye (1973); Hill (2004); Spooner and Stone (1977); Urbani et al. (2002); Young (2009)
Confrontation	.686	bringing the client's attention to a discrepancy	Eriksen and McAuliffe (2003); Hill, (1975, 2004); Snyder (1963); Urbani et al. (2002); Young (2009)
Questions	.673	includes open and closed-ended questions; open-ended questions-further exploration; closed questions-seeking facts that involves one or two words	Elliott (1979, 1985); Goodman and Dooley (1976); Hill (2004); Hill and Gormally (1977)
Summarizing	.675	summary of the client's expressed or implied feelings, thoughts, deeper meaning, or future plans	Eriksen and McAuliffe (2003); Ivey (1971); Urbani et al. (2002)
Facilitate B-Respect	.530	counselor's demonstration of respect for the client and valuing the client as a worthy human being	Rogers (1957); Tepper and Haase (1978); Young (2009)

Final CCS Factor 3: Assessment and application. The third factor, per the EFA results, contained a total of eight CCS items. Factor 3 included CCS items related to the assessment of a client and self-assessment ([a] case conceptualization, [b] appraisal, [c] psychosocial, [d] emotional stability, and [e] self-awareness) and application ([a] theory, [b] multiculturalism, and [c] knowledge of literature). The Assessment and Application factor also appeared within the midterm CCS data set. There were four assessment CCS items ([a] case conceptualization [b] appraisal, [c] psychosocial, and [d] self-awareness) that were present within the Assessment and Application factor in both the midterm and final CCS data sets. However, differences also existed in the assessment area within the Assessment and Application factor for the two data sets. One CCS item (consultation) was only present within the midterm CCS factor. Additionally, one CCS item (emotional stability) was only present within the final CCS factor. The emotional stability CCS item was included within the final CCS factor, along with another CCS item (self-awareness) that related to counselor self-assessment. Nagpal and Ritchie (2002) found that individuals viewed awareness of personal issues and taking steps to address them as a positive attribute. Thus, the emotional stability CCS item was theoretically justified within the assessment and application factor within the final CCS data set.

Factor 3 also included three CCS items related to application strategies. Two of the CCS items were also present in the Assessment and Application factor contained within the midterm CCS data (theory and multiculturalism). Additionally, two CCS items (referral and congruence), present in the Assessment and Application factor within the midterm CCS data set, were not present within the Assessment and Application factor in the final CCS data set. Furthermore, one CCS item (knowledge of literature) was contained in the Assessment and Application factor for

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the final CCS data set that was not present in the midterm CCS data set factor. The literature includes the utilization of evidenced based treatment, which is related to the application of strategies. Therefore, the CCS item, knowledge of literature, was included within Factor 3. Thus, a total of eight CCS items were theoretically and empirically justified, and therefore included within the third factor. Table 24 presents a summary of the data supporting the inclusion of each CCS item contained within Factor 3, including (a) the correlation between the CCS item and Factor 3, (b) a definition of the CCS item, and (c) support from the counseling literature.

Table 24: Factor 3: Assessment and Application Final CCS Data Summary

Item	Correlation	Definition	Support from the literature
Case Conceptualization	.713	ability to discuss a client's history; and appreciating factors influencing the client's functioning and integrating this information into counseling	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics*; Eells and Lombart(2003); Falvey (2001); Prieto and Scheel (2002)
Appraisal	.669	ability to appropriately administer, score, and interpret clinical assessments	CACREP (2009) *Standards* (*G.7.*); ACA (2005) *Code of Ethics* (*A.9.a., E.1-E.13*); Ekstrom et al. (2004)
Psychosocial	.670	ability to construct a comprehensive biopsychosocial report and treatment plan	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics* (*A.1.c.*); Seligman (1993)
Self-Awareness	.603	increasing awareness of one's thoughts, feelings, beliefs, and values, and addressing the areas to promote growth	CACREP (2009) *Standards* (*G.2.e*); ACA (2005) *Code of Ethics* (*A.4.b, C.2.a*); Frame and Stevens-Smith (1995); Tennyson and Strom (1986)

Item	Correlation	Definition	Support from the literature
Emotional Stability	.640	ability to regulate one's emotions that allows a client to explore personal issues without focus shifting to the counselor and emotional regulation during interacting with others	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics* (*F.8.b*); Frame and Stevens-Smith (1995); Jansen et al (1970); McAdams et al. (2007); Nagpal and Ritchie (2002)
Theory	.756	identifying with a counseling theory and applying the theory to the counselor's work with clients	CACREP (2009) *Standards* (*G.5.d.*); ACA (2005) *Code of Ethics* (*C.6.e.*); Sperry (2005); Woodard and Lin (1999)
Multiculturalism	.638	demonstration of awareness, appreciation, and respect of cultural differences	CACREP (2009) *Standards* (*G.2.a-G.2.f*); ACA (2005) *Code of Ethics*; Sue, Arredondo, and McDavis (1992a, 1992b)
Knowledge of Literature	.604	obtaining information through research about effective counseling practices	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics*

Final CCS Factor 4: Growth. The final factor, per the EFA results, contained two CCS items (motivation to learn and openness to feedback). Both of the Factor 4 CCS items relate to personal and professional growth. Table 25 presents a summary of the data supporting the inclusion of each CCS item contained within Factor 4, including (a) the correlation between the CCS item and Factor 4, (b) a definition of the CCS item, and (c) support from the counseling literature.

Table 25: Factor 4: Growth Final CCS Data Summary

Item	Correlation	Definition	Support from the Literature
Motivation to Learn	.726	willingness to continue to grow	CACREP (2009) Standards; ACA (2005) *Code of Ethics* (*C.2.f.*); Bradey and Post (1991); McAdams et al. (2007)
Openness to Feedback	.587	willingness to hear the suggestions of others and appropriately integrate feedback	CACREP (2009) *Standards*; ACA (2005) *Code of Ethics* (*F.5.a, F.9.a*); Bradey and Post (1991); Ray and Altekruse (2000); Frame and Stevens-Smith (1995); McAdams et al. (2007)

Final CCS deleted items. There was one CCS item (referral) included within the original CCS model that was removed from the final CCS model per the EFA results. Referral is defined as the ability to identify resources to assist clients during and following the counseling experience. The CCS item *referral* was removed because it did not have a factor loading of .5 or above. However, the literature (e.g., CACREP 2009 *Standards*; ACA 2005 *Code of Ethics* [*A.9.b., A.11, D.2.a., E.6.b.*]; Hill, 2004) considers *referral* an important aspect of counseling competency. Therefore, the researcher considered the inclusion of the *referral* item within another CCS variable. The researcher concluded that the CCS item (referral) would be most appropriate to include with the *consultation* variable defined as: seeking assistance regarding a specific case or an issue. During the consultation process a counselor may discuss resources and appropriate referrals for a client. Thus, the integration of the *referral* CCS item within the *consultation* variable allows the supervisor to evaluate counselors-in-training in regards to their competency in the referral process integrated within consultation.

In conclusion, the original CCS model contained 32 items encompassed within three factors ([a] counseling skills, [b] dispositions, and [c] behaviors). After conducting an EFA, the midterm CCS data set yielded five factors, which contained 28 items. The midterm CCS model excluded four items ([a] motivated to learn, [b] knowledge of literature, [c] flexibility, and [d] questions). Additionally, the EFA yielded four factors within the final CCS data set, which encompassed 31 items. Only one item was excluded from the final CCS data set (referral). Both the midterm and final CCS models differed from the original CCS model; however, the differences appear to be minimal. The midterm CCS model differed from the original CCS model; however, the students were in the middle of the learning process as they experienced their

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first opportunity to display their counseling competencies in the various areas. The final CCS

model excluded only one item and yielded only one additional factor. During the final CCS data

collection phase, supervisors rated the students on their counseling competencies developed

throughout the semester of the counseling practicum course. The final level of counseling

competence more closely aligned with the original CCS model. Therefore, the findings pose the

question whether two CCS models, one for midterm and one for final evaluation, more

accurately account for the assessment of counseling competencies at different developmental

stages during the counselor training process.

Research Hypothesis 2

The internal consistency reliability of the counseling skills factor within the counseling

competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will meet or

exceed a Cronbach's alpha of .70 within a population of counselors-in-training. A value of .70 is

needed to indicate internal consistency (Mitchell & Jolley, 2004).

The researcher used Cronbach's alpha to calculate the internal consistency reliability for

the counseling skills factor using both the midterm and final CCS data sets. The analyses yielded

a high Cronbach's alpha for both the midterm CCS data set (.875) and the final CCS data set

(.942). However, in calculating the construct validity using the EFA, the counseling skills CCS

factor was divided into additional CCS factors. The counseling skills factor loaded into three

CCS factors for the midterm CCS data set ([a] beginning counseling skills [.842], [b] advanced

counseling skills [.831], and [c] directive counseling skills [.574]). Counseling skills remained a

single factor (.939) within the final CCS data set, except for the exclusion of one CCS item

(nonverbal behavior).

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Calculating the internal consistency reliability allows the researcher to assess for content sampling error. A value of .70 is needed to indicate internal consistency (Mitchell & Jolley, 2004). Therefore, both of the CCS data sets indicated strong internal consistency for the counseling skills factor(s). In reviewing previous research, the researcher was unable to find any published studies that focused specifically on assessing the internal consistency reliability for only the counseling skills factor. Therefore, the researcher discusses the internal consistency of the entire CCS compared to previous research after discussing Research Hypotheses 3 and 4.

Research Hypothesis 3

The internal consistency reliability of the professional dispositions factor within the counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will meet or exceed a Cronbach's alpha of .70 within a population of counselors-in-training. A value of .70 is needed to indicate internal consistency (Mitchell & Jolley, 2004).

The researcher used Cronbach's alpha to calculate the internal consistency reliability for the professional dispositions CCS factor using both the midterm and final CCS data sets. The analyses yielded a high Cronbach's alpha for both the midterm CCS data set (.920) and the final CCS data set (.921). However, in calculating the construct validity using the EFA, the professional dispositions CCS factor was divided into additional factors. Therefore, the researcher was unable to directly compare the midterm and final CCS factors to the original CCS model for the professional dispositions factor.

Although the professional dispositions factor was divided into additional factors within the midterm and final CCS data sets, a factor emerged in both CCS data sets that contained a combination of CCS items from the professional dispositions and professional behaviors factors

from the original CCS model. The Cronbach's alpha for the combined factor in both the midterm (.895) and final (.925) CCS data sets remained strong. The researcher was unable to compare the results to previous published research because a paucity of research exists regarding the development of counseling assessment instruments that measure counseling competencies in the area of professional dispositions. However, the researcher compares the internal consistency of the entire CCS to previous research following the discussion related to Research Hypothesis 4.

Research Hypothesis 4

The internal consistency reliability of the professional behaviors factor within the counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) will meet or exceed a Cronbach's alpha of .70 within a population of counselors-in-training. A value of .70 is needed to indicate internal consistency (Mitchell & Jolley, 2004).

The researcher used Cronbach's alpha to calculate the internal consistency reliability for the professional behaviors CCS factor using both the midterm and final CCS data sets. The analyses yielded a high Cronbach's alpha for both the midterm CCS data set (.866) and the final CCS data set (.896). However, in calculating the construct validity using the EFA results, the professional behaviors CCS factor was divided into additional CCS factors. Therefore, the researcher was unable to directly compare the midterm and final CCS factors to the original CCS model for the professional dispositions factor.

Although the professional behaviors CCS factor was divided into additional CCS factors within the midterm and final CCS data sets, a factor emerged in both data sets that contained a combination of CCS items from the professional dispositions and professional behaviors factors from the original CCS model. The Cronbach's alpha for the combined factor in both the midterm

(.895) and final (.925) CCS data sets remained strong. The researcher was unable to compare the results to previous published research because a paucity of research exists regarding the development of counseling assessment instruments that measure counseling competencies in the area of professional behaviors. However, the researcher compares the internal consistency of the entire CCS to previous research.

The internal consistency reliability was computed for the entire CCS (midterm CCS model .941 and final CCS model .968). Both CCS data sets yielded strong internal consistency reliability. Although no other studies have involved the utilization of the *Counseling Competencies Scale* (CCS), one study was found that explored the psychometrics properties of an instrument designed to measure counseling competencies in regards to counseling skills. Eriksen and McAuliffe (2003) tested the internal consistency of the *Counseling Skills Scale* (CSS) using Cronbach's alpha and reported a final value of .91, after deleting two items (maintaining eye contact and opening the session smoothly), which were integrated into other items. Thus, the results of the present study demonstrated stronger internal consistency reliability than a previous published scale (CSS) designed to measure counseling competencies.

Research Hypothesis 5

The interrater reliability of counseling practicum supervisors measuring counseling competencies (as measured by the *Counseling Competencies Scale* [CCS]) will yield a reliability coefficient of .60 or above within a population of counselors-in-training.

The researcher used Pearson product-moment correlation (two-tailed) to explore the interrater reliability of the counseling practicum supervisors measuring counseling competencies. After correlating each pair of raters, the researcher averaged all the correlations together to

obtain an average correlation among all raters. The average was obtained for each of the three CCS factors and the total score of the CCS (the three factors summed together). The average correlation for the three CCS factors yielded low correlations (Skills, $r = .436$; Dispositions, $r = .515$; and Behaviors, $r = .467$). Additionally, the total CCS scores yielded a low correlation ($r = .570$).

Previous published studies examining counseling competencies have calculated the interrater reliability among a group of raters. Hill (1978) assessed for interrater reliability in developing the *Counselor Verbal Response Category System* (CVRCS). Three judges were involved in rating responses. After discussing initial discrepancies and agreeing to revised definitions, correlations ranged from acceptable to high among all combinations of two judges (.79, .78, and .81). Elliott (1979) also assessed for interrater reliability among three judges that assessed the use of verbal counseling skills. The ratings of three judges were averaged for an analog study and a counseling study. The correlations were high in both studies (analog .85, counseling .89). Furthermore, Eriksen and McAuliffe (2003) calculated the interrater reliability of five individuals who participated in rating a segment of a counseling session during the development of the *Counseling Skills Scale* (CSS). Interrater reliability was calculated after initially rating a session segment and then it was calculated again following a discussion and then offering raters an opportunity to rate the session segment again. The researchers found that interrater reliability increased from 54.8% to 76.8% following the focus group discussion. Thus, Eriksen and McAuliffe emphasized the importance of training regarding the use of the CCS in order to increase consistency among raters.

The interrater reliabilities in the previous published research were higher than the present study; however, differences were present between the studies. First, the previous studies used independent judges for ratings, in contrast to the present study which focused on supervisor ratings. Additionally, the previous studies focused on assessing interrater reliability for only counseling skills. Furthermore, only one of the previous studies reporting interrater reliability involved real clients (Hill, 1978) and this study consisted of only intake sessions. Nonetheless, the comparison of the present study to previous published studies emphasizes the importance of training in utilizing the CCS and the need for further investigation.

According to Moskal and Leydens (2000), utilizing a scoring rubric with clearly defined categories addresses the subjectivity associated with judges' ratings, therefore increasing interrater and intrarater reliability The CCS encompasses a scoring rubric; however, the present study involved limited training in the use of the CCS with the supervisors prior to data collection. Therefore, additional training in scoring the CCS items, along with opportunities to practice rating and discussing scores for recorded sessions, may assist with increasing interrater reliability.

Research Hypothesis 6

The criterion-related validity between the counseling competence construct (as measured by the *Counseling Competencies Scale* [CCS]) and academic performance (as measured by final course grades earned in the counseling practicum course) will yield a validity coefficient of .40 or above within a population of counselors-in-training.

Pearson product-moment correlation (two-tailed) was used to explore the correlation between the total score on the CCS given at the end of the semester and the final semester grade.

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The results indicated a high correlation between the final total score on the CCS and the final course grade, explaining 17% ($r = .407$, $p < .01$) of the variance. The limited variance in grades may have influenced the correlation between the final total score on the CCS and the final course grade. A total of 43 grades were recorded and all grades ranged from an "A" to a "B-", with 88% earning an "A". Therefore, obtaining additional grades that have greater variance may yield a more robust assessment of criterion-related validity between final total score on the CCS and the final course grade.

The researcher found one published study that used practicum grades to assess the criterion-related validity of an instrument designed to measure counseling competencies. Linden and colleagues (1965) assessed the validity of the *Counseling Evaluation Inventory* (CEI), a client rating scale, through a comparison of scores with practicum counseling grades. The results indicated a moderate correlation between counseling practicum grades and the total score (.32), and the relationship was significant at the .05 level. Therefore, the findings support examining the correlation between the score on the instrument and the course grade, in order to assess criterion-related validity. Furthermore, the correlation provides support for educators utilizing the CCS as one evaluation tool in calculating a counseling practicum course grade for their students.

The purpose of the present study was to assess the psychometric properties of an instrument designed to measure counseling competencies. The results of the six research hypotheses demonstrate a promising instrument for assessment within counselor preparation and supervision. Future research may focus on addressing the limitation of the present study and

obtaining additional empirical evidence for utilizing the CCS for assessing counseling

competencies.

Limitations of the Study

As with any research study, various limitations existed within the present study. The

limitations existed within the areas of sampling and instrumentation. Through the

acknowledgment of the limitations, researchers may gain insight regarding the direction for

future research.

Sampling

The small sample size presented one limitation of the present study. The researcher

utilized a variety of methods to recruit participants including (a) posting an announcement on a

counselor education listserv, (b) contacting counselor educators known to the researcher to

identify additional contacts within counselor education, (c) identifying eligible programs through

internet searches, (d) networking with counselor educators at conferences, and (e) contacting

programs directly through e-mail and telephone. However, difficulty arose in obtaining

participants and IRB approval at the various institutions. Additionally, some participants that

initially agreed to participate in the study later declined due to time constraints. The sample size

for the supervisor ratings was slightly less than the minimal requirement of 100 cases (Hair et al.,

2006) for the midterm CCS data set ($N = 97$) and exceeded this requirement for the final CCS

data set ($N = 128$). However, a sample size that reaches five or ten times the number of items is

encouraged (Hair et al.) and neither CCS data set met five (160 cases) or ten times (320 cases)

the number of items. Furthermore, the student self-assessment CCS data sets were not utilized

for the present study because the number of cases for both the midterm CCS data set ($N = 45$)

and final CCS data set ($N = 47$) were less than half of the recommended number of cases. Thus,

a small sample size was a limitation in the present study.

A second sampling limitation of the present study relates to generalizability. First, the

small sample size may limit the generalizability of the study. Second, the sampling criteria

focused on CACREP accredited counselor preparation programs throughout the country.

However, only two CACREP program (representing the northwest and the southeast) were

included in the study. Additionally, 89% of the counselors-in-training and 95% of the

supervisors who participated in the study were from one program. Finally, not all counselor

preparation programs are CACREP accredited. Thus, the exclusion of some geographical

locations and programs that are not CACREP accredited may influence the generalizability of

the instrument in assessing counseling competencies among various counseling programs not

represented within the study sample.

Instrumentation

In revising the CCS, the researcher might have overlooked some items relevant to the

counseling competence construct. The researcher conducted an extensive literature review and

two expert panels were consulted in revising the CCS items, following the extensive

development process conducted by the faculty. However, due to the lack of literature exploring

two of the proposed CCS factors in relation to counseling (professional dispositions and

professional behaviors), some CCS items may have been missed during the instrument

development process. Thus, additional areas not considered may be relevant to the development

of an instrument focused on assessing counseling competencies. Furthermore, the present study was the first time opportunity to investigate the psychometric properties of the CCS.

The present study has limitations that influence the interpretation of the results. However, these limitations identify areas for future research. Thus, the researcher may further strengthen the psychometric properties of the CCS by addressing the limitations in future research endeavors.

Recommendations for Future Research

The researcher has several recommendations for future research. First, a need exists for conducting a confirmatory factor analysis (CFA) to test the fit of the CCS models proposed within the present study. Secondly, there are a variety of opportunities to replicate the study, in order to address the sampling limitations existing within the present study. In addition to increasing the sample size, future studies may involve a different sample of practicum students that includes additional geographic locations or programs that are not CACREP accredited. Studies may also focus on examining self-assessment scores or ratings completed by independent raters, in addition to ratings completed by supervisors. Additionally, research may include a sample of students at a different point in their master's program (i.e., beginning counseling students or internship students). Future research may also focus on a sample of students from other mental health programs to include psychology and social work. Furthermore, researchers may seek to utilize the CCS with practitioners and supervisors in the field.

Another area for future research relates to focusing on cross validating the CCS with other instruments. Assessing the validity of the CCS may involve investigating the relationship

between specific areas of the CCS with other instruments measuring that area of the counseling competence construct (i.e., empathy). Additionally, researchers could initiate a longitudinal study to examine the construct with the same sample across an extended period of time. Also, future research may compare the CCS with client outcomes. Furthermore, in regards to qualitative methodology, researchers may explore the perceptions of supervisors and counselors-in-training regarding the utilization of the CCS. Thus, the current study provides several opportunities for future research studies.

Implications for Counselor Education and Supervision

The current study provides implications for counselor education and supervision. The researcher offers specific implications for counselor educators, supervisors, and counselors-in-training.

Counselor Educators and Supervisors

The findings of the present study yielded a promising instrument for measuring the counseling competencies of counselors-in-training. Having a psychometrically sound instrument to assess counseling competencies is essential within the counseling profession. Counselor educators and supervisors need to be proactive with incorporating assessment instruments into their supervision of counselors and counselors-in-training in order to fulfill their roles as gatekeepers and evaluators for the profession, as well as promoting the development of counselors (ACES, 1993; Bernard & Goodyear, 2009). The roles of gatekeeper and evaluator are both ethical and legal responsibilities for educators and supervisors (ACES, 1993, ACA, 2005, CACREP, 2009). Ethically, counselor educators and supervisors have the responsibility to

protect the public from potential harm from incompetent counselors and counseling students. Additionally, being proactive in developing evaluation and remediation plans may assist counselor educations programs when they experience legal challenges regarding student remediation or dismissal (McAdams & Foster, 2007). Thus, the utilization of a psychometrically sound instrument may assist in the evaluation process and provide support for substantiating one's decision to question the counseling competencies of another.

The findings for Research Hypothesis 1, along with Research Hypotheses 2 through 4, identified areas of focus for assessing counseling competencies and explored the content of the areas. The identified CCS factors extend beyond the realm of counseling skills. The acknowledgment of additional factors is crucial in assessing the competencies of counselors and counselors-in-training beyond the skill level. Previous assessments (e.g., *Counseling Skills Scale,* Eriksen & McAuliffe, 2003; *Helping Skills System,* Hill & O'Brien, 1999; *Skilled Counseling Scale*, Urbani et al., 2002) have failed to address the additional areas included within the CCS, which may provide educators and supervisors with a more comprehensive assessment of the competencies of their students and supervisees.

The findings for Research Hypothesis 5, regarding interrater reliability, have specific implications regarding the utilization of the CCS. The findings demonstrated a low correlation between supervisors who rated the performance of the same counseling students. These findings emphasize the importance of training regarding the utilization of the CCS. Additional training in scoring the CCS items, along with opportunities to practice rating and discussing scores for recorded sessions, may assist with increasing interrater reliability; therefore supporting the utilization of the CCS.

The results of Research Hypothesis 6, regarding criterion-related validity for the CCS, also have implications for counselor educators. Educators should be clear on how they are choosing to evaluate counseling competencies. In situations where a grade and the CCS are both used within a course to measure counseling competencies, the two performance measures should demonstrate a high positive correlation and steps should be taken to resolve discrepancies between the two assessment methods.

As an evaluation tool, the CCS provides an opportunity for educators and supervisors to communicate to their supervisees feedback regarding their counseling performance. Supervisors are able to acknowledge the strengths of their supervisees, as well as communicate areas for them to grow and develop as counselors. Additionally, the CCS may assist with standardizing the evaluation process by (a) providing clear definitions for each assessment category, (b) presenting a comprehensive manual to utilize when administering the assessment, and (c) designating the expectations for minimal competency in each assessment category. Standardizing the evaluation process may assist in reducing anxiety among counselor educators and supervisors related to evaluating counselors-in-training. The standardization process, per the CCS, may also assist in reducing legal liability when implementing remediation procedures for counselors-in-training who lack competency within identified areas of counseling competencies.

Counselor educators and supervisors may use the CCS and its accompanying manual as an educational tool, in addition to an evaluation measure. Through the use of the CCS and the manual in this capacity, educators and supervisors have the opportunity to educate their students and supervisees about the construct of counseling competence. Additionally, the education process communicates a clear understanding of the expectations for demonstrating competence

within the various areas identified within the assessment. Thus, the present study offers multiple implications for counselor educators and supervisors to assist them in their roles as educators, evaluators, and gatekeepers for the counseling profession.

Counselors-In-Training

The present study also has implications for counselors-in-training, regarding their personal and professional growth and development. First, the CCS and the manual provide supervisees with a learning tool to develop their knowledge regarding the construct of counseling competence. Additionally, supervisees learn the expectations for demonstrating competency in the various areas contained within the CCS.

Within the context of formative and summative evaluation, the CCS provides an opportunity for supervisees to obtain clear feedback regarding their personal and professional development as counselors. The supervisees obtain specific feedback regarding their strengths and areas for improvement throughout the areas assessed within the CCS. Therefore, the supervisees have an opportunity to build upon their strengths, while focusing on improving underdeveloped areas (Bernard & Goodyear, 2009). Furthermore, counselors-in-training may experience a decrease in anxiety because they are aware of the evaluation procedures used to assess their counseling performance and their supervisors match their developmental needs (Bernard & Goodyear, 2009); specifically, in regards to their counseling practicum and internship experiences.

Counselors-in-training may also utilize the CCS for self-assessment. Through engagement in the self-assessment process, supervisees learn to take ownership and responsibility for assessing their own levels of competence (Bernard & Goodyear, 2009).

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Supervisees can use their self-assessments to facilitate a discussion with their supervisors regarding their personal and professional development. The discussion may involve comparing the self-assessment to the assessment completed by the supervisor to obtain another perspective regarding one's development as a counselor. Furthermore, the counselor-in-training may utilize the self-assessment in order to identify personal and professional goals and to continuously evaluate the goals. Thus, using the CCS for self-assessment is a beneficial process for developing counselors to assist them in their current growth, as well as continued development throughout their careers. Self-assessment is important because experienced counselors do not always have the opportunity for direct supervision, and they are therefore responsible for their own evaluation to assist with their continued growth and development (Yager, 1987). Thus, the implications for the present study for counselors-in-training relate to their personal and professional growth and development, including their knowledge of counseling competencies, supervisor evaluations, and self-assessments.

Chapter Summary

Chapter 5 discusses the findings for the six research hypotheses presented in Chapter 4, including a comparison of the findings to the previous published research investigating counseling competencies. The chapter acknowledged the limitations of the present study and identified areas for future research. Finally, implications of the study are offered for counselor educators, supervisors, and counselors-in-training.

Conclusion

The purpose of the study was to examine the psychometric properties of the *Counseling Competencies Scale* (CCS), an instrument designed to measure counseling competencies in a comprehensive manner. Previous assessments measuring counseling competencies have exhibited a narrow focus, generally assessing only counseling skills. Therefore, the present study sought to expand upon the previous research, through the examination of an instrument (CCS) that focused on assessing professional dispositions and professional behaviors, in addition to counseling skills.

The study examined the psychometric properties of the CCS through the exploration of six research hypotheses. The findings, per the research hypotheses, offer a promising instrument for assessment within the counseling profession. Through the advancement of assessment regarding counseling competencies, counselor education programs have a method to evaluate the learning outcomes of their students regarding counseling competencies. Additionally, counselor educators and supervisors are equipped with a tool to assist them in their ethical and legal responsibilities as educators, evaluators, and gatekeepers for the counseling profession. Through the use of the CCS, counselor educators and supervisors have the opportunity to match their supervisees' developmental level by providing concrete and tangible expectations. Furthermore, the CCS offers developing counselors, as well as experienced counselors, an instrument to utilize in assessing their own personal and professional development. Thus, counselor education programs, counselor educators and supervisors, and counselors-in-training all work together towards the common goal of providing the best level of care to the individuals they serve through the development of counseling competencies.

APPENDIX A: VERBAL RESPONSE MODE CLASSIFICATION SYSTEM

Table 26:Comparison of Previous Scales Designed to Measure Counseling Competency

Snyder, 1945	Snyder, 1963	Robinson, 1950	Aronson, 1953
17 types	19 types	14 types	22 types
Structuring	Structuring	Silence	Restatement of content
Client choose topic	Non-directive lead	Acceptance	Clarification of feeling
Directive questions	Directive lead	Restatement	Forcing the topic
Nondirective questions	Question	Clarification	Proposing client activity
Acceptance	Restatement	Summary	Clarify unverbalized feeling
Restatement	Clarification	Approval	Interpretation
Clarify feelings	Interpretation	General leads	Accurately clarifying feelings
Interpretation	Attenuation	Tentative analysis	Nondirective lead
Approval & encourage	Advice	Interpretation	Giving information
Giving information	Information	Urging	Inaccurately clarifying feelings
Propose client activity	Relationship	Interpretation	Unclassified-transcript problems
Persuasion	Reassurance	Rejection	Unclassifiable
Disapprove & criticism	Offer to help	Assurance	Simple acceptance

Ending of contact	Approval	Unrelated topics	Ending a series of interviews
Ending of series	Calling attention		Approval and encouragement
Friendly discussion	Challenging		Disapproval and criticism
Unclassifiable	Withhold support		Friendly discussion
	Persuasion		Structuring
	Disapproval		Direct question
			Reassurance
			Persuasion
			Ending of a contact

| Strupp, 1960 | Ivey, 1971 | Hackney & Nye, | Hill, 1975 |
8 types	12 types	1973-6 groups	11 types
Facilitate communication	Paraphrasing	Goal setting	Genuineness
Exploratory operations	Invitation to talk	Opening interview	Self-disclosure
Clarification	Reflect feelings	Terminate interview	Immediacy
Interpretive operations	Encouragers	Reinforce behavior	Reflect feeling & meaning
Structuring	Summarize feelings	Discrimination	Positive confront
Direct guidance	Attending behavior	Relating	Negative confront
Activities not relevant	Summative paraphrase		Nonverbal
Unclassifiable	Expression of feeling		Data gathering
	Expression of content		Additive empathy
	Direct communication		Advice
	Interpretation		Other
	Integration of skills		

Danish et al., 1976 3 cat. & 8 types	Goodman & Dooley, 1976 6 types	Spooner & Stone, 1977 10 types	Stiles, 1978 8 types
Content	Questions	Goal setting	Questions
Affective	Paraphrase/reflect	Reflect/ restate	Reflection
Closed questions	Silence	Confrontation	Acknowledgment
Open questions	Advisement	Interpret/ summarize	Advisement
Influence	Interpretation	Probe	Edification
Advice	Self-disclosure	Self-disclosure	Disclosure
Self-involving		Structuring	Confirmation
Self-disclosing		Minimal responses	Interpretation
		Information giving	
		Other	

HCVRCS Hill, 1978 14 types	HCVRCS-R Friedlander, 1982 9 types	Helping Skills Syst. Hill & O'Brien, 1999-12 types	Whalen & Flowers, 1977 7 areas, 14 types
Encouragers	Encourage/ approve	Approve/ reassure	Reflect
Approval/reassure	Confrontation	Closed questions	Echoic reflect
Closed questions	Information seeking	Open questions	Interrogative reflect
Open questions	Interpretation	Restatement	Request
Information	Provide information	Reflect feelings	Interrogative advice
Self-disclosure	Self-disclosure	Challenge	Interrogative process
Direct guidance	Direct guidance	Interpretation	General advice
Nonverbal	Reflect/ restate	Immediacy	Process requests
Reflection	Unclassifiable	Self-disclosure	Me-too disclosure
Restatement		Information	Self-disclosure
Interpretation		Direct guidance	Interrogative interpret
Confrontation		Other	Interpret
Silence			Here and now question
Other			Information seeking
			Psuedo-feeling
			Positive feedback
			Negative feedback
			Unscoreable response
			No response

Elliott, 1985	Skilled Counseling Scale,	Counseling Skills Scale, CSS
10 types	SCS, Urbani, et al., 2002	Eriksen & McAuliffe, 2003
	18 types	19 types
Closed questions	Eye contact	Body language and appearance
Open questions	Body language	Minimal encouragers
Process advisement	Verbal tracking	Vocal tone
General advisement	Questions	Paraphrasing/ reflect content
Reflection	Paraphrasing	Questioning
Interpretation	Summarizing	Requests concrete examples
Reassurance	Feeling and content	Evoke & punctuate client strengths
Disagreement	Concrete and specific	Summarizing
Self-disclosure	Self-disclosure	Reflecting feeling
Information giving	Immediacy	Using immediacy
	Situation, action, & feeling	Observing themes and patterns
	Confronts caringly	Challenge/ point out discrepancies
	Deciding	Reflect meanings & values
	Choosing	Determine goals & desired outcomes
	Consequences	Using strategies for creating change
	Agreements	Consider alternative & consequence
	Deadlines	Plan action & anticipate obstacles
	Review goals & actions to determine outcome	Develops therapeutic relationship
		Manages session

APPENDIX B: NONVERBAL BEHAVIORS CLASSIFICATION SYSTEMS

Table 27: Nonverbal Behavior Classification Systems

Fretz, 1966 10 areas	Hackney, 1974 2 areas	Tepper & Haase, 1978-4 areas	Hill et al., 1981 6 areas	Kim et al., 2003 8 areas
Horizontal hand moves	Head nods	Trunk lean	Head nods	Adaptors
Vertical hand moves	Smiles	Vocal intonation	Smiles	Arm movements
Head movements		Eye contact	Facing client	Horizontal head movements
Positive nod		Facial expression	Forward trunk lean	Vertical head movements
Negative nod/points			Ankle of leg resting on knee of other leg	Illustrators
Smile and laugh			Vertical and horizontal arm movements	Leg movements
Lean				Postural shifts
Talk-stop				Smiles
Thinking				
Clasping movements				

APPENDIX C: PROFESSIONAL DISPOSITIONS CLASSIFICATION SYSTEM

Table 28: Professional Dispositions Classification Systems

Personal Characteristic Evaluation Form (PCEF)	Professional Performance Review Policy (PPRP)
Frame and Stevens-Smith (1995)	McAdams, Foster, and Ward (2007)
9 areas	10 areas
Open	Openness to new ideas
Flexibility	Flexibility
Cooperative	Cooperative
Willingness to accept and use feedback	Willingness to accept and use feedback
Aware of impact on others	Awareness of impact on others
Able to deal with conflict	Ability to deal with conflict
Able to accept personal responsibility	Ability to accept personal responsibility
Able to express feelings effectively and appropriately	Ability to express feelings effectively and appropriately
Positive	Attention to ethical and legal considerations
	Initiative and motivation

APPENDIX D: COUNSELOR SKILLS AND PROFESSIONAL BEHAVIOR SCALE (CSPBS)

Counselor Skills and Professional Behavior Scale (CSPBS)
University of Central Florida Counselor Education Faculty (2004)

No.	Category	Specific Building Block Skill	1- inappropriate excess or deficiency	2- somewhat effective	3- effective	4-highly effective
1	Nonverbal	Eye contact			*	
2	Nonverbal	Body position			*	
3	Nonverbal	Attentive silence			*	
4	Nonverbal	Voice tone			*	
5	Nonverbal	Gestures and facial expressions			*	
6	Nonverbal	Physical distance			*	
7	Encouragers	Minimal Encouragers			*	
8	Encouragers	Door Openers			*	
9	Questions	Open Questions			*	
10	Questions	Closed Questions			*	
11	Reflecting	Paraphrasing			*	
12	Reflecting	Reflecting feelings			*	
13	Advanced Reflecting	Reflecting meaning Values and Meanings		*	**	
14	Advanced Reflecting	Identifying and reflecting core beliefs and schemas		*	**	
15	Advanced Reflecting	Summarizing		*	**	
16	Challenging	Giving feedback		*	**	
17	Challenging	Confrontation		*-**		
18	Challenging	Self-disclosure		*	**	
19	Challenging	Immediacy		*- **		
20	Goal Setting	Keeping Focus on the client		*	**	
21	Goal Setting	Boiling down the problem		*	**	
22	Goal Setting	Identifying Obstacles and Relapse Prevention		*	**	
23	Solution	Refraining from Advice Giving		*	**	
24	Solution	Reframing		**		
25	Solution	Brainstorming		*	**	
		*skill required at this level for passing grade				

#	Part II. Professional Fitness: Attitudes and Behaviors	Yes	Somewhat	No	Not Seen	Description
26	Ethical: The student has abided by the ethical guidelines of the ACA.					
27	Professional: The student acts in a professional manner towards fellow students, instructors, and other professionals.					
28	Class Attendance: The student attends weekly supervision.					
29	Records: The student completes weekly record sheets correctly and promptly.					
30	Notes: The student maintains good progress notes for each client and finishes them weekly.					
31	Details and tasks: The student gives proper attention to general administrative details and tasks.					
32	Supervision: The student keeps supervision appointments and participates actively and willingly.					
33	Openness to Feedback: Responds nondefensively and alters behavior in accordance with supervisor feedback.					
34	Knowledge of professional literature: Student has researched treatments that have been shown to be effective for this client in this situation.					
35	Creativity: Shows creativity in identifying assignments for clients.					
36	Recognizing limitations: The student recognizes the boundaries of her/his particular competencies and the limitations of his/her expertise.					
37	Seeks Consultation: The student seeks consultation and supervision in providing services and utilizing counseling techniques.					
38	Motivated to learn: The student is eager to learn new therapeutic skills and techniques.					
39	Self control: The student demonstrates appropriate self-control (such as anger control, impulse control) in					

#	Professional Fitness: Attitudes and Behaviors Continued	Yes	Somewhat	No	Not Seen	Description
	interpersonal relationships with faculty, peers, and clients					
40	Self awareness: The student demonstrates an awareness of his/her own belief systems, values, needs, and limitations and the effect of these on his/her work.					
41	Sensitivity to differences: The student respects cultural, individual, and role differences including those due to age, gender, sexual orientation, natural origin, culture, race, or disability.					
42	Maintains appropriate boundaries: Student is able to refrain from being overly helpful with clients and fellow students and does not encourage client dependency.					
43	Treatment Planning: Student is able to make a diagnosis, identify goals, and plan interventions.					
44	Case Conceptualization: Student is able to effectively present and summarize history, diagnosis and treatment during supervision and case conferences.					

Correspondence regarding the CSPBS should be addressed to Mark E. Young at: meyoung@mail.ucf.edu

APPENDIX E: CERTIFICATE OF INFORMED CONSENT FOR PRACTICUM STUDENTS
AND SUPERVISORS

University of Central Florida
Department of Child, Family, and Community Sciences
Counselor Education Program

Consent to Participate in Research

Title of the Study:
Assessing the validity and reliability of the Counselor Competencies Scale©: A Measure of
Counseling Skills, Dispositions, and Behaviors
Principal Investigator: Jacqueline Swank
Faculty Advisors: Glenn Lambie, Ph.D. and Lea Witta, Ph.D.

Dear Counselor Education Student or Counselor Educator/Supervisor,

My name is Jacqueline Swank and I am a doctoral candidate in the Counselor Education Program at the University of Central Florida. I am working on a research study focused on assessing the psychometric properties of an instrument designed to measure counselor competencies. You are being asked to participate in this study. Approval to conduct this study was obtained from your university, following the approval from the University of Central Florida Institutional Review Board.

Purpose of the study
The purpose of this study is to assess the psychometric properties (reliability and validity) of an assessment tool designed to measure counselor competencies.

Procedures
Before the collection of data, participants will be given the informed consent. Your completion and submission of the study documents constitute your consent to participate. You must be 18 years or older in order to participate. Additionally, participants will be asked to complete the assessment instrument (CCS) and a demographic questionnaire. The time required to complete the instruments will take approximately one hour, which includes the review of at least a 30 minute segment of the counseling session. The CCS will be completed at mid-term and at the end of semester by both counseling students enrolled in their counseling practicum course and their counseling practicum supervisor. Additionally, the researcher is asking permission from the student participants to obtain their final practicum grades from the practicum instructors. For students, you are asked to record your first three letters of your first and last name on all study documents to allow the researcher to collate the data. If you are a supervisor, you are asked to provide your first three letters of your first and last name along with the student's first three letters of his/her first and last name on all documents to allow accurate collation of the data. All data collected will remain confidential.

Risks
Potential risks, though minimal, may include students experiencing stress related to the assessment of one's performance as a counselor and possible breach of confidentiality. Potential risk for supervisors includes breach of confidentiality or stress related to evaluating students.

Benefits

Potential benefits to students include increased knowledge about the research process and increasing self-awareness regarding one's counseling competencies. Potential benefits to the supervisors include having an assessment tool to use in evaluating the counseling competencies of students. The study is potentially beneficial to the counseling field by developing a comprehensive assessment tool to measure counselor competencies to assist with personal and professional development of counseling students and the evaluation and gatekeeping role of counselor educators and supervisors.

Cost/Compensation

You will not receive any money or other compensation for participating in the study.

Confidentiality

Your participation in this study is confidential. All information will be stored in locked cabinets in the primary investigator's office. All study documents will contain the established coding system; however, none of the documents will contain participants' full names. The data collected will be used for statistical analyses and may be used in future research and published. However, all data will be presented in aggregate form.

Voluntary Participation

Your participation in this research project is entirely voluntary. You do not have to participate. If you choose to participate, you do not have to answer any question(s) that you do not wish to answer and you may withdraw from the study at any time without consequence. Additionally, the research data is not meant to be used to justify students' grades.

If you have any questions or comments about this research, please contact Jacqueline Swank, (386/846-6884; jswank@mail.ucf.edu), University of Central Florida, College of Education, Counselor Education Program, Orlando, FL. You may also contact the faculty advisor for this project, Glenn Lambie at (407/823-4967; glambie@mail.ucf.edu). Questions or concerns about research participants' rights may be directed to the UCF IRB Office, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL, 32826-3246. The phone numbers are 407-823-2901 or 407-882-2276.

Sincerely,

Jacqueline Swank, Doctoral Candidate

I have read the procedure described above for this study. Submission of a completed questionnaire will constitute your consent for participating in this study.

APPENDIX F: RECRUITMENT E-MAIL

My name is Jacqueline Swank and I am a doctoral candidate in the Counselor Education Program at the University of Central Florida. The focus of my dissertation is on assessing the validity and reliability of a comprehensive assessment tool designed to measure counselors-in-training's counseling competencies (counseling skills, professional dispositions, & professional behaviors). I am seeking counselor preparation programs which would be interested in assessing their students' counseling competencies during the counseling practicum course as a part of my research study. The study will involve the practicum students and their practicum supervisors completing the assessment at mid-term and at the end of the semester. Additionally, participants will be asked to complete a demographic questionnaire. Participants must be 18 years old to participate. The researcher will also request submission of final practicum grades to correlate with the final instrument score to assess for validity. The assessment instruments will take approximately one hour to complete (including the review of a counseling session to use in completing the counseling skills section of the instrument). All data will be reported in aggregate form. The researcher will provide a copy of the analysis upon request.

The benefits to the students include the development of self-awareness for personal and professional growth and development. The benefits to the supervisors/educators include assisting in the development of a formalized, comprehensive assessment tool used to evaluate counseling students' performance. There is no monetary compensation for participating in the study.

If you have an interest in participating or questions regarding my study, please contact me at the following e-mail address: jswank@mail.ucf.edu or by phone (407) 823-3354. You may also contact the faculty advisor for this project, Glenn Lambie at (407/823-4967); glambie@mail.ucf.edu). Questions or concerns about research participants' rights may be directed to the UCF IRB Office, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL, 32826-3246. The phone numbers are 407-823-2901 or 407-882-2276.

Thank you for considering my request!

Sincerely,

Jacqueline Swank

APPENDIX G: PRACTICUM COUNSELING STUDENT DEMOGRAPHIC QUESTIONNAIRE

Practicum Counseling Student Demographic Questionnaire
Developed by Jacqueline Swank (2009)

START HERE

1. Student's Code (first three letters of your first and last name [6 letters total]): _____

2. Supervisor's Code (first three letters of his/her first and last name [6 letters total]): _____

3. Your Gender:

    ☐ Female

    ☐ Male

    ☐ Other: _____

4. Your Age: _____

5. Your Race/Ethnicity: _____

6. Your Counseling Program Track:

    ☐ Mental Health Counseling/Community Counseling

    ☐ Marriage, Couple, and Family Counseling/Therapy

    ☐ School Counseling

    ☐ Other: _____

7. Your Practicum level: (if you are required to take more than one semester of practicum)

    ☐ Only required to take one semester of practicum

    ☐ Currently taking Practicum1

    ☐ Currently taking Practicum 2

    ☐ Other: _____

CONTINUE ON OTHER SIDE

8. Your Primary Theoretical Orientation:

☐ Cognitive-Behavioral ☐ Client-Centered

☐ Psychodynamic ☐ Reality

☐ Systemic ☐ Post-Modern (Solution Focused, Narrative)

☐ Other: _____

9. Counseling graduate courses you have completed prior to this semester (check all that apply):

☐ Introduction to Counseling

☐ Counseling Theories

☐ Counseling Techniques/Prepracticum

☐ Group Counseling

☐ Ethical and Legal Issues in Counseling

☐ Multicultural Counseling

☐ Diagnosis and Treatment/Psychosocial pathology

☐ Testing/Appraisal

☐ Career Counseling

☐ Other: _____

☐ Other: _____

☐ Other: _____

Thank you for completing this questionnaire! If you have any additional comments, you may include them below. ☺

APPENDIX H: PRACTICUM SUPERVISOR DEMOGRAPHIC QUESTIONNAIRE

Practicum Supervisor Demographic Questionnaire
Developed by Jacqueline Swank (2009)

START HERE

1. Supervisor's Code (first three letters of your first and last name [6 letters total]): _____

2. Student's Code (first three letters of his/her first and last name [6 letters total]): _____

3. Your Gender:

   ☐ Female

   ☐ Male

   ☐ Other: _____

4. Your Age: _____

5. Your Race/Ethnicity: _____

6. Your Highest Degree Earned:

   ☐ Bachelor's Degree   ☐ Specialist Degree

   ☐ Master's Degree   ☐ Doctorate Degree

7. Your Highest Degree Specialty:

   ☐ Counselor Education   ☐ Social Work

   ☐ Psychology   ☐ Other: _____

8. Your Area of Counseling Specialty:

   ☐ Mental Health Counseling/Community Counseling

   ☐ Marriage, Couple, and Family Counseling/Therapy

   ☐ School Counseling

   ☐ Other: _____

9. Your Primary Theoretical Orientation: _____

CONTINUE ON OTHER SIDE

CONTINUE HERE

10. How many times have you taught/supervised the Counseling Practicum course prior to this semester? _____

11. How many years have you had supervising counselors/counselors-in-training? _____

12. What is your level of training in counseling supervision?

☐ No formal training

☐ Workshop

☐ University course

☐ Component of advance degree (e.g. doctorate in counselor education and supervision)

☐ Other: _____

13. What is your teaching status within the university?

☐ Adjunct Instructor

☐ Instructor

☐ Assistant Professor

☐ Associate Professor

☐ Professor

☐ Do not teach for the university (e.g. site supervisor)

☐ Other: _____

Thank you for completing this questionnaire! If you have any additional comments about this questionnaire or feedback regarding the *Counseling Competencies Scale©* (CCS) or the CCS manual and training videos, you may include it below. ☺

APPENDIX I: COUNSELING COMPETENCIES SCALE (CCS)©

Counseling Competencies Scale (CCS)©

University of Central Florida Counselor Education Faculty (2009)

The *Counselor Competencies Scale* (CCS) assesses counseling students' skills development and professional competencies. Additionally, the CCS provides counseling students with direct feedback regarding their counseling skills, professional dispositions (dominant qualities), and professional behaviors, offering the students practical areas for improvement to support their development as effective and ethical professional counselors.

Scales Evaluation Guidelines

➤ **Exceeds Expectations / Demonstrates Competencies (8)** = the counseling student demonstrates **strong** (i.e., *exceeding* the expectations of a beginning professional counselor) knowledge, skills, and dispositions in the specified counseling skill(s), professional disposition(s), and professional behavior(s).

➤ **Meets Expectations / Demonstrates Competencies (6)** = the counseling student demonstrates **consistent** and **proficient** knowledge, skills, and dispositions in the specified counseling skill(s), professional disposition(s), and professional behavior(s). A beginning professional counselor should be at this level at the conclusion of his or her practicum and/or internship.

➤ **Near Expectations / Developing towards Competencies (4)** = the counseling student demonstrates **inconsistent** and **limited** knowledge, skills, and dispositions in the specified counseling skill(s), professional disposition(s), and professional behavior(s).

➤ **Below Expectations / Insufficient / Unacceptable (2)** = the counseling student demonstrates **limited** or **no evidence** of the knowledge, skills, and dispositions in the specified counseling skill(s), professional disposition(s), and professional behavior(s).

➤ **Harmful (0)** = the counseling student demonstrates harmful use of knowledge, skills, and dispositions in the specified counseling skill(s), professional disposition(s), and professional behavior(s).

CACREP (2009) Standards relating to the *Counselor Competencies Scale* (CCS)

- Counselor characteristics and behaviors that influence helping processes (Section II, *Standard* 5.b.)
- Essential interviewing and counseling skills (Section II, *Standard* 5.c.)
- Self-care strategies appropriate to the counselor role (Section II, *Standard* 1.d.)
- The program faculty conducts a systematic developmental assessment of each student's progress throughout the program, including consideration of the student's academic performance, professional development, and personal development. Consistent with established institutional due process policy and the ACA *Code of Ethics* and other relevant codes of ethics and standards of practice, if evaluation indicate that s student is not appropriate for the program, faculty members help facilitate the student's transition out of the program and, if possible, into a more appropriate area of study (Section I, *Standard* P).
- Professional practice, which includes practicum & internship, provides for the application of theory & the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic & demographic diversity of their community (Section III, *Professional Practice*).
- Students must complete **supervised practicum experiences** that **total a minimum of 100 clock hours** over a minimum 10-week academic term. Each student's practicum includes all of the following (Section III, *Standard* F. 1-5)
  1. At least **40 clock hours of direct service with actual clients** that contributes to the development of counseling skills.
  2. Weekly interaction that averages of **one hour per week of individual** and/or triadic supervision throughout the practicum by a program faculty member, a student supervisor, or a site supervisor who is working in biweekly consultation with a program faculty member in accordance with the supervision contract.
  3. An average of **1 ½ hours per week of group supervision** that is provided on a regular schedule throughout the practicum by a program faculty member or a student supervisor.
  4. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients.
  5. Evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.

Directions: **Evaluate practicum student's counseling skills, professional dispositions, & professional behaviors per rubric evaluation descriptions & record rating in the "score" column on the left.**

Part I (Primary Counseling Skills – CACREP Standards [2009] #2 [*Social & Cultural Diversity*], #5 [*Helping Relationships*] & #7 [*Assessment*])

#	Score	Primary Counseling Skill(s)	Specific Counseling Descriptors	Exceeds Expectations / Demonstrates Competencies (8)	Meets Expectations / Demonstrates Competencies (6)	Near Expectations / Developing towards Competencies (4)	Below Expectations / Insufficient / Unacceptable (2)	Harmful (0)
1.A		**Nonverbal Skills**	**Includes Body Position, Eye Contact, Posture, Distance from Client, Voice Tone, Rate of Speech, Use of silence, etc. (matches client)**	Demonstrates effective nonverbal communication skills, conveying connectiveness & empathy (85%).	Demonstrates effective nonverbal communication skills for the majority of counseling sessions (70%)	Demonstrates inconsistency in his/her nonverbal communication skills.	Demonstrates limited nonverbal communication skills.	Ignores client &/or gives judgmental looks.
1.B		**Encouragers**	**Includes Minimal Encouragers & Door Openers such as "Tell me more about...", "Hmm"**	Demonstrates appropriate use of encouragers, which supports development of a therapeutic relationship (85%).	Demonstrates appropriate use of encouragers for the majority of counseling sessions (70%)	Demonstrates inconsistency in his/her use of appropriate encouragers.	Demonstrates limited ability to use appropriate encouragers.	Uses skills in a judgmental manner.
1.C		**Questions**	**Use of Appropriate Open & Closed Questioning (e.g., avoidance of double questions)**	Demonstrates appropriate use of open & close-ended questions, with an emphasis on open-ended question (85%).	Demonstrates appropriate use of open & close-ended questions for the majority of counseling sessions (70%).	Demonstrates inconsistency in using open-ended questions & may use closed questions for prolonged periods.	Uses open-ended questions sparingly & with limited effectiveness.	Multiple questions at one time
1.D		**Reflecting ₐ**	**Basic Reflection of Content – Paraphrasing**	Demonstrates appropriate use of paraphrasing as the primary therapeutic approach (85%).	Demonstrates appropriate use of paraphrasing appropriately & consistently (70%).	Demonstrates paraphrasing inconsistently & inaccurately or mechanical or parroted responses.	Demonstrates limited proficiency in paraphrasing or is often inaccurate.	Judgmental, dismissing, &/or overshoots
1.E		**Reflecting ᵦ**	**Reflection of Feelings**	Demonstrates appropriate use of reflection of feelings as the primary approach (85%).	Student demonstrates appropriate use of reflection of feelings appropriately (70%).	Demonstrates reflection of feelings inconsistently and is not matching the client.	Demonstrates limited proficiency in reflecting feelings or often inaccurate.	Judgmental, dismissing, overshoots
1.F		**Advanced Reflection (Meaning)**	**Advanced Reflection of Meaning including Values, and Core Beliefs (takes counseling to a deeper level)**	Demonstrates consistent use of advanced reflection & promotes discussions of greater depth in sessions (85%).	Demonstrates ability to appropriately use advanced reflection, supporting increased exploration in session (70%).	Demonstrates inconsistent & inaccurate ability to use advanced reflection. Sessions appear superficial.	Demonstrates limited ability to use advanced or switches topics.	Judgmental, dismissing, &/or overshoots
1.G		**Advanced Reflection (Summarizing)**	**Summarizing content, feelings, behaviors, and future plans**	Demonstrates consistent ability to use summarization to include content, feelings, behaviors, and future plans.	Demonstrates ability to appropriately use summarization.	Demonstrates inconsistent & inaccurate ability to use summarization.	Demonstrates limited ability to use summarization.	Judgmental, dismissing, &/or overshoots
1.H		**Confrontation**	**Counselor challenges client to recognize & evaluate inconsistencies.**	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the client's words or actions in a supportive fashion. Balance of challenge & support (85%).	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the client's words or actions in a supportive fashion (can confront, but hesitant) (70%) or was not needed and therefore appropriately not used.	Demonstrates inconsistent ability to challenge clients through verbalizing inconsistencies & discrepancies in client's words or actions in a supportive fashion. Used minimally/missed opportunity.	Demonstrates limited ability to challenge clients through verbalizing discrepancies in the client's words or actions in a supportive & caring fashion, or skill is lacking.	Degrading client, harsh, judgmental, being aggressive
1.I		**Goal Setting**	**Counselor collaborates with client to establish realistic, appropriate, & attainable therapeutic goals**	Demonstrates consistent ability to establish collaborative & appropriate therapeutic goals with client (85%).	Demonstrates ability to establish collaborative & appropriate therapeutic goals with client (70%) or not appropriate and therefore appropriately not used.	Demonstrates inconsistent ability to establish collaborative & appropriate therapeutic goals with client.	Demonstrates limited ability to establish collaborative, appropriate therapeutic goals with client.	Not therapeutic goals
1.J		**Focus of Counseling**	**Counselor focuses (or refocuses) client on his/her therapeutic goals – i.e., purposeful counseling**	Demonstrates consistent ability to primarily focus/refocus counseling on client's goal attainment (85%).	Demonstrates ability to primarily focus/refocus counseling on client's goal attainment (70%) or not appropriate and therefore not used.	Demonstrates inconsistent ability to primarily focus/ refocus counseling on client's therapeutic goal attainment.	Demonstrates limited ability to primarily focus/refocus counseling on client's therapeutic goal attainment.	Superficial, &/or moves focus away from client
1.K		**Facilitate Therapeutic Environment ₐ**	**Expresses accurate empathy & care. Counselor is "present" and open to client. (includes immediacy and concreteness)**	Demonstrates consistent ability to be empathic & uses appropriate responses (85%).	Demonstrates ability to be empathic & uses appropriate responses (70%).	Demonstrates inconsistent ability to be empathic & use appropriate responses.	Demonstrates limited ability to be empathic & uses appropriate responses.	Creates unsafe space for client
1.L		**Facilitate Therapeutic Environment ᵦ**	**Counselor expresses appropriate respect & unconditional positive regard**	Demonstrates consistent ability to be respectful, accepting, & caring with clients (85%).	Demonstrates ability to be respectful, accepting, & caring with clients (70%).	Demonstrates inconsistent ability to be respectful, accepting, & caring.	Demonstrates limited ability to be respectful, accepting, & caring.	Conditional or negative

_____ : **Total Score** (*out of a possible 96 points*)

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Part 2 (Professional Dispositions – CACREP Standards [2009] #1 [*Professional Orientation & Ethical Practice*] **#2** [*Social & Cultural Diversity*]**, #3** [*Human Growth & Development*]**, & #5** [*Helping Relationships*])

#	Score	Primary Professional Dispositions	Specific Professional Disposition Descriptors	Exceeds Expectations / Demonstrates Competencies (8)	Meets Expectations / Demonstrates Competencies (6)	Near Expectations / Developing towards Competencies (4)	Below Expectations / Insufficient / Unacceptable (2)	Harmful (0)
2.A		**Professional Ethics**	**Adheres to the ethical guidelines of the ACA, ASCA, & IAMFC, including practices within competencies.**	Demonstrates consistent & advanced (*i.e., exploration & deliberation*) ethical behavior & judgments.	Demonstrates consistent ethical behavior & judgments.	Demonstrates ethical behavior & judgments, but on a concrete level with a basic decision-making process.	Demonstrates limited ethical behavior & judgment, and a limited decision-making process.	Repeatedly violates the ethical codes &/or makes poor decisions
2.B		**Professionalism**	**Behaves in a professional manner towards supervisors, peers, & clients (includes appropriates of dress & attitudes). Able to collaborate with others.**	Consistently respectful, thoughtful, & appropriate within all professional interactions.	Respectful, thoughtful, & appropriate within all professional interactions.	Inconsistently respectful, thoughtful, & appropriate within professional interactions.	Limitedly respectful, thoughtful, & appropriate within professional interactions.	Dresses inappropriately after discussed &/or repeatedly disrespects others, etc.
2.C		**Self-awareness & Self-understanding**	**Demonstrates an awareness of his/her own belief systems, values, needs & limitations (herein called "beliefs") and the effect of "self" on his/her work with clients.**	Demonstrates significant & consistent awareness & appreciation of his/her belief system & the influence of his/her beliefs on the counseling process.	Demonstrates awareness & appreciation of his/her belief system and the influence of his/her beliefs on the counseling process	Demonstrates inconsistent awareness & appreciation of his/her belief system and the influence of his/her beliefs on the counseling process.	Demonstrates limited awareness of his/her belief system and appears closed to increasing his/her insight.	Complete lack of self-awareness &/or imposes beliefs on client
2.D		**Emotional stability & Self-control**	**Demonstrates emotional stability (i.e., congruence between mood & affect) & self-control (i.e., impulse control) in relationships with supervisor, peers, & clients.**	Demonstrates consistent emotional resiliency & appropriateness in interpersonal interactions.	Demonstrates emotional stability & appropriateness in interpersonal interactions.	Demonstrates inconsistent emotional stability & appropriateness in interpersonal interactions.	Demonstrates limited emotional stability & appropriateness in interpersonal interactions.	Inappropriate interactions with others continuously, more emotional than client
2.E		**Motivated to Learn & Grow / Initiative**	**Engaged in the learning & development of his/her counseling competencies.**	Demonstrates consistent enthusiasm for his/her professional and personal growth & development.	Demonstrates enthusiasm for his/her professional and personal growth & development.	Demonstrates inconsistent enthusiasm for his/her professional and personal growth & development.	Demonstrates limited enthusiasm for his/her professional and personal growth & development.	Expresses lack of appreciation for the profession
2.F		**Multicultural Competencies**	**Demonstrates awareness, appreciation, & respect of cultural difference (e.g., races, spirituality, sexual orientation, SES, etc.)**	Demonstrates consistent & advanced multicultural competencies (knowledge, self-awareness, appreciation, & skills).	Demonstrates multicultural competencies (knowledge, self-awareness, appreciation, & skills).	Demonstrates inconsistent multicultural competencies (knowledge, self-awareness, appreciation, & skills).	Demonstrates limited multicultural competencies (knowledge, self-awareness, appreciation, & skills).	Not accepting worldviews of others
2.G		**Openness to Feedback**	**Responds non-defensively & alters behavior in accordance with supervisory feedback**	Demonstrates consistent openness to supervisory feedback & implements suggested changes.	Demonstrates openness to supervisory feedback & implements suggested changes.	Demonstrates openness to supervisory feedback, but does <u>not</u> implement suggested changes.	Not open to supervisory feedback & does not implement suggested changes.	Defensive &/or disrespectful when given feedback
2.H		**Professional & Personal Boundaries**	**Maintains appropriate boundaries with supervisors, peers, & clients**	Demonstrates consistently strong & appropriate boundaries.	Demonstrates appropriate boundaries.	Demonstrates appropriate boundaries inconsistently.	Demonstrates inappropriate boundaries.	Harmful relationship with others
2.I		**Flexibility & Adaptability**	**Demonstrates ability to flex to changing circumstance, unexpected events, & new situations**	Demonstrates consistently strong ability to adapt & "reads-&-flexes" appropriately.	Demonstrates ability to adapt & "reads-&-flexes" appropriately.	Demonstrated an inconsistent ability to adapt & flex to his/her clients.	Demonstrates a limited ability to adapt & flex to his/her clients.	Not at all flexible, rigid
2.J		**Congruence & Genuineness**	**Demonstrates ability to be present and "be true to oneself"**	Demonstrates consistent ability to be genuine & accepting of self & others.	Demonstrates ability to be genuine & accepting of self & others.	Demonstrates inconsistent ability to be genuine & accepting of self & others.	Demonstrates a limited ability to be genuine & accepting of self & others (incongruent).	Incongruent and not genuine

_____ **: Total Score** (*out of a possible 80 points*)

Part 3 (Professional Behaviors – CACREP Standards [2009] #1 [*Professional Orientation & Ethical Practice*]**, #3** [*Human Growth & Development*]**, & #5** [*Helping Relationships*]**, #7** [*Assessment*]**, & #8** [*Research & Program Evaluation*]**)**

#	Score	Primary Professional Behavior(s)	Specific Professional Behavior Descriptors	Exceeds Expectations / Demonstrates Competencies (8)	Meets Expectations / Demonstrates Competencies (6)	Near Expectations / Developing towards Competencies (4)	Below Expectations / Insufficient / Unacceptable (2)	Harmful (0)
3.A		Attendance & Participation	Attends all course meetings & clinical practice activities in their entirety (engaged & prompt).	Attends all class meetings & supervision sessions in their entirety, is prompt, & is engaged in the learning process.	Misses one class meeting &/or supervision session & is engaged in the learning process & is prompt.	Misses two class meetings &/or supervision sessions, &/or is late at times, but is engaged in the learning process.	Misses more than two class meetings &/or supervisions sessions, &/or is often late, & is not engaged in the learning process.	Misses 4 or more classes or sessions &/or repeatedly late &/or not engaged.
3.B		Knowledge & Adherence to Site Policies	Demonstrates an understanding & appreciation for all counseling site policies & procedures	Demonstrates consistent adherence to all counseling site policies & procedures.	Demonstrates adherence to most counseling site policies & procedures.	Demonstrates inconsistent adherence to all counseling site policies & procedures.	Demonstrates limited adherence to all counseling site policies & procedures.	Failure to adhere to policies after discussed with supervisor.
3.C		Record Keeping and task completion	Completes all weekly record keeping & tasks correctly & promptly (e.g., case notes, psychosocial , TX plan, supervision report).	Completes all required record keeping, documentation and assigned tasks in a through & comprehensive fashion.	Completes all required record keeping, documentation, and tasks in a competent fashion.	Completes all required record keeping, documentation, and tasks, but in an inconsistent & questionable fashion.	Completes required record keeping, documentation, and tasks inconsistently & in a poor fashion.	Failure to complete paperwork &/or tasks by deadline.
3.D		Knowledge of professional literature	Researches therapeutic intervention strategies that have been supported in the literature & research.	Demonstrates initiative in developing strong knowledge of supported therapeutic approaches grounded in the counseling literature & research.	Demonstrates knowledge of supported therapeutic approaches grounded in the counseling literature & research.	Demonstrates inconsistent knowledge of supported therapeutic approaches grounded in the counseling literature/research.	Demonstrates limited knowledge of supported therapeutic approaches grounded in the counseling literature & research.	No attempt to obtain literature to support interventions.
3.E		Application of Theory to Practice	Demonstrates knowledge of counseling theory & its application in his/her practice.	Demonstrates a strong understanding of the counseling theory(ies) that guides his/her therapeutic work with clients.	Demonstrates an understanding of the counseling theory(ies) that guides his/her therapeutic work with clients.	Demonstrates inconsistent understanding of the role of counseling theory in his/her therapeutic work.	Demonstrates limited understanding of counseling theory & its role in his/her therapeutic work with clients.	Harmful use of theoretical principles.
3.F		Case Conceptualization	Effectively presents & summarizes client history & demonstrates an appreciation of the multiple influences on a client's level of functioning	Demonstrates a strong & comprehensive case conceptualization; appreciating the multiple influences on a client's level of functioning.	Demonstrates an comprehensive case conceptualization; appreciating the multiple influences on a client's level of functioning.	Demonstrates basic case conceptualization; appreciating only the influences a client presents in session on his/her level of functioning.	Demonstrates a limited case conceptualization & does not appreciate the influence of systemic factors on the client's level of functioning.	Focus on self without ability to understand client.
3.G		Seeks Consultation	Seeks consultation & supervision in appropriate service delivery	Takes initiative to consistently seek appropriate consultation & supervision to support the delivery of counseling services.	Seeks appropriate consultation & supervision to support the delivery of counseling services.	Inconsistently seeks consultation & supervision to support the delivery of counseling services.	Seeks limited consultation & supervision to support the delivery of counseling services.	Does not recognize need for or seek supervision.
3.H		Psychosocial & Treatment Planning	Demonstrates ability to construct a comprehensive & appropriate psychosocial report & treatment plan.	Ability to construct & adhere to a comprehensive & appropriate psychosocial report & treatment plan (e.g., goals are relevant, attainable, & measureable)	Demonstrates the ability to construct a comprehensive & appropriate psychosocial report & treatment plan.	Demonstrates an inconsistent ability to construct a comprehensive & appropriate psychosocial report & treatment plan.	Demonstrates a limited ability to construct a comprehensive & appropriate psychosocial report & treatment plan.	Harmful goals or gaps in psychosocial
3.I		Appraisal	Demonstrates ability to appropriately administer, score, & interpret clinical assessments	Demonstrates a strong ability to appropriately administer, score, & interpret assessment instruments.	Demonstrates ability to appropriately administer, score, & interpret assessment instruments.	Demonstrates an inconsistent ability to appropriate administer, score, & interpret assessment instruments.	Demonstrates a limited ability to appropriately administer, score, & interpret assessment instruments.	Assessment not reviewed or understood or labeling client
3.J		Referral	Demonstrates ability to identify resources to assist client therapeutically during and following counseling	Takes initiative to identify resources that may further assist client in reaching treatment goals.	Seeks out resources when recommended by supervisor or others.	Needs prompting to identify and find resources	Inconsistently follows through with assisting client with identifying resources.	Refuses to assist client with identifying resources.

_____: **Total Score** (*out of a possible 80 points*)

Thank you for completing the *Counselor Competencies Scale* (CCS)! Please provide any comments &/or feedback you may have regarding the CCS.

APPENDIX J: COUNSELING COMPETENCIES SCALE (CCS) MANUAL©

Counseling Competencies Scale (CCS) Manual©

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Introduction

Counselor education places an emphasis upon the core counseling conditions and skills, such as congruence/genuineness, unconditional positive regard, empathy, and the development of a strong therapeutic relationship. A primary goal in counseling is to foster a strong therapeutic relationship between the counselor and his or her client(s) based on the client(s) presenting problem/concern and systemic influences (e.g., family, work, friends, and educational system) within a multicultural society. Within counselor preparation programs, counselors-in-training develop an understanding of their clients' responsibility and ability to resolve their problems, with the counselor acting in an egalitarian manner to support the clients' therapeutic goals and desired outcomes. Ideally, counselors-in-training develop into reflective practitioner who continue to grow and develop throughout their professional careers; promoting clients' therapeutic outcomes grounded in a strong counselor-client(s) relationship. Additionally, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) advocates that a counselor education program promotes counseling students' development of the "essential interviewing and counseling skills" (*Standard II, 5.c*).

The purpose of the *Counseling Competencies Scale* (CCS) is to:

1. Promote the development of reflective counseling practitioners for entry level positions.
2. Support the development of ethical and effective counseling professionals.
3. Foster counselors' growth and development in the areas of (a) counseling skills, (b) professional disposition, and (c) professional behaviors.
4. Assess in a valid and reliable manner counseling students' development of counseling competencies in the areas of professional identity and ethics, social and cultural diversity, and clinical counseling and consultation skills.

Overview of *Counseling Competencies Scale* (CCS)

The *Counseling Competencies Scale* (CCS) is a 32-item instrument designed to measure counseling competencies within three proposed factors: (a) counseling skills, (b) professional dispositions, and (c) professional behaviors. Additionally, the CCS contains five supervisor-rater evaluation response categories that include (a) harmful, (b) below expectations, (c) near expectations, (d) meets expectations, and (e) exceeds expectations.

The *Counseling Skills* factor of the CCS contains 12 items (supervisor-rater evaluation areas). The evaluation of counseling competencies within the *Counseling Skills* factor requires the review of a counseling session. Supervisor-raters review a recorded counseling session and then assess the counseling student's level of competency regarding the 12 counseling skills areas. A written transcript of the counseling session may assist the supervisor-rater in assessing the counseling student's demonstrated counseling skills during the recorded session.

The two other CCS factors are *Professional Dispositions* and *Professional Behaviors*. These two counseling competency factors are assessed through the observation of the counseling students' performance throughout their counseling-related work during the assessment period (typically, a semester). As a result, the *Professional Dispositions* and *Professional Behaviors* factors are assessed differently than the *Counseling Skills* factor as these two counseling competency areas require the supervisor-rater to examine the counseling students' demonstration of the counseling competencies throughout an identified period of time, instead of focusing on a single counseling session. Therefore, supervisor-raters evaluate a counseling students' *Counseling Skills* development during a single identified counseling session, while the trainee's *Professional Dispositions* and *Professional Behaviors* are assessed throughout a counseling training experience (e.g., practicum or internship).

Administering the *Counseling Competencies Scale* (CCS)

Counseling Skills Session Review (Part I)

Overview
- Rating the 12 skills contained within the Counseling Skills section of the CCS involves a review of a counseling session. Therefore, the supervisor-rater assessment of the counseling student's counseling skills development is based on a single counseling session.

Length of tape
- It is important to review the entire duration of the counseling session. If not possible, review at least ¾ of the session.

Use of transcript
- It is suggested that supervisor-raters review a transcript of the counseling session to assess the counseling student's counseling skills competency in addition to reviewing the video recording of the session.

Avoiding rater bias
- It is suggested that supervisor-raters work to improve evaluation reliability through the rating of the two practice counseling sessions that are included with the manual and then discussing the ratings with others to assist with achieving greater consistency among ratings.

Professional Dispositions and Professional Behaviors (Part II & III)

Overview
- Rating the 10 areas in each of the two remaining sections (Professional Dispositions and Professional Behaviors) involves comprehensively rating the counseling student's performance across the assessment period (e.g., practicum or internship). Supervisor-raters are encouraged to evaluate the counseling students' professional dispositions and behaviors in behavioral terms because formative and summative feedback to the student is a necessary component of effective supervision.

Definition of Terms

Counseling Skills

- *Nonverbal Skills* - actions taken by the counselor that communicate that the counselor is listening to the client. The nonverbal skills category includes (a) eye contact, (b) posture, (c) gestures, (d) facial expressions, (e) physical distance, (f) movements, (g) physical touch, (h) attentive silence, and (i) vocal tone including rate of speech.

- *Encouragers* - a verbal utterance, phrase, or brief statement that indicates acknowledgment and understanding and encourages the client to continue speaking

- *Questions:* Open-ended questions - further exploration involving more than a one or two word answer (e.g., What happened that day?).

- *Questions:* Closed-ended questions - seeking facts that involve a one or two word answer or yes or no response (e.g., How old are you?).

- *Paraphrasing (reflection of content)* - a rephrasing of the client's stated thoughts and facts in a nonjudgmental manner, without repeating the exact word for word description used by the client

- *Reflection of feeling* - a statement or rephrasing of the client's stated or implied feelings in a nonjudgmental manner, without repeating the exact feeling word used by the client

- *Advanced reflection (meaning)* - a statement that assists the client in connecting with one's core beliefs and values, beyond simply reflecting thoughts and feelings stated or implied by the client

- *Advanced reflection (summarization)* - a summary of the client's expressed or implied feelings, thoughts, deeper meaning, or future plans that the counselor may use for clarification or transition to a new topic

- *Confrontation* - bringing the client's attention to a discrepancy existing within his or her words, behaviors, or thoughts that may present as being out of the client's awareness

- *Goal setting* - a process that the counselor and client engage in together in order to transform the identified problem/concern areas into goals to work towards accomplishing throughout the counseling process

- *Focus of Counseling* - the counselor's ability to transition from greeting the client to focusing the counseling session on addressing the therapeutic issues and mutually defined goals in a timely manner, and then providing closure to the counseling session that includes preparing the client for future sessions and/or termination

- ***Facilitate Therapeutic Environment$_a$***: Empathy/care - actions taken by the counselor to accurately communicate understanding and meaning of the client's experience in a nonjudgmental manner that involves both immediacy and concreteness

- ***Facilitate Therapeutic Environment$_b$***: Respect/positive regard - the counselor's demonstration of respect for the client and valuing the client as a worthy human-being; exhibited in the counselor's verbal and nonverbal messages communicated to the client

Professional Dispositions
- ***Professional Ethics*** - using effective decision-making skills and engaging in behaviors consistent with the established codes of ethics for the profession (e.g., ACA [2005] Codes of Ethics)

- ***Professionalism*** - interactions with peers, supervisors, and clients that encompass behaviors and attitudes that promote a positive perception of the profession. The professionalism category also includes maintaining a professional appearance regarding dress and grooming. Thus, the definition focuses on behaviors, attitudes, and appearance.

- ***Self-Awareness and Self-Understanding*** - engagement in activities to increase awareness and understanding of the counselor's thoughts, feelings, beliefs, and values and addressing the identified areas in order to promote personal and professional growth and development.

- ***Emotional Stability and Self-Control*** - the counselor's ability to regulate one's emotions and to exhibit self-control in a manner that allows a client to explore personal issues without the focus shifting to the counselor's emotional state; includes interactions with colleagues, such as during case consultation.

- ***Motivation to Learn and Grow/Initiative*** – the counselor's willingness to continue to grow personally and professionally; may involve a variety of personal and professional development activities, including reflection, scholarly readings, and workshops/seminars

- ***Multicultural Competencies*** - the demonstration of awareness, appreciation, and respect of cultural differences. Multicultural diversity may include a variety of areas such as (a) ethnicity, (b) gender, (c) race, (d) socioeconomic status, (e) spirituality/religion, and (f) sexual orientation

- ***Openness to Feedback*** - counselor's willingness to hear the suggestions and opinions of the supervisor and colleagues without becoming defensive and integrate the feedback as appropriate within the performance of his or her counseling responsibilities.

- ***Professional and Personal Boundaries*** – counselor maintains appropriate physical and emotional boundaries when interacting with clients, colleagues, and supervisors; includes the demonstration of appropriate verbal and nonverbal behavior

- ***Flexibility and Adaptability*** - counselor's ability to adjust to changing circumstances, unexpected events, and new situations; includes interactions with clients, colleagues, and supervisors

- ***Congruence and Genuineness*** - counselor's ability to be true to oneself; counselor does not present a facade when interacting with others within his or her role as a professional counselor

Professional Behaviors
- ***Attendance and Participation*** – counselor is present at course meetings and clinical experiences and active engagement in course activities, such as contributing to group discussions

- ***Knowledge and Adherence to Site Policies*** – counselor adheres to all systemic policies and demonstrates knowledge and understanding of procedures related to the counseling clinic

- ***Record Keeping and Task Completion:*** Record keeping – counselor completes of all documentation (progress notes, reports, and treatment plans) in a correct, complete, and professional manner by the required deadline.

- ***Record Keeping and Task Completion:*** Task completion – counselor completes all activities in an ethical and effective manner, including counseling sessions (individual, family, group) and documentation as described in record keeping

- ***Knowledge of Professional Literature*** – counselor obtains information through research about effective counseling practices, including therapeutic interventions

- ***Application of Theory to Practice*** – counselor demonstrates knowledge of counseling theory and applying counseling theory to work with clients

- ***Case Conceptualization*** - counselor's ability to discuss and summarize a client's history, including an appreciation of factors influencing the client's level of functioning

- ***Seeks Consultation*** - counselor's willingness to ask for assistance regarding a specific client's case or an issue related to performing one's role as a counselor; it may relate to assistance sought in individual, triad, or group supervision

- ***Biopsychosocial and Treatment Planning*** – counselor's ability to construct a comprehensive and appropriate biopsychosocial report and treatment plan

- ***Appraisal*** – counselor's ability to appropriately administer, score, and interpret counseling assessments

- ***Referral*** – counselor's ability to identify resources to assist clients therapeutically during and following the counseling experience

Part I: Counseling Skills – Clarifiers of Counseling Competencies

Nonverbal Skills
- Body position - maintains an open body position?
- Eye contact - makes eye contact without staring at client?
- Posture - leans forward without slouching? Is posture rigid?
- Distance from client - at a comfortable distance from client without physical boundaries
- between client and counselor such as a table?
- Voice Tone - uses a teacher/administrative tone?
- Rate of Speech - speaks faster or slower than the client?
- Match client - modifies counseling style to match the client?
- Hand gestures - uses hand gestures that are appropriate and not distracting?
- Facial expressions - maintains facial expressions (including reactions to client
- disclosures) that are congruent yet appropriate?
- Counselor's countenance conveys a relaxed compassionate feel or it is flat, tight or
- anxious looking?

Encouragers
- States an encourager, but it is said in the form of a command that evokes the client to share more information instead of inviting the client to share?
- Uses an encourager in a judgmental manner, such as "right" or "okay" in a context that provides approval of what is said, instead of encouraging client?
- Uses encouragers to buy time rather than truly facilitating further elaboration by the client?
- Encouragers used when silence may have been better?

Questions
- Uses mostly closed-ended questions?
- Uses double questions?
- Used when reflection would be more appropriate?
- Asks questions that appear insignificant or divert the session away from the issues?
- Questions seem to flow with a natural feeling?

Reflection (a)
- Paraphrases or summarizes content without repeating the client word for word (avoid parroting)?
- Counselor misses opportunities to summarize that might have helped the client to focus?
- Is an empathetic listener? (An immense part of being an effective counselor is being able to listen actively and with discernment to clients' concerns and needs.)

Reflection (b)
- Identifies feeling words similar to what the client used without repeating the exact feeling word used by the client (avoid parroting)?
- Misses opportunities to "stay with a feeling" and skips onto cognitive thought patterns?

Advanced Reflection (Meaning)
- Goes beyond providing superficial responses to assist the client at reaching a deeper level?
- Relates the overall pattern of client sharing into a meaningful issue that the client is grappling with?

Advanced Reflection (Summarizing)
- Provides a brief, comprehensive overview of client's expressed and implied thoughts and feelings?

Confrontation
- Assist the client in recognizing a discrepancy, such as a discrepancy between the client's words and actions?
- Tries to persuade the client to agree with something the counselors feels they are right about?

Goal Setting
- Involves the client in purposeful goal-setting in a collaborative manner, instead of dictating the goals for the client?
- Sets goals when it is not appropriate?

Focus of Counseling
- Uses the goal-setting process to guide the session, focusing the client on the identified problems/concerns discussed collaboratively?
- Stays on track with what the client states they wanted to work on?

Facilitate Therapeutic Environment (a)
- Facilitates a therapeutic environment where the client feels safe to share personal and genuine information?
- Focuses on helping the client feel safe and understood, or does the counselor seems more task oriented?

Facilitate Therapeutic Environment (b)
- Open to the client's worldview and style of life?
- Makes judgmental statements based on client disclosures?
- Reprimands the client for particular behaviors?
- Maintains a compassionate approach?

Part I: Counseling Skills: Rating Descriptors

Nonverbal Skills

    0 (*harmful*) - Counselor looks at the client in a judgmental manner. Counselor ignores client.

    2 (*below expectations*) – Counselor is not looking at client, arms and legs are crossed and body is positioned away from client or counselor is slouching, making erratic movements, slapping or elbowing client, smiling judgmentally at client's statements, suggestive lip licking or winking, further than six feet or closer than one foot to client (without therapeutic intention), voice inaudible or yelling at client. Counselor is happy and energetic when client is discussing feelings of sadness or counselor's tone is inappropriately sad and sympathetic when client is sharing successes.

    4 (*near expectations*) – Counselor inconsistently maintains an appropriate distance from client free of boundaries, makes eye contact but may look away due to own feelings of discomfort, occasionally rigid or slouching posture, occasionally incongruent nonverbal matching with client's affect.

    6 (*meets expectations*) – Counselor maintains an appropriate distance from client free of boundaries, consistent eye contact 3-5 seconds with breaks to assure client comfort, leans forward, appears relaxed, & matches client's rate of speech (with exception - if client is speaking very slowly – counselor slows down his or her rate of speech - however the counselor would still speak slightly faster than the client & if client speaks very fast – counselor increases his or her rate of speech, but is not expected to match rate of speech associated with mania).

    8 (*exceeds expectations*) – Counselor is therapeutically intentional with nonverbal skills. In addition, the counselor maintains an appropriate distance from client free of boundaries, consistent eye contact 3-5 seconds with breaks to assure client comfort, leans forward, appears relaxed, & matches client's rate of speech (with exceptions noted above).

Encouragers

    0 (*harmful*) – Counselor used in a judgmental manner such as "right" or "okay" in a context that provides approval of what is said, instead of encouraging client.

    2 (*below expectations*) – Counselor does not use encouragers.

    4 (*near expectations*) – Counselor misses several opportunities to encourage client. Nods or encourages occasionally but inconsistently. Occasionally mistakes judgment or praise (e.g. "good", "you're correct", or "that's great") for encouraging client.

    6 (*meets expectations*) – Counselor utilizes encouragers consistently, appropriately, and non-judgmentally. However, may utilize the same encourager frequently.

    8 (*exceeds expectations*) – Counselor purposely implements a diverse use of non-judgmental minimal encouragers throughout the session to encourage rather than praise the client.

Questions

    0 (*harmful*) – Counselor may intrusively overuse questions to the point where the client feels analyzed or uncomfortable.

2 (*below expectations*) – Counselor utilizes primarily closed questions (e.g. How does that make you feel?) and/or without therapeutic intention (e.g. How's the weather?). Counselor asks several questions in a row without giving the client a chance to respond. Why questions are utilized. Questions divert attention away from goal-oriented and/or change talk (e.g. Client: "I've been able to identify times when I feel sad." Counselor: "Where do you work?") Questions may be insensitive and/or focused on individuals other than the client (e.g. Do you think that your behavior caused him to want to divorce you?).

4 (*near expectations*) – Counselor utilizes some open questions, but may ask several closed questions in succession. Occasionally utilizes double-questions. Utilizes questions when other interventions may be more appropriate.

6 (*meets expectations*) – Counselor consistently demonstrates an ability to utilize appropriate open questions and gives the client time to respond to the questions. Closed questions are only utilized to obtain specific details that would be pertinent to counseling (e.g. "How many times a day do you feel angry?")

8 (*exceeds expectations*) – Counselor intentionally utilizes open questions (e.g., connected to the client's goals and/or one's therapeutic orientation) and more frequently than closed questions. Closed questions are only utilized to obtain specific details that would be pertinent to counseling (e.g. "How many times a day do you feel angry?"). Questions are thoughtful (e.g. the counselor considers how the client may interpret the questions posed before asking).

Reflection (a)

0 (*harmful*) – Counselor reflections imply judgment of client or exaggerating client's responses repeatedly in a harmful manner.

2 (*below expectations*) – Counselor does not demonstrate the use of paraphrasing and/or repeats the client's content word for word. Counselor may be utilizing reflection to agree with client rather than demonstrating that the client is being heard (e.g. "Yeah. I think your mom is pretty wrong for getting upset at you for not cleaning your room as well.")

4 (*near expectations*) – Counselor utilizes paraphrasing occasionally & appropriately, but may utilize other interventions (e.g. questions or confrontation) when reflection may be more appropriate. Counselor may occasionally over or undershoot reflections (e.g. client feels a little irritated, counselor overshoots: "You're feeling depressed," counselor undershoots: "You're feeling impartial.")

6 (*meets expectations*) – Counselor is able to appropriately demonstrate paraphrasing appropriately throughout the session. Reflections are on target with the client's content.

8 (*exceeds expectations*) – Counselor reflections are utilized frequently, appropriately, and purposefully. Reflections are on target with the client's content. A diversity of sentence stems (e.g. "It sounds like…" "I hear you saying…" "It seems as if…") are empathetically and purposefully used. Summaries are used intentionally (e.g., to provide transitions, closure, focus the session on the client's goals, bring up previously mentioned topics in order to set goals with the client, and/or afford continuity within/between sessions).

Reflection (b)

0 (*harmful*) – Counselor reflections imply judgment of client or exaggerating client's expressed or implied feelings repeatedly in a harmful manner.

2 (*below expectations*) – Counselor does not demonstrate the use of reflection of feeling and/or repeats the client's expression of feelings word for word.

4 (*near expectations*) – Counselor utilizes reflection of feeling occasionally & appropriately, but may utilize other interventions (e.g. questions or confrontation) when reflection may be more appropriate. Counselor may occasionally over or undershoot reflections (e.g. client feels a little irritated, counselor overshoots: "You're feeling depressed," counselor undershoots: "You're feeling impartial.")

6 (*meets expectations*) – Counselor is able to appropriately demonstrate reflection of feeling appropriately throughout the session. Reflections are on target with the client's expressed or implied feelings.

8 (*exceeds expectations*) – Counselor reflections are utilized frequently, appropriately, and purposefully. Reflections are on target with the client's feelings. A diversity of sentence stems (e.g. "It sounds like…" "I hear you saying…" "It seems as if…") are empathetically and purposefully used.

Advanced Reflection (Meaning)

0 (*harmful*) – Counselor implies meaning in a judgmental manner.

2 (*below expectations*) – Counselor misses significant meaning. Furthermore, the counselor appears to lack an understanding of the client's values, core beliefs, and does not take the session deeper.

4 (*near expectations*) – Counselor is able to demonstrate some understanding of the client's worldview and inconsistently reflects the client's meaning & values.

6 (*meets expectations*) – Counselor is able to accurately and consistently reflect the client's meaning and values. Counselor demonstrates an accurate understanding of the client's worldview and is able to bring sessions deeper (e.g. Client: "I'm always doing things for my boyfriend and he doesn't even care." Counselor: "You like to care for others and you value appreciation for your efforts.").

8 (*exceeds expectations*) – Counselor is able to accurately and consistently reflect the client's meaning and values. Counselor demonstrates an accurate understanding of the client's worldview and is able to intentionally help the client go deeper (e.g. counselor is able to focus deep reflections on collaborative goals in a way that promotes client growth and that is congruent with the counselor's theoretical orientation).

Advanced Reflection (Summarizing)

0 (*harmful*) – Counselor provides an overview of the session discussion in a judgmental manner.

2 (*below expectations*) – Counselor repeats what the client states word for word without selecting the key points to summarize.

4 (*near expectations*) – Counselor demonstrates understanding of summarization and uses it inconsistently.

6 (*meets expectations*) – Counselor demonstrates understanding of summarization and uses it consistently when appropriate.

8 (*exceeds expectations*) – Counselor uses summaries intentionally (e.g. to provide transitions, closure, focus the session on the client's goals).

Confrontation

0 (*harmful*) – Counselor confronts client in a judgmental manner.
2 (*below expectations*) – Counselor uses confrontation when it is not needed or does not use when needed (client is repeatedly late and counselor does not address the issue).
4 (*near expectations*) – Counselor demonstrates an understanding of confrontation, but uses it inconsistently (addresses a discrepancy once during session, but then ignores it if the client lacks understanding or denies it).
6 (*meets expectations*) – Counselor demonstrates an understanding of confrontation and uses it consistently to point out discrepancies to the client when appropriate.
8 (*exceeds expectations*) – Counselor utilizes confrontation intentionally to point out discrepancies during the counseling session.

Goal Setting

0 (*harmful*) – Counselor imposes goals on the client that are contrary to the client's expressed wants.
2 (*below expectations*) – Counselor attempts to set goals prematurely and/or seeks limited input from the client.
4 (*near expectations*) – Counselor demonstrates understanding of the goal setting process, but inconsistently seeks input from the client in setting goals.
6 (*meets expectations*) – Counselor demonstrates understanding of the goal setting process and seeks input from the client consistently in setting goals.
8 (*exceeds expectations*) – Counselor brings up previously mentioned topics in order to set goals with the client and sets goals in an intentional manner.

Focus of Counseling

0 (*harmful*) – Counselor shifts the focus away from the client to focus on the counselor or on other things.
2 (*below expectations*) – Counselor makes limited or no attempts to focus or refocus the client on the established goals.
4 (*near expectations*) – Counselor attempts to focus or refocus the client at times, but this does not occur in a consistent manner. Counselor may also make a single attempt to focus or refocus the client and if unsuccessful, does not pursue it further.
6 (*meets expectations*) – Counselor consistently interacts with the client to keep the focus on goal attainment when appropriate.
8 (*exceeds expectations*) – Counselor uses intentionality to focus or refocus the session.

Facilitate Therapeutic Environment (a)

0 (*harmful*) – Counselor engages in behaviors that facilitate a threatening or otherwise harmful environment for the client.
2 (*below expectations*) – Counselor demonstrates limited empathic responses, responding in a harsh manner.
4 (*near expectations*) – Counselor demonstrates inconsistent empathic responses.
6 (*meets expectations*) – Counselor demonstrates an understanding of empathy and uses it when responding to clients.
8 (*exceeds expectations*) – Counselor consistently demonstrates empathic responses.

Facilitate Therapeutic Environment (b)

      0 (harmful) – Counselor is negative or conditional in responding to the client.

      2 (below expectations) – Counselor is caring and respectful to clients infrequently.

      4 (near expectations) – Counselor is caring to the client inconsistently.

      6 (meets expectations) – Counselor frequently interacts and responds to the client in a caring manner.

      8 (exceeds expectations) – Counselor consistently interacts and responds to the client in a caring manner.

Part II: Professional Dispositions: Clarifiers of Counseling Competencies

Professional Ethics
- Demonstrates an understanding of the ethical principles?
- Knows where to consult when there is an ethical dilemma (i.e., ACA [2005] Code of Ethics)?
- Demonstrates sound and effective ethical decision-making skills?
- Openly shares ethical dilemmas with peers and supervisors?

Professionalism
- Dresses in a manner that is appropriate for the setting in which they work?
- Conveys respect for colleagues and supervisors?
- Invested in his or her personal and professional growth?

Self-awareness and Self-understanding
- Demonstrates a willingness to explore his or her personal belief system?
- Considers the differences between his or her belief system and those of the client?
- Considers how his or her beliefs and values may impact the client and therapeutic process?
- Able to think about what the client may be experiencing?

Emotional stability and Self-control
- Demonstrates composure during interactions with colleagues, supervisors, and clients?
- Counselor is able to recognize when he or she needs counseling and/or more supervision in relations to counter-transference issues or other personal issues?

Motivated to Learn and Grow/Initiative
- Takes the initiative to learn new skills, learn about effective therapeutic interventions, and to learn about himself or herself?
- Attends workshops or conferences?
- Reads journal articles?
- Comes prepared with questions for supervision?

Multicultural Competencies
- Takes a proactive effort to understand the client's worldview?
- Considers how the client's situation may be impacted by sociopolitical factors?
- Addresses cultural differences with the client?
- Able to promote a clients' goal that is not in line with his or her own cultural beliefs?
- Able to think of how he or she and the client are alike, the differences, and how this has an effect on both the counselor and the client?
- Able to decipher when the client was truly misunderstood due to the client's cultural background?
- Has an ability to think critically in difficult situations concerning multicultural concerns?
- Has an ideal of his or her personal sense of identity?
- Researches current multicultural trends and perspectives?

- Able to apply theoretical multicultural ideologies into pragmatic usage?

Openness to Feedback
- Willing to explore areas of growth with the supervisor without becoming defensive?
- Implements the suggestions with the clients or present a solid rationale for not implemented them?
- Takes an active role in self-evaluating and discussing concerns with the supervisor?
- Remains quiet in group supervision and does not talk about cases unless prompted?

Professional and Personal Boundaries
- Maintains a professional relationship with clients, peers, and supervisors?
- Attempts to engage in "friendship" relationships with the clients or supervisors?
- Arrogant, entitled, or assuming in his or her requests of colleagues?
- Talks about inappropriate subjects around clients and other professionals?

Flexibility and Adaptability
- Able to adapt when unexpected situations arise?
- Able to enter the counseling session without having a rigid "plan"?
- Effectively manages crisis situations?
- Adjusts to different modalities of therapy, matching his or her client's needs (e. g., individual, couple family)?

Congruence and Genuineness
- Sincerely accepts the client for who he or she is?
- Able to get a feel for the client's relationships with others and interpersonal style of communicating, see how it affects the counseling relationship, and address this with the client?
- Able to create a metaphor or analogy that delineates the relationship the counselor has with the client?

Part II: Professional Dispositions: Rating Descriptors

Professional Ethics

    0 (*harmful*) - Counselor exhibits malicious intent. Counselor fails to act in a situation that may cause harm to the client or others (i.e. abuse or neglect cases).
    2 (*below expectations*) – Counselor does not consult or breaks confidentiality. Counselor sees a client or uses a technique that he or she is incompetent in using (i.e. psychodrama technique).
    4 (*near expectations*) – Counselor minimally integrates consultation.
    6 (*meets expectations*) – Counselor consults frequently.
    8 (*exceeds expectations*) – Counselor demonstrates insight and integrates codes of ethics and consultation. Counselor engages in an ethical decision-making process.

Professionalism

    0 (*harmful*) - Counselor frequently fails to come to the counseling session without informing the client or making other arrangements.
    2 (*below expectations*) – Counselor is disrespectful and inappropriately uses confrontation with client, peers, or supervisor. Counselor wears clothing that shows inappropriate body parts.
    4 (*near expectations*) – Counselor dresses too casually, inconsistent demonstrating respect with clients, peers, or supervisor, or overdresses for counseling sessions.
    6 (*meets expectations*) – Counselor dresses appropriately and is respectful in interactions with others.
    8 (*exceeds expectations*) – Counselor consistently dresses appropriately, consistently is respectful during interactions, and researches and initiates discussions related to topics about professionalism.

Self-awareness & Self-understanding

    0 (*harmful*) - Counselor denies or becomes hostile when confronted regarding issues related to self-awareness or self-understanding.
    2 (*below expectations*) – Counselor demonstrates an inability to recognize issues that may impact the client, or supervision, or is closed to self-insight. Supervisor points out a discrepancy, but the counselor is closed to exploring the discrepancy and rationalizes or makes excuses. Counselor refuses to work with specific clients and/or refuses to be open to individual counseling.
    4 (*near expectations*) – Counselor understands his or her beliefs, how his or her family affects him or her as a counselor, and addresses it in supervision, but is unable to implement it in session consistently Counselor agrees to go to counseling, but doesn't follow through.
    6 (*meets expectations*) – Counselor is aware of transference issues and is willing to address it in supervision and work on it. Counselor demonstrates willingness to seek counseling when appropriate or when recommended by a supervisor.
    8 (*exceeds expectations*) – Counselor uses reflection time between sessions and supervision that may affect the client outcomes.

Emotional Stability

0 (*harmful*) - Counselor cries uncontrollably during sessions with clients or laughs inappropriately during sessions.

2 (*below expectations*) – Counselor continues to cry about what happened in session, asks questions for just pure inquiry, or makes inappropriate jokes during sessions.

4 (*near expectations*) – Counselor leaves session when crying (reactivity) about what's discussed in session. Counselor laughs at times when a client is talking about a serious subject. Counselor inconsistent refrains from asking questions for pure curiosity.

6 (*meets expectations*) – Counselor is able to address emotionality that may occur during a session and then return to the session.

8 (*exceeds expectations*) – Counselor is able to cope with his or her emotions appropriately during session, is able to understand client's emotionality, and is able to leave session and discuss and reflect on the emotionality.

Motivated to Learn & Grow

0 (*harmful*) - Counselor reports knowing all that is needed to be effective and refuses to engage in learning opportunities. Counselor states, "I am ok with where I am; I don't need to learn anything else; I don't need help."

2 (*below expectations*) – Counselor expresses lack of interest in counseling and hearing others "problems."

4 (*near expectations*) – Counselor does minimal work. Counselor gathers information, but doesn't use or implement it.

6 (*meets expectations*) – Counselor is motivated, gets information, and is willing to discuss it during supervision.

8 (*exceeds expectations*) – Counselor is motivated, gets information, and is willing to discuss it during supervision. Counselor also seeks additional training, in addition to research, calling experts in the area, attending workshops, and seeking professional development opportunities.

Multicultural

0 (*harmful*) - Counselor refuses to accept the worldview of others and verbalizes this to clients, peers, or the supervisor.

2 (*below expectations*) – Counselor has extreme beliefs about a certain population and is resistant towards exploring this with others.

4 (*near expectations*) – Counselor shows some willingness to explore issues in supervision, but is not willing to bring it up in session.

6 (*meets expectations*) – Counselor shows willingness to explore issues in supervision, is willing to bring it up in session, and addresses issues with the clients, but still has some unresolved issues.

8 (*exceeds expectations*) – Counselor shows willingness to explore other (more than 1) issues and initiates this in supervision without prompting.

Openness to Feedback

0 (*harmful*) - Counselor is hostile when given feedback and responds with negative comments.

2 (*below expectations*) – Counselor shuts down, is angry, or overly-defensive, denies supervisor's comments, and/or does not implement suggested changes.
4 (*near expectations*) – Counselor agrees with feedback without self-reflection, and does not implement it.
6 (*meets expectations*) – Counselor implements suggestions, or discusses discrepancies between beliefs and supervisors suggestions, and reflects and evaluates implementation of feedback.
8 (*exceeds expectations*) – Counselor implements suggestions, or discusses discrepancies between beliefs and supervisors suggestions, and reflects and evaluates implementation of feedback. Counselor also initiates discussions regarding the positive and negative aspects.

Professional boundaries

0 (*harmful*) - Counselor engages in sexual or nonsexual relationships with clients that extend beyond the counseling relationship. Counselor does not reveal previous association with a client and seeks information from another counselor, or continues to see the client.
2 (*below expectations*) – Counselor provides personal telephone number or address to clients or communicates with clients on Facebook or Myspace. Counselor says inappropriate things to clients and peers.
4 (*near expectations*) – Counselor takes clients' problems home, gets distraught, and has trouble coping with clients' issues. Counselor tries to be friends with the supervisor or client, or asks inappropriate things from a client or supervisor.
6 (*meets expectations*) – Counselor is knowledgeable regarding professional boundaries and confronts boundary issues with clients in session.
8 (*exceeds expectations*) – Counselor demonstrates ability to address boundary issues, seeks consultation and engages in self-reflection.

Flexibility & Adaptability

0 (*harmful*) - Counselor is overly rigid with clients demanding his or her agenda without considering where the client is; or counselor is overly flexible and does not get the required paperwork completed after meeting with the client for three or more sessions.
2 (*below expectations*) – Counselor becomes overly upset when client is a few minutes late, or client is repeatedly late and counselor does not address it.
4 (*near expectations*) – Counselor redirects client back to the counselor's plan. The counselor acknowledges what client says but goes back to their plan, or gets frustrated with the client.
6 (*meets expectations*) – Counselor is willing to meet clients where they are presently.
8 (*exceeds expectations*) – Counselor finds a happy medium. He or she is able to match the diverse and ever changing needs of his or her client(s).

Congruence & Genuineness

0 (*harmful*) - Counselor is disingenuous within the counseling relationship.
2 (*below expectations*) – Counselor is dishonest with client or overplays the counseling role.
4 (*near expectations*) – Counselor presents a façade to clients at times.

6 (*meets expectations*) – Counselor brings his or her personality into counseling, and uses self appropriately.
8 (*exceeds expectations*) – Counselor consistently and appropriately presents true self in sessions.

Part III: Professional Behaviors: Clarifiers of Counseling Competencies

Attendance
- Attends all course meetings and clinical experiences in their entirety?
- Arrives on time and is settled by the beginning of class?

Knowledge and Adherence to Site Policies
- Adheres to all clinical policies and procedures?
- Keeps file cabinets locked when not in use?
- Makes personal copies on the copy machine?
- Checks personal e-mail during clinic hours?
- Returns keys to proper location after usage?

Record Keeping and Task Completion
- Completes progress notes on time?
- Has completed and thorough case notes?
- Administers all of the appropriate assessments?
- Obtains supervisor and client signatures in a timely fashion?

Knowledge of Professional Literature
- Demonstrates an understanding of evidenced-based practices?
- Seeks out additional information when working with clients?
- Seeks supervision from counselor with specialty with certain client populations or therapeutic interventions?

Application of Theory to Practice
- Has a solid understanding of his or her theory of how people change?
- Applies the therapeutic techniques that are congruent with his or her counseling theory?
- Is reflective about his or her sessions and his or her use of self?

Case Conceptualization
- Considers all of the various factors that may affect the client and develops appropriate interventions?
- Able to think about the core issues of a client instead of just his or her presenting problems/concerns?
- Able to start with the client's major problem, along with other presenting problems/concerns, and any behaviors, cognitions, history (including medical, social and psychological) and environmental concerns/factors that are related to the primary problem/concern?
- Able to take the case conceptualization and challenge it periodically (i.e. brainstorm about other, possibly contradicting reasons that could explain why the client behaves in a particular way)?
- Able to utilize supervision and peers as resources to challenge his or her case conceptualization and to propose other viable alternatives other than what he or she purport?

- Able to make predictions about the client on what he or she may or may not do between sessions?

Seeks Consultation
- Takes a proactive role in approaching the supervisor when he or she is unsure of how to handle a situation?
- Attempts to handle situations or introduce new interventions without consulting the supervisor first?

Psychosocial and Treatment Planning
- Able to establish appropriate therapeutic goals and a treatment plan after consultation with his or her supervisor?

Appraisal
- Able to use assessments such as psychological tests, inventories, and behavioral questionnaires to collect as much information about the client as possible?
- Able to correctly interpret the results of counseling assessments?
- Uses counseling assessment results to examine areas that otherwise may have never been explored?

Referral
- Does the counselor do their "homework' in preparing appropriate referrals for each client upon termination?
- Process termination or just say goodbye?
- Facilitates bridging sessions to assist in transferring client to new counselor?

Part III: Professional Behaviors: Rating Descriptors

Attendance and Participation
> **0 (*harmful*)** – Counselor repeatedly misses meetings or engages in behaviors that are disruptive to others.
> **2 (*below expectations*)** – Counselor misses and is consistently not engaged.
> **4 (*near expectations*)** – Counselor inconsistently participates.
> **6 (*meets expectations*)** – Counselor consistently participates in meetings and is on time.
> **8 (*exceeds expectations*)** – Counselor is on time and initiates discussions with other.

Knowledge and Adherence to Site Policies
> 0 (harmful) – Counselor refuses to follow policies that may place self or others in danger after reminders.
> 2 (below expectations) – Counselor demonstrates resistance to following policies and needs repeated reminders.
> 4 (near expectations) – Counselor follows some policies, but is inconsistent.
> 6 (meets expectations) – Counselor consistently follows policies.
> 8 (exceeds expectations) – Counselor consistently follows policies and initiates discussions regarding policies with others.

Record Keeping and Task Completion
> **0 (*harmful*)** – Counselor lacks comprehensive documentation, including issues related to safety.
> **2 (*below expectations*)** – Counselor repeatedly misses deadlines after confronted by the supervisor.
> **4 (*near expectations*)** – Counselor inconsistently meets deadlines.
> **6 (*meets expectations*)** – Counselor completes paperwork on time and in a comprehensive manner.
> **8 (*exceeds expectations*)** – Counselor is comprehensive in completing paperwork and initiates discussions with others regarding concerns.

Knowledge of Professional Literature
> **0 (*harmful*)** – Counselor refuses to research potential interventions before implementing therapeutic strategies with clients.
> **2 (*below expectations*)** – Counselor occasionally researches interventions with prompting.
> **4 (*near expectations*)** – Counselor inconsistently researches interventions.
> **6 (*meets expectations*)** – Counselor consistently researches interventions prior to use.
> **8 (*exceeds expectations*)** – Counselor consistently researches interventions and initiates discussions during supervision.

Application of Theory to Practice
> **0 (*harmful*)** – Counselor integrates theory without considering clients' specific needs, which may potentially cause danger to clients.
> **2 (*below expectations*)** – Counselor shows limited understanding of his or her counseling theory and how to apply it.

4 (near expectations) – Counselor shows inconsistent understanding and implementation of counseling theory.
6 (*meets expectations*) – Counselor consistently implements theoretical principles.
8 (*exceeds expectations*) – Counselor consistently implements theoretical principles and provides a rationale for their use.

Case Conceptualization

0 (*harmful*) – Counselor refuses to acknowledge factors or consider clients' history.
2 (*below expectations*) – Counselor lacks understanding about the importance of considering multiple influences.
4 (*near expectations*) – Counselor is able to identify multiple influences affecting clients with some, but not all clients.
6 (*meets expectations*) – Counselor is consistently able to identify multiple influences affecting clients and integrate it into the counseling process.
8 (*exceeds expectations*) – Counselor initiates discussing regarding the factors affecting his or her clients and cases presented by others.

Seeks Consultation

0 (*harmful*) – Counselor refuses to seek consultation, stating that it is not needed.
2 (*below expectations*) – Counselor occasionally seeks consultation with prompting.
4 (*near expectations*) – Counselor seeks consultation at times; however, he or she shows confusion in distinguishing when to seek consultation.
6 (*meets expectations*) – Counselor demonstrates knowledge of when to seek consultation and obtains it when needed.
8 (*exceeds expectations*) – Counselor consistently consults with various individuals, in addition to his or her supervisor.

Psychosocial and Treatment Planning

0 (*harmful*) – Counselor has voids in obtaining information about the client and/or sets harmful goals.
2 (*below expectations*) – Counselor lacks awareness of essential areas of information to obtain about the client and does not set goals that correspond with treatment issues.
4 (*near expectations*) – Counselor has minor voids in obtaining information and/or only part of the goals focus on treatment issues.
6 (*meets expectations*) – Counselor completes a comprehensive psychosocial and identifies treatment goals consistent with clients' issues.
8 (*exceeds expectations*) – Counselor consistently completes comprehensive assessments and treatment plans.

Appraisal

0 (*harmful*) – Counselor labels client based on assessments or shares information in a harmful manner.
2 (*below expectations*) – Counselor administers assessments, but lacks understanding in how to interpret the results.
4 (*near expectations*) – Counselor demonstrates some understanding of the assessment process, but is not consistently able to interpret the results.

6 (*meets expectations*) – Counselor shows understanding of the assessment process and is proficient in discussing the results.
8 (*exceeds expectations*) – Counselor consistently shares assessment results with clients in a helpful manner and integrates results into treatment goals and progress reports.

Referral

0 (*harmful*) – Counselor refuses to discuss additional resources with clients.
2 (*below expectations*) – Counselor needs prompting to identify and discuss resources with clients.
4 (*near expectations*) – Counselor discusses resources with clients inconsistently and does not review progress with clients in regards to progress with contacting resources.
6 (*meets expectations*) – Counselor, with help from the supervisor, consistently discusses resources with clients and follows-up with their progress in contacting them.
8 (*exceeds expectations*) – Counselor takes initiative to identify and discuss resources with clients.

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APPENDIX K: INSTITUTIONAL REVIEW BOARD PERMISSION LETTER

University of Central Florida

University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901, 407-882-2012 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Notice of Exempt Review Status

From: **UCF Institutional Review Board**
FWA00000351, Exp. 10/8/11, IRB00001138

To: **Jacqueline Swank**

Date: **August 12, 2009**

IRB Number: **SBE-09-06375**

Study Title: **Assessing the validity and reliability of the Counselor Competencies Scale©: A Measure of Counseling Skills, Dispositions, and Behaviors**

Dear Researcher:

Your research protocol was reviewed by the IRB Vice-chair on 8/12/2009. Per federal regulations, 45 CFR 46.101, your study has been determined to be **minimal risk for human subjects and exempt** from 45 CFR 46 federal regulations and further IRB review or renewal unless you later wish to add the use of identifiers or change the protocol procedures in a way that might increase risk to participants. Before making any changes to your study, call the IRB office to discuss the changes. **A change which incorporates the use of identifiers may mean the study is no longer exempt, thus requiring the submission of a new application to change the classification to expedited if the risk is still minimal.** Please submit the Termination/Final Report form when the study has been completed. All forms may be completed and submitted online at https://iris.research.ucf.edu.

The category for which exempt status has been determined for this protocol is as follows:

2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey or interview procedures, or the observation of public behavior, so long as confidentiality is maintained.

    (i)   Information obtained is recorded in such a manner that the subject cannot be identified, directly or through identifiers linked to the subject, **and/or**

    (ii)   Subject's responses, if known outside the research would not reasonably place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability or reputation.

The IRB has approved a **consent procedure which requires participants to sign consent forms.** Use of the approved, stamped consent document(s) is required. Only approved investigators (or other approved key study personnel) may solicit consent for research participation. Subjects or their representatives must receive a copy of the consent form(s).

All data, which may include signed consent form documents, must be retained in a locked file cabinet for a minimum of three years (six if HIPAA applies) past the completion of this research. Any links to the identification of participants should be maintained on a password-protected computer if electronic information is used. Additional requirements may be imposed by your funding agency, your department, or other entities. Access to data is limited to authorized individuals listed as key study personnel.

On behalf of Joseph Bielitzki, M.S., DVM, UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 08/12/2009 11:04:32 AM EDT

Joanne Muratori

IRB Coordinator

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University of Central Florida Counselor Education Faculty (2009). *The Counseling Competencies Scale (CCS): A measure of counseling skills, dispositions, and behaviors.* Unpublished instrument. Correspondence regarding the CCS should be addressed to Glenn W. Lambie, Ph.D. at glambie@mail.ucf.edu

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