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David L. Ascher  
*University of Central Florida*



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A PHENOMENOLOGICAL INVESTIGATION OF COUNSELING STUDENTS' AND  
PRACTICUM SUPERVISORS' EXPERIENCES WITH THE COUNSELOR  
COMPETENCIES SCALE©

by

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A dissertation submitted in partial fulfillment of the requirements  
for the degree of Doctor of Philosophy  
in the College of Education  
at the University of Central Florida  
Orlando, Florida

Spring Term  
2011

Major Professor: Glenn W. Lambie

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## ABSTRACT

Counselor educators are charged with facilitating the development of counseling students towards becoming ethical and competent counselors (American Counseling Association [ACA], 2005; Council for Accreditation for Counseling and Related Educational Programs [CACREP], 2009). In addition, counselor educators serve as gatekeepers for the profession and deny entry to counseling students who demonstrate deficiency of necessary competencies (ACA, 2005; Association for Counselor Education and Supervision [ACES], 1993; CACREP, 2009). Numerous assessment tools utilized for the evaluation of counseling competencies have been developed, yet none has gained universal acceptance in the field of counselor education. The Counseling Competencies Scale© (CCS, UCF Counselor Education Faculty, 2009) is a 32 item counseling-student assessment tool developed to measure counselors-in-training counselor competencies (counseling skills, professional dispositions, and behaviors). The psychometric properties of the CCS have been investigated (Swank, 2010); however, questions related to perceptions, purposes, and uses of the CCS remained. Therefore, the purpose of this descriptive, exploratory phenomenology was to understand counseling students' and practicum supervisors' lived experiences with the CCS.

The sample included counseling practicum students ( $N = 23$  [individual student interviews only,  $n = 11$ ; student focus group interviews only,  $n = 4$ , individual student interviews and student focus group participants,  $n = 8$ ]) and practicum supervisors ( $N = 6$ ) from a CACREP accredited counselor education program in the Southeastern United States. The data was collected through individual interviews and focus groups with practicum students and individual interviews with practicum supervisors. All data was recorded, transcribed, coded, and analyzed for themes (Creswell, 2007; Moustakas, 1994). The data analyses utilized a research key

comprised of 34 meaning units (Devenish, 2002; Moustakas, 1994) and identified five themes within the data: (a) Cognitive understanding, (b) Emotional Understanding, (c) Feedback, (d) Trustworthiness, and (e) Gatekeeping. A visual metaphor was developed to illustrate the interaction of the five themes. Trustworthiness measures employed throughout the research included the use of (a) descriptions of researcher positionality, (b) a self-reflective field journal, (c) triangulation (student and supervisor individual interviews, student focus group interviews, and examination of the CCS document), (d) member checking, (e) peer debriefers, (f) an external auditor, (g) an extensive description of previous literature, and (h) an openness to disconfirming evidence (Creswell, 2007; Marshall & Rossman, 2006; Moustakas, 1994).

The results supported that counseling students and their clinical supervisors identified the CCS as an appropriate and comprehensive supervisory tool; however, they acknowledged CCS-related limitations including inconsistent application, problematic scoring system, pass/fail structure, and delivery by instructors and practicum supervisors who demonstrated minimal investment of time and effort. Implications for counselor educators include the importance of program and faculty members' engagement and consistency regarding the use of (a) evaluation and feedback tools, (b) remediation and gatekeeping processes, and (c) counseling student performance expectations. Replication of this study at diverse institutions is suggested. In addition, quantitative and qualitative investigations examining counseling student competencies and development (e.g., CCS) would contribute to the counselor education, counseling-student development, and counseling supervision literature. A discussion of the investigation's limitations is included.

To my sunshine – Tammy Renee, Zander Holokai, and Rylan Kainani

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## **LIST OF ACRONYMS/ABBREVIATIONS**

|        |  |
|--------|--|
| AAMFT  | American Association of Marriage and Family Therapy                          |
| ACA    | American Counseling Association  |
| ACES   | Association for Counselor Education and Supervision                          |
| CACREP | Counsel for the Accreditation of Counseling and Related Educational Programs |
| CCC    | Community Counseling Clinic  |
| CCS    | Counselor Competencies Scale©  |
| GPA    | Grade Point Average  |
| GRE    | Graduate Record Exam   |
| IRB    | Institutional Review Board   |
| NBCC   | National Board for Certified Counselors                                      |
| UCF    | University of Central Florida  |

## **CHAPTER ONE: INTRODUCTION**

This study presents the results of a phenomenological investigation of the Counselor Competencies Scale© (CCS). Research participants included a total of 23 master's-level counseling students and six counseling practicum supervisors. The data was collected through individual interviews and student focus groups designed to capture the essence of participants' lived experiences (Creswell, 2007) related to the CCS.

In an effort to provide an understanding of my connection to the topic (Moustaks, 1997), I begin this chapter with an autobiographical description of my experiences that led to an interest in the subject. Next, I provide an overview of the background and standard usage of the CCS. I then state the problem and describe the purpose, research methods, and design of the investigation. A discussion related to the trustworthiness (Shenton, 2004) of the methods is followed by a description of how the data was analyzed as well as my perceptions of the limitations, significance, and results. Finally, the chapter closes with conclusions and a chapter summary.

### **Autobiographical Connection**

In the Fall of 2006, I began work as a Psychosocial Rehabilitation Specialist; the term most often used was *PSR Worker*. At my hiring interview, I was told that I would be assigned five or six clients between six and seventeen years of age and I would meet with these clients for a few hours each week. In addition, I learned that I would be responsible for working towards the goals that were listed in the client's *treatment plan*. My qualifications for the PSR position were that I held an undergraduate degree in a social science. For my first week, I was paired with more seasoned PSR workers who were charged with "showing me the ropes." At the end of my first

week, I was familiar with the paperwork I would need to complete in order to get paid, as well as most of the logistics of the job, such as arranging client meetings and attending staff meetings. However, I had limited knowledge about how to effectively work with my clients. I often found myself wondering what I was supposed to be doing to support my clients.

To me, my PSR position seemed like professional *hanging out*. My new colleagues described what we did as existing on a continuum from *high priced babysitting* to *untrained counseling*. The company's website describes PSR as providing "intense in-home and community based interventions to assist clients to change behaviors and build life skills" (<http://www.alliancefamilyservices.com/>). Still, for quite a while, I didn't really understand what my PSR job was and thus, whether I was maximally -- or even marginally -- effective.

Because of my confusion - and a reluctance to admit my confusion to my supervisor - I looked forward to meeting with my supervisor for my six-month evaluation. I assumed that our meeting would be an opportunity to receive evaluative feedback on my strengths and limitations as a PSR worker. Instead, my supervisor said "So, David, you're doing good. You're getting all your hours and paperwork done." By his tone and demeanor, I could tell that our evaluative get-together was over. This six month evaluation meeting was not the assessment and feedback I was looking for. Not wanting to let the moment pass, I tried to elicit more information. "What would it look like if I wasn't doing well?" I asked. He responded, "Well, you wouldn't be getting your hours and your paperwork done."

One might think that I would be disturbed by the lack of clarity or detail; and to a degree I was. At the same time, I had a gut-level awareness of my capabilities and if my supervisor had mentioned anything that didn't match my self-perceptions, I may have dismissed them. Paradoxically, I was left both wanting and dismissive of evaluative feedback.

Due in large part to my desire to understand and become successful in the job, I began pursuing a Master's degree in counseling. As a counseling intern, I was paired with a warm and caring counselor who had been a licensed counselor for 15 years. Unfortunately, this wonderful mentor was not a demanding counseling supervisor and I passed through to counseling licensure without receiving any formalized critical evaluation of my counseling skills or competencies. Here again, I both wanted structured feedback and might have dismissed it, had it been offered. These experiences are only two of many that relate to my own ambiguity related to performance evaluations and systematic feedback.

During my first year as a doctoral student in counselor education, I was introduced to the Counselor Competencies Scale© (CCS, University of Central Florida [UCF] Counselor Education Faculty, 2009). The CCS was presented as a professionally appropriate tool for assessing the competency of counseling students as well as a means of documenting the need for student remediation. Later in the program, I was required to evaluate the counseling competencies of the master's students in my *Techniques in Counseling* course as well as the four counseling students who I supervised during their Counseling Practicum course. Throughout my time as an instructor and supervisor, I believed that the CCS was an imperfect, yet important counseling competencies assessment tool. An in-depth description of my thoughts and perceptions related to the CCS prior to collecting data are described in Chapter Two. My current thoughts related to the CCS have, of course, been modified by each phase of this investigation and are reported in greater detail in each of the subsequent chapters.

## **Background and Overview**

Counselor educators are charged with facilitating the development of counseling students towards becoming ethical and competent counselors (American Counseling Association [ACA], 2005; Counsel for Accreditation of Counseling and Related Educational Programs [CACREP], 2009). In addition, counselor educators are expected to serve as gatekeepers for the profession and deny entry to counseling students who demonstrate deficiency of necessary competencies (ACA, 2005; Association for Counselor Education and Supervision [ACES], 1993; CACREP, 2009; National Board for Certified Counselors [NBCC], 2005). Despite this gatekeeping expectation, no specific guidelines exist to guide counselor education administrators or faculty in the evaluation of counseling student competencies (Hensley, Smith, & Thompson, 2003). The lack of explicit standards for counseling student evaluation has created an inconsistency in objectively determining the counseling competencies of counselors-in-training, as well as confusion for when to recommend remediation or dismissal (Swank, 2010; McAdams & Foster, 2007). Therefore, a reliable and valid method for supporting counselor educator's roles as educators, supervisors, and evaluators is needed.

Becoming a competent counselor requires an individual to develop effective counseling skills and to demonstrate professional behaviors and dispositions. The ACA (2005) *Code of Ethics* and CACREP (2009) *Standards* both emphasize the importance of counseling competencies, yet limited research has been published that defines what constitutes sound counseling competencies. Over the past seven decades numerous assessments have been proposed to measure counseling student competencies and readiness to enter the field; however, no single method has emerged as a standard for the profession (Swank, 2010).

Two primary challenges to creating sound counseling competency assessments include: (a) designating specific areas of counseling competencies to evaluate and (b) developing a psychometrically sound instrument to evaluate the designated counseling competencies (Swank, 2010). In an effort to meet these two challenges the Counselor Education faculty at UCF developed an assessment tool entitled the *Counselor Skills and Professional Behavior Scale* (CSPBS; UCF Counselor Education Faculty, 2004; Appendix D). Swank (2010) noted that the faculty at UCF “determined that the response format lacked precision and was confusing due to two different response systems used within the instrument” (p. 23). Thus, several of the counselor education faculty at UCF undertook to modify the CSPBS. Their efforts resulted in the creation of a 32-item counseling assessment tool called the CCS. The CCS was introduced into the Counselor Education Program at UCF as a counseling competency evaluation tool during the Spring 2008 counseling practicum course.

The CCS does not have a singular use. The CCS itself states,

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 (CCS, 2009, p. 1).

Concurrently, the CCS manual lists four purposes of the CCS:

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 (CCS Manual, 2009, p.2; See Appendix J).

In addition to these noted (i.e., physical hard-copy) uses, during my first two years in my doctoral program, I had engaged in informal conversations with program administrators, faculty, counseling practicum supervisors, graduate teaching assistants, and master's counseling students which suggest additional purposes or uses of the CCS. For instructors, one additional purpose of the instrument can be to inform counseling students of class and/or practicum expectations. For administrators, the CCS may provide a means for assessing programmatic strengths and weaknesses. Once a completed hard-copy (or at least a computer file) of the CCS is shared with students a "paper trail" is produced. For students, this paper trail allows for the tracking of competency progress. For all, the paper trail may be used as documentation in the cases of remediation or gatekeeping (denied progression towards graduation). Finally, the CCS provides a (presumably) consistent and transparent evaluation of students' development as ethical and effective counseling professionals. Thus, taken collectively, these various sources (i.e., the CCS, the CCS manual, and CCS current uses as revealed by informal discussions) suggest the CCS had multiple and overlapping uses and purposes.

The CCS document is comprised of 32 items and is designed to measure counseling competencies within three factors. The three CCS factors are (a) counseling skills (12 items), (b)

professional dispositions (10 items), and (c) professional behaviors (10 items). Raters score the CCS using five response categories that include (a) harmful, (b) below expectations, (c) near expectations, (d) meets expectations, and (e) exceeds expectations. Each of the five response categories carries a corresponding score from zero to eight in two-point increments. Thus, the category *harmful* is scored a zero, *below expectations* a two, *near expectations* a four, *meets expectations* a six, and *exceeds expectations* an eight.

Although there is nothing preventing faculty members from utilizing the CCS in any of the UCF Master's in counseling courses, it is a programmatic *requirement* in three courses which include: (a) *Introduction to Counseling* (Intro), (b) *Techniques in Counseling* (Techniques), and (c) *Counseling Practicum* (Practicum or Prac). Officially (per the UCF Counselor Education Program), counseling students are made aware of the CCS in two ways prior to enrolling in the Intro class: (a) the CCS is presented in the official program handbook, and (b) students are told about the CCS at a new student orientation meeting which takes place once a student has officially been admitted into the program.

Modified versions of the CCS are utilized in the Intro and Techniques courses. Counselor Education faculty at UCF . . .

. . . went through the CCS and blocked out the areas that would not be covered and/or appropriate per the different course(s). For example, students in a counseling techniques course would not develop treatment plans; therefore, the 'Psychosocial and Treatment Planning' item found on the 'Professional Behavior' page was blocked out for the Techniques version of the CCS" (Lambie, 2011, personal communication).



Therefore, the Intro version of the CCS looks the same as the full version; however, the scoring boxes for 15 of the 32 items have been blacked-out, preventing the recording of a score. These 15 items occur across the first and third of the three factors (i.e., Skills and Professional Behaviors). Specifically, nine of the 12 *Skills* and six of the 10 *Professional Behaviors* are removed from scoring in the Intro CCS. (See appendix A.)

Counseling students at UCF are also evaluated using the CCS in the Techniques course. The Techniques version of the CCS looks the same as the full version; however, the scoring boxes for six of the 32 items have been blacked-out preventing the recording of a score. These six items are the same ones blocked out from the Professional Behaviors section that were blocked out of the Intro version (see appendix B).

An exploratory factor analysis (EFA) of the CCS found moderate to high values for many of the CCS's psychometric properties (Swank, 2010). Specifically, Swank found high internal consistency across the three factors (counseling skills, professional dispositions, and professional behaviors; Cronbach's alpha = .942, .896, and .921 respectively). In addition, Swank's investigation revealed moderate interrater reliability across each of the three factors (Skills,  $r = .436$ ; Dispositions,  $r = .515$ ; and Behaviors,  $r = .467$ ) as well as for the three factors summed together (Total,  $r = .570$ ). Finally, Swank found evidence of criterion related validity as indicated by a moderate correlation ( $r = .407$ ) between the final total score on the CCS and counseling students' final course grade. These findings support the CCS as "a promising instrument for assessment within counselor preparation and supervision" (Swank, p. 256). Swank suggested the CCS was a sound assessment instrument for counselor educators and supervisors, yet stated that further research and development related to the CCS was warranted.

## **Statement of the Problem**

Swank's (2010) research supported the faculty and administrators of the Counselor Education Program at UCF to view the CCS as a tool that might be adopted in other CACREP accredited counseling programs (Robinson, 2010, personal communication). Concurrently, informal discussions (both involving myself personally and other conversations I heard "through the grapevine") during the Fall semester of 2009 and the Spring semester of 2010 amongst master's and doctoral students surrounding the use and administration of the CCS suggested a general support for the instrument mixed with a variety of concerns over its use. For example, according to some doctoral students, counseling supervisors may rate their supervisees inconsistently; possibly due to a lack of appropriate training in the correct usage of the CCS (Anonymous Doctoral Students, 2010, personal communication). In addition, some counseling students and faculty members voiced concerns over the gatekeeping aspect of the CCS as practicum counseling students who fail to meet minimum expectations on the CCS do not pass the practicum class (Anonymous Master's Students, 2009 & 2010, personal communications; Anonymous Faculty Member, 2010, personal communication). Anxious counseling students and faculty members found it troubling that the counseling students' progression through the counseling preparation program potentially hinges on the judgment of an individual supervisor. Another concern related to the CCS involves practicum counseling students who suggested they lacked a clear understanding of how some of the individual CCS items could, or should, be translated into demonstrable behaviors (Anonymous Master's Students, 2009 & 2010, personal communication). Finally, discussions amongst faculty members and program administrators suggested disagreements related to the appropriate usage of the CCS (Anonymous Faculty Member, 2010, personal communication). Thus, a lack of understanding related to the use and

administration of the CCS as well as the experiences of master's students and practicum supervisors exists.

In addition to issues related to the understanding of the CCS experience, the published research related to the development and testing of counseling student assessments is sparse. While a number of articles and books have been published on the evaluation of counseling students' counseling performance, the majority of these have focused on counselor-in-training verbal responses and basic skills (Swank, 2010). Other than counselor-in-training verbal responses and basic counseling skills, few assessment tools have been developed that address counseling student competencies such as professional dispositions and/or professional behaviors. Limited research was found that related to understanding the challenges that counselor education programs may experience related to the incorporation and consistent use of counseling student competency assessments. In addition, the assessment of counseling competencies remains an area of emphasis for professional counseling, accreditation, and governing agencies (e.g., ACA, 2005; ACES, 1993; CACREP, 2009). Therefore, the counseling profession and counselor education programs present as being in need of developing a psychometrically sound assessment tool to measure counseling competencies through (a) the counseling literature, (b) ethical guidelines, and (c) accreditation standards; which includes counselor educators' and supervisors' responsibilities to promote counselor development and gatekeep for the profession. Thus, the CCS was developed and researched at UCF, yet the experiences related to the CCS of practicum supervisors and counseling students remains uninvestigated.

## **Purpose of the Study**

The purpose of this phenomenological study was to understand counseling students' and practicum supervisors' lived experiences with the Counselor Competencies Scale© (CCS, UCF Counselor Education Faculty, 2009) and resulted in the following research questions.

## **Research Questions**

Consistent with qualitative research (e.g., Bloomberg & Volpe, 2008), the following constitute my *initial* inquiries which were likely to be expanded or modified as the investigation progressed. The summer 2010 Practicum in Counselor Education course served as the pool from which participants were recruited; however, I was interested in participants' overall experiences across their time working or studying at UCF.

### **Research Question One**

What are the lived experiences related to the CCS of counseling students who completed the 2010 summer semester Practicum in Counselor Education (MHS 6803) course at the University of Central Florida?

### **Research Question Two**

What are the lived experiences related to the CCS of practicum supervisors who supervised during the 2010 summer semester Practicum in Counselor Education (MHS 6803) course at the University of Central Florida?

## **Methodology**

Qualitative research can be seen as falling under the umbrella of scientific research (Creswell, 2007). There are numerous names given to the collection of qualitative ways and

traditions of conducting research. Grbich (2007) prefers the term “designs/approaches” (p. 17), Marshall and Rossman (2006) use the term “Typologies,” (p. 3), Creswell (2007) uses “approach,” and Glesne (2006) uses the term “methodology” (p. 8). Throughout this study, I use the terms methodology, approach, and design interchangeably. Marshall and Rossman (2006) synthesized qualitative designs suggested by qualitative researchers and theorists including Jacob (1987, 1988); Atkinson, Delmint, and Hammersley (1988); Creswell (1998); and Denzin and Lincoln (2005). Major qualitative designs include: (a) action and applied research, (b) case study, (c) ethnography, (d) life history, (e) biography, (f) grounded theory, and (g) phenomenology (Marshall & Rossman, 2006). These various approaches are linked with ideas of “how inquiry should proceed” (Glesne, 2006, p. 8).

Methods refer to the techniques and procedures used in collecting and/or analyzing data (Grbich, 2007; Glesne, 2006). Qualitative research methodologies and methods overlap; therefore, a variety of qualitative (and quantitative) methods may be employed in the service of any of the qualitative research methodologies (Creswell, 2007); however, the reverse does not hold true (Glesne, 2006): That is, the choice of methodology suggests a limited choice of methods while a random collection of methods does not equate to a “good” study (Creswell, 2007, p. 45). Qualitative research approaches vary along two continuum including amount of researcher participation (i.e., from purely observational to heavily participatory) and purpose of the study (i.e., from purely exploratory to desire to affect change; Grbich, 2007; Glesne, 2006). Thus, qualitative research methodologies are utilized for a variety of situations; one of which is to understand social phenomena from the perspective of those who have experienced the phenomenon (Glesne, 2006).

The choice of qualitative research methodology to employ may be based on researcher philosophy (Kline, 2004; Creswell, 2007); however, there is widespread support for taking a pragmatic approach which suggests using the most appropriate research methodology to answer the particular research question (Creswell, 2007; Glesne, 2006). Marshall and Rossman suggested matching study questions to four types of qualitative research purposes: Exploratory, Explanatory, Descriptive, and Emancipatory (p. 34). Exploratory qualitative research is designed to (a) investigate little-understood phenomena, (b) identify or discover important categories, and (c) generate hypothesis for further research. The use of explanatory methodology is warranted when the researcher's desire is to explain patterns or plausible relationships of a phenomenon. A descriptive approach is used when the purpose is to document and describe a phenomenon of interest and emancipatory methods are employed when there is a desire to "create opportunities and the will to engage in social action" (Marshall & Rossman, 2006, p. 34). Choosing among these four research purposes (Exploratory, Explanatory, Descriptive, and Emancipatory) leads to - or is a result of - the specific question or questions that are most important to understand. Given all of the considerations above, and recognizing that little is understood about how the CCS functions as a phenomenon, an exploratory, descriptive phenomenological investigation was appropriate for the present study.

### **Design and Methods**

Phenomenological research investigations are suited to the discovery and examination of what meanings people assign to their lived experiences (Creswell, 2000). In an effort to uncover the meanings and lived experiences of participants the methods employed here were: (a) conducting, recording, and analyzing semi-structured interviews with practicum supervisors; (b)

conducting, recording, and analyzing semi-structured interviews with practicum students; and (c) conducting, recording, and analyzing focus group interviews with practicum students.

### **Data Collection**

Criterion selection is effective for quality assurance and includes all cases that meet some predetermined criterion (Marshall & Rossman, 2006; Patton, 2006). The criterion for this investigation included two groups of participants. The first group was practicum supervisors at UCF who evaluated practicum counseling students using the CCS. All six of the practicum supervisors from the summer practicum of 2010 met this criterion. The second group of participants included practicum students evaluated by supervisors who utilized the CCS in their assessment of counseling practicum students. All 47 practicum counseling students enrolled in the summer semester of Practicum met this criterion.

A total of 19 students, six males and 13 females, volunteered to sit for individual interviews. The ages of the student participants ranged from 23 to 52; however, only four of the students were in their 30's, zero in their 40's, and one in their 50's; thus, the majority, 13 students, were in their 20's. Two student participants were in the School Counseling track, eight came from the Marriage & Family track, and nine were in the Mental Health track. Five student participants self-identified as Hispanic, Colombian, or Puerto Rican; 12 as White or Caucasian; one as African American of Caribbean descent; and one declined to state.

All six of the practicum supervisors agreed to participate. The supervisor participants included two men and four women. Four of the participants identified as White or Caucasian, one identified as African American, and one as Bi-racial. At the time of the interviews, three of the supervisors held Ph.D.'s and three were Doctoral Candidates. Supervisor ages ranged for 29

– 51, including one in their 20's, two in their 30's, one in their 40's, and one in their 50's. One supervisor declined to state their age. In terms of supervisor experience using the CCS, two had two semesters, two had four semesters, one had seven semesters, and one supervisor had nine semesters.

I conducted two student focus groups with a total of 12 students. The first focus group consisted of seven students and the second focus group had five students. Of these 12 focus group participants, eight had participated in individual interviews and four had not. Nine of the focus group participants were in their 20's and three were in their 30's. Three focus group participants self-identified as Hispanic, Colombian, or Puerto Rican; two identified as White or Caucasian; one participant identified as Black; and one as Mixed race. In terms of counseling program track, six came from the Mental Health track, two from the School Counseling track, and four from the Marriage and Family track.

Individual and focus group interviews were conducted using a semi-structured format. Semi-structured interviews include a list of interview questions, but allow for spontaneous additional questioning based on the interviewees responses (Creswell, 2007). Individual participant interviews with students and supervisors were conducted within one month after the last day of summer practicum, 2010. Student focus groups were warranted based on my feeling that additional voices, especially the interaction of students was needed. Both focus group interviews were conducted on December 9, 2010, roughly three months after the individual interviews.



## Validity Issues (Trustworthiness)

Although universal standards have not been established for the evaluation of qualitative research and debates continue amongst qualitative researchers, common characteristics that mirror the quantitative-based concepts of rigor, validity and reliability exist (Kline, 2004; Creswell & Miller, 2000). Rigorous qualitative research includes the use of multiple methods designed to provide evidence of research integrity (Creswell, 2007). Methods used to provide evidence of research integrity for this investigation emerged from qualitative methodology and the historical use of phenomenology. Specifically, research integrity (credibility, dependability, trustworthiness, goodness, etc.) was achieved through the use of (a) descriptions of researcher positionality, (b) a self-reflective field journal, (c) triangulation (individual interviews, focus group interviews, examination of the CCS document), (d) member checking, (e) peer debriefers, (f) an external auditor, (g) an extensive description of previous literature, and (h) an openness to disconfirming evidence (Creswell, 2007; Marshall & Rossman, 2006; Moustakas, 1994).

Consistent with qualitative methods, the review of literature was ongoing as “it guides the development of explanations during data collection and analysis . . .” (Marshall & Rossman, 2006, p. 46). In addition, the study’s integrity was revealed through triangulation which involves utilizing multiple sources of data to illuminate, corroborate, or elaborate the research in question (Marshall & Rossman, 2006). Triangulation included the collection and analysis of individual interviews and focus group data as well as a close examination of the CCS document. Triangulation also included the checking and rechecking of the supervisor interview and student focus group transcripts (Creswell, 2007). Through processes called *Bracketing* and *Epoche*, the researcher attempts to separate or set aside (or bracket) his or her “. . . prejudgments, biases, and preconceived ideas about things” (Moustakas, 1994, p. 85) in order to view the phenomenon

under investigation with as much objectivity as possible (Creswell, 2007). Descriptions of my efforts to achieve Bracketing and Epoche are included throughout the manuscript. Positionality is designed to clarify the position or *lens* through which the researcher interprets the world (Glesne, 2006; Grbich, 2007). Consistent with qualitative methodology, I went beyond simply describing my positionality and included ramifications it may have had on the investigation. Finally, trustworthy phenomenological research involves the self-reflections of the researcher (Creswell, 2007). Self-reflections were pulled from journal entries and, where appropriate, are offered throughout this write-up.

### **Data Analysis**

Interviews and focus group discussions were transcribed. Transcriptions were coded and codes combined into themes. Creswell (2000) noted that appropriate phenomenological data analysis includes the following tasks: (a) description of personal experience with the phenomenon under investigation; (b) reading through the written transcripts several times to develop a list of significant statements; (c) identifying significant phrases or sentences that pertained directly to the experience -- begin to make a preliminary list of codes; (d) formulating meanings and clustering (chunking) them into themes common to all of the participant's transcripts; (e) integrating the results into an in-depth, exhaustive description of the phenomenon; and (f) validating the findings with participants and including participants' remarks into the final description.

### **Limitations**

This investigation was conducted with the intention of fully understanding the experiences of counseling students and practicum supervisors as their experiences relate to the

CCS and its administration during one unique time and setting. Consistent with phenomenology and qualitative methodology, the conclusions and implications of the findings are qualified and no attempt is made to uncover generalized or universal “truths.” It has been argued that qualitative research is subjective and lacking in well-tested guidelines (Miles, 1979) and is difficult to replicate (Krumpe, 2002). Glesne (2006) states that all research methods can be considered imperfect. Ultimately, it falls to each reader to determine the validity of the parts, and of the whole.

I believe this study is trustworthy and valid due to the rigor and appropriate use of phenomenological methodology and methods to uncover the experiences - the phenomenon - of practicum instructors and counseling students with the CCS. However, I am aware that every investigation contains limitations and strengths. Beyond the well-known limitations of qualitative research (lack of generalizability, lack of establishment of fact, smaller sample sizes, etc.), a description of the perceived limitations includes the study relied on self-report and participants may not have been accurate in their self-perceptions. In addition, participants may have felt influenced to describe their experiences in accordance with what they perceived I was looking for. Additionally, the differences, if any, between the students who volunteered to participate and those that did not may be significant. Whereas 100% of the practicum supervisors volunteered, 49% of the counseling students volunteered. Volunteers and non-volunteers are different from each other (Tabachnick & Fidell, 2007) and the motivation of the participants is not known with any certainty. Finally, despite my efforts at transparency, it is possible that the results simply mirror my expectations rather than an accurate representation of participants’ experiences.

## **Significance of the Study**

Competent research and scholarship serve not to define what is true, but rather to advance knowledge and define future research (Dewy, 1929; Sher & Eisenberg, 2002). Thus, an investigation of the CCS serves to advance knowledge in the field of counselor education related to counseling student remediation, assessment, evaluation, and feedback. In addition, this investigation helps shape future investigations of counselor-in-training assessment tools and gatekeeping procedures.

## **Results**

A number of significant themes emerged from the data analyses. Data analyses produced 34 codes (see appendix C). From these 34 codes, five themes emerged including (a) Cognitive Understanding, (b) Emotional Understanding, (c) Feedback, (d) Trustworthiness and (e) Gatekeeping. These five themes are overlapping and the decision to include which codes in which theme was developed through lengthy personal reflection and the suggestions of Creswell (2007) and Moustakas (1994).

## **Conclusions**

Finally, I provide implications of the results for counselor education and supervision. These implications are perceived to include, but are not limited to, (a) issues relating to evaluation of counseling students, (b) issues surrounding effective means of providing feedback, and (c) issues surrounding gatekeeping. One indication of a quality qualitative investigation is the generation of important questions for further inquiry; it is believed that this study achieved that goal.

## **Chapter Summary**

This chapter opened with personal recollections of the assessments made of my counseling competencies. Next, I provided an overview of the background and current usage of the CCS. I then described how our current knowledge related to the CCS is deficient and proposed the purpose, methods, and design of this investigation. A discussion related to the trustworthiness of the methods was followed by a description of how the data were analyzed as well as my perceptions of the limitations, significance, and results. The chapter closed with a brief conclusion.

## **CHAPTER TWO: REVIEW OF LITERATURE**

It is my intention in this chapter to show how a phenomenological investigation of the lived experiences related to the Counselor Competency Scale© (CCS) of counseling practicum students and their counseling supervisors fits as an extension of previous scholarly work. Marshall and Rossman (2006) noted that “a thoughtful and insightful discussion of related literature builds a logical framework for the research and locates it within a tradition of inquiry and a context of related studies” (p. 43). In working towards this goal, I was influenced by Cooper’s (1989) suggestion to use multiple types, and sources, of scholarly work. Finally, in an effort to provide the reader with the most relevant strands of scholarship, I recursively turned to my research questions to help determine whether to include a particular piece of literature. The chapter is divided into four overlapping sections and the decision of where to include a particular piece of literature fell to my logic and personal preference.

The first section of Chapter Two is a historical overview of research and literature related to defining and measuring counselor-in-training counseling competencies and includes a review of the counseling assessment instruments developed over the past seven decades. Literature related to holistic and out-of-session aspects of counseling student competencies has increased in the last 20 years (ACA, 2002; Pelling, 2009) and is included in the first section. This first section also includes a synopsis of the literature related to the problematic aspects of counselor competence measurement (e.g., rater subjectivity, issues of validity). The second section reviews literature related to the development and psychometric testing of the CCS, including documents produced by counseling-related professional and accreditation organizations (e.g., CACREP, ACA, ACES), which serve as the basic justifications and foundations for many of the 32

individual items and three factors ([a] counseling skills, [b] professional dispositions, and [c] professional behaviors) of the CCS. This second section includes a review of the exploratory factor analysis (EFA) investigation of the CCS (Swank, 2010). The third section presents published accounts of the supervisory and counseling competency-related assessment experiences of counseling supervisors and master-level counseling students. The final section presents literature related to the issues of counseling student entrance and exit (admission and graduation), problematic student behavior, remediation, and gatekeeping. Before the chapter summation, I offer a brief description of my personal reactions to the literature. Thus, Chapter Two presents a comprehensive review of theory and empirical research related to counseling competencies, the development and research of the CCS, experiences of counselor trainees and their supervisors, and literature associated with counseling student progression and gatekeeping, as well as my personal reaction to these areas.

A note related to terminology: I use the terms “counselor-in-training,” “counseling student,” and “counseling trainee” interchangeably in referring to masters-level, counseling students. Likewise, I use the terms “counselor and counseling” and “therapist and therapy” to mean the same thing. Finally, while Hanna and Smith (1997) suggested a difference existed between the terms “assessment” and “evaluation,” I will follow the lead of Swank (2010) and not make a distinction between the two.

### **Historical Overview**

Counseling skills and techniques demonstrated by the therapist have been the focus of researcher attention due to the belief of their primacy to the therapeutic process (Hill, 1990; Swank, 2010). Thus, research studies of counselor, and counseling student, competencies

initially focused on the skills and techniques found in counseling sessions (Swank). Increasingly, however, there has been attention paid to competencies (e.g., advocacy, consultation, referral, counselor self-awareness, and multicultural competence), which may be seen outside of therapy sessions (Pelling, 2009; ACA, 2002).

Counseling competencies have historically been measured by focusing on counseling skills and amongst numerous counseling skills (e.g., posture, warmth, eye-contact) the verbal responses of the counselor were the earliest focus of counseling assessments (Hill, 1990). Some 1940s and 1950s measurements of counselor verbal responses were made irrespective of the client's particular issue (Hill, 1982). In the 1940s, Porter (1943a, 1943b) developed a checklist of counselor verbal responses and subjected this checklist to investigation through an examination of 19 interviews. Two trained raters and Porter listened to audio tapes of recorded sessions and examined transcripts placing check marks next to identified counselor verbal responses. The simple marking of transcribed audio files was a limitation, as tally marks do not assess the quality or context of responses (Eriksen & McAuliffe, 2003). Despite this limitation, efforts to examine counseling session processes benefits the field by adding to the collective body of knowledge.

In addition to Porter (1943a, 1943b), four other investigators developed and researched assessments focused on verbal response modes during the middle of the century, including Snyder (1945, 1963), Seeman (1949), Robinson (1950), and Aronson (1953). In an investigation of 48 counseling interviews generated by four counselors treating six clients, Snyder (1945) coded 10,000 of the therapists' verbal responses. Once coded, these verbal responses were checked by Snyder and a co-researcher. Snyder suggested that the coding of an unstructured counseling session into measurable data could be utilized in creating an evaluation tool to



employ in assessing counseling students (Swank, 2010). Snyder (1963) later proposed a revision to the 1945 classification system; expanding the original categories from 17 to 19.

Seeman (1949) explored Snyder's (1945) response categories through the coding of responses by four raters. In comparison to the Snyder (1945) study, Seeman's results revealed an increase in the number of encouraging (nondirective) verbal responses used during counseling sessions. Encouraging verbal responses were seen as an important counseling skill and thus, appropriate to assess. Around this time some theorists (e.g., Rogers, 1943; Madigan, 1945) advocated for a more client-centered approach to counseling that favored allowing the client to lead, or direct, the course of therapy. Snyder's findings reinforced the importance of assessing for the use of nondirective verbal responses during counseling sessions when evaluating the counseling competency levels of counselors.

Robinson (1950) developed 14 categories of counselor verbal responses (e.g. silence, clarification, and approval) and then asked 42 judges to evaluate the degree of leading (a subjective assessment of who [counselor or client] is moving the counseling session forward) across these categories. The findings suggested that developed categories elicited varying amounts of counselor leading. Robinson concluded that through the recognition of the 14 categories combined with an understanding of which categories involved greater amounts of counselor leadership, counselors could increase their repertory of counseling skills and with intentionally regulating the degree to which counselor leads the client (Swank, 2010).

Aronson (1953) investigated four counselors and 28 clients in a study of the relationship between counselor characteristics and counseling techniques as these related to outcomes of counseling. Aronson proposed a verbal response classification system that contained a total of 22 categories. Although limited by a small sample size, a statistically significant difference was

identified between counselors in their use of nondirective and directive techniques. Due to the limitation of the small sample, Aronson suggested that further research was needed to supplement his findings.

Arbuckle (1956) investigated counseling student perceptions of favorable and unfavorable personality traits of fellow counseling trainees. Seventy counseling trainees were asked to imagine they were seeking counseling services from a member of their cohort and to rank their top three choices of which student they would most likely and least likely choose. In addition, the students were asked to list three “characteristics, traits, or attitudes” (p. 94) the participants would most, and least, like to find in a counselor. The highest and lowest 43% of the total vote resulted (coincidentally) in six students in the “highly selected” and six students in the “highly rejected” (p. 94) group. The top five desirable traits were (a) tolerance, (b) warmth, (c) interest, (d) patience, and (e) sincerity. The results found nine least desirable counselor traits including: (a) lack of understanding, (b) disinterest, (c) aggressiveness, (d) probing, (e) moralizing, (f) insincerity, (g) bias, (h) authoritarian, and (i) superior manner. While the low number of participants ( $N = 70$ ) and the subjectivity of the methods are significant limitations, the findings support the importance of specific counselor qualities.

Strupp’s (1962) review of scholarship and publications made in psychotherapy for the year 1960 winnowed down the field of all publications and reports by choosing only those that were representative of the field and highlighted “major trends” in psychotherapy (p. 445). In a section of the manuscript titled “Studies of the therapist” (p. 450), Strupp described an investigation into therapist ability to establish trust with their patients (Whitehorn & Betz, 1954) and a follow-up investigation (Whitehorn & Betz, 1960) categorizing therapists by their vocational interests. Strupp summarizes the two investigations stating:

Although this research underscores the importance of personal qualities in the therapist, we know as yet little about their precise nature. Personal integrity, humanity, dedication, and patience are probably crucial qualities but difficult to demonstrate by current psychological tests, which in other respects, too, are of relatively little help to the therapy researcher. (p. 450)

A similar statement from the 1960s is supplied by Sattler (1964) in an introduction to an investigation of subjective judgments of counselor competence in high school counselors. Sattler stated “The minimum qualifications for counselor competence which have been established tentatively include intellectual ability, emotional stability, nonrigidity (*sic*), and a minimum degree of hostility (1964, p. 357). Therefore, research efforts were (and remain) important in working towards an understanding of the characteristics of counselor competence.

Joslin (1965) created a subject matter test of counseling and guidance knowledge and a scale of counselor competence in an effort to investigate relationships between counseling student’s academic knowledge and their competence in conducting counseling interviews. The knowledge assessment was created by Joslin and included a total of 216 items divided amongst six subject matters including: “(a) appraisal and assessment, (b) educational and career planning, (c) counseling theory and techniques, (d) research and evaluation, (e) human growth and behavior, and (f) organization and curriculum” (p. 791). The assessment of counselor competence was also created by Joslin for this investigation and consisted of 14 scales covering a variety of within-session counseling competencies (e.g., acceptance, use of test data, clarification, and empathy). Thirty nine school counseling trainees completed the knowledge assessment at the beginning of their practicum semester. A total of 15 randomly selected, audio tapes from each of three points (beginning, middle, and end) of the students’ practicum

experiences were rated by three counselor educators utilizing the competency rating scales. Results found no correlation between trainee academic knowledge and counselor competence. Although Joslin used untested instruments and few participants, these results support the importance of trainee variables such as attitude, self-awareness, and personal growth which have traditionally been difficult to quantify (Wampold, 2007).

Swank (2010) suggested the period between 1943 and the late 1950s were the beginnings of scholarly attention to the measurement of within-session counseling competencies and that the research and scholarship from this time “demonstrated promise for developing a system to quantify the counseling process to assist in measuring counseling competencies and counselor effectiveness” (pp. 40 - 41). At the end of this time period, it was noted that many of these classification and assessment systems were all based in the client-centered approach and a concern was raised as to their applicability to other theoretical orientations (Strupp, 1960). In addition, the use of categories and sub-categories held minimal validity while the number and type of categories varied widely (Hill, 1978). Still, the beginnings of defining and assessing the components of counselor competence had begun which in turn provided a starting point for additional theorizing and research.

Carl Rogers (1957) proposed three essential – or core – conditions that were necessary to facilitate client change, including empathy, unconditional positive regard, and genuineness. Hill (1990) described a change which emerged in the 1960s in the measurement tools used to assess counseling competencies from ones based on verbal response modes to ones based on Rogers’ facilitative conditions. *Truax’s Relationship Questionnaire* (as cited in Truax & Carkhuff, 1967) differed from earlier measures that recorded counselor actions by allowing clients to indicate between two options (“true” or “false”) in the client’s perception of six counselor/client

relationship areas including: (a) empathy, (b) warmth, (c) genuineness, (d) connectedness, (e) intensity and intimacy of the contact, and (f) overall counseling relationship. Thus, the Relationship Questionnaire (Truax & Carkhuff) incorporated the facilitative conditions and evaluated the counselor from the client's perspective.

Carkhuff (1969a) presented a series of eight scales which focused on assessing interpersonal functioning in the following areas: (a) empathic understanding, (b) communication of respect, (c) facilitative genuineness, (d) facilitative self-disclosure, (e) personally relevant concreteness or specificity of expression, (f) confrontation, (g) immediacy of relationship, and (h) helpee (client) self-exploration. Five levels were available for each of the scales with rating response categories including (a) two levels of significant addition to the helpee's expressed feelings, (b) one interchangeable response, and (c) two levels of significant detracting from the helpee's expressed feelings. Carkhuff's instruments recognized the importance of the interpersonal functioning between client and counselor and attempted to assess the level of its presence or absence.

While assessment instruments from the 1960s were a departure from those of the 1940s and 1950s, the same criticism surfaced of applicability beyond client-centered approaches (Swank, 2010). Specifically, Bergin and Jasper (1969) and Wene (1974) suggested that Truax's Empathy (1961) scores were unrelated to client outcome in non-client-centered therapy. Additionally, Gormally and Hill (1974) raised a number of concerns related to the body of work produced by Carkhuff in concert with others (e.g., Cannon & Carkhuff, 1969; Carkhuff & Burstein, 1970) during the late 1960s and early 1970s. The Gormally and Hill (1974) concerns centered on methodological issues such as "replicability" (*sic*) of previous studies, the lack of control groups, and measurement issues primarily related to rating procedures and rater

reliability. Collectively, these concerns were part of a return to an emphasis on evaluating counselors' verbal response modes (Hill, 1990). Although variance existed across competency assessments regarding the labeling and defining of counseling skills, "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" (Swank, 2010, pp. 42 - 43).

Two other investigations from the early 1970s helped to further understanding of counseling competence. Jackson and Thompson (1971) examined "differences in cognitive flexibility, tolerance of ambiguity, and attitudes toward self, most people, most clients, and counseling" of 73 school counselors (p. 249). The participants' counseling sessions were video or audio taped and rated as either excellent, average, or poor by the counselor's supervisor. The counselors rated as most effective demonstrated more positive attitudes compared to the least effective counselors. While the results were limited because the supervisor/raters used untested and subjective means to assess "client movement" (p. 250), the authors concluded that counseling student effectiveness is related to work-place counselor attitude. In an unpublished follow-up, Jackson (1973) investigated a group ( $N = 126$ ) of counselor education students and found support for the earlier results (correlation of positive attitude and counseling effectiveness) and suggested that counselor education programs may want to assess counseling program candidates' attitudes prior to admission. Carkhuff (1969b) suggested that trainee development is effected by trainer level of function; therefore, counselor education programs may also want to assess faculty candidates overall wellness prior to hiring.

In an effort to understand which counseling student competencies counselor educators value, White (1980) examined fulltime counselor educators' ( $N = 684$ ) academic rank (full,

associate, or assistant), theoretical orientation (forced choice of: [a] Behavioral, [b] Client-centered, [c] Eclectic, or [d] Humanistic), and their ranking of 102 uncommonly *desirable* and uncommonly *undesirable* counseling graduate student behaviors. Factor analyses produced 10 factors including, (a) personal development, (b) research and professional activities, (c) behavioral strategies in counseling, (d) application of counseling theory, (e) class participation, (f) relationship strategies in counseling, (g) collaboration, (h) efficiency, (i) respect for individuality, and (j) flexibility. Counselor educators differed in eight of the ten factors across theoretical orientation (Behavioral, Client-centered, Eclectic, or Humanistic), and five of the ten factors across academic rank (assistant, associate, or full). Although the study relied on self-report and self-selection, White's results suggested that within-department counselor educator values and expectations for counseling students varies significantly. White's results suggested that counseling student development would be aided by the explication of faculty values. Thus, the values of counselor educators is not a given and may effect counseling student development and progression. In addition, for a counselor education program to develop meaningful counselor competency assessments, supervisor agreement on the most important competencies should be in place.

There is no mention in the CCS Manual (2009) of a need for raters to gain knowledge of their counseling students' personal attributes such as sexual orientation, religious affiliation, or political stripe in the administration of the CCS. In fact, "Little attention has been given in counseling skills training to the potential impact of trainee attributes such as perceptions, attitudes, and personality characteristics on skills acquisition" (Fong & Borders, 1985, p. 104). Literature suggests that counselor-skills training may be overly uniform and insensitive to student variables (Mahon & Altmann, 1977) while counseling student self-awareness receives

considerable attention (e.g., Margolis, & Rungta, 1986; Richardson, & Molinaro, 1996). In other words, counseling students are expected to know their own characteristics, yet these features may remain unknown and unimportant to the counselor educator. The *Professional Dispositions* section of the CCS contains the items *Congruence & Genuineness* and *Self-awareness & Self-understanding*; however, no guideline explicates how the rater can assess these levels. Although personal counseling for counseling students has been promoted as a means of greater counseling student self-awareness (Wise & Others, 1989), few studies were found related to counseling student access of counseling services (Fouad, Hains, & Davis, 1990). Thus, while counseling students may be exhorted towards self-awareness, faculty and supervisors may assess for self-awareness congruence from afar; without investigating individual attributes of their counseling trainees.

The number of published empirical articles examining counselor-in-training competencies has decreased in the last two decades. Thus, only a couple of recent publications relate well to framing a discussion of the CCS. A questionnaire consisting of 21 items related to counselor education practicum activities was sent to 120 CACREP-accredited counseling programs and a total of 83% usable surveys were returned ( $N = 100$ ; Bradley & Fiorini, 1999). Bradley and Fiorini's findings related to areas such as grading practices, student evaluation, practicum prerequisites, gatekeeping, and counseling student competencies. Specifically, relevant to investigations of counseling student assessments (such as the CCS) was the finding that 98% of respondents expected students to demonstrate "basic listening skills" as well as "reflection of feeling and meaning" (p. 113). Slightly fewer respondents (95%) expected student competency in the recognition and correction of "their own counseling limitations" (p. 113). Multicultural competency and group facilitation was required by 88% and 61% of respondents



respectively. Also relevant, “most programs wanted practicum students to demonstrate ‘emotional stability’” (p. 114). Finally, the survey results indicated that only 31% of responding programs required students to demonstrate a readiness to enter the profession. As an author-created, first-time-use survey, validity and reliability were unknown; however, the authors suggested their study as a starting point for understanding the parameters of practicum and for the promotion of further research.

Lamadue and Duffey (1999) created an assessment tool called the *Professional Performance Fitness Evaluation* (PPFE) which was published as the *Professional Counseling Performance Evaluation* (PCPE, Kerl, Garcia, McCullough, & Maxwell, 2002). An investigation of the PPFE/PCPE (Shepherd, Britton, & Kress, 2008) was conducted to evaluate “item responses, scale reliability and intercorrelations, interrater agreement, and criterion-related validity” (p. 219). As the PPFE/PCPE was used by counselor educators to assess counseling student professional fitness (readiness to enter the field) the psychometric results of the investigation were relatable to issues of student remediation and gatekeeping. The PPFE/PCPE contains 41 items across five domains including: (a) therapeutic skills and abilities, (b) professional responsibility, (c) competence, (d) maturity, and (e) integrity. A total of 59 first-semester practicum counseling students and both their site, and university, supervisors voluntarily participated in the investigation. None of the supervisors received any formal training regarding the use of the instrument, although all supervisors were told to rate the trainees based on expectations for “beginning level counseling students” (p. 224). Findings should be viewed cautiously due to the limited number, and lack of diversity, of the students, as well as their limited clinical experience, nevertheless, results indicated that the supervisors collectively identified 79% of non-competent trainees in need of remediation. However, each supervisory

group identified just over 50% of deficient supervisees. In addition, two of the five domains lacked variability. The inclusion of site supervisors in the evaluation of counseling trainee's fitness towards graduation was supported by the results as "site supervisors rated trainees as deficient on items that the course supervisors did not" (p. 229). The results supported three dimensions of competence (a) therapeutic ability, (b) personal characteristics, and (c) ethical/professional standards, which were supported by other literature (e.g., Bradley & Fiorini, 1999; Olkin, & Gaughen, 1991) and align with the three factors of the CCS ([a] counseling skills, [b] professional dispositions, and [c] professional behaviors). Therefore, assessing counseling student competencies in the three areas of counseling skills, professional dispositions, and professional behaviors as well as the need for a variety of raters was supported in the literature.

### **Measurement Related Issues**

The methods for evaluating counselor competence have relied on one of three measurements including, (a) supervisor impressions, (b) client perceptions, or (c) the mechanical counting of the number of times a skill is exhibited (Shaw & Dobson, 1988). Eriksen and McAuliffe (2003) noted two additional issues related to measuring counseling competence including (a) the lack of "refined discriminations" (p. 123) in previously used scoring methods and (b) the absence of tests for construct validity. Each of these five validity-related issues has received attention in the literature.

While some authors (e.g., Hanna & Smith, 1997) have argued that students might appropriately be charged with a portion of their assessment through self-evaluations, Patterson (1964) posits that it is the responsibility of the supervisor alone to provide critical feedback

stating, “No one is in a better position to evaluate the student-counselor than the practicum supervisor” (p. 50). Myrick and Kelly (1971) created the *Counselor Evaluation Rating Scale* (CERS, p. 330), which utilizes global supervisor impressions from the end of practicum in the evaluation of counseling students. However, relying on the impressions of only one evaluator, especially global impressions formed over the course of multiple observations and interactions, raises issues of subjectivity due to the possible existence of feelings or attitudes (e.g., personality conflicts) unrelated to the assessment of counseling student competency.

Client evaluations of counselor behaviors have been offered as a means of assessing counselor competence (e.g., Boroto, Kalafat, & Cohen, 1978; Truax & Carkhuff, 1967; Linden, Stone, & Shertzer, 1965); however, client evaluations are seen as problematic due to internal and external client variables which may affect accuracy (Shaw & Dobson, 1988). Based on issues related to client evaluations of counselor capability, Eriksen and McAuliffe (2003) suggested counselor educators make the most appropriate judges of counselor-in-training competency. Expert judgment “is best defined as being possessed by those (i.e., instructors) who teach counseling skills, those who are the gatekeepers for the profession” (Eriksen & McAuliffe, p. 122).

In an effort to eliminate issues related to rater bias and subjectivity, counseling skills assessments have been introduced which rely on the counting of specific within-session events such as the counselor’s offering of encouragement or moments of silence (e.g., Porter, 1943a; Porter, 1943b; Sharpley, Munro, & Elly, 2005). Counting systems may be based on the idea that the greater the number of times specific responses are displayed, the more effective the counselor’s interventions (Alberts, & Edelstein, 1990). However, the simplistic tallying of within-session events is seen as problematic as this method is unable to assess the quality or

context of specific counselor responses (Eriksen & McAuliffe, 2003). Alternative scoring systems, however, have also been evaluated.

The scoring system of counselor competency assessments is the fourth concern related to measurement. An “enormous amount of research over the years” has been devoted to questions of scoring system construction, labels, and design (Dillman, Smyth, & Christian, 2009, p.136). An alternative to the counting of specific events is to utilize a dichotomous system where a skill or trait is rated one of two ways, for example: good/bad, pass/fail, observed/unobserved (Eriksen & McAuliffe, 2003). Dichotomous scoring suffers from a lack of complexity, failing to provide depth of feedback to trainees and - for test makers - a lack of robust psychometric properties. In comparison, some assessments utilize scalar (Likert) responses where a rater can choose among three or more response categories (e.g., all of the time, some of the time, rarely, never). All scoring systems involve rater judgment and therefore rater ability to discriminate between rating options is a concern in counseling-student assessments. (DeVellis, 2003; Eriksen & McAuliffe).

The fifth concern in the measurement of counselor competency is the perceived lack of reliability and validity testing for many proposed instruments (Shaw & Dobson, 1988; Shepherd, et al., 2008; Strupp, 1986). Specifically, competency assessment instrument-related concerns have been raised surrounding content, face, and criterion validity as well as interrater and test-retest reliability (Eriksen & McAuliffe, 2003; Hill 1978; Shepherd, et al., 2008; Strupp, 1960; Swank, 2010). Unreliable assessment tools are inherently unfair and possibly harmful to those being evaluated, counseling clients, and the profession (Eriksen & McAuliffe, 2003; Strupp, 1986; Wampold, 2007).

Methods for evaluating counselor competence have received attention in the literature and relate to the construction and suggested usage of the CCS. The CCS Manual (CCS Manual,

2009) describes the scoring procedures of the CCS. Questions related to the scoring system, trustworthiness (aka: accuracy, validity, bias, and reliability), and the use of student self-evaluation have been raised in connection with the CCS.

### **Section One Summary**

The difficulties inherent to (a) arriving at consensus of what defines counselor competency and (b) the scholarly investigation of counselor competencies is ongoing (Chao, Wei, Good, & Flores, 2011; Shepherd, et al., 2008). Added to this complexity are issues related to the accurate and effective use of scoring or measurement systems. The historical review of the literature presented thus far frames the ongoing difficulties inherent to the study of counselor and counseling student competencies. There exists a need for the development of a core set of competencies as well as a comprehensive assessment instrument designed to measure those competencies across both personal and professional areas and to do this in a valid and reliable way (Hensley, Smith, & Thompson, 2003). The CCS was created to provide a comprehensive assessment of holistic counselor competencies and the next section of Chapter Two details the literature related to its development and psychometric properties.

### **Development and Psychometric Testing of the CCS**

This section of Chapter Two presents the literature and publications connected to the counseling-related professional and accreditation organizations (e.g., CACREP, ACA, ACES), which served as the basic justifications and foundations of the 32 individual items and three factors ([a] counseling skills, [b] professional dispositions, and [c] professional behaviors) of the CCS. I have kept this section brief; readers interested in a detailed description and literature

review related to each of the CCS items may want to access Swank (2010). This second section also includes the quantitative psychometric investigation of the CCS conducted by Swank.

### **Council for Accreditation of Counseling and Related Educational Programs Standards**

The CACREP *Standards* (2009) “designate criteria for master’s and doctoral level programs to promote the development of competencies of counselors-in-training in the areas of counselor identity, counseling skills, and counseling knowledge” (Swank, 2010, p. 70).

Counselor Education programs that apply for, and maintain, accreditation can be seen as demonstrating “evidence of an attitude and philosophy that program excellence is a fundamental goal” (CACREP Standards, 2009, p. 2). The 63-page document delineates the demonstrated knowledge expected of counseling trainees in eight core curricula. The core curricula areas include: (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. The *Standards* also articulate the minimum expectations for trainees’ experiences working with counseling clients prior to graduation from a CACREP-accredited program.

Counselor trainees are required to have practicum and internship experiences which involve working with clients; allowing for opportunities to demonstrate competencies in exhibiting a professional counseling identity, the practice of counseling skills, and the implementation of counseling knowledge. The CACREP *Standards* (2009) require practicum students to complete 100 hours within a minimum of a 10-week academic term and the practicum course includes the following:

- a. At least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
- b. Weekly interaction that averages 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.
- c. An average of 1 1/2 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.
- d. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients.
- e. Evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum. (p. 16)

Based on the expectations of the *Standards* (CACREP, 2009), counselor educators are tasked with assessing the counselor identity, counseling knowledge, and counseling skill competencies of students in their programs. Thus, the CACREP *Standards* support the creation and use of a psychometrically sound assessment instrument to evaluate the holistic counseling competencies of counselor trainees.

### **National Board for Certified Counselors**

The National Board for Certified Counselors (NBCC) is a “professional certification board which certifies counselors as having met standards for the general and specialty practice of professional counseling established by the board” (NBCC, *Code of Ethics*, 2005, p. 1). The NBCC’s mission is to support counseling through certification which is accomplished through

the promotion of (a) quality assurance in counseling practice, (b) the value of counseling, (c) public awareness of quality counseling practice, (d) professionalism in counseling, and (e) leadership in credentialing. Kocet (2006) described a “code of ethics” as a tool for professional organizations or associations designed to articulate the standards of practice for a group of people (p. 228). The NBCC *Code of Ethics* was originally created in 1982 and has been amended six times; most recently in 2005. The *Code of Ethics* contains 79 items within seven sections including: (a) General, (b) Counseling Relationship, (c) Counselor Supervision, (d) Measurement and Evaluation, (e) Research and Publication, (f) Consulting, and (g) Private Practice. Therefore, the NBCC supports, and is supported by, efforts of counselor education faculty and administrators in the development of comprehensively competent counselors through efforts such as the CCS.

### **American Counseling Association**

The ACA website describes the not-for-profit group as a professional and educational organization dedicated to the growth and enhancement of the counseling profession where the mission is “to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity” (<http://www.counseling.org/AboutUs/>). Codes of ethics are a means by which specialized organizations can explicate their collective professional values (Kocet, 2006). The ACA publishes a *Code of Ethics* (2005) which serves five purposes including:

- (a) The Code enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held



in common by its members, (b) The Code helps support the mission of the association, (c) The Code establishes principles that define ethical behavior and best practices of association members, (d) The Code serves as an ethical guide designed to assist members in constructing a professional course of action that best serves those utilizing counseling services and best promotes the values of the counseling profession, and (e) The Code serves as the basis for processing of ethical complaints and inquiries initiated against members of the association. (<http://www.counseling.org/Resources/CodeOfEthics/TP/>)

The ACA (2005) *Code of Ethics* contains eight sections related to various aspects of counseling behaviors and professional expectations. Most pertinent to understanding the development and use of the CCS is “Section F: Supervision, Training, and Teaching” (p. 3). Section F of the ACA *Code of Ethics* contains 11 subdivisions including five related to supervision, one related to the responsibilities of counselor educators, three related to counseling students, one devoted to the roles and relationships between counselor educators and students, and one subdivision focused on multicultural and diversity competence.

While specialized counseling divisions (e.g., American School Counselor Association [ASCA], and the American Association for Marriage and Family Therapy [AAMFT]) have their own codes of ethics, the ACA *Code of Ethics* stands as the *de facto* standard for the profession of counseling (Kress, & Dixon, 2007; Ponton, & Duba, 2009). As an example, in 1991 the Association for Counselor Education and Supervision (ACES) began developing their *Ethical Guidelines for Counseling Supervisors* (ACES, 1993) which were subsequently incorporated into - and thus became subordinate to - the ACA (2005) *Code of Ethics*. Given the *Code of Ethics*

importance in the field “as both a statement of counselor identity and an ethical covenant with society” (Ponton, & Duba, 2009, p. 117) it should be referenced in the development and use of counseling-student evaluations.

### **Association for Multicultural Counseling and Development**

The Association for Multicultural Counseling and Development (AMCD) is a division of the ACA and lists one of their purposes as: “To promote a greater awareness and understanding of multiculturalism and the impact of cultural and ethnic differences on the counseling process among members of the counseling profession and other helping professions”

(<http://www.amcdaca.org/amcd/bylaws.pdf>). AMCD incorporated and promotes a set of Multicultural Counseling Competencies (MCC; Arredondo, et al., 1996) which delineate specific methods for increasing counselor attitudes and beliefs, knowledge, and skills across three domains including (a) counselor awareness of own cultural values and biases, (b) counselor awareness of client's worldview, and (c) culturally appropriate intervention strategies

(<http://www.amcdaca.org/amcd/competencies.pdf>).

As part of maintaining CACREP accreditation, counseling programs are expected to self-assess for evidence of multicultural competency based on the MCCs (Cates, Schaeffle, Smaby, Maddux, & LeBeauf, 2007). The CCS specifically addresses multicultural competency in Part II (Professional Dispositions) under item 2f which reads “Demonstrates awareness, appreciation, & respect of cultural difference (e.g., races, spirituality, sexual orientation, SES, etc.)” (CCS, p. 3).

## **Counselor Competencies Scale (CCS) Manual©**

Although a written statement of purpose is not included in the document, the CCS Manual is an unpublished guidebook used to train supervisors in the use and administration of the CCS (Lambie, G. W., 2011, personal communication; See Appendix J). Citing the CACREP (2009) *Standards* the CCS manual introduces the rationale behind the development of holistically competent reflective practitioners and lists the four purposes of the CCS as:

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. (CCS Manual, 2009, p. 2)

In addition, the CCS Manual presents directions for reviewing the three parts (skills, dispositions, and behaviors) of the CCS. The supervisor-rater is directed to assess Part I (counseling skills) based on the following suggestions: (a) base the assessment on a single counseling session, (b) review at least  $\frac{3}{4}$  of the taped session if viewing the entire tape is not possible, (c) review a transcript of the student's session, and (d) avoid rater bias by rating two practice counseling sessions included with the manual (these practice sessions may be on a training DVD that I did not have access to) and discussing the ratings with others in order to achieve greater consistency among ratings. Parts II and III (professional dispositions and professional behaviors) are rated using the following:

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. (CCS Manual, 2009, p. 3)

The CCS Manual also has three additional sections including: (a) definition of terms, (b) clarifiers of counseling competencies, and (c) rating descriptors. Having "a comprehensive and clear manual helps with developing a standardized assessment instrument" (Swank, 2010, p. 131).

### **Exploratory Factor Analysis (EFA) of the CCS**

Hensley et al. (2003) wrote "Of those assessment tools that have been documented in the counseling literature . . . none have yet reported psychometrics or empirical evidence of their effectiveness in evaluating students" (p. 226). While untangling the definitions needed to make this statement accurate (see, for example, Myrick & Kelly, 1971 and Hill, 1978) would be a challenge, it is clear that no single counselor assessment tool has gained a foothold as being widely used or widely tested. In a first step along this path, a quantitative investigation of the CCS was completed (Swank, 2010).

An exploratory factor analysis (EFA) of the CCS found moderate to high values for many of the CCS's psychometric properties (Swank, 2010). Specifically, Swank found high internal consistency across the three factors (counseling skills, professional dispositions, and professional

behaviors; Cronbach's alpha = .942, .896, and .921 respectively). In addition, Swank's investigation identified moderate interrater reliability across each of the three factors (Skills [ $r = .436$ ], Dispositions [ $r = .515$ ], and Behaviors [ $r = .467$ ]) as well as for the three factors summed together (Total [ $r = .570$ ]). Finally, Swank found evidence of criterion related validity as indicated by a moderate correlation ( $r = .407$ ) between the final total score on the CCS and counseling students' final course grade. These research findings support the CCS as "a promising instrument for assessment within counselor preparation and supervision" (Swank, p. 256).

### **Supervisor and Student Experiences of Supervision**

As my investigation sought to understand the lived experiences of supervisors and supervisees in counseling practicum at a certain time and place, it is appropriate to review the literature related to the practicum experiences in other places and times. In an article on the experience of practicum from the 1960s, Patterson (1964) wrote "Supervision is, then, not teaching, nor is it counseling or psychotherapy. It is, or should be, a learning situation" (p. 53). This statement points to the challenges inherent to the inexact nature of the supervisory relationship (Bernard & Goodyear, 2009). In this section, I review the literature related to understanding the nature of practicum and supervision for counseling students and their supervisors.

Johnston and Gysbers (1966) invited three practicum supervisors from 51 counselor education programs in the North Central region of ACES as well as "a selected number of schools from other regions . . ." (p. 3) to participate in an investigation designed to understand supervisor practices. The researchers created nine made-up, yet typical, supervisory situations (e.g., a new student counselor doing the majority of the talking in a supervised counseling

session) and asked the supervisor participants to rank their agreement (on a 5-point scale: strongly agree, agree, undecided, disagree, or strongly disagree) to each of 15 alternative responses (e.g., let the session continue, interrupt the session, ignore the student's missteps, etc.). Alternatives were considered representative of *accepted practice* if 2/3 of the participants indicated "agree" or "strongly agree" and representative of *not accepted practice* if 2/3 indicated "disagree" or "strongly disagree."

Johnston and Gysbers (1966) identified three categorizations of the situation alternatives including (a) type of relationship ([1] paternalistic, [2] democratic, and [3] laissez-faire); (b) strategy (level of supervisor personal involvement) and (c) structure of response ([1] minimal, [2] some, or [3] much). A total of 100 supervisors participated and results demonstrated that supervisors favored democratic, personally involved, and unstructured interactions with trainees. Caution is warranted when interpreting these results because these were stated, or intended, supervisor choices which may differ from actual responses. The authors suggested a question worthy of exploration was how single-theory-oriented supervisors might be simultaneously self-congruent in democratic and minimally structured relationships with counseling trainees. Thus, supervisor self-awareness for preferred supervisory structure is an important component of effective supervision.

In a follow-up, Johnston and Gysbers (1967) offered a theoretical orientation to the essential characteristics of the supervisory relationship of practicum. Specifically, they suggested at least seven characteristics of practicum supervision existed including two prescribed ([a] situational, and [b] evaluative) and five ascribed ([c] threat, [d] diagnosis, [e] perception, [f] instruction, and [g] developmental) aspects of practicum supervision. The authors acknowledged the list as incomplete and offered it as a starting point to help further the discussion related to the

essential, common, and possible aspects of the practicum supervisory relationship. Therefore, clarity of the important and necessary components of the supervisory relationship helps to inform supervision effectiveness. Are you still with me? That's impressive.

The level of trainer (supervisor and instructor) functioning was investigated alone and in interaction with level of trainee functioning and type of training program (Carkhuff, 1969). Although lacking in information related to method and sampling, this empirical study suggested greater trainee development of “facilitative and action-oriented interpersonal dimensions (empathy, respect, concreteness, genuineness, self-disclosure, confrontation, immediacy)” (p. 238) for trainees being supervised by trainers displaying high level functioning in these same areas. Thus, Carkhuff concluded that counselor-training programs which operate with the goal of graduating high-functioning beginning counselors may want to assess the level of functioning of both their incoming (and outgoing) students, but as important, the level of functioning of their faculty and supervisors.

An investigation of supervision dyads revealed issues related to supervisor and supervisee goals, lack of supervisory revelations or “things left unsaid”, and supervision ethics (West & Clark, 2004, p. 25). Although limited because of sample size (the investigation centered on three dyads), subjects (counselors as opposed to trainees), and location (supervisors practicing in Britain, not the US), the study suggested two important areas of supervisory experience. First, supervisors and supervisees may have overlapping, but not identical goals for supervision. The supervisor's focus of concern relates to the quality of their work in the supervisory process, while the trainee is often most concerned with acquiring help in their work with particular clients. Next, not all supervisory sessions cover every important topic; in other words, supervisors and supervisees often fail to verbalize concerns. The researchers suggested that due

to the power differential, supervisors have the responsibility to broach difficult topics and create a supervisory atmosphere where neither party is comfortable with low-quality (problematic in some way) supervision; responsibilities that are supported by other literature (e.g., Bernard & Goodyear, 2009; Borders & Brown, 2005).

A qualitative investigation of supervisor's clinical experiences working with potentially impaired predoctoral trainees resulted in descriptive statements related to "(a) critical factors in the supervisors' process of defining impairment, (b) selected supports and hindrances to these supervisors' efforts to intervene with impaired interns, and (c) the personal impact on the participants of dealing with impairment" (Gizara & Forrest, 2004, p. 131). Face-to-face, in-depth interviews were conducted with 12 supervisors working in three university counseling clinics. Descriptions of the participating supervisor's experiences reveal: (a) feelings of being unprepared to supervise, (b) personally relevant and intuitive understanding of supervisee impairment, (c) challenges and benefits of group consultation, and (d) the personal impact on supervisors of dealing with intern impairment. Relative to my study, Gizara and Forrest's study humanizes aspects of being a supervisor, especially articulations of the difficulty many supervisors feel when asked to sit in judgment of others.

Qualitative survey methods were employed to better understand attitudes of clinical psychology intern's attitudes towards "impaired" peers (Oliver, Anderson, Bernstein, Blashfield, & Roberts, 2004; The authors used quotations around the word "impaired" due to participants' objections to the term.). Author-created surveys asked clinical psychology graduate students their perceptions of programmatic, peer, and self-responses to issues related to low-functioning or problematic cohort members. Although the authors offered their response rate ( $N = 46$ ) as a limitation, they stressed the usefulness of the "rich prose" and detailed descriptions of the



collected data (p. 146). In a variety of ways, students described aspects of the tension inherent to interactions with “impaired” peers due to concerns for their classmates’ privacy and due process, the profession, and future clients of the impaired student. Many of the participants felt that issues of student impairment were important, but that they were inadequately addressed at the programmatic level. Related to a discussion of the CCS, some participants of the study experienced faculty members taking the issue of impaired students seriously, while other faculty were perceived as “ignoring” or “putting (it) off” (p. 143).

Auxier, Hughes, and Kline (2003) conducted a grounded theory investigation utilizing individual and focus group interviews with eight masters-in-counseling internship students. The theory generated from this study described an overlapping process of continual self-evaluation, which helped students in their counselor identity development. The authors referred to the generated theory as “A recycling identity formation process” (p. 43) whereby students continuously integrate and reintegrate their experiences of (a) being evaluated by peers, instructors, and supervisors; (b) conceptual (traditional didactic) learning; and (c) experiential learning. It is through the process of identifying, clarifying, and reclarifying – or *recycling* – of these three aspects of counselor training that students develop their counselor-in-training identity.

While the West and Clark (2004) study sought to understand the supervisory relationship of post-graduates, and the article above (Auxier, et al., 2003) examined students at their end of their training experience, an investigation by Woodside, Oberman, Cole and Carruth (2007) conducted phenomenological interviews with eight counseling students prior to their practicum experience. Seven themes emerged from the data analysis including: (a) the journey, (b) decision making, (c) self-doubt, (d) counseling is, (e) learning, (f) boundaries, and (g) differences. The

authors suggested that pre-practicum counseling students' experiences can be compared to a "journey permeated with self-doubt" (p. 47). Therefore, understanding the developmental mindset of students entering practicum may help supervisors to normalize self-doubt and maximize counseling competency development.

Triadic supervision is defined in the CACREP *Standards* (2009) as "a tutorial and mentoring relationship between a member of the counseling profession and two counseling students" (p. 62), is an increasingly common approach to supervision, and has received attention in the literature (Hein & Lawson, 2008; Lawson, Hein, & Stuart, 2009; Lawson, Hein, & Stuart, 2010). Hein and Lawson (2008) used qualitative in-depth interviews in an effort to understand the demands on doctoral student supervisors in their experiences of triadic supervision. Six doctoral student supervisors participated in single or multiple interviews (as needed) averaging 140 minutes. Triadic supervision was seen as affecting the work of the supervisor along two themes: (a) increasing demands placed on the supervisor, and (b) decreasing demands placed on the supervisor. Managing feedback and relationship dynamics were two specific areas where supervisors experienced both increased and decreased demands. Hein and Lawson suggested three implications including (a) the need for adequate training of doctoral-student supervisors, (b) the importance of matching supervisees to create harmonious and effective pairings, and (c) the need to educate trainees to the theory and process of triadic supervision. Missing from this study was an investigation of the phenomenon of triadic supervision from the perspective of the trainee.

Lawson, et al. (2009) investigated the perceptions of six counselor-in-trainings' experiences of triadic supervision which generated five major themes related to triadic supervision including: (a) reduced individual attention, (b) importance of trainee compatibility,

(c) the nature of feedback dynamics, (d) peer provides other valuable forms of learning, and (e) peer provides various forms of support. Implications of the findings included the suggestion that supervisors take care in pairing-up trainees in order to facilitate a stronger working relationship. Next, supervisors may benefit from understanding that trainees may view the splitting of supervisor time in triadic supervision as a “mixed blessing” (p. 456). The giving and receiving of feedback in triadic supervision may not be intuitive and therefore attention should be paid to modeling and teaching effective feedback dynamics. Finally, supervisors can maximize the impact of triadic supervision by understanding the power of observational learning and by eliciting input from both of the trainees and facilitating an atmosphere where each trainee feels comfortable expressing confirming, or dissenting, opinions.

Lawson et al. (2010) explored the perceptions of supervisors as to the contributions of the second supervisee in triadic supervision. The participants were six doctoral students who were conducting triadic supervision for masters-level students as part of their doctoral program. Three major themes emerged from the data analysis including: (a) second trainee is valuable to the first trainee, (b) second trainee is valuable to the supervisor, and (c) second trainee is valuable to supervision activities. The authors concluded that triadic supervision offers some of the advantages and challenges of individual and group supervision. “To effectively introduce and make use of a second supervisee in the triadic relationship, supervisors should be deliberate in creating an environment in which both supervisees can take risks and learn from one another” (p. 85). Although limited by their methodology towards making generalizations, these three articles (Hein & Lawson; Lawson et al., 2009; Lawson et al., 2010) help to paint a picture of the dynamics of triadic supervision and the experiences of the three participants.

An investigation (Stinchfield, Hill, & Kleist, 2010) of the phenomenon of triadic supervision was completed from which the following five transcendent themes emerged: (a) initial apprehensions, (b) shared developmental process, (c) vicarious learning, (d) multiple perspectives, and (e) safety through trust and relationship. Individual interviews were conducted with 10 beginning practicum students to shed light on the experiences of practicum students and their perceptions of triadic counseling supervision. These participants described both positive and challenging aspects to this form of supervision. Several factors may be seen as limitations; there was a one year gap between the initial and follow-up interviews, and the authors functioned as researchers simultaneously with their roles as faculty members and supervisors for the participants. Despite these limitations, understanding the experiences of counseling students is necessary to take advantage of the positive aspects (e.g., multiple perspectives, peer support) and ameliorate the challenges (e.g., divided supervisor focus, second supervisee feelings) of triadic supervision.

Folkes-Skinner, Elliott, and Wheeler (2010) investigated an in-depth understanding of one student's experience of beginning clinical training through the use of single case study design. One counseling-student participant was interviewed at three points over her first 12-week experience seeing clients. The authors noted that single subject designs are limited in their ability to generalize, yet have the advantage of capturing "in-depth analysis of the experience" (p. 91). Results of this investigation echoed many of the themes and findings of this section of the review of literature, including support for developmental issues of counselors-in-training such as initial fears and self-doubt, growing confidence, and the building of counselor identity. In addition, the participant's personal descriptions of the highlights and challenges of supervision add to the

general discussion of these topics by highlighting the developmental aspects of counseling student growth which warrant supervisor attention.

### **Counseling Student Problematic Behaviors, Remediation, and Gatekeeping**

Hahn and Molnar (1991) refer to the evaluation of counseling trainee competence as “an old and thorny problem” (p. 414). Counseling program faculty have been brought to court and accused of both allowing (Baldo & Softas-Nall, 1997) and preventing (McAdams, Foster, & Ward, 2007) the graduation of problematic (aka: incompetent, impaired, or unfit) students. The judgment of counseling student competency is challenging because multiple and varied subjectively determined issues (e.g., personality conflicts, professional behavior, maturity level) can interfere with counseling student progression. Mental health professionals and counseling students in particular have “higher levels of psychological disturbance than the general populace” (White, & Franzoni, 1990, p. 262). Assessing counseling students for issues (e.g., psychological disturbances, substance abuse) which may prevent them from progressing through to graduation is challenging as the field has yet to agree on a unified definition or term to describe these students (Vacha-Haase, Davenport, & Kerewsky, 2004). Labels have been used interchangeably and include *problematic* (Kress & Protivnak, 2009) as well as:

*inadequate* (Olkin & Gaughen, 1991), *unsuitable* (Erwin & Toomey, 2005; Miller & Koerin, 2001), *impaired* (Andersen & Brewer, 2000; Bhat, 2005; Jordan, 2002; Oliver, Bernstein, Anderson, Blashfield, & Roberts, 2004), *deficient* (Gaubatz & Vera, 2002), *unfit* (Lumadue & Duffey, 1999), and *professional performance deficient* (McAdams et al., 2007). (Kress & Protivnak, 2009, p. 155)

Based on the available literature, I use the term *problematic behaviors* (Rosenberg, Arcinue, Getzelman, & Oren, 2005), which is defined as referring to “student behaviors that have interfered with academic or counseling functioning and therefore require remediation” (Kress & Protivnak, 2009, p. 156).

In meeting the public’s expectation of the effectiveness of counseling graduates, counselor educators must engage in a complex and difficult process which involves making high stakes decisions that are likely to impact lives (Forrest, Elman, Gizara, & Vacha-Haase, 1999). The following research is included to frame discussions of supervisors’ and students’ evaluations and perceptions of problematic behaviors.

A survey investigation of 35 doctoral and 16 masters programs in clinical psychology was conducted to better understand issues related to (a) the selection and evaluation of clinical psychology students, and (b) the identification and dismissal of unsatisfactory students (Biaggio, Gasparikova-Krasnec, & Bauer, 1983). This study provides a reference to the tension inherent to the multiple loyalties clinical faculty have to their students, clients, the profession, and the public. Results indicated that while a variety of selection criteria (e.g., personal interviews, personal interest statements, letters of recommendation) exist, the efficacy of these efforts in reducing the number of problematic students was unclear. In addition, findings suggested that most doctoral (86%) and masters (75%) programs have dismissed at least one problematic student. Although limited by the use of an untested questionnaire (*Evaluation Procedures and Standards Questionnaire*; Biaggio, et al., p. 11), the article does support the need for greater understanding of selection, retention, and gatekeeping variables.

The selection, remediation, and dismissal practices of 133 masters programs in counselor education were investigated through survey research (Bradley & Post, 1991). Admissions criteria

of the majority of respondents included grade point average (GPA – 94%), Graduate Record Examinations (GRE – 71%), letters of recommendation (81%), and interviews (57%). The data demonstrated that while the majority of programs utilized multiple methods for selecting students for admission, “only 13% reported using formalized screening procedures to dismiss students from their programs” (p. 5). The authors concluded that an overreliance on academic performance was used to screen problematic students and that programs should do more to assess the emotional stability of students.

A random selection of 100 clinically oriented mental health masters programs (clinical and counseling psychology, counseling, counselor education, community psychology, and marriage, family, and child counseling) were sent a 30 question survey (Olkin & Gaughen, 1991). A nationally representative total of 54% ( $N = 54$ ) of the questionnaires were returned and considered useable. Most programs (76%) identified from one to three problematic students per year with just under a quarter (24%) of the programs identifying four or more. More than half of the programs (55%) indicated the use of written policies that described procedures for working with problematic students – of course, this indicates that 45% do not have written policies. The majority of programs identified problematic students through a lack of academic progress (65%) or performance in clinical courses (e.g., practicum; 54%). Recommendations listed by the program chairs for problematic students included personal therapy (77%), repetition of course work (70%), repetition of practicum (64%) and taking a leave of absence (62%). Respondents indicated that most remediation decisions went uncontested (88%) and that only rarely (16%) did cases move outside of the university system and end up in litigation. The authors concluded that counselor educators should not fear legal recourse and therefore feel confident and dismiss problematic students as necessary.

Three models for assessing and addressing problematic student behaviors were developed in the late 1990s (Baldo, & Softas-Nall, 1997; Frame & Stevens-Smith, 1995; Lumadue & Duffey 1999). Frame and Stevens-Smith (1995) describe the creation of a “Personal Characteristics Evaluation Form” (p. 122), which contained nine characteristics supported by literature and believed to be essential functions necessary for the development of an ethical and competent counselor including: (a) being open, (b) flexible, (c) positive, (d) cooperative, (e) willing to use and accept feedback, (f) aware of impact on others, (g) able to deal with conflict, (h) able to accept personal responsibility, and (i) able to express feelings effectively and appropriately. The evaluation form utilized a 5-point Likert-type scoring system and faculty determined that all students would be measured on these essential functions at the middle and end of each semester. Students who received a “two” or less on any of the standards was considered below expectations.

The process of addressing student problematic behavior also included three levels of evaluation; if appropriate, remediation was offered at each level (Frame & Stevens-Smith, 1995). The first level involved a review by the faculty of the evaluation form and a discussion between the professor and the student. If a second evaluation form was generated in any one semester the student was required to meet with their “faculty advisor to discuss remediation or possible reconsideration of his or her continuation in the program” (p. 123). The evaluation scale and documentation of any actions taken were placed in the student’s file. The third level of evaluation was initiated if a student received a third Personal Characteristics Evaluation Form in one semester and required the student to meet with their advisor and two other faculty members. The three faculty-member committee would make a determination of the appropriateness for dismissal from the program.



Frame and Stevens-Smith (1995) surveyed the perceptions of faculty and randomly selected students one year after the process was initiated and results indicated that using the new system may have identified two students with problematic behaviors; one of which dropped out of the program. The majority of students surveyed (a) were aware of the evaluation process (82%), (b) agreed that student assessment was important (93%), and (c) believed that faculty had an ethical responsibility to monitor students (81%). One half of “the faculty indicated that the current monitoring-dismissal process had provided them with a concrete, standardized approach for dealing with students whose personal qualities may be liabilities in the counseling profession” (p. 124). Although 25% of the faculty did not feel the new system had assisted them, a majority (86%) felt that they had become more intentional towards student evaluations. These findings suggest the importance of clarifying the necessary components of counseling student evaluation and the identification of counseling students with problematic behavior.

A student at the University of Northern Colorado (UNC) who was denied enrollment in a second practicum after failing his first practicum brought suit against the school prompting the faculty and administration of the Division of Professional Psychology (PPSY) counseling program to develop and publish a review and retention policy (Baldo, & Softas-Nall, 1997). UNC’s PPSY policy was also informed by the perception that the Frame and Stevens-Smith (1995) model placed individual faculty members in the center of remediated student’s aggression stating “In our experience, when a faculty member or members have been perceived by a student to be responsible for their negative review, those faculty members have been placed under unreasonable duress” (p. 247). The PPSY review and retention process was seen as having several advantages including (a) a guarantee of due process for all, (b) an opportunity for students to present their case to the faculty, (c) clear steps, and (d) judgment based on the

opinion of the entire faculty. The model was used effectively in two separate dismissal cases. Subsequent to dismissal one of the remediated students attempted to file a grievance against the department, but withdrew the grievance once the student was presented with the signed remediation documents. One goal of UNC's PPSY review and retention policy was to encourage other counselor education programs to adopt similar policies.

Lumadue and Duffey (1999) presented a model which incorporated advantages of the Frame and Stevens-Smith (1995) and the Baldo and Softas-Nell (1997) models. Based on the ACA (1995) *Code of Ethics* a Professional Performance Fitness Evaluation (PPFE) instrument was created which assessed students on a four-point scale ([a] N = No opportunity to observe, [b] 0 = does not meet criteria for program level, [c] 1 = meets criteria only minimally or inconsistently for program level, and [d] 2 = meets criteria consistently at this program level) across five areas including: (a) counseling skills and abilities, (b) professional responsibility, (c) competence, (d) maturity, and (e) integrity. One advantage over the Frame and Stevens-Smith (1995) and the Baldo and Softas-Nell (1997) models was that each of these five assessment areas specify "behavioral components that define the competencies expected of the student" (p. 105). Another perceived advantage was the addition of pre-enrollment notification that the PPFE evaluation form would be used throughout the counseling program.

In addition to issues related to counseling program student admittance, the 1990s saw research aimed at counseling student final evaluations. Carney, Cobia, and Shannon, (1998) surveyed masters-level counselor education programs to understand the field's use of final evaluation methods (e.g., written exams, oral presentations, portfolios). A total of 128 useable responses were returned from an initial mailing of 201 departments containing at least two masters-level counselor preparation programs (64% response rate). Carney et al. created an

instrument with four sections consisting of (a) closed ended questions related to CACREP accreditation and program descriptions; (b) open-ended questions pertaining to method description, time in use, and content areas; (c) open-ended questions pertaining to factors related to method selection, perceptions of method strengths and weaknesses, and persons involved in method development, administration, performance criteria, and evaluation; and one closed-ended question to determine degree of satisfaction with current method, as measured on a 5-point scale (1 = not satisfied, 2 = somewhat unsatisfied, 3 = satisfied, 4 = somewhat satisfied, and 5 = very satisfied), (d) a close-ended question pertaining to methods used to provide students with information about the evaluation process and a series of open-ended questions pertaining to gathering and using feedback, plans for revising methods, and the aspects of student development that were the most difficult to assess.

Nearly half of the programs (47%) use a combination of methods for final evaluation and of these the majority (66%) use two combined methods (Carney, et al., 1998). Common final evaluation methods included (a) written essay tests (53%), (b) oral presentation/Defense (28%), (c) multiple choice exams (26%), (d) Thesis/ Research Project (19.5%), and (e) Portfolios (10%). Observation of counseling skills and miscellaneous per-program requirements were each under 10% while 4.7% of responding programs indicated no formal final evaluation methods. Respondents most often listed the comprehensiveness obtained through the use of multiple methods as a strength of their current methods. The strengths of objective examinations included being “psychometrically sound, administered consistently, eliminated subjectivity in scoring, easy to administer, and were similar to the types of exams students would take for national certification and state licensure” (p. 158).

Respondents cited personal and psychological wellness as being areas that were most difficult to evaluate (Carney, et al., 1998). In addition, determinations of how well a student would perform in professional practice after graduation and “the degree to which a student had been able to synthesize, integrate, and apply the knowledge he or she acquired through participation in the program” were seen as difficult areas to assess (p. 157). Respondents indicated how their final evaluation methods were developed or selected including, (a) gathering input from faculty (81.3%), (b) gathering information from other counseling programs (40.6%), (c) reviewing existing literature on assessment methods (38.3%), (d) seeking input from students (36.7%), and (e) establishing evaluation committees (35.9%). Three factors considered most important in method selection were validity, ease of administration, and similarity to state and national credentials examinations; each of these factors were listed by over 30% of the responding institutions.

Based on their data analysis, Carney, et al. (1998) concluded that those programs that do not have formal final evaluation methods, or only use one method, rated their satisfaction with their program as least satisfied. At the other end of the spectrum, programs that assessed for both content knowledge and clinical competence were most satisfied. In addition, the assessment of counseling skills was considered essential, yet the most difficult area to evaluate. Although the ACA (1995) *Code of Ethics* suggests programs provide final evaluation processes to students before admission, the findings were that less than half of responding programs did so.

East Michigan University’s (EMU) desire to select students who would succeed academically and have (or could develop) the personal characteristics needed to become an effective counselor was formalized into an admission, retention, and capstone experiences document (Ametrano & Stickell, 2001). EMU developed an “extensive two phase admissions

process” (p. 60) designed to reduce the number of mid-program dismissals. Multiple admission criteria were assessed including (a) aptitude for graduate study, (b) career goals, (c) writing ability, and (d) potential for effectiveness as a counselor. A minimum grade point average (GPA) of 2.75 for undergraduate work (3.3 for graduate) was required for admission. The Graduate Record Exam (GRE) was required for all students, but was a factor only if the GPA scores were below minimums. The faculty reviewed the applicant’s letter of intent to assess for writing ability and a match between aspirations and program goals. The authors assessed for potential effectiveness as a counselor by evaluating the applicant’s resume and letters of recommendation. “The resume of an applicant who has serious thought about counseling as a career would reflect involvement in personal and professional growth activities and a variety of life and professional experiences” (p. 60). Based on a review of the letter of intent, resume, and letters of recommendation the faculty reviewers assigned a score based on a five-point Likert scale from *exceptional* to *unacceptable*. Based on the faculty reviewers’ scores candidates may be invited for an interview, screened out, or held for further discussion with additional faculty members.

The second phase of the process involved an assessed group activity and individual interviews for selected applicants (Ametrano & Stickell, 2001). The group and individual interviews were designed to assess candidate’s personal characteristics and potential for achievement as a counselor. The candidates were evaluated in the group interaction “on behaviors considered to be facilitative in interpersonal interactions . . . including willingness to listen to others, attempts to understand others, acceptance of difference, openness, and appropriateness of contributions” (p. 61). Once students have been admitted to the program, a yearly formative assessment of their progress was made. Students presented a collection of their content knowledge, academic accomplishments, and personal growth made during enrollment.

Content areas include personal, professional, academic, and counseling skill growth, accomplishments, and development. Faculty members provided each student with written feedback. The authors suggested that despite the challenges of counseling student evaluation, continued research and discussion were important and necessary.

In an effort to estimate the percentage of problematic students accepted into counselor education masters programs and the number of these students who graduate, an 11-item questionnaire was developed and sent to 79 randomly selected community and mental health counseling programs (Gaubatz, & Vera, 2002). The initial mailing was sent to 253 faculty members and a total of 118 returned completed questionnaires (47% response rate). Respondents represented 29 CACREP and 38 non-CACREP programs, and each area of the country (Northeast, Midwest, South, and West) was equally represented. Faculty estimations of students who were “poorly or marginally suited for the counseling field” (p. 298) ranged from 1% to 75%; however, most respondents fell near the mean of 10.4%. Faculty working in CACREP-accredited programs reported significantly lower estimates of problematic students than non-CACREP faculty. Respondents estimated that their programs intervened with 55% of problematic students.

Gaubetz and Vera (2002) referred to the existence of students who are in need of remediation or dismissal, yet progress through to graduation as “Gateslipping” (p. 299). Data from this investigation revealed that as many as 4.9% of counselor education masters students may be gateslipping out of their programs. The rate of gateslipping was found to be higher in programs employing a higher percentage of adjunct faculty, “among programs whose members reported that their colleagues experienced greater institutional pressures not to screen deficient students . . . and among programs whose faculty members reported that their colleagues were

more concerned about being sued” (p. 299). Estimation of gateslipping rates for problematic students differed significantly between CACREP-accredited (35%) and non-CACREP programs (45%). These findings translated to gateslipping rates of 2.5% of all students in CACREP-accredited programs and 6.6% for all non-CACREP students. Additional results suggested CACREP-accredited programs utilized more formal methods than non-CACREP-accredited programs for reviewing trainee fitness (lack of problematic behaviors). “Faculty in programs that used more formalized procedures reported significantly lower gateslipping rates ( $r = -.44, p < .0001$ )” (p. 301).

Gaubatz and Vera (2002) suggested the number of gateslipping students has implications for the welfare of future clients and that identification of program-level factors (e.g., fear of being sued, poor teaching evaluations, perceived pressure not to screen deficient students) that may discourage faculty from intervening with problematic students. The authors reiterated the importance of formalized gatekeeping procedures noting that the use of formalized gatekeeping procedures accounted for 19% of the variance in gateslipping rates. The authors’ final conclusion was that “Formalized gatekeeping procedures may be an essential component of ethically sound professional training” (p. 304).

In a subsequent article, 45 counselor educators and 62 masters-level counseling students were surveyed to investigate perceptions of trainee competence (Gaubatz & Vera, 2006). Forty percent of respondents came from CACREP-accredited programs and the remainder (60%) from non-CACREP programs. Respondents came from the Northeast (30%), the Midwest (27%), the South (27%), and the West (23%). Participants completed survey instruments which were developed by the authors and “designed to assess student and instructor views of the prevalence of deficient trainees . . . as well as their perceptions of several issues hypothesized to underlie

their programs' gatekeeping practices" (p. 34). Distinct survey instruments were created for students and faculty, and both instruments contained questions related to perceptions of trainee fitness; however, the faculty instrument also contained questions related to gatekeeping procedures.

Results indicated that faculty perceived their programs as intervening with roughly 66% of problematic students (Gaubatz & Vera, 2006), which was comparable to earlier findings (Gaubatz & Vera, 2002). No difference was found between the perceptions of CACREP and non-CACREP accredited programs; which differed from the authors' earlier findings (Gaubatz & Vera, 2002). Ninety eight percent of faculty and 90% of students responding to the survey indicated they were aware of problematic students in their training programs. Overall, faculty approximated 8.9% of students were deficient (poorly or marginally suited for professional work) while student-raters approximated 21.5% of their peers were deficient. Perceptions of gateslipping rates differed between student (17.9%) and faculty (2.8%) raters. Gateslipping rates were found to be significantly lower among accredited programs as well as those that utilized formalized student review procedures. Thus, having a formal process to assess and intervene with problematic students was associated with reduced numbers of un-remediated students reaching graduation and the professional field.

Taken together, then, the findings of this study highlight both a significant problem and its potential solution in counselor training programs. Deficient students exist in counseling training programs, but well-designed gatekeeping procedures appear to improve the effectiveness with which they are identified and prevented from progressing unremediated (*sic*) into the counseling field.

(p. 37)



The use of a formalized gatekeeping procedure contributed to the dismissal of charges levied by a dismissed student against their former counselor education program (Kerl, et al., 2002). The *Professional Counseling Performance Evaluation* (PCPE) was developed at Southwest Texas State University “to evaluate students and to provide feedback on skill levels in basic communication skills, basic counseling skills, ethical practice, and personality or behavior traits that interfere with providing professional counseling at an acceptable skill level” (p. 327). The PCPE provides assessment and feedback across seven areas including (a) impulse control, (b) anger control, (c) empathy, (d) maturity, (e) professional demeanor, (f) conflict resolution, and (g) adherence to ethical standards. These seven areas can be rated one of four ways including (a) 0 = does not meet criteria for program level, (b) 1 = meets criteria minimally or inconsistently for program level, (c) 2 = meets criteria consistently at this program level, or (d) N = No opportunity to observe.

Faculty included a description of the potential use of the PCPE (Kerl, et. al., 2002) in every syllabi and noted that a poor evaluation (one or more scores of “0”) on a PCPE would result in a failing grade for the class. The PCPE was required to be completed on each student in the experiential courses and was an option in didactic courses. Faculty members were also able to refer a problematic student to a Faculty Review Committee (FRC) which was organized by the department chair once a referral was received and was made up of three faculty members in the program. The PCPE was included or discussed in (a) new student orientation, (b) all admissions packets, (c) the program handbook, and (d) the graduate catalog. An initial score of “0” on the PCPE was followed by an individual meeting of the instructor and the student where a remediation plan was constructed. If deficiencies were serious or continued then the student was

referred to an FRC and the student and the instructor met with the FRC individually (not at the same time).

Kerl and colleagues (2002) reported that

the majority of cases that are referred to the FRC result in a remediation plan that is jointly developed by the student, the FRC, and the referring instructor. In a few cases, students have been dismissed from the program because they either refused to cooperate with the remediation plan or because the referring behavior was too dangerous to tolerate (e.g., repeated threats against an instructor). (p. 328)

Unfortunately no statistical information was attached to clarify what is meant by *majority* and *a few cases* in the above quote. The authors stated the use of the PCPE had significantly reduced the number of un-remediated and dismissed students; however, they provided nothing further in terms of statistics. As part of the course requirement in experiential courses, students were evaluated on the PCPE, given a copy, and met with the faculty member. The authors included a description of a problematic student who refused to follow the remediation plan required by an FRC and was denied admission into an advanced practicum course. The student sought an injunction to force the university to allow the student enrollment into the course and the case went to trial. The court's judgment on all counts was for the university, ruling that at each stage the student was provided due process and that the programmatic procedures were clear, fair, apt for the profession, and appropriately followed.

A trio of articles related to the faculty and administrations' experiences and lessons learned resulting from a student-initiated lawsuit is appropriate to conclude this section (McAdams, et al., 2007; McAdams, & Foster, 2007; Foster & McAdams, 2009). The authors

described the parameters of a problematic practicum student who was dismissed from a masters-level community counseling program and subsequently brought suit against high-ranking members of the university and program administrators as well as “the instructor of the practicum course, the doctoral student supervisor of the practicum course, and the plaintiff’s faculty advisor” (McAdams, et al., p. 217). The trial and subsequent appeal lasted almost three years; from July of 2002 until February of 2005. Although the plaintiff did not prevail, the stakeholders did not feel a “sense of victory in the aftermath of this painful process. The time, energy, and resources it required were given at the expense of activities and services that would otherwise have been available to our students, the program, and the community.” (McAdams, et al., p. 220).

McAdams et al. (2007) discussed four “things we did right” (p. 220) including (a) the use and adherence to a structured (formalized) professional performance evaluation protocol, (b) the specifications provided to the student for ways to correct the identified problematic areas, (c) the consensus of the entire faculty’s recommendation for dismissal and the review and endorsement of that decision by the associate dean, and (d) the existence of formal and/or hardcopy documentation of all steps and actions. The authors also highlighted seven “things we could have done better” (p. 222) which included (a) ignoring earlier problematic behavior by the plaintiff which, had it been addressed, may have resulted in a different outcome; (b) the lack of documentation for these earlier problematic behaviors prevented their introduction and discussion in court; (c) the lack of language in the evaluation plan that would have allowed for immediate dismissal in the case of serious ethical or safety violations; (d) the taking of both remediation (game plan to address problematic behavior) and disciplinary action (the filing of a university honor code violation) may have conflicting legal implications; (e) the lack of specific

performance criteria in the professional performance evaluation plan; (f) the lack of signatures of both student and faculty on each document; and (g) the promise of confidentiality made to students that could not be kept in the face of legal proceedings. In a companion piece (McAdams & Foster, 2007), which highlighted the most relevant legal standards related to the case above, the authors concluded that while court rulings generally support the professional judgment of academicians, “Counselor educators are most likely to maintain the courts’ respect if they are diligent in designing remedies for students’ professional performance deficits that are well informed by due process law, currently preferred professional practice, and specific contextual considerations” (p. 12).

Based on the legal, programmatic, and life lessons learned as the result of the above lawsuit brought by a dismissed counseling student (McAdams et al., 2007; McAdams, & Foster, 2007) faculty members revised and expanded student evaluation and remediation procedures including devoting substantially more time to educating students of these changes during new student orientation. Despite this effort, faculty members were startled when students reported “little or no comprehension of it and were alarmed to learn that assessments of their personal behavior were being conducted” (Foster & McAdams, 2009, p. 271). The educators efforts to instill a collective need for formalized gatekeeping procedures had not reached a significant portion of the students, prompting the authors to offer four venues where faculty/student dialogue around the issue of counseling student competencies might be discussed including (a) new student orientation, (b) course syllabi, (c) within periodic academic advising sessions, and (d) periodic clinical supervision. Foster and McAdams (2009) argued that communication needs to flow both from the top down and from the bottom up so that uncensored transparency related to programmatic requirements, performance standards and the general atmosphere are

acknowledged and understood by all. The authors (Foster & McAdams) noted that one outcome of modeling transparent dialogue might be greater student commitment to an ethical professional identity and a sense of collective obligation to gatekeeping.

### **Personal Perceptions**

Consistent with expectations of qualitative research, an understanding of the author's positionality, or bias, related to the CCS is warranted (Grbich, 2006). Prior to data collection and throughout my time sifting through the relevant literature I continued to view the CCS as serving a number of important functions. In the middle of data collection, I wrote in my field journal

At this point I continue to see the CCS as a valuable, yet flawed, tool. One of the challenges I see is that the students get a different experience across instructors and supervisors. Specifically, the difference I'm talking about is the level of embracement, support of, and endorsement of the CCS. An instructor may "use" the CCS but unconsciously sends the message that they do not agree with its use. (Field Journal, 2010, pp. 9 – 10)

The CCS serves as a paper-trail which can be referenced in the case of counseling students needing remediation. This gatekeeping function is sometimes downplayed by the administration and faculty, perhaps because in this context the CCS takes on negative or punitive characteristics. Through the listing of categories, the CCS can be used to inform students of the short-term and long-term expectations of the faculty and the profession. Based on the use of the CCS at three points in the counseling student's progression (Intro to Counseling, Techniques in Counseling, and Counseling Practicum), the counseling student can infer that items included on the list are important, and conversely, items not

included are unimportant. Finally, the CCS can work as a means for faculty to organize their feedback and deliver a written document to students both as a justification for assigning a summative evaluation (a course grade) as well as a means of providing formative feedback. Due to the developmental nature of learning new competencies, I am sure that many counseling students appreciate the use of written feedback (such as the CCS provides) for both formative and summative evaluations.

The use of the CCS is not without its challenges. It is clear to me that more recently matriculated students are aware (through talking to students who started prior to the Spring of 2009) that the CCS is a new tool. As such, there seems to be some trepidation that perhaps, the faculty and administration are trying something that might carry negative consequences. I also sense that practicum supervisors share varying degrees of distaste for the CCS. I believe some supervisors perceive the CCS as assigning equal weight to competencies they see as inherently unequal. Finally, I sense that not all faculty and practicum supervisors who are required to use the CCS are equally trained and informed. Thus, consistent with my personality and experiences, I both crave the clarity of having a written document that serves multiple purposes (e.g., expectations of the course, evaluative tool, and gatekeeping instrument) and bristle at the use of a tool that oversimplifies the intangibles of counseling.

My position prior to collecting data related to the CCS can be summed-up as *general acceptance and support of a necessary evil*. The CCS can only be strengthened through standardized training, faculty and practicum supervisor acceptance, and familiarity amongst counseling students. Thus, I am cautiously optimistic that the CCS will find a permanent and appropriate place as a means of counseling student assessment.

## **Chapter Summary**

This review of the literature contained four sections and a researcher positionality supplement. The first section focused on research and literature related to counselor competencies beginning in the 1940s and continuing to the present time. The second section focused on the scholarly building blocks of the CCS and the quantitative investigation of the CCS conducted by Swank (2010). The third section reviewed the literature of supervisor and supervisee experiences and the fourth section presented the literature related to counseling student problematic behaviors, remediation, and gatekeeping. Chapter Three focuses on the research methodology and methods employed within the present study.

## **CHAPTER THREE: METHODOLOGY**

Chapter Two reviewed the research and literature relating to counselor competencies; counseling student evaluations; and counseling student's remediation, feedback, and gatekeeping. Chapter Three presents a justification for employing a qualitative, phenomenological methodology for this investigation. Chapter Three also describes the research methods utilized in the collection and analysis of the data. The roles of the researcher and verification strategies are integrated throughout the chapter.

### **Researcher's Position**

In the Spring of 2010, I attended Jacqueline Swank's defense of her dissertation; an investigation which utilized quantitative methods and statistical analysis (exploratory factor analysis, Pearson correlation, and Cronbach's alpha) to establish the psychometric properties of the Counseling Competencies Scale (CCS; UCF Counselor Education Faculty, 2009). Her investigation was a first step in working towards a fuller understanding of the CCS, which was designed to be an important component of the master's program at UCF. In addition, I sensed that her investigation might assist the CCS in gaining increased validity and usage by counselor education programs beyond UCF. Dr. Swank's results supported the CCS as a relatively psychometrically sound instrument and included: (a) a general support for the CCS's three factors ([1] counseling skills, [2] professional dispositions, and [3] professional behaviors), (b) the appropriateness of the individual items, and (c) the moderate reliability of scoring between raters. Dr. Swank has since suggested that additional qualitative and/or quantitative research could be helpful to further define the strengths and limitations of the CCS (Swank, Lambie, & Witta, 2011).



As a counseling practicum supervisor, instructor, and doctoral student, I was involved in CCS-related discussions of rater subjectivity, consistency of use, and student fears of the pass/fail format. I believed greater understanding of these CCS-related issues, as well as a general comprehension of the administration of the CCS was warranted. At the same time, I was developing a strong mentoring relationship with Dr. Glenn Lambie, the professor for one of my supervision classes. Dr. Lambie was Dr. Swank's dissertation chair and had - and still has - a strong understanding of the development and uses of the CCS, as well as an interest in furthering rigorous understanding of counseling student development (G. W. Lambie, 2011, Personal communication). In addition, I had enjoyed two doctoral-level, qualitative research courses (*Qualitative Research in Education* and *Ethnography in Educational Settings*) and qualitative philosophy and methodology resonated with me as valid – if somewhat messy – forms of inquiry. Thus, my real-world and philosophical interest in working with Dr. Lambie, advancing the use of the CCS, and conducting a qualitative investigation coalesced into an opportunity to complete a dissertation project that not only “should be” and “could be” done, but one that I was sure “would be” done (Marshall & Rossman, 2006, p. 11).

### **Methodology and Rationale**

Any careful and diligent search can be considered research (Glesne, 2006). Qualitative approaches to rigorous searches generally fall under the umbrella of scientific research (Creswell, 2007) and are especially suited for situations where participants' words are more effective than numbers in answering research questions. There are numerous names given to the collection of qualitative ways and traditions of conducting research. Grbich (2007) preferred the term “designs/approaches” (p. 17), Marshall and Rossman (2006) used the term “typologies” (p.

3), Creswell (2007) used “approach” (p. 53), and Glesne (2006) used the term “methodology” (p. 8). Throughout Chapter Three, I use the terms methodology, approach, and design interchangeably.

Based on this variability of language, it is not surprising that a great number of approaches exist in qualitative research. “Yet, discussion of various modes of qualitative research quickly becomes confusing because of variety within any one mode and extensive overlap among approaches” (Glesne, 2006, p. 11). Sixteen different names for various types of qualitative research were offered as only a partial list (Glesne). Marshall and Rossman (2006) synthesized the qualitative research designs developed by researchers and theorists (e.g., Atkinson, Delmint, & Hammersley, 1988; Creswell, 1998; Denzin & Lincoln, 2005; Jacob 1987, 1988) and suggested seven major qualitative designs including, (a) action and applied research, (b) case study, (c) ethnography, (d) life history, (e) biography, (f) grounded theory, and (g) phenomenology. Creswell (2007) described five major approaches to qualitative research which he saw “most frequently in the social, behavioral, and health science literature” (p. 9) including, (a) narrative, (b) phenomenological, (c) grounded theory, (d) ethnographic, and (e) case study. Although these various qualitative research approaches are linked with ideas of “how inquiry should proceed” each is only partially prescriptive, and the collection of methods chosen to conduct any of these does not, of themselves, define the methodology (Glesne, 2006, p. 8).

The term *Methods* refers to the techniques and procedures used in collecting and/or analyzing data (Glesne, 2006; Grbich, 2007). Qualitative research methodologies and methods overlap; therefore, a variety of qualitative (and quantitative) methods may be employed in the service of any of the qualitative research approaches (Creswell, 2007); however, the reverse does not hold true (Glesne, 2006). In other words, the choice of methodology suggests a limited

choice of methods while a random collection of methods does not equate to a “good” study (Creswell, 2007, p. 45). Creswell offered a minimum list of rigorous methods employed in “good” qualitative studies, which includes: (a) the researcher collects multiple forms of data, often by spending a considerable amount of time in the field; (b) the researcher understands the philosophy, assumptions, and characteristics of qualitative studies and thus intentionally accesses the fundamental methods and characteristics; (c) the researcher chooses an established qualitative approach; (d) the researcher starts with a singular focus; (e) the researcher utilizes rigorous data collection, analysis, reporting, and validation methods; (f) the researcher does not limit their analysis to one singular or traditional method; (g) the researcher writes so the reader is fully engaged and has a sense of “being there;” (h) the researcher’s cultural and personal background are in evidence; and (i) ethical considerations are understood and attended to throughout the study.

Qualitative research approaches may also vary along two continuum including amount of researcher participation (i.e., from purely observational to heavily participatory) and purpose of the study (i.e., from purely exploratory to desire to affect change; Glesne, 2006; Grbich, 2007). Thus, qualitative research methodologies are utilized for a variety of situations; one of which is to understand social phenomena from the perspective of those who have experienced the phenomenon (Glesne, 2006). The choice of qualitative research methodology to employ may appropriately be based on researcher philosophy (Creswell, 2007; Kline, 2004); however, there is widespread support for taking a pragmatic approach which supports using the most appropriate research methodology to answer the particular overarching research question (Creswell, 2007; Glesne, 2006). Marshall and Rossman (2006) suggested matching research questions to four types of purposes: (a) exploratory, (b) explanatory, (c) descriptive, and (d) emancipatory.

Exploratory qualitative research is designed to (a) investigate little-understood phenomena, (b) identify or discover important categories, and (c) generate hypothesis for further research. The use of explanatory methodology is warranted when the researcher's desire is to explain patterns or plausible relationships of a phenomenon. A descriptive approach is used when the purpose is to document and describe a phenomenon of interest and emancipatory methods are employed when there is a desire to "create opportunities and the will to engage in social action" (Marshall & Rossman, 2006, p. 34). Choosing among these four research purposes (Exploratory, Explanatory, Descriptive, and Emancipatory) leads to - or is a result of - the specific question or questions that are most important to understand. In addition, Moustakas (1994) suggested that all human knowledge is built upon phenomena and stated that, "Any phenomenon represents a suitable starting point for an investigation" (p. 26). Given all of the considerations above, and recognizing that little is understood about how the CCS functions as a phenomenon, an exploratory, descriptive phenomenological investigation was most appropriate for the present study.

I chose a phenomenological investigation by examining and rejecting other qualitative research design possibilities. Based on what was already understood about the CCS, and how it was being used during the Summer of 2010, case studies, narrative studies, ethnographies, action research, and grounded theory were considered as potential methodological approaches. Case studies are methodologically complex; requiring access to multiple methods (e.g., interviews, observations, document analysis; Marshall & Rossman, 2006). In addition, cases studies lend themselves to temporally bounded incidents that have delineated beginnings, middles, and ends. Therefore, the case study design were rejected because: (a) I was unlikely to gain access to observe evaluation sessions between practicum supervisors and their trainees, (b) I realized that

analyzing completed CCS documents held little material that would inform the phenomenon, and (c) master's students were in perpetual states of starting and finishing their master's programs and clear start and finish dates were absent. Generally, narrative studies focus on a single person's personal history or *story*, and thus, the need to interact with participants on a deep and intimate level (Creswell, 2007). Thus, the narrative design was rejected because: (a) I did not believe I could generate the level of researcher/participant intimacy, and (b) my interest was equally on the CCS, which could not tell its own story, as well as the students and supervisors who interacted with it. Ethnographies focus on understanding the shared patterns of language, behaviors, and beliefs of a culture-sharing group (Creswell, 2007). An ethnography focused on master's-in-counseling students would be enlightening and probably entertaining, yet had I chosen this design approach, the CCS would have been reduced to a cultural artifact. I did consider spotlighting the CCS as being at the center of a CCS-related culture, but I rejected an ethnographic approach because there was no evidence that the CCS was acting as a cultural force. Action research is non-neutral (Marshall & Rossman, 2006) and was therefore excluded as a potential design approach because I had no personal agenda - let alone UCF Counselor Education departmental approval - to make any changes to the administration and/or use of the CCS. Finally, grounded theory is used "in order to generate theory from observations of real life as they are occurring . . . and is useful when the microcosm of interaction is the focus of the research question" (Grbich, 2007, p. 70). My perception was that the disparate aspects of the CCS (e.g., gatekeeping, remediation, evaluation, student development), as well as the logistical, or non-human, aspect of the CCS itself and its use, argued against a grounded theory approach. The removal of these various methodological designs as approaches for this study strengthened my acceptance and excitement for conducting an exploratory phenomenology.

Exploratory phenomenological research investigations are suited to the discovery and examination of what meanings people assign to their lived experiences. Creswell (2007) noted that “. . . a phenomenological study describes the meaning of several individuals of their lived experiences of a concept or phenomenon” (p. 57). In an effort to uncover the meanings and lived experiences of UCF Summer 2010 practicum counseling students and their supervisors related to the CCS, I employed six phenomenological methods modified from methods suggested by Moustakas (1994) and Creswell (2007) including (a) an attention to the person of the researcher; (b) the careful and intentional selection of participants; (c) the use of in-depth, semi-structured individual and group interviews; (d) the finding and listing of significant statements (horizontalization); (e) the transformation of significant statements into themes; and (f) the writing of a composite description of the phenomenon. The first (attention to the person of the researcher) is woven throughout all five chapters. The next two (the careful and intentional selection of participants and the use of in-depth, semi-structured individual and group interviews) are described next. The remaining three methods (the finding and listing of significant statements [horizontalization], the transformation of significant statements into themes, and the writing of a composite description of the phenomenon) are addressed in Chapter Four.

## **Methods and Procedures**

### **The Site and Setting**

The University of Central Florida (UCF) is on the east side of the city of Orlando and near the geographic center of the state of Florida. The counselor education master’s program at UCF was established over 30 years ago and a doctoral program in Counselor Education was

added in 2000. The UCF Counselor Education Program has seven tenure-earning faculty members who oversee three CACREP-accredited master's program tracks including (a) Counselor Education—School Counseling, (b) Counselor Education—Mental Health Counseling, and (c) Marriage and Family Therapy. On average, approximately 100 students enroll each year with fall enrollment generally being larger than spring enrollment. The number of students in each of the three tracks varies considerably, although the Mental Health track has consistently been the largest of the three. The doctoral program in Counselor Education (a) is CACREP-accredited, (b) focuses on counselor education and supervision, (c) utilizes a cohort model, and (d) admits approximately seven to ten students every fall. While the program strives to maximize racial diversity, the majority of students and faculty are White (Hagedorn, 2011, personal communication). Still, the programs attract some African-American, Hispanic, Asian, and mixed race students and faculty. Roughly, two-thirds of the master's and doctoral students are female; there was one tenure-line female faculty member in 2010 (Goodman, 2011, personal communication).

Master's degree students move through the program at their own pace; however, the majority (percentage unknown) complete the 63 semester credits (60 credits for the School Counseling track) within three years (Hagedorn, 2011, personal communication). Counseling Practicum is a required component of the three master's degree programs/tracks; however, practicum requirements for the three tracks differ. School Counseling students complete one semester of practicum whereas the other two tracks (Mental Health Counseling and Marriage and Family Counseling) complete two semesters of practicum (Counselor Education Program, 2011). First semester practicum students must complete 100 total hours of which, 40 hours are face-to-face with clients (30 hours of individual and 10 hours of group client contact). The remaining 60

hours consist of supervision, observation, treatment planning, and related activities. Second semester practicums are designed so that students acquire an additional 100 total hours, 20 of which must be face-to-face with clients (Hagedorn).

The Counseling Practicum courses generally have six or seven students. The Counseling Practicum course sections are not divided by track; therefore, practicum classes have a mix of students from all three tracks and also a mix of first-semester and second-semester practicum students. Generally, there are three or four first-semester practicum students and a couple (one to three) second-semester practicum students (C. Wilkes, 2011, personal communication).

Counseling Practicum supervisor-instructors may be adjunct faculty, full-time instructors, or tenure-line faculty members (Hagedorn, 2011, personal communication). Practicum instructors are responsible for providing an average of 1½ hours of group supervision per week (CACREP, 2009 *Standards*) and usually schedule an hour immediately prior to, or just after, client sessions (Hagedorn). The Counseling Practicum students also meet weekly for an hour of triadic supervision throughout the semester. (Triadic supervision is defined as “a tutorial and mentoring relationship between a member of the counseling profession and two counseling students;” CACREP, 2009, *Standards*). Triadic supervision usually occurs a couple days removed from seeing clients so that trainees may review their taped sessions, reflect on their experiences, complete any necessary paperwork (e.g., session review forms) and generate supervisory questions (Hagedorn). Triadic supervisors structure this supervision time to meet the needs of their trainees and in accordance with their own theory of supervision. Some triadic supervisors focus on video session review while others may access video tapes only rarely. During the fall and spring semesters practicum students may receive triadic supervision with doctoral students who are themselves being supervised. All of the summer practicum students; however, receive



group and triadic supervision from their practicum instructor (Hagedorn). The assigning of master's practicum students to doctoral student supervisors during the fall and spring semesters is controlled by the individual practicum instructor; therefore, no universal principle is applied to match trainees with triadic supervisors (Hagedorn). Still, doctoral student supervisors are generally assigned one first semester and one second semester master's student. (Note: the reader may question my inclusion of the differing formats [spring/fall vs. summer]; I include this discussion because the student participants mention it in describing their experiences of supervision and of the CCS evaluation process.)

Seven counseling practicum classes were conducted during the Summer of 2010. Two adjunct instructors (PhD-level) were responsible for two classes each, one of the classes was led by a tenure-track assistant professor, one was led by a doctoral candidate who had finished his course work several semesters earlier and was working to complete his dissertation, and the seventh class was led by a pair of doctoral candidates entering their first semester of doctoral candidacy. Group and triadic supervision during the summer semester was led entirely by the practicum instructors. A total of 47 master's students were enrolled across the seven counseling practicum course sections (five practicum had seven students and two practicum had six students).

### **Data Collection Procedures**

In the middle of the Summer 2010 semester and prior to defending my dissertation proposal, I e-mailed a letter to the faculty asking them to support my study by allowing me to request the participation of the summer practicum counseling students and supervisors. The issue was brought up for discussion at a faculty meeting and I was granted permission. Around the

same time, I created and piloted possible interview questions (Creswell, 2007). I met with six master's students who had recently completed their counseling practicum course(s) and would therefore not be possible participants. In addition, I met with three faculty members and a doctoral student who had recently been counseling practicum supervisors at UCF, but were not supervising during the summer, and thus, not possible participants. Pilot testing with these students and faculty members added to my sense of the phenomenon which resulted in modifications and additions being made to the developing interview protocol. At the end of July 2010, I obtained UCF Institutional Review Board (IRB) permission to conduct my investigation (see Appendix E), which furthered my confidence that I had properly attended to ethical consideration of the participants. I defended my dissertation proposal in the middle of August 2010 and the committee asked about my bias and mindset as I entered the data collection phase; I wrote in my field notes:

I answered truthfully that I am largely neutral. This is, of course, suspect. How much true neutrality can one bring to a project like this? In the case of this study, I recognize that I have competing emotions. On the one hand, systematic, hard-copy assessment of counseling students solves lots of issues. At the very least it looks to college administrators and (I presume) attorneys and judges that an attempt at uniformity and equality were goals. On the other hand, the amount of subjectivity and interpersonal dynamics makes (one might argue) the CCS next to useless. (Field Journal, 2010, p. 5)

Thus, prior to data collection I was “neutral” in that I could see both benefits and challenges in adopting the CCS as a program-wide assessment tool. Early in September of 2010, I began collecting data with a great amount of curiosity and an agenda for allowing participants to have

their words speak for themselves (Moustakas, 1994; van Manen, 1997). Around this time, and in an on-going manner, I engaged in the process of researcher self-assessment referred to as bracketing or *epoche* (Creswell, 2007; Moustakas, 1994). Understanding, describing, and setting-aside of one's pre-existing beliefs or biases related to a particular investigation is designed to allow the researcher to (a) reconfront the phenomenon with a blank slate, (b) focus on the phenomenon and become open and passive, (c) set reasoning aside, and (d) listen carefully and allow yourself to be drawn in (Grbich, 2007).

### **Participant Selection**

One of the hallmarks of qualitative research is the intentional and purposeful way individuals or groups are deliberately chosen for investigation (Patton, 2006). Sampling is a term that is better suited for quantitative research as it implies a representative group pulled from a larger population (Polkinghorne, 2004). Criterion selection is effective for quality assurance and includes all cases that meet some important predetermined criterion (Marshall & Rossman, 2006; Patton, 2006; Polkinghorne). The criterion for this investigation included two groups of participants. The first group was counseling practicum supervisors at UCF who evaluated practicum counseling students using the CCS. All six of the practicum supervisors from the Summer 2010 practicum met this criterion.

The second group of potential participants was always intended to be UCF master's in counseling students; however, the parameters of this group were harder to define. My initial thought prior to defending my proposal was to set the criterion at *any current UCF master's in counseling student*, however, this was seen as unwieldy. Let me remind the reader that the CCS had been introduced to the *Introduction to Counseling* class in the Spring of 2009; therefore

some of the Summer 2010 practicum students had experienced the CCS in their Intro class and some had not. One possibility I considered was to set the criterion for student participation at only those students who had experienced the CCS in their Intro course; however, I viewed this as being overly restrictive. Thus, I decided that the second group of participants would be limited to Summer 2010 practicum students evaluated by supervisors who utilized the CCS in their assessment of counseling practicum students. All 47 practicum counseling students enrolled in the Summer 2010 semester of *Practicum in Counselor Education* met this criterion. The decision to limit the pool of potential participants to those students and supervisors in practicums during the Summer of 2010 was intentional, if a bit arbitrary, and was done for two reasons. With the support of my committee, I wanted to impose some practical device to reach a reasonable number of potential participants. Secondly, as the CCS only became a part of the *Introduction to Counseling* course in the Spring of 2009, using the most recent practicum students increased the percentage of participants who experienced the CCS in the *Introduction to Counseling* course.

### **Recruitment**

During the first week of August I visited each of the practicum classes, and introduced myself and the study. At that time, I had not decided what the parameters of student participation would be so I specifically recruited students who had experienced the CCS in *Introduction to Counseling* course, yet I mentioned the possibility that all practicum students might be appropriate participants. Once the decision of selection criterion was made (through the proposal defense), I e-mailed the counselor practicum instructors and students (see Appendixes F & G) and invited them to participate in individual interviews. Due to the power differential between myself and those students who I had previously evaluated, my committee encouraged me not to

personally conduct interviews with any of my former students, but rather to arrange to have another doctoral student or co-researcher conduct those interviews. At first, I struggled to adopt their suggestion; I was torn between my desire to control every aspect of the investigation (e.g., interviews) and their logical rationale. According to my field notes:

I can see that respondents may be biased by our past rx (relationship). But they may be biased by an unknown interviewer as well. The argument to take myself out of the interview position suggests that my presence will influence the words that the interviewee will say, but they will know that I'm observing the interview process and I WILL know (eventually) what is said.

Coincidentally, (or maybe, providentially) I was contacted by a pair of second-year, counselor education doctoral students looking for an opportunity to collect qualitative data. I was only slightly familiar with them personally, but academically I knew them to be hard-working and conscientious and thus, a happy solution presented itself. I was confident in their ability to conduct the interviews as they were both experienced counselors and currently enrolled in a doctoral level qualitative class (Qualitative Research in Education). One of these doctoral students is male and the other is female.

### **Individual Interviews**

As students responded to the e-mail invitation, they were scheduled for individual interviews. Eventually 19 student interviews were completed; this group included six males and thirteen females. Student interviews averaged 18.5 minutes in length with a range of 7 to 31 minutes. The ages of the student participants ranged from 23 to 52 year old ( $M = 30.1$ ,  $SD = 7.23$ ); however, only four of the students were in their 30's, none in their 40's, and one in her

50's; thus, the majority (13 students) were in their 20's. Two student participants were in the Counselor Education—School Counseling track, eight were enrolled in the Marriage and Family Counseling Program, and nine were in the Counselor Education Mental Health track. Five student participants self-identified as Hispanic, Colombian, or Puerto Rican; 12 as White or Caucasian; one as African American of Caribbean descent; and one declined to state.

All six of the Summer 2010 counseling practicum supervisors agreed to participate. The supervisor participants included two men and four women. The average length of the supervisor interviews was just over 26 minutes and the range was 17 - 44 minutes. Four of the participants identified as White or Caucasian, one identified as African American, and one as Bi-racial. At the time of the interviews, three of the supervisors held Ph.D.'s and three were Doctoral Candidates. Supervisor ages ranged from 29 – 51 ( $M = 40.4$ ,  $SD = 8.23$ ), including one in her 20's, two in their 30's, one in his or her 40's, and one in his or her 50's. One practicum supervisor declined to state their age. In terms of supervisor experience using the CCS, two had two semesters, two had four semesters, one had seven semesters, and one supervisor had nine semesters of experience using the CCS.

I wrestled with how to decide which students to personally interview and which to assign to the second-year doctoral students. One logical solution (suggested by one of my committee members) was to give the two doctoral students only the students that I had evaluated using the CCS. This group included my *Techniques in Counseling* course students and my former counselor practicum supervisees. Instead, I chose to include any participants who I had evaluated using the CCS or assigned a class grade; this added my former students from my Group Counseling course. The reasoning behind this decision was that the power differential between me and any former student or supervisee would likely carry-over to the present day. Of the 19

students who made themselves available for interviews, seven fell into this category; four were in my *Techniques in Counseling* (Techniques) class, two were in my *Group Counseling* (Group) class and one was both in my Group class *and* a former trainee. One of these eight former students expressed an interest in participating but had had a run-in with the two doctoral students and asked if I could provide an alternate interviewer. I was able to ask a third-year cohort member to conduct that one interview. Thus, of the 19 individual student interviews, I conducted 11, one was conducted by a third-year cohort member, three were conducted by the female second-year doctoral student, and four were conducted by the male second-year doctoral student.

Of the 11 individual student interviews that I conducted, seven of the students were relatively unfamiliar to me; I did have varying levels of previous contact with the remaining four. Specifically, one was a member of a personal growth group of which I was a co-facilitator, one was a graduate assistant that I had worked with on administrative tasks, and two had been members of a wellness group which I had co-facilitated. I completed all six of the supervisor individual interviews; five of which were face-to-face and one (due to the supervisor's move to another town) was over the phone. (Creswell [2007] noted the disadvantage of phone interviews is the inability of the researcher to see the "informational communication;" however, "A telephone interview provides the best source of information when the researcher does not have direct access" [p. 133].) One supervisor interview took place in the faculty member's office; the rest of the supervisor interviews, and all of the student interviews, took place in a quiet, small meeting room on campus that comfortably holds six to eight people.

All interviews were audio recorded (using two digital audio recorders) with participants' knowledge and verbal consent. The interview process was not overly scripted; often pleasantries and small talk preceded the actual interview. In all cases an effort was made to facilitate a

relaxed and nonjudgmental atmosphere (Moustakas, 1994). I wanted the participants to both feel and understand that I was looking for their true perceptions and that I had no preconceived agenda. Participants were handed a copy of the CCS for reference and an informed consent document, which listed IRB contact information. The interview protocol was designed to be semi-structured; reminding me (and the other interviewers) of the order of the main topics, yet not limiting us to the exact wording on the page. In an effort to get *thick, rich descriptions* (Glesne, 2006), I asked my interviewers to use their interviewing skills to ask in-depth and follow-up questions as needed. At the end of all of the interviews, I spent a minute thanking the participants for their time and gave each of them a \$5 gift card as a small thank you. I also asked each participant to complete the demographics form (see Appendix H). Participants were reminded that a copy of their transcript would be e-mailed to them and that they were encouraged to contact me with any corrections, thoughts, questions, or concerns. After three weeks it became clear that a 20<sup>th</sup> interview would not add significant data and I decided to limit the data to the participants who had already taken part in the interviews (Lawson, Hein, & Stuart, 2010; Patton, 2002).

Interviews were scheduled and completed over a three week period in the middle of September, 2010. Some audio files I transcribed myself and others were completed by professional transcribers who were unfamiliar with the participants. I read through all of the transcriptions while listening to the audio tapes; making multiple passes to ensure accuracy. Once the transcriptions had been checked and re-checked, I sent them to the participants via e-mail with the following message:

Attached is the transcript from the interview you did for my investigation of the CCS. I'm wondering if you feel that:



1. Your transcript reads accurately?
2. There is anything that needs to be clarified or commented on?
3. There is more that you would like to add?

Of the 25 total participants 16 (12 students and 4 supervisors) responded to the e-mail and indicated that their transcript read accurately. None of the respondents offered corrections or commentary related to their experience with the CCS. The comments they did offer centered on personal observations of the transcripts such as “I find it embarrassing how many times I giggle,” “wow I sound stupid,” and “I do not sound like the most articulate of people.” The fact that none of the participants indicated disagreement bolstered my belief in the accuracy of the transcripts.

Working towards credibility by offering participants a chance to review transcripts, preliminary findings, and near-finished writings is referred to as member checking (Creswell, 2007; Lincoln & Guba, 1985) and was utilized throughout this investigation. Member checking was one of a number of trustworthiness strategies employed across all stages of this study. Two additional validation strategies – peer debriefing and external auditing – were also utilized in this study. Peer debriefers act as sounding boards; challenging qualitative researcher’s process and choices of methods. Peer debriefers can be seen as providing for qualitative researchers what interrater reliability achieves for quantitative researchers (Creswell, 2007). The use of peer debriefers throughout a project and especially towards the end of projects has been suggested in the literature (Cooper, Brandon, & Lindberg, 1998; Marshall & Rossman, 2006). Over the course of the data collection and analysis, I met both informally and formally with two cohort members who were also in the process of completing qualitative investigations. Both of these peers had completed doctoral-level quantitative and qualitative research courses. Written accounts of our formal meetings were produced and shared via e-mail (Lincoln & Guba, 1983).

Another method of trustworthiness was achieved through the use of an external auditor who was hired to examine “whether or not the findings, interpretations, and conclusions were supported by the data” (Creswell, 2007, p. 209). The external auditor for this investigation acted as a paid consultant and was charged with assessing the process and finished product. The external auditor’s services were secured through a dissertation-assistance website. A couple of e-mails were exchanged so that each of us understood the expectations of the other. I was particularly interested in having the auditor judge my method choices (e.g., member checking, coding approach) and my execution of those choices. The auditor was chosen (partially) because she did not have any connection to the participants and would therefore be free to listen to the participant’s audio tapes without fear of breaking confidentiality. The auditor listened to tapes, examined the transcripts, and reviewed the preliminary and subsequent data analysis.

The external auditors’ expertise to act in this role stems from her multiple positions as assistant dean, assistant research professor, and adjunct faculty in a variety of large Mid-Western universities. The external auditor taught graduate courses in health communication, research methods, communication theory, and interpersonal and organizational communication. Finally, she had published qualitative research-based articles in peer-reviewed journals. Thus, this external auditor was able to supply me with verbal and written feedback related to all aspects of the investigation. Some of the external auditor’s comments are included in Chapter Five.

Based on my interpretation of the audio files and written transcripts, I felt confident that the core issues and themes were represented.

I remain torn; sometimes I feel that more “exciting” statements would have been nice, but on balance I am confident that the data accurately shows that in general the CCS is fairly well understood and that it remains a legitimate way

to accomplish the things it does for the program and for the faculty. (Field Journal, 2010, p. 10)

Missing from the data; however, were the voices of interacting students discussing the CCS. I wrote in my field notes:

I'm now aware that I was a bit uncomfortable with the individual interviews because there didn't seem to be any appropriate way to challenge the participants in the individual interview . . . it felt like I would be suggesting a direction if I did that. (Field Journal, 2010, p. 12)

I suspected that by creating a group interview, dissenting opinions could be uncovered and non-typical experiences illuminated. Creswell (2007) suggested that "Focus groups are advantageous when the interviewees are similar and cooperative with each other, when time to collect information is limited, and when individuals interviewed one-on-one may be hesitant to provide information" (p. 133). Triangulation, or "bringing more than one source of data to bear on a single point" (Marshall & Rossman, 2006, p. 202) is a standard validation strategy of qualitative research (Creswell, 2007). One of my peer debriefers also added their support; stating "a focus group will only add to your findings" (Peer debriefer and cohort member, 2010, personal communication). Thus, I e-mailed all 47 of the practicum students hoping to recruit at least five participants.

### **Focus Group Interviews**

Early in December 2010, two student focus groups were conducted with a total of 12 students. Seven students participated in the first focus group which was 40 minutes long and five students made up the second group which lasted 55 minutes. Of these 12 focus group

participants, eight had participated in individual interviews and four had not. Nine of the focus group participants were in their 20's and three were in their 30's ( $M = 27.3$ ,  $SD = 3.5$ ). Three focus group participants self-identified as Hispanic, Colombian, or Puerto Rican; two identified as White or Caucasian; one participant identified as Black; and one as mixed race. In terms of counseling program track, six came from the Counselor Education Mental Health track, two from the Counselor Education School Counseling track, and four from the Marriage and Family Counseling Program. One student participant was unable to physically make the interview so she participated via speaker phone. In addition to the \$5.00 thank you cards, a deli tray and snacks were offered as incentives for participation.

My goal for the focus group interviews was to maximize student interaction and thus I prepared the following list of questions:

1. What can you tell me about your first experiences related to the CCS?
2. What can you recall about subsequent experiences?
3. Techniques Class and/or Practicum?
4. Looking at the items that are on the CCS what do you feel about the validity of it?
5. What about the accuracy of the CCS itself and the ways that it was used with you?
6. Any thoughts on the back page – the narrative page?
7. What do you see as the strengths and drawbacks of the CCS?
8. What, if anything, about the CCS sticks with you the most?
9. Is there any other information regarding your experiences with the CCS that you think would be useful to know or questions I should have asked?
10. A final question. Is there anything about this focus group that you'd like to comment on?

Between the two focus groups, I wrote in my field journal:

Perhaps because of the tone at the start or the first couple of questions, the participants spoke more along the lines of what *could or should* be rather than what they experienced. It fell to me to ask about specific felt and experienced events rather than suggestions for what the CCS could be. I will review the interview pre-amble and questions to see if I can spot any obvious problems.

(Field Journal, 2010, p. 11)

Based on the problem of this future orientation, I observed in the first group, I modified the interview questions for the second focus group; combining two questions related to accuracy and validity and eliminating a question about the CCS's strengths and drawbacks. Thus, the interview questions for the second focus group consisted of:

1. What can you tell me about your first experiences related to the CCS?
2. What can you recall about subsequent experiences?
3. Can you tell me about specific experiences related to the validity and accuracy of the CCS?
4. Any experiences related to the back page – the narrative page?
5. What experiences related to the CCS stick with you the most?
6. Is there any other information regarding your feelings about the CCS that you think would be useful to know or questions I should have asked?
7. A final question. Is there anything about this focus group that you'd like to comment on?

Perhaps because of the modified questions or a change in my delivery (or some combination of the two) the second group did not evidence the same problem. I wrote:

. . . this group was more descriptive about what they actually experienced and what they *wish* they had experienced. I was pleased to see that some folks

disagreed with each other and I feel that opened things up for people to more easily talk about their true perceptions and feelings (Field Journal, 2010, p. 11).

Focus group transcriptions were handled by an outside service. I performed quality control by listening to the audio files numerous times while checking the accuracy of the written transcripts. Focus group transcripts were sent via e-mail to the focus group participants with a note stating “Attached please find the transcript from the Focus Group. You are welcome to let me know if you see anything that looks wrong or that you would like to clarify.” Two of the 12 focus group participants responded, but neither of them offered corrections or modifications.

### **Data Analysis**

In analyzing the data, I followed the approaches suggested by Creswell (2007) and Moustakas (1994). As an indication of the justification of this combined approach I searched across three electronic databases (ERIC, PsychInfo, and Academic Search Premier) for the terms “Creswell” and “Moustakas” contained in abstracts alone; results included a total of 11 dissertations completed between 2004 and 2010. “Organizing of data begins when the primary researcher places the transcribed interviews before him or her and studies the material through the methods and procedures of phenomenological analysis” (Moustakas, p. 118). Reviewing the transcripts for accuracy allowed me to begin to get a holistic sense of the participant statements. Once the majority of transcripts had been reviewed in this fashion, across-participant patterns began to emerge.

A discussion related to the use of computers in data analysis is warranted. Creswell (2007) addressed the advantages and disadvantages of computer assistance, noting, however, that

“The process used for qualitative data analysis is the same for hand coding or using a computer” (p. 165). Advantages of using a computer program include: (a) the availability of an organized storage file system; (b) the ease of data retrieval; (c) the possibility for greater attention to the data; (d) the ability to “draw” a visual model of codes and themes; and (e) the ease of memo retrieval associated with codes, themes, or documents (Creswell, 2007). Conversely, Creswell lists five disadvantages including, (a) the need for researchers to learn how to run a new program which is sometimes daunting, (b) the possible feeling of the researcher that a machine has come between them and the data, (c) the possible slowing down of the process because of the categories and organization of the data may be changed by the software user, (d) the software instructions may be difficult to use and/or access, and (e) the variability of some programs to meet the needs of the researcher. Given these suggestions and keeping my preferences and working style in mind, I chose to use Microsoft Word to create, manage, and store text-based documents and Microsoft Excel to produce a handful of tables. I chose not to use any data analysis software (e.g., Atlas.ti, QSR NVivo, Maxqda).

### **Significant Statement Coding**

Once I had received input from the participants and confirmed the accuracy of the transcripts and using the methods suggested by Creswell (2007) and Moustakas (1994), I (a) considered each passage and sentiment as having equal weight; (b) electronically highlighted the most relevant or significant words, statements, or passages; and (c) re-read the highlighted significant statements and assigned a short-hand or code to stand-in for the significant statement. Moustakas referred to this process as “horizontalizing” (p. 97).

Although I was attempting to use the coding methods as suggested by Creswell (2007) and Moustakas (1994), my first attempt at producing codes felt intuitive (gut-level) and not tied to any type of filter or process. After highlighting the significant sentences and passages I re-read them and assigned a word or short phrase as a stand-in for the significant statement. This first round of coding yielded an overwhelming number and variety of named codes. (For example, during this first pass, significant statements related to the CCS's scoring system were coded as: *Confusion with scores, Description of 2, 4, 6, 8 scoring, Scores, Scoring system, etc.*) Intimidated and discouraged, I returned to the literature to seek guidance. One author's (Devensih, 2002) description of his own phenomenological dissertation-struggles were very similar to mine, "I was blinded by an avalanche of rich statements" (p. 2). Devenish continued:

In order to facilitate my research, I realized I was going to have to become very clear about the process of how to apply phenomenological explication as well as the theoretical aspects of phenomenological philosophy, and made the decision to feel my way towards a model suited to my research. I did so by beginning at the beginning, by borrowing what I felt was necessary from other scholars, and by trusting my own sense of what was needed. (p. 2)

Rigorous qualitative research supports attending to published and established methods of conducting quality research and at the same time (confusingly, at first) with the philosophical tenets of qualitative research which requires attention to the influence of the person of the researcher (Glesne, 2006; Marshall & Rossman, 2006). Thus, researchers who both know the standards well and bend them to their own particular needs are working appropriately within qualitative norms. "Learning to do qualitative research is like learning to paint. Study the masters, learn techniques and methods, practice them faithfully, and then adapt them to your own



persuasions . . .” (Glsene, p. 3). The literature, then, gave me confidence that I could move forward with the preliminary data analysis trusting that I would find a sound approach. “There is some diversity within the literature as to how this process of preliminary data analysis might occur, but given that it is idiosyncratic, each researcher must decide what works for them” (Grbich, 2006, p. 29).

### **Research Key**

Devenish’s (2002) solution to his *blinding avalanche* was the use of a “research key” (p. 4), which allowed him to move through his transcripts highlighting significant statements and assigning them a code from a previously created list. Assigning a code to significant statements matches the one sentence description of the process described by Moustakas (1994); specifically, “From the horizontalized statements, the *meaning or meaning units* are listed” (p. 118). A total of 34 codes covered the significant statements or *horizons* (Moustakas). Returning to the transcripts armed with my research key I removed the electronic highlights so that I was working again with blank transcripts. I then completed a second pass across the data aided by the use of the research key. The individual codes or “meaning units” (Moustakas, 1994, p. 118) of the research key are explained in greater detail in the Chapter Four.

### **Chapter Summary**

Chapter Three reviewed the methods and processes used to collect and analyze the data. The researcher’s position was described and a rationale for using a qualitative phenomenological approach was presented. Descriptions of the site, participant selection, and recruitment choices were explicated along with descriptions of the interview processes. Finally, data analysis

approaches including significant statement coding and the use of a research key were described.

The Chapter Four describes the results of the data analysis.

A flow chart of the treatment of the data is presented in Figure 1 below. The chart summarizes the sequential steps I undertook in this investigation. In addition, the chart is a visual representation of qualitative best practices as suggested by Creswell (2007), Grbich (2007), Marshall and Rossman (2006), and Moustakas (1994).

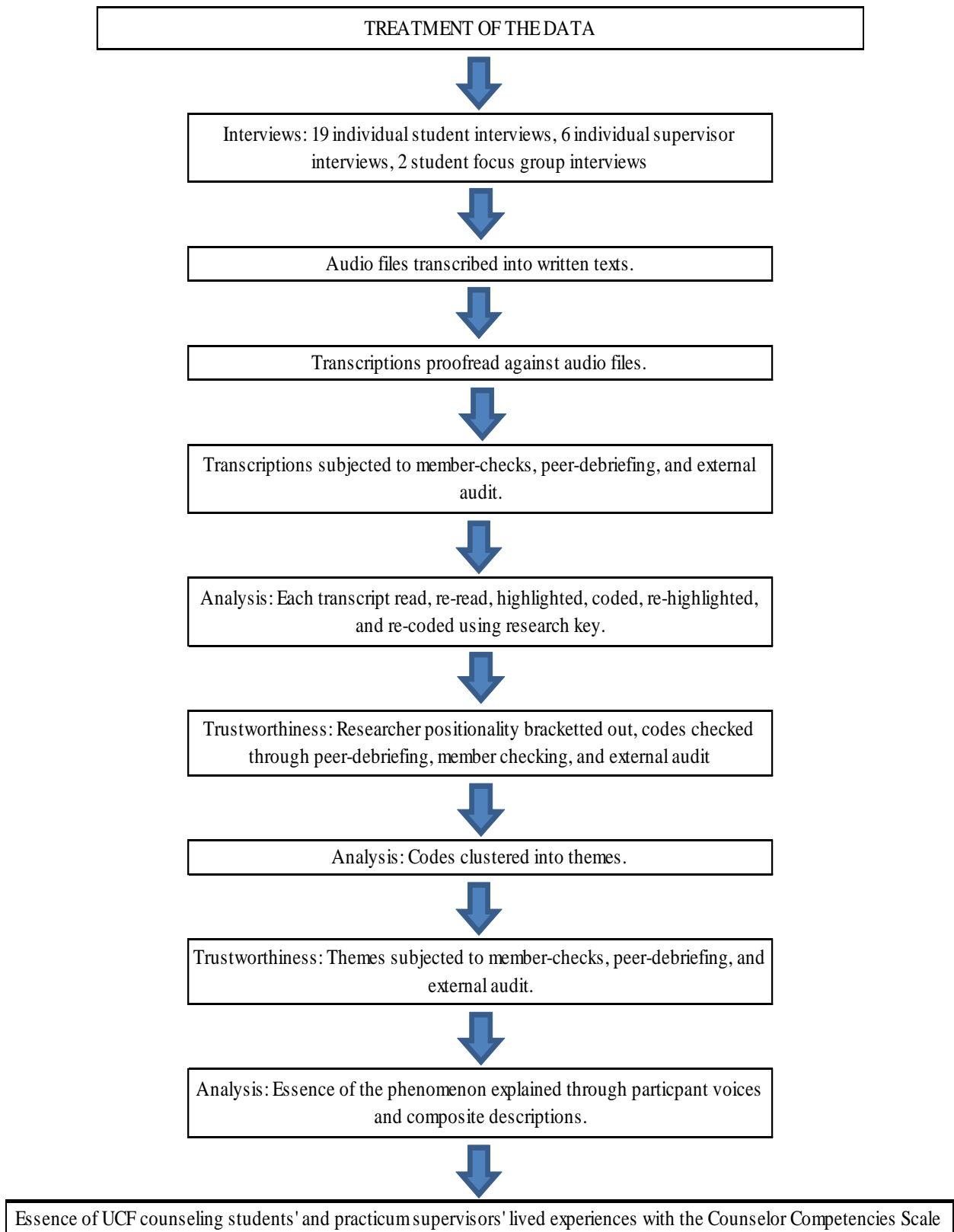


Figure 1: Treatment of the Data

## CHAPTER FOUR: RESULTS

Chapter Three presented a rationale for conducting an exploratory phenomenology of the CCS-connected lived experiences of counseling practicum students and their clinical supervisors. The specific methods and processes used to collect and analyze the data included descriptions of the (a) researcher's position, (b) research site, (c) participant selection process, (d) research key, and (e) data analysis approach. Chapter Four presents the results of the data analyses and includes (a) numerical descriptions of the results, (b) descriptions of the 34 codes which comprised the research key, and (c) examples of participant voices pulled from the transcripts. The five themes which emerged from the data are presented next and the chapter closes with counseling student, and practicum supervisor, composite descriptions of the phenomenon.

Trying to form the data into a cohesive picture was difficult: the data was viscous and resistant to unification. Phenomenological data analysis requires a description of the essence of the experience which is gained through researcher "intuition and reflection" (Grbich, 2006, p. 88) and may be written-up using non-traditional and creative modes (Grbich). In an effort to describe the process of theme-building for this study, I will use metaphor. During the analysis of the data, my two children (one in the second and one in the third grade) had discovered the Harry Potter books. In the first book, 11-year-old Harry discovers that he has magical powers and has been invited to enroll at a prestigious school for witches and warlocks. Harry's travels to the school are filled with new discoveries, one of which is that in the magic world, objects in pictures are not static. Referring to a person who was recently in a small picture, Harry exclaims to his new friend Ron "He's gone!" Ron responds "Well you can't expect him to hang around all day. He'll be back" (Rowling, 1997, p. 103). Please bear with me through this description of the

data as it is a bit like pictures of sculpted Jello in Harry Potter's magical world – even when the subject is in view its structure is not solid.

### **A Numerical Description**

Data analysis involved carefully reading the participants' transcripts a couple of times through and then highlighting significant sentences or passages (horizontalization; Creswell, 2007; Moustakas, 1994). The next step was to assign each highlighted significant statement a code word or phrase that could stand-in for it. The first round of identifying significant statements and assigning codes produced an overwhelming and confusing set of codes. Therefore, a research key (Devenish, 2002) containing 34 codes or *meaning units* (Moustakas, 1994) was developed. Table 1 lists the 34 codes in alphabetical order along with descriptive statements used to define each code.

Table 1: Research Key Codes

| No. | Code or <i>Meaning Unit</i> | Related to Significant Statements  |
|-----|-----------------------------|--|
| 1   | Back page                   | Narrative feedback, addresses the items and numbers given                    |
| 2   | Comparison with Peers       | Informal discussions with others, "grapevine"                                |
| 3   | Comprehensiveness           | Total number of items, ability to cover the intent                           |
| 4   | Consistency                 | Between and across classes and raters.                                       |
| 5   | Conversation                | The one-on-one and face-to-face discussions with raters, Dialogue with rater |
| 6   | Development Tool            | Descriptions and references to what the CCS is, does, and how it can be used |
| 7   | Emotion                     | Feelings and strong emotions linked to the CCS                               |
| 8   | Evaluation and Assessment   | Quantitative side of feedback  |
| 9   | Expectations                | Understanding of course, program, or performance requirements                |
| 10  | Faculty Training            | Includes ongoing and re-training   |
| 11  | Feedback and Explanation    | Qualitative side of feedback   |
| 12  | First Experience            | First encounters with the CCS  |
| 13  | Gatekeeping                 | Gate slipping (unremediated graduates), remediation, etc.                    |
| 14  | Grading                     | The letter grade for a class   |
| 15  | Importance                  | Level of value or seriousness  |
| 16  | Individual parts            | The specific items, sections, and pages                                      |
| 17  | Intrusion on Session        | Preoccupation with CCS intrudes counseling time with client                  |
| 18  | Paper Trail                 | Documentation, bureaucracy, busy work  |
| 19  | Pass/Fail                   | Progression, graduation  |
| 20  | Rater Dependent             | Instrument as good (or as weak) as the rater/supervisor                      |
| 21  | Rater Time and Effort       | Investment of time, energy, care by the rater/supervisor                     |
| 22  | Relationship with Rater     | Degree of intimacy, personal knowledge, and awareness expected/perceived     |
| 23  | Rubric or Guideline         | List, checklist, reminder tool   |
| 24  | Scoring System              | 2, 4, 6, 8, range of scores, score descriptions                              |
| 25  | Strength                    | Perceptions of CCS power (or lack thereof)                                   |
| 26  | Subjectivity/Fairness       | Bias, objectivity, human error, judgment, level playing field                |

| No. | Code or <i>Meaning Unit</i> | Related to Significant Statements   |
|-----|-----------------------------|---|
| 27  | Subsequent Experience       | Moments and intersections after the 1st, progression of CCS perceptions     |
| 28  | Suggestion                  | Future thinking, fixes, improvements  |
| 29  | Tape Length and Selection   | Who chooses, what is chosen, % of time counseling                           |
| 30  | The Whole Thing             | The document itself, holistic issues  |
| 31  | Tracking and Progression    | Changes over time, growth of competencies, movement                         |
| 32  | Trustworthiness             | Validity, accuracy, reliability, etc.                                       |
| 33  | Understanding and Clarity   | Efforts by supers/faculty to elucidate, student perceptions of "getting it" |
| 34  | Usage                       | Logistics, administration, uses, Handbook, bureaucracy, applications        |

These 34 meaning units became the basis for the subsequent five themes (Cognitive Understanding, Emotional Understanding, Feedback, Trustworthiness, and Gatekeeping): A process that is described in detail later in this chapter.

Table 2 presents the number of significant highlighted statements (horizons) pulled from each of the two passes through the transcripts. Again, the first pass was completed without the aid of the research key.

Table 2: Aggregate Horizontalizing

| <b>Participant</b>  | <b>1st Pass</b> | <b>2nd Pass</b> |
|---------------------|-----------------|-----------------|
| Supervisor 1        | 57              | 54              |
| Supervisor 2        | 74              | 55              |
| Supervisor 3        | 55              | 60              |
| Supervisor 4        | 67              | 69              |
| Supervisor 5        | 52              | 55              |
| Supervisor 6        | 48              | 58              |
| Student 1           | 66              | 60              |
| Student 2           | 37              | 31              |
| Student 3           | 50              | 34              |
| Student 4           | 27              | 20              |
| Student 5           | 26              | 30              |
| Student 6           | 24              | 24              |
| Student 7           | 65              | 61              |
| Student 8           | 48              | 44              |
| Student 9           | 51              | 71              |
| Student 10          | 55              | 58              |
| Student 11          | 41              | 40              |
| Student 12          | 50              | 44              |
| Student 13          | 26              | 25              |
| Student 14          | 36              | 32              |
| Student 15          | 32              | 38              |
| Student 16          | 24              | 24              |
| Student 17          | 84              | 63              |
| Student 18          | 41              | 48              |
| Student 19          | 41              | 36              |
| Focus Group Day     | 123             | 141             |
| Focus Group Evening | 145             | 203             |
| Totals              | 1445            | 1478            |

As evident in Table 2 (above), each of the two horizontalizing passes through the transcripts produced similar results. Table 3 presents the number of times the 34 codes which comprised the



research key were used in the second pass across the transcripts. The code *Intrusion on Session* was used the least amount (7 times) and the code *Strength* was used the most (102 times).

Table 3: Usage Per Code

| No. | Code or Meaning Unit      | Number of Occurrences |
|-----|---------------------------|-----------------------|
| 1   | Back page                 | 26                    |
| 2   | Comparison with Peers     | 34                    |
| 3   | Comprehensiveness         | 34                    |
| 4   | Consistency               | 84                    |
| 5   | Conversation              | 60                    |
| 6   | Development Tool          | 13                    |
| 7   | Emotion                   | 60                    |
| 8   | Evaluation and Assessment | 17                    |
| 9   | Expectations              | 24                    |
| 10  | Faculty Training          | 22                    |
| 11  | Feedback and Explanation  | 66                    |
| 12  | First Experience          | 42                    |
| 13  | Gatekeeping               | 55                    |
| 14  | Grading                   | 10                    |
| 15  | Importance                | 76                    |
| 16  | Individual parts          | 39                    |
| 17  | Intrusion on Session      | 7                     |
| 18  | Paper Trail               | 36                    |
| 19  | Pass/Fail                 | 28                    |
| 20  | Rater Dependent           | 25                    |
| 21  | Rater Time and Effort     | 69                    |
| 22  | Relationship with Rater   | 34                    |
| 23  | Rubric or Guideline       | 24                    |
| 24  | Scoring System            | 37                    |
| 25  | Strength                  | 102                   |
| 26  | Subjectivity/Fairness     | 56                    |
| 27  | Subsequent Experience     | 31                    |
| 28  | Suggestions               | 58                    |

| No.   | Code or Meaning Unit      | Number of Occurrences |
|-------|---------------------------|-----------------------|
| 29    | Tape Length and Selection | 29                    |
| 30    | The Whole Thing           | 26                    |
| 31    | Tracking and Progression  | 34                    |
| 32    | Trustworthiness           | 69                    |
| 33    | Understanding and Clarity | 62                    |
| 34    | Usage                     | 89                    |
| TOTAL |                           | 1478                  |

### Codes

Each of the 34 codes or *meaning units* (Moustakas, 1994) is described next with examples pulled from the participant transcripts. After coding the data with the research key, I noticed that each code was utilized for both student and supervisor significant statements; thus, none of the codes applied to only one group. In an effort to give the reader a thick and rich description of the data (Glesne, 2006; Grbich, 2006), I included a statement from at least one student and one supervisor. The decision to include participant voices of the individual codes is supported by previous research and meets my desire to let the participant voices speak for themselves (e.g., Creswell, 2007; Moustakas, 1994).

My familiarity with the data allowed me to see distinctions between the codes; however, I imagine that readers may be confused by these labels and definitions. As a general rule, I tried to use labels that were neutral and did not imply a value direction. For the majority of these codes, students and supervisors expressed both positive and negative reactions. In addition, these terms overlap, and contain some amount of subjectivity and imprecision. One qualitative, trustworthiness method I employed was an openness to disconfirming evidence (Glesne, 2006, Marshall & Rossman, 2006); thus, in a couple of instances, I include contrasting impressions of

students or supervisors referring to the same subject or event. Therefore, if there appears to be inconsistency, that's because the data contains overlap and contradictions.

## **Back Page**

The first code, *Back Page*, was utilized 26 times. The code includes references to the narrative feedback section available to supervisors on the last page of the CCS (see Appendix C). In addition, the Back Page code incorporated references to the use, misuse, or failure-of-use of the back page to provide further information or explanation for scores given in the first three parts. One student stated:

*I actually appreciated, personally, the back [page] because, like I said, you know, when I went over with my first [CCS with my] Prac One supervisor, he discussed every step of the way, you know, what the numbers were, why you got this instead of that, is there any questions blah, blah, blah, wrote down a lot of good strengths, a lot of good, you know, things, you know, this is what you should work on, this is what you do great, and then we talked about it.*

One supervisor, speaking about elaborating on areas of improvement, said:

*I think we do that in supervision but I don't think the CCS always captures that part of it, and it may be where it does catch it is on the last page on [where] you're doing more of a write-up or overview.*

Another supervisor said:

*You'll find this odd, but if you'll question the students, I guarantee it . . . they always go to the back page first. They want to hear what I've got qualitatively to say about them, not numerically. I found that very odd, but I think it's*

*because they really trust my judgment. They wanna hear what I've got to say from my heart about what they do and what their strengths and weaknesses are.*

### **Comparison with Peers**

The second code, *Comparison with Peers*, was utilized 34 times, which included references to informal discussions with peers, and cohort members. Comparison with Peers also refers to understanding of the CCS through the use of word-of-mouth or the "grapevine." From a student:

*We didn't really have a lot of conversations about it, but I know one, one student who I was friends with, who had an issue with it. Because, she didn't feel like she was fairly evaluated.*

And from a supervisor:

*I kind of checked and what one person said, and I kind of agree with this, and one of my colleagues said, "do you just look at the skills piece and then just kind of go down the rest and give them sixes or eights? 'cause that's what I do." And I was like kind of like, "yeah, I kind of do that."*

Another supervisor stated,

*In one of our faculty meetings each professor did score the CCS. And even within faculty members, we were close, we were kind of in the ball park, but we exactly did not have the same scores . . . and so certainly some people rated students either higher or lower.*

## **Comprehensiveness**

*Comprehensiveness* was the third code and was utilized 34 times, which included references to the total number of items chosen for inclusion on the CCS and the perceived ability of the chosen items to cover the intent of the instrument. One student commented:

*. . . overall I would say it does a very good job doing that. Just because it has . . . it's so thorough. Talking about, really, all aspects of, kind of a holistic picture of the . . . counselor so...Umm...I would say it's very thorough.*

And from a supervisor:

*Probably there's nothing that needs to not be on there . . . um, in terms of the standards that we are to uphold, ah, and the dispositions that are supposedly, those that we are to adhere to, as a profession, I think that we are hitting on those.*

Another supervisor stated:

*I think there might be some things that might need to be revamped on it in order for it to happen, but a lot of what is there, in terms of the skills and dispositions, are pretty, um, germane to what we do as counselors.*

## **Consistency**

The fourth code, *Consistency*, was utilized 84 times. Consistency included references to the degree of perceived consistency and inconsistency of CCS usage between and within classes and raters. One student stated:

*Uhhh, yeah . . . some instructors didn't really take it too seriously. Some instructors don't. I know some students that were in my Practicum, for*

*example, who never even received a CCS from their previous Practicum One instructor, so some don't.*

However, one student speaking on consistency had a different experience:

*Like, I didn't get all '8's with one and then all '6's with the other, it was consistent, there you go. It was very consistent regardless of . . . I wanna say three or four different professors/doc students.*

And from a supervisor, speaking about his fellow supervisors and instructors:

*Ah, I think you have different personalities and they do things differently.*

The same supervisor now speaking about their own use:

*And so the question comes well, if they're in Techniques or if they are Prac One or Prac Two, to me, a level six is not the same for each of those positions. And technically I know the directions are you're supposed to grade everyone according to the same level. But I didn't use it that way.*

A different supervisor stated:

*So in that sense I think that obviously if you're completing the CCS, the number of students that you're completing this on may sway your evaluation and your feedback of the students because you may score this differently if you have 30 students versus 5 students.*

## **Conversation**

*Conversation* was the fifth code and was used 60 times. Conversation refers to one-on-one, or face-to-face, dialogue with raters. One student stated:

*I think that what affected me most about the CCS is that it may be the only, pretty much individual supervision we got with an instructor throughout the entire program - if your instructor went over the CCS with you.*

Another student:

*The reviewing of it was more helpful than anything else, not the actual getting the CCS, but actually having the professor review it with me so that I could I could talk about things like what I could do to improve the areas that I wanted to improve that I wasn't doing very well in.*

And from a supervisor:

*I have a meeting with them, because I like to meet them one-on-one to go over midterm and final, and I know they are full of anxiety, and trepidation and fear just of the evaluation process.*

## **Development Tool**

*Development Tool* was the sixth code and was utilized 13 times. Development Tool refers to descriptions and references to what the CCS is, does, and how it can be used. A student stated:

*[The CCS] definitely gives you at least a general understand of - it's a good growing tool for Practicum students.*

From a supervisor:

*I guess the only thing that I can really say is that it [the CCS] is a document that is set-up to uh, challenge students to look at how they're growing and developing in the program.*

## **Emotion**

*Emotion* refers to statements of feelings and strong emotions linked to the CCS. The code Emotion was utilized 60 times. From a student:

*I was kind of shocked to get something like this after one of my first classes in the program. I was really kind of surprised. I was almost even, kind of frustrated with the fact that . . .*

And another student:

*I just remember the first time I saw professionalism on there and I wanted to throw up.*

From a supervisor:

*So, that [agreement with others on the CCS] kind of made me feel a little better about, I guess my judgment skills and getting this kind of validation from others . . . .*

## **Evaluation and Assessment**

*Evaluation and Assessment* was the eighth code and was used 17 times. Evaluation and Assessment referred to the quantitative side of giving and receiving feedback. (See *Feedback and Explanation* for the qualitative side.) One student had this to say:

*It [the CCS] does measure, how you are doing, how you are progressing, and the skills that you are supposed to be learning, and does let you know, if you [are] not doing something right, like a gatekeeping type of tool.*

From a supervisor:



*. . . it's a pretty comprehensive evaluation of students' performance and their skills, their professional orientation and identity and behaviors, and, um, we typically use it . . . to decide whether or not a student is fit to progress in the program.*

## **Expectations**

*Expectations* was the ninth code. It was utilized 24 times and refers to the student's understanding of course, program, or performance requirements via the CCS. From a student:

*Well, I remember initially, I was told that it [the CCS] would be done in Intro, Techniques, and Practicum - I was told that.*

From another student:

*I knew what was expected of me, you know, with the descriptors of what the skills were. And in Prac One, yes, I feel like this was like a rubric for my counseling sessions, but if I didn't have this stuff, then I wasn't going to pass Practicum. But my Prac Two experience was different. Because we..., because I expected it to be that way. But then, midterms went by, and we never did it. So I didn't really know what the expectations of me were, because I wasn't using all of the skills, and no one was calling me out on it.*

And from a supervisor:

*I think that developmentally Stoltenberg would say that beginning practicum students are pretty concrete and they want to see, in black and white, what's expected of them, so I think it helps sets the expectation and um, provide that sort of, um, information that they're looking for.*

## **Faculty Training**

The tenth code, *Faculty Training*, was used 22 times. Faculty Training referred to initial, on-going, and future training of Introduction to Counseling and Techniques of Counseling course instructors as well as practicum supervisors. One student's statement regarding Faculty Training:

*I think that this tool is definitely not used right in the program, I think that it is not - it's not only not used right, it's not really taught right so it doesn't matter how efficient it is as an instrument if it's not implemented properly then it's really going to lose a lot of that validity.*

Another student stated:

*The only thing I would say is a training session or some kind of information for the faculty so that they follow the same procedure across the board in giving it and reviewing it with the student's because that [supervisor/trainee CCS review] was helpful.*

And from a supervisor:

*I think, you know, across the board, there needs to be some sort of process outlined and supervisor training and then um, also student training. So it gets to be efficiently and effectively [used] in the future.*

From a different supervisor:

*I would say that, uh, we didn't get trained. We created a document and talked about what's should happen but I wouldn't necessarily say that we got trained we may have watched a clip of a student and then like evaluated it but even with that we kinda talked about what we were giving each person for things*

*that we saw, but if you're calling that a training then ok, we got trained. Um, I think it was a trial by error, a trial by fire, type thing.*

### **Feedback and Explanation**

*Feedback and Explanation*, the 11<sup>th</sup> code, was used 66 times. Feedback and Explanation referred to the qualitative side of feedback. (See *Evaluation and Assessment* for the quantitative side.) In terms of Feedback and Explanation one student said:

*I think it's good for feedback, because the program is so big you almost wouldn't get any feedback, unless you had this, or unless you asked for it.*

Another student had a different experience:

*. . . well, the very first time, I was only given the last page. It was just a rundown, "Oh you need to improve. You need something higher than a four. Here's the back page, sign it, go make a copy." And that was it.*

And from a supervisor:

*And I think I like to be able to emphasize their strengths by, by spelling it out, you know, so they see it again rather than just kind of looking at those numbers. And then I like to kind of explain further about what I feel like, I would like them to work on, or that I suggest that they work on, and kind of, maybe, kind of give 'em broader information about that instead of just a number on a page, you know?*

## **First Experience**

*First Experience* was the next code and referred to students' and supervisors' first encounters with the CCS. The First Experience code was used 42 times. From a student perspective:

*I didn't know anything of what it [the CCS] meant and here I am first semester and taking my Intro class and at the end of it I am already getting graded on "I don't even know what!"*

Another student:

*Well, I didn't even know that the CCS existed. Umm, I heard that some of the students saw it in Intro. When I came into the program we didn't even know it existed until we got to Techniques and then there was all kinds of rumors going around that, you know, you had to get a 6 or you failed Techniques and it was just a horror story.*

As seen by a supervisor:

*Well, when I first came into the program I thought that the CCS was um, very intimidating and very daunting to look at because it's a - you know, it's very comprehensive.*

## **Gatekeeping**

The next code was *Gatekeeping* which was used 55 times and referred to the areas of gatekeeping, gate slipping, and student remediation. The statement of one student:

*"Well gatekeep me!" Like, in terms of we want this to be taken seriously. So when we have an experience and it's not [taken seriously] . . . you know, I*

*mean, you have these students who [are] like, “Good, I don't have to worry”, which I am scared about those students. But . . . like myself and other people that really want to be evaluated, and really want to have that constructive criticism within the safety of our program.*

One supervisor said:

*By the time they get to Practicum it's, gatekeeping is, ah, it's not appropriate . . . they should have been . . . someone should have identified them awhile back.*

Another supervisor stated:

*So, I think we are still kind of figuring out how to, how to use it. But at least if something, something happens, there is documentation now, you know, there is a gatekeeping issue where someone is remediated way down at that towards the end of their program. If they have had this, you know, to show why, you know, it kind of backs it up. But I, I think it's appropriate to use it for gatekeeping.*

## **Grading**

*Grading* was the 14<sup>th</sup> code, was used 10 times, and referred to the letter grade given for a class. In terms of grading one student stated:

*I still felt like, you know, she at least made an effort to grade us on it, you know. With the first one, she never did that. Not midterm, not final, and then I got my grade and I had to e-mail her to figure out, well you know, what she graded me on and so that was very frustrating for me . . .*

A supervisor felt that:

*I would not recommend that the CCS be used for grading purposes because I feel like that the grades should not be based on whether or not a student has one 4 or one 2 throughout the semester but more their overall performance from start to finish.*

### **Importance**

The 15<sup>th</sup> code was *Importance*. Importance was used 76 times and referred to the amount of seriousness (or value) that students or supervisors ascribed to the CCS. One focus group student stated:

*I personally didn't care about the CCS. I didn't care about it because I didn't want to be in a clinic; that's not my setting at all. So I wanted to get through Prac. I knew I did the best I could do and I didn't think that this [the CCS, and] - getting a 6 or an 8 - was really going to matter . . .*

Another focus group student said:

*I don't know, I just think it all goes back into how it's sold; how it's treated. Because if I have a professor that's not treating it like it's important and not selling it to me like it's legitimate, then how am I going to perceive it as legitimate; how am I going to perceive it as worthwhile? You know, so I think it comes from the top because yeah 'cause in my Techniques class - then it's like - I look forward to this [the CCS] because I knew this person was reading my transcripts and I knew this person was watching the tapes, I know there was this personalized thing, so when I saw a four or six or whatever, it had*

*meaning. So, I translate that into Prac and if I know my sessions are not being watched that much or . . . you know what I'm saying, it's like, just, immediately, the relevance of it has now - and I think it's - even in reality, I still have my CCS's from Techniques, I have no idea where my Prac CCSs are. Like, I've got to tell you, I don't even know where I put it like you know - I have to find it because I have to put it in my thing [exit portfolio] - but like you know, in terms of what's important to me, I have my Techniques ones, I don't have my ones from Prac.*

In terms of Importance, a supervisor said:

*Yeah, I mean we [colleagues] didn't really talk about it. It wasn't really discussed. It was just kind of, you know, one of the things you check off on your to do list.*

However a different supervisor, speaking about one of the primary creators of the CCS, stated:

*[He] has done this, my hats off to him -- this is a big undertaking, it's a huge undertaking and it's exceptionally needed.*

### **Individual Parts**

*Individual Parts* was the 16<sup>th</sup> code and it was used 39 times and was a reference to the specific items, sections, and pages of the CCS. In referring to the Individual Parts of the CCS, one student said:

*Well I mean, you know, for me the CCS is divided into so many different categories and I think, I'm sure if I really looked through it I could add one or*

*two or something like that or take away a couple or combine a couple. But for the most part they are separated really well.*

A supervisor stated:

*. . . first of all I do like, what it includes on the CCS. I especially like the fact that it includes the professional dispositions, because I think that's something that's, not necessarily overlooked in programs, but they don't, there has not been a way that kind of lets students know where they are with respect to these professional dispositions. So, I think that, I like that it found a way to include that as part of evaluation of students. Um, professional behaviors section, I don't know, some of them, some of the questions I think are really good, like do they attend and participate, I think that's important and, you know, are they ethical? [Laughs] Some of these questions I'm not sure how relevant they really are for students. And then the skills section, I like that it spells out the skills.*

### **Intrusion on Session**

The 17<sup>th</sup> code is *Intrusion on Session* which was utilized seven times. Intrusion on Session referred to instances where attention on the CCS intrudes on counseling time with client. The Intrusion of Session code may be seen as non-neutral as it was only referred to in a neutral or negative way. One student talk about Intrusion on Session in this way:

*. . . but what's kind of troubling is that we have that ethical responsibility to be present for our clients and if it [thoughts of the CCS] becomes too powerful*



*and overwhelming, we start thinking about our skills and where we are in the CCS; we're not really there for our clients.*

One of the supervisors stated:

*But they're so focused with ['channeling' the behavior of a hypothetical Techniques student] "check, non-verbal, check encourager, and check open-ended question" but they're not really with their client. And what we don't want them to do is to sit in session and try to check these areas off and they have completely missed the point of the session or they're so focused on content that they miss process.*

### **Paper Trail**

*Paper Trail* was the next code. Paper Trail was used 36 times as a meaning unit; it referred to documentation, bureaucracy, busy work, or "red tape." A student stated:

*. . . and then in Prac Two, my supervisor did not do a midterm CCS or final, but at the final she had us sign the last page for the midterm and the final one, and said that she would fill it out and then give it back to us. But I never received it.*

Another student appreciated the document:

*I think I would push for a document, 'cause me being at this point, I can think even when I progress in the field, hopefully I can still remember what it is like to be at this point. To me when you explain to me, having paper and having something tangible is important to me. It gives us structure; it gives me*

*something that, OK this is an area I need to focus on. Because, yeah, you tell me, and I'm listenin' . . .*

One of the supervisors said:

*But I think it is helpful for me and for them to have like something in - concrete to say, you know, this is where your strengths are and this is where I could see needing some work.*

### **Pass/Fail**

*Pass/Fail* was the 19<sup>th</sup> code. *Pass/Fail* referred to progression through the program towards graduation and was used 28 times to stand in for significant statements. One student significant statement that was coded as *Pass/Fail* was:

*I would describe the CCS as just a list of all of counseling skills and professional dispositions, professional behaviors uh, and that you're graded from, I think 0-8 and it's basically the professor's - it's up to the professor to grade you on that or not. You pass or fail.*

While a supervisor stated;

*. . . we put so much weight on [a score of] four now here in counselor Ed. as far as that's a failing grade. Four, uh there's a lot of students who deserve a four, clearly deserve a four, but [I] don't think they deserve to fail.*

### **Rater Dependent**

The 20<sup>th</sup> code was *Rater Dependent*. *Rater Dependent* was used 25 times and referred to the idea or belief that the CCS is only as good (or as weak) as the rater/supervisor whose hands it is in. One student referred to this idea this way:

*I felt like, um, you can get anything with this, depending on the supervisor.*

*You could get any kind of rating.*

Another student said:

*Like I said, I had two opposite experiences with the CCS. So I could tell you that I had a really good experience and then I had a really frustrating experience. So I think it depends on the supervisor, to be honest with you. Because in techniques, you know, I had a really awesome experience, it was very good, because he went over everything with us, we were able to review it, ask questions, and I got a copy [laughs]. So, really good, and frustrating are the only things I can say. But I think it depends on who the supervisor is.*

In terms of the code *Rater Dependency*, a supervisor stated:

*The scrutiny changes per faculty or staff member who is using the form. Um, and so, I think that there's a chance that some students get . . . a wealth of information that helps support their growth and some do not.*

### **Rater Time and Effort**

*Rater Time and Effort* was used 69 times to identify significant statements. Rater Time and Effort was a stand-in for the amount of investment - time, energy, and care – displayed by the rater or supervisor. This code was used for the following student statement:

*. . . that would be great in a perfect world where the supervisors actually all did their jobs thoroughly, but I think a lot of times they are really, really busy and they don't. I mean they don't monitor students, you know, as to the degree that they would need to, to be able to actually have an accurate estimate.*

Another student's statement also prompted the use of the Rater Time and Effort code:

*This is not a tool that is gonna help a Practicum instructor that doesn't really put all their stuff into it. If you use this just as a paper instrument your students aren't going to grow as much as if you used it as a Practicum instructor who really cares about the students or really understands these blocks and what each one includes.*

Rater Time and Effort was also the code used for this supervisor's statement:

*I mean, I guess it depends who is, you know, scoring it, but I always put a lot into it. So, it can be extremely time consuming to do it at mid-semester and to do it at the end of the semester and then sit down with each student for 15 minutes to half an hour - it is very time consuming, but it is necessary.*

The same supervisor went on to say;

*One concern with the CCS is that I provided limited information because every semester I've had seven students in my practicum and for the summer semester I taught two practicum sections. So when you are looking at seven students within a midterm and final I had two sections, my comments were very brief. And they were very brief not in that I didn't want to provide more feedback to students but they were brief in that the paperwork was overwhelming because you're having to complete seven CCS's times two for the summer, times midterm and final. And again the only problem is that when you have multiple students from multiple sections, um, my responses were brief because of the numbers.*

## **Relationship with Rater**

*Relationship with Rater* was the 22<sup>nd</sup> code; it was used 34 times to identify significant statements. *Relationship with Rater* was a substitute for the degree of intimacy, personal knowledge and awareness expected by the student, achieved by the supervisor, or the (student or supervisor) perceived amount of supervisor/trainee relationship. A student statement, referring to the Intro class, was coded this way was:

*So, I don't have a problem with the way the CCS is written, but I feel like, I think we had like 40, around 40 people in our class. So, for the professor to get to know me enough to rate me, I feel like it just wasn't enough... I talked to other students afterwards, and it seemed like the same thing was said to everybody. So it was just a blanket copy and paste. Everyone had the same thing, and you kind of got the same numbers. And then in Techniques, was the next time. And that I thought the teacher got to know us a lot better because they saw our tapes, and it was a small class. It was 12 people. So, they really got to know us, and I feel like it was personalized.*

The Relationship with Rater code was used three times for supervisor statements; one of these was:

*There may not be a complete sense of reliability or validity - that some students may not have passed practicum because of interpersonal reasons, maybe not so much because of the CCS.*

## **Rubric or Guideline**

*Rubric or Guideline* was the code used for significant statements that centered on perceptions of the CCS as a list, checklist, or reminder tool; Rubric or Guideline was used 24 times. Here the code is used in connection with a student's statement:

*But, if you have to answer each single thing...I guess I'd rather use it as like an overall guide than as a specific thing just because it seems it would be really hard to follow it.*

Another student:

*I'm a Practicum student, and while I'm in session, I have to run through this list in my head and try and use as many counseling skills as I can off this list so that I can demonstrate that to whoever the professor that's watching.*

And by a supervisor:

*I came from [another field]; same thing. We have things, you know, what the behaviors were, what the expectations of the job were all laid right out, this is what [is] expected of the job, this is the same exact thing.*

## **Scoring System**

*Scoring System* was the 24<sup>th</sup> code and it was utilized 37 times. Scoring System referred to the use of a 0, 2, 4, 6, 8 set of scores as well as descriptions or references to the CCS scoring system. In addition, the code Scoring System was used to describe perceived discrepancies between numerical scores and their corresponding descriptions. One student stated:

*So, even if the scoring - I don't think it's an important part - even if the scoring is not exactly, you know, perfect for relaying how someone does things, I don't think that's the point of it.*

Another student stated:

*You know, what's the difference between the two [descriptions] to make me an 8 or 6? Or a 4! I guess my interpretation of it is not necessarily the same as somebody else's would be. So for me, that's why it's confusing.*

Another student's take:

*And so that happens every semester no matter what. The first assessment you get 4s, the second assessment you get 6s and 8s. So, umm...it might show some progress throughout the semester but not over the course of your counseling career, you don't really get that.*

A supervisor said:

*My only hesitation would be the scoring, the 0, 2, 4, 6, 8. And to some degree, many practicums are pass/fail and in a way I almost might be more comfortable with pass/fail.*

Another supervisor:

*There needs to be...I think a broader scale, I think that there's not enough . . . there's like a six or an eight, I think, and there needs to be maybe a 5 and a seven or some in-betweens.*

Another supervisor stated:

*You've got to get a six to pass and no one really gets more than a six - just know that.*

In a similar vein, another supervisor stated that the CCS had “a restriction of range problem” and went on to say:

*I would never be able to tell a star from a dud because a star could get a six and a dud could get a six just to push them through, you know?*

### **Strength**

*Strength* was used 102 times, more than any other code. *Strength* referred to participants’ perceptions of the power or weakness of the CCS. Related to *Strength*, one student stated:

*I think it’s a positive tool, you know. But I think more of anything it’s a starting point to really get into conversations, you know, and in discussing . . . a counselor’s competence or a student’s competence in the area*

Along this same line, one student said:

*. . . what good is the CCS if it’s not being used for good feedback?*

Another student said:

*I don’t think it’s a perfect tool for assessment. Umm...I think there’s got to be more other than this. But I don’t know if you can really kind of put it on paper, because to really kind of assess someone’s skills or their overall kind of personality. I don’t know if you could really do that with kind of a standard structured sort of thing. Some of it, like I said, is very subjective.*

This student responded to a question about their “overall experience” of the CCS:

*I think neutral in the fact that I’ve seen some positives and some negatives, but then also I have received strong feedback from this form, and then indifference from this form.*



Another student said:

*I think it's definitely a good tool to show them what they are not doing well enough in, need more help in, and probably, legally, a good way to back that up.*

Supervisors also reported a variety of responses utilizing the code Strength: One supervisor said:

*And so it's important to kinda recognize that while the document does what it's supposed to do, it doesn't capture the, um, the things that may, slightly, you know, effect a student.*

Another said:

*In general, I think it's, I mean I don't know if it's perfect the way it is. I don't know of anything I would change at the moment. But I feel like it's a really good tool and I think it's a really good starting point better than anything I have seen to-date as far as spelling-out and identifying what's important for our counseling students to, to master.*

Another supervisor thought that:

*They wanna hear what I've got to say from my heart about what they do and what their strengths and weaknesses are. So, that's the flexibility that is the strength of this paper [referring to the CCS].*

A final supervisor:

*Overall, I think it's a great thing. I think that it needs to be there. Um, I also think it needs to be tightened but overall, it's the best I've seen as far as observation—well, one of the best I've seen as far as observational assessments of overall student's performance in practicum are concerned.*

## **Subjectivity/Fairness**

*Subjectivity/Fairness was the 26<sup>th</sup> code, utilized 56 times, and referred to areas such as bias, objectivity, human error, judgment, and “level playing field.” One focus group student’s significant statement related to this code was:*

*And let’s face it, sometimes we get really inexperienced, you know, clinically inexperienced doc students who maybe have never, have very limited or have never, done clinical work and they’re here evaluating and trying to supervise our sessions.*

Another student stated:

*It’s their version of what this looks like, so I know that there were like, you know, some discrepancies from one CCS to the next because maybe you know, this person spent more time watching my videos, maybe this person wasn’t there as often so they didn’t see me as often. Maybe this person only saw me you know, during class time but never observed me.*

Still another student said:

*But, I just think that if they don’t like a student, you know, this is so subjective, that they will go and say, “Nope that person’s not ready to go out into the counseling field.” But with me, I felt as if I was— like a football game. I’m playing in a football game and there’s a yellow flag and I want an official review. And they go to watch the official review and they change the game to baseball. So I don’t think it’s fair. I think they make the rules however they want it.*

Another student acknowledged that the CCS had a lot of items and then stated:

*But, I think it's just a waste, since it's so subjective, you know, it's like, it's really based on the supervisor, and so, um, you know, are there things that - Supervisors are going to miss things because they are human . . . and so, is there an acceptable level of things getting missed, getting slipped by, you know?*

A supervisor stated:

*I don't think there's a whole lot of continuity or validity, um, I think that it's still subject to interpretation that if one person evaluates someone, it's going to be way different as some other person evaluates someone.*

Another supervisor stated:

*But everyone sees things differently, it's based on perception and sometimes there is, you know, some counter transference going on. So, that obviously is going to affect whether you think a student um, is meeting the expectation or not.*

One supervisor shared:

*I found it to be a very valuable tool, um, because it quantifies important characteristics that counselors need and it makes it a little bit more, um, I guess black and white than it was previously.*

### **Subsequent Experience**

*Subsequent Experience* was used 31 times and referred to moments and intersections after the first encounter (see the code *First Experience* above) and/or progression of CCS-related perceptions. A student stated:

*And then during Techniques, I guess it became a little more useful to me during Techniques. Because [Doctoral student-teacher] used it as . . . sort of a way to evaluate the tapes that we were giving her during those three different instances.*

Another student said:

*And then in Techniques, was the next time. And that I thought the teacher got to know us a lot better because they saw our tapes, and it was a small class.*

A supervisor said:

*I wouldn't say there has been a change in my reaction to it . . . I think we've all made efforts to make it better. It has gone through some considerable changes since I first got here to the university.*

Another supervisor stated:

*So, I was little intimidated to use it, uh, but then as I progressed in the program and started to teach and actually had to administer the CCS I found it to be a very valuable tool.*

## **Suggestions**

*Suggestions* was the 28<sup>th</sup> code and related to areas of future thinking, fixes, or suggested improvements to the CCS. *Suggestions* was used 58 times as a code. It was not my intention to list each participant's suggestions; instead, I include these statements to show that many participants had suggestions for future or improved uses of the CCS. One student stated:

*I think that it would be helpful if maybe at . . .*

Another student stated:

*I personally feel that . . . instead of . . .*

Another student said:

*I think it really - what would be great would be to . . .*

A supervisor said:

*There's two things about the CCS that I think might need a little adjusting if I were gonna say anything to change it. Having a . . .*

Another supervisor stated:

*And I think right off the bat and it's not in here, the CCS is, we probably need to find some way to incorporate what is . . .*

### **Tape Length and Selection**

*Tape Length and Selection* was used 29 times. *Tape Length and Selection* referred to the person who chooses which student tape to watch, what portion of the tape to watch, and how well (or poorly) that piece of tape represents the student's total amount of time counseling. One student stated:

*But I think the major concerns was, can one video clip, or ten minutes of a video clip tell our supervisors whether or not we're competent as counselors or not? And that's a concern. It still is a concern.*

Another student said:

*Well, maybe, umm. I don't know who picks the clips they watch for the CCS. But I mean, if I have like, I don't know, out of ten counseling sessions, I have eight positive, really good sessions, and I have two really not-so-good. It doesn't adequately define who I am, you know?*

Another student had this experience:

*Because I know, my personal experience last semester, the section of the tape that they had watched happened to be a difficult one for me. But it wasn't a fair assessment of my overall skills, and eventually we were able to see that by the end of the semester and it didn't affect me, but I guess it would depend on how frequently you're actually supervising or evaluating a session.*

A supervisor said:

*Yeah. I know, [laughing] I know that some faculty will, like for the page, the front page is supposed to be just for 20 minutes random, they actually just think about the student over the course of the semester and fill it out according to that, not necessarily picking out a piece of film to watch.*

Another supervisor stated:

*. . . if you are going to judge 'em on 20 minutes then you're probably - you're gonna miss the boat. I mean just 20 minutes at random from one of my sessions probably wouldn't indicate what kind of therapist I am either so I think it's unfair to do [that] to these kids.*

A final supervisor said:

*But the page of the skills are supposed to be, you pick a random 20 minutes and grade them on that, which I don't think it's really used that way. I think that, you know, first of all it wasn't random, I asked them to give me a 20 minute section and in my mind they're, kind of, an amount, almost quantified amounts of some of these things that I want to see in that 20 minutes. But again, I kind of look at their overall performance and gauge them probably*

*more on that than on each specific thing because sometimes in that 20 minutes segment, one of these things may not be called for, and, so to me, if they didn't use it and that was appropriate then that meets expectations.*

### **The Whole Thing**

*The Whole Thing* was the 30<sup>th</sup> code and was accessed 26 times. The Whole Thing referred to the document itself, as well as holistic issues related to CCS. A student stated:

*Well I think the primary objectives are to assess for skills but also to assess or offers an assessment of professional identity. So...umm...overall I would say it does a very good job doing that. Just because it has, it's so thorough.*

Another student said:

*And it is a good idea, because there obviously should be a standard. There should be something that they have to go by to judge everyone's skills and abilities as they are growing, because then, you know, it could be putting a lot more people out there that shouldn't be counseling. So, I mean, it's better than nothing and like you said its . . .*

A supervisor said:

*I think it's actually very needed and my overall thoughts of the CCS is it's a good tool, just needs, it's in its infancy it's got some growing to do.*

Another supervisor stated:

*. . . [the CCS has] all of those things that are important to be a counselor, um, so, overall, I like it!*

## Tracking and Progression

*Tracking and Progression* was used 34 times and related to student development, changes over time, growth of competencies, and movement towards greater counseling competency. One student said:

*You compare the CCSs from one tape or one session to another so you're able to see and measure if there's any progress there and also if they address something with me, then those are the skills that I'm working on so hopefully there will be a change the second time around.*

One of the focus group students stated:

*So we have the midterms and it kind of helped us like, okay I know where I am at, I am on track, so by the time we took the final on them, it was like okay cool, it is where I need to be and he explained them.*

A supervisor said:

*But then as they progress they can go into the Techniques of Counseling course and they're scored on the whole thing but really on only the primary counseling skills and the professional dispositions, and as they go on to Practicum the scope becomes even wider and then, you know, it's all of these things that they're held accountable for.*

Another supervisor stated:

*. . . because the students need to know coming in, this is what's ahead of you, you know, you're gonna see it here . . . in Intro, you're gonna see it in Techniques, you're gonna see it, uh, possibly in Groups, if need be, you'll see*



*it in Practicum, you'll see it in Internship, and so this is a document that is going to follow you throughout the time you are matriculating . . .*

### **Trustworthiness**

*Trustworthiness* was the 32<sup>nd</sup> code and was used 69 times. Trustworthiness related to issues of validity, accuracy, and reliability. A student from one of the focus groups stated:

*so she just gave everyone eights for everything, so I mean it's great like eights, but at the same time I didn't think it was very valid because she was just . . . giving eights.*

However, another student said:

*and at that point, I felt like it was absolutely a fair and valid time to judge my abilities and you know, I was very eager for my results and to have some eights that were, you know, given to me by a practicum instructor that I trusted and that I respected her judgment and, you know, she was able to tell me why, that felt great . . .*

A supervisor said:

*. . . people are only one column off usually from each other. So I, you know, feel like it's pretty close.*

Another supervisor stated:

*And so I think that as practitioners, ourselves, we know what counselors should be doing, and so I think we are pretty spot-on, I have not found anybody to use it vindictively on anybody. Students who have scored low on the CCS have definite deficits.*

Another supervisor saw less validity, stating:

*. . . I feel that because there is always possible - not so much error, but that because every professor may not complete this. There may not be a complete sense of reliability or validity - that some students may not have passed practicum because of interpersonal reasons, maybe not so much because of the CCS.*

### **Understanding and Clarity**

*Understanding and Clarity* was the next to last code and it was used 62 times and referred to efforts by supervisors and faculty to elucidate or explain. Understanding and Clarity is also related to student perceptions of "getting it." A student stated:

*[I] think coming out of Techniques it helped a lot and I understood a lot more, you know, I essentially went from zero understanding to very, very, very little understanding to like, an, an intermediate understanding. And I think by the end of Practicum One, I had, not an advanced understanding or even close to it, but maybe what I guess . . . whatever you would classify as above intermediate.*

Another student said:

*UHHH! - I don't know what the heck all this is, it wasn't very comforting to me. It did not help me at all, understand what I was doing as a counselor, so, no it did not [clarify expectations].*

A supervisor said:

*. . . without this tool it just seems it's like a little more ambiguous, maybe something that everyone is picking up on but they are not really able to state what it is. This makes it a little bit more clearer.*

Another supervisor stated:

*. . . so it's important for me to make sure that they understand what this is all about. So, you know, we talk to the students in orientations and again, like I said, it's more in-depth during the, um, Introduction course, but uh, it's . . . they can never say that they've never been informed about what it is that we do and why we do it.*

## **Usage**

*Usage* was the last of the 34 codes and was used 89 times and related to issues of logistics, administration, CCS uses, the graduate handbook, bureaucracy, and overall CCS applications. In terms of Usage, a student in a focus group stated:

*. . . that goes back to the proper administration of it [the CCS] and making sure that people do take it seriously as a measure.*

Another student said:

*She gave it to us three times during the semester, as she was evaluating our tapes and transcriptions that we gave to her. And it was... I also remember it being given during Practicum, for the first semester of Practicum, and the second semester of Practicum. And there were two copies, a mid-semester copy, and a final semester copy. I don't remember it being given to me at any other time.*

One supervisor participant stated:

*There are three different types of forms that we are using within the same form . . . one that is designed specifically for Intro students, one is designed specifically for practicum-level students, and then a form that is for students who are in Internship [sic]. The form can also be filled out, from my understanding, by anyone who feels that a student needs to have more remedial um, information looked at. That will be specific to whatever course that someone is teaching who feels that someone is not meeting the standard for what we are looking for in terms of students - in terms of their progression.*

Another supervisor said:

*The problem, or issue, that I've had with this is the way that we're supposed to use it.*

Another supervisor stated:

*. . . for techniques they give you the 20 minutes tape, so, you just use what they give you. But for our Practicum since I see them over the whole semester, the other two pages of it are supposed to be taken across the whole semester. But the page of the skills are supposed to be, you pick a random 20 minutes and grade them on that, which I don't think it's really used that way.*

The section above was a description of the codes used to provide a shorthand tool for navigating the data. I included participants' significant statements in order to provide the reader with a sense of the participants' experience with the CCS. The five themes which emerged from the 34 codes is described in the next section.

## Five Themes

The five themes which emerged from the data were (a) Cognitive Understanding, (b) Emotional Understanding, (c) Feedback, (d) Trustworthiness, and (e) Gatekeeping. The five themes emerged from an idiosyncratic and recursive analysis of the 34 codes. Themes were developed following personally-relevant modifications of methods suggested by Creswell (2007) and Moustakas (1994). Specifically, I cut the 34 codes into separate strips of paper and arranged, and rearranged, them numerous times. Many of the code/strips seemed to cluster into natural piles, yet returning to these piles a day or two later, the connection that I had thought existed had disappeared. The coded strips began to feel like jigsaw puzzle pieces that would not form into a distinct picture. Instead what emerged were five *somewhat* complete pictures.

Marshall and Rossman (2006) suggested that an over attention to this stage can lead to “a recasting of the entire research endeavor. Thus, a balance must be struck between efficiency and design flexibility” (p. 154). Still, I wrestled with the coded strips of paper for what seemed like a long time. Marshall and Rossman go on to state that the researcher “generates the categories through prolonged engagement with the data --- the text” (p. 159). Eventually, five piles of codes began to emerge consistently. In the end, the 34 coded strips were finally “clustered into common categories or themes . . .” (Moustakas, 1994, p.118). Moustakas suggested eliminating overlap; however, I was unable to reduce the collection of codes beyond the five themes without arriving at a single theme; which simply would have been: *The CCS*. Table 4 presents each of the five themes and the codes which define them. In an effort to arrive at a visual representation of the five themes, I hand-drew many geometric shapes containing five elements. For example, I drew a circle made-up of five pie-shaped pieces and a circle made-up of five overlapping circles. Ultimately, the CCS-related lived experiences of counseling students and practicum supervisors

at UCF could be represented best by a soup bowl within which are mixed the 34 codes which coalesce into five somewhat distinct themes. Table 4 shows this in a text format and Figure 2 in a visual format.

Table 4: Themes and Supporting Codes

| <b>Theme</b>              | <b>Code #</b> | <b>Code or Meaning Unit</b> |
|---------------------------|---------------|-----------------------------|
| 1 Cognitive Understanding | 16 codes      |                             |
|                           | 3             | Comprehensiveness           |
|                           | 6             | Development Tool            |
|                           | 8             | Evaluation and Assessment   |
|                           | 9             | Expectations                |
|                           | 10            | Faculty Training            |
|                           | 12            | First Experience            |
|                           | 14            | Grading                     |
|                           | 16            | Individual parts            |
|                           | 17            | Intrusion on Session        |
|                           | 18            | Paper Trail                 |
|                           | 23            | Rubric or Guideline         |
|                           | 24            | Scoring System              |
|                           | 27            | Subsequent Experience       |
|                           | 30            | The Whole Thing             |
|                           | 31            | Tracking and Progression    |
|                           | 34            | Usage                       |
| 2 Emotional Understanding | 5 codes       |                             |
|                           | 2             | Comparison with Peers       |
|                           | 7             | Emotion                     |
|                           | 15            | Importance                  |
|                           | 25            | Strength                    |
|                           | 28            | Suggestion                  |
| 3 Feedback                | 5 codes       |                             |
|                           | 1             | Back page                   |
|                           | 5             | Conversation                |
|                           | 11            | Feedback and Explanation    |
|                           | 22            | Relationship with Rater     |
|                           | 33            | Understanding & Clarity     |
| 4 Trustworthiness         | 6 codes       |                             |
|                           | 4             | Consistency                 |
|                           | 20            | Rater Dependent             |
|                           | 21            | Rater Time and Effort       |
|                           | 26            | Subjectivity/Fairness       |

| <b>Theme</b>             | <b>Code #</b> | <b>Code or Meaning Unit</b> |
|--------------------------|---------------|-----------------------------|
| 4 Trustworthiness, Cont. | 6 codes       |                             |
|                          | 29            | Tape Length and Selection   |
|                          | 32            | Trustworthiness             |
| 5 Gatekeeping            | 2 codes       |                             |
|                          | 13            | Gatekeeping                 |
|                          | 19            | Pass/Fail                   |

Table 5 (above) suggests a greater amount of separation among and between codes and themes than the data analysis would suggest. Figure 2 (below) is a visual metaphor for the blending of the codes and themes. The 34 codes can be thought of as ingredients which “cook” together into five complimentary flavors (themes). Like any good soup, once the 34 codes/ingredients have been added and “cooked,” there is a melding of the ingredients such that any one part cannot be removed without holding on to some of the other “flavors.” In addition, the CCS-related experiences of counseling students and practicum supervisors can only be “tasted” once the entire soup has been assembled.



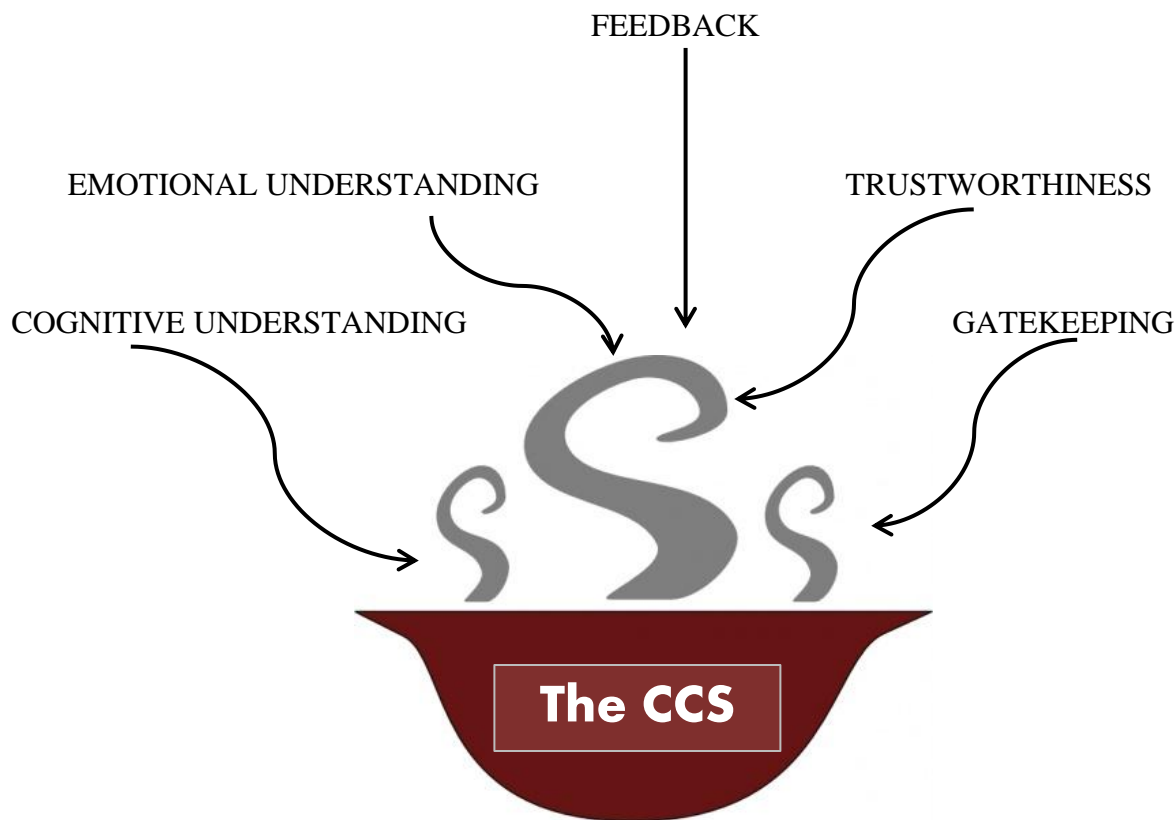


Figure 2: Visual Representation of Themes and Supporting Codes

### **Cognitive Understanding**

Participants' CCS-related experiences included a general appreciation and approval for a system of accountability for a master's degree counseling program. Thus, seemingly objective components such as grading, training, accreditation standards, and systematic evaluation were accepted as necessary; however, participants desired for those components to be free of ambiguity. As one focus group participant stated, *And it [the CCS] is a good idea, because there obviously should be a standard. There should be something that they have to go by to judge*

*everyone's skills and abilities as they are growing.* Without exception this emotion-free perception of the CCS ran into participants' emotional understanding of the CCS.

### **Emotional Understanding**

Participants had an emotional understanding of the CCS process, which involved a struggle between welcoming the standardization of the process from a cognitive point of view with the subjective and personal nature of assessment. As one supervisor stated: “. . . and many students do take their evaluations personally.” Student participants generally craved supervisor “care” and especially responded to supervisors who worked to build relationships and demonstrated an infusion of time and effort. Participants sometimes judged the importance and strength of the CCS through comparisons with others.

*Suggestions* was a code that resisted placement in any of the themes and for a time was considered its own theme. Participants had both cognitive, “I think it should be . . .” and emotional, “I feel that . . .” connections to their suggestions for CCS-related improvements. Ultimately, I made the judgment that participant's perceptions of how to improve the use of the CCS fit best under the theme of emotional understanding.

### **Feedback**

I considered leaving *Feedback* as a part of understanding, but it didn't fit neatly into cognitive nor emotional understanding. Based on the data, Feedback stood out as its own theme. The theme of Feedback points to the insight gained by students through accurate assessment of competencies as well as frustration when supervisors either “missed the mark” or failed to demonstrate that they tried to get an accurate picture of the student's skills, behaviors, and

dispositions. Students were often accepting of supervisors missing the mark when they had a sense that the supervisor had made a good-faith effort. One student said:

*I was like okay, cool, I'll go, check that [supervisor's evaluation] and in the things that I thought were valid I checked in and the things that I thought were not valid I was just like, "alright, you had almost like three and a half minutes to pay attention to me during supervision, so, that's cool. I know you're not going to be entirely accurate." So, I didn't take it personal . . .*

### **Trustworthiness**

The trustworthiness theme was comprised of six codes including (a) Consistency, (b) Rater Dependent, (c) Rater Time and Effort, (d) Subjectivity/Fairness, (e) Tape Length and Selection, and (f) Trustworthiness. Participants described positive and negative perceptions of CCS validity, accuracy, and reliability. Thus, the data did not suggest a unified experience for this theme. Specifically, some participants expected the CCS to be administered and utilized with objectivity, other participants related their perceptions of trustworthiness to the amount of effort exerted by the supervisor and the strength of the supervisory relationship, and still other participants expressed simultaneously contradictory perceptions. A supervisor stated:

*In terms of looking at the validity of the document, it is definitely moving towards that. I think that the issues that might come up are not so much whether the document is a valid document, it's whether or not, when you use . . . by various individuals, they use it to its potential. So, like, I'm not saying some people are less capable, or more capable, of using the document correctly, all I'm saying is, you never know what someone's motivation is*

*behind doing it and when something is subjective, you know, personalities come into play.*

## **Gatekeeping**

The fifth theme which emerged from the data was composed of two codes; *Gatekeeping* and *Pass/Fail*. The data for the theme of *Gatekeeping*, was also not unified. Participants' perceptions related to the difficulty of making impactful decisions with limited knowledge of present situations (academic success, attendance, current behaviors) let alone the clairvoyance needed to predict future behavior and future impacts on clients. The theme of *Gatekeeping* was represented by this student statement:

*But seeing that there are people and just even seeing my classmates and seeing all these things that might be going on, that don't seem like they're really healthy or that they're really positive. And then seeing professors who don't even pay attention, not just to the CCS but even to like watching you at all. And they just pass you because it's not a big deal and they don't care. So I feel like always hearing about "gate keeping, gate keeping" sometimes I think, "Are you just talking about that, or are you even really doing anything about it? It almost sounds like, to me, sometimes like that they're putting up this, you know, this demeanor like, "Oh, of course we gate keep and it's very important to us." But at the same time it almost seems like a joke because certain people keep passing along and passing along and all these things are going on. And It's obvious to everyone else, like, "Why in the world are they still going on?" and their CCSs, you know, I'm sure, are letting them pass so,*

*I think that . . . gate keeping is kinda . . . at least from my experience, from what I see and from what I hear, some people do it or take it into consideration and kind of strict about it and other people, just don't really care.*

### **Descriptions**

Participants' significant statements identified few differences based on group (student or supervisor). Therefore, the 34 codes worked well for horizontalizing student and supervisor statements in relation to their lived experiences (Denzin & Lincoln, 2005; Moustakas, 1994). However, in attempting to provide descriptions of participant's physical or behavioral experiences with the CCS, a unified description does not work well; counseling students and practicum supervisors had different *external*, actual, or "real world" experiences (e.g., responsibilities, grading, power) even if their emotional perceptions were similar. Stated differently; while the internal or qualitative aspects of the lived experiences were similar (e.g., emotion, perception, reaction, suggestion) for both groups, the external or logistical experiences differed. Specifically, students and supervisors *felt* similarly about their experiences with the CCS despite the fact that they differed in their responsibility (learner/instructor) and status (student/supervisor, pre-master's/post-master's, trainee/evaluator). In addition, because of the variability of experiences (both external and internal) trying to provide textural (the "what" of the phenomenon), structural (the "how" of the phenomenon), and composite descriptions (Moustakas, 1994) of CCS-related experiences would result in confusing descriptions. For these two reasons, I provided a composite counseling student version and a composite practicum supervisor version of participants' experiences.

## Student Composite Description

Participants of this study did not have uniform experiences with the CCS. The *Introduction to the Counseling Profession* course at UCF is known informally as *Intro*. Counseling students at UCF generally enroll in the Intro class relatively early in their matriculation as Intro is a pre-requisite to *Group Procedures and Theories in Counseling* [MHS 6500], *Techniques of Counseling* (MHS 6401), and *Counseling Special Populations* (MHS 6420), as well other courses particular to the different master's in counseling tracks. [<http://education.ucf.edu/counselored/index.cfm>]. Thus, almost without exception, students take Intro their first or second semester.

At the time I collected data, roughly half of the student participants had started their master's program when the CCS was not administered in Intro. Thus, roughly half of the student participants were introduced to the CCS in the Intro class and half experienced it for the first time in their Techniques class. The exchange below between students in one of the focus groups demonstrates this situation:

Female Speaker 6: *"I got one [a CCS evaluation] in Intro at the end we had to meet with our Intro teacher and he went through it with us, yeah."*

Female Speaker 4: *[incredulous] "Really?"*

Interviewer: *"And why is that surprising?"*

Female Speaker 4: *"Because I didn't know anything about this when I was in Intro [a few mumblings of agreement]."*

Thus, student participants encountered the CCS for the first time either in their Intro class or their Techniques class.

If a student experienced the CCS for the first time in Intro, they had a uniform experience. There was only one faculty member teaching Intro and the instructor used the CCS in a similar way with each Intro student. The CCS was introduced to students in Intro; however, students generally felt that they did not hear detailed descriptions of the items and there was a general lack of clarity on how the instrument would be used to assess their competencies. At the end of the semester, students were instructed to make an appointment with the Intro instructor and the student's CCS was displayed on a computer screen. It is not clear from the data whether students left with a hard copy of their CCS. The data suggests that a substantial number of Intro students felt that the instructor did not get to know them well enough to form an accurate assessment of their competencies.

The administration of the CCS in the UCF Techniques classes was not uniform for students. Some Techniques classes are taught by second-year doctoral students and others are taught by faculty. For participants in this study, the CCS may have been used once, twice, or three times during the Technique's class. Student participants may have received little, or extensive, verbal and/or written feedback. Students in Techniques are required to submit "video" (sometimes digital) recordings of their counseling sessions; however, the required length of the taped session varied.

Student experiences in the Summer 2010 Practicum course were also varying. Student participants differed in their progression through practicum: they were either in their first semester of one practicum, first semester of two practicums, or second semester of two practicums. Student participants may have had a tenure-line professor, an instructor, or a doctoral student for a supervisor; their supervisor may have been male or female; Black, White, or mixed race. Practicum students had a supervisor with from two to nine semesters of experience using

the CCS in practicums. These practicum supervisors may have asked students to do a self-assessment and to complete a CCS on themselves. Supervisors may have watched many, or just a few, of the students' counseling sessions; either live or recorded. In addition, in completing the CCSs, supervisors may have chosen which counseling tape segment to watch, asked the trainee to supply a taped segment, or not watched a taped counseling session at all. Student participants may have been concerned about their ability to receive passing scores on the CCS in practicum: Or not. Finally, students may have had supervisors for the Summer 2010 practicum with varying levels of endorsement (respect, appreciation, and support) for the CCS and therefore their supervisors may have utilized the CCS "by the book" or adapted it to suit their supervisory style.

### **Practicum Supervisor Composite Description**

Practicum supervisors had from two to nine semesters of experience using the CCS. Some had taught Techniques and one had taught Intro. One of the supervisors had only taught practicum at UCF. Some practicum supervisors spent considerably more time than others introducing and explaining the use of the CCS in practicum. Supervisor participants were introduced to the CCS at different times and in different ways. Of the three doctoral student participants, two encountered the CCS tangentially as teaching assistants for the Intro class. The professor, adjunct instructor, and one of the doctoral-candidate supervisors had been peripherally involved in the development and introduction of the CCS while three of the doctoral-candidate supervisors were less familiar with the development and implementation of the CCS. Collectively, the practicum supervisors were not a driving force in setting the administrative agenda of the CCS. Practicum supervisors varied in terms of race, and gender. Much like the



counseling student participants, practicum supervisors expressed a wide (sometimes contradictory) array of thoughts and feelings of the CCS and its many potential, and actual, uses.

### **Chapter Summary**

Chapter Four presented the results of the data analysis and included a numerical description of the results, as well as examples from significant statements (horizons) from the data of the 34 codes (meaning units), which comprised the research key. The five themes explicated through the participants' own language was presented along with student and supervisor composite descriptions of the phenomenon. Chapter Five includes a brief summary of the study, comparisons to the literature review, implications, limitations, and an exciting conclusion.

## CHAPTER FIVE: DISCUSSION

About a month before I started interviewing participants, I taped this quote by Van Manen (1997) above my desk:

The researcher as author is challenged to construct a phenomenological text that possesses concreteness, evocativeness, intensity, tone, and epiphany. (p. 368)

### Summary of the Study

The aim of phenomenology “is to determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it (Moustaklas, 1994, p. 130). The purpose of this phenomenological study was to understand counseling students’ and practicum supervisors’ lived experiences with the *Counselor Competencies Scale*© (CCS, UCF Counselor Education Faculty, 2009). Qualitative research traditions recognize that researcher-bias influences study outcomes and therefore challenge the qualitative researcher to understand, describe, and, if possible, isolate personal perceptions and experiences (bracketing, *epoche*; Creswell, 1994; Moustakas, 1994). Therefore, I began this research investigation report by first exploring, and then describing, my own feelings towards counseling student assessments as well as my personal history with the CCS. In addition, I reviewed the literature relating to (a) the development of the CCS; (b) the psychometric properties of the CCS; (c) counseling student evaluation; (d) the experiences with assessment, feedback, counseling training, and supervision of counseling students and clinical supervisors; and (e) counseling student development, remediation, gateslipping (the graduation of unremediated students), and gatekeeping (the denial of progression towards professional practice).

Prior to collecting data, I secured faculty, program administration, and IRB (Institutional Review Board) approval to conduct the study. A total of 29 participants ( $N = 29$  including: (a) individual student interviews only, [ $n = 11$ ]; (b) student focus group interviews only, [ $n = 4$ ], (c) individual student interviews and student focus group participants, [ $n = 8$ ]) and (d) practicum supervisors [ $n = 6$ ]) were recruited from a pool of 53 (54.7% response rate) Summer 2010, counseling students and practicum supervisors at the University of Central Florida (UCF). During the Fall 2010 semester, 19 students participated in individual interviews, 12 students participated in focus group interviews, and six counseling practicum supervisors participated in individual interviews. All of the interviews were structured around an interview protocol, which consisted of six primary questions; however, the interview protocol was designed to allow for an interactive process, accommodating for variation with the script (Moustakas, 1994). As a former instructor for some of the student participants, eight of the nineteen individual student interviews were conducted by trained co-researchers, and I performed the 11 other individual student interviews. All interviews were audio recorded and transcribed into texts. Transcriptions were reviewed for accuracy and compared to the digitally-recorded audio files. Participants were sent transcripts of their interview to confirm accuracy; a qualitative research validation tool referred to as *member checking* (Moustakas, 1994).

Data analysis methods utilized for this investigation aligned with Creswell (2007) and Moustakas (1994) recommendations, including (a) highlighting significant transcript sentences, statements, or passages (horizontalizing); and (b) assigning each significant statement a code (meaning unit). More specifically, during my first pass through the interview and focus group transcripts, significant statements were highlighted. Once I had progressed through all of the transcripts, I re-read the highlighted statements and assigned a shorthand code (single word or

phrase) to represent each of the highlighted statements or passages. Using this data analysis process, 1,445 codes were identified in the data.

Intuitively assigning a code to each of the significant statements without a preconceived coding system was effective at attaining a holistic sense of the data; however, the variety of names produced for the codes failed to clarify the data because numerous codes stood-in for similar ideas. For example, during this first review of the transcripts, significant statements were coded as: *Confusion with scores*, *Description of 2, 4, 6, 8 scoring*, *Scores*, *Scoring system*, etc. I was challenged with an overwhelming and confusing number of names for the codes; therefore, borrowing a suggestion from Devenich (2002), I constructed a *research key* which contained 34 named codes. Rather than forcing my research key onto my first review of the transcripts, I removed all of the highlighted statements from the transcripts and a second pass of highlighting significant statements was completed using “clean” (un-highlighted and un-coded) transcripts. Conducting two reviews through the transcripts provided me with confidence that I was catching each significant statement. My confidence was also increased by the fact that assigning each of the significant statements a code from the research key resulted in a similar number of coded statements (1,478) created during the second pass of coding.

The next phase of the data analysis process consisted of a reflective period which involved attempts to organize the codes into meaningful clusters (Moustakas, 1994). The data did not (and still does not) lend itself to clear-cut delineations; however, five interwoven themes eventually emerged: (a) Cognitive Understanding, (b) Emotional Understanding, (c) Feedback, (d) Trustworthiness, and (e) Gatekeeping. *Cognitive Understanding* included the most number of codes (16) and referred to the logistical and objective perceptions of the participants towards the CCS. The second theme, *Emotional Understanding* was comprised of five codes and captures

participants' emotional, subjective, and passion-based experiences relating to the CCS. The CCS is primarily a document that delivers information from a rater to a recipient; therefore, *Feedback* was stood out as its own theme, which included five codes and was used to capture all of the participants' experiences related to the giving or receiving of counseling performance feedback. The fourth theme was *Trustworthiness*, which was comprised of six codes and referred to participant experiences with CCS-related issues of accuracy, bias, validity, reliability, and consistency of use. In addition, the Trustworthiness theme included the participants' descriptions of CCS rater effort. The fifth theme was *Gatekeeping*, which contained two codes and referred to the use of the CCS related to the responsibility of counselor educators to allow only competent practitioners to advance through the program and into the field. Amongst the five themes that emerged from the data, there was significant overlap and interconnections; therefore, a picture of a bowl of soup was used as a metaphoric representation of the intermixing of the five themes.

At the beginning of this research project, I was sensitive to the common perception that qualitative investigations can lack rigor and credibility; therefore, I worked to keep the data collection and analysis processes as transparent as possible. Research integrity-measures employed throughout the investigation included the use of (a) descriptions of researcher positionality, (b) a self-reflective field journal, (c) triangulation (student and supervisor individual interviews, student focus group interviews, and examination of the CCS and CCS-related documents), (d) member checking, (e) peer debriefers, (f) an external auditor, (g) an extensive description of previous literature, and (h) an openness to disconfirming evidence (Creswell, 2007; Marshall & Rossman, 2006; Moustakas, 1994). Peer debriefers' and external auditor's written feedback are presented in Appendix I.

## Comparison to the Literature Review

This research study was the second to investigate the CCS and the first employing qualitative methods; however, many of the findings related to the literature and scholarly investigations reviewed in Chapter Two. The findings of this study include 34 codes clustered into five themes. Significant overlap and support exist between the five themes and the previously reviewed scholarship. Thus, the comparison of literature related to this investigation is presented next using the five themes as a means of organization.

### Cognitive Understanding

One of the five themes that emerged from the data was cognitive understanding, which included 16 meaning units or codes: (a) Comprehensiveness, (b) development tool, (c) evaluation and assessment, (d) expectations, (e) faculty training, (f) first experience, (g) grading, (h) individual parts, (i) intrusion on session, (j) paper trail, (k) rubric or guideline, (l) scoring system, (m) subsequent experience, (n) the whole thing, (o) tracking and progression, and (p) usage. Consequently the theme of cognitive understanding related to counseling students' and practicum supervisors' experience with the CCS regarding pragmatic and bureaucratic areas such as grading, accreditation standards, student expectations, and evaluation. For example, one student said,

*Well I think the primary objectives are to assess for skills but also [it – the CCS] offers an assessment of professional identity. So . . . overall I would say it does a very good job doing that. Just because . . . it's so thorough. Talking about, really, all aspects of . . . kind of a holistic picture of the counselor.*

Another student noted,

*I think there should be a higher level of standards to adhere to. So, the rubric kind of gives a starting point, you know, for them to, like be able to make sure that everything gets hit.*

Therefore, the findings supported that counseling students benefit from concrete, consistent, and comprehensive expectations in the areas of counseling skills, professional dispositions, and professional behaviors for which they would be evaluated. Likewise, the findings supported that counseling supervisors benefit from the existence of a concrete, consistent, and comprehensive process for providing evaluation to counseling students.

The research examining counseling student development supported the need for tangible and clear supervisory expectations for counselors-in-training (e.g., Lambie & Sias, 2009; Nelson & Friedlander, 2001; Stoltenberg & McNeill, 2010; Wulf & Nelson, 2000). As Bernard and Goodyear (2009) noted, “clarity adds to positive context” (p. 25) for evaluation in supervision. Ladany, Walker, and Melinkoff (2001) surveyed counseling supervisors (N = 137) and found that a supervisory style that attends to the holistic needs of the supervisee including (a) mutual agreement on goals, (b) mutual agreement on the tasks needed to reach the goals of supervision, and (c) an emotional bond involving mutual liking and caring was correlated with a stronger supervisory working alliance. Stoltenberg and colleagues (McNeill, Stoltenberg, & Pierce, 1985; Stoltenberg, 2005, 2010) provided theoretical and research-based support related to beginning counseling students’ enhanced need for structure and unambiguous supervisory responses. Additionally, researchers (Rønnestad & Skovholt, 1991; Skovholt & Rønnestad, 2003, 1992) conducted qualitative interviews with counselors and therapists (N = 100) and found that trainees thrived under supervisors who provided structured and developmentally appropriate counseling supervision.

Counseling student participants expressed the feeling that supervisory feedback was positively related to clear communication in the supervisory relationship; which was supported by Foster and McAdams (2009). More specifically, after initial faculty efforts to inform students of remediation procedures had failed to “sink in,” Foster and McAdams suggested that effective counseling-program communication required frequent student and faculty two-way and clear communications, including the use of systematic and written procedures. Finally, student and supervisor participants expressed the view that charging the practicum supervisor with the responsibility of providing evaluative feedback to the counseling student was appropriate; a view that was echoed in the literature (e.g. Eriksen & McAuliffe, 2003; Myrick & Kelly, 1971). Thus, the findings from this study and previous research support that counseling students necessitate (a) an instrument composed of core counseling competencies, (b) clear, concrete, standardized, and comprehensive expectations for their work, and (c) assessment and evaluation procedures communicated and delivered in a consistent and fair manner through strong supervisory relationships.

### **Emotional Understanding**

The second theme that emerged from the data was emotional understanding, which was comprised of five meaning units or codes including: (a) comparison with peers, (b) emotion, (c) importance, (d) strength, and (e) suggestion. The theme of emotional understanding related to qualitative, emotional, and human aspects (care, concern, empathy, etc.) of the relationship between practicum supervisors and counseling trainees. For example, one student stated,

*I wasn't as big of a fan of it [the CCS], I guess, because . . . I was more nervous then about how I was going to perform, and you know seeing*



*numbers attached to your name and seeing those [low scores] and even a possible two.*

A supervisor also had an emotional reaction with the CCS:

*When I first came into the program I thought that the CCS was very intimidating and very daunting to look at because it's - you know, it's very comprehensive: So, I was little intimidated to use it.*

Another supervisor said,

*. . . it may have been difficult for them to receive feedback that they weren't exceeding expectations but that they were merely meeting expectations . . . that was difficult and many students do take their evaluations personally. However if a student was not doing well, normally I would meet with that student before completing the CCS, so the student would already be aware of areas that they would need to work on. So the hope is that they would not be as reactive to their scores because they would already be aware that there would be certain areas that they would need to address.*

Therefore the findings supported that having one's counseling competencies evaluated, or providing evaluation to others, is associated with emotional components.

The Research examining counseling supervision suggests benefits to attending to the emotion-producing aspects of supervision (e.g., Foster & McAdams, 2009; Johnston & Gysbers, 1967). Borders and Brown (2005) stated, the responsibility of supervising “may well give you pause” (p. 88); however, supervisees desire constructive feedback of their counseling skills despite the attendant emotional risk. Foster and McAdams (2009) described the emotional baggage which remained for counselor education faculty two years after a student brought suit

over being denied promotion through their counselor education program. Foster and McAdams suggest one means of addressing the emotional components of counseling evaluation is an intentional and on-going attention to clear and tri-directional (student/faculty/administration) communication. Finally, Gizara and Forrest (2004) conducted qualitative interviews with 12 counseling supervisors and found that supervisors experienced (a) feelings of being unprepared to supervise, (b) personally relevant and intuitive understanding of supervisee impairment, (c) challenges and benefits of group consultation, and (d) personal impacts of dealing with intern impairment. Relative to the findings of this study, Gizara and Forrests' study humanizes aspects of being a supervisor, especially articulations of the difficulty many supervisors feel when asked to sit in judgment of others. In combination with previous research, the findings of this study support the need for understanding and attention to the emotional components of counseling evaluation including; (a) sufficient faculty training, (b) clear communication amongst stakeholders (students, faculty, and administration), and (c) normalization (recognition, acceptance, and embracement) of the emotion-producing aspects of evaluation.

## **Feedback**

The third of the five themes that emerged from the data was feedback, which included five meaning units or codes: (a) back page, (b) conversation, (c) feedback and explanation, (d) relationship with rater, and (e) understanding and clarity. Consequently, the theme of feedback related to counseling student and practicum supervisors' experience with the CCS regarding the timing, tone, intensity, clarity, and effectiveness of information which passed (or failed to pass) between supervisor and student. One supervisor stated, "*So do I feel confident in their [my students'] CCS? yeah, I knew them!*" A student said

*I think the most important part [of the CCS-related process] is still the interaction with the supervisor and as a (future) supervisor, I would make that the main point of it . . . to be able to get, you know, a discussion about those skills.*

Another student stated,

*This is not a tool that is gonna help a Practicum instructor that doesn't really put all their stuff into it. If you use this just as a paper instrument your students aren't going to grow as much as if you used it as a Practicum instructor who really cares about the students or really understands these blocks [the individual CCS items] and what each one includes.*

Student participants expressed frustration when they encountered supervisors who did not have a structured, engaged, and intentional style of supervision. One student, describing their belief that the supervisor had evaluated them without much effort stated, *“Like, did you even observe ANY of my sessions?”* Supervisor participants expressed a desire to provide students with clear and relevant feedback related to the students’ counseling competencies. One supervisor stated, *“You show them in writing and let them be a part of it. It’s one of those things where you talk together about their strengths and weaknesses and work each one if it, it’s almost like a miracle.”*

Therefore, the findings of this study supported that students and supervisors benefit from a feedback process that includes (a) scheduled face-to-face student/faculty discussions, (b) written quantitative and qualitative evaluations, and (c) the creation and maintenance of an effective (engaged, respectful, intentional) supervisory relationship.

Johnston and Gysbers (1966) investigated supervisor’s (N = 100) self-awareness and suggested that supervisors might produce more effective supervision when they understood their

preferred style of supervision. In a follow-up article, Johnston and Gysbers (1967) offered a theoretical orientation to the essential characteristics of the supervisory relationship of practicum and suggested that attention to the important and necessary components of the supervisory relationship helps to facilitate effective supervision. Auxier, Hughes, and Kline (2003) proposed a model of counseling student identity development that involved a reoccurring - or recycling - of (a) evaluation by peers, instructors, and supervisors; (b) conceptual (traditional didactic) learning; and (c) experiential learning which roughly mirrors the experiences expressed by student participants of this study. Therefore, the findings from this study and previous research support the need for a counseling supervisory process which includes (a) scheduled student/supervisor discourse; (b) systematic written and verbal feedback; and (c) overlapping forms (peers, instructors, supervisors) of feedback; and (d) a supervisory relationship based on mutual effort, care, and clear communication.

### **Trustworthiness**

Trustworthiness was the fourth theme and consisted of six meaning units or codes including: (a) consistency, (b) rater dependent, (c) rater time and effort, (d) subjectivity/fairness, (e) tape length and selection, and (f) trustworthiness. Thus the theme of trustworthiness related to participant' experience with the CCS related to perceptions of accuracy, validity, reliability, and consistent application of the instrument itself as well as the related process. One supervisor stated,

*. . . I feel that because there is always possible - not so much error, but that because every professor may not complete this. There may not be a complete sense of reliability or validity - that some students may not have passed*

*practicum because of interpersonal reasons, maybe not so much because of the CCS.*

A student expressed this view:

*It really depends on the person scoring and I think it should be a little bit more consistent . . . and for it to be a little bit more structured so that it could be valid because if not, then why are we even doing it if it's not going to represent anything?*

Therefore, the findings supported participants' expressed concerns that (a) the CCS may, or may not, assess counselor competencies in a valid and reliable way; and (b) that valid assessment is positively related to the degree to which raters understand trainees.

The research related to counseling student development supported the need to assess counseling students in a reliable and valid way. A theoretically-based article (Hensley, et al., 2003) suggested the need for a psychometrically sound assessment instrument based on a set of core counseling competencies in order to reduce inconsistencies and uncertainties related to counseling student assessment. Swank (2010) conducted an exploratory factor analysis of the CCS in order to establish preliminary psychometric properties of the instrument. In a theoretical article, McAdams, et al. (2007) echoed the need for transparency and consistency in application of the counseling student assessment processes. Finally, counselor educators are charged with assessing counseling student competencies in a fair and reliable way (American Counseling Association [ACA], 2005; Council for Accreditation for Counseling and Related Educational Programs [CACREP], 2009). Thus, the findings of this study and previous research support that the evaluation of counseling student's counseling competencies necessitates the need for

transparent, consistent, valid, and reliable application of counseling student assessments built upon established core competency areas.

### **Gatekeeping**

The fifth theme to emerge from the data was gatekeeping which included two meaning units or codes: (a) gatekeeping, and (b) pass/fail. Consequently, the theme of gatekeeping related to counseling student and practicum supervisors' experience with the CCS regarding the reality of counseling evaluation instruments being used to make remediation and gatekeeping decisions. For example, one student said,

*It was explained to me that . . . this [the CCS] was kind of like a pass or fail thing, you know. Even in Techniques if you didn't do well on the CCS based on the feedback of the instructor, then you'd have to kinda work something out there. I don't know if you had to retake the class. I don't recall the nuances of that. But it was explained to us that this was the thing that you needed to be able to score well-on in order to pass practicum, whether or not you had A's on every assignment that you did in the course.*

A supervisor stated,

*I would not recommend that the CCS be used for grading purposes because I feel like that the grades should not be based on whether or not a student has one '4' or one '2' throughout the semester but more their overall performance from start to finish. And what happens often is that if a student receives any '4s' then that students not going to pass.*

Another supervisor stated,

*When a student scores below that [minimum score], it raises a red flag and it says the student may be held back - because of their inability to perform to the level of what we feel would be competent . . . then it holds them back and so that's the gatekeeping piece that I think, so far, since I've been involved with it, has worked well*

Therefore, the findings supported the need for counselor educators to understand their often conflicting responsibilities to the profession, their students, and future clients; responsibilities which necessitate the explication and communication of remediation and gatekeeping procedures.

The research examining counseling student development related to issues of remediation and the existence of students who are in need of remediation or dismissal, yet progress through to graduation (gateslipping) supports the need for a written, disseminated, and explained process that is consistently applied (Bradley & Fiorini, 1999; Gaubatz & Vera, 2002; Lamadue & Duffey, 1999). Gaubatz and Fiorini (1999) surveyed counseling students (N = 62) and found that counseling students had more intimate knowledge of their impaired peers than faculty and higher perceptions of gateslipping (un-remediated graduates) than faculty in master's counseling programs. In addition, Oliver et al (2004) surveyed counseling students' (N = 47) attitudes towards impaired peers and found that participants viewed the subject of peer impairment and the process of identifying their impaired peers as both highly sensitive and inadequately addressed. As affirmed by Gaubatz and Vera, "Far from being naïve about and negatively disposed toward gatekeeping interventions, the majority of students may affirm its ethical importance to the field" (p. 40). Thus, previous research echoes the findings of this investigation

and support the use of a transparent, formalized, and documented process for counseling student remediation and gatekeeping.

### **Comparison to Literature Review Conclusion**

Collectively, much of the prior scholarship reviewed in Chapter Two and the results of this investigation are in parallel and can be seen through the five themes. Specifically, the experiences of my participants and the reviewed literature support (a) unemotional and dispassionate attention to the creation and application of evaluation and remediation documents and procedures; (the use of a single document which accomplishes both of these tasks may be reasonable); (b) recognition of the necessity of an effective (student progression) and strong (healthy, robust) supervisory relationship and of the emotional components inherent to counseling student evaluation and remediation; (c) the necessity of a supervisory relationship that includes face-to-face conversation and unambiguous two-way communication, as well as the professional obligation of supervisors to provide intentional and purposeful counseling student counselor competency feedback; (d) the use of a reliable and valid instrument (or instruments) to provide counseling student counselor competency assessment and a method of counseling student remediation, and (e) a transparent and formalized method for counseling student remediation and gatekeeping.

## **Implications of the Findings**

### **Implications for Future Research**

Exploratory qualitative research methods are often used when little is known about a topic (Marshall & Rossman, 2006). Based on the findings from this investigation, an exact replication is probably not warranted; however, researchers may want to replicate this study in



locations other than at UCF where participant demographics, the particular student assessment tool, and/or CACREP-accreditation differ. Based on the number of participants' suggested improvements to the CCS, the faculty and administration at UCF may support a more intentional study (e.g. action research) with the aim of making changes to the CCS or the way it is utilized or administered. An action research investigation of the CCS could produce consensus on the modifications perceived as "workable" by a majority of the counseling students, faculty, and counseling program administration. As this investigation only looked at a limited section of the UCF counseling student population, qualitative methods might be useful to interview UCF pre-practicum counseling students and post-graduate practicing counselors. It is possible that different findings may emerge through the collection of qualitative data other than interview data; for example student or supervisor journals, examination of completed evaluation documents, survey data, and/or observations of evaluation or remediation sessions. A more quantitative assessment of counseling students' and practicum supervisors' beliefs and attitudes related to the CCS could be captured using survey or other measurement data. Finally, an investigation of the relationship of CCS scores to client outcomes could produce informative results.

### **Implications for Student Evaluation, Feedback, and Remediation**

The results of this investigation support the CCS as a credibly constructed student evaluation tool. As created, the CCS can be used to support student counselor competency development, provide student evaluation, and appropriate remediation. Participants' responses suggest that challenges to the instrument's trustworthiness (reliability, accuracy, and validity) arise with inconsistent application, limited supervisory effort, and/or poor (disengaged,

discordant) student/supervisee—instructor/supervisor relationship. Student participants desired competent, intentional, and caring evaluation; however they were open to being critically challenged when they perceived their evaluator as having earned that privilege through interaction, interest, and attention. Trainees who perceived that their work was well known to their supervisors described the CCS as being fairly and accurately employed.

As I analyzed the collection of participant experiences, an image of a Swiss Army Knife was produced in my mind. Swiss Army Knives often came with just a couple blades; however, some were packed with magnifying glasses, saw-blades, and even forks. As a kid, I remember thinking that Swiss Army Knives lost their utility when they included too many tools; the CCS may work the same way. That is, participants' experiences indicate that the CCS can work well to do a number of things; however, the efficacy diminishes if it is expected to do too many tasks. Weak consensus among faculty, administrators, and supervisors regarding the proper purpose(s) for the CCS (or a similar tool) would add to inefficiency. Participants' experiences suggest that the CCS *could be* used to (a) track the development of counseling students, (b) assess counseling student counseling competencies, (c) function as a vehicle for providing counseling students with counseling competency feedback, (d) perform a role in counseling student remediation, and (e) function as a vehicle for informing students of the expectations for performance in a variety of courses. Each of these functions has the potential to falter, if not accompanied by the understanding and support of those who use the CCS. Thus, the faculty and administration of the counselor education programs at UCF might want to meet to discuss the five proposed uses of the CCS above as well as to discuss the scoring system.

## **Implications for Counselor Education and Supervision**

The use of the CCS or similar tool is supported by literature and professional counseling organizations (e.g., American Counseling Association [ACA], 2005; Council for Accreditation for Counseling and Related Educational Programs [CACREP], 2009; Swank, Lambie, & Witta, 2011, in review). The results of this investigation suggest no downside to the use of a transparent document to track and evaluate counseling students; however, the results suggest that stakeholder understanding, buy-in, and consistent application are necessary components of effectiveness. Thus, as suggested by literature and the results of this investigation, counselor education faculty might discuss the multiple uses of an instrument like the CCS (or the CCS itself) and a consensus should be reached. Once completed the instrument should be introduced early, applied consistently, and discussed with students at regular intervals. The instrument and its uses might be explained to raters in a systematic training and re-training should occur often, perhaps each semester. The inclusion of a well-written manual is seen as important to the process of training and re-training. The process I have suggested in this paragraph would serve student developmental needs (moving students from orientation to ethical practitioners), counselor education program needs (e.g. remediation, program effectiveness), and the needs of the counseling profession (protection of clients, improved standing of counselors in our society).

The results of this investigation suggest a discussion as to the benefits and challenges of the existing CCS scoring system may result in greater understanding and consensus which could lead to improved use by practicum supervisors. Practicum supervisors were not uniformly aware that a score of six in all areas is not necessary to complete Techniques or the first semester of practicum for those students taking two semesters. In addition, the CCS manual (Appendix J) and practicum supervisors are not in alignment on the use and length of taped sessions. Due to

the need for program-wide support it may be more important to achieve consensus than to impose any particular standardized scoring system.

### **Implication for Myself**

Urbandictionary.com (2011) defines *Phoning it in* as a verb used to describe the action of a person who “performs an act ion in a perfunctory, uncommitted fashion, as if it didn't matter” (<http://www.urbandictionary.com/define.php?term=phoning%it%in>). The results of this study are a reminder to me of the dangers of “phoning it in.” Completing a dissertation is (here comes another metaphor) like being born; you’ve been through a long process and had a lot of experiences – some of them painful – and at the end . . . you’re a baby, and thus, at the very beginning of a lifetime of future learning.

### **Limitations of the Study**

The data was collected in a valid fashion and analyzed rigorously, interpreted appropriately, and reported accurately; however, some caution is necessary when interpreting the study’s findings. Some scholars have argued that qualitative research is subjective and lacking in well-tested guidelines (e.g., Miles, 1979) and is difficult to replicate (e.g., Krumpe, 2002). Glesne (2006) stated that all research methods can be considered imperfect and that ultimately; it falls to each reader of qualitative research to determine the validity of the parts, and of the whole. This investigation was conducted with the intention of fully understanding counseling students’ and practicum supervisors’ experiences with the CCS and its administration during one unique time and setting. Consistent with phenomenology and qualitative methodology, the conclusions and implications of the findings are tied to these parameters and no attempt was made to uncover

generalized or universal “truths.” At the same time, these participants’ experiences were consistent with previous research and literature, supporting the merit of the findings.

Grbich (2007) lists two weaknesses of phenomenological approaches to research including (a) “a need to clarify which form of phenomenology is being used, and (b) bracketing is difficult to do, and it is also very hard to judge when this process has been completed” (p. 84). Thus, it may be that a different form of phenomenology or other qualitative methodology may have been more appropriate to answer the research questions. Despite my efforts to enhance the study’s integrity by understanding and removing my own bias, it is possible that the results are a reflection of my own beliefs rather than an accurate representation of the participants’ experiences.

Despite my efforts to elicit participants’ true experiences, this study relied on self-report and it is possible that participants’ descriptions did not match their true experiences. For a number of different reasons, participants may have been influenced to describe their experiences with the CCS in a favorable way; perhaps believing that (a) I was looking for evidence of CCS validation or (b) that they would be seen in a favorable light with faculty and/or administration. The opposite may have occurred; that is, participants may have described their CCS-related experiences more negatively due to a desire to vent frustration with some aspect of the program or because they believed I would be able to effect a change in the CCS itself or the way that it is used.

The sample pool from which participants were recruited was appropriate to answer the research question; however, participation may have played a factor in this investigation. Whereas all six of the potential practicum supervisors agreed to participate, 23 of 47 (49%) of the counseling students participated. In addition, significant differences may exist between the

students who volunteered for participation and those that did not. Volunteers and non-volunteers differ from each other in that volunteers tend to be female and have a higher need for social approval (Tabachnick & Fidell, 2007). I'm not sure what it says that all six supervisors volunteered. Two of the supervisor-participants were cohort members of mine and they may have felt an obligation to contribute to my study. Of the other four supervisor volunteers, their motivation to participate is unknown and their motivation to participate may have influenced their interviews. Likewise, the motivation of the 19 student volunteers is equally unknown. Thus, it remains possible that the type and motivations of the participants does not accurately represent reality. Along these lines, I did not ask if the student participants from the Mental Health and Marriage and Family tracks were in their first or second semester of practicum and it is possible that a difference exists between the group of students that participated and the students who did not participate

The analysis of the data was conducted following the approaches suggested by Creswell (2007) and Moustakas (1994). Although this data analysis approach is often used for phenomenological investigations, the procedures resist standardization and thus are subject to scrutiny. I have provided enough detail for readers to have confidence in my procedures and for subsequent researchers to duplicate the methods. Still, it is possible that the data analysis methods chosen and their application failed in some way. In addition, only one round of interviews was completed. It is possible that follow-up interviews may have uncovered or clarified important data.

I failed to anticipate participants' tendency to talk about how the CCS should, or could, be used and only noticed the pattern after many of the interviews had been completed. This failure may have negatively impacted the quality of the collected data. Another important

consideration is my choice to use external interviewers for some of the data collection. As doctoral students in counselor education and former counselors, the interviewers were qualified to conduct interviews and aware of qualitative research; however, their interest and/or bias in the study, or the participants, or some other feature, may have influenced this study. For example, I'm not sure what it suggests that there was a statistically significant difference in the length of my interviews ( $M= 21.8, SD = 5.04$ ) and those conducted by the three other doctoral students ( $M = 13.21, SD = 6.35; t[17] = 3.88, p = .001$ ). It may be that those participants had less to say or that my interviewers were more adept (faster) at eliciting participants' experiences. Objectively, the other interviewers were less invested in the outcome which may have had some effect on the data. Finally, it may be fair to question the veracity of the findings given that the CCS and its application consists of so many different items, parts, and purposes.

### **Investigation Summary**

Competent research and scholarship serve not to define what is true, but rather to advance knowledge and define future research (Dewey, 1929; Sher & Eisenberg, 2002). Thus, an investigation of counseling students' and practicum supervisors' experiences with the CCS serves to advance knowledge in the field of counselor education and shape future investigations of counselor-in-training assessment tools and remediation procedures. Moustakas (1994) challenges qualitative researchers to "write a brief creative close that speaks to the essence of the study and its inspiration to you in terms of the value of the knowledge and future directions of your professional-personal life" (p. 184). My brief creative close is as follows:

## Ode to the CCS

*The faculty at UCF were not lazy  
They built the CCS to clear up some hazy  
But when practicum supervisors fumble  
The counseling students will grumble  
But without it, things would get crazy!*



## **APPENDIX A: INTRODUCTION TO COUNSELING CCS**

## Counselor Competencies Scale (CCS) ©

Student's name \_\_\_\_\_

Intro, Fall 2010

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.

### Scale 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).

\*Note. Students must earn a score of 6 (*Meets Expectations / Demonstrates Competencies*) in all domains (*skills, dispositions, & behaviors*) prior to their completion of MHS 6803: *Practicum in Counselor Education & beginning their Internship experience.*

### 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 a 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 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 ¼ hours per week of group supervision that is provided on a regular schedule throughout the practicum by 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...", "Hum"  | 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                         | 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                         | 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 | 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 | 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 24 points)

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 |       | <b>Professional Ethics</b>                        | 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 |       | <b>Professionalism</b>                            | 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 |       | <b>Self-awareness &amp; Self-understanding</b>    | 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 |       | <b>Emotional stability &amp; Self-control</b>     | 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 |       | <b>Motivated to Learn &amp; Grow / Initiative</b> | 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 |       | <b>Multicultural Competencies</b>                 | 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 |       | <b>Openness to Feedback</b>                       | 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 |       | <b>Professional &amp; Personal Boundaries</b>     | 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 |       | <b>Flexibility &amp; Adaptability</b>             | 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 |       | <b>Congruence &amp; Genuineness</b>               | 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 &amp; Ethical Practice], #3 [Human Growth &amp; Development], &amp; #5 [Helping Relationships], #7 [Assessment], &amp; #8 [Research &amp; 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 University & Counseling Site Policies | Demonstrates an understanding & appreciation for all university & counseling site policies & procedures                                       | Demonstrates consistent adherence to all university & counseling site policies & procedures.   | Demonstrates adherence to most university & counseling site policies & procedures.   | Demonstrates inconsistent adherence to all university & counseling site policies & procedures.  | Demonstrates limited adherence to all university & 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 thorough & 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, & measurable) | 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 appropriately 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 32 points)

**Narrative Feedback from Supervising Instructor**

Please note the counseling student's areas of strength, which you have observed:

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Please note the counseling student's areas that warrant improvement, which you have observed:

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Please comment on the counseling student's general performance during his/her clinical experience to this point:

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\_\_\_\_\_  
*Counseling Student's Name (print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervising Instructor's Name (print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Counseling Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervising Instructor's Signature*

\_\_\_\_\_  
*Date*

Date CCS was reviewed with Counseling Student: \_\_\_\_\_

\* *Note.* If Supervising Instructor is concerned about the Counseling Student's progress, he or she should complete the *Counseling Depth Scale* (Young, 2007) to provide additional feedback to the Counseling Student.

## **APPENDIX B: TECHNIQUES IN COUNSELING CCS**

### Counselor Competencies Scale (CCS) ©

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).

\*Note. Students must earn a score of 6 (*Meets Expectations / Demonstrates Competencies*) in all domains (*skills, dispositions, & behaviors*) prior to their completion of MHS 6803: *Practicum in Counselor Education & beginning their Internship experience*.

#### 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 a 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 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 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 &amp; Cultural Diversity], #5 [Helping Relationships] &amp; #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...", "Hum"  | 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 <sub>s</sub>                         | 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 <sub>s</sub>                         | 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 <sub>s</sub> | 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 <sub>s</sub> | 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)

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 |       | <b>Professional Ethics</b>                        | Adheres to the ethical guidelines of the ACA, ASCA, & IAMFC, including practices within competencies.  | Demonstrates consistent & advanced ( <i>i.e., exploration &amp; deliberation</i> ) 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 |       | <b>Professionalism</b>                            | 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 discussions &/or repeatedly disrespects others, etc. |
| 2.C |       | <b>Self-awareness &amp; Self-understanding</b>    | 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 |       | <b>Emotional stability &amp; Self-control</b>     | Demonstrates emotional stability ( <i>i.e., congruence between mood &amp; affect</i> ) & self-control ( <i>i.e., impulse control</i> ) 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 |       | <b>Motivated to Learn &amp; Grow / Initiative</b> | 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 |       | <b>Multicultural Competencies</b>                 | Demonstrates awareness, appreciation, & respect of cultural difference ( <i>e.g., races, spirituality, sexual orientation, SES, etc.</i> )   | 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 |       | <b>Openness to Feedback</b>                       | 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 |       | <b>Professional &amp; Personal Boundaries</b>     | 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 |       | <b>Flexibility &amp; Adaptability</b>             | 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 |       | <b>Congruence &amp; Genuineness</b>               | 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 supervision 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 University & Counseling Site Policies | Demonstrates an understanding & appreciation for all university & counseling site policies & procedures                                       | Demonstrates consistent adherence to all university & counseling site policies & procedures.   | Demonstrates adherence to most university & counseling site policies & procedures.   | Demonstrates inconsistent adherence to all university & counseling site policies & procedures.  | Demonstrates limited adherence to all university & 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 thorough & comprehensive fashion.   | Completes all required record keeping, documentation, and tasks in a competent fashion.  | Completes all required record keeping, documentation, and tasks 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, & measurable) | 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 appropriately administer, score, & interpret assessment instruments.                              | Demonstrates a limited ability to appropriately administer, score, & interpret assessment instruments.                                      | Assessment not reviewed or understood or labeled 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 32 points)

Please note the counseling student's areas of strength, which you have observed:

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Please note the counseling student's areas that warrant improvement, which you have observed:

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Please comment on the counseling student's general performance during his/her clinical experience to this point:

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\_\_\_\_\_  
*Counseling Student's Name (print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervising Instructor's Name (print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Counseling Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervising Instructor's Signature*

\_\_\_\_\_  
*Date*

Date CCS was reviewed with Counseling Student: \_\_\_\_\_

\* *Note.* If Supervising Instructor is concerned about the Counseling Student's progress, he or she should complete the *Counseling Depth Scale* (Young, 2007) to provide additional feedback to the Counseling Student.

**APPENDIX C: COUNSELOR COMPETENCIES SCALE - CCS**

## Counselor Competencies Scale (CCS) ©

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).

**\*Note. Students must earn a score of 6 (Meets Expectations / Demonstrates Competencies) in all domains (skills, dispositions, & behaviors) prior to their completion of MHS 6803: Practicum in Counselor Education & beginning their Internship experience.**

### 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 a 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 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 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 &amp; Cultural Diversity], #5 [Helping Relationships] &amp; #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                         | 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                         | 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 | 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 | 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)

**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 |       | <b>Professional Ethics</b>                        | 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 |       | <b>Professionalism</b>                            | 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 |       | <b>Self-awareness &amp; Self-understanding</b>    | 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 systems and the influence of his/her beliefs on the counseling process. | Demonstrates inconsistent awareness & appreciation of his/her belief systems 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 |       | <b>Emotional stability &amp; Self-control</b>     | 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 |       | <b>Motivated to Learn &amp; Grow / Initiative</b> | 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 |       | <b>Multicultural Competencies</b>                 | 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 |       | <b>Openness to Feedback</b>                       | 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 not implement suggested changes.   | Not open to supervisory feedback & does not implement suggested changes.                                  | Defensive &/or disrespectful when given feedback                                 |
| 2.H |       | <b>Professional &amp; Personal Boundaries</b>     | 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 |       | <b>Flexibility &amp; Adaptability</b>             | 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 |       | <b>Congruence &amp; Genuineness</b>               | 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 &amp; Ethical Practice], #3 [Human Growth &amp; Development], &amp; #5 [Helping Relationships], #7 [Assessment], &amp; #8 [Research &amp; 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 supervision 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 University & Counseling Site Policies | Demonstrates an understanding & appreciation for all university & counseling site policies & procedures                                       | Demonstrates consistent adherence to all university & counseling site policies & procedures.   | Demonstrates adherence to most university & counseling site policies & procedures.   | Demonstrates inconsistent adherence to all university & counseling site policies & procedures.  | Demonstrates limited adherence to all university & 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 thorough & 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, & measurable) | 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 appropriately 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)

Please note the counseling student's areas of strength, which you have observed:

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Please note the counseling student's areas that warrant improvement, which you have observed:

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Please comment on the counseling student's general performance during his/her clinical experience to this point:

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\_\_\_\_\_

*Counseling Student's Name (print)*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Supervising Instructor's Name (print)*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Counseling Student's Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Supervising Instructor's Signature*

\_\_\_\_\_

*Date*

Date CCS was reviewed with Counseling Student: \_\_\_\_\_

\* Note. If Supervising Instructor is concerned about the Counseling Student's progress, he or she should complete the *Counseling Depth Scale* (Young, 2007) to provide additional feedback to the Counseling Student.

**APPENDIX D: CSPBS – COUNSELOR SKILLS AND PROFESSIONAL BEHAVIOR  
SCALE**

## Counselor Skills and Professional Behavior Scale (CSPBS)

The Counselor Skills and Professional Behavior Scale (CSPBS) assesses counseling student's skills development and professional competencies. Additionally, the CSPBS provides the counseling student with direct feedback regarding his or her counseling skills and professional dispositions, offering the student practical areas for improvement to support his or her development as an effective and ethical professional counselor.

### Scales Evaluation Guidelines

- **Exceeds Expectations / Demonstrates Competencies (4)** = the counseling student demonstrates **strong** (*exceeding* that expectation of a beginning professional counselor) knowledge, skills, and dispositions in the specified counseling skill(s) and professional disposition(s).
- **Meets Expectations / Demonstrates Competencies (3)** = the counseling student demonstrates **consistent** and **proficient** knowledge, skills, and dispositions in the specified counseling skill(s) and professional disposition(s).

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**Counseling students NOT scoring at level Four (4) or (3) will NOT be eligible to progress to their next stage of advanced clinical experience.**

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- **Near Expectations / Developing towards Competencies (2)** = the counseling student demonstrates **inconsistent** and **limited** knowledge, skills, and dispositions in the specified counseling skill(s) and professional disposition(s). Students scoring at this level during their final practicum evaluation **have not demonstrated** the professional competencies to progress to their internship experience.
- **Below Expectations / Insufficient / Unacceptable (1)** = the counseling student demonstrates **limited** or **no evidence** of the knowledge, skills, and dispositions in the specified counseling skill(s) and professional disposition(s). Students scoring at this level during their final practicum evaluation **have not demonstrated** the professional competencies to progress to their internship experience.

### CACREP (2001) Standards:

Clinical instruction includes supervised practica and internships that have been completed within a student's program of study. Practicum and internship requirements are considered to be the most critical experience elements in the program. All faculty, including clinical instruction faculty and supervisors, are clearly committed to preparing professional counselors and promoting the development of the student's professional counselor identity.

- G. Students must complete **supervised practicum experiences (Practicum I and II)** that **total a minimum of 100 clock hours**. The practicum provides for the development of counseling skills under supervision. The student's practicum includes all of the following:
1. **40 hours of direct service with clients**, including experience in individual counseling and group work;
  2. Weekly interaction with an average of **one (1) hour per week of individual** and/or triadic supervision which occurs regularly over a minimum of one academic term by a program faculty member or a supervisor working under the supervision of a program faculty member;
  3. An average of **one and one half (1 ½) hours per week of group supervision** that is provided on a regular schedule over the course of the student's practicum by a program faculty member or a supervisor under the supervision of a program faculty member; and
  4. Evaluation of the student's performance throughout the practicum including a formal evaluation after the student completes the practicum.

## Part I (Primary Counseling Skills – CACREP Standards [2001] #5 &amp; 6)

| # | Primary Counseling Skill(s)                           | Specific Counseling Descriptors  | Exceeds Expectations / Demonstrates Competencies (4)   | Meets Expectations / Demonstrates Competencies (3)  | Near Expectations / Developing towards Competencies (2)   | Below Expectations / Insufficient / Unacceptable (1)   |
|---|---|--|--|---|---|--|
| 1 | <b>Nonverbal Skills</b>                               | Includes Body Position, Eye Contact, Posture, Distance from Client, etc.   | The student's nonverbal skills convey listening and empathy.   | Student occasionally fails to demonstrate all of the nonverbal skills but more than ¼ of the time, demonstrates effective nonverbal listening.  | Student shows one or more significant nonverbal behaviors that could interfere with the counseling process  | Student shows two or more significant nonverbal behaviors that could interfere with the counseling process   |
| 2 | <b>Encouragers</b>                                    | Includes Minimal Encouragers & Door Openers such as "Tell me more about..."  | The student uses these skills appropriately to show understanding without interfering in client description but is able to respond with more advanced reflecting skills when called for.   | The student uses these skills in moderation during the initial discussion of an issue. The student occasionally uses these skills when more advanced skills are called for.                                     | Student overuses these skills to the extent that the student fails to respond with reflections and advanced reflections. Alternately, the student distances self by rarely using these skills.  | This is the main skill used by the student resulting in a lack of involvement. Alternately, the student rarely uses these skills to the detriment of the relationship.                                       |
| 3 | <b>Questions</b>                                      | Use of Appropriate Open & Closed Questioning   | The student mainly relies on open questions and uses closed questions to gain only crucial information.  | For the most part, the student relies on open questions and occasionally asks closed questions that are not vital.  | Frequently, the student engages in closed question cycles rather than responding with higher level reflections.   | Student rarely uses open questions. Questions are mainly closed. Student fails to use reflecting skills where appropriate.   |
| 4 | <b>Reflecting</b>                                     | Paraphrasing, Summarizing, & Basic Reflection of Content & Feelings  | Student uses paraphrasing and reflection of feelings consistently as the main method of responding to a client. The students paraphrases and reflections are concise and accurate.   | Student uses paraphrasing and reflection of feelings consistently as the main method of responding to a client. Occasionally, the student fails to paraphrase or reflect feelings or is rambling or inaccurate. | Student relies on encouragers rather than paraphrases to gain necessary information. Is unable to consistently reflect feelings. 2 or 3 times during the session, the student reflects feelings. Reflections are inaccurate and rambling. | Student is unable to produce more than one or two reflections of feeling during a 30 minute segment. Paraphrases are rambling. Reflections of feeling are inaccurate.  |
| 5 | <b>Advanced Reflection (Depth)</b>                    | Advanced Reflection of Feelings, Reflection of Values, Meanings, Core Beliefs (takes counseling to a deeper level)   | Student consistently moves the session to a discussion of deeper issues and  | Several times during the session, the student is able to make clients aware of meaning, key values issues and core beliefs. The session is reasonably deep.   | Student is able to produce accurate and concise reflections of feeling but unable to reflect meanings or make clients aware of deeper issues.   | Student consistently fails to address deeper issues such as meaning, values and client core beliefs using reflection of meaning or other skills.   |
| 6 | <b>Confrontation</b>                                  | Counselor challenges client to see inconsistencies between his or her behavior & talk. Offers direct feedback & perspectives to support client's increased insight | Student has a balance between supportive and challenging. The student gives the client appropriate feedback connected with the client goals. The student goes beyond confrontation by challenging the client to act on their insights. | The student's session contains a balance between supportive and challenging statements. The student may fail to consistently challenge the client to act.   | Student usually fails to confront clients on inconsistencies. The student tends to be supportive but not challenging. Alternately the student challenges too much with little support.  | Student does not confront clients on discrepancies (fewer than 2 times per session). Student is responding but does not challenge. Alternately, the student confronts in a harmful way but does not support. |
| 7 | <b>Goal Setting &amp; Addressing Goals in Session</b> | Counselor collaborates with client to establish realistic, appropriate, & attainable therapeutic goals and spends time in the session working on client goals      | The student establishes appropriate goals and the major portion of the session is spent in addressing these issues and encouraging clients to act.   | Student is able to set appropriate goals. At least half of the session is spent in discussing goals or rehearsing ways of achieving them.   | Student responds to client stories and past events and generally fails to address the treatment goals as the main topic of discussion.  | Student fails to set clear, concise, realistic and attainable goals  |

|    |  |   |  |  |  |   |
|----|--|---|--|--|--|---|
| 10 | <b>Provides Facilitative Conditions for a Therapeutic Relationship</b> | Counselor shows warmth, empathy & respect to form a therapeutic relationship which is a collaborative, trusting and close alliance. | Student consistently shows ability to form therapeutic relationships with a variety of clients based on warmth, empathy and respect. | Student shows considerable evidence of warmth, empathy and respect for client. Student is able to form a collaborative and | Student shows some evidence of warmth, empathy and respect for client but is generally unable to form a therapeutic relationship with clients. | Student does not show verbal and nonverbal indicators of either warmth, empathy or respect. |
|----|--|---|--|--|--|---|

**Part 2 (Professional Dispositions – CACREP Standards [2001] #2, 3, 5, & 11)**

| # | Primary Professional Dispositions                 | Specific Professional Disposition Descriptors  | Exceeds Expectations / Demonstrates Competencies (4) | Meets Expectations / Demonstrates Competencies (3) | Near Expectations / Developing towards Competencies (2) | Below Expectations / Insufficient / Unacceptable (1) |
|---|---|--|--|--|---|--|
| 1 | <b>Professional Ethics</b>                        | The student adheres to the ethical guidelines of the ACA, ASCA, & IAMFC  |  |  |   |  |
| 2 | <b>Professionalism</b>                            | Student behaves in a professional manner towards peers, supervisor, & clients (includes appropriates of dress & attitudes)   |  |  |   |  |
| 3 | <b>Self-awareness &amp; Self-understanding</b>    | Student demonstrates an awareness of his or her own belief systems, values, needs & limitations and the effect of “self” on his or her work with clients.                    |  |  |   |  |
| 4 | <b>Emotional stability &amp; Self-control</b>     | Student demonstrates emotional stability (i.e., congruence between mood & affect) & self-control (i.e., impulse control) in relationships with supervisor, peers, & clients. |  |  |   |  |
| 5 | <b>Motivated to Learn &amp; Grow / Initiative</b> | Student is engaged learning and developing his or her counseling competencies  |  |  |   |  |
| 6 | <b>Multicultural Competencies</b>                 | Student demonstrated awareness, appreciation, & respect of cultural difference (e.g., races, sexual orientation, SES, etc.)  |  |  |   |  |
| 7 | <b>Openness to Feedback</b>                       | Student responds non-defensively & alters behavior in accordance with supervisory feedback   |  |  |   |  |

|   |   |   |  |  |  |       |   |
|---|---|---|--|--|--|-------|---|
|   |   |   |  |  |  | CSPBS | 4 |
| 8 | <b>Professional &amp; Personal Boundaries</b> | Student recognizes the boundaries of her or his competencies & maintains appropriate boundaries with supervisor, peers, & clients |  |  |  |       |   |

## Part 3 (Professional Behavior – CACREP Standards [2001] #5, 6, 7, &amp; 8)

| # | Primary Professional Behavior(s)                  | Specific Professional Behavior Descriptors   | Exceeds Expectations / Demonstrates Competencies (4)  | Meets Expectations / Demonstrates Competencies (3)   | Near Expectations / Developing towards Competencies (2)  | Below Expectations / Insufficient / Unacceptable (1)   |
|---|---|--|---|--|--|--|
| 1 | <b>Attendance</b>                                 | Student attends all course meetings & clinical practice activities in their entirety (engaged & prompt).   | Student attends all classes and all scheduled supervision sessions. Is fully engaged and on time.   | Student misses no more than one class and one supervision session. Is fully engaged and on time.                                     | Student misses more than one class or two supervision sessions or consistently fails to arrive at class on time. | Student misses more than two classes or more than two supervision sessions.  |
| 2 | <b>Knowledge &amp; Adherence to Site Policies</b> | Student demonstrates an understanding of site policies & procedures and adheres to them.   |   |  |  |  |
| 3 | <b>Record Keeping</b>                             | Student completes all weekly record keeping activities correctly & promptly (i.e., case notes, psychological report, treatment plan).                |   |  |  |  |
| 4 | <b>Knowledge of professional literature:</b>      | Student researches therapeutic intervention strategies that have been supported in the literature & research.  | Student researches methods that have been shown to be effective for treating problems and applies them in session. Student goes beyond basic resources to understand the scope of the client's problems and available treatments. | Student researches methods that have been shown to be effective for treating problems and applies them in session.                   |  | Student shows no evidence of having researched the problem or diagnostic category and is not knowledgeable about treatment alternatives. |
| 5 | <b>Application of Theory to Practice</b>          | Student demonstrates knowledge of counseling theory & its application in his or her practice.  |   | Student is able to provide a rationale for application of counseling techniques and demonstrate techniques associated with the plan. | Student applies techniques haphazardly without regard to a framework or systematic treatment plan                |  |
| 6 | <b>Case Conceptualization</b>                     | Student is able to effectively present & summarize history, & demonstrate appreciation of the multiple influences on a client's level of functioning |   |  |  |  |
| 7 | <b>Seeks Consultation</b>                         | Student seeks consultation & supervision in appropriate service delivery   |   |  |  |  |
| 8 | <b>Psychosocial &amp; Treatment Planning</b>      | Student demonstrates ability to construct a comprehensive & appropriate psychosocial report & treatment plan.  |   |  |  |  |
| 9 | <b>Appraisal</b>                                  | Student demonstrates ability to appropriately administer, score, & interpret clinical assessments  |   |  |  |  |



|    |                        |  |  |  |  |  |
|----|------------------------|--|--|--|--|--|
| 10 | <b>Task Completion</b> | Student completes all assigned tasks in an ethical & effective fashion (e.g., individual & group counseling, supervision, reports, clinical presentations) |  |  | At midterm and final, the student has incomplete case files. Student is unable to complete group counseling hours. Student fails to turn in necessary paperwork. |  |
|----|------------------------|--|--|--|--|--|

**APPENDIX E: UCF IRB CONSENT**



University of Central Florida Institutional Review Board  
Office of Research & Commercialization  
12201 Research Parkway, Suite 501  
Orlando, Florida 32826-3246  
Telephone: 407-823-2901 or 407-882-2276  
[www.research.ucf.edu/compliance/irb.html](http://www.research.ucf.edu/compliance/irb.html)

## Approval of Exempt Human Research

From: UCF Institutional Review Board #1  
FWA00000351, IRB00001138  
To: David Ascher  
Date: July 28, 2010

Dear Researcher:

On 7/28/2010, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination  
Project Title: Phenomenological Investigation of the Counselor Competency Scale  
Investigator: David Ascher  
IRB Number: SBE-10-07033  
Funding Agency:  
Grant Title:  
Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Joseph Bielitzki, DVM, UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 07/28/2010 04:41:41 PM EDT

A handwritten signature in black ink that reads "Joanne Muratori".

IRB Coordinator

## **APPENDIX F: STUDENT CONSENT**



## **EXPLANATION OF RESEARCH**

Title of Project: *Phenomenological Investigation of the Counselor Competency Scale©: A Measure of Counseling Skills, Dispositions, and Behaviors*

Principal Investigator: *David Ascher, M.Ed.*,

Other Investigators:

Faculty Supervisor: *Glenn Lambie, Ph.D.*

You are being invited to take part in a research study. Whether you take part is up to you.

- The purpose of the proposed study is to gain understanding of the implementation of the Counselor Competency Scale© (CCS) through the lived experiences of graduate counselor education practicum counseling students at the Community Counseling Clinic at University of Central Florida (UCF).
- If you choose to involve yourself you will be asked to participate in either a focus group interview with 6 to 10 other Counseling Practicum students or an individual interview with the principal investigator, David Ascher. The focus group or individual interview will take place at a mutually agreeable time in the College of Education building.
- The focus group or individual interview should last no longer than 45 minutes.

**Study contact for questions about the study or to report a problem:** If you have questions, concerns, or complaints David Ascher, Doctoral Candidate, Counselor Education Program, College of Education, [dascher@mail.ucf.edu](mailto:dascher@mail.ucf.edu) or (407) 790-1931 or Dr. Glenn Lambie, Faculty Supervisor, Department of Educational and Human Sciences in the College of Education, [glambie@mail.ucf.edu](mailto:glambie@mail.ucf.edu), office telephone number 407-823-4967

**IRB contact about your rights in the study or to report a complaint:** Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901.

**APPENDIX G: SUPERVISOR CONSENT**



## EXPLANATION OF RESEARCH

Title of Project: *Phenomenological Investigation of the Counselor Competency Scale©: A Measure of Counseling Skills, Dispositions, and Behaviors*

Principal Investigator: *David Ascher, M.Ed.*,

Other Investigators:

Faculty Supervisor: *Glenn Lambie, Ph.D.*

You are being invited to take part in a research study. Whether you take part is up to you.

- The purpose of the proposed study is to gain understanding of the implementation of the Counselor Competency Scale© (CCS) through the lived experiences of graduate counselor education practicum supervisors at the Community Counseling Clinic at University of Central Florida (UCF).
- If you choose to involve yourself you will be asked to participate in either a focus group interview with 3 to 6 other Counseling Practicum Supervisors or an individual interview with the principal investigator, David Ascher. The focus group or individual interview will take place at a mutually agreeable time in the College of Education building.
- The focus group or individual interview should last no longer than 45 minutes.

**Study contact for questions about the study or to report a problem:** If you have questions, concerns, or complaints David Ascher, Doctoral Candidate, Counselor Education Program, College of Education, [dascher@mail.ucf.edu](mailto:dascher@mail.ucf.edu) or (407) 790-1931 or Dr. Glenn Lambie, Faculty Supervisor, Department of Educational and Human Sciences in the College of Education, [glambie@mail.ucf.edu](mailto:glambie@mail.ucf.edu), office telephone number 407-823-4967

**IRB contact about your rights in the study or to report a complaint:** Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901.

**APPENDIX H: PARTICIPANT DEMOGRAPHICS FORM**



Dear Participant:

Thank you so much for your help with my study. Please answer the following questions so that I may give readers of this investigation some context about the participants.

1. How old are you? \_\_\_\_\_

2. How do you identify yourself racially, culturally, and/or ethnically?

\_\_\_\_\_

3. What is your gender? \_\_\_\_\_

**Supervisors**

4. If you are a Supervisor, how many semesters have you supervised?

\_\_\_\_\_

5. How many semesters have you supervised using the CCS?

\_\_\_\_\_

**Students**

6. If you are a Student: What track are you in (i.e.: School, Mental Health, etc.)

\_\_\_\_\_

## **APPENDIX I: PEER DEBRIEFERS' AND EXTERNAL AUDITOR'S FEEDBACK**

## **External Auditor Comments:**

### **Chapter 3**

David, you have written a very good summary of what constitutes sound qualitative methods. In addition, you provide a strong and cohesive argument for using the phenomenological approach, including arguments for why alternative approaches would have been limiting in the current study. Your field notes and other reflections acknowledge your own mindset and emphasize your intent to bracket personal biases to the extent that this could be done. Finally, you employed sound criteria for participant inclusion/exclusion.

You had some interviews conducted by two peers and this was a good way to avoid any power differential that might have been perceived. Having subjects read and edit the transcribed interviews (if warranted), along with the use of peer debriefers and an external auditor strengthened the reliability and trustworthiness of your data.

You have also provided a strong rationale for approaching your analysis without the use of a qualitative software package, noting not only many disadvantages of using qualitative software but also noting your own personal style and preferences for working with the data. Your rigorous approach to managing and analyzing the data was well grounded in the literature, which allowed you to create a “research key” that guided you further to explicate themes.

### **Chapter 4**

David, you have explained very well, the thorough and methodical approach you took to analyze and understand your data. While intensely subjective, your approach is described in a way that would allow your study to be replicated and that is an important element in any methodology, but especially in a qualitative approach. Your use of preview statements and

summaries help the reader orient to your process and discovery, and your use of direct quotes substantiates the claims you have made about what the data tells you about the lived experience of these students and supervisors. In addition, the use of metaphor and illustration of the soup bowl are terrific ways to help the reader visualize the complexity of your findings.

A few areas have been noted in my comments above, where some additional elaboration may be needed to clarify for the reader, but they are minor and overall this chapter is very well done and explains your methodology very well.

## **Chapter 5**

David, overall chapter 5 summarizes your approach and your findings well. There are, however, a number of areas that might need revision. These are noted in the text of your document, but I will reiterate some ideas here.

Your summary section is very clear and if this is how your institution requires you layout this section, then you are in good shape. Don't be surprised, however, if your committee pushes back and asks why this summary is included in chapter 5. Some institutions only want the synthesis of findings, not a reiteration of what you did. You and your advisor will know best here – so plan accordingly. Also in this section, the reader (me) gets confused with your two uses of the term “trustworthiness” and I suggest that you differential the trustworthiness of your data by stating it as such. Otherwise, it's possible the reader might think you are still referring to trustworthiness of the instrument (your themes).

Overall you do a very good job linking the literature with your findings. In a few sections of chapter 5, however, comments have been inserted where there was confusion or inconsistencies in your writing. Be sure to clarify your meanings where indicated. This chapter

may be the one that the committee finds more to critique – but you should have confidence that your work has been strong and whatever revisions they suggest will only make it stronger. You are in a good position to send this out to your committee after cleaning these few things up.

**Peer Debrief #1:**

David,

First, I would like to state that you have done a wonderful job detailing the phenomena surrounding the use of the CCS at the University of Central Florida. After reviewing your audio and transcripts I think that you have done a great job of making sure that they were accurate. Also, it was easy to see during our discussions that you approached this study from an unbiased standpoint and brought that neutrality with you when analyzing your data. You took special care when collecting and analyzing your data. Even removing yourself as the primary interviewer when working with students whom you had prior relationships; keeping the integrity of your study strong. You have a clear understanding of the literature regarding qualitative research and took considerations from multiple resources when creating your research design. Finally, your use of peer debriefers and an external auditor allowed you to not only be self reflective but also ensure that your study was done to the best of your ability as a researcher. Overall, I think that you did a really good job developing and completing this study.

Good luck to you in all your future endeavors and I look forward to calling you Dr. Ascher soon.

If you have any questions please feel free to ask me any time.

## **Peer Debrief #2:**

David:

I have enjoyed working with you on your research project. I want to commend you on your effort to uncover the core issues involved in this phenomenological study. Allow me to restate my qualifications to serve as a peer reviewer for you on this project. I have served as part of a research team that completed an ethnological study of middle school student college readiness, and have presented these peer reviewed findings at professional conferences. I have completed two doctoral level qualitative classes (Qualitative Research in Education and Ethnography in Educational Settings) and I recently conducted a qualitative phenomenological study. I too am in the process of completing my dissertation.

As we have discussed, I have reviewed your audio tapes and transcripts as well as your data analysis findings. You have written a very good summary of what constitutes sound qualitative methods. In addition, you provide a strong and cohesive argument for using the phenomenological approach, including arguments for why alternative approaches would have been limiting in the current study. You included an abundance of research support for your decisions and rationale for your study. I appreciate your transparency. Your field notes and other reflections acknowledge your own mindset and emphasize your intent to bracket personal biases to the extent that this could be done. Finally, you employed sound criteria for participant inclusion/exclusion. Your detailed account of your methodology left me with the feeling that I could follow your steps and replicate this study myself.

You had some interviews conducted by two peers and this was a good way to avoid any power differential that might have been perceived. Having subjects read and edit the transcribed interviews along with the use of peer debriefers and an external auditor strengthened the

reliability, validity, and trustworthiness of your data. These approaches also support sound ethical practice, and demonstrate your willingness to examine and eliminate any potential researcher bias.

You have also provided a strong rationale for approaching your analysis without the use of a qualitative software package, noting not only many disadvantages of using qualitative software but also noting your own personal style and preferences for working with the data. Your rigorous approach to managing and analyzing the data was well grounded in the literature, which allowed you to create a “research key” that guided you further to explicate themes.

Participating in this review process has helped me clarify some of the challenges with which I have been faced during my own research process. I am impressed by your thoroughness. I hope that I have been helpful to you.

**APPENDIX J: THE COUNSELOR COMPETENCIES SCALE MANUAL**



*Counseling Competencies Scale (CCS) Manual*©  
University of Central Florida  
Fall 2009

Correspondence regarding the *Counseling Competencies Scale (CCS) Manual* should be sent to Jacqueline Swank (253Hjswank@mail.ucf.edu) or Glenn Lambie, Ph.D. (254Hglambie@mail.ucf.edu)

## 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 practitioners 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  $\frac{3}{4}$  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 acknowledgement 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 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 client's 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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