

A STUDY OF THE RELATIONSHIP BETWEEN THE LEVELS OF SELF-  
AWARENESS WITHIN STUDENTS ENROLLED IN COUNSELING PRACTICUM  
AND THE MEASUREMENTS OF THEIR COUNSELING EFFECTIVENESS

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Counselor self-awareness is considered an important aspect of counseling effectiveness according to the American Counseling Association and the American Psychological Association and in numerous studies and articles within the counseling literature. With the effort to improve the effectiveness of counseling practicum students comes the need to understand the relationship between effectiveness ratings and the levels of counselor self-awareness. Gestalt Therapy literature, and the development of the Personal Orientation Inventory (Shostrom, 1963) provided the working definition of self-awareness in this study. Research and evaluation are means for improving the correlation between students' characteristics in counselor training programs and their effectiveness as perceived by faculty and doctoral supervisors. The purpose of this study was to determine the effects of practicum students' ages and their levels of self-awareness upon counseling effectiveness as measured by faculty and doctoral supervisors in a university clinic setting. Twenty-nine students who were enrolled in four practicum classes were administered the Personal Orientation Instrument. Four faculty supervisors and eight doctoral supervisors were administered the Counselor Effectiveness Rating Scale (Myrick & Kelley, 1971). The instruments were administered in the tenth week of the counseling practicum semester. Analyses of the data revealed a statistically significant

interaction between the older practicum students' levels of self-awareness and their counselor effectiveness as rated by the more experienced faculty supervisors. Further analyses of the data revealed that there was a statistically significant main effect between the practicum students' age groups and their counselor effectiveness as rated by the less experienced doctoral supervisors.

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## TABLE OF CONTENTS

|   | Page |
|---|------|
| ACKNOWLEDGMENTS.....                              | iii  |
| LIST OF TABLES .....                              | vi   |
| LIST OF ILLUSTRATIONS .....                       | vii  |
| Chapter   |      |
| 1. INTRODUCTION.....                              | 1    |
| Statement of the Problem                          |      |
| Review of the Related Literature                  |      |
| History of Self-Awareness Training                |      |
| Etiology of Gestalt Self-Awareness Training       |      |
| Targets of Self-Awareness                         |      |
| Phenomenological Method in Gestalt Therapy        |      |
| Historical Perspective of Counselor Effectiveness |      |
| Purpose of the Study                              |      |
| 2. METHODS AND PROCEDURES.....                    | 33   |
| Research Question                                 |      |
| Research Hypotheses                               |      |
| Definition of Terms                               |      |
| Participants                                      |      |
| Practicum Students                                |      |
| Faculty Practicum Instructors                     |      |
| Doctoral-Level Practicum Supervisors              |      |
| Clients   |      |
| Practicum   |      |
| Study Design                                      |      |
| Instruments                                       |      |
| Personal Orientation Inventory                    |      |
| Counselor Evaluation Rating Scale                 |      |
| Data Analysis                                     |      |
| Limitations of the Study                          |      |

|                                      |     |
|--------------------------------------|-----|
| 3. RESULTS AND DISCUSSION.....       | 64  |
| Results                              |     |
| Discussion                           |     |
| Summary                              |     |
| Implications of the Study            |     |
| Recommendations for Further Research |     |
| APPENDIX A.....                      | 97  |
| APPENDIX B.....                      | 113 |
| APPENDIX C.....                      | 115 |
| APPENDIX D.....                      | 118 |
| APPENDIX E.....                      | 120 |
| REFERENCE LIST.....                  | 125 |

## LIST OF TABLES

| Table   | Page |
|---|------|
| 1. Demographics of the Practicum Students Participating Within the Study.....   | 46   |
| 2. Self-Awareness Weighted Factor Composite (Produced by an Image Factoring<br>Extraction Method as Applied to the Personal Orientation Inventory [POI]).....   | 67   |
| 3. Faculty Supervisors' Mean Scores for Student's Effectiveness (CEFACTOT)<br>and the Students' Low (1) and High (2) Factored Self-Awareness Scores<br>(SAFAC_MS) and Their Ages (AGE-GRP 1 & 2).....                 | 69   |
| 4. Main Interaction Effect Between Faculty Supervisors' Ratings (CEFACTOT)<br>and Students' ( <i>N</i> =26) Ages (AGE_GRP_1 & 2), and the Students' Low (1) and<br>High (2) Self-Awareness Measures (SAFAC_MS) .....  | 70   |
| 5. Simple Effects- Pairwise Comparisons for Faculty Supervisors' Means Scores<br>on the CERS (CEFACTOT) and Interaction With Students Ages<br>(AGE_GRP_1 & 2) and Levels of Low and High Self-Awareness (SAFAC_MS)... | 71   |
| 6. Doctoral Supervisors' Mean Scores for Student's Effectiveness (CEDOCTOT)<br>and the Students' Low (1) and High (2) Factored Self-Awareness Scores<br>(SAFAC_MS) and Their Ages (AGE-GRP 1 & 2).....                | 73   |
| 7. Main Effect Between Doctoral Supervisors' Ratings (CEDOCTOT) and Students'<br>( <i>N</i> =26) Ages (AGE_GRP_1 & 2), and the Students' Low (1) and High (2) Self-<br>Awareness Measures (SAFAC_MS).....             | 74   |



## LIST OF ILLUSTRATIONS

| Figure  | Page |
|---|------|
| 1. Main interaction effect between the faculty supervisors' ratings of students' effectiveness and the students' age groups and their levels of low/high self-awareness .....   | 72   |
| 2. Main interaction effect between the doctoral supervisors' ratings of students' effectiveness and the students' age groups, and their levels of low/high self-Awareness ..... | 75   |

## CHAPTER 1

### INTRODUCTION

Counselor educators historically have considered counselor self-awareness to be an important aspect of counseling effectiveness (American Personnel and Guidance Association, 1965; American Psychological Association, 1954; Bernard, 1989; Blackburn, 1979; Drapela, 1983; Eppinger, 1996; Kagan, 1980; Krumboltz, 1966; Locke, 1993; Ohlsen, 1970; Truax & Carkhuff, 1967). The American Counseling Association's (ACA, 2000) code of ethics referred to awareness several times, including the following

(a) Counselors are aware of the intimacy and responsibilities inherent in the counseling relationship. b) Counselors are aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on clients and (c) Counselors are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of clients.

Carl Rogers (1978) viewed awareness in operational terms and described it in the following passage:

There is a formative directional tendency in the universe, which can be traced and observed in stellar space, in crystals, in microorganisms, in organic life, in human beings. This is an evolutionary tendency toward greater order, greater interrelatedness, and greater complexity. In humankind, it extends from a single

cell origin to complex organic functioning, to *an awareness* [italics mine] and a sensing below the levels of consciousness, to a conscious awareness of the organism and the external world to a transcendent awareness of the cosmic system including people. (p.26)

Locke (1993) developed The Multiple Awareness Continuum (1986) and determined that self-awareness is the first level that counselors must pass through and that it is a necessary condition before they begin the process of understanding others. With both intrapersonal and interpersonal dimensions, the projections of beliefs, attitudes, opinions, and values influence perceptions, and the examination of their own thoughts and feelings provide the counselor a better understanding of the cultural “baggage” they bring to the situation.

Freud believed that the client “borrows strength from” the therapist (as cited in Badalamenti, 1984, p. 127). The client might perceive the counselor’s strength as actualizations (self-awareness) in the therapist. A self-aware counselor can model for a client the developmental processes that produce an ongoing creation of the means for passage from the potentiality to the actuality of one’s own necessary personal capacities.

Awareness of self, others, and the outside world are considered keys to psychological survival (Cangemi & Martray, 1975). From the counselor’s perspective, the advantage of self-awareness is that the first and most subtle cue to some state in the client---anxiety, hostility, sexiness ---is awareness of some similar or complementary state in oneself (Enright, 1972). Hoyt (1996), and Perls (1973) suggested that it is essential for therapists to be authentic and credible, because they cannot teach what they

do not know. Adding to this argument, Drapela (1983) wrote,

members of the counseling professions know that their principal therapeutic tool is their own personality. To be effective, they have to serve as role models for the people whom they assist in their growth process. They need to be authentic human beings with well-integrated therapeutic personalities with caring attitudes. (p.33)

Included in the list that Drapela considered implicit in helping others were the qualities of self-acceptance, self-awareness, and actualizing behavior. Dinkmeyer and Carlson identified similar qualities when describing the attributes of the helping professionals, whom they called ““facilitators of human potential”” (as cited in Norman, 1986, p.2).

Self-understanding is a necessary condition before one begins the process of understanding others (Locke, 1993). Villas-Boas Bowen stated that, it is only with self-awareness and then self-acceptance that the counselor trainee can genuinely be empathic, acceptant, and congruent with clients (Eppinger, 1996).

The research base for making inferences regarding the importance of counselor self-awareness and its assumed relationship with counselor effectiveness is aging. There is comparatively less published literature now than during the 1960s through 1970s, and that appears to reflect a diminished interest in the correlation between counselor self-awareness and counselor effectiveness. The decreased emphasis on counselor self-awareness has resulted from the dual processes of assimilation and dilution of the principles for practicing self-awareness that were originally contained in the early Gestalt Therapy literature into more diffuse principles and practices of other subsequently

developing/ evolving psychotherapies. The Gestalt school of thought has been dispersed throughout various current scientific schools (Sokal, 1984). Current psychological disciplines have incorporated many of the ideas regarding self-awareness from Gestalt Therapy. Some Gestalt Therapy self-awareness principles have been seen as more theoretical and abstract constructs and as less practical, operational procedures for developing applied self-awareness (Miller, 1992). Also, a confounding effect has been created by the expanding breadth of research, the specialized definitions, and multifarious opinions on the topic of self-awareness emerging from leading scientists working in a wide range of studies outside the field of counseling (Ferrari & Sternberg, 1998). Fagan and Shepherd (1970) pointed out three other main reasons for the scarcity of published material regarding the practice of counselor self-awareness within Gestalt Therapy literature:

1. F. S. Perls, the founder of Gestalt Therapy, showed little interest in creating a “school” of therapy as such.
2. With an emphasis on the here-and-now, and the avoidance of “aboutisms”, most Gestalt therapists tend to be doers rather than sayers.
3. Much importance is attached to tone of voice, posture, gestures, and the like; transcribing Gestalt therapy into type becomes very difficult and loses much of the meaning and immediacy. (p. 38)

Previously conducted studies in the counselor education literature have explored the relationships between the multifarious constructs of self-awareness and the interactions with counselor-client relationships, counseling effectiveness, and other

counseling dynamics. These studies have explored how counselors' own self-awareness of their personal culturally based prejudices, assumptions, and biases may impede their work with culturally diverse clients (Brown, Parham, & Yonker, 1996; Henriksen & Watts, 1999). Investigating the relationship between self awareness and multicultural counseling, Williams (2001) suggested that the majority of the numerous definitions of multiculturalism in counseling literature tend to cite counselor self-awareness as a major component of multicultural competence. Kanitz (1998) studied ways to better understand White counseling trainees' experience of exploring cognitions and feelings regarding racial, ethnic, and/or cultural phenomena through writing and found that personal writing for enhanced cognitive and affective organization and increased self-awareness is a helpful tool in overcoming deficiencies in training and service for racio-ethnic minority groups.

Mickey (1999) concentrated on creating an exploratory manual for school counselors that begins with a background of experiential learning theories and practices and then traces creative modalities in some of the performance arts, language arts, and visual arts from a theoretical perspective. The creative techniques that are identified transcend the reliance upon exclusive verbal interventions and allow for freedom of expression, empowering students in decision-making, appropriate behavior, and self-awareness. These benefits are valuable for school counselors, college students, and counselor educators who work indirectly with the vast majority of regular high school students in guiding their developmental growth. Sudarsky-Gleiser (1996) found that using metaphor in counseling led to (a) a deeper connection with clients, (b) a sense of

excitement with this type of work, and/or (c) their own personal growth. She reported a set of moderating variables that influence the effective delivery of therapeutic metaphors, including among other things the counselor-based variables (i.e., openness, patience, and self-awareness).

Richardson and Molinaro (1996), Irvin and Pedersen (1995), and Arnold (1993) researched typologies of counselors that addressed the dimensions of self-awareness related to distress, impairment, and engagement in self-care activities (Carroll, Gilroy, & Murra, 1999). While examining the health locus of control in beginning counselors and their current perceptions of external and internal coping devices, Minger (2000) outlined traditional counselor training that incorporates a process of didactic and experiential learning. Counseling students have the opportunity to develop principles of self-learning and self-awareness leading them to counseling self-effectiveness, and through this self-development, students may make choices pertaining to their health. In addition to considering their counseling effectiveness, counselors have an ethical responsibility to do no harm to clients, and to do no harm it is important for counselors to sustain their own well-being. Some current recommendations for counselor well-being include self-awareness, counseling, supervision, continuing education, maintaining personal relationships, and spiritual wellness (Bockrath, 1999). Professional ethics and self-awareness (Coll, 1993) were studied, along with games and simulation activities (Westwood, 1994).

Counselor preparation for working effectively with senior adult clients in the computer age was researched by Durodoye and Ennis in 1998. Counselor self-awareness

as important in competency self-determination was also studied. Davis (1998), using a two-round Delphi study to obtain a consensus on how counseling licensing board members believe that competency issue should be decided, found that counselor self-awareness accounted for 25% of the items rated as important in competency self-determination; and interestingly, this is an area that is generally not tested in any way.

Research methodology training (Barak, 1998; Gupta, 1998) and the effectiveness of a self-awareness group approach (Albrecht, 1995; Donigian, 1993; O'Leary, Crowley, & Keane, 1994; Young, 1994) were studied. Reviewing the results of participation in the Getz-Roanoke County Peer Group Clinical Supervision Program (G-PGCS), designed and implemented for K-6 grade school counselors, Agnew (1998/1999) reported that the K-5 counselors interviewed reported gains in counseling skills, positive professional changes, and personal growth. The counselors found the strengths of a peer group clinical supervision process to be increased peer support and self-awareness, learning new counseling techniques and skills, supervision feedback, and a greater sense of professionalism. Page (1996) researched the relationship in a peer group supervision process between corrective feedback and promoting personal growth by helping counselor trainees become aware of unknown aspects of themselves and characteristic patterns of relating to others. She reported that trainees appear hesitant to give corrective feedback and may be hampered by low self-efficacy.

Berg and Landreth (1998) encouraged the development of interpersonal awareness through the group counseling relationship. Besides providing opportunities to identify with others and to develop understanding of their own difficulties by observing



the behaviors of others, individuals within groups who begin to feel safe, understood, and accepted will attempt contact at greater feeling-oriented levels and will try out new behaviors.

Other studies included training counselors in self-awareness and cognitive skills (Morran, Kurpius, Brack, & Brack, 1995). Martin (1995), in a study of the inner experiences of novice counselors, demonstrated that 75% of the largest categories of inner experiences used by the counselors were therapist self-awareness, therapist awareness of the client, therapist tangential focus on self, and the evaluation of the client. These results support a developmental description of counselors in which the first level is characterized by extreme self-focus and minimal insight concerning the client's issues. Concurrently, Smith (1998), while reporting results from a qualitative study, indicated that the participants (rape crisis counselors among women who have been sexually assaulted) benefited from insights into the internal dialogue (thinking) of counselors during a counseling session. This insight provided participants the specific benefits that included the opportunity to share knowledge about the process of recovery from and integration of the sexual assault experience, and increased self-awareness of counseling skills.

Kiernan (1996) focused on increasing self-awareness in professionals of their own cognitive processing and learning styles. When working with adults with learning disabilities, and in developing psychosocial models of treatment, an increased awareness of self-perceptions and experiences regarding learning disabilities held by professional counselor educators, counseling psychologists, and professional counselors may

encourage a counseling paradigm that might prove more successful in generating client self-awareness and self-esteem, two necessary factors leading to empowerment.

Previously reported methods and procedures used for the study of counselor self-awareness include the use of introductory courses in counseling psychology training (Gupta, 1998), along with interview transcripts (Kanitz, 1998), different components of a research methodology education (Barak, 1998), and a cross-cultural training course (Brown et al., 1996). Subjects in various studies have included counseling psychology students, counseling licensing board members (Davis, 1998), senior adult clients (Durodoye & Ennis, 1998), and counselor education trainees. Additionally, studies that have investigated the relationship between self-awareness and counselor effectiveness have used confidential audio taped interviews and follow-up interviews of the counselor and no clients (Smith, 1998). The instruments and measures used in previously conducted studies include Myers' theory of measurement of psychological type (Bayne, 1997), an application of coding guidelines to uncover a descriptive model of counselors' experiences (Sudarsky-Gleiser, 1996), the Supervisee Levels Questionnaire-Revised (SLQ-R), a counselor self-report (Eppinger, 1996), and counselors' self-reports of applied awareness combined with clients' satisfaction ratings of counselor effectiveness (Gump, 1974). More recently, Eppinger (1996) and Joy (1991/1992) studied the effects of self-awareness upon counseling effectiveness.

#### Statement of the Problem

The construct of counselor self-awareness has historically been considered important within the counselor education literature, along with studies conducted in other

areas of mental health practices (American Personnel and Guidance Association, 1964; American Psychological Association, 1954; Bernard, 1989; Blackburn, 1979; Eppinger, 1996; Kagan, 1980; Krumboltz, 1966; Ohlsen, 1970; Truax & Carkhuff, 1967). Recently, other personal aspects of the counselor including the need for increased cognitive complexity have been emphasized instead of the need for counselor self-awareness (Sexton, Schofield, & Whiston, 1997). Additionally, there is increased emphasis in the counseling literature for counseling within decreased periods, that is, brief therapy models. When considering the need for counselors to provide their clients with models for developing adaptive skills and strategies that can be used in dealing with increasingly more complex personal and environmental demands, the current values and relationships between counselor self-awareness and counseling effectiveness need further definition. In this study, that includes the examination of Gestalt Therapy's principles and methods for the development of self-awareness and the application of these principles within a counseling setting. Sexton, et al. (1997) stated that, although many studies have been conducted that show the necessity for developing counselor effectiveness, the exact skills and nature of what makes a counselor effective are yet to be determined. Exploring the implied relationship between counselor self-awareness and counseling effectiveness may contribute to the existing research and might contribute to thoughts regarding the feasibility of self-awareness training for students in a counseling practicum.

## Review of the Related Literature

### *History of Self-Awareness Training*

Although self-awareness in the therapist is considered important, and since many

psychotherapists spend time attempting to promote self-awareness in their patients, it is surprising that so little formal promotion of self-awareness in therapists takes place (Blackburn, 1979; Chen, 1998; Salmon, 1972; Shub, 1994). Moore (1987) stated that no formal model has been advanced to develop this portion of clinical training, and very little subsequent published research addresses the development of counselor self-awareness. A large amount of the published literature regarding self-awareness and self-awareness training originates within the Gestalt Therapy tradition and is clustered around the late 1960s and early 1970s publication dates. The Personal Orientation Inventory, used as a measure of counselors' self-awareness, and as an independent variable in this study, was developed with the principles of Gestalt Therapy included. Shostrom (1963), while describing the POI scales, pointed out, "These items also were agreed to be related to the research and theoretical formulations of many writers in Humanistic, Existential, or Gestalt Therapy" (p.23). The construct of self-awareness defined in the Gestalt Therapy literature and by its founder, Fredrick S. Perls, is considered in this study. Additionally, the meaning of self-awareness is considered, along with the Gestalt phenomenological method.

#### *Etiology of Gestalt Self-Awareness Training*

The existing literature supports reading awareness, in the manner or style of Perls, as "a-wari-ness," derived from the Middle English *gewaer* < *waer*, meaning "cautious" (Guralnik, & Friend, 1966). This cautiousness is directed toward the characterological "as if" attitudes, that requires living up to a concept or a fantasy that others or we have created (Perls, 1970). Yontef (1979) wrote

The organismically self-regulating person picks and chooses for himself what part of each thing he encounters to take in and what to reject. He takes in what is nourishing to him and rejects what is toxic to him, using awareness to discriminate and his aggression: to destroy or destruct the foreign, novel stimuli (lit. “de-structure”), integrate the nourishing parts into the self (assimilation), and reject or excrete the unusable. (p. 29)

Perls (1992) identified three layers, or three zones of awareness: (a) awareness of the *self* (self-awareness), (b) awareness of the *world*, and (c) awareness of *what is between*—the intermediate zone (Dead-Man Zone, DMZ). This zone of fantasy prevents a person from being in touch with either himself or herself or the world. Perls termed this fantasy zone as Freud’s greatest discovery—that there is something (a complex) between you and the world. This fantasy activity takes up so much of an individual’s excitement, energy, and life force that Perls insisted upon a constant vigil or cautiousness for this “trance-like state” (p. 70). Perls (1969) spoke of the catastrophic expectations that individuals conjure up and that keep them psychologically stuck:

‘If I express my pain fully, people will be embarrassed, and they won't have anything to do with me’; ‘If I were to express my anger to the significant people in my life, they would abandon me’; ‘If I ever allowed myself to mourn over my losses, I might sink so deep into depression that I'd never get out of that hole.’ (p. 121)

These fantasies keep persons from living fully, because they use them to avoid taking the necessary risks that growth demands. The aim of Gestalt self-awareness

training is to restore the loss of contact with the authentic self and the loss of contact with the world due to this intermediate zone. Perls, Hefferline, and Goodman (1951) described the process of experiencing self-awareness in contrast to the act of introspection.

The spontaneous sensing of what arises in you—of what you are doing, feeling, planning; introspection, in contrast, is a deliberate turning of attention to these activities in an evaluating, correcting, controlling, interfering way, which often, by the very attention paid to them, modifies or prevents their appearance in awareness (p.224).

By “losing more and more of our minds (DMZ zone) and coming more to our senses (the lived-in-world)”, individuals become in touch with their shared world, and themselves instead of only being in touch with their fantasies, prejudices, and apprehensions. The first step in the self-awareness training is to recognize that these internal perceptual processes are occurring within both the counselor and the client. The mechanism for creating and training this “a-wari-ness” function, for Perls, was the phenomenological method that is discussed later.

Perls was devoted to discovering the ways that people strangled their spontaneity, stifled security and hid their sense of integrated wholeness that is inherent at the core of all human beings. “In other words, the constitution with which we are born—our inheritance—is despised (Perls, 1970, p. 20). Foulds (1972) described this action as people creating voids or holes in their personalities, maintained by several self-manipulative techniques that blot out awareness of experience. He identified the following avoidance techniques:

1. *Repression* describes the process of blotting out experience, holding back excitement due to the experiencing of feelings, by developing muscular opposition to this energy system and engaging in self-hypnosis. . . . Thus repression is seen as a motor process . . . which is used to avoid awareness of and responsibility for unacceptable thoughts and feelings.

2. *Projection* is the alienation of experiencing by attributing disowned aspects of oneself to other persons. ‘This permits me to maintain the fantasy of how I imagine I am, and I can point my finger at the other and tell him how unacceptable he is’.

3. *Desensitization* is the manipulation of the sensory system to avoid awareness of inner experiencing. “When I desensitize myself, I don't see (or I see only what I want to see), I don't hear (or I hear only what I want to hear), I don't feel, taste, etc.” (p. 50)

People use avoidance to keep themselves from facing unfinished business and from experiencing the uncomfortable emotions associated with unfinished situations (Corey, 1996). Yontef (1993a), Polster and Polster (1973), Enright (1972), Perls (1947, 1992). Perls et al. (1951) discussed these and other common avoidance techniques.

Perls wanted to explore how people limited and interrupted themselves and to bring these neurotic behaviors into their present awareness and therefore provide an opportunity for an assimilation of the available resources and henceforth a completion (completeness) of their neediness. Neurotics have lost the ability (or perhaps he never developed it) to organize their behavior in accordance with a necessary hierarchy of

needs. They literally cannot concentrate. In therapy, they have to learn how to distinguish the myriad of needs from one another and how to attend to them, one at a time. They must learn to discover and identify themselves with their needs, they must learn how, at every moment, to become totally involved in what they are doing: how to stay with a situation long enough to close the gestalt and move on to other business. “ Organization plus environment equals field” (Perls, 1973, p. 18).

Perls wanted to shift the concern of psychiatry from “the fetish of the unknown, from the adoration of the “unconscious” (Perls et al., 1951, p. xv) to the consideration of what factors support awareness and how the faculties that operate successfully in awareness lose this property. He viewed instincts (biological needs), psychological needs, and social needs as factors that direct the organism’s perception so that the personality could find fulfillment of these needs in the environment. “Gestalt therapy is based on the notion that individuals have a striving toward actualization and growth and that if they accept all aspects of themselves without judging these dimensions, they can begin to think, feel, and act differently” (Corey, 1996, p.227). Through this gestalt process, human beings regulate themselves in orderly and meaningful ways. Yontef (1979) stated, “This self-regulation depends on two inter-related processes: sensory awareness and the use of aggression (NB: in GT aggression is a force, life energy, without positive or negative moral overtones)” (p. 28). Successful fulfillment of these needs leads the personality toward maturity, developmental growth.

The four characteristics of self-awareness that contribute to self-regulation include contact, sensing, excitement, and gestalt formations. Perls et al. (1951) described



these characteristics:

1. Contact as such is possible without awareness, but for self-awareness, contact is indispensable. The crucial question is: with what is one in contact? The spectator of a modern painting may believe that he is in contact with the picture while he is actually in contact with the art critic of his favorite journal.
2. Sensing determines the nature of awareness, whether distant (e.g., acoustic), close (e.g., tactile) or within the skin (proprioceptive). In the last term is included the sensing of one's dreams and thoughts.
3. Excitement seems to be linguistically a good term. It covers the physiological excitation as well as the undifferentiated emotions. It includes the Freudian cathexis notion, Bergson's elan vital, the psychological manifestations of the metabolism from Mongolism to Basedow, and it gives us the basis for a simple theory of anxiety.
4. Gestalt formation always accompanies awareness. We do not see three isolated points; we make a triangle out of them. The formation of complete and comprehensive gestalten is the condition of mental health and growth. Only the completed gestalt can be organized as an automatically functioning unit (reflex) in the total organism. Any incomplete gestalt represents an "unfinished situation" that clamors for attention and interferes with the novel, vital gestalt. Instead of growth and development, we then find stagnation and regression. (p. xv)

Atwood (1986) proposed specific factors of influence on self-awareness that

deserve empirical investigation. These include (a) self-esteem, an individual's judgment of his/her personal worth; (b) self-schemata, generalizations about oneself, arising from past experiences, which guide how new information related to the self is dealt with; (c) dogmatism/acceptance, the degree of rigidity or flexibility one has in approaching people or ideas and the range of possibilities one is able to consider with any single idea; (d) ego involvement, the strength of feeling on any particular issue; (e) perception, the frame of reference from which the world is viewed; (f) selectivity, which stimuli are chosen by an individual to be the focus of attention; and (h) listening, encompassing hearing, understanding and remembering.

#### *Targets of Self-Awareness*

Perls, along with others, used the “peeling of an onion” metaphor to describe the unfolding of adult personality. He identified five layers of neurosis that individuals must strip off in order to achieve psychological maturity. These superimposed growth disorders are the following:

1. The phony layer consists of reacting to others in stereotypical and inauthentic ways. This is the level where individuals play games and get lost in roles. By behaving as if they were persons that they are not, they are trying to live up to a fantasy that others or they have created. Once they become aware of the phoniness of game playing and become more honest, we experience unpleasantness and pain.

2. The phobic layer is where individuals attempt to avoid the emotional pain that is associated with seeing aspect of themselves that they would prefer to deny. At this point their resistances to accepting themselves the way they actually are surface. They

have catastrophic fears that if they recognize who they really are and present that side of themselves to others, they will surely be rejected.

3. The impasse layer is where persons are stuck in their own maturation. This is the point at which they are sure that they will not be able to survive, because they convince themselves that they do not have the resources within themselves to move beyond the stuck point without environmental support. Typically, this is the time when they attempt to manipulate the environment to do their seeing, hearing, feeling, thinking, and deciding for them. At the impasse they often feel a sense of deadness and feel that they are nothing. If they hope to feel alive, it is essential that they get through the impasse.

4. The implosive layer is where, if persons allow themselves to fully experience their deadness, their inauthentic ways, and they expose their defenses rather than denying them or running away, (it is necessary to go through this implosive layer in order to get to the authentic self), they begin to make contact with the genuine self. Adler (1975) described this layer as one of five steps in the transitional experience (TE) (i.e., the active movement toward high self-awareness), wherein, through a series of intense situations, the individual perceives and experiences other people in a distinctively new manner. Self-awareness is potentiated when the individual, in these situations, is confronted with the task of coping with the experiential validity of the notion that his/her behavior arises out of a complex of motivations and intentions that stem primarily from his/her own cultural vocabulary.

5. The explosive layer is where persons let go of phony roles and pretenses, and

they release a tremendous amount of energy that they have been holding in by pretending to be who they are not. To become alive and authentic, it is necessary to achieve this explosion, which can be an explosion into orgasmic joy, grief, anger, and happiness (Corey, 1996; Enright, 1970; Perls, 1947, 1970, 1973, 1992; Perls et al., 1951; Shub, 1994; Yontef, 1979, 1993a).

These layers of neurosis are maintained by processes that result from the thwarting of organismic responses to personal and environmental needs. The rhythm of contacting with and withdrawing from boundaries between the individual and the environment is interrupted. Impaired individuals are not able to change their techniques for interacting and manipulating resources in the fulfillment of differing needs (Corey, 1996; Enright, 1970; Gilliland & James, 1998; Perls, 1947, 1970, 1973, 1992; Perls et al., 1951; Polster and Polster, 1973; Shub, 1994; Yontef, 1979, 1993a).

Perls (1973,1992) identified the following five major boundary disturbances that lead to neurosis: introjection, projection, retroflexion, deflection, and confluence:

1. *Introjection* represents the unhealthy unequivocal acceptance of ideas, thoughts, and beliefs that originate external to a person's own perception. Introjectors have difficulty knowing what they believe and what they do not believe. Perls viewed the healthy version of this process as being analogous to the biological digestive process of eating, digesting, and assimilating nourishment so that the body will grow. Like accepting food, individuals also accept, digest, and assimilate concepts, facts, ethics, and standards from the environment. People grow and change when these learnings become a part of them; however, if swallowed whole, without digestion and assimilation, they

become foreign bodies within the individual, who then feels phony, superficial, and distant from others. If enough of these concepts and ideas that are not owned by the person are swallowed intact, the person cannot develop a unique personality. In therapy, clients who introject are often compliant, swallow what the therapist says without assimilating it, and become dependent. They willingly do everything the therapist asks but never quite seem to succeed at the task-at-hand.

2. *Projection* is the inability, or choice, not to accept one's own feelings and thus to place them on others to make someone or something in the environment responsible for what originates in oneself. Unlike healthy persons, who choose to own the assumptions and hunches they make about the world, persons who project does not. Often using third-person pronouns, that is, they, them, he, she, you, and it, such individuals are always looking outside themselves for the causes of their problems. Paranoia is a by-product of extreme projection, a sense of being known by someone as only you can know yourself. For example, a man may feel out of control when a woman appears to him to be acting uncontrollably sexy, when in reality he cannot accept his own feelings of sexuality. The result is a split between the individual's actual characteristics and his or her awareness of them. The projectors do not experience agency-- ownership of their feelings and attitudes—or the 'I' of Gestalt Therapy.

3. *Retroflection* is one's own experiencing of their intentions that are meant for someone else to experience—doing unto oneself what one wants to do to others. A person who retroflects redirects behavior inward and substitutes the self for the environment as a target for the behavior. For instance, the retroflector turns anger inward

rather than expressing it toward others. This behavior creates stress and a rigid and blocked personality. Energy once available for spontaneous behavior and growth is now used to block the release of the retroflected feelings. Retroreflection in the extreme is the depressed client who turns his or her rage at the world inward and decides to commit suicide as a way of dealing with his or her repressed feelings of anger and rage. Persons who retroreflect can also be doing things for themselves that they would want others to do for them.

4. *Deflection* is a distracting mechanism that allows one to avoid maintaining sustained contact with the environment. Rather than to experiencing their emotions, people who deflect rely on inappropriate humor, abstract generalizations, and asking questions. Deflection reduces the amount of felt emotions while relying on soc and talking about things rather than to people. Remaining abstract and in a third-person perspective, the deflector never stops talking so to avoid experiencing interaction. To avoid the intimacy of immediate relationships, a deflector speaks of the there-and-then rather than the here-and-now and avoids physical contact. From a diagnostic standpoint, the deflector is passive-aggressive. Deflectors wittingly avoid responsibility for their own experiences by appearing to be powerless to prevent the perception of them that others may have, and they are adroit in camouflaging the manipulation of the shared experience thus making it difficult to interact therapeutically.

5. *Confluence* is the absence of a boundary, a blurring of the differentiation between self and the environment. There is no clear demarcation between internal experience and outer reality, much like an infant at birth or an adult in a moment of

ecstasy. Unhealthy confluence occurs when people lose sight of the boundaries between themselves and others and thus cannot make good contact; nor can they withdraw.

Controlling the degrees of differences between self and others is a less extreme form of confluence that usually appears in the form of inflexibility, rigidity, and intolerance, yet it may also involve an absence of conflicts or a belief that all parties experience the same feelings and thoughts. It is a style of contact characteristic of clients who have a high need to be approved of, accepted, and liked. The enmeshed parent and child is an example of this type of confluent behavior. Without boundaries, the adult lives his or her unrealized dreams vicariously through the child, who must think, feel, and behave as the parent demands. “At a more lethal level, the spurned lover who becomes a stalker, the jealous spouse who becomes a batterer, and the borderline personality disorder who blatantly disregards socially sanctioned boundaries are all individuals with confluence issues” (Gilliland and James, 1998, p. 141). By going along with others, and not expressing a personal point of view, the confluent individual obfuscates their identity and makes connecting with them difficult and superficial.

Upon encountering a client’s neuroses and the accompanying defensiveness (that result from a lack of individual awareness), the Gestalt therapist practices a here-and-now orientation, applying self-awareness principles and assigning responsibility. The therapist is wary of polarities (vs. dialectics) i.e., “top dog/underdog” personality splits, environmental contact/withdrawal mechanisms, and figure/ground distortions, while paying close attention to the construct of unfinished business. “When the patient walks into the consulting room, for the first time or the twentieth, he brings with him all the

unfinished business of the past” (Perls, 1973, p. 102). All of these therapeutic tasks are accomplished through utilizing the phenomenological method.

### *Phenomenological Method in Gestalt Therapy*

The term *phenomenon* in its original phenomenological sense derives from the Greek word *phainesthai* meaning “to show itself,” “to manifest itself,” “to shine forth from itself,” “to present itself from itself” (Seifert, 1987). Gestalt therapy emphasizes the experiential, existential activities of people (rather than categorical essences or natures) as they present themselves in their expressiveness from themselves, which are here called phenomena. It is the aware, immediate, and undistorted *being as it is* not obscured by phony appearances and by misleading ego defenses; it is the client’s “*being*” itself that the Gestalt therapist seeks.

Wertheimer (as cited in Yontef, 1993b,) believed that, a Gestalt exploration respects, uses, and clarifies immediate, “naïve” perception “undebauched by learning”. Yontef continued,

Gestalt Therapy treats what is ‘subjectively’ felt in the present, as well as what is ‘objectively’ observed, as real and important data. This contrasts with approaches that treat what the patient experiences as ‘mere appearances’ and uses interpretation to find ‘real meaning’ p.12.

Idhe (as cited in Duck & Condra, 1990) viewed phenomenology being a helpful discipline that allows people to stand at a distance from their usual way of thinking, and to determine the differences that exist between what is actually being perceived and felt in the current situation and what is residue from the past. “People perceive the world and



impose their own perspectives on it from the standpoint of their own system for construing experience” (p. 187). Perls (1973) believed that the phenomenological basis of Gestalt Therapy resulted from working on the awareness of the ongoing process. “If you live in the present, you use whatever is available” (p. 126). Gestalt Therapy therefore has created a therapy based on an operational phenomenological-existential methodology: existential because Gestalt Therapy focuses on the “here” and “now,” and phenomenological because the focus is on the “what” and “how.”

Phenomenology is a search for understanding based on what is obvious or revealed by the situation rather than the interpretation of the observer.

Phenomenologists refer to this as “given.” Phenomenology works by entering into the situation experientially and allowing sensory Awareness to discover what is obvious/given. This necessitates discipline; especially sensing what is present, what IS, excluding no data in advance. (Yontef, 1979, p. 31)

Zahavi and Parnas (1999) advocated that a strict and technical application of continental phenomenology could make significant contributions to a study of consciousness. The approach to experience that is found in the methodology of continental phenomenology provides a more sophisticated and accurate model of conscious experience than do the models currently in vogue in cognitive sciences, namely the higher-order representation theories. A phenomenological analysis of the nature of self-awareness can provide a more sophisticated and accurate model for understanding phenomenal consciousness and the notion of self.

### *Historical Perspective of Counselor Effectiveness*

The counselor is probably the most studied "object" in the counseling and psychology research history. Much of that effort has been guided by a desire to understand how to train successful and effective counselors. From all these efforts, no one has yet discovered the prototypic effective counselor (Sexton, 1999, p. 7).

Blackburn (1978) reported that the relationship between counselor personal qualities and counseling effectiveness has been a popular area of research and speculation. "The amount of research done in the area is voluminous (Bishop, 1973; Brams, 1961; Cohen, 1975; Demos s Zuwaylif, 1966; Dymond, 1950; Friedman, Antenen, & Lister, 1967; Heikkenen s Wenger, 1973; Jackson & Thompson, 1971; Shelton, 1973; Vaisi, 1975)" (p. 17).

Ray and Altekruise (2000) in a study involving supervision identified variables that are considered necessary for counselor effectiveness that included expertness, attractiveness, and trustworthiness. Foulds (1969) wrote that

The therapeutic relevance of the counselor-offered conditions or attitudinal qualities of empathic understanding, respect, or positive regard, and facilitative genuineness has been verified by a substantial amount of research evidence (Carkhuff & Berenson, 1967; Rogers, Gendlin, Kiesler, & Truax; Truax & Carkhuff).

Blackburn (1978) outlined the literature that supported the importance of counselor self-awareness and stressed the negative impact of counselor distortion of feeling upon counseling outcome. She reported that Bakan's (1956) study, along with

studies by Munson (1960) and Katz (1963), focused on the relationship between counselor personal qualities and counseling effectiveness. And, while Johnson, Shertzer, Linden, and Stone (1967) and Schoenberg (1971) suggested exploring qualities that relate to counselor interpersonal skills, Linden, Shertzer, and Stone (1965) focused on distinguishing differences in the intensity of given characteristics rather than on the presence or absence of given characteristics within the effective and ineffective individual counselor. Blackburn reported that King (1975) felt that research pertaining to the counselor's more human qualities shows greater potential and that Allen (1967) suggested a shift to a higher order variable involving the ability to understand feelings without distortion and “awareness of one's own feelings.”

Describing counselor effectiveness from a Gestalt Therapy perspective, Yontef (1993b), while referencing Levitsky and Simkin, identified “authenticity” as a measure of effectiveness. He noted that therapists cannot teach what they do not know and that therapists end up communicating to patients their own fears, courage, defensiveness, openness, confusion, and clarity. In becoming self-aware and accepting that their own blind spots and limited vision hinder the therapeutic process, therapists can provide a highly persuasive demonstration of their own authenticity. The acquisition of authenticity is not completed overnight; actually, it happens throughout one's entire life, being learned and relearned.

The more self-aware a counselor is of personality issues affecting their ability to relate to others, along with an understanding of themselves and how they are able to effectively use their personalities and the therapeutic skills learned, the greater

the counselor's ability to incorporate those factors for further development as they grow as counselors. The counselor trainee's knowledge of their own personality attributes not only affects their relationship with clients but also their choice of therapeutic techniques and theoretical orientation. (Eppinger, 1996)

Eppinger (1996) reported that Gump (1974) studied the effect of counselor self-reported use of self-awareness in the counseling situation on counselor effectiveness. Gump found that the clients rated those counselors who rated themselves as using self-awareness in their work as less effective than those counselors who rated themselves as not using self-awareness in their work. Gump had explained his negative findings of self-awareness as (a) either the counselor not performing to the client's expectations and/or (b) those that did not use self-awareness were more directive with their clients, meeting the dependency needs of the clients by telling them what to do. Eppinger concluded "it is certainly possible that self-awareness was not found to be effective in the counseling process because Gump was not measuring self-awareness but rather self-disclosure in counseling" (p.23).

More recently, regarding counselor self-awareness, Price, Omizo, and Hammett (1986) recommended that those who counsel or intend to counsel homosexual clients with AIDS become familiar with the diversity of the subgroups in this population, understand the needs of these subgroups, and have an awareness of their own homophobic reactions.

Nelson, Herlihy, and Oescher (2002), while studying the attitudes of counselors toward sex offenders, determined that in addition to skills and knowledge, counselor

attitudes affect the quality of service delivery and care levels, staff selection, choice of intervention, and quality of the counseling relationship. They emphasized previous studies by Rudisill (1997) and Scaletta (1995) wherein the Rogerian attributes of genuineness, accurate empathic understanding, and unconditional positive regard were identified as core counseling conditions important in the effective treatment of sex offenders. The personal and non-intellective qualities of the counselor were considered basic to effective functioning in the counselor role (Rogers, 1962; Truax & Carkhuff, 1967).

Blackburn (1979) reported, however, that Mosher, as early as 1967, proposed changing the emphases in counseling effectiveness research to what the counselor can perform rather than what she/he is. She emphasized the beliefs of Cottle (1973) and Polmantier (1966), who had suggested that ““traits of effective counselors vary so widely that choosing which individual traits were of prime importance would be extremely difficult.”” (p.20) Sprinthall, Whiteley, and Mosher (1966) called for the development of rating scales, which identify counselor behaviors of importance to the counseling process.

Ray (1999) reported that Myrick and Kelly (1971) had suggested using an objective rating evaluation scale that would fulfill the need to avoid the negatively perceived subjective dynamics of transference and dependency in the counseling relationship that affect perceptual ratings. Whiteley (1969) called further investigation of specific counselor qualities ““fruitless”” (as cited in Blackburn, 1978, p. 20).

Rowe, Murphy, and DeCsiptes (1975) in hopes of creating research that is more productive and clarity within the field of counselor effectiveness, argued that further

research on the subjective traits of the counselor should involve delineation of the “behaviors, skills or interactions”(as cited in Blackburn, 1979, p. 21) that affect counseling outcome. They suggested the reassessment of theoretical assumptions and measurement procedures associated with research.

Sexton et al. (1997) disputed the value of the therapist’s self-awareness and authenticity, questioning the accuracy of the old adage, “counselor know thyself”. Stating a lack of supporting research evidence, they suggested that a counselor’s effectiveness does not improve because of personal therapy, increased self- awareness, or self- knowledge. Yontef (1993b) (Anticipating the criticism of Gestalt Therapy’s lack of emphasis on empirical validation of effectiveness) wrote that

Gestalt therapists are singularly unimpressed with formal psychodiagnostic evaluation and nomothetic research methodology. No statistical approach can tell the individual patient or therapist what works for him or her. What is shown to work for most does not always work for a particular individual. (p. 35)

What do seem to be important counselor contributions to effective counseling are a level of skillfulness (defined as competence rather than experience), cognitive complexity (ability to think diversely and complexly about cases), and ability to relate and relationally match with the clients with whom they are working (see Whiston & Coker, in press). In addition, it is essential that counselors have the knowledge and ability to assess the presenting "problems" of the client so that they can identify the appropriate evidence-based protocols and competently apply those protocols in order to increase the likelihood of successful intervention. The

implications of these research trends are dramatic concerning counselor education. For example, they suggest redirecting efforts from personal awareness to *building cognitive complexity and increasing the knowledge of and ability to apply evidence-based counseling protocols* [italics mine](Sexton et al., 1997, p.8). Strong (as cited in Ray, 1999), while dealing with counselor effectiveness, or the ability to relate and relationally match with the clients with whom counselors are working, determined a need for the development of counselor effectiveness variables that he identified and labeled, the social influence behaviors.

The concept of social influence can further be explained by the perception of the counselor as trustworthy and/or expert (Corrigan & Schmidt, 1983). Additional variables that have been identified under this concept of social influence include attractiveness, credibility, power, or an overall "good guy" factor (Atkinson & Carskaddon, 1975; Corrigan & Schmidt, 1983). These social influence behaviors are dependent on the client's perception of the counselor, in other words, the counselor's presentation of self. (Ray, 1999, p. 22)

Lambert and Cattani-Thompson (1996) pointed to an analysis done by Lafferty et al., which found that counselor empathy was the most predictive of whether the counselor was effective or ineffective. Along with the effective counselors showing greater directiveness and support toward their client, they placed decidedly more emphasis on developing intellectual values such as reflection. Conversely, less effective counselors emphasized terminal values more, such as having a comfortable and exciting life.

Grace and Kivlighan (1995) examined the effectiveness of nonverbal skills

training upon counselor trainees' nonverbal sensitivity and responsiveness and upon the counseling session impact and counselor/client working alliances. They reported that general training in empathic responding, while possibly necessary to increasing self-reported sensitivity to nonverbal behaviors, was not sufficient to affect in-session behavior change. Specific training in responding to nonverbal behaviors and use of forms of specific in-session responses to client nonverbal behaviors is needed to enhance counseling effectiveness.

#### Purpose of the Study

The present study was designed to further investigate the relationships that exist between counselor attributions and effective counseling outcome. Specifically, the study's focus was on the interaction between the counseling practicum students' levels of self-awareness--determined by the scores on the Personal Orientation Inventory (POI) (Shostrom, 1964)—and the students' levels of counseling effectiveness—as measured by faculty and doctoral-level supervisors that recorded rating scores on the Counselor Evaluation Rating Scale (CERS) (Myrick & Kelly, 1972). Self-awareness was examined from the perspective of self-awareness contained within the Gestalt Therapy literature, and as measured by the Personal Orientation Inventory. Perls, et al. (1951) believed that there is a necessary interplay between how the counselor thinks and how the counselor is in the world. Yontef (1993) stated that, “the theory of Gestalt therapy is a theory about what makes good psychotherapy (p. 203).

This study was needed to accomplish the following:

1. Provide support, through additional research, to the theoretical assumption that



counselor self-awareness is directly related to counseling effectiveness as stated within the Gestalt Therapy literature.

2. Provide research-based analyses of the Personal Orientation Inventory (POI) when it is used as a predictor variable of counseling effectiveness and when it is used as a self-awareness measure in a study utilizing graduate-level students in a counseling practicum. Evaluate the Counselor Evaluation Rating Scale (CERS) when used as a criterion variable for measuring practicum students' counseling effectiveness when the scores are based upon practicum faculty and doctoral-level supervisors' ratings of the practicum students' effectiveness while performing counseling interactions with clients in a university clinic setting.

3. Provide more research-based knowledge that supports and contributes to the ongoing development of curriculum that exists in the counselor education profession.

4. Explore the implications of implementing changes in the focus and the curriculum of counselor education programs concerning the importance of teaching the skills that are necessary for increasing counselor self-awareness.

## CHAPTER 2

### METHODS AND PROCEDURES

This chapter provides the methods and procedures utilized in fulfilling the purpose of this study and includes (a) the procedures involved in subject selection, (b) a description of the instruments used, (c) the procedures involved in collecting the data, and (d) the statistical procedures employed in analyzing the data. The following methods and procedures explored the characteristics of counseling effectiveness and self-awareness and were designed to analyze the relationship between counselor effectiveness and counselor self-awareness.

#### Research Questions

The following research question was constructed to frame the process of developing a method to analyze the interaction between the constructs of counselor effectiveness, counselor self-awareness, and counselor ages. This study, that examined the relationship between counselors' low/high self-awareness (as described in the existing Gestalt Therapy literature), counselors' age groups, and counselors' effectiveness was conducted within the context of 4 practicum classes held in a university clinic setting under the auspices of a Counselor Education Program.

Will there be a statistically significant interaction between the counseling practicum students' ages (AGE\_GRP\_1 & 2), students' levels of low and high self-awareness, as measured by the students' self-reported scores on a weighted factor

composite self-awareness measure [SAFAC\_MS]—extracted from the 12 scales of the Personal Orientation Inventory (POI), and the students’ counseling effectiveness, as measured by both the faculty and the doctoral-level supervisors’ ratings on the Counselor Evaluation Rating Scale (CERS)?

*Research Hypotheses.* To set the concrete measurements for this investigation, the following null hypotheses were postulated:

*Faculty Supervisor’s CERS Total Score as the Dependent Measure*

1. There will be no statistically significant difference on the faculty supervisors’ CERS total score between the low self-awareness counselor group and the high self-awareness counselor group (SAFAC\_MS).

2. There will be no statistically significant difference on the faculty supervisors’ CERS total score between the younger counselor group and the older counselor group (AGE\_GRP).

3. There will be no statistically significant interaction between the counseling practicum student’s low/high self-awareness levels, and their age levels (SAFAC\_MS by AGE\_GRP), with faculty supervisors’ CERS total score as the dependent measure.

*Doctoral Supervisor’s CERS Total Score as the Dependent Measure*

4. There will be no statistically significant difference on the doctoral supervisors’ CERS total score between the low self-awareness counselor group and the high self-awareness counselor group (SAFAC\_MS).

5. There will be no statistically significant difference on the doctoral supervisors’ CERS total score between the younger counselor group and the older counselor group

(AGE\_GRP).

6. There will be no statistically significant interaction between the counseling practicum students' low/high self-awareness levels, and their age levels (SAFAC\_MS by AGE\_GRP), with doctoral supervisor's CERS total score as the dependent measure.

#### Definition of Terms

*Acceptance of Aggression* refers to the ability to accept one's natural aggressiveness—as opposed to defensiveness, denial, and repression of aggression. This includes the ability to accept anger or aggression within oneself as natural rather than the denial of such feelings (Knapp, 1990). For the purpose of this study, problems with acceptance of aggression behavior are the Acceptance of Aggression subscale score on the Personal Orientation Inventory.

*Capacity for Intimate Contact* refers to the ability to develop contactful intimate relationships with other human beings, unencumbered by expectations and obligations. This includes the ability to develop meaningful contactful relationships with other human beings, rather than experiencing difficulty with warm interpersonal relationships (Knapp, 1990). For the purpose of this study, problems with capacity for intimate contact are the Capacity for Intimate Contact subscale score on the Personal Orientation Inventory.

*Counselor Effectiveness* implies that a student has an overall supervised counseling effectiveness. Included in this construct is an assessment of the individual's work in counseling, an appraisal of the individual's work and progress in supervision, and a total of these two subcategories plus one item: "Can be recommended for a counseling position without reservation" (Jones, 1974, p. 114). Myrick and Kelly (1971)

wrote, “The items selected for the CERS are representative of three significant areas in a counseling practicum or intern experience: (a) understanding of a counseling rationale; (b) counseling practice with clients; (c) exploration of self and counseling relationships” (p.332). For the purpose of this study, measures of counseling effectiveness behavior are the Total Scale score on the Counselor Evaluation Rating Scale (CERS).

*Existentiality* refers to the ability to situationally, or existentially, react without rigid adherence to principles. Existentiality measures one’s flexibility in applying values or principles to one’s life. It is a measure of one’s ability to use good judgment in applying these general principles. In addition, flexibility in the application of values is encouraged rather than a tendency to hold to values so rigidly that they become compulsive or dogmatic (Knapp, 1990). For the purpose of this study, problems with existentiality behavior are the Existentiality subscale score on the Personal Orientation Inventory.

*Feeling Reactivity* implies sensitivity or responsiveness to one’s own needs and feelings rather than insensitivity to these needs and feelings (Knapp, 1990). For the purpose of this study, problems with feeling reactivity behavior are the Feeling Reactivity subscale score on the Personal Orientation Inventory.

*Inner Directed*, or self-directed, persons are guided primarily by internalized principles and motivations, while other-directed persons are, to a great extent, influenced by their peer group or other external forces (Knapp, 1990, p. 5). For the purpose of this study, problems with inner directed behavior are the Inner Directed subscale score on the Personal Orientation Inventory. Yontef (1979) wrote that Gestalt Therapy is successful

when the patient is able to regulate himself with a process of gestalt formation and destruction that clearly and spontaneously forms his behavior and *Awareness* into wholes/unities that are organized and energized by his dominant need. . . . Success in Gestalt Therapy is measured in terms of how clearly the patient can experience and judge for himself rather than his relying on any extrinsic measure of adjustment (p.40)

*High Self-Awareness* is the weighted factor composite created using factor analysis with a non-orthogonal rotation (promax), which resulted in a one-factor solution. Each counselor's factor score were subsequently coded into a low/high indicator variable (low self awareness vs. high self awareness) using the median factor score as the cut point (SAFAC\_MS – self awareness factor scores median split), with high self-awareness scores falling above the cut-point.

*Low Self-Awareness* is the weighted factor composite created using factor analysis with a non-orthogonal rotation (promax), which resulted in a one-factor solution. Each counselor's factor score were subsequently coded into a low/high indicator variable (low self awareness vs. high self awareness) using the median factor score as the cut point (SAFAC\_MS – self awareness factor scores median split) with low self-awareness scores falling below the cut-point.

*Nature of Man—Constructive* implies the degree of one's constructive view of the nature of man, that is, one sees man as essentially good and can resolve the good-evil, masculine-feminine, selfish-unselfish, and spiritual-sensual dichotomies in the nature of man. This self-actualizing ability allows one to be synergic in one's understanding of human nature rather than seeing man as essentially bad or evil (Knapp, 1990). For the

purpose of this study, problems with nature of man behavior are the Nature of Man subscale score on the Personal Orientation Inventory.

*POI Factors.* For the purpose of this study implies the weighted composite (factor score) created using factor analysis with a non-orthogonal rotation (promax), which resulted in a one-factor solution. Each counselor's factor score were subsequently coded into a low/high indicator variable (low self awareness vs. high self awareness) using the median factor score as the cut point (SAFAC\_MS) – self awareness factor scores median split) with low self-awareness scores falling below the cut-point.

Tosi and Hoffman (1972) found factors in the Personal Orientation Inventory POI (as cited in Faillace, 1976, p. 3). Graff, Bradshaw, Danish, Austin, and Altekruze (1970) performed a canonical correlation of the POI scales, while looking at dormitory assistants' effectiveness, and found that the Inner-Directed, Self-Actualizing Value, Spontaneity, and Acceptance of Aggression were the primary scales on the POI which predicted effectiveness.

*Self-Acceptance* implies the affirmation or acceptance of oneself in spite of one's weaknesses or deficiencies rather than an inability to accept one's weakness. It is more difficult to achieve self-acceptance than self-regard, but self-actualizing requires both (Knapp, 1990). For the purpose of this study, problems with self-acceptance behavior are the Self-Acceptance subscale score on the Personal Orientation Inventory,

*Self-Actualizing Value* implies the affirmation of primary values of self-actualizing people. These individuals hold and live by values characteristic of self-actualizing people rather than to reject such values. These values cut across many

characteristics (Knapp, 1990). For the purpose of this study, problems with self-actualizing behavior are the Self-Actualizing subscale score on the Personal Orientation Inventory.

*Self-Awareness* implies a process that is characterized in the writings of Fritz Perls as “cautiousness.” This cautiousness is directed toward the characterological “as if” attitudes that require that individuals live up to a concept or live up to a fantasy that they or others have created (Perls, 1970). These value orientations (the “as ifs”) are definite existential judgments and may be defined as a generalized and organized conception that influences behavior. This is a conception of nature, of man’s place in it, of man’s relation to man, and of the desirable and nondesirable as they relate to man-environment relations and interhuman relations. Items in the Personal Orientation Inventory (Shostrom, 1963) were designed to reflect these value orientations (conceptions) that are commonly held and considered significant to a person’s approach to living (Knapp, 1990). Perls et al. (1951) believed that there is a necessary interplay between how the counselor thinks and how the counselor is in the world. For the purpose of this study, measures of self-awareness behavior are the counselors’ POI inventory score transformed into a weighted composite, which was then dichotomously scaled. The weighted composite (factor score) was created using factor analysis with a non-orthogonal rotation (promax), which resulted in a one-factor solution. Each counselor’s factor score were subsequently coded into a low/high indicator variable (low self awareness vs. high self awareness) using the median factor score as the cut point (SAFAC\_MS – self awareness factor scores median split).

*Self-Awareness Measure [SAFAC\_MS]* implies the communalities that exist



between the 12 scales of the Personal Orientation Inventory. The highly correlated scales produced a factor correlation coefficient of .718, which may be construed as an item construct validity coefficient. In addition, the factor matrix that resulted in the [SAFAC] demonstrated the rank order of importance that each scale item held for the total factor score. For the purpose of this study, measures of the students' high and low self-awareness are the students' scores on the self-reported weighted factor composite self-awareness measure [SAFAC] with the mean score as the cut-point

*Self-Regard* implies affirmation of self because of worth, strength, and the ability to like oneself because of one's strength as a person, rather than feelings of low self-worth (Knapp, 1990). For the purpose of this study, problems with self-regard behavior are the Self-Regard subscale score on the Personal Orientation Inventory.

*Spontaneity* implies freedom to react spontaneously, to be oneself, and to express feelings in spontaneous action. Lack of spontaneity suggests that one is fearful of expressing feelings behaviorally (Knapp, 1990). For the purpose of this study, problems spontaneity behavior are the Spontaneity subscale score on the Personal Orientation Inventory.

*Synergy* suggests the ability to be synergistic—to transcend dichotomies. This is the ability to see opposites of life as meaningfully related. Lack of synergy leaves one seeing opposites of life as antagonistic. When one is synergistic one sees that work and play are not different, that lust and love, selfishness and selflessness, and other dichotomies are not really opposites at all (Knapp, 1990). For the purpose of this study, problems with synergy behavior are the Synergy subscale score on the Personal

Orientation Inventory.

*Time Competence* reflects the degree to which the individual lives in the present rather than the past or future. Self-actualizing persons are those living primarily in the present, with full awareness and contact, and full feeling reactivity. They are able to tie the past and the future to the present in meaningful continuity, and their aspirations are tied meaningfully to present working goals. They are characterized by faith in the future without rigid or over-idealized goals. “They are ‘time competent.’ In contrast, the ‘time in-competent’ person lives primarily in the past—with guilts, regrets, and resentments—and/or in the future—with idealized goals, plans, expectations, predictions, and fears” (Knapp, 1990, p. 5). For the purpose of this study, problems with time competence behavior are the Time Competence subscale score on the Personal Orientation Inventory.

### Participants

The researcher recruited 41 individuals as participants within the study. This included 29 practicum students, 4 faculty supervisors, and 8 doctoral supervisors.

*Practicum Students.* All students enrolled in a Counselor Education program’s four different counseling practica classes held during the spring semester at a North Texas university had an opportunity to participate in this study. Students were enrolled within a CACREP-accredited Community, College or School Counseling Program. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) was incorporated in 1981. The American Counseling Association (ACA) and its divisions created this council as an independent body. It is intended to assure the implementation of the standards of excellence in the counseling profession’s graduate-level preparation

programs (Ray, 1999). Enrollment in the counseling practica classes requires completion of all required degree courses in counselor education with the exception of internship. This course is the first of the clinical courses that requires counseling sessions with actual clients. The university's Institutional Review Board for the Protection of Human Subjects reviewed and approved this research project before beginning the study.

The benefits of the students' participation were described by the researcher and included an opportunity to receive the personal results of a self-awareness measure, the Personal Orientation Inventory. In addition, the students were able to experience personal satisfaction, dignity, and self-respect by contributing to and by increasing the existing literature and knowledge base within the counseling profession. All students in each of four practicum classes were asked to volunteer, and 100% of this group ( $N=29$ ) participated within the study. "In correlational research, it is traditional to use a minimum of 30 subjects" (Gall, Borg & Gall, 1996, p. 229). Students of all genders and ethnic backgrounds were encouraged to participate. The criteria for inclusion in the study were that the students were adults, 18 years of age or older, and that the students were willing to sign an Informed Consent Form that specified their right to withdraw from the study at any time. Students were informed that their participation, or nonparticipation would in no way affect their grades. In addition, if students requested to be dropped from the study, their materials were destroyed. Students were informed that if, they were judged to be in need of additional supervision, not provided in this study or if they were unable to continue seeing clients, they would be dropped from the research study and their materials destroyed.

Student demographics were collected on a Background Information Form.

Twenty-nine students (100% of the practicum student population), including 27 females (93%) and 2 males (7%) volunteered to participate within the study. The students ranged between 20 and 50 years of age, and the counseling theoretical orientations of the students included Adlerian, Client-Centered, Rational Emotive Behavioral Therapy, Cognitive, and being Undecided. Student ethnicities included Caucasian, Asian, and Hispanic (see Table 1). Each practicum student was assigned a minimum of two clients to counsel on a weekly basis, and each student was assigned a doctoral-level supervisor to provide weekly, 1-hour triadic supervision sessions. Each student received weekly, 1½-hour large-group supervision from the faculty instructor.

*Faculty Practicum Instructors.* Each of the four faculty practicum instructors was asked to voluntarily participate within the study. The faculty instructors' participation was necessary for the researcher to use the practicum classes for obtaining study participants, and the faculty provided effectiveness ratings of the students' counseling performances in a supervised practicum. The faculty instructors included 1 male tenured faculty member and 3 female adjunct instructors; these individuals each have doctorates in the area of counseling and at least 2 years of experience instructing masters-level practicum classes. Each faculty member was responsible for instruction of a 75-hour class that resulted in 3 credit hours for students. The faculty instructors were each assigned two doctoral-level students to assist with the supervision of the students in the practicum classes. Open registration that resulted in four classes, three that contained eight students and one that contained five students determined class sizes. The

participation of the faculty instructors included granting permission for the researcher to enter into the practicum classes for the purposes of instructing students, supervisors, and faculty concerning the requirements for participation in the study. Upon agreement to participate, each practicum was coded, and the faculty instructors were given an explanation of the study, along with instructions for completing the Counselor Evaluation Rating Scale.

*Doctoral-Level Practicum Supervisors.* Eight doctoral students participated in the study and served independently as triadic-group supervisors; and as co-leaders (along with faculty instructor) of large-group supervision for the 29 practicum students. These doctoral students were enrolled in, or had completed, a doctoral-level Counselor Supervision class, wherein each received weekly classroom supervision on a model for supervision from a senior faculty member.

The Counselor Supervision class requires that students have successfully completed at least 1 year of doctoral studies, including advanced clinical classes. Those doctoral supervisors who had completed the Counselor Supervision coursework received supervision from the practicum faculty instructors for the supervision that each doctoral-level supervisor provided the practicum students. During the supervision sessions conducted by the doctoral-level supervisors with the practicum students, the practicum faculty instructors provided the doctoral-level supervisors with supervision and monitored the progress of the practicum students being supervised in the triadic supervision. This supervision process also occurred when the doctoral-level supervisors were participating in the faculty-led supervision with the practicum students in large-

group supervision. Each doctoral supervisor was assigned a minimum of 2 and a maximum of 4 practicum students for supervision while participating in the study. The supervisor-supervisee triads were required to meet weekly, as part of the practicum classroom schedule, and over a 15-week period each triad met weekly for 1 hour of triadic supervision and for 1½ hour of combined large-group supervision that included all practicum students, doctoral-level supervisors, and faculty instructors in each separate practicum class.

*Clients.* Clients were individuals who were served through the university clinic and who were scheduled to meet with their counselors at least once a week for 50 minutes. Clients included individuals from within the community who voluntarily sought counseling or were referred from other community service organizations and professionals. Some students from entry-level counseling classes within the university's Counselor Education program who were receiving counseling as a part of their training were also clients. Clients were informed of the use of videotapes and reports for research purposes and agreed to participate in a clinic setting designed for such training by signing an Informed Consent Form.

*Practicum.* The practicum setting that was used for the purpose of this study is within a university program that is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The description of CACREP practica in the 2001 Standards states that the clinical instruction includes supervised practica and internships that have been completed within a student's program of study. (<http://www.counseling.org/cacrep/2001standards700.htm>).

Table 1

*Demographics of the Practicum Students Participating Within the Study*

| Characteristics            | Frequency | Percent (%) | Cumulative % |
|----------------------------|-----------|-------------|--------------|
| <b>Class</b>               |           |             |              |
| 1                          | 8         | 27.6        | 27.6         |
| 2                          | 8         | 27.6        | 55.2         |
| 3                          | 8         | 27.6        | 82.8         |
| 4                          | 5         | 17.2        | 100.0        |
| Total (N=29)               | 29        | 100.0       |              |
| <b>Theory orientation</b>  |           |             |              |
| Adlerian                   | 11        | 37.9        | 37.9         |
| Client-Centered            | 7         | 24.1        | 62.1         |
| REBT                       | 3         | 10.3        | 72.4         |
| Reality                    | 5         | 17.2        | 89.8         |
| Cognitive                  | 1         | 3.4         | 93.1         |
| Other                      | 2         | 6.9         | 100.0        |
| Total                      | 29        | 100.0       |              |
| <b>Sex</b>                 |           |             |              |
| Female                     | 27        | 93.1        | 93.1         |
| Male                       | 2         | 6.9         | 100.0        |
| Total                      | 29        | 100.0       |              |
| <b>Age</b>                 |           |             |              |
| 20-25                      | 5         | 17.2        | 17.2         |
| 26-30                      | 7         | 24.1        | 41.4         |
| 31-35                      | 3         | 10.3        | 51.7         |
| 36-40                      | 3         | 10.3        | 62.1         |
| 41-45                      | 5         | 17.2        | 79.3         |
| 46-50                      | 6         | 20.7        | 100.0        |
| Total                      | 29        | 100.0       |              |
| <b>Ethnicity</b>           |           |             |              |
| Asian                      | 2         | 6.9         | 6.9          |
| Caucasian                  | 25        | 86.2        | 93.1         |
| Hispanic                   | 2         | 6.9         | 100.0        |
| Total                      | 29        | 100.0       |              |
| <b>Pre-practicum Grade</b> |           |             |              |
| A                          | 18        | 62.1        | 62.1         |
| B                          | 8         | 27.6        | 89.7         |
| Unknown                    | 3         | 10.3        | 100.0        |
| Total                      | 29        | 100.0       |              |

In preparation for the subsequent development of the student's professional counselor identity, the clinical faculty, including clinical instruction faculty and

supervisors, considers the practicum and internship requirements to be the most critical experience elements in the program. The faculty instructors, tenured and adjunct, who participated in this study and provided individual or group practicum supervision, had a doctoral degree and/or appropriate clinical preparation either from an accredited counselor education program or a counselor psychology program, along with relevant professional experience, and demonstrated competence in counseling. The faculty and doctoral supervisors had received relevant training and supervision experience; the doctoral supervisors had completed or were receiving preparation in counseling supervision and were supervised by program faculty. The practicum setting in this study was conducive for modeling, demonstrating, and providing counseling training to practicum students, and practicum procedures ensured client's confidentiality and protected legal rights. The university clinic facilities, where the practicum classes occurred, included adequate spaces for individual private counseling and small-group work and control and observation rooms equipped with appropriately supported audio/visual telecommunications equipment that provided monitoring and display capabilities.

The practicum students in this study were required to complete the supervised practicum experience, which totaled a minimum of 75 clock hours and included 40 hours of direct individual/group counseling contact. In addition, a doctoral supervisor provided 1 hour per week of individual and/or triadic supervision, and the faculty supervisor provided 1½ hours per week of group supervision.



## Study Design

Permission was granted by the Institutional Review Board at a North Texas university for the use of human subjects within this study. The researcher, or a research assistant, at the beginning of a spring semester recruited practicum students, doctoral-level supervisors, and faculty practicum instructors to participate in the study, which was concerned with the relationship between counselor self-awareness and counselor effectiveness. The researcher met with all instructors of the practica from which subjects for this study would be selected to discuss and explain the proposed study and request their cooperation. Permission was sought from the faculty practicum instructors to use the practicum classes and to recruit students for participation within the study. All four faculty instructors agreed to participate in the study, and the use of the Counselor Evaluation Rating Scale was explained to them along with the doctoral-level supervisors who were assigned to each of four practicum classes. The researcher, beginning the testing and data collection in the 10<sup>th</sup> week—the practicum semester being 15 weeks long—allowed the practicum students to conduct introductory counseling sessions and to develop relationships with clients before being evaluated on their counseling effectiveness. In a similar study, Watts, Trusty, Canada, and Harvill (1995) collected data at approximately the midpoint of the practicum semester, or around eight weeks. During the 15-week practicum-term, the students continued to provide counseling services and receive supervision. No participant was unable to continue providing counseling to his or her clients, and no student decided to withdraw from the study.

The practicum students were invited to participate in the study, and it was

explained to the students that volunteers would be asked to sign a Research Consent Form that specified their right to withdraw from the study at any time. If students were judged to be in need of additional supervision not provided in the study, or they were unable to continue seeing clients, they were to be dropped from the research and their materials destroyed. Students were informed that participation in the study would in no way affect the grade of any practicum student. Each subject was assigned to a faculty and a doctoral supervisor, and counseled clients in the practicum setting. The students provided two 50-minute counseling sessions each week and were allowed 30 minutes for administrative paperwork. Each student received 1 hour of triadic supervision (2 supervisees to 1 supervisor ratio), and 90 minutes of group supervision (8 supervisees to 2 supervisors and a faculty instructor) weekly.

The researcher or a research assistant met with the students during regularly scheduled sessions in the four practicum classes to distribute research materials including the Personal Orientation Inventory, Research Consent Form, and a Background Information Sheet. All testing was done by conventional pencil-and-paper procedures. Students were instructed in use of the Personal Orientation Inventory (POI), and any questions were answered. Students were provided time to complete the instrument, and the data were collected. Meeting in a separate area with the faculty instructors and the doctoral-level supervisors, the researcher or a research assistant instructed the faculty and doctoral supervisors in the use of the Counselor Evaluation Rating Scale (CERS). Faculty and doctoral-level supervisors were asked to complete the CERS for the students whom they supervised based on their knowledge of the students' performance in practicum. The

supervisor ratings of the students' performances, using the Counselor Evaluation Rating Scale, were used as measures of the students' counseling effectiveness.

The Background Information Sheets, the Personal Orientation Inventory answer sheets, and the completed Counselor Evaluation Rating Forms were anonymously coded by the researcher and kept safe in a secured and confidential location. The CERS was hand scored, and Edits/Educational and Industrial Testing Service electronically scored the POI.

### Instruments

*Personal Orientation Inventory.* Shostrom developed the Personal Orientation Inventory (POI) in 1963; designed to be an objective measure of personality, it is intended to provide a standardized instrument for the measurement of values and behavior hypothesized to be of paramount importance in the development of the self-actualizing person. The Personal Orientation Inventory (POI) was designed to measure positive psychological health in the form of self-actualization rather than just "normalcy." "Shostrom, through logical analysis, has related his system of Actualizing Therapy (Shostrom, Knapp & Knapp, 1976) to the therapeutic systems of Rogers, Ellis, and Perls" (Knapp, 1990, p. 35).

Perls, along with other Gestalt therapists, viewed the concept of healthy functioning as more than referring to average or normal; rather, he viewed healthy functioning as an exception in our society (Perls, 1992; Perls et al., 1951). For Perls, the lack of awareness, or self-actualizing tendencies, results in neuroses; therefore, personality inventories such as the MMPI or the SCL-90R, which measure

psychopathology, would not be appropriate measures of the counseling trainees in this study because they are based on different definitions of health and neurosis than is the construct of health in the Gestalt Therapy literature.

Items on the POI, based on observed value-judgment problems seen by therapists in private practice, measure such personality variables as the ability to live in the here-and-now, inner support, sensitivity to one's own needs and feelings, flexibility of values, spontaneity, acceptance of aggression, and capacity for interpersonal contact. The POI is an instrument that discriminates between the healthiest, the "normal", and the less healthy personality. Furthermore, the theoretical assumptions upon which the POI is based are drawn heavily from Gestalt Therapy (Shostrom, 1963) and are related to the theoretical formulations and research of leaders in Humanistic, Existential, and Gestalt schools of therapy. Among concepts incorporated in the initial development of the POI were Maslow's hypotheses about self-actualization; Riesman, Glazer, and Denny's system of inner- and other-directedness; May, Angel, and Ellenberger's, as well as Perls' conceptualization of time orientation; and Bach and Goldberg's theories of acceptance of aggression (Knapp, 1990).

The POI consists of 150 two-choice comparative value and behavior judgments seen to be of importance in the development of the self-actualizing individual. The items are scored twice, the first time for the two basic scales of Time Competence (the ability to live in the here-and-now, 23 items) and Inner Directed Support (127 items). The 150 items are scored again for 10 subscales that measure conceptually important elements of self-actualization such as spontaneity, existentiality, and self-actualizing value. The

scores on each of these scales are recorded on a form similar to the MMPI, with standard scores ranging from 20-80, with a mean of 50 for all scales. Higher scores on the POI scales reflect a greater degree of psychological health.

The POI was standardized on 2,600 college freshmen (Shostrom, 1974). Also, Shostrom (1963) reported test-retest reliability for the two main scales, Time Competence (Tc) and Inner Direction (I), as 0.91 and 0.93. Knapp (1990) reported that Klavetter and Mogar twice administered the POI over a one-week interval to 48 college students and recorded that the two major scales of Time Competence and Inner Direction had relatively high reliability coefficients of 0.71 and 0.77 respectively, and the test-retest reliability of the POI ranged from 0.52 to 0.82 on all 12 scales. Examining the stability of the POI scores (major scales and subscales) among a sample of 46 student nurses over a one-year period, Illiardi and May reported coefficients from 0.32 to 0.74, which are well within the range of comparable MMPI and EPPS test-retest reliability coefficients (Knapp, 1990).

*Validity.* In testing the validity of the POI, most importantly, it discriminates between high and low levels of self-actualization (Rich, 2001). Shostrom (1963), in a study of three carefully selected groups, demonstrated that scores significantly differentiated a sample of clinically nominated, self-actualizing individuals ( $N=34$ ) from a sample nominated as non-self-actualizing ( $N=29$ ) and a third group of 158 adults deemed normal. The study resulted in findings indicating that the inventory measured significant differences between the three groups. The mean scores for the Self-Actualizing group are higher than those of the normal group on 11 of 12 scales, whereas

the means for Non-Self-Actualizing are below the norm means on all scales. Clearly, the POI indicates a consistent difference between the Self-Actualizing group and the Non Self-Actualizing group and differentiates both groups from the normal population.

Other studies relating to the validity of the POI include Braun and Asta (1968); Knapp (1965); Palaniappan (1994); Shostrom and Knapp (1966); and Whitson and Olczak (1991). Lefrancois, Leclerc, Dube, Hebert, and Gaulin (1997) challenged the POI and countered that the Measure of Self-Actualization of Potential, a newer self-report inventory designed to evaluate autonomy, adaptation, and psychological functioning of adult people, has better psychometric properties in addition to two other advantages over the Personal Orientation Inventory, fewer items and a self-report format.

*Noteworthiness of the POI for this study.* Knapp (1990) reported that the POI has been used extensively in counseling settings and McClain (1970) (as cited by Knapp) reported some important findings. Studying a “normal” adult sample he found evidence of validity of the POI for measuring self-actualization. Staff members rated thirty guidance counselors who were enrolled in an NDEA summer institute in terms of self-actualizing. These ratings were highly reliable, with the mean correlation among raters being 0.77. Correlations between POI scores and the ratings ranged from 0.23 to 0.69, the latter being with the Inner-Directed scale. Other correlations significant at or beyond the 0.01 level of confidence were obtained with the Spontaneity (0.53) and Self-Acceptance (0.56) scales. McClain offered the overall magnitude and significance of correlations obtained between POI scores and the highly reliable judges’ ratings as evidence that the POI does differentiate degrees of self-actualizing among normal adults.

Citing Jansen and Garvey, Knapp (1990) stated that POI scales that were related to supervisor ratings of counseling competency for a sample of 88 clergymen in clinical training showed correlations between supervisor ratings and POI scales that ranged from 0.02 to 0.49, with 8 of 12 coefficients reaching significance beyond the 0.05 level of confidence. The supervisor ratings also had considerable agreement with peer ratings of counseling competency ( $r=0.64$ ), and the POI scales were similarly related to these criteria, with 7 out of 12 reaching significance beyond the 0.01 confidence level for each criterion. Correlations against peer ratings were of the same approximate magnitude, ranging from 0.13 to 0.40 and presenting somewhat the same pattern.

In a 1969 study, Foulds demonstrated that the higher mean scores of counselors on the Self-Actualizing Value subscale of the POI positively related to their ability to communicate to the client. Answering the question of what beneficial effect the actualizing counselor brings to the counseling situation, Foulds identified the facilitative therapeutic conditions of empathic understanding, respect (or positive regard), and genuineness (Knapp, 1990). A group of 30 graduate students in a beginning supervised practicum were rated by three sets of two judges each on these four characteristics. Statistically significant and positive correlations were present between three of these constructs and POI scores.

Ability to communicate empathic understanding was related to 6 of the 12 POI scales ( $p < .05$ ); ratings of the ability to communicate facilitative genuineness were significantly and positively related to 10 of the 12 POI scales; and 6 POI scales were significantly and positively related to a total of the ratings of the conditions offered. The

highest correlations (ranging up to  $r$ 's = 0.55) were against POI scales of Self-Actualizing Value, Feeling Reactivity, and Inner-Directed. None of the POI scales were significantly related to ability to communicate respect or positive regard. As Foulds (1969) noted, these findings suggest that the ability to sensitively and accurately perceive the inner "being"--or experiencing--of another human being, and to communicate this understanding to that person, is related to psychological well-being or self-actualizing as measured by the POI. Foulds further noted that the ability to be authentically real in a genuine encounter--without defensive "phoniness" or hiding behind the facade of a professional role--is also related to the POI measures of self-actualizing (p. 16).

Faillace (1976) cited a 1972 study by Tosi and Hoffman that included a factor analysis of the Personal Orientation Inventory. The analysis found three subscale groups that have an optimum combination of internal consistency and differentiation between groups, so that each grouping may be more adequately interpreted as a behavioral manifestation of a single separate construct. These subscale groupings were the following:

Factor 1. Extroversion

The combined raw scores by addition of Acceptance of Aggression (A), Spontaneity (S), and Feeling Reactivity (FR) subscales of the POI. In descriptive terms it indicates "an extroverted, self-assured person who is not hesitant to act on his feelings...(is) acceptant and expressive of feelings including feelings of aggression which may not be socially rewarded."



### Factor 2. Open-Mindedness

The combined raw scores (by addition) of Time Competence (Tc), Nature of Man (NC) Synergy (SY) and Self-Actualizing Value (SAV) subscales of the POI. In descriptive terms it is “the ability to see the natural relations between opposites and describe the personality which takes an optimistic and constructive approach to life... a present oriented and generally open personality.”

### Factor 3. Existential Non-Conformity

The combined raw scores (by addition) of Existentiality (EX), Self Acceptance (SA) and Capacity for Intimate Contact (C) subscales of the POI. In descriptive terms, it is “a personality which acts freely on its own rules, demonstrates an independence of external values and readily establishes meaningful contact with others.” (Faillace, 1976, pp. 3-4)

*Counselor Evaluation Rating Scale.* The Counselor Evaluation Rating Scale (CERS) was used as the measure of counseling effectiveness. Developed by Myrick and Kelley (1971) to aid practicum instructors and supervisors in evaluating counselor trainee progress during the practicum training experience, the CERS explores counselor trainee knowledge of counseling rationale, counseling practice with clients, and willingness to risk exploration of self and involvement in the counseling relationship (Myrick, Kelly, & Wittmer; 1972). In a study reported by Watts, Trusty, Canada, and Harvill (1995) that examined the relationship between perceived early childhood influence and counselor effectiveness and used the CERS as the dependent variable measure, counselor trainees' ages were related to counselor effectiveness. Benschhoff and Thomas (1992) referred to

two studies that related to the usage of the CERS. First, Holloway in 1984 showed that the CERS is one of the most widely used instruments in supervision research for evaluation of counselors-in-training, although little research on this instrument has been published since 1977. Secondly, a 1982 study was reported that showed the CERS is commonly used as a rating instrument in counseling practica and appears to be an appropriate instrument for rating counselor behaviors.

The CERS consists of 27 items for rating a student counselor's performance in the areas of counseling and supervision. Thirteen items focus on counselor trainee as counselor, 13 focus on counselor trainee as supervisee, and the final item (counselor-in-training can be recommended for a counseling position without reservation) is added to obtain a composite score that reflects the counselor trainee's overall performance in the practicum-internship experience. Thus, this rating scale generates three scores: (a) counseling (b) supervision, and (c) total score.

The CERS is scored on a 7-point Likert-type scale of positively and negatively stated items. The items range from, *I strongly agree* (+3) to *I strongly disagree* (-3). The range of scores for the 13 items used in this study is -39 to +39.

Loesch and Rucker (1977) conducted a factor analysis of the CERS using principal axis factor analysis with an oblique rotation on a database consisting of 404 CERS instruments completed by 35 faculty supervisors to rate the performance of doctoral or education specialist students during counselor education practica or internships at the University of Florida. They found strong empirical support for the instrument's construct validity. The following six factors, accounting for 71% of the total

variance, were identified: (a) general counseling performance; (b) professional attitude; (c) counseling behavior; (d) counseling knowledge; (e) supervision attitude; and (f) supervision behavior. Loesch and Rucker concluded that their findings generally supported the item-scale designations (counseling or supervision) assigned by Myrick and Kelly (1971). Although Myrick and Kelly developed the CERS to produce two subscale scores (counseling effectiveness and supervision effectiveness) as well as a composite score, total score (overall supervised counseling effectiveness) seemed to have the greatest validity (Benshoff & Thomas, 1992) and was the scale used for the purpose of this study.

However, Benshoff and Thomas (1992) cited a 1973 study by Jansen, Robb, and Bonk of counselor performance ratings of practicum counselors, which found different factor structures, depending on the source of the performance rating (practicum counselors or their peers). Benshoff and Thomas pointed to a 1986 study that found self-ratings on the CERS to be significantly higher than supervisor ratings. Although Myrick and Kelly (1971) stated that the CERS can be used for self-rating by counselors-in-training, other researchers have found that ratings of counselor performance can vary considerably, depending on the source of the rating (i.e., peer, client, supervisor, counselor). Consequently, for the purpose of this study, the CERS was administered to both the doctoral supervisors and the faculty supervisors to observe any difference between the mean scores within and between these two groups of evaluators. Therefore, for the purpose of this study, the researcher used two different sets of raters; each administered the CERS, and to establish internal consistency reliability, the researcher

performed an ANOVA upon the mean scores of the two groups.

Blackburn (1978) identified a 1976 study by Newton that found the split-half reliability (Spearman-Brown formula) for the total inventory to be 0.95 and test-retest reliability to be 0.91; another study found the split-half reliability (Spearman-Brown formula) to be 0.95 and the test-retest reliability to be .94. Loesch and Rucker (1977), in their factor analysis of the CERS, found the instrument to be a "useful indicator of trainee performance during initial and closely supervised counseling situations" (p. 216).

## Data Analysis

### *Overview*

The methods and procedures used in this study and previously explained in the sections above are rounded out by the following descriptions of statistical procedures that are germane to this study.

*Effect size, power and observed probability values.* Cohen's operationally defined ranges of small, medium and large effect size were used in accessing the practical significance of a particular analysis. "For the reader to fully understand the importance of your findings, it is almost always necessary to include some index of effect size or strength of relationship in your Results section" (American Psychological Association, 2001). When small sample sizes are used, and power is low, particular importance should be given to results that display a medium-to-large effect size, even when an observed  $p$ -value fails to reach the alpha criterion (Cohen, 1992). Whenever large sample sizes are used, results, which give a small effect size, can be thought as replicating a trivial effect (an effect that is probably the result of extraneous factors).

*Treatment of outliers using Cook's Distance.* It is a common practice in good data analysis procedures to examine a case in terms of how much leverage it has in influencing parameter estimates. A reasonable strategy in this approach is to calculate Cook's Distance for each observation, and to trim no more than 1%-10% of the largest Cook's Distances (Fox, 1991). In this study, the SPSS procedure that implements univariate GLM (general linear model) was used to calculate these values. Three observations were deleted in the CERS scores for faculty supervisors (out of 29), and two observations were deleted in the CERS scores for doctoral supervisor raters (out of 29)

*Factor analysis of the Personal Orientation Inventory.* A factor analysis was used in the present study ( $R_c = 0.71$ ) to derive an optimal set of weights that when combined give an overall summary measure on the POI. Several researchers have previously reported that the Personal Orientation Inventory contains factors within the twelve scales that account for large amounts of the prediction power (Faillace, 1976; Graff, Bradshaw, Danish, Austin, and Altekruze, 1970). Graff et al. (1970), while examining the relationship between the POI scales and the effectiveness of dormitory assistants, identified four factors within the POI subsets that contributed the most predictive power. They included Inner Directed (I), Self Actualizing Value (SAV), Spontaneity (S), and Acceptance of Aggression (A). These four factors, using the Wilks' lambdas, resulted in a canonical correlation of  $R_c = 0.72$ , and the canonical correlation can be viewed as a predictive validity coefficient.

*Analysis of variance (ANOVA), statistical method.* This study included two separate analyses that used two independent variables in two-way, independent-groups,

ANOVA designs. A simple effects pairwise comparison measure was used to further demonstrate the difference within groups. The results are included in the next chapter.

#### Limitations of the Study

The following are some of the limitations of this study:

1. This study relied on intact-groups, convenience-sampling method, and participants were volunteers. Independence of scores is potentially influenced because students could not be randomly assigned. Significant differences resulting from this study could be the consequence of nonequivalent groups rather than the independent variables.

2. This study was limited to a single counselor education program and did not compare other similar settings for self-awareness in counselor trainees.

3. This study was conducted during the course of a single semester, and the data was gathered through a single administration, which means that there was only a one time-frame sampling.

4. Selection of participants within this study was limited to volunteers from a counselor education program at a North Texas university. The study included a relatively small sample ( $N=29$ ) and may not be a representative ethnic sample.

5. In addition to the practicum and the different levels of self-awareness, the students within this study were also enrolled in other courses, had different levels of counselor development, and were impacted by other life experiences that may have affected their counseling performance.

6. Another possible source of variance within this study comes from the many different supervisors who participated. One supervisor's rating of levels of counseling

effectiveness may differ from another's levels of effectiveness. Supervisors were required to have a minimum of one-hour triadic supervision for at least 10 weeks with the supervisee they were rating, however, this descriptive study did not allow for control over supervisor variance in ratings.

7. Faculty and doctoral supervisors who completed the Counselor Evaluation Scale, and students who completed the Personal Orientation Inventory were aware that they were tested. Referred to as reactive measurements, these inventories may have changed what the researcher was attempting to study (Huck, 2000).

8. The practice of observing and evaluating multiple counselors in sequence, while common, has been demonstrated to produce results wherein earlier observations serve as referents for subsequent observations. The order of presentation has been shown to affect the ratings of performance for counselors (Newman and Fuqua, 1992).

9. An issue of duality may exist concerning the multiple roles that counselor educators may play, including faculty supervisors, while teaching courses that have an experiential component that requires students to engage in behaviors that lead to self-awareness (Donigian, 1993).

10. Measures of self-awareness and counselor effectiveness were limited by definition, in accordance to the Personal Orientation Inventory and the Counselor Evaluation Rating Scale, respectively.

11. This was an inferential correlational study. The design of the study is classified as descriptive; cause-and-effect relationship cannot be determined from the results (Huck, 2000). Such studies can determine whether a relationship between

variables exists but cannot discern causation nor account for mediating variables.



## CHAPTER 3

### RESULTS AND DISCUSSION

This chapter presents the results of the exploration of the relationship between counselor self-awareness and counselor effectiveness as well as a discussion of the findings. The purpose of this study was to contribute to the knowledge of counseling effectiveness and to explore the counselor characteristic, self-awareness, as described in the Gestalt Therapy literature, which contributes to counseling effectiveness. This study employed a quantitative inferential data examination of counselor self-awareness and counselor effectiveness to explore possible correlations between student counselors' self-awareness and the supervisors' perceptions of students' counseling effectiveness all occurring within a master's level practicum setting. The analysis procedures described in chapter 2 were implemented, and the results are presented in this chapter. Included also in this chapter are a discussion of the implications of the findings and recommendations for further research.

#### Results

##### *Reliability*

*Internal consistency reliability of POI.* An internal consistency reliability coefficient (Cronbach's Alpha) was calculated for the POI using the reliability procedure in SPSS. Cronbach's alpha was calculated to be  $r = 0.87$  for 12 items and 29 cases.

*Predictive validity of the POI with the CERS.* The SPSS procedure CANCE

was used to calculate a canonical correlation between the set of CERS measures for faculty and doctoral student supervisors and the set of POI subscales. A canonical correlation algorithm maximizes the correlation between two sets of optimally weighted variables. That is, weights are chosen in such a way as to maximize the canonical correlation between the two sets of variables. In this sense, the canonical correlation can be thought of as a predictive validity coefficient for the CERS scores by predicting the POI subscales (or vice versa), given that the CERS and the POI measure similar content in their respective domains (McDonald, 1999). The canonical correlation was calculated to be  $R_c = .70$  between the CERS and the POI inventories. Here, the canonical correlation is meant to be descriptive (a reliability measure) and is not being used as an inferential procedure (observed probability values and confidence intervals are not germane to our purposes).

*Internal consistency of CERS for faculty supervisors.* An internal consistency reliability coefficient (Cronbach's alpha) can be calculated using a two-way ANOVA summary table (Haggard, 1958 – see p. 57, Table 4 & p. 61, Table 5). An internal consistency reliability coefficient was calculated for the counselors' CERS total as rated by faculty supervisor raters, for the significant interaction effect reported in Table 4. The internal consistency reliability was  $r = 0.76$ , indicating an acceptable reliability coefficient.

*Internal consistency of CERS for doctoral supervisors.* An internal consistency reliability coefficient was calculated for the counselors' CERS totals as rated by doctoral supervisor raters, for the significant main effect reported in Table 8. The internal

consistency reliability was  $r = 0.61$ , indicating a low reliability coefficient. It is sometimes incorrectly argued that a high reliability coefficient is necessary for a dependent measure when being used in a between-groups analysis (either t test or ANOVA). However, this is not the case. The goals of scale development and statistical inference are somewhat different, and this confusion can lead to surprising paradoxes when trying to achieve high reliability while at the same time maximizing power in a between-groups statistical inference (Williams & Zimmerman, 1986). A statistically significant statistical inference for ANOVA results (with high power), based on a medium-to-low reliability coefficient, will still produce a finding that has a high probability of being replicated.

#### *Factor Analysis of the Personal Orientation Inventory*

An orthogonal (varimax) rotation and a non-orthogonal rotation (promax) were performed, and factor weights were produced. A structure matrix that included two factors between the twelve subscales produced a factor correlation coefficient of  $r = 0.71$ , indicating that there was a high correlation between these two factors. There were cross-loadings on the two factors, implying correlation of factors or poor discrimination across factors. Examination of the factor weights and the extraction sums of squared loadings revealed that 51% of variance could be accounted for by knowledge of the subscales. Further analysis was performed using the extraction method, image factoring, and that resulted in a single factor extracted from all the 12 POI subscales that accounted for over 51% of the total predictive power (see Table 2). The students' mean scores on this factor-analyzed construct became a predictor variable (SAFAC\_MS) in the present study.

*Analysis of Variance with Faculty CERS Total Score as Dependent Measure- Hypothesis*

*1-3*

Table 2

*Self-Awareness Weighted Factor Composite (Produced by an Image Factoring  
Extraction Method as Applied to the Personal Orientation Inventory [POI])*

| 12 Scales on the POI              | Factor |
|-----------------------------------|--------|
|                                   | 1      |
| Inner-Directed (I)                | 0.983  |
| Capacity for Intimate Contact (C) | 0.875  |
| Existentiality (EX)               | 0.835  |
| Self- Acceptance (SA)             | 0.811  |
| Spontaneity (S)                   | 0.796  |
| Acceptance of Aggression (A)      | 0.790  |
| Self-Regard (SR)                  | 0.764  |
| Feeling Reactivity (FR)           | 0.709  |
| Self-Actualizing Value (SAV)      | 0.641  |
| Nature of Man, Constructive (NC)  | 0.368  |
| Time Competent (TC)               | 0.274  |
| Synergy (SY)                      | 0.263  |

*Percent of Variance Between the Twelve (12) Scales on the Personal Orientation  
Inventory Accounted for By a Single Factor Solution*

| Factor | Initial Eigenvalues |                  |                 | Extraction sums of squared loadings |               |                 |
|--------|---------------------|------------------|-----------------|-------------------------------------|---------------|-----------------|
|        | Total               | % of<br>Variance | Cumulative<br>% | Total                               | % of Variance | Cumulative<br>% |
| 1      | 6.422               | 53.514           | 53.514          | 6.122                               | 51.016        | 51.016          |

1. There will be no statistically significant difference on the faculty supervisors' CERS total score between the low self-awareness counselor group and the high self-awareness counselor group (SAFAC\_MS).
2. There will be no statistically significant difference on the faculty supervisors' CERS total score between the younger counselor group and the older counselor group (AGE\_GRP).
3. There will be no statistically significant interaction between the counseling practicum student's low/high self-awareness levels, and their age levels (SAFAC\_MS by AGE\_GRP), with faculty supervisors' CERS total score as the dependent measure.

Two independent variables were used in two-way, independent groups, ANOVA design. The first independent variable was the counselors' POI inventory score transformed into a weighted composite, which was then dichotomously scaled. The weighted composite (factor score) was created using factor analysis with a non-orthogonal rotation (promax), which resulted in a one-factor solution. Each counselor's factor score were subsequently coded into a low/high indicator variable (low self-awareness vs. high self-awareness) using the median factor score as the cut point (SAFAC\_MS – self-awareness factor scores median split).

The second independent variable was a dichotomously coded age variable (AGE\_GRP - younger/older age groups). The younger group consisted of ages 20-35 ( $n=14$ ) and the older group consisted of ages 36-50 ( $n=12$ ). The dependent variable consisted of the sum total on the Counselor Evaluation Rating Scale (CERS) as rated by faculty supervisors.

Descriptive statistics for the CERS for faculty supervisors separated by counselors' age and awareness factors are shown in Table 3.

A two-way independent groups ANOVA revealed a statistically significant interaction between awareness (high/low) and age (younger/older) on the mean CERS

Table 3

*Faculty Supervisors' Mean Scores for Student's Effectiveness (CEFACTOT) and the Students' Low (1) and High (2) Factored Self-Awareness Scores (SAFAC\_MS) and Their Ages (AGE-GRP 1 & 2)*

| AGE_GROUP | SAFAC_MS | Mean     | Std. deviation | N  |
|-----------|----------|----------|----------------|----|
| 1-younger | 1-low    | 151.000  | 24.8274        | 6  |
|           | 2-high   | 142.000  | 32.6190        | 8  |
|           | Total    | 145.8571 | 28.8334        | 14 |
| 2-older   | 1        | 124.8333 | 21.1227        | 6  |
|           | 2        | 169.6667 | 14.1374        | 6  |
|           | Total    | 147.2500 | 29.0145        | 12 |
| Total     | 1        | 137.9167 | 25.8789        | 12 |
|           | 2        | 153.8571 | 29.1834        | 14 |
|           | Total    | 146.5000 | 28.3411        | 26 |

total as rated by faculty supervisors ( $F = 7.413$ ;  $df = 1/25$ ;  $p = 0.01$ ;  $f^2 = 0.34$  (large effect); power = 0.74 (see Table 4).

A simple effects pairwise comparison measure further demonstrated that the difference between older students' (AGE\_GRP=2) mean scores on the CERS total as rated by faculty supervisors, for the low/high self-awareness independent variable

(SAFAC\_MS) was statistically significant with an alpha level of 0.05 (mean difference = 44.833;  $p = 0.005^*$ ) (see Table 5). The low self-awareness group mean scores on the CERS total for older counselors was  $M = 124.833$ , and  $M = 169.67$  for the high self-awareness group.

Table 4

*Main Interaction Effect Between Faculty Supervisors' Ratings (CEFACTOT) and Students' (N=26) Ages (AGE\_GRP\_1 & 2) and the Students' Low (1) and High (2) Self-Awareness Measures (SAFAC\_MS)*

| Source               | df | F     | Sig. <sup>a</sup> | Partial eta <sup>2</sup> ( $\eta^2$ ) | Observed power <sup>a</sup> |
|----------------------|----|-------|-------------------|---------------------------------------|-----------------------------|
| AGE_GRP              | 1  | 0.006 | 0.94              | 0.00                                  | 0.05                        |
| SAFAC_MS             | 1  | 3.285 | 0.08              | 0.13                                  | 0.04                        |
| AGE_GRP*<br>SAFAC_MS | 1  | 7.413 | 0.01*             | 0.252 <sup>b</sup>                    | 0.74                        |
| Error                | 25 |       |                   |                                       |                             |
| Total                | 26 |       |                   |                                       |                             |

<sup>a</sup> Computed using alpha = 0.05.

\*  $p < 0.05$ .

<sup>b</sup> Note. Cohen's  $f^2 = \frac{\eta^2}{1-\eta^2} = \frac{(0.252)}{1-(0.252)} = 0.34$  (large effect size).

A medium to large effect size =  $f^2 \geq 0.15 \leq 0.35$  (Cohen, 1992, p.157).

Figure 1 shows the significant interaction plot between age level of counselors and self-awareness level of counselors for the mean CERS total scores as rated by the faculty supervisors.



Table 5

*Simple Effects- Pairwise Comparisons for Faculty Supervisors' Means Scores on the CERS (CEFACTOT) and Interaction With Students Ages (AGE\_GRP\_1 & 2) and Levels of Low and High Self-Awareness (SAFAC\_MS)*

| AGE_GRP    | (I)<br>SAFAC_MS | (J)<br>SAFAC_MS | Mean<br>difference<br>(I-J) | Std. error | Sig. <sup>a</sup> |
|------------|-----------------|-----------------|-----------------------------|------------|-------------------|
| 1- younger | 1 low           | 2               | 9.000                       | 13.507     | 0.512             |
|            | 2 high          | 1               | -9.000                      | 13.507     | 0.512             |
| 2 - older  | 1               | 2               | -44.833                     | 14.439     | 0.005*            |
|            | 2               | 1               | 044.833                     | 14.439     | 0.005*            |

The mean difference is significant at the 0.05 level

*Analysis of Variance With Doctoral Supervisors CERS Total Score as Dependent*

*Measure-Hypothesis 4-6.*

4. There will be no statistically significant difference on the doctoral supervisors' CERS total score between the low self-awareness counselor group and the high self-awareness counselor group (SAFAC\_MS).

5. There will be no statistically significant difference on the doctoral supervisors' CERS total score between the younger counselor group and the older counselor group (AGE\_GRP).

6. There will be no statistically significant interaction between the counseling practicum students' low/high self-awareness levels, and their age levels (SAFAC\_MS by AGE\_GRP), with doctoral supervisor's CERS total score as the dependent measure.

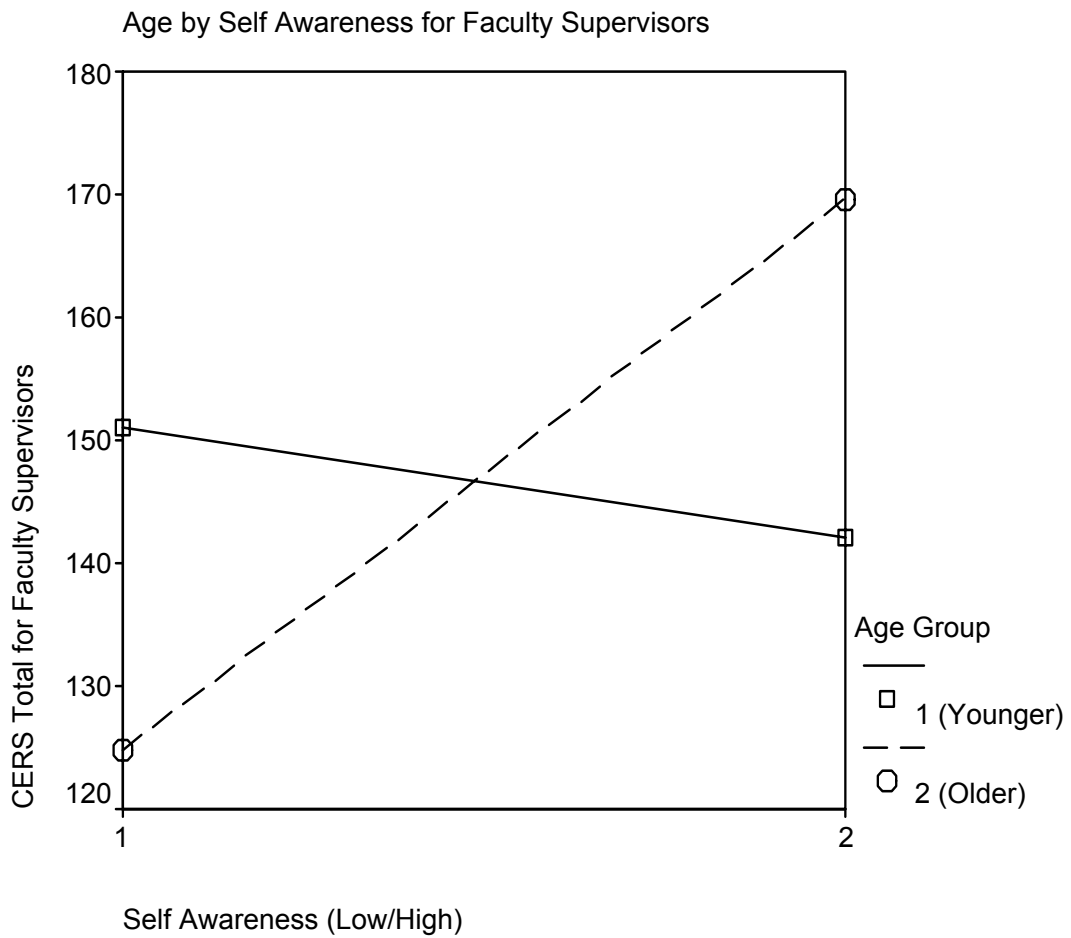


Figure 1. Main interaction effect between the faculty supervisors' ratings of students' effectiveness and the students' age groups and their levels of low/high self-awareness.

The independent variables, age levels and self-awareness levels, were used in two-way independent-groups ANOVA as previously outlined. The counselor's CERS total score as rated by the doctoral supervisor was the dependent measure. Descriptive statistics for the CERS for doctoral supervisors separated by counselors' age and awareness factors are shown in Table 7.

Table 6

*Doctoral Supervisors' Mean Scores for Student's Effectiveness (CEDOCTOT) and the Students' Low (1) and High (2) Factored Self-Awareness Scores (SAFAC\_MS) and Their Ages (AGE-GRP 1 & 2)*

| AGE_GROUP    | SAFAC_MS | Mean     | Std. deviation | N  |
|--------------|----------|----------|----------------|----|
| 1 (Younger)  | 1 (Low)  | 158.5000 | 13.4425        | 6  |
|              | 2 (High) | 143.6250 | 23.9937        | 8  |
|              | Total    | 150.000  | 20.9248        | 14 |
| 2 (Older)    | 1 (Low)  | 136.5714 | 15.8415        | 7  |
|              | 2 (High) | 135.5000 | 20.3445        | 6  |
|              | Total    | 136.0769 | 17.2697        | 13 |
| Total (N=26) | 1 (Low)  | 146.6923 | 18.1723        | 13 |
|              | 2 (High) | 140.1429 | 22.0589        | 14 |
|              | Total    | 143.2963 | 20.1701        | 27 |

Moreover, the weighted factor composite scores of the POI were used as the “self-awareness” independent variable as previously outlined. A two-way independent groups ANOVA revealed a statistically significant main effect between students' age groups (AGE\_GRP) for the counselors' CERS total score as rated by the doctoral supervisors (CEDOCTOT). ( $F = 4.061$ ;  $df = 1/23$ ;  $p = 0.05$ ;  $f^2 = 0.18$  (medium-to-large effect); power = 0.49 (see Table 8).

Table 7

*Main Effect Between Doctoral Supervisors' Ratings (CEFACTOT) and Students' (N=27) Ages (AGE\_GRP\_1 & 2), and the Students' Low (1) and High (2) Self-Awareness Measures (SAFAC\_MS)*

| Source               | Df | F     | Sig.  | Partial eta <sup>2</sup> ( $\eta^2$ ) | Observed power <sup>a</sup> |
|----------------------|----|-------|-------|---------------------------------------|-----------------------------|
| AGE_GRP              | 1  | 4.061 | 0.05* | 0.15                                  | 0.49                        |
| SAFAC_MS             | 1  | 1.143 | 0.30  | 0.05                                  | 0.18                        |
| AGE_GRP*<br>SAFAC_MS | 1  | 0.857 | 0.36  | 0.04 <sup>b</sup>                     | 0.14                        |
| Error                | 23 |       |       |                                       |                             |
| Total                | 27 |       |       |                                       |                             |

\* Significant at  $p \leq 0.05$ .

<sup>b</sup> Note. Cohen's  $f^2 = \frac{\eta^2}{1 - \eta^2} = \frac{(0.04)}{1 - (0.04)}$  (small-to-medium effect size for interaction between age-levels, self-awareness levels and doctoral scores on the CERS) (Cohen, 1992, p.157).

Additionally, the ANOVA revealed a statistically nonsignificant interaction between awareness (high/low) and age (younger/older) for counselors on the mean CERS total score as rated by doctoral student supervisors ( $F = 0.857$ ;  $df = 1/23$ ;  $p = 0.36$ ;  $f^2 = 0.04$  (small to medium effect); power = 0.14 (see Table 8). This finding should be noted as worthy of attention considering the low power associated with this statistical test and all things being equal, increasing the practica sample groups sizes, by approximately 20 people each, would increase the observed power of 0.14 to an acceptable level, thereby increasing the chances that an effect size of 0.04 would be statistically significant. Given the aforementioned results for the faculty supervisors, a small-to-medium effect size

would be considered a theoretically important result. Figure 2 displays the non-significant interaction between age levels and self-awareness levels for the CERS total of doctoral supervisors.

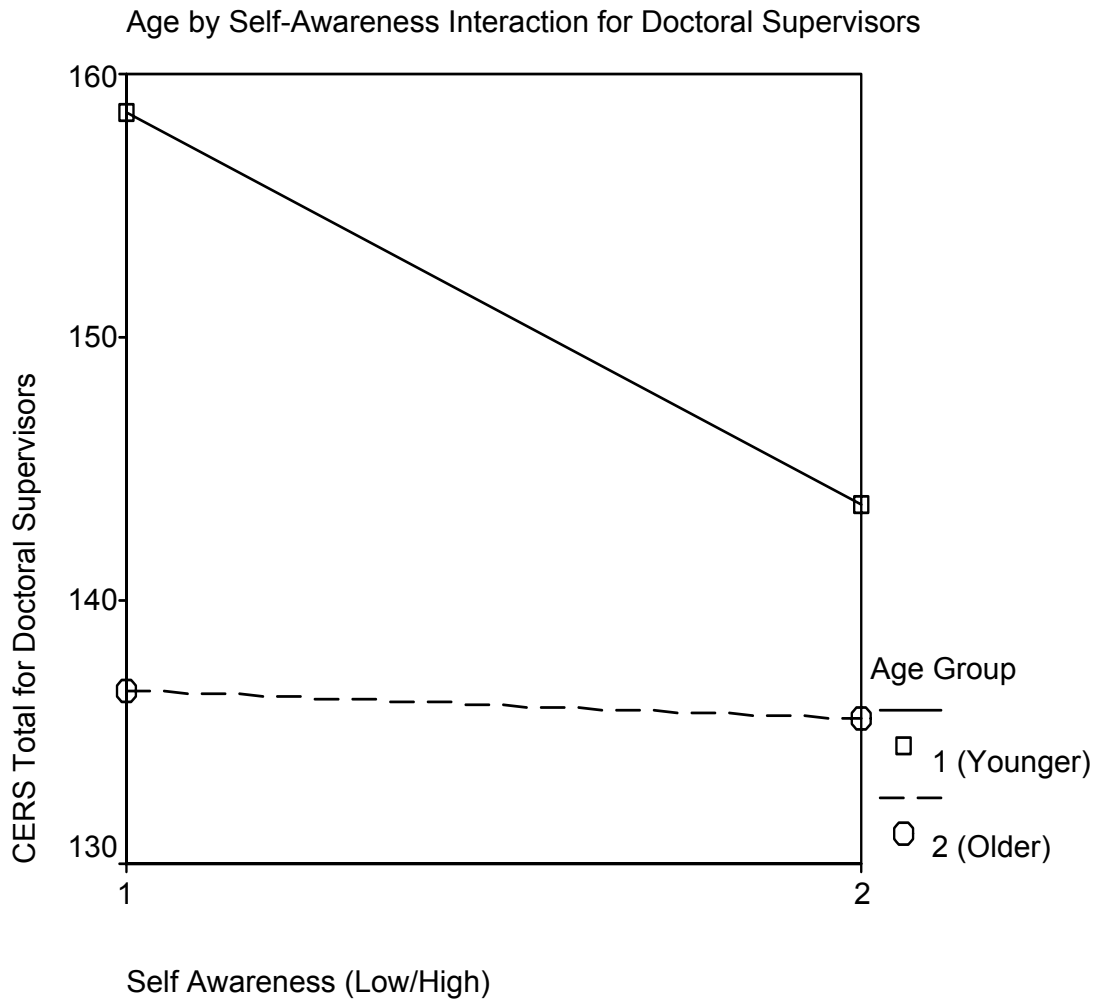


Figure 2. Main interaction effect between the doctoral supervisors' ratings of students' effectiveness and the students' age groups and their levels of low/high self-awareness.

## Discussion

The study was purposely designed for investigating an assumed relationship between the construct of counselor self-awareness and effective counseling outcome. Specifically, the study focused on the effect that the counseling practicum students' levels of self-awareness, when examined from the perspective of self-awareness as described in the Gestalt Therapy literature, would have on the students' perceived effectiveness, when measured by faculty and doctoral supervisors.

### *Counselor Self-Awareness, Age, and Effectiveness Results for Faculty Supervisors*

Hypotheses 1-3 first dealt with the effect that the two groups of students' with levels of either low self-awareness or levels of high self-awareness would have upon the faculty supervisors' ratings of the students' counseling effectiveness. The same question was asked regarding the two different age groups of these practicum students, younger and older, and the effects upon their counseling effectiveness perceived by the faculty supervisors. Finally, the question was whether or not there is a statistically significant interaction between the counseling practicum students' low/high self-awareness levels and their age levels, with faculty supervisors' effectiveness ratings as the dependent measure.

The analysis that was performed to test the hypothesized interaction between the students' levels of low/high self-awareness, students' younger/older age groups, and the students' counseling effectiveness as measured by the faculty supervisors was found to be statistically significant and produced a large effect size coefficient. The results demonstrated that the older counselors who rated themselves higher in self-awareness

were perceived as performing in a more effective style by the faculty supervisors. Older students who rated themselves lower in self-awareness were perceived as less effective by the faculty supervisors. In the younger students' age group, the interaction between self-awareness and perceived effectiveness was small, although one cannot from that deduce that there is no relationship between self-awareness and effectiveness.

When looking at the differences within the faculty supervisors' ratings, the simple effects pairwise comparison demonstrated that the faculty supervisors actually differentiated more intensely within the group of older students and their degrees of self-awareness and the degrees of their effectiveness. In other words, the older students who self-reported low self-awareness were rated less effective, and the older students who self-reported more self awareness were rated more effective.

This was not the case within the younger practicum students' age group. There was no statistically significant interaction between the students' low/high self-awareness levels and the faculty supervisors' ratings of effectiveness. Interestingly, even though there was no significant interaction effect, the faculty actually rated the younger students who self-reported higher self-awareness as being less effective than the younger students who reported lower self-awareness. Two considerations arise. Did the younger students self-report an inflated sense of self-awareness level and then fail to produce effective counseling, or did differences within the faculty supervisors produce different effectiveness results for the younger more self-aware students than the older more self-aware students? There is not a way within this study to determine an answer. No faculty supervisors rated the same student, no doctoral supervisors rated the same students, and

the faculty supervisor and the doctoral supervisor who did provide the same student with two ratings were, for the purposes of this study, analyzed separately. All that can be stated is that the faculty supervisors rated the younger students ( $M= 145.8$ ) and the older students ( $M=147.2$ ) as being similar overall in counseling effectiveness; yet within the older group, a statistically significant interaction between effectiveness and the students' reporting low/ high self-awareness was noted.

*Counselor Self-Awareness, Age, and Effectiveness Results for Doctoral Supervisors.*

Within this study, the students' ages affected the measurement of their effectiveness by the doctoral supervisors in a statistically significant way. In other words, regardless of the students' levels of low/high self-awareness, the younger students were rated more effective ( $M= 150.$ ), and the older students were rated less effective ( $M=136.$ ).

In addition, when looking beyond the significant main effect of age, the doctoral supervisors rated the younger, and to a lesser degree, older students who reported higher self-awareness levels as being less effective counselors, and students' reporting lower self-awareness as being more effective. Again, in this study there is no way to determine if the students' underrated/overrated their levels of self-awareness and did not demonstrate a corresponding level of effectiveness, or if differences within the doctoral supervisors affected the interaction between self-awareness and effectiveness. One way to check this out would be to have a faculty supervisor and a doctoral supervisor rate the same student and check the inter-rater reliability of the ratings to see if the differences between self-awareness and effectiveness was a result of differences in the raters. Another way is to have an additional self-reported self-awareness measure that could be



viewed to determine inconsistencies in the students' responses, or even a measure of the students' self-awareness that was completed by an objective rater. This would allow for a more accurate determination of the students' measures of self-awareness. Neither of these conditions existed within this study.

In addition, although there was a statistically nonsignificant interaction between awareness (high/low) and age (younger/older) for counselors as rated by doctoral supervisors, there was a small to medium effect size ( $f^2 = 0.04$ ) with low power (0.14). The implication is, considering the low power associated with this statistical test, and all things being equal, increasing the sample size would increase the observed power of 0.14 to an acceptable level, thereby increasing the chances that an effect size of 0.04 would be statistically significant. Therefore, the interaction between students' levels of self-awareness, their ages, and the effectiveness ratings of the doctoral supervisors may reach a level of statistical significance. Prudence requires mentioning again that, for the doctoral students, there was a disordinal interaction between students' ages, students' levels of self-awareness, and students' effectiveness; in other words, for both younger and older students, the students that reported higher self-awareness were rated lower in effectiveness, and the students reporting lower self-awareness were rated higher. That said, it is still noteworthy that with a larger sample size there is an increased likelihood that counselor self-awareness is related to counselor effectiveness when considering age and doctoral ratings.

### Summary

This was an exploratory study to discover the effect a practicum student's level of

self-awareness would have upon the student's counseling effectiveness as perceived by a faculty or doctoral supervisor and whether there was an effect that resulted from the student's age. The review of the literature shows the acceptance of self-awareness as a valid construct within counseling. "As noted in the literature, and by definition, many counselor educators agree that self-actualizing people are those who are self-aware, who experience life fully, and who take responsibility for their own actions" (Norman, 1986, p. 86). The literature also includes studies that stress the importance of counseling outcome, and the role of the practicum is considered essential in the overall efforts to provide a meaningful, in-depth, supervised learning experience.

The Personal Orientation Inventory was the instrument chosen to measure self-awareness, and the Counselor Evaluation Rating Scale was the instrument used to measure effectiveness. Two considerations are required. First, previous studies had demonstrated that the POI has been shown to contain overlapping factors within the scales (Faillace, 1976; Graff et al., 1970), and for the purpose of this study, a factor analysis of the POI was performed and a weighted composite measure was created. Secondly, Watts et al. (1995), in a study of the effects of early childhood experiences upon counseling effectiveness, demonstrated that the CERS results were affected by the counselor-trainees' ages. Age was included in this study as a predictor variable.

The investigative process within this study was designed to test the interaction between students' low/high self-awareness levels, students' age groups, and counseling effectiveness. Students were administered the Personal Orientation Inventory, and faculty supervisors and doctoral supervisors completed the Counselor Evaluation Rating Scale

for each of the students whom they supervised. The students' counseling sessions conducted within the respective practica were used for measuring their counseling effectiveness. The practicum settings provide students with supervised experience for development of professional skills. The students' practicum requirements include working with varieties of clients who come from within the university setting and the community-at-large. Counseling procedures include seeing clients for two to three hours per each week, for 40 total hours per semester while receiving one hour of individual or triadic supervision and one and one half hours of group supervision weekly.

The first three hypotheses stated that there would be no statistically significant difference between counselor self-awareness and effectiveness or between counselor age and effectiveness, and no statistically significant interaction between counselor levels of self-awareness, counselor age groups, and counselor effectiveness. The students' effectiveness score, based on ratings provided by the faculty supervisors was in each instance the dependent variable. An analysis of variance (ANOVA) method was used to test the hypotheses, and a pairwise comparison *t* test as a post hoc procedure was performed to measure the simple effect for the interaction between students' levels of self-awareness, age groups, and their effectiveness scores. The results of the analysis of variance and the pairwise comparison for simple effect indicated that there was a statistically significant interaction between students' levels of self-awareness, age groups, and effectiveness. The simple effect measure indicated that the older students' levels of low/high self-awareness were significantly interacting with the faculty supervisors' effectiveness ratings. There was a large effect size coefficient produced by this

interaction. The results of the data supported rejecting the interaction effect null hypothesis.

The second series of hypotheses, four to six, stated that there would be no significant difference between counselor self-awareness and effectiveness, no difference between counselor age and effectiveness, and no statistically significant interactions between counselor levels of self-awareness, counselor age groups, and counselor effectiveness. The students' effectiveness score, based on ratings provided by the doctoral supervisors was in each instance the dependent variable. An analysis of variance (ANOVA) method was used to test the hypotheses. The results of the analysis indicated that statistical significance was found for the main effect of the students' younger and older age groups upon the doctoral supervisors' ratings of effectiveness. Further review of the analysis reveals that, even though there was not a statistically significant interaction between awareness (high/low) and age (younger/older) for counselors as rated by doctoral supervisors, there was a significant practical small-to-medium effect size. The implication is, considering the low power associated with this statistical test and all things being equal, increasing the practicum sample groups sizes, by approximately 20 people, would increase the observed power of 0.14 to an acceptable level, thereby increasing the chances that an effect size of 0.04 would be statistically significant.

### Conclusion

The purpose of this study was to investigate the relationship between counselor self-awareness and counseling effectiveness. The students' levels of self-awareness were determined by using a weighted factor composite of the POI scales, and counselor

effectiveness was measured using the Counselor Evaluation Scale. The findings of this study supported the idea that self-awareness, when measured by faculty supervisors, is significantly related to counselor effectiveness when counselors' ages are taken into consideration. Although, when the doctoral supervisors measured effectiveness, the students' ages were the main effect, yet, there was still a small-to-medium effect size for the interaction between counselors' age levels, levels of self-awareness and counseling effectiveness

This study appears to confirm the findings of a similar study conducted by Foulds (1969). He concluded that

The ability to sensitively and accurately perceive the inner “being” or experiencing of another human being and to communicate this understanding to him; and the ability to be authentically real in a genuine encounter without defensive phoniness or without hiding behind the mask or facade of a professional role seems to be related to psychological well-being or self-actualization, as measured by the POI. (p. 134)

The findings of this study are also similar to the results of a study conducted by Grzegorek and Kagan (1974) that demonstrated a statistically significant effect on counselor performance when the counselors were trained using an affective training model instead of a cognitive training model. The authors stated

It seems safe to conclude that this study provides evidence in support of encouraging prison counselor trainees to learn about and “own up to” their own feelings if they are to make significant gains in the course of learning how

engage in therapeutic dialogue with inmate clients. (p. 114)

In addition, the findings of this study add support to the literature that previously showed efficacious results for the POI measure. The significant interaction between the older practicum students' scores on the weighted factor composite of the POI scales, and the faculty supervisors' measures of the students' increased counselor effectiveness, suggest that faculty supervisors view the factors that the Personal Orientation Inventory measure as being positive attributes of a counseling practicum student.

#### Implications of the Study

The study found statistical significance and a large effect size, which indicated that for the counseling practicum students in the older age group (35-50+) with self-reported levels of high self-awareness, there were matching high effectiveness ratings from the faculty supervisors. Similarly, when the older students' reported low self-awareness, they were seen as less effective by the faculty supervisors. For practicum students' supervised by doctoral supervisors, the younger students were seen as more effective, and the older students were seen as less effective, irrespective of the students' reported levels of self-awareness. There was a small to medium effect size for the interaction between students' ages, students' levels of self-awareness, and students' effectiveness, as rated by doctoral supervisors. With an increased number of participants, this effect would trend toward statistical significance.

The implications of this study require several considerations. Included are (a) identifying the important contributing factors for the increased levels of self-awareness within the older practicum students and (b) exploring the differences between the faculty

and doctoral supervisors' ratings, and the students' different levels of self-awareness within different age groups.

*Identifying Important Factors Contributing to Increased Levels of Self-Awareness*

When looking at the counselor, it is important to ask what qualities were identified within the older more self-aware counselor that contributed to the higher effectiveness ratings. The Personal Orientation Inventory (POI) was used as a self-awareness measure, and a weighted composite (factor score) of the 12 POI scales was created. The decision to view the results from a factor analysis of the POI scales as a measurement of self-awareness is supported by previously conducted similar studies (see Faillace, 1976; Graff et al., 1970). There is much similarity between the content of the POI's scales, as defined by its creator, Shostrom (1963), and the ideas, beliefs, and practices that are contained within the Gestalt Therapy literature. Gestalt Therapy principles are highly correlated with the factors contained in the POI scales, and these principles can be viewed as making a sizeable contribution to the statistically significant interaction between older, more self-aware students and the faculty supervisors' perception of their increased counseling effectiveness.

The counselors' personal qualities, that in this study contributed (had the highest factor loadings on the POI) greatest to the interaction between the students' age groups, self-awareness levels, and their perceived effectiveness, are reviewed below. In addition, the items' definitions found in *The POI Handbook* (1990) are provided, and the definitions are then compared with material from the Gestalt Therapy literature that identifies the most closely related Gestalt principles.

1. *Inner-Directedness*- “Inner Directed, or self-directed persons are guided primarily by internalized principles and motivations while other-directed persons are, to a great extent, influenced by their peer group or other external forces” (Knapp, 1990, p. 5).

Yontef (1979) observed and wrote within the Gestalt literature that, similar to the construct of inner-directedness, awareness is a process of having knowledge of one’s own choices for one’s behavior and feelings and of accepting “ownership.” Literally, “response-ability,” is the ability to respond and to act as the primary agent in deciding one’s own behavior. Personal empowerment is gained through knowing one’s own experience and life space and what powers one has and does not have. Full awareness is equivalent to being “response-able”; one cannot be responsible without being aware.

Perls (1970) regarded maturation as the process of responsibility and awareness of the inner locus of control and support. He believed, “You can let the organism take over without interfering, without interrupting. We can rely on the wisdom of the organism” (Perls, 1969, p. 16). Yontef (1979) added, “We allow each person to regulate himself without substituting an extrinsic goal of ours [therapist] for their mode of self-regulation” (p. 35).

In later writings, Yontef (1993a) described the antithesis of inner-directedness: From the earliest moments in life, individuals face external socializing forces, e.g. demands, ideals, modeling, etc. These external standards can be automatically rejected, considered, and integrated/rejected, or automatically accepted and taken in. This last possibility is introjecting or taking in without assimilation, shouldistic regulation is based on introjected shoulds and introjecting. Shoulds are *ought*



statements, which tell the individual how to regulate his behavior by external standards in isolation from internal needs and weighing of internal priorities. Shoulds are fixed entities rather than organismic processes, and lack flexibility and responsiveness. Once the person begins shouldistic regulation, he generates new shoulds, which are imposed on the self by the self and not an imperative of the whole self. (p. 213)

2. *Capacity for Intimate Contact* “refers to the ability to develop contactful intimate relationships with other human beings, unencumbered by expectations and obligations. This includes the ability to develop meaningful, contactful, relationships with other human beings, rather than experiencing difficulty with warm interpersonal relationships” (Knapp, 1990, p. 5).

Within the Gestalt Therapy literature, the capacity for intimate contact occurs both on the organismic level and the interpersonal level. First, on the organismic level, Yontef (1993a) cited Perls, et al. (1951), who described the contacting process as, “ ‘the work that results in assimilation and growth’; it ‘is the forming of a figure of interest against a ground or context of the organism/environment field’” (p. 207). Continuing, Yontef quoted Jacobs (1989), who indicated that on the interpersonal level, contact exists within an I-Thou context, and the process that Buber describes as “dialogue” (p.26) is encouraged and developed. Yontef acknowledged Farber (1966), who wrote that the I-Thou relationship has the qualities of immediacy, directness, presentness, and mutuality. “It is a full-bodied turning-toward-the-other, a surrender to, and trust of, the ‘between’” (p.27). Yontef (1993a) viewed intimate contact through dialogue as being

What happens when two persons meet together as persons, where each person is impacted on and responsive to the other, I and Thou. It is not a sequence of prepared monologues. It is a specialized form of contact. It is the latter sense that the term is used in gestalt therapy. (p. 204)

Contact, while providing a connection to others, still allows a person to maintain a separate existence, autonomy. Conversely, the lack of intimate contact is described as confluence, or “the absence of differentiation between self and other, a surrender to sameness”(Yontef, 1993a, p. 208). Either loss of the withdrawal or isolating process, or over-reliance on withdrawal--avoiding and isolating—destroys intimate contact.

Contact within a counseling relationship adhering to the principles of Gestalt Therapy involves “living rather than talking about living” (p. 235). The contact is more experiential than analytical, and the healing dialogue occurs in the present tense. “Gestalt therapists let emerge the full liveliness resulting from the meeting together”(p. 235) (Yontef, 1993a).

3. *Existentiality*, according to Knapp (1990), refers to flexibility and tolerance. It is an ability to react within a situation without rigidity or intolerance, not moribund by fixed principles and to do this in an immediate, or existential manner. Existentiality measures one's flexibility and adaptability in applying values or principles to one's life, which includes the good judgment needed to be more or less determined by these principles. Rather, flexibility is encouraged when applying values, and a tendency for students to hold to values so rigidly that they become compulsive or dogmatic is discouraged.

From a Gestalt Therapy perspective,

An existential dialogue is what happens when two persons meet together as persons, where each person is impacted on and responsive to the other, I and Thou. It is not a sequence of prepared monologues. It is a specialized form of contact. It is this latter sense that the term is used in gestalt therapy. (Yontef, 1993a, p. 204)

Yontef (1993a) cited Simkin, who believed that the sense in which Gestalt therapy is existential refers to a particular attitude toward relating that is a defining feature of Gestalt Therapy. Jacobs (as cited in Yontef, 1993a) wrote that, I-Thou is the particular kind of contact discussed by Buber that is needed for a successful therapeutic relationship. I-Thou as a special mutual form of inter-human meeting is perhaps the most highly developed form of contact. This is the relationship medium through which Awareness is increased and the patient restores his growth. (p.210)

4. *Self-Acceptance* implies the affirmation or acceptance of oneself in spite of one's weaknesses or deficiencies rather than an inability to accept one's weakness (Knapp, 1990).

Self-acceptance, within the Gestalt literature, supports organismically determined growth, and there is a benefit in accepting oneself rather than prematurely trying to change oneself. There is a critical distinction between attempting to change by imposing change, having shoulds, and judging oneself, for example, and changing by increasing Awareness and self acceptance, that is, by a feeling of recognition of how one is. With the latter one can know one's self and grow with Organismic Self Regulation, whereas,

with the change agent approach, one splits into forces pushing for adherence to an ideal and forces resisting (Yontef, 1993a).

The factors listed above can be seen as a composite view of the practicum students' characteristics that largely contributed to this study's significant finding. A statistically significant interaction, with a large effect size, existed between the practicum students' levels of low/high self-awareness, the students' older age, and their counseling effectiveness as perceived by the faculty supervisors. In other words, the older students who rated themselves higher in self-awareness, apparently possessed increased levels of inner-directedness, a capacity for intimate contact, an existential orientation, and self-acceptance; these students were thought to characterize the most effective counselors according to the faculty supervisors. These same characteristics are explicitly described in the Gestalt Therapy literature as components within the practice of self-awareness.

*Exploring the Differences Between the Faculty and Doctoral Supervisors'*

*Ratings and the Students' Different Levels of Self-Awareness Within Different Age Groups.*

A main finding of this study is that the doctoral supervisors demonstrated a statistically significant difference in their ratings based upon the students' age groups. Younger students received higher effectiveness ratings than older students. Newman and Fuqua (1992), while conducting a study that observed the effects of order of presentation on perceptions of a counselor, reported that younger raters were influenced by the age of the participants. Watts et al. (1995), while studying perceived early childhood family influence and counseling effectiveness and using the Counselor Evaluation Rating Scale

by Myrick and Kelly (1971), determined that counselor trainees' ages were related to counseling effectiveness ratings.

The doctoral supervisors' effectiveness ratings interacted less with the students' levels of self-awareness and more with the students' age groups. One explanation for this might be that even though the younger students were grouped together in the practicum classes with older students, there was a difference in experience levels. Often, older students in counseling practicum classes are individuals who have been working in the counseling profession in schools and agencies and who have returned to obtain higher educational degrees or advanced licensing. Goodyear and Bernard (1998) reported that beginning trainees expressed needs within supervision for greater amounts of support, structure, and encouragement. Advanced trainees were shown to have more interest in focusing on personal issues that affect their work and on higher order skills. The doctoral supervisors' demonstrated preferential ratings (higher effectiveness scores) for the younger, possibly less experienced students, irrespective of the students' self-awareness. This phenomenon might be based on the doctoral supervisors' own levels of personal and professional development. Weaver (1986) reported that levels of self-awareness tend to increase as counselors move from lower levels of counselor development to higher levels (p. 45). Counselors who are keenly aware of their own development, frailties, competencies, and limitations are better prepared to direct their own intentionality in beneficial ways (Schmidt, 1984).

Ellis and Douce (1994) identified several conditions within the doctoral-level, novice, supervisors that may explain the difference between the faculty and doctoral-level

supervisors' ratings of student effectiveness in this study.

Novice supervisors may over identify with their supervisees and supervise, as they would have liked to be supervised when they were novice counselors. That is, supervisors may assume that the counselor's experiences with their academic program and with their counseling practicum are the same as their own experiences. Supervisors may also over identify with their own current counseling skill level (e.g., Stoltenberg, 1981). For example, if confrontation on personal reactions and feelings about the client is growth producing for the supervisor as counselor, then he or she may supervise with the same emphasis ("what's working for me now should work for the counselor"). Both of these over-identifications deny the individuality of the counselor and ignore the counselor's developmental level (e.g., Blocher, 1983; Loganbill et al., 1982; Stoltenberg, 1981). (p.523)

Conversely, the more experienced faculty supervisors' ratings indicated an interaction with the students' levels of self-reported self-awareness and the students' ages. The more experienced faculty supervisors appeared more interested in focusing on the issues that affected the students' effectiveness and on higher order skill.

Goodyear and Bernard (1998) cited Friedlander and Snyder, who reported that trainees with greater self-efficacy have been found to expect supervision that is more worthwhile and to require less structure from their supervisors. The authors cited Dowd, Milne, and Wise, who found another trait within trainees that affects their response to supervision is reactance potential—which refers to an individual's tendency to respond oppositionally when his or her freedom is constrained. Trainees who were high on

reactance preferred supervision that was low in structure, whereas those low in reactance preferred more structured supervision. Trainees' conceptual levels also affect their response to supervision. Goodyear and Bernard (1998) cited Winter and Holloway, who found that trainees with higher conceptual levels were less concerned about evaluation and requested more critical feedback from their supervisors.

Reinforcing the findings of this study are several studies that show the quality of the supervisory relationship affect outcome evaluations. Goodyear and Bernard (1998) cited a study by Dodenhoff, who showed that interpersonal attraction between trainee and supervisor predicted the favorableness of the trainee's evaluation. The authors pointed to a study by Turban, Jones, and Rozelle, who found that trainees who were liked by their supervisors received more support, more effort, and ultimately more favorable evaluations than disliked trainees. The findings of this study--that doctoral supervisors rated students according to ages and the younger students, closer in age to the doctoral supervisors, were rated more effective-- is substantiated by a Royal and Golden (1981) study reported by Goodyear and Bernard (1998). They found that attitude similarity between supervisor and trainee has a significant influence on evaluation.

Goodyear and Bernard (1998) cited Robiner, Fuhrman, and Ristvedt, who reported that the evaluation of overall trainee competence continues to be a "moving target with an elusive criterion" (p. 6). As the authors pointed out, numerous trainee attributes conceivably affect supervision processes and outcomes, and only a few are understood.

The existing literature, along with this study's findings, suggests that counselor

development within a supervisory process will be better understood when we understand better how our students' personal characteristics interact with the supervisors' interventions. Following the lines of this study, improved interaction between the trainee and the supervisor may result through an increased awareness of the levels of self-awareness in the student and in the supervisor (phenomenological awareness). In addition, an awareness of each other (existentiality, "being in a world"), and an awareness of the interaction between one another within the supervisory relationship (dialogical). Increased awareness in and between the students and supervisors in a practicum setting may be advanced by recognizing that faculty and doctoral supervisors appear to rate differently, and that the practicum students' ages seem to have a significant impact on their effectiveness as perceived by the supervisors.

#### Recommendations for Further Research

During the investigation of this study, areas of further research became apparent. They are as follows:

1. Counseling effectiveness is a desirable goal for students in a counseling practicum. The implication of this study is that a lack of self-awareness contributes to being perceived by more experienced supervisors as a less effective counselor. Further studies might examine the impact of self-awareness training activities--when included in the practicum experience or added as a component in the counselor education curriculum—upon counselor effectiveness.

2. A beneficial study would be to determine whether, or how, counselors who are settled into their professional careers maintain increased levels of self-awareness and



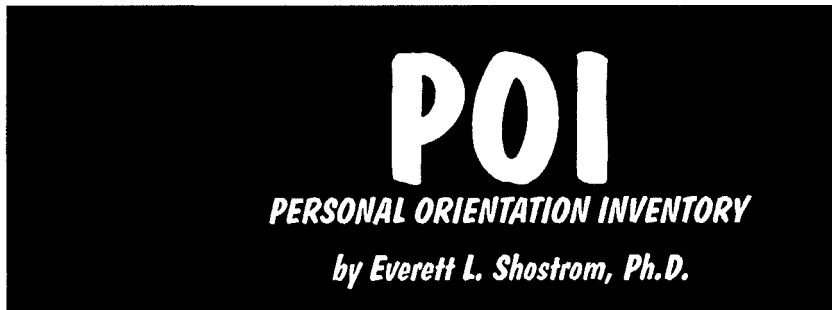
subsequently, effectiveness and if that results from their ongoing work; or if additional, continuing education opportunities providing ongoing self-awareness training are necessary.

3. Further studies may be conducted regarding which supervision approaches work better than others. Consideration should be given to the students' age levels and their levels-of self-awareness; while observing how these variables interact with the different levels of supervision experience between the faculty and doctoral-level supervisors. All of these variables need to be understood concerning their impact upon the measurement of counseling effectiveness.

4. This study's findings might suggest further research of the effects that increased counselor self-awareness may have for multiculturalism in counseling. A multicultural emphasis in counseling is to an extent a reemphasis of the need for increased counselor self-awareness.

APPENDIX A

PERSONAL ORIENTATION INVENTORY (SHOSTROM, 1963)



## **DIRECTIONS**

This inventory consists of pairs of numbered statements. Read each statement and decide which of the two paired statements most consistently applies to you.

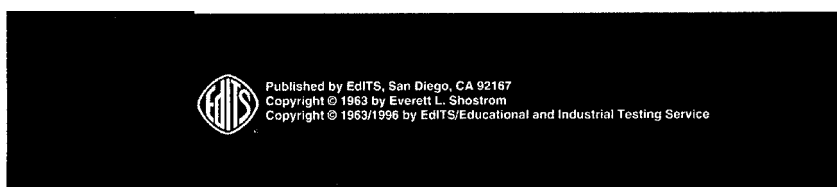
You are to mark your answers on the answer sheet you have. Look at the example of the answer sheet shown at the right. If the first statement of the pair is TRUE or MOSTLY TRUE as applied to you, blacken between the lines in the column headed "a." (See Example Item 1 at right.) If the second statement of the pair is TRUE or MOSTLY TRUE as applied to you, blacken between the lines in the column headed "b." (See Example Item 2 at right.) If neither statement applies to you, or if they refer to something you don't know about, make no answer on the answer sheet. Remember to give YOUR OWN opinion of yourself and do not leave any blank spaces if you can avoid it.

In marking your answers on the answer sheet, be sure that the number of the statement agrees with the number on the answer sheet. Make your marks heavy and black. Erase completely any answer you wish to change. Do not make any marks in this booklet.

Remember, try to make some answer to every statement.

Before you begin the inventory, be sure you put your name, your sex, your age, and the other information called for in the space provided on the answer sheet.

**NOW OPEN THE BOOKLET AND START WITH QUESTION 1.**



1. a. I am bound by the principle of fairness.  
b. I am not absolutely bound by the principle of fairness.
2. a. When a friend does me a favor, I feel that I must return it.  
b. When a friend does me a favor, I do not feel that I must return it.
3. a. I feel I must always tell the truth.  
b. I do not always tell the truth.
4. a. No matter how hard I try, my feelings are often hurt.  
b. If I manage the situation right, I can avoid being hurt.
5. a. I feel that I must strive for perfection in everything that I undertake.  
b. I do not feel that I must strive for perfection in everything that I undertake.
6. a. I often make my decisions spontaneously.  
b. I seldom make my decisions spontaneously.
7. a. I am afraid to be myself.  
b. I am not afraid to be myself.
8. a. I feel obligated when a stranger does me a favor.  
b. I do not feel obligated when a stranger does me a favor.
9. a. I feel that I have a right to expect others to do what I want of them.  
b. I do not feel that I have a right to expect others to do what I want of them.
10. a. I live by values which are in agreement with others.  
b. I live by values which are primarily based on my own feelings.
11. a. I am concerned with self-improvement at all times.  
b. I am not concerned with self-improvement at all times.

12. a. I feel guilty when I am selfish.  
b. I don't feel guilty when I am selfish.
13. a. I have no objection to getting angry.  
b. Anger is something I try to avoid.
14. a. For me, anything is possible if I believe in myself.  
b. I have a lot of natural limitations even though I believe in myself.
15. a. I put others' interests before my own.  
b. I do not put others' interests before my own.
16. a. I sometimes feel embarrassed by compliments.  
b. I am not embarrassed by compliments.
17. a. I believe it is important to accept others as they are.  
b. I believe it is important to understand why others are as they are.
18. a. I can put off until tomorrow what I ought to do today.  
b. I don't put off until tomorrow what I ought to do today.
19. a. I can give without requiring the other person to appreciate what I give.  
b. I have a right to expect the other person to appreciate what I give.
20. a. My moral values are dictated by society.  
b. My moral values are self-determined.
21. a. I do what others expect of me.  
b. I feel free to not do what others expect of me.
22. a. I accept my weaknesses.  
b. I don't accept my weaknesses.

23. a. In order to grow emotionally, it is necessary to know why I act as I do.  
b. In order to grow emotionally, it is not necessary to know why I act as I do.
24. a. Sometimes I am cross when I am not feeling well.  
b. I am hardly ever cross.
25. a. It is necessary that others approve of what I do.  
b. It is not always necessary that others approve of what I do.
26. a. I am afraid of making mistakes.  
b. I am not afraid of making mistakes.
27. a. I trust the decisions I make spontaneously.  
b. I do not trust the decisions I make spontaneously.
28. a. My feelings of self-worth depend on how much I accomplish.  
b. My feelings of self-worth do not depend on how much I accomplish.
29. a. I fear failure.  
b. I don't fear failure.
30. a. My moral values are determined, for the most part, by the thoughts, feelings and decisions of others.  
b. My moral values are not determined, for the most part, by the thoughts, feelings and decisions of others.
31. a. It is possible to live life in terms of what I want to do.  
b. It is not possible to live life in terms of what I want to do.
32. a. I can cope with the ups and downs of life.  
b. I cannot cope with the ups and downs of life.
33. a. I believe in saying what I feel in dealing with others.

- b. I do not believe in saying what I feel in dealing with others.
- 34. a. Children should realize that they do not have the same rights and privileges as adults.
  - b. It is not important to make an issue of rights and privileges.
- 35. a. I can "stick my neck out" in my relations with others.
  - b. I avoid "sticking my neck out" in my relations with others.
- 36. a. I believe the pursuit of self-interest is opposed to interest in others.
  - b. I believe the pursuit of self-interest is not opposed to interest in others.
- 37. a. I find that I have rejected many of the moral values I was taught.
  - b. I have not rejected any of the moral values I was taught.
- 38. a. I live in terms of my wants, likes, dislikes and values.
  - b. I do not live in terms of my wants, likes, dislikes and values.
- 39. a. I trust my ability to size up a situation.
  - b. I do not trust my ability to size up a situation.
- 40. a. I believe I have an innate capacity to cope with life.
  - b. I do not believe I have an innate capacity to cope with life.
- 41. a. I must justify my actions in the pursuit of my own interests.
  - b. I need not justify my actions in the pursuit of my own interests.
- 42. a. I am bothered by fears of being inadequate.
  - b. I am not bothered by fears of being inadequate.
- 43. a. I believe that humans are essentially good and can be trusted.
  - b. I believe that humans are essentially evil and cannot be trusted.
- 44. a. I live by the rules and standards of society.

- b. I do not always need to live by the rules and standards of society.
- 45. a. I am bound by my duties and obligations to others.
  - b. I am not bound by my duties and obligations to others.
- 46. a. Reasons are needed to justify my feelings.
  - b. Reasons are not needed to justify my feelings.
- 47. a. There are times when just being silent is the best way I can express my feelings.
  - b. I find it difficult to express my feelings by just being silent.
- 48. a. I often feel it necessary to defend my past actions.
  - b. I do not feel it necessary to defend my past actions.
- 49. a. I like everyone I know.
  - b. I do not like everyone I know.
- 50. a. Criticism threatens my self-esteem.
  - b. Criticism does not threaten my self-esteem.
- 51. a. I believe that knowledge of what is right makes people act right.
  - b. I do not believe that knowledge of what is right necessarily makes people act right.
- 52. a. I am afraid to be angry at those I love.
  - b. I feel free to be angry at those I love.
- 53. a. My basic responsibility is to be aware of my own needs.
  - b. My basic responsibility is to be aware of others' needs.
- 54. a. Impressing others is most important.
  - b. Expressing myself is most important.
- 55. a. To feel right, I need always to please others.



- b. I can feel right without always having to please others.
- 56. a. I will risk a friendship in order to say or do what I believe is right.
  - b. I will not risk a friendship just to say or do what is right.
- 57. a. I feel bound to keep the promises I make.
  - b. I do not always feel bound to keep the promises I make.
- 58. a. I must avoid sorrow at all costs.
  - b. It is not necessary for me to avoid sorrow.
- 59. a. I strive always to predict what will happen in the future.
  - b. I do not feel it necessary always to predict what will happen in the future.
- 60. a. It is important that others accept my point of view.
  - b. It is not necessary for others to accept my point of view.
- 61. a. I only feel free to express warm feelings to my friends.
  - b. I feel free to express both warm and hostile feelings to my friends.
- 62. a. There are many times when it is more important to express feelings than to carefully evaluate the situation.
  - b. There are very few times when it is more important to express feelings than to carefully evaluate the situation.
- 63. a. I welcome criticism as an opportunity for growth.
  - b. I do not welcome criticism as an opportunity for growth.
- 64. a. Appearances are all-important.
  - b. Appearances are not terribly important.
- 65. a. I hardly ever gossip.
  - b. I gossip a little at times.

66. a. I feel free to reveal my weaknesses among friends.  
b. I do not feel free to reveal my weaknesses among friends.
67. a. I should always assume responsibility for other people's feelings.  
b. I need not always assume responsibility for other people's feelings.
68. a. I feel free to be myself and bear the consequences.  
b. I do not feel free to be myself and bear the consequences.
69. a. I already know all I need to know about my feelings.  
b. As life goes on, I continue to know more and more about my feelings.
70. a. I hesitate to show my weaknesses among strangers.  
b. I do not hesitate to show my weaknesses among strangers.
71. a. I will continue to grow only by setting my sights on a high-level, socially approved goal.  
b. I will continue to grow best by being myself.
72. a. I accept inconsistencies within myself.  
b. I cannot accept inconsistencies within myself.
73. a. Humans are naturally cooperative.  
b. Humans are naturally antagonistic.
74. a. I don't mind laughing at a dirty joke.  
b. I hardly ever laugh at a dirty joke.
75. a. Happiness is a by-product in human relationships.  
b. Happiness is an end in human relationships.
76. a. I only feel free to show friendly feelings to strangers.  
b. I feel free to show both friendly and unfriendly feelings to strangers.

77. a. I try to be sincere but I sometimes fail.  
b. I try to be sincere and I am sincere.
78. a. Self-interest is natural.  
b. Self-interest is unnatural.
79. a. A neutral party can measure a happy relationship by observation.  
b. A neutral party cannot measure a happy relationship by observation.
80. a. For me, work and play are the same.  
b. For me, work and play are opposites.
81. a. Two people will get along best if each concentrates on pleasing the other.  
b. Two people can get along best if each person feels free to express themselves.
82. a. I have feelings of resentment about things that are past.  
b. I do not have feelings of resentment about things that are past.
83. a. I like only masculine men and feminine women.  
b. I like men and women who show masculinity as well as femininity.
84. a. I actively attempt to avoid embarrassment whenever I can.  
b. I do not actively attempt to avoid embarrassment.
85. a. I blame my parents for a lot of my troubles.  
b. I do not blame my parents for my troubles.
86. a. I feel that a person should be silly only at the right time and place.  
b. I can be silly when I feel like it.
87. a. People should always repent their wrong-doings.  
b. People need not always repent their wrong-doings.

88. a. I worry about the future.  
b. I do not worry about the future.
89. a. Kindness and ruthlessness must be opposites.  
b. Kindness and ruthlessness need not be opposites.
90. a. I prefer to save good things for future use.  
b. I prefer to use good things now.
91. a. People should always control their anger.  
b. People should express honestly-felt anger.
92. a. The truly spiritual person is sometimes sensual.  
b. The truly spiritual person is never sensual.
93. a. I am able to express my feelings even when they sometimes result in undesirable consequences.  
b. I am unable to express my feelings if they are likely to result in undesirable consequences.
94. a. I am often ashamed of some of the emotions that I feel bubbling up within me.  
b. I do not feel ashamed of my emotions.
95. a. I have had mysterious or ecstatic experiences.  
b. I have never had mysterious or ecstatic experiences.
96. a. I am orthodoxly religious.  
b. I am not orthodoxly religious.
97. a. I am completely free of guilt.  
b. I am not free of guilt.
98. a. I have a problem in fusing sex and love.

- b. I have no problem in fusing sex and love.
- 99. a. I enjoy detachment and privacy.
  - b. I do not enjoy detachment and privacy.
- 100. a. I feel dedicated to my work.
  - b. I do not feel dedicated to my work.
- 101. a. I can express affection regardless of whether it is returned.
  - b. I cannot express affection unless I am sure it will be returned.
- 102. a. Living for the future is as important as living for the moment.
  - b. Only living for the moment is important.
- 103. a. It is better to be yourself.
  - b. It is better to be popular.
- 104. a. Wishing and imagining can be bad.
  - b. Wishing and imagining are always good.
- 105. a. I spend more time preparing to live.
  - b. I spend more time actually living.
- 106. a. I am loved because I give love.
  - b. I am loved because I am lovable.
- 107. a. When I really love myself, everybody will love me.
  - b. When I really love myself, there will still be those who won't love me.
- 108. a. I can let other people control me.
  - b. I can let other people control me if I am sure they will not continue to control me.
- 109. a. As they are, people sometimes annoy me.

- b. As they are, people do not annoy me.
110. a. Living for the future gives my life its primary meaning.
- b. Only when living for the future ties into living for the present does my life have meaning.
111. a. I follow diligently the motto, "Don't waste your time."
- b. I do not feel bound by the motto, "Don't waste your time."
112. a. What I have been in the past dictates the kind of person I will be.
- b. What I have been in the past does not necessarily dictate the kind of person I will be.
113. a. It is important to me how I live in the here and now.
- b. It is of little importance to me how I live in the here and now.
114. a. I have had an experience where life seemed just perfect.
- b. I have never had an experience where life seemed just perfect.
115. a. Evil is the result of frustration in trying to be good.
- b. Evil is an intrinsic part of human nature which fights good.
116. a. A person can completely change their own essential nature.
- b. A person can never change their own essential nature.
117. a. I am afraid to be tender.
- b. I am not afraid to be tender.
118. a. I am assertive and affirming.
- b. I am not assertive and affirming.
119. a. Women should be trusting and yielding.
- b. Women should not be trusting and yielding.

120. a. I see myself as others see me.  
b. I do not see myself as others see me.
121. a. It is a good idea to think about your greatest potential.  
b. A person who thinks about their greatest potential gets conceited.
122. a. Men should be assertive and affirming.  
b. Men should not be assertive and affirming.
123. a. I am able to risk being myself.  
b. I am not able to risk being myself.
124. a. I feel the need to be doing something significant all of the time.  
b. I do not feel the need to be doing something significant all of the time.
125. a. I suffer from memories.  
b. I do not suffer from memories.
126. a. Men and women must be both yielding and assertive.  
b. Men and women must not be both yielding and assertive.
127. a. I like to participate actively in intense discussions.  
b. I do not like to participate actively in intense discussions.
128. a. I am self-sufficient.  
b. I am not self-sufficient.
129. a. I like to withdraw from others for extended periods of time.  
b. I do not like to withdraw from others for extended periods of time.
130. a. I always play fair.  
b. Sometimes I cheat a little.

131. a. Sometimes I feel so angry I want to destroy or hurt others.  
b. I never feel so angry that I want to destroy or hurt others.
132. a. I feel certain and secure in my relationships with others.  
b. I feel uncertain and insecure in my relationships with others.
133. a. I like to withdraw temporarily from others.  
b. I do not like to withdraw temporarily from others.
134. a. I can accept my mistakes.  
b. I cannot accept my mistakes.
135. a. I find some people who are stupid and uninteresting.  
b. I never find any people who are stupid and uninteresting
136. a. I regret my past.  
b. I do not regret my past.
137. a. Being myself is helpful to others.  
b. Just being myself is not helpful to others.
138. a. I have had moments of intense happiness when I felt like I was experiencing a kind of ecstasy or bliss.  
b. I have not had moments of intense happiness when I felt like I was experiencing a kind of bliss.
139. a. People have an instinct for evil  
b. People do not have an instinct for evil.
140. a. For me, the future usually seems hopeful.  
b. For me, the future often seems hopeless.
141. a. People are both good and evil.



- b. People are not both good and evil.
142. a. My past is a stepping stone for the future.
- b. My past is a handicap to my future.
143. a. "Killing time" is a problem for me.
- b. "Killing time" is not a problem for me.
144. a. For me, past, present and future is in meaningful continuity.
- b. For me, the present is an island, unrelated to the past and future.
145. a. My hope for the future depends on having friends.
- b. My hope for the future does not depend on having friends.
146. a. I can like people without having to approve of them.
- b. I cannot like people unless I also approve of them.
147. a. People are basically good.
- b. People are not basically good.
148. a. Honesty is always the best policy.
- b. There are times when honesty is not the best policy.
149. a. I can feel comfortable with less than a perfect performance.
- b. I feel uncomfortable with anything less than a perfect performance.
150. a. I can overcome any obstacles as long as I believe in myself.
- b. I cannot overcome every obstacle even if I believe in myself.

APPENDIX B

PERMISSION TO COPY PERSONAL ORIENTATION INVENTORY MANUAL

Paul C. Abney, M.Ed., N.C.C., L.P.C., L.C.D.C.  
Gene Ross & Associates  
501 S. Carroll  
Denton, TX 76201

June 17, 2002

Dear Mr. Abney:

EdITS Publishers is granting you permission to reproduce portions of the POI (Personal Orientation Inventory) manual, per your request, as listed below:

Figure 13, Page 25  
Table 5, Page 24  
Figure 12, Page 24  
Table 13, Page 33

Your citation as follows is appropriate. Shostrom, E.L. (1974). Manual for the Personal Orientation Inventory. San Diego, CA: EdITS. Reproduced with permission.

If you would kindly send us a copy of your work, when it is completed, for our files. We would greatly appreciate it

Sincerely,

Lisa Lee, Ph.D.  
EdITS Publishers

APPENDIX C  
THE COUNSELOR EVALUATION RATING SCALE  
(MYNICK & KELLEY, 1971)

## COUNSELOR EVALUATION RATING SCALE

Name of Counselor

Code #

Level of Experience:

Date:

Below are listed some statements which are related to evaluation in supervising a counseling experience. Please consider each statement with reference to your knowledge of the counselor rated.

Mark each statement in the left hand blank according to how strongly you agree or disagree. Mark in parentheses. Please mark every statement. Write in +3, +2, +1, or -1, -2, -3, to represent the following:

|    |                  |    |                     |
|----|------------------|----|---------------------|
| +3 | I strongly agree | -1 | I slightly disagree |
| +2 | I disagree       | -2 | I disagree          |
| +1 | I slightly agree | -3 | I strongly disagree |

- ( ) 1. Demonstrates an interest in client's problems.
- ( ) 2. Tends to approach clients in a mechanical, perfunctory manner.
- ( ) 3. Lacks sensitivity to dynamics of self in supervisory relationship.
- ( ) 4. Seeks and considers professional opinion of supervisors and other counselors when the need arises.
- ( ) 5. Tends to talk more than client during counseling.
- ( ) 6. Is sensitive to dynamics of self in counseling relationships.
- ( ) 7. Cannot accept constructive criticism.
- ( ) 8. Is genuinely relaxed and comfortable in the counseling session.
- ( ) 9. Is aware of both content and feeling In counseling sessions.
- ( ) 10. Keeps appointments on time and completes supervisory assignments.
- ( ) 11. Can deal with content and feeling during supervision.
- ( ) 12. Tends to be rigid in counseling behavior.
- ( ) 13. Lectures and moralizes in counseling.

- ( ) 14. Can critique counseling tapes and gain insights with minimum help from supervisor.
- ( ) 15. Is genuinely relaxed and comfortable in the supervisory session.
- ( ) 16. Works well with other professional personnel (e. g. teachers, counselors, etc.)
- ( ) 17. Can be spontaneous in counseling, yet behavior is relevant.
- ( ) 18. Lacks self-confidence in establishing counseling relationships.
- ( ) 19. Can explain what is involved in counseling and discuss intelligently its objectives.
- ( ) 20. Is open to self-examination during supervision.
- ( ) 21. Can express thoughts and feelings clearly in counseling.
- ( ) 22. Verbal behavior in counseling is appropriately flexible and varied, according to the situation.
- ( ) 23. Lacks basic knowledge of fundamental counseling principles and methodology.
- ( ) 24. Participates actively and willingly in supervisory sessions.
- ( ) 25. Is indifferent to personal development' and professional growth.
- ( ) 26. Applies a consistent rationale of human behavior to counseling.
- ( ) 27. Can be recommended for a counseling position without reservation.

Recommend Grade

Comments:

Myrick, R. D., & Kelly, F. D., Jr. (1971). *A scale for evaluating practicum students in counseling and supervision*. *Counselor Education and Supervision*, 10, 330-336.

APPENDIX D  
HUMAN SUBJECTS APPLICATION

# UNIVERSITY *of* NORTH TEXAS

*Office of Research Services*

February 28, 2002

Paul C. Abney  
1008 Coit St.  
Denton, TX 76201

Re: Human Subjects Application No. 02-026

Dear Mr. Abney,

As permitted by federal law and regulations governing the use of human subjects in research projects (45 CFR 46), the UNT Institutional Review Board has reviewed your proposed project titled "A Study of the Relationships Between the Levels of Counselors'-In-Training Self-Awareness and the Measurements of their Counseling Effectiveness." The risks inherent in this research are minimal, and the potential benefits to the subject outweigh those risks. The submitted protocol and informed consent form is hereby approved for the use of human subjects

Enclosed is the consent document with stamped IRB approval. Please copy and use this form only for your study subjects.

**U.S. Department of Health and Human Services regulations require that you submit annual and terminal progress reports to the UNT Institutional Review Board.** The Board must review this project annually and/or prior to any modifications you make in the approved project. **Federal policy 21 CFR 56.109(e) stipulates that IRB approval is for one year only.**

Please contact me if you wish to make changes or need additional information.

Sincerely,  
Peter L. Shillingsburg,  
Chair  
Institutional Review Board

PS:sb

PO. Box 305250 Denton, Texas 76203-5250 (940) 565=3940  
Fax (940) 565-4277 \* TTY (800) RELAY TX \* [www.unt.edu](http://www.unt.edu)



APPENDIX E  
RESEARCH CONSENT FORM

**UNIVERSITY OF NORTH TEXAS COMMITTEE FOR  
THE PROTECTION OF HUMAN SUBJECTS**

**RESEARCH CONSENT FORM**

**Subject Name:**

**Date:**

---

**Title of Study:** A Study of the Relationship Between the Levels of Self Awareness Within Students Enrolled in Practicum in Counseling and the Measurements of Their Counseling Effectiveness.

**Principal Investigator:** Paul C. Abney, M.Ed., NCC, LPC

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**Co-investigators:**

---

**Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the proposed procedures. It describes the procedures, benefits, risks, and discomforts of the study. It also describes the alternative treatments that are available to you and your right to withdraw from the study at any time. It is important for you to understand that no guarantees or assurances can be made as to the results of the study.**

**Purpose of the study and how long it will last:**

The present study was designed to investigate the relationship between the principles of Gestalt Therapy's field theory, phenomenology, and self-awareness and a counselor's therapeutic effectiveness. Specifically, the focus is on the relationship between measured levels of your self-awareness as established by scores on the Personal Orientation Inventory and measurements of your counseling effectiveness as established by scores on the Counselor Evaluation Rating Scale. Perls et al. (1951) believed that there is a necessary interplay between how the counselor thinks and how the counselor is in the world. The study will last for twelve to fifteen weeks within the Fall and Spring 2002 semesters at the University of North Texas.

**Description of the study including the procedures to be used:**

Beginning around March 2002, the researcher will recruit you. The researcher will instruct the faculty practicum instructor and the doctoral supervisors in the use of the Counselor Evaluation Rating Scale; and will distribute your materials including consent form and the Personal Orientation Inventory. You will be assigned to a faculty and a doctoral supervisor, and will be referred clients to counsel in the practicum setting. You will provide two fifty minute counseling sessions each week and be allowed twenty minutes for administrative paperwork. You will receive one hour of triadic supervision (2 to 1 supervisee to supervisor ratio), and ninety minutes of group supervision (four or more supervisees to one or more supervisors) weekly. You will have an additional thirty minutes for administrative/academic responsibilities within the practicum class time.

**UNIVERSITY OF NORTH TEXAS COMMITTEE FOR  
THE PROTECTION OF HUMAN SUBJECTS**

**RESEARCH CONSENT FORM**

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**Principal Investigator:** Paul C. Abney, M.Ed., NCC, LPC

---

**Co-investigators:**

---

You will be asked to submit videotape of a fourth or beyond counseling session. The practicum supervisor and the doctoral supervisor will each rate the videotaped sessions using the Counselor Evaluation Rating Scale and these ratings will be used as measures of counseling effectiveness. The fifteen-week-long practicum semester will allow you six to eight weeks time to adjust to the practicum procedures, and to develop client-counselor relationships (beyond the initial intake phase of the counseling process) before the measurements are taken of your self-awareness and effectiveness. During the entire study, you will provide counseling services and will receive supervision. Any subjects who are judged by the practicum instructor to be unable to continue to provide counseling to their clients will be dropped from the study, as well as any other subject who decides to withdraw.

**Description of procedures/elements that may result in discomfort or inconvenience:**

There are no discomforts associated with the measurement of your counseling effectiveness by the faculty instructor and the doctoral supervisors and this measurement is an established function associated with practicum instruction and supervision. Neither is the administration of the Personal Orientation Inventory nor the measurement of your scores by the principal investigator discomforting. All efforts will be made to limit any inconvenience for you by administering the measurements during regularly scheduled practicum times. Participation will be voluntary. The decision whether or not to participate will not affect your standing in school. You may choose to withdraw at any time without penalty or prejudice.

**Description of the procedures/elements that are associated with foreseeable risks:**

There are no foreseeable risks for the subjects that are enrolled in Practicum (EDSS 5690) who will be asked to volunteer for participation in the study. Enrollment in

**UNIVERSITY OF NORTH TEXAS COMMITTEE FOR  
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**RESEARCH CONSENT FORM**

Subject Name:

Date:

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Principal Investigator: Paul C. Abney, M.Ed., NCC, LPC

---

Co-investigators:

---

EDSS 5690 calls for completion of all required degree courses in counselor education with the exception of Field Experience. This course is the first of the clinical courses that requires counseling sessions with actual clients. You will be asked to sign an informed consent that specifies your right to withdraw from the study at any time. All Personal Orientation Inventories and Counselor Evaluation Rating Scales will be anonymously coded by the researcher and kept safe in a secured and confidential location. Neither participation nor failure to participate will have any effect on your grade. Subjects that are judged to be in need of additional supervision not provided in the practicum by the practicum instructor or doctoral supervisors, or that are unable to continue seeing clients, will be dropped from the research and their materials will be destroyed. Also, if you request to be dropped from the study, then your materials will also be destroyed.

**Benefits to the subjects or others:**

The benefits to you include free self-awareness testing, and the benefit of the expected knowledge to be learned from this research study that includes an increased knowledge of the relationship between a counselor's self-awareness and a counselor's effectiveness.

**Confidentiality of research records:**

Only the researcher will know the identity of each participant. All data will be kept securely locked in a filing cabinet under the supervision of the researcher. Any publication of data will be done in an anonymous fashion with no individual identification revealed.

**Review for protection of participants:**

This research study has been reviewed and approved by the UNT Committee for the Protection of Human Subjects (940) 565-3940.

RESEARCH SUBJECTS' RIGHTS: I have read or have had read to me all of the above.

**UNIVERSITY OF NORTH TEXAS COMMITTEE FOR  
THE PROTECTION OF HUMAN SUBJECTS**

**RESEARCH CONSENT FORM**

Subject Name: \_\_\_\_\_

Date: \_\_\_\_\_

---

Title of Study: A Study of the Relationship Between the Levels of Self Awareness Within Students Enrolled in Practicum in Counseling and the Measurements of Their Counseling Effectiveness.

Principal Investigator: Paul C. Abney, M.Ed., NCC, LPC

---

Co-investigators: \_\_\_\_\_

Paul C. Abney has explained the study to me and answered all of my questions. I have been told the risks or discomforts and possible benefits of the study. I have been told of other choices of treatment available to me.

I understand that I do not have to take part in this study, and my refusal to participate or to withdraw will involve no penalty or loss of rights or benefits or legal recourse to which I am entitled. The study personnel may choose to stop my participation at any time.

In case there are problems or questions, I have been told I can call Dr. Robert Berg at telephone number 940-565-2910.

I understand my rights as a research subject, and I voluntarily consent to participate in this study. I understand what the study is about and how and why it is being done. I have been told I will receive a signed copy of this consent form.

---

Subject's Signature

---

Date

---

Witnesses' Signature

---

Date

**For the Investigator or Designee:**

I certify that I have reviewed the contents of this form with the person signing above, who, in my opinion, understood the explanation. I have explained the known benefits and risks of the research.

Date

---

Principal Investigator's Signature

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