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Journal of Counseling Research and Practice

Volume 4 Number 1

TABLE OF CONTENTS

The Journal of Counseling Research and Practice (JCRP)
Volume 4, No. 1
(1-20)

Career Construction Interviewing: ThemeMapping a Client's Story

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Abstract
Often, practitioners are reluctant to utilize client narratives due to a lack of training in detailed application concerning story construction and reconstruction and fear of moving into psychotherapy instead of career guidance or counselling(Lengelle & Meijers, 2012; Reid & West, 2011). In this article, wepresent a working process for organizing, mapping, and building viable co-constructions with clients.We offer theming strategies, schemes, and categories that practitioners can use during the career counselling process to help clients in gaining movement in their career trajectories.

Narrative approaches in career counselling are gaining acceptance and credibility within the profession (Brott, 2001; Hartung, 2013; Lengelle, Meijers, & Hughes, 2016; Maree, 2010a; Rehfuss, 2013; Savickas, 1998, 2011, 2013). With the increased interest in using narrative approaches, researchers have noted that the majority of practitioners are reluctant to utilize client narratives because of a lack of training, detailed application concerning story construction and reconstruction, and fear of moving into psychotherapy instead of career guidance or counselling (Lengelle & Meijers, 2012; Reid & West, 2011). Many researchers and practitioners (Vilhjalmsdottir & Tulinius, 2016; Maree, 2010b, 2013; Savickas, 1998, 2011, 2012; Taber & Briddick, 2011) have attempted to bridge this gap between theory and practice by providing case studies and detailed applications of one specific narrative approach: career construction interviewing.

Career construction interviewing is an approach of narrative career counselling that uses a semi-structured sequence of questions to collect narrative elements from the client. Based on career construction theory (CCT; Savickas, 2011), the semi-structured interview is intended to evoke aspects of the client's career adaptability, identity, interests, values, and general life themes. This involves recording the narrative responses to each question in the interview and, then, deconstructing this data into themes. The remaining step is to construct a career life story through a cooperative process between the counsellor and the client. See Savickas (2011) for detailed procedures for conducting the interview.

Current research (Maree, 2010b, 2013, Rehfuss, Del Corso, Glavin, & Wykes, 2011; Savickas, 1998; Taber & Briddick, 2011) indicates the interview sequence is helpful to career clients and counsellors. Stoltz, Wolff, and McClelland (2011) found the addition of the career construction interview (CCI) to traditional career counselling methods resulted in positive gains in career decision making for rural African-American high school

students. Barclay and Stoltz (2016) found the CCI process useful in group career counselling with academically undecided undergraduate students. These authors noted gains on measures of career maturity and decision-making. Barclay and Wolff (2012) indicated that the CCI process was effective in determining career personality themes. Additionally, Rehfuss, Cosio, and Del Corso, (2011) found that counsellors perceived the use of the interview helpful in working with clients. Specifically, the participant counsellors highlighted client life-theme development and making meaningful career decisions as most helpful.

Although the process and use of the CCI is well documented and described, the narrative aspects of co-constructing descriptions for career adaptability, life themes, and career identity remain challenging to practitioners and students (Lengelle & Meijers, 2012; Reid & West, 2011). Savickas (2011) claimed that counsellors need to develop "narrative competence" (p. 69). Vilhjalmsdottir and Tulinius (2016) stressed the importance of identifying fundamental concepts in the client's stories to aid reflexivity. Moreover, in our collective experience in training doctoral and master's students, we receive consistent student feedback declaring difficulty in arriving at productive and useful narrative themes and stories. The purpose of this article is to provide a guide for deconstruction using theming categories from research with early recollections and autobiographical memories. Additionally, the process provides a strategy for constructing themes to collaborate with clients in re-authoring a new life story. We accomplish this by providing a brief review of the extensive literature on theming narrative materials, ranging from autobiographical memories to complete psychotherapy narratives. In addition, we present common theme development strategies from qualitative research methods. Following a brief explanation of the CCI and existing co-construction strategies (Savickas, 2013; Taber, Hartung, Briddick, Briddick, & Rehfuss, 2011), we detail a mapping scheme that allows the counsellor to assemble the narrative data into thematic categories created from the CCI questions. From this map, the counsellor and client organize a graphic co-construction of client stories, which becomes a physical representation intended to aid in the creation of a new client narrative.

To be clear, we view this process as an integration of qualitative research strategies, narrative counselling, and career counselling. Reid and West (2011) discussed the difficulties of limiting a narrative approach to career guidance. Career guidance is based on an empirical and logical approach and usually involves test scores comparing the individual to group norms (Savickas, 2011). Career counselling incorporates many aspects of other forms of counselling (e.g., negative thinking, emotion) and aids clients to think holistically about career (Peterson, Sampson, Lenz, & Reardon, 2002; Hartung, 2013). In this article, we embrace the concepts expressed by Blustein and Spengler (1995), who posited that counselling includes both career and personal dimensions. These authors avoided the categorical nomenclature of career or personal counselling by suggesting the term *domain* (career, personal, relationship) to represent the focus of the counselling. Many authors (Betz & Corning, 1993; Krumboltz, 1993, Zunker, 2008) provided further elaboration of the difficulty in conceptualizing career counselling as separate from other forms of counselling.

However, the focus of career guidance is clearly different from career counselling, and we are presenting this mapping technique for use in career counselling using the narrative CCI process.

Much of the narrative career development literature focuses on client identity, adaptability, and life themes. The very nature of these constructs entails domains from other domains of counselling (e.g., early life experiences, family relationships, developmental tasks, projective techniques). Thus, we posit, as many before us, that career and other types of counselling are not mutually exclusive and often co-occur, especially when using client narratives. Although we promote this integration, we recognize that many career counsellors may not possess experience or training in treating mental health issues. We do support and recognize ethical obligations to make appropriate referrals for more targeted treatment of mental health issues identified in this process (e.g., trauma, clinical depression, anxiety disorders). Although the narrative approach might present challenges in limiting counselling to the career domain, in this article, we use a mapping process as a way of integrating other domains (e.g., life themes, developmental tasks, stress coping) but focus particularly on the career application aspects (e.g., career identity, career adaptability).

Stranding, Theming, and Storying: Mapping Narrative Elements

Reviewing counselling and psychotherapy content for themes is an historic, yet emerging, practice in the helping professions (Bruhn, 1984; Clark, 2013; Meier, Bolvin, & Meier, 2008; Singer & Bonalume, 2010). Exploring themes in psychotherapy and counselling is a unique and specific method of understanding a client's verbal and behavioural content (Braun & Clarke, 2006). Braun and Clarke (2006) posited that theme analysis is a systematic approach for exploring and reporting patterns and relationships in data collected from clients. The process borrows methods from qualitative research and incorporates the processes of rich description, inductive and deductive reasoning, and specific epistemologies (e.g., constructivist). Braun and Clarke discussed the typical qualitative research processes of exploring data, generating initial codes, searching for themes, reviewing and naming themes, and developing reports. Several theming systems (Meier et al., 2008; Singer & Bonalume, 2008; Thorne & McLean, 2001) represent attempts to detail and explain the process of developing reliable themes across psychotherapy sessions for research and therapeutic purposes.

Using autobiographical memories (ABMs), Singer and Bonalume (2010) described a system of reviewing client stories concerning past and recent life events. This review process entails dividing the transcribed psychotherapy sessions into segmented topics within the session content. After identifying each topic, the researchers suggest identifying each narrative for complexity (e.g., completeness of story, causal links, timeline, context, and emotions). Researchers use the narratives that hold many of these story elements (rated three or higher on a five point scale) for analysis.

Analysis begins with determining the story as an ABM different from a non-ABM. The ABM is a story that contains "direct personal experience" (Singer & Bonalume, 2010, p.174), not stories told by others to the

client (a non-ABM). These personal experience stories are the narratives utilized for theming with the dimensions of specificity, meaning, and affect. *Specificity* represents the detail and integration of the story, including time, self-in-context, and unique occurrence (Singer & Bonalume, 2010). *Meaning* signifies attempts to qualify a person's use of the memory to create purpose and significance (e.g., making personal sense from the event). *Affect* includes the emotional aspects of the event from past to present. The system also includes Thorne and McLean's (2001) scheme for scoring the types of narratives or specific content (i.e., life threatening events, recreation/exploration leisure events, relationship events, achievement events, guilt/shame, doing wrong vs. doing right events, drug, alcohol, tobacco use events, and events unclassifiable). Content is a categorical assignment of the memory events that include type of events as outlined by Thorne and McLean. Although used in psychotherapy research, many of the theming categories included in this model overlap with career domains, especially with the use of identifying thematic material (e.g., preoccupation, emotion) in career work (Maree, 2010b; Savickas, 1998, 2012; Vilhjalmsdottir & Tulinius, 2016).

Thorne, McLean, and Lawrence (2004) conducted a study concerning early memories and reflecting. These authors used the self-defining memory questionnaire (Singer & Saloney, 1993) to collect early memory data from college students. Thorne et al. (2004) collected 504 memory narratives, and they coded each narrative using the theming system derived by Thorne and McLean (2001, 2002). This system provided four narrative event categories (relationship, mortality, achievement, leisure events) from the original eight outlined previously. Also included were categories of tension, meaning, gaining insight versus lessons learned, and reporting of listener responses (positive, negative) to the narrative, and whether participants told the narrative to others prior to the study. Thorne et al. found a modest, yet positive, relationship between the reporting of tension in a narrative and the construction of meaning. This indicated that tension and stressful events might promote meaning making and adaption, similar to Savickas's (2002) conceptualization of mild, moderate, and severe disharmony in career identity match to career environments. Additionally, this meaning making process is synonymous with reflexivity noted in process research using narratives (Vilhjalmsdottir & Tulinius, 2016).

Those narratives that were mortality-based had the highest amounts of meaning associated with the event. There was equal distribution of meaning between the memory events that had been shared previously and those not shared previously, indicating that meaning making can be either an individual or a shared experience. Thorne et al. (2004) reasoned that when individuals experience positive life events, they need little social support, and these events do not necessarily lead to meaning making transformative experiences. However, the experience of negative events showed benefit from social support for managing the negative emotional experiences associated with these events. This story telling can lead to significant meaning making as the person explores and narrates life insights. Furthermore, these researchers found story recipients (i.e., supporters hearing the story) who responded with positive versus negative responses were helpful in assisting the narrator to make meaning of the events. This research

highlights the significance of tension as a theming category and draws attention to the process of counsellors (as listeners) being open to and promoting positive reflection concerning the story and ultimate meaning for the clients' lives. This process is certainly present and active in the career domains as represented by Maree (2010b, 2013) and Savickas (2011).

Meier et al. (2008) described a theme analysis procedure using a hierarchical theming system consisting of four levels of themes (descriptive themes, second-order themes, third-order themes, and core themes). *Descriptive themes*, the most basic, represent the client's concerns and specific experiences. These include emotions, thoughts, perceptions, needs and lamentations, and other specifics and represent the basic elements or deconstructed elements of a story. To arrive at descriptive themes, the focus is on unique feelings, perceptions, needs, wants and goals, thoughts, and experiences. In organizing these, counsellors use a continuum from least to most (e.g., feeling relaxed to feeling anxious). The description is reduced to these bi-polar dimensions and accompany the object of the experience (e.g., anxious when talking with supervisor). The supervisor is the object in this example.

Counsellors form *second-order themes* by combining descriptive themes that are similar (e.g., events that describe common occurrences, such as not stating needs, feeling ignored or unrecognized). This represents preliminary co-construction as the counsellor notes commonalities across narratives. Compiling second-order themes into common blocks is the process of developing *third-order themes*. Looking for relationships between second-order themes and grouping them under a generalized category that represents the common aspects of the second-order themes draws attention to the overall descriptor for the third-order category (e.g., not stating feelings might be categorized into behaviours in relating, and feeling unrecognized or ignored might be categorized into cognitive responses to social interactions). This is another step in co-constructing the overall theme from the narratives.

After placing all the descriptive themes into second-order and third order categories, counsellors are able to develop a *core theme*. The core theme represents the relationships between all the third-order categories. For example, a theme of *lacking assertiveness* might represent behaviours in relating and cognitive responses to social interactions. This hierarchical organization allows for the compilation of themes to come directly from the client's narrative story. The core or life theme, then, informs the counsellor about the organizing framework or dynamic structure of the individual's thinking, behaviour, and emotionality. This is the focus of treatment in psychotherapy and counselling, and career counsellors can conceptualize this as the pre-occupation noted by Savickas (2011). Once identified, the counsellor uses the pre-occupation to help the client make meaning of the events and construct an occupation that actualizes this meaning.

The theming models presented offer insights into how to deconstruct and co-construct client narratives. Attending to the specificity and complexity of the narrative can provide insights into the client's identity development (McAdams, 1985; McAdams & McLean, 2013). Organizing narratives into specific themes helps to identify tension and meaning and can indicate personal value systems. Finally,

learning to use a hierarchical structure to organize client stories assists in defining primary difficulties or challenges for the client. Counsellors might conceptualize these as the life themes or preoccupations as described by both Savickas (2011) and Maree (2010b).

One additional section of the literature related closely to the CCI is the use of early recollections as conceptualized by Adler (as cited in Ansbacher & Ansbacher, 1979). According to Adler, early recollections represent overall life themes (lifestyle) and include degrees of activity, purposeful behaviours, and attitudes toward social tasks. Understanding the assessment and translation of early memory stories in psychotherapy is a long-standing tradition of the Individual Psychology approach of Adler.

Manaster and Perryman (1973, 1974) developed a system for theming early recollection material to help practitioners develop lifestyle themes. They included characters (e.g. mother father, siblings, pets), theme of the memory (e.g., death of a loved one, disagreement or conflict), sensory detail (e.g., visual, auditory), setting (e.g., home, school, outdoors), mode of interaction (e.g., active versus passive), perception of event (e.g., internal locus versus external locus of control), and affect (e.g., happy, sad, scared). Review of these categories helps practitioners assess a client's lifestyle that includes life themes and perceptions of the world. Counsellors can use these categories, although altered and revised, in career construction counselling to identify life themes (preoccupations), career adaptability (problem solving strategies), and career identity (values and worldview).

In summary, the various theming systems reviewed above, although thorough and extensive, cannot address all aspects of the client's narrative. However, these systems can broaden and deepen the analysis process of client narratives and assist counsellors, using the various categories, to help clients understand identity and use of early memory stories in forming plans and commitments concerning the career domain.

Themes and the CCI

In the career construction interview (CCI), many memories and current experiences, as cultivated by the interview questions, aid the client in building and constructing a career story. Savickas (2011) explained that counsellors need to witness the client's stories and relate the personal meaning back to the client to address the original reason for seeking counselling. Then, the counsellor must be able to draw relationships accentuating meaning for the client, expose themes for career and life design, and extend the story into the future. This process includes drawing from past and present stories (micro-narratives) to develop a macro-narrative that portrays a career story with greater coherence, continuity, and complexity. According to Savickas (2011), specific categories for story construction include "self, setting, script, and strategy" (p. 68). Additionally, Vilhjalmsdottir and Tulinius (2016) provided guidance in understanding story conflict, relationships, and motivations in the story. The theming schemes discussed earlier reflect several of these categories. These categories become a framework for listening to the story and organizing elements of the narrative.

Several components outlined in the various theming approaches presented earlier represent categories offered by

Savickas (2011). The client's descriptions and traits of favoured characteristics in the narrative represent *self*. Helping the client report actual memories, and not stories about the client, is an important aspect of assessing the self. More important is the concept of self and personal identity that emerges from the story (McAdams, 1985, McAdams & McLean, 2013). Listening for themes across stories helps counsellors develop a sense of the client's identity.

Setting is a category discussed by both Singer and Bonalume (2010) and Manaster and Perryman (1973, 1974). Singer and Bonalume described assessing for the self immersed in the context. Manaster and Perryman included context as the frame in which the story unfolds. Other aspects help to build the elements of context (e.g., are there other people [Characters] in the memory? Does the client describe aspects [e.g., smells, visual cues] of the context in detail?).

Script is the most noted of the categories. The script represents the client's role and the sequence of events in the story. Thorne and McLean (2001) offered the most complete list of categories for types of scripts (e.g., life threatening events, recreation/exploration events). Review of these categories simply assists the practitioner in identifying the type of event and how the client perceives the event. The script concept goes deeper into the interaction and focuses on the happening and processing of the client. Much of the life themes emerge from listening to the telling of the events. Listening for the client's emotional reactions (Manaster & Perryman, 1973, 1974; Singer & Bonalume, 2010) and meaning making responses (Singer & Bonalume) are important concepts in the process of helping the client tell and re-story life events.

Strategy, from an Individual Psychology (Ansbacher & Ansbacher, 1979) perspective, represents the total movement of the client. This movement is the client's way of perceiving, being, and reacting to the world. Savickas (2011) stated that the strategy is the way the client enacts the script within the context. From the story, the counsellor gleans the strategy or movement of the client. This movement represents the way the client deals with the tasks, relationships, or challenges presented in the memory.

These seemingly four simple categories (self, script, setting, and strategy) outline elements in the client's story. The counsellor must listen, garner understanding from the story, and narrate this back to the client in a collaborative process helping the client gain skill in developing narrative chapters for future life events. This process goes beyond basic counselling skills and includes interpretation and realigning elements of the client's story so the client can begin to conceptualize new chapters.

This theming process is the cornerstone of the CCI. The ability to develop useful themes that capture the client's experiences, values, emotions, and beliefs is crucial to success in using this narrative approach. To aid in this process, we outline the CCI questions below and suggest theming processes derived from the literature presented above.

Career Construction Interview: Questions and Themes

Clearly, the CCI is a narrative approach that taps the domains of mental

health and career functioning simultaneously. In this section, we present the CCI questions, along with theming concepts that are relevant from the psychotherapy literature, to aid counsellors in mapping the client's career self-construction.

Client Concern or Problem in Enacting the Self-Concept

The first question (Tell me how I might be helpful to you in constructing your career) of the CCI is an inquiry about how the counsellor might be helpful to the client in constructing his or her career. This question focuses on defining the problem or task offered by the client. Furthermore, this question provides the counsellor with the client's present context and, perhaps, emotional reactions to the problem or task. Counsellors must return to the presenting problem after assembling the microstories into a macrostory. Theming for the problem might include the client's self, context, relationships, timeline, completeness, and tension. These categories help the counsellor listen to and categorize aspects of the client's presenting problem so that, together, they can reconstruct a narrative into a career story with goals to address the problem.

What are salient aspects of the client's self-concept?

The second question (Describe the people you admired when you were a child. These might be real people or fictional characters) addresses aspects of the self-concept by asking about role models admired as a child. By asking about role models, the counsellor is hoping to propagate narrative about the client's self-concept. Theming categories include values, morals, and ways of addressing life problems and moving through life (e.g., strategy and reflexivity).

What are the interests of the client?

This question (Tell me what magazines you read, the television shows you watch, and the websites you visit regularly. What, in particular do you like about each?) addresses major interests of the client. Also assessed is the tension between acting on the interests and the social opportunities and self-assessed abilities to act on the interests. The theming categories used here are very familiar to counsellors. The RIASEC codes from Holland (1992) become a focus for theming. Furthermore, using the specific categories of values, self-concept, rewards, personal style, and self-expression taken from the Self-Directed Search *You and Your Career* brochure (Holland, 1994) are helpful in understanding the client's expressed interests. Additionally, using Prediger's (1982) dimensions (people-things and ideas-data) is helpful in understanding the client's broad orientations to work. Finally, understanding the tension between actualizing the interests and opportunities is important. Specifically, what restricts the client from pursuing interests?

What is the client's script?

With the next question (What is your favourite story? Tell me about the plot.), the counsellor inquires about the client's current favourite story. From this question, the counsellor is attempting to discover how the client brings self and identity to the projects and settings housed in the person's interests (Savickas, 2011). The counsellor instructs the client to tell the favourite story and listens for how the client develops a personal interpretation of the tale. The counsellor listens for the descriptions of how

the characters move and negotiate the conflicts or climax of the story. These descriptors are the script used by the client to negotiate life and conflict. Furthermore, the main character in the story usually has a demeanour and specific values. These can often be associated with the client's identity and strategies for addressing perceived difficulties.

What is the self-talk for facing life challenges?

To answer this question (What is your favourite motto or saying?), the counsellor searches for advice the client uses to face life challenges. The counsellor requests a favourite motto or saying and uses this content during re-storying. The motto might represent encouragement, hope, and expectancy. The client uses the self-talk to cope with current and future challenges. Thus, enlisting the client's self-guidance becomes a powerful force for encouragement in the new story construction.

What is the worldview?

Often in early memories, clients report stories of pain, discouragement, and disappointment, but other memories may present happiness and contentment. The centrality of these stories represents the pre-occupation or worldview in the client's life story. Asking about early memories and a headline is the next part of the interview sequence (Please give me three early recollections. These should be memories rather than stories others have told you. Who is in the memory? What is happening? If the story were published in a local newspaper, what would be the headline?). Counsellors elicit the memories by asking the client to recount three early memories along with a phrase or headline that captures the primary theme of each memory. The headline presents a clear theme of the perspective or worldview the client constructs concerning the story. These early life events hold many of the theming categories presented in this article. The theming of the memories is very important to understanding what themes the client evokes when facing life tasks, challenges, or adversity.

Counsellors consider use of theming for specificity, completeness, causal links, and emotions (Singer & Bonalume, 2010), type of event (Thorne & McLean, 2001), tension and meaning making (Singer & Bonalume; Thorne & McLean), characters, theme, sensory detail, setting, mode of interaction, perception of events, and affect (Manaster & Perryman, 1974) when hearing and interpreting these micro-narratives. The memories are cumulative and contain aspects of the self, setting, script, and strategy described by Savickas (2011). The compilations of these stories provide a holistic worldview. From the theming categories, the counsellor engages in building a story that represents the client's generalized view of life and the world. Using specific story elements and the theming of Meier et al. (2008) is helpful in building a cohesive and integrated view that the client can understand as an interpretive lens for life events. From this point, the counsellor shares this constructed worldview with the client and begins to build a new narrative to address the client's presenting problem or main concern for seeking assistance.

Cartography of Client's Stories: Building the Map

We suggest organizing the story elements from the CCI. First, recording all

the CCI responses from the interview sequence is important. Recording of the narratives should be as accurate as possible using the client's actual words. Metaphors and specific words or phrases are key aspects of building a re-constructed story with the client. Once all recording is complete, the counsellor begins by underlining, circling, or highlighting specific words or phrases identifying descriptive themes. Counsellors might do this with the client or independent of the client and, then, present to the client in later sessions. Developing thematic links (e.g., underlining, circling, highlighting) shows the relationships among the themes in the various micronarratives and culminate into the second and third order life themes that represent various aspects of the client's general approaches to life tasks and problems in career transitions. Finally, taking the themes from the third order themes and creating core themes helps formulate the re-storying.

Beginning with the first question, the counsellor reviews the responses and starts identifying descriptive words and phrases. In the example (see Figures 1, 2, & 3), we used numbers, underlining, and symbols to show the relationships of descriptive themes to the second and third order theming categories. The counsellor repeats this process using the categories proposed for each CCI question. The intent of this process is to organize the categories in hierarchal fashion similar to Meier et al. (2008). There might be cause with some narratives to list or develop a new theme or use a category from another question. Once the counsellor reviews and identifies all the second and third level categories for all the questions, the deconstruction process is complete. Review might help to refine and draw further themes or relationships from the categories, similar to the recursive processes outlined in qualitative research.

Reviewing the deconstructed elements and identifying relationships is the first step in reconstruction (see Figure 4 – ThemeMap Example). Identifying the relationships with colour coding, arrows, or some scheme helps highlight emerging themes. Also, reviewing for narrative aspects of identity, adaptability, values, and interests supports in re-constructing a narrative with the client. Reviewing these narrative building materials aids in reminding the client of the elements and can lead to clarifications. Counsellors can accomplish this by mapping the themes and phrases onto the ThemeMapping scheme. This scheme provides a visual aid for the client to see and review the narrative material, along with the counsellor, and provides an organizing frame for the narrative material. Counsellors use this as a direct reference when re-constructing the client's new narrative. In the example (see Figure 4), the map highlights the repetitive nature of themes (e.g., pressure, frustration). These are examples of what Meier et al. (2008) called descriptive themes. The culmination of these descriptive themes creates the second-order theme of emotional reaction and a third order theme conceptualized as stress. For this example, client decision-making events seem to be present in key examples given during the interview. The core theme might be labelled as stress resulting from forced choice decision-making. Rather than identifying this as a negative trait, we suggest that the experience of distress and pressure, derived from the presentation of a forced choice (e.g. ice cream flavours, known career choices without exploration) becomes a signal to the client for enlisting his hero, Iron Man, to use intellect, problem-solving

skills, and decision-making confidence. This becomes part of the new story construction for the client.

Review of the example reveals additional descriptive codes (e.g., smart, intellect, visionary, influential, creativity). These descriptive codes might be combined into a desired personal style. This personal style becomes the way of movement for the client to practice and enhance during career exploration. The core theme coalesces into an entrepreneurial artistic self-concept. Again, this would be re-narrated into the new story for the client.

From these highlighted relationships (second and third order themes) in the narrative elements (descriptive themes), the counsellor and the client begin to build new narrative elements by identifying important strengths (adaptability), identity elements, and meaning demonstrating the core themes used for story reconstruction. Building from these narrative themes, the counsellor and client develop new chapter outlines addressing the needs of the client. Savickas (2015) calls this a "unifying life portrait" (p. 65). This portrait includes goal statements and conceptualized strengths that draw from the many theming elements presented in this article. The client's experiences, coping strategies, and strengths converge into new narratives helping the client to gain confidence and self-understanding in facing the life challenges stated at the outset of the session (see Table 1).

Although this is a qualitative and narrative process, counselors can use specific processes to support credibility when co-constructing the interpretation with the client. This includes processes of checking in regularly with the client concerning interpretations, triangulating the narrative responses with other data (e.g., quantitative assessments, interview data) looking for confirmatory and non-confirmatory data, and self-monitoring through peer supervision to guard against personal biases when interpretation (Stoltz, Bell, & Mazahreh, 2019).

Conclusion

In this article, we reviewed various theming strategies and schemes for studying client narratives from the psychotherapy and counselling literature. We described these theming categories in the context and application of the CCI. By applying these theming categories to the micro-stories derived from the CCI questions, counsellors can gain efficacy and skill for generating future career narratives with clients. Although intended for the idiographic application of career construction, practitioners can use these theming categories to construct nomothetic research designs to understand narrative content better within groups. Generating databases of narratives and theming categories may reveal patterns in data that presently go unnoticed in idiographic applications.

In summary, our purpose in writing this article was to provide support and a strategy to counsellors who have trouble in developing post-session narratives that help the client cultivate meaning and hope, and inventorying skills, abilities and self-knowledge. These elements are intended to help the client transition into developing future career stories. Finally, we believe that by using these theming strategies, borrowed from mental health research, practitioners can make links that demonstrate the inseparable nature of career and mental health work.

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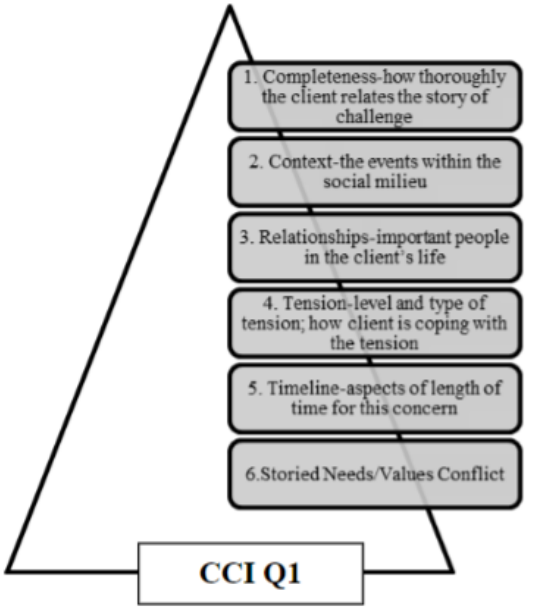
Table 1

CCI Question	Sample of Some of the Coding Cue(s)	Storied Theme(s)	Reconstructed Narrative
6-ERs	Context; perception of events; relationships; strategies; tension; storied needs/values conflict	Aesthetics (beautiful; shining sun); helping others; forced choice (vanilla vs. strawberry ice cream); lack of options in choice; paralyzed (cannot decide); pressure; frustration; parents	When confronted with limited options you often feel pressure to decide and "move on" to the goal at hand. This stress is enhanced when people important in your life are requesting a decision, similar to your headline, "under strong pressure, I cannot decide!"
1-Role Models	Values; strategies; storied needs/values conflict; movement	Intellectual; smart; brains; problem solving; leading; visionary; influence; success	This is frustrating for you as you strive to use your intellect and abilities to solve problems, similar to Iron Man. You have a vision for your life that includes influence and success, and not being able to decide thwarts these characteristics.
3-Interests	RIASEC; people/things; ideas/data; personal style; rewards; self-concept; self-expression; tension	Entrepreneurial; global influence; film/video; fantasy/anime; possibilities; problem-solving and saving/helping people; non-traditional methods of influence	You want to enact your vision by being influential and making a meaningful difference in people's lives. This might include using your artistic and technological abilities and interests to create solutions for complex human problems.
4-Favorite Story	Climax; context; relationships; tension; values; storied needs/values conflict	Leadership; helping and protecting employees (knights) and community (Camelot); humility, kindness, merciful; aggressive only when necessary; heroic and just	Similar to King Arthur, you want to approach these human problems by influencing a small group of peers to work towards meaningful solutions. You believe in humility, kindness, and collaboration, and understand sometimes you may have to be assertive to make progress toward your goals.
5-Motto	Outlook; strategies; storied needs/values conflict	Flexibility; freedom; unrestricted; less pressure around decisions due to the values of flexibility, freedom, and decreased restriction	You believe that life is full of possibilities and you tell yourself that "Life is whatever you want it to be."
1-Presenting concern	Context; relationships; tension; timeline; storied needs/values conflict	Distressed/frustrated; pressure to make a forced-choice decision (now vs. later); paralyzed (cannot decide); parents	To engage in finding a solution you will look for those possibilities, beyond those presented and engage the Knights of the round table (external resources) and your Iron Man intellect to help you explore possibilities.
Through reconstructing the narrative, the client and counselor began conceptualizing ways in which the client might form a career by exploring areas like film and anime for spreading important social messages to the world. Both understood that the client valued and needed flexibility and possibilities, both in life and in a career. When faced with limited choices, the client experiences both the pressure of making an immediate decision and the restriction of forced choices that do not include other possibilities. Such situations "freeze" the client; his cognition shuts down, and he is unable to make an immediate decision. Throughout the next few sessions together, the client and the counselor spent time utilizing tools and search functions on the O*Net Online website. Through that, and other resources, the client was able to identify career information concerning the visual arts. This led him to selecting an academic major in digital media.			

Figure 1.

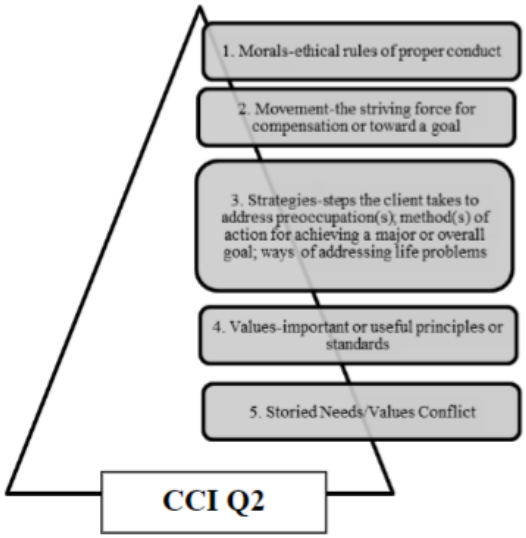
Identifying Descriptive, Second and Third Order Themes for CCI Q1-2



CCI Q1 Response

Well, I have been very distressed(4, *) with deciding(4) how to proceed in school. I am feeling a lot of pressure from my parents(2,3) to identify a program and pursue a degree,(#) but I just cannot think of anything that interests me.(4, 6, ^, ~) I know I need(&) to make a choice soon and move on,(5,#) but honestly, nothing really comes to mind(6) for me. That is why I am here, to decide how to proceed.(6)

The overall story involves completeness(1). In addition, the story conveys emotion(*), movement(#), conflict(^),outlook(~), and morals(&).



CCI Q2 Response

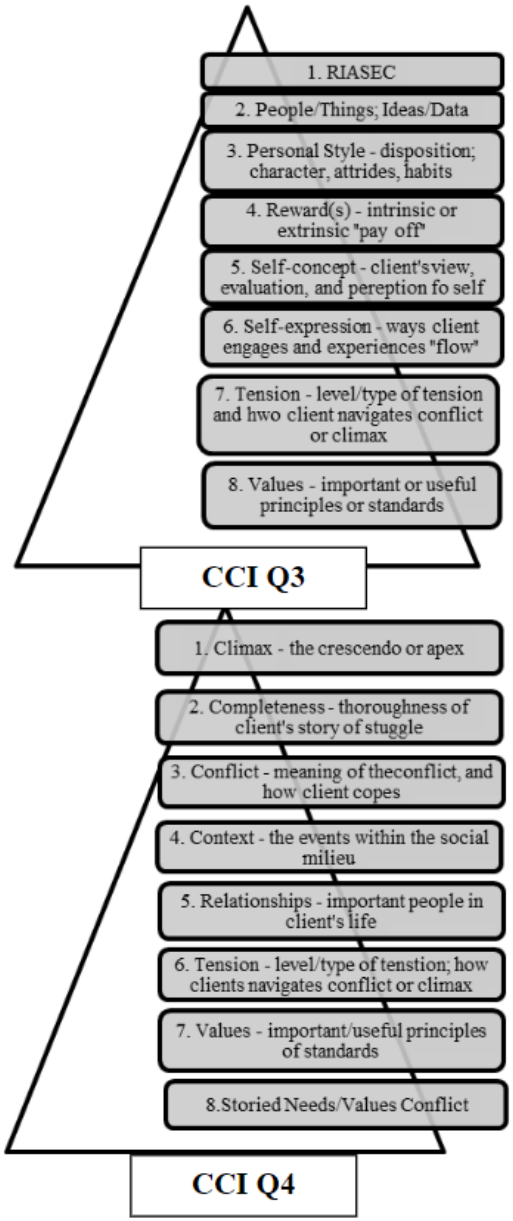
Iron Man – He is really smart(4,*) and uses his intellect to solve problems(4,*). He is a leader(4,*) and uses force when necessary (1,3,4), but relies on his brains(4) most of the time. He also runs a successful company. I would like to do that(4,*).

Steve Jobs – He knew what he wanted to do(2,3,5) and had a personal vision(2,3,5,*) for the world. He was able to have influence(2,3,4,5,*) across the globe and was very successful(2,3,4,5,*), in spite of dropping out of college.

The overall response relates to the additional coding cues of completeness, specificity, and personal style(*).

Figure 2.

Identifying Descriptive, Second and Third Order Themes for CCI Q3-4



CCI Q3 Response

I read *Inc*.(1) I know that sounds crazy for a person my age, but I think about the influence(1,2,3,8,*) Steve Jobs had, and I admire him for that. I want to make a difference, too,(1,2,4,5,8,*) and I learn a lot about entrepreneurial business(1,2,3) from a global perspective(4,6,8) in *Inc*. I don't watch a lot of TV, but I do watch online films(1,2) and YouTube videos(1,2). I really like anime(1,6). I think use of anime is a great way to tell a story from more of a fantasy(1,6) position that can be translated(2,4,6) as real life…you know, something possible. Anime characters can be anyone the author choses them to be.(6) I really like how anime mimics old-time comics except anime is more like comics brought to life.(4.6) Usually there is a main character who has to problem-solve(1,4,8) and save people(1,2,3,4,8) from some impending doom.

The overall response relates to the additional coding cue of meaning-making(*).

CCI Q4 Response

King Arthur and Knights of the Roundtable is my favorite story! King Arthur was a leader(4,7), both in Camelot(4,5,) and in relation to the Knights of the Roundtable(5). He charged the knights with being humble, kind, and merciful(4,5,7), but also to protect what needed protecting(2,4,6,8). Much like Iron Man, King Arthur used force only when necessary(2,4,6,8), and he charged the knights to do the same. Probably one of his biggest feats was protecting the people of Camelot by staving off a Saxon invasion(1,4,5,6). He was heroic and just(1,2,4,7).

Figure 3.

Identifying Descriptive, Second and Third Order Themes for CCI Q5-6

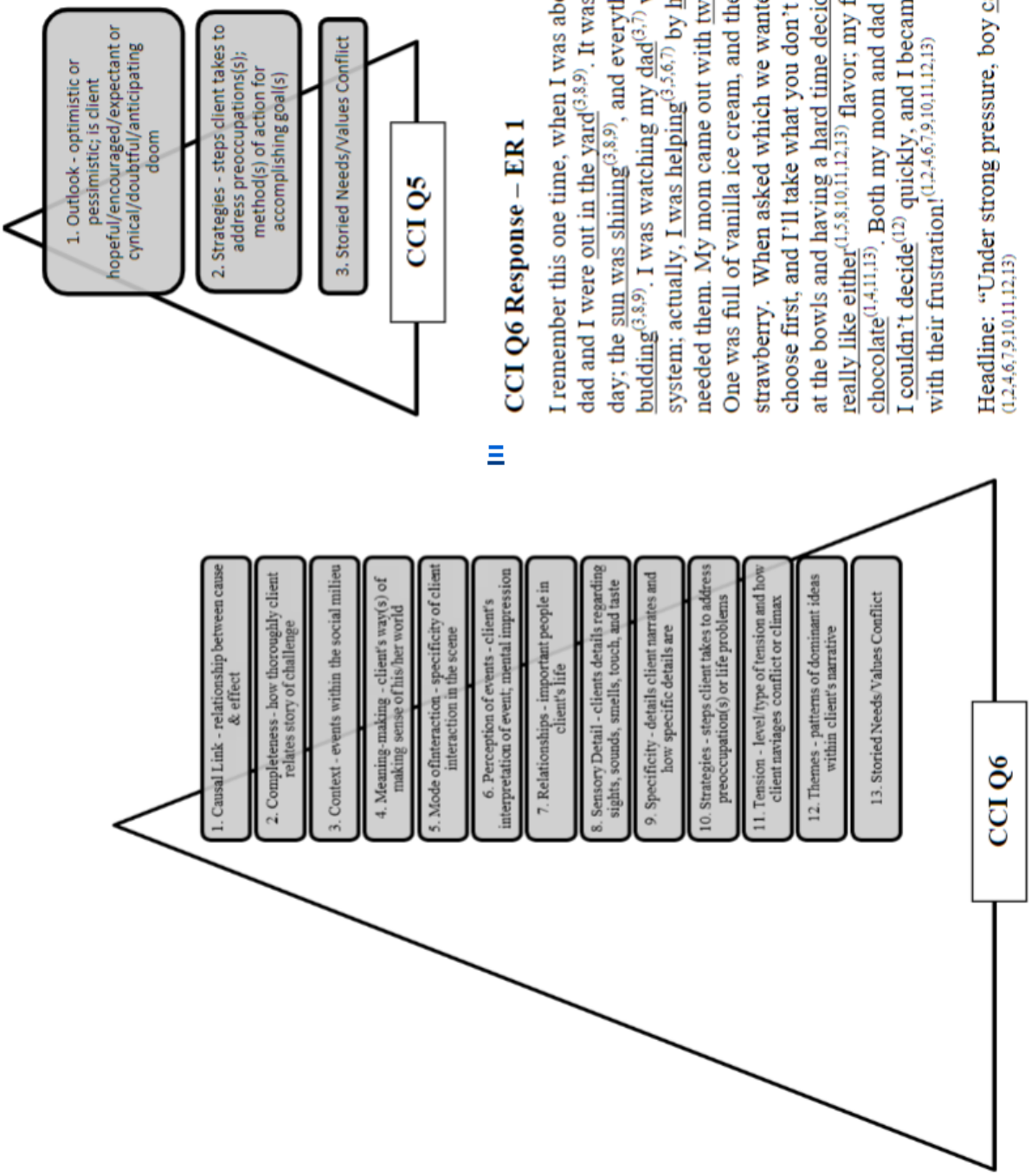


Figure 4.

Client ThemeMap Example

Sample of associated Coding Cue(s) → → →	Emotions	Personal Style	Relationships	RIASEC	Sensory Detail	Themes	Values	Storied Needs/Values Conflict
Q1 – Presenting Concern	Distressed; pressured		Parents			Relationships; helping/saving people		Pressure; indecisive
Q2 – Role Model (adjectives)		Smart; problem solver; forceful (only when necessary); successful; visionary; decisive; influential	Employees; global	Problem solving; leadership; influential; visionary; success; intelligence		Problem solving; leadership; influential; visionary	Leadership; influence; intelligence	Knowing what to do; having a vision; being influential; success
Q3 – Activities			Influential; saving people	Something that will be influential; film/videos; entrepreneurial; anime; saving people	Anime; film; fantasy	Influence; making meaning; leadership; film/anime	Global consideration	Needs flexibility in work; possibilities; ability to help others
Q4 - Story		Leader; humble; kind; merciful; just; heroic	Knights of the Roundtable; the people of Camelot	Leadership		Influential; leader; protector	Leadership; humility; kindness; justice	
Q5 - Motto		Intellect (to make life whatever)					Possibilities; flexibility; lack of restriction	Needs flexibility; life with possibilities
Q6 – ERs (verbs)	Frustration; pressured		Dad; helping others	Aesthetics; helping	Beautiful spring day; sun shining	Helping others	Helping; aesthetics	Deciding; couldn't decide; pressure

Note: The associated coding cues in this figure represent only a sample of all ThemeMapping cues developed by Stoltz and Barclay (2015).

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Counseling Theories Role Play as a Teaching Tool

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Abstract
Transitioning from knowledge and understanding to practical application can be a challenging step for counseling students (Authors, 2016). Although the professional field accepts integration as a working model, the ability to effectively integrate theories is a more advanced skill. Research strongly advocates the importance of graduate students connecting with a specific counseling model or theory as a foundation into the profession (Halbur & Halbur, 2015). Beginning counselors may see this as overwhelming as they do not fully understand each theory well enough to integrate. Firsthand experience, such as seeing a theory in action, not only provides a sense of connection for new counselors to a theoretical orientation, but also facilitates proficiency within it (Sharf, 2012). Thus, a role-play demonstration can transition a new student or supervisor from understanding to practical application of theory. This article offers guidance on how to navigate a live demonstration of counseling theories and how to structure the demonstration while providing a brief overview of theory. The article will also explore reflections of both the counselor and the client in the given demonstration scenario and tips, considerations, and ideas for future teaching techniques will be provided.

Transitioning from knowledge and understanding to practical application can be a challenging step for counseling students (Authors, 2016). Specific counseling skills, techniques or theoretical constructs are best conveyed when educators implement a variety of explanations to ensure each method of learning is addressed (Levitt & Jacques, 2005). A demonstration of counseling skills is an effective strategy for visual learners. When the demonstration is executed in vivo, it further stimulates discussion and processing to enhance growth. This can be especially important for assisting students in selecting a theoretical orientation or model.

While research on the relative equal efficacy of counseling models is abundant (Duncan, Miller, Wampold, & Hubble, 2010; Hunsley, John & Di Giulio, 2002; Wampold, 2001), research more specific to the focus of training new counselors strongly advocates the importance of

graduate students connecting with a specific counseling model. Halbur and Halbur (2015) state, “beginning counselors may be best served by developing a single theoretical orientation that works best for them and learning to be as effective as possible within that paradigm” (p.7). Although the professional field accepts integration as a working model, the ability to smoothly integrate approaches is a more advanced skill in which beginning counselors may see as overwhelming to thoroughly understand each theory well enough to integrate. Beginning counselors can tackle this feat by embracing one theory as a base or theoretical home and later integrate other theories as their knowledge grows. Spruill and Benshoff (2000) echo similar opinions suggesting that counseling students should mature into a single theoretical model to initially form their practice. Firsthand experience in seeing a theory in action provides additional support to connecting with a theoretical orientation and developing proficiency within it (Sharf, 2012). Thus, a role-play demonstration furthers these important principles of counselor education.

This article offers guidance on how to effectively navigate a live demonstration of counseling skills with applied theory and provides suggestions for how to structure the demonstration while providing a brief overview of theory. The article will also explore reflections of both the counselor and the client in the given demonstration scenario. Last, this article will present tips, considerations and ideas for future teaching techniques.

Demonstration Structure

At a clinical training event, several faculty members joined together to offer a unique learning opportunity for mental health counseling students. Three faculty instructors executed a variation of the famous “Three Approaches to Psychotherapy," often referred to as the "Gloria Tapes" (Rogers, Perls, Ellis, & Shostrom, 1965). The current demonstration varied from the original theories by opting to showcase Adlerian, Gestalt, and Existential theory. Besides the obvious theoretical differences from the original "Gloria Tapes," this role-play demonstration also varied in structure. Instead of starting with a new client session for each session, this demonstration had each counselor step into the counseling role as one continuous session (i.e., the same story line along with what the client had shared). Each counselor demonstrated his or her model for 15 to 20 minutes. Essentially, the session was paused in order for the next "counselor" to demonstrate the new theory as if he or she had been sitting with the client from the beginning.

A doctoral intern volunteered to be the client and role-play a real life issue from her past. She was given instructions to exaggerate an aspect of her life while, at the same time, carefully ensuring that whatever she selected was not a topic that would not elicit a strong response. The intern was informed she would submit reflections regarding her experiences throughout the role-play without reference to her name or identity. The student was also informed each counselor would document and reflect on the session without using her name or identifying information. The student understood and consented to continue with the role-play.

While this group is not the first to demonstrate counseling models in succession with a single client for learning purposes (Rogers, Perls, Ellis, & Shostrom

1965; American Psychological Association, 2012), they did harness a unique and important learning opportunity through spontaneous collaboration with colleagues. The demonstration hinged on the premise that this was a second session, making the assumption that each counselor previously conducted an intake interview and was familiar with the presenting problem. This allowed for each counselor to clearly illustrate intervention strategies within the given period of time. Each counselor worked with the same presenting issue from the client, which centered on an experience when she was 10-years-old. At this young age, she was left with the responsibility of taking her younger brother to the swimming pool. However, he left the pool area for the playground without notifying her. This created a frightening situation for both the parents and the client, which has impacted their relationship to this day. This will be explored further as the sessions unfold in the following sections.

Interestingly, the three theories selected represented the past (Adlerian Theory), present (Perls' Gestalt Theory), and future (Frankl's Existential Theory) of a person's functioning. These are crude categories as each of these three theories includes all the time dimensions of a person's life; however, for purpose of the demonstration, this was the approach used. Through the Adlerian role-play, the early childhood recollection brought the client to a point of inner conflict. Once the early recollection shifted into a present state of conflict, the Adlerian counselor paused and allowed the Gestalt counselor to start. The shift happened for the Existential counselor in order to help the client resolve the conflict in the future. This segmentation of the counseling session, approximately 15 to 20 minutes per theory in succession with the same client, proved to be a helpful experience for the students. Students were able to see how counseling approaches can lead a client in very different directions, while still being effective.

Students were cautioned that such a short demonstration segment is not a fair representation of a theory, as they had already completed a counseling theories course prior to the clinical training experience. However, the addition of a live client working on a "real" problem provided educational benefit. After the demonstration, each counselor reviewed key points within the theory and highlighted areas of application to the case. Students were allowed to query the intern about the experience and also discussed different aspects of the theory. This type of training experience is consistent with Adler's idea of learning as a social practice (Bluvshtein, Belangee & Haugen, 2015) and students moving with "others who are pursuing the same aim" (Saran & Neisser, 2004, p. 4). It is important to note that the client did not read any of the authors' work for this paper before constructing her own reflections of her experience.

Individual Psychology: The Adlerian Session

Adlerian theory is applicable to all phases of life, noting that transitions can cause developmental crises during which counseling is helpful. Adlerian theory is foundational to many counseling theories/approaches/taxonomies. Horney's neo-psychoanalytic approach, Erickson's ego-analytic approach, Object Relations theory, Rational Emotive Behavior Therapy, Cognitive Behavior Therapy, Maslow's' Hierarchy of Needs, Carl Rogers' Theory, Kellian and constructivist theories, and

contemporary constructivist approaches are just a sampling of Adler's influence (Oberst & Stewart, 2003).

Some of the uniqueness of Adlerian theory lies in the concepts of inferiority (inferiority complex and superiority complex), private logic, early recollections, family constellation, and "gemeinschaftsgefuhl" which roughly translated is "social interest" (Adler, 1929). Each person decides how they think, value and feel about themselves and fashions a unique way of moving through life as all behavior is purposeful. Further, Adlerians believe that everyone is confronted with five major life tasks: work, friendship, love, spirituality, & coping with self (Sweeney, 2009).

Though there are many ways of understanding this unique way of moving through life, a lifestyle analysis is one of the main ways of helping the counselor as well as the client perceive their own form of misery, dysfunction and "stuckness" so that they can move forward with a more satisfying way of progressing through life (Oberst & Stewart, 2003). There are several ways of analyzing a client's lifestyle with early childhood recollections being a major pathway to insight.

Adlerian Counselor Reflections

During the counseling demonstration, the client was taken through a simple early recollection using what the author (Wayman) created as being "Adler's postcard." This technique involves a vivid retelling of the early recollection by the client, recalling it as a movie and then narrowing down the most poignant scene from the "movie" to be placed on an imaginary postcard and mailed to an individual. The technique was adapted from Adlerian theory and the writing of Leman and Carlson (1989). Leman and Carlson's work references how childhood memories hold secrets for how one approaches life as an adult, "pursuing goals and actualization" (Lemberger, 2017, p. 131). Adler's postcard is a procedure that allows the client to access an early childhood memory. Typically, the early memories recalled are significant to the point where they impact how one processes the world as a child and are often carried over into adult life, resulting in a lifestyle (Oberst and Stewart, 2003). This lifestyle is a way of navigating these childhood conclusions derived from the early childhood recollections. A lifestyle brings private logic into focus, which the counselor can then explore to make sense of the early childhood recollection (Sperry, 2017).

The postcard technique has proven to be very beneficial in helping clients understand how their private logic as a child (derived from the early experience) may still be a guiding factor as they travel through life as an adult.

Client Reflections: Adlerian Session

The Adlerian counselor began the role-play by asking about a conversation previously held about a childhood memory and requested to explore that memory. The memory was from an experience when I was 10-years-old. I was left responsible for taking my younger brother to the swimming pool. Unbeknownst to me, he left the pool area and went to the playground, which caused me to panic and my parents to do the same. This event changed and challenged the relationship with my parents ever since.

In the counseling session, the counselor's exploration of this memory led to the most salient part of the session, an illustration of the postcard technique. Though challenging, the use of the postcard technique highlighted for me how deep my shame was rooted despite former efforts to work through those feelings. It allowed me to see, feel, and express this reality today, so many years after the incident. I realized how this experience as a child has influenced many parts of my life.

When I named the movie of my childhood memory, I remember feeling sadness in the pit of my stomach. A movie about a 10-year-old child should not be "Way to Screw it Up", but this was the most fitting title. This childhood memory brought about many emotions and fear of failing others, which drives my motivation to succeed. When asked to describe what the promotional movie post would look like, I stated that it would depict a sad little girl crying. A sense of failure came over me in that moment of sharing. I was asked who I would want to see that movie poster. I replied, "My parents." There was a part of me that felt afraid to admit this because I could not risk them finding out how I really felt and risk being vulnerable and failing them again. In that moment, I realized that I continue to experience feelings of shame and insecurity, which affect my thoughts and relationships to this day. I was asked to take a step further and to imagine that I wrote a postcard to my parents describing my reflection on this childhood experience. I described it as simply saying, "Dear Mom and Dad…Your words have power." Saying these words brought about a shift in emotion in me. The Adlerian counselor brought about a sense of relief coupled with some anxiousness. Relief came from knowing that this memory is still influencing my life today and anxiousness from realizing the same.

The Gestalt Therapy Session

Gestalt is a phenomenological field theory operating through dialog created in the present moment with hopes of achieving the primary goal of awareness. Diverse forms of Gestalt have formed throughout various countries but the purist practice of this theory remains focused on Perls, Hefferline and Goodman (1951) as basis for philosophical roots.

Gestalt is infused with holistic principles and existential growth, which deviate from a pathology driven stance (Mann, 2010). Individuals cannot exist without contact to the environment and their response. Therefore, the relationship between the counselor and client yields an entity that grows into a working platform referred to as the "I-Thou contact/withdrawal process" (Yontef, 1993). The relationship evolves and lends itself to inspection as a viable member of the therapeutic alliance. Mann (2010) further describes the dialogue as what is created between the client and counselor, but this "between" becomes observed as fertile soil where interaction and awareness flourish. This allows the client to identify restrictions on their ability to authentically relate to their field (i.e., their environment or situation), which stems from unfinished business manifested through introjects, retroflection and projection (Mann, 2010). This type of exploration occurred in the role-play demonstration when the client shared a desire to "measure up" to her parent's expectations through academic and professional achievement. By achieving, she ensured their happiness and escaped her own fear of experiencing their disappointment or

disapproval. These expectations have been swallowed (introjected) and manifest into her expectations of herself. At no point did the counselor refute her perspective or experience, as the importance is not truth, but what is true to her.

Gestalt therapy aims to assist the client to attain greater awareness, and with it, greater choice (Corey, 2017). According to Corey (2017), increased and enriched awareness, by itself, is curative. With increased awareness, “clients have the capacity to face, accept, and integrate denied parts as well as to fully experience their subjectivity” (Corey, 2017, p. 206). In Gestalt therapy, an “experiment” is a therapeutic intervention and active technique that facilitates collaborative exploration of a client’s experience (Yontef & Schultz, 2013). Experiments are spontaneously created as the client explores thoughts, feelings, and perceptions that are present and become known through the therapeutic process (Corey, 2017). Gestalt experiments can be useful tools to assist the client gain fuller awareness, experience internal conflicts, and resolve inconsistencies that may prevent completion of unfinished business (Conyne, 2015). The empty chair technique, originated by Jacob Moreno and incorporated into Gestalt therapy by Perls, is a therapeutic intervention that utilizes role reversal to bring into consciousness the possibilities of what the “other” might be thinking or feeling (Corey, 2017). Traditionally, two chairs are used and the client plays all parts of the role-play in order to experience all aspects of the situation, perception, or belief (Corey, 2017). Introjects may surface which can enable the client to experience the conflict more fully. The conflict can be resolved by the client’s acceptance and integration of both sides (Corey, 2017).

Therapeutic sessions hinge on the present moment, the *here-and-now,* which explores the *what* and *how* of the client's world. Perls (1947) recognized that, "there is no other reality than the present” (p. 208). The here-and-now is one of the primary tools for the Gestalt therapist.

Gestalt Counselor Reflections

Throughout the demonstration, a continued sense of immediacy was applied to increase the here-and-now experience. For example, the client shared, "I don't want to let them down." To deepen the connection with these emotions, the counselor asked her to repeat this statement followed by silence (allowing reflection). The last example of here-and-now work was the counselor's disclosure of observation. When the feeling emerged into the *now*, the client immediately pulled back from it. This was noted with a simple observation, "I feel like you pulled back just then." This faithfulness to the *now* relies on the connectedness between the client and counselor.

During this counseling demonstration, the empty chair did not place a person in the chair, but rather the parts of self that were identified during the exploration of the client's introject (i.e., the angry self, and the exhausted/sad self). By separating these parts, greater understanding was gained of how they impact the whole and if unfinished business existed. This intervention gave voice to all aspects of her experience. It's important to note that neither part of self should be labeled good or bad, as each part exploration.

The client moved into the first chair to explore the angry-self. This part felt angry that she continued to live by the standard and expectations of others; anger at the

inability to live authentically. The client reported anger but displayed minimal visible emotion. The counselor confronted this disconnection between the anger and her actual experience of anger. Staying present and intensifying the emotion attacked the resistance. Before moving into the next chair, the counselor respected the client's field by ensuring all points were explored by offering, "What else does she [the whole] need to know?"

The client then moved into the part of self that felt "exhaustion" from a continued persistence of introjection. This part reported sadness, disappointment, and fear of not living up to her parent's expectations. In order to stay in contact with this aspect of self, the counselor asked her to identify the area in her body where these feelings live. Larger amounts of therapeutic silence were integrated into this exploration as the client struggled with experiencing these emotions by cutting herself off from this part. She explained that she feels emotionless with this part of self, as if a "wall" had been constructed to where this part exists. Once the client brought a metaphor into the session, focus shifted to understanding this "wall" and the means of protection it yielded to the whole. She admitted that holding up these walls are "tiring" and it is exhausting to experience fear all of the time. It is essential to identify if this wall contributed to any retroflection, which can be a protective boundary from perceived rejection.

After exploring each part via separate chairs, the client then moved back into the chair representing the whole self and reflected on how these parts interact in relation to the whole self. This final exploration brought forth awareness about her introject-related behavior and evoked more personal responsibility. In fact, at the end of this session, the client stated that she wants to bring the walls down to see "what the walls are really about."

Client Reflections: Gestalt Session

The Gestalt counselor continued with the memory work from the Adlerian session but picked up on the theme of, "wanting to measure up". The approach felt different as the counselor kept me in present moment awareness while reflecting back on the memory. She pulled from my memory the immense experience of sadness; sadness that the true emotion was fear of talking badly about my parents, though the memory was decades old. My desire to work through these deeper emotions in a way that would respect my parents created a clear block for me. I then felt stuck and paralyzed even trying to "breath into the feelings of sadness", as the counselor requested. It demonstrated to me further unfinished business based on this childhood memory and the years of striving to do enough, to hold it together and to do as I was told.

The counselor conducted further exploration and then asked me to speak to my "whole self", imagining her sitting in a chair across from me and to describe to that self what I felt about the continued struggles. My mind drew a blank. I had no words to describe that moment. Though challenging, the use of the empty chair technique highlighted for me how deeply I was hurt by the experience as a child and how that hurt influences my choices. It also allowed me to express my authentic feelings out loud. It was upon the closing of this work that presented one of the most resonant moments in the Gestalt session. I remember feeling strong affirmation when the

counselor stated, "you just wanted to be validated for the work you were doing."

Existentialism

Victor Frankl, the renowned developer of Logotherapy, an existential method for psychotherapy, found through personal and professional experience that finding meaning in suffering could bring about a newfound optimism and intrapersonal strength (Frankl, 1984). Frankl (1984) indicated that struggles could rob an individual of their values and that if a person could "struggle against (it) in a last effort to save his self-respect" he/she could lose the feeling of being "an individual being with a mind, with inner freedom and personal value" (p. 60). Part of this effort was to find meaning in life's challenges and suffering as it could bring about a chance of achievement, and that life affords individuals suffering to learn from and to develop character, purpose and values. Furthermore, having a purpose to live for can help an individual hope for something better in the future, and to realize for oneself "…that it did not really matter what we expected from life, but rather what life expected from us" (Frankl, 1984, p. 85).

Frankl (1984) indicated that Logotherapy differs heavily from psychoanalysis as it focuses more on the future and the client's individual meaning of the future rather than the past. Additionally, a person's meaning on the future can affect their present as they get caught in neurotic loops. It focuses on a person's ideals and values and how they affect their meaning in experiences. Neuroses (i.e. disorders) can result when a person experiences existential frustrations or crises. In other words, their meaning and purpose in life comes into question. Furthermore, Frankl (1984) posits that not all existential struggles or crises are neurotic (diagnosable).

The goal of counseling from an existential or Logotherapy perspective is to help the client analyze and bring to awareness internal meanings of events or struggles and find a future meaning. This may result in hearing things that are difficult to hear, but that can aid them in moving forward and developing. This requires having an awareness of meaning in life as it can change from day-to-day and hour-to-hour. In order to find meaning, the individual must be willing to answer the question "what is my purpose" as if he/she is being asked by it (life), thus being held responsible and accountable for their life's choices (Frankl, 1984).

Another goal of counseling is helping the client understand and be aware of their personal meaning of life's finiteness, love, and suffering (Frankl, 1984). All three of these are explored in a similar fashion as psychoanalysis. The counselor leads and encourages the client to explore and become aware of his or her own meanings and determine where the client feels their responsibility lies. Furthermore, helping a client come to a resolution of life's difficulties (i.e. finding meaning in suffering) can help them free themselves from neuroses (Frankl, 1984).

Therefore, in the case of existentialism, the counselor takes the position as an expert on life's meaning. However, he/she only knows life's meaning from his/her own perspective as one cannot know the meaning of life for another. It is a more philosophical stance on life and counseling rather than a step-by-step process that one might find with Cognitive Therapy or another more structured treatment. In

order to use an existential perspective, the counselor must work from the perspective and value system of the client, which requires an open-mindedness and acceptance of the client, their experiences, their interpretations of life, and their culture.

Existential Counselor Reflections

The clinical training experience afforded a great opportunity to demonstrate for training and educational purposes the differences between past, present, and future-oriented counseling methodologies. Frankl's existentialism was chosen as a future-oriented approach as its purpose is to find current and future meaning in struggles, and to develop the capacity to continue making future choices and realize that one has the continuous freedom to find meaning.

The client's situation provided a few opportunistic subjects such as the meaning of her 10-year-old experience which continued to influence her pursuit of minimizing discomfort through seeking for excellence in academia, personal life, and spirituality. She indicated that much of her efforts were to maximize a feeling of being "enough" while decreasing the existential anxieties of not being "enough." At one point in the experience she indicated that she was not entirely certain what it would feel like to be enough or how she might recognize it. This one area is a great processing example that many of us (not just clients) experience. We seek for a higher plain of existence, yet are not certain how it might appear. Continued exploration might have brought more aspects of being "enough" to her awareness. One existential technique is using paradoxical intention. In psychotherapy, paradoxical intention is the deliberate practice of a neurotic habit or thought in order to identify and remove it (Frankl, 1984). The purpose of paradoxical intention is to encourage the client to look at ineffective behaviors and then to encourage new choices to move towards actualization (Frankl, 1984). For example, it could have been suggested to the client that she practice not being enough in the session and in her personal life. The counselor would encourage her to quit trying with certain aspects of her life. In order to do this, the client and counselor would require a stronger trusting relationship than had been established at the point of the recording. Then, continued collaboration on the results of her efforts at not being enough might bring to light some of the underlying existential beliefs that keep her from attaining a higher state of actualization.

Client Reflections: Existential Session

The pace of the Existential session was the most immediate difference that I sensed. The counselor took his time early in the session and used good attending skills, allowing me to feel a rapport that eased the transition. This conversational approach evolved into a discussion about my perception of what it means to "do enough" and to "fully arrive". While I was unable to immediately define these terms, the counselor's gentle nature and inviting approach allowed me to discover the internal peace I would achieve in both doing enough and fully arriving. Further along in the conversation, I was challenged to answer how I would know that I had achieved internal peace. Not knowing this felt scary to me. I felt my mind racing. Hearing the counselor say, "What would it be like to be at that place?" helped bring me to a vision of letting my arms go. I felt a calmness come over me when I actually let my arms fall to my side. Though challenging, exploring my ideas of "doing enough" and "finally

arriving" was beneficial. It allowed me to express my thoughts and to understand how they are influencing decisions I make.

Client's Concluding Thoughts

As a current Counselor Education and Supervision (CES) doctoral student, I believe that counseling students would benefit from this demonstration by seeing the varied techniques employed by each approach. Additionally, the style of each counselor would provide an advantage for students to see how each one brought about a reaction or response from the client, demonstrating effectiveness of each approach. For me, each theory brought about different emotions, each one taking me a step further into progressing with this significant childhood memory.

Although the venue was difficult for doing deep work, the steps that were taken in these role-plays revealed the need for further personal work around this memory. The strength of the Gestalt approach was in the empty chair technique and the way the counselor had me speak to the two different parts of myself. I also remember feeling a strong affirmation when the counselor stated, "you just wanted to be validated for the work you were doing." Conversely, I wanted to explore feeling stuck further; however, I was aware of the audience watching the "session" and I did not feel it was a safe environment to go deeper. Since that time, reflecting back I suspect that I may have been protective so as to not expose myself in the vulnerable position.

The strength of the Adlerian approach was the use of the movie clip technique. I will remember the powerful postcard strategy with the name of the movie and note on it. Similar to Gestalt, I was aware of my emotional process and had a desire to keep my emotions "in check". Again, the context prevented a deeper level of counseling from occurring but still provided many opportunities for adequate illustration of the models. When I think of the Existential session, I will recall the calmness I felt by the pace and tempo of the approach as well as the insight it provided. While the future focus felt safer in front of an audience, it still provided relevant and significant insights. I strongly recall the vision of letting my arms go and the calmness come over me when I actually let my arms fall to my side.

As a CES student, I find it embarrassing to see the conflicted inner process of managing my life when I do well at appearing structured and disciplined. However, seeing this through the lens of each of the theories is helpful. I'm reassured that life is messy and chaotic by nature and offering one's self to the process of counseling affords me the hope of resiliency and growth.

Student Experiences and Reflections

The engagement of the audience of over 45 students was palpable during these demonstrations. During the conclusion of each demonstration, there was active participation in the form of questions, student-to-student discussion, and note taking by many. At more than one debrief group discussion with 12+ students participants shared the value gained from viewing multiple approaches to the same client. Comments were made regarding how each counselor translated and utilized each counseling model and technique according to proper theoretical foundations, but each with a unique twist according to the

therapist's personally developed style of counseling.

When asked of the value of this activity, students stated that the demonstrations added value to their development as counselors. It was agreed that the experience was worthwhile and highlighted the value of developing a personal style of counseling, developing proficiency with one or two counseling models as a beginning counselor, and learning to value the clients experience and roll in therapy.

Considerations for Implementing Demonstration

A crucial learning point emerged from this role-play and will serve as a caution for future use with this method of demonstration. A doctoral intern volunteered to be the client for this role-play with permission to quit at any time. The use of a doctoral intern for this type of role-play was thoughtfully discussed among the instructors/counselors regarding benefits and possible concerns. The doctoral intern was asked to use an authentic past experience; not an active personal situation where there was emotional sensitivity. The selected topic to explore needed to be worked through with either deep self-reflection, supervision, journaling or personal counseling. These instructions centered on the desire to avoid an inadvertent emotional reaction for the intern. The decision to use a doctoral intern was agreed upon with the understanding that the intern's emotional well-being would take precedence over the role-play exercise.

Despite the hope to avoid emotional reactivity, the role-play did elicit some emotional reaction that unintentionally triggered the client to exert emotional regulation that would not typically occur in a connected, trusting therapeutic relationship. This hindered the true nature of the client-counselor relationship. For example, during the Gestalt application, the counselor would have likely shifted the focus more to the client's protective factors; addressing the emerging resistance between the client-counselor in the here-and-now. In Gestalt Therapy, resistance is seen as the manifestation of energy to protect oneself (Perls, 1947). It is valuable to explore this retreating on the continuum of contact and withdrawal. Unfortunately, it was clear during the role-play that the volunteer client experienced thoughts and feelings she believed to be resolved and was not comfortable sharing this with the gallery of observers or her supervising instructors. The Gestalt counselor identified this in the role-play and chose to avoid the *here-and-now* in order to care for the volunteer client. This maintained appropriate boundaries with the client while simultaneously maintaining the boundary between the client and the audience. As an unintended result, this highlighted the pitfall of dual relationships, which contributed further to discussion with students.

After the demonstration, the doctoral intern was privately debriefed and allowed to process her experience with each counselor from the role-play. Since this clinical event served as internship hours for counselor education and supervision, she was able to evaluate the demonstration based on her training and how to convey counseling skills. She received supervision from her faculty supervisor as well as her fieldwork site supervisor. She was encouraged to continue reflecting on the role-play for personal growth and engage in self-evaluation, such as journaling, reflective thoughts, expressive artwork or seeking

personal therapy. The intern was also allowed the opportunity to reach out to each faculty member from the demonstration if she wanted to discuss aspects of the demonstration or had follow-up ideas about how to improve future role-plays.

It is impossible to predict how deeply a student will engage in the role-play activity when instructed to role-play a previous real life situation with exaggeration. An ethical concern would be the student chooses a real life situation that has not been worked through and experiences unresolved feelings and issues. Ultimately, it is the responsibility of the instructor to anticipate if the chosen situation will indeed cause an unintentional emotional response. Therefore, a doctoral intern should not be selected for future role-play demonstrations. Instead, a fellow instructor should be used for a role-play exercise. Additionally, the instructor should provide a fictional scenario for role-play instead of the fellow instructor recalling a real life, personal experience. This will significantly decrease the probability of negatively affecting the person participating in the role-play exercise.

Conclusion

Three counseling theories were selected to present how orientation to time impacts a therapeutic session. Adlerian Theory (1929) represented past, Perls' Gestalt Theory (1947) focused on the present, and Frankl's (1984) Existential Theory (Logotherapy) regarded future. Arranged from past to future, the demonstration smoothly transitioned between each counselor that counseled the same client. Differing from the "Three Approaches to Psychotherapy" model, this demonstration had each counselor step into one continuous session at three different points (Rogers, Perls, Ellis, and Shostrom 1965). At the end of the role-play, each counselor explained a concise overview of their theory, along with theoretical pillars, assumptions, beliefs, and how it applied to the client. Students were allowed time to discuss the theory and the role-play after hearing the overview of each theory.

While an educator instructs, it can be difficult for students to notice that theoretical beliefs and assumptions are not often as easily identified as techniques or interventions. However, it is the instructor who clarifies that techniques and interventions do not force the counselor into a particular theory, thus reinforcing the idea that a technique does not a counselor make. For example, students may feel they are a Gestalt therapist if they utilize the empty chair technique. Thus, educators can encourage students to see the assumptions and beliefs of the theory shining through the role-play. Counselors are purposeful and these purposes help define theoretical framework.

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Treating Emotional Distress through the use of Emotion and Cognitive-Based Therapies

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Abstract
This article will present an integrated approach for treating emotional distress. The authors review the purposes of emotions and explore how they operate in individuals' lives based on learned responses and inaccurate perceptions. Distinct categories of emotions are identified, including both maladaptive and adaptive forms. Basic ideologies and negative evaluations will also be reviewed to illustrate how these patterns develop and maintain disturbing conditions. The authors will examine the complimentary association between affective and cognitive material and how treating both in therapy can be beneficial. Emotion and cognitive-based interventions will be presented through the use of a case study.

The presenting issue for many individuals who enter therapy is the occurrence of emotional pain. Whether these persons are addressing problems related to divorce, grief, or unresolved trauma, they are all hurting in some way. It is the experience that individuals "do not feel good" that leads them to seek therapeutic support (Chhatwal & Lane, 2016). Various authors have used different terminology to define the existence of emotional pain. Most recently, Meerwijk and Weiss (2011) used the concept of psychological pain to define "a lasting, unsustainable, and unpleasant feeling resulting from negative appraisal of an inability or deficiency of the self" (p. 410). Psychological distress has been defined as "a state of emotional suffering associated with stressors and demands that are difficult to cope with in daily life (Arvidsdotter, Marklund, Kylen, Taft, & Ekman, 2015, p. 687). Life's hardships can all lead to difficult experiences that are uniquely defined. The essence of this article will be to identify treatment interventions that are useful in addressing distressing emotional and psychological experiences.

From an evolutionary perspective, emotions have primarily served adaptive purposes (Leahy, 2015). Individuals are directed in appraising whether a situation is positive or negative, advantageous or unfavorable, and morally correct or unethical (Zhu & Thagard, 2002). As such, "emotions are forces inside us that are trying to tell us something about our state of well-being with relationship to the outside world" (Quebodeaux, 2015, p. 4). Consequently, emotions also serve to prepare individuals to take action (Gross, 2002). Different reactions may occur as individuals decipher what affect the emotion will have on them. For instance, threatening matters may cause individuals to elude certain situations, whereas non-intimidating material may be more approachable (Brosch, Pourtois, & Sander, 2010).

On the surface, it may appear that dealing with emotions should be easily attainable. For instance, common cliché's surrounding the issue encourage individuals to "get over it", "quit having a pity party", and "stop feeling sorry for yourself". Well, for clients who may have tried everything else, this may be easier said than done. Research has indicated that emotions are much more involved than they may appear. As noted by Hoffman (2013), "we not only feel an emotion, such as fear, anger, sadness, or happiness, as a response to a stimulus, but we also feel emotions about emotions" (p. 94). Verbal expressions about how emotions have impacted the lives of clients may include such explorations about why the emotion is lasting so long, whether the emotion is appropriate to the situation, and what can be done to heal the emotional experience (Leahy, Tirch, & Napolitano, 2011). Often times, clients may buy into myths such as emotions being uncontrollable, unhealthy, and un-ending (Van Dijk, 2012). Because clients' presenting problems are often referenced in terms of their emotional experience (e.g., I feel sad), a significant point of therapeutic intervention will be to address this affective component.

Integrating Emotion and Cognitive-Based Therapies

Among the factors influencing the effectiveness of therapy is the use of the practitioner's theoretical orientation to guide the therapeutic process (Gladding, 2009). Therapists first become aware of clients' presenting issues during the assessment phase of therapy. Because all client issues are unique it is important to consider how to frame treatment in a way that is meaningful for clients, accurately addresses their problem areas, and will create beneficial change. In his review of psychotherapy models, Brown (2010) noted that the current trend among counselors involves integrating therapeutic approaches. As offered by Leahy (2007), "several approaches may arrive at the same endpoint-improvement for the patient, but they may reach their destination through different means" (p. 356). Whereas counselors were initially more dedicated to treating clients based on one primary theoretical orientation, many are now demonstrating an appreciation for alternative conceptualizations. According to Prochaska and Norcross (2010), "psychotherapy integration is motivated by a desire to look beyond the confines of single-school approaches to see what can be learned and how clients can benefit from other approaches" (p. 455).

Cognitive therapy is one system that has evolved to include the consideration of other theoretical models. More specifically, many cognitive therapists value the role that emotion plays in contributing to the well-being of individuals (Leahy, 2007; Power, 2009). In this integrated approach, practitioners explore how both emotions and cognitions create and maintain the presenting condition. A framework offered by some researchers is that the emotional impact is experienced preceding the cognitive content. In this view, it may be important for the therapist to access the affective information first. For instance, Whelton (2004) suggested that "emotional engagement and arousal facilitates effective therapy but lasting personal change also requires cognitive reflection and the construction of new meaning" (p. 67).

Other theorists suggest that thoughts initiate clients' experiences. According to Brosch (2013), "emotional responses are elicited as the organism evaluates the

relevance of environmental changes for its well-being" (p. 370). Notwithstanding which component commences the event, the point of intervention for an emotion and cognitive-based integrated approach is to concur that there exists a reciprocal relationship between both components. As offered by Burum and Goldfried (2007), "emotion is a basic component of human experience inexorably interwoven with thought and action" (p. 407). This "fusion" is further supported by Spradlin (2003) who contends that emotions and thoughts share a significant connection (p. 12).

In this current article, the authors support the use of an emotion/cognitive-based model to help clients deal with distressing life experiences. What will follow is a framework for working with clients in therapy who are experiencing emotional distress. The authors will be guided by the work of Emotion-Focused Therapy, Emotional Schema Therapy, and Cognitive Therapy. The outline will include: a rationale, therapeutic goals, a case presentation, and an integrated treatment plan.

Rationale for Addressing Emotional Responses

The precipitating experience that often pushes clients to seek treatment is when they realize they are experiencing disturbing emotions. "Old emotional clutter directly affects our ability to regulate emotions, experience joy, and have a fulfilling life" (Altman, 2016, p. 2). Clients may notice a pattern in which they are consistently sad, anxious or even angry. Perhaps the emotions intensify or linger without any alleviation. There may also be times in which the emotions flee and later return. Targeting these emotional experiences offer one point of intervention because, "while there is no magic potion to cure all that creates suffering in our lives…one thing has proven extraordinarily helpful in moving people beyond those places-their emotions" (Quebodeaux, 2015, p. 2).

From the perspective of Emotion-Focused Therapy (EFT) people can use their emotions in order to increase greater self-understanding (Greenberg, 2011). Upon encountering an event, individuals' emotional systems automatically assess whether a situation will impact them in a good or bad way. Consequently, this evaluation leads to a physiological sense about what occurred. This affective component is further processed by a linguistic element that provides a narrative understanding about the event. Collaboratively, these mechanisms are all formed into *schemes* (e.g. an anger scheme) that inform how individuals may respond to a situation. In Leahy's (2015) Emotional Schema model, emotions also serve an evaluative purpose. In this way, the thoughts that people develop about their emotions can lead to distress. After experiencing an emotion individuals then interpret the meaning, thus forming an *emotional schema*. For instance, people may assume that their pain will be unbearable, uncontrollable or ongoing (Leahy, Tirch, & Napolitano, 2011). In both models, the emotional response may be maintained by the persisting evaluation. As clients become skilled at uncovering affective content, they will develop the capacity to manage or alleviate emotional disturbances.

Identifying Emotions

Emotions have been defined as "a complex chain of loosely connected events

that begins with a stimulus and includes feelings, psychological changes, impulses to action and specific, goal-directed behavior (Plutchik, 2001, p. 345). Various authors have differentiated between the unique categories of emotions (Leahy, 2015; Braniecka, Trzebinska, Dowgiert, & Wytykowska, 2014; Hoffman, 2013). According to Leahy (2015), there are four main distinctions including primary adaptive emotions, maladaptive primary emotions, secondary primary emotions, and instrumental emotions. *Primary adaptive emotions* refer to those immediate responses to a situation that prompts some type of action. *Maladaptive primary emotions* reflect those reactions that were once used for adaptive purposes. Individuals rely on these responses in present day as an automatic support when they encounter familiar stimuli. *Secondary primary emotions* are reactions that are elicited to protect against the original emotion or used to respond to a primary emotion. *Instrumental emotions* are reactions that are developed in an effort to manipulate others. Emotions typically arise from situations that individuals deem as significant in some way. Thus, occurrences that are appraised in a positive light will reveal more promising emotions. Negative evaluations lead to more distressing affective states (Frijda, 1988). Clients who are willing to experience and process their emotions can further uncover the associated meaning they assign to significant situations.

Rationale for Addressing Cognitions

During distressing events, individuals may experience reactions in various areas of functioning, including their thoughts, emotions, behaviors, and physiology (Curwen, Palmer, & Ruddell, 2000). Because these systems are interconnected, any disturbance in one area will impact other areas. Mckay, Davis, and Fanning (2007) describe a feedback loop in which individuals experience distressing thoughts related to significant life events, which in turn leads to painful feelings. The point of intervention in Cognitive Therapy is to intervene in the processing of thoughts (Wilding, 2012).

Affective and behavioral responses are triggered by the way people interpret their situation (Curwen, Palmer, & Ruddell, 2000). According to Beck (1976), it is the meaning and importance individuals attach to significant life events that impacts their experiences. What maintains emotional episodes (e.g. anxiety, sadness) is the internal self-talk and automatic thoughts that individuals continually review in their minds (McKay, Davis, & Fanning, 2007). Clients' abilities to perceive information from a more logical viewpoint will improve their overall responses and reactions.

Identifying Cognitions

Throughout life experiences, individuals develop their own perceptions about themselves, others and society in general. These *core beliefs* guide the way in which people interpret their understanding of a given situation (Beck, 1995). Evaluations may include clients' thoughts about how worthy, loved, and competent they are (McKay, Davis, & Fanning, 2007). It is the persisting "ongoing dialogue" or "internal chatter" that influences how deeply embedded these cognitions are (McMullin, 2000, p. 65). These thoughts are problematic because individuals' interpretations are quite unrealistic (Beck, 1976). There is "a lack of accurate correspondence between perception and actual events-or by misperception of the world" (Dobson, 2012, p.11). Based on

Beck's work of cognitive distortions, various authors have highlighted the major negative thinking patterns: *Catastrophizing* involves predicting the worst possible outcome; *dichotomous thinking* occurs when individuals evaluate events in a rigid way; *selective abstraction* includes fixating on the negatives in a given situation; and *overgeneralization* occurs when individuals pessimistically predict that all situations will turn out the same way (Curwen, Palmer, & Ruddell, 2000; Dobson, 2012).

Developing Collaborative Goals

Utilizing an integrated approach involves helping clients to explore how unproductive emotions and cognitions are maintained in their lives. Regarding emotions, the EFT perspective stipulates that therapists and clients must become aware of *emotion schemes* that are currently in use. These constructs are activated automatically when individuals encounter familiar situations that correspond to pre-coded concepts (Greenberg, 2011). Thus, individuals who have a history of abandonment (i.e., abandonment scheme) may relive these experiences in their current relationships. EFT can be beneficial for clients seeking treatment for distress by considering the impact that past and current experiences or memories play in maintaining their emotions. Using Emotional Schema Therapy further assists therapists and clients with exploring the impact of emotions in functioning. In facilitating the sessions, therapists help clients become aware of their guiding principles (*schemas*) about emotions. In this way, clients uncover their interpretations of emotions and the strategies they use to control them (Leahy, 2015). Thus, individuals who are not able to effectively manage their emotions may be likely to engage in negative coping behaviors (Strosahl & Robinson, 2008).

In their review of emotion-based therapies, previous authors suggested that the primary task of therapists is to assist clients with appropriately assessing emotions (Ehrenreich, Fairholme, Buzzella, Ellard, & Barlow, 2007). By exploring the structure and function of emotions, clients learn about what emotions are, what purposes they serve and how to best determine whether they are having an emotional experience. These same authors propose that, by investigating the context of emotion, clients become aware of how situational factors, early socialization, and culture impact their emotional experiences. Emotional hardships are often accompanied by a desire to understand the experience. For instance, people may describe the occurrence of "crying for no reason". When addressing issues of emotional pain, it becomes important for clients to find a way to make sense of their emotions (Greenberg, 2004).

Cognitive processing offers a mechanism for clients to develop an understanding of why they feel the way that they do. Thus, a major goal of cognitive therapy becomes teaching clients "how their thoughts function to trigger and maintain dysfunctional emotions and reactions to situations" (Shean, 2003, p. 196). The interaction between problematic thought patterns and distressing emotions can often be seen in how individuals respond to the situation. In the case of emotions, individuals may utilize their learned emotional responses (*schemes*) and their basic ideologies (*schemas*) to develop their reactions. According the Gross (2001), "emotions call forth a coordinated set of behavioral, experiential, and physiological response tendencies that together influence

how we respond to perceived challenges and opportunities" (p. 281). In regards to cognitive appraisals, it is the clients' evaluations that impact the reaction in such a way that "consequences are likely to be negative" (Dobson, 2012, p. 24).

Power and Dalgleish (2008) developed a model that considers the role of both emotion and cognition. As indicated by these authors, when presented with a situation, different levels of processing occurs. Individuals first encounter sensory information which initiates the primary experience of emotions. Further processing may include automatic arousal of emotion based on associations of previous experience and learning. As all of this information is integrated persons also begin to develop narratives and generalizations about themselves and the world. Although dealing with difficult emotions can be a painful undertaking, avoiding negative experiences can prove detrimental as well. For instance, if distressing emotions persist, "or are so intense that they overwhelm, or evoke past loss or trauma they can become dysfunctional" (Greenberg, 2004, p. 4). In the same vein, engaging in a continual pattern of negative thinking can impact individuals' overall well-being (Greenberg, 2008). According to Dobson (2012), healthy adjustment occurs when "the individual accurately appraises his or her environment and is therefore able to cope with the demands of the environment" (p.11).

An Integrated Emotion and Cognitive-Based Treatment Approach

A treatment approach that utilizes an emotion/cognitive-based perspective can be beneficial for clients in helping them to deal with distressing emotions (Power, 2009). An integrated approach in working with clients would include establishing a collaborative relationship in which clients would feel comfortable to explore underlying thoughts and emotions related to current distress. The therapist would provide a supportive environment in which the clients' feelings are empathically understood and validated (Timulak, 2014). Additionally, therapists would help support clients in considering healthy, new perspectives and ways of thinking that would assist them in creating positive outcomes while eliminating negative coping responses. The case study and outline that follow provides a demonstration of how therapists can work with clients dealing with distressing experiences from an emotion/cognitive-based perspective. Sample interventions will be provided using the case of Evelyn.

Case Presentation

Evelyn is a 34-year old female who first entered therapy to deal with "relationship issues". For the past two years the client has been in a courtship with her current boyfriend. Recently, the boyfriend has been talking about the topic of engagement and starting a family. These conversations have led Evelyn to feel ambivalent, as she never imagined the relationship evolving any further. Evelyn fears that her boyfriend may be "too good" for her. Evelyn admits that although she deeply cares for her boyfriend, she does not think she is "in love" with him. The client entered therapy to sort out her feelings about whether she should accept the pending marriage proposal. She would also like to seek support for the significant life challenges she endured throughout her childhood and young adult years.

The client was raised by her maternal grandparents after her parents gave up their parental rights when she was two years of age. Evelyn's parents maintained some contact with her until she was approximately five years of age, but then opted for the "party lifestyle". To date, the client has had minimal contact with them. Although an only child, Evelyn was raised in a home with her cousin who is two years older. At the age of six, Evelyn's cousin was re-united with her biological mother and the family re-located out of state. When Evelyn was 17, her grandmother passed away. Two months later, her grandfather had a stroke and was placed into a nursing home until he died one year later.

Evelyn describes experiencing "utter loneliness" throughout her life. During her college years, the client began a life of "partying". Evelyn describes this as a "wild" time in her life where she needed guidance. During these years the client experimented with alcohol and drugs, engaged in promiscuous sex, and failed her classes. As a result, Evelyn lost several significant friendships with "really good people" who cared about her. Now as an adult, Evelyn has made great efforts to have a better life and make more appropriate choices. The client is currently a customer service representative in a bank but considers plans of returning to school for human resource management. She engages in a healthy-eating and substance-free lifestyle.

The client struggles with feeling "undeserving" of happiness as a result of her past experiences. Evelyn reports holding a lot of "sadness, anger, and shame" in her heart. She often engages in people-watching and determines that other couples have perfect relationships. Evelyn compares herself to other women and feels that she does not measure up. She judges herself as being "contemptable" and wishes she could erase the memories of her former life. The client reports a history of seeking out superficial unions that have no real future. These relationships were "drama-filled" with episodes of arguing and playing mind games. Although these patterns exist in Evelyn's current relationship, her boyfriend is tolerant and remains willing to work through their issues. Evelyn contends, "he accepts me unconditionally, with all of my baggage". The client fears that she will never have any "true connections" and wonders if she is "good enough to love".

Providing a Rationale

In addressing the importance of working with emotions, therapists may begin by discussing the usefulness of emotions in preparing individuals to take action (Van Dijk, 2012). With further explanation, clients will learn that although emotional responses can serve protective purposes, they can also be used in ways that are not productive (Quebodeaux, 2015). Thus, when individuals use emotions maladaptively their coping responses too may be unbeneficial. In Evelyn's case, her experience of anger may serve as a protective factor in her efforts to keep her relationships at a comfortable distance. To acknowledge the importance of working with cognitions, therapists may provide education about how patterns of thinking can persist if they are not restructured (McMullin, 2000). Furthermore, these cognitions may impact feeling and behavior (Beck, 1995). Based on her early life experiences, Evelyn has held certain beliefs about herself and her social world that now remain active in her adult life. Some of Evelyn's guiding principles include the idea that she is not good enough to love and that

she is underserving of happiness. As she learns that, "appraisal of reality can be flawed by unrealistic patterns of thought" (Beck, 1976, p. 234), she can adopt healthier perspectives.

As a framework for identifying a rationale, it may be useful to implement the use of a *Cost-Benefit Analysis* (see Leahy, 2003). In utilizing this tool, Evelyn can list the possible advantages and disadvantages for maintaining current thinking patterns and emotional patterns versus adopting new ones. For instance, to explore her thought of not being "good enough to love", a possible advantage of thinking this way may be avoiding rejection, yet a possible disadvantage may be missing out on caring relationships. To work with her emotion of "shame", a possible advantage of feeling this way would be that she holds herself to high standards. Yet, a possible disadvantage is that she does not learn the therapeutic forces of self-forgiveness. As clients weigh the pros and cons of maintaining their current affective and thinking reactions, they can determine if new ways of being might be more plausible.

Assessment

During the assessment phase, the focus of intervention will be to help clients become aware of how they are experiencing emotion-based and cognitive information. As a preliminary assessment of emotions, clients can be instructed on how to identify their affective states. Various exercises can be used to help clients increase self-awareness by identifying what makes them feel a certain way and how certain cues in the environment impact healthy or unhealthy reactions (Sarzotti, 2018). Two exercises, *Identifying Moods* (see Greenberger & Padesky, 1995) and *The Emotion Log* (see Greenberg, 2004; Leahy, 2015) can help clients develop an understanding about how they are feeling, why certain events and thoughts impact their reactions, and whether their emotions are serving adaptive purposes.

First, clients can complete an exercise in which they are tasked with *Identifying Moods* (Greenberger & Padesky, 1995). As they recall specific situations that led to a significant emotional response they also become skilled at labeling common mood states (e.g., sadness, anger). By completing this activity, clients learn the connection among their experiences while identifying associated factors that may contribute to their current feeling. For instance, as clients explore who and what was associated with the reaction they can connect cause and effect events. In Evelyn's case, she may determine that she becomes sad when she sees happy families. This reminds her of the childhood she wishes she would have experienced.

The Emotion Log (Greenberg, 2002) can be further utilized to help clients explore the frequencies in which they are experiencing specific feelings. For further assessment of emotional content, clients will learn to uncover maladaptive emotions and associated beliefs (Greenberg, 2004; Leahy, 2015). Additionally, they will be able to connect unpleasant emotions with distressing thoughts (Curwen, Palmer, & Ruddell, 2000). Helping the client to survey which emotions are serving adaptive purposes and which ones are unproductive is a primary goal. For instance, Evelyn describes feeling "sadness" and "loneliness" which may be associated with her history of significant abandonments. The "shame" and "anger" she feels however, may be used to

create distance in her current relationships as a way to avoid real intimacy.

During the assessment of cognitive content, clients will explore how their *automatic thoughts* and *core beliefs* are maintaining their condition. Clients will learn to pay attention to the messages they are hearing during a distressing event (McKay, Davis, & Fanning, 2007). Additionally, they will learn how the rules they live by are influencing their responses (Beck, 1995). The *Thought Record* (see Greenberger & Padesky, 1995) and *Laddering Technique* (see McKay, Davis, & Fanning, 2007) are useful interventions that can assist clients with uncovering thought processes associated with particular occurrences. Clients first develop realizations about what they are thinking and then are further able to analyze what these perceptions mean to them.

Therapists can instruct clients in the use of a *Thought Record* (Greenberger & Padesky, 1995) as a tool to record feelings and automatic thoughts that accompany an upsetting situation. For instance, when Evelyn has been inclined to people-watch other couples, her associated thought may have been, "I'll never have any true connections". The associated emotions may have been sadness or loneliness. To go a bit deeper, therapists can encourage clients to explore underlying fears or concerns that may be attached to these basic ideals. The *Laddering Technique* (McKay, Davis, & Fanning, 2007) can be used to help clients uncover their basic core beliefs. Evelyn can be instructed to question the deeper meaning of each of her views. In doing so, she determines the essence of not having "true connections" as a possible fear of "not being loveable".

Treatment Planning and Intervention

The aim for clients during the treatment planning phase will be to help them deal with emotional and cognitive content in a more productive manner. In addressing emotion-based issues, possible goals may include helping clients to process unresolved past issues as well as to identify current triggers (Jongsma, Peterson, & McInnis, 2003). In unearthing this material clients will eventually learn to increase acceptance of all emotions; regulate their emotions; and replace emotional control with re-engagement in life's positive experiences (Gross, 2002; Leahy, 2015; Strosahl & Robinson, 2008).

Whether self-imposed or caused by others, all individuals experience some emotional wounds from the past which can greatly impact their present level of functioning (Altman, 2016). When individuals connect with certain triggers through "remembering, thinking, and ruminating" (Spradlin, 2003, p. 67) they may be more inclined to have emotional experiences. As indicated by Knaus (2008), emotions are often associated with people, events, images, or memories. In order to begin dealing with emotional content clients will need to connect with underlying feelings and challenge themselves to purposefully resolve significant experiences. *Imaging Techniques* (see Ellis, 2001) can primarily be used to help clients freely express how events have instinctively impacted them. The *Empty Chair Technique* (see Leahy, 2003) can then be utilized as an opportunity for clients to tackle their exposed feelings.

By implementing the use *Imaging Techniques* (Ellis, 2001), clients have the opportunity to uncover previous content and

current triggers. Through journal writing, clients are able to identify and express their most painful emotions. Ellis (2001) further suggests that these clients reframe adversities to view them in a healthier fashion. For Evelyn, it may be useful to write about the anger, sadness, and loneliness she experienced by being abandoned initially by her parents and then later losing her grandparents. By reframing these experiences, Evelyn may discover that her grandparents rescued her from her initial abandonment. Additionally, friends and a supportive boyfriend eventually offered love during her time of loss. In this way, Evelyn is able to process these feelings while determining that she is worthy of love.

As clients continue to connect with difficult emotions, they may feel trapped by the memories of others hurting them in the past, and may feel helpless to reverse the effect. Further processing of emotional content can be achieved through use of the *Empty Chair Technique* (Leahy, 2003). Therapists can first instruct clients to identify significant others who have caused them some type of harm. Clients are then guided in holding an imaginary conversation with their violators. As clients engage in this exchange, they are able to honor their emotions, while identifying unmet needs (Diamond, Rochman, & Amir, 2010.). In the case of Evelyn, therapy may involve visualizing a previous relationship in which she felt that her partner did not respect her. In this exercise, Evelyn would share with the individual how the painful experience affected her. The purpose of this technique is to engage Evelyn in dominating and defeating the credibility of the partner who demoralized her at an earlier time. The more insight that Evelyn develops allows her interpretations to be "re-examined, reworked, and resolved" (Greenberg, Warwar, & Malcolm, 2008, p. 186).

It will also be important for clients to maintain awareness about particular catalysts that prompt emotional states and in turn learn to effectively welcome and manage their feelings. For instance, clients may be made aware that certain persons, social pressures, or activities proceed their distressing experiences (Sobell & Sobell, 2011). In order to properly handle these events, clients can benefit from honoring their reactions and reflecting on their responses from a compassionate viewpoint.

Clients can be guided to explore how various situational factors may act as elicitors in provoking affective states. They can be taught to appreciate their emotions and process them in adaptive ways. A useful starting point is for clients to complete *Identification of Triggers* (see Riggenbach, 2013). In doing so, clients are made aware of their responses to precipitating stimuli. As clients allow their emotional experiences in, they increase their capacity to own their emotions and are empowered to change them by focusing on their needs (Greenberg, Warwar, & Malcolm, 2008). Though *Self-Validation* (see VanDijk, 2012) and *Self-Compassion* (see Neff, 2003), clients can learn to increase their understanding of intuitive human reactions. With this new awareness, they can refocus from self-blaming to optimizing their ability to promote self-care and meet their needs (Beaumont & Hollins Martin, 2015).

By utilizing *Identification of Triggers* (Riggenbach, 2013) clients can reflect on situations, time periods, and related themes that seem to be present when the problematic emotions occur. In this way, clients are able to be preventative in warding

off more negative emotions. For Evelyn, this may mean being aware of times where she tends to people-watch. Because emotional experiences will continue to come and go, it is essential that clients learn to increase acceptance of them. One way in which clients can embrace their emotions is through the process of *Self-Validation*. As clients learn to acknowledge, allow, and understand their feelings they are consequently able to suspend their judgments of them (Van Dijk, 2012). Through learning *Self-Compassion* (Neff, 2003) clients can increase kindness towards themselves, eliminate judgments, normalize their experiences as a part of being human, and respond to their thoughts and feelings (Neff, 2003).

Therapists can offer clients further support by teaching them to tolerate and regulate their emotions. Various authors have incorporated Linehan's distress tolerance and emotion regulation skills into their frameworks for teaching clients how to deal with affective content (Van Dijk, 2012; Spradlin, 2003). In utilizing these interventions, clients learn to cope with and address emotional material that arises. Final emotion-based techniques focus on helping clients to achieve more productive outcomes. "Therapeutic interventions not only aim to alter people's awareness of emotions, but also to change their emotional experience (Burum & Goldfried, 2007, p.410). Both *Crisis Survival Strategies* (see Spradlin, 2003) and *Values Assessment* activities can be used to help clients cope with emotional content and plan for pursuing ideals that support emotional fulfillment.

Spradlin (2003) identified several *Crisis Survival Strategies* in which clients are taught to develop resiliency in times of distress. Such skills include: engaging in enjoyable activities; connecting to experiences that bring about opposite emotions; and participating in self-soothing rituals. Further treatment for emotional distress also entails teaching clients how to deal with their emotions. Individuals can learn to avoid certain triggers, provoking events, and people that prompt strong emotions. Additionally, they can learn to alter how they are perceiving the experience (Hofmann, 2013). Emotional regulation skills should also be developed for clients to access in times of turmoil. In a recent publication, Linehan (2015) stated that clients can alter their emotional experiences by learning to review the facts of the situation, utilize problem-solving skills, and engage in opposite actions. As offered in her earlier work, Linehan (1993) also encouraged clients to increase positive emotion by engaging in interpersonal actions and by remembering positive experiences.

An ultimate goal for teaching clients to deal with emotional content is to help them to re-engage with life. "By aligning with purpose, everything in life becomes a little shinier, more alive, more exciting, and more meaningful" (Altman, 2016, p. 215). For clients dealing with difficult emotional experiences, it may be useful to complete a *Values Assessment*. As Leahy (2003) suggests, it is in reviewing values that individuals can connect their emotional experiences (e.g., sadness) with unfulfilled needs (e.g., intimacy). As clients get in touch with their values, they can connect with a sense of motivation and meaning in life (Strosahl & Robinson, 2008). For Evelyn, an exploration of her values may lead to new discoveries about how she can take chances in relationships and regain trust and security in others.

From a cognitive perspective, agreed upon goals may include the following: helping clients to increase their abilities to identify when they are experiencing dysfunctional thoughts and inaccurate perceptions; helping clients to explore more productive ways of thinking, and helping clients to form a new belief system (Beck, 1976; Curwen, Palmer, & Ruddell, 2000 & Beck, 1995). Because thoughts offer information regarding individuals' perceptions about themselves, it will be important to address both ideas and underlying beliefs in therapy (Wilding, 2012). An area of exploration for clients will be to consider the legitimacy of their way of thinking. By first *Examining the Evidence* (see Leahy, 2003), clients can become familiar with their typical ways of viewing themselves in relation to the world. They are challenged to weigh whether their ideas are logical and to further consider if they should abandon or adopt new ways of thinking. The *Historical Evidence Log* (see Riggenbach, 2013) can be used to help uncover the origins of these thought processes. If clients no longer find their appraisals beneficial, they can be assisted in using *Visualization techniques* (see McKay, Davis, & Fanning, 2007) to "promote changes in attitudes, behavior, or physiological reactions" (Joseph, 2004, p. 13) by creating healthy narratives and self-talk.

Treatment planning involves challenging clients to explore the logic of their underlying beliefs by *Examining the Evidence* (Leahy, 2003). Clients should assess whether they are being too critical, if others view them in the same way, and if their belief holds true all of the time (Burns, 1989). After a fight with her boyfriend, Evelyn may think.. "he's going to leave me" or "I'll always be alone". If Evelyn believes that she will never have any true connections, the therapist can help her challenge "never" as well as discuss the fact that as a couple, she and her boyfriend have been able to successfully overcome previous disagreements.

As clients begin to identify some of these basic thoughts it will be as crucially important to uncover where these ideas stem from. One useful technique is for clients to complete a *Historical Evidence Log* (Riggenbach, 2013). Clients are able to explore and connect specific environmental and family influences or events that have contributed to their different emotional states. As individuals connect these emotions to specific situations they can be challenged further to explore: in what ways these experiences impact how they view themselves, others, the world and their future (Wilding, 2012). In the case of Evelyn, she may connect feeling contempt with her history of promiscuous behaviors. Additionally, she may decide that she chose partners who did not respect her. With further analysis, Evelyn's underlying belief may be that sex equals love, men cannot be trusted, and important people will abandon her.

As core beliefs are revealed clients will need to begin challenging these rigid viewpoints. The *Visualization* exercise allows clients to revisit painful memories of the past from a compassionate viewpoint (McKay, Davis, & Fanning, 2007). By using optimistic coping thoughts and healthy, logical perspectives, clients learn to speak to their former selves. Evelyn's desire to erase memories of her former life suggests that she may be avoiding coping with her negative experiences. In using the visualization technique, Evelyn can validate her feelings and provide normalization that

being overwhelmed by multiple stressors can be a lot for anyone to bear without the proper social supports and coping skills. She can also remind herself of the strength and perseverance that she possesses as evidenced by her current accomplishments.

A final goal in the cognitive model is for clients to continue pursuing healthy belief systems. In part, this transformation can be achieved by intentionally adopting new language. Walker (2013) suggests that clients develop communications based on positive associations (i.e., peace, resilience, optimism) versus negative responses (i.e., worry, self-doubt, pessimism). To further promote a healthy outlook, clients will also benefit from the instillment of hope. If clients believe that things will turn out well and that they have the resourcefulness to pursue their goals, they are likely to stay motivated to reach for imagined aspirations (Snyder, Ilardi, Cheavens, Michael, Yamhure, & Sympson, 2000). Hence, instead of Evelyn believing that she will never have true connections, she can willfully claim that there is love out there for her and take measures to pursue meaningful connections.

An integrated emotion and cognitive-based treatment approach offers clients the opportunity to address significant areas of functioning. Clients who are dealing with difficult life experiences are often challenged by strong, persistent emotions as well as negative, ruminating thoughts and beliefs. Counselors who utilize emotion/cognitive-based interventions can guide clients to develop deeper self-awareness about how affective content and thought processes impact their responses and evaluations. As clients learn to express emotions and resolve painful experiences, they can create a path to increasing positive emotions and utilizing coping strategies. For clients like Evelyn, struggling with distressing emotions does not have to be a persistent condition. By addressing emotional and cognitive material in treatment, clients can learn to address emotional pain, confront negative thinking patterns, create new belief systems and be well on their way to developing a healthier, more functional world.

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Mental Health Literacy of OCD and OCPD in a Rural Area

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Abstract
This study examined the mental health literacy of Obsessive Compulsive Disorder (OCD) and Obsessive Compulsive Personality Disorder (OCPD) among the rural public. 89 volunteer participants (ages 19-86) completed this study using vignette methodology and a questionnaire. Results supported the hypothesis that mental health literacy would be low, specifically for OCPD. In addition, the majority of participants viewed the disorders similarly. The findings suggest that the current understanding of OCD may not reflect the disorders true diagnostic criteria and that participants viewed both disorders similarly in regards to treatment and stigma. Implications and further recommendations are discussed.

Mental health literacy, first coined by Jorm, Korten, Jacomb, Christensen, Rodgers, and Pollitt (1997), is defined as the "knowledge and beliefs specifically about mental disorders which aid their recognition, management, or prevention" (p. 182). For mental health literacy to be high, one must be able to identify particular disorders and know how and when to seek mental health resources (Jorm, et. al., 1997). Knowing this information will allow one to evaluate when and to whom they should go to for help, which could lead to proper symptom management. Mental health literacy is crucial for the recognition and early intervention of mental health disorders. The lifetime prevalence of any mental health disorder is 46.4%, meaning that close to half of the American population will be diagnosed with a disorder in their lifetime (Kessler, Berglund, Demler, Jin, Merikangas, & Walters, 2005). It is likely that almost every person has had or will have contact with someone with a mental disorder. However, with the exception of depression and schizophrenia (Furnham & Blythe, 2012; Jorm, 2012), recognition and the ability to name mental health disorders is generally low (Jorm, 2000; Jorm, Christensen, & Griffiths, 2006; Jorm, et al., 2006; Jorm, et al., 1997).

Recognition of mental health disorders is important in order for patients to communicate with their physician or clinician in a manner that facilitates detection and ideally early intervention (Jorm, 2000). It is critical for the general public to be literate in all aspects of mental health in order to encourage proper help-seeking behaviors. Lack of knowledge can make it difficult for someone to receive treatment for a number of reasons. People may put off treatment because they do not know the available options, they have negative views about treatment, or have a fear of being stigmatized (Jorm, 2000). These obstacles might be compounded in rural areas where there are higher rates of illiteracy, access to mental health services is limited, and fear of stigma may be heightened (Wagenfield, 2003). In fact, the Committee on Rural Health, developed by

the American Psychological Association, was created in recognition of the unique concerns and behavioral health needs of rural communities and residents. There are a large number of rural residents who lack health insurance or are unable to afford services (Gale & Lambert, 2006). This stressor can be a barrier to treatment and may put a person at greater risk for mental health concerns (Gale & Deprez, 2003) or delay help-seeking (Gale & Lambert, 2006; Schank, Helbok, Haldeman, & Gallardo, 2010). Additional stressors that those living in rural areas experience are poor road conditions, bad weather, lack of transportation, and long travel distances to receive mental health services (Barbopoulos & Clark, 2003; Gale & Deprez, 2003; Sawyer, Gale, & Lambert, 2006; Smith, 2003). This can inhibit opportunities for adequate mental health care in rural areas compared to urban counterparts.

Mental Health Literacy

With the importance of mental health literacy being clear, it is worth noting that recognition of some mental disorders is not high among the general public (Jorm et al., 2006) or among rural residents (Gale & Lambert, 2006). The rate of mental disorders in rural areas is comparable to urban areas; however, suicide rates (Mohatt, Adams, Bradley, & Morris, 2006), alcohol abuse and chronic illness (Wagenfeld, 2003) have been found to be higher in rural areas. To add to this risk, mental health care in rural areas is lacking, and most cases are treated by local primary care physicians (Campbell, Kearns, & Patchin, 2006; Harowski, Turner, LeVine, Schank, & Leichter, 2006; Wagenfeld, 2003). Rural residents have been found to express mental health concerns somatically (Keefe, Hastrup, & Thomas, 2005) and detection of mental disorders can be higher when the patient explains symptoms that directly reflect mental health disorders (Jorm, 2000). It is important for the rural public to be literate in symptomatology to ensure their ability to properly explain to their general practitioner what they are experiencing.

Jorm et al. (1997) analyzed the mental health literacy of depression and schizophrenia in a nationally representative sample of over 2000 participants using vignette methodology. The majority of participants were able to recognize a mental disorder, but few were able to correctly label the disorder in each vignette. In a later study, 75.6% of participants in Alberta were able to correctly label depression in a case vignette (Wang et al., 2007), compared to the 67.6% in the aforementioned study. This may indicate improvement in mental health literacy over time. In another study examining the mental health literacy of anxiety disorders, 64% of the participants were able to recognize OCD, with lower recognition rates for panic disorder, general anxiety disorder, and separation anxiety disorder (Furnham & Lousley, 2013)

Rural residents also lack awareness of mental health problems and treatment options (Sawyer et al., 2006). Specifically, Kermode, Bowen, Arole, Joag, and Jorm (2009) conducted a vignette survey with participants in rural India, assessing the participants' mental health literacy of depression and psychosis. The majority of participants recognized that the individuals in the vignettes were experiencing a mental health problem but lacked the knowledge and awareness surrounding treatment and how to respond (Kermode et al., 2009). Therefore, the authors concluded that there was a need to improve mental health literacy in this rural area (Kermode et al., 2009).

Rural areas are known to have scarce resources, high rates of poverty, less access to employment, and limited insurance coverage (Gale & Lambert, 2006; Wagenfeld, 2003); therefore, it is important to assess the mental health literacy in those areas to address possible barriers to help-seeking behaviors. Low mental health literacy is related to a lack of help-seeking behaviors (Munro, Freeman, & Law, 2004) and participants in rural Australia were significantly less likely to seek mental health treatment than those in a metropolitan area (Caldwell, Jorm, & Dear, 2004). In addition, because of the often tight-knit communities found in rural areas, people often turn to family and friends for support (Weigel & Baker, 2002). Most published research on mental health literacy in rural areas has been conducted outside of the United States; therefore, it is important to explore if these findings can be replicated in a rural area in the United States.

Further, if people do not have access to proper information regarding mental health, they might turn to the media or Internet. The link between media exposure and negative attitudes towards mental disorders has been well established (Granello & Pauley, 2000). People with mental health disorders are usually represented in a negative and often inaccurate manner which can contribute to stigmatization (Stout, Villegas, & Jennings, 2004). Specifically, the general public is commonly exposed to terminology such as "OCD" or "Obsessive Compulsive" through mainstream media (Furnham & Wincelaus, 2012). The media's representation of Obsessive Compulsive Disorder (OCD) has been found to conflict with the true diagnostic criteria, often portraying OCD as humorous (Hoffner & Cohen, 2017) or as a result of a personality trait (Fennell & Boyd, 2014). However, recent work has indicated that the portrayal of OCD in a television series has the potential to reduce both the self and other-stigma associated with mental disorders and may improve attitudes toward help-seeking behaviors (Hoffner & Cohen, 2015; Hoffner, & Cohen, 2017).

Stigma is a barrier to seeking treatment in all communities. However, as a result of the small town culture of a rural area, residents might experience shame, embarrassment, and social stigma when they seek mental health treatment (Sawyer, Gale, & Lambert, 2006; Smith, 2003; Starr, Campbell, & Herrick, 2002). In addition, it has been suggested that rural areas and geographical locations are considered distinct cultures and culture influences mental health literacy (Furnham, Raja, & Khan, 2008; Furnham & Wong, 2007) and treatment decisions (Gale & Lambert, 2006). However, not all rural and geographical locations are the same and it is imperative to not overgeneralize from one area to the next (Sawyer et al., 2006).

Obsessive Compulsive Disorder and Obsessive Compulsive Personality Disorder

According to the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual* (DSM-5; 2013) Obsessive Compulsive Disorder (OCD) is defined by symptoms of recurrent obsessions and/or compulsions that are time consuming or cause significant distress in one's social, occupational, or other area of life functions. OCD is found to have a lifetime prevalence between 2-3.5% (DSM-5; 2013) and approximately 2-3 million people in the United States currently have the disorder (Ruscio, Stein, Chiu, & Kessler, 2010).

The cause of OCD is unknown; however, possible risk factors include genetics, environment risk factors, and abnormal brain structure and functioning (National Institute of Mental Health, 2016). OCD often goes unrecognized or untreated, despite the availability of efficacious treatment (Coles, Heimberg, & Weiss, 2013), with estimates of 57.3% of individuals not receiving treatment (Kohn, Saxena, Levav, & Saraceno, 2004). A study evaluating the stigma surrounding OCD found that the median length people delayed seeking treatment after onset was 47 months, with 53.8% being aware of the fact they had a problem (Belloch, Del Valle, Morillo, Carrió, & Cabedo, 2009). The most common reason for delayed treatment was the fear associated with the stigma surrounding the mental disorder (Belloch, et al, 2009).

Those with OCD who seek treatment are likely to be treated with medication, psychotherapy, or both. Cognitive behavioral therapy, a form of psychotherapy, has been found to be as effective as medication in some patients (National Institute of Mental Health, 2016). However, OCD is chronic and is thought to be one of the most debilitating mental disorders (Rachman, 1997).

The personality disorder, Obsessive Compulsive Personality Disorde**r (**OCPD) is "a pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency, beginning by early adulthood and present in a variety of contexts" (APA, 2013, p. 678). OCPD also is indicated by four (or more) of the following, inflexibility, stinginess, perfectionism, over attention to detail, excessive devotion to work, inability to discard worn or useless items, hyper morality, and inability to delegate tasks (APA, 2013). People with personality disorders are more likely to have impairments in various life domains including relationships, work, and unemployment (Morrison, 2014), often meet the criteria for another personality disorder, and have high levels of comorbidity (APA, 2013). OCPD is found to be one of the most common personality disorders with a prevalence rate around 2.5-7.9% and is found in twice as many men as women (APA, 2013). Similar to OCD, there is no known specific cause, but scholars have established various etiological factors that may contribute to this personality disorder. Genetics may play a role, as well as cultural and environmental factors, including being raised by overprotective and controlling parents (Diedrich & Voderholzer, 2015).

OCPD has not been studied to the extent that OCD has been in regard to stigma; however, research indicates that those with personality disorders experience more stigma than those with severe mental disorders (Catthoor, Feenstra, Hutsebaut, Schrijvers, & Sabbe, 2015). Another factor related to stigma that might be a barrier to help-seeking is the misconception that personality disorders are not treatable (Sheehan, Nieweglowski, & Corrigan, 2016). Finally, some promising treatments for this disorder include psychotherapy, medication, and relaxation techniques (Barber, Morse, Krakauer, Chittams, & Crits-Christoph, 1997; Diaferia, Bianchi, Bianchi, Cavedini, Erzegovesi, & Bellodi, 1997).

Knowledge and Beliefs of OCD and OCPD

OCD has been found to be comorbid with OCD (Mancebo, Eisen, Grant, & Rasmussen, 2005) and some genetic models

find links between OCD and OCPD and other personality features (Bartz & Hollander, 2006). However, the relationship between OCD and OCPD has been subject of debate. One core difference between the disorders is that OCD traits are ego-dystonic and OCPD traits are ego-syntonic (Taylor, Asmundson, & Jang, 2011). This means that the obsessions and compulsions may be conflicting with the goals of someone with OCD. In contrast, in OCPD, behavior tends to be aligned with one's goals and often provides satisfaction (Taylor et al., 2011). Therefore, due to the nature of the personality disorders, it may be useful for family members, friends, and co-workers to recognize the symptoms of OCPD.

Coles and Coleman (2010) assessed the knowledge of and beliefs about OCD in a sample of US undergraduates and found that 90.9% of participants indicated that the behaviors in the OCD vignette to be problematic; however, only one third were able to correctly identify the disorder. In another study, researchers found very low rates of recognition of OCPD compared to OCD, depression, and schizophrenia (Koutoufa & Furnham, 2014). This can become problematic to individuals who need treatment. Furnham, Abajian, and McClelland (2011) conducted a study in the UK to determine the mental health literacy of several personality disorders. The results indicated that only 41% were able to identify OCPD as a personality disorder (compared to 86% correctly identifying Borderline Personality Disorder) and only 25% could label the disorder correctly (Furnham, et al, 2011). In a more recent study on the personality disorders, participants generally were able to indicate a mental disorder was present, but failed to correctly label the disorder (Furnham & Winceslaus, 2012). To exacerbate the confusion between OCD and OCPD, OCPD is often portrayed in the media as OCD (Furnham, Abajian, & McClelland, 2011). Therefore, the mental health literacy of the two disorders needs to be evaluated to bring awareness to each disorder and to minimize the stereotypes that can lead to popular misunderstandings. Few studies have investigated the awareness and knowledge of OCD and OCPD in the general population and no studies were found investigating the mental health literacy of OCD or OCPD in a rural area.

Current Study

The purpose of this study was to evaluate the awareness and knowledge of OCD and OCPD in a public sample of rural US citizens using a vignette methodology. The information from this study adds to the limited knowledge in published research in the US. More research in this area can lead to heightened awareness of mental health literacy and guide programs to implement in rural areas. As noted previously, rural communities have been identified as being a distinct culture with unique concerns. We proposed the following research questions: Do participants believe that the behaviors in each vignette are a cause for concern? Do participants believe that the behaviors in each vignette reflect a mental disorder? Are participants able to recognize and correctly label the mental health disorder portrayed in each vignette? If not, how do they describe what is happening in each vignette? Do the participants recommend the person in the vignette seek help and to whom do the participants recommend that the person in each vignette seek help? Do the participants recommend that the person in each vignette avoid talking about their symptoms with other people?

Even though previous research on the general populations' knowledge and awareness of OCD and OCPD has varied, we expected that recognition and identification of mental disorders in the general population of rural residents would be low. We hypothesized that participants would label the behavior in each vignette as a cause for concern and that participants would incorrectly label the OCPD vignette as OCD.

Method

Participants

Eighty nine participants (70% female) were recruited from a rural area in the Northeast region of the United States. Participants were asked demographic questions regarding gender, age, years living in a rural area, and whether they have experience with mental health treatment or disorders, either with themselves, loved ones, or at work. The age of participants ranged from 19-86, with a mean age of 59 (SD=13.19) years old. The mean years participants have been living in a rural area was 43 years with 46% reporting previous mental health experiences.

Materials

This study used vignette methodology, a common method for examining mental health literacy (Farrer, Leach, Griffiths, Christensen, & Jorm, 2008; Jorm et al., 2006) along with a questionnaire. The OCD vignette was adapted from a previous study (Pirutinsky, Rosmarin, & Pargament, 2011) and the OCPD vignette was adapted from a teaching book (Morrison, 2014). Each vignette was reviewed by two doctoral-level licensed mental health practitioners and educators. Each vignette was modified to include gender neutral naming to avoid a gender effect and both were maintained at 180-185 words. The vignettes were reviewed again and approved by the two mental health professionals and piloted by 5 undergraduate psychology students. The questionnaire was compiled from two previous studies looking at mental health literacy (Coles et al., 2013; Furnham & Lousley, 2013) and consisted of seven questions that were meant to assess each participant's mental health literacy.

Procedure

The Institutional Review Board at the college where the study took place approved the study protocol. One researcher contacted local businesses, organizations, and the school system in a small rural area (approximate population 5,860) and a single contact person from each facility was chosen to handle the recruiting. Participants were asked to take the study in a large conference room in the community setting. Participants were able to have adequate space to ensure privacy and only a limited amount of people were in the room at one time. After giving informed consent, the two vignettes were administered in a counterbalanced manner to each participant. After reading the first vignette, each participant was presented with the questionnaire. When they completed the first questionnaire, they were given the next vignette, followed by the questionnaire. Demographic questions were asked after the two questionnaires were complete. Confidentiality was maintained by giving each participant a unique identification number and the completed questionnaires were returned in a sealed folder. The study took 5-10 minutes to complete and once completed the participants were debriefed. There was no compensation for participating in this study.

Results

Analysis and Coding of Data

To address the research questions of the study, answers for each question were coded depending on the question (for example, "yes" or "no" or on a Likert-type scale). The questions: "How would you name and describe what is happening to the person in this vignette" and "Who should they go to for help?" were answered in an open-ended format. The qualitative data was analyzed independently by the two researchers using the guidelines outlined for conducting a thematic analysis by Braun and Clarke (2006). The researchers then compared notes and discussed the differences in coding until agreement was found.

Mental Health Literacy: Knowledge and Recognition

The majority of participants responded that the behaviors in both the OCD and OCPD vignette were a cause for concern (98% and 71% for OCD and OCPD, respectively). However, the majority agreed that the OCD vignette portrayed an actual mental disorder (80%) and the OCPD vignette did not (31%). In addition, 63 % of the participants "correctly" labeled the OCD vignette as OCD and 0% "correctly" labeled the OCPD vignette as OCPD.

Table 1 demonstrates the results of a thematic analysis of the variety of responses given by the participants when they were asked to describe what was happening in both the OCD and OCPD vignettes. For both the vignettes, OCD was the most common response.

Mental Health Literacy: Management and Prevention

Table 2 presents the frequency of responses to the open-ended format question to who the individual in each vignette should go to for help. Participants recommended psychologist/counselor the most for each vignette.

In regards to if the participants recommended counseling or medication for each vignette, the highest percentage of participants (62%) recommended counseling in the OCPD vignette and 53% responded that both counseling and medication would be beneficial in the OCD vignette. To answer the question whether the person in each vignette should seek professional help, participants rated each vignette on a seven-point Likert-type scale of 1 (not at all) to 7 (highly recommend) that the person seek professional help. Using a paired-samples *t*-test, a statistically significant difference in mean scores was found between the OCD vignette (M=6.01, SD=1.37) and the OCPD vignette (M=4.05, SD=1.76), t (86) =-10.25, p=0.001 (two-tailed). Meaning that the participants recommended that the individual in the OCD vignette seek professional help more than the individual in OCPD vignette. The mean difference was 1.97 with a 95% confidence interval [2.35, 1.58]. The Cohen's d (1.24) indicated a large effect size.

Finally, participants were asked whether the person in each vignette should avoid talking about their symptoms with other people on a seven-point Likert-type scale of 1 (not at all) to 7 (highly recommend). This question was meant to evaluate stigma by asking if the participant thought the person in the vignette should avoid talking about their symptoms with

other people. The assumption was that if it was recommended that the individual avoid talking about symptoms, this would be because of the stigma associated with mental disorders (Coles et al., 2013). A paired-samples *t*-test revealed a statistically significant difference in mean scores for the OCD vignette (M=2.67, SD=2.01) compared to the OCPD vignette (M=2.29, SD=1.70), *t* (86) =-2.59, *p*=0.01 (two-tailed). Participants recommended that the individual in the OCD vignette discuss their symptoms with someone else more than the person in the OCPD vignette. The mean difference was 0.38 with a 95% confidence interval [0.67, 0.08]. The Cohen's d (.02) indicated a small effect size.

Discussion

The purpose of this study was to assess the mental health literacy of OCD and OCPD in a rural area. To our knowledge this is the first study to examine the mental health literacy of OCD and OCPD in the general public in a rural area in the United States. We expected that recognition of OCD and especially OCPD would be low and that participants would find the behaviors in each vignette to be a cause for concern. We also predicted that participants would incorrectly label the OCPD vignette as OCD.

Results suggest that the majority of participants found the behaviors in both vignettes to be a cause for concern (98% and 71% for OCD and OCPD, respectively). This is promising as both vignettes presented behaviors that were maladaptive for the individual in one or more areas of their life. However, both vignettes represented a mental disorder. Although 80% of the participants identified a mental disorder in the OCD vignette, only 31% of the participants indicated that the OCPD vignette reflected a mental disorder. This might indicate that there is support that individuals with certain personality disorders, like OCPD, have been successful in life, especially in the workplace. Hence, participants might view OCPD as more of a trait (perfectionism) versus a mental disorder (Koutoufa & Furnham, 2014).

Even though the majority of the participants agreed that the behaviors in both vignettes demonstrated a cause for concern, none were able to correctly label OCPD. These findings are in line with previous research (Furnham et al., 2011; Furnham & Lousley, 2013; Koutoufa & Furnham, 2014). For the OCPD vignette, 38.2% of participants responded that the behavior represented OCD. These findings support the fact that people are not knowledgeable of the distinctions between OCD and OCPD despite high recognition of OCD (63%). Another important finding is that none of the participants were able to label the disorder of OCPD. This suggests that there is a misunderstanding of the diagnostic criteria for OCD, as well as a lack of mental health literacy of OCPD. This might indicate that people find the personality traits seen in individuals with OCPD to be the same as OCD.

Furthermore, results indicate that OCD was the most common response given for both vignettes and, similar to previous research (Koutoufa & Furnham, 2014), the next common label for OCPD was "perfectionist". This demonstrates that participants understand one of the primary symptoms of OCPD, but do not know the specific label or may not see the behaviors as representing a mental disorder. One explanation is that the general public may use the same terminology when someone is

"obsessive" whether it is perfectionist tendencies or compulsive hand washing.

The finding that participants would recommend that the person in the OCD vignette seek professional help more than the individual in OCPD vignette is not surprising, considering that participants were able to correctly identify OCD in the OCD vignette. This demonstrates higher levels of recognition for treatment of OCD. In regards to whom the person should seek help, the findings suggest that people view outcomes of both disorders similarly. For example, 40 (51%) of the participants recommended seeing a psychologist/counselor in the OCPD vignette and 38 (46%) for the OCD vignette. This finding indicates that OCD and OCPD should be treated in the same manner. Similar to previous findings (Wang, et al., 2007), participants may not actually know what is the best treatment for each disorder. In addition, the findings might not represent poor mental health literacy, as psychotherapy is a form of treatment for both disorders. However, evidenced-based practices for OCD includes medication (Fineberg, Brown, Reghunandanan, & Pampaloni, 2012) and the findings of the current study are in line with previous research that the general public holds negative views or lacks knowledge of the effectiveness of medications for certain mental disorders (Jorm, et al., 1997). Another finding that 16 (21%) of the participants did not recommend professional help in the OCPD vignette indicates that participants did not indicate that treatment was not necessary for a mental disorder. One promising finding of the study that is supported by previous research is that people living in rural areas may to turn toward informal networks (friends and family, clergy) or their primary care physician than their urban counterparts (Gale & Lambert, 2006). This finding highlights the importance of mental health literacy for all people.

Finally, the last question was meant to evaluate stigma. The assumption was that if it was recommended that the individual avoid talking about symptoms, this would be due to the stigma associated with mental disorders (Coles et al., 2013). Generally, the participants recommended that the individual in the OCD vignette discuss their symptoms with someone else more than the person in the OCPD vignette. However, the responses clustered around lower levels of stigma for both vignettes. This suggests higher knowledge or acceptance in areas of management and stigma, another promising finding.

Limitations and Future Research

This study examined the MHL of a sample of the population from one rural area; therefore, these findings might not be generalizable to all rural areas. Although significant results were found, as well as a clear indication that mental health literacy was not high among the sample in regard to OCPD, this study did have some limitations and needs replicated. One is the mean age of the participants was 59 years old. The most common age among participants was 62 years old, which is generalizable to the population of this small area of the United States. Previous research indicates mixed findings regarding mental health literacy and age (Coles et al., 2013; Fischer & Goldney, 2003; Furnham et al., 2011; Koutoufa & Furnham, 2014). In addition, there is a trend where younger populations are moving out of rural areas to urban areas (Campbell, Kearns, & Patchin, 2006; Wagenfeld, 2003)

and this could have an influence on the findings from this sample.

Another limitation is that the study did not investigate why participants found the behaviors to reflect a mental disorder and why they labeled the disorders as they did. In addition, participants could be asked directly questions about stigma. A possible solution to this would be to administer a follow up questionnaire or interview participants to explain why they chose to answer in the manner that they did. Another avenue for further study would be to ask participants if they would actually suggest to a person with symptoms that they should seek professional treatment (Coles et al., 2013).

Another way to further this study would be to ask participants about income, socioeconomic status, levels of education, and where they receive their information regarding mental health. Knowing this information could lead to a better understanding as to what factors play a role in the mental health literacy of the rural public. Finally, the results surrounding who the individual in each vignette should go to for treatment could be clarified in future research as it is not clear if the participants understood the roles of a counselor, psychologist, psychiatrist, and primary care specialist in the treatment of OCD and OCPD.

Implications and Conclusions

This study revealed that the mental health literacy of OCPD among the sample of the rural public is limited and that the participants viewed both disorders similarly in regard to labeling and treatment. This lack of understanding and knowledge can have a detrimental influence on help-seeking behaviors. These findings fill a gap currently seen in mental health literacy research. There is very little research regarding the mental health literacy of OCD and OCPD, especially in a rural area in the US. This information can lead to the implementation of programs within schools, community groups, and PCP's to bring correct information to the public and aid in the recognition and early treatment of mental health disorders. In addition, OCD causes distress to family members (Vikas, Avasthi, & Sharan, 2011); therefore, mental health literacy programs might be useful for family members or work colleagues. In addition, mental health literacy programs may promote understanding and help-seeking behaviors for a personality disorder, such as OCPD. Research suggests that educational programs informing residents of the effectiveness of treatment would be useful (Fox, Blank, Rovnyack, & Barnett, 2001) and national mental literacy initiatives in Austria have demonstrated promise (Jorm, Christensen, & Griffiths, 2006).

A final suggestion would be to address how mental disorders are represented, or misrepresented, in popular culture and everyday language. Comments such as, "that is so OCD of me" may add to the confusion and perpetuation of myths held by the general public. Therefore, educational programs that present accurate information and replace myths about mental disorders are warranted. If individuals are made aware of the fact that they are confusing the two disorders, they may take a closer look at the way other mental disorders are represented as well. By bringing awareness to this issue it may be possible to positively change the trajectory of those living and struggling with mental disorders and their family, friends, and coworkers.

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Table 1.
Ranking and Label of Name of What is Happening to the Person in Each Vignette

OCD Vignette	N	OCPD Vignette	N
OCD	54	OCD	30
Anxiety (Worried/fear)	13	Perfectionist	19
No answer	13	No answer	12
Cautious/concerned/sensitive	4	Personality	4
Paranoid	3	Neat (control) freak	4
Mentally unstable	2	Anxiety	3
Perfectionist	1	Careful (diligent/methodical)	3
Religious (need prayer)	1	Crazy (unstable/troubled)	3
		Workaholic/strong work ethic	2
		Asperger's/autism	2
		Controlling	2
		Other	4

Table 2.
Responses to Who the Person in Each Vignette Should Go To For Professional Help?

	OCD (n=82)	OCPD (n=77)
Psychologist/Counselor	38 (46%)	40 (52%)
Psychiatrist	12 (15%)	2 (3%)
Psychiatrist and Psychologist	16 (20%)	7 (9%)
General Practitioner	9 (11%)	9 (11%)
Parents/Family	0 (0%)	2 (3%)
Friends	2 (3%)	1 (1%)
N/A	5 (6%)	16 (21%)

Note: Total *ns* vary due to missing data

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Predictors of Supervisee Self-Disclosure within the Supervisory Relationship

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Abstract
The present study investigates how the supervisory working alliance, supervisor's style, and the supervisee's level of self-efficacy are able to predict the supervisee's level of self-disclosure to the supervisor. Forty-two supervisees completed the Working Alliance Inventory – Trainee (Bahrick, 1990), Trainee Disclosure Scale (Walker, Ladany, & Pate-Carolan, 2007), Supervisory Style Inventory (Friedlander & Ward, 1984), and Counseling Activity Self-Efficacy Scales (Lent, Hill, & Hoffman, 2003). The supervisee's level of self-disclosure was statistically significantly predicted by the supervisory working alliance, supervisor's style, and the supervisee's counseling self-efficacy. Counseling self-efficacy was found to be a statistically significant predictor of supervisee self-disclosure.

Predictors of Supervisee Disclosure

The supervisory relationship plays a vital role in the training and accountability of mental health professionals (Armoutliev, 2013; Bernard & Goodyear, 2014; Guest & Dooley, 1999; Knox, 2015; Ladany, Mori, & Mehr, 2013). This process is vital to the success of both counselors-in-training who are moving from classroom training into clinical experiences in practicum and internship settings, as well as recent graduates as they transition into full-time professional practice and pursue licensure. The level of self-disclosure of the supervisee is an important and influential component of the success of the supervisory process within the counseling professions (Farber, 2006; Ladany, Hill, Corbett, & Nutt, 1996; Ladany et al., 2013; Knox, 2015). Self-disclosure in supervision is defined as "supervisors or supervisees revealing information about themselves, or revealing their reactions or responses to others as they arise in supervision" (Knox, 2015, p. 152). Because supervisors are generally privy to their supervisee's inner experiences only if the supervisee chooses to disclose this information, low levels of self-disclosure in supervision has great potential to interfere with supervisor efficiency, supervisee learning, and client outcomes (Farber, 2006; Knox, 2015; Krieder, 2014; Ladany et al., 1996; Sweeney & Creaner, 2014).

The supervisor and the supervisee must both accept the responsibility to create open and honest dialogue that will facilitate clinician growth and client success (Sweeney & Creaner, 2014); however, much of this burden falls to the supervisor (Bernard & Goodyear, 2014). More research is needed to continue investigating how supervisors may be able to facilitate the disclosure process for the highest quality of service offered to clients and the efficacious training of clinicians (Gibson, 2012). To date, clinical supervisory literature has indicated that the supervisory working alliance, supervisor's style of supervision, and the supervisee's level of counselor self-efficacy may be factors influential of supervisee self-disclosure to the supervisor

(Ladany et al., 1996; Ladany et al., 2013; Mehr, Ladany, & Caskie, 2010; Sweeney & Creaner, 2014; Yourman & Farber, 1996). Although there has been research into each of the three constructs, they have not yet been explored together. The purpose of this research is to explore whether these three constructs together can predict the level of supervisee disclosure.

Supervisee Self-Disclosure

Limits to supervisee self-disclosure have been documented as a common occurrence in supervision (Farber, 2006; Ladany et al., 1996; Ladany et al., 2013; Hess, 2008; Mehr et al., 2010). Reichelt et al. (2009) found that 74% of their trainee sample reported specific information that they chose not to disclose to their supervisors. Mehr et al. (2010) found that 84.3% of trainees reporting on a single supervision session stated that they chose not to disclose certain information to their supervisor. Ladany et al. (1996) concluded that over 97% of supervisees reported having information they choose not to disclose to their supervisors. Hess et al. (2008) found within their sample of doctoral trainees that all withheld information from their supervisors. Because consistently high numbers of supervisees have been found not to disclose information to their supervisors, it is important to understand what information is not being disclosed, what methods of limiting self-disclosure are most commonly used, and what purpose this limited self-disclosure may be serving for the supervisee.

Information not disclosed. Several general categories of information supervisees do not self-disclose to supervisors have been identified. Ladany et al. (1996) found that the most common information not disclosed in supervision pertained to negative reactions to the supervisor, personal issues unrelated to supervision, mistakes in clinical work, concerns of negative evaluation, and general observations about clients. Yourman and Farber (1996) also found that supervisees admitted to the routine exclusion of information about what they perceive to be clinical error when disclosing to their supervisors. Some trainees reported that their nondisclosures were related to the process of what was happening in supervision or in their clinical work rather than the content (Hess et al., 2008; Jakob, Week, Höfling, Richtberg, & Bohus, 2014; Reichelt et al., 2009). Mehr et al. (2010) found that undisclosed information was more about supervision itself than about clinical concerns, with the most common self-disclosures withheld related to negative perceptions of the supervisor and supervision, as well as the supervisee's concerns in his or her personal life. Additionally, 14% of supervisees in the study reported nondisclosures surrounding concerns about professional inadequacy (Mehr et al., 2010).

Reasons for not disclosing. Although individual factors may vary, several common themes have emerged from research investigating the reasoning and justification used by supervisees limiting self-disclosure to their supervisors. Ladany et al. (1996) found the most common reasons for nondisclosure were perceived irrelevance of the information, information being too personal to reveal, negative feelings about the information, poor alliance with supervisor, deferring to the supervisor, and wanting to be perceived positively by the supervisor. Reichelt et al. (2009) found that supervisees reported nondisclosures for many reasons including fear of hurting the

supervisor, fear of criticism, and feeling professionally insecure. Hess et al. (2008) found that a prominent reason for nondisclosure was fear of negative evaluation. This finding was consistent with previous research from Walsh et al. (2002), which found that 57% of counseling trainee participants reported their level of worry over having made a mistake or of being judged for their actions played an instrumental role in their readiness to disclose to their supervisors. Mehr et al. (2010) found that the most common reasons for nondisclosure to one's supervisor included impression management (defined as "concerns about being perceived in a negative manner" [p. 109]), deferring to the supervisor, and perceiving that there would be negative consequences if information were to be self-disclosed.

Methods of not disclosing. The majority of the time, supervisees do not intentionally change or misrepresent the information reported to their supervisor; previous research has suggested that the most common way that supervisees avoid self-disclosure is through passivity (Ladany et al., 1996; Yourman & Faber, 1996). That is, rather than volunteering disclosure, the student may simply choose not to bring up information the supervisor did not directly address. This passivity indicates the tendency for supervisees to use nondisclosure as an impression management technique rather than to intentionally deceive their supervisors (Ladany et al., 1996). Because of this passivity, it is imperative for supervisors to be intentional about attending to their supervisees and being willing to ask questions about things left unsaid (Hess et al., 2008). Considering that much information appears to be passively withheld because of impression management, evaluative concerns, and fear of negative repercussions (Hess et al., 2008; Ladany et al., 1996; Reichelt et al., 2009; Yourman & Faber, 1996), the relationship dynamics that may contribute to this supervisory insecurity should be acknowledged.

Supervision dynamics. Supervision represents a power differential that can present difficulties for both the supervisor to be successful and for the supervisee to receive appropriate training (Bernard & Goodyear, 2014; Reichelt et al., 2009; Yourman & Farber, 1996). Supervisees are particularly exposed for potential vulnerability in their training because of being asked to honestly disclose their clinical work and their personal issues impacting this work to their supervisor. At the same time, the trainee is being evaluated for competence and efficiency, which adds another level of stress that supervisors must consider as systemically influential of supervisee self-disclosure levels (Alonso & Rutan, 1988; Holloway, 1995; Ladany & Friedlander, 1995). Supervisees generally are considerably less experienced in clinical practice than their supervisors are. Accordingly, trainees may not always know what issues are appropriate to bring up in discussion with their supervisor and which ones they are responsible to take care of without their supervisor's guidance. It can be difficult for supervisees to determine the information and concerns that are most influential and salient to the supervision process (Ladany & Friendlander, 1995; Mehr et al., 2010). Although self-disclosure is often part of a counseling relationship and the supervisory relationship (Gibson, 2012), it is the role of the supervisor to teach trainees about self-disclosure and model appropriate levels of self-disclosure (Knight, 2012, 2014). Clinical supervision is a vital part of how clinicians learn what it looks

like to appropriately engage in therapeutic use of self in their work with clients and how to create a safe, collaborative environment in which clients can grow (Armoutliev, 2013; Bernard & Goodyear, 2014; Knox, 2015).

Supervisory Working Alliance

The supervisory working alliance is the collaborative relationship between the supervisor
and supervisee that helps to establish mutual understanding of the goals of the supervisory process, the tasks and role of each party, and the emotional bond between the supervisor and supervisee (Bordin, 1983). The supervisory working alliance has been found to be directly influential of the supervisee's level of disclosure (Bernard & Goodyear, 2014; Ladany et al., 2013; Mehr, Ladany, & Caskie, 2015). Walsh et al. (2002) found the quality of the bond created between the supervisor and the supervisee was the most salient factor influencing the supervisee's willingness to disclose sensitive information to their supervisors. Ladany and Friedlander (1995) suggested that the working alliance could be just as important within the supervisory relationship as it is within the therapeutic relationship. More recently, several studies from Siembor (2012), Gunn and Pistole (2012), Hutman (2015), and Mehr et al. (2015) each found that a stronger supervisory working alliance was related to higher willingness of the supervisee to self-disclose within the supervisory relationship.

Supervisors should facilitate a bond that contributes to their supervisees being comfortable with the necessity of discussing personal issues as they pertain to the supervisee's clinical work (Gnilka, Chang, & Dew, 2012). Supervisors who do not intentionally develop this bond may create a supervisory environment that discourages supervisee disclosure (Gunn & Pistole, 2012). Notably, a stronger alliance and emotional bond is related to lower levels of ambiguity and conflict experienced by the trainee (Ladany & Friedlander, 1995). Along with role ambiguity, supervisee feelings of powerlessness and lack of control within the supervisory relationship may contribute to less self-disclosure. Supervisors who are willing to have a discussion with their supervisees about supervisee feelings of control of the supervision process may facilitate the supervisory working alliance, empower the trainee to voice his or her concerns, and encourage trainee self-disclosure within the supervisory relationship (Gnilka et al., 2012).

Supervisor Style

Supervisory style is the method and manner in which a supervisor approaches the supervisory relationship, how training is facilitated, and how the supervisor interacts with his or her supervisee (Friedlander & Ward, 1984; Holloway & Wolleat, 1981). Supervisor style is an aspect of supervision that may be important when considering the therapeutic alliance and supervisee's level of disclosure (Armoutliev, 2013; Ladany et al., 2013). In a study investigating what constitutes effective supervision, Ladany et al. (2013) found that effective supervisors utilized a supervisory style with a balance of attractive interactions, task-oriented structure, and feedback to the supervisor that was both interpersonally warm and challenging. This balance was recognized as encouraging and empowering for supervisees at all developmental levels and facilitative of higher levels of self-disclosure by supervisees. Interpersonal approaches to supervision that encourage trainees to

process their experiences as both a therapist and a supervisee may help to facilitate more complete disclosure from the supervisee (Friedlander, 2012, 2015; Hutman, 2015). Additionally, the task-oriented style of supervision has been found to be predictive of levels of supervisee self-efficacy (Fernando & Hulse-Killacky, 2005), which – as discussed later – may hold implications for supervisee disclosure. Ladany, Marotta, and Muse-Burke (2001) found that generally, supervisees prefer for their supervisors to demonstrate moderate levels of all three supervisory styles, thus engaging in a flexible balance of style throughout the supervisory process.

Supervisors who utilize a supervision style that allows for well-timed supervisor self-disclosure may facilitate greater supervisee disclosure. Alonso and Rutan (1988) suggested that the extent to which supervisors choose to expose their own work, including strengths and weaknesses, is the extent to which their supervisees will open up within supervision. Higher levels of meaningful, appropriate supervisor self-disclosure have been found to be related to a more efficacious supervisory style (Ladany, Walker, & Melincoff, 2001; Ladany & Walker, 2003). Supervisors who are able to self-disclose about their own supervision experiences can reasonably expect for this disclosure to foster the supervisory working alliance and thus help supervisees to be more comfortable with disclosure (Krieder, 2014; Ladany & Walker, 2003). Supervisor self-disclosure and supervisor style are most likely to have an indirect impact on supervision outcomes through their contribution to the supervisory working alliance and supervisee self-disclosure (Knox et al., 2008; Knox et al., 2011). Supervisors may be able to enhance supervision outcomes by adapting their style of supervision to best suit what they perceive would best match their supervisee's training needs (Holloway & Wolleat, 1981).

Counselor Self-Efficacy

Self-efficacy is an effective way to monitor the advancement of novice clinicians and is relevant to both clinical work and to the supervisory relationship (Kozina et al., 2010). According to Mehr, Ladany, & Caskie (2015), little research is available to provide information about the relationship between counseling self-efficacy and supervisee self-disclosure. Mehr and associates (2015) did not find a direct significant relationship between counseling self-efficacy and level of self-disclosure in supervision; however, they did find that supervisees who showed higher counseling self-efficacy experienced less anxiety associated with their supervisory relationship. Their results indicate that supervisors may be able to use the supervision hour to facilitate activities that will promote the growth of supervisee self-efficacy in order to help decrease supervisee anxiety, indirectly fostering the supervisee self-disclosure (Mehr et al., 2015).

Also, training is a significant factor in the growth of counselor self-efficacy. Kozina et al. (2010) suggested that an increase in counseling self-efficacy can occur quickly while in training. Their research found that the counseling self-efficacy of master's-level trainees increased significantly over an eight-week measurement period while in a supervisory relationship. Therefore, measuring and processing the levels of counselor self-efficacy of their supervisees may be an effective means for supervisors to facilitate

the growth of their trainees, which in turn may have implications for supervisee self-disclosure (Kozina et al., 2010; Motley, Reese, & Campos, 2014). With little empirical evidence informing this relationship, more research is needed to better understand how self-efficacy may influence level of self-disclosure for supervisees (Mehr et al., 2015).

Current Study

Supervision is a complex process with many influential variables, and supervisee self-disclosure is important to the supervisory process for supervisee clinical training (Armoutliev, 2013; Ladany et al., 2013; Knox, 2015). It is up to the supervisor to create a supervisory environment that is conducive to supervisee self-disclosure (Bernard & Goodyear, 2014; Reichelt et al., 2009; Skjerve et al., 2009; Sweeney & Creaner, 2014). The supervisory working alliance and supervisor style are noted as influential components of supervisee self-disclosure (Gnilka et al., 2012; Gunn & Pistole, 2012; Hutman, 2015; Krieder, 2014; Ladany et al., 2013; Mehr et al., 2015); however, more research is needed to understand the relationship between the counselor self-efficacy of the supervisee and levels of self-disclosure in supervision (Mehr et al., 2015). To date, no research has investigated these three factors in unison as potentially systemic influences of supervisee self-disclosure levels. The present study is a further investigation of the level of self-disclosure of supervisees in their supervision relationship and how this level of self-disclosure may be predicted by the supervisory working alliance, the supervisor's style, and the supervisee's level of counseling self-efficacy. The research question guiding this study is: how well do the supervisee's counseling self-efficacy, the supervisory working alliance, and the supervisor's style of supervision predict the supervisee's level of self-disclosure in the supervisory relationship? Additionally, this study seeks to answer a second question: how well does supervisee counseling self-efficacy predict the supervisee's level of self-disclosure?

Method

Participants

Forty-two students and graduates currently in a supervisory relationship completed the study questionnaire. Although 46 total participants responded, four did not provide complete data and were not included in the analysis. Of the 42 included participants, 19 (45%) were trained or being trained in a Clinical Mental Health Counseling Master's Program, 2 (4.5%) in a Marriage, Couple, and Family Counseling Master's Program, 7 (17%) in a Marriage and Family Therapy Master's Program, 7 (17%) in a Counselor Education and Supervision Doctoral Program, and 5 (12%) in a Marriage and Family Therapy Doctoral Program. Two (4.5%) were trained in other types of clinical programs. Nine (22%) of participants identified as male, and 32 (76%) identified as female. The ages of participants ranged from 23 to 53, with the median age at 28 and the average age at 30.5. Twenty-eight (67%) participants identified as Caucasian, eight (19%) as African American, and six (14%) as Other. The median amount of time spent in the supervisory relationship reported upon in the study was 12 months, with the average amount of time being 14 months. Fourteen (33%) reported on their current supervisor, and 28 (67%) reported on a previous supervisor.

Procedure

This research was completed as part of a doctoral research project in an advanced supervision course at a university in the southeastern region of the United States. Participants were recruited from The Counsel for Accreditation of Counseling & Related Educational Programs (CACREP) accredited and The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) accredited Master's and Doctoral programs primarily in the southeastern region of the United States. One region of the country was selected in order to streamline and expedite the research project. Program directors or department chairs at 30 universities within the states of Alabama, Mississippi, Florida, and Georgia were sent emails asking them to forward invitations to participate in an online questionnaire to their students enrolled in the accredited clinical programs at their university. Invitations were sent out on the American Counseling Association's COUNSGRAD Listserv for graduate students. Invitations were also posted on the American Association for Family Therapy's research forum discussion board and Member Research Projects Directory.

Participants were asked to think about their most influential supervisory relationship, or if they had only been in one supervisory relationship, to report upon that supervisory relationship. The most influential relationship was specified in an effort to provide information about a supervisory relationship that held significance to the supervisee. Participants were asked to complete all questions within the study according to their experiences with this supervisor and to keep in mind several aspects of supervision, including: positive and negative thoughts and feelings toward this supervisor, what supervision sessions were like, how open they were with this supervisor, how well their supervisor's style fit their needs, how close they felt to this supervisor, and how well they felt equipped to work with clients after being supervised. Participants were then asked to answer the questions according to their beliefs about and behaviors in this supervisory relationship. Participants anonymously completed the entire questionnaire online.

Instruments

Demographic questions were used to obtain information about the participants' age, gender, ethnic background, length of supervision with supervisor reported on in this questionnaire, when this supervisory relationship ended, participants' total amount of supervision and total amount of therapy experience, total number of supervisors the participants have worked under, and what type of training program participants attended or were attending.

Working Alliance Inventory – Trainee Version (WAI-T). The WAI-T (Bahrick, 1990) is a 36-item self-report instrument designed to assess the supervisee's perspective of three factors of the working alliance within the supervisory relationship, including goals, tasks, and bond. Each of these three factors represent a subscale of 12 items. Participants rank their answers on a 7-point Likert scale (1 = *Never* to 7 = *Always*). Scores are calculated by adding the totals of all three subscales together, each ranging from 12 to 84, with higher scales indicating a more satisfactory working alliance. Bahrick (1990) reported alpha coefficients for each scale as .92 for the goals subscale, .93 for the tasks subscale, and .91 for the bond subscale.

Trainee Disclosure Scale (TDS). The TDS (Walker, Ladany, & Pate-Carolan, 2007) is a 13-item self-report questionnaire designed to measure the level of supervisee willingness to disclose to their supervisor. This instrument was created based on Ladany et al.'s (1996) qualitative study where supervisees indicated topics or issues that were often not disclosed within supervision. Thirteen general categories were created through this study, and with this data, the TDS was created. Participants are asked how likely they would be to discuss an issue (e.g., clinical mistakes, personal issues, countertransference) with their supervisor and directed to rate their answer on a Likert-type scale ranging from 1 (not at all likely) to 5 (very likely). Scores on all questions are added together with total scores ranging from 13 to 65; higher scores are indicative of higher willingness to disclose in supervision. Internal consistency for this scale has been reported at .89 (Walker et al., 2007), .85 (Mehr et al., 2010), and .80 (Ladany, et al., 2013).

Supervisory Style Inventory (SSI). The SSI (Friedlander & Ward, 1984) is a 33 item self-report scale used for supervisors to rate their own supervisory style or for supervisees to rate what they believe is the best reflection of their supervisor's style. The SSI subscales include Attractiveness (seven items with scores ranging from 0 to 49), Interpersonally Sensitive (eight items with scores ranging from 0 to 56), and Task-Oriented (10 items with scores ranging from 0 to 70). Higher scores reflect stronger identification with the style; items are rated on a Likert-type scale ranging from 1 (Not very) to 7 (Very). Internal consistency estimates for the subscales ranged from .84 to .93; test-retest reliability of the SSI subscales range from .78 to .94, with a total inventory test-retest reliability at .92 (Friedlander and Ward, 1984).

Counseling Activity Self-Efficacy Scales (CASES). The CASES (Lent, Hill, & Hoffman, 2003) is a 36 item self-report questionnaire designed to assess clinically relevant facets of counseling self-efficacy. The CASES contains three domains, including (1) executing basic helping skills [15 items], (2) organizing and managing a counseling session [10 items], and (3) handling difficult clinical situations and client-presenting issues [16 items]. These items are rated on a Likert-type scale ranging from 0 (no confidence at all) to 10 (complete confidence), with participants rating their own efficacy to complete certain tasks or manage certain situations. Higher scores reflect higher counseling self-efficacy. The CASES shows a total scale alpha coefficient of .97, with internal reliability ratings ranging from .79 to .94 (Lent et al., 2003).

Statistical Analysis

A multiple regression was used to determine how well the combination of the supervisory working alliance, the supervisor's style of supervision, and the supervisee's counseling self-efficacy was able to predict the supervisee's level of self-disclosure. Linear regression analysis was used to determine how each independent variable – supervisory working alliance, supervisor style of supervision, supervisee counseling self-efficacy – was able to independently predict the supervisee's level of self-disclosure. The alpha level for this study was set at .05.

Results

The participants' descriptive statistics for each of the instruments are shown in Table 1. To answer the question of how well the supervisee's counseling self-efficacy, the supervisory working alliance, and the supervisor's style of supervision predict the supervisee's level of self-disclosure in the supervisory relationship, a multiple linear regression analysis was used. In the initial assumptions check, the Interpersonally Sensitive subscale of supervisor's style showed concerns of multicollinearity (VIF = 6.17). Due to this violation, which may have been influenced by the small sample size, this subscale of supervisor's style was excluded from the multiple regression analysis. Therefore, only working alliance total score, counselor self-efficacy total score, and the two supervisor styles of Attractiveness and Task-Oriented were included. One participant was determined to be highly influential in the data set according to Cook's distance (Cook & Weisberg, 1982) and was excluded from the data set, leaving 41 participants.

All other assumptions (i.e., linearity, normality, etc.) were met for the data set. The model was found to be statistically significant, F (2, 38) = 7.716, $p < .001$, explaining 45.5% of the variance in the data set (see Table 3). This is a large effect size according to Cohen (1988). In terms of unique contribution, working alliance contributed .128 to the model and was found to be statistically significant ($p = .043$). Counseling self-efficacy contributed .032, the Attractiveness subscale of supervisor's style contributed .257, and the Task-Oriented subscale of supervisor's style contributed -.062 to the model. However, none of these unique contributions were statistically significant; working alliance was the only predictor variable that was found to be a statistically significant predictor of trainee level of self-disclosure.

To answer the question of how well the supervisee's level of counseling self-efficacy predicts the level of self-disclosure to the supervisor, a simple linear regression was used. Again, one participant was determined to be highly influential in the data set according to Cook's distance (Cook & Weisberg, 1982) and was excluded from analysis. All other assumptions were met for the data set. This model was found to be statistically significant, F (1, 39) = 17.05, $p < .001$, explaining 30.4% of the variance in the data set (see Table 3). This is a medium effect size according to Cohen (1988). Counseling self-efficacy contributed .121 to the model and was found to be statistically significant ($p < .001$).

Discussion

The purpose of this study was to investigate how the level of self-disclosure in supervisory relationships may be predicted by the supervisee's perception of the supervisory working alliance, the supervisor's style, and the supervisee's level of counseling self-efficacy. Additionally, this study was designed to provide additional information about whether the supervisee's counseling self-efficacy would be able to predict the supervisee's level of self-disclosure. Results of these analysis revealed several statistically significant associations that hold important implications for clinical supervisors and counselor educators.

Multiple Regression Discussion

A multiple regression analysis found that working alliance, counselor self-efficacy, and the Attractiveness and Task-Oriented subscales of supervisor's style were able to statistically significantly predict level of supervisee self-disclosure and showed a large effect size. This model accounted for over 45% of the variance in supervisee's level of self-disclosure. The significant influence of working alliance on level of supervisee self-disclosure has been well documented in previous studies. Working alliance has been found to be influential of what level of comfort and freedom the supervisee felt to disclose information to their supervisor (Webb, 1998) and willingness to share sensitive information with the supervisor (Walsh et al., 2002; Hutman, 2015). A strong working alliance also serves to minimize the negative effects of power differentials (Gnilka et al., 2012), insecure attachment styles of supervisees (Gunn & Pistole, 2012), and minimize role conflict and role ambiguity in supervision (Ladany & Friedlander, 1995). Synonymous with previous research, this model suggests that supervisees who perceive they have a strong and emotionally safe collaborative relationship with their supervisors will be more likely to share observations about the client, clinical mistakes, evaluation concerns, ethical dilemmas, and personal reactions related to the counseling process with their supervisor.

However, working alliance is not the only factor influencing self-disclosure. In conjunction with working alliance, the supervisee's level of self-efficacy pertaining to his or her ability to execute tasks, handle clinical issues, and manage sessions with clients was found to be a significant predictor of level of self-disclosure. This finding adds a significant contribution to an area of supervision research that has little empirical validation; previous research has not been able to confirm or deny a relationship between self-efficacy and self-disclosure (Mehr et al., 2015). This finding suggests a more direct relationship between these two constructs than what has been previously documented. Mehr et al. (2015) found that counseling self-efficacy may indirectly influence self-disclosure through helping to moderate the anxiety of the supervisee. However, the current results indicate that increased levels of counseling self-efficacy is predictive of higher levels of self-disclosure to one's supervisor. Therefore, supervisees who feel more confident and secure in their counseling abilities and counseling identity may feel more comfortable disclosing difficult topics such as clinical errors or ethical dilemmas with their supervisors. Additionally, it may be less threatening for a supervisee with higher self-efficacy to bring up personal concerns related to supervision, including personal reactions to clients and the supervisor and concerns about performance and evaluation.

Finally, in conjunction with working alliance and self-efficacy, the supervisee's perception of the supervisor's style does play a role in supervisee's level of self-disclosure. Within this model, higher levels of supervisor's perceived Attractiveness were found to predict higher levels of supervisee self-disclosure. Additionally, when supervisor's style was rated higher in Task-Oriented style, self-disclosure level was predicted to decrease. Unfortunately, the Interpersonally Sensitive subscale was not included in the analysis; this subscale has been found to be a statistically significant contributor to supervisee's level of satisfaction in the

supervisory relationship (Fernando & Hulse-Kilacky, 2005) and may have been a significant contributor to level of self-disclosure.

Overall, the current model suggests that a more highly rated supervisory working alliance, supervisors perceived to be higher in levels of Attractiveness style and lower in levels of Task-Oriented style, and higher supervisee self-efficacy work together to create a supervisory environment that encourages greater levels of supervisee self-disclosure to the supervisor. Results indicate that supervisors should intentionally work to build supervisee's self-efficacy surrounding their counseling and session management skills in a supervisory environment that provides support, collaboration, emotional safety, and warmth in order to maximize supervisee willingness to disclose information important to the supervision process. The current model supports the idea that supervisors have the challenging and important task of considering how multiple factors – working alliance, supervisor's style, and supervisee self-efficacy – interact with one another to help create a balanced environment that supervisees will perceive as a safe and appropriate place in which to disclose information related to their clinical experiences.

Simple Regression Discussion

Counseling self-efficacy was found to be a statistically significant predictor of level of supervisee self-disclosure in a simple linear regression and explained 30% of the variance in the data set. This individual variable analysis was included to provide needed information about this area of supervisee self-disclosure that has received very little empirical attention (Mehr et al., 2010). Results of this model indicate that skill-building and confidence-building should be intentionally considered by the supervisor as methods to increase level of self-disclosure. Also, supervisors should consider how their responses to supervisee self-disclosures may build or lessen supervisee self-efficacy, and thus systemically influence how supervisees will disclose in future situations. This finding holds additional implications for upholding the core professional values of the counseling profession, including multicultural competence. Supervisors should consider that self-efficacy levels may influence supervisee's ability to embrace a clinical approach that honors diversity and supports the worth and dignity of all people (American Counseling Association, 2015). Counselor-in-training self-efficacy has been found to have a positive relationship with multicultural counseling effectiveness (Barden & Greene, 2015). In addition to creating a more open and honest supervisory relationship, attention paid to growing the supervisee's counseling self-efficacy may also serve to grow multicultural awareness and competence and thus uphold this foundational value of the counseling profession.

Limitations and Delimitations

Several limitations and delimitations to this study should be considered. First, the multicollinearity issue present in the first multiple regression prohibited this research from including the Interpersonally Sensitive supervisor's style in the analysis. Second, this study includes a small sample that was drawn largely from the Southeastern region of the United States – therefore, it is appropriate to use caution when generalizing these findings to the larger population of clinical trainees. Third, participants also

were asked to report upon the supervisory relationship that was most influential for them, and other supervisory relationships could have been quite different experiences. Fourth, this research included only the self-report of the supervisee and did not include the supervisor's perspective or experiences, creating the possibility that supervisee biases and judgements about their supervisor clouded the accuracy of the information provided. Additionally, participants represented a wide range of lengths of experience as a clinician, which may have had an influenced the length of time since being engaged in the supervisory relationship and the accuracy of the information reported.

Future Research

Future researchers interested in supervisee self-disclosure may consider including a larger sample of supervisees and also targeting a specific level of training (e.g., post-Master's professionals working toward licensure). Additionally, research studies that include both the supervisee and the supervisor's perspective of nondisclosure within the relationship would provide additional insight into the factors influential of self-disclosure. Given that counseling self-efficacy was found to be an influential predictor of level of self-disclosure, a longitudinal investigation of the relationship between self-efficacy and self-disclosure from students' first clinical practicum until attaining licensure may provide a helpful developmental lens through which supervisors can better conceptualize supervisee self-disclosure. Supervisors and counselor educators will be able to better meet the needs of supervisees and their clients as supervisee self-disclosure and nondisclosure is better conceptualized and understood.

Summary

Self-disclosure of the supervisee is not a new topic; however, there is still much to learn about its influence on the supervisory relationship and clinical practice. This research study was able to contribute another piece to the puzzle of understanding how self-disclosure is influenced by other factors within the supervisory relationship. Results of this study indicate that the supervisory working alliance, the supervisor's style, and the supervisee's level of counseling self-efficacy were able to predict the supervisee's level of self-disclosure. Specifically, a statistically significant regression model suggests that a more highly rated supervisory working alliance, supervisors perceived to be higher in levels of Attractiveness style and lower in levels of Task-Oriented style, and higher supervisee self-efficacy work together to create a supervisory environment that encourages greater levels of supervisee self-disclosure to the supervisor. Additionally, a statistically significant simple regression found that counseling self-efficacy was a significant predictor of level of supervisee self-disclosure, which is a new contribution to the literature on supervisee self-disclosure. These results indicate that supervisors should continue to recognize the influence of the supervisory working alliance and their supervisory style on their supervisee's willingness to disclose information within supervision and should also take into account the role that encouraging and building supervisee self-efficacy can have on facilitating a supervisory environment that encourages self-disclosure.

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Table 1

Descriptive Statistics

Variable	M	SD	Min.	Max.
Counseling Activity Self-Efficacy Scale	329.5	33.64	265	401
Supervisor's Style				
Attractiveness subscale	41.52	8.46	13	49
Interpersonally Sensitive subscale	47.33	10.39	12	56
Task-Oriented subscale	52.86	7.82	30	65
Trainee Disclosure Scale	52.86	7.82	30	65
Working Alliance Inventory - Trainee	189.21	26.96	98	226

Notes. *N*= 42. M = mean. SD = standard deviation. Min = minimum reported score. Max = maximum reported score. Totals of all subscales shown for Counseling Activity Self-Efficacy Scale and Working Alliance Inventory -Trainee.

Table 2

Correlations

	CASES	ATT	IS	TO	TDS	WAIT
CASES	1					
ATT	.201	1				
IS	.268	.882**	1			
TO	.334*	.615**	.719**	1		
TDS	.330*	.602**	.579**	.370*	1	
WAIT	.293	.801**	.789**	.605**	.642**	1

Notes. N= 42; CASES = Counseling Activity Self-Efficacy Scale. ATT = Attractiveness subscale of Supervisor's Style Inventory. IS = Interpersonally Sensitive scale of Supervisor's Style Inventory. TO = Task-Oriented subscale of Supervisor's Style Inventory. TDS = Trainee Disclosure Scale. WAIT = Working Alliance Inventory -Trainee version. * = correlation is significant at the .05 level (2-tailed). ** = correlation is significant at the .01 level (2-tailed).

Table 3

Beta Coefficients and Regression Analyses

	Standardized β Coefficients		Multiple Regression Analysis			
Variable	β	*p*	*R*	R^2	*F*	Sig.
Multiple Linear Regression			.647	.455	7.716	.000
Counseling Activity Self-Efficacy Scale	.032	.288				
Working Alliance Inventory	.128	.043				
SSI - Attractiveness	.257	.195				
SSI - Task-Oriented	-.062	.521				
Simple Linear Regression			.552	.304	17.05	.000
Counseling Activity Self-Efficacy Scale	.121	.000				

Note. $N = 41$

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The Perceived Stressors and Coping Skills of Graduate Students: A Development and Validation Study

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Abstract

This article outlines the development and validation of two instruments evaluating common stressors and coping skills as perceived by graduate counseling students. The review of the literature illustrated a need for the development of measures to provide empirical support in regard to the stressors and coping skills of graduate students in counseling programs. Exploratory factor analyses were applied to the two respective scales to evaluate the constructs. Recommendations and limitations are offered to further the development of psychometric properties within the scales.

Many, if not most, people will experience stress on frequent basis. Stress can take various forms for people including physical and emotional symptoms. However, there is not a singular definition of stress, according to the American Institute of Stress. The American Institute of Stress maintains that a singular definition is not feasible due to the different ways people internalize stress. An incident that one person may find stressful may not be stressful for another, and vice versa (The American Institute of Stress, n. d.).

Stress, as noted by the American Institute of Stress, is subjective. Seyle (1936) attempted to define stress as, "the non-specific response of the body to any demand for change" (p. 132). Seyle and his lifelong work on stress, as chronicled in Szabo, Tache, and Somogyi (2012), was a leader in the medical field. He also identified and studied the differences between *eustress* and *distress* as well as the specific and non-specific effects of stress.

When stress is helpful and motivating, it is known as *eustress*, and when stress is overwhelming and debilitating, it is known as *distress*. Stress is often viewed in a negative way, when it can actually be helpful and motivating for many people in different ways. Often, when stress intensifies for a person, they become more increasingly productive. However, there is also a stress "tipping point" of sorts. The

stress "tipping point" is different for each person, and the amount of time, as well as the combination of stressors, all are important factors to consider (Seyle, 1974).

With stress, comes the need for coping. Folkman (2010) described coping skills as cognitive and behavioral strategies one uses to deal with the demands of stressors. Further, coping strategies can be categorized as either problem solving, which is aimed at minimizing the stressor, or emotion focused, aimed at decreasing one's distress related to the stressor (Folkman, 2010; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gmen, 1986; Taylor, 1998).

The determination to engage in problem solving or emotional strategies seem to be influenced by both personality type of the individual as well as the kind of stressful incident (Folkman, 2010; Taylor, 1998). Additionally, these coping strategies are further examined as an active strategy or an avoidant strategy. Active strategies are typically seen as more helpful for stress mitigation, while avoidant strategies increase psychological risk (Folkman, 2010).

Graduate Students and Stress

Graduate students face a significant amount of stress, both inside and outside of the classroom (Cooke, Sims, & Peyrefitte, 1995; DiPerro, 2010; Hyun, Quinn, Madon, & Lustig, 2007; Oswalt & Riddock, 2007). Graduate students in counselor education programs are no different, with students identifying multiple stressors, including expectations of faculty, financial stressors, family and relational stressors, as well as feelings of competition with other students (Hughes & Kleist, 2005; Smith, Maroney, Abel, Abel, & Nelson, 2006). Counseling is a wellness profession (Kaplan, Tarvydas, & Gladding, 2014), and the CACREP standards (2016) encourage the implementation of wellness and self-care at all levels of counselor training and preparation. While all graduate education can be viewed as stressful (Lovitts, 2001; Lovitts & Nelson, 2000), doctoral students in particular are at significant risk of not completing their degree program; doctoral attrition rates of all doctoral students across disciplines is approximately 50% (Lovitts, 2001; Lovitts & Nelson, 2000). Application to, and enrollment in master degree programs across all disciplines is at an all-time high (Allum & Okahana, 2015), and yet there are many students who may not complete their program of study (Allum & Okahana, 2015; Lovitts, 2000; Lovitts & Nelson, 2001). Certainly, stress plays a role in the success or lack thereof for graduate students and their completion or attrition (Cooke, et al., 1995), as well as the use of coping strategies.

Graduate students also appear to have more responsibilities than undergraduate students, which may also increase their levels of stress (Grady, La Touche, Oslawski-Lopez, Powers, & Simacek, 2014). Graduate students are often juggling work responsibilities, class demands, and family and personal life tasks (Grady et al., 2014; Hughes & Kleist, 2005). Graduate students may also struggle with role strain and role confusion, as well as "lack(ing) access to institutional power" (Grady et al., 2014, p. 6). Research done by Crothers (1991) acknowledges graduate students as being in a transition period of sorts not fully in the realm of a professional, and often not only in the role of student. This "transitional status" is also mired in financial and resource limitations for graduate students (Crothers, 1991). Hyun, Quinn, Madon, and Lustig (2006) further

examined graduate student mental health as well as the likelihood they would seek counseling services. Stress related issues were reported by almost half of the respondents in this study. The two most prevalent stressors graduate students reported were depressive symptoms and financial stressors.

Graduate students in the helping professions may be at particular risk for burnout as mental health professionals have higher levels of burnout than do those employed in other sectors (Felton, Coates, & Christopher, 2013). It is imperative for counseling students to be aware of potential stressors and available coping strategies because self-care is an ethical mandate in order to protect clients (ACA Code of Ethics, 2014). Graduate students in counselor education programs are not immune to the stressors of other graduate students. In fact, there may be additional stressors for counselor education graduate students (Hughes & Kleist, 2005; Felton et al., 2013; Smith et al., 2006).

Furthermore, Burck, Bruneau, Baker, & Ellison (2014) examined the perceptions of wellness with counselor education graduate students through focus groups, and three distinct themes emerged: wellness is important and unique for each individual; students becoming increasingly aware of wellness; and emerging counselors recommendations for counselor education programs. Participants, in providing recommendations for counselor education programs, encouraged counselor educators to examine the effectiveness of their current wellness foci, as well as urging counselor education programs to think creatively about how to deliver wellness information to students (Burck et al., 2014).

Another study examined the impact of a stress management course for counselor education students. Students enrolled in the course examined stress in three domains "psychological, physiological, and socioenvironmental" (Abel, Abel, & Smith, 2012, p. 66). The course proved successful for the students, and certainly seems to address the emergent counselors concerns of thinking creatively about addressing wellness in counselor training programs (Burck et al., 2014).

Knowing the detrimental impact of impaired counselors (Lawson, 2007), it is important for counselor educators to understand the implications of choosing to ignore wellness, self-care, and effective coping strategies. While many counselors that responded to the Lawson's (2007) surveys were deemed to have a higher level of wellness, a number of counselors whose wellness level was lower were "at a higher risk of impairment" (p. 31). By focusing on the importance of wellness, self-care, and effective coping strategies during graduate education, counselors in training may develop lifelong strategies to combat the burnout and compassion fatigue Lawson identified.

Although stress, wellness, coping strategies, and self-care among clients, practitioners and the general population are areas of focus in the counseling literature (Folkman, 2010; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gmen, 1986; Lawson, 2007), it is important for a wellness profession to encourage additional dialogue and encouragement in this area, particularly regarding counselors-in-training. The researchers chose to develop their own instruments, due to a lack of previously existing measures unique to counseling students and due to the focus of the

instruments available (Hyun et al., 2006) being insufficient to help answer the research questions. Specifically, the available instruments primarily focused on utilization of mental health care, rather than the infusion of coping strategies by graduate students. With the increasing acknowledgement of the importance of wellness, stress mitigation/management, coping strategies, and self-care, this study aimed to address counselor education graduate students' stressors and coping skills by examining the following three research questions: (1) What are the psychometric properties of the Graduate Student Stressor Scale (GSSS)? (2) What are the psychometric properties of the Graduate Student Coping Survey (GSCS)? (3) What are the perceived stressors and perceived coping strategies of graduate students?

Method

Participants and Sampling Plan

Participants were sampled from masters-level and doctoral-level students enrolled in counseling programs in the United States. The researchers utilized purposeful sampling for the subject population of graduate students in counseling programs. Department chairs and faculty designees were identified for each university in the United States housing a graduate level counseling program. In addition, counselor educators known to the researchers were identified as a secondary contact person for corresponding universities.

Instrumentation

In reviewing the existing literature regarding stressors and coping skills, the researchers attempted to find reliable and valid instruments in the profession of counseling to answer the research questions specifically focusing on graduate students in counseling programs. Although instruments existed in the literature that explored various aspects of the study, no comprehensive instruments measuring the identified constructs were found. Therefore, the researchers modified two instruments developed for a related pilot study (n = 87) during doctoral level coursework at a northwestern university. The Graduate Student Stressor Scale (GSSS) and the Graduate Student Coping Survey (GSCS) were developed by several of the authors to examine the stressors and coping skills of doctoral students in CACREP accredited programs (Authors, 2012). Graduate student participants were provided three instruments to complete in the web-based tool Survey Monkey. The instruments included a demographic questionnaire, the GSSS, and the GSCS.

The Graduate Student Stressor Scale (GSSS) was developed to explore the perceived stressors of graduate students in counseling programs. The GSSS consisted of 22 statements that identified perceived stressors based on current literature and addressing each of the following constructs: time management, role conflict and strain, social evaluation, heavy workload and balancing program demands, intellectual mastery, integrating to the department, and peer faculty interaction. Responses were provided using a 5 point Likert-type scale ranging from strongly agree to strongly disagree corresponding to each statement (e.g. I sacrifice sleep to complete school work).

The Graduate Student Coping Survey (GSCS) was similarly developed to explore the perceived coping strategies of

graduate students in counseling programs. The GSCS consisted of 38 statements identifying perceived coping strategies based on current literature and addressing each of the following constructs: interpersonal coping, intrapersonal coping, balancing strategies, and time management. Again responses were provided on a 5 point Likert-type scale ranging from strongly agree to strongly disagree that corresponded to each statement (e.g. I usually use humor to cope). In addition, three open-ended questions were included at the end of the GSCS. Two questions explored other potential coping strategies not identified in the 38 statements and the third question was included to inform researchers of concerns or comments regarding survey construction.

Data Collection

After obtaining IRB approval, distribution of the survey was conducted using Survey Monkey. Department chairs and faculty designees for each university in the United States identified in the sampling plan were contacted by email. Additionally, counselor educators known to the researchers were contacted by email as a secondary contact person. The email contained a cover letter describing the study and asking recipients to forward the information to their graduate students and respond to the researchers indicating whether or not they had forwarded the information. The cover letter further informed participants the survey would take approximately 15 minutes to complete and contained a link to Survey Monkey, directing participants to the informed consent and questionnaires.

Data Analysis

The confidential data collected was downloaded from SurveyMonkey.com to the principal investigator's computer. Statistical Package for the Social Sciences (SPSS) version 23.0 was used for data analysis. Preliminary analyses incorporated descriptive statistics reviewing items' mean, median, mode, standard deviation, skewness and kurtosis. Secondary analyses utilized exploratory factor analysis (EFA). Where item skewness or kurtosis approached established thresholds for factor analyses (Fabrigar & Wegener, 2012), histograms were visually inspected. Additionally, inter-item correlations were reviewed. This review suggested the aggregate dataset was appropriate for exploratory factor analyses (Field, 2013).

Cronbach's Alpha were computed for each individual scale. Both scales demonstrated adequate reliability with Cronbach Alpha values of .838 for the GSSS and .872 for the GSCS. All items were retained as no substantial increase in reliability resulted from deletion of any items. Finally, individual scale composite scores were computed and reviewed yielding a significant medium correlation of .514 suggesting concurrent validity.

Factor structures for both instruments were assessed using exploratory factor analysis (Principal Axis Factoring). Direct Oblimin rotation was applied with Delta set at 0. Standard criteria were utilized reviewing eigenvalues, scree plots, and cumulative variance accounted for (Pett, Lackey, & Sullivan, 2003). Next, the extracted solutions were reviewed in terms of parsimony and alignment with the literature.

Results

Participants and Setting

Table 1 represents descriptive statistics of the sampling. An initial sample of 298 participants ($N = 298$) was collected and the removal of cases with missing data yielded a subsequent sample size of 272 participants ($N = 272$). The reported age of the participants' ($N = 272$) ranged from 21 to 61 with a median age of 26 and a mode of 23. The majority participants identified as White (82.4%) Heterosexual (91.5%) female (84.6%). In terms of gender, remaining participants identified as male (14.3%) and other (1.1%) comprised of "Male identified, gender non-conforming", "Non-binary trans person", and "Female to male transgender". Regarding affectional orientation, remaining participants identifying as Gay, Bisexual, Queer, Lesbian, and Pansexual. Disaggregation of participants' Ethnic Identity is presented in Table 1. Participants' relationship status was more distributed with 37.1% identifying as single, 31.6% identifying as married, 19.1% identifying as partnered, and remaining participants identifying as Engaged, Divorced, Separated, Widowed, and Other.

Nearly half (48.2%) the sampling reported being enrolled in a Clinical Mental Health/Community specialty, with remaining participants enrolled in School Counseling (28.3%), Marriage, Family & Couple (13.0%), and Other (10.7%). The majority participants (80.9%) reported having earned a Bachelor's Degree while only 17.6% reported already possessing a masters degree and less than 1% reporting other (e.g., Doctor of Education, Advanced Certificate). The majority of respondents were currently enrolled in a Master's-level (91.9%) CACREP-accredited (75.7%) program at the time of survey completion. Program region was more distributed with participants enrolled in the South (45.2%), West (20.2%), Midwest (18%), and Northeast (16.5%).

Further exploration of Master's-level students ($n = 250$) was conducted reviewing program specialty, phase in the program, years engaged in Master's studies, funding received, and number of hours worked outside of program requirements per week. Participants reported pursing specialty areas of Clinical Mental Health/Community (47.6%), School Counseling (29.2%), Marriage, Couple & Family (13.6%), Student Affairs (3.6%), and Other (5.6%). The majority specialties participants listed as "other" reflected dual-track programs (e.g., clinical mental health and school). The majority of participants reported completing coursework (57.6%) in the first year of their Master's program (55.6%).

Reviewing "Amount funding received to complete Master's degree", the two largest groups of participants reported receiving "None" (36.4%) and "100%" (29.2%). Similarly, no majority emerged in response to "Hours worked outside Master's program per week". Approximately 39.6% of participants reported working more than 20 hours per week and 25.2% reported working 15-20 hours per week. Interestingly, the next largest concentration (13.6%) of participants reported hours worked outside of the Master's program as "None". Similar review was then focused on participants identifying themselves as Doctoral-level students.

A majority Doctoral-level participants (54.5%) reported pursuing Clinical Mental Health/Community program specialty while 18.2% reported pursuing

School Counseling and 27.3% reported "Other". All participants choosing "Other" responded with "Counselor Education" as their specialty or counselor education along with a secondary specialty. No single category majority emerged for participants' response to Phase in Program. The two largest distributions represented students completing coursework (36.4%) and students who having passed comprehensive exams were working on completing their dissertation (31.8%). Remaining participants were preparing for comprehensive exams (18.2%) or having proposed their dissertation were collecting data (13.6%).

Similar to Masters-level students, no majority emerged with 40.9% of participants reporting receiving 100% funding, 27.3% of participants reporting receiving 75-99% funding, 18.2% reporting "None", 9.1% reporting 50-74%, and 4.5% reporting receiving 25-29% funding.

Also mirroring Masters-level students, the two largest distributions in response to hours worked outside program per week were more than 20 hours (40.9%) and 15-20 hours (36.4%). Remaining responses indicated 9.1% of participants worked 5-10 hours per week, another 9.1% of participants listed "None", and 4.5% of participants worked 10-15 hours.

Factor Structure

Graduate Student Stressor Scale (GSSS)

Consideration of the appropriateness of factor analysis for the GSSS was encouraging as Bartlett's Test of Sphericity was found significant ($p < .000$) and the Kaiser-Meyer-Olkin (KMO) value was .811. Review of the GSSS eigenvalues and scree plot suggested a five-factor solution explaining 41.833% of the cumulative variance. After the initial extraction and rotation, items failing to adequately load (i.e., $\leq .40$) on any of the four factors were dropped from the solution. While item #15 (*I am learning the skills I need to become a counselor, counselor educator, or supervisor*.) successfully loaded onto factor three, the loading was just over the threshold. Additionally the authors determined the item focus to be outside the scope of the other three items. Thus item #15 was dropped from further analysis.

PAF (with Direct Oblimin rotation) of this subsequent GSSS yielded a 15-item four-factor solution still demonstrating healthy KMO (.787) and significant Bartlett's. Cumulative variance accounted for by the revised four-factor solution increased to 46.090% with factor 1 explaining 22.960%, factor 2 10.634%, factor 3 7.713% and factor 4 4.783%. Table 2 presents the pattern matrix for the GSSS four-factor extracted solution.

Graduate Student Coping Survey (GSCS)

Similar appropriateness of factor analysis was found for the GSCS with a significant Bartlett's Test of Sphericity ($p < .000$) and a KMO value of .827. Review of eigenvalues and scree plot suggested an eleven-factor solution explaining 45.546% of the cumulative variance. After the initial extraction and rotation, items failing to adequately load (i.e., $\leq .40$) on any of the eleven factors were dropped from the solution. Additionally, single-item factors explaining low amounts of variance were reviewed within the context of the literature to see if their continued inclusion was warranted.

In finalizing the GSCS item #29 ("I am able to openly communicate my needs at home") emerged as a single-item factor demonstrating a high loading (i.e., .859). This was surprising considering the item did not fall away with similar home-focused items (e.g., item #25 "My family supports my decision to be pursuing a graduate degree"), nor did it align with items addressing social support/communication. In concert with factor analysis recommendations (Pett, Lackey, & Sullivan, 2003) item #29 (and the single-item factor it represented) was dropped from further analyses.

PAF (with Direct Oblimin rotation) of the revised GSCS yielded a 17-item four-factor solution demonstrating healthy KMO (.801) and significant Bartlett's. Cumulative variance accounted for by the revised four-factor solution was 43.90% with factor 1 explaining 24.936%, factor 2 8.729%, factor 3 5.840%, and factor 4 4.395%. Table 3 presents the pattern matrix for the GSCS four-factor extracted solution.

Discussion

While it may be reasonable to presume most masters and doctoral counseling programs address self-care in one form or another (especially in consideration of CACREP curricular standards addressing such), counselor education graduate students are by no means immune to the effects of stressors commonly experienced within graduate studies (Thompson, Frick, & Trice-Black, 2011; Wolf, Thompson, Thompson, & Smith-Adcock, 2014). This study undertook the development and validation of two instruments exploring commonly experienced stressors and coping strategies for counselor education graduate students. The Graduate Student Stressor Scale (GSSS) and the Graduate Student Coping Survey (GSCS) were created to address a lack of tools available to measure the constructs we wanted to explore. This was determined after an extensive literature review addressing stressors and coping skills of graduate students in counseling. After creating individual instrument items based on a review of the literature, exploratory factor analyses were applied to the two respective scales.

The Graduate Student Stressor Scale (GSSS)

Exploratory factor analyses conducted on the Graduate Student Stressor Scale (GSSS) yielded a four-factor solution accounting for approximately 46.090% of the variance. Reviewing the literature, the researchers identified each of the four factors in pursuit of both parsimony and alignment with previous research. The four factors (and variance explained by each) were: Overwhelmed (22.960%), Professional Confidence (10.634%), Faculty Support (7.713%), and Acceptance from Family/Friends (4.783%).

Factor 1 (Overwhelmed) consisted of five items demonstrating moderate to healthy loadings and all focusing on relatively common aspects of stress experienced in graduate school (i.e., not enough time, neglecting outside obligations, sacrificing sleep, taking on too much, and fantasizing about quitting). Factor 2 (Professional Confidence) was comprised of five items, all demonstrating moderate to healthy loadings. More than just self-confidence, items appeared to center around how participants' were perceived within the discipline as professionals (i.e., professional contributions, professional

knowledge, conferences, professional identity, and transitioning roles). Factor 3 (Faculty Support) was comprised of three items demonstrating healthy loadings and addressing student-faculty interaction. Interestingly, all three items focused on more relational aspects of faculty (i.e., feeling supported, taking time to connect, and freedom to be transparent) rather than official, programmatic support. Factor 4 (Acceptance from Family/Friends) contained two items both focusing on friends/family members expressing negative attitude towards participants' graduate studies (i.e., pressuring to focus efforts elsewhere, and difficulty accepting time dedicated to studies).

Overall, the researchers found the emergent four factors of the GSSS aligned with the literature regarding stressors commonly experienced by graduate students. Of note is that in this investigation, participants' responses demonstrated the importance of how professional identity as perceived is a significant stressor. This finding may speak to the relative importance placed upon practitioner professional identity within most counselor education programs (e.g., comportment, theoretical orientation, etc.). However, the researchers recognize that more definitive statements are beyond the scope of the current study.

The Graduate Student Coping Survey (GSCS)

Exploratory factor analysis of the Graduate Student Coping Survey (GSCS) yielded a four-factor solution accounting for approximately 43.900% of the variance. Similar to the GSSS, the researchers identified each of the four GSCS factors in alignment with themes emergent from the literature. The five factors (and variance explained by each) were: Intentional About Self-Care (24.936%), Sense of Self (8.729%), Social Support (5.840%), and Media for Coping (4.395%).

Factor 1 (Intentional About Self-Care) consisted of six items demonstrating healthy loadings and all centered on recognized forms of self-care practice (i.e., dedicating weekly time for self-care, "making" time for care of needs, taking time to cope, having freedom to take personal time, weekends free from email, and strategies for maintaining balance). Similarly, items forming Factor 2 (Sense of Self) referenced various forms of internal reflection. Factor 3 (Social Support) consisted of items focused on the importance of friends and social interaction/activities as a means for coping with stress. Finally, factor 4 (Media for Coping) was comprised of three items describing different ways of expression/communication through media.

The finalized GSCS appeared aligned with what literature exists addressing graduate students coping. Interestingly, the dimension Sense of Self accounted for the second highest amount of variance in this sample, passing both Social Support and Media for Coping. While a majority of self-care/coping strategies seem to focus on forces external to the individual, this finding suggests the important role of introspection as a means for graduate students managing stress.

Limitations & Recommendations

While the findings from this study were encouraging, they are not without limitations. This section summarizes limitations of the study, specifically sample size, sample demographics, and the potential

influences on the study and/or outcomes. Possible suggestions for addressing these concerns and recommendations for future research are provided.

This study's sample size of $N = 272$ was within commonly accepted parameters for factor analyses (Field, 2013), however attention should be given to the subject-to-item ratios for both instruments. The GSSS initially consisted of 22 items and the GSCS 38 items. Considering the study's sample size, this yielded subject-to-items ratios of approximately 12:1 and 7:1 respectively. Professional preferences regarding adequate sample size for factor analysis vary with some calling attention for not only large sample sizes such as greater than 100 cases but high subject-to-item ratios as well (Beavers, Lounsbury, Richards, Huck, Skolits, & Esquivel, 2013). Future studies confirming both instruments would benefit from independent investigations with higher subject-to-item ratios potentially addressing this concern.

While the sample size is considered acceptable for the purposes of this study, future investigations may be beneficial to provide a more robust and diversified sample. An overwhelming majority of the respondents were white, heterosexual, females that were pursuing a master's degree in clinical mental health counseling. Respondents of different racial, ethnic, sexual orientation, gender, and professional orientation may produce different results. For example, the stressors and coping skills of master's degree students' in clinical mental health counseling may be different from doctoral students' in counselor education and supervision focusing on professional school counseling.

Additionally, such future investigations would benefit from confirmatory factor analyses (CFA) of the instruments. While the use of principal axis factoring (PAF) in the current study was aligned with best practices for instrument construction, the authors acknowledge the somewhat small variances accounted for in both instruments (i.e., 46.090% for the GSSS and 43.900% for the GSCS). Use of CFA would further validate the instruments' factor structures on a different sampling.

Conclusion

Recognizing stressors experienced by graduate students and utilizing coping strategies for effectively addressing them continues to emerge as a pertinent concern within counselor education (Mayorga, Devries, & Wardle, 2015). This study outlined the development and validation of two instruments, the Graduate Student Stressor Scale (GSSS) and the Graduate Student Coping Survey (GSCS). The authors hope that both instruments may be employed as exploratory tools for continued research into graduate students' perceived stress and coping. Additionally, the created instruments offer counselor education programs an evaluative tool to effectively assess and address students' self-care and wellness.

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Table 1
Descriptive Statistics

	n	%
Gender		
Female	230	84.6
Male	39	14.3
Other	3	1.1
Affectional Orientation		
Heterosexual	249	91.5
Gay	8	2.9
Bisexual	7	2.6
Queer	4	1.5
Lesbian	3	1.1
Other	1	.4
Relationship Status		
Single	101	37.1
Married	86	31.6
Partnered	52	19.1
Engaged	14	5.1
Other	10	3.7
Divorced	7	2.6
Separated	1	.4
Widowed	1	.4
Ethnic Identity		
White	224	82.4
African American	15	5.5
Hispanic	10	3.7
Asia/Pacific Islander	8	2.9
Latino/Latina	6	2.2
Biracial/Multiracial	3	1.1
Other	3	1.1
Black	2	.7
American Indian	1	.4
Program Specialty		
Clinical Mental Health/Community	131	48.2
School Counseling	77	28.3
Marriage, Family & Couple	34	13.0
Other	29	10.7

Note. $N = 272$

Table 2
GSSS Pattern Matrix

Instrument Item	1	2	3	4
I often feel there is not enough time in the day to accomplish all that is expected of me. (2_R)	.723			
I find myself neglecting outside obligations to keep up with school work. (11_R)	.612			
I sacrifice sleep to complete school work. (13_R)	.599			
I am taking on too many tasks that are not imperative for graduation. (1_R)	.519			
I fantasize about quitting school to escape the work load. (14_R)	.495			
I am confident in my ability to contribute at the professional level. (17)		- .893		
I feel confident in my interactions with professionals at conferences. (21)		- .597		
I worry that I do not know enough. (5_R)		- .576		
I feel secure in my identity as an emergent counselor, counselor educator, or supervisor. (10)		- .518		
I transition easily from one role to another seamlessly. (16)		- .455		
I feel supported by faculty. (18)			- .810	
The program's faculty takes time to connect with students. (22)			- .784	
I can be transparent with faculty. (20)			- .564	
The people in my life are currently pressuring me to focus my efforts elsewhere. (9_R)				.858
The people in my life have a difficult time accepting how much time I am dedicating to this degree. (7_R)				.463

Note. $N = 272$. Principal Axis Factoring with Direct Oblimin rotation $\delta = 0$. "R" = Reverse-coded item.

Table 3
GSCS Pattern Matrix

Instrument Item	1	2	3	4
I have time built into my week for self-care. (30)	.785			
I make time to take care of my needs and myself. (54)	.752			
I take time for myself to cope. (45)	.712			
I have the freedom to take personal time when needed. (26)	.680			
I employ strategies that are helpful for me in maintaining balance. (59)	.407			
I have the freedom to not check/reply to emails when needed or on weekends. (49)	.404			
I have a sense of purpose in my life. (58)		.766		
I trust myself. (57)		.713		
I engage in self-reflection. (56)		.463		
I have realistic beliefs/expectations for myself. (55)		.463		
I have a strong social support system. (33)			.855	
Generally, I have a high level of support from my friends. (23)			.596	
I think establishing a social support system is important. (32)			.438	
I utilize social media to keep in touch with family and friends to cope. (43)				.628
I take pictures and share them with my friends to cope. (47)				.529
I consistently listen to music. (37)				.481

Note. $N = 272$. Principal Axis Factoring with Direct Oblimin rotation $\delta = 0$.

A Pilot Survey of the Integration of Technology into Counseling Practice

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Abstract
A random sample of 218 American Counseling Association members responded to a survey related to the integration of technology into the field of counseling pertaining to perceptions of possible barriers and benefits to providing online counseling. Results indicate that 11% of respondents currently provide some type of online counseling and that less than 20% of respondents would consider providing online counseling. Respondents identified both potential barriers and benefits of online counseling indicating that while counselors can recognize benefits to online counseling, they are still wary of potential challenges. Implications for the counseling field and future research directions are discussed.

Online counseling, or technology-assisted counseling, has become an established option for clinical service provision (Gatti, Brivio, & Calciano, 2016). According to the American Counseling Association's Code of Ethics, the professional counseling relationship "may no longer be limited to in-person, face-to-face interactions" (ACA, 2014, pg. 17). Online counseling holds particular promise for making mental health services more accessible, effective, and useful for both clients and counselors (Barak & Grohol, 2011; Lehavot, Barnett, & Powers, 2010; Richards & Vigano, 2013). Research regarding potential treatment options (Barak & Grohol, 2011; Richards & Vigano, 2013), treatment efficacy (Barak, Hen, Boniel-Nissim, & Shapira, 2008, Morgan, Patrick, & Magaletta, 2008) and other variables (e.g., client and counselor perceptions of online counseling, client behavior and motivation; Gatti et al. 2016; Layne & Hohenshil, 2005) continues to flourish. Researchers show positive outcomes related to counselor/client working alliance, overall effectiveness of therapy, client improvement, and client satisfaction (Holmes & Foster, 2012; Knaevelsrud & Maercker, 2006; Leibert, Archer, Munson, & York, 2006; Morgan et al., 2008; Reynolds, Stiles, & Grohol, 2006; Salleh, Hamzah, Nordin, Ghavifekr, & Joorabchi, 2015).

However, the extent to which counseling professionals are integrating digital services into practice is not clearly understood (Centore & Milacci, 2008; Menon & Rubin, 2011; VandenBos & Williams, 2000). Additionally, practitioner attitudes toward the integration of digital services are complex, varying according to individual preferences and experiences, personal opinions, therapeutic factors, and demographic variables. These myriad factors make it difficult to ascertain how attitudes impact clinical practice (Centore &

Milacci, 2008; Cipolletta & Mocellin, 2018, Lazuras & Dokou, 2016). Currently, the field does not have an accurate national representation of digital service provision and attitudes toward online counseling, which may impact the overall understanding of the integration of digital technologies within the counseling profession.

Modalities of Online Counseling

Online counseling has been defined as the delivery of counseling services in cyberspace, where the counselor and client are not in the same physical location and communicate using computer-mediated communication technologies (Richards & Vigano, 2012). Mental health practitioners can integrate and utilize technology several ways including text-based chat, email, and videoconferencing (Barak & Grohol, 2011; Goss & Anthony, 2009; Richards & Vigano, 2013). Services can either be synchronous (client and counselor are communicating at the same time; for example, through videoconferencing) or asynchronous (client and counselor are communicating separately at different times; for example, through email; Rummell & Joyce, 2010). All modalities can serve as standalone or supplementary services used in conjunction with face-to-face services (Abbot, Klein, & Ciechomski, 2005; Barak & Grohol, 2011; Barak et al., 2008).

Several studies have attempted to quantify how practitioners are integrating online counseling technologies into their practices. In 2000, VandenBos and Williams completed a random survey of 569 American Psychological Association members related to their use of telehealth (or online counseling). When the telephone was not included as a modality, only 2% of respondents disclosed the use of telehealth in clinical practice. In more recent years, data has shown that an increasing number of practitioners are integrating online counseling modalities. Several studies examined online counseling provider websites to determine what types of modalities were being provided. Shaw and Shaw (2006) found that email counseling services were provided on 38% of participant sites. Over half (56%) of clinician websites offered a combination of email plus other services (synchronous chat, telephone, and/or videoconferencing). A small number of sites (7%) offered only one service: synchronous chat, telephone, or videoconferencing (Shaw & Shaw, 2006). In their survey of 136 online counseling websites, Heinlen, Welfel, Richond, and Rak (2003) found that asynchronous email was the most utilized modality.

Menon and Rubin (2011) surveyed 14 practitioners who advertised in an online forum that they offered online counseling services. Results showed that email was the primary choice for providing counseling services to clients (86%) while instant messaging (synchronous chat) and videoconferencing were tied for second with 57% of respondents using those modalities for online counseling provision. The majority (79%) of respondents reported using both face-to-face and online counseling in conjunction with one another to meet their clients while 21% stated that they used online counseling as a standalone modality. Centore and Milacci's (2008) survey data of 854 mental health professionals showed that 28% of respondents used email for service provision, 5% used text chat, and only 1% used videoconference. Cipolletta and Mocellin (2018) found that 18% of 289 respondents provided online counseling and endorsed videoconferencing as the most

widely used modality (45%). Finn and Barak's (2010) survey data of 93 practitioners showed that 87% offered email services, 88% offered synchronous chat, and 9% offered videoconference. In a survey of thirteen online counseling clients, four respondents (30.7%) communicated with their counselors using videoconferencing, five (38.4%) communicated with synchronous chat, and two (15.3%) used email (Holmes & Foster, 2011).

The types of modalities used by counselors are varied. Some data suggest that email may be the most widely used (Finn & Barak, 2010; Menon & Rubin, 2011), however the most recent study indicates that the use of videoconferencing was the most preferred modality (Cipolletta & Mocellin, 2018). Goss and Anthony (2009) suggest that as technology and access to the internet continue to improve, access to previously expensive or cumbersome modalities such as videoconferencing may expand. Perhaps future research will show an increased reliance on more advanced and synchronous modalities as these become easier for practitioners and clients to both access and afford.

Perceptions of Online Counseling

The advent of new technologies continues to change the habits of clients and counselors alike (Cipolletta & Mocellin, 2018). As online counseling becomes increasingly popular, practitioner attitudes toward and perceptions of available technologies can provide information related to the integration of technology into current practice (Lazuras & Dokou, 2016). Several studies have attempted to gauge practitioner perceptions of challenges and benefits of online counseling.

Rees and Stone (2005) asked 30 clinical psychologists to evaluate counseling session videotapes and compare modalities on a working alliance measure (e.g., face-to-face sessions versus videoconferencing sessions). Participants measured the working alliance significantly lower in the videoconferencing sessions and expressed concern that the videoconferencing modality would negatively impact the client perception of the counselor as warm, genuine, and understanding (Rees & Stone, 2005). Ethical issues such as confidentiality, privacy, and verifying client identification are perceived as a deterrent for counselors who consider implementing online counseling (Rummell & Joyce, 2010).

Centore and Milacci (2008) found that participants had more negative than positive responses to online counseling. Almost half of all respondents reported having a "negative/very negative" attitude toward counseling via email, 35% reported having a "negative/very negative" attitude toward videoconferencing, and 65% reported having a "negative/very negative" attitude toward text-based chat. Concerns about being able to fulfil ethical duties were perceived for every online counseling modality (Centore & Milacci, 2008). Ten years later, Cipolletta and Mocellin (2018) found that about half of respondents reported that they would be open to integrating online counseling into their practices and about half would not. Additional barriers to online counseling have been identified including a lack of perceived connection between client and counselor as well as the inability to perceive and use nonverbal cues in communication (Chester & Glass, 2006; Menon & Rubin, 2011; Rummell & Joyce, 2010).

Several perceived benefits of online counseling have also been acknowledged. One benefit is that clients can access counselors outside of traditional time and space (Richards, 2009). In a study completed with college students who used an asynchronous discussion board to communicate with a counselor, 77% of all client communication was logged during nights and weekends (Richards, 2009). Additionally, clients may first seek support via digital communication as a way to get comfortable or gain confidence and, eventually, transition to face-to-face services (Rummell & Joyce, 2010). In other words, online counseling may serve as a gateway modality to help clients become familiar with counseling before they seek services in a face-to-face context. To that end, Richards (2009) found that 24% of participants who initially sought help through the online asynchronous chat forum went on to seek face-to-face help for the first time within the next 11 months. Another benefit may be the opportunity to serve clients who are in isolated geographical areas or have significant barriers to physically making appointments (e.g., physical disability, chronic illness; Chester & Glass, 2006). Cipolletta and Mocellin (2018) found that the most highly ranked advantage of online counseling was the reduction of geographic boundaries. Practitioners voiced the perception that online counseling may benefit clients that prefer an alternative digital modality for self-expression, as it offers increased anonymity and the opportunity to communicate in other ways (e.g., text-based chat; Layne & Hohenshil, 2005; Menon & Rubin, 2011). Affordability and ease of access have also been noted as benefits for digital services (Cipolletta & Mocellin, 2018).

Lazuras and Dokou (2016) showed that the counseling practitioners' perceived usefulness of online counseling was the single most predictive factor of technology integration, acceptance, and utilization in clinical practice. Additionally, ethical concern toward online counseling was significantly negatively correlated with practitioners' intention to integrate online counseling into their practices; in other words, the higher the concern around ethical problems, the lower the intention to practice online counseling. In Cipolletta and Mocellin's (2018) study, data suggest that confusion around ethical and legal components of online counseling was the most influential factor for practitioners when asked if they would be willing to open an online practice. The respondents who indicated they would be willing to provide online counseling were significantly more likely to believe online counseling would be beneficial to clients and rated themselves higher in their understanding of technology and tools for online clinical work.

Unfortunately, much of the current research is impacted by sampling errors and low response rates (Holmes & Foster, 2012; Menon & Rubin, 2011). Existing information does not accurately represent a generalizable picture of national service provision and more research is warranted to obtain more robust information that is reflective of integrated online modalities (Centore & Milacci, 2008; Menon & Rubin, 2011). Additionally, attitudes toward online counseling including perceptions of benefits and barriers is warranted (Centore & Milacci, 2008). Investigation on a national scale has not taken place since VandenBos and Williams surveyed psychologists in 2000. The most recent study completed by Cipolletta and Mocellin (2018) is informative, yet was completed in Italy so

there may be some cultural and systemic factors inhibiting its generalizability to the United States. As such, the current study investigated practitioners' integration of technology in their clinical practice as well as current perceptions of the barriers and benefits to providing online counseling services.

Method

Procedures

A random, national sample of 3,000 (5% of 55,782) active members of the American Counseling Association (ACA) was chosen after IRB approval was obtained. The researchers purchased the U.S. mailing addresses of these members and requested a national random sample that excluded student members from ACA, as the purpose of the study was to survey current practitioners in the counseling field. In the fall of 2016, all 3,000 identified ACA members received an initial letter via U.S. mail requesting participation via digital link (directions were to type the link into a web browser via computer or tablet) to complete the survey. Study data were collected and managed using REDCap electronic data capture tools hosted at the university. REDCap (Research Electronic Data Capture) is a secure, web-based application designed to support data capture for research studies, providing 1) an intuitive interface for validated data entry; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for importing data from external sources (Harris et al., 2009).

Given logistical and budget constraints, the researchers followed the process suggested by Salant and Dillman (1994) as closely as possible (e.g., sending an initial and follow-up contact). Participants were entered into a random drawing for 1 of 33 Amazon gift cards in the amount of $10 to provide a monetary incentive. Such incentives have been shown to increase survey response rates (Erwin & Wheelright, 2002). This project was partially funded by a research grant provided by the Association for Specialists in Group Work.

Measures

The researchers developed a survey measure related to myriad aspects of online counseling and took between 15 and 20 minutes to complete. All items were used for descriptive purposes and no scales were summed. Two components were included in the data survey: (a) demographics, including current use of technology in clinical practice; and (b) perceptions of benefits and barriers of online counseling. Demographic information was collected including the race, gender, age, and type of counseling license of the participant. A description of the type of counseling practice, type of work setting, and main clinical activities of each participant were also collected. The following questions were also asked: (a) are you proving online counseling, if so what type? (b) have clients inquired about online counseling? and (c) do you believe that online counseling would benefit your clients?

Questions that addressed client perceptions of barriers and challenges to online counseling as well as potential benefits of online counseling were derived from previous research (Layne & Hohenshil, 2005; Leibert et al., 2006; Rees & Stone; 2005; Rochlen, Beretvas, & Zack, 2004;

Shaw & Shaw, 2006). Barriers included client/counselor resistance, client/counselor understanding of technology, client/counselor stigma of online counseling, concern with therapeutic relationship, lack of nonverbal communication, financial barriers, and ethical concerns. Potential benefits included benefits of text-based communication, anonymity, augmentation of face-to-face services for travel and moves, and the ability to reach isolated clients due to disability or geographical location.

Results

Response Rate

A total of 3,000 recruitment invitations were distributed via U.S. mail. A follow-up invitation was sent to all 3,000 original participants one month after the initial letter. Fifty-three initial letters were returned as undeliverable due to incorrect mailing addresses as provided by ACA. Of the remaining 2,947 invitations, 218 people responded, thus providing an overall return rate of 7.4%. This response rate is low; an ideal survey response rate is around 20% (Gall, Gall, & Borg, 2007). Although survey data is frequently used in social science research, obtaining a strong response rate is challenging (Dillman, 1991).

Demographic Characteristics

The sample included 136 female respondents (62.4%), 36 male respondents (16.5%), and 46 (21.1%) with no response. The sample ages are as follows: 25-30 years (14.6%), 31-35 years (11.4%), 36-40 years (9.6%), 41-45 years (7.7%), 46-50 years (11.9%), 51-55 years (7.3%), 56-60 years (7.8%), over 60 years (9.1%), and 34 (15.6%) with no response. The average age of the group was 44.24 years with a standard deviation of 12.35; ages in the sample ranged from 24 to 75 years, with a modal age of 30. The sample included 184 Caucasian practitioners (84.4%), six Asian practitioners (2.8%), eight Black practitioners (3.7%), one Latino/a practitioner (.5%), and two multiracial practitioners (.9%), with 17 (7.8%) who did not respond. Years of counseling practice ranged from 1-40; the average number of years that participants have been practicing counseling was 10.11 years, with three being the modal number of years. Forty-five of the United States were represented in the sample with a majority response from Virginia (16, 8%), Texas (17, 8.5%) and Ohio (18, 9%). The five states not represented were Delaware, Kentucky, Montana, New Hampshire, and Vermont. The respondents were representative of overall ACA demographics during the year the data were collected (e.g., gender proportion, racial proportion, degree-type proportion; ACA, 2016).

Twenty-eight participants had completed doctoral degrees (12.8%), 174 participants had completed master's degrees (79.8%) and sixteen (7.3%) did not respond. Forty-eight participants were still working towards independent licensure (19.4%), 139 participants held an LPC/LPCC (63.7%), six held an LMFT (2.7%), six held a CRC (2.7%), and 24 held other licenses. Eighty-one participants (39.7%) responded that they worked in private practice, 53 (26%) worked in a public agency, 14 (6.9%) worked in a hospital, 19 (9.3%) worked in a K-12 school, 24 (11.8%) worked on a college campus, 13 (5.9%) responded other, and 14 (6.4%) did not respond. One hundred and sixteen participants responded that their main clinical activity was individual adult counseling (59.2%), while 49 (25%) responded that their main clinical

activity was individual child counseling. Fifteen (7.7%) responded that family or couples work was their main clinical activity and 16 (8%) responded that they most often ran groups.

Provision of Services

Out of the total sample, 42 (19.2%) said that they would consider providing individual online counseling and 28 (12.8%) said they would consider providing both individual and group counseling. Thirty-three (15.1%) responded that they would not consider providing any online counseling and 48 (22%) stated that they were unsure. When respondents were asked if they believed their clients would benefit from online counseling, 40 (18.3%) answered yes to individual counseling, 23 (10.6%) responded that their clients might benefit from individual and group, 20 (9.2%) said no, and 67 (30.7%) stated they were unsure. Respondents were also asked if they believed their clients would like online counseling, to which 37 (17%) responded yes to individual counseling, 15 (6.9%) responded yes to individual and group, 14 (6.4%) responded no, and 85 (39%) responded they were unsure. Twenty-two (10%) responded that their clients have previously inquired about online counseling. Finally, 20 respondents (9.2%) indicated that they had received formal, online counseling training. Of all respondents, 132 (60.6%) replied that they used technology to keep in touch with clients. Of these 132 respondents, 54 (40.9%) use text via cell phone, 66 (50%) use email, 11 (8.4%) used other (e.g., secure message via electronic messaging system; both text and email), and one person did not respond. Twenty-four participants (11%) responded that they provide online counseling services in their practices (e.g., text-based chat, email, or videoconference).

Perceptions of Online Counseling

Thirty-one (14.2%) participants stated that they were currently working as school counselors. Because the project was designed to survey current mental health counseling practices with technology, practicing school counselors were branched to a separate set of questions related specifically to school counseling and were not included in the responses below. Additionally, 18 (8.3%) participants stated they were not actively practicing as counselors and were not included in the below data calculations. This left 169 of the original 218 respondents to answer the questions related to their perceptions of online counseling.

The remaining 169 respondents were asked several questions related to their perceptions of the barriers and benefits to online counseling. The participants were asked to respond to each of the potential barriers or benefits to online counseling on a five-point Likert-type scale with anchors including *Strongly Disagree (SD, Disagree (D), Neutral (N), Agree (A), Strongly Agree (SA)*. Possible barriers to online counseling (in other words, what may preclude counselors from practicing online counseling) included: (a) lack of counselor training, (b) lack of counselor understanding of technology, (c) lack of counselor access to technology, (d) general counselor resistance, (e) general counselor stigma of online counseling, (f) client understanding of technology, (g) client resistance, (h) client stigma of online counseling, (i) lack of client access to technology (e.g., financial), (j) concern over how to build a therapeutic relationship, (k) concern over lack of

nonverbal communication, and (l) ethical issues such as privacy and confidentiality. Possible benefits to providing online counseling included: (a) ability to reach clients who cannot physically make appointments due to a disability, (b) ability to reach clients who may be afraid of face-to-face counseling, (c) ability to reach clients who may be geographically isolated, (d) client preference for anonymity, (e) client preference for text-based meetings, (f) ability to augment face-to-face services, and (g) ability to continue with clients if they move away. The raw number and percentage of respondents for each response category are presented in Table 1.

Discussion

Research shows that online counseling holds particular promise for making some mental health services more accessible, effective, and useful for both clients and counselors (Barak & Grohol, 2011; Richards & Vigano, 2013). However, existing information does not fully represent the use of integrated online modalities and attitudes toward online counseling (Centore & Milacci, 2008; Menon & Rubin, 2011). When compared with past research, the current study shows increased use of text messaging (via cell phone) and email of counselor/client correspondence about appointments and scheduling. Data show that 61% of participants responded that they used technological means to keep in touch with clients regarding scheduling. Of these respondents, 40% use text via cell phone, 50% use email, 8% used other (e.g., secure message via electronic messaging system, both text and email). This demonstrates a large increase as VandenBos and Williams' (2000) data showing that outside of telephone conversations, there was minimal to no use of other technology. More recently, however, six of seven respondents in Vincent, Barnett, Killpack, Sehgal, and Swinden's (2017) study used email to correspond with clients when establishing initial contact and scheduling issues. These results highlight a social trend wherein contact via digital correspondence has become ubiquitous. Vincent et al. (2017) discuss that digital correspondence has crept into counseling practice "without conscious" and that this type of communication is simply a part of day-to-day life (p. 73). Additional technological interventions, such as the use of videoconferencing and email for therapeutic purposes, require more intentional choice and selection by practitioners (Vincent et al., 2017).

Current data show that 11% of respondents provided some type of online counseling with the majority providing videoconferencing sessions. Similarly, Cipolletta and Mocellin (2018) found that 18% of their sample provided online services with the majority using the videoconferencing modality. In the current study, 19.2% of participants responded that they would consider individual online counseling and 12.8% said they would consider both individual and group online counseling. When respondents were asked if they believed their clients would benefit from online counseling, 18% answered yes to individual counseling, 10% responded that their clients might benefit from individual and group, 9% of respondents said no, and 30% stated they were unsure. Respondents were also asked if they believed their clients would like online counseling, to which 17% responded yes to individual counseling and 7% responded yes to individual and group. Overall, responses demonstrating support are below 20%. It appears that counselors still seem hesitant to integrate online modalities into their clinical

work and are cautious to believe that online work may actually be beneficial to their clients.

Interestingly, these results are not that different from Centore and Milacci's (2008) study where almost half of all respondents reported having a "negative/very negative" attitude toward counseling via email, 35% reported having a "negative/very negative" attitude toward videoconferencing, and 65% reported having a "negative/very negative" attitude toward text-based chat. Concerns about being able to fulfil ethical duties were perceived for every online counseling modality (Centore & Milacci, 2008). The current study was done almost a decade after Centore and Milacci's (2008) study and it does not seem as if attitudes have shifted despite the increased use of technology in all facets of social connection. However, Cipolletta and Mocellin (2018) found that about half of their sample reported that they would open an online counseling service and half would not indicating a more evenly split distribution for their population.

In the current study, 10% responded that their clients have previously inquired about online counseling. Finn and Barak (2010) showed that 67% respondents believed there was a "strong market demand" for online counseling services. As counselors continue to perceive an observed increase in client demand of online counseling services, this may shift their decisions to incorporate technology into their clinical practice.

Perception of Benefits and Barriers

Data show a high rate of agreement to both barriers and benefits of online counseling. When asked about their perceptions of barriers of online counseling, over 50% of participants stated they agreed or strongly agreed with the following items: counselor training, counselor understanding, counselor resistance, counselor stigma, client understanding of technology, and client stigma of counseling. Over 80% of participants indicated they believed the lack of non-verbal cues, ethical issues, and concern with the formation of the therapeutic relationship were barriers to online work. Other studies have shown similar hesitations and negative perceptions of counselors regarding online counseling (Cipolletta & Mocellin; 2018; Rees & Stone, 2005). A lack of perceived connection between client and counselor as well as the inability to perceive and use nonverbal cues in communication have been discussed as potential pitfalls of online counseling (Chester & Glass, 2006; Menon & Rubin, 2011; Rummell & Joyce, 2010). Ethical issues such as confidentiality are consistently perceived as inhibitive when considering the use of online counseling (Cipolletta & Mocellin, 2018; Rummell & Joyce, 2010). Cipolletta and Mocellin (2018) also found that technological barriers including verification of user identity and frustration of technological issues were endorsed by over 65% of respondents. These data show that counselors are still wary of providing online counseling and maintain a heightened awareness of inhibitive ethical issues that may arise with digital modalities of counseling.

The current data also correspond with information received directly from counseling clients. Young (2005) surveyed 48 clients who participated in online addiction counseling services who mentioned similar concerns. For example, 52% of respondents mentioned privacy and confidentiality as a concern while seeking

online treatment, 38% of clients mentioned security as a concern, 31% of clients mentioned being caught by a spouse or employer was a concern, and 27% of respondents noted that they had no concerns regarding online counseling. Young's (2005) data show that over 70% of participants agreed that counselor resistance was a potential barrier while only 27% of participants responded that client resistance was a barrier. In the current study, over 70% of respondents believed that counselor resistance was a barrier while under 40% believed that client resistance was a barrier. Perhaps, counselor resistance plays a more significant role than client resistance in negatively impacting online service expansion. Current data suggests this dynamic, with less than 20% of participants responded that they would consider providing online counseling even though only 9% answered that they did not believe their clients would benefit from online counseling.

When asked about their perceptions of benefits of online counseling, over 50% of participants stated they agreed or strongly agreed including the ability to reach clients who may be wary of face-to-face counseling and prefer anonymity. Over 50% of respondents agreed that online counseling could add benefit as an augment face-to-face services and may allow more flexibility for counselors to continue to see clients who move or travel during the therapeutic process. Over 90% agreed that online counseling would benefit clients who may otherwise not seek face-to-face counseling due to a disability or geographical location constraints. The opportunity to serve clients who are in isolated geographical areas or have significant barriers physically making appointments (e.g., physical disability, chronic illness) is a commonly identified benefit (Chester & Glass, 2006). Cipolletta and Mocellin (2018) found that almost 70% of their sample endorsed reduction of geographical boundaries as an advantage and that over half endorsed anonymity as a benefit for clients who desire it.

Data from the current study correspond with information procured from client perception as Young (2005) found that 96% of clients sought online counseling over face-to-face treatment for the anonymity, 71% sought online counseling for the convenience, and 38% sought online counseling for the ease of access to treatment. Gatti et al. (2016) found that clients reported the accessibility without time restriction to be the most positive feature of text-based counseling. Additional researchers have cited benefit for clients who seek the perceived anonymity provided by online counseling (Layne & Hohenshil, 2005; Menon & Rubin, 2011).

Largely, the perceptions of barriers and benefits to online counseling that were found in this study, have been corroborated in previous literature (Centore & Milacci, 2008; Cipolletta and Mocellin, 2018). Cipolletta and Mocellin (2018) found that 63% of their respondents were proponents of online counseling while 35% of respondents were not favorable to online counseling. The current study shows that the respondents were not quite as favorable with less than 20% responding favorably to the integration of online counseling. However, in seven categories, over 20% of respondents remained neutral (e.g., counselor resistance, counselor stigma, client resistance and client access). These neutral positions may showcase a shift in strongly held negative beliefs or biases regarding online counseling and a shift in

decreased apprehensive regarding the provision of digital services.

Counseling Implications

The use of text messaging and email is ubiquitous in today's culture and these digital types of communication are unequivocally finding their way into the communication between client and counselor. Approximately half of respondents stated they use text messaging (via cell phone) and email to communicate with clients about scheduling, showcasing a significant trend in how clients and counselors are contacting one another. This is an increase from data collected in 2008 where only 5% of respondents used text-based chat to communicate with clients (Centore & Milacci, 2008). Vincent et al., (2017) found that six out of seven respondents used email to communicate with clients. To this end, The American Counseling Association's' Code of Ethics (2014) addresses digital types of communication and counselors who use digital communication (e.g., email, text) to schedule with clients should be aware of confidentiality and privacy issues as well as understand the importance of creating boundaries around response times and appropriate information to disclose in this type of communication (ACA, 2014). As Vincent et al. (2017) state, digital communication with clients is ubiquitous in our culture. However, this does not mean that counselors can disregard ethical and legal guidelines around HIPAA and client confidentiality.

Overall, the data demonstrate that while counselors recognize that online services may offer benefit clients, their perception of limitations and challenges are equally as strong and may inhibit counselors from integrating technology into their counseling processes. Data show that 11% of respondents are providing some type of online counseling and less than 20% would consider providing individual and/or group counseling online. It seems as though counseling practitioners are at an impasse regarding online work; on one hand they can identify various benefits to clients, yet on the other they are held back by identified ethical concerns and barriers. Lazuras and Dokou (2016) discuss that perceived usefulness of online counseling was the largest predictor of future use in clinical practice. It is possible that intentional training in online work, more access to outcome research identifying benefits of online counseling, and an increasing culture shift toward digital communication may all serve to decrease counselor resistance to providing online counseling.

Intentional training in online counseling delivery may help to assuage fears and apprehension regarding perceived barriers. Sixty-seven percent of respondents agreed that counselor training was a significant barrier to offering online counseling services. Only 9% of the sample had received some type of training in providing online services even though 11% of respondents reported offering online services. Vincent et al., (2017) report little evidence that training or professional development focused on providing online counseling was offered or sought by participants. The importance of training has been well-documented (Anthony, 2015; Heinlen et al., 2003; Shaw & Shaw, 2006). ACA (2014) included the ethical mandate of training regarding online counseling service provision stating, "Counselors who engage in the use of distance counseling, technology, and/or social media develop knowledge and skills regarding related

technical, ethical, and legal considerations" (H.1.a, p. 17). Additionally, CACREP (Council for Accreditation of Counseling and Related Educational Programs) included several mandatory technology-related training standards in the 2016 iteration of program standards. Training should begin in master's-level training programs so as to positively impact the development of counselors-in-training with the understanding of online counseling provision. Available training programs are increasing (e.g., the Distance Counselor Credential sponsored by the National Board for Certified Counselors) and continued research should be done on their efficacy, impact on counselor development, and perception of the utility of online counseling.

Limitations, Strengths, and Future Directions

The most glaring limitation is the low response rate. While this does render these data less generalizable, the sample is representative of general ACA membership (ACA, 2016). The low response rate may be a product of the inability to purchase email addresses for contacts and relying on U.S. mail for participant recruitment and not being able to click on a web link directly from an email may have been prohibitive. Given the low response rate of this study, the data can be interpreted as pilot or preliminary data, paving the way for a future, larger-scale study using refined and updated measures. Future studies should improve response rates by recruiting participants directly via electronic communication.

The strength of this study is the attempt at a random, national sample of counseling practitioners. Although the response rate was low, the opportunity to survey a random representation of professional members is important. The cost of this type of research when digital communication is not allowable is often prohibitive, rendering representative random sample research designs infrequent.

Several small-scale studies have been completed that showcase types of online counseling services being provided as well as overall perceptions of this type of service provision (Heinlen et al., 2003; Menon & Rubin, 2011; Shaw & Shaw, 2006, Vincent et al., 2017). These inquiries should continue on a larger scale to continue to gain information regarding the national landscape of online counseling. Future investigation should also focus on the differences in perception between clients and counselors regarding the use of online counseling and the benefits of this type of service provision. Additionally, research should focus on the training of professionals in the provision of online counseling and the impact on counseling effectiveness as well as client and counselor perception of digital services. Research regarding online counseling outcomes is also warranted as positive outcome research may support increased use of online counseling modalities (Cipolletta & Mocellin, 2018).

Conclusion

Online counseling is a nationally recognized option for clinical service provision. Currently, the field does not have an accurate national representation of digital service provision and attitudes toward online counseling, which may impact the overall understanding of the integration of digital technologies within the counseling profession. Through a random national sample of ACA members, the current study

showcases the relevance of technology in today's counseling practice as over 61% of respondents use technology to communicate with clients in some way and 11% were providing online counseling. While inhibited by a low response rate, data generally show that respondents can identify both benefits and challenges to providing online counseling. With the proliferation of types of technology and increase in accessibility for both clients and counselors, the counseling field continues to face persistent change and digital integration. These changes need to continue to be investigated so as to inform practice and training processes.

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Table 1
Perceptions of Online Counseling

Perception Type	StronglyDis/Disagree		Neutral		Agree/Strongly Agree	
	no	%	no	%	no	%
Barrier						
Co. Training*	27	16	28	16.6	114	67.4
Co. Understanding*	36	21.3	32	18.9	101	59.9
Co. Access	70	41.5	34	20.1	65	38.5
Co. Resistance*	13	7.7	35	20.8	110	71.5
Co. Stigma*	35	20.7	35	20.7	99	58.6
Cl. Understanding*	41	24.3	33	19.5	95	56.2
Cl Resistance	46	27.4	56	33.3	66	39.2
Cl. Stigma*	70	16.6	25	14.9	130	77.4
Cl. Access	13	27.1	56	33.3	66	39.2
Relationship*	18	10.7	16	9.5	135	79.9
Non-Verbal*	12	7.1	13	7.7	144	85.2
Ethical Issues*	12	6.6	15	8.9	141	84
Benefit						
Reach Cls. with disabilities*	3	1.3	4	2.4	162	95.8
Reach Cls. who are afraid*	21	12.5	26	15.4	122	72.2
Reach geographically isolated cls.*	2	0.1	5	3.0	162	95.9
Cl. prefer anonymity*	36	21.5	45	26.8	87	51.8
Cl. prefer text option	43	25.8	55	32.9	59	41.3
Augment services*	8	4.8	25	14.9	135	80.4
Continuity of services*	22	3.8	30	18.0	114	68.2

Note. N=169. * Indicates items that 50% of participants responded Agree/Strongly Agree

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Cookie Friendships: School Counselors Use of Genograms as an Assessment Tool in the Digital Age

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Abstract
Professional school counselors play a vital role in addressing the needs of diverse populations experiencing varying degrees of crises. This article suggests best practices for utilizing genograms in the digital age to identify *cookie friendships* and to address varying degrees of crisis experiences of school-aged children. The use of genograms in the school counseling setting can be an easily adoptable approach and technique for use with a wide variety of students that can be implemented in various situations.

The role of the professional school counselor (PSC) has evolved dramatically since its inception (Burnham & Jackson, 2000). Many of these changes are designed to address the evolving challenges including economic and social changes of students' lived experiences that are manifested in the school setting (Gysbers & Henderson, 2001; Paisley & McMahon, 2001). Recent attention to an increasing incidence of school violence has created a heightened awareness for the need for crisis intervention in public schools (Allen, et al., 2002; Cunningham & Sandhu, 2000). Crisis events in school settings lead to a state of disequilibrium (Henning, 2011). This sense of imbalance will impact social and academic outcomes of students thus demonstrating the need for immediate support in order to facilitate recovery (Poland, 1994).

The authors completed a comprehensive literature review and noted a paucity of research on the use of genograms in schools. With little or no budget, high caseloads, and increasing demands, school counselors require easily accessible tools designed to intervene quickly within the unique social structure of schools. Genograms may prove to be a tool used in a proactive manner rather than a tool used exclusively in moment of crisis and reaction. Additionally, because genograms may be generated and explained by the student-client, genograms may breakdown the inherent power hierarchy in place in schools and in the counseling relationship and encourage a greater sense of collaboration in the therapeutic process.

Defining Genograms

Bowen (1980) encouraged the use of the genogram initially in a family therapy interview. A genogram is a convenient, graphic depiction of how a family is related to one another and is most often used in delineating parental and family influence across three generations (Okiishi, 1987). Originally designed as a useful assessment tool when conducting family therapy interviews, the genogram has historically been a three-generational graphic model of a

family of origin (Bowen, 1980; Okiishi, 1987). However, mental health professionals have expanded the use of genograms beyond the family therapy interview and have broadened its application in various ways including multicultural, spiritual, genetic, and career counseling (Brott, 2005; Frame, 2001; Gibson, 2005; Işık, Akbaş, Kırdök, Avcı, & Çakır, 2012; Sueyoshi, Rivera, & Ponterotto, 2001; Willer, Tobin, & Toner, 2009). Understanding the structure of families may encourage discussion and the facilitation of change within the family dynamic. Hence, the use of genograms may allow for a more effective school-based intervention because of clearer understanding of the familial and social structure of students.

Expanding the usefulness of genograms into schools may encourage discussion around family dynamics, generational patterns (e.g. relational violence, substance abuse), career history, and communication patterns to name a few uses. Genograms allow for school counselors to engage students in conversations within a legacy structure. Further, genograms provide school counselors an opportunity to collaborate with their client and to engage in a conversation on a variety of issues from multiple perspectives.

Friendships in the Digital Age

Arnett (1995) was among the first to note adolescent use of media (e.g., television, music) to cope, for identity development, and to connect to larger peer networks through shared interests. Today's social networking has allowed school-aged children to connect to larger, international networks with peers they may never meet face-to-face, while simultaneously sharing information to a much larger audience. In the past, friendships may have used monikers denoting duration or level of intimacy to define the friendship in a vertical structure (e.g., acquaintance, buddy, girlfriend, friend, best friend) (see Table 1 graphic). However, we suggest the increasing use of social media has created the need for a new metaphorical term to describe friendships and we propose the use of the term *cookie friendships*.

The word *cookies* can have two meanings. One can define a cookie as being a flat, sweet, and seemingly delicious dessert or treat. However, despite being enticing, cookies are often filled with unhealthy ingredients (e.g., butter, sugar) and excessive calories that may lead to undesirable results (e.g., increased weight, spikes in blood sugar, and cavities). From a technological standpoint, cookies are digital packets of data found in a computer's browser history. These cookies can make online searches easier and conveniently store online passwords, but can also be troublesome in that some viruses and malware can be disguised as cookies as well (Symantec, 2017). In addition, unless they are cleared from a browser history, cookies can show exactly where the use has been thereby inadvertently revealing confidential or private information without the user's implicit consent (Whitman, Perez, & Beise, 2001).

In the digital age, *cookie friendships* have several metaphorical similarities. From the outside a new friend may be attractive, share similar interests, and open up new social possibilities. However, these relationships can also exhibit behaviors that are unhealthy (e.g., bullying, judgment, distrust, relational violence. Further, digital friendships can also lead to compromising

situations (e.g., sexting, public shaming, trolling) and have the potential to create social crises in the lives of students that can be very traumatic and public in nature.

Unlike traditional friendships based on mutual experiences, shared interests, and personal investments of time and energy, online "friendships" are defined in much looser terms. Being "friends" in the digital age might mean a large quantity of online acquaintances that may or may not have ever met in person, however who are aware of one anothers' posted opinions and daily happenings via online posted photos and comments. *Cookie friendships* are developed in social media and may not be for the development of an intimate friendship characterized by frequent face-to-face interactions, but instead formed to develop social capital. As such there is no characterization of them on a vertical structure (see Table 1) to indicate duration of friendships, shared interests or values.

The Use of Genogram to Support Responsive Counseling Services

Genograms can be a very effective and easily accessible tool to aid school counselors in assessing a student's social and familial network in times of crisis. Creating a genogram serves to (1) engage the client, (2) organize the student's thoughts, (3) detect patterns, (4) present complex material in a concise manner, (5) allows student to creatively engage presenting problem, (6) allows the school counselor to look for patterns (e.g. strengths, weaknesses), and (7) provide points of intervention and discovery for the school counselor.

School counselors are uniquely positioned to play a "vital" role in addressing the needs of students in crisis through individual and group counseling (American School Counselor Association, 2013, p. 50). In 2014, the American School Counselor Association (ASCA) introduced *ASCA Mindsets and Behaviors for Student Success* and using these same mindsets as school counselors we can approach crisis events using creative approaches (see B-LS2) and critical thinking to make informed choices to systematically address crisis (see B-LS1). Crises events include suicide, homicide, natural disasters, medical emergencies, grief, abuse, and loss experiences (Sandoval, 2013). Crisis in a school setting has unique challenges because of the social structure and community within a community structure inherent to schools. A crisis in the larger external community may impact the day-to-day operations of the school community itself affecting both staff and students alike within the walls of the school building.

The impact of crises may become more widespread in a school setting due to overlapping social networks in a single location as well as the use of social media (Allen, et al., 2002). Social media is "an umbrella term that is used to refer to a new era of Web-enabled applications that are built around user-generated or user-manipulated content, such as wikis, blogs, podcasts, and social networking sites" (Pew Internet and American Life Project, 2010). During crises, social media usage increases leading experts to conclude that communicating through social media is the new norm in crises (Baron, 2010). Students who actively use social media or become active during crises assign a higher level of credibility to social media coverage than to traditional mass media coverage (Procopio & Procopio, 2007). Additionally, social media users indicate social media provides

emotional support by sharing information and forming virtual support groups that are instantaneous and easily accessible (Choi & Lin, 2009).

Providing an Invitation to the Genogram

The use of a genograms is an affordable and engaging tool that provides the school counselor with an effective method to connect with students while collecting pertinent information. Genograms are a mutually developed, process-oriented map and school counselors may introduce the use of the genogram when the student begins to talk about their family and /or friends. School counselors may introduce the genogram as a way to gather a lot of information in a short amount of time and allowing for the client to visualize the presenting issue and the contextual impact. Genograms also acknowledge the uniqueness of each client's family and social networks. Genograms will help identify and better articulate a student's system of influence both in and outside of school. These systems may provide the school counselor with some direction as to where to take the conversation without limiting the content of the counseling session to the presenting issue that is generating a crisis response. Utilizing a graphic form of their support system may aid in the identification of support systems, as well as sources of chaos that allow for points for counseling intervention by the school counselor (Chrzastowski, 2011).

Recognizing there are layers of chaos leading to a crisis response allows for the school counselor to use a genogram to identify the system at play in order to direct intervention (Anderson, 1994). The school counselor may guide the student through the genogram exercise by providing a blank piece of paper and drawing three rings on the page. The school counselor explains that the concept of the genogram serves as a representation of their family/friendship system, of which the student is the center. The student places themselves on the center of the page. The student is then asked to rate who she/he considers to be closest family/friend relations and place them on the closest surrounding rings. Those relationships that are not as close are placed on outer rings of the genogram. Students may then use standard genogram symbols (i.e., squares and circles) to indicate gender. The school counselor may direct the student to color who lives in the same home as a means of understanding the family dynamic. Students are invited to add as many rings as necessary to create a visual representation of their family/friendship system.

After obtaining consent to develop a genogram, school counselors may use the following questions to collect information in a written format and incorporate into the genogram structure. What family members may be involved? Are their half-or step-siblings involved? Divorced parents? Who lives in the home? What social circles, friends, club/team members may be impacted? Are there authentic friendships (e.g., face-to-face interaction, long-term personal relationships) or *cookie friendships* (i.e., those developed and limited to social media interactions) involved? Are there siblings at other schools? What other schools need to be engaged? What school-based stakeholders may assist? What school-based staff may be impacted? Is there a faith-based youth group that may be impacted? What community-based organizations or members may be able to assist or are impacted (e.g., churches/youth groups, hospice, law enforcement/emergency management)?

Genograms as a Source of Information in Schools

Genograms are a visual representation of an individual's family used to assess the impact of family and friendship networks (Chrzastowski, 2011). The use of genograms in a school counseling setting can be useful in communicating a student's important and dynamic relationships. Recognizing there is no one definition of "friend" or family demonstrates the need for a genogram. This method allows for school counselors to discover and more easily understand whom students assign importance, familial titles to, including non-blood relatives or fictive kin (Milewski-Hertlein, 2001; Sussman, 1976). The practice of extending familial titles is especially common in non-White students who define family as those individuals that nurture and promote the general well-being of the individual (Milewski-Hertlein, 2001). Therefore, the use of genograms may be particularly useful in working with minority school populations (Milewski-Hertlein, 2001; Vernon, 2009).

Genograms create an opportunity for the professional school counselor and student to develop a collaborative language designed to account for family members, authentic friendships and *cookie friendships* using a culturally sensitive tool. Specifically, augmented genograms create opportunities for the use of collaborative language in order to create a space to facilitate crisis counseling and to aid the school counselor's understanding of the socially constructed meaning of family (Anderson & Goolishian, 1988). Fictive kin refer to relatives not genetically tied to the child, but still considered family (Milewski-Hertlein, 2001). For example, when a child says they are sad or appear tearful because their "auntie" is in the hospital, rather than ask more questions a school counselor could use a genogram to explore the relationship further.

An augmented genogram may ask student-clients to list those they consider to be family members by their relationship to the student-client and not by their formal name (Milewski-Hertlein, 2001). School counselors may ask the student to put themselves in the center of a sheet of paper and arrange their family members in the home closer to the diagram of the student and place other family members around the periphery. Another method may be to color code those family members that live in the home one color and the fictive kin outside of the home another color (Milewski-Hertlein, 2001; Taylor, Clement, & Ledet, Vernon, 2009). Both methods allow for an understanding of the relationships between themselves and their family members.

Expanding the use of genograms to friendship circles in moments of crisis will allow the school counselor to identify yet undiscovered students in need of counseling services, especially those defined as *cookie friends*, "cousin", "sister", and "brother". Using the example above, a student may place self at the center of the page and arrange friends/*cookie friends* and fictive kin around self on the page. Next, the school counselor could ask the student to color code those defined as *cookie friends* as one color and those with familial titles another. Therefore, identifying the spatial relationship between the student and their social network will allow school counselors to expand the way they conceptualize a friend system in order to provide counseling services. Additionally, the use of a genogram generates more places to

intervene in a system of support (Allen, et al., 2002; Milewski-Hertlein, 2001).

Implications for Future Research

The use of the word "friend" describes a wide range of relationship with varying degrees of purpose, shared interests, level of intimacy, and duration. Previously we suggested a hierarchal approach to defining non-digital friendships (see Table 1). The advent of digital media and specifically, Facebook, has complicated matters because intimacy is being redefined. Additionally, Facebook's use of the term "friend" to define an established digital connection has created an overuse of the term and further clouds how to define the word "friend". Further, what value is placed on the varying uses of the terms friend and friendship when comparing face-to-face to digital-based interactions.

Smart (1999) suggested friendships may be a tool for people and in an age where digital connections lay the groundwork for social capital friendships may be connections to others and opportunities. Future research may focus on the use of the term "friend" in both face-to-face interactions and in the digital context. Because no one attribute defines "friend," examining differences in how school-aged children define "friend" will advance the research in this area by examining the impact of digital platforms. Additionally, comparing how they view friends they see regularly and the relationships they continue on-line and what attributes define these varying friendships. Further, comparing this data to data of adults at different stages of adulthood may enrich the body of research by examining their use of digital media and how "friend" is defined later in life.

Finally, as educators, parents, and caregivers seek to understand friendships and the use of the term "friend" the development of assessment to measure "friendships" based on influence, shared values, and emotional proximity may operationalize the use of "friend" to define friendships established and maintained virtually. Understanding the use of "friend" provides educators and other adults a window into the world of school-aged children and their peer relations, exposure to trauma and grief, and provide an opportunity to strategically intervene through counseling services.

Final Thoughts for Application

A counselor's need to respond quickly may be facilitated through the use of genograms in identifying and locating impacted students quickly in order to provide the necessary services through the delivery component of a comprehensive school counseling program (CSCP) (Baker & Gerler, 2008; Gysbers & Henderson, 2000). With increasing caseloads school counselors will need accessible, effective, and affordable interventions and tools, like genograms, to facilitate responsive services in a comprehensive manner (ASCA, 2016). Additionally, adopting the use of a genogram as a school counseling tool does not require the need for extra funding since it is an easily adoptable method requiring only a piece of paper and writing instrument. Further, developing a genogram provides students an opportunity to identify themselves within a system of support and simultaneously identify sources of imbalance in their lives. Identifying these sources of crisis provides a school counselor an opportunity to intervene utilizing individual counseling, peer mediation, and/or group counseling to mediate the crisis

and therefore, re-establish balance in the student's life.

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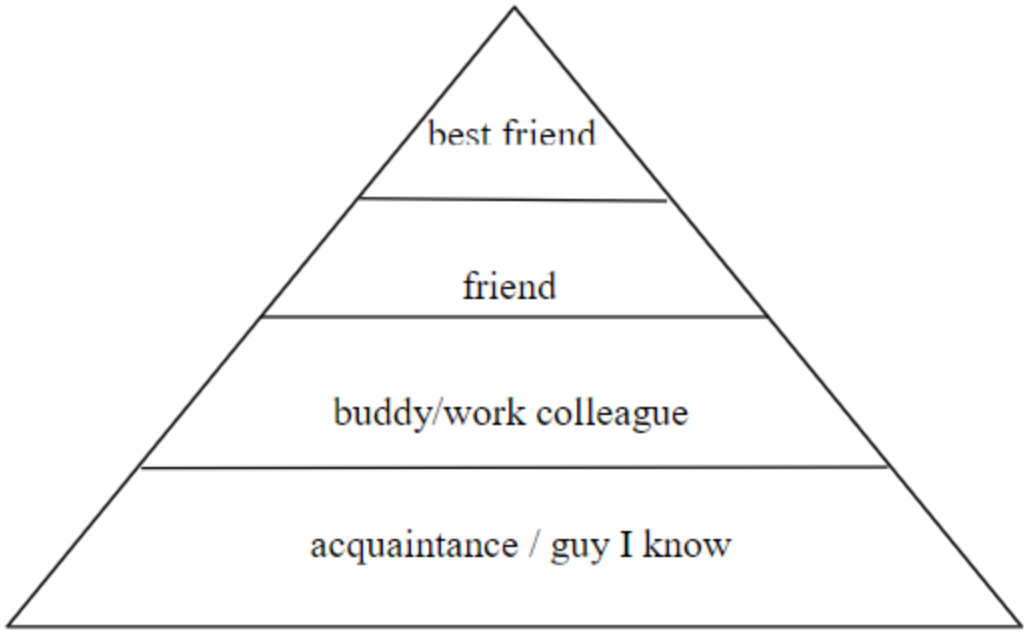
Table 1
Traditional (non-digital) Structure of Friendships



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- Dr. Rebekah Reysen