

REQUIRED COUNSELING PROVIDED WITHIN A COUNSELOR TRAINING  
PROGRAM: ITS EFFECT ON COUNSELOR SELF-AWARENESS AND THE  
IMPACT OF ETHICAL CONCERNS ON THE EXPERIENCE

Kathryn A. Oden, M.Ed.

Dissertation Prepared for the Degree of

DOCTOR OF PHILOSOPHY

UNIVERSITY OF NORTH TEXAS

December 2003

APPROVED:

Janice M. Holden, Major Professor and Program  
Coordinator for the Counseling Program

Sue C. Bratton, Committee Member

Cynthia K. Chandler, Committee Member

Michael K. Altekruise, Chair of the Department of  
Counseling, Development, and Higher  
Education

M. Jean Keller, Dean of the College of Education

Sandra L. Terrell, Interim Dean of the Robert B.  
Toulouse School of Graduate Studies

Oden, Kathryn A., *Required Counseling Provided Within a Counselor Training Program: Its Effect on Self-Awareness and the Impact of Ethical Concerns on the Experience*, Doctor of Philosophy (Counseling), December 2003, 125 pp, 9 tables, references, 113 titles.

This study examined the experience of 140 students in a counselor training program that required students to participate in 10 sessions of individual counseling during their training program in order to increase their self-awareness. Students had the option of fulfilling the requirement through being counseled either by more advanced students within the training program or by mental health professionals outside the program. Results indicated that students in both settings reported a significant increase in their self-awareness. Students who fulfilled the requirement in a setting outside of the counseling program clinics reported a significantly higher increase in self-awareness than those who fulfilled the requirement within the counseling program clinics. Students' reports of increased self-awareness did not vary by their stages of progress through the program. Participants reported significant ethical concerns regarding confidentiality and dual relationships that reportedly reduced the beneficial impact of the counseling experience. Students who fulfilled the counseling requirement within the counseling program clinics experienced significantly greater ethical concerns than did those who fulfilled the requirement outside the program clinics. As with effect on self-awareness, stage in the program was not related to impact of ethical concerns on the required counseling experience. The overwhelming majority (91.4%) of participants supported requiring counselors in training to experience their own personal counseling. The majority of the students (58%) recommended that either a counseling program clinic or somewhere outside the program would be equally acceptable settings for future students to obtain the counseling. Of the remaining students, nearly equal numbers recommended a counseling program clinic (18%) as recommended an outside

setting (24%). Potential benefits and costs to requiring individual counseling for counselors in training were examined. Advantages and disadvantages to providing the counseling within program clinics were discussed, as were various options for providing the counseling.

Copyright 2003

by

Kathryn A. Oden

## ACKNOWLEDGEMENTS

A sincere expression of gratitude is extended to Dr. Janice Holden who offered boundless support, encouragement, and expertise in my decision to return to graduate school, throughout my graduate studies, and during the writing of this dissertation. Her impact on my education and my life is immeasurable. Dr. Sue Bratton was also instrumental in my development as a counselor, a counselor educator, and a person. I sincerely appreciate her contributions throughout my graduate studies and during the writing of this paper. I also extend my sincere gratitude to Dr. Cynthia Chandler for her support, her contributions to my growth, and her expertise during my graduate studies and the writing of this paper. Dr. Michael Altekruise also conveyed much appreciated support and encouragement throughout my graduate studies. Each of these people supported and challenged me in very unique ways and contributed to my expansion as a person, a counselor, and an educator.

I also extend my sincere gratitude to my parents, Herman and Donna Williams, and my children, Jonathon and David Oden. I am eternally grateful for their support and caring during my graduate studies.

I would also like to thank Dr. Richard Herrington for his statistical expertise so generously provided during the writing of this dissertation.

## TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS.....	iii
LIST OF TABLES.....	vi
Chapter	
1. INTRODUCTION.....	1
Statement of the Problem	
Review of the Related Literature	
Definitions of Self-Awareness	
Counselor Self-Awareness and Counselor Effectiveness	
Counselor Self-Awareness and the Experience of Being a Client in Counseling	
The Experience of Being a Client in Counseling and Counselor Effectiveness	
Counselor Self-Awareness, the Experience of Being a Client in Counseling, and Counselor Effectiveness	
Ethical Issues	
Purpose of the Study	
2. METHODS AND PROCEDURES.....	54
Research Questions	
Research Hypotheses	
Main Instrument	
Definition of Terms	
Methods and Procedures for Participant Recruitment and Data Collection	
Summary of Data Analysis	
Limitations of the Study	
3. RESULTS AND DISCUSSION.....	65
Results of Quantitative Measures	
Pilot Study	
Main Study	

Results of Qualitative Measures  
Self-Awareness  
Ethicality  
Positive Aspects  
Negative Aspects

Discussion  
Summary  
Implications of the Study  
Recommendations for Future Research

APPENDICES..... 105

A. Informed Consent Form  
B. Counseling Requirement Questionnaire

REFERENCES..... 114

## LIST OF TABLES

Table	Page
1. Awareness Scale Results for Test Value of 1.....	70
2. Awareness Scale Results for Text Value of 3.....	71
3. Awareness Scale Means and Standard Deviations by Setting and Stage... ..	72
4. Range of Ethicality Means for Inside and Outside by Quartile.....	74
5. Ethicality Scale Results for Test Value of 9.....	75
6. Ethicality Scale Means and Standard Deviations by Setting and Stage.....	76
7. Crosstabulation Results of Recommended Setting by Setting in Which Counseling was Obtained.....	78
8. Benefits of Required Counseling Expressed by Participants.....	90
9. Participant Suggestions to Improve Required Counseling Experience.....	91



## CHAPTER 1

### INTRODUCTION

In the field of counseling, the "gold standard" of counselor preparation is represented by the standards of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) (2001). The American Counseling Association (ACA) and its divisions created CACREP in 1981 to "develop, implement, and maintain standards of preparation for the counseling profession's graduate-level degree programs" (p. 15).

Among the CACREP standards is the requirement that accredited programs provide curricular experiences for their students that will "facilitate student self-awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries" (CACREP, 2001, p. 62). A review of the professional counseling literature revealed wide and passionate theoretical support for the idea that level of self-awareness is directly related to counselor effectiveness. Some empirical evidence has supported this relationship; at the same time a substantial amount of empirical evidence has been inconclusive regarding the relationship (Abney, 2002; Blackburn, 1978; Eppinger, 1996; Gump, 1968; Moore & Slife, 1987).

Professional counselors tend to focus on how they "should be" in order to be effective therapists. Stone and Shertzer (1963) summarized the message of the theoretical literature in support of the importance of self-awareness to counselor effectiveness in their statement that "a true professional knows not only who he [sic] *should be* but also what he *is* [italics added]" (p. 346).

The quality of the therapeutic relationship has been established as an important factor in positive outcome in therapy (Asay & Lambert, 1999). That quality has been attributed to the counselor's abilities to convey empathy, positive regard, nonpossessive warmth, genuineness,

and encouragement of risk-taking, and to refrain from negative behaviors such as belittling, blaming, negating, attacking, and rejecting. Theorists have hypothesized either directly or indirectly that each of these factors is affected by counselors' level of self-awareness (Jourard, 1964; Rogers, 1957,1961; Truax & Carkhuff, 1965; Villas-Boas Bowen, 1986).

The concept that the personality characteristics of the therapist are critically important is hardly a new one. Hardaway (1976) wrote that

There is considerable agreement among authorities that one of the most important elements of the counseling relationship is the personality of the counselor. There is also considerable agreement that it is necessary for the counselor to understand this variable and to share in some respects the processes of his own self-understanding with that of his client. (p. 14)

The originator of person-centered therapy, Carl Rogers (1957), suggested that the ability to allow experience into awareness and to communicate it in the present moment is the essence of congruence. Villas-Boas Bowen (1986) maintained that the client-centered core conditions of empathy, acceptance, and congruence cannot be learned as skills to be performed by counselor trainees. Only counselors who are self-aware and self-accepting can genuinely communicate these attributes.

Truax & Carkhuff (1965) posited that counselor self-understanding and capacity for self-acceptance affects clients' capacity for self-acceptance. Multicultural counseling literature strongly supports the idea that counselors need to be aware of their own biases, values, stereotypical beliefs, and assumptions in order to appropriately serve culturally diverse clients (Atkinson, Morten, & Sue, 1993; Corey, Corey, & Callanan, 1998; Pedersen, 1997; Sue & Sue, 1999).

One method of increasing self-awareness that is utilized by counselor education programs is encouraging or requiring personal counseling for trainees. When the counseling is offered at program clinics, a variety of potential dual relationships arise.

Herlihy and Corey (1992) stated that "dual relationships occur when professionals assume two roles simultaneously or sequentially with a person seeking help" (p.3). At least three types of potential dual relationships could occur in counseling programs as a result of required counseling being offered in the program clinics.

The first of these relationships, and probably the most potentially harmful, is the one between the student/client and the faculty and doctoral supervisors of the practicum in which the student is counseled. The ethical guidelines of the Association for Counselor Education and Supervision (ACES) (1993) require supervisors to maintain the same limits of confidentiality that the counselors they are supervising are required to maintain. The American Counseling Association (ACA) (1995) ethical code requires counselor educators to "assist students and supervisees in securing remedial assistance when needed and dismiss from the program supervisees who are unable to provide competent service due to academic or personal limitations" (p. 8).

A faculty member or doctoral supervisor who obtains incriminating information that student/clients disclose during a counseling session may seriously question the students' ability to provide competent counseling services. Unless the master's students are informed that one of the limitations to their confidentiality is that the information disclosed in sessions might or will be utilized to determine their appropriateness for the counseling profession, the information may not ethically be utilized in such a manner. This requirement may place the faculty members or the doctoral supervisors in a dilemma regarding which ethical standard to uphold.

The second potential dual relationship involves master's students becoming students of professors or of doctoral students who supervised the practicum in which the student was a client. Master's students could also enroll in classes in which the doctoral students who counseled them are teaching assistants. Even though they are well-intentioned, it is difficult to say to what extent faculty members and doctoral students in this position are able to effectively exclude information about these students from any subsequent evaluations they may be required to make of them in their class. Even if the faculty member or doctoral student is able to remain objective, students still have the experience of being in a class with someone who has intimate information about them. This knowledge could potentially affect students' participation, experience, and, therefore, grade in the class.

The third possible dual relationship that could occur is that master's students could become classmates with their former counselor or with the students who were practicum classmates of their former counselor. The practicum classmates may have observed the students in the role of client. Even though these students are not licensed professionals, they have had a professional relationship within the context of a training program; as such they were instructed to behave in a manner consistent with professional ethical codes. These student/counselors have no evaluative power over the student/clients; however being in the same class with someone who may know very intimate details about one's life can be very disconcerting. This situation could potentially affect the student's participation, experience, and, therefore, grade in the class.

#### Statement of the Problem

One of the experiences required by a counseling program in a large southern university in order to foster self-awareness is for all beginning master's students to complete 10 sessions of individual counseling in their first semester of graduate classes. The students have the option of

completing the sessions at the program's clinic, where advanced master's students or doctoral students completing their practicum experience counsel them, or at a setting outside the counseling program. The following statement appears on the professional disclosure statements of practicum students who counsel students participating in the required counseling:

Counseling Program Students Only: If you disclose something about yourself that may raise reasonable concerns about your fitness to continue in the program or in the counseling profession, my supervisor(s) have an ethical obligation to act on the information. If you are concerned about the foregoing stipulation, you are urged to exercise your option to seek counseling in a setting other than the [program clinic].

Because students sign this professional disclosure statement, the faculty members and doctoral supervisors are ethically released from their obligation to maintain confidentiality in this situation to the extent specified in the disclaimer. It is also true, however, that the benefits of receiving counseling at the program clinics may discourage balanced and objective evaluation of the true risks involved. The benefits may also increase students' tendency to minimize the magnitude of the risks. For example, the counseling at the program clinic is free, and the sessions are often available at times right before or after the introductory class that includes the requirement for the counseling sessions, making this option a very convenient one for the students. It is questionable whether beginning counseling students, many of who have never been in counseling, can make an informed decision about the risks and benefits of pursuing counseling at various sites.

Anecdotal accounts of students having concerns about confidentiality and negative experiences in the required counseling sessions at this southern university, along with concerns

expressed by some faculty members about the ethicality of this situation, prompted this study to obtain quantitative and qualitative data in order to discover students' experiences in the required counseling. Specifically, the researcher examined: 1) whether this method of increasing students' self-awareness is perceived to be effective by the students; 2) whether the students perceive that ethical concerns impacted their ability to benefit from the experience; 3) the literature and the data to determine the potential benefits and costs of requiring master's students to participate in personal counseling as a means to increase self-awareness; and 4) the literature and the data to determine the potential benefits and costs of offering the counseling in a program clinic. Possible measures that could be taken to increase effectiveness, ethicality, and beneficence were also explored.

## Review of the Related Literature

The literature review will be reported in three sections pertinent to the question of the relationship between counselor self-awareness, the experience of being a client in counseling, and counseling effectiveness. The first section covers the review of the literature addressing the nature of self-awareness: what counseling professionals mean by the term "self-awareness." The next section is comprised of reviews of the professional literature regarding the relationships between counselor self-awareness and counselor effectiveness; counselor self-awareness and the experience of being a client in counseling; the experience of being a client in counseling and counselor effectiveness; and counselor self-awareness, the experience of being a client in counseling, and counselor effectiveness. The final section examines ethical issues involved in providing required counseling services within a program clinic. The literature review ends with a statement of the purpose of this study.

### *Definitions of Self-awareness*

Before addressing what counseling professionals mean by the term "self-awareness," generic meanings of the term will be addressed. Webster's New World College Dictionary (MacMillan, 1999) defined self-awareness as "awareness of oneself as an individual, esp. as a worthwhile person" (p. 1300). Random House Webster's College Dictionary (2000) defined self-aware as "aware of one's own existence, personality, and nature" (p. 1192).

Psychodynamic theorists have tended to emphasize the importance of therapist self-awareness in relation to countertransference dynamics and reactions (MacDevitt, 1987; Mackey & Mackey, 1994). Watkins (1985) referred to countertransference as "the thoughts, feelings, and behaviors that the counselor experiences in relation to clients" (p. 356).

Person-centered therapist Carl Rogers (1957) included awareness of experiences, feelings, or conceptualizations in discussions of self-awareness. The condition of counselor congruence occurs when "the feelings the therapist is experiencing are available to him [sic], available to his awareness, and he is able to live these feelings, be them, and able to communicate them if appropriate" (Rogers, 1961, p. 61). Tudor & Worrall (1994) defined self-awareness in the context of this description of congruence as the counselor's ability to be "aware of the flow of feelings and sensations within us as we work" (p. 2).

Addressing a multicultural perspective, Henrikson and Watts (1999) included awareness of "personal prejudices, biases, stereotyping, values and assumptions that may be used in working with culturally diverse clients" when considering self-awareness in the context of multicultural counseling (p. 65). Baruth and Manning (1999) defined self-awareness also in a multicultural context as:

the consciousness a person has of specific events that influence her or his psychological, social, emotional, and cultural attributes. It includes identity (what one thinks of oneself), and one's sense of identity as influenced by the perception of self and others. Identity includes many factors such as race, ethnicity, and gender.

A transtheoretical and transmodel issue in counseling is counselor impairment (ACA, 1995). Stadler and Willing (1988) emphasized the importance of counselors having the "self-awareness necessary to examine one's own behavior" in order to recognize signs of impairment (p. 5).



The common elements in these definitions of self-awareness include the capacity to allow one's feelings, thoughts, and behaviors into conscious awareness, especially in the context of the counselor-client relationship.

### *Counselor Self-Awareness and Counselor Effectiveness*

This section addresses the extent to which the professional counseling literature reveals a relationship between counselor self-awareness and counselor effectiveness. Included are: 1) a discussion of the extent to which mental health professionals and educators of mental health professionals appear to believe in a positive relationship between counselor self-awareness and counselor effectiveness, including the writings of counseling theorists and professionals engaged in counselor preparation, and the CACREP and APA accreditation standards for therapist training programs; and 2) survey/interview and empirical research examining the relationship between these variables. The section concludes with a summary that synthesizes the results of the relevant professional literature.

#### *Theoretical Perspectives*

*Expository writings.* Expository writings are listed chronologically by the date of publication.

Since Socrates espoused self-knowledge as a form of wisdom, the concept of "knowing thyself" (self-awareness) has played a crucial part in the field of philosophy (Hergenhahn, 1997; Plato, 1984). This tenet has followed through to the fields of psychology and counseling as they grew from the foundation of philosophy.

The assertion that psychotherapist effectiveness is enhanced by greater degrees of psychotherapist self-awareness appears in the writings of the very first modern psychotherapist, Sigmund Freud (1917/1966). Freud maintained that it is necessary for therapists to participate in

their own therapy in order to increase their awareness of countertransference issues so that these issues would be less likely to cause harm in the therapeutic relationship (1917/1966). The psychoanalyst Frieda Fromm-Reichmann (1950) stated:

And so it is that, because of the interrelatedness between the psychiatrist's and the patient's interpersonal processes and because of the interpersonal character of the psychotherapeutic process itself, any attempt at intensive psychotherapy is fraught with danger, hence unacceptable, where not preceded by the future psychiatrist's personal analysis. (p. 42)

This position has continued to prevail among psychoanalytic schools of thought and training (MacDevitt, 1987; Watkins, 1983; 1985).

The ability to allow experience into awareness and to communicate it in the present moment is the essence of congruence (Rogers, 1957). Rogers stated:

It is not necessary (nor is it possible) that the therapist be a paragon who exhibits this degree of integration, of wholeness, in every aspect of his [sic] life. It is sufficient that he is accurately himself in this hour of this relationship, that in this basic sense he is what he actually is, in this moment of time. (p. 97)

Rogers encouraged therapists to consult with colleagues so that they would be less likely to deny into awareness their experiences, thoughts, and feelings. He maintained that when therapists deny these aspects of self, they might be communicated out of awareness in a manner that is counter-therapeutic to clients.

In a statement regarding the role of self-awareness in the professional training of counselors, veteran counselor educator Gilbert Wrenn (1962) asserted that

the counselor as a person is the most important single factor in counseling. He

[sic] needs to understand himself psychologically in order to be effective in helping others. He does not need to be, perhaps should not be, balanced in all ways so that he lacks distinctiveness. He needs to know how to control his biases and defenses so that they do not interfere with the progress of any person with whom he is working. (p. 168)

Thweatt (1963) recommended utilizing self-insight development opportunities in order to encourage students to self-select out of counseling programs. He suggested that this is a more logical, respectful, and effective means of determining who is and who is not appropriate for the profession.

Jourard (1964) suggested that a relationship exists between counselors' capacity to risk self-awareness and clients' willingness to risk the same. Truax & Carkhuff (1965) suggested that counselor self-understanding and capacity for self-acceptance affects clients' capacity for self-acceptance.

Some theorists maintained that not self-awareness, but its prerequisite, the personality trait of being open to personal change, is responsible for counselor effectiveness (Carkhuff & Berenson, 1967; Kell & Mueller, 1966; Passons & Dey, 1972). According to a study by Passons and Dey (1972), counselors who have a higher propensity for change prior to their training communicate higher levels of facilitative attributes at the end of their training, providing support for this hypothesis. They further suggested that this aspect might be an important one to explore in deciding admissions to counselor education programs.

Counselor supervision experts who espouse a developmental perspective have consistently emphasized the importance of counselor self-awareness in counselor effectiveness (Blocher, 1983; Lambert & Arnold, 1987; Loganbill, Hardy, & Delworth, 1982; Ronnestad &

Skovholt, 1993; Worthington, 1987). "Therapists who are cognizant of the intricacies of their own personal issues are in a better position to distinguish between what is happening with the client and what is happening within themselves" (Loganbill et al., 1982, p. 7).

Loganbill et al. (1982) recommended that training programs encourage personal therapy as an adjunct to training to increase self-awareness. "Perhaps more than for any other professionals, it is vital that fully functioning psychotherapists and supervisors know themselves well and be able to use themselves" (p. 6). They also suggested that participation in therapy could help therapists in training understand the counseling process and learn what the experience of being a client is like.

Whitfield (1980) stated that "effective therapy is possible only when the therapist is physically alert and emotionally stable and yet open to the awareness of both his [sic] own and his patient's feelings" (p. 293). Villas-Boas Bowen (1986) maintained that the client-centered core conditions of empathy, acceptance, and congruence could not be learned as skills to be performed by counselor trainees. Only counselors who are self-aware and self-accepting can genuinely communicate these attributes.

Gestalt theorists have emphasized the importance of self-awareness not only for clients but also for therapists. Yontef and Simkin (1989) suggested that in order to teach self-awareness, one must know what self-awareness is. Locke (1993) contended that "the first level through which counselors must pass is self-awareness. Self-understanding is a necessary condition before one begins the process of understanding others" (p. 2).

The multicultural counseling literature strongly supports the idea that counselors need to be aware of their own biases, values, stereotypical beliefs, and assumptions in order to appropriately serve culturally diverse clients (Atkinson, Morten, & Sue, 1993; Corey, Corey, &

Callanan, 1998; Pedersen, 1997; Sue & Sue, 1999). Henriksen & Watts (1999) stated that "it is imperative for counselors to develop self-awareness of the tremendous influence family constellation and culture-of-origin have on the development of their own cultural identity and their perceptions of culturally diverse people" (p. 66).

Counselors' awareness of their own inner experiences can provide important and useful cues to the client's inner experiences (Enright, 1972). Hill, Nutt-Williams, Heaton, Thompson, and Rhodes (1996) and Safran, Crocker, McMMain, and Murray (1990) recommended that therapists attend to their own feelings, because they can be a valuable guide to the immediate quality of the relationship and an indication of any possible ruptures in it.

Bachelor and Horvath (1999) reported that therapists' personal issues, such as difficulty dealing with strong negative affect, were one of the four types of events that contributed to relationship impasses. "Intrapersonal processes appear operative even in highly experienced therapists, and awareness of these seems important in minimizing countertherapeutic responses" (p. 163).

Asay and Lambert (1999) performed a meta-analysis of research aimed at determining what factors contribute to counseling effectiveness. Their results indicated that 30% of client improvement could be attributed to therapeutic relationship factors directly related to personality characteristics of the counselor. These characteristics include the counselor's ability to convey empathy, positive regard, nonpossessive warmth, genuineness, and encouragement of risk-taking, and to refrain from negative behaviors such as belittling, blaming, negating, attacking, and rejecting. Theorists have hypothesized either directly or indirectly that each of these factors is affected by counselors' level of self-awareness (Jourard, 1964; Rogers, 1957,1961; Truax & Carkhuff, 1965; Villas-Boas Bowen, 1986). The only other factor over which the therapist has

primary control, therapeutic techniques utilized, accounted for only 15% of the variance in client outcome.

In addition to the clinical aspect of counselor effectiveness, another aspect is ethicality. This aspect also may be related to self-awareness. Downs (2000) suggested that "counseling professionals with extensive self-evaluation show higher moral reasoning for ethical decision-making" (p. 5).

*CACREP and APA accreditation standards.* In their initial standards for the preparation and performance of their membership, the American Personnel and Guidance Association (APGA) (1965) included "understanding of the self" as an important role of "persons who are known professionally as counselors" (p. 78). This valuing of self-awareness by the American Counseling Association -- the present incarnation of the APGA -- continues today in the CACREP standard that requires programs to offer counselor trainees opportunities to increase self-awareness (CACREP, 2001).

The American Psychological Association (APA) in 1954 affirmed the importance of the development of self-awareness in counselor training by encouraging it in its original *Practices for Counselor Trainee Selection*. The APA Committee on Accreditation's (2000) *Guidelines and Principles for Accreditation of Programs in Professional Psychology* did not address self-awareness.

### *Research*

In this section, research studies involving students are presented first, followed by studies involving professionals, with both presented in chronological order by the date of each study.

*Survey/interview.* In a survey designed to determine what qualities an "excellent therapist" would possess, Van Wagoner, Gelso, Hayes, and Diemer (1991) asked 122 practicing

psychotherapists and doctoral level students to rate either a therapist they knew personally whom they considered to be excellent or an imaginary "excellent" therapist on five factors. Excellent therapists were perceived to possess to a greater degree several attributes purported to decrease the likelihood of negative reactions to clients, including self-integration, the ability to distinguish between therapist needs and client needs; anxiety management; conceptualizing skills; empathy; and self-insight, the ability to comprehend how therapists' feelings influence them in the counseling process and to understand how therapists' life experiences have shaped their personalities.

In a survey of state licensing board members, Davis (1998) found that the respondents had an 85% agreement on 52 items that they identified as important in self-determination of counselor competency. Twenty-five percent of the items rated by the board members could be accounted for by counselor self-awareness. She noted that, "interestingly, this is an area that is generally not tested in any way" (p. ix).

*Empirical.* Allen (1967) studied 26 counseling practicum students to determine the relationship between psychological openness and counselor effectiveness. Psychologically open participants were defined as having a high degree of self-awareness. This self-awareness was measured by independent raters on: 1) the Rorschach Index of Repressive Styles (RIRS), whereby participants who did not exhibit distress with their responses or with the whole test situation while being evaluated were considered psychologically open; and 2) the Group Supervision Report Scale (GSRS), whereby participants who addressed their own feelings during their case presentations to their practicum supervision group as opposed to addressing external events were considered psychologically open.

Counselor effectiveness in the Allen (1967) study was determined by supervisor ratings of students on: 1) a general competence 7-point Likert scale; 2) the Responsiveness to Feelings Scale (RFS), whereby the responses of the students to clients' feelings were rated as being more or less characteristic of the student, with more characteristic meaning higher effectiveness; and 3) the Response to Client Affect Scale (RCAS) whereby students' responses to a video of a counseling interview were scored, and higher numbers of responses in the feeling categories meant higher effectiveness. Allen concluded that the more psychologically open counselors are to their own emotional experience, the more effective they are in the counseling relationship, supporting a direct relationship between counselor self-awareness and counselor effectiveness.

In a study by Blackburn (1978), fifty-one counseling trainees enrolled in practica completed a Personality Research Form (PRF) as an assessment of their personality needs. After receiving training on the needs measured by the PRF, they plotted their estimation of what their results would be on the PRF. Self-awareness was defined as the congruence between actual scores (measured needs) and the trainees' estimations (perceived needs). Practica supervisors completed the Counselor Evaluation Rating Scale to assess counselor effectiveness.

Blackburn (1978) found a significant correlation between *low* counselor self-awareness of needs and *high* ratings of counselor effectiveness. These results were confounding to the researcher, as evidenced in her comments that these findings do "not make logical sense...are not congruent with findings in the literature and do not fit with the researcher's expectations" (p. 55). Blackburn stated that these findings may be due to the large number of scales involved in the study. It is also possible that her methodology of determining self-awareness of needs was inadequate.



In a study by Nutt-Williams and Hill (1996), the Working Alliance Inventory-Short Form (WAI-S) was utilized to assess counseling and clinical psychology graduate students' perceptions of the therapeutic alliance, the Client Reactions Systems (CRS) was utilized to assess their perceptions of client reactions to the counseling sessions, and the Helpfulness Rating Scale (HRS) was utilized to assess their perception of their helpfulness to clients. Participants recorded their self-talk on a thought-listing report form developed by the researchers. Students completed the WAI-S, the CRS, the HRS, and the thought-listing report form while listening to an audiotape of one of their sessions. Judges' ratings of the participants' responses indicated that negative self-talk on the part of the therapist was directly related to feeling less helpful and attributing negative attributes to their clients' reactions during the session. Based on these results, Nutt-Williams and Hill suggested that "both the awareness and management of therapists' self-talk in relation to their perceptions of themselves and their clients" might be an important factor in counselor effectiveness and therapeutic outcome (p. 170).

Lafferty, Beutler, and Crago (1989) looked for a relationship between counselors' values and counselor effectiveness for 30 therapist trainees. Trainees were categorized as more or less effective based on the comparative level of distress experienced by their clients before and after therapy as evidenced by the clients' scores on the SCL-90-R. Lafferty et al. found that counselor trainees who placed more importance on being intelligent and reflective were also rated as being more effective.

In a study designed to examine the relationship between level of self-awareness and counselor effectiveness for master's level counseling students, Abney (2003) found varied results, with age being an intervening variable. Utilizing the Counselor Evaluation Rating Scale and the Personality Orientation Inventory, practicum students were rated by their faculty and

doctoral supervisors regarding their effectiveness and rated themselves on their level of self-awareness. Data supporting the relationship between high effectiveness and high levels of self-awareness were obtained only by the faculty ratings of older counselors. There were no significant findings for the faculty ratings of younger counselors, although they tended to rate younger students reporting high self-awareness as less effective than those reporting low self-awareness.

Doctoral supervisor ratings of all students in Abney's (2003) study appeared to be related to the age of the student rather than level of self-awareness. Abney noted that due to lack of inter-rater reliability measures, lack of a means to confirm the validity of the self-reports of level of self-awareness, and the small sample size ( $n=29$ ), the reasons for these mixed results remain unclear.

Whereas the previous studies in this section involved students in mental health professional preparation programs, the following studies involved mental health professionals themselves. Gump (1968) interviewed high school counselors to determine whether they would report that their self-understanding was related to their counseling work. The counselors then evaluated themselves and were evaluated by their clients regarding perceived effectiveness on the Counseling Evaluation Inventory and the Counselor Performance Scale. Counselors who reported that they utilized their self-understanding in their counseling, self-aware counselors ( $n=14$ ), rated themselves lower in performance and were rated lower in performance by their clients than counselors who reported that they do not utilize self-understanding in their counseling, self-unaware counselors ( $n=17$ ). This suggested an inverse relationship between counselor self-awareness and counselor effectiveness.

Gump (1968) suggested that this outcome might be due to self-unaware counselors tending to be more directive and imposing their motivations, attitudes, and values onto the client. This directiveness may be perceived as being more helpful to high school students and may fit their expectations of a counselor more closely. Gump suggested that it is also possible that self-aware counselors tend to be more conscious of the therapeutic relationship and are more critical of their own behavior.

Gump's (1968) results suggest that the impact of a counselor's self-awareness may be mediated by the setting in which the counseling occurs. Lower levels of self-awareness may increase counselor effectiveness in a short-term counseling setting that involves the therapist choosing an agenda, such as good school functioning for a client in high school. Higher levels of self-awareness may increase counselor effectiveness in a setting that focuses on the choosing of an agenda by the client, such as whether or not to remain in school.

Forty professional counselors representing varying educational and experience levels participated in a study by Kurpius and Morran (1987). These researchers found that counselors who gave themselves more self-instruction statements and less negative self-talk statements during sessions had a higher quality of performance level, as evidenced by client reports on an evaluation form and by trained raters' evaluations of the videotaped sessions. The self-instruction statements tended to be more focused on the client and the client's needs than the negative self-talk statements, which tended to be more counselor centered. Based on these results, Kurpius and Morran suggested that the modification of counselor thought quality, which would require increasing counselor awareness of their thoughts, could increase counselor effectiveness.

*Summary*

In summary, some research results support the relationship between counselor self-awareness and counselor effectiveness. At the same time, other results are inconclusive, and yet other studies suggest a negative relationship between self-awareness and effectiveness. The lack of a substantial body of empirical research regarding the relationship between counselor self-awareness and counselor effectiveness is evident. A thorough review of the literature revealed only seven empirical studies in a 36-year period (1967-2003). Furthermore, among these studies, self-awareness is conceptualized in a number of different ways. This dearth of empirical research and lack of uniformity in conceptualizing self-awareness is noteworthy in light of the breadth and intensity of theoretical support for the critical nature of this personality characteristic in counseling outcomes.

#### *Counselor Self-Awareness and the Experience of Being a Client in Counseling*

This section addresses the extent to which the professional counseling literature reveals a relationship between counselor self-awareness and the experience of being a client in counseling. Included are: 1) a discussion of the extent to which mental health professionals and educators of mental health professionals appear to believe in a positive relationship between counselor self-awareness and the experience of being a client in counseling, including the writings of counseling theorists and professionals engaged in counselor preparation as well as the CACREP and APA accreditation standards for therapist training programs; and 2) survey/interview and empirical research examining the relationship between these variables. The section concludes with a summary that synthesizes the results of the relevant professional literature.

#### *Theoretical Perspectives*

*Expository writings.* Expository writings are presented in chronological order by the date of publication.

The assertion that psychotherapist effectiveness is enhanced by greater degrees of psychotherapist self-awareness appears in the writings of the very first modern psychotherapist, Sigmund Freud (1917/1966). Freud maintained that it is necessary for therapists to participate in their own therapy in order to increase their awareness of countertransference issues so that these issues would be less likely to cause harm in the therapeutic relationship (1917/1966). The psychoanalyst Frieda Fromm-Reichmann (1950) stated:

And so it is that, because of the interrelatedness between the psychiatrist's and the patient's interpersonal processes and because of the interpersonal character of the psychotherapeutic process itself, any attempt at intensive psychotherapy is fraught with danger, hence unacceptable, where not preceded by the future psychiatrist's personal analysis. (p. 42)

This position continues to prevail among psychoanalytic schools of thought and training (MacDevitt, 1987; Watkins, 1983; Watkins, 1985).

In their stage-oriented approach to recommending personal therapy for counselors in training, Wise, Lowery, and Silverglade (1989) suggested that as students become more comfortable with their therapeutic abilities, they might become less defensive and more interested in self-awareness issues. This stage of counselor development is a prime time for trainees to consider their weakness without increased awareness of weaknesses having a deleterious effect on their self-esteem. "This stage may be the most appropriate time to recommend individual personal counseling to promote students' greater openness and desire for interpersonal knowledge" (p. 334).

*CACREP and APA accreditation standards.* The most current CACREP standards (2001) do not address personal counseling for trainees. Ten hours of participation in a group counseling

experience is required for trainees (CACREP, 2001). It is the assumption of this researcher that financial considerations were taken into account in making the decision to require only a group experience. If the counseling is provided by someone other than a program faculty member or doctoral student, the burden on financial and administrative resources in providing group counseling is far less than what it would be for individual counseling. The Association of Counselor Education and Supervision (ACES) (1993) ethical code states that "forms of training that focus primarily on self understanding and problem resolution (e.g., personal growth groups or individual counseling) should be voluntary" (p. 5).

The most current APA accreditation standards (2000) did not address personal counseling for trainees. The APA (2002) *Ethical Principles of Psychologists and Code of Conduct* stated:

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy...)...and requirements that must be met for satisfactory completion of the program. (p. 10)

The principles further stated that "when individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program" (p. 10).

### *Research*

*Survey/interview.* In a study similar to the one described herein, Downs (2000) interviewed 13 graduates of a counselor education program that required 10 hours of personal counseling during their term at the university in order to minimize the effect of personal issues

that may impair counselor effectiveness and "implant a deeper belief in and dedication to the counseling process itself and its positive nature" (p. 7). The counseling was obtained outside their academic program. Four of the participants did not attend counseling, three stating they were not informed of the requirement and one stating that attendance was not checked. One participant stated that she was not required to attend but did so voluntarily. Ten of the graduates thought that it was a good idea to require counseling. The students who attended counseling reported that their counseling was needed or quite helpful during their training. The student who knew of the requirement, but did not complete it, had the following reaction:

[He] saw no reason for the requirement, stated that he had not needed counseling during his program, and, interestingly, is an unlicensed private practitioner who has practiced without supervision until licensure became required to collect third-party payment. Only at that point did he seek supervision from, 'A gal, because she won't get in my way. She's wonderful for that.' (p. 9)

Important lessons gained by the required counseling experience for the students who participated in the Downs (2000) study included: a) skill applications; b) boundaries; c) empathy; d) group skills; e) objectivity, f) ability to gain insight; g) coping skills; h) awareness of personal issues that might impact their professional practice; i) tolerance; and j) caring for self. Downs also reported that those students who participated in the required counseling were more likely to return to counseling later. Two participants were dissatisfied with the counseling they received due to program restrictions placed on the kind of counseling allowed by the program and to lack of finances.

*Empirical.* MacDevitt (1987) had members of the Psychotherapy Division of the American Psychological Association complete the Therapy Vignette Questionnaire. The 185

participants responded to examples of counseling situations, and their choices were rated as to whether or not they reflected awareness of potential countertransference issues. Eighty percent of the 185 respondents had participated in personal therapy. The authors did not specify whether the personal counseling occurred within or outside the respondents academic programs. Eighty-two percent of those who had participated in therapy viewed it as being very valuable, extremely valuable, or absolutely essential to their professional work. There was a significant positive correlation between the number of hours of personal therapy and countertransference awareness.

### *Summary*

As in the previous subsection, there is clearly a dearth of empirical research to examine the relationship between participation in counseling and counselor self-awareness. The one empirical study conducted indicated support for the hypothesis that participation in counseling is positively correlated with counselor self-awareness.

### *The Experience of Being a Client in Counseling and Counselor Effectiveness*

This section will address the extent to which the professional counseling literature reveals a relationship between the experience of being a client in counseling and counselor effectiveness. Included will be: 1) a discussion of the extent to which mental health professionals and educators of mental health professionals appear to believe in the relationship between the experience of being a client in counseling and counselor effectiveness, including the writings of counseling theorists and professionals engaged in counselor preparation, and CACREP and APA accreditation standards for therapist training programs; and 2) survey/interview and empirical research examining the relationship between the experience of being a client in counseling and



counselor effectiveness. The section will conclude with a summary that synthesizes the results of the relevant professional literature.

In the following discussion, some authors will specify anticipated or observed benefits arising from the experience of being a client, whereas others will not. In cases in which counseling is recommended but benefits are not specified, it is assumed that the recommendation arises from a belief that such an experience does, indeed, have benefits.

### *Theoretical Perspectives*

*Expository writings.* The assertion that psychotherapist effectiveness is enhanced by greater degrees of psychotherapist self-awareness appears in the writings of early psychoanalytic theorists (Freud, 1917/1966; Fromm-Reichmann, 1950). This position has continued to prevail among psychoanalytic schools of thought (MacDevitt, 1987; Watkins, 1983; 1985).

Guy and Liaboe (1986) recommended that training programs educate students regarding the potential of personal psychotherapy to equip them to cope with the stressors of being a psychotherapist, stressors that may potentially have negative consequences for therapists and clients. They also suggested the possibility of having professional organizations and licensure boards require periodic participation in personal counseling.

Wise et al. (1989) proposed a stage-oriented approach to recommending personal therapy for counselors in training. They suggested that the first few months of a program, before students start seeing clients, is a prime time to recommend counseling. During this time, students are dealing with the adjustment to graduate school but are not in the process of actually trying to deliver services as novice therapists. However, they did not recommend that students immerse themselves in personal therapy once they begin seeing clients, because by then students are more focused on their own professional competence. Supervisory sessions are more appropriate at this

stage. The authors concluded that if issues of concern arise during this period, referral to a support group to discuss feelings about training experiences is more appropriate.

Wise et al. (1989) continued by asserting that as students' work with clients increases, personal therapy would be recommended only if the student failed to become less dependent on supervisors for specific interventions, if the student demanded support beyond what the supervisor could provide, or if the supervisor determined that the student was not progressing in skill acquisition due to personal issues. As students become more comfortable with their therapeutic abilities, they may become less defensive and more interested in self-awareness issues. This is a prime time for trainees to consider their weaknesses without such self-examination having a deleterious effect on their self-esteem. Once students have attained sufficient levels of comfort with their skills and their personal growth, they tend to desire more of a consultation model of supervision. At this stage, personal counseling may be suggested to increase students' awareness of blind spots that have not already been resolved or if life stressors are affecting the student's ability to be effective.

*CACREP and APA accreditation standards.* The most current CACREP standards (2001) did not address personal counseling for trainees. The ACES (1993) ethical code stated that "forms of training that focus primarily on self understanding and problem resolution (e.g., personal growth groups or individual counseling) should be voluntary" (p. 5).

The APA accreditation standards (2000) did not address personal counseling for trainees. The APA (2002) *Ethical Principles of Psychologists and Code of Conduct* required psychologists to provide accurate descriptions of program content, including counseling, which must be met as a requirement of the program. It also required psychologists to allow students to obtain any required counseling from practitioners not associated with the training program.

## *Research*

In this section, research studies involving students are listed first, followed by studies involving professionals, with both in chronological order by the publication date of each study.

*Survey/interview.* In a study exploring the effects of the requirement of one session of counseling in the college counseling center for 101 upperclassmen and graduate students enrolled in a basic guidance course, Nelson and Litherland (1970) found that the students "almost unanimously endorsed the project as the most worthwhile and meaningful experience of the course" (p. 317). Twenty-eight percent of the participants continued to see their counselor beyond the required session.

Sixty-six percent of the 106 master's level counseling program students in the Fouad and Hains (1990) study supported required counseling for counselors in training. Those who had participated in counseling at some time in their lives were significantly more likely to endorse required counseling than those who had not. Students who endorsed the required counseling were not significantly different from those who did not on measures of trait anxiety (State-Trait Anxiety Inventory), depression (Beck Depression Inventory), or self-esteem (Coopersmith Self-Esteem Inventory).

Garfield and Kurtz (1976) found that 63% of 855 members of the Clinical Psychology division of the APA reported having participated in personal counseling. The authors did not specify whether the personal counseling occurred before, during, or after the respondents' academic programs. Forty-five percent of the respondents said they supported requiring all clinical psychologists to participate in counseling, 38% said they would not, and 17% were undecided. Respondents who had previously participated in counseling valued it more highly than those who had not and were more likely to recommend it as a requirement for all clinical

psychologists. Respondents who had a psychoanalytic or neo-Freudian orientation or a Sullivanian orientation had the most favorable view of personal counseling; those with a humanistic, Rogerian, or existential orientation valued it to a slightly lower degree; and those with a learning theory orientation had a far less favorable view than either. These findings suggested that counseling theory, and the extent to which a theoretical approach involves client introspection, may be related to views of, and even likelihood of benefiting from, counseling as a means to enhance effectiveness.

Wampler and Strupp (1976) surveyed the directors of clinical training of APA approved programs. Of the 69 respondents, 39% advocated assisting students in obtaining therapy only if a student's personal problems are interfering with training or if the student requests a referral. Sixty-seven percent actively encouraged students to seek therapy, and 4% required some type of therapy experience.

In a survey of 71 practicing psychotherapists at the Department of Psychiatry of the Bronx Municipal Hospital Center's Albert Einstein College of Medicine who had all participated in personal therapy, Buckley, Karasu, & Charles (1981) found that the overall experience for participants was very beneficial. The authors did not specify whether the personal counseling occurred during the respondents' academic programs. The psychotherapists reported enhancement in several areas of their lives, including self-esteem, work function, social/sex life, character change, and symptom alleviation. Twenty-one percent of the participants reported experiencing harmful effects from the experience, which the researchers attributed to unresolved transference issues.

One hundred and ninety-two members of the APA Division of Psychotherapy responded to a survey distributed by Rachelson and Clance (1980). Ten percent of the respondents reported

that required personal therapy was always present in their training program, and 76% of the respondents reported it was never present. The authors did not specify whether the personal counseling occurred within or outside the respondents' academic programs. Sixty-two percent reported that they would include required personal therapy in an ideal training program, and 32% reported they would not. Eighty percent responded that they would include provisions for inexpensive or free psychotherapy in an ideal training program, and 20% reported they would not.

In another survey of the membership of the Clinical Psychology Division of the APA, Norcross and Prochaska (1982) found that 68% of the 479 respondents reported having participated in personal psychotherapy at some time in their lives. Almost 80% of the respondents who had experienced personal therapy and only 17% of the respondents who had not experienced personal therapy reported that it was important or very important to clinical work.

Guy, Stark, and Peolstra (1988) surveyed members of the APA Clinical, Psychotherapy, and Independent Practitioner Divisions. Of the 318 respondents, 18 % had never participated in any form of personal therapy. Practitioners who utilized counseling before graduation from their training program were more likely to utilize it after entering professional practice. The authors did not specify whether the personal counseling occurred within or outside the respondents' academic programs.

D'Andrea and Daniels (1992) surveyed 122 chairs and program directors of counselor education programs and found that only 9% of the 122 respondents' programs required personal counseling. Only 13% of the respondents themselves supported the idea that personal counseling should be required for all students.

In her interviews with 12 psychotherapists who had 7-25 years of experience counseling other therapists, Bridges (1993) found that the psychotherapists "unanimously agreed that personal treatment experiences were the single most formative educational experience in learning how to conduct psychotherapy. Therapist-patients must be aware that treatment experiences are an investment in their professional self and future" (p. 44).

In a survey of members of the ACA, Neukrug and Williams (1993) found that 80% of the 739 respondents reported having participated in some form of counseling and 67% reported having participated in individual counseling. The authors did not specify whether the personal counseling occurred during the respondents' academic programs.

*Empirical.* Holt and Luborsky (1958a; 1958b) examined whether the incidence of increased competence was higher for psychiatric residents who participated in their own therapy during their residency and those who did not. Supervisors rated 187 residents on change in competence level at the end of their training. They found a slight but insignificant trend toward increased competence for those who had participated in therapy.

Holt and Luborsky (1958a; 1958b) emphasized that their original hypothesis of a significantly higher incidence of increased competence for those who participated in therapy did not take into consideration differences between the members of the group that did participate and members of the group that did not participate. In the study, residents had to apply and then be accepted for treatment in their training program. The decision regarding who was accepted and who was not was arbitrary. They reported that "those who apply for treatment are those who recognize the fact that they are unsteady, who need some outside support without which they may take a downhill course, and who find it very difficult to maintain their competence" (1958b, p. 22).

An average of eight therapists in training were rank ordered each year for 4 years by the supervisors in the training clinic where Derner (1960) worked. He studied the two highest and two lowest ranked trainees each year and found no relation between the rating of trainees' competence by supervisors and whether or not the trainee had participated in therapy. The author did not specify whether the therapy occurred during the therapists' academic programs.

To examine the impact of required counseling on the effectiveness of counselor trainees, Felker (1970) studied 32 master's students enrolled in practicum. The students in the experimental group were required to participate in at least 5 sessions of counseling during the practicum. The control group was advised of the availability of counseling resources on the campus, but none of them received counseling during the practicum. The counselors were practicing clinicians and doctoral students who had little if any previous contact with the trainees. Felker did not state the extent of the potential for future interaction between the practicum students and the doctoral students. Counselor effectiveness was measured by the students' scores on the O'Hern Test of Sensitivity, supervisors' and clients' ratings of the students on the Communication Rating Scale, and peer ratings of the students on the Woldt-Matuschka Intra-Group Rating Scale. None of these measures revealed significant differences on effectiveness between the control and experimental groups.

Felker (1970) suggested that possible reasons for the lack of significant findings might include: a) the counseling did not enhance effectiveness; b) any true difference in effectiveness was not measured by the instruments employed, although these measures were shown to be sensitive to differences in prior research; c) five sessions of counseling is not adequate to bring about a significant difference; d) any significant change may not be detectable immediately because the effects of counseling often take weeks or longer to manifest in change in behavior; e)

the sessions were forced instead of voluntary; and f) lack of understanding on the part of many of the students regarding the purpose of the counseling sessions, which indicated that perhaps more structure or better preparation of the students about the purpose of the sessions might have increased the effectiveness of the experience. Ten out of 16 participants in the experimental group reported that they would not have participated in the counseling if it had not been required.

Garfield & Bergin (1971) studied outcomes for clients of 18 student therapists enrolled in a psychotherapy practicum. They found the greatest amount of client change for the therapists who had received no therapy, a smaller amount of client change for therapists who had participated in 80-175 hours of therapy, and the least amount of change for clients of those therapists who had participated in 200-450 hours of personal therapy. Due to the small sample size in this study, no tests of significance were done. Outcome for clients was based on MMPI measures. The authors indicated that the therapy occurred during the students' training program and that the students who were involved in therapy were involved at the time of the study.

Therapists' own MMPI results in the Garfield and Bergin (1971) study indicated "the trend is for the 'healthier' or less disturbed therapists to secure greater positive change in their clients" (p. 252). The researchers also found that the therapists seeking more therapy were not more disturbed than those seeking less therapy. The researchers concluded that "young therapists, who were still in the throes of the usual turbulence attendant to being analyzed, were blocked in therapeutic efficiency by a current preoccupation with their own problems" (p. 253). For this reason, Garfield and Bergin suggested that they may have found different results if they had utilized more experienced therapists in their study. Strupp's (1958a; 1958b) results indicating that participation in personal therapy may make a greater difference for experienced than non-experienced therapists support Garfield and Bergin's contention.



Hardaway (1976) compared the effects on counselor effectiveness for 24 students enrolled in a Principles of Guidance course. Eleven students planned to be counselors and the others planned to be school administrators or teachers. The students participated in one of three groups: 1) those receiving individual counseling provided by the researcher; 2) those receiving individual conversation provided by the researcher; or 3) a control group. The researcher was a student in the same training program. After participation in at least 4 sessions of counseling, conversation, or neither, the trainees served as a counselor in an initial interview with a coached client. Participants completed the 16PF pre-and post-test, and resulting scores were analyzed in relation to counselor effectiveness. The 16PF is designed to measure personality dimensions through factor analysis. The author indicated that eight of the scales have been shown to be related to counselor effectiveness, but it was not clear how it was utilized to measure counselor effectiveness. Effectiveness in the initial interview with the coached client was assessed by a Counselor Rating Scale utilized by practitioners and trained supervisors.

Results in the Hardaway (1976) study indicated that the conversation groups were more effective at increasing counselor effectiveness as measured by the 16PF than individual counseling. There were no significant differences between any of the three groups as measured by the Counselor Rating Scale. Hardaway reported that a likely reason for these findings, which were contrary to expectations, is that only 11 of the 24 participants were counselors in training. Eight of these participants were in the conversation group, three were in the individual counseling group, and none were in the control group. The author suggested that the counselors in training may have had a higher degree of insight, contributing to this conversation group being more effective than one consisting of participants more equally matched with the counseling and control groups.

The Hardaway (1976) study appears to have been poorly executed with an inappropriate measure of counselor effectiveness. The most that can be inferred from this study is that there was no difference between groups as indicated by scores on the Counselor Rating Form.

Peebles (1980) tested the hypothesis that the amount of personal therapy engaged in would correlate positively with therapists' ability to convey empathy, warmth, and genuineness in counseling situations. Ratings of taped therapy sessions of doctoral clinical psychology program students by two independent raters on the Truax and Carkhuff scales of Accurate Empathy, Nonpossessive Warmth, and Genuineness determined the ability of students to convey these attributes. She found that for 17 students the number of hours of personal therapy was significantly related to capacity to convey genuineness and empathy. There was a positive, but insignificant, relationship between hours of personal therapy and the capacity to convey warmth. The author did not specify whether or not the personal counseling occurred during the participants' training programs.

In his study designed to discern the effects on therapeutic outcome of degree of willingness to participate in counseling, Borsook (1981) studied 32 graduate counseling program students who participated in 12 - 16 sessions of personal counseling as a program requirement. Students enrolled in an introductory counseling course were required to receive counseling from more advanced students enrolled in a practicum. There was no option to obtain the counseling outside the academic program. Borsook did not address dual relationship issues in his study.

Utilizing the Tennessee Self Concept Scale (TSCS), the Purpose in Life Test (PIL), and the Seeking of Noetic Goals Test (SONG), Borsook (1981) evaluated the outcome of the required counseling with pre- and post-test data on these measures. Participants were divided into low and high willingness groups, based on their own responses regarding their feelings

about participating in the counseling sessions and their counselor's assessment of their degree of willingness. Borsook's results indicated possible negative implications of required counseling for low-willingness students. These students showed a significant decrease in self-esteem and a tendency to experience a decreased perception of purpose and meaning in their lives. Students high in willingness showed no significant differences between pre-and post-test measures.

In an attempt to explain these results, Borsook (1981) stated that:

One aim of the counseling sessions in which first-semester graduate students were required to participate was the stimulation of personal inquiry into one's values and philosophical position. Reluctance on the part of prospective counselors to participate in counseling themselves could be reasonably regarded as indicative of a lack of personal development. For students such as these, conflict instilled by their counseling experience might very well have resulted in an increased motivation to seek meaning and purpose in life. It was also possible that conflict of this sort was responsible for the reduced self-esteem and sense of meaning in life observed among low willingness counselees. Although such consequences of counseling are undoubtedly painful, they may be necessary steps along the path of personal development. (p. 74)

He further noted that unless the low willingness students pursued further counseling, the therapy may have done more harm than good. In light of these findings, Borsook recommended that required therapy be for substantially more than 12 to 16 sessions and that short-term mandatory therapy not be done at all.

Borsook (1981) suggested that counselors in training have tacitly agreed to counseling by enrolling in classes in graduate programs that require it. In this way, they differ in a very

fundamental way from most participants in "forced" or involuntary counseling situations. These participants are "generally individuals whose behavior has deviated from socially acceptable standards to such a degree that others have deemed it necessary to take some sort of action" (p. 5). Borsook also maintained that true participation in counseling can never actually be forced; "merely putting an individual into a room with a therapist is a necessary but insufficient condition for the occurrence of a true therapeutic experience" (p. 4). Participants may attend counseling sessions in order to avoid more punitive measures, either from legal authorities or from family members.

Barta (1999) found no relationship between supervisor ratings of counseling effectiveness on the Counselor Evaluation Rating Scale (CERS) of 43 graduate students in a clinical practicum and whether or not the trainees had participated in personal therapy. The author did not specify whether or not the personal counseling occurred during the participants' training programs.

McClure (1999) provided evidence contrary to the popular myth that people who choose to enter the field of mental health do so because they tend to have a higher incidence of emotional problems than the general population. McClure found that graduate students enrolled in several counseling programs ( $n=66$ ) and those enrolled in other areas ( $n=52$ ) did not differ significantly on amount of personal counseling received or on amount of personal or family trauma experienced which motivated them to want to help others with similar problems.

Strupp (1958a; 1958b; 1973) showed a taped therapy interview to a 237 psychiatrists, psychiatric residents, psychologists, and psychiatric social workers and had them write down what their responses would be at certain choice points in the film. Demographic data was also collected, including the amount of personal therapy the participants had experienced. The authors did not specify whether the personal therapy occurred during the participants' academic

programs. Two subsamples ( $n=28$  in each subsample) of psychiatrists were matched on level of experience and participation in personal analysis. Independent raters evaluated the participants' responses on the degree of empathy conveyed. A rating of positive was given if the therapist appeared to empathize with the client. A rating of negative was given if the therapist showed signs of aloofness from or rejection of the client. Strupp found higher ratings in communication of empathy for analyzed psychiatrists than nonanalyzed psychiatrists. When the additional factor of level of experience was considered, the difference was even more pronounced for the experienced psychiatrists: "Experienced nonanalyzed therapists had more than three times the number of negative empathy ratings as experienced analyzed therapists" (p. 277).

Guild's (1969) study supported Strupp's findings of increased empathy ratings for therapists who had participated in analysis as compared with those who had not. Guild obtained scores on the Relationship Questionnaire to evaluate the perceptions of 20 practicing psychologists and 60 of their clients on the quality of the therapeutic relationship. The therapists' and their clients' responses were compared to determine the presence or absence of certain elements in the therapeutic relationship. Half of the therapists had participated in at least 400 hours of personal analysis and half had not participated in personal analysis. The author did not specify whether the analysis occurred during the psychologists' training programs. Results indicated that "the analyzed therapists and their patients had a more effective therapeutic relationship than the non-analyzed therapists and their patients" (p. 95). These included measures on the amount of empathy, warmth, and genuineness present in the relationship.

### *Summary*

In summary, personal counseling is clearly highly valued and highly utilized by members of the profession. Potential benefits indicated from participation in counseling for counselors in

training included increased ability to convey empathy, warmth, and genuineness and increased likelihood that participants will utilize counseling resources in the future. This increased likelihood of future participation could intensify the benefits received in the initial experience of counseling. At the same time, other results are inconclusive, and yet some studies suggest that participation in personal counseling may be detrimental to counselor effectiveness for counselors in training.

It appears that, in the vast majority of the studies, participants reported the experience of personal counseling to have been beneficial, even when no significant beneficial effects could be shown empirically. This finding could be due to a lack of effective measurement instruments for the criterion being evaluated or to a lack of understanding of phenomenon that are occurring that potentially could be measured if they were more clearly understood. In considering the results of studies providing evidence of no relationship or a negative relationship between participation in counseling and counselor effectiveness, it is prudent to consider Deutsch's (1985) response: "There is no way to determine if the prepersonal-therapy levels of adjustment of the [different] therapist groups were equal; for example, therapy may have been essential to raise one therapist's competence to the level of another therapist who had not had therapy" (p. 307).

*Counselor Self-Awareness, the Experience of Being a Client in Counseling,  
and Counselor Effectiveness*

This section addresses the extent to which the professional counseling literature reveals a relationship between counselor self-awareness, the experience of being a client in counseling, and counselor effectiveness. Included are: 1) a discussion of the extent to which mental health professionals and educators of mental health professionals appear to believe in a positive relationship between counselor self-awareness, the experience of being a client in counseling,

and counselor effectiveness, including the writings of counseling theorists and professionals engaged in counselor preparation, and the CACREP and APA accreditation standards for therapist training programs; and 2) survey/interview and empirical research examining the relationship between these variables. The section concludes with a summary that synthesizes the results of the relevant professional literature.

### *Theoretical Perspectives*

*Expository writings.* Expository writings are presented in chronological order by the date of publication.

Since Socrates espoused self-knowledge as a form of wisdom, the concept of "knowing thyself" (self-awareness) has played a crucial part in the field of philosophy (Hergenhahn, 1997; Plato, 1984). This tenet has followed through to the fields of psychology and counseling as they grew from the foundation of philosophy.

The assertion that psychotherapist effectiveness is enhanced by greater degrees of psychotherapist self-awareness appears in the writings of early psychoanalytic theorists (Freud, 1917/1966; Fromm-Reichmann, 1950). This position continues to prevail among psychoanalytic schools of thought (MacDevitt, 1987; Watkins, 1983; 1985).

D'Andrea and Daniels (1992) discussed their concerns that many mental health professionals display a high level of personal dysfunction. Research suggests the tendency of some professionals to enter the mental health field in order to resolve their own emotional problems (White & Franzoni, 1990) and indicates a high incidence of personal relationship problems, substance abuse, depression, suicide, high anxiety, and sexual contact with clients in mental health professionals (Bermak, 1977; Deutsch, 1985; Pope, Levenson, & Schover, 1979; Stadler & Willing, 1988; Thoreson, Budd, & Krauskop, 1986). In response to these studies and

their own experience in the mental health field, D'Andrea and Daniels strongly recommended required personal counseling for all counselors in training to increase their awareness of personal issues that may impact their effectiveness as counselors.

Stadler and Willing (1988) recommended that graduate programs educate counseling trainees about counselor impairment issues and find ways to help them increase their awareness of their own personal problems that may potentially contribute to their own impairment.

According to Stadler and Willing,

there is universal agreement that waiting until professionals begin their practices to confront the issue of impairment is much too late. These concerns should be addressed in training programs. Graduate education in the helping professions can alert counseling students to the warning signs of impairment and encourage the self-awareness necessary to examine one's own behavior. (p. 5).

Stadler and Willing recommended that impaired counselors seek the psychological treatment necessary to effectively address their impairment.

*CACREP and APA accreditation standards.* The American Personnel and Guidance Association (APGA) (1965) included "understanding of the self" as an important role of counselors (p. 78). This valuing of self-awareness has continued to the present in the CACREP standard that requires programs to offer counselor trainees opportunities to increase self-awareness (CACREP, 2001).

The American Psychological Association (APA) in 1954 affirmed the importance of the development of self-awareness in counselor training by encouraging it in its original *Practices for Counselor Trainee Selection*. The APA Committee on Accreditation's most recent (2000)



*Guidelines and Principles for Accreditation of Programs in Professional Psychology* did not address self-awareness.

The most recent CACREP standards (2001) did not address personal counseling for trainees. The most recent ACES (1993) ethical code stated that "forms of training that focus primarily on self understanding and problem resolution (e.g., personal growth groups or individual counseling) should be voluntary" (p. 5).

The most recent APA accreditation standards (2000) did not address personal counseling for trainees. The most recent APA (2002) *Ethical Principles of Psychologists and Code of Conduct* required psychologists to provide accurate descriptions of program content, including counseling, which must be met as a requirement of the program. It also required psychologists to allow students to obtain any required counseling from practitioners not associated with the training program.

### *Research*

This section will include only those studies that specifically addressed all three factors of counselor self-awareness, the experience of being a client in counseling, and counselor effectiveness. Research studies involving students are listed first, followed by studies involving professionals, with both in order of the publication date of each study.

*Survey/interview.* Kaslow and Friedman (1984) interviewed 14 clinical psychology graduate students and found they reported that their own personal therapy received outside their academic program during training positively impacted their clinical work in five ways:

The first is in the growth of their own respect for the struggles their patients have in therapy. The second is in the diminished need to 'do for' patients and the simultaneously enhanced ability to 'be with' them instead. The third is in an

increased capacity to differentiate their own affective states from those of their patients. The fourth is in the development of a more realistic time perspective in relation to treatment processes and goals. And the fifth is in the growth of the capacity to attend to untoward countertransference reactions. (p. 41-42)

The students in the Kaslow and Friedman (1984) study also reported negative effects from their own therapy: overidentification with the patient role that interfered with their assuming the therapist role and emotional flooding that impacted their ability to think clearly and to attend to their clients. Although the students expressed stress-exacerbating effects of concurrent participation in training and therapy, they reported that their personal therapy was the second most important factor in their clinical development, second only to actual clinical practice and ahead of supervision in overall impact. The authors stated that "in short, clinical training and psychotherapeutic treatment work simultaneously to stimulate the progress of students' internal development" (pp. 51-52).

In interviews with 36 graduate students in clinical psychology, Ralph (1980) found that students attributed their learning of how to use themselves and their feelings in counseling situations to their experience in their own personal therapy. It was not specified whether the personal counseling occurred during their academic programs. The students also gained awareness of how an experienced therapist might function. These students reported that having the experience of being a client increased their ability to be empathic regarding the emotional pain that clients experience and the ways that clients feel toward their therapists.

In a study involving psychotherapy trainees in the United Kingdom, Macaskill and Macaskill (1992) surveyed 25 participants to discover their experience in personal counseling. The authors do not state specifically where the counseling occurred; however, the length of

counseling for 16 of the trainees was over three years and for 8 of the trainees it was from one and one-half years to three years. The responses of the one trainee who had been in counseling for only 6 months was not included in the evaluation of therapy outcomes. These lengths of treatment strongly indicate that the counseling occurred outside the academic programs. Twenty-one of the respondents indicated that their training programs required counseling, and four indicated that it was optional. Seventy-six percent of the respondents indicated that the personal counseling experience had increased their self-awareness. Other positive effects included increased self-esteem, increased work effectiveness, reduction in symptoms, improved personal relationships, increased empathy, and increased spontaneity.

Thirty-eight percent of the participants in the Macaskill and Macaskill (1992) study reported that they experienced distressing effects from the counseling, including psychological distress, marital or family distress, loss of enthusiasm for personal therapy, and becoming too reflective accompanied by avoidance of dealing with life issues. Twenty-two percent did not consider the psychological distress to be a negative effect but rather a necessary outcome of personal growth. The researchers conclude that for United Kingdom psychotherapy trainees, personal therapy is an integral, intensive, expensive and time-consuming component of the therapists' training. It typically continues over three years, occurs more than twice a week and produces very substantial personal and professional benefits for nearly all trainees, although sometimes at a considerable emotional cost. It seems clear that from the trainee's point of view, the gain is generally well worth the pain. (p. 137)

Unfortunately, these researchers did not distinguish between the students in counseling required programs and counseling optional programs in their discussion of outcomes.

Beck and Yager (1988) gathered self-report data from counselors who were certified by the National Board of Certified Counselors (NBCC). On average, the respondents had between 11 and 12 years of experience. Of the 146 respondents, 55% had participated in personal counseling. It was not specified whether the personal counseling occurred during their academic programs. The majority of the counselors who had received counseling worked in agencies, colleges, and private practice settings, as opposed to school settings. Eighty-six percent indicated that their experience of being a client had an impact on their work as a counselor, including their style, their effectiveness, and their theoretical orientation. Regarding effectiveness specifically, respondents indicated that the counseling had increased their empathic ability, their understanding of the client role, their understanding of counseling process, and their self-understanding. Nine percent of the respondents indicated that their personal counseling was obtained as a requirement of their graduate training programs. Regarding the importance of personal counseling to professional functioning, 34% indicated it was desirable and necessary, 55% indicated it was desirable, and 10% indicated it was neither desirable nor necessary.

Mackey and Mackey (1994) interviewed 15 experienced social work practitioners who had participated in personal therapy during their professional careers. The practitioners reported that the personal therapy had increased their self-awareness, increased their awareness of and skill in working with transference and countertransference dynamics, increased their ability to convey empathy, and improved their ability to establish healthy boundaries with clients.

Surveys of 107 psychology program heads and 339 licensed psychologists administered by Schwebel and Coster (1998) showed that both program heads and professional psychologists rank self-awareness/self-monitoring as the most important factor in the ability of professional psychologists to function in an unimpaired manner. When asked what the program heads would

introduce into their programs to better ensure the well-functioning of their students, the highest number of responses given ( $n=20$ ) was that they would require therapy for trainees.

*Empirical.* A thorough review of the professional literature revealed no empirical studies that examined the relationship between counselor self-awareness, the experience of being a client in counseling, and counselor effectiveness.

### *Summary*

The theoretical literature indicates a strong belief in a positive relationship between counselor self-awareness, the experience of being a client in counseling, and counselor effectiveness by mental health professionals and educators of mental health professionals. The survey/interview data support this belief; however, no empirical research has been conducted to examine objective evidence of a relationship.

### *Ethical Issues*

Faculty members serve a variety of roles with students, including teacher, mentor, supervisor, advisor, role model, and evaluator. The current ACA (1995) ethical code for supervisors regarding dual relationships states that "counselors avoid dual relationships such as performing the role of site supervisor and training program supervisor in the student's or supervisee's training program" (p. 8). The preponderance of the literature maintains that professionals have a responsibility to maintain appropriate boundaries with students (ACA, 1995; ACES, 1993; Blevins-Knabe, 1992; Kitchener, 1988; Kolbert, Morgan, & Brendel, 2002).

In discussing dual relationships, Kitchener (1988) noted that "conflict occurs when expectations associated with one role require behavior of a person that is to some extent incompatible with the behavior associated with another role" (p. 218). This can be especially problematic if confidentiality is considered crucial for one role but not for another.

Maintaining confidentiality is an ethical responsibility in the supervisory role. The most current ACES (1993) ethical guidelines states that "clients also should be informed that their right to privacy and confidentiality will not be violated by the supervisory relationship" (p. 2). This standard could potentially conflict with the responsibilities stated in the ACA (1995) ethical code: "Counselors assist students and supervisees in securing remedial assistance when needed and dismiss from the training program supervisees who are unable to provide competent service due to academic or personal limitations" (p. 8).

Kitchener (1988) suggested that three factors decide the ethicality of a particular relationship: a) the size of the power differential between the participants, b) the level of incompatibility between role expectations, and c) the extent of potential for harm. As each of these increases, the educator's tendency to participate in the dual relationship should decrease.

Kaslow and Friedman (1984) found that, for some clinical psychology graduate students, their therapists' outside knowledge of significant people in the trainee's world facilitates the treatment process. They believe that the therapist's capacity to help them reality test more than compensates for the loss of privacy that they experience. Others, however, feel seriously inhibited by the various loyalty conflicts that are thereby activated within treatment. (p. 40)

Moore (1997) surveyed clinical and counseling psychology program graduate students in Canada. Participants completed a questionnaire regarding the frequency with which they experienced several dual role interactions with their faculty members. They were then asked to make judgments regarding the ethicality of various therapist behaviors in relation to clients. Moore concluded that:

students who had reported professional role violation experiences with their

educators judged Dual Professional Roles between therapists and their clients to be more ethical than did students who did not report such experiences. This suggests that students' experiences with their educators influence students' views about dual relationships between therapist and client. (p. 159)

Moore's study illustrates the importance of diligence on the part of program faculty members to ensure that their behavior and policies adhere to ethical standards.

According to studies by Bowman, Hatley, and Bowman (1995) and Roberts, Murrell, Thomas, and Claxton (1982), higher education professionals hold varying opinions concerning the appropriateness of a variety of dual relationships that are common in academia. These studies show that many counselor educators approve of dual relationships that are disapproved of in ethical codes. Biaggio, Paget, and Chenoweth (1997) suggested that dual relationships in academia are unavoidable, even necessary, and instead of attempting to avoid them, faculty members need to learn how to manage them effectively.

Blevins-Knabe (1992) noted that students' perceptions of the nature of relationships may differ from faculty members' perceptions. This author suggested several criteria to assess the risk of any dual relationship. The six criteria that appear most salient to this study include evaluating: a) what the student in the dual relationship is learning, b) what other students are learning, c) whether the student involved has a choice, d) whether there is actual or perceived loss of objectivity, e) whether future evaluation decisions may be influenced, and f) what the motives are for participating in the relationship. Future decisions include those regarding which students will be retained in programs and which students will receive funding. If a dual relationship seems appropriate after being measured against these criteria, Blevins-Knabe recommended that further

caution be exercised by actively identifying potential risks of exploitation and develop preventive measures to avoid it.

Kolbert, Morgan, and Brendel (2002) stated that "a primary criterion that professors should use in decision making is the student's perception of the relationship" (p. 193). In their qualitative study involving both students and faculty in a counselor education program, results showed that faculty members may not be sensitive to the negative perceptions students hold regarding dual relationships that may occur. "The students' responses explicitly reflected the theme of unfairness/favoritism. . . .However, unlike the students, the faculty members did not identify that favoritism could result in the unfair treatment of students outside of the relationship" (p. 204).

Kitchener (1988) contended that the mere appearance of a faculty member's objectivity potentially being compromised makes a dual relationship inappropriate. She also noted that as the risk to the student increases, so should the caution with which the faculty member enters into the relationship be increased. Johnson and Nelson (1999) recommended that counselor training programs establish clear guidelines for the management of dual relationships and educate faculty members and graduate students about the nature, benefits, and risks of these kinds of relationships.

Dickey, Housley, and Guest (1993) stated that "the problems that supervisors encounter in dual relationships might be circumvented by strict adherence to the policy of informed consent" (p. 200). Bernard (1994) agreed with this, specifying that, "informed consent requires that the recipient of any service or intervention is sufficiently educated about what is to transpire, the potential risks, and alternative services or interventions" (p. 2). Bernard also strongly



admonished against hiding the existence of dual relationships: "The most dangerous of scenarios is the hidden relationship" (p. 1).

Providing informed consent regarding dual relationships would be consistent with the most current ACA (1995) ethical code that specifically addresses informed consent with regard to students in training programs. The code states that "prior to admission, counselors orient prospective students to the counselor education or training program's expectations including but not limited to the following: ... (4) training components that encourage self-growth or self-disclosure as part of the training process" (p. 8). It also states that "safeguards are provided so that students and supervisees are aware of the ramifications their self-disclosures may have on counselors whose primary role as teacher, trainer, or supervisor requires acting on ethical obligations to the profession" (p. 8).

Patrick (1989) discussed potential ethical dilemmas that are unique to the situation when counselor trainees participate as clients in counselor training clinics. The relationships that may occur with the student-client are still dual relationships even though they may be indirect. The supervisor of the counseling relationship is a faculty member in the program in which the student is enrolled. This latter role entails an ethical responsibility to evaluate the appropriateness for the profession of the student-client. As a supervisor, the faculty member is also responsible for overseeing the diagnosis and treatment of this student-client. An ethical dilemma can occur if the supervisor becomes aware of personality dynamics that may indicate the likelihood of poor functioning as a counselor. Patrick (1989) has the following recommendation:

In the true spirit of informed consent, it seems that counselor candidates who participate as clients in counselor-training laboratories must be told that information revealed in counseling will be used to evaluate their ability to be an

effective counselor. In fact, ... supervisors are obligated to use this information in this way, particularly if it is negative information. (p. 340)

Wampler and Strupp (1976) listed the following options that can circumvent dual relationship issues of students being served within their own programs: 1) university counseling centers staffed independently of program faculty; 2) referral list of private practitioners who will see students at reduced rates or for free; 3) community mental health centers; 4) exchange programs in which faculty members serve as therapists for students from another program; 5) a therapist hired part-time by the program to see students; and 6) loan funding made available to students to finance therapy.

Another ethical requirement that relates to the subject of required personal counseling in training programs regards freedom of choice. The ACA (1995) code stated that "counselors offer clients the freedom to choose whether to enter into a counseling relationship and to determine which professional(s) will provide counseling. Restrictions that limit choices of clients are fully explained" (p. 2). Borsook (1981) suggested that counselors in training have tacitly agreed to counseling by enrolling in classes in graduate programs that require it. Borsook also noted that true participation in counseling could never actually be forced.

The ACES (1993) ethical code was more specific regarding trainees' freedom of choice. It states that "forms of training that focus primarily on self understanding and problem resolution (e.g., personal growth groups or individual counseling) should be voluntary" (p. 5).

Pope and Vasquez (1991) warned that assuming that some dual relationships are unavoidable could be dangerous. They view this assumption as a type of rationalization and consider it to be an attempt to avoid responsibility and having to take the time and energy required to explore and generate alternatives that are more acceptable. They maintain that there

is virtually no empirical evidence to support the harmlessness of dual relationships or their efficacy to bring about therapeutic change.

In summary, the preponderance of recommendation appears to be the avoidance of dual relationships unless no other feasible options exist. If dual relationships are to be entered into, one of the main factors to be evaluated is the student's perception of the relationship. The mere appearance of impropriety might make the formation of a dual relationship inadvisable. If professionals do enter into dual relationships, such as those encountered when required counseling is offered at program clinic, informed consent is necessary. Even with informed consent, the potential for harm still exists.

#### Purpose of the Study

Several studies have examined the relationship between personal counseling and counselor self-awareness from a survey or interview perspective, however the literature review revealed only one study that has empirically examined this relationship (MacDevitt, 1987). MacDevitt's study involved professionals working in clinical settings; this study examined the experience for counselors in training.

Researchers have questioned whether during training is an appropriate time to offer or require personal counseling experience (Garfield & Bergin, 1971). The literature review revealed very little research that explored the experience of counselors who participated in personal counseling during their professional training. The literature review revealed no studies examining the effect of required counseling during counselor training on counselor self-awareness. This researcher was unable to find any studies that examined the impact of ethical issues related to counselors in training participating in required counseling at a program clinic.

The purpose of this study was to empirically examine whether master's level students who participated in the required counseling component of a counselor training program, in which the provision of counseling services included the options of counseling with more advanced students in the program or with mental health professionals outside the program, perceived the experience to have affected their self-awareness and whether concerns about ethical issues impacted their ability to utilize the experience fully.

This researcher was unable to find any studies that empirically compared students' experiences within a program clinic and outside the program setting. This study also examined whether the perceived effect of the experience on self-awareness and perceived impact of ethical concerns was related to the setting in which the counseling requirement occurred and the students' stage in the counseling program.

A thorough review of the literature revealed no studies that addressed whether students who have participated in required counseling at program clinics would recommend the same for future students in counseling programs. This study explored whether the students recommended required counseling for future students in counselor training programs. A final purpose of this study was to examine the potential benefits and costs of requiring master's students to participate in personal counseling as a means to increase self-awareness and the advantages and disadvantages of offering the counseling in a program clinic.

The results of this study might be of benefit to counselor educators as they make decisions about how to provide experiences that increase self-awareness for counselors in training. Examining the experiences of students who have participated in required personal counseling in the context of a counselor training program might inform educators of whether to

perpetuate the practice and, if so, how to organize such an experience to achieve the greatest benefit to counselors in training.

## CHAPTER 2

### METHODS AND PROCEDURES

This chapter addresses the methods and procedures utilized in fulfilling the purpose of this study and includes: a) the research questions and hypotheses, b) main instrument used, c) definition of terms, d) methods and procedures for participant recruitment and data collection, e) data analysis procedures, and f) limitations of the study. These methods and procedures were employed in order to discover whether master's level students participating in the required counseling component of a counselor training program, in which the counseling services are provided by more advanced students in the program or by mental health professionals outside the program, perceived the experience to have increased their self-awareness and whether ethical issues impacted their ability to utilize the experience fully.

The methods and procedures were used to examine whether the perceived effectiveness of the experience and impact of ethical issues was related to the setting in which the student experienced counseling and the student's stage in the counseling program. They were also utilized to explore whether the counseling students reported that the required counseling experience was detrimental to, had no effect on, or was beneficial to their mental health; whether or not the students recommended required counseling for future students in counselor training programs; and whether they recommended that students pursue future required counseling within or outside of a counseling program clinic.

#### Research Questions

1. Will counseling program students overall report that the required counseling experience increased their self-awareness?
  - 1.a. Will the reported impact on self-awareness by the students vary based on the

- setting in which the counseling occurred?
- 1.b. Will the reported impact on self-awareness by the students vary based on the students' stage in the counseling program?
  1. c. Will there be an interaction effect between the setting in which the counseling occurred and the student's stage in the program for Awareness?
2. Will counseling program students overall report that ethical concerns had no impact on their experience in the required counseling sessions?
    - 2.a. Will the reported impact of ethical concerns vary based on the setting in which the counseling occurred?
    - 2.b. Will the reported impact of ethical concerns vary based on the students' stage in the counseling program?
    - 2.c. Will there be an interaction effect between the setting in which the counseling occurred and the student's stage in the program for Ethicality?
  3. Will counseling program students overall report that the required counseling experience was detrimental to, had no effect on, or was beneficial to their mental health?
  4. Will counseling program students recommend required counseling for future students in counselor training programs?
  5. Will counseling program students recommend that future students receive the counseling in counseling program clinics or in another setting?

#### Research Hypotheses

1. The counseling program students will report no significant change in their level of self-awareness as a result of this experience.
  - 1.a. There will be no significant difference between the reported effect on self-

awareness of the required counseling experience for students who fulfilled the requirement in a setting outside of the counseling program clinics and those who fulfilled the requirement within the counseling program clinics.

- 1.b. There will be no significant difference between the reported effect on self-awareness of the required counseling experience for students in the last course of the counseling program and those in the first course in the program.
- 1.c. There will be no interaction effects between the setting in which the counseling took place and the students' stage in the program for effect on self-awareness.
2. The students will report that ethical concerns had no impact on their experience in the required counseling sessions.
  - 2.a. There will be no significant difference between the reported impact of ethical concerns on the required counseling experience for students who fulfilled the requirement in a setting outside of the counseling program clinics and those who fulfilled the requirement within the counseling program clinics.
  - 2.b. There will be no significant difference between the reported impact of ethical concerns regarding the required counseling experience for students in the last course of the counseling program and those in the first course in the program.
  - 2.c. There will be no interaction effects between the setting in which the counseling took place and the students' stage in the program for impact of ethical concerns.
3. Counseling Program students overall will report that the required counseling experience had no effect on their mental health.
4. Counseling Program students will be neutral in their support for required counseling for students in future counselor training programs.



5. Counseling program students will recommend that either setting, within a program clinic or outside the program, is an appropriate setting in which future students might complete the counseling.

#### Main Instrument

The researcher in this study developed a survey to examine students' perceptions regarding the value of the required counseling experience. The survey included the collection of demographic data that allowed analysis to determine whether the setting in which the counseling occurred and whether the students' respective stages in the counseling program were related to their reported perception of their experience in the required counseling sessions.

The survey consisted of three scales. The first scale, Awareness, measured the perceived effect on self-awareness resulting from the required counseling sessions. The scale consisted of 13 items that directly reflected the intention of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) standard that states, "Studies will also facilitate student self-awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries" (2001, p. 62). The survey items also reflected self-awareness as defined for the purpose of this study (see appendix B).

The second scale, Ethicality, measured the students' perceptions of any impact that concern over ethical issues had on the required counseling experience. The scale consisted of 6 items, half worded positively and half negatively, that elicited students' perceptions regarding dual relationship and confidentiality concerns (see Appendix B). The third scale, Mental Health, was a one-item scale that evaluated the students' perception of whether the required counseling experience was detrimental to, had no effect on, or was beneficial to their mental health. After administering the questionnaire, the researcher discovered that the Mental Health scale was a

bivalent scale but was not properly defined as such. Consequently, the researcher judged the scale to be invalid, and no results from this scale are reported in this study.

The survey concluded with questions to elicit further information that would be valuable in evaluating the required counseling component of the counseling program. One question assessed whether students recommended that future students receive their counseling in a counseling program clinic or in another setting. Another question assessed whether students supported required counseling for future students in counselor training programs. The remaining questions were open-ended questions designed to encourage expanded disclosure of students' experiences so that other areas of strength and concern might be discovered.

The researcher created two versions of the survey with identical questions randomly organized in different order. This procedure was used to minimize ordering effects on the data obtained (Kalton & Schuman, 1982).

#### Definition of Terms

CACREP (2001) requires accredited programs to provide curricular experiences for their students that will "facilitate student self-awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries" (p. 62). Because the phenomenon of self-awareness was the basis of this study, it was important to define self-awareness for the purpose of this study.

Webster's New World College Dictionary (MacMillan, 1999) defined self-awareness as "awareness of oneself as an individual, esp. as a worthwhile person" (p. 1300). Random House Webster's College Dictionary (2000) defined self-aware as "aware of one's own existence, personality, and nature" (p. 1192).

Psychodynamic theorists have tended to emphasize the importance of therapist self-awareness in relation to countertransference dynamics and reactions (MacDevitt, 1987; Mackey & Mackey, 1994). Watkins (1985) referred to countertransference as "the thoughts, feelings, and behaviors that the counselor experiences in relation to clients" (p. 356).

Rogers (1957) included awareness of experiences, feelings, or conceptualizations in discussions of self-awareness. The condition of counselor congruence occurs when "the feelings the therapist is experiencing are available to him (sic), available to his awareness, and he is able to live these feelings, be them, and able to communicate them if appropriate" (Rogers, 1961, p. 61). Tudor (1994) defined self-awareness in the context of this description of congruence as the counselor's ability to be "aware of the flow of feelings and sensations within us as we work" (p. 2).

Henrikson and Watts (1999) included awareness of "personal prejudices, biases, stereotyping, values and assumptions that may be used in working with culturally diverse clients" when considering self-awareness in the context of multicultural counseling (p. 65).

Baruth and Manning (1999) defined self-awareness also in a multicultural context as:

the consciousness a person has of specific events that influence her or his psychological, social, emotional, and cultural attributes. It includes identity (what one thinks of oneself), and one's sense of identity as influenced by the perception of self and others. Identity includes many factors such as race, ethnicity, and gender.

Stadler & Willing (1988) emphasized the importance of counselors having the "self-awareness necessary to examine one's own behavior" in order to recognize signs of impairment (p. 5).

For the purpose of this study, *self-awareness* is defined as the capacity to allow one's feelings, thoughts, and behaviors into conscious awareness, especially in the context of the counselor-client relationship.

#### Methods and Procedures for Participant Recruitment and Data Collection

Permission to do a study involving human subjects was obtained from the University of North Texas Institutional Review Board. Before using the survey to collect data pertaining to the research questions, the researcher administered a pilot study to check the scales for reliability. The pilot survey was administered to master's students in counseling program classes. The students who participated in the pilot study did not complete surveys for the main study. The reliability of the Awareness and Ethicality scales was measured utilizing Cronbach's Alpha. A reliability coefficient of .7 or higher is considered acceptable, but sometimes lower thresholds are used (Nunnally, 1978). A factor analysis also was conducted to evaluate each item's contribution to the total variance explained for the Awareness and Ethicality scales.

The pilot study also involved administering some surveys with a 7-point Likert scale and some with a 9-point Likert scale to ascertain, by utilizing Pearson's coefficient of correlation, which scale resulted in the most effective range of responses for participants to communicate their experience in the required counseling. The pilot study surveys also had two versions with identical questions randomized in different orders to minimize ordering effects on the data obtained (Kalton & Schuman, 1982; see Appendix B).

For the main study, the researcher began participant recruitment by approaching professors of counseling program classes. She requested that they allow her to come to their classes and take approximately 10 minutes to ask students to participate in the study and to

administer the survey to those who agreed to participate. She chose professors to approach with the intention of including in the study as many students currently pursuing coursework in the counseling program as possible. All professors whom the researcher approached agreed to the researcher's request.

Once in a class, the researcher began by giving students a cover letter explaining the purpose of the study, the anonymity of the study, and their right to agree or decline to participate, along with the survey. Student participation was anonymous, and students who declined to participate suffered no penalty or loss of rights or benefits or legal recourse to which all students are entitled.

Students who agreed to participate filled out the survey during class while the researcher waited. The researcher circulated an unmarked manila envelope throughout the class. Students who chose not to participate either placed their uncompleted survey in the envelope or kept the uncompleted survey and passed on the envelope. The researcher collected all data within a 3-week period.

### Summary of Data Analysis

1. A one-sample  $t$ -test was conducted to test whether the value for the Awareness Scale in the overall population was one. A value of one would indicate that students perceived that no change in their level of self-awareness occurred as a result of the required counseling experience.

1.a. A two-sample independent  $t$ -test was conducted to determine if a significant difference existed between the reported effect on self-awareness of the required counseling experience for students who fulfilled the requirement in a setting outside of the counseling program clinics and those who fulfilled the requirement within the

counseling program clinics.

- 1.b. A two-sample independent  $t$ -test was conducted to determine if a significant difference existed between the reported effect on self-awareness of the required counseling experience for students in the last course of the counseling program and those in the first course in the program.
- 1.c. A two-way ANOVA was conducted to test the interaction effects of setting and students' stage in the program on perceived effect on self-awareness.
2. On the scale that measured perception of ethical management of the required counseling experience, a value of nine was defined as, "This statement is true for me without question or exception." A value of nine would indicate the student perceived that the required counseling experience was ethically managed. A one-sample  $t$ -test was conducted to test whether the value for the Ethicality Scale in the overall population was nine, which would indicate that the students reported that ethical concerns had no impact on their experience in the required counseling sessions.
  - 2.a. A two-sample independent  $t$ -test was conducted to determine if there was a significant difference between the reported impact of ethical concerns on the required counseling experience for students who fulfilled the requirement in a setting outside of the counseling program clinics and those who fulfilled the requirement within the counseling program clinics.
  - 2.b. A two-sample independent  $t$ -test was conducted to determine if there was a significant difference between the reported impact of ethical concerns on the required counseling experience for students in the last course of the counseling program and those in the first course in the program.

2.c. A two-way ANOVA was conducted to test the interaction effects of setting and students' stage in the program on perception of impact of ethical concerns.

3. The Mental Health scale appeared as follows on the survey:

Please refer to these two statements as end points for the following question:

The required counseling  
experience was detrimental  
to my mental health  
(1)

The required counseling  
experience enhanced  
my mental health.  
(9)



Further inspection and discussion of the Mental Health scale revealed that it was poorly designed. Because the scale was a bivalent scale, the midpoint should have been defined as zero, the "detrimental" end point defined as -5, and the "enhanced" endpoint defined as 5 for this to be a valid scale. The researcher determined that the scale was invalid, and the data from this scale were not used in this study.

4. A Frequency Count was conducted to determine the extent to which counseling program students supported required counseling for future students in counselor training programs.

5. A Frequency Count and Chi-Square test were conducted to determine the extent to which counseling program students recommended that future students complete the counseling in a counseling program clinic, in a setting outside the program clinic, or in either setting.

Some effect sizes were calculated by Cohen's  $r$  and Cohen's  $\eta^2$  to determine the magnitude of the effect under consideration. For both the  $r$  and the  $\eta^2$ , an effect size of .1 is considered small, indicated little if any meaningful effect; .3 is considered medium, indicating a moderate effect; and .5 is considered large, indicating a substantial effect (Cohen, 1988).

## Limitations of the Study

1. The counselors in the settings outside the program clinics most likely have more experience in counseling than the students in the program clinic. This difference in experience could conceivably range from a few months to several years. Experience level was not controlled for in this study, and it likely had an effect on perceived levels of increased awareness.

2. This researcher directly asked participants to report only their concerns about confidentiality and dual relationships. In response to the qualitative questions at the end of the survey, two students spontaneously reported their actual experiences of perceived ethical violations; however, these data were not directly elicited. Although this study is still useful in evaluating students' perceptions of ethical vulnerability, it would have been helpful to include a question eliciting the participants' perceptions of actual violations they observed. It is important to note that students could experience their disclosures during sessions being used to evaluate their standing in the program, yet no ethical violation would have occurred due to the disclaimer in the professional disclosure statements they signed.

3. The participants in this study were cohorts: The students assessed in their first class in the program were different students than the ones who were assessed in their last class. This sampling technique limited the generalizability of results regarding the relationship between students' stages in the program and their perceptions of effect on self-awareness and of the impact of ethical concerns on the experience.



## CHAPTER 3

### RESULTS AND DISCUSSION

This chapter presents the results of the methods and procedures, described in Chapter 2, that were used to explore whether master's level students participating in the required counseling component of a counselor training program, in which the counseling services are provided by more advanced students in the program or with mental health professionals outside the program, perceived the experience to have increased their self-awareness and whether ethical concerns impacted their ability to utilize the experience fully. The methods and procedures described in Chapter 2 also were used to examine whether the perceived effectiveness of the experience and impact of ethical concerns was related to the setting in which the counseling requirement occurred and the student's stage in the counseling program. They were also utilized to explore whether the counseling students reported that the required counseling experience was detrimental to, had no effect on, or was beneficial to their mental health; whether or not the students recommended required counseling for future students in counselor training programs; and whether or not they recommended that the counseling be received in a counseling program clinic.

The results of the quantitative measures are presented first, followed by the results of the qualitative measures. A discussion of the results follows, including potential benefits and costs of requiring personal counseling for master's level graduate students within and outside program clinics. The chapter concludes with implications of the study and recommendations for future research.

#### Results of Quantitative Measures

##### *Pilot Study*

A pilot study was conducted with 47 participants. Twenty-three participants completed the 7-point Likert scale version of the survey, and 24 completed the 9-point Likert scale version. Utilizing Pearson's coefficient of correlation and factor analysis, results indicated that the 9-point Likert scale version showed a higher relationship between subscales and higher factor loadings for individual items. These findings indicated that the 9-point scales resulted in the most effective range of responses for participants to communicate their experience in the required counseling. The 9-point scales were utilized in the main study.

The reliability of the 9-point scales was measured utilizing Cronbach's Alpha. The reliability coefficient for the Awareness scale was .98, and the reliability coefficient for the Ethicality scale was .86. Both coefficients exceeded Nunnally's (1978) .7 standard of acceptable reliability.

A factor analysis was conducted to evaluate each item's contribution to the total variance explained for each scale. The factor analysis revealed that all items on the Awareness scale were measuring the same construct. The factor analysis on the ethicality scale revealed that one item was contributing less than the other items on the scale. Upon analysis of this item, it was decided that the wording might have been confusing to participants. The original wording on the pilot survey was "I did not feel limited about what I could discuss in sessions because of concerns that my grade in a future class might be affected by what I said." The wording of this item was changed to "I felt free to discuss whatever I wanted to in sessions without fear that my grade in a future class would be affected by what I said."

### *Main Study*

One hundred and forty participants completed surveys for the main study. Four uncompleted surveys were returned. Some of the completed surveys did not contain information necessary for each analysis, so the  $n$  varied according to information available for each analysis conducted.

Cronbach's Alpha measure of reliability for the Awareness scale was .96 ( $n=140$ ). Reliability for the Ethicality scale was .85 ( $n=139$ ). Both scores exceeded Nunnally's (1978) .7 criterion of acceptability and indicated high reliability of the instrument.

### *Self-Awareness*

On the Awareness scale, a survey response value of 1 was defined as, "I gained absolutely no awareness about this aspect of myself." A survey response value of 9 was defined as, "The level of awareness I attained about this aspect of myself makes this one of the most meaningful experiences of my life." A survey response of 1 indicated the student perceived that the required counseling experience had no effect on self-awareness.

*Research hypothesis 1.* The counseling program students will report no significant change in their level of self-awareness as a result of this experience.

A one-sample  $t$ -test was conducted to test whether the survey response value for the Awareness scale in the overall population was one. A value of one would indicate that students perceived that no change in their level of self-awareness occurred as a result of the required counseling experience. The actual mean response value was 5.28 ( $n=140$ ,  $SD=1.77$ ). The difference between the actual value and a value of 1 was significant ( $t=28.65$ ,  $df=139$ ,  $p=.000$ ). The Cohen's effect size of 2.42 was substantially greater than the .5 criterion indicating a large effect. Therefore, research hypothesis 1 was rejected. The required counseling was perceived by the participants to be very effective at increasing their self-awareness.

On the Awareness scale, a survey response value of 1 was defined as, "I gained absolutely no awareness about this aspect of myself." Because the students participated in a treatment, it is highly unlikely that they would report absolutely no change in their self-awareness as a result of participation. This assumption is confirmed by an analysis of the data: only 4.3% of the sample (6 participants) had a mean of 2 or below on Awareness. On the assumption that a survey response value of 1 or 2 would mean no or almost no effect on self-awareness and that a survey response value of 3 would indicate minimal effect, the researcher also conducted a one-sample *t*-test utilizing a more conservative test value of 3 to examine effect on self-awareness.

Even with this conservative approach, the difference between the actual value and a value of 3 was significant ( $t=15.27$ ,  $df=139$ ,  $p=.000$ ). The Cohen's effect size of 1.29 was substantially greater than the .5 criterion indicating a large effect. Therefore, the rejection of research hypothesis 1 was affirmed. The required counseling was perceived by the participants to be very effective at increasing their self-awareness even with a more conservative test value. See Tables 1 and 2 for a summary of results.

*Research hypothesis 1.a.* There will be no significant difference between the reported effect on self-awareness of the required counseling experience for students who fulfilled the requirement in a setting outside of the counseling program clinics and those who fulfilled the requirement within the counseling program clinics.

A two-sample independent *t*-test was conducted to determine if a significant difference existed between the reported effect on self-awareness of the required counseling experience for students who fulfilled the requirement in a setting outside of the counseling program clinics ( $n=24$ ;  $M=6.77$ ;  $SD=1.09$ ) and those who fulfilled the requirement within the counseling

program clinics ( $n=112$ ;  $M=4.97$ ;  $SD= 1.74$ ). The difference between the means was significant ( $t=6.50$ ;  $df=52.00$ ;  $p=.000$ ). The Cohen's effect size of .67 was greater than the .5 criterion, indicating a large effect. Therefore, research hypothesis 1.a. was rejected. Participants who fulfilled the requirement in either setting perceived a significant increase in self-awareness; however, participants who fulfilled the requirement in a setting outside of the counseling program clinics reported a significantly higher increase in self-awareness than those who fulfilled the requirement within the counseling program clinics. See Tables 1 and 2 for a summary of results.

*Research hypothesis 1.b.* There will be no significant difference between the reported effect on self-awareness of the required counseling experience for students in the last course of the counseling program and those in the first course in the program.

A two-sample independent  $t$ -test was conducted to determine if a significant difference existed between the reported effect on self-awareness of the required counseling experience for students in the first course of the counseling program ( $n=48$ ;  $M=5.21$ ;  $SD=1.84$ ) and those in the last course in the program ( $n=35$ ;  $M=5.31$ ;  $SD=1.61$ ). The difference between the means was not significant ( $t=.250$ ;  $df=78.19$ ;  $p=.803$ ). Therefore, research hypothesis 1.b. was retained. There was no relationship between students' stages in the program and perceived effect on self-awareness. See Tables 1 and 2 for a summary of results. Further calculations indicated no significant difference between the reported effect on self-awareness for students in the first course ( $M=5.21$ ) and all classes in between the first course and last course ( $n= 57$ ;  $M=5.32$ ;  $t=.275$ ;  $df=99.71$ ;  $p=.784$ ) or between the last course ( $M=5.31$ ) and all courses in between the first and last course ( $n=57$ ;  $M=5.32$ ;  $t=.010$ ;  $df=78.86$ ;  $p=.992$ ).

Table 1

*Awareness Scale Results for Test Value of 1*

	<i>n</i>	<i>t</i>	<i>df</i>	<i>p</i>	<i>ES</i>
Overall	140	28.65	139	.000*	2.42
Setting					
Inside	112	24.10	111	.000*	2.28
Outside	24	25.98	23	.000*	5.28
Difference		6.51	52.00	.000*	.67
Stage					
First Class	48	15.88	47	.000*	2.29
Last Class	35	15.81	34	.000*	2.67
Difference		.250	78.19	.803	.03

*Note.* Responses made on 9 point scale (1=no effect on self-awareness, 9=substantial effect on self-awareness). ES was determined by Cohen's *r*, with .1 indicating a small, .3 indicating a medium, and .5 indicating a large effect size.

\* $p < .01$

Table 2

*Awareness Scale Results for Test Value of 3*

	<i>n</i>	<i>t</i>	<i>df</i>	<i>p</i>	<i>ES</i>
Overall	140	15.27	139	.000*	1.29
Setting					
Inside	112	11.96	111	.000*	1.13
Outside	24	16.98	23	.000*	3.46
Difference		6.51	52.00	.000*	.67
Stage					
First Class	48	8.35	47	.000*	1.20
Last Class	35	8.48	34	.000*	1.43
Difference		.250	78.19	.803	.03

*Note.* Responses made on 9 point scale (1=no effect on self-awareness, 9=substantial effect on self-awareness). ES was determined by Cohen's *r*, with .1 indicating a small, .3 indicating a medium, and .5 indicating a large effect size.

\* $p < .01$

*Research hypothesis 1.c.* There will be no interaction effects between the setting in which the counseling took place and the students' stages in the program for effect on self-awareness.

A two-way ANOVA was conducted to test the interaction effects of setting and students' stages in the program on perceived effect on self-awareness. The interaction effect was not significant ( $n=82$ ;  $F(1,78)=.217$ ;  $p=.642$ ;  $\mathbf{h}_p^2=.003$ ). Hypothesis 1.c. was retained. The main effect of setting was significant for perceived effect on self-awareness [ $n=82$ ;  $F(1,78)=12.39$ ;

$p=.001$ ;  $h_p^2 = .137$ ]. The main effect of stage was not significant for perceived effect on self-awareness [ $n=82$ ;  $F(1,78)=.209$ ;  $p=.649$ ;  $h_p^2 = .003$ ]. The means and standard deviations for each group are reported in Table 3.

Table 3

*Awareness Scale Means and Standard Deviations by Setting and Stage*

Stage	Setting					
	Inside program			Outside program		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
First class	39	4.92	1.87	8	6.70	.91
Last class	25	4.92	1.71	10	6.28	.76

*Ethicality*

On the scale that measured ethical concerns about the required counseling experience, a survey response value of 1 was defined as, "There is absolutely no truth to this statement for me." A survey response value of 9 was defined as, "This statement is true for me without question or exception." A survey response value of 9 indicated the student perceived that ethical concerns had no impact on the experience in the required counseling.

*Research hypothesis 2.* The students will report that ethical concerns had no impact on their experience in the required counseling sessions.

A one-sample *t*-test was conducted to test whether the value for the Ethicality Scale in the overall population was nine. The actual mean response value was 6.54 ( $n=140$ ;  $SD=1.94$ ). The difference between the actual value and a value of 9 was significant ( $t=14.98$ ;  $df=139$ ;  $p=.000$ ). The Cohen's effect size of 1.27 was substantially greater than the .5 criterion, indicating a large



effect. Therefore, research hypothesis 2 was rejected. The students did have significant ethical concerns regarding the required counseling, and these concerns had a negative impact on their experience in the required counseling. See Table 5 for a summary of results.

*Research hypothesis 2.a.* There will be no significant difference between the reported impact of ethical concerns on the required counseling experience for students who fulfilled the requirement in a setting outside of the counseling program clinics and those who fulfilled the requirement within the counseling program clinics.

A two-sample independent *t*-test for significance was conducted to determine if a significant difference existed between the reported impact of ethical concerns on the required counseling experience for students who fulfilled the requirement in a setting outside of the counseling program clinics ( $n=24$ ;  $M=8.39$ ;  $SD=1.06$ ) and those who fulfilled the requirement within the counseling program clinics ( $n=112$ ;  $M=6.16$ ;  $SD=1.89$ ). The difference between the means was significant ( $t=7.92$ ;  $df=59.28$ ;  $p=.000$ ). The Cohen's effect size of .72 was greater than the .5 criterion, indicating a large effect. Therefore, research hypothesis 2.a. was rejected. Students who fulfilled the counseling requirement at either setting had ethical concerns that significantly impacted their experience; however, students who fulfilled the counseling within the counseling program clinics experienced significantly higher concerns than those who fulfilled the requirement outside the program clinics. See Table 5 for a summary of results.

The finding that even the students who obtained the counseling outside the program had significant ethical concerns was unexpected. Further examination of this phenomenon was conducted. The mean for the outside group was 8.39, the median was 8.92, and the mode was 9.00 ( $n=12$ ). Fifty percent of the participants obtaining the counseling outside the program had a mean ethicality score of 9.00. This finding indicates that half of the participants obtaining the

counseling outside the program reported no ethical concerns. For the participants obtaining the counseling within the program, the mean was 6.16, the median was 6.42, and the mode was 5.00 ( $n=8$ ). Table 4 illustrates the mean ethicality ranges for each quartile for the groups obtaining the counseling inside the program and outside the program.

Table 4

*Range of Ethicality Means for Inside and Outside by Quartile*

Quartile	Inside	Outside
First	1.33 to 4.83	5.00 to 8.33
Second	5.00 to 6.33	8.50 to 8.33
Third	6.50 to 7.50	9.00 to 9.00
Fourth	7.67 to 9.00	9.00 to 9.00

*Note.* Inside  $n=112$ . Outside  $n=24$ .

*Research hypothesis 2.b.* There will be no significant difference between the reported impact of ethical concerns regarding the required counseling experience for students in the last course of the counseling program and those in the first course of the program.

A two-sample independent  $t$ -test for significance was conducted to determine if a significant difference existed between the reported impact of ethical concerns on the required counseling experience for students in the first course of the counseling program ( $n=48$ ;  $M=6.91$ ;  $SD=1.67$ ) and those in the last course in the program ( $n=35$ ;  $M=6.50$ ;  $SD=1.89$ ). The difference between the means was not significant ( $t=1.04$ ;  $df=67.91$ ;  $p=.304$ ). Therefore, research hypothesis 2.b. was retained. There was no relationship between students' stages in the program and perceived impact of ethical concerns. See Table 5 for a summary of results.

Table 5

*Ethicality Scale Results for Test Value of 9*

	<i>n</i>	<i>t</i>	<i>df</i>	<i>p</i>	<i>ES</i>
Overall	140	14.98	139	.000*	1.27
Setting					
Inside	112	15.85	111	.000*	1.50
Outside	24	2.82	23	.008*	.56
Difference		7.92	59.28	.000*	.72
Stage					
First Class	48	8.66	47	.000*	1.25
Last Class	35	7.85	34	.000*	1.33
Difference		1.04	67.91	.304	.13

*Note.* Responses made on 9 point scale (1=substantial ethical concerns, 9=no ethical concerns).

ES was determined by Cohen's *r*, with .1 indicating a small, .3 indicating a medium, and .5 indicating a large effect size.

\* $p < .01$

Further calculations indicated there was no significant difference between the reported ethical concerns for students in the first course ( $M=6.91$ ) and all classes in between the first and last course ( $n=57$ ;  $M=6.26$ ;  $t=1.74$ ;  $df=102.35$ ;  $p=.085$ ) or between the last course ( $M=6.50$ ) and all courses in between the first and last course ( $n=57$ ;  $M=6.26$ ;  $t=.55$ ;  $df=79.35$ ;  $p=.585$ ).

*Research hypothesis 2.c.* There will be no interaction effects between the setting in which the counseling took place and the students' stage in the program for impact of ethical concerns.

A two-way ANOVA was conducted to test the interaction effects of setting and students' stage in the program for impact of ethical concerns. The interaction effect was not significant ( $n=82$ ;  $F(1, 78)=3.36$ ;  $p=.071$ ;  $h_p^2 =.041$ ). Hypothesis 2.c. was retained. The main effect of setting was significant for impact of ethical concerns [ $n=82$ ;  $F(1, 78)=21.97$ ;  $p=.000$ ;  $h_p^2 =.220$ ]. The main effect of stage was not significant for impact of ethical concerns [ $n=82$ ;  $F(1, 78)=.315$ ;  $p=.576$ ;  $h_p^2 =.004$ ]. The means and standard deviations for each group are reported in Table 6.

Table 6

*Ethicality Scale Means and Standard Deviations by Setting and Stage*

Stage	Setting					
	Inside program			Outside program		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
First class	39	6.72	1.69	8	7.92	1.37
Last class	25	5.71	1.56	10	8.45	1.01

*Effect on Mental Health, Support for Required Counseling, and*

*Recommendations for Future Students*

*Research hypothesis 3.* Counseling Program students overall will report that the required counseling experience had no effect on their mental health. As previously reported, after data collection, the item was determined to be invalid, so hypothesis 3 was not tested.

*Research hypothesis 4.* Counseling Program students will be neutral in their support for required counseling for students in future counselor training programs.

A frequency count was conducted to determine the extent to which counseling program students supported required counseling for future students in counselor training programs. Results indicated that 91.4% of participants supported required counseling for future counseling program students, 5.7% were unsure, 0% did not support the required counseling, and 2.9% did not respond to this question ( $n=140$ ). The question required a written answer, and some respondents gave a response but did not specifically state whether they supported the counseling being required or not. Research hypothesis 4 is rejected.

*Research hypothesis 5.* Counseling program students will recommend that either setting, within a program clinic or outside the program, is an appropriate setting in which future students might complete the counseling.

A Frequency Count was conducted to determine the extent to which counseling program students recommended that future students receive the counseling in a counseling program clinic as opposed to another setting. Results indicated that 18% recommended receiving the counseling in a program clinic and 24% recommended receiving the counseling in a setting other than the program clinics ( $n=140$ ). Fifty-eight percent of participants recommended that future students receive the counseling in either the counseling program clinics or a setting other than the counseling program. Chi-Square analysis indicated a significant difference between the number of participants recommending the program clinics ( $n=25$ ) and those recommending either setting ( $n= 81$ ;  $p=.000$ ) and between the number of participants recommending a setting outside the program clinics ( $n= 33$ ) and those recommending either setting ( $n= 81$ ;  $p=.000$ ). Research hypothesis 5 was retained.

A Pearson Chi-Square test value of 15.06 indicated a significant relationship in the crosstabulation results of recommended setting by setting in which the counseling was obtained ( $n=135$ ;  $df=2$ ;  $p=.001$ ). Cohen's effect size of .33 indicates a medium effect. These results indicated that there was a significant relationship between the setting in which students obtained the counseling and the setting they recommended that future students obtain the counseling. Table 7 shows results for the Chi-Square analysis by group.

Table 7

*Crosstabulation Results of Recommended Setting by Setting in which Counseling was Obtained*

Setting Obtained	Recommended Setting			Total
	Inside	Outside	Either	
Inside: <i>n</i>	25	19	67	111
% within Setting	23%	17%	60%	100%
% within Recommend	100%	61%	85%	82%
% of Total	18%	14%	50%	82%
Outside: <i>n</i>		12	12	24
% within Setting		50%	50%	100%
% within Recommend		39%	15%	18%
% of Total		9%	9%	18%
Total: <i>n</i>	25	31	79	135
% within Setting	19%	23%	58%	100%
% within Recommend	100%	100%	100%	100%
% of Total	19%	23%	58%	100%

### *Summary*

Results indicated that the required counseling experience was perceived by the participants to be effective in increasing their self-awareness. Students who fulfilled the requirement in a setting outside of the counseling program clinics reported a significantly higher increase in self-awareness than those who fulfilled the requirement within the counseling program clinics. Stage in the program was not related to the students' perception of effect on self-awareness. Analysis showed no significant interaction effects for setting and stage in the program on perceived effect on self-awareness.

Participants reported significant ethical concerns that they perceived to have had a negative impact on their experience. Students who fulfilled the counseling requirement within the counseling program clinics experienced significantly higher ethical concerns than did those who fulfilled the requirement outside the program clinics. As with effect on self-awareness, stage in the program was not related to impact of ethical concerns on the required counseling experience. Analysis showed no significant interaction effects for setting and stage in the program on perceived impact of ethical concerns on the experience.

The overwhelming majority (91.4%) of participants supported requiring counselors in training to experience their own personal counseling. The majority of the students (58%) recommended that a counseling program clinic or somewhere outside the program would be equally acceptable settings for future students to obtain the counseling. Of the remaining students, nearly equal numbers recommended a counseling program clinic (18%) as recommended an outside setting (24%).

## Results of Qualitative Measures

In the following section, a notation of "outside" follows all student comments written by students who obtained the required counseling outside the program. Students who obtained the counseling within the program wrote all other comments.

### *Self-Awareness*

Results of quantitative measures supported the hypothesis that participation in counseling is an effective method to increase counselor self-awareness. Forty-one participants (29% overall, 27% of inside, 46% of outside) also took the opportunity to comment about the importance of seeking counseling to increase counselor self-awareness, and all comments were supportive. For example:

- I feel it is important that future counselors know what it is like to be the one being counseled and how important it is to know yourself, why you do what you do and how hard it is to change.
- Self-awareness is very important. Becoming aware of the way I handle situations and having someone reflect to me my strengths and weaknesses only will make me a better person and a better counselor.
- It is important for counseling students to become aware of issues that may affect their ability to be objective.
- I think the counseling helped me be more aware of my needs. This helped me not to use my clients to fulfill my personal needs. [outside]
- I believe it would be *harmful* for counselors to practice without the insight gained from the required individual counseling sessions. It was *necessary*. [outside]



- It helps to understand yourself and be aware of how you interact with life and others.

[outside]

### *Ethicality*

The results of quantitative measures utilized in this study indicated that students participating in required counseling had significant concerns about confidentiality that affected their ability to be open in, and therefore benefit from, the counseling sessions. These perceptions of vulnerability were evident in written comments by participants:

- As the client, I did not feel free to discuss some issues due to the fear of professors in the program gaining information about me I did not want them to have.
- I agree that unfortunately being counseled within the department can have negative impact on your master's program. It is unfortunate but our professors are human and they do allow what happens in these sessions to affect the students overall acceptance and future progress.
- The semester after I took Advanced Skills, I found myself in class with my client. That was very awkward! I would hope nobody else has to go through this.
- I was very open, but was very scared about how it would impact me here as a student. There was one issue I refused to share that I would have if I had been to a counselor on my own in a private practice setting.
- As a counselor of a 5710 student counselee I felt it was a nightmare. My professor knew his intimate details and had a preformed opinion of him as a person and counselor. It was scary. [outside]

One student reported experiencing information from the counseling sessions being utilized outside the counseling/supervisory relationship:

- I do not support someone within the [program] doing the counseling. I experienced, first hand, a breach of confidentiality within the [program]. I would trust a professor to do the counseling. I would not trust a master's or doctoral level student within the counseling program to do the counseling due to my experience. [outside]

Some students suggested possible measures to allay fears of breaches of confidentiality:

- Have students meet the supervisor to ensure increased comfort and confidentiality.
- Emphasize that everything talked about in the sessions would not affect the counselors' or students' grades.
- Offer some counseling where video-taping is not required. [outside]

The following comments reflect the client being concerned about the counselor's grade:

- [What I would change is to] emphasize that everything talked about in the sessions would not affect either counselor's or student's grades.
- I tried to be nice to and cooperative with the counselor sometimes because I didn't want her to feel bad or get a bad grade.
- It seemed forced and awkward at times. You know the counselor is being graded and critiqued and that it is a requirement for them. As the client, you have little to no choice and control over the situation.

Ten of the students who obtained the counseling outside the program (42% of outside) reported they sought counseling outside due to concerns about confidentiality and dual relationships. Some students suggested other options for the completion of the required counseling other than providing it within the program clinics in order to avoid ethical concerns. Some of these suggestions are similar to those revealed in the literature review (Wampler & Strupp, 1976):

- Have counseling students see psychology program students or [students attending another local university] and vice versa.
- Give more options where students could go to get the necessary counseling outside of the program.

### *Positive Aspects*

Participants reported experiencing positive effects from the required counseling experience.

- My personal growth has been amazing. I am extremely self-aware, but my senses have been even heightened. My counselor was amazing!
- It was more than helpful...I really learned a tremendous amount of things about myself - it truly changed me for good - forever.
- I was so impressed with my counselor. This requirement helped me a lot personally.
- Before my sessions I was on a mild anti-depressant. Before the last session was over, I no longer needed the medication. [outside]
- It was a very helpful experience for me. It was supportive to my academic issues as well as personal ones. [outside]
- I enjoyed the counseling because it helped me work out some personal problems I may have been dealing with in my life. [outside]

Forty-five student comments (32% overall, 38% of inside, 8% of outside) supported the theory that experiencing counseling can help students understand the role of the counselor and the process of counseling and can enhance their ability to be more effective.

- It was probably the most influential aspect of the counseling program for me. Reasons include: personal growth, understanding of the counseling process/structure, role of the

client, role of the therapist. It helped me to conceptualize the counseling process in a way that nothing else could.

- It helped me as a counselor to be more aware of what happens in counseling. It helped me realize the importance of the therapeutic relationship and how it feels to be in counseling.

- The experience helped me be a little less nervous about pre-practicum and practicum.

Fifty-eight students (41% overall, 40% of inside, 50% of outside) reported that they believe that the experience of counseling can help counselors in training understand what it is like to be in the client's position and can help counselors convey genuineness and empathy for clients.

- As someone who did not have prior experience it was important for me to fully understand what it was like to be a client.

- I feel it is important for a future counselor to experience the process from a client perspective. It gives insight into how that feels.

- I feel that it is important to be on the other side so you know how the client may feel during both good and bad sessions.

- It is enlightening to take the role of the client and realize how it feels and/or what thoughts arise.

- I believe that in order to become an effective counselor, one must experience what the client goes through. [outside]

Some students (6% overall, 4% of inside, 17% of outside) wanted the requirement extended to more sessions and/or over a longer period of time.

- Have the requirement of 10 sessions the first year of grad school and 10 sessions the

second year. I found that more things came up for me as my studies progressed.

- I'd require more than 10 sessions - perhaps a year - or perhaps until counselor and client determine it best to terminate.
- [I would change] that it be extended throughout the entire program, not just limited to a set number of sessions.
- I would like to have more opportunity for it in later semesters.

Three students (3% of inside) expressed that they gained insight into what will be expected of them during the process of the training program.

- It did help to have the experience as a point of reference as I was completing my coursework.
- By allowing us to work with a peer, we have someone we can relate to and bring us to the next stage in our pursuit of education.
- I also liked going through the process with a master's level student so I would experience their level of counseling ability.

#### *Negative Aspects*

In addition to students who made positive comments, 7 students who obtained the counseling within the program clinics (5% of overall, 6% of inside, 0% of outside) expressed concerns regarding the competence of the counselors in the program clinics.

- I would make sure that the counseling students were competent before allowing participation in the program.
- My counselor was very distant and aloof. She hardly even smiled and rarely showed empathy. More emphasis should be placed in training on being warm and natural with the client.

- One time I felt like I was kind of harassed by the counselor who is a male.
- I personally did not get any personal growth from this experience because my counselor was not very effective.

Three comments specifically addressed the skill of reflection:

- It seemed awkward because we did not have any "warm-up." Our session started and all she did was reflect back to me.
- I felt like all my counselor did was reflect my feelings. She did not help me work through things.
- I think that "reflection" is generally over-taught and over-used in this program...I wanted *more* from my therapist. She reflected *everything* I said, with little input of herself.

Twenty-five students (18% overall, 22% of inside, 0% of outside) stated they personally experienced concerns about confidentiality that impacted their experience and/or ineffective counselors; however, they still supported the requirement of counseling for future counselors in training.

- [Student first stated that all the counselor did was reflect and the student wanted more than that.] I found it productive to have someone listening to me but mainly to be in the client's position, but I didn't enjoy knowing I was being watched continually by who-knows-who and how many people, but mainly I'm glad that we have the opportunity to take part in this.
- Yes [I support the required counseling], but I felt my counselor was a poor match and had too much else going on to focus on my sessions.
- I thought it was helpful - but I also thought it was a little frightening knowing someone

else was watching the tape. However, I did think it was helpful that 2 individuals (counselor and doctoral student) were thinking about issues that I brought up.

- Even though I realized that I did not have complete confidentiality in the process as a client, I still think that it was extremely beneficial for me.
- Absolutely [I support the required counseling].... My counselor was very distant and aloof. She hardly even smiled and rarely showed empathy.
- I did not have a good relationship with my counselor. But I feel that it is important to have the requirement. Because if it was helpful to me or not, it made me know and be aware of what it felt like to be a client.

Some comments (18% overall, 19% of inside, 17% of outside) reflected concerns that the number of sessions required was too many, the time commitment was too large to ask of students, the schedule of available times was too inflexible, or that the time was wasted.

- I would like to either reduce the number of sessions or be able to do two sessions a week. (Maybe even to use class time). Having to drive a long distance on an extra week night is difficult.
- I felt like some of my sessions were a waste of time. I felt like I didn't really have anything to say, and I worked really hard coming up with stuff to talk about.
- My perception of the process became more negative over time because I viewed every session as a waste of time. For the first session I was very excited but I was indifferent by the last session.
- For people who work 40 hours a week and take 6 hours of coursework, it is a hard requirement to complete.
- The counselor was good, however, I feel that I have an excellent grasp on coping skills,

no serious issues to explore and good interpersonal skills. I don't feel the counseling was beneficial to me, it was just another requirement to fulfill. We spent our time just chatting and discussing current events in my life like two friends - no real counseling breakthroughs or insights, it was just a requirement.

- I was not contacted about who was going to be my counselor until later in the semester. Now I am stressed about getting all the required sessions in on time. So more flexible counselor schedules to fit client schedules would be nice, so counseling can begin for everyone earlier in the semester.

Several students (4% overall, 5% of inside, 0% of outside) expressed regret that they did not have the opportunity to talk with a supervisor about their experience.

- I would make supervisor feedback mandatory in the beginning, middle and final sessions.
- I didn't have any opportunities to evaluate my counselor. I had many things I wish I could have told to my counselor's supervisor because one time I felt like I was kind of harassed by the counselor who is a male. I would like supervisors to check what a counselor is really doing. I would like supervisors to make sure that a counselor uses proper techniques and keeps a proper boundary as a counselor.

Fourteen participants (12% overall, 13% of inside, 13% of outside) stated it would be helpful to better prepare the students for the experience of being a client by giving more advanced and accurate information about how the process works and discuss how the process might be beneficial.

- I was told by my counselor that no one but her and her supervisor and teaching assistant would be privy to my sessions. I've since heard that other students can listen in to the



session as it's occurring. I hope that's not true.

- I believe people should have the choice to go either place. That was not made very clear. [This is stated in the Master's Student Handbook for the program in this study.]
- Inform the student/client that they can be free and honest to disagree with the counselor or confront situations that are uncomfortable for them.
- I was completely uncomfortable at first because the videotaping was not fully explained. I felt like 30-50 people were watching my tape and felt overwhelmingly vulnerable. I think it's extremely important that this portion be detailed to the client.
- I wish there were some meaningful way to impress upon beginning counseling students how beneficial being open, honest, and truly invested in using that time can be. I am sorry that I have heard that it was a poor experience for some of my peers.
- I would provide some dialogue to students about the benefits of counseling to all of us, even if you don't have "major problems." It was discouraging for me to hear classmates complain about having to go through the sessions.

Table 8 summarizes the potential benefits of required counseling that were expressed by participants in written comments. Table 9 summarizes suggestions participants made about how the required counseling experience could be improved.

Table 8

*Benefits of Required Counseling Expressed by Participants*

Comment	Overall		Inside		Outside	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Experienced client perspective	58	41	45	40	12	50
Understood process of counseling	36	26	35	31	0	0
Increased self-awareness	41	29	30	27	11	46
Personal growth	20	14	17	15	3	13
Understood role of counselor	9	6	7	6	2	8
Gained insight about expectations of training program	3	2	3	3	0	0

*Note.* Overall  $N=140$ , Inside  $n=112$ , Outside  $n=24$ . All items refer only to comments written by participants and do not include responses to quantitative measures.

Table 9

*Participant Suggestions to Improve Required Counseling Experience*

	Overall		Inside		Outside	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Require fewer sessions	17	12	14	13	3	13
Better prepare clients	14	10	13	12	0	0
Require it off campus	12	9	5	4	7	29
Allow for choice of counselor	9	6	9	8	0	0
Require more sessions	9	6	5	4	4	17
More feedback from counselor	8	6	8	7	0	0
More flexible times	8	6	7	6	1	4
No videotaping	8	6	6	5	2	8
More competent counselors	7	5	7	6	0	0
Opportunity to talk with supervisor	6	4	6	5	0	0
Only doctoral students counsel	5	4	5	4	0	0
Opportunities to obtain						
outside program	5	4	4	4	1	4
Opportunity for more counseling						
throughout program	4	3	4	4	0	0
Only supervisors view sessions						
and tapes (no students)	4	3	3	3	1	4
Greater assurance of confidentiality	2	1	2	2	0	0
Require later in program	2	1	1	1	1	4

	Overall		Inside		Outside	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Option to change counselors	1	1	1	1	0	0
Make counseling rooms less sterile	1	1	1	1	0	0

*Notes.* Overall  $N=140$ , Inside  $n=112$ , Outside  $n=24$ . The "Require it off campus" item refers only to written statements and does not include responses to the quantitative item about which setting participants would recommend that future students obtain the counseling.

## Discussion

### *Self-Awareness*

Overall, the professional counseling literature supports the concept that experiencing one's own personal counseling is important, or even necessary, for increasing self-awareness and for becoming an effective counselor (D'Andrea & Daniels, 1992; Eppinger, 1996; Freud, 1917/1966; Fromm-Reichmann, 1950; Kaslow & Friedman, 1984; MacDevitt, 1987; Ralph, 1980; Stadler & Willing, 1988; Watkins, 1983; Watkins, 1985). The results of both the quantitative and qualitative measures of this study firmly supported the effectiveness of required counseling for counselors in training at increasing levels of self-awareness.

The possibility exists that the counselors in training who participated in this study tended to respond according to social desirability or to a desire to please. However, the results on the Ethicality scale and in written comments indicated negative experiences and respondent displeasure. This finding indicates that participants very likely were being honest and objective in their answers on the Awareness scale. Results showed no significant difference in the means

obtained on the Awareness scale for students at any stage in the counseling program. Though the two groups were cohorts, not the same group assessed at the beginning and end of the program, the finding of no difference between groups suggests that students do not reconstruct their counseling experience in light of subsequent experiences throughout the program.

Participants who fulfilled the requirement in either setting perceived a significant increase in self-awareness. An important factor for counselor educators who might be making decisions about where required counseling might be offered or obtained is that participants who fulfilled the requirement in a setting outside of the counseling program clinics reported a significantly higher increase in self-awareness than those who fulfilled the requirement within the counseling program clinics.

#### *Ethicality*

The results of quantitative measures utilized in this study indicated that students who participated in required counseling had significant concerns about confidentiality that affected their ability to be open in, and therefore benefit from, the counseling sessions. These concerns were also expressed in the participants' written comments.

One participant reported experiencing information from the counseling sessions being utilized outside the counseling/supervisory relationship. The participant indicated that the disclosure was made by a student; however, the participant did not clarify whether this disclosure constituted an actual ethical breach of confidentiality beyond what might have been appropriate according to the clause in the professional disclosure statement releasing faculty and supervisors from confidentiality in cases of concern about a student's fitness for the counseling profession.

It is important to note that even the students who fulfilled the counseling requirement outside the counseling program experienced ethical concerns at a statistically significant level.

However, results did indicate that the students who fulfilled the counseling requirement within the counseling program clinics experienced significantly higher concerns about ethical issues than those who fulfilled the requirement outside the program clinics. The magnitude of the difference in ethical concerns between the groups was large.

The finding that the group that obtained the counseling outside the program reported significant ethical concerns was unexpected. Further examination of the data for this group revealed that 50% of the participants who obtained the counseling outside the program reported no ethical concerns. Therefore, though significant, these students' ethical concerns were significantly lower than concerns of students who completed the counseling within a program clinic.

The basis of ethical concerns might be explained as follows. Program faculty members have professional and non-professional relationships with other mental health professionals in the area. The mental health professionals who provide the "outside" counseling are required to sign a form verifying that the student completed the counseling requirement as their client. Contact information for the counseling program is on the forms that the outside professionals must sign. Students may have feared additional communication about them -- confidentiality breeches -- by their counselor to faculty members in the counseling program.

It is also possible that the participants who sought the counseling outside the program tended from the start to be more fearful than those who sought the counseling inside the program -- hence their pursuit of counseling in a "safer" setting and also their high concern scores. It is also possible that some were simply continuing counseling within an already established relationship and were not initially more fearful but did still experience ethical concerns. These

speculations must remain speculations, because this researcher did not inquire into students' initial rationales for fulfilling the counseling requirement inside or outside the program.

Participants' stages in the program had no relationship to perceived ethical concerns. This finding between non-cohort groups suggests the likelihood that students were reporting their actual experiences and did not reconstruct their experiences in light of subsequent experiences in the program.

Ten of the students who obtained the counseling outside the program (42% of outside) volunteered in their narrative that they sought counseling outside due to concerns about confidentiality and dual relationships. Because more details were not elicited, the question of the specific bases of these students' concerns remains to be answered by future research.

*Support for Required Counseling, Recommendations of Setting for Future Counseling,  
and Suggestions for Improvement of the Experience*

Perhaps the most striking finding of this study was the overwhelming support of participants for the required counseling. Ninety-one percent reported that they support the required counseling. Whereas several students offered ways to improve the counseling experience, not one student stated that the counseling should not be required. Over half of the participants recommended that future students pursue counseling either in or out of the program, and of the remaining, only slightly more than half recommended an outside over an inside program setting.

Even as just under a quarter of students who obtained the counseling inside the program were reporting the negative aspects of their experience, including concerns about confidentiality and poor quality of counselors, they still supported the requirement of students to experience

counseling. No students who obtained the counseling outside the program reported negative aspects of their experience.

All applicants are informed of the counseling requirement in an orientation video they all view during the application process. Information about the requirement is also written in the Master's Student Handbook, and all students must sign a document stating they have read the Handbook. The professor of the course in which the requirement exists also reported discussing consistently with students, and in detail, the counseling requirement and their choices pertaining to the requirement. Even with these measures to inform students about the requirement, some reported receiving inaccurate or insufficient information about the required counseling process.

Twelve percent of the participants expressed concerns that the number of sessions required was too many or that the time commitment was too large to ask of students. Six percent of the students wanted the requirement extended to more sessions and/or over a longer period of time. Decreasing the number of required sessions would not be consistent with recommendations made in the literature regarding the number of sessions that should be required if participation in counseling is a program requirement. Felker (1970) indicated that 5 sessions might not have been enough to bring about sufficient change in participants to impact their counseling effectiveness. Borsook (1981) found that fewer than 12 to 16 sessions may not have been enough for participants who might be low in willingness to move past the distress involved in the process of beginning to examine one's values and philosophical positions.

One comment supported the concerns expressed by several theorists about the need for counselors in training to become aware of their own psychological issues (Bermak, 1977; D'Andrea & Daniels, 1992; Deutsch, 1985; Pope, Levenson, & Schover, 1979; Stadler & Willing, 1988; Thoreson, Budd, & Krauskop, 1986):



- It did stress me out because of issues I knew I needed to talk about. I am now pursuing my own individual sessions. Big stuff! Scary for me very scary because of stuff very big stuff.

Several students expressed regret that they did not have the opportunity to talk with a supervisor about their experience. Probably the most serious reason for desiring this opportunity was expressed by one student:

- I didn't have any opportunities to evaluate my counselor. I had many things I wish I could have told to my counselor's supervisor because one time I felt like I was kind of harassed by the counselor who is a male.

#### *Potential Benefits and Costs of Counselors in Training*

##### *Experiencing Counseling as the Client*

The results of this study clearly indicated that one potential benefit of required counseling for counselors in training is increased self-awareness. The quantitative data in this study support this hypothesis, and 48 students indicated in written comments that the counseling requirement was a benefit to them and that it was important for future counselors and counselors in training to have the same experience.

Another potential benefit of the required counseling is that students might be more likely to return to counseling in the future if their situation warrants it in order to address potential counselor impairment (Downs, 2000; Guy et al., 1988; Nelson & Litherland, 1970; Stadler & Willing, 1988).

The required counseling experience can help students understand the role of the counselor and the process of counseling and can enhance their ability to be more effective (Bridges, 1993; Freud, 1917/1966; Peebles, 1980; Strupp, 1958a; 1958b; 1973). Forty-five

student comments reflected this sentiment. Three students stated that the experience gave them insight about what would be expected of them throughout the training program and allowed them to observe someone in the counselor role who was at the same level as they would be when they reached practicum.

The required counseling experience can be important to beginning counselors because it can help them understand what it is like to be in the client's position and can help counselors learn to convey genuineness and empathy for clients (Peebles, 1980). Fifty-eight students indicated that this was how they benefited from the experience and that it was an important reason to require counseling for future students in counseling programs.

A potential cost to requiring individual counseling to students in counseling programs is that studies show that some clients experience negative effects from counseling (Lambert & Cattani-Thompson, 1996). In this study, even students who reported experiencing negative aspects of the experience still considered the experience to be beneficial overall.

The lack of reported negative effects (as opposed to negative aspects of the experience) might be due to the population being more psychologically minded than the general population. Also, even though the experience was not positive for a minority of participants, they were reportedly able to apply constructively what they learned to their training as counselors. Students who were unsure about whether or not the counseling should be required felt either that the experience was not beneficial for them or that it might not be necessary for everyone.

This sample size might have been unique in this manner, as indicated by one comment indicating negative effects from a student in the pilot study: "I was very open and used this as a growth opportunity, however this was used against me in relation to being admitted to the program. So much for trust and confidentiality!" As with the student in the main study who

reported a breach of confidentiality, the participant did not clarify whether this use was an actual ethical breach of confidentiality beyond what might have been appropriate according to the clause in the professional disclosure statement releasing faculty and supervisors from confidentiality in cases of concern about a student's fitness for the counseling profession.

Other important costs include the resources that are required to obtain the counseling. In the program in which this study was conducted, many students commute to school and might be required to come an extra day in order to avail themselves of the counseling offered at no charge in a program clinic. The time investment might be as much as three hours a week for some students, depending on how far they travel to obtain counseling at no charge. Students who choose to obtain the counseling outside program clinics incur the financial costs of this endeavor.

One student expressed having experienced a sense of disempowerment as a result of the counseling being required, as evidenced in this comment: "It seemed forced and awkward at times. You know the counselor is being graded and critiqued and that it is a requirement for them. As the client, you have little to no choice and control over the situation."

Wise et al. (1989) proposed a stage-oriented approach to recommending personal therapy for counselors in training. They suggested that the first few months of a program before students start seeing clients is a prime time to recommend counseling. During this time, students are dealing with the adjustment to graduate school but are not in the process of actually trying to deliver services as novice therapists. However, they did not recommend that students immerse themselves in personal therapy once they begin seeing clients, because by then students are more focused on their own professional competence. This suggestion is consistent overall with the experiences described by the participants in this study and support the requirement of individual counseling at the beginning of the program.

## Summary

The results of this study firmly supported the effectiveness of required counseling for counselors in training at increasing their perceived levels of self-awareness. The results of this study indicated that students participating in required counseling had significant concerns about confidentiality that affected their ability to be open in the counseling sessions. Participants reported in their comments that the required counseling enhanced their mental health. Participants overwhelmingly supported required counseling for counselors in training. Most participants were comfortable with recommending that the counseling be provided either within a program clinic or outside the program.

Advantages to providing counseling within program clinics include a ready client pool for practicum students. Some students also expressed gratitude for the opportunity to work with a peer: "I also liked going through the process with a master's level student so I would experience their level of counseling ability." It seems that identification with the counselor might be stronger with someone who is closer to the student's own experience. Another advantage is that there is no financial cost to students, other than extra transportation costs, when the counseling is provided within program clinics.

Advantages to providing counseling outside the program clinics include the substantial decrease in ethical concerns for students. Although some students still experienced these concerns, they were significantly less than for those who obtained the counseling within the program clinics. The results from this study also indicated that the effect on self-awareness is significantly greater for students seeking the counseling outside the program clinics. This is likely due in large part to the greater experience of the practitioners and also to the students' increased willingness to disclose issues that they might not disclose within the program setting.

Avoidance of overidentification could be another advantage, as evidenced in this comment by a student who obtained the counseling in a program clinic; "It was too easy to see the counselor as a friend rather than as a professional counselor."

Students also have more options regarding preferences in a counselor when counseling is obtained outside the program. Nine students who obtained the counseling within the program (8% of inside) expressed a desire for a greater attempt at matching students' preferences with counselors' traits, such as gender, theoretical orientation, and age. This practice could become a scheduling nightmare within a program clinic, especially when client availability times, counselor availability times, clinic availability times, and avoiding potential dual relationships already have to be taken into consideration.

#### Implications of the Study

With all the potential and experienced benefits and costs taken into consideration by the participants in this study, they overwhelmingly supported requiring personal counseling for counselors in training. Somewhat more than half recommended that the counseling be provided within a program clinic or either within or outside the program clinic. About one quarter recommended that future students fulfill the counseling requirement only outside the program, and their concerns are important to consider.

Alleviating all concerns involved in providing counseling within program clinics is not possible. Such measure might include no taping of sessions, no dual relationships within the program connected to the required counseling, and no opportunity for faculty members and supervisors to address serious concerns that might arise regarding competence of the students for the profession. These measures would render the practicum experience much less useful for

practicum students, potentially create serious ethical dilemmas for faculty and supervisors, and require a major restructuring of the academic setting.

Other options are available; however, most would require significantly increased time resources from faculty members (Wampler & Strupp, 1976). One option involves arranging a reciprocal arrangement with another counseling or psychology program so that students are not seen in their own programs but could still receive counseling at no cost. Another possibility is the coordination of the provision of the counseling services with professionals in the area who would be willing to provide the services at no or low cost to the students. This latter option would require the maintenance of relationships with these professionals and a list of referral sources for students. Both of these options still leave room for potential concerns of students that their confidentiality may not be kept, but it is more secure than if they are being counseled in a program clinic.

Arrangements could also be made with the counseling centers already in place in most universities. Care would need to be taken to ensure that the centers are not overloaded with clients if the numbers of students in the counseling programs are high. Students could be referred to community mental health centers, but many of these centers serve only clients who have severe diagnoses.

The program could hire a part-time therapist to provide the counseling services. This option would require additional financial resources from programs, many of which are already short of resources. Confidentiality concerns could also remain an issue in this situation. Programs could also provide loan funding for students to be able to pay for counseling outside the program. Again, this strategy would incur significant administrative and financial costs for programs.

The results of this study also indicated that programs need to inform counseling program students of the counseling requirement during the admission process when other requirements of the program are being disclosed. Students also need to be given complete and accurate information regarding all aspects of the required counseling before they begin the experience. This was accomplished by the program in this study through an orientation video shown to all applicants and publication of the information in the Master's Student Handbook and on the program website. One further possibility would be the creation of a videotape detailing the results of this study and other aspects of the requirement; this tape would be shown to each class of the course in which the counseling requirement exists, to ensure full disclosure and informed consent regarding students' choices as to how they will fulfill the requirement.

It is recommended by this researcher that each program conscientiously consider the results of this study and the voices of the students involved in this study and other studies regarding the importance and effects of required counseling for counselors in training. The preponderance of the evidence gathered in this study indicated that potential benefits far outweigh potential costs of requiring personal counseling for counseling program students. Individual program faculties need to consider their own unique situations in order to develop a plan to encourage and provide the opportunity for students to receive the most beneficial counseling services while in training, whether optional or required.

#### Recommendations for Future Research

1. This study measured the perception of effect on self-awareness. Studies that empirically examine changes in levels of self-awareness and the relationship between levels of self-awareness and counselor effectiveness are much needed. This researcher was able to find only 7 studies that addressed this issue in a time span of 36 years.

2. A study comparing the effect on self-awareness compared to another treatment, such as experience in a didactic course or self-awareness training workshops, would be helpful. The other treatments may be just as effective and not entail the dual relationship issues involved in the individual counseling.

3. Studies examining the relationship between counselor self-awareness, the experience of being a client, and counselor effectiveness are needed. A review of the literature to date revealed the absence of such studies.

4. A study examining the source of ethical concerns for students who seek the required counseling outside the program might benefit counselor educators who make decisions about whether to require counseling and in which setting to offer it make more informed decisions about how to enhance the required counseling experience for participants.



APPENDIX A  
INFORMED CONSENT FORM

November 25, 2002

Dear Counseling Program Student:

I am conducting a study to investigate your and other counseling program students' experiences related to your participation in the required counseling component of the program. Participation will require 10 minutes of your time right now to complete a questionnaire anonymously. The only general identifying data on the questionnaire is your age group and the counseling program track you are pursuing. You will insert your completed questionnaire into a manila envelope that will be circulated around the class; thus, your individual identity will remain unknown. Completing the questionnaire should involve no discomfort, no risk, and minimal inconvenience, yet the knowledge gained from your answers will be useful for curriculum planning in this and other counseling programs. Participant responses will be reported only as summary data.

You do not have to take part in this study, and your refusal to participate or to withdraw will involve no penalty or loss of rights or benefits or legal recourse to which you are entitled. You also may choose to stop your participation at any time. If you choose not to participate, or to discontinue participation after you have begun, simply insert your uncompleted questionnaire into the manila envelope when it comes to you or pass the envelope on without adding your questionnaire to it. You may keep this letter.

In case there are problems or questions, please call my faculty supervisor, Dr. Janice Holden, at 940-565-2919.

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

Thank you,

Kathryn Oden, M.Ed., LPC  
Doctoral Candidate  
Counseling Program  
University of North Texas

APPENDIX B  
COUNSELING REQUIREMENT QUESTIONNAIRE

PLEASE DO NOT PUT YOUR NAME ON THIS SHEET.

### Counseling Requirement Questionnaire

1. I am enrolled in:

- COUN 5710  
 COUN 5720/5721  
 Other

2. I fulfilled the COUN 5710 requirement of individual counseling sessions by seeing a

- Counseling Program Master's level student.  
 Counseling Program Doctoral level student.  
 Counselor or other Mental Health Professional outside of the UNT Counseling Program.

3.  This is the total number of counseling sessions I participated in.

4. Prior to my enrollment in COUN 5710, I had

- Never been in counseling.  
 Attended 1 – 5 counseling sessions.  
 Attended 6 or more counseling sessions.

5. My age is between

- 18-22       23-29       30-39       40-49       50 or above

6. I am on the

- Master's Community Counseling Track  
 Master's School Counseling Track  
 Other

7. Interpersonal Process Recall involves your meeting with your counselor's supervisor for 10 minutes or more to give feedback on your experience with your counselor.

In approximately how many sessions did you participate in at least 10 minutes of Interpersonal Process Recall?

OVER

In reference to YOUR EXPERIENCE FULFILLING THE 5710 COUNSELING REQUIREMENT, please circle the point on the line that represents your perspective regarding each aspect presented.

Please refer to these two statements as end points when answering questions 1-13:

	I gained absolutely no awareness about this aspect of myself. (1)	The level of awareness I attained about this aspect of myself makes this one of the most meaningful experiences of my life. (9)
1.	<p style="text-align: center;">Awareness of my own thoughts, feelings, and behaviors.</p> <p style="text-align: center;"> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> </p> <p style="text-align: center;">1 <span style="float: right;">9</span></p>	
2.	<p style="text-align: center;">The reasons for my behavior.</p> <p style="text-align: center;"> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> </p> <p style="text-align: center;">1 <span style="float: right;">9</span></p>	
3.	<p style="text-align: center;">My personal beliefs about and attitudes toward people who are different than me.</p> <p style="text-align: center;"> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> </p> <p style="text-align: center;">1 <span style="float: right;">9</span></p>	
4.	<p style="text-align: center;">My own needs.</p> <p style="text-align: center;"> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> </p> <p style="text-align: center;">1 <span style="float: right;">9</span></p>	
5.	<p style="text-align: center;">How the ways that I relate to others might impact my effectiveness as a counselor.</p> <p style="text-align: center;"> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> </p> <p style="text-align: center;">1 <span style="float: right;">9</span></p>	
6.	<p style="text-align: center;">The reasons I feel the ways I do.</p> <p style="text-align: center;"> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> <span style="margin-right: 20px;">•</span> </p> <p style="text-align: center;">1 <span style="float: right;">9</span></p>	

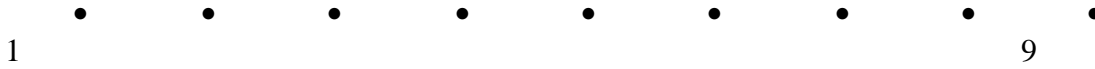




Please refer to these two statements as end points for the following question:

The required counseling  
experience was detrimental  
to my mental health  
(1)

The required counseling  
experience enhanced  
my mental health.  
(9)



Please check the statement you MOST agree with:

I would recommend that future students complete the counseling requirement with:

\_\_\_ a Counseling Program student.

\_\_\_ a Mental Health Professional outside the UNT Counseling Program.

\_\_\_ either of the above.

Do you support the counseling requirement? Why or why not?

What would you change about the counseling requirement?

OVER



What else would you like us to know about your experience during your participation in the personal counseling requirement?

Please write any additional comments here:

## References

- Abney, P. (2003). A study of the relationship between the levels of self-awareness within students enrolled in counseling practicum and the measurements of their counseling effectiveness. *Dissertation Abstracts International*, 63(09), A3112. (UMI No. 3065683)
- Allen, T. (1967). Effectiveness of counselor trainees as a function of psychological openness. *Journal of Counseling Psychology*, 14(1), 35-40.
- American Counseling Association. (1995). *Code of ethics and standards of practice*. Alexandria, VA: Author.
- American Personnel and Guidance Association. (1965). The counselor: Professional preparation and role. A statement of policy. In J. W. Loughary, R. O. Stripling, & P. W. Fitzgerald (Eds.), *Counseling, a growing profession* (pp. 77-82). Washington, DC: Author.
- American Psychological Association. (1954). Subcommittee on Counselor Trainee Selection, Counselor Training Committee, Division of Counseling Psychology: An analysis of practices in counselor training selection. *Journal of Counseling Psychology*, 1, 174-179.
- American Psychological Association. (2000). *Ethical principles of psychologists and code of conduct*. Retrieved May 23, 2003, from <http://www.apa.org/ethics/>
- American Psychological Association Committee on Accreditation. (2000). *Guidelines and Principles for Accreditation of Programs in Professional Psychology*. Retrieved May 23, 2003, from <http://www.apa.org/ed/gp2000.html>
- Asay, T. P., & Lambert, M. J. (1999). The empirical case for the common factors in

- therapy: Quantitative findings. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), *The heart and soul of change: What works in therapy* (pp.23-55). Washington, DC: American Psychological Association.
- Association for Counselor Education and Supervision. (1993). *Ethical guidelines for counseling supervision*. Retrieved May 23, 2003 from <http://www.acesonline.net/ethicalguidelines.htm>
- Atkinson, D. R., Morten, G., & Sue, D. W. (1993). *Counseling American minorities: A cross-cultural perspective*. Madison, WI: Brown & Benchmark.
- Bachelor, A., & Horvath, A. (1999). The therapeutic relationship. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), *The heart and soul of change: What works in therapy* (pp. 133-178). Washington, DC: American Psychological Association.
- Barta, M. T., (1999). The effects of family-of-origin and personal counseling on self-perceived and supervisor-rated counseling skills. *Dissertation Abstracts International*, 60(04), A1023. (UMI No. 9927728)
- Baruth, L. G., & Manning, M. L. (1999). *Multicultural counseling and psychotherapy: A lifespan perspective* (2nd ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.
- Beck, T. D., & Yager, G. G. (1988). Counseling for the Counselor: A national survey. (Report No. EDO-CG-020799). Ann Arbor, MI: Clearinghouse on Counseling and Personnel Services. (ERIC Document Reproduction Service No. ED294133)
- Bermak, G. (1977). Do psychiatrists have special emotional problems? *The American Journal of Psychoanalysis*, 37, 141-146.
- Bernard, J. M. (1994). Ethical and legal dimensions of supervision (ED372349). *ERIC Digest*. North Carolina: ERIC Clearinghouse on Counseling and Student Services.

- Biaggio, M., Paget, T. L., & Chenoweth, M. S. (1997). A model for ethical management of faculty-student dual relationships. *Professional Psychology: Research and Practice*, 28, 184-189.
- Blackburn, M. (1978). Counselor self-awareness of needs and counseling effectiveness. *Dissertation Abstracts International*, 39(10), B5038. (UMI No. 7906846)
- Blevins-Knabe, B. (1992). The ethics of dual relationships in higher education. *Ethics & Behavior*, 2(3), 151-163.
- Blocher, D. H. (1983). Toward a cognitive developmental approach to counseling supervision. *Counseling Psychologist*, 11(1), 27-34.
- Borsook, B. D., (1981). Effects of degree of willingness on therapeutic outcome on a required counseling situation. *Dissertation Abstracts International*, 42(3), B1161-1162.
- Bowman, V. E., Hatley, L. D., & Bowman, R. L. (1995). Faculty-student relationships: The dual role controversy. *Counselor Education and Supervision*, 34, 232-242.
- Bridges, N. (1993). Clinical dilemmas: Therapists treating therapists. *American Journal of Orthopsychiatry*, 63(1), 34-44.
- Buckley, P., Karasu, T., & Charles, E. (1981). Psychotherapists view their personal therapy. *Psychotherapy: Theory, Research and Practice*, 18(3), 299-305.
- Carkhuff, R. R., & Berenson, B. G. (1967). *Beyond counseling and therapy*. New York: Holt, Rinehart & Winston.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, Jew Jersey: Lawrence Erlbaum.
- Corey, G., Corey, M., & Callanan, P. (1998). *Issues and ethics in the helping professions*

- (5th ed.). Pacific Grove, CA: Brooks/Cole.
- Council for Accreditation of Counseling and Related Educational Programs. (2001).  
*CACREP accreditation standards and procedures manual*. Alexandria, VA:  
Author.
- D'Andrea, M., & Daniels, J. (1992). *Do the leaders of counselor education programs think graduate students should be required to participate in personal counseling: The results of a national survey*. (ERIC Document Reproduction Service No. ED349508)
- Davis, K. (1998). State licensing board member perceptions of professional counselor self-determination of competence: A delphi study. *Dissertation Abstracts International*, 58(12), A4564. (UMI No. 9820389)
- Derner, G. F. (1960). An interpersonal approach to training in psychotherapy. In N. Dellis & H. Stone (Eds.), *Training of psychotherapists* (pp. 130-145). Baton Rouge: Louisiana State University Press.
- Deutsch, C. (1985). A survey of therapists' personal problems and treatment. *Professional Psychology: Research and Practice*, 16(2), 305-315.
- Dickey, K. D., Housley, W. F., & Guest, C. (1993). Ethics in supervision of rehabilitation counselor trainees: A survey. *Rehabilitation Education*, 7, 195-201.
- Downs, L. (2000). *A study of the outcomes of required counseling during counselor training at a CACREP accredited university*. (ERIC Document Reproduction Service No. ED444078)
- Enright, J. B. (1972). Thou art that: Projection and play in therapy and growth. *Psychotherapy: Theory, Research, & Practice*, 9(2), 153-156.

- Eppinger, S. J. (1996). The effect of a self-awareness intervention on counselor development. *Dissertation Abstracts International*, 57(09), B5915. (UMI No. 9705420)
- Felker, K. (1971). The effects of forced counseling upon counselor trainees. *Dissertation Abstracts International*, 31(11), A5761-5762. (UMI No. 7110858)
- Freud, S. (1966). Lecture XXVII: Transference. In J. Strachey (Ed. and Trans.), *Introductory lectures on psychoanalysis* (pp. 431-447). New York: W. W. Norton and Company. (Original work published in 1917).
- Fouad, N., & Hains, A. (1990). Factors in students' endorsement of counseling as a requirement for graduation from a counseling program. *Counselor Education and Supervision*, 29(4), 268-271.
- Fromm-Reichmann, F. (1950). *Principles of intensive psychotherapy*. Chicago: University of Chicago Press.
- Garfield, S., & Bergin, A. (1971). Personal therapy, outcome and some therapist variables. *Psychotherapy: Theory, Research and Practice*, 8(3), 251-253.
- Garfield, S., & Kurtz, R. (1976). Personal therapy for the psychotherapist: Some findings and issues. *Psychotherapy: Theory, Research and Practice*, 13(2), 188-192.
- Guild, M. (1969). Therapeutic effectiveness of analyzed and nonanalyzed therapists (Doctoral dissertation, St. Johns University, 1969). *Dissertation Abstracts International*, 30(4), B1897-1898.
- Gump, L. R. (1968). Effectiveness of self-aware and self-unaware counselors as rated by the counselors and their clients. *Dissertation Abstracts International*, 29(01), A121. (UMI No. 6808699)

- Guy, J., & Liaboe, G. (1986). Personal therapy for the experiences psychotherapist: A discussion of its usefulness and utilization. *The Clinical Psychologist*, 39(1), 20-23.
- Guy, J., Stark, M., & Poelstra, P. (1988). Personal therapy for psychotherapists before and after entering professional practice. *Professional Psychology: Research and Practice*, 19(4), 474-476.
- Hardaway, T. T. (1976). The effects of short-term, personal counseling on prospective counselors. *Dissertation Abstracts International*, 37(7), A4133. (UMI No. 7630398)
- Henriksen, R. & Watts, R. (1999). Cultural self-exploration questionnaire. *TCA Journal*, 27(2), 65-70.
- Hergenhahn, B. R. (1997). *An introduction to the history of psychology*. Pacific Grove: Brooks/Cole.
- Herlihy, B., & Corey, G. (1992). *Dual relationships in counseling*. Alexandria, VA: American Association for Counseling and Development.
- Hill, C. E., Nutt-Williams, E., Heaton, K., Thompson, B., & Rhodes, R. H. (1996). Therapist retrospective recall of impasses in long-term psychotherapy: A qualitative analysis. *Journal of Counseling Psychology*, 43, 207-217.
- Holt, R. R., & Luborsky, L. (1958a). *Personality patterns of psychiatrists: A study of methods for selecting residents* (Vol. 1). New York: Basic Books.
- Holt, R. R., & Luborsky, L. (1958b). *Personality patterns of psychiatrists: Supplementary and supporting data* (Vol. 2). New York: Basic Books.
- Jourard, S. M. (1964). *The transparent self*. New York: Van Nostrand.

- Kalton, G., & Schuman, H. (1982). The effects of the question on survey responses: A review. *Journal of the Royal Statistical Society, Series A, 145*, 42-73.
- Kaslow, J. J., & Friedman, D. (1984). The interface of personal treatment and clinical training for psychotherapist trainees. In F. W. Kaslow (Ed.), *Psychotherapy with psychotherapists* (pp. 33-57). New York: The Haworth Press.
- Kell, B., & Mueller, W. J. (1966). *Impact and change: A study of counseling relationships*. New York: Appleton-Century Crofts.
- Kitchener, K. S. (1988). Dual role relationships: What makes them so problematic? *Journal of Counseling and Development, 67*, 217-221.
- Kolbert, J. B., Morgan, B., & Brendel, J. M. (2002). Faculty and student perceptions of dual relationships within counselor education: A qualitative analysis. *Counselor Education and Supervision, 41*, 193-206.
- Kurpius, D., & Morran, K. (1987). *The relationship of counselor internal dialogue to level of behavioral performance*. (ERIC Document Reproduction Service No. ED284159)
- Lafferty, P., Beutler, L. E., & Crago, M. (1989). Differences between more and less effective psychotherapists: A study of select therapist variables. *Journal of Consulting and Clinical Psychology, 57*, 76-80.
- Lambert, M. J., & Arnold, R. C. (1987). Research and the supervisory process. *Professional Psychology: Research and Practice, 18*, 217-224.
- Lambert, M.J., & Cattani-Thompson, K. (1996). Current findings regarding the effectiveness of counseling: Implications for practice. *Journal of Counseling and Development, 74*, 601-608.



- Locke, D. (1993). Multicultural counseling (ED357316). *Eric Digest*. Michigan: ERIC Clearinghouse on Counseling and Personnel Services.
- Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *Counseling Psychologist, 10*(1), 3-42.
- Macaskill, N., & Macaskill, A. (1992). Psychotherapists-in-training evaluate their personal therapy: Results of a UK study. *British Journal of Psychotherapy, 9*(2), 133-138.
- MacDevitt, J. (1987). Therapists' personal therapy and professional self-awareness. *Psychotherapy, 24*(4), 693-703.
- Mackey, R. A., & Mackey, E. F. (1994). Personal psychotherapy and the development of a professional self. *Families in Society, 75*(8), 490-498.
- MacMillan, 1999. *Webster's New World College Dictionary* (4th ed.). New York: Author.
- McClure, R. (1999). Do students studying therapy have more problems? *Psychological Reports, 84*, 591-592.
- Moore, E. M. (1997). The relationship between clinical graduate students' experiences with their educators and their views on therapist-client dual role relationships. *Dissertation Abstracts International, 59*(8), B4476. (UMI No. NQ30291)
- Moore, S., & Slife, B. (1987). *The self-awareness process in the effective psychotherapist*. (ERIC Document Reproduction Service No. ED286098)
- Nelson, D., & Litherland, R. (1970). Required counseling: Does it have merit? *Personnel and Guidance Journal, 9*(4), 317-318.
- Neukrug, E., & Williams, G. (1993). Counseling counselors: A survey of values. *Counseling & Values, 38*(1), 51-62.

- Norcross, J., & Prochaska, J. (1982). A national survey of clinical psychologists: Views on training, career choice, and APA. *Clinical Psychologist, 35*, 2-6.
- Nunnally, J. (1978). *Psychometric theory*. New York: McGraw-Hill.
- Nutt-Williams, E., & Hill, C. (1996). The relationship between self-talk and therapy process variables for novice therapists. *Journal of Counseling Psychology, 43*(2), 170-177.
- Passons, W., & Dey, G. (1972). Counselor candidate personal change and the communication of facilitative dimensions. *Counselor Education and Supervision, 12*(1), 57-62.
- Patrick, K. D. (1989). Unique ethical dilemmas in counselor training. *Counselor Education and Supervision, 28*, 337-341.
- Peebles, M. (1980). Personal therapy and ability to display empathy, warmth and genuineness in psychotherapy. *Psychotherapy: Theory, Research and Practice, 17*(3), 258-262.
- Pedersen, P. B. (1997). The cultural context of the American Counseling Association code of ethics. *Journal of Counseling and Development, 76*, 245-255.
- Plato (1984). *The dialogues of Plato* (R. E. Allen, Trans). New Haven: Yale University.
- Pope, K. S., Levenson, H., & Schover, L. R. (1979). Sexual intimacy in psychology training: Results and implications of a national survey. *American Psychologist, 34*, 682-689.
- Pope, K. S., & Vasquez, M. T. (1991). *Ethics in psychotherapy and counseling: A practical guide for psychologists*. San Francisco: Jossey-Bass.
- Rachelson, J. & Clance, P. (1980). Attitudes of psychotherapists toward the 1970 APA

- standards for psychotherapy training. *Professional Psychology, 11*, 261-267.
- Ralph, N. (1980). Learning psychotherapy: A developmental perspective. *Psychiatry, 43*, 243-250.
- Random House (2000). *Random House Webster's College Dictionary*. New York: Author.
- Roberts, G. T., Murrell, P. H., Thomas, R. E., & Claxton, C. S. (1982). Ethical concerns for counselor educators. *Counselor Education and Supervision, 22*, 8-14.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of consulting psychology, 22*, 95-103.
- Rogers, C. R. (1961). *On becoming a person*. Boston: Houghton Mifflin.
- Ronnestad, M. H., & Skovholt, T. M. (1993). Supervision of beginning and advanced graduate students of counseling and psychotherapy. *Journal of Counseling and Development, 71*, 396-405.
- Safran, J. D., Crocker, P., McMain, S., & Murray, P. (1990). Therapeutic alliance rupture as a therapy event for empirical investigation. *Psychotherapy: Theory, Practice, Training, 27*(2), 154-165.
- Schwebel, M., & Coster, J. (1998). Well-functioning in professional psychologists: As program heads see it. *Professional Psychology: Research and Practice, 29*(3), 284-292.
- Stadler, H. A., & Willing, K. L. (1988). Impaired counselors. *Counseling and Human Development, 21*(2), 1-8.
- Stone, S. C., & Shertzer, B. (1963). The militant counselor. *Personnel Guidance Journal, 42*, 342-347.

- Strupp, H. H. (1958a). The psychotherapist's contribution to the treatment process. *Behavioral Science, 3*, 34-67.
- Strupp, H. H. (1958b). The performance of psychiatrists and psychologists in a therapeutic interview. *Journal of Clinical Psychology, 14*, 219-226.
- Strupp, H. (1973). *Psychotherapy: Clinical, research, and theoretical issues*. New York: Jason Aronson.
- Sue, D. W., & Sue, D. (1999). *Counseling the culturally different: Theory and practice* (3rd ed.). New York: John Wiley & Sons.
- Thoreson, R. W., Budd, F. C., & Krauskopf, C. J. (1986). Perceptions of alcohol misuse and work behavior among professionals: Identification and intervention. *Professional Psychology: Research & Practice, 17*, 210-216.
- Thweatt, R. (1963). Development of counselor trainee self-insight: Evaluation ineffectiveness of self-selection. *Counselor Education and Supervision, 2*, 78-81.
- Truax, C. B., & Carkhuff, R. R. (1965). Client and therapist transparency in the psychotherapeutic encounter. *Journal of Counseling Psychology, 12*, 3-9.
- Tudor, K., & Worrall, M. (1994). Congruence reconsidered. *British Journal of Guidance & Counseling, 22* (2), 197-206.
- Van Wagoner, S. L., Gelso, C. J., Hayes, J. A., & Diemer, R. A. (1991). Countertransference and the reputedly excellent therapist. *Psychotherapy, 28*, 411-421.
- Villas-Boas Bowen, M. C. (1986). Personality differences and person-centered supervision. *Person-Centered Review, 1*, 291-309.
- Wampler, L., & Strupp, H. (1976). Personal therapy for students in clinical psychology:

- A matter of faith? *Professional Psychology*, 7(2), 195-201.
- Watkins, C. (1983). Counselor acting out in the counseling situation: An exploratory analysis. *Personnel and Guidance Journal* 61(7), 417-423.
- Watkins, C. (1985). Countertransference: Its impact on the counseling situation. *Journal of Counseling and Development*, 63(6), 356-359.
- White, P. E., & Franzoni, J. B. (1990). A multidimensional analysis of the mental health of graduate counselors in training. *Counselor Education and Supervision*, 29, 258-267.
- Whitfield, M. (1980). Emotional stresses on the psychotherapist. *Canadian Journal of Psychiatry*, 25, 292-296.
- Wise, P., Lowery, S., & Silverglade, L. (1989). Personal counseling for counselors in training: Guidelines for supervisors. *Counselor Education and Supervision*, 28(4), 326-336.
- Wrenn, C. G. (1962). *The counselor in a changing world*. Washington: American Personnel and Guidance Association.
- Yontef, G. M., & Simkin, J. S. (1989). Gestalt therapy. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (323-361). Itasca, IL: F. E. Peacock.