



1996

## An Assessment of the Inner Experiences of Experienced Therapists

Jena C. Yuen  
*Loyola University Chicago*

Follow this and additional works at: [https://ecommons.luc.edu/luc\\_theses](https://ecommons.luc.edu/luc_theses)



Part of the [Education Commons](#)

---

### Recommended Citation

Yuen, Jena C., "An Assessment of the Inner Experiences of Experienced Therapists" (1996). *Master's Theses*. 4188.

[https://ecommons.luc.edu/luc\\_theses/4188](https://ecommons.luc.edu/luc_theses/4188)

This Thesis is brought to you for free and open access by the Theses and Dissertations at Loyola eCommons. It has been accepted for inclusion in Master's Theses by an authorized administrator of Loyola eCommons. For more information, please contact [ecommons@luc.edu](mailto:ecommons@luc.edu).



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 License](#).  
Copyright © 1996 Jena C. Yuen

LOYOLA UNIVERSITY CHICAGO

AN ASSESSMENT OF THE INNER EXPERIENCES  
OF EXPERIENCED THERAPISTS

A THESIS SUBMITTED TO  
THE GRADUATE SCHOOL  
IN CANDIDACY FOR THE DEGREE OF  
MASTER OF ARTS

DEPARTMENT OF COUNSELING PSYCHOLOGY

BY

JENA C. YUEN

CHICAGO, ILLINOIS

MAY 1996

Copyright by Jena C. Yuen, 1996  
All rights reserved.

## ACKNOWLEDGEMENTS

I would like to acknowledge Marilyn Susman, Ph.D., director of this thesis, and Martha Ellen Wynne, Ph.D., for their assistance and support with this thesis. I would also like to thank the Psychotherapy Process Research Team for their help, insight, and encouragement. Finally I would like to thank John for his support and encouragement during the research and writing of this thesis.

## DEDICATION

This thesis is dedicated to my mother, who has offered me endless support and encouragement throughout my education. Her belief in my abilities has never wavered and has always been appreciated.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS . . . . . iii

LIST OF TABLES . . . . . v

Chapter

I. INTRODUCTION . . . . . 1

    Purpose of Study . . . . . 2

    Organization of Study . . . . . 3

II. REVIEW OF RELATED LITERATURE . . . . . 4

    Therapists' Intentions . . . . . 4

    Therapists' Conceptualizations . . . . . 5

    Novice Therapists' Inner Experiences . . . . . 8

    Experienced Therapists' Inner Experiences . . . . . 10

    Coding Schema . . . . . 11

    Accessing Therapists' Inner Experiences . . . . . 13

    Therapists' Inner Processes Across Developmental Levels. . . . . 14

    Summary . . . . . 19

III. METHOD . . . . . 20

    Participants . . . . . 20

    Instrument . . . . . 21

    Procedure . . . . . 21

    Coding Schema. . . . . 22

    Coding Procedure . . . . . 23

IV. RESULTS . . . . . 26

V. DISCUSSION . . . . . 38

    Limitations . . . . . 43

    Implications . . . . . 44

REFERENCES . . . . . 47

VITA . . . . . 52

LIST OF TABLES

Table

1.	Inner Experience Coding Schema . . . . .	25
2.	Percentage Use and Sophistication Ratings of Dimension I Categories . . . . .	32
3.	Percentage Use of Dimension II Categories . . . . .	33
4.	Percentage Use of Dimension III Categories . . . . .	33
5.	Percentage Use and Sophistication Ratings of Dimension I Categories Based Upon Years of Experience . . . . .	34
6.	Percentage Use of Dimension II Categories Based Upon Years of Experience . . . . .	35
7.	Standardized Canonical Discriminant Function Coefficients . . . . .	36
8.	Percent and Number of Cases Correctly Classified . . . . .	37

## CHAPTER ONE

### INTRODUCTION

Psychotherapy process researchers have devoted a significant amount of study to both the overt and covert processes of psychotherapists. Hill (1990) and Hill and Corbett (1993) reviewed in-session process research and found that therapist techniques, intentions, and response modes have frequently been examined. Therapists must acknowledge both intellectual knowing and their inner experiences in order to provide the most beneficial services to clients (Farber, 1985).

Previous research on therapists' internal processes has focused on therapists' intentions (Gelso, Hill, & Kivlighan, 1991; Hill & O'Grady, 1985; Hill, Thompson, Cogar, & Denman, 1993; Martin, Martin, Meyer, & Slemon, 1986; Martin, Martin, & Slemon, 1989) and conceptualizations (Borders, 1989; Borders, Fong-Beyette, & Cron, 1988; Cummings, Hallberg, Martin, Slemon, & Hiebert, 1990; Hillerbrand & Claiborn, 1990; Holloway & Wolleat, 1980; Martin, Slemon, Hiebert, Hallberg, & Cummings, 1989; Morran, Kurpius, & Brack, 1989). Recent research has focused upon therapists' inner experiences that encompass affective components, including feelings, fantasies, and bodily sensations (Farabaugh, 1994; Parks, 1994; Martin, Wynne, Susman, Olshefsky, & Birringer,



1994; Rezek, 1994; Susman, Wynne, Olshefsky, Cox, Birringer, Nofzinger, & Johnson, 1995; Susman, Wynne, Parks, Birringer, Olshefsky, & Cox, 1994; Wynne, Susman, Olshefsky, Cox, Stronck, Johnson, Yuen, & Ullman, 1995; Wynne, Susman, Ries, Birringer, & Katz, 1994). Inner experiences occur as therapists process clients' and their own statements, actions, and expressions.

The inner processes of therapists across various developmental levels have also been examined. Most studies have found significant changes in therapists' inner processes as the therapists' experience increases (Cummings, Hallberg, Martin, Slemon, & Hiebert, 1990; Hill, Charles, & Reed, 1981; Hillerbrand & Claiborn, 1990; Kivlighan, 1989; Martin, Slemon, Hiebert, Hallberg, & Cummings, 1989; Skovholt & Ronnestad, 1992; Tracy, Hays, Malone, & Herman, 1988) but Holloway and Wolleat (1980) found no significant relationship between counseling experience and the use of informational referents in forming clinical hypotheses.

### Purpose

The purpose of this thesis is to investigate the inner experiences of experienced licensed psychologists and to examine any differences in their inner experiences based on the therapists' years in practice. Previous research has suggested that increased therapy experience significantly changes the therapists' inner processes. Most research, however, has focused upon differences between novice

therapists (graduate students) and experienced therapists. Little research has examined the relationship of the inner processes of post-graduate therapists and their differing levels of experience.

### Organization of Study

This thesis is organized into five chapters and references. Chapter one consists of the introduction and purpose of the study. Related literature is reviewed in chapter two. The study's methodology is discussed in chapter three. Chapter four provides an analysis of the therapists' inner experiences in relation to their years of experience, and chapter five discusses the results of this analysis and presents any conclusions that may be drawn from the findings.

## CHAPTER TWO

### REVIEW OF RELATED LITERATURE

#### Therapists' Intentions

Therapists' intentions have been the subject of several research studies. Hill and O'Grady (1985) developed a rationally derived list of therapist intentions (clarify, insight, feelings, get information, change, support, focus, set limits, reinforce change, cathart, cognitions, self-control, behaviors, therapist needs, resistance, hope, challenge, and relationship). They found the most frequently used intentions were clarify, insight, feelings, get information, change, support, and focus.

Gelso, Hill, and Kivlighan (1991) found a strong correlation between therapists' perception of negative transference from the client and their use of interventions to achieve insight or feelings. Therapists experiencing negative transference were less likely to intend to set limits, get information, give information, encourage change, or reinforce change.

Therapists were able to discern client reactions to therapist interventions at a level greater than chance (Hill, Thompson, Cogar, & Denman, 1993). The therapists listened to an audiotape of their therapy session with a

client and, after every client speaking turn, rated the helpfulness of the intervention, recorded up to three intentions for the intervention, and wrote up to three reactions they believed the clients were experiencing. Clients were able to match what they believed therapists were attempting to do with the actual interventions at a level greater than chance.

Therapists primarily intended to help clients make cognitive connections and to assist them in monitoring their own thoughts and feelings (metacognizing) in a study conducted by Martin, Martin, Meyer, and Slemon (1986). In a follow-up study moderately strong correlation between counselor intentions and counselor behaviors was found by Martin, Martin, and Slemon (1989).

### Therapists' Conceptualizations

The cognitions and conceptualizations of therapists have also been examined. A case study observing the in-session thoughts of a master's counseling student was conducted by Borders, Fong-Beyette, and Cron (1988). The student therapist focused more on present thoughts and feelings than on past events, more on the client or herself than on the supervisor or the therapy dyad, more on inferred traits and values than on observable events, and more on professional perspectives than on personal concerns. The therapist also employed both cognitive and affective terms to describe her retrospections. It was also noted that the

student produced few purely intentional thoughts or planning statements.

Borders (1989) studied the in-session cognitions of twenty-seven graduate students during their first practicum and found beginning therapists primarily focused upon the present tense, included both in and out of session events and feelings, focused upon the client instead of the therapist, considered psychodynamics, and tended to experience professional, rather than personal, thoughts during a therapy session.

Martin, Slemon, Hiebert, Hallberg, and Cummings (1989) examined therapists' conceptualizations by having therapists complete the Cognitive Mapping Task. They discovered little conceptual integration and few affective concepts associated with either novice or experienced therapists. However novice counselors showed a significantly greater number of concepts and nonoverlapping cognitive clusters. The authors suggested these results may mean novice therapists were not yet capable of efficient conceptualization and thus produced a greater number of free-floating concepts whereas experienced therapists were better able to develop underlying schemata to help them conceptualize problems and information. These results were successfully replicated in follow-up research by Cummings, Hallberg, Martin, Slemon, and Hiebert (1990).

Hillerbrand and Claiborn (1990) examined differences in reasoning between novice and experienced therapists using

diagnostic skills and found that expert therapists were significantly more likely to reach a correct diagnosis than were beginning therapists. The experienced therapists also felt more confident about their decision and believed they had more knowledge than novice counselors.

The relationship between therapists' level of cognitive complexity and the formation of clinical hypotheses was examined by Holloway and Wolleat (1980). Results were mixed; although a significant relationship between therapists' conceptual level and the quality and clarity of expression in forming clinical hypotheses was found, there was no significant relationship between the therapists' amount of counseling experience and their use of informational referents (number of bits and types of client information) in forming hypotheses.

Therapists' in-session cognitions were classified using self-talk categories (Morran, Kurpius, & Brack, 1989). The four largest categories of therapist cognitions were client focused questions, summarizations, inferences or hypotheses, and self-instructions. These four categories totaled 61% of all thoughts categorized. Other self-talk categories included behavioral observations, associations, relationship assessment, positive self-feedback, reaction to client, self-questions, external, corrective self-feedback, anxiety or self-doubt, and self-monitoring.

## Novice Therapists' Inner Experiences

Previous research on therapists' inner experiences assessed the inner experiences of novice therapists. The Novice Therapist Pre-Intentional Coding Scale (Rezek, 1994) was designed to categorize the non-intentional inner experiences these novice therapists report. The scale consists of ten major content categories subsuming twenty coding categories: (a) therapist self-awareness (of emotion, behavior, or cognition), (b) therapist self-direction (emotional, behavioral, or cognitive), (c) therapist self-evaluation (criticism, praise, or corrective self-feedback), (d) therapist awareness of client (emotion, behavior, cognition, or situational-interpersonal status), (e) hypothesizing-formulating, (f) client evaluation, (g) awareness of the setting/situation, (h) awareness of the relationship process, (i) tangential focus (pertaining to client or therapist), and (j) uncodable. Rezek found that novice therapists, defined as master's level students enrolled in a pre-practicum counseling skills course, at semester's end experienced more awareness of the client's emotions, cognitions, and problem-interpersonal situations and conducted more hypothesizing than they did in the beginning of the semester. Students had less awareness of their own emotions, cognitions, and behaviors and less self-direction than they experienced in the beginning of the counseling skills course.

Martin, Wynne, Susman, Olshefsky, and Birringer (1994) described the inner experiences of novice therapists and found relationships between inner experiences and cognitive and affective variables, using the Novice Therapist Pre-Intentional Coding Scale. Therapists with higher affective intensities tended to produce self-aware/behavioral and self-evaluative/corrective self-feedback inner experiences. These therapists had fewer inner experiences in the client awareness/interpersonal category. The researchers concluded that these therapists were more self-conscious of their behavior and less focused upon their clients' interpersonal concerns. Therapists displaying higher degrees of emotional separation in relation to others tended to exhibit a greater number of self-directive/behavior inner experiences and fewer experiences in hypothesizing. Therapists with higher levels of empathic concern focused (a) less on their own experience apart from counseling, the counseling situation, and the client's interpersonal concerns, and (b) more on criticism of their therapeutic performances. Finally therapists who were at higher conceptual levels had (a) greater number of counseling relationship and self-directive inner experiences, and (b) less client self-evaluative inner experiences. Thus these therapists focused more upon the therapeutic relationship and their performances than evaluations of the clients.



### Experienced Therapists' Inner Experiences

Farabaugh (1994) studied the inner experiences of experienced therapists obtained using free recall and found that intentions, as measured on the Hill and O'Grady (1985) Intention List, account for 60.03% of their inner experiences, while non-intentions, as measured by the Novice Therapist Pre-Intentional List, account for 39.93% of the experiences. The most frequently used therapist intentions included assessment, explore, and other. Therapist evaluation/assessment, therapist self-awareness of behaviors, therapist awareness of client's cognitions, and client situational/interpretation status comprised the list of most widely experienced non-intentions.

Parks (1994) assessed the inner experiences of experienced therapists obtained using cued recall and found similar results. Therapists produced intentional inner experiences 71.92% of the time, with the most frequently used categories being assess, support, and explore. Therapists infrequently employed change, set limits, and educate. Non-intentional inner experiences accounted for 28.08% of the experiences. The most frequently used non-intentional categories were hypothesizing-formulating, therapist awareness of client behaviors, therapist awareness of client emotions, and therapist awareness of client cognitions.

An analysis of the inner experiences of novice and

experienced therapists found that most of the inner experiences of experienced therapists were intentions, primarily assessment, support, and exploration (Susman, Wynne, Parks, Birringer, Olshefsky, & Cox, 1994). Non-intentional experienced therapists' inner experiences included awareness of the client, therapist self-awareness, and hypothesizing-formulating. The most frequently used categories for novice therapists were awareness of the client, therapist self-awareness, and tangential focus. Hypothesizing/formulating was rarely utilized. Susman et al. concluded experienced therapists appear to have more conceptual complexity and are better able to integrate and synthesize information than novice therapists.

#### Coding Schema

Bloom, Englehart, Furst, Hill, and Krathwohl (1956) created a Taxonomy of Educational Objectives. The taxonomy endeavored to categorize teachers' goals for student learning. The cognitive taxonomy was comprised of six major classes: (a) 1.00 Knowledge, (b) 2.00 Comprehension, (c) 3.00 Application, (d) 4.00 Analysis, (e) 5.00 Synthesis, and (f) 6.00 Evaluation. Knowledge is defined as the ability to remember ideas and facts so that one may access the knowledge when one is given clues, signals, and cues. Comprehension consists of being able to utilize what is being communicated or to understand the material. Application occurs when abstractions, rules, principles,

ideas, and methods are used. Analysis is defined as the capability to split information into components. The consolidation of ideas and facts into a new and complex whole constitutes synthesis. Judgements concerning the material's ability to satisfy criteria occur during evaluation.

A Taxonomy of Reading Comprehension was designed by Barrett (1972). The taxonomy was created to provide teachers with guidelines for planning, teaching, and evaluating students' reading comprehension and consisted of four classes: (a) literal recognition or recall, (b) inference, (c) evaluation, and (d) appreciation. Literal recognition or recall occurs when the reader locates or remembers specific ideas, information, and happenings. Inference happens if a reader combines literal understanding, personal knowledge, intuition, and imagination to form hypotheses. A reader performs evaluation by comparing the reading content to external criteria and forming a judgement about what he or she has read. Appreciation occurs when the reader notes and effectively responds to the writer's techniques, forms, styles, and structures.

The Inner Experience Coding Schema (Wynne et al., 1995) is based upon Bloom's taxonomy, Barrett's taxonomy, and the Novice Therapist Pre-Intentional Coding Scale (Rezek, 1994). The schema's Dimension I is based upon Bloom's cognitive taxonomy and is classified on six levels

(simple observation, comprehension, application, analysis, synthesis, and evaluation/appreciation). Barrett's appreciation level was joined with Bloom's evaluation level to include deeper therapist reflections of accomplishment or epiphany. The schema's other dimensions consist of Dimension II, the focus of the inner experience, and Dimension III, the amount and type of judgement present in the experience. Wynne et al. found that a small sample of novice therapists reported the following inner experiences: Simple Observation 1%, Comprehension 82%, Application 11%, Analysis 5%, Synthesis 2%, and Evaluation/Appreciation 0%. The majority of the novice therapists' inner experiences fell into the Comprehension category, suggesting the need for refinement of the definitions of current levels of Dimension I.

#### Assessing Therapists' Inner Experiences

An assessment of therapists' recall of session events was conducted by Wynne, Susman, Ries, Birringer, and Katz (1994). Fifteen therapy sessions were audiotaped. Therapists were interviewed immediately following the session and were asked to recall verbatim the session's first five minutes, most significant event, and last five minutes. Therapists used free recall to report the session's events. They were not provided with any cues to aid in recall. The therapists also provided information on client attributes and assessment and treatment issues. They also completed a demographic information form. Therapists' recalled dialogue

and the actual session transcripts were compared for accuracy. Molar (main) ideas were recalled correctly 42% of the time while molecular (supporting) ideas were recalled correctly 30% of the time.

The inner experiences of novice therapists can be accessed by either written or audiotaped self-report (Susman, Wynne, Olshefsky, Cox, Birringer, Nofzinger, & Johnson, 1995). The mean number of words produced on audiotapes was three times the mean number of words produced by a written method. However the number of thought units for both methods was almost identical. Comprehension accounted for 82% of the novice therapists' inner experiences, suggesting a restricted ability to analyze, synthesize, or evaluate/appreciate. Participants' impressions of the two accessing methods were mixed. Writing inner experiences gave participants the opportunity to process the therapy session and to evaluate their responses. However participants believed audiotaping was easier, less tedious, and allowed them to be spontaneous in communicating the inner experiences.

#### Therapists' Inner Processes Across Developmental Levels

Several studies have examined therapists' inner processes across developmental levels. Although all participants used in this thesis were experienced, this research examines differences in inner experiences among therapists of various years in practice. Literature

discussing inner processes across developmental levels provides evidence of differences among therapists at various stages of expertise and suggests more subtle differences may exist among experienced therapists of various years in practice.

One hundred therapists of various experience levels provided data on therapists' developmental processes (Skovholt & Ronnestad, 1992). Multiple themes emerged, including beginning therapists' tendency to depend upon external advice and expertise while more experienced therapists have gained the capacity to integrate their experiences and to rely upon their own expertise. The therapists' conceptual schema and therapeutic style gradually complement their personality and belief systems. Novice therapists learn about the therapeutic process through more traditional learning methods, such as graduate school or internships, while more experienced therapists are able to continue learning through less rigid techniques, such as peer group supervision, keeping a journal, or attending workshops. The cognitive essence of beginning therapists appears significantly different from the experienced therapists. Other developmental themes included personal life strongly influencing professional behavior, external support being considered most valuable by novice therapists, and unyielding adherence to therapeutic function, style and conceptualizations occurring with

therapists throughout their training and then decreasing with each successive developmental level.

Hill, Charles, and Reed (1981) found moderate changes occurred in the therapeutic skills of doctoral level graduate students and greater changes in the students' level of abstract thinking as they advanced in graduate school. Advanced students used minimal encouragers more and asked questions less than beginning students. As students progressed through the program they increased their skills in timing, appropriate interventions, client dynamics, and dealing with specific types of clients. Hill, Charles, and Reed offered the following model of levels doctoral students undergo: (a) sympathy, therapists are sympathetic and not challenging or confrontational with the clients, (b) counselor stance, therapists begin to pick a theoretical orientation and make themselves fit into the style, (c) transition, therapists continue to learn different, and at times contrary, therapeutic methods, and (d) integrated personal style, therapists begin to establish their unique professional identities.

Novice therapists produce a significantly greater number of conceptualizations during the therapy session than experienced therapists (Martin, Slemon, Hiebert, Hallberg, & Cummings, 1989). The concepts of novice therapists were also more likely to be unrelated to each other, suggesting that beginning therapists have not yet learned to efficiently

conceptualize and therefore have a high number of free floating concepts, whereas experienced therapists are better able to develop underlying cognitive schemata to conceptualize problems.

Cummings, Hallberg, Martin, Slemon, and Hiebert (1990) replicated their previous research and found that experienced therapists produced a higher number of interacting conceptualizations, used more domain-specific concepts and no procedural concepts, and used cognitive clusters more often than beginning therapists. They suggested that advanced therapists are able to produce domain-specific, thematic concepts using underlying cognitive schemata while novice therapists do not demonstrate underlying schemata and concentrate more upon procedures and techniques.

Differences in reasoning between novice and expert therapists were studied by Hillerbrand and Claiborn (1990). They found no differences in the cognitive processes involved in reaching a clinical diagnosis. However experienced therapists were significantly more likely to offer the correct diagnosis. Experts also felt more confident about their diagnoses and believed they were more knowledgeable than the novice therapists.

Kivlighan (1989) analyzed the differences between student therapists who were enrolled in a counseling skills class and student therapists who had not received



instruction. He found the trained therapists decreased the number of assessment intentions, increased the number of exploration intentions, produced no change in the number of restructuring intentions, decreased use of questions, increased use of minimal encouragers, and had no change in the number of directives or complex responses. Clients paired with trained therapists increased their use of therapeutic work and painful feelings responses, had fewer no reaction responses, and rated the session as deeper and more intense. Kivlighan suggested training affects the students' thoughts about the session, leading to changes in intentions. Clients of trained therapists experienced greater therapeutic work and more painful feelings, leading to increased productivity in treatment.

Tracy, Hays, Malone, and Herman (1988) examined changes in therapist response as a function of experience and found that therapist responses did not differ according to stage of expertise. However they discovered experienced therapists possess greater therapeutic flexibility and have a wider range of skills and interventions than do less advanced therapists. Experienced therapists confronted clients more often, were less dominant and verbose, and granted fewer client requests than less advanced therapists.

Holloway and Wolleat (1980) found no relationship between the level of therapist experience and the use of information about the client. They did discover a

significant relationship between the therapists' conceptual levels and the quality and clarity with which they formed and expressed their clinical hypotheses. Therapists with increased cognitive complexity were more likely to use a variety of information about the client and were less likely to use an exclusive method of questioning.

### Summary

Previous research examining therapists' covert processes has focused upon intentions and conceptualizations. In-depth analysis of therapists' inner experiences has only recently occurred. The development of a coding system to categorize therapists' inner experiences provides the opportunity to examine the therapy session from the therapist's viewpoint more fully. Prior research examining therapists' behavior, cognitions, and intentions across developmental levels provides a framework for observing the relationship of therapists' inner experiences and their differing levels of experience.

## CHAPTER THREE

### METHOD

#### Participants

This thesis uses archival data originally collected by Marilyn Susman, Ph.D., and Martha Ellen Wynne, Ph.D., in 1989. The initial sampling frame consisted of more than 1400 licensed psychologists in Chicago and surrounding Cook County, Illinois listed with the Illinois Department of Professional Regulations. One hundred ninety-six psychologists were unavailable to participate in the research because they had either relocated, were no longer employed, or were deceased. Three hundred seventy one of the remaining names were randomly selected and received a mailed survey. The remaining 845 names received were included in another study (Wynne, Susman, Ries, Birringer, and Katz, 1994). Twenty-one therapists (5.66%) returned the completed mailed surveys. Participants did not receive any compensation for their involvement with this research.

The participants (11 women and 10 men) ranged in age from 37 - 66 years ( $M = 47.05$ ,  $SD = 7.67$ ). All participants were engaged in either full-time or part-time private practice.

Participants selected clients from their private

practices. All clients were approached by their therapists and asked if they would allow the therapists to complete the research questionnaire, using one of their therapy sessions. All clients gave informed consent. Participants provided only nonidentifying client information and therefore the researchers were not aware of the clients' identities.

### Instrument

A three part written interview protocol was used. Part one examined client attributes and the therapeutic relationship. Part two asked the therapist to recall, as closely as possible, the dialogue of the therapy session's first five minutes, most significant event of the sessions, and the last five minutes of the sessions. Part two also asked the therapist to recall the inner experiences for each speaking turn of the written dialogue. Part three requested the therapist's demographic information, including years in practice and theoretical orientation.

### Procedure

The therapist completed the interview protocol immediately following the therapy session. After completing Part one, the therapist was asked to recall verbatim the dialogue of the session's first five minutes. The participant was then asked to write his or her inner experiences for that time period. The therapist then wrote dialogue and inner experiences for the session's most significant episode and last five minutes. The therapist

completed Part three after recalling session dialogue and associated inner experiences.

### Coding Schema

The Inner Experience Coding Schema (Wynne et al., 1995) is based upon the Taxonomy of Educational Objectives (Bloom, Englehart, Furst, Hill, and Krathwohl, 1956), the Taxonomy of Reading Comprehension (Barrett, 1972) and the Novice Therapist Pre-Intentional Coding Scale (Rezek, 1994). The schema consists of three dimensions. Cognitive complexity, corresponding to Bloom's cognitive taxonomy, is measured on Dimension I and consists of six categories (simple observation, comprehension, application, analysis, synthesis, and evaluation/appreciation). Simple observation is defined as the therapist's recognition, through his or her senses, of specific and concrete aspects of the therapist, client, relationship, or other. Comprehension involves additional processing of simple observation through mechanisms such as classifying, summarizing, or generalizing. Application occurs when the therapist directs him or herself to use or stop using a specific behavior, emotion, cognition, or technique when interacting with the client or reflects upon an immediate past action. Analysis is a more advanced form of comprehension and involves breaking down a communication into its component parts, understanding the relationship between the components, and recognizing the principle or assumption that organizes the

ideas and provides the connection between the ideas. Synthesis provides new insights, brings ideas together to form a new hypothesis, and goes beyond what is now known. Barrett's appreciation level and Bloom's evaluation level were combined to form Dimension I's sixth category. Evaluation/appreciation occurs when the therapist understands the deeper meaning of the dynamics of the session and also includes the aesthetic or spiritual aspects of the therapeutic process. Dimension II (locus) provides information about whether the inner experience primarily concerns the therapist, client, therapeutic relationship, others, or a combination. Dimension III (judgmental quality) rates the characteristic of the inner experience, whether therapist judgement is positive, negative, or absent.

#### Coding Procedure

The inner experiences were divided into discrete thought units by two Ph.D. faculty members who attained overall simple interrater agreement of 94%. Disagreements were resolved through discussion.

The inner experiences were coded by three teams of two graduate students using the Inner Experience Coding Schema (Wynne et al., 1995). Transcripts were randomly assigned to the three coding teams. Disagreements on Dimensions I and II of the coding schema were resolved through discussion (Elliott, 1994; Kivlighan, 1989). Dimension I sophistication ratings, evaluating the level's complexity on a scale from

one to six, were reached by calculating the mean of the coders' sophistication ratings. Dimension III ratings were also reached by calculating the mean of the coders' ratings. All raters received 40 hours of training on the Inner Experience Coding Schema (Wynne et al, 1995). Training included independently coding training transcripts, discussing disagreements, and resolving and defining categories and dimensions of the coding schema.

Table 1.--Inner Experience Coding Schema

DIMENSION I

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
Simple Observation	Comprehension	Application	Analysis	Synthesis	Evaluation/ Appreciation
1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6

DIMENSION II

Therapist (T) Client (C) Relational Other (O) T-C C-O Uncodable	Therapist (T) Client (C) Relational Other (O) T-C C-O Uncodable	Therapist (T) Client (C) Relational Other (O) T-C C-O Uncodable	Therapist (T) Client (C) Relational Other (O) T-C C-O Uncodable	Therapist (T) Client (C) Relational Other (O) T-C C-O Uncodable	Therapist (T) Client (C) Relational Other (O) T-C C-O Uncodable
---	---	---	---	---	---

DIMENSION III

Judgement (-) -3 -2 -1 Absent 0 Judgement (+) +1 +2 +3	Judgement (-) -3 -2 -1 Absent 0 Judgement (+) +1 +2 +3	Judgement (-) -3 -2 -1 Absent 0 Judgement (+) +1 +2 +3	Judgement (-) -3 -2 -1 Absent 0 Judgement (+) +1 +2 +3	Judgement (-) -3 -2 -1 Absent 0 Judgement (+) +1 +2 +3	Judgement (-) -3 -2 -1 Absent 0 Judgement (+) +1 +2 +3
---	---	---	---	---	---



## CHAPTER FOUR

### RESULTS

Percentage use of inner experience categories for Dimensions I, II, and III was attained by dividing the total number of inner experiences for each category by the total number of inner experience thought clusters of all participants. Sophistication ratings for each category in Dimension I were attained by calculating the mean of all sophistication ratings for each category.

Table 2 shows the distribution of percentage use and sophistication ratings of Dimension I categories.

Experienced therapists' inner experiences most often consisted of application (42.47%), followed by comprehension (24.75%) and analysis (22.41%). Synthesis (6.69%), evaluation/appreciation (2.34%), and simple observation (1.34%) were infrequently reported. Synthesis ( $\underline{M}$ =3.78,  $\underline{SD}$ =1.06) received the highest mean sophistication rating, followed by comprehension ( $\underline{M}$ =3.67,  $\underline{SD}$ =0.87), analysis ( $\underline{M}$ =3.56,  $\underline{SD}$ =0.75), application ( $\underline{M}$ =3.37,  $\underline{SD}$ =0.89), evaluation/appreciation ( $\underline{M}$ =3.19,  $\underline{SD}$ =1.25), and simple observation ( $\underline{M}$ =2.25,  $\underline{SD}$ =1.06).

Table 3 shows the distribution of percentage use of the Dimension II categories. Therapists' inner experiences most

often focused upon the client (45.12%), followed by focus upon both therapist and client (19.53%) and upon both client and others (15.15%). Inner experiences infrequently focused upon the therapeutic relationship (9.10%), therapist (7.40%), or others (0.67%). Uncodable inner experiences accounted for 3.03% Dimension II responses.

Table 4 displays the distribution of percentage use of Dimension III categories. Judgmental quality of the inner experiences was most often neutral (92.64%), followed by positive judgements (5.02%) and negative judgements (2.33%).

Cohen's kappa was used to calculate the percentage of intercoder agreement after removing chance agreement. The kappa for Dimension I was .4738 and the kappa for Dimension II was .3756.

Table 5 shows the percentage use of Dimension I categories based upon the therapists' years of experience and reveals differences between the three experience levels. Only therapists with 7 to 14 years of experience reported any simple observations. Therapists with more than 14 years of experience reported the greatest number of comprehension inner experiences (44.59%), followed by therapists with 7 to 14 years of experience (36.49%) and therapists with less than 7 years of experience (18.91%). Application was reported most often by therapists with more than 14 years in practice (40.94%), followed by therapists with 7 to 14 years in practice (34.65%) and therapists with less than 7 years

in practice (24.41%). Therapists with 7 to 14 years experience reported almost half of the analysis inner experiences (49.25%). Participants with less than 7 years experience reported 26.87% of the analysis inner experiences and the most experienced therapists reported only 23.88% of the analysis. Synthesis was reported most often by therapists with less than 7 years experience (60.00%) and least often by therapists with more than 14 years experience (10.00%). Therapists with 7 to 14 years experience reported 30.00% of the synthesis inner experiences. No therapist with more than 14 years experience reported an evaluation/appreciation inner experience. Therapists with 7 to 14 years experience reported 57.14% of the evaluation/appreciation inner experiences and therapists with less than 7 years in practice reported the remaining 42.86% of the evaluation/appreciation inner experiences.

Table 6 shows the percentage use of Dimension II categories based upon years of experience and also reveals differences between the three experience levels. Both therapists with 7 to 14 years experience and therapists with more than 14 years experience focused upon themselves 40.91% of the time. Therapists with less than 7 years experience were least likely to report inner experiences about themselves (18.18%). There were no differences in client focus among the experience levels. Participants with less than 7 years in practice produced 32.56% of the client inner

experiences, participants with 7 to 14 years in practice produced 35.61% of the client inner experiences, and participants with more than 14 years in practice produced 31.82% of the client inner experiences. Relational inner experiences were reported most frequently by therapists with less than 7 years experience (48.15%) and by therapists with 7 to 14 years experience (40.74%). Therapists with more than 14 years experience reported only 11.11% of the relational inner experiences. No therapist with less than 7 years in practice reported an other inner experience. Reports of other inner experiences were equally divided between therapists with 7 to 14 years in practice and therapists with more than 14 years in practice. Therapist/Client inner experiences were reported most often by therapists with 7 to 14 years experience (48.28%). Therapists with less than 7 years experience produced 22.41% of Therapist/Client inner experiences and therapists with more than 14 years experience produced 29.31% of Therapist/Client inner experiences. Client/Other inner experiences were reported most often by therapists with more than 14 years experience (60.00%), followed by therapists with 7 to 14 years experience (31.11%) and therapists with less than 7 years experience (8.89%). Therapists with between 7 to 14 years in practice produced 66.67% of the uncodable responses and therapists with more than 14 years in practice produced 33.33% of the uncodable responses.

A discriminant analysis using the direct method was performed on Dimension I using three levels of therapist experience. The three levels were (A) under 7 years in practice, (B) 7-14 years in practice, and (C) over 14 years in practice. Seven participants fell into each of the experience levels. The results of this analysis did not reveal statistically significant differences among the three groups. Wilks' Lambda for Function 1 was 0.138 and for Function 2 was 0.465. The chi-squared significance for Function 1 was 0.420 and for Function 2 was 0.570. Table 7 presents the standardized canonical discriminant function coefficients. For Function 1 evaluation/appreciation and sophistication rating of evaluation/appreciation loaded most heavily, followed by comprehension, simple observation, synthesis and sophistication rating of simple observation. For Function 2 sophistication rating for synthesis loaded most heavily, followed by comprehension, synthesis, and evaluation. Although the analysis did not reach significance, large eigenvalues of 2.37 for Function 1 and 1.15 for Function 2 were produced. The eigenvalues are the ratios of the between-groups to within-groups sums of squares. Large eigenvalues are frequently correlated with reliable functions. Wide separation of the three experience groups occurred when the group centroids were plotted. Centroid locations for groups A (less than 7 years in practice), B (7-14 years in practice), and C (over 14 years

in practice) were -2.01, 1.14, and 0.87 respectively for Function 1. The group centroids for groups A, B, and C were 0.11, 1.16, and -1.27 respectively for Function 2. The discriminant analysis correctly predicted group membership 100% for participants with less than 7 years experience, 71.4% for participants with 7 to 14 years experience, and 85.7% for participants with more than 14 years experience. The overall percentage of grouped cases correctly classified was 85.71%. The complete classification results are presented in Table 8.

Table 2.--Percentage Use and Sophistication Ratings  
of Dimension I Categories (Total)

---



---

	Simple Observation (Level 1)	Comprehension (Level 2)	Application (Level 3)	Analysis (Level 4)	Synthesis (Level 5)	Evaluation Appreciation (Level 6)
% Use	1.34%	24.75%	42.47%	22.41%	6.69%	2.34%
(n)	4	74	127	67	20	7
Rating Mean	2.25	3.67	3.37	3.56	3.78	3.19
Standard Deviation	1.06	0.87	0.89	0.75	1.06	1.25

---

Table 3.--Percentage Use of Dimension II Categories (Total)

---



---

	Therapist	Client	Relational	Other	T/C	C/O	Uncodable
% Use	7.40%	45.12%	9.10%	0.67%	19.53%	15.15%	3.03%
(n)	22	134	27	2	58	45	9

---

Table 4.--Percentage Use of Dimension III Categories (Total)

---



---

	Neutral Judgement	Positive Judgement	Negative Judgement
% Use	92.64%	5.02%	2.33%
(n)	277	15	7

---



Table 5.--Percentage Use and Sophistication Ratings  
of Dimension I Categories Based Upon Years  
of Experience

		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<b>Less than 7 years</b>	% Use	0.00%	18.67%	24.41%	26.87%	60.00%	42.86%
	(n)	0	14	31	18	12	3
	Rating Mean	0.00	4.15	4.02	3.86	4.25	4.50
	SD	0.00	1.02	0.33	0.68	0.43	0.00
<b>7 to 14 years</b>	% Use	100.00%	37.33%	34.65%	49.25%	30.00%	57.14%
	(n)	4	27	44	33	6	4
	Rating Mean	2.25	3.75	3.02	3.53	4.00	2.75
	SD	1.06	0.80	0.75	0.34	1.30	1.09
<b>More than 14 years</b>	% Use	0.00%	44.00%	40.94%	23.88%	10.00%	0.00%
	(n)	0	33	52	16	2	0
	Rating Mean	0.00	3.26	3.17	3.30	2.75	0.00
	SD	0.00	0.72	1.12	1.03	1.06	0.00

Table 6.--Percentage Use of Dimension II Categories Based Upon  
Years of Experience

	Therapist (T)	Client (C)	Relational	Other	T/C	C/O	Uncodable
<b>Less than 7 years</b>							
% Use	18.18%	32.56%	48.15%	0.00%	22.41%	8.89%	0.00%
(n)	4	43	13	0	13	4	0
 <b>7 to 14 years</b>							
% Use	40.91%	35.61%	40.74%	50.00%	48.28%	31.11%	66.67%
(n)	9	47	11	1	28	14	6
 <b>More than 14 years</b>							
% Use	40.91%	31.82%	11.11%	50.00%	29.31%	60.00%	33.33%
(n)	9	42	3	1	17	27	3

Table 7.--Standardized Canonical Discriminant Function Coefficients

---



---

Category	Function 1	Function 2
Simple Observation	1.54609	0.55786
Comprehension	1.67046	-0.85795
Application	0.55514	-0.12723
Analysis	-0.06411	1.04508
Synthesis	-1.33514	0.84563
Evaluation/Appreciation	-2.32309	0.72048
Simple Observation		
Sophistication	-1.10621	0.32989
Comprehension		
Sophistication	-0.59283	0.64412
Application		
Sophistication	-0.32978	-0.49384
Analysis		
Sophistication	0.46303	-0.38920
Synthesis		
Sophistication	0.97501	-1.29369
Evaluation/Appreciation		
Sophistication	2.48292	0.16883

---

Table 8.--Percent and Number of Cases Correctly Classified

Group	Number of Cases	Group 1	Group 2	Group 3
Less than 7 years	7	7 100.0%	0 0.0%	0 0.0%
7 to 14 years	7	0 0.0%	5 71.4%	2 28.6%
More than 14 years	7	1 14.3%	0 0.0%	6 85.7%

Percent of "grouped" cases correctly classified: 85.71%

## CHAPTER FIVE

### DISCUSSION

The inner experiences of experienced therapists as a group were most frequently application (42.47%), comprehension (24.75%), and analysis (22.41%). Participants infrequently reported synthesis (6.69%), evaluation/appreciation (2.34%), and simple observation (1.34%). The high number of applications suggests that experienced therapists often plan their interventions ahead, as reported by Grater (1985), and may have a large range of interventions, as reported by Tracy, Hays, Malone, and Herman (1988). Comprehension and analysis comprise the next most frequently reported inner experience categories. Experienced therapists have fewer comprehensions and more analyses than do novice therapists, as reported by Wynne et al. (1995). These results suggest that experienced therapists are better able to understand and break down client information and statements into important components. Although synthesis comprised only a small percentage of inner experiences (6.69%), experienced therapists in this thesis appear to have reported a greater number of synthesis inner experiences than did novice therapists (2.00%), as reported by Wynne et al. (1995). These results may support

the hypothesis that experienced therapists are better able to connect ideas to form theories than are novice therapists, as suggested by Martin, Slemon, Hiebert, Hallberg and Cummings (1989) and Cummings, Hallberg, Martin, Slemon, and Hiebert (1990). However it is not known if the difference between the novice and experienced groups is statistically significant. Evaluation/appreciation and simple observation were both rarely reported.

Evaluation/appreciation can be expected to occur rarely as these experiences represent an understanding to the session's deeper dynamics or a sense of accomplishment and epiphany. It may be expected that experienced therapists rarely utilize only simple observation and instead undergo more complex inner experiences, automatically incorporating simple observation, as they are capable of connecting observations and ideas to form hypotheses.

The mean sophistication ratings for Dimension I ranged from 2.25 to 3.78. These ratings are in the middle range of possible sophistication ratings, suggesting a bias of central tendency may have occurred in which coders rated sophistication in the middle range due to lack of experience using the sophistication ratings.

Total Dimension II percentages show that experienced therapists focused primarily upon the client (45.12%), both the therapist and client (19.53%), or both the client and other (15.15%). Experienced therapists infrequently focused

upon the therapeutic relationship (9.10%), themselves (7.40%), or others (0.67%). Most of the therapists' inner experiences revolved around the client or therapeutic relationship while only a small percentage involved solely the therapist or someone else. The clients appear to be the therapists' foremost concern during the session, suggesting that experienced therapists are not frequently distracted by thoughts of themselves or others during the session.

Therapists appear to rarely make judgements during the therapy session. The vast majority of therapist judgements were neutral (92.64%) or positive (5.02%). Only 2.33% judgements were negative. The importance of acceptance without the therapists placing their own values upon the client is frequently stressed in graduate training programs. Thus it is not surprising to find a high percentage of neutral therapist judgements in a sample of experienced therapists.

Percentage use for Dimensions I and II revealed differences in inner experiences among therapists based upon their years in practice. Surprisingly therapists with the most experience were least likely to produce more complex Dimension I categories such as synthesis and evaluation/appreciation. These therapists produced more comprehension (44.59%) and application (40.94%) inner experiences than the less experienced groups. Therapists with 7 to 14 years experience were more likely to produce

analysis (49.25%) and evaluation/appreciation (57.14%) inner experiences than were therapists with less than 7 years experience or therapists with more than 14 years experience. Therapists with less than 7 years in practice produced the fewest number of less complex Dimension I categories, such as comprehension (18.91%) and simple observation (0.00%).

Percentage use of Dimension II categories also revealed differences among therapists based upon years of experience. Although all three groups appear to focus upon the client equally, therapists with less than 7 years experience focus less often upon themselves (18.18%) than do therapists with 7 to 14 years experience (40.91%) or more than 14 years experience (40.91%). Therapists with more than 14 years experience focused less often upon the therapeutic relationship (11.11%) than did therapists with 7 to 14 years experience (40.74%) or therapists with less than 7 years experience (48.15%). Also therapists with more than 14 years experience focused more often upon the client/other (60.00%) than did therapists with 7 to 14 years experience (31.11%) or therapists with less than 7 years experience (8.89%).

Many of the differences found among therapists based upon years of experience are surprising. It would be expected that therapists with the most experience produce the most complex Dimension I inner experiences since previous research has shown increased skill level and cognitive ability in more experienced therapists. However



the most experienced therapists produced the fewest higher level Dimension I categories. Also the more experienced therapists in this sample focused more often upon themselves and others than did less experienced therapists.

Participants with more than 14 years experience focused far less often upon the relationship than did therapists with less than 7 years experience or therapists with 7 to 14 years experience. The most experienced therapists appear to be more often distracted by thoughts not focused upon the client or therapeutic relationship. However it should be noted that only a small number of synthesis and evaluation/appreciation inner experiences and a small number of other, therapist, and relationship focused inner experiences were produced. Differences between experience groups may be inflated. Fewer total inner experiences in a particular category allow smaller differences to appear larger than are actual when converted to percentages. More experienced therapists may have focused more upon themselves in order to monitor transference and countertransference reactions. It is also possible that the less experienced therapists were more anxious about producing "correct" inner experiences for the researchers and perhaps modified their reports to be more congruent with their vision of "appropriate" inner experiences.

The discriminant analysis was not able to separate the three experience groups at a statistically significant

level. However the large eigenvalues produced by the analysis should be taken into consideration. It is possible that differences in percentage use for Dimensions I and II among the three experience levels are significant and the small number of participants in each group cell prevented the analysis from reaching statistically significant levels. The analysis was able to predict group membership between the experience levels 85.71% of the time.

The data from this study suggests that experienced therapists as a group tend to use most of their inner experiences to plan interventions and analyze and comprehend information about the client. Therapists tend to make the client the main focus of the session and rarely make negative judgements, preferring to make either no judgements or positive ones. Although there appear to be unexpected differences between experienced therapists based upon years in practice, these differences are not statistically significant and may have been produced by anxiety surrounding the research nature of the task.

### Limitations

A limitation of this thesis is the small sample size used. Only 21 therapists of an original mailing of 371 (5.66%) returned the completed surveys. The discriminant analysis was performed with only seven participants in each cell. The small number of participants in each cell makes it inappropriate to generalize the discriminant analysis

findings. The analysis was not statistically significant but did produce acceptable Eigenvalues.

Therapists were asked to recall, as closely as possible, specific sections of the therapy sessions. Although participants were asked to complete the mailed surveys immediately following the therapy session, some inner experiences may not have been reported due to memory loss and the use of free recall, instead of cued recall. Wynne, Susman, Ries, Birringer, and Katz (1994) found that therapists correctly recalled molar (main) ideas 42% of the time and molecular (supporting) ideas 30% of the time using free recall. Therefore a second limitation of this thesis is the possible loss of some inner experiences due to the method of data collection.

Initial intercoder agreement was low. The kappa for Dimension I was 0.4738 and the kappa for Dimension II was 0.3756. Although coders did resolve Dimensions I and II through discussion, the low rate of initial intercoder agreement must be noted and additional training using the Inner Experience Coding Schema may be needed.

### Implications

This thesis suggests that experienced therapists frequently use more complex Dimension I levels (application and analysis) than do previously studied novice therapists. Experienced therapists do not utilize the less complex comprehension level as often as novice therapists do.

Although this decrease in the use of the comprehension category may be due to experienced therapists' ability to plan ahead, analyze client information, and synthesize theories better than novice therapists, Wynne et al. (1995) noted that the Inner Experience Coding Schema used to analyze the novice therapist data required refinement and more extensive training. The coding schema was refined and additional training given to coders. Therefore the decrease in the use of the comprehension category may also be due to schema refinement and more training.

This thesis also suggests that the inner experiences of experienced therapists may differ based upon years in practice. However therapists with the most experience do not produce the most complex inner experiences and seem to be more focused upon themselves and others than less experienced therapists. It is doubtful that therapists lose skills or produce less complex inner experiences as they gain experience. Therapists with less experience may have been more concerned with producing "correct" inner experiences than were more experienced therapists who may not have felt as much performance anxiety. More experienced therapists may focus not only upon the client but also upon themselves and others to gain a more accurate perspective of the session and to monitor transference and countertransference reactions.

Future research in this area may include a larger

number of participants and increased refinement of the Inner Experience Coding Schema. It is possible that significant differences between levels of experienced therapists would occur with more participants and coding schema refinement would increase initial intercoder agreement.

## REFERENCES

Barrett, T. C. (1972). Taxonomy of reading comprehension. Reading 360 Monograph. Lexington, MA: Ginn, A Xerox Education Company.

Bloom, B. S., Englehart, M. D., Furst, E. J., Hill, W. H., Krathwohl, D.R. (1956). Taxonomy of educational objectives, the classification of educational goals (Handbook I: Cognitive Domain). New York: David McKay Company, Inc.

Borders, L. D. (1989). Developmental cognitions of first practicum supervisees. Journal of Counseling Psychology, 36(2), 163-169.

Borders, L. D., Fong-Beyette, M. L., & Cron, E. A. (1988). In-session cognitions of a counseling student: A case study. Counselor Education and Supervision, 28(1), 59-70.

Cummings, A. L., Hallberg, E. T., Martin, J., Slemon, A., & Hiebert, B. (1990) Implications of counselor conceptualizations for counselor education. Counselor Education and Supervision, 30(2), 120-134.

Elliott, R., Shapiro, D. A., Firth-Cozens, J., Stiles, W. B., Hardy, G. E., Llewelyn, S. P., & Margison, F. R. (1994). Comprehensive process analysis of

insight events in cognitive-behavioral and psychodynamic-interpersonal psychotherapies. Journal of Counseling Psychology, 41, 449-463.

Farabaugh, A. H. (1994). Inner experiences of experienced therapists derived by a free recall method. Unpublished master's thesis, Loyola University Chicago.

Farber, B. A. (1985). The genesis, development, and implications of psychological-mindedness in psychotherapists. Psychotherapy, 22(2), 170-177.

Gelso, C. J., Hill, C. E., & Kivlighan Jr, D. M. (1991). Transference, insight, and the counselor's intentions during a counseling hour. Journal of Counseling & Development, 69(5), 428-433.

Hill, C. E. (1990). Exploratory in-session process research in individual psychotherapy: A review. Journal of Consulting and Clinical Psychology, 58(3), 288-294.

Hill, C. E., Charles, D., & Reed, K. G. (1981) A longitudinal analysis of changes in counseling skills during doctoral training in counseling psychology. Journal of Counseling Psychology, 28(5), 428-436.

Hill, C. E., & Corbett, M. M. (1993). A perspective on the history of process and outcome research in counseling psychology. Journal of Counseling Psychology, 40(1), 3-24.

Hill, C. E., & O'Grady, K. E. (1985). List of therapist intentions illustrated in a case study and with therapists of varying theoretical orientations. Journal of Counseling

Psychology, 32(1), 3-22.

Hill, C. E., Thompson, B. J., Cogar, M. C., & Denman, D. W. (1993). Beneath the surface of long-term therapy: Therapist and client report of their own and each other's covert processes. Journal of Counseling Psychology, 40(3), 278-287.

Hillerbrand, E., & Claiborn, C. D. (1990). Examining reasoning skill differences between expert and novice counselors. Journal of Counseling & Development, 68(6), 684-691.

Holloway, E. L., & Wolleat, P. L. (1980). Relationship of counselor conceptual level to clinical hypothesis formation. Journal of Counseling Psychology, 27(6), 539-545.

Kivlighan Jr., D. M. (1989). Changes in counselor intentions and response modes and in client reactions and session evaluation after training. Journal of Counseling Psychology, 36(4), 471-475.

Martin, C., Wynne, M. E., Susman, M., Olshefsky, L., & Birringer, J. (1994, June). Internal experiences of novice counselors: Affective functioning, cognitive style, and presenting problems. Poster session presented at the annual meeting of Society for Psychotherapy Research, Santa Fe, New Mexico.

Martin, J., Martin, W., Meyer, M., & Slemon, A. (1986). Empirical investigation of the cognitive mediational paradigm for research on counseling. Journal of Counseling



Psychology, 33(2), 115-123.

Martin, J., Martin, W., & Slemon, A. G. (1989). Cognitive-mediational modes of action-act sequences in counseling. Journal of Counseling Psychology, 36(1), 8-16.

Martin, J., Slemon, A. G., Heibert, B., Hallberg, E. T., & Cummings, A. L. (1989). Conceptualizations of novice and experienced counselors. Journal of Counseling Psychology, 36(4), 395-400.

Morran, D. K., Kurpius, D. J., & Brack, G. (1989). Empirical investigation of counselor self-talk categories. Journal of Counseling Psychology, 36(4), 505-510.

Parks, J. C. (1994). Assessing the inner experiences of experienced therapists using cued recall. Unpublished master's thesis, Loyola University Chicago.

Rezek, P. (1994). The development of novice counselors' inner experiences, counseling self-efficacy, and skills. Unpublished doctoral dissertation, Loyola University Chicago.

Skovolt, T. M., & Ronnestad, M. H. (1992). Themes in therapist and counselor development. Journal of Counseling & Development, 70(4), 509-515.

Susman, M., Wynne, M. E., Olshefsky, L., Cox, K., Birringer, J., Nofzinger, D., & Johnson, E. (1995, June). Assessing the inner experiences of novice counselors. Poster session presented at the annual meeting of International Society of Psychotherapy Research, Vancouver, Canada.

Susman, M., Wynne, M. E., Parks, J., Birringer, J., Olshefsky, L., & Cox, K. (1994, June). Assessing the inner processes of experienced and novice therapists. Poster session presented at the annual meeting of Society of Psychotherapy Research, Santa Fe, New Mexico.

Tracy, T. J., Hays, K. A., Malone, J., & Herman, B. (1988). Changes in counselor response as a function of experience. Journal of Counseling Psychology, 35(2), 119-126.

Wynne, M. E., Susman, M., Olshefsky, L., Cox, K., Stronck, K., Johnson, E. Yuen, J. C., & Ullman, S. (1995, August). Development of the inner experience coding schema. Poster session presented at the annual meeting of the American Psychological Association, New York, New York.

Wynne, M. E., Susman, M., Ries, S., Birringer, J., & Katz, L. (1994). A method for assessing therapists' recall of in-session events. Journal of Counseling Psychology, 41(1), 53-57.

## VITA

The author, Jena C. Yuen, was born in Baltimore, Maryland in 1968. In September, 1986, Ms. Yuen began her undergraduate studies at the University of Chicago. She received her Bachelor of Arts degree in Psychology in June, 1990.

After graduation from the University of Chicago, Ms. Yuen worked for four years as a case manager and crisis intervention worker for Trilogy Inc., a Chicago agency that serves adults with chronic mental illness.

Ms. Yuen began graduate studies at Loyola University Chicago in January, 1994. While attending Loyola she has continued to work part-time for Trilogy and has also worked as a practicum counselor at Family Guidance Centers. Ms. Yuen is a Master of Arts candidate for graduation in May, 1996.

THESIS APPROVAL SHEET

The thesis submitted by Jena C. Yuen has been read and approved by the following committee:

Marilyn Susman, Ph.D., Director  
Associate Professor, Counseling Psychology  
Loyola University Chicago

Martha Ellen Wynne, Ph.D.  
Associate Professor, Curriculum, Instruction,  
and Educational Psychology  
Loyola University Chicago

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the committee with reference to content and form.

The thesis is, therefore, accepted in partial fulfillment of the requirements for the degree of M.A. in Community Counseling.

3-29-96

Date



Director's Signature