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I am submitting herewith a dissertation written by Ellen Kay Carruth entitled “A Case Study in Counselor Development: First Person Perspectives.” I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Education.
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A CASE STUDY IN COUNSELOR DEVELOPMENT:

FIRST PERSON PERSPECTIVES

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Ellen Kay Carruth

May 2008

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Dedication

This work is dedicated to the one person who has made my life purpose-driven. Barbara, I cannot begin to express the gratitude I feel. You have been beside me through every page of this journey, and without you it would not have been possible for me to tell this story. You are my reason, my reflection. You complete me. Thank you.

Acknowledgements

I would like to acknowledge the love, support, and encouragement of many people who have helped to make this work possible. First, to Amy: this is your story. Thank you for sharing yourself with me. Thank you for giving me a glimpse of the person you have become; I am so proud of you. In the words of Friedrich Nietzsche: Become who you are.

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John Donne taught us, many years ago, that “no man is an island”. A number of other people deserve mention. I would like to thank all of the members of my supporting cast. My mother and my sisters – you show me what it means to be a woman of character and strength. My newest family: Barbara, Meagan, Catie, and David – you have welcomed me into your world, and I am blessed. Dr. Janet Turner, your support as I made a critical change in my own developmental trajectory is not forgotten. Thank you.

Finally, to the MonSter: I may have you, but you don’t have me!

Abstract

The purpose of this study was to explore and describe in detail the process of counselor development during a training program in an academic setting. I described the development of one counselor in training in a descriptive case study, based on multiple sources of data and through the theoretical lenses of (a) the Integrated Developmental Model of Supervision (IDM; Stoltenberg, McNeil, & Delworth, 1998); (b) the Social Cognitive Theory (Bandura, 1986); and (c) Perry's Scheme of Ethical and Intellectual Development (1999). Data were collected based on the (a) three overriding structures of the IDM (i.e., *Motivation, Self and Other Awareness,* and *Autonomy*) and (b) eight domains of clinical competence as outlined in the IDM (i.e., *Intervention Skills Competence, Assessment Techniques, Interpersonal Assessment, Client Conceptualization, Individual Differences, Theoretical Orientation, Treatment Plans and Goals,* and *Professional Ethics*). These data were then analyzed through two rival theoretical frameworks (i.e., The Social Cognitive Theory and Perry's Scheme), based on Yin's (2003) conception of case study research. Findings were reported as (a) thematic material relating to the research questions, (b) material relating to the Social Cognitive Theory, and (c) material relating to Perry's Scheme. The discussion included an analysis of ways in which findings from this study relate to and/or contribute to the existing literature in counselor education. Methodological conclusions, based on the case study design (Yin, 2003), were discussed, and implications for future research were suggested.

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CHAPTER ONE: INTRODUCTION

Chapter Introduction

Human beings are complex. In the sciences, complexity has become a concept of increasing intrigue (Bloch, 2004). With the move towards a model of complexity in the mid-20th century, the natural sciences underwent a "paradigm shift" (Cooper, Braye, & Geyer, 2004, p. 182). Jackson and Ward (2004) stated that "complexity theory is useful for explaining the apparent illogicality of human systems" (p. 425). Basically, the theory behind this paradigm shift is one in which the random interactions of systems (e.g., families, cities, ecosystems) can be explained by the *order* which underpins the apparent *disorder* (i.e., random interactions) of all systemic interactions (Bloch, 2004). In the past 20 years, the concepts of chaos and complexity have made their way into the social sciences (Cooper, et al., 2004). A number of specific disciplines within the helping professions have been examined in light of the new paradigm of complexity (e.g., Jungian analysis, religion and spirituality, psychoanalysis, career development, brief therapy, substance abuse, and family dynamics; Livneh & Parker, 2005).

As one example of the ways in which recent researchers are examining the complexity of those with whom they work, career development theorists have begun to articulate the tenets of chaos theory and the contributions of this theory to understanding the complexities of career development (e.g., Bloch, 2004; Bright & Pryor, 2005). According to Bright and Pryor (2005), the older theories of career development that focused on the fit between the person and the environment are somewhat static in nature, and there is a need for career development theorists and career counselors to attend to the complexities and changes that are seen in the contemporary world of work. Furthermore,

Bright and Pryor (2005) posited that "career behavior is influenced by unplanned and chance events to a much more significant degree than has typically been acknowledged" (p. 293).

In a similar vein, counselor educators have begun a similar shift as they think about how the notion of complexity helps them understand the development of counselors in training. The literature in counselor education is replete with references to developmental models of supervising and training counselors (e.g., Duys & Hedstrom, 2000; McNeil, Stoltenberg, & Pierce, 1985; McNeil, Stoltenberg & Romans, 1992). Just as professional development is complex, Lovell (2002) asserted that "…the genuine discomfort [counseling] trainees experience along the way does not fall out according to neat, linear patterns" (p. 240). Although one might be able to expect that development will occur alongside experience, education, and supervision, the way in which counselors in training experience development cannot be predicted (Borders, 1989). Educators are attending to the developmental, non-linear experiences of their students by examining the complexity of the experience, and then moving towards more developmentally appropriate teaching practices (McAuliffe & Eriksen, 2000).

The development of counselors in training has become a topic of considerable interest within the counseling research literature over the past 25 years (e.g., Barbee, Scherer, & Combs, 2003; Barrett & Barber, 2005; Duys & Hedstrom, 2000; Ellis, 1991; Furr & Carroll, 2003; Heppner & Roehlke, 1984; Jardine, 1997; Jennings & Skovholt, 1999; Leach & Stoltenberg, 1997; Leddick & Bernard, 1980; Lovell, 1999a, 1999b, 2002; McNeil, Stoltenberg, & Romans, 1992; Melchert, Hays, & Kolocek, 1996; Reising & Daniels, 1983; Ronnestad & Skovholt, 2003; Stoltenberg, McNeil, & Delworth, 1998;

Wiley & Ray, 1986). While a thorough review of this literature is beyond the scope of this study, three distinct areas of investigation within this body of literature, related to the current study, have contributed substantially to an understanding of the development of the counselor in training.

First, Stoltenberg, McNeil, and Delworth (1998) created the Integrated Developmental Model of Supervision (IDM), which is a culmination of research from several areas, including cognitive processing, interpersonal communication and schema development. Their proposed model of counselor development builds upon these various disciplines, and an in-depth "understanding of cognitive and human development" (Stoltenberg, et al, 1998, p. 12). In the IDM, there are three overriding structures (*Self and Other Awareness*, *Motivation*, and *Autonomy*) that reveal the stage(s) of growth of the counselor in training within a given area of clinical practice. In addition to the overriding structures, Stoltenberg, et al (1998) described eight specific domains of clinical practice (i.e., *Intervention Skills Competence*, *Assessment Techniques*, *Interpersonal Assessment*, *Client Conceptualization*, *Individual Differences*, *Theoretical Orientation*, *Treatment Plans and Goals*, and *Professional Ethics*). Lastly, they presented four levels of therapist development (Level One, Level Two, Level Three and Level Three [Integrated]), which will be introduced in this chapter, and described in detail in Chapter Two. The model includes a description of (a) how the overriding structures vary across levels of development in each of the eight domains, (b) how supervisors can assess the counselor in training's level of development across the domains of clinical practice, and (c) how supervisors can provide appropriate instruction for counselors in training.

Secondly, a growing body of literature has been published on the *Self Efficacy* of counselors, based on the work of Albert Bandura (e.g., Larson & Daniels, 1998). In an effort to add to the counselor development literature, Larson (1998) developed the Social Cognitive Model of Counselor Training (SCMCT). The development of this model was in part a response to the lack of theoretically framed supervision guidelines (other than the IDM). In this model, Larson examined the theoretical work of Albert Bandura (2004; 2002; 2001a; 2001b; 2000; 1997; 1993; 1991; 1989; 1986; 1984; 1982; 1977a; 1977b), because she felt that the Social Cognitive Theory (SCT) provided a useful and concise structure for understanding supervision and the various associated constructs. According to Larson, “the intent of the SCMCT is to examine the interrelationship of the causal determinants of the transformation between the knowledge we impart to the trainee and the resultant actions by counselors" (1998, p. 226).

Lastly, a different body of work has been initiated (e.g., Lovell, 1999a) in which counselor development was explored through the model of adult development proposed by William Perry (1999). Lovell (1999a) built upon Perry’s work, and made a case for the cognitive development of counselors and how that development is related to core counseling attributes, namely empathy. To make his case, Lovell (1999a) asserted the following:

> In drawing on the growing body of adult development theory to explain growth in counselor empathy, the scheme of William G. Perry provides the most essentially 'cognitive' model (Kohlberg, 1984; Loevinger, 1976), a model increasingly used for its explanatory power by researchers who study the development of college students and by those who examine

> structural-developmental cognitive changes in adults generally. The scheme originally charted the evolution of intellect through nine possible 'epistemic' cognitive structures - ways of constructing 'the nature and origins of knowledge, of value, and of responsibility' - as persons move through their adult years (Perry, 1968). (p. 196)

Statement of the Problem

A clearer understanding of the complexities of counselor development is one way counselor educators may provide quality education and training for the counselor in training (Ronnestad & Skovholt, 1992). A prolific amount of research on the development of counselors in training has been reported over the past 25 years (e.g., Barbee, Scherer, & Combs, 2003; Barrett & Barber, 2005; Duys & Hedstrom, 2000; Ellis, 1991; Furr & Carroll, 2003; Heppner & Roehlke, 1984; Jardine, 1997; Jennings & Skovholt, 1999; Leach & Stoltenberg, 1997; Leddick & Bernard, 1980; Lovell, 1999, 2002; McNeil, Stoltenberg, & Romans, 1992; Melchert, Hays, & Kolocek, 1996; Reising & Daniels, 1983; Ronnestad & Skovholt, 2003; Stoltenberg, McNeil, & Delworth, 1998; Wiley & Ray, 1986). Most of this body of research has been based in quantitative inquiry, with one purpose of the work being generalization to the population of counselors in training (Berríos & Lucca, 2006).

In a few notable exceptions researchers have used qualitative methods to more fully describe the counselor in training's development. Hill, Charles and Reed (1981) followed 12 counseling psychology graduate students for a period of three years during their academic training. During this time, the counselors in training were interviewed and they described their experiences in graduate school as growth-producing. Also, Skovholt

and Ronnestad (1992) interviewed 100 therapists and counselors with a wide variety of experience – from first-year graduate students to practitioners with 40 years of work experience. From these interviews, the authors were able to generate a number of themes related to the ways in which counselors develop over time. These scholars have implemented qualitative modes of inquiry in an effort to describe development from the trainee's point of view (Sawatzky, Jevne, & Clark, 1994).

More recently, Woodside, Oberman, Kole, and Carruth (2007) reported results from a phenomenological study investigating the experiences of pre-practicum counselors in training. In this work, the authors described seven themes (i.e., the journey, decision-making, self-doubt, counseling is, learning, boundaries, and differences; p. 14) which were extracted from the analysis of interview transcripts. Lastly, Auxier, Hughes and Kline (2003) used a grounded theory approach to develop a theory of counselor identity development. In their review of relevant literature, Auxier and his colleagues discussed critiques of the developmental theories, namely the work of Borders (1989), who asserted that models of counselor development should be situated in the experiences of trainees. Borders (1989) stated that "there is a need for descriptions of the thoughts, feelings, and behaviors of supervisees at various developmental stages (p. 17)".

Qualitative research in general has received increased attention from educators (e.g., Merriam, 1998), psychologists (e.g., Kvale, 1996), and counselors (e.g., Berríos & Lucca, 2006). These researchers view qualitative research as a way to describe the complexities of human experience, as described earlier in this chapter, and to explore how people make sense of their world (e.g., Jackson & Ward, 2004). Berríos and Lucca (2006) asserted that the field of counseling "is especially fertile ground for qualitative

research" (p. 175), as qualitative research provides a rich, in-depth description of phenomena situated in a particular context and allows examination of the complexities of experience. Counselor development represents such complexities (Borders, 1989).

One specific type of qualitative inquiry, the case study, has become an increasingly utilized methodological choice for researchers (e.g., Merriam, 1998; Stake, 1995; Yin, 2003). Merriam described the case study as "an intensive, holistic description and analysis of a single entity, phenomenon, or social unit" (1998, p. 34). Merriam conceptualized case studies differently, based upon the intent of the researcher. "Irrespective of disciplinary orientation, case studies can also be described by the overall intent of the study. Is it intended to be largely descriptive? Interpretive? To build theory? To present judgments about the worth of a program?" (Merriam, 1998, p. 38). Stake (1995), on the other hand, believed that case study researchers in the social sciences might follow one of two different lines of inquiry in their exploration of a case. First, the *intrinsic case study* comes from the researcher's interest in a particular case. He or she wants to know more about that case, and the purpose of the exploration is to learn just about that case. On the other hand, Stake described the *instrumental case study*. In this instance, there is an external goal; the "case study is instrumental to accomplishing something other than understanding this particular [case]" (Stake, 1995, p. 3).

As one final example, Yin (2003) defined the case study as "an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident" (p. 13). Yin's conception of case study research is unique in the fact that he does not categorize this work in either the qualitative or the quantitative research paradigms. Instead, Yin (2003)

asserted that case study research could include any mix of qualitative and quantitative strategies. Yin also described four types of case studies, including *evaluative* case studies, *exploratory* case studies, *illustrative* case studies, and *descriptive* case studies.

The descriptive case study has become a frequently used methodology for educators (e.g., Denton, Hasbrouck, & Sekaquaptewa, 2003; Johnson, Johnson, Tiffany & Zaidman, 1983). This model of inquiry has its roots in sociology, beginning with the influential work of a number of scholars, such as Liebow (1967), Park, Burgess and McKenzie (1967), and Whyte (1993). These works provided a framework for sociologists, educators, and psychologists who were interested in in-depth, descriptive explorations of social phenomena. When applied to educational settings, the descriptive case study will have as its focus an issue or phenomenon that is central to the practice of education. That is, the intent of the descriptive case study in education is to understand and describe a phenomenon within the context of an educational setting (Merriam, 1998). According to Jardine (1997), the descriptive case study provides a unique perspective, in that the reader can become aware of the phenomenon within its context. In other words, the descriptive case study can illuminate the experiences of a person (or case) in a situation.

Within the counselor education literature, the descriptive case study has rarely been utilized as a methodological choice (i.e., only one such study was found; Jardine, 1997). Jardine (1997) utilized the descriptive case study as a methodological framework for describing the experience of transitions for female students during a counselor training program in an academic setting. In 1992, Skovholt and Ronnestad discussed the need for more descriptive research in the field of counseling, although descriptive case

studies were not specifically mentioned. Skovholt and Ronnestad (1992) stated that "seldom has qualitative methodology been used, and consequently, there is an absence of the rich descriptive information that researchers can glean from intensive interviews" (p. 506). The aforementioned scholars (i.e., Jardine, 1997; Skovholt & Ronnestad, 1992) stressed the importance of qualitative methods of inquiry for future researchers, in an effort to address the relative lack of detailed descriptions within the field of counseling and counselor education.

Most case study scholars (e.g., Merriam, 1998; Jardine, 1997; Stake, 1995; Yin 2003) seem to agree that the value of descriptive case studies lies in the detailed account of a specific phenomenon (e.g., the development of counselors in training) that is possible with this method. Descriptive case studies “describe an intervention and the real-life context in which it occurred” (Yin, 2003, p. 15). Because of the complex nature of counseling (i.e., complex interpersonal relationships), the nature of development in general and professional development in particular (i.e., complex processes of change and growth), the qualitative method that seems to be appropriate for studying the professional development of counselors in training is the descriptive case study.

In sum, the present study is an attempt to expand our understanding of the complex phenomenon of a counselor in training’s development and experiences in a counselor education program. Within the specific body of literature examining the development of counselors in training, very few qualitative or descriptive studies have been published focusing specifically on a detailed description of the development of counselors in training (Borders, 1989; Jardine, 1997; Ronnestad & Skovholt, 1992). However, Merriam (1988), Stake (1995), and Yin (2003) all discussed the increased

focus of case studies as a method of inquiry in educational fields, since the case study is one type of qualitative investigation that is particularly appropriate for describing a complex phenomenon (e.g., the development of a counselor in training).

Purpose of the Study

The purpose of this study is to explore and describe in detail the process of counselor development during a training program in an academic setting. I will describe the development of one counselor in training in a descriptive case study, based on multiple sources of data and through the theoretical lenses of (a) the Integrated Developmental Model of Supervision (Stoltenberg, McNeil, & Delworth, 1998); (b) the Social Cognitive Theory (Bandura, 1986); and (c) Perry's Scheme of Ethical and Intellectual Development (1999).

Research Questions

The present study is designed to explore the following general research question: For this participant, how do each of the eight areas of counseling competence and the three overriding structures, identified by Stoltenberg, McNeil and Delworth in the Integrated Developmental Model of Supervision (IDM; 1998), relate to Bandura's Social Cognitive Theory(1986, 1997) and Perry's Scheme of Ethical and Intellectual Development (1999)? More specifically, the present study is designed to provide answers to the following research questions:

1. How do *Intervention Skills Competence* in the IDM relate to the experiences of this participant?
    a. For this participant, how do *Intervention Skills Competence* relate to the Social Cognitive Theory?

b. For this participant, how do *Intervention Skills Competence* relate to Perry's Scheme of Ethical and Intellectual Development?

2. How do *Assessment Techniques* in the IDM relate to the experiences of this participant?
    a. For this participant, how do *Assessment Techniques* relate to the Social Cognitive Theory?
    b. For this participant, how do *Assessment Techniques* relate to Perry's Scheme of Ethical and Intellectual Development?
3. How does *Interpersonal Assessment* in the IDM relate to the experiences of this participant?
    a. For this participant, how does *Interpersonal Assessment* relate to the Social Cognitive Theory?
    b. For this participant, how does *Interpersonal Assessment* relate to Perry's Scheme of Ethical and Intellectual Development?
4. How does *Client Conceptualization* in the IDM relate to the experiences of this participant?
    a. For this participant, how does *Client Conceptualization* relate to the Social Cognitive Theory?
    b. For this participant, how does *Client Conceptualization* relate to Perry's Scheme of Ethical and Intellectual Development?
5. How do *Individual Differences* in the IDM relate to the experiences of this participant?

a. For this participant, how do *Individual Differences* relate to the Social Cognitive Theory?

b. For this participant, how do *Individual Differences* relate to Perry's Scheme of Ethical and Intellectual Development?

6. How does *Theoretical Orientation* in the IDM relate to the experiences of this participant?

    a. For this participant, how does *Theoretical Orientation* relate to the Social Cognitive Theory?

    b. For this participant, how does *Theoretical Orientation* relate to Perry's Scheme of Ethical and Intellectual Development?

7. How do *Treatment Plans and Goals* in the IDM relate to the experiences of this participant?

    a. For this participant, how do *Treatment Plans and Goals* relate to the Social Cognitive Theory?

    b. For this participant, how do *Treatment Plans and Goals* relate to Perry's Scheme of Ethical and Intellectual Development?

8. How do *Professional Ethics* in the IDM relate to the experiences of this participant?

    a. For this participant, how do *Professional Ethics* relate to the Social Cognitive Theory?

    b. For this participant, how do *Professional Ethics* relate to Perry's Scheme of Ethical and Intellectual Development?

9. How does *Motivation* in the IDM relate to the experiences of this participant?

a. For this participant, how does *Motivation* relate to the Social Cognitive Theory?

b. For this participant, how does *Motivation* relate to Perry's Scheme of Ethical and Intellectual Development?

10. How does *Self Awareness* in the IDM relate to the experiences of this participant?

    a. For this participant, how does *Self Awareness* relate to the Social Cognitive Theory?

    b. For this participant, how does *Self Awareness* relate to Perry's Scheme of Ethical and Intellectual Development?

11. How does *Autonomy* in the IDM relate to the experiences of this participant?

    a. For this participant, how does *Autonomy* relate to the Social Cognitive Theory?

    b. For this participant, how does *Autonomy* relate to Perry's Scheme of Ethical and Intellectual Development?

Definition of Terms

In this section, I will define words and concepts related to the theoretical constructs used in the current study.

1. General terminology:

    a. *Development*: The concept of development has its roots in biology. The term has become widely used in psychology and education (e.g., Lovell, 1999; Perry, 1999; Skovholt & Ronnestad, 1992; Werner & Kaplan, 1956). In general, development refers to some type of growth.

Within the counselor education literature, the term development has been used to describe the growth of students moving through an academic training program. Ronnestad & Skovholt (1992) provided a thorough explanation of the concept of development and stated the following:

> There are certain minimal features to the concept of development regardless of philosophical and *Theoretical Orientation*. These are: (a) development always implies change of some sort, (b) the change is organized systematically, and (c) the change involves succession over time. The elements of change, order/structure and succession are thus basic elements of a concept of development. (p. 505)

In the present study, the term *development* referred to any systematic change in interpersonal, ethical, and professional behaviors of the counselor in training.

b. *Professional Development*: In lay terms, professional development refers to the pursuit of skills, knowledge, and behaviors that will help an individual perform his or her job more effectively. For the purposes of this study, *professional development* was synonymous with *development* (i.e., any systematic change in interpersonal, ethical, and professional behaviors of the counselor in training).

c. *Counselor in training*: Throughout the literature describing the development of counseling professionals, a number of terms (e.g., counseling student, counselor in training, practicum student, internship student, counseling trainee) have been used to describe those persons who are enrolled in academic preparatory programs for counseling. For the purposes of this study, the term *counselor in training* will be used to refer to any person who is involved in a counselor training program in an academic setting.

2. Integrated Developmental Model of Supervision (IDM): Stoltenberg and his colleagues (1998) described eight specific domains of clinical practice (i.e., *Intervention Skills Competence*, *Assessment Techniques*, *Interpersonal Assessment*, *Client Conceptualization*, *Individual Differences*, *Theoretical Orientation*, *Treatment Plans and Goals*, and *Professional Ethics*) and three overarching structures (i.e., *Motivation*, *Self Awareness*, and *Autonomy*). These domains and structures were included in the IDM as a way for educators and supervisors to organize their assessment of the developmental level of their students. In the present study, these eight domains and these three overarching structures served as the theoretical propositions (i.e., development occurs in each of the eight areas of clinical practice and each of the three overarching structures as described in the IDM).
    a. *Intervention Skills Competence*: "the therapist's confidence in and ability to carry out therapeutic interventions" (Stoltenberg, et al, 1998, p. 17).

b. *Assessment Techniques*: “the therapist’s confidence in and ability to conduct psychological assessments” (p. 17).

c. *Interpersonal Assessment*: extending beyond the formal assessment period…the therapist’s ability to “incorporate the use of self in conceptualizing a client’s interpersonal dynamics” (p. 17).

d. *Client Conceptualization*: “this domain includes, but is not limited to, diagnosis…includes the therapist’s understanding of how the client’s characteristics, history, and life circumstances blend to [p. 17] affect adjustment” (p. 18).

e. *Individual Differences*: “includes an understanding of ethnic, racial, and cultural influences in individuals, as well as the idiosyncrasies that form the person’s personality” (p. 18).

f. *Theoretical Orientation*: “includes formal theories of psychology and psychotherapy, as well as eclectic approaches and personal integrations” (p. 18).

g. *Treatment Plans and Goals*: “addresses how the therapist plans to organize his or her efforts in working with clients in the psychotherapeutic context” (p. 18).

h. *Professional Ethics*: “addresses how professional ethics and standards of practice intertwine with personal ethics in the development of the therapist” (p. 18).

i. *Motivation:* “This structure reflects the supervisee's interest, investment, and effort expended in clinical training and practice.

Changes over time tend to go from early high levels through a vacillation from day to day, and client to client, and culminating in a stable degree of motivation over time" (p. 16).

j. *Self Awareness:* "This structure has both cognitive and affective components and indicates where the individual is in terms of self-preoccupation, awareness of the client's world, and enlightened self-awareness. The cognitive component describes the content of the thought processes characteristic across levels, and the affective component accounts for changes in emotions such as anxiety" (p. 16).

k. *Autonomy:* "Changes in the degree of independence demonstrated by trainees over time accompany the other structural changes. Beginners tend to be rather dependent on supervisors or other authority figures and eventually grow into a dependency-autonomy conflict, or professional adolescence. Clinical experience and supervision allows therapists to become conditionally autonomously functioning professionals." (p. 16).

3. Social Cognitive Theory (SCT): Two aspects of SCT are relevant to the present study: *Triadic Reciprocal Causation* and *Self Efficacy* (Bandura, 1977b, 1986, 1997).

    a. *Triadic Reciprocal Causation* involves the interacting forces among (a) a person's behavior, (b) the environment and (c) personal factors, and how those forces influence learning (Bandura, 1986, 1997).

b. *Self Efficacy* refers to ones' opinion about his or her capacity to execute a desired action in a given domain (Bandura, 1997; Larson, 1998). There are four factors that influence an individual's *Self Efficacy* (Bandura 1997). The ways in which these factors are related to counselors in training is as follows:

   i. *Mastery*- "…successfully seeing clients" (Larson, 1998, p. 227).

   ii. *Modeling*- "participant modeling (viewing one's own successful counseling session on video tape)" (Larson, 1998, p. 227).

   iii. *Social persuasion*- "would include the supervisor supporting, encouraging, and structuring learning situations for the counselor to succeed with clients" (Larson, 1998, p. 227).

   iv. *Affective arousal*- "would include the anxiety associated with seeing clients, especially for beginning practicum counselors" (Larson, 1998, p. 227).

4. Perry's Scheme of Ethical and Intellectual Development: Perry began his work at Harvard during the late 1950s, conducting over 400 open-ended interviews with undergraduate male students, with the intent of understanding the experiences of college students during their academic tenure. In-depth qualitative analyses of these interviews produced *Perry's Scheme*, as it is commonly referred to (Moore, 2002). Perry's (1999) Scheme included nine *Positions of development*, as well as three *Positions of deflection* or

Alternatives to growth. Perry's terminology will be introduced here, but a more in-depth explanation of these concepts will be presented in Chapter Two.

a. *Positions of development:*

    i. *Basic Duality*: There is conviction about the dualistic structure of the world which is taken for granted and unexamined (i.e., right vs. wrong, we vs. others).

    ii. *Multiplicity Pre-legitimate*: multiple points of view can be perceived but they are seen as *alien* or *unreal*.

    iii. *Multiplicity Subordinate*: "uncertainty and complexity are no longer considered mere exercises or impediments devised by Authority but seen as realities in their own right, plumb in the middle of Authority's world" (p. 99).

    iv. *Multiplicity Correlate or Relativism Subordinate*: The notion of duality is restructured, but becomes more complex (i.e., right/wrong vs. multiplicity); or relativism is perceived, but understood as belonging to Authority (i.e., "the way they want us to think"; Perry, 1999, p. 112).

    v. *Relativism Correlate, Competing, or Diffuse*: Relativism becomes intrinsic. In *Relativism Correlate*, the world is still divided between the relativism of Authority and areas in which the individual must use relativism. In *Relativism Competing*, relativism concerns everything, but this point of view alternates

with a dualistic point of view. In *Relativism Diffuse*, relativism is accepted fully, but without personal commitment.

vi. *Commitment Foreseen*: The individual realizes that commitment is required. This realization may bring a number of different reactions (e.g., excitement, ambivalence, alarm, sturdiness, confusion, simple recognition).

vii. *Initial Commitment*: the moment in time where an individual decides a way of being. For example, “I have decided on medicine” (Perry, 1999, p. 170).

viii. *Orientation in Implications of Commitment*: “describes a level of experience in which the stylistic issues of Commitment have emerged in greater prominence over external forms. For example, “So I’ve decided to be a doctor but how many ways are there of doing that?” (Perry, 1999, p. 171).

ix. *Developing Commitments*: The individual has matured to the point of knowing “who he is” (Perry, 1999, p. 171). He or she is established in a certain point of view.

b. *Alternatives to growth*

i. *Temporizing*: “a pause in growth over a full academic year” (Perry, 1999, p. 199).

ii. *Retreat*: involves a regression into a previously mastered level of development.

iii. *Escape* may occur in one of two ways:

1. the student may disengage to the point of avoiding the responsibility inherent in moving towards the next position of growth.
2. the student continues to participate in life but is actively avoiding responsibility and choosing to stay away from commitment.

Delimitations

In the proposed study, the nature of the research design (i.e., single-participant descriptive case study) provides the boundaries of the study. The current study will explore and describe in detail the development of one counselor in training during an academic training program. The participant will be the focus of the study; however, other key informants will be consulted and interviewed regarding the development of the participant.

Limitations

The current study is limited by four main factors. First, because of the nature of qualitative research in general, and case studies in specific, the results from this study can not be generalized to any larger population. The only possibility for generalization in this type of case study research is that of theoretical generalization (Yin, 2003). Second, the single participant case study, when compared to experimental designs, is inherently weak in its ability to make claims with any amount of certainty. This weakness will be addressed by rigorously attending to research design strategies proposed by Yin (2003) in an effort to provide a solid foundation on which to build the findings of the study. Because the researcher is the primary instrument of data collection and analysis (Yin

2003), the current study, as with all qualitative studies, could be limited by the researcher's sensitivity to subtleties in the data. Finally, the current study will be time limited, in that the interviews with the research participant will be historical; the research participant has successfully completed degree requirements and graduated from her academic program, but has agreed to participate in this study.

Significance of the Study

Two characteristics of the present study make it a valuable contribution to the literature on counselor development. First, the study is one of a very limited number of descriptive case studies within this body of literature. In a review of relevant literature, only one other descriptive case study was found that directly addressed developmental issues in counselor preparation (Jardine, 1997). Secondly, the current study will serve as a pilot study for describing in detail and testing a methodological framework, based on the notion of rival theories, for conducting future case study research with counselors in training.

Organization of the Study

In Chapter One, the current study, it's significance, and it's relevance to the counselor development literature is described. Chapter Two includes reviews of the relevant literature on (a) counselor development, (b) the Integrated Developmental Model of Supervision (Stoltenberg, et al., 1998), (c) the Social Cognitive Theory (Bandura, 1977b,1986, 1997; Larson, 1998), and (d) Perry's (1999) Scheme of Ethical and Intellectual Development. The methodological considerations and research design are discussed in Chapter Three. The strategies for data analysis are also discussed in Chapter Three. In Chapter Four, the findings of the current study are presented. Chapter Five

includes the discussion about these findings. Finally Chapter Six will include conclusions drawn from the findings, implications for counselor educators and counselor education, and implications for future case study research using the methodology presented in this study.

CHAPTER TWO: REVIEW OF LITERATURE

Chapter Introduction

The purpose of this chapter is to provide the reader with an overview of the foundations of counselor development, specifically focused on the counselor in training, as described in the counselor education research literature. To begin, this chapter includes a brief chronological description of various lines of inquiry about counselors in training within the counselor education literature over the past 40 years. The chapter continues with specific reviews of the literature related to theories of development in counselor education and reviews of the literature associated with the three theoretical frameworks used in the current study (i.e., the Integrated Developmental Model of Supervision, the Social Cognitive Theory, and Perry's Scheme of Ethical and Intellectual Development), especially as they relate to the development of counselors in training.

Chronological Overview of the Development of Counselors in Training

In the field of counselor education, the development of counselors in training has been a topic of research for many years. For the purposes of this review, salient research articles from the last 40 years will be presented by the decade in which each study was written.

1960's

One of the earliest studies within this area of research was Hogan's model of counselor development, published in 1964. In this work, Hogan described the struggles of beginning counselors in training as they moved through four stages of development. Hogan also made recommendations for facilitating the growth and development of these novice counselors in training through personal interaction, and his model of development

and supervision was later validated through empirical studies (e.g., Reising & Daniels, 1983).

1970's

In the 1970s, two notable studies within the counselor education literature examined aspects of the development of counselors in training. First, Jackson (1972) compared counselor preparation programs in England and the United States. Several similarities and differences between programs in these two countries were noted. First, counselors in training, regardless of their geographic location, experienced anxiety about their future roles. A second similarity discussed by Jackson was the change in attitudes as counselors in training moved toward increased levels of professional competence. Most relevant to this review, Jackson (1972) stated that "a five-stage development of trainee counsellor's [*sic*] self concept has been identified in counselor preparation courses in the U. S. A. and England" (p. 46).

In 1979, Worthington and Roehlke examined the effectiveness of supervisors working with counselors in training during their practicum. First, Worthington and Roehlke surveyed a number of supervisors about their supervision behaviors. Following this initial survey, the authors surveyed counselors in training about the specific behaviors of their supervisors during supervision, and the effectiveness of those behaviors. One finding in particular is relevant to this literature review: supervisors were rated as effective when they provided concrete directions and instruction in learning new counseling behaviors. According to the developmental theories in counselor education (which will be discussed later in this chapter), this finding is in keeping with early stages of counselor development (e.g., Stoltenberg, et al., 1998).

1980's

During the 1980s, the amount of literature devoted to the study of the development of counselors in training increased (e.g., Bowman & Reeves, 1987; Carey & Williams, 1986; Hill, Charles, & Reed, 1981). In the early 1980s, one research study stood out as being conceptually different from the vast majority of work in the area of counselor development. Hill and colleagues (1981) published the results of a longitudinal study in which twelve doctoral students in counseling psychology were followed for a period of three years. In this work, the researchers administered a number of assessment instruments with the intent of measuring various aspects of counseling behavior, but these authors also followed up with qualitative interviews, in which the subjects of the study were asked to discuss the changes they had noticed in themselves during graduate school (Hill, et al., 1981).

In a later study, Carey & Williams (1986) measured the cognitive style of counselors in training during their practicum and the cognitive style of their supervisors, and found that differences between the two groups were common, with supervisors tending toward *thinking* variables and counselors in training leaning toward *feeling* and *sensing* variables. These authors suggested that the cognitive styles of persons involved in counselor education could have an impact on educational choices and career paths for those in the counseling field. Following a different line of inquiry, Bowman and Reeves (1987) explored moral development and empathy in counseling. These authors chose to measure the development of moral reasoning and its relationship to role-taking empathy using a series of quantitative measures administered over a 12-week period. Results from

this study indicated a “significant correlation between moral development and…empathy” (Bowman & Reeves, 1987, p. 296).

1990’s

A number of researchers in the 1990’s explored various constructs associated with the effective practice of counseling, and a couple of areas within the counselor education literature have become prominent (e.g., Larson & Daniels, 1998; Leach & Stoltenberg, 1997; Stoltenberg, 1998; Stoltenberg, McNeil & Crethar, 1995; Skovholt & Ronnestad, 1992). First, developmental models of counselor growth and developmental models of supervision have played a role in focusing the direction of research. The general results of this line of research are that developmental models of supervision are supported, and developmental models of counselors in training are in keeping with other developmental theories (e.g., Stoltenberg, 1998; Stoltenberg, et al., 1995; Skovholt & Ronnestad, 1992). A second area of interest to emerge in the counselor education literature over the past 20 years is that of exploring the construct of *Self Efficacy* (e.g., Larson & Daniels, 1998; Leach & Stoltenberg, 1997). Based largely on the work of Albert Bandura (which will be discussed later in this chapter), these studies have contributed to the knowledge base of counselor educators and supervisors by offering empirical evidence about specific attributes that contribute to the competence of counselors in training (e.g., Larson, 1998; Larson and Daniels, 1998).

In the next section, current research (i.e., 2000’s) in counselor education will be discussed. Specifically, developmental theories as they relate to counselors in training will be briefly reviewed.

Current Theories of Development in Counselor Education

Building upon the historical work in counselor development, current researchers and scholars continue to refine and reexamine the ways in which counselors in training mature professionally (e.g., Auxier, Hughes & Kline, 2003; Duys & Hedstrom, 2000), and develop models of counselor development (Stoltenberg, et al., 1998). Two examples from this line of current research are included in this section, as well as a detailed description of the Integrated Developmental Model (IDM; Stoltenberg, et al., 1998). Addressing how counselors in training mature, Auxier and his colleagues (2003) proposed a theory of "counselor identity development that is [*sic*] grounded in the experiences of master's-level counselor education students" (p. 26). In this study, the authors chose to use a grounded theory approach to studying professional development while attending primarily to the experiences of counselors in training. In the second example, Duys and Hedstrom (2000) studied the development of cognitive complexity in counselors in training. In this particular study, the cognitive complexity of counselors in training who were enrolled in a basic skills training course was measured.

The Integrated Developmental Model of Supervision

The Integrated Developmental Model of Supervision (IDM; Stoltenberg, et al., 1998) is one of the most broadly referenced models of supervision within the counselor education literature (Leach & Stoltenberg, 1997). The IDM is a model of counselor development written for supervisors and counselor educators who are charged with teaching counselors in training. This model includes three major components (i.e., three overriding structures, eight domains of clinical competence, and four levels of counselor development; Stoltenberg, et al., 1998). In this section, (a) the historical foundations of

the IDM will be briefly reviewed, (b) a detailed description of the theoretical framework will be presented, and (c) the work of other researchers who have examined aspects of the IDM will be introduced. Throughout this section, I have included my own examples as illustrations of the concepts being discussed.

History

The current edition of the IDM (Stoltenberg, et al., 1998) is based in part on Stoltenberg's earlier work, such as the counselor complexity model (Stoltenberg, 1981), and *Supervising Counselors and Therapists* (Stoltenberg & Delworth, 1987). The cornerstone of Stoltenberg's work is a four-stage developmental process, through which counselors in training pass as they become increasingly complex in their professional behaviors (Stoltenberg, 1981; Stoltenberg & Delworth, 1987; Stoltenberg, et al., 1998). The collaborative work of Stoltenberg and his colleagues has given counselor educators a heuristically valuable model of supervision (Worthington, 1987).

Theoretical Framework

In the IDM, Stoltenberg and his colleagues (1998) built a framework for understanding the development of counselors in training, and structured this model so that supervisors and counselor educators might be able to provide appropriate supervision to counselors in training. The IDM is a culmination of research in counselor development and supervision, rooted in concepts of cognitive processing, interpersonal communication and schema development (Stoltenberg, et al., 1998). In the IDM, there are three overriding structures (*Self and Other Awareness, Motivation,* and *Autonomy*) that reveal the stage of growth of the trainee within a given area of clinical practice. In addition to the overriding structures, Stoltenberg, et al (1998) described eight specific domains of

clinical practice (i.e., *Intervention Skills Competence, Assessment Techniques, Interpersonal Assessment, Client Conceptualization, Individual Differences, Theoretical Orientation, Treatment Plans and Goals,* and *Professional Ethics*). Lastly, they presented four levels of therapist development (Level One, Level Two, Level Three, and Level Three [Integrated]).

The IDM (Stoltenberg, et al., 1998) includes a description of (a) how the overriding structures vary across levels of development in each of the eight domains, (b) how supervisors can assess the counselor in training's level of development across the domains of clinical practice, and (c) how supervisors can provide appropriate instruction for counselors in training. In the following sections, each component of the IDM will be described in more detail. The descriptions provided here are based solely on the work of Stoltenberg and his colleagues (1998). To illustrate these concepts, I have included my own examples in the following descriptions.

Three Overriding Structures

Stoltenberg, et al. (1998) suggested that clinical practice is complex, and cannot be described solely on the basis of straightforward movement through preconceived stages of development. Because of the limited ability of previous developmental theories (e.g., Hogan, 1964) to explain the complexities and shifts that occur throughout the process of professional growth, Stoltenberg and his colleagues proposed that "we [counselors and counselors in training] tend to function at different levels of professional development across areas of mental health service delivery" (p. 15). For example, a counselor in training may have specific expertise in one area of service delivery, such as working with people who are experiencing anxiety. This same counselor in training may

be less familiar in other situations, such as working with people who are experiencing psychosis. In the first situation, the counselor in training would be highly developed in her ability to provide effective services, while in the second situation this same counselor in training would be somewhat of a novice – she may need more structured and more frequent supervision in order to provide effective services.

To address this limitation of earlier developmental models, Stoltenberg et al. (1998) described three overarching structures which may be useful in assessing the development of counselors in training. These areas (i.e., *Self and Other Awareness, Motivation,* and *Autonomy*), might provide additional insight into the level of development of a counselor in training within a given area of clinical practice. The first area, *Self and Other Awareness,* includes both cognitive and affective aspects. According to Stoltenberg, et al. (1998) the "cognitive component describes the content of the thought processes characteristic across levels" (p. 16). The affective component takes into account changes in the counselor in training's emotional state, such as changes in nervousness. For example, a supervisor may choose to assess a counselor in training's emotional *Self Awareness* as it relates to his or her intervention skills (e.g., What were you feeling when you said___?). On the other hand, the supervisor might also choose to assess the counselor in training's cognitive awareness of self by inquiring about specific lines of thought that were occurring for him or her during the intervention (e.g., What were you thinking about when your client said___?). Understanding what the counselor in training was thinking or feeling during a session could provide additional insight into his or her current level of development in any one of the given areas of clinical practice.

The second overarching structure in the IDM is that of *Motivation* (Stoltenberg, et al., 1998). The counselor in training's level of *Motivation* tends to fluctuate over time, according to Stoltenberg, and his colleagues. For example, early in a clinical experience, the counselor in training may be highly motivated to perform new skills correctly, and might expend a great amount of effort in this area. As the counselor in training becomes more and more comfortable with the newly acquired skills, the level of *Motivation* experienced may lessen, as the counselor in training is not as interested or invested in performing the skill correctly. The level of *Motivation* may also vacillate between clients for a given counselor in training. For example, a counselor in training might have one client who is resistant and chooses to remain silent during his or her sessions. In this scenario, the counselor in training might experience lower levels of *Motivation*. In contrast, this same counselor in training may have a client who is highly motivated to participate in the counseling sessions, and the counselor in training may feel more motivated or invested in providing a positive environment for this particular client. According to Stoltenberg, et al., *Motivation* will fluctuate, but will eventually become stable over time.

The final overriding structure is *Autonomy*. Basically, the degree of independence that counselors in training exhibit will change, alongside growth in other areas. Beginning counselors in training might require a high level of structure in the supervisory relationship as they begin to practice new skills, and they may need concrete feedback for their performances. As the counselors in training become more and more efficacious in their ability to perform counseling behaviors, the degree of structure needed in the supervisory relationship may lessen. According to Stoltenberg, et al. (1998) the amount

of clinical experience will have an effect on the counselor in training's *Autonomy*. As counselors in training become aware of their strengths and weaknesses, they will be more likely to function independently when they feel confident in their ability to perform a certain counseling behavior. Also, they will be more likely to seek consultation or supervision regarding new or unfamiliar situations.

Eight Domains of Clinical Competence

In addition to the three overriding structures just described, Stoltenberg, et al. (1998) included eight specific domains of counseling practice "for which these [overriding] structures provide guidance in assessing developmental level" (p. 17). These domains include the following: (a) *Intervention Skills Competence*, (b) *Assessment Techniques*, (c) *Interpersonal Assessment*, (d) *Client Conceptualization*, (e) *Individual Differences*, (f) *Theoretical Orientation*, (g) *Treatment Plans and Goals*, and (h) *Professional Ethics*. Each of these eight domains of practice includes behaviors that counselors in training might perform or engage in regardless of any given theoretical orientation (such as cognitive behavioral therapy or person-centered therapy). This lack of loyalty to any given theoretical stance could be considered a strength of the IDM. That is to say, supervisors and counselor educators using this model in supervision would be able to find it applicable regardless of their preferred theoretical orientation.

The first domain, *Intervention Skills Competence*, deals with the counselor in training's "confidence in and ability to carry out therapeutic interventions" (Stoltenberg, et al., 1998, p. 17). This domain is closely related to Bandura's notion of *Self Efficacy* (1977b), which will be discussed later in this chapter. The counselor in training's *Self*

Efficacy might fluctuate in different situations, depending on their levels of *Autonomy, Self and Other Awareness*, and *Motivation* (Stoltenberg, et al., 1998).

Assessment techniques, the second domain, focuses on the counselor in training's belief in his or her ability to administer psychological assessments (Stoltenberg, et al., 1998). Because numerous assessment instruments are available, *Self Efficacy* in this domain is subject to fluctuations. For example, the counselor in training might be asked to administer a mental status exam. This might be an unfamiliar task for the counselor in training, and she or he may ask for guidance or supervision. As the counselor in training becomes more familiar with the administration process, he or she will no longer feel the need for close supervision.

The third domain, *Interpersonal Assessment*, is closely related to *Assessment Techniques*. In this domain, the counselor in training's ability to evaluate a client's "interpersonal dynamics" (Stoltenberg, et al., 1998, p. 17), as well as his or her ability to evaluate other behavior across an assessment period is considered. For example, the counselor in training may be asked to administer a number of assessments to a particular client. During this assessment period, the counselor in training may gather information through observations about the way in which this particular client relates to other people. The counselor in training may also be able to gather information through observation about the client's behavioral patterns, habits or demeanor, for example.

Client conceptualization is the fourth domain of clinical practice discussed in the IDM (Stoltenberg, et al., 1998). In this domain, the counselor in training's ability to diagnose mental illness is considered, as well as his or her "understanding of how the client's characteristics, history, and life circumstances blend to [p. 17] affect adjustment"

(p. 18). For example, growth in this domain can be affected by the theoretical orientation of the counselor in training, as some theories of counseling (e.g., person-centered) do not espouse diagnosis of mental illness.

Individual differences, the fifth domain, takes into account the counselor in training's current level of understanding in regard to issues of diversity (e.g., ethnicity, race, culture) as well as issues that affect the client's personality (Stoltenberg, et al., 1998). The counselor in training's development in this domain may become more pronounced as certain issues arise during the course of interaction with a client.

The sixth domain discussed by Stoltenberg and his colleagues (1998) is that of *Theoretical Orientation*. Formal theories in counseling and psychology are considered here, and the counselor in training's identification with and understanding of one or more of these theories can vacillate as he or she searches for his or her own approach to working with clients.

Treatment Plans and Goals are considered the seventh domain of clinical practice, according to Stoltenberg and his colleagues (1998). The way in which the counselor in training organizes her or his interventions and works toward achieving the goals established between the counselor and client are considered in this domain. Like many of the other domains, the counselor in training's development in this area will fluctuate depending upon his or her therapeutic orientation, as well as his or her mastery over basic skills.

Finally, the eighth realm of clinical practice is *Professional Ethics* (Stoltenberg, et al., 1998). In this area, the counselor in training's ability to understand and address ethical issues is considered. The personal ethics of the individual counselor in training as

well as the professional standards of practice should be taken into account when assessing development in this area.

Four Levels of Counselor Development

Up to this point, two of the three components of the IDM have been described (i.e., three overriding structures and eight areas of clinical practice). The final component is the levels of therapist development, as described by Stoltenberg and colleagues (1998). In the IDM, the counselor in training can potentially move through four levels of development. These levels will be described next.

The *Level One* counselor in training typically has limited experience in working with clients. These counselors in training tend to remain focused on themselves, rather than on the clients. The *Level One* counselor in training usually experiences a high degree of anxiety, and requires more direct supervision (Stoltenberg, et al., 1998). Neophyte counselors in training are typically highly motivated due to their desire to perform adequately for their supervisors. At the same time, these new counselors in training may show significant dependency on their supervisors, because of the anxiety associated with learning how to provide interventions.

As counselors in training move into greater levels of *Autonomy* in their skills and become more aware of their clients, they are beginning the transition into becoming a *Level Two* therapist (Stoltenberg, et al., 1998). *Level Two* therapists (i.e., counselors in training) will experience different levels of growth across the eight areas of clinical practice. For example, a counselor in training may become quite skilled in administering a specific assessment instrument. This counselor in training would be able to function without much direct supervision. This same counselor in training, on the other hand, may

have limited or no experience in working with groups. In this second scenario, the counselor in training might revert to *Level One* functioning, and require a great amount of direct supervision. When counselors in training move toward *Level Two* in their functioning, they usually experience increased confidence, increase independence, and some desire for *Autonomy* (Stoltenberg, et al.).

The *Level Three* therapist (i.e., counselor in training) will demonstrate an "increased focus on a personalized approach to clinical practice and greater use and understanding of the self" (Stoltenberg, et al., 1998, p. 24). The counselor in training functioning at *Level Three* is highly motivated, and is committed to responsible clinical work. According to Stoltenberg and his colleagues (1998), the *Level Three* counselor in training will most likely tailor his or her method of providing services to clients, and will become increasingly self-aware.

After a counselor in training reaches *Level Three*, the next level of development is one of integration. Stoltenberg and his colleagues refer to the fourth level of development as *Level Three (Integrated)*. The transition to this level includes reaching *Level Three* status across the eight domains of clinical practice. In essence, the counselor in training is a seasoned professional, and able to handle almost any situation that might arise in his or her clinical work (Stoltenberg, et al.).

To illustrate movement through the four levels of development, Stoltenberg and his colleagues (1998) included the following metaphor in their work:

> In conveying the model to trainees and others, it has sometimes proved useful to use a simple metaphor to encapsulate the developmental process conceptualized by the IDM. One of us has had experience and training as a

rock climber in his younger years. Let us imagine the client to be a novice climber who has slipped into a crevasse (a hole) and is calling to our supervisee [counselor in training] for help. The Level 1 (p. 21) climber (supervisee) may stand at the edge of the crevasse, mountain climbing manual in hand, and yell down advice to the stranded climber. Or the supervisee may go off and seek guidance from you, the experienced expert team leader, concerning how to assist the stranded person (client). In either case, the supervisee is attempting to assist the client having had little or no experience with or personal understanding of the process. He or she is standing on the edge, sending interventions down to the client (reach for that rock, stretch for that hand-hold, you can do it!), hoping the client will find his or her way out. Sometimes that is sufficient, and the supervisee feels the power of therapy and begins to develop confidence. (p. 22)

[In Level Two,] our mountain climber has moved from standing on the edge of the crevasse and sending down instructions, to climbing down into the hole with the stranded climber (client). The stranded climber now feels more understood, realizing that the supervisee can better see the problem from his or her perspective. The new challenge is for someone to figure a way out. Our supervisee may become as stranded and fearful as the client. They may now both be crying up to the supervisor to help them out, or giving up on the possibility of rescue. (p. 24)

> Our mountain climbing guide in Level 3 is able to lower himself or herself down into the crevasse and effectively communicate to our stranded climber his or her understanding of the emotional, cognitive, and environmental aspects of the problem. With calm and confidence, our climber assists the stranded colleague in developing a plan to climb out, examining options and working from experience as well as a detailed understanding of rock climbing technique and the mountain. While success is not guaranteed, the likelihood of both climbers' rising out of the crevasse is considerably increased. (p. 25)
>
> Our Level 3 mountain climbing guide was able to help our stranded climber emerge from the crevasse. Perhaps we can extend our metaphor for the Level 3i guide to an ability to handle most types of emergencies and challenges confronted by his or her charges on the mountain. In addition, this individual may be particularly adept at training other guides to provide similar assistance to climbers who are attempting to scale everything from rocks to glacier covered peaks. (p. 26)

To summarize, the IDM (Stoltenberg, et al., 1998) is a model of counselor development and supervision that is based on a long history of research within counselor education and related areas. The foundations of this model (i.e., the three overriding structures, the eight areas of clinical competence, and the four levels of counselor development) provide counselor educators and supervisors with a concrete and heuristically valuable model of understanding and supervising counselors in training. In the next section, a sample of research related to the IDM will be presented.

Related Research

In addition to Stoltenberg and his colleagues (e.g., 1998), a number of other researchers have examined different aspects of the IDM (e.g., Barbee, Scherer & Combs, 2003; Lovell, 2002) in the last several years. For example, Lovell (2002) explored the gain and/or loss scores of counselors in training on the Supervisee Levels Questionnaire – Revised (SLQ-R) in comparison to the cognitive developmental level of those counselors in training. As an aside, the SLQ was originally developed by McNeil, Stoltenberg, and Pierce (1985) and then revised (SLQ-R) by McNeil, Stoltenberg and Romans (1992). This instrument was created in an effort to assess the development of counselors in training in conjunction with the framework of the IDM (McNeil, et al., 1985; McNeil et al., 1992). The results of Lovell's (2002) study confirmed the validity of the SLQ-R as a means of assessing the developmental level of counselors in training, and also extended the usefulness of the SLQ-R by using this instrument to assess the developmental level of first-year counselors in training – which was a period "rarely researched" in counselor education (Hoffman & Hill, 1996).

As a second example, Barbee and his colleagues (2003) examined the relationship between counselor self-efficacy and anxiety in the prepracticum service learning experiences for counselors in training. These scholars found an inverse relationship between self-efficacy and anxiety. That is, levels of anxiety decreased as self-efficacy increased. As related to the IDM, the level of self-efficacy for these counselors in training was more strongly related to their level of development (e.g., Stoltenberg, et al., 1998), than to their experience with prepracticum service-learning (Barbee, et al., 2003).

In sum, the IDM (Stoltenberg, et al., 1998) is a culmination of a large body of research on the development of counselors in training. Stoltenberg and his colleagues (e.g., Stoltenberg, 1981; Stoltenberg & Delworth, 1987; Stoltenberg et al., 1998) have refined their developmental model through repeated empirical investigations. Other scholars have contributed to this body of knowledge through empirical investigations of specific constructs related to the IDM (e.g., Barbee, et al., 2003; Lovell, 2002), and some of those concepts (e.g., *Self Efficacy*) are specifically related to the present study. The next section of this chapter will address two main topics. First, it will serve as an introduction to the Social Cognitive Theory (Bandura, 1977b; 1986; 1997). Also, in the next section, I describe the concepts within the Social Cognitive Theory that are related to the study of the counselor in training's development in general and this particular study in specific.

Social Cognitive Theory

Albert Bandura (1977b, 1986, 1997) extended the work of earlier scholars (e.g., Lewin, 1939; Tharp & Wetzel, 1969), who had focused solely on the behavioral aspects of learning, by describing additional factors which affect an individual's ability to learn. Bandura (1986) believed that people were motivated or driven by a number of factors, including, but not limited to, cognition, vicarious learning and self-reflection. The Social Cognitive Theory (SCT) was based upon a number of basic assumptions about the ways in which people learn. First, Bandura (1986) believed that people learned by watching others (i.e., *vicarious learning*). Secondly, Bandura believed that learning is internal, not external, and learning may or may not have an effect on the individual's behavior. Bandura (1986) also believed that human behavior is usually goal-directed and regulated

(e.g., controlled) by the individual. Finally, Bandura asserted that individuals have a certain belief in their ability to perform specific tasks, which he referred to as *Self Efficacy*.

History

Bandura (1977b, 1986, 1997) was instrumental in developing the Social Cognitive Theory of learning. He began his work by extending the behaviorist views of learning (e.g., reinforcement, conditioning; Tharp & Wetzel, 1969) with the inclusion of social determinants of behavior (1977b). His first theoretical framework was termed the Social Learning Theory (1977b) with the intent of informing readers that learning behaviors involved more that just a response to a certain stimulus. In 1986, Bandura's work, *Social Foundations of Thought and Action*, extended his previous theory and stressed the importance of the cognitive processes involved in learning new behaviors. His theory was renamed the Social Cognitive Theory (1986). After this work, Bandura began to focus more specifically on the notion of *Self Efficacy* (e.g., 1997), which is described later in this chapter. The complexity of Bandura's entire work is beyond the scope of the present study; hence only the aspects of his theory most relevant to the current study will be discussed in this chapter.

Theoretical Framework

Two aspects of SCT (Bandura, 1986) are relevant to the present study. First, the concept of *Triadic Reciprocal Causation* (Bandura, 1977b, 1986) involves the interacting forces between a person's behavior, the environment and personal factors, and how those factors influence learning. Secondly, the notion of *Self Efficacy* (Bandura, 1986, 1997)

has long been a concept associated with the work of Bandura (1977b, 1986, 1997). According to Bandura (1986), *Self Efficacy* is defined as

> people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances. It is concerned not with the skills one has but with the judgments of what one can do with whatever skills one possesses. (p. 391)

Basically, the individual's successful performance of any given behavior requires both mastery of the behavior and the personal knowledge that he or she is capable of carrying out the behavior. The concepts of *Triadic Reciprocal Causation* and *Self Efficacy* will be discussed next. I have included my own examples, where relevant, to clarify these concepts.

Triadic Reciprocal Causation

Bandura's early work (e.g., 1977a, 1977b) extended the work of behavioral psychologists (e.g., Tharp & Wetzel, 1969) and social psychologists (e.g., Lewin, 1935, 1939) by introducing the notion that not all behavior can be explained by forces outside of the individual; in other words, behavior is complex, and can not be explained merely as the effect of an environmental cause. Instead, Bandura asserted that behavior, personal factors, and the environment all influence each other (e.g., behavior has an impact on the environment; personal beliefs have an impact on behavior, etc.). These three mutual influences, according to social cognitive theorists, are *reciprocal causations* (Bandura, 1977b, 1986). This concept is reminiscent of the work of social psychologist, Kurt Lewin (e.g., 1935, 1939). In Lewin's *field theory*, behavior is a "function of person and environment" (Lewin, 1939, p. 878). Lewin (1935) believed that "all aspects of

behavior…are codetermined by the existing environment" (p. 66). In addition to the influence of the environment on determining any given behavior, individual characteristics also impact any given behavior (Lewin, 1935).

Self Efficacy

As previously defined, *Self Efficacy* refers to an individual's beliefs in her or his ability to perform certain behaviors (Bandura, 1997). There are four factors that contribute to the development of *Self Efficacy* (i.e., *mastery*, *modeling*, *social persuasion* and *affective arousal*), according to Bandura (1997). Next, these four concepts will be discussed briefly, in order of their importance to the overall *Self Efficacy* of an individual.

First, the concept of *mastery* (Bandura, 1997) is related to *Self Efficacy* in that an individual who has experienced previous success in the demonstration of a behavior is likely to repeat said behavior. According to Bandura, *mastery* experiences are the "most influential source of efficacy information because they provide the most authentic evidence of whether one can muster whatever it takes to succeed" (1997, p. 80).

The second source of information that contributes to the development of personal *Self Efficacy* is that of *modeling*, or vicarious learning (Bandura, 1997). Bandura stated that "people must appraise their capabilities in relation to the attainment of others" (1997, p. 86). This appraisal may occur in a number of ways. For example, an individual who has received a score of 75 on an examination would want to know how her score compared to that of other individuals on the same test. On the other hand, an individual may observe the normal performance of co-workers. He may compare his own performance to that of his co-workers, and then decide to raise his standards of performance. In this social comparison (Bandura, 1997), the individual's *Self Efficacy*

might be raised if he or she is successful in exceeding the performance of his or her associates.

Next, the notion of *social persuasion* (Bandura, 1997) "serves as a further means of strengthening people's beliefs that they possess the capabilities to achieve what they seek" (p. 101). There are three factors that influence the relative strength of *social persuasion* in relation to the outcome of increased *Self Efficacy*. The way in which feedback is provided to the individual can affect that person's sense of efficacy. For example, if a student receives verbal feedback from a perceived expert in a particular behavior, it matters whether the feedback is relayed to the student in a positive way or in a negative way. Also, the credibleness (Bandura, 1997) of the evaluator has an effect on the individual's perceived *Self Efficacy*. Finally, the degree to which the feedback, in the form of *social persuasion*, is consistent with the individual's own beliefs about his or her behavior will affect the strength of the given feedback (Bandura, 1997).

Lastly, the notion of *affective arousal* (Bandura, 1997) will have an impact on an individual's perceived *Self Efficacy*. That is, how an individual understands his or her *affective arousal* (e.g., anxiety) can either hinder or encourage the development of greater *Self Efficacy*.

The concepts of *Self Efficacy* and *Triadic Reciprocal Causation* (Bandura, 1986, 1997) were two important contributions to the theoretical views of how people learn. In addition to providing scholars with an extension of earlier views of learning (e.g., Lewin, 1935; Tharp & Wetzel, 1969), Bandura and his colleagues empirically validated their theoretical work through extensive applications of the SCT to various contexts. A

sampling of this related research will be discussed next, with a focus on its relevance to the current study.

Related Research

Bandura was responsible, alongside other scholars, for extending the SCT to various academic and cultural contexts. For example, Bandura and Wood (1989) examined the complexity of decision making-skills and found that self-regulation influences the performance of complex decision-making skills. In a separate application of the SCT, Bandura, Barbaranelli, Caprara, and Pastorelli (1996) examined the ways in which social influences affected the self efficacy of children's academic achievement. The results of this work demonstrated that (a) there are a number of influences that contribute to academic achievement, and (b) the SCT provided a better explanation for the factors contributing to academic achievement, when compared to other theoretical frameworks (Bandura, et al., 1996). While a number of significant contributions to the research literature have been made by Bandura and his colleagues, these are beyond the scope of the present study. Hence, the remainder of this section will focus solely on the applications of Bandura's work found in the counselor education literature.

Social Cognitive Theory in Counselor Education

The majority of the work conducted by scholars within the field of counselor education which incorporates Bandura's (1986) theory has examined the *Self Efficacy* of counselors in training (e.g., Leach & Stoltenberg, 1997; Lent, Hill & Hoffman, 2003; Lent, Hoffman, Hill, Treistman, Mount & Singley, 2006; O'Brien & Heppner, 1996). These researchers have examined the notion of *Self Efficacy* and how it relates to the development of counselors in training and their ability to provide services to clients.

First, Leach & Stoltenberg (1997) explored counselor *Self Efficacy* within two of the eight domains of clinical practice discussed in the IDM (i.e., *Intervention Skills Competence* and *Individual Differences*). Results of this empirical investigation point out that the *Self Efficacy* of counselors in training is related to the amount of previous experience with a particular type of client. In other words, counselors in training who have worked with one type of client (e.g., clients who are depressed) will possess a greater *Self Efficacy* for continued work with that type of client. Those same counselors in training will possess a lesser amount of *Self Efficacy* when working with an unfamiliar client population (e.g., clients who have experienced sexual abuse).

As a second example, Lent and his colleagues (2003) developed an objective measure (i.e., the Counselor Self-Efficacy Scale) designed "to assess self-efficacy for performing helping skills, managing the counseling process, and handling challenging counseling situations" (p. 97). Statistical analyses of the scale indicated that the Counselor Self-Efficacy Scale is a reliable and valid measure. In a related study, Lent and his colleagues (2006) furthered their previous research by using the Counselor Self-Efficacy Scale with prepracticum counselors in training. In this second study, the general *Self Efficacy* of these counselors in training was compared to client-specific *Self Efficacy* beliefs. Results of this second (2006) study provide additional support for the notion of *Self Efficacy* as it relates to counseling behaviors (i.e., the counselor's belief in his or her ability to successfully perform certain counseling behaviors).

As a final example of the work in the counselor education literature examining *Self Efficacy*, O'Brien and Heppner (1996) examined the application of Bandura's Social Cognitive Theory (1986) to the practice and training of career counselors. These authors

discussed the relevance of *Self Efficacy* to the practice of career counseling, and provided a framework for training career counselors based on Bandura's (1986) Social Cognitive Theory.

Social Cognitive Model of Counselor Training

Probably the most significant contribution to the counselor education literature on the use of Bandura's (1986) Social Cognitive Theory has been the work of Lisa Larson and her colleagues (e.g., Larson, 1998; Larson & Daniels, 1998). Larson (1998) proposed a model of training counselors based directly on the SCT, which was titled the Social Cognitive Model of Counselor Training (SCMCT). In this work, Larson described the SCT as it relates to the practice of counseling. Prior to this in-depth study, Larson and Daniels (1998) detailed a review of all the counseling literature related to the concept of *Self Efficacy*. Both of these works provided useful and concise structures for understanding counseling supervision and the various associated constructs. Most of the constructs included in Larson's (1998) SCMCT have been described previously, under the heading of *Self Efficacy*. A brief discussion of how the concepts of *Self Efficacy* and *Triadic Reciprocal Causation* (Bandura, 1997; Larson, 1998) have been translated into meaningful concepts for understanding the development of counselors in training will be described next.

First, as was previously mentioned, *Self Efficacy* (Bandura, 1986, 1997) is guided by four factors (i.e., *mastery, modeling*, *social persuasion* and *affective arousal*). According to Larson's (1998) model,

> *Mastery* [italics added] would include successfully seeing clients, and *modeling* [italics added] would include participant modeling (viewing

> one's own successful counseling session on video tape). *Social persuasion* [italics added] would include the supervisor supporting, encouraging, and structuring learning situations for the counselor to succeed with clients. *Affective arousal* [italics added] would include the anxiety associated with seeing clients, especially for beginning practicum counselors. (p. 227)

These components (i.e., *mastery, modeling, social persuasion* and *affective arousal*) of *Self Efficacy*, along with Larson's (1998) description of *Triadic Reciprocal Causation*, are the most germane aspects of the SCMCT for the present study. As in Bandura's work (e.g., 1986, 1997), Larson (1998) described *Triadic Reciprocal Causation* as the way in which the person's behavior, environment and personal factors interact with one another to promote learning of a new skill.

While the SCT has received a significant amount of attention within the literature related to the development of counselors in training, other theories (e.g., Perry, 1999) have received less attention. In the next section, Perry's Scheme of Ethical and Intellectual Development (1999) will be described. Also, the next section includes a summary of previous research (e.g., Lovell, 2002) that examines aspects of Perry's Scheme in relation to the development of counselors in training.

Perry's Scheme of Ethical and Intellectual Development

William Perry's work during the 1960s and 1970s was significant in a number of ways (Knefelkamp, 1999). First, Perry's Scheme *of Ethical and Intellectual Development* included the concept of *positions*, which allowed researchers and educators to assess their students' manner of learning and the developmental transitions through which these students passed. Secondly, Perry's work allowed researchers and educators to challenge

traditional pedagogy by incorporating "developmental instruction" (Knefelkamp, 1999, p. *xiv*) in which the manner of teaching was designed "to match the student and not for the student to match the pedagogy" (Knefelkamp, 1999, p. *xiv*). Finally, the work of William Perry taught educators and scholars the importance of *recognition* of the student; "for when the student is recognized, the conditions of respect and encouragement that make risk possible and the pain of growth endurable are present" (Knefelkamp, 2003, p. 12).

History

Perry began his work at Harvard during the late 1950s, conducting over 400 open-ended interviews with undergraduate male students, with the intent of understanding the experiences of college students during their academic tenure. In-depth qualitative analyses of these interviews produced what is commonly referred to as *Perry's Scheme* (Moore, 2002). According to Perry (1999),

> the scheme begins with those simplistic forms in which a person construes his world in unqualified polar terms of absolute right-wrong, good-bad; it ends with those complex forms through which he undertakes to affirm his own commitments in a world of contingent knowledge and relative values. (p. 3)

Moore (2002) asserted that Perry's Scheme details the journey of students as they move towards complexity in their thinking. While many developmental theorists (e.g., Piaget, 1973) propose *stages* of development, Perry reconceptualized growth as occurring through *positions* of development (Moore, 2002; Perry, 1999). The notion of developmental positions was the way in which the students in Perry's original study conceptualized the world, rather than distinct demarcations of growth (Moore, 2002).

Theoretical Framework

Perry's original study was published in 1970, after over a decade of work interviewing students and analyzing data about their experiences during their undergraduate years (Moore, 2002; Perry, 1999). Perry's (1999) scheme included nine *positions of development*, as well as three *positions of deflection*. These components of Perry's Scheme will be discussed next. I have added my own examples where relevant, to clarify these concepts.

Perry (1999) described nine positions of development (i.e., *Basic Duality*, *Multiplicity Pre-legitimate*, *Multiplicity Subordinate*, *Multiplicity Correlate/Relativism Subordinate*, *Relativism Correlate/Competing/Diffuse*, *Commitment Foreseen*, *Initial Commitment*, *Orientation in Implications of Commitment*, and *developing commitment(s)*) in his scheme of intellectual development. When describing his conception of development, Perry (1999) stated that development

> takes place in the *forms* in which a person perceives his [*sic*] world rather than in the particulars or 'content' of his [*sic*] attitudes and concerns. The advantage in mapping the development in the *forms* of seeing, knowing, and caring lies precisely in their transcendence over content. (p. *xliii*)

Perry (1999) believed that the enduring patterns of development were more important than the content of what was being learned; that is, he was more interested in learning how people thought then what they thought about.

Perry's Scheme (1999) began with a hypothetical position, *Basic Duality*. In essence, this position is one in which the individual functions from an absolutist frame of reference, in which everything is right or wrong; good or bad, and there is only one

authority. The students' interviews that were included in Perry's analysis did not reveal specific examples of students who were functioning solely from this frame of reference. One possible explanation, according to Perry, for this finding was that it would be virtually impossible to enter into the "culture of a pluralistic university" (p. 67) and maintain any sense of innocence or naiveté. This authority-oriented position is typically characterized by the lack of any alternative point of view for a given topic; the person can not detach herself or himself from the already-established point of view.

As students begin to be challenged with the possibility of more than one right answer, they are moving toward the second position in Perry's (1999) scheme: *Multiplicity Pre-legitimate*. The students' first steps away from naiveté bring them face-to-face with the concept of different opinions. Although a student might recognize that not everyone thinks in the same way about any given topic, he or she, if functioning from Position Two, does not think of the others' opinions as legitimate or real. Perry describes the possible reactions to this perception of multiplicity in a few ways. First, the student may just simply refuse to accept another opinion as legitimate; they may say that those other views are *alien*. In addition, the student may believe that the authorities (i.e., professors) want them to consider alternative points of view as an exercise towards finding the *right* answer. One other way that students may attempt to combat the confusion that comes with the notion of multiplicity is by viewing those in authority as failing in their role (e.g., the professor is mistaken). Regardless of the specific line of thinking, the student functioning at this level of development recognizes multiplicity, but does not accept it as valid.

As students continue to struggle with the concept of uncertainty, they are moving into Position Three: *Multiplicity Subordinate*. The notion of uncertainty becomes unavoidable, and the students in this position begin to question the possibility of ever finding a correct answer (Perry, 1999). This revelation may raise opposition, as students begin to realize that their own opinions could be called into question by authority.

Typically, students will resolve the conflict facing them during Position Three by adopting one of two stances – *Multiplicity Correlate* or *Relativism Subordinate* – which make up Position Four in Perry's Scheme (1999). According to Perry, these alternative views were "developmentally equivalent in that each represented an ultimate extension or accommodation of the old fundamentally dualistic structure…" (p. 105). First, if a student has a tendency toward opposing changes in his or her conception of *truth*, then he or she might experience a restructuring of the old (and comfortable) notion of dualism. In this new conceptual frame work, the student may view right and wrong on one side, and multiplicity on the other side (i.e., right-wrong vs. multiplicity), as opposed to the earlier dualistic frame of reference (i.e., right vs. wrong). In essence, the student who adopts *Multiplicity Correlate* might remark that everyone has a right to his or her own opinion, but there is still only one correct opinion (Perry, 1999). Some students, on the other hand, might follow a different path towards relativism, according to Perry and his colleagues. In *Relativism Subordinate*, the student becomes capable of comparing more than one line of thought, and of weighing alternatives. In essence, the student who is moving through *Relativism Subordinate* is able to see differences of opinion as better or worse, rather that right or wrong, based on the amount of supporting evidence for the given opinion. Interestingly, although the result of *Relativism Subordinate* is "independent thought"

(Perry,1999, p. 112), the underlying motivation for this new shift in intellectual capability might be due to the desire to please those in authority (i.e., this is the way the professors want us to think). Perry claimed that "independent-*like* thoughts get good grades. Genuine independence of thought, with all its implications, is an issue to be met later" (p. 113).

According to Perry (1999), movement towards Position Five requires a significant change. No longer will students be able to attribute differences to their familiar dualistic ways of thinking, but instead, they must begin to accept responsibility for their own thinking. In Position Five, *Relativism*, students become capable of analyzing and evaluating knowledge. This shift in cognition is a radical departure from dualistic thought; in essence, movement toward *Relativism* involves a change in identity. No longer are students having independent thoughts because 'that's the way they want us to think'; students are now engaged *intrinsically* in independent thought (Perry, 1999). As students adopt *Relativism* as a way of thinking, it becomes necessary for these students to begin the process of committing to certain opinions, and to take responsibility for their beliefs. This is the essence of Position Six, *Commitment Foreseen* (Perry, 1999).

Once students begin the process of committing to their beliefs (i.e., reach Position Six), the remainder of development centers around issues of responsibility (Perry, 1999). First, in Position Seven (i.e. *Initial Commitment*), the student decides on "his own responsibility who he is, or who he will be, in some major area of his life (for example, 'I have decided on medicine')" (Perry, 1999, p. 170). The student is absorbed in the content of his or her decision, and identifies strongly with the forms of his or her new role (e.g., medical student, surgeon, or doctor).

While these *Initial Commitments* seem at first to be a solid foundation, the student may soon realize that his or her identification with a new role is only the first step. The next step is that of *Orientation in Implications of Commitment* (i.e., Position Eight); the student is now faced with choosing a direction (e. g, surgery, neurology or psychiatry for the young medical student). Finally, as the last position of growth (i.e., *Developing Commitments*), Perry (1999) basically described the need for the student to repeat the tasks of Positions Seven and Eight in other aspects of his or her life.

In addition to the *nine positions of growth*, *alternatives to growth* (i.e., positions of deflection) were also described by Perry and his colleagues (1999). Perry included three *alternatives to growth* (i.e., *Temporizing*, *Retreat* and *Escape*) in his theoretical framework. Before describing these concepts, it is important to note here that Perry and his colleagues were cautious in applying these labels, due to an implicit "value judgment" (Perry, 1999, p. 198) felt by the judges who analyzed the data. Perry (1999) stated that

> We acknowledged the reality of this dilemma. At the same time, we could assure them [the judges] that growth (as we saw it) was rarely linear and more usually wavelike. Growth, we felt, usually occurred in surges. Between the surges, a person might pause to explore the implications of his new position. Or he might lie fallow, waiting for the resurgence of strength to meet the next challenge. (p. 198)

On a related note, Perry also discussed the relatively few instances of alternatives to growth that were evident in the data. He concluded that the sample used could have impacted this occurrence, as the sample contained only the transcripts of students who

completed four years of college and agreed to participate in the study during those four years.

To begin, Perry (1999) discussed *Temporizing* as an alternative to growth, and defined this concept as "a pause in growth over a full academic year" (p. 199). Two possible outcomes from this lapse in forward movement in Perry's Scheme were possible. The student might eventually resume growth, or he or she might venture into *Escape*, which will be described later. *Temporizing*, as is true of all three of the alternatives to growth, could occur at any point (i.e., any position) along the scheme of development. According to Perry and his colleagues, this phenomenon is most common during Position Six (i.e., *Commitment Foreseen*). Once the student reaches the developmental position of realizing that commitments are necessary for further growth, he or she might feel "tempted" to pause, in order to garner the strength required for movement into Position Seven (i.e., *Initial Commitment*). If, during this hiatus, the student falls into the temptation of "waiting for experience to inform [responsibility]" (Perry, 1999, p. 203), he or she will most likely experience the guilt associated with escaping responsibility.

A second possible alternative to growth is *Retreat* (Perry, 1999). Perry delineated a number of variants of this concept, but, for the purposes of this description, only the most salient characteristics will be included. *Retreat* involves a regression into a previously mastered position of development. For example, a student who was beginning to enter into Position Four (i.e., *Multiplicity Correlate* or *Relativism Subordinate*) might become so overwhelmed by the possibilities of ascribing to a more complex world view that he or she goes back to the more comfortable place of dualism. Perry and his

colleagues rarely found evidence for this phenomenon, but when it did surface, it was "dramatic [in] form" (Perry, 1999, p 205). For example, if a student retreated into *dualism*, then he or she was retreating from something; Retreat, in this case, would require an "enemy" (Perry, 1999, p. 205).

Finally, Perry (1999) discussed the concept of *Escape*, as an alternative to growth. If a student became overwhelmed with the demands of *Relativism*, for instance, he or she might become overwhelmed to the point of disengagement. As with *Temporizing* and *Retreat*, Perry claimed that *Escape* could occur during any point on the developmental line, and could occur in one of two ways. First, the student may disengage to the point of avoiding the responsibility inherent in moving towards the next position of growth. In this situation, there is a sense of dissociation, as the "sense of active participation as an agent in the growth of one's identity is abandoned" (Perry, 1999, p. 213). Alternatively, Perry described an *Escape* toward encapsulation in the following way:

> The more strenuous intellectual demands of Relativism [*sic*] provide an escape in which a vestigial identity can be maintained in sheer competence. Here the self is a doer, or a gamesman, and its opportunism is defended by an encapsulation in activity, sealed off from the implications of deeper values. (p. 213)

In this situation, the student continues to participate in life but is actively avoiding responsibility and choosing to stay away from commitment.

In sum, Perry (1999) and his colleagues described a theoretical framework for the growth of college students during the typical four-year undergraduate program. The sample for this early study included approximately 400 undergraduate males, who

participated in a series of interviews throughout their tenure at Harvard University. The results of Perry's original work during the 1950's and 1960's were described and conceptualized as Perry's Scheme of Ethical and Intellectual Development. Perry's Scheme included nine positions of growth (i.e., *Basic Duality*, *Multiplicity Pre-legitimate*, *Multiplicity Subordinate*, *Multiplicity Correlate/Relativism Subordinate*, *Relativism Correlate/Competing/Diffuse*, *Commitment Foreseen*, *Initial Commitment*, *Orientation in Implications of Commitment*, and *developing commitment(s)*) as well as three alternatives to growth (i.e., *Temporizing*, *Retreat* and *Escape*). Perry's Scheme described development from simplistic ways of thinking (e.g., absolute right or wrong) to more complex ways of thinking in which multiple realities were recognized, accepted, and committed to by an individual student.

While Perry's Scheme (1999) is complex in many ways, there have been a number of scholars that have investigated different aspects of Perry's original work. A sample of these related studies will be described next.

Related Research

Although the original interviews were conducted with white undergraduate males, a number of other scholars have extended Perry's original work with more diverse populations (e.g., Belenky, Clinchy, Goldberger & Tarule 1986; Moore, 1989, 2002; Kloss, 1994; Knefelkamp, 2003; Zhang & Watkins, 2001). One result of these replication studies has been a refinement of the original scheme that accounts for gender (Belenky, et al., 1986). Interviews were conducted by Belenky and her colleagues with women from a variety of socioeconomic classes; both women who were attending college and women who were not attending college. The rationale for this original work was that William

Perry and his colleagues (1999) had originally interviewed and analyzed only data from men who were attending Harvard University. Belenky and her colleagues (1986) grounded their interviews in Perry's Scheme, but the results of this work were five perspectives (i.e., *silence*, *received knowledge*, *subjective knowledge*, *procedural knowledge*, and *constructed knowledge*) that extended Perry's original work by accounting for gender differences in the ways in which people talked about knowledge and knowing (Belenky, et al., 1986).

As a second example, William Moore (e.g., 1989, 2002) has followed a slightly different line of inquiry, and has created and validated an objective measure of Perry's Scheme of Ethical and Intellectual Development. Moore (1989) extended Perry's original work by creating the *Learning Environment Preferences* (LEP) with the intent of accurately measuring "the cognitive portion of the Perry scheme of intellectual development" (Moore, 1989, p. 504). Moore's (1989) work addressed two critiques of Perry's Scheme. First, the original work (Perry, 1999) was conducted solely using an unstructured interview format. Second, Perry and his colleagues (1999) had received criticism for the lack of specificity in the later positions (i.e., Position Six through Position Nine); many researchers believed that these later positions were more concerned with the development of ethical decision making skills instead of intellect (e.g., Moore, 1989, 2002). The LEP was created and validated using an overall sample of 725 college students from a variety of institutions (Moore, 1989).

Other researchers (e.g., Kloss, 1994; Knefelkamp, 2003) have extended the original work of Perry (1999) through the development of classroom-friendly techniques for challenging the growth and intellectual development of college students. A whole

host of researchers have extended the usefulness of Perry's Scheme, but for the purposes of this review, two of these scholars will be mentioned here. First, Kloss (1994) extended Perry's work to the freshman literature and writing student, and described successful techniques for challenging dualistic thinking. Also, Knefelkamp (e.g., 2003) was one of Perry's (1999) original colleagues and, in later research endeavors, she pioneered ways of translating Perry's Scheme into classroom techniques that would challenge and encourage students to stretch their thinking (Knefelkamp, 2003).

As one final example of the extensions of Perry's work, some researchers (e.g., Zhang & Watkins, 2001) have extended Perry's Scheme to different cultural groups. Zhang and Watkins (2001) compared the cognitive development and the approaches to learning of students from the United States to students from mainland China. Some similarities and some differences were discovered in this study. First, cognitive development was similar for both samples of students. In contrast, there was a significant difference in the relationship between cognitive development and achievement. In the American population, these two factors were related; in the Chinese population, there was no relationship between cognitive development and achievement. Zhang and Watkins offered several implications for future research for scholars who were interested in understanding this difference between the cultural groups.

Related Research in Counselor Education

While Perry's Scheme (1999) has been the subject of several lines of inquiry within the adult development literature (e.g., Belenky, et al., 1986; Moore, 1989, 2002; Kloss, 1994; Knefelkamp, 2003; Zhang & Watkins, 2001), there has been a relative dearth of research using Perry's framework for understanding the intellectual

development of counselors in training within the counselor education literature. In the literature reviewed for the present study, eight research studies (i.e., Eriksen & McAuliffe, 2006; Granello & Hazler, 1998; Lovell, 1999a, 1999b, 2002; Lyons & Hazler, 2002; McAuliffe & Lovell, 2006; Yardley, 1999) made mention of Perry's (1999) scheme somewhere in the article. Five of those eight studies (i.e., Eriksen & McAuliffe, 2006; Lovell, 1999a, 1999b, 2002; McAuliffe & Lovell, 2006) were based in part on assessment procedures, such as the LEP (Moore, 1989), designed to assess Perry's Scheme (1999), while the remaining studies (e.g., Granello & Hazler, 1998; Lyons & Hazler, 2002; Yardley, 1999) only mentioned Perry's Scheme in the context of the authors' review of relevant literature.

Most notably, Lovell (1999a) examined Perry's (1999) scheme in relation to the development of empathy in counselors. According to Lovell (1999a), empathy (i.e., understanding and identifying with another person's feelings) has become regarded as one of the most important counseling skills. To examine the relationship between empathy and cognitive development, Lovell (1999a) administered two measurements (i.e., the Hogan Empathy Scale and the Learning Environment Preferences). Lovell (1999a) discovered that "empathy and cognitive development are positively related" (p. 198). Implications of this finding suggest that Perry's Scheme of intellectual development could be useful in the quest toward a more full understanding of the ways in which counselors in training develop.

To summarize, Perry (1999) developed a scheme of intellectual and ethical development based on extensive interviews with undergraduate males at Harvard University. His original work, published in 1970, detailed nine positions of development

(i.e., *Basic Duality*, *Multiplicity Pre-legitimate*, *Multiplicity Subordinate*, *Multiplicity Correlate/Relativism Subordinate*, *Relativism Correlate/Competing/Diffuse*, *Commitment Foreseen*, *Initial Commitment*, *Orientation in Implications of Commitment*, and *developing commitment(s)*), as well as three alternatives to growth, or positions of deflection (i.e., *Temporizing*, *Retreat* and *Escape*). The nine positions of development begin with a student who is only capable of dualistic (e.g., right vs. wrong) thinking, and follow the student through increasingly complex changes in his or her intellectual capabilities. A number of researchers have built upon Perry's original work, and expanded the applicability and heuristic value of this theory (e.g., Belenky, et al., 1986; Knefelkamp, 2003; Kloss, 1994). Within the literature on the development of counselors in training, a few researchers have developed lines of inquiry based on Perry's Scheme (e.g., Lovell, 2002).

Chapter Summary

This review of literature is relevant to the current study in a number of ways. Four perspectives have been provided here (i.e., the historical overview of literature on counselor development, the IDM, the SCT, and Perry's Scheme). Each of these perspectives contributes a unique way of describing the development of counselors in training.

First, the historical review of work within the counselor education literature, focused specifically on the development of counselors in training, provides a foundation for the current study. Within the literature included in the historical review, researchers focused primarily on quantitative measures of investigation with only a few notable exceptions to this trend (e.g., Hill, et al., 1981; Skovholt & Ronnestad, 1992). According

to Skovholt and Ronnestad (1992), future researchers should continue in-depth qualitative explorations within the field of counseling, as this type of work could potentially provide the rich, colorful information about counselor growth and development that was lacking from the early focus on empirical investigations. The present study will be an in-depth descriptive look at the development of one counselor in training.

This review of the literature also included detailed descriptions of the three theoretical frameworks that have informed the construction of the present study. First, the IDM (Stoltenberg, et al., 1998) was described as a model of counselor development and supervision that is based on a long history of research within counselor education and related areas. This model has received a great amount of attention in the counselor education literature, specifically as it relates to the development of counselors in training (e.g., Barbee, et al., 2003; Leach & Stoltenberg, 1997; Lovell, 2002). In the present study, two aspects of the IDM (i.e., the eight domains of clinical practice, and the three overriding structures) will be utilized in a unique manner. These domains of clinical practice (*Intervention Skills Competence*, *Assessment Techniques*, *Interpersonal Assessment*, *Client Conceptualization*, *Individual Differences*, *Theoretical Orientation*, *Treatment Plans and Goals*, and *Professional Ethics*) and structures (*Motivation*, *Self Awareness*, and *Autonomy*) will serve as the theoretical propositions for the present study (i.e., counselors in training will experience development in each of the eight domains of clinical practice and in each of the overriding structures). This treatment of the work of Stoltenberg and his colleagues (e.g., 1998) will provide a new perspective to the literature on the development of counselors in training.

Albert Bandura's work (1977b, 1986, 1997) was described next, with a specific focus on how aspects of the Social Cognitive Theory (e.g., *Self Efficacy* and *Triadic Reciprocal Causation*) relate to the development of counselors in training. Other researchers within the discipline of counselor education and supervision have examined Bandura's work (e.g., Leach & Stoltenberg, 1997), and have developed models of training counselors based on the specific constructs of *Self Efficacy* and *Triadic Reciprocal Causation* (e.g., Larson, 1998). In the present study, the SCT will be presented as one possible device for describing the development of one counselor in training. Because this perspective is already grounded in the empirical research on the development of counselors in training, I chose to use this theory as the primary theoretical lens for describing the development of one counselor in training. This, too, is a unique manner for the utilization of the SCT, when combined with the fourth perspective (i.e., Perry's Scheme).

Finally, Perry's Scheme of Ethical and Intellectual Development (1999) was described, extensions of Perry's original work were presented (e.g., Belenky, et al., 1986; Knefelkamp, 2003; Kloss, 1994), and the limited amount of research utilizing Perry's Scheme within the discipline of counselor education was discussed (e.g., Lovell, 2002). This final perspective is significant in a couple of ways. First, Perry's Scheme has not received a great amount of attention within the literature on the development of counselors in training. Secondly, in the current study, Perry's Scheme will serve as a rival theory (Yin, 2003) to the Social Cognitive Theory (Bandura, 1986). In other words, the Social Cognitive Theory and Perry's Scheme will both be utilized to analyze data (see Chapter Three for description), and will inform the description of the development of the

research participant in the current study. This application of rival theories (Yin, 2003) has not been employed previously within the literature on the development of counselors in training. The next chapter will describe in detail the methodological framework for the current study.

CHAPTER THREE: METHODS

Chapter Introduction

The purpose of this study was to explore and describe the process of counselor development during a counselor training program in an academic setting. I described the development of one counselor in training in a descriptive case study, based on multiple sources of data and through the theoretical lenses of (a) the Integrated Developmental Model (IDM) of Supervision (Stoltenberg, McNeil, & Delworth, 1998); (b) the Social Cognitive Theory (Bandura, 1977b; 1986); and (c) Perry's Scheme of Ethical and Intellectual Development (1999). The present study was designed to explore the following general research question: For this participant, how do each of the eight areas of counseling competence and each of the three overriding structures, identified by Stoltenberg, McNeil and Delworth in the Integrated Developmental Model of Supervision (IDM; 1998), relate to Bandura's Social Cognitive Theory (1986, 1997) and Perry's Scheme of Ethical and Intellectual Development (1999)? More specifically, the present study was designed to provide answers to the following research questions:

1. How do *Intervention Skills Competence* in the IDM relate to the experiences of this participant?
    a. For this participant, how do *Intervention Skills Competence* relate to the Social Cognitive Theory?
    b. For this participant, how do *Intervention Skills Competence* relate to Perry's Scheme of Ethical and Intellectual Development?
2. How do *Assessment Techniques* in the IDM relate to the experiences of this participant?

a. For this participant, how do *Assessment Techniques* relate to the Social Cognitive Theory?

b. For this participant, how do *Assessment Techniques* relate to Perry's Scheme of Ethical and Intellectual Development?

3. How does *Interpersonal Assessment* in the IDM relate to the experiences of this participant?

    a. For this participant, how does *Interpersonal Assessment* relate to the Social Cognitive Theory?

    b. For this participant, how does *Interpersonal Assessment* relate to Perry's Scheme of Ethical and Intellectual Development?

4. How does *Client Conceptualization* in the IDM relate to the experiences of this participant?

    a. For this participant, how does *Client Conceptualization* relate to the Social Cognitive Theory?

    b. For this participant, how does *Client Conceptualization* relate to Perry's Scheme of Ethical and Intellectual Development?

5. How do *Individual Differences* in the IDM relate to the experiences of this participant?

    a. For this participant, how do *Individual Differences* relate to the Social Cognitive Theory?

    b. For this participant, how do *Individual Differences* relate to Perry's Scheme of Ethical and Intellectual Development?

6. How does *Theoretical Orientation* in the IDM relate to the experiences of this participant?
    a. For this participant, how does *Theoretical Orientation* relate to the Social Cognitive Theory?
    b. For this participant, how does *Theoretical Orientation* relate to Perry's Scheme of Ethical and Intellectual Development?
7. How do *Treatment Plans and Goals* in the IDM relate to the experiences of this participant?
    a. For this participant, how do *Treatment Plans and Goals* relate to the Social Cognitive Theory?
    b. For this participant, how do *Treatment Plans and Goals* relate to Perry's Scheme of Ethical and Intellectual Development?
8. How do *Professional Ethics* in the IDM relate to the experiences of this participant?
    a. For this participant, how do *Professional Ethics* relate to the Social Cognitive Theory?
    b. For this participant, how do *Professional Ethics* relate to Perry's Scheme of Ethical and Intellectual Development?
9. How does *Motivation* in the IDM relate to the experiences of this participant?
    a. For this participant, how does *Motivation* relate to the Social Cognitive Theory?
    b. For this participant, how does *Motivation* relate to Perry's Scheme of Ethical and Intellectual Development?

10. How does *Self Awareness* in the IDM relate to the experiences of this participant?
    a. For this participant, how does *Self Awareness* relate to the Social Cognitive Theory?
    b. For this participant, how does *Self Awareness* relate to Perry's Scheme of Ethical and Intellectual Development?
11. How does *Autonomy* in the IDM relate to the experiences of this participant?
    a. For this participant, how does *Autonomy* relate to the Social Cognitive Theory?
    b. For this participant, how does *Autonomy* relate to Perry's Scheme of Ethical and Intellectual Development?

The remainder of this chapter details the methodological procedures used for answering the research questions described here. The Institutional Review Board (IRB) at my University has approved these procedures (see Appendices A and B).

Rationale for Methodology

The most important application of case study research, according to Yin (2003), is "to explain the presumed causal links in real-life interventions that are too complex for the survey or experimental strategies" (p. 15). Because the nature of development is inherently complex, occurs in context, and has numerous interacting effects (e.g., Bronfenbrenner, 1977), studying the professional or personal development of one individual might require a lifetime of work using experimental or survey designs (Yin, 2003). Yin (2003) also stated that "complex social conditions are not amenable to the experimental method" (p. 244).

In an attempt to clarify the complex concept of the professional development of counselors in training, researchers in the area of counselor development define professional development in different ways (e.g., Barbee, Scherer, & Combs, 2003; Barrett & Barber, 2005; Bodenhorn & Skaggs, 2005; Borders & Leddick, 1998; Dee & Altekruse, 2000; Duys & Hedstrom, 2000; Evans & Foster, 2000; Furr & Carroll, 2003; Granello, 2001, 2000b; Goodyear, Wertheimer, Cypers, & Rosemond, 2003; Harper, 2004; Heppner & Roehlke, 1984; Jardine, 1997; Reising & Daniels, 1983; Sawatzky, Jevny, & Clark, 1994). For example, Sawatzky and his colleagues (1994) talked about development as "becoming empowered" (p. 180). In contrast, Reising and Daniels (1983) discussed the complexity of counselor development, and articulated the transition from a focus on skills to independence as the counselor in training moves toward professional autonomy. The present study is an attempt to describe development in the context in which it takes place.

The study of a complex phenomenon, such as professional development (Reising & Daniels, 1983), might be approached from two directions. First, researchers might choose to study development empirically (e.g., Stoltenberg, et al., 1998), with the goal of such work being the production of scientific generalizations. Second, researchers might choose to study development using methods that are suited for in-depth exploration (e.g., Skovholt & Ronnestad, 1992, 2003), with the understanding that descriptions of the experiences of development would be the outcome. Although both methods of inquiry can shed light on the complexities of counselor development, Borders (1989) claimed that "there is a need [in the developmental literature] for descriptions of the thoughts, feelings, and behaviors of supervisees at various developmental stages" (p. 17).

From William Foote Whyte's (1993) *Street Corner Society*, readers learned that removing someone from their "context" and then attempting to study them in isolation is an erroneous method of attempting to understand another person. To begin the process of understanding an individual, one needs to "live in Cornerville [the setting of Whyte's work] and participate in the activities of its people" (Whyte, 1993, p. *xvi*). In an attempt to describe the development of one counselor in training, within the context of an academic training program, through a descriptive case study, the present study will follow guidelines developed by Robert K. Yin, in his work, *Case Study Research: Design and Methods, Third Edition* (2003).

According to Yin (2003), the case study "is an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between the phenomenon and context are not clearly evident" (p. 13). Yin stressed that case study research is a methodology separate from either the qualitative or the quantitative research paradigms. In Yin's methodology, "case studies can be based on any mix of quantitative and qualitative evidence" (p. 15). Other scholars differ in their conceptualizations of case studies. For example, Merriam (1998) and Stake (1995, 2005) categorized case studies as qualitative investigations. Although these scholars differ on their opinions of the research paradigm in which case studies belong, each scholar agrees on the importance of drawing up the boundaries of the object of study, or the case; the case is a *bounded system* (Merriam, 1998; Stake, 1995; Yin, 2003).

Yin (2003) described several rationales for selecting a single-case design, one of which is the "extreme or unique case" (p. 40). For the present study, I selected a unique and intrinsically interesting case of a counselor in training, and hope to provide a rich,

holistic description of the case. The selected participant represents a unique case based on her previous development as a counselor, which included an unsuccessful first experience in practicum. This student has since successfully completed her degree requirements and is now practicing as a mental health counselor. In addition to achieving a rich, holistic description of this case, the present study will serve as a pilot study for describing in detail a methodological framework for conducting future case study research in counselor education using Yin's (2003) methodology.

Description of Case Study Research Design

According to Yin (2003), the research design "is the logical sequence that connects empirical data to a study's initial research questions and, ultimately, to its conclusions" (p. 20). There are five components of the research design that should be addressed at the outset of the study (Yin, 2003). Next, I describe these five components and explain how each relates to this study.

First, the form of the study's questions will dictate the type of design most suited for exploring the questions. In case study research, questions most often will take the form of *how* or *why* (Yin, 2003). In the present study, the research questions are presented as *how* questions. I attempted to understand, through this case study, how the models of development proposed by Stoltenberg, et al. (1998), Bandura (1977b; 1986, 1997) and Perry (1999) fit with the participant's development as a professional counselor. Second, Yin stated that "each proposition [of the study] directs attention to something that should be examined within the scope of the study" (p. 22). The propositions of the study depict the essence of the study; these are the core of what drew the researcher to the investigation. For the present investigation, the eight domains of clinical practice (i.e.,

Intervention Skills Competence, *Assessment Techniques*, *Interpersonal Assessment*, *Client Conceptualization*, *Individual Differences*, *Theoretical Orientation*, *Treatment Plans and Goals*, and *Professional Ethics*), and the three overriding structures (i.e., *Motivation*, *Self Awareness*, and *Autonomy*), as outlined in the IDM (Stoltenberg, et al., 1998), served as theoretical propositions (see Chapter Two for a detailed description). The third component of the case study design is the unit of analysis, or the case. Yin (2003), as well as other scholars (e.g., Merriam, 1998; Stake, 1995), emphasized the importance of defining the case. For the present study, the *case* was one counselor in training during her academic training.

The fourth design component described by Yin (2003) is the logic by which the data are linked to the study's propositions. For the present study, the concept of rival theories (Yin, 2000, 2003) served as the logic or analytic strategy used to link the data back to the theoretical propositions. Yin (2000) stated that

> Within a single case, the main explanation and its rivals need to be articulated prior to data collection - both to offset the loss of rigor resulting from the inability to use quasi-experimental designs and to provide a basis for later interpreting the findings. (p. 241)

In this study, the main explanation for the participant's development within the eight domains of clinical practice and the three overriding structures was the Social Cognitive Theory (SCT; Bandura, 1977b, 1986, 1997). This theory was selected because of numerous references to its importance within the counselor development empirical literature (e.g., Barbee, Scherer, & Combs, 2003; Larson, 1998; Larson & Daniels, 1998; Leach & Stoltenberg, 1997; Lent, Hackett, & Brown, 1998; Lent, Hill, & Hoffman, 2003;

Melchert, Hays, & Kolocek, 1996). The SCT is relevant to the development of counselors in training in a couple of ways. First, Larson (1998) described Bandura's model as a useful and concise structure for understanding supervision and the various related constructs. Secondly, Bandura (1986), in his description of the Social Cognitive Theory, described mastery of "complex skills" (p. 20), while Skovholt and Ronnestad referred to the helping relationship as "complex" (1992, p. 6). Most relevant to the current study, Larson (1998) has described the Social Cognitive Model of Counselor Training (SCMCT). In the SCMCT (described in Chapter Two), Larson described in detail the relationships between Bandura's (1977b, 1986, 1997) concepts and the development of counselors in training.

The rival to the SCT was Perry's Scheme of Ethical and Intellectual Development (1999). Perry's Scheme is a "model increasingly used for its explanatory power by researchers who study the development of college students and by those who examine structural-developmental cognitive changes in adults generally" (Lovell, 1999, p. 196). When compared to Bandura's Social Cognitive Theory (1986), this model of development has received less attention in the counselor development literature. A few studies stand out as being relevant to the current study. First, McAuliffe and Lovell (2006) described their interest in the epistemological development (i.e., how a person constructs knowledge) of counseling students, based on Perry's Scheme. In this work, the authors found "linkages between developmental epistemology and effective counseling behavior" (McAuliffe & Lovell, 2006, p. 313). In earlier studies, Lovell (2002, 1999a, 1999b) examined the cognitive development of counselors in training, and based his work, in part, on Perry's Scheme. These studies indicate that there is a connection

between specific counseling behaviors (e.g., empathy) and levels of cognitive development (e.g., relativism). Figure 3.1 illustrates the methodological organization of this study.

Finally, the fifth research design component is the "criteria used for interpreting the findings" (Yin, 2003, p. 21). Yin stated that there is no systematic methodology for setting these criteria, but one should hope that the patterns evolving from the data will be adequately dissimilar so that the use of rival explanations will facilitate interpretation of the findings. Yin (2003) described this approach to analyzing case study evidence as *pattern matching*. In the single-case study, the successful matching of a pattern found in the data to one of the rival theories "would be evidence for concluding that this explanation was the correct one (and the other explanations were incorrect)" (p. 119).

Although there is currently no guideline per se for interpreting the findings of single-case research, other than pattern-matching as described, in this study, I followed a rigorous case-study protocol (detailed in this chapter) in an effort to establish a chain of evidence for each theoretical proposition, based on multiple sources of data. By attending to multiple perspectives in the data (i.e., the perspective of the participant, the perspective(s) of the participant's faculty and supervisors), and by analyzing the data through different theoretical lenses, potential findings from the present study were strengthened.

Limitations and Strengths of Single-Case Design

Before describing the methods used in the current study, it is important to address the limitations and strengths of the single-case research design. Yin (2003) discussed a number of biases against single-case research. First, for many scholars, case studies have

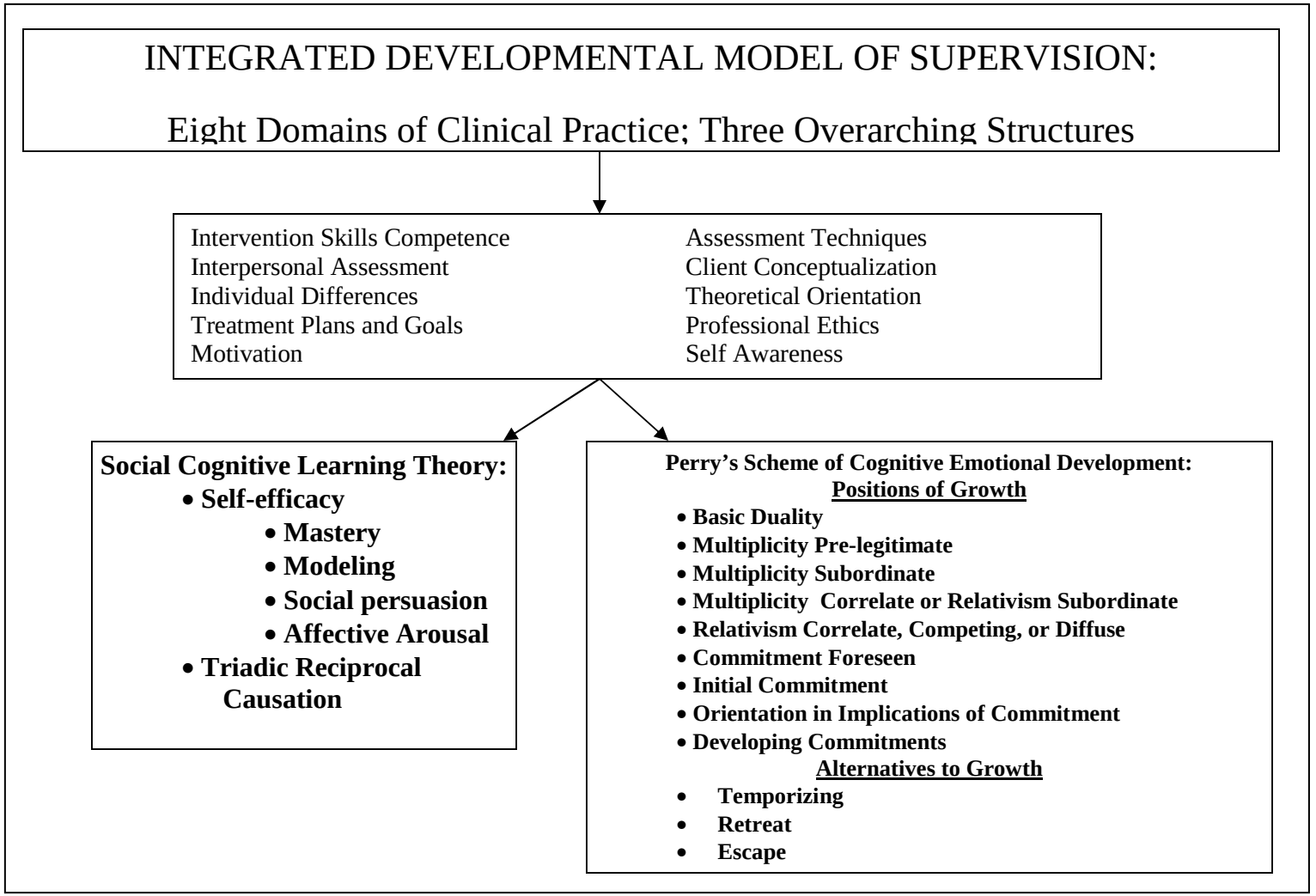

Figure 3.1 Visualization of Theoretical Frameworks

often been viewed as a less desirable form of research, when compared to experimental designs and surveys. Case study researchers have also been criticized for (a) a "lack of rigor" (Yin, 2003, p. 10) in their methods, (b) the accumulation of massive amounts of data that are indecipherable (c) the amount of time required to conduct a case study, and (d) the lack of scientific generalization possible from their findings. Although the single-case methodology may have inherent weaknesses, there are also a number of instances in which the single-case design may be the preferred research strategy. One such instance, according to Yin (2003), is when the single case signifies a "unique case" (p. 40). The participant selected for the present study represented a unique case, because of an unsuccessful first attempt in the practicum class. In addition, Yin (2003) purports the appropriateness of a single-case design in instances wherein the investigator has an opportunity to study a phenomenon over time (i.e., longitudinal case study). In the present study, two strategies contributed to my understanding and descriptions of the participant's development over time. First, I had the opportunity to analyze documents created by the participant throughout her academic training program. Also, the interviews (described later in this chapter) focused specifically on distinct periods of time throughout the participant's academic training.

Quality of Research Design

A number of procedures, recommended by Yin (2003) and used in this study, addressed the limitations of single-case research, and thereby strengthened the findings of the study. As an aside, in Yin's (2003) work, the language he chose to describe the following aspects of research design is more typically found in quantitative work (e.g.,

construct validity, external validity, reliability). While this language is not usually found in qualitative work, I have chosen to maintain Yin's terminology in this section. First, "construct validity" (Yin, 2003, p. 35) was addressed by using multiple sources of evidence (i.e., interviews with participant, interviews with supervisors and instructors, and documents related to the participant's professional development; such as evaluations, case notes, journal entries, and class assignments). Multiple sources of evidence allowed me to corroborate any specific line of inquiry, and thereby strengthen any finding or conclusion made (Yin, 2003). From these multiple sources, a chain of evidence was established, in relation to the chosen theoretical frameworks. Stake (2005) discussed *triangulation* in case study research. Case study researchers are concerned with the ways in which their readers interpret the findings of the study, and the multiple realities within the study.

To address the concern about interpretation, researchers will attempt to triangulate; to use "multiple perceptions to clarify meaning, verifying the repeatability of an observation or interpretation" (Stake, 1995, p. 454). By (a) rigorously attending to all aspects of the data collection, (b) documenting specific lines of inquiry throughout the data analysis and (c) triangulating by data source, I hoped to increase the "reliability" (Yin, 2003, p. 37) of my findings. Upon conclusion of the data analysis, I created a database that could be reviewed by an external observer. From this database, the case study report (i.e., Chapter Four of the present study) was drafted. The participant and other key informants (supervisors, instructors) reviewed the draft, and offered suggestions and/or alternative interpretations. Second, "external validity" (Yin, 2003, p.

37) was addressed by the use of theoretical lenses. In single-case research, the findings of the data analysis can be thought of as reifying the specific theory (Yin, 2003). In the present study, three theoretical lenses will be utilized (see Chapter Two for descriptions).

Lastly, "reliability" (Yin, 2003, p. 37) was addressed throughout the study in two ways. First, all of the data collected were compiled and organized into a "case study database" (Yin, 2003, p. 34). The database could be made available, after consent from the participant, to future researchers who might wish to replicate this study. Secondly, reliability was addressed by the development of a case study protocol (i.e., Chapter Three) during the research design phase. This protocol then became the blueprint for the subsequent stages of data collection, data analysis, and writing the report.

The Participant

In the current study, the participant, who will be referred to as *Amy* from this point forward, represents a unique case because of her atypical course of progression through an academic training program. In her first experience with practicum, Amy was unsuccessful, and was advised by her faculty and doctoral supervisor to take remedial actions before completing the practicum. Amy responded by following the advice of her faculty and supervisors, and has since successfully completed her degree. During Amy's first practicum, I was her doctoral student supervisor, and was partly responsible for the recommendation that she take remedial actions before completing the practicum course (I addressed this dual role in the next section). Amy exhibited a certain level of maturity in her response to the faculty's advice; she not only completed her second practicum

successfully, but also sought out additional supervision with me when she felt unsure of her counseling behaviors, knowledge, and skills.

Role of the Researcher

For this study, I followed procedures outlined by the Office of Research at the University of Tennessee. I gained approval from the Institutional Review Board to collect data (see Appendices A and B), and to report findings from this study. Ethical guidelines for conducting research were upheld throughout the course of this study. Before collecting any data or using any data created before the study commences, Amy was informed of the purpose of this study, how her information would be used, and her rights in this study (see Appendix C). Other key informants (i.e., Amy's faculty and supervisors) were also be informed of their rights, the purpose of the study, and how the information would be used (see Appendix D). Because of the nature of this study, confidentiality could not be assured to Amy. Instead, she was assured of her anonymity in the reporting of findings.

Because of my own involvement in Amy's clinical instruction, I have become very interested in the potential she shows for being a compassionate professional, guided by her understanding of ethical counseling behaviors. She has shown, since her first attempt at practicum, amazing resilience and remarkable professional growth, in my opinion. I recognize that the relationship I have had with Amy prior to the current study could have impacted my findings, but this relationship has also made the study possible. She and I have developed a collegial relationship through which we both have been challenged in our own professional development. There is a certain element of trust

between us, and a certain element of mutual support. I made every effort, during the course of this study, to reduce the impact of my personal preconceptions. By attending to the structure provided by Yin (2003) for conducting case studies (i.e., the recommendations for increasing construct validity, external validity, and reliability), and by attending to the research design throughout data collection, I attempted to keep my own impressions and opinions in check during this study. I strived to remain aware of when my personal opinions entered into my interpretation of the data, and I documented accordingly.

Pressick-Kilborn and Sainsbury (2002) refer to the aforementioned dilemma as "research in your own backyard". In their work, they described their own struggles with multiple identities, namely those of teacher and researcher. I find myself in a similar situation, based upon my previous role as Amy's supervisor and my current role as researcher. Pressick-Kilborn and Sainsbury offered sound advice for researchers struggling with this issue, by stating that "sustained vigilance and critical reflection are essential in the maintenance of academic integrity" (Concluding comments section, ¶ 2). In addition to the care I took in addressing the integrity of the research design (through the use of multiple sources of data, feedback from the participant and other key informants, and the creation of a concrete database), I also attended to ethical issues by ensuring that Amy was well-informed of her rights, her roles, and her responsibilities during this study.

Data Collection Procedures

Because of the nature of this descriptive case study, several methods of data collection were used throughout the project. The rationale for multiple sources of data included (a) the need for establishing a chain of evidence (Yin, 2003) related to the theoretical propositions that were addressed, (b) the desire of the researcher to achieve a full and rich description (Merriam, 1998) of the process of counselor development experienced by Amy, and (c) the importance of *triangulating* to strengthen the construct validity of the case study findings (Mathison, 1988; Yin, 2003).

It is important to note here that before any interviews with Amy or other key informants took place, I was interviewed, by a doctoral student in counselor education, as a way to make my own impressions of Amy's development explicit. This pre-data collection interview was audio taped, and was referred to throughout the data analysis phase of the current study (see Chapter Four). The purpose of this pre-data collection interview was to identify any preconceived notions or biases, from my own experiences, that could have impacted my own understanding of Amy's development (Thomas & Pollio, 2002; Woodside, et al., 2007).

Interviews with Amy and interviews with Amy's supervisors and faculty were scheduled at the convenience of each interviewee. Other data collection procedures included (a) document analysis, which involved reviewing Amy's written work from her practicum and internship classes and her case notes made during practicum and internship, and (b) a demographic information survey designed to provide information

about Amy's background and her experience related to counseling (see Appendix E). The methods of data collection utilized in this project are described next.

Interviews with the Participant

After obtaining IRB approval from the University of Tennessee and consent from Amy, I conducted four semi-structured interviews following guidelines for qualitative research (Kvale, 1996). The first interview (see Appendix F) was designed to collect information from Amy about her choices for entering into a counselor training program, and her early experiences with helping professionals. The other three interviews (see Appendix G) were designed to collect information from Amy about her experiences with each of the eight domains of clinical practice and each of the three overriding structures (Stotlenberg, et al., 1998) during her three counselor training experiences (e. g, her first practicum, her second practicum, and her internship). The purpose of the research interview, according to Kvale (1996), is "to elicit spontaneous descriptions from the subjects rather than to get their own, more or less speculative explanations of why something took place" (p. 131). To accomplish this, the semi-structured research interview usually includes a number of questions that are directly related to the research questions, but phrased so that the interview will proceed in a conversational manner. In addition to the specific interview questions, Kvale (1996) also encouraged the use of *follow-up questions*, and *probing questions* (e.g., Can you say something more about that?)

The specific purpose of these interviews was to collect data related to Amy's personal experiences in the counseling program, about changes in Amy's development

over the course of her academic training, and to collect data related to Amy's choices for entering a counseling program. Each interview lasted approximately 60 to 90 minutes. The interviews were audio-taped so that I could evaluate responses to the interview questions. Amy was be given a choice as to where these interviews take place: in a private classroom on the campus of the University or a private interview room in the library, in Amy's own home, or in a private office at Amy's place of work. These interviews took place at times that were convenient for Amy.

Interviews with Key Informants

I also interviewed persons involved in Amy's training program in counseling, such as previous site supervisors and faculty supervisors. The key informants for this study were be selected by Amy and me. First, I made a list of all of the faculty members who were directly involved in her academic training, and I made a list of all of her practicum and internship site supervisors. From this list, I asked Amy to identify faculty members who she acceded to have me interview. I also asked Amy to identify site supervisors for whom she agreed to have me contact and interview. I asked Amy if there are any other individuals who have been a part of her training that she would like me to interview. I gave Amy a copy of the *Key Informant Interview Protocol* (Appendix H), so that she would be aware of the questions that I intended to ask the key informants.

After compiling the list of potential key informants, I contacted each to (a) discuss the nature of the project, (b) explain the informed consent, (c) explain the purpose of the interview, and (d) attempt to arrange for an interview. The purpose of these interviews was to strengthen the quality of this case study project by triangulating data from multiple

sources (Mathison, 1998; Stake, 2005). The number of interviews with the identified key informants was determined by both the amount of and the detail of information I was able to glean regarding Amy's development. These interviews also followed guidelines proposed by Kvale (1996), as previously described. The interviews were audio-taped so that I could evaluate responses to the interview questions. These interviews also lasted approximately 60 to 90 minutes. These interviews were semi-structured, with certain questions being asked (see Appendix H for the interview protocol), and with the option of following up on specific responses with statements such as "tell me more about _____". These interviews were scheduled at the convenience of the key informants.

Demographic Information

The researcher collected demographic information relevant to the project by asking Amy to complete the Supervisee Information Form, developed by Stoltenberg, McNeil, and Delworth (1998). This form includes several open-ended questions concerning the nature of the respondent's clinical experience, such as "*Professional environments in which you have worked (agencies, hospitals, private practice). Please describe and note how long you were there and what your duties included*" (See Appendix E). I received permission to use this document and include it in my dissertation (Appendix I).

Document Analysis

According to Yin (2003), the inclusion of documents and archival records in the case study database has a number of advantages. First, documents that are not necessarily

created as a part of the case study can be used to enhance findings from other sources of data. Secondly, they are a stable form of evidence, and can be reviewed repeatedly. Lastly, documents and archival records provide breadth of coverage to a large time span. The documents collected as a part of this project included the following: (a) case notes written by Amy throughout her training; (b) written evaluations provided by faculty, site, and doctoral supervisors to Amy during her training, (c) online journal entries submitted by Amy during her practicum; (d) treatment plans and evaluations written by Amy during her training (with client identifying information omitted); (e) written case studies and other written assignments completed by Amy during her training; and (f) interview transcripts from interviews between Amy and me from previous class projects.

Data Analysis

After data had been collected and compiled, I began the process of analyzing the data by following a procedure of categorizing and coding data outlined by Coffey and Atkinson (1996). To begin, categories were established according to the eight areas of clinical practice (i.e., *Intervention Skills Competence*, *Assessment Techniques*, *Interpersonal Assessment*, *Client Conceptualization*, *Individual Differences*, *Theoretical Orientation*, *Treatment Plans and Goals*, and *Professional Ethics*) and the three overriding structures (i.e., *Motivation*, *Self Awareness*, and *Autonomy*) as delineated in the IDM (Stoltenberg, et al., 1998). Data from all of the sources (described above) were organized into eleven categories. The intent of this first interaction with the data was simply to create a starting place, from which further organization and analysis could occur. Next, I reviewed data in each category, and looked for specific themes within each

set (Coffey & Atkinson, 1996). The purpose of this second pass through the data was to organize the data into more meaningful categories. For example, within the category of *Intervention Skills Competence*, I might find data that support Amy's ability to successfully implement interventions with clients, and I might find data that imply Amy's deficiency in successfully implementing interventions. In the second data pass, my task was to further categorize and organize the data for each category. Subcategories that reflected "conceptual interests" (Coffey & Atkinson, 1996, p 36) were developed during phase three. For example, themes or phrases used by the participant relating to one or both of the rival theories could be identified and classified as belonging to Perry's Scheme or the Social Cognitive Theory. By including codes at three levels of generality (i.e., the starting place, themes, and subcategories) I was able to retrieve data at different levels of specificity during the analysis (Coffey & Atkinson, 1996).

According to Coffey and Atkinson (1996), coding data is only a starting place for the work of analysis. These authors stated that "once coding is achieved, the data have to be interrogated (Delamont, 1992) and systematically explored to generate meaning" (p. 46). A four-step process was used in the current study to interpret the data; I used this process to analyze the data through the filter of the Social Cognitive Theory, and I used this process to analyze the data through the filter of Perry's Scheme. In the first step, I created "data displays" (Coffey & Atkinson, 1996, p. 46) in which the data were organized into easily-read charts, diagrams, or templates, based on the eleven theoretical propositions. Next, I explored the data and attempted to create "pathways through the data" (Coffey & Atkinson, 1996, p. 46). This step of the data analysis was accomplished

by exploring the theoretical propositions, the themes and subcategories (rival theories) created earlier, and by asking questions of the data. According to Coffey and Atkinson (1996), the third step was to transform the "coded data into meaningful data" (p. 47). Here, the emphasis is on what to look for in the codes and categories. Delamont (1992; as cited in Coffey and Atkinson, 1996) suggested that "one should be looking for patterns, themes, and regularities as well as contrasts, paradoxes, and irregularities" (p. 47). The final phase of the data analysis involved expanding the data by continually asking oneself questions of the data, developing lines of inference, and forming propositions (Coffey & Atkinson, 1996).

Summary

Yin's (2003) description of single-case study research provided the best framework for designing the current study. The use of multiple sources of evidence (i.e., interviews with Amy, interviews with Amy's faculty and clinical supervisors, and document analysis) strengthened the findings of the study by allowing me to establish chains of evidence for any given line of inquiry. Construct validity, external validity, and reliability (Yin, 2003) were also strengthened by using multiple sources of evidence, and by following the case study protocol throughout the study. The use of rival theories in the design phase and the analysis phase of this study provided a strong theoretical framework for discussing the findings of the current study.

CHAPTER FOUR: FINDINGS

Chapter Introduction

To begin this discussion of my findings, I will briefly detail the procedures of data collection and data analysis that I followed in this study, as described in Chapter Three. Before data collection began, I participated in a pre-data collection interview (Thomas & Pollio, 2002) so that my own experiences of Amy's development could be made explicit (see Chapter Three for description). In this interview, I recorded my own answers to the questions asked in the Key Informant Interview Protocol (see Appendix H). While I did not transcribe this particular interview, I listened to the tape before I began any other data collection procedures, in an effort to reduce the impact of my own interpretations of Amy's development. While reviewing this interview, a few of my comments were relevant to this discussion. First, on several occasions during the interview, I made statements about my 'sense of pride' that I felt towards Amy. I also discussed how I felt 'responsible' for early events during Amy's training. Many of my answers to the interview questions were quite similar in content to descriptions provided by other key informants.

Data Collection

The primary method of data collection occurred through interviews with Amy and interviews with Amy's faculty supervisors. For these interviews the questions were constructed to reflect the eleven theoretical propositions (i.e., the eight domains of clinical competence and the three overriding structures as described in the IDM; Stoltenberg, et al., 1998). Figure 4.1 illustrates the relationship between the research

questions and the questions I used in my interview protocols (see Appendices G and H for interview protocol questions) with Amy and the Key Informants.

Other data included the following: (a) Amy's case notes from each of her three clinical training experiences, and (b) the Supervisee Information Form (Stoltenberg, et al., 1998). For Amy's case notes, I first scanned all of the documents into word processing software, and then made adjustments for any text that was not recognized by the scanning software. The Supervisee Information Form was completed by Amy before interviews began.

After all of the data had been collected (i.e., interviews were complete), I transcribed each interview. Following transcription, each interview was returned to the interviewee (e.g., Amy or the key informant), so that the interviewee could check the transcript for accuracy, offer suggestions or revisions to the transcript, or add any additional information about the interview questions that he or she may have thought about following the interview. This member checking (Woodside, et al., 2007) served as one way to increase the trustworthiness of this data.

Data Analysis

As described in Chapter Three of this study, the process of organizing and analyzing the data collected included the following steps. First, after all data had been collected and formatted electronically, I organized the data according to my theoretical propositions. That is, I created separate files for each research question, and included all of the data which addressed that particular question. After the data had been categorized

Research Question	Participant Question(s)	Key Informant Question(s)
How do *Intervention Skills Competence* in the IDM relate to the experiences of this participant?	4, 5	4
How do *Assessment Techniques* in the IDM relate to the experiences of this participant?	6	5
How does *Interpersonal Assessment* in the IDM relate to the experiences of this participant?	7	6
How does *Client Conceptualization* in the IDM relate to the experiences of this participant?	8	6
How do *Individual Differences* in the IDM relate to the experiences of this participant?	9	7
How does *Theoretical Orientation* in the IDM relate to the experiences of this participant?	10	8
How do *Treatment Plans and Goals* in the IDM relate to the experiences of this participant?	11	9
How do *Professional Ethics* in the IDM relate to the experiences of this participant?	12	10
How does *Motivation* in the IDM relate to the experiences of this participant?	1	1
How does *Self Awareness* in the IDM relate to the experiences of this participant?	2	2
How does *Autonomy* in the IDM relate to the experiences of this participant?	3	3

Figure 4.1. Relationship between research questions and interview protocol questions.

according to the research questions, in step two I read each individual data set, and made notes about any significant words, phrases, or ideas. Whenever I was able to identify material that was repetitive, I chose thematic labels for said material. For example, in the area of *Intervention Skills Competence*, three themes (i.e., *guilt, confidence,* and *fluctuation*) were evident to me.

In step three, I went back to each individual data set, and began to categorize the data according to the Social Cognitive Theory (Bandura, 1986). During this step, my primary focus was on exploring the data, looking for evidence of the notions of *Self Efficacy* and *Triadic Reciprocal Causation* (as described in Chapter Two). Following this step, I once again create a new sub set of the data, which included all of the examples of the Social Cognitive Theory found in each of the previously described data files. I set this data aside, and then repeated this same process for Perry's Scheme (1999).

Following this fourth step of data analysis, I created lists of thematic material, and other visual representations of my findings. These tables and figures are included in this Chapter, where relevant. Before presenting the findings of my data analysis, I will introduce Amy and the Key Informants for this study through brief descriptions.

Description of Amy

This description of Amy is based on two sources of information: a background interview that I conducted with her (see Appendix F), and the Supervisee Information Form (Stoltenberg, et al., 1998) designed to collect information about the counselor in training's experiences (see Appendix E).

Background Interview

Amy is a 25 year old Caucasian female. She grew up in a small southeastern town, and was the first member of her immediate family to obtain a graduate degree. Amy entered the master's program in mental health counseling at a large southeastern university, immediately after completing her bachelor's degree at this same university. Before beginning her college career, Amy had developed an interest in psychology and counseling. During the background interview I conducted with Amy, she talked about the impact that her high school guidance counselor had on forming her own ideas about career paths. Amy stated that "she [her guidance counselor] helped me a lot to figure out the path that I would take, and what my strengths were."

Amy also described her relationship with her parents during this background interview, and talked to me about how they were proud of her decision to go to college, but that they were not as supportive of her decision to major in psychology. Amy stated that:

> "I don't think they were very happy about the psychology major, but, thankfully, they didn't argue too much about that. So, they weren't extremely supportive or interested, but I think they were just glad that I was going to college."

While Amy was an undergraduate, her interests became more pronounced. She mentioned during the background interview that she became particularly interested in abnormal psychology, and how this interest in mental illness eventually shaped her decision to pursue a graduate degree in mental health counseling.

Supervisee Information Form

During Amy's graduate program, she accrued approximately 400 hours of counseling experience, in both group work and individual counseling. The majority of these hours were during her internship, in which she worked primarily with groups. Amy was able to work with a number of populations during her clinical training, including children, adolescents, and adults from a number of ethnic backgrounds. Many of these clients suffered from depression, addiction, and mental illness.

Amy worked in three different mental health agencies during her clinical training, and received both individual supervision and/or peer group supervision during each of her placements. Amy's first practicum site was an alternative school for students who had encountered difficulty in their regular schools. In this setting, she saw two male students. Amy's second practicum site was a residential facility for adolescent females who were pregnant. In this setting she saw several residents, for individual counseling. Amy's internship site was an outpatient drug and alcohol treatment center. During her internship, Amy provided services to a number of adult clients, both male and female, in group counseling. Currently, Amy is working for an adoption agency, in which she provides counseling for families who are considering adoption.

Amy describes her preferred theoretical orientation as person centered, or "Rogerian". Amy had some experience administering assessment instruments during her clinical training, but this experience was limited. Amy also had limited experience with diagnosis during her clinical training.

Finally, Amy described her professional strengths as follows: “I feel that I am insightful. I feel that I am able to give myself to my clients and be in the moment with them. I believe that I am able to be empathic and non-judgmental with clients.” Amy also described her professional weaknesses as follows: “I have poor boundaries. I have a difficult time confronting and I want people to like me. I am working on this.”

Description of Key Informants

As a part of my effort to strengthen the “construct validity” (Yin, 2003, p. 35) of the current study, I arranged for interviews with individuals who were involved in Amy’s clinical training as supervisors. I was able to interview three faculty members and one doctoral student who supervised Amy during her clinical training. During the remainder of this chapter, I will identify these individuals according to their relationship with Amy. For example, one faculty member supervised Amy during her first and second practica. Two other faculty members supervised Amy during her internship; one during the first half of her internship, and one during the second half of her internship. One doctoral student in counselor education provided individual supervision for Amy during her second practicum.

The remainder of this chapter includes my description of Amy’s development, organized by each of the research questions for this study. Each of these sections will begin with a discussion of the themes and relevant aspects that I found (see Figure 4.2), followed by a discussion of the analysis through the lens of the Social Cognitive Theory, and then a discussion of the analysis through the lens of Perry’s Scheme.

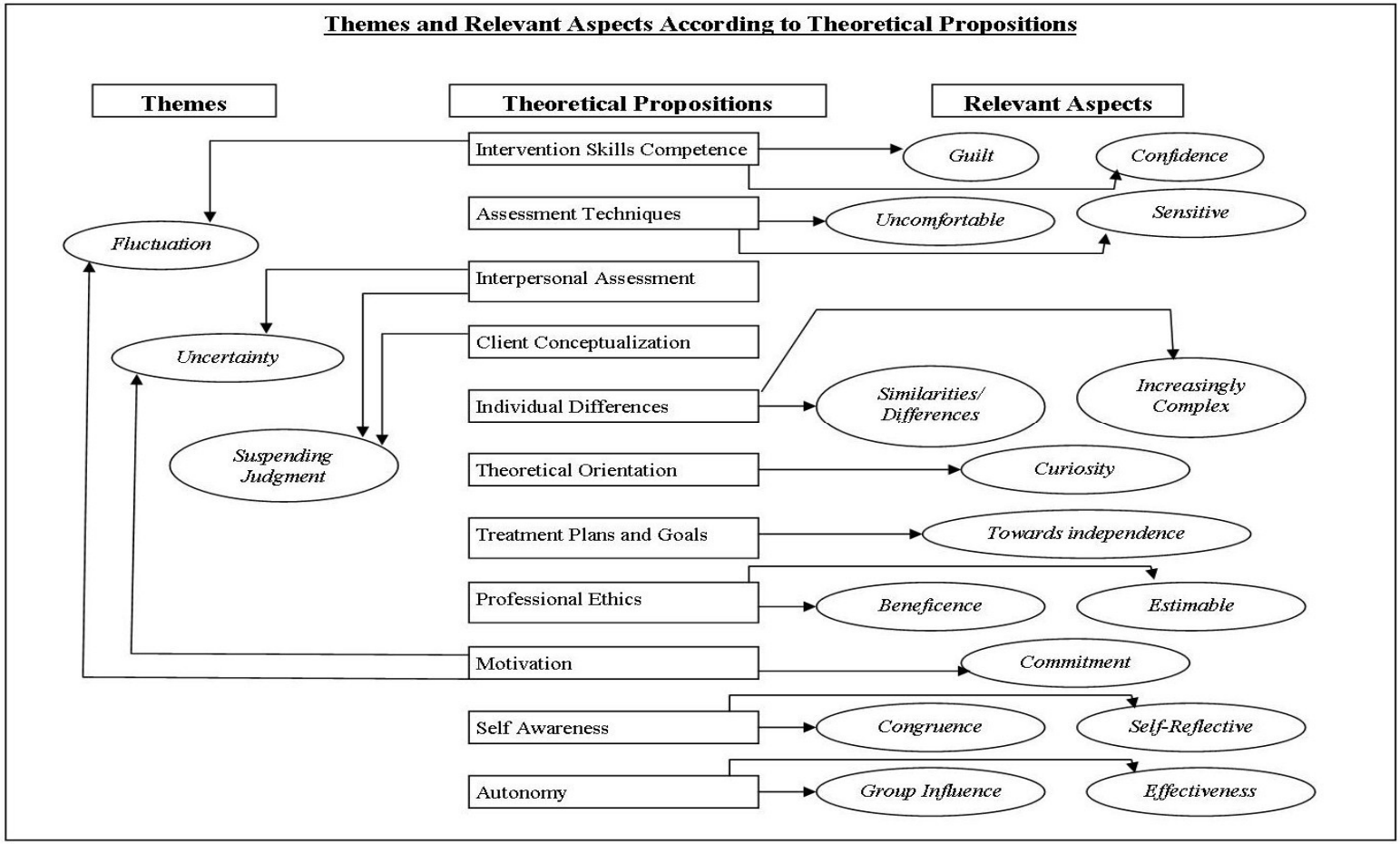

Figure 4.2. Themes and Relevant Aspects Related to Theoretical Propositions.

Research Question One

How do Intervention Skills Competence in the IDM Relate to the Experiences of this Participant?

During her clinical training, Amy demonstrated an "evolution" in her clinical skills. Amy started her first practicum with a high level of anxiety, and very little knowledge of basic helping behaviors. During several of the interviews I conducted with Amy, a few overall aspects stood out to me: *guilt*, *confidence*, and *fluctuation*.

Guilt

First, Amy talked about *guilt*, when describing her experiences in her first practicum. For example:

> "Ellen: How did it feel for you, not knowing what to say? Amy: I felt guilty. Like a fraud, or something. Ellen: Okay. Amy: I just felt mad at myself, like, 'what have I gotten myself in to?' Then, I was just really frustrated."

Confidence

Over time, Amy's *guilt* appeared to lessen, as she became more *confident* in her basic skills. During her second practicum placement, Amy was able to describe her skill development in the following way:

> "I feel good about doing the active listening and summarizing. I'm not talking as much now, and I think that's something I struggled with last semester [first practicum], but now I feel more comfortable doing it…But, I think it gets kind of mundane when, the client I have in practicum right now, she'll say things that are really important and then switches to something else really quick. Ellen: right.

> Amy: Like, ‘I love dogs’. That’s where I’m struggling. Like, ‘shouldn’t I tackle that issue?’ But how do I do it with just the basics? Ellen: right. Amy: so, it gets kind of frustrating.”

In this example, I believe that Amy has shown her *confidence* with the basic skills, and is beginning to express frustration with her lack of experience with more advanced helping behaviors. This same theme of *confidence* was apparent in the interview with Amy’s doctoral student supervisor during her second practicum and in the interview with her faculty supervisor during the last half of her internship. First, the doctoral student supervisor talked about how Amy communicated with her clients, and how her communication improved over the course of the practicum. He stated:

> “[In the beginning] she did a lot of asking closed ended questions, and ‘uh-huh, uh-huh’, that sort of thing…rather than…a different level of counseling. By the end, her communication was much more clear, and she was able to do a lot of reflection of emotion; a lot of re-statement and paraphrasing…not as a technique to avoid not knowing what to do in a session, but really trying to clarify for clients, and really trying to communicate to them that she understood what they were saying.”

Amy’s faculty supervisor during the second half of her internship reported the following, when asked about her communication skills:

> “She does well listening, and what I would say is one of Amy's strengths though, is along the lines of encouraging and shaping her clients towards positive directions in their lives.”

Fluctuation

In addition to the *guilt* Amy experienced during her first practicum and the *confidence* she experienced during her second practicum and her internship, I believe that Amy *fluctuated* in her own perception of her confidence when working with her clients later in her second practicum and during her internship. The following examples are included to clarify this point. In the first example, Amy described an incident during her internship whenever she felt that she knew what to say to one of her clients:

> "I remember that a lady came to group and she had been involved in a drunk driving accident, and had hit someone…she was from a really small county. They posted her photo in the newspaper. She was so defeated by that. She wouldn't make eye contact with anybody, and was sobbing and could barely get the words out. She had been to group a couple of times, but, she brought the paper that day to group. I remember…I said, 'well, what would it feel like to just tear that up?' Because she had brought it to show me; she had her head hung down; and she was like, 'What?' Just in shock about that idea. She said, 'yeah, I think I want to.' I said, 'well, do it now, if you feel comfortable.' And she tore it up and threw it. Everybody in the group clapped. It was so cool. And I thought, 'I can't believe that just happened.'"

In the next example, Amy described an incident in which she felt as if she did not know what to say to her clients.

> "Lots of times I didn't know what to say….I remember there was someone in the group that was borderline. She would say, 'well, you like me best don't you? You

think I've made the most progress, right?' I just, I wanted her to be confident because she was doing a good job….but…. Ellen: She was trying to manipulate you? Amy: oh, yeah. But, also she was very sensitive and I didn't want to…she was constantly testing me."

Because of the vacillation between knowing and not knowing, I chose to describe this aspect as *fluctuation*.

Overall, the aspects that stood out to me in my review of the data that described Amy's *Intervention Skills Competence* were *guilt, confidence,* and *fluctuation*. Amy's first experience with clients resulted in feelings of *guilt* about not knowing how to perform counseling behaviors. After some time, Amy began to describe her feelings of *confidence* with the basic helping behaviors, and later in her clinical training she was able to articulate a deeper level of awareness; she was able to describe the times that she knew what to do or say versus the times when she did not know what to do or say (i.e., *fluctuation*). In the next section, I will describe the relationship between Amy's experience with *Intervention Skills Competence* and the Social Cognitive Theory.

For this Participant, how do Intervention Skills Competence Relate to the Social Cognitive Theory?

According to the Social Cognitive Theory (Bandura, 1986), four factors (i.e., *mastery, modeling, affective arousal,* and *social persuasion*) influence the development of *Self Efficacy* (see Chapter Two for description). Amy's ability to successfully work with her clients (i.e., her *Intervention Skills Competence*) was influenced by all of these factors. In the analysis of this data, I found that the majority of the data related to

Intervention Skills Competence were best described by the notion of *mastery*, and I have included examples of this below.

In some instances, Amy described her lack of skills (e.g., lack of *mastery*). In discussing her recollections of her time at her first practicum placement (during a later interview), Amy stated the following:

> "The only thing I can remember is when __ fell on the floor and told me, or acted like he was having a medical emergency, like a seizure. Ellen: okay. Amy: I remember, I said, 'It seems like you feel really uncomfortable right now.' Ellen: okay. So, you reflected a feeling? Amy: yeah. But, I think I was like, 'these kids are going to know that I have no idea what I'm doing.' So, no, I don't really remember feeling effective."

In contrast, Amy described her response to one of her clients (later in her second practicum) that had run away from the agency as follows:

> "After ___ ran away, I mean, naturally, I was like 'I'm really glad you are back, I was really worried about you.' And, that was one of our sessions where I didn't feel like I needed a plan. Because…we just talked about what happened to her. Was she ok, you know, how was she feeling. Mainly…I knew to talk about what happened before she ran away. So, that just kind of came naturally."

In a short period of time, Amy had moved from "feeling like a fraud" to doing what "came naturally" in her work with her clients.

In addition to the concept of *mastery*, Amy's sense of *Self Efficacy* in working with her clients was also influenced by *affective arousal*. In the following quote, Amy

described feeling “stuck” when a client she worked with during her second practicum over-identified with her.

> “I remember that ___, when she said a lot of her anxiety was about her mom. I remember, she would say, 'well, I wish that you were my mom. I wish that I could just go with you.' And, I felt very stuck.”

In one interview conducted with the faculty supervisor who worked with Amy during the first half of her internship, the notion of *modeling* was evident. He stated that “[Amy] learned how to do it [group counseling] by watching how not to do it.” Finally, the concept of *social persuasion* was evident in the data, especially in comments made by Amy’s faculty supervisors. The following quote describes Amy’s willingness to seek supervision. The faculty supervisor during the first half of her internship, when discussing a client with whom Amy was working, stated that:

> “She came to talk to me about that for guidance. I thought she did really well with it. I thought it was smart for her to come talk to me about it, as opposed to simply ignoring it, or to say, 'oh, guess what, so and so is in our group.' I thought that was a real sign of growth for me.”

In this section, all of the four factors that influence the development of *Self Efficacy* (i.e., *mastery, affective arousal, modeling,* and *social persuasion*), according to the Social Cognitive Theory, were illustrated as they related to Amy’s development in the domain of *Intervention Skills Competence* (see Figure 4.3). *Mastery* of helping skills appeared to be the strongest determinant of Amy’s development in this area, but *affective arousal, modeling,* and *social persuasion* were also evident as additional support in the

	Mastery	Modeling	Social Persuasion	Affective Arousal
Intervention Skills Competence	X	X	X	X
Assessment Techniques	X			X
Interpersonal Assessment	X		X	
Client Conceptualization	X			
Individual Differences				X
Theoretical Orientation	X			
Treatment Plans and Goals	X			X
Professional Ethics	X		X	
Motivation				X
Self Awareness				X
Autonomy	X			

Figure 4.3. Factors that influence the development of self efficacy by theoretical proposition. Listed in decreasing order of potency (Bandura, 1986)

development of her competence in Intervention Skills. In the next section, I will describe the relationship between Amy's experience with *Intervention Skills Competence* and Perry's Scheme.

For this Participant, how do Intervention Skills Competence Relate to Perry's Scheme of Ethical and Intellectual Development?

The development of Amy's *Intervention Skills Competence* may be understood through Perry's Scheme through her written case notes. The way she thought about her clients in each of her clinical placements changed, and appeared to become more complex, and was reflected in her writing. The first example is one of Amy's case notes that she wrote during her first practicum experience:

> "Our session was very productive. ___ started out telling me there was something he needed to tell me, but no one else knows including his father. He told me that

> he has been drinking and getting drunk to forget about his problems. He says that he believes he has a problem with it and has been drinking since age 10 to help him stop his habit of smoking dope (since age 8)."

In this particular note, Amy reported that her client (who was a minor) was drinking, and using illegal drugs. During this time, I was her doctoral student supervisor. When this particular issue arose, Amy did not seek consultation. I would consider this, at best, to reflect *Multiplicity Subordinate* (Position Three), in that she may have been searching for the "right" answer.

In the next example, taken from Amy's case notes during her second practicum placement, Amy's written notes reflected a more mature understanding of her clients, and a more complex way of providing interventions.

> "___ reported that she is anxious about starting public school soon and she is scared of being in the classroom with males. ___ stated that she feels other males often invade her personal space. Counselor presented ___ with a hypothetical situation of a male speaking to her in the classroom and ___ stated that she would tell any male who attempts to speak with her to back off."

In this example, Amy demonstrated her ability to structure an intervention based upon the client's current affective state. I would consider this to reflect her commitment to her views of helping (i.e., *Commitment Foreseen;* Position Six), in that she was able to allow the client to shape the direction of the session, rather than depending on a plan.

Amy's movement towards developing an identity as a counselor continued as she entered her internship. During her internship, Amy's documentation reflected her

commitment to being a counselor (i.e., *Initial Commitment*; Position Seven), as well as a more mature and complex way of thinking about her clients. In this example, Amy demonstrated her willingness to confront clients, when necessary.

> "As group progressed client became inappropriate with the PC [program counselor] and two female group members. Client sat next to PC during group and began poking the PC on the side. The client was told not to touch the PC or any other group members and that he needed to back away. The client proceeded to hover over two female group members and address them in a manner that was too close for comfort for the other group members. The client was reprimanded and told that everyone needs a certain amount of personal space. The client stated that he just wanted to ask a question and could not hold it any longer. Client was told that he needed to give everyone a chance to speak without interruption and that he would be given a chance to speak his mind."

Overall, the changes in the way Amy thought about her clients and how she would provide interventions reflect movement from an initial state of recognizing the uncertainty in counseling (Position Three), to beginning to identify with her new beliefs of what it means to be a counselor (Position Seven).

In sum, the data collected that served to describe Amy's development within the domain of *Intervention Skills Competence* were analyzed first by thematic material, then by the Social Cognitive Theory, and finally by Perry's Scheme. Themes that were evident in this data included: *guilt, confidence,* and *fluctuation*. When these data were analyzed through the lens of the Social Cognitive Theory, it appeared to me that *mastery* was most

applicable in describing Amy's development in this domain. There was also some evidence for the impact of *affective arousal, modeling,* and *social persuasion,* and how those factors influenced Amy's sense of *Self Efficacy* in the domain of *Intervention Skills Competence*. Finally, the ways in which Amy thought about her clients and thought about providing services to her clients were most evident in her written case notes. These notes illustrate a forward movement along Perry's Scheme from an initial position at *Multiplicity Subordinate* (i.e., Position Three), to a later position of *Initial Commitment* (i.e., Position Seven).

Research Question Two

How do Assessment Techniques in the IDM Relate to the Experiences of this Participant?

According to Stoltenberg and his colleagues (1998), the domain of *Assessment Techniques* includes the counselor in training's ability to administer psychological assessments. Amy's experiences with formal assessment instruments were somewhat limited during her clinical training. Her primary experience with formal assessment occurred during her second practicum placement. At this site, Amy administered the *Comprehensive Addiction Severity Index for Adolescents* (CASI-A; Meyers, McLellan, Jaeger & Pettinati, 1995). This instrument was developed to "assess known risk factors, concomitant symptomatology [*sic*], and consequences of adolescent alcohol/drug use within seven primary areas of functioning: education status, alcohol/drug use, family relationships, peer relationships, legal status, psychiatric distress, and use of free time" (Meyers, et al., 1995, p. 181). From Amy's self-reports I found two aspects describing

her experience with formal assessment. First, according to Amy, she felt *uncomfortable* administering the CASI. During one of our interviews, Amy stated:

> "I felt really uncomfortable with that and I can't imagine what the girls must have felt like. I remember that I could never get one done, because I would just want to let them take a break."

Amy's reports of her experience with this assessment instrument also demonstrated that she was *sensitive* to the needs of her clients during the administration of the CASI. During an interview conducted when Amy was still at this placement, she stated:

> "Just like, even yesterday, when I was giving the CASI on ___, she was upset, and I did not want her to keep talking about that."

These same aspects (i.e., *uncomfortable*, *sensitive*) were also evident in the interview with Amy's doctoral student supervisor during her second practicum. This supervisor reported that:

> "I felt like Amy was able to filter some of the questions, based on her comfort level and perception of the client's comfort level [e.g., *sensitive*]. I thought that was good – not to just plow through questions haphazardly, but to pause and reflect on, 'is this really appropriate?' I think at other times she did ask all the questions, to try to do the 'right thing.' But, the fact that she was grappling [e.g., *uncomfortable*] with that, I thought was good."

In the data collected on Amy's experiences with formal assessments, two aspects, *uncomfortable* and *sensitive*, were evident in comments made by Amy, and were corroborated by comments made by Amy's supervisor during the time in which she was

administering the CASI. In the next section, I will describe the relationship between Amy's experience with *Assessment Techniques* and the Social Cognitive Theory.

For this Participant, how do Assessment Techniques Relate to the Social Cognitive Theory?

Amy's experience with formal assessment instruments, namely the CASI, could be understood through the lens of the *Social Cognitive Theory* in the following ways. First, Amy experienced *affective arousal* when administering the CASI. *Affective arousal*, according to Bandura (1986), is one of four factors that influence the development of *Self Efficacy* for any given behavior. When asked about how she felt administering the CASI during an early interview, Amy reported:

> "I was afraid that…I mean, I just tried to be really sensitive…but I had no idea. They just handed it to me and I didn't know what questions were coming."

Secondly, Amy's doctoral student supervisor during her second practicum described Amy's ability to successfully administer the CASI (i.e., *mastery*), and then use the information from the assessment appropriately in her work with clients. For example, this supervisor reported that:

> "It seems like there was a point where she would draw upon the information that the client had disclosed during the assessment, and if it gave conflicting information, she was able to challenge it. [For example] 'You know, when we met, I think you told me this. Now I hear your saying something a little different.'…So, I would say that was the main way that she used it…as corroboration of content."

Amy, on the other hand, described her success with the CASI differently. During an interview in which I asked Amy to recall her experiences with the CASI, she stated that "I was terrible at giving those." Both of these examples, while conflicting, are indicative of Amy's *mastery* in the domain of *Assessment Techniques*. *Affective arousal* and *mastery* are two of the four factors that influence the development of *Self Efficacy* (see Figure 4.3). While Amy reported that she was "terrible" at administering the CASI, her supervisor during that time reported that Amy was successful in administering the assessment instrument with some level of competence. This discrepancy will be addressed in Chapter Five. In the next section, I will describe the relationship between Amy's experience with *Assessment Instruments* and Perry's Scheme.

For this Participant, how do Assessment Techniques Relate to Perry's Scheme of Ethical and Intellectual Development?

Amy's experience with formal assessment could be described through the lens of Perry's Scheme as follows. Her doctoral student supervisor mentioned (see quote above) that she was able to reflect on the client's emotional experience with the questions in the CASI, and that she struggled with whether or not to ask all the questions (i.e., "do the right thing") or to filter through the questions, based on her own perception of the client's well-being at the time. I believe that this could be described as *Relativism Subordinate* (i.e., Position Four)....if you interpret Amy's choice not to administer the entire assessment as a need to find the best way to do it.

Amy's experience with formal assessment was somewhat limited during her clinical training. She was able to gain some knowledge of one instrument in particular,

the CASI (Meyers, et al., 1995) during her second practicum experience. Overall, Amy reported feeling *uncomfortable* with this instrument, and she reported feeling *sensitive* to the emotional state of her clients during administrations of the CASI. Both of these aspects reflect Bandura's (1986) notion of *affective arousal* as a predictor of *Self Efficacy*. Some conflicting evidence was found in this data set, mainly that Amy felt that she was "terrible" at administering the CASI, but her supervisor during this time reported her ability to successfully administer the assessment and use the information garnered during the assessment appropriately with her clients. Finally, in light of Perry's Scheme, Amy appeared to be thinking about *Assessment Techniques* from Position Four (i.e., *Relativism Subordinate*); she was searching for the "best way" to administer the instrument.

Research Question Three

How does Interpersonal Assessment in the IDM relate to the Experiences of this Participant?

According to Stoltenberg, et al. (1998) the domain of *Interpersonal Assessment* includes, but is not limited to, formal assessment. This domain extends beyond formal assessment and incorporates the counselor in trainings' ability to integrate data from a number of sources. According to Stoltenberg and his colleagues (1998), the counselor in training

> must learn to use himself or herself in the session either to elicit responses from the client that aid in the assessment process or use his or her own

> reactions to the client as an indication of social skills status or the presence or absence of certain personality characteristics. (p. 42)

The focus here is on the use of self in learning about clients. In my review of the data that addressed Amy's ability to combine information about her clients from multiple sources (i.e., *Interpersonal Assessment*), I found two aspects that seemed to describe Amy's experience in this area. The first aspect, *uncertainty*, was most evident early in Amy's clinical training. For example, when I asked Amy about combining information from multiple sources in order to make decisions about her clients early in her second practicum placement, she replied:

> "I was torn between whether I should even look at their charts. I remember, well I don't think that I looked at their charts before I met them…but I did look at their charts, I just don't remember when. I remember not really knowing if I should or not. But, I…I remember with ___ [client], and it seems like I talked to ___ [site supervisor] about her…in her chart it had said that she fabricates lots of things, and I had wished that I hadn't even read that. Even if some of the things she had told me were made up, then they were true to her, or there was some reason for her to say them to me. Ellen: right. Amy: so, I don't feel like that was very useful."

Throughout her clinical experiences, whenever Amy attempted to integrate information from multiple sources, she appeared to be quite sensitive to the needs and feelings of her clients. During her second practicum experience, Amy was beginning to think about her clients in a more complex way. Amy was beginning to recognize that information from

different sources could be colored by whoever was giving her the information. I labeled this aspect as *suspending judgment*. Her doctoral student supervisor during this time (late in Amy's second practicum) stated that:

> "I thought she did an excellent job of reading what was in the client file, hearing what the staff had to say, or what these assessments said, but then, sort of holding that in abeyance while she met with the client, to get her own impression."

To summarize, Amy experienced *uncertainty* in her ability to combine information from multiple sources early in her clinical training. As Amy became more competent in this area, this *uncertainty* shifted toward a greater sensitivity when dealing with information about her clients, and she began to *suspend her judgment* of clients, in order to form her own clinical impressions. In the next section, I will describe the relationship between *Interpersonal Assessment* and the Social Cognitive Theory, based on Amy's experiences in her clinical training.

For this Participant, how does Interpersonal Assessment Relate to the Social Cognitive Theory?

The concepts of *mastery* and *social persuasion*, both of which influence the development of *Self Efficacy*, were evident in the data describing Amy's experience with *Interpersonal Assessment*. During Amy's internship experience, she described one of her experiences with multiple sources of information in the following way:

> "The clients' charts don't usually get made until about two weeks after they've been there. Ellen: oh, really? Amy: So, a lot of it – they're [the clients] really open with me and the one good thing that they've said is that 'I didn't think I would feel

so comfortable, I was really apprehensive, but I feel comfortable.' So, a lot of it is things that they've shared in group. Ellen: Like diagnoses and things like that? Amy: yes."

In this example of *mastery*, Amy described how the clients in her group "feel comfortable" disclosing personal information and how she is able to use information from the clients' self reports before the clients' charts are completed. In the next example, Amy's faculty supervisor during the second half of Amy's internship confirmed her *mastery* of *Interpersonal Assessment*:

"With the groups she ran, she had to be regularly thinking about…safety, client self-care, their safety, her safety too, and their wellness. At some level, suicide or harm to others, just because of the difficulties of their lives – a drug and alcohol background always means lowered inhibitions and control – stuff like that. They're all trying to be sober, but…So…I think she had to be thinking about that all the time."

During Amy's second practicum experience, the notion of *social persuasion* was evident in the data as one way in which Amy's *Self Efficacy* in *Interpersonal Assessment* developed. Amy's doctoral student supervisor during her second practicum reported that Amy had worked toward forming her own clinical impressions (i.e., *suspending judgment*) of her clients in the following way:

"We talked about that, because that's a technique [*suspending judgment*] that I used with similar adolescents…I would tell them that I wouldn't read their file

until I met with them, so that they knew I was forming an opinion of them. So, she sort of embraced that idea, and would point out those disparities to me."

Just as this supervisor reported, it did seem that Amy "embraced this idea" of *suspending judgment* until she could have the opportunity to form her own clinical impressions, as was mentioned in an earlier quote from Amy:

> "I had wished that I hadn't even read that. Even if some of the things she had told me were made up, then they were true to her, or there was some reason for her to say them to me."

In summary, Amy's *Self Efficacy* in the area of *Interpersonal Assessment* clearly developed during her clinical training, through the influences of *mastery* and *social persuasion* (see Figure 4.3). There was also some indication of Perry's Scheme in this data. The way in which Amy's development in *Interpersonal Assessment* related to Perry's Scheme will be described next.

For this Participant, how does Interpersonal Assessment Relate to Perry's Scheme of Ethical and Intellectual Development?

In the data that described Amy's development in the area of *Interpersonal Assessment*, Perry's Scheme was evident in two ways. First, during her second practicum, Amy began to think about her clients differently. She became aware of multiple realities: what her clients said; what their charts said; and what her supervisors said. Amy also demonstrated that she was able to decide which of these realities was the most useful (see quotes above). In Perry's Scheme, independent thought is a part of Position Five, or *Relativism*. The second way that Perry's Scheme contributes to the description of Amy's

development in *Interpersonal Assessment* was through comments made by Amy's supervisors concerning the ways in which she thought about her clients late in her second practicum, and during her internship. The previous quote from Amy's doctoral student supervisor, who discussed Amy's ability to "hold in abeyance" information from multiple sources supports that notion that Amy was accepting responsibility for her thinking (*Relativism*). In addition, her faculty supervisor during the second half of her internship described her ability to integrate information from different sources in her clinical assessments, and stated that:

> "Well, she definitely had to hear input from her site supervisor about the clients, and…she certainly had the developmental ability to not take that as truth – just because her site supervisor said it."

In this study, the data that described Amy's experiences with *Interpersonal Assessment* revealed that Amy was engaged in independent thinking (i.e., *Relativism*), when combining information from multiple sources about her clients. This was most evident later in Amy's clinical training, and her own self reports were corroborated by reports from her faculty supervisors.

To summarize, in the domain of *Interpersonal Assessment*, two aspects were evident. First, Amy described feelings of *uncertainty* in her early attempts to integrate information from multiple sources. As she became more comfortable, however, Amy embraced the suggestion of her supervisor to "hold in abeyance" the information she received until she could form her own impressions of her clients. This aspect of *suspending judgment* was evident in data describing Amy's later experiences. The data in

this domain indicated that Amy experienced a certain level of *mastery* when deciding how to integrate information from multiple sources. In addition, the notion of *social persuasion* was evident in that Amy followed the advice of her supervisor when deciding when to form her own clinical impressions of her clients. Finally, the data in this area seem to reveal that Amy was engaging in independent thought, especially later in her second practicum and internship, which suggest that she was functioning from Position Five (*Relativism*) on Perry's Scheme.

Research Question Four

How does Client Conceptualization in the IDM Relate to the Experiences of this Participant?

In the IDM, the notion of *Client Conceptualization* is closely related to that of *Interpersonal Assessment*. As was mentioned above, the focus of *Interpersonal Assessment* is on the use of self in integrating information from multiple sources. In the domain of *Client Conceptualization*, the primary focus is on diagnosis, and a secondary focus is on client characteristics (Stoltenberg, et al., 1998). During Amy's clinical training, she did not report experiences in which she was able to formally diagnose clients. Because of this, the majority of the data that addressed Amy's experience with *Client Conceptualization* is quite similar with the data that addressed *Interpersonal Assessment*.

Distinguishing between these two domains was difficult. I attempted to make a distinction between these two categories in two ways. First, I separated the interview data by category according to the interview questions that I had structured for each of those

domains. Secondly, I separated other data, (i.e., Amy's case notes) by reading carefully, and looking for implications of Amy's use of self in talking about her clients and her interactions with these clients. This use of self, according to the IDM, is closely related to the notion of *Interpersonal Assessment*. Therefore, whenever I found data that reflected Amy's use of self, I categorized it as belonging to *Interpersonal Assessment*. In contrast, I categorized data that reflected a greater focus on client characteristics as belonging to *Client Conceptualization.*

One aspect that I identified for *Interpersonal Assessment* (i.e., *suspending judgment*) was also found throughout the data on *Client Conceptualization*. Because this aspect of the data was present in two separate theoretical propositions, I chose to label *suspending judgment* as thematic material (see Figure 4.2). In the following example, Amy described how she tried to *suspend judgment* about a client during her internship that presented information during group that was conflicting with information in the client's chart:

> "I've had some people that have come in…one guy said that he murdered someone, and was at ___ [a prison] and then, when I looked in his chart, there was nothing about that in there. So, I've seen things that were not consistent. Ellen: Yeah. So, how does that kind of color your picture of the client? Amy: I don't know, Ellen. I think, if I were him coming into this situation, I mean, maybe he was at ___ [prison], and didn't want to tell the person that assessed him that. I don't want to think that he's lying to me…I just go on what he tells me in group, and try to work with it."

As in the domain of *Interpersonal Assessment*, the data in this domain of *Client Conceptualization* indicate that Amy worked toward *suspending judgment* when attempting to understand her clients. In the next section, I will describe the relationship between *Client Conceptualization* and the Social Cognitive Theory, based on Amy's experiences in her clinical training.

For this Participant, how does Client Conceptualization Relate to the Social Cognitive Theory?

As was previously mentioned, Amy did not describe any experiences with formal diagnosis during her clinical training. Amy did keep records of her sessions with clients, however, and this data indicates the development of Amy's skills in *Client Conceptualization*. All of these examples could be described by the notion of *mastery*, which influences the development of *Self Efficacy* in any given domain. In this domain, these three examples serve as a description of Amy's ability to conceptualize and write about her clients. The first example was written by Amy during her first practicum experience:

> "___ is a bright kid. He is very influenced by his classmates and his father. He is also influenced by rap music and movies. He was very respectful towards me. He even told me something in confidence about breaking his probation. I can see that he wants to do better and enjoys ___ [placement]."

All throughout Amy's first practicum, her evaluation of clients seemed to reflect only a surface understanding of who they were. There was very little evidence of Amy's clinical insight in these summaries. The next example was written by Amy during her

second practicum placement. In this example, her case notes appear to show a greater understanding of clinical documentation skills. She was able to objectively report client behaviors and verbalizations during session.

> "___ reported that she had a confrontation with a residential female the previous day. ___ admitted to using an ethnic slur towards the female. ___ expressed no remorse concerning this incident. ___ proceeded to report that she hoped the female heard what she said and was hurt by it."

In the final example, written by Amy during her clinical internship, her case notes reflected an even greater level of clinical insight. In addition to reporting client behaviors during group, Amy would also include information about the client's life outside of group, and how that influenced his or her behavior in the group. Amy also began to integrate her own clinical opinions in her written notes.

> "PC believes that although client denies feeling she has made progress, the client is making a great deal of progress in her recovery. PC has seen the client ask for help and talk through the instances when she wants to use cocaine instead of relapsing. Client seems to have a difficult time identifying the positive aspects of herself and the growth she has experienced during recovery."

Throughout her clinical training, Amy's ability to conceptualize and write about her clients became more complex. The notion of *mastery*, in the Social Cognitive Theory, seems most appropriate in describing Amy's increased complexity in this area (see Figure 4.3). In the next section I will describe the relationship between *Client Conceptualization* and Perry's Scheme, based on Amy's experiences in her clinical training.

For this Participant, how does Client Conceptualization Relate to Perry's Scheme of Ethical and Intellectual Development?

Throughout the data collected about Amy's experiences in her clinical training, she described a commitment to counseling as a profession. During the final interview I conducted with Amy, in which we discussed her experiences during her internship, Amy described making choices about her clients. Amy also described how her clinical impressions of her clients were independent of, or in contrast to, the clinical impressions of other staff members at this placement. Amy was willing to disclose to her clients that she was different from other staff members, as in the following example:

"I really tried to separate my group and let them know that I was not like ___ [another employee of this agency], trying to force them to find a sponsor."

According to Perry's Scheme, Amy's decision to form her own clinical impressions of her clients could be described as belonging to Position Eight (*Orientation in Implications of Commitment*), which includes making choices based on newly adopted beliefs.

Amy's ability to conceptualize about her clients improved throughout her clinical training. In fact, Amy's ability to *suspend judgment* when formulating clinical impressions of her clients and her *mastery* in this domain revealed, to me, the highest position of growth, according to Perry's Scheme (Position Eight; *Orientation in Implications of Commitment*).

In sum, Amy's development in the domain of *Client Conceptualization* was described by her ability to *suspend judgment* when thinking about her clients, and her *mastery* experiences with *Client Conceptualization*. Amy's thinking in this domain

became more complex over time, and later in her training she demonstrated an ability to base her clinical impressions of her clients on a number of factors, including her own personal views of helping.

Research Question Five

How do Individual Differences in the IDM Relate to the Experiences of this Participant?

The notion of *Individual Differences*, according to Stoltenberg and his colleagues (1998), includes issues of diversity and culture. Throughout Amy's clinical training, two aspects were evident in descriptions of her understanding of culture. First, in several of the interviews, Amy described the culture of the clients with whom she was working in detail. One area of her focus that was common in these discussions was the idea of *similarities and differences*. As one example of her understanding of the *similarities* among her clients, during Amy's internship, she described the culture of her clients in the following way:

> "It seems like, they've all been either abused, or manipulated, or they are the abusers or the manipulators. They all have a lot of anger towards their parents. And, I can tell when some of them are just coming there to get the drugs. Because, I've heard that a lot of them just come there to get the free drugs."

Amy's doctoral student supervisor during her second practicum illustrated Amy's awareness of *Individual Differences* in the following way:

> "With the one client who was from very rural ___ [geographic region], she was able to say, to me, 'I'm from ___ but I'm not from that part of ___ [state]; and, I don't know what it's like to be impoverished and uneducated, and to come from

that kind of background.' So, we talked about how she might learn from the client, about the client's background. So, she was very aware of that, early on, and sensitive to it."

In addition to Amy's sensitivity to the *similarities* among her clients and the *differences* between her clients, Amy's recollections of her training experiences, when compared to her documentation during her clinical experiences, illustrate her *increasingly complex* understanding of her clients and their culture. During her first practicum, Amy's initial intake interview of one of her clients read as follows:

Intake Interview with client ___ (13 y/o male) *1/23/06*

Current living situation: Lives at home, with family

Education: last grade completed – 7th; favorite subject – math; problem areas – science

Stated educational goals: he would like to improve his football skills so he can play for ___ [High School] next year.

Extra Curricular Hobbies – football, movies

Favorite sports – football

Spare time activities – sleeping

What would you like to do? Play football

Other pertinent information: At ___ [alternative school] for burning down a building. He was with a group of friends when it happened and was sent to Juvenile Detention. ___'s mom and dad are not together but both have significant others in the home. His father drinks heavily and does not seem to be very

responsible. He goes to visit his mother in ___ [a separate city] every other weekend. ___ is on probation. Presenting problems in classroom ___ [client] and ___ [classroom teacher] each seem to care a great deal about one other. I can see that they have the best rapport of any other students. ___ [classroom teacher] informed me that last school year ___ was the peace keeper in the classroom and helped to keep the other kids calm. When I observed ___ in the classroom he had a good demeanor and was laid back. He speaks intelligently and is very mature in some ways. He is having trouble in science.

Impressions: ___ appeared to be a bright young man. He seems to be pretty happy. He definitely looks up to his father and models his behavior. He is very interested in girls and brought up sex a number of times. I believe he is mature for his age. He seems to be pretty laid back and can carry on a conversation. He knows how to charm people and has good social skills.

In this intake interview, Amy's writing seems to reflect a relatively simple understanding of this client's cultural characteristics and *Individual Differences*. In contrast to this, when Amy was asked to describe the culture of her clients during her first practicum, in an interview that occurred at a later date (during her internship), she replied as follows:

> "They were all living in constant conflict. It seemed like both of those boys' moms were constantly in conflict with their dads, and their dads were in and out of the home. Constant confusion, I guess, and not knowing what to expect next. Just, chaos, probably…that's what I would say."

Amy's understanding of culture became *increasingly complex* throughout her clinical experiences as she became more aware of the *similarities* among her clients and the *differences* between her clients. In the next section, I will describe the relationship between *Individual Differences* and the Social Cognitive Theory, based on Amy's experiences in her clinical training.

For this Participant, how do Individual Differences Relate to the Social Cognitive Theory?

During her clinical training, Amy's experiences with and understanding of culture was demonstrated through her descriptions of the culture of her clients, and her own personal reactions to difficulties that her clients experienced, that in her mind, were specific to their culture. *Affective arousal*, according to the Social Cognitive Theory, is one of four factors that can influence the development of *Self Efficacy*. In the following descriptions, several of Amy's descriptions demonstrate her emotional response to the culture of her clients. First, in this example, Amy is describing the culture of one of her clients during her second internship placement. All of her clients at this placement were involved in foster care.

> "___ told me that her foster home…the dad had the other brothers and sisters whip her and punish her for things. It just really infuriates me, that that is the kind of foster families that they get. So, they're all from foster homes…all from really rural communities."

A second example from this interview further illustrates Amy's emotional reactions (i.e., *affective arousal*) to her client's safety and emotional well-being:

> "I don't want to feel sorry for her, but sometimes, how can you not? Then, I was happy that she felt like she could talk to me, because she said, 'I lived with my mom – she was upset about the question about her mom [on the CASI] – and our house was infested, and I had to go through trash cans to get food. I was molested when I was eight.' Then, she got out, and went to live with her aunt in ___ [name of town]. Her aunt had other kids, and her uncle killed himself in the basement…and she [client] had a baby…and then she got in a fight, there was just a lot of tension, with her cousin…moved in with a friend, her friend's boyfriend tried to rape her, and so she moved in with another friend and had to take care of the other friend's kids, and then asked to be taken [into foster care, by the state]. Then she went to the shitty foster family….She left her baby with her aunt, and they [the new foster family] were begging her to bring the baby, because that would be more money for them. That just makes me sick…I don't know what to say, you know?"

Amy's sensitivity (*affective arousal*) to the emotional well being of her clients was most notable in the data on *Individual Differences*, when evaluated through the lens of the Social Cognitive Theory (see Figure 4.3). In the next section, I will describe the relationship between *Individual Differences* and Perry's Scheme, based on Amy's experiences in her clinical training.

For this Participant, how do Individual Differences Relate to Perry's Scheme of Ethical and Intellectual Development?

As was mentioned and illustrated previously, the way in which Amy thought about her clients and the culture of her clients became *increasingly complex* throughout her clinical training. In light of Perry's Scheme, this could be classified as evidence that Amy moved from *Relativism Subordinate* (independent "like" thought) to *Relativism* (intrinsically independent thought). To illustrate Amy's movement towards relativism, this first example is taken from Amy's intake interview with one of her clients during her first practicum experience. In this case, Amy's understanding of her client appeared to be simplistic, to some degree:

> "___ appeared to be a bright young man. He seems to be pretty happy. He definitely looks up to his father and models his behavior. He is very interested in girls and brought up sex a number of times. I believe he is mature for his age. He seems to be pretty laid back and can carry on a conversation. He knows how to charm people and has good social skills."

In contrast to this example, the way that Amy thought about her clients later in her training was "reasonably complex" (faculty supervisor during last half of internship), as in the following example, from an interview I conducted with Amy in which she was recalling her experiences during her first practicum. In this example, I had asked Amy to describe for me her understanding of the culture of her clients during her first practicum.

> "They were all living in constant conflict. Umm, it seemed like both of those boys' moms were constantly in conflict with their dads, and their dads were in and

out of the home. Constant confusion, I guess, and not knowing what to expect next. Just, chaos, probably…that's what I would say. Ellen: yeah. So how did that reflect in who they were when they were with you? Amy: yeah, that was such a weird…from going from being in such a chaotic environment, to school, and trying to pretend like they know how they're supposed to act. Ellen: right. Amy: then, there was me…I think they were probably really uncomfortable, and maybe just trying to guess what was appropriate to say."

In sum, Amy's ability to think about her clients, and their cultures became *increasingly complex* throughout her clinical training. She became aware of *similarities* among her clients and *differences* between her clients. She was emotionally invested in the stories about her clients' cultures and was strongly influenced by the notion of *affective arousal* in her development of more complex thinking. Amy began to think independently (i.e., Position Five) about her clients, and grew to a point of not depending on others' opinions in forming her own impressions of her clients and their culture.

Research Question Six

How does Theoretical Orientation in the IDM Relate to the Experiences of this Participant?

Throughout Amy's clinical training, her experience with and use of theory-specific techniques was probably the least developed of all of the eight domains of clinical competence described by Stoltenberg and his colleagues (1998). Most of the data collected regarding *Theoretical Orientation* reflected an aspect of *curiosity*; during multiple conversations with Amy, she expressed a desire to learn more about theories.

Amy had been exposed to different *Theoretical Orientations* in her academic program, but rarely had an opportunity to practice out of any specific theory. Early in her program, Amy described her interest in humanistic theories. During my first interview with Amy, she stated the following when asked about her use of theory:

> "I like Carl Rogers. I know everybody says that. Because he accepts everyone and gives them the benefit of the doubt…and thinks they are genuine, and that people are good – at heart. That's why I like it. And he asks the counselors to always be genuine. Ellen: Right. Amy: So, I really like that… I want to learn more about existentialism. Ellen: Isn't that fascinating? Amy: yes. I definitely want to learn more about that. But, others – like behavior therapy, that doesn't really interest me. Ellen: those don't fit for you? Amy: No, and maybe at the end, gestalt."

During Amy's second practicum, she did have some opportunity to practice using theory-specific techniques with her clients. Her doctoral student supervisor at that time stated:

> "We did a lot of cognitive and cognitive behavioral stuff. Helping her to pay attention to how clients say things, and what they say. Then, thinking of concrete interventions, because these were not the highest functioning clients she could've worked with, so we were trying not to get too abstract in our conceptualizations. Though, she also seemed to be sort of developing a systems approach. She kept talking about, 'well, this client's behavior makes sense, when you look at how her mom talked to her on the phone.' She even got handed off some crisis times, when one client had been talking on the phone to her mom, and had gotten very, very

upset, and nobody else could de-escalate her, and Amy was there and available. But, she began developing more of a systems understanding of client problems."

Amy described her experience with theory during her second practicum, which also illustrates the aspect of *curiosity*, as follows:

> "I talked to ___ [doctoral student supervisor] last week, and we were talking about ___ [client], how she punched a concrete wall, and then running away…like, making decisions, and he [doctoral student supervisor] asked, 'well, what do you know about cognitive behavioral?' And I said, 'to be honest, not that much.' Ellen: right. Amy: and it kind of frustrates me, because I should, Ellen…But, that is something I would like to learn more about. It just frustrates me."

While Amy's experience and growth in the domain of *Theoretical Orientation* was not significant, she was aware of this limitation in herself, and continually expressed interest in (i.e., curiosity) learning more about theories. In the next section, I will describe the relationship between *Theoretical Orientation* and the Social Cognitive Theory, based on Amy's experiences in her clinical training.

For this Participant, how does Theoretical Orientation Relate to the Social Cognitive Theory?

As previously mentioned, Amy's competence in the domain of *Theoretical Orientation* was probably the least developed. I believe that the data collected in this category reflect, at best, a lack of *mastery*. A few examples here may serve to illustrate this finding. First, during an interview conducted early in her internship, Amy told me

that: “I wish I had more time to use theory.” At other times, Amy described her lack of foundation in any given *Theoretical Orientation*. For example:

> “He [doctoral student supervisor] asked, 'well, what do you know about cognitive behavioral?' And I said, 'to be honest, not that much.' Ellen: right. Amy: and it kind of frustrates me, because I should, Ellen.”

As a final example of Amy’s lack of *mastery* in the domain of *Theoretical Orientation*, Amy’s faculty supervisor with whom she worked during the second half of her internship stated that “I don’t think that she was thinking really well in terms of specific theory.” In the next section, I will describe the relationship between *Theoretical Orientation* and Perry’s Scheme, based on Amy’s experiences in her clinical training.

For this Participant, how does Theoretical Orientation Relate to Perry’s Scheme of Ethical and Intellectual Development?

Because of Amy’s lack of experience in the domain of *Theoretical Orientation*, very little data surfaced that would support any conclusions drawn about the relationship between *Theoretical Orientation* and Perry’s Scheme. As previously mentioned, Amy did express a desire to learn more about different *Theoretical Orientations*. I believe that this indicates, at the least, an awareness of multiplicity (i.e., *Multiplicity Subordinate*). Amy knew there were numerous theories of helping, but due to a lack of opportunity to use any of these theories, she was not sure which theory was “right” for her.

To summarize, Amy’s development in the domain of *Theoretical Orientation* was limited, based on the data collected for this study. Amy did have some exposure to *Theoretical Orientations* through coursework and during her second practicum

experience. Overall, the data collected in this domain reflect Amy's *curiosity* about the different *Theoretical Orientations*. She lacked *mastery* in any given theory, and, at best, was only aware of the different *Theoretical Orientations* (i.e., *Multiplicity Subordinate*). The most likely reason for this deficiency was simply a lack of opportunity to focus on and practice specifically from a given *Theoretical Orientation*.

Research Question Seven

How do Treatment Plans and Goals in the IDM Relate to the Experiences of this Participant?

According to Stoltenberg and his colleagues (1998) the domain of *Treatment Plans and Goals* includes the counselor in training's efforts to organize his or her work with clients during sessions. During Amy's clinical training, two of the three facilities in which she worked had standardized treatment plans, which were driven by agency policies. In light of this, Amy did not have as much opportunity to develop her own plans for individual clients as other counselors in training might have. Regardless, Amy did think about planning for her sessions, and one overall aspect (i.e., *towards independence*) was evident in the data collected in this area. Amy began her work with a strong dependence on activities (e.g., cards, games) in order to engage her clients, but over time this dependence changed, and Amy moved *towards independence* in her thinking. The following examples are presented as a way to show the changes in Amy's thinking, as she moved *towards independence* in *Treatment Plans and Goals*. The first example is an excerpt from her case notes, written early in her first practicum experience:

> "I am going to keep bringing UNO and a deck of cards to play with ___. I got more out of him today because the focus was on the game and not him. I want to talk to him more about his relationship with his stepmother. We are also going to work on more goals for him next week. I also want to start taking him outside to sit and talk when it is pretty."

In this example, Amy appeared to be relying on activities as a way to engage her client in some form of interaction. In this next example, her doctoral student supervisor during her second practicum described Amy's thinking about planning for sessions in the beginning of her second practicum:

> "When she started off, she needed props. Not props from me, but things to take in to the session to do. Umm, there were a couple of little gimmicky things…like conversation starters. She decided to write down topics on slips of paper, to focus the client and get them going. She thought about playing a game with one, to get them engaged. I felt like she was leaning on these 'crutches', more than using them as interventions. It was more like she didn't know what to do, or how to do it, so she would do that [use the props]."

Later in her second practicum, her doctoral student supervisor described her thinking about *Treatment Plans and Goals* as follows:

> "Over time, she started making the connections between…well, let me say it this way…the goal was to get the client to state a goal in their own words…and, for objectives to kind of fall out of that, then strategies to get there. So, she was very

> sensitive to not putting the clients' problems in her words, but keeping it in their words…then designing strategies that would fall out of that."

As Amy continued to move *towards* greater *independence* in her thinking about *Treatment Plans and Goals*, she stated the following when asked about treatment planning during her internship:

> "Ellen: What was it like, planning for groups? Amy: That was just scary, and I just stopped doing it. I mean, I would plan, but at the beginning I had all these activities that I thought would be really powerful, to do in the group. But I definitely stopped trying to have an agenda, and just really tried to let them…I wanted everybody to feel like they were heard, so, if doing rounds took the entire time, then that was okay."

This overall aspect of movement *towards independence* could be interpreted as Bandura's (1986) notion of *Self Efficacy*. In the following section, I will describe more specifically how Amy's experience with *Treatment Planning and Goals* relates to the Social Cognitive Theory.

For this Participant, how do Treatment Plans and Goals Relate to the Social Cognitive Theory?

Bandura's (1986) notion of *Self Efficacy* is affected by four factors. Two of these factors, *mastery* and *affective arousal*, seemed to contribute to the development of Amy's *Self Efficacy* in the domain of *Treatment Plans and Goals* (see Figure 4.3). First, during Amy's second practicum, she began to show evidence of *mastery* by focusing more closely on the needs of each client. For example:

> "___ pretty much told me that she just wants somebody to listen to her, so that's exactly what I'm going to do. So, with her, I just listen to what she's saying, and try to help her if it's something I can help her with."

As a second example of this same focus on the needs of her clients, Amy said the following about a different client during her second practicum:

> "With ___, that's harder for me. Sometimes I feel lost if I don't have a plan. There are just so many issues, and ___ has even said there's so many things that I want to talk about here. Ellen: she's pretty verbal, right? Amy: yeah – she's very verbal. It would be easy for me to sit back and just let her talk, but I want to have something… I feel like she needs a little bit more, to help her. So, I try to come up with something for her. Ellen: What kinds of things? Amy: Well, the first few weeks she had just gone on about all these different things, so I tried after the session to write them all down, put them all on a little piece of paper, and we do different ways, like, color-code dum-dums [suckers], ___ [doctoral student supervisor] gave me that idea. Then I have my topics, and she could see them, because she loves candy. So I would say, you can get one, and then she would choose what she wanted to talk about and for how long. That was really great."

In addition to focusing on the needs of her clients as movement towards a greater sense of *Self Efficacy* in the domain of *Treatment Plans and Goals*, Amy also discussed how she worried about having enough time to be effective with her clients during her second practicum. The following is an example of *affective arousal* in the area of *Treatment Plans and Goals*:

> "I just worry about her, Ellen. I don't have that much time with her and they're just going to throw her into public school and she can't handle being close to other people. I don't have that much time…what do I focus on?"

Interestingly, in the domain of *Treatment Plans and Goals*, the first evidence of the influence of *Triadic Reciprocal Causation* surfaced as a possible influence on Amy's development. According to the Social Cognitive Theory (Bandura, 1986), personal factors and environmental influences can modify behavior. Amy worked with groups during her internship. While each individual had a treatment plan that was designed by the agency, Amy considered each client's personal issues, in the context of the group, and was sensitive to their emotional state. She took into account each individual's issues, and then worked to find a common theme for the group. In this example, Amy's sensitivity to the individual needs of her clients could be considered the *personal factors*, the group setting could be considered the *environment*, and Amy's decision making regarding searching for thematic material could be considered the *behavior* that result from an interaction between the person and the environment. The following example illustrates this notion:

> "There are different things that I want to work with on everybody…you know, I do their treatment plans. But, then when we get into group, I have to first of all, make sure that everybody has an equal amount of time. Ellen: right. Amy: Then, I try to just…I do rounds at the beginning, on Fridays, just to see what went on in their week, and then we take a break, because that usually lasts for a long time. And, I try to just think of an overall theme. Most of it is coping skills, and I want

them to find things that they are doing well because they are so down on themselves. So, a lot of it is just coping skills and trying to think positively. But I try to find a theme."

In summary, the development of Amy's *Self Efficacy* in the domain of *Treatment Plans and Goals* was influenced by *mastery* experiences and *affective arousal*. One interesting finding in this data was the first evidence of Bandura's (1986) concept of *Triadic Reciprocal Causation*. In the next section I will describe the relationship between *Treatment Plans and Goals* and Perry's Scheme, as it relates to Amy's development.

For this participant, how do Treatment Plans and Goals relate to Perry's Scheme of Ethical and Intellectual Development?

Amy's development in the domain of *Treatment Plans and Goals* can also be described through Perry's Scheme. In particular, the way in which Amy thought about planning for her sessions illustrates movement through Perry's *Positions of Growth*. Early in Amy's second practicum, she responded as follows, when asked about her decision making with one of her clients:

"That's a big question. A hurdle…I mean, she has a treatment plan at the center, but I want to kind of think on my own."

I believe that her response here is indicative of *Relativism*, in that Amy was expressing her desire to think independently. In the following example, Amy's capability for independent thought (i.e., *Relativism*) is further illustrated through her description of making decisions with another one of her clients during her second practicum.

> "Well, each one, I've learned, is very different. ___, she's really angry at me, and everybody else. She's the one that curses at me. But, it's ok. I usually just let her…well, the thing is, ___ [Amy's site supervisor] wants me to have this agenda, and so, and she [site supervisor] leaves everyday before I see them [her clients], so I just kind of "forget" what she said to me, because I don't want to have an agenda… she's [client] so angry; she's crying in every session; so, I usually just let her cry, and talk to her about what's going on – I feel like she would get really angry with me, if I was like 'well, let's try to work toward this.' You know, because she's very combative…She pretty much told me that she just wants somebody to listen to her, so that's exactly what I'm going to do."

To summarize, in the domain of *Treatment Plans and Goals*, the data collected in an effort to describe Amy's development seem to point out that Amy was moving away from an early dependence on activities and "props", *towards independence* in how she thought about providing interventions for her clients. This movement *towards independence* can also be understood as an increase in Amy's *Self Efficacy*, through *mastery* experiences. That is to say, as she gained experience with clients, she became more confident in her ability to structure interventions based on the needs and goals of her clients, rather than on her own needs. Amy's growth in this domain was also influenced by the notions of *affective arousal* and *Triadic Reciprocal Causation*. In thinking about Amy's development through the lens of Perry's Scheme, Amy appeared to be engaging in *relativistic* thought, in the domain of *Treatment Plans and Goals*.

Research Question Eight

How do Professional Ethics in the IDM Relate to the Experiences of this Participant?

The ways in which "professional ethics and standards of practice intertwine with personal ethics in the development of the therapist" (Stoltenberg, et al., 1998) is the focus of this domain. For Amy, her awareness of ethical issues was probably one of the most profound areas of growth during her clinical training. During her first practicum, one of the primary reasons that Amy was pulled out of the practicum setting reflected her lack of awareness concerning ethical issues. Following this incident, a change occurred, and Amy became not only aware of ethical issues, but also committed to providing ethical care for her clients. Two overall aspects were found in the data concerning *Professional Ethics*: *beneficence* and *estimable*.

First, the aspect of *beneficence*, in describing Amy's development in the area of *Professional Ethics*, was most apparent in the interview conducted with Amy's doctoral student supervisor during her second practicum. During this practicum, Amy worked with one client in particular who had become quite attached to Amy. Whenever Amy began to think about termination issues with this client, she sought out supervision. The following excerpt illustrates how this supervisor recalled Amy's experience with this ethical issue:

> "Then, from a practical standpoint, one of the issues that came up was termination with the client with whom she had become really connected. That was, 'can I write to her? Can she write to me?' 'How do we transition without the client feeling abandoned, but also without breaking professional boundaries?"

Another aspect that was found in the data on *Professional Ethics* had to do with how her supervisors described her understanding of *Professional Ethics*. I chose the label of *estimable* to describe this aspect, based upon the number of comments that illustrated Amy's strong and "solid" stance on issues of *Professional Ethics*. First, her supervisor during the last half of her internship stated that:

> "…her internship, I think it just forced her hand on ethics, and she did, as much as I know, by the book what you should do."

Later in this same interview, this supervisor also stated that Amy was "just really solid" when thinking of ethics. Amy's supervisor during the first part of her internship made similar statements when asked about Amy's awareness of *Professional Ethics*:

> "I think, for her, its interesting… I think that's not something, as I think of her, that she had to go learn it – I think it's kind of who she is as a person. I think she's a very ethical, very solid person. She was well grounded when it came to that stuff. For instance, the person who was sort of known [in the community]…in her gut, she knew what the right thing was. But she thought 'I really need to sound this off to you'. She not only did in seminar, but she came and saw me personally. She seemed very comfortable with doing that."

Amy's development in the domain of *Professional Ethics* was remarkable. She moved, in a relatively short period of time, from a lack of awareness to a "solid" stance in her thinking about ethical behaviors. In the next section, I will describe the relationship between *Professional Ethics* and the Social Cognitive Theory, as it relates to Amy's experiences during her clinical training.

For this Participant, how do Professional Ethics Relate to the Social Cognitive Theory?

The data collected that describe Amy's experience with and understanding of *Professional Ethics* can be categorized according to two of the four factors that influence the development of *Self Efficacy*: *mastery* and *social persuasion* (see Figure 4.3). First, to illustrate the growth Amy experienced in this domain, the following two quotations are included. The first excerpt is from Amy' case notes, written during her first practicum:

"I definitely want to talk more to ___ about his drinking problem."

Out of context, this comment might seem relatively benign. However, during Amy's first practicum, I was her doctoral student supervisor. Whenever Amy learned of the issues that this particular client was facing, she did not seek supervision from me. This was one of the reasons that I consulted my faculty supervisors about Amy, and her readiness to provide services to clients. It was my belief that Amy was not aware of the need to seek supervision when dealing with issues with which she had no previous experience.

In contrast, after Amy had successfully completed her second practicum and was engaged in her clinical internship, her own personal ethics were beginning to influence her work, but she strived to maintain an adherence to the policies of the agency. For example:

> "I've had people tell me in group, 'well, I relapsed.' Or, they've asked me if I would pee in their cup for them, and I say 'I can't, I have to tell ___ [her site supervisor] things like that.' Ellen: yeah. Amy: things like that. Ellen: How do they react to that? Amy: 'Well, I know, I figured you would.' [What the client would say]. Ellen: that's interesting. Amy: I know. But, then I've had some guys

get mad at me, and say 'you said there was confidentiality.' And, I said, 'if you're going to come in here and tell me that you just asked so and so for drugs…' I tell them, 'I have to meet with a treatment team and tell them how you are doing, and you can't stay in this group if you are still using.' So…then, there are the times that I know that they'll get kicked out and I don't want to tell anyone, but I can't do that. I can't do that for just one person, even though I might like them."

In addition, there were several instances (of *social persuasion*) in which Amy described the influence of previous and past supervisors on her ethical decision making, and other instances in which Amy's supervisors described her consultation behaviors. First, the following example, from Amy's doctoral student supervisor during her second practicum, illustrates Amy's awareness of the need to seek supervision on issues that appeared to be conflicting with her understanding of right versus wrong.

"There were a couple of times, where, in working with her site supervisors, she felt there were some ethical dilemmas. Signatures on client notes, or dates on important documents…so that was kind of 'the letter of the law' ethical stuff that she would come back and talk to me about. We talked about how to approach it; don't make those judgment calls on your own; go to your supervisor and ask for guidance."

In another example of *social persuasion*, Amy described her experience of ethics during her internship as follows:

"Ellen: Now, what was your experience of ethics there? Amy: It was just very difficult to maintain my ethics, because I kept thinking, 'what would Ellen do?'

And, I thought, 'well she would probably confront this person, the co-facilitator'. And, I did not…I don't know, it was difficult."

In sum, Amy experienced development in the area of *Professional Ethics*, and her development was influenced by *mastery* experiences and *social persuasion*. In the next section, I will describe the relationship between *Professional Ethics* and Perry's Scheme, as it relates to Amy's experiences during her clinical training.

For this Participant, how do Professional Ethics Relate to Perry's Scheme of Ethical and Intellectual Development?

The ways in which Amy thought about ethical issues changed dramatically over the course of her academic training. The excerpts from the data, listed above, all serve to illustrate a forward movement in Amy's thinking. I believe that Amy grew a great deal in her understanding of *Professional Ethics*, and her commitment to providing ethically sound counseling services. I would categorize Amy's understand of *Professional Ethics*, by the end of her internship as Position Eight (*Orientation in Implications of Commitment*), on Perry's Scheme. The following example, from an interview conducted while Amy was in her internship, is included as an illustration of how Amy's own personal ethics had become entwined with her understanding of *Professional Ethics*.

"Ellen: Tell me about your experience of *Professional Ethics*. Amy: I think it's more of my own…principles, but things like the other therapists want to gossip about the clients; I've made it clear that I'm not going to do that. But, I can think of…like, a girl, in our group…that has a newborn baby, she wouldn't be able to come to group unless she brought it. Things like that, I feel like I would rather

answer to myself than to send her out. I mean, they don't have any ethical guidelines there. So, I'm really just trying to go by what I've been taught here [at school]. But, I would say it's my own stuff."

To summarize, by the end of her clinical training, Amy had developed a strong personal stance on ethical behaviors. Early in her training, Amy showed very little comprehension of ethical situations, which contributed to the decision made by her faculty supervisors and me to remove her from her first practicum placement and offer some remediation. During Amy's second practicum, her doctoral student supervisor was influential (through *social persuasion*) in encouraging the development of her *Self Efficacy* in this domain. As Amy continued to experience success, these *mastery* experiences propelled her further. By the end of her clinical training, Amy's supervisors described her as "solid" in her ethical behaviors and thinking.

Research Question Nine

How does Motivation in the IDM Relate to the Experiences of this Participant?

In thinking about how to describe Amy's *Motivation* throughout her clinical experience, I believe that one overall aspect stood out to me, that of *commitment*. From the very beginning, Amy was *committed* to becoming a counselor. Amy knew, and was able to articulate, what her goal was, and although she experienced some "pretty heavy duty events" (faculty supervisor, first half of internship), she never lost her *commitment*. In this section, I will describe Amy's *Motivation* during each of her clinical experiences separately.

Motivation during First Practicum

At the beginning of Amy's first practicum, she described herself as "really motivated." The following excerpt is from an interview I conducted with Amy in which she was recalling her experiences during this time period.

> "I think that when I started there [her first practicum placement], I guess it was the second semester of grad school, I wanted everything to be perfect, and I thought I was going to get my two kids, and I just saw a picture in my mind of a complete transformation, and I would say all the right things, and be able to help them out, and make a big difference. So, I was really motivated at first, and then I got a reality check, after the first session. Ellen: what was that like? Amy: It scared the shit out of me. It scared me, and I thought that I was way in over my head, and that maybe I had not given enough credit to how hard it would be."

Amy went on to describe how overwhelmed she felt at this time, and how *uncertain* she was about what to do, or how to ask for help. Because uncertainty was also a relevant aspect of *Interpersonal Assessment*, I chose to label this aspect as a theme. This aspect (i.e., *uncertain*) was also evident in the interview I conducted with Amy's faculty supervisor during this time. For example:

> "I think in terms of motivation, I think it was difficult for her. You know, we had several conversations about it, and some of them were pretty frank, I thought. I think what I said to her was, 'you are drowning….where you are, and we need to get you out of there and do something else.' I think she felt that."

After Amy began her first practicum, her faculty supervisor and I realized that she was not "ready" to provide counseling services, and we made the decision, with the support of other faculty members and her site supervisor, to pull her out of her placement, and offer some remediation so that she could develop the skills that she needed in order to work effectively with clients. When I asked Amy to describe any changes in her *Motivation* during this time period, she responded as follows:

> "I would say that my motivation, during that whole time, until we had that talk with ___ [faculty supervisor], that it probably was really high and then just dropped; kept dropping. Ellen: right. So, after we had the talk with ___ [faculty supervisor], tell me a little about your motivation then. Amy: oh, well it definitely shot back up, but I was also angry and really annoyed. Ellen: Right, right. So, then you were motivated – your motivation was high, but for a different reason? Is that correct? Amy: yeah, I knew that I still wanted – at the core – to be a counselor, but…hmm…I was also mad. But I know that it was a much higher motivation. And I wanted, probably, to prove you guys wrong."

After Amy was pulled out of her practicum, she completed the recommended remedial course work and field experience, and then took practicum again, the following semester.

Motivation during Second Practicum

At the beginning of Amy's second practicum, her *Motivation*, according to her doctoral student supervisor, was "extremely high". The following excerpt from an interview with this supervisor illustrates Amy's *Motivation* during this time.

> "I do recall that she was extremely motivated. She had really high levels of motivation; she was really excited about her clients, about the process, about her placement, and getting in there and being really involved. In some ways her high motivation and energy level concerned me a little, because I know that can be a place to fall from. But, she was really driven and excited about her placement."

The excitement that Amy experienced in the beginning of this practicum experience did *fluctuate*, towards the mid-point of this semester. Because *fluctuation* was also evident in the data describing Amy's *Intervention Skills Competence*, I chose to label *fluctuation* as a theme. Amy described her *Motivation* during this time as follows:

> "Probably close to the middle [of the practicum], my client ___ ran away. That changed my motivation to…just really second guessing myself, and I guess, now when I look back I think that was really narcissistic, because it wasn't about me…. I thought I must not be helping her, like, 'what have I not done?' Ellen: So, after that event you kind of questioned your ability? Amy: yeah, it was a reality check…. Ellen: After that, were you more motivated to help? Amy: I was always really motivated with her. I think I was just less confident, and more motivated to seek more guidance. Ellen: okay. Amy: And, to make sure that I was doing everything I could. Ellen: So, guidance from your supervisors? Amy: yeah, I remembered I called ___ [doctoral student supervisor], I guess it lowered my confidence, but it did increase my motivation in that I wanted to seek more guidance."

In the interview with Amy's doctoral student supervisor, he recalled this situation in a similar way.

> "Ellen: Did you notice, during that time that you worked with her, were there any noticeable changes in her motivation? [Supervisor]: I'd say, if had to bifurcate motivation and enthusiasm; I would say that her enthusiasm never waned, but that there was a time, maybe half-way through, where one or two of her clients were beginning to be struggles for her. One was really clingy; one wasn't showing up; and her site was sort of adding more pressure to her. I think it gave her that crisis period of 'Am I really doing the right thing? Is this something that I can pull off?' Ellen: right, right. [Supervisor]: So, behaviorally, she didn't show any signs of holding back an investment, but I could tell that it seemed like she was struggling with going there and making an impact. And, how to help without helping too much, and, not getting drawn in to…I guess that could speak to motivation."

Based on the recollections of Amy and of her doctoral student supervisor, I believe that Amy's *Motivation fluctuated* during this time, and the reasons for her *Motivation* changed (e.g., motivated to provide care, versus motivated to seek supervision).

Motivation during Internship

During Amy's internship, she worked with two different faculty supervisors. When interviewing both of these faculty members, each reported that Amy's *Motivation* was high. For example, the faculty member with whom Amy worked during the first part of her internship remarked:

> "I think what I would have said, and it's almost impossible to not separate the two, was by the time I got to work with her in internship, she had already been through a series of pretty heavy-duty events, and I would have said that from that, she was really driven to succeed. I would have said that upon admission [to the master's program] she was one of the more inexperienced, young, green, whatever adjective you want to use, students. I think during that time period, she really grew. So, I would say that her motivation was extremely high and that she took advantage of conversations with several faculty members, over that six or eight month period, that helped with that."

The faculty member with whom Amy worked during the second half of her internship also made similar comments. He stated that:

> "She was very well motivated. She was eager to learn, very much eager to better herself as a counselor; very much seeking feedback. She was in a setting where…we had given an exception to not taping at that setting, because they do only group work. Ellen: right. [Supervisor]: And, so, for an example of her motivation: they had to do a transcript for an assignment in class. She always came, each week to class, with something about her work to present and talk about, and get feedback on. But, when she had the transcript part, it was a transcript of a group, because that was what she was doing. So, she just decided to – we had a couple of people in the class play the characters, so we could come as close as we could to playing a tape of it. Ellen: right…that's interesting. Did you notice, during that time, if there were any significant changes in her level of

> motivation? Or, was it, you said she was 'high'… [Supervisor]: No, I had her in the end and I think she was consistently high. Her internship went, I think, three semesters, ending in the summer. I taught the summer session. It was really at the end. Ellen: oh, okay. [Supervisor]: Of course, I guess you could say that some peoples' motivation sort of drops off at the end, but that was not true of her."

I believe that these two examples illustrate, once again, Amy's *commitment* to becoming a counselor. Overall, the relevant aspects and themes from the data describing Amy's *Motivation* include the following: *commitment*, *uncertainty*, and *fluctuation*. Amy was driven to succeed, and although her level of *Motivation* changed periodically, she never lost her drive. In the next section, I will describe the relationship between *Motivation* and the *Social Cognitive Theory*, as it relates to Amy's experiences in her clinical training.

For this participant, how does Motivation relate to the Social Cognitive Theory?

Amy's *Motivation* throughout her clinical experiences was strongly tied to the notion of *affective arousal* (see Figure 4.3). As previously mentioned, *affective arousal* is one of four factors that influences the development of *Self Efficacy*, according to the Social Cognitive Theory (Bandura, 1986).

One interesting finding in the data that described Amy's *Motivation* was the difference in how Amy described her *Motivation* versus the way in which her supervisors throughout her clinical experience described Amy's *Motivation*. For example, Amy used descriptors such as *fear*, *anger, being stuck*, *feeling overwhelmed*, and *worry* when talking about her *Motivation*. In contrast, her supervisors used descriptors such as *excited, enthusiastic, curious, eager*, and *driven* to describe Amy's *Motivation*. There was

however, agreement in that both Amy and her supervisors consistently described her *Motivation* as high.

In the next section, I will describe the ways in which Amy described her *Motivation* throughout her clinical experiences and how her thinking about her *Motivation* relates to *Perry's Scheme*.

For this Participant, how does Motivation Relate to Perry's Scheme of Ethical and Intellectual Development?

Throughout the interviews I conducted with Amy, she described her *Motivation* during each part of her clinical training in different ways. One of the main differences among her descriptions reflected the ways in which she thought about her *Motivation* during each period of time. Overall, her descriptions reflect a movement from *Multiplicity Subordinate* (Position Three in Perry's Scheme) towards *Relativism Subordinate* (Position Four in Perry's Scheme). The following two examples are intended to illustrate the difference in Amy's thinking about her *Motivation*. First, when asked to recall her *Motivation* during her first practicum experience, Amy replied as follows:

> "I think that when I started there, I guess it was the second semester of grad school, I wanted everything to be perfect, and I thought I was going to get my two kids, and I just saw a picture in my mind of a complete transformation, and I would say all the right things, and be able to help them out, and make a big difference. So, I was really motivated at first, and then I got a reality check, after the first session."

In this excerpt, Amy's thinking seemed to reflect the notion of searching for the "right answer", which is indicative of Position Three (i.e., *Multiplicity Subordinate*) in Perry's Scheme. In the next excerpt, Amy described her *Motivation* during her second practicum experience. In this example, Amy's thinking appears to be somewhat more complex.

> "Probably close to the middle [of the practicum], my client ___ ran away. That changed my motivation to…just really second guessing myself, and I guess, now when I look back I think that was really narcissistic, because it wasn't about me…. I thought I must not be helping her, like, 'what have I not done?' Ellen: So, after that event you kind of questioned your ability? Amy: yeah, it was a reality check…. Ellen: So, after that, were you more motivated to help? Amy: I was always really motivated with her. I think I was just less confident, and more motivated to seek more guidance. Ellen: okay. Amy: And, to make sure that I was doing everything I could."

In this example, the way Amy thought about her *Motivation* during her second program seems to be more indicative of *Relativism Subordinate* (i.e., Position Four). It appears to me that Amy was no longer searching for the "right answer", but that she recognized there were multiple ways to help her clients, and she was searching for the "best option".

When asked to describe her *Motivation* during her internship, Amy's reply indicated that she could have experienced one of Perry's *Alternatives to Growth*: *Retreat*. Throughout the analysis of data, this was the only exception to Amy's movement along Perry's Scheme towards higher position of growth. In this example, Amy's reply seems

to indicate *Multiplicity Subordinate*, as did her reply in the first example. Amy stated, when asked about her *Motivation* during her internship, the following:

> "My motivation was high, but I was so overwhelmed I didn't even know where to start. It wasn't like I could study anything, either. I was worried about my public speaking skills. It was a high level of motivation, but I didn't know what to do."

Overall, the description of Amy's *Motivation* through the lens of Perry's Scheme indicates that she experienced *fluctuation*. It appeared, at least in my analysis of this data, that Amy experienced *Retreat*, before moving on to a position of relativistic thinking.

To summarize, three relevant aspects and themes (*commitment*, *fluctuation*, and *uncertainty*) described Amy's *Motivation* during her clinical training. Amy experienced a number of "heavy duty events' through her academic program, but always seemed to maintain her *commitment* to becoming a professional counselor. Her *Motivation fluctuated* at times; at other times she experienced feelings of *uncertainty*. These feelings of *uncertainty* were a source of influence on her *Self Efficacy* (i.e., *affective arousal*), but Amy was able to maintain her *commitment*. The notion of *fluctuation* was also evident in Amy's thinking about her *Motivation*, as she experienced *Retreat* during the beginning of her internship.

Research Question Ten

How does Self Awareness in the IDM Relate to the Experiences of this Participant?

Within the structure of *Self Awareness*, two aspects stood out to me: *self-reflection* and *congruence*. Throughout Amy's clinical training, her ability to be *self-reflective* increased in terms of her ability to hear what others (i.e., supervisors) said,

think about what had been said and then make changes based upon what this information. For example, she moved away from incongruent verbal and nonverbal messages towards more *congruent* messages. Amy's faculty supervisor during her first and second practicum experiences described Amy's *Self Awareness* as follows:

> "Oh, I think the self-awareness was clearly part of that [her development]. We talked some about, for example, her nonverbal behavior. And, how she was sending one message that way, yet she was saying something else. So, she was setting up this contradiction [between verbal/nonverbal behaviors]. I think that was just part of her development as a counselor, and becoming a mature individual."

Early in Amy's second practicum experience, she began to realize that her nonverbal behaviors (e.g., smiling) could be misinterpreted by others. In the following example, Amy and I were discussing her body language, and how her behavior was impacting the way others (e.g., faculty, supervisors, and coworkers) perceived her.

> "Amy: But its like, I know that I'm not being 'fake', but I don't think that other people know that. But it [smiling all the time] has something to do with the way I'm perceived."

During my interview with Amy's doctoral student supervisor during her second practicum, this same topic was mentioned in the discussion on *Self Awareness*. This supervisor remarked:

> "Well, the most dramatic part of her self awareness was, and she had told me early on. I had noticed this and I wanted to address it, but before I could she

brought it up, was that she always had a smile on her face. Like, if someone was telling her something negative, and she was smiling about it, I was concerned that she might be communicating a wrong message, in terms of empathy. But, she addressed it first. She said, 'people say I smile, and I don't know what that's about.' Throughout the semester, she began to be more aware… 'Oh, okay, so if I'm smiling, this is really giving a mixed message of showing empathy. It's up to me to communicate that through facial expression.' Rather than saying, 'well, they should understand that I feel sad for them; I'm just a smiley person.' I think that she progressively became more and more aware of how important it is to be aware of how she is appearing."

Amy's movement towards *congruence* and *self-reflection* continued. Her supervisor during the last half of her clinical internship, when asked about Amy's *Self Awareness,* stated the following:

"I guess, what I would say is…eight. Ellen: out of ten? [Supervisor]: yes, I don't think any of us ever reach ten. Nine would be…unrealistic at her stage of development. I think that she'll be able to be more aware of what she's doing and why in counseling sessions five years from now, then she would be now. Ellen: Right…but, for where she was in her development, she was… [Supervisor]: Eight. Which would put her…say, of the interns at that place in time, I wouldn't rank anybody else higher. Ellen: okay. [Supervisor]: top of the class."

Overall, Amy became more *self aware* throughout her clinical experiences, based on my analysis of this data. The most notable change in her *Self Awareness* involved her ability

to reflect on suggestions made by others concerning her verbal and nonverbal communication, and then make changes. In the next section, I will describe the relationship between *Self Awareness* and the *Social Cognitive Theory*, as it relates to Amy's experiences in her clinical training.

For this Participant, how does Self Awareness Relate to the Social Cognitive Theory?

In light of the Social Cognitive Theory, the most significant factor that appeared to influence Amy's level of *Self Awareness* throughout her clinical training was *affective arousal*. In one of our interviews, Amy described for me how she remembered her own *Self Awareness* during her first practicum. The following excerpt is intended to illustrate Amy's feelings of *worry* during this time.

> "I became much more self aware after I talked to you and ___ [faculty supervisor]. I don't think I was paying attention to myself during the sessions. Ellen: So, on a scale of one to ten, of self awareness, during the time at ___ [first practicum site]… Amy: probably a four, because I was mostly trying to think 'what the hell am I going to say next?' Ellen: right…and then after the conversation with ___ [faculty supervisor], on a scale of one to ten, how would you rate your self awareness? Amy: probably about an eight. I thought, well, there's more to this…I need to go within myself. I think I was worried about those tapes…the damn tapes. Ellen: yeah. Amy: so, I was worried about what I was going to say next."

During a separate interview, I asked Amy to tell me about how she became a counselor. Her reply to this inquiry also illustrates how *affective arousal* impacted her self-awareness.

> "Ellen: So, if you were going to tell me the story of how you became a counselor…because you're a counselor now…what would you say? Amy: I would say that it was a messy journey…and I did a lot, I found out a lot of things about myself. Umm, that maybe I wasn't trying to. But, I'm so thankful that I did. But I would say that it was not easy, at all. I would say that it was a messy journey, but with a good outcome. It was not like, you go to class and then you're done with it. It was something, you have to really work on yourself, and make sure that you can be…a counselor. Ellen: So, there was much more of a personal commitment? Amy: yeah, there was much more to it then I thought there would be."

In sum, Amy's *Self Awareness*, when explored through the lens of the Social Cognitive Theory (Bandura, 1986) reflected the strength of the influence of *affective arousal* (see Figure 4.3). In the next section, I will describe the relationship between *Self Awareness* and the Perry's Scheme, as it relates to Amy's experiences in her clinical training.

For this Participant, how does Self Awareness Relate to Perry's Scheme of Ethical and Intellectual Development?

In this domain, I found no data that would support any conclusions drawn about a relationship between and Perry's Scheme and *Self Awareness*. A number of conclusions could be drawn as to why a relationship between Perry's Scheme and *Self Awareness* was not found in my analysis of this data. I believe the strength of Amy's descriptions in

terms of *affective arousal* might be the most logical conclusion, in that Amy's descriptions of her own *Self Awareness* were caged in terms of affect, rather than cognition.

To summarize this section, Amy's *Self Awareness*, during her clinical training, grew and seemed to be impacted greatly by Bandura's notion of *affective arousal*. Amy developed an ability to become *self-reflective* during her clinical training, and because of this new ability she was able to become *congruent* in her verbal and nonverbal communication skills.

Research Question Eleven

How does Autonomy in the IDM Relate to the Experiences of this Participant?

Stoltenberg and his colleagues (1998) described *Autonomy* as any "changes in the degree of independence demonstrated by the [counselor in training] over time" (p. 16). In Amy's case, her *Autonomy* clearly changed throughout her clinical training, and one aspect that stood out in this data centered on the notion of *effectiveness* with her clients. Early in Amy's clinical training, she recalled feeling "ineffective".

> "Ellen: Now, during that same time, when you were with ___ and ___ [her two clients during her first practicum]…describe for me any beliefs about your effectiveness…we may have already talked about this, but what I mean is, did you feel like you were effective? Amy: No…no. Ellen: you didn't? Amy: no. Ellen: okay.

As a second example of changes in Amy's *effectiveness* during her clinical training, her doctoral student supervisor during her second practicum stated that:

> "When she started off, she needed props. Not props from me, but things to take in to the session to do…I felt like she was leaning on these 'crutches', more than using them as interventions. It was more [like] she didn't know what to do, or how to do it, so she would do that [use the props]. Then, she would come to me and ask, in the beginning, it was really about 'what should I do to get the conversation going?'…By the end of the practicum, it was a different level of help that she was asking for. She was in charge of the sessions, for the most part. But then it was dealing with more critical issues of termination; of clients disclosing more than she had expected they would disclose…so, as her sense of autonomy increased, so did the complexity of the issues that the clients' brought into the therapeutic process. So, her dependence on me changed; it went to a different level…By the end of it I felt like she was feeling very competent to begin a therapeutic relationship, to start a session, end a session; to build rapport and engage and collaborate. By the end, it was really focused on… 'How do you help clients who are perceived as helpless? Or, help individually, who are returning to a sick system?' So, the complexity of the work that she was doing by the end - in just a three or four month period - was significantly different. I think that impacted her sense of autonomy."

Finally, by the time Amy was in the last half of her clinical internship, her supervisor during that period of time described her *Autonomy* as follows:

> "Ellen: What do you think about her autonomy or her own beliefs about her ability to provide effective services? Do you have any ideas about that?

[Supervisor]: yeah…I guess I would just say they are strong. I think that she – I went out and observed an evening of groups – and she was reasonably confident in each of them. I would describe her as genuine, or congruent with her clients. Her external behavior matching internal…you know, very few mixed messages. None [no mixed messages] is something that almost no one would obtain, certainly where she was at developmentally."

Early in Amy's graduate program, she had identified strongly with a cohort of her peers. During interviews I conducted with different faculty members, this *group influence* was discussed more than once, when I inquired about Amy's *Autonomy*. The following two examples should illustrate how this cohort influenced Amy's *Autonomy* early in her training. First, her faculty supervisor during her first and second practica remarked:

"Autonomy…I think that really changed too. As you said, when we first talked about pulling her out of that placement, she said, 'well, what's everyone else going to think?' So, there was that group thing that was so important. I think that group didn't work well for her. I think getting her away from that group was critical."

A different faculty member, who provided supervision during the first half of Amy's clinical internship, responded as follows when asked about Amy's *Autonomy*:

"I would have said, again, that this was an evolutionary thing. I would have ranked her very low on this when she initially entered the program. There was this little cadre of students that I think may not have been the best for her. After a conversation with several faculty members, all of them [the students] learned. I think some of that bonding that the group did to feed off of each other

> disappeared, and I would have said that she became quite autonomous. She became very self-directed, and she was able to move away from that group and the influence that she allowed them to have on her."

In sum, Amy's *Autonomy* increased throughout her clinical training, as she became more *effective* in performing counseling behaviors, and as she moved away from the influence of her original peer group (i.e., *group influence*). In the next section, I will describe the relationship between *Autonomy* and the *Social Cognitive Theory*, as it relates to Amy's experiences in her clinical training.

For this Participant, how does Autonomy Relate to the Social Cognitive Theory?

The concept of *Autonomy* is closely related to the notion of *Self Efficacy*. For the purposes of this data analysis, I differentiated between these two concepts by thinking of *Self Efficacy* in terms of Amy's *beliefs* about her effectiveness as a counselor and by thinking of *Autonomy* in terms of Amy's *actions*, related to her counseling behaviors. As Amy experienced *mastery*, which can lead to an increased sense of *Self Efficacy*, she was more likely to function autonomously.

In this domain, the majority of the data collected reflected the notion of *mastery* as a factor influencing Amy's *Self Efficacy* and *Autonomy* as a counselor (see Figure 4.3). Amy's degree of independence in her work with clients changed, over time. Comments made by her supervisors throughout her clinical training are included here, to illustrate Amy's movement toward greater independence in her work. First, Amy's doctoral student supervisor during her second practicum stated the following, when asked about Amy's *Autonomy*:

> "She would come to me and ask, in the beginning, it was really about 'what should I do to get the conversation going?'… By the end of the practicum, it was a different level of help that she was asking for. She was in charge of the sessions, for the most part…As her sense of autonomy increased, so did the complexity of the issues that the clients' brought into the therapeutic process. So, her dependence on me changed; it went to a different level."

In this excerpt, Amy's supervisor referred to Amy's *mastery* over basic counseling behaviors, and illustrated how her dependence on the supervisory process changed, as she began to attempt *mastery* over more complex counseling behaviors. In the following example, Amy's supervisor during the final semester of her clinical internship stated that "she had to be quite autonomous there" when asked about Amy's *Autonomy* at her internship site.

Amy also discussed her own feelings of dependence and independence throughout our interviews. The following excerpts are included to illustrate Amy's own perception of her effectiveness (i.e., *Autonomy*) with her clients. First, when I asked Amy to describe for me how she was different in sessions with her clients, between her first practicum and her second practicum, she answered as follows:

> "Ellen: When you think about where you are right now [her second practicum site], versus where you were in September of last year…just tell me a little bit about you….how is Amy different now? Amy: I think that I just felt lost last year…or maybe I just didn't put my all into it...I just kind of felt lost, and kind of gave up. I remember feeling like, well, here we are playing games. I felt like I was

> going in circles. So, I just gave up. I thought well, if I show up and I'm here for them maybe that will be enough, because I don't know what to do. Ellen: yeah. Amy: I feel much more structured now, and I feel like I have to make a plan before I go into these sessions. I know it's not always going to go as I plan, but I need something. I just feel like maybe I've matured…I don't know. Something just clicked – I don't know what it was."

Whenever I asked Amy about her beliefs about her effectiveness during her internship, she stated the following:

> "I really felt like it helped me when you [Ellen] came [to observe her groups]…because I was very overwhelmed, and it helped so much when you just pointed out different things. I think that it [self efficacy] grew while I was there. It really grew, my clinical skills, after you came, and then when Dr. ___ came it helped."

This final example illustrates one additional factor that influences *Self Efficacy*: *social persuasion*. Not only did Amy become more independent throughout her clinical training through *mastery* of basic helping behaviors, she also indicated that her supervisors influenced the way she thought about her own effectiveness. In the next section, I will describe the relationship between *Autonomy* and Perry's Scheme, as it relates to Amy's experiences in her clinical training

For this Participant, how does Autonomy Relate to Perry's Scheme of Ethical and Intellectual Development?

The data collected that addressed Amy's *Autonomy* during her clinical training are most closely related to the Social Cognitive Theory, as described above. However, there were some comments made by a couple of Amy's supervisors that reflect movement along Perry's Scheme. Three examples are included here, from each of Amy's faculty supervisors, to illustrate Amy's movement towards Position Seven (i.e., *Initial Commitment*) on Perry's Scheme. First, Amy's faculty supervisor during her first and second practica remarked:

> "One of the things, it seemed to me, that this experience did for her – I'm talking about the experience of being in practicum, then being pulled out of practicum – was a realization that, 'here are the things that I need to know more about…and it's going to be my responsibility to figure out how to get those.'"

In this example, the supervisor described how Amy foresaw that it would be her responsibility to garner the knowledge that she needed in order to be successful with her clients. This type of thinking is indicative of Position Six (i.e., *Commitment Foreseen*), in Perry's Scheme. Amy's supervisor during the first half of her clinical internship mentioned that Amy was able to move away from the group influence (of her peers) and become committed to developing her own identity as a counselor (*Initial Commitment*):

> "I would have said that she became quite autonomous. She became very self-directed, and she was able to move away from that group and the influence that she allowed them to have on her."

Finally, Amy's supervisor during the last half of her clinical internship discussed Amy's confidence in her work with clients, and her genuine way of being during sessions with her clients:

> "I guess I would just say they [Amy's beliefs about her effectiveness] are strong. I think that she – I went out and observed an evening of groups – and she was reasonably confident in each of them. I would describe her as genuine, or congruent with her clients."

From these examples, it appears that by the end of Amy's clinical training, she certainly exhibited evidence of a strong identification with her counselor identity (Position Seven – *Initial Commitment*).

In this description of Amy's *Autonomy* during her clinical training, the data indicate that Amy clearly became more autonomous. Amy grew past her early feelings of ineffectiveness, towards feeling effective with her clients. This growth occurred as Amy experienced *mastery* in her counseling behaviors, and as she moved aware from the initial impact of her peer group. By the end of her clinical training, Amy's supervisors described her as "quite autonomous" as she developed a strong commitment to her professional identity as a counselor.

Chapter Summary

In this Chapter, I have presented the findings of my data analysis according to each theoretical proposition, or research question. Overall, both the Social Cognitive Theory (Bandura, 1986) and Perry's Scheme were beneficial in my understanding of Amy's development. The Social Cognitive Theory seemed to me to more accurately

describe Amy's *behaviors* in the given domains, whereas Perry's Scheme seemed to describe Amy's *thinking* in each of the domains. In Chapter Five, I will address these conclusions in more detail, as I discuss the ways in which these findings relate to and support the existing literature in counselor education.

CHAPTER FIVE: DISCUSSION

Chapter Introduction

Theoretical Viewpoints about the Nature of Development

In this study, three theoretical frameworks (i.e., the IDM, the Social Cognitive Theory, and Perry's Scheme) were used as a way to organize and explore the data collected, in an effort to describe Amy's development during her academic training program in mental health counseling. In each of these theories, the theoreticians (i.e., Stoltenberg, et al, 1998; Bandura, 1986; Perry, 1999) contributed different perspectives to the notion of development. In combination, these theories framed the current study, and provided a unique approach to describing the development of one counselor in training during her academic tenure.

First, the IDM (Stoltenberg, et al., 1998) provided the theoretical framework from which the research questions were developed. Stoltenberg and his colleagues proposed eight domains of clinical competence (i.e., *Intervention Skills Competence, Assessment Techniques, Interpersonal Assessment, Client Conceptualization, Individual Differences, Theoretical Orientation, Treatment Plans and Goals,* and *Professional Ethics*), and three overriding structures (i.e., *Self and Other Awareness, Motivation*, and *Autonomy*) which influence the course of development of counselors in training. These eleven areas served as the theoretical propositions for the current study.

Just as clinical practice is complex, the notion of development as a counselor, according to Stoltenberg and his colleagues (1998), cannot be described as straightforward movement through preconceived stages. The IDM was based upon

research in cognitive development, research on motivation, and research from other models of human development. The culmination of this work (i.e., the IDM) is a four-stage developmental process, through which counselors in training pass as they demonstrate increasingly complex professional behaviors (Stoltenberg, 1981; Stoltenberg & Delworth, 1987; Stoltenberg, et al., 1998).

The second theoretical framework used in this study was the Social Cognitive Theory (SCT; Bandura, 1986, 1997). For this study, the SCT served as one of two rival theories utilized in the analysis of the data collected, based upon Yin's (2003) notion of rival theories. The SCT was chosen as the primary theory for data analysis, based upon a large amount of previous research in the counselor education literature regarding the development of *Self Efficacy* of counselors in training (e.g., Barbee, Scherer, & Combs, 2003; Larson, 1998; Larson & Daniels, 1998; Leach & Stoltenberg, 1997; Lent, Hackett, & Brown, 1998; Lent, Hill, & Hoffman, 2003; Melchert, Hays, & Kolocek, 1996).

As noted in Chapter Two, the SCT was based upon a number of basic assumptions about the ways in which people learn. First, Bandura (1986) believed that people learned by watching others (i.e., vicarious learning). Secondly, Bandura believed that learning is internal, not external, and learning may or may not have an effect on the individual's behavior. Bandura (1986) also believed that human behavior is usually goal-directed and regulated (e.g., controlled) by the individual. Finally, Bandura asserted that individuals have a certain belief in their ability to perform specific tasks, which he referred to as *Self Efficacy*.

As a rival theoretical framework, Perry's Scheme of Ethical and Intellectual Development was used as a second way to analyze the data. As described in Chapter Two, Perry's conception of development details the journey of students as they move towards complexity in their thinking. While many developmental theorists (e.g., Piaget, 1973) propose *stages* of development, Perry reconceptualized growth as occurring through *positions* of development (Moore, 2002; Perry, 1999). The notion of developmental positions was the way in which the students in Perry's original study conceptualized the world (Moore, 2002).

Organization of the Chapter

The three theoretical frameworks for this study, in combination, structured my method of organizing and analyzing the data collected, described in Chapter Four. This chapter includes (a) a brief discussion of the most salient thematic material found in the analysis of the data, (b) a discussion of the ways in which this data reflected concepts from the SCT, and (c) a discussion of the ways in which this data reflected concepts from Perry's Scheme. For each of these sections, I will summarize my findings, describe how my findings are related to the previous literature on the development of counselors in training, and describe any differences between my findings and the previous literature on the development of counselors in training. I will present conclusions based on the three theories used in this study, and discuss these conclusions as they relate to the methodological strategies used for data collection and analysis.

Salient Thematic Material and Relevant Aspects

Introduction

In the data collected for this study, several important aspects were evident. As was mentioned in Chapter Four, after organizing the data according to the theoretical propositions, I read through the data and made notes in the margins about significant phrases or ideas. From these notes, I found recurring material and categorized that material as important. In some cases, relevant aspects were evident in more than one theoretical proposition. In these cases, I chose to label said material as thematic. All of the themes selected were, to me, descriptive of Amy's overall experience in each area. In this section, the themes (i.e., *fluctuation, uncertainty,* and *suspending judgment*) are presented and discussed. In addition, two other relevant aspects that had interesting correlations to the existing literature on counselor development (i.e., *guilt* and *group influence*) are also included in this discussion.

Fluctuation

In two areas (i.e., *Intervention Skills Competence* and *Motivation*) the data indicate that there was some *fluctuation* in Amy's perceptions of her own effectiveness with clients and in her *Motivation* as a counselor in training. Several times during interviews with Amy, she was able to describe for me times when she "knew what to say" and other times when she "did not know what to say". This is in keeping with the description of a Level Two counselor in training, according to Stoltenberg, et al. (1998). These authors suggested that "the complexity of learning psychotherapeutic skills is such

that we should not expect a Level Two therapist to demonstrate consistently effective performance across all of the domains" (Stoltenberg, et al., 1998, p. 70).

In addition to the *fluctuation* Amy described in her ability to be effective (e.g., "knowing what to say") with her clients, her *Motivation* also *fluctuated*, which is also in keeping with the description of *Motivation* in the IDM. As one example of this *fluctuation* in Amy's *Motivation*, she described a change in her *Motivation* during her second practicum. This change was not necessarily related to an increase or decrease in her level of *Motivation*, rather, her *Motivation* shifted to a different area, as she described in the following example:

> "Probably close to the middle [of the practicum], my client ___ ran away. That changed my motivation to…just really second guessing myself, and I guess, now when I look back I think that was really narcissistic, because it wasn't about me…. I thought I must not be helping her, like, 'what have I not done?' Ellen: So, after that event you kind of questioned your ability? Amy: yeah, it was a reality check…. Ellen: After that, were you more motivated to help? Amy: I was always really motivated with her. I think I was just less confident, and more motivated to seek more guidance."

In their description of the Level Two counselor in training's *Motivation*, Stoltenberg and his colleagues discussed *fluctuation*; hence, this theme is in keeping with their description of counselor development. According to these authors, the Level Two counselor in training might react to a *fluctuation* in his or her *Motivation* by "seeking additional support and guidance and display high levels of motivation to learn"

(Stoltenberg, et al., 1998, p. 23). Amy did just that; she sought out additional supervision after the client with whom she was working ran away from the agency.

The *Motivation* of counselors in training, as a personal disposition, has received little attention, outside of the IDM (Stoltenberg, et al., 1998). In a related study, the notion of *fluctuation* in *Motivation* was mentioned briefly (Leach and Stoltenberg, 1997). Again, this mention was included in a description of the Level Two counselor in training, according to the IDM (Stoltenberg, et al., 1998). In other counselor education literature, there was little evidence of discussion about the *Motivations* of counselors in training. Thompson (2004) made mention of this concept, but cited the IDM as a primary source for this information.

In describing the *Intervention Skills Competence* of beginning counselors in training, Stoltenberg and his colleagues (1998) described how it is important for supervisors and counselor educators to consider the context in which a counselor in training is working when attempting to evaluate the effectiveness of his or her interventions. For counselors in training, the development of any particular technique, or any particular set of skills may be highly developed, when working with a specific population. As an example, a counselor in training might feel confident in summarizing client statements in her work with adolescent females. In a different scenario, however, this same counselor in training may not feel able to summarize client statements when working with adults who abuse alcohol. While descriptions in the IDM do not refer to this specifically as *fluctuation* in *Intervention Skills Competence*, perhaps this could be

one way of interpreting the difference between Amy's descriptions of "knowing what to say" versus "not knowing what to say".

While scholars have discussed the skill development of counselors in training (e.g.,Barnes, 2004; Eriksen & McAuliffe, 2006), any discussion of *fluctuation* in *Intervention Skills Competence* within the counselor education literature was not found. In one example, Barnes (2004) discussed the relationship between counselor *Self Efficacy* and skill development. In this discussion, no indication of *fluctuation* in skill development was included. Eriksen and McAuliffe (2006) also discussed skill development and found a significant relationship between moral reasoning and skill development, but these authors made no mention of *fluctuation* in skill development.

To summarize, the notion of *fluctuation* was evident in the data collected on Amy's *Intervention Skills Competence* and her *Motivation*. This finding is in keeping with descriptions of *Motivation* given by Stoltenberg and his colleagues (1998), but has received only limited attention in other areas of the counselor education literature. While specific examples of *fluctuation* were not found, counselor educators, according to McAuliffe and Eriksen (2000) are attending to the developmental, non-linear experiences of their students by examining the complexity of the experience, and then moving toward more developmentally appropriate teaching practices.

Uncertainty

In addition to *fluctuation*, another theme for Amy, within the structure of *Motivation*, was the notion of *uncertainty*. This theme is also in keeping with Stoltenberg and his colleagues' description of the Level Two counselor in training. According to

these scholars, the "confidence that accompanies perceptions of self-efficacy in clinical practice [could be] shaken by the increased knowledge of the complexity of the enterprise" (Stoltenberg, et al., 1998, p. 23). While the *uncertainty* Amy experienced during her second practicum could have been a result of "shaken confidence", Amy also experienced *uncertainty* early in her training, during her first practicum. In this instance, Amy's *uncertainty* could be understood as a reaction to her first real experience with clients, as she described in the following example:

> "I wanted everything to be perfect, and I thought I was going to get my two kids, and I just saw a picture in my mind of a complete transformation, and I would say all the right things, and be able to help them out, and make a big difference. So, I was really motivated at first, and then I got a reality check, after the first session. Ellen: what was that like? Amy: It scared the shit out of me. It scared me, and I thought that I was way in over my head, and that maybe I had not given enough credit to how hard it would be."

In their description of neophyte counselors in training, Stoltenberg and his colleagues discussed high *Motivation* as a reaction of the counselor in training's desire to move past the "*uncertainty* [italics added], confusion, and anxiety associated with this stage" (1998, p. 21). In Amy's case, this appears to be true, based on her comments.

This same theme of *uncertainty* was also evident in the data collected that addressed Amy's experience in *Interpersonal Assessment*. In their discussion of a Level One counselor in training, Stoltenberg and his colleagues (1998) remarked that, in general, beginning counselors in training "experience considerable anxiety, and

sometimes fear, related to their lack of confidence in knowing what to do, being able to do it, and being negatively evaluated by the client or the supervisor, or both, for doing it poorly" (p 38). More specifically to the domain of *Interpersonal Assessment*, Stoltenberg and his colleagues described *uncertainty*, in specific, in their assessment of the Level One counselor in training. These authors remarked that the focus on self, early in the experience of counselors in training, tends to limit one's ability to monitor personal reactions to clients, and tends to impact the accuracy of the counselor in training's perspectives of his or her clients.

Other scholars have also addressed the notion of *uncertainty* for beginning counselors in training (e.g., Barbee, et al., 2003; Hill, et al., 1981; Jackson, 1972). Similarly to the IDM, in these examples, *uncertainty* seems closely related to the concept of anxiety. Anxiety has long been associated with the development of counselors in training. Jackson (1972) discussed the anxieties of beginning counselors in training in a comparative piece on the similarities and differences between counselors in training in American Universities and counselors in training in English Universities. In addition, Hill et al. (1981) discussed the decreases in anxiety that are seen as beginning counselors in training begin to develop a skill base. According to these scholars, as counselors in training become more familiar with basic helping responses, they "report that their anxiety…dropped tremendously" (p. 433). In a later study, Barbee, Scherer, and Combs (2003) also examined the relationship between counselor developmental level and *Self Efficacy*. In this study, the results were confirmatory of previous studies, in that anxiety and counselor *Self Efficacy* are inversely related.

To summarize, Amy experienced *uncertainty* during her clinical training, especially during her early experiences. This theme is in keeping with descriptions of neophyte counselors in training provided by Stoltenberg and his colleagues (1998). This same experience has also been addressed by other scholars who have explored the experiences of beginning counselors in training (e.g., g., Barbee, et al., 2003; Hill, et al., 1981; Jackson, 1972), as described in this section.

Suspending Judgment

One final theme that was evident in more than one domain, was *suspending judgment*. Evidence of this theme was found in both *Interpersonal Assessment* and *Client Conceptualization*. In thinking about her clients, especially during her second practicum, Amy embraced the suggestion of her doctoral student supervisor to *suspend judgment* until she could formulate her own clinical impressions of her clients. This clinical judgment strategy involved Amy's ability to "hold in abeyance" information from various sources (e.g., the client's chart or her site supervisors) until she met with the client, and began to formulate her own impression. In the interview I conducted with Amy's doctoral student supervisor during her second practicum, he described the following when I asked him about Amy's ability to use information from multiple sources:

> "I thought she did an excellent job of reading what was in the client file, hearing what the staff had to say, or what these assessments said, but then, sort of holding that in abeyance while she met with the client, to get her own impression."

As I stated in Chapter Four, I experienced difficulty in differentiating the data categorized for *Interpersonal Assessment* and *Client Conceptualization*. Much of this data appeared, at least to me, to be quite similar in content. I believe that one reason for this difficulty could be the limited experience that Amy had with formal assessments, which is a part of *Interpersonal Assessment*, and the limited experience that Amy had with formal diagnosis, which is a part of *Client Conceptualization*. Because of these limitations in Amy's breadth of experience, the data that I did collect for these two categories was hard to distinguish (as described in Chapter Four).

While most of the thematic material found in this data analysis tended to reflect concepts associated with a Level One or a Level Two counselor in training, as described by Stotlenberg and his colleagues (1998), the notion of *suspending judgment* was not evident in these descriptions of Level One or Level Two counselors in training. However, Stoltenberg and his colleagues did discuss a concept akin to *suspending judgment* in their description of the Level Three counselor in training. They state that in Level Three, the counselor in training has the "ability to focus on the client *and* the ability to reflect on personal reactions to the client [which] enables this therapist to use the interpersonal nature of therapy to generate an in-depth understanding of the client's interpersonal world" (1998; p. 97). *Suspending judgment*, as described by Stoltenberg and colleagues, appears to be more closely related to Amy's experience later in her training, at least in the ways she thought about her clients.

In the counselor education literature, I found two relevant studies (i.e., Falvey, Brey, & Hebert, 2005; Osborn, 2004) that addressed the concept of *suspending judgment*.

First, Falvey and her colleagues (2005) described *suspending judgment* as a cognitive schema used by a number of practicing professionals during case review. Results of their investigation suggest that this strategy "highly impacted the clinical judgment of nearly half of [their] sample" (p. 361). Secondly, in her discussion of ways in which counselors can practice from a strengths perspective, Osborn (2004) stated that "suspending judgment or stereotyping allows the counselor to view clients as teachers, regarding him or herself as the student of client experiences" (p. 325).

In summary, the theme of *suspending judgment* was salient for this discussion because of its occurrence in more than one domain. While Stoltenberg and his colleagues did not specifically describe this theme, their description of a Level Three counselor in training included concepts similar to *suspending judgment*. Other researchers have specifically discussed this clinical technique as a positive part of the repertoire of behaviors used by professional counselors in their case conceptualizations.

Guilt

The aspect of *guilt* was evident in the data collected on *Intervention Skills Competence*. While this aspect was only evident in one domain, its significance lies in the way in which this idea related to previous literature on counselor development. For Amy, *guilt* was evident in data that described her experiences earlier in her training. In one example, Amy stated the following when asked about her experiences during her first practicum:

> "Ellen: How did it feel for you, not knowing what to say? Amy: I felt guilty. Like a fraud, or something. Ellen: Okay. Amy: I just felt mad at myself, like, 'what have I gotten myself in to?' Then, I was just really frustrated."

In a related study, Bischoff and Barton (2002) explored the development of clinical self-confidence for marriage and family therapists during their first year of clinical work. Interestingly, the opening quotation in their research reads as follows:

> "'*I felt like a fraud, like I should know what I am doing, and like my clients looked to me as though I knew what I was doing, but I didn't feel like I knew what I was doing*.' (A marriage and family therapy trainee about her first months of clinical contact)" (Bischoff & Barton, 2002, p. 231).

The idea of "feeling like a fraud" in both of these examples could illustrate that this is an experience shared by beginning therapists and counselors in training. Bischoff and Barton concurred that issues of self confidence early in training may elicit feelings of doubt for beginning counselors in training. As further corroboration, Morrissette (1996) described reports from student counselors, who felt "inadequate" (p. 35) in their ability to successfully work with clients. In this data, Amy used the word *guilt* to describe her feelings. While this particular term was unique to this study, the underlying feelings of "feeling like a fraud", inadequacy, and a lack of self-confidence are all discussed elsewhere in the literature on the development of counselors in training.

Group Influence

As a final example of the thematic material that stood out as being significant in this data, the impact of Amy's peers (i.e., *group influence*) on her sense of *Autonomy* and her *Motivation* early in her training was discussed by Amy and by two of her faculty supervisors. These faculty members were both involved in Amy's academic program as classroom instructors, and clinical supervisors. Their shared perspective on Amy's *Autonomy* was unique, in that they had known Amy as a student in their academic classes and they had known Amy during her practicum and internship.

Both faculty members commented on the influence of Amy's peer group, whenever I asked them about her *Autonomy*. For example, her faculty supervisor during her first and second practica remarked:

> "Autonomy…I think that really changed too. As you said, when we first talked about pulling her out of that placement, she said, 'well, what's everyone else going to think?' So, there was that group thing that was so important. I think that group didn't work well for her. I think getting her away from that group was critical."

Amy also talked about the influence of this group in one of our interviews. Whenever she was describing her *Motivation* during her first practicum experience, Amy stated:

> "I guess I was really motivated at first, and then I started comparing myself to ___ and ___ [other students]…They had had so much experience, and the experiences they would share, compared to mine. So, I think my motivation really dropped."

In my review of related literature, I was able to locate only one other study that addressed the impact of peer groups on counselor development. The impact of student

group competition was discussed by Morrissette (1996) as a potentially detrimental issue for students, and for the clients with whom they are working. Morrissette stated "the conflict that can evolve from group competition can hinder clinical team intervention and thus jeopardize the welfare of clients" (1996, p. 37). Because of the relative dearth of information in this area, this could be a potentially rich area for future investigations.

Summary of Thematic Material and Relevant Aspects

The salient thematic material that surfaced from this data was significant in describing certain elements of Amy's development, and some of these themes reflected concepts illustrated in the IDM (Stoltenberg, et al., 1998). The concepts of *fluctuation* in Amy's skill development and *fluctuation* in her *Motivation* directly relate to descriptions provided by Stoltenberg and his colleagues in the IDM (1998). Other related literature did discuss the concepts of skill development and *Motivation*, but these discussions did not include evidence of *fluctuation*.

Secondly, *uncertainty* was a theme found in the data describing Amy's *Motivation* and in the data describing Amy's experiences with *Interpersonal Assessment*. This theme was also evident in the IDM, and in other related literature in counselor education. The notion of *suspending judgment* has been discussed in literature related to the training of counselors, but was not specifically mentioned by Stoltenberg and his colleagues. Two additional relevant aspects were also described in this section: *guilt* and *group influence*. These aspects have interesting but limited relationships with other literature, and could be areas of future investigations.

The remainder of this chapter will focus specifically on the data analysis through the rival theoretical frameworks. First, I will discuss my findings and their relationship to Bandura's work, namely the concept of *Self Efficacy*. Secondly, I will discuss my findings and their relationship to Perry's Scheme.

Discussion of the Social Cognitive Theory

Focus of Theory

As described earlier in this study, the Social Cognitive Theory (SCT) served as the primary theoretical lens for analysis of this data. Two aspects of SCT (Bandura, 1986) were thought to be relevant to the present study. First, the concept of *Triadic Reciprocal Causation* (Bandura, 1977b, 1986) involves the interacting forces between a person's behavior, the environment and personal factors, and how those factors influence learning. Secondly, the notion of *Self Efficacy* has long been a concept associated with the work of Bandura (1977b, 1986, 1997). During my organization and analysis of the data, I found that a majority of this data strongly reflected the concepts associated with *Self Efficacy*. One exception to this finding was a single example of Bandura's concept of *Triadic Reciprocal Causation*, as described in Chapter Four. In Chapter Six, I will discuss this finding as a limitation of the current study. In this section, my discussion will focus on Bandura's concept of *Self Efficacy*.

Self Efficacy and Amy's Development

> According to Bandura (1986), *Self Efficacy* is defined as
>
> people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances. It is concerned

> not with the skills one has but with the judgments of what one can do with whatever skills one possesses. (p. 391)

Basically, an individual's successful performance of any specific behavior requires both *mastery* of the behavior and a belief that he or she is capable of carrying out the behavior. Bandura (1986, 1997) found that four factors were influential in the development of *Self Efficacy*: (a) *mastery*, (b) *modeling*, (c) *social persuasion* and (d) *affective arousal*. Of these factors, *mastery* is the most influential, according to the SCT. The second most influential factor in the development of *Self Efficacy* is *modeling*. *Social persuasion* is next, and then *affective arousal*. In this section, I will discuss the relationship between each of these factors and Amy's development. In the next section, I will discuss the ways in which the data collected in an effort to describe Amy's experiences relate to the notion of *mastery*.

Mastery

In the data collected for this study, there are references to *mastery* in eight of the eleven theoretical propositions (i.e., *Intervention Skills Competence, Assessment Techniques, Interpersonal Assessment, Client Conceptualization, Theoretical Orientation, Treatment Plans and Goals, Professional Ethics,* and *Autonomy*; See Figure 4.3). In some instances, from data that described Amy's early experiences in particular, a lack of *mastery* was evident. In keeping with Bandura's original descriptions (1986) of *mastery* (i.e., an individual who has experienced previous success in the demonstration of a behavior is likely to repeat said behavior), the indication that Amy "lacked *mastery*" early in her clinical training seems logical.

As Amy progressed in her clinical training, she began to experience *mastery* of certain counseling behaviors (e.g., basic helping skills). This finding is in keeping with Bandura's (1986) ideas about *Self Efficacy*, as described above. This finding is also congruent with other research in the counselor education literature (e.g., Lent, et al., 2006). Lent and his colleagues (2006), explored the development of "client specific counselor self efficacy" (p. 453). In this work, the researchers examined the counselor in training's *Self Efficacy* over time and with the same client, and found that *Self Efficacy* did increase progressively, as expected. Once again, it seems logical that increased successful attempts at any given behavior will influence the likelihood that these behaviors will be performed successfully in the future, hence increasing *Self Efficacy* (Bandura, 1986). In the next section, I will discuss the ways in which the data collected in an effort to describe Amy's experiences relate to the notion of *affective arousal.*

Affective Arousal

One interesting finding in the analysis of data for this study was that the order of potency for the factors (i.e., *mastery*, *modeling*, *social persuasion* and *affective arousal*) that influenced Amy's *Self Efficacy* appeared to be different than the order of the factors proposed by Bandura (1986). In this data, *affective arousal* was the second most influential factor (as described in Chapter Four) in Amy's descriptions of her own development and in the descriptions of Amy's development provided by her supervisors.

Any number of reasons for this discrepancy could be posited, but in my effort to understand this finding, two sources have informed my thinking. First, Bandura (1986), in his discussion of thought patterns and emotional reactions, stated that "people's

judgments of their capabilities also influence their thought patterns and emotional reactions during actual and anticipated transactions with their environment" (p. 394). Based on this, one might speculate that Amy spent a good amount of time thinking about her "lack of *mastery*" early in her training, which heightened her *affective arousal* in response to 'actual and anticipated' counseling behaviors. A second possible explanation, as described by Leach and Stoltenberg (1997), could be that at different times during the development of any given skill, different factors "will become more pronounced depending on experience" (Discussion Section, ¶ 7). Perhaps Amy's early experiences resulted in a higher level of *affective arousal*. In the next section, I will discuss the ways in which the data collected in an effort to describe Amy's experiences relate to the notion of *social persuasion*.

Social Persuasion

As described in Chapter Two, the notion of *social persuasion* (Bandura, 1997) "serves as a further means of strengthening people's beliefs that they possess the capabilities to achieve what they seek" (p. 101). According to Bandura, this factor is third, behind *mastery* and *modeling*, in its relative importance as an influence on *Self Efficacy* beliefs. This held true for the data collected in this study (refer to Figure 4.3).

For Amy, *social persuasion* was most evident during her second practicum, whenever she was receiving individual supervision from a doctoral student supervisor. During this time, Amy advanced in her clinical competency in several of the areas that served as propositions for the current study. Amy's learning and increased efficacy while receiving individual supervision is related to previous literature in counselor education

(e.g., Larson, 1998b; Worthington &Roelke, 1979) in a couple of ways. As one example, Larson (1998b) described the Social Cognitive Model of Counselor Training (see Chapter Two). In her work, she stated that *social persuasion*, as a factor influencing the *Self Efficacy* of counselors in training, "would include the supervisor supporting, encouraging, and structuring learning situations for the counselor to succeed with clients" (p.227). From Amy's descriptions of her relationship with her doctoral student supervisor, and from this supervisor's own recollections, it appears to me that Amy benefited greatly from her relationship with this supervisor.

As a second example of relationship between previous literature in counselor education and the notion of *social persuasion*, the importance of the supervisory relationship was described by Worthington and Roehlke (1979). These scholars made comments similar to those of Larson (1998b), about the importance of effective supervision in counselor training. Worthington and Roehlke (1979) examined student responses, and found that supervisors were rated as effective when they provided concrete directions and instruction in learning new counseling behaviors.

In sum, *social persuasion*, as an influence on the development of *Self Efficacy* was most evident in the data collected that described Amy's experiences during her second practicum, when she was receiving individual supervision from a doctoral student in counselor education. *Social persuasion*, in Amy's case was less influential than *mastery* and *affective arousal*. In the next section, I will discuss the ways in which the data collected in an effort to describe Amy's experiences relate to the notion of *modeling*.

Modeling

According to Bandura (1986), *modeling* is the second most influential factor on *Self Efficacy*. In the data reviewed for this study, I found *modeling* to be the least prevalent influence on Amy's *Self Efficacy*. In his work on *Self Efficacy*, Bandura stated that "people must appraise their capabilities to the attainment of others" (1997, p. 86). As was mentioned previously in the discussion of *group influence*, Amy did describe comparing herself to her peer group early in her training, mainly during her first practicum experience. This comparison, or need for comparison, seemed to lessen over time, and did not have as great of an influence over Amy as previous research might suggest. In speculating as to why this discrepancy was found, one possible explanation could be that Amy experienced, early on, a comparison to her peers and then realized that her own capabilities were less than those of her peers. This may have increased her *affective arousal*, which in turn may have had a more significant impact on the development of her *Self Efficacy* than did *modeling* (Bandura, 1986).

As another possible explanation for this discrepancy, whenever Amy returned to practicum for her second placement, according to her faculty supervisor from the first half of internship, Amy had experienced some "heavy duty events", which may have impacted, or even changed, the typical developmental trajectory. Amy's described this experience as a "reality check", and as such, the experience might have impacted any early need she felt for comparison to her peers.

As stated earlier, it is possible, according to Leach and Stoltenberg (1997), for different factors (i.e., *mastery*, *modeling*, *social persuasion*, or *affective arousal*) to

become more prominent during different phases in one's development, depending upon the individual's experience. Perhaps the course of events (i.e., beginning practicum, being pulled out, completing remediation activities, and then starting practicum a second time) were significant enough to change Amy's perceived *Self Efficacy*, and she no longer needed to compare herself to others. It is possible that Amy experienced intrinsic motivation (Ryan & Deci, 2000), and used her own affective reactions to events as a barometer for measuring her perceived *Self Efficacy*.

In the related literature, a few studies are important to mention here. First, Barnes (2004), in her discussion of *Self Efficacy* and counselors in training, asserted that only certain *modeling* experiences seem to have a positive impact on the *Self Efficacy* of counselors in training. These positive *modeling* experiences, according to Barnes, include live demonstrations of counseling skills, for example. In thinking about Amy's description of her experiences, it may be that Amy's *modeling* experiences early in her program were *not* the types of *modeling* that would have a direct impact on increasing her *Self Efficacy* beliefs. Bandura (1997) stated that "efficacy beliefs are heightened by alleged performance superiority in relation to group norms but diminished by alleged low normative standing" (p. 87). Perhaps Amy's tendency for social comparison (Bandura, 1997) early in her training lowered her *Self Efficacy* beliefs, because she rated her own counseling behaviors lower than she rated those of her peers.

As a second related example, which was also mentioned earlier in this chapter, very little literature within the field of counselor education has examined the potentially negative impact of group competition on the development of counselors in training

(Morrissette, 1996). In a different area of research, Lave and Wenger (1991) described the experiences of apprentices in communities of learning. In their description, they stated that "in apprenticeship opportunities for learning are, more often than not, given structure by work practices instead of by strongly asymmetrical master – apprentice relations" (p. 93). The implication here is that most learning occurs in the community, or group, rather than the apprentice "receiving" knowledge from the master. Perhaps the literature in counselor education is focused more specifically on individual learning, rather than the relative import of group learning. Amy's particular experiences, in combination with her peer group, may have impacted her negatively. In response to her early experiences, Amy may have made a decision to not allow her peer group to influence her (this implication will be discussed further in Chapter Six).

In summary, Amy's *Self Efficacy* was influenced by each of the four factors (i.e., *mastery*, *modeling*, *social persuasion*, and *affective arousal*) originally posited by Bandura (1986). However, the relative strength of these influences on Amy's development was unique to her. For Amy, *affective arousal* was more influential than *social persuasion* and *modeling*; in Bandura's model, *affective arousal* is the least influential factor. This discussion included the ways in which each of these four factors, as experienced by Amy and described in the findings of this study, related to the existing literature in counselor education. In the next section, I will discuss the relationship between the findings of this study and Perry's (1999) Scheme of Ethical and Intellectual Development.

Discussion of Perry's Scheme

Focus of Theory

In the late 1950's William Perry began interviewing undergraduate male students at Harvard University about their experiences as college students. Two decades later, *Perry's Scheme of Ethical and Intellectual Development in the College Years* was introduced to academicians and scholars. Now in its second edition, Perry's Scheme (1999) has contributed substantially to our understanding of cognitive development in the adult years. (Belenky, et al., 1986; Knefelkamp, 2003; Moore, 2002). Perry's Scheme includes nine positions of development and three positions of deflection, or alternatives to growth (See Chapter Two for description).

In the present study, Perry's Scheme served as a rival theoretical framework for understanding and describing Amy's development during her academic training program. In my analysis of the data collected for this study, I was able to identify several examples, or references to, concepts discussed by Perry (1999). As Perry's Scheme includes nine Positions of Development, I have chosen to divide my discussion by *Early Positions* (i.e., Position One through Three), *Middle Positions* (i.e., Positions Four through Six) and *Late Positions* (i.e., Positions Seven through Nine).

Early Positions

The first three positions of Perry's Scheme (as described in Chapter Two) include *Basic Duality, Multiplicity Pre-legitimate,* and *Multiplicity Subordinate*. In my review of the data describing Amy's development, I did not find any evidence that suggested Amy was functioning from Position One (i.e., *Basic Duality*). This finding is in keeping with

Perry's (1999) original description of Position One. Perry called this a hypothetical position, and found no evidence in his original sample for students who were thinking in absolutist (right vs. wrong) terms. Perry believed that it would be virtually impossible for a student to enter into a University setting and maintain any allegiance to an absolutist frame of reference.

Amy's cognitive development, early in her training, is reflected in her movement from Position Two (i.e., *Multiplicity Pre-legitimate*) to Position Three (i.e., *Multiplicity Subordinate*). Two examples were found that seemed to reflect Position Two. During her first practicum, Amy's case notes reflected her recognition that there were different ways to approach treatment and intervention with her clients. Her notes also reflected the "opinion" of her supervisors. For example, whenever I, as the doctoral student supervisor for Amy's first practicum class, spoke to the class about music therapy, Amy's case notes indicated that she would "apply" music therapy to both of her clients. In this situation, I believe that Amy was aware of more than one way to provide treatment for her clients, but she listened to my discussion of music therapy, and decided that that must be the "right" way to provide intervention. In a second example, Amy responded similarly after learning about Gestalt therapy. Her case notes reflected that she had decided to use Gestalt techniques with her clients. According to Perry (1999), students functioning in this position are struggling with the paradox of no longer having access to the "right" answer. Amy's response to this, at least early in her training, was to adopt the answers (e.g., counseling behaviors) that had been provided by her supervisors, and view this as the way she should approach counseling with her clients.

As Amy began her second practicum, a shift in the way she thought about providing services to her clients was evident. She no longer needed a "blanket" approach, but was beginning to recognize her clients as individuals. Interviews with Amy during this time and the interview with her doctoral student supervisor during this time reflect the notion that Amy had begun to see her clients as individuals, who would need individualized interventions to meet their needs. I believe that this reflects Perry's (1999) Third Position, *Multiplicity Subordinate*. During this time, Amy was aware of several ways to approach treatment with her clients, and she knew that more than one way could be used, but she was searching for the "best" way to approach treatment with each client, as an individual.

In his discussion of *Multiplicity Subordinate*, Perry (1999) discussed that the student in this position faces difficulty. He or she now recognizes that "uncertainty is unavoidable" (p. 99). This uncertainty, for Amy, came with her realization that "I [Amy] didn't know where to start", when talking about her clients during her second practicum. Perry (1999) went on to say that "uncertainty implies the legitimacy of a multiplicity of answers" (p. 102). Amy knew, as reflected in the previous quote, that there were a number of legitimate ways she could work with each client, but she didn't know which way was the best way. This was also evident in the interview with her doctoral student supervisor during this time, who talked about Amy's need for "props" (e.g., things to do with her clients) early in the practicum. In my review of the related counselor education literature, I was not able to locate any specific references to Perry's notion of *Multiplicity*

Subordinate. In the next section, I will describe how Amy's cognitive development relates to the three middle positions in Perry's Scheme.

Middle Positions

During Amy's second practicum, the ways in which she thought about her clients and thought about providing services seemed to become more and more complex over time. In my analysis of the data according to Perry's Scheme (1999), I found a number of examples that indicate a movement away from the Early Positions (i.e., *Basic Duality, Multiplicity Pre-legitimate,* and *Multiplicity* an *Subordinate*) towards an ability to make comparisons, and an ability to engage in independent thought, which are indicative of the Middle Positions of Perry's Scheme (i.e., *Relativism Subordinate, Relativism,* and *Commitment Foreseen*).

Later in Amy's second practicum (i.e., the second half) she began to describe her clients in more complex ways. She would talk about how the interacting forces of the client's personal characteristics, the agency setting, and the family setting all influenced the behavior of her clients. I believe that these descriptions indicate that Amy was demonstrating independent thought (i.e., *Relativism*). According to Perry (1999), movement into Position Five (i.e., *Relativism*) requires a "drastic revolution" (p. 121), as students begin to make changes in their world view that account for context. Belenky and her colleagues (1986) summarized this shift in the way students think as follows:

> It is only with the shift into full relativism that the student completely comprehends that truth is relative, that the meaning of an event depends on the context in which that event occurs and on the framework that the

> knower uses to understand that event, and that relativism pervades all aspects of life, not just the academic world. (p. 10)

For Amy, context started to play a central role in her descriptions of her clients during my interviews with her, and this same notion was evident in her written case notes during this time. Amy's case notes from this period of time (i.e., late in her second practicum) also indicated that Amy was entering into Position Six (i.e., *Commitment Foreseen*) on Perry's Scheme. According to Perry (1999), the essence of *Commitment Foreseen* is the student's ability to take responsibility for his or her new found beliefs. One way that Amy took responsibility for her beliefs was reflected in the way that she demonstrated her ability to structure an intervention based upon the client's current affective state, as illustrated in this example from her case notes:

> "___ reported that she is anxious about starting public school soon and she is scared of being in the classroom with males, ___stated that she feels other males often invade her personal space. Counselor presented ___ with a hypothetical situation of a male speaking to her in the classroom and ___ stated that she would tell any male who attempts to speak with her to back off."

Amy had moved from her earliest intervention strategies of "placing" an intervention on her clients, then later, her need and dependency on her supervisor to "give her props", to a more mature understanding of her role and an ability to make decisions, in the session, based on her clients current needs.

Amy continued to develop an increased complexity in her thinking as she entered into her internship, and she also began to demonstrate some evidence of Perry's later positions during this time, which will be discussed in the next section.

Late Positions

The final Positions in Perry's Scheme (1999) revolve around commitment and responsibility. First, as a student begins to take responsibility for his or her new beliefs (as in Position Six described above) he or she also begins to identify strongly with this new set of beliefs (i.e., Position Seven*: Initial Commitment*). One way that Amy demonstrated her commitment to her role as a counselor was by maintaining structure during her group sessions. In one example, Amy described that she was able to "call people out" for inappropriate behavior during group counseling sessions. Amy was in a position of authority; she recognized that it was her responsibility to provide a safe environment for her clients, and despite the possible negative reactions from clients, she was committed to doing what was in the best interest of the clients/group. Perry (1999) stated that

> The drama of development [in the late positions] now centers on this theme of responsibility. The hero makes his first definition of himself by some engagement undertaken at his own risk. Next he realizes in actual experience the implications of his *Initial Commitments*. Then, as he expands the arc of his engagements and pushes forward in the impingements and unfolding of experience, he discovers that he has undertaken not a finite set of decisions but a way of life. (p. 170)

As Amy continued to grow in her cognitive development, more and more evidence of Perry's later positions was apparent in some areas of the data. The strongest support for her *Orientations in Implications of Commitment* (i.e., Position Eight) was found in the data collected on *Professional Ethics* and *Intervention Skills Competence.* When discussing her understanding of *Professional Ethics* during her internship, Amy talked about how her "own principles" were becoming increasingly relevant in her ethical decision making. In her case notes written during her internship, Amy's ability to take responsibility for her groups was apparent in that her interventions (i.e., *Intervention Skills Competence*) were no longer about doing the right thing, per se, but were about saying what came to mind, in the situation, with the client. She trusted her instinct. According to Perry (1999), "self-trust…can be poignant" (p. 182). Amy, by the end of her internship, had, as one supervisor stated, "learned how to be a clinician and how to be a professional…in the midst of being a student."

Chapter Conclusions

In this chapter, I have discussed (a) the most salient thematic material from the data that described Amy's development, (b) the ways in ways in which this data reflect the concept of *Self Efficacy*, as described in the Social Cognitive Theory (Bandura, 1986, 1997), and (c) the ways in which this data reflect the Positions of Growth as defined in *Perry's Scheme of Ethical and Intellectual Development* (1999). Where relevant, I have attempted to tie my own discussion to related literature in counselor education. In this last section of Chapter Five, I will briefly discuss my conclusions based on the three theories

used in this study, and I will discuss conclusions based on the methodological strategies for data collection and analysis.

Theoretical Conclusions

My impression, after analyzing this data through both the lens of the Social Cognitive Theory (Bandura, 1986, 1997) and through the lens of Perry's Scheme (1999) is that different aspects of Amy's development can be described from each of these theoretical points of view.

Social Cognitive Theory

First, I believe that Amy's *behaviors* as a counselor can most accurately be described by the notion of *Self Efficacy* (Bandura, 1986). Amy's sense of *Self Efficacy* was greatly influenced by *mastery* experiences. Whenever she performed a counseling behavior correctly, in her own appraisal, she was more likely to repeat said behavior. Amy's sense of *Self Efficacy* was also influenced, to a great degree, by her *affective arousal*. While this finding was not in keeping with Bandura's (1986) original description of the factors that influence *Self Efficacy* (i.e., he placed the least importance on *affective arousal*), for Amy, it was second only to *mastery*. In my own speculation, I believe that this could have been largely due to the course of Amy's clinical training, in that she was pulled out of her first practicum.

The experience of being pulled from practicum, due to her deficiency in counseling behaviors, was quite upsetting, as Amy described. Perhaps this experience heightened her emotional arousal to a state not typically found in the progression of counselors in training. Furthermore, upon Amy's return to practicum (her second

practicum), she had had an opportunity to reflect on her earlier behaviors, and had come to the conclusion that, in her words, "there's more to this…I need to go within myself."

When Amy began her second practicum, she was being supervised by a doctoral student who had been a practicing counselor for a number of years, and brought with him a certain level of expertise. Amy benefitted from his expertise, and during this time, *social persuasion* become more salient as an influence on her *Self Efficacy*.

Throughout her clinical training, the factor of *modeling* appeared to have the least amount of influence on the development of Amy's *Self Efficacy* as a counselor. While I could speculate as to why this was not an important factor for Amy, I believe that it is important to remember that it is possible, according to Leach and Stoltenberg (1997), for different factors (i.e., *mastery, modeling, social persuasion,* or *affective arousal*) to become more prominent during different phases in one's development, depending upon the individual's experience. Regardless of the reasons, the data collected and analyzed through the lens of the Social Cognitive Theory, in an effort to describe Amy's development, were unique to her.

Perry's Scheme

I also analyzed the data using *Perry's Scheme of Ethical and Intellectual Development* (1999) in relationship to Amy's experiences. My general impression from this step of the analysis was the Perry's Scheme was more closely related to the changes in Amy's *thinking* throughout her clinical training.

As I described in this chapter, the data describing Amy's experiences in her academic training illustrate various concepts associated with Perry's Scheme. Early in her

training, namely during her first practicum experience and the beginning of her second practicum experience, Amy's thinking reflected the concepts of Perry's early stages of cognitive development (i.e., *Basic Duality, Multiplicity Pre-legitimate, and Multiplicity Subordinate*). As Amy progressed in her training, her thinking became more complex. During the latter half of her second practicum and during her internship, Amy's thinking was best described by Perry's middle positions, namely, *Relativism*.

I was also able to find some evidence, in certain areas of Amy's development (i.e., *Intervention Skills Competence* and *Professional Ethics*), that indicated she was moving into the late positions of development during her internship. Amy talked about, from the beginning of her training, her "commitment" to becoming a professional counselor. During her internship however, this commitment was coupled with an increased sense of responsibility, which is indicative of Position Eight (i.e., *Orientations in Implications of Commitment*).

While the literature in counselor education does not include any substantial quantity of empirical evidence for understanding the development of counselors in training based on Perry's Scheme, I believe this is certainly a potential area for future investigations, which I will discuss in Chapter Six.

Methodological Conclusions

In thinking about the methodology I proposed in Chapter Three, I believe that the notion of rival theories (Yin, 2003) was an appropriate and methodologically sound choice for this study. In his description of the use of rival theories as an analytic strategy, Yin stated that:

> The desired characteristic of these rival explanations is that each involves a pattern of independent variables that is mutually exclusive: If one explanation is to be valid, the others cannot be. This means that the presence of certain independent variables (predicted by one explanation) precludes the presence of other independent variables [118] (predicted by a rival explanation). (p. 119)

In this study, I chose two theoretical frameworks (i.e., the Social Cognitive Theory and Perry's Scheme) based on this description. While I followed the procedures for case study design, data collection, and data analysis delineated by Yin, my findings in this study do not support the notion of rival theories, as described above. My findings from this analysis of the same data set through both theories provided a picture of Amy's development that was *supported* by each theory. That is to say, the theories didn't "compete" per se; the theories "complemented" each other. I believe that this description of Amy's development through both lenses is richer than a description from either lens individually would have been.

In a post-analysis reading of Yin (1994; 2000; 2003), I discovered that Yin presented two different approaches to the definition of rival theories. In *Case Study Research: Design and Methods* (3rd ed.), Yin stated "if one explanation [rival theory] is to be valid, the others cannot be" (2003, p. 118). In contrast, Yin also suggested that conclusions for pattern matching could result in a combination of more than one plausible explanation (2003, p. 118). In addition, Yin (2000), in a separate work, stated that one can use "rival theories for bringing different conceptual perspectives to the same set of

facts" (p. 255). He indicated in this discussion that more than one theory can "offer support" (p. 255) for any given proposition.

If I assume Yin's initial position that only one theory should be able to explain my theoretical propositions, then I must consider the reasons why my interpretation of the data analysis and pattern matching indicated support for both theories. In this case, it is possible that the concepts from the SCT (Bandura, 1986) and Perry's Scheme (1999) are not mutually exclusive. If, on the other hand, I assume Yin's statement that two or more theories may support the given propositions, then my findings are in keeping with his description of pattern matching and rival theories.

By looking at the overriding structures (i.e., *Motivation, Self Awareness,* and *Autonomy*) and the domains of clinical competence (i.e., *Intervention Skills Competence, Assessment Techniques, Interpersonal Assessment, Client Conceptualization, Individual Differences, Theoretical Orientation, Treatment Plans and Goals,* and *Professional Ethics*), through each of these theories, I found specific evidence for the concept of *Self Efficacy*, as described in the Social Cognitive Theory (Bandura, 1986, 1997), and I found evidence for concepts associated with Perry's (1999) Positions of Growth, as described in Perry's Scheme. Perhaps this result of the present study could be framed by revisiting the notion of the complexity of development. For example, Lovell (2002) stated that "counselor development is enormously complex" (p. 240). Conceivably, one could speculate that the development of any one counselor in training (Amy, in this case) is more complex than any given theory of development. One could also assume that the inherent complexity of development, and the complexity of theories of development,

would render the identification of any two mutually exclusive theories difficult to develop.

CHAPTER SIX: IMPLICATIONS AND FUTURE DIRECTIONS

Chapter Introduction

To begin this chapter, I would like to reflect briefly on the nature of qualitative research. In specific, the "levels of representation" (Riessman, 1993, p. 8) evident in qualitative work and the interpretive nature of qualitative research both influence procedures for data collection, data analysis, and interpretation. In an effort to clarify the *interpretive* nature of qualitative research (e.g., Bailey, 1997; Jackson, Drummond, & Camara, 2007; MacPherson, Brooker, & Ainsworth, 2000), Suzuki, Ahluwalia, Arora and Mattis (2007) stated that

> the contexts in which we conduct our work determine the outcomes that are produced (i.e., the substance and quality of what we yield) from any process of search and collection. In the case of qualitative research, the sources from which we draw and the tools that we employ in data collection determine the data that we produce, the meanings that we craft from those data, and the knowledge claims that we make. (p. 296)

As a qualitative researcher, I did not have direct access to Amy's experiences during her academic training. I did, however, have an opportunity to *attend* to Amy's experiences, as her doctoral student practicum supervisor and through conversations with her and conversations with her supervisors (Riessman, 1993). I was able, during the data collection, to hear Amy and Amy's supervisors describe (i.e., tell about) her experiences during her academic training. I then transcribed these experiences, analyzed the experiences, and reported them to you, the reader. In each level of interaction with this

data, I made choices as to what was worthy of mention, what I would attend to, and how I would report my interpretations of the data. Reissman (1993) described the final layer of representation as belonging to the reader. In this last level of interpretation, it is now in the hands of you, as the reader, to make choices about what is important; what stands out to you; and how you will make meaning of this data. Reissman (1993) claimed that, in qualitative research, "it is not possible to be neutral and objective, to merely represent (as opposed to interpret) the world" (p. 8). The purpose of this work was not to make scientific claims about any given phenomena; the purpose, for me, was to communicate my understanding of this data, and report my interpretations to you with as much accuracy, integrity, and rigor as I could – given the nature of this work. It is my hope that I have been successful.

This last chapter will include my own perceptions of how these data, and these findings relate to the existing literature in counselor education, and how this study may contribute to the existing literature in counselor education. I will also describe the limitations of this study. Finally, I will discuss ways in which this data may be studied in the future, and ways in which this study may generate future research in counselor education. To conclude, I will offer my final thoughts about this work.

Relationship with Existing Literature

In this section, I will describe the ways in which the findings of this study support the literature from (a) models of counselor development (e.g., Stoltenberg, et al., 1998), (b) the concept of *Self Efficacy* (Bandura, 1986), as it relates to counselors in training,

and (c) the concept of cognitive development (i.e., Perry, 1999), as it relates to counselors in training.

Models of Counselor Development

For several years, developmental models in the counselor education literature have been described and explored through quantitative studies (e.g., Duys & Hedstrom, 2000) and qualitative studies (e.g., Auxier, Hughes & Kline, 2003). The Integrated Developmental Model of Supervision (IDM; Stoltenberg, et al., 1998) has become widely accepted as a heuristically valuable contribution to the thinking of counselor educators and supervisors during the last several years (e.g., Worthington, 1987). For this study, concepts from the IDM (i.e., the eight areas of clinical competence and the three overriding structures) were the foundation for the proposed research questions. This application of the IDM served to ground the current study in the existing research on the development of counselors in training.

During my analysis of the data collected in an effort to describe Amy's experiences during her clinical training, I found several themes and relevant aspects that supported the descriptions of counselor development provided by Stoltenberg and his colleagues (1998). A couple of the themes found in this data (e.g., *fluctuation, uncertainty*) have a direct relationship to the descriptions of counselors in training in the IDM. First, Stoltenberg and his colleagues, when describing the Level Two therapist (i.e., counselor in training), discussed the notion of *fluctuation*. These authors stated that one could not expect a Level Two counselor in training to consistently demonstrate "effective performance across all domains" (p. 70).

A second example of the relationship between the current study and the IDM is the theme of *uncertainty*. Stoltenberg and his colleagues discussed high *Motivation* as a reaction of the counselor in training's desire to move past the "*uncertainty* [italics added], confusion, and anxiety associated with this stage" (1998, p. 21). While the findings from the current study cannot be thought of as generalizing to any population of counselors in training, it is possible for these findings to demonstrate theoretical generalization (Yin, 2003). This appears to be the case, in that Amy's descriptions of her experiences during her academic training seem to reflect concepts and descriptions given in the IDM (Stoltenberg, et al., 1998).

Self Efficacy

The Social Cognitive Theory (SCT; Bandura, 1986, 1997) served as the primary theoretical lens for the organization and analysis of the data collected in this study. During my review of the data through the lens of the SCT, I found that a large majority of this data support the concept of *Self Efficacy*, as described by Bandura (1986, 1997). *Self Efficacy* involves an individual's belief in his or her ability to perform specific tasks. In the counselor education literature, the SCT in general, and the concept of *Self Efficacy* in specific, have received attention (e.g., Larson, 1998b; Lent, et al., 2006; Urbani, et al., 2002).

Scholars interested in the training of counselors have examined the concept of *Self Efficacy*, and have found that Bandura's notion of *Self Efficacy* is useful for understanding the ways in which counselors in training acquire and perform counseling behaviors (e.g., Lent, et al., 2006). Overall, the counselor education literature seems to

support the notion that the development of counseling skills is greatly influenced by the factors that Bandura (1986) described as influences on the development of *Self Efficacy* (i.e., *mastery, modeling*, *social persuasion,* and *affective arousal*). For example, Urbani and his colleagues (2002) explored the development of counseling skills using a model of skills training (i.e., the Skilled Counselor Training Model; SCTM) and concluded that "counseling students who completed the SCTM demonstrated greater gains in skills acquisition and counseling self-efficacy than counseling students who did not receive the training" (p. 92). This particular model of skills training (e.g., the SCTM) is grounded in the four factors that influence *Self Efficacy*, mentioned above.

In the current study, I found that *mastery*, for Amy, seemed to have the greatest impact on her sense of *Self Efficacy*. This finding was in keeping with Bandura's (1986) original description of *Self Efficacy*, and was in keeping with descriptions of *Self Efficacy* found in the counselor education literature (e.g., Larson, 1998b). Given this, the findings of the current study can be thought of as supporting previous literature on the development of *Self Efficacy* for counselors in training. In the next section, I will describe the ways in which the findings from this study support previous research on the cognitive development of counselors in training, with a specific focus on Perry's Scheme (1999).

Cognitive Development

As I described in Chapter Five, the literature in counselor education does not include any considerable quantity of empirical evidence for understanding the development of counselors in training based on Perry's Scheme. Lovell (1999a, 1999b) explored various constructs related to the development of cognitive complexity and

empathy, and in his work, used an assessment instrument, the Learning Environment Preferences (LEP; Moore, 1989) as a measure of understanding the cognitive development of counselors in training. Aside from Lovell's work, no other substantial research on the development of counselors in training using Perry's Scheme (1999) as a theoretical lens was found.

In the present study, Perry's Scheme (1999) was used as a rival theoretical lens for describing Amy's development during her academic training program. One of the findings from my analysis point to the fact that Amy's development, when viewed through Perry's Scheme was most significant (i.e., the data showed evidence of later positions) in the areas of *Intervention Skills Competence* and *Professional Ethics*. Particularly in the area of *Professional Ethics*, it seemed to me that Amy's ability to think in more complex ways was evident in her later descriptions of her understanding of *Professional Ethics*. She mentioned that her own personal standards of ethical behavior had become more important to her, later in her training. This finding is in keeping with criticisms of Perry's Scheme, which received some disapproval for the lack of specificity in the later *positions* (i.e., Position Six through Position Nine); many researchers believed that these later positions were more concerned with the development of ethical decision making skills instead of intellect (e.g., Moore, 1989, 2002).

Summary

In this section, I described the ways in which the findings of this study support the literature on counselor development, *Self Efficacy*, and cognitive development. Findings of the present research seem to indicate some relationship with other work in counselor

development (e.g., Stoltenberg, et al., 1998) and the *Self Efficacy* of counselors in training (e.g., Larson, 1998b; Lent, et al., 2006; Urbani, et al., 2002). While some evidence of research using Perry's Scheme within the counselor education literature (e.g., Lovell, 1999a, 1999b) exists, the way in which Perry's Scheme was used in the current study did not indicate any relationship with this literature. In the following section, I will describe the ways in which this study might contribute to the existing literature in counselor education.

Contributions to Existing Literature in Counselor Education

In the previous section, I described the ways in which the findings from this study supported the existing literature in counselor development (e.g., Larson, 1998b; Lent, et al., 2006; Stoltenberg, et al., 1998; Urbani, et al., 2002) and in cognitive development (e.g., Perry 1999). In this section, I will highlight differences between the findings of this study and the existing literature in counselor education. Before beginning this discussion, it is important to reiterate here that the findings from this study in no way describe the development of any general population of counselors in training. Any speculated contributions to the existing literature will be hypothetical in nature. The discussion that follows will highlight (a) contributions to the existing literature on the developmental models of counselors in training, (b) contributions to the literature describing *Self Efficacy* as it relates to counselors in training, and (c) contributions to the literature describing cognitive development as it relates to counselors in training.

Models of Counselor Development

During my analysis of the data collected for this study, I found a few relevant aspects and one theme that appeared, in my opinion, to be unique to this description of Amy's overall development as a counselor in training (e.g., *group influence*, *guilt,* and *suspending judgment*). That is to say, these aspects were not as apparent in the descriptions of development provided by Stoltenberg and his colleagues in the IDM (1998). In addition, this material has only limited correlations with other research on the development of counselors in training (e.g., Bischoff & Barton, 2002; Falvey, et al., 2005; Morrisette, 1996; Osborn, 2004).

Group Influence

First, as the only example within the counselor education literature that addressed the notion of *group influence*, Morissette (1996) discussed the potentially negative impact of peer group competition on the development of counselors in training. Specifically, Morrisette described the ways that competition among students could create emotionally charged environments, and in turn, shift the focus away from the students' work with their clients, toward a focus on internal problems. During interviews with two of Amy's faculty supervisors and with Amy, the impact of her peer group, as an influence on her *Autonomy*, was described.

While this specific line of inquiry has not been investigated thoroughly, as I mentioned in Chapter Five, other researchers (e.g., Lave & Wenger, 1991) have explored learning as situated in a context, or group. Contextual teaching and learning, within the counselor education literature has received some attention (e.g., Granello, 2000a;

O'Byrne & Rosenberg, 1998; Woodside, Paulus, & Zeigler, in press). In this line of work, apprentices (e.g., counselors in training) develop through collaboration with their peers, and the peer- to peer learning is sometimes more significant then the learning that occurs between the master and the apprentice. The influence of the group, according to these scholars, is in the co-creation of meaning as opposed to an individual creation of meaning. Given the scarcity of empirical work in this area within the counselor education literature, this particular finding was unique, and could be a potentially rich area of future research (e.g., Woodside, et al., in press).

Guilt

A second aspect that was found in this data was the notion of *guilt*. For Amy, this was the way that she described her perceived inadequacy during her first practicum experience. Similar concepts, such as inadequacy, self doubt, and a lack of self confidence (Bischoff & Barton, 2002; Morrisette, 1996; Woodside, et al., 2007) have been discussed in descriptions of beginning counselors in training, but not in the IDM (Stoltenberg, et al., 1998). Amy's use of the word *guilt*, when describing her early experiences was not found in other examples from the literature. However, similar concepts have received attention in the literature, such as self doubt (Woodside, et al., 2007), anxiety (Barbee, et al., 2003), and uncertainty (Stoltenberg, et al., 1998). As an overarching theme, uncertainty is commonly described in the literature addressing the emotional experiences of novice counselors in training (e.g., Stoltenberg, et al., 1998), one possible direction for future research might include an in depth exploration of the experience of uncertainty early in counselor preparation programs.

Suspending Judgment

Finally, a third theme that was unique to this study (i.e., it was not specifically discussed in the IDM), in comparison to the IDM (Stoltenberg, et al., 1998) was the concept of *suspending judgment*. Unlike *group influence* and *guilt*, mentioned previously, this concept has received some specific attention from other researchers in counselor education (e.g., Falvey, et al., 2005; Osborn, 2004). As I described in Chapter Five, Stoltenberg and his colleagues did describe the advanced counselor in training's (i.e., Level Three therapist) ability to consider his or her own personal reactions to clients when attempting to understand said clients. Because the notion of *suspending judgment* has received specific attention from other scholars in counselor education, perhaps one contribution of the present study to the existing models of counselor development (e.g., the IDM) would be future research exploring a more detailed understanding of the nuances involved in *suspending judgment*.

Self Efficacy

As previously mentioned, the Social Cognitive Theory (SCT; Bandura, 1986, 1997) served as my primary theoretical lens for the analysis of the data collected in this study. Specifically, the concept of *Self Efficacy*, as described by Bandura and other scholoars (e.g., Larson, 1998b) was found to be similar to the ways in which this data reflected the development of Amy's *Self Efficacy* as a counselor in training. While Bandura and other scholars have agreed upon the order of potency for the factors that influence the development of *Self Efficacy* (i.e., *mastery* is first, then *modeling*, then *social persuasion*, then *affective arousal*), I found that, in this data, *affective arousal* was

second only to *mastery*. While other researchers (e.g., Leach & Stoltenberg, 1997) have claimed that different factors may become more prominent at different times, in this data, *affective arousal* was consistently higher than *modeling* and *social persuasion* as an influence on Amy's sense of *Self Efficacy*.

Cognitive Development

In this study, Perry's Scheme (1999) served as a rival theoretical lens during my analysis of the data collected in an effort to describe Amy's development as a counselor in training. This application, in and of itself, could be seen as a contribution to the literature exploring the cognitive development of counselors in training. Lovell (1999a, 1999b) has explored aspects of Perry's Scheme in other related work, but to my knowledge, the current application of Perry's Scheme (i.e., as a rival theoretical framework to the Social Cognitive Theory) is unmatched. In addition to being a new application of Perry's Scheme, the findings of my data analysis support Perry's Scheme. That is to say, Amy appeared to be functioning primarily out of the early positions of development (i.e., *Basic Duality, Multiplicity Correlate,* and *Multiplicity Subordinate*) during her first clinical experiences, and then progressed to the middle positions of development (i.e., *Relativism Subordinate, Relativism*, and *Commitment Foreseen*), and finally showed some evidence of Perry's later positions (i.e., *Initial Commitment, Orientation in Implications of Commitment,* and *Developing Commitments*) during the last portion (i.e., internship) of her clinical training.

Summary

In this section, I have described the ways in which findings from the current study relate to and contribute to (a) the existing literature on developmental models of counselors in training, (b) the literature describing *Self Efficacy* as it relates to counselors in training, and (c) the literature describing cognitive development as it relates to counselors in training. Salient thematic material (e.g., *group influence*, *guilt*, and *suspending judgment*) was presented in this section, followed by descriptions of how the findings from this study relate to the Social Cognitive Theory and Perry's Scheme. In the next section, I will describe the limitations of the current study.

Limitations of the Study

In this study, four major limitations impacted the process of data collection, the analysis of the data, and the reporting of findings from the data. These limitations will be described in this section.

First, the very nature of single participant case study research implies some inherent weakness, if one is attempting to make claims or to generalize to larger samples of any given population. As I described in Chapter Three of this study, although the single-case methodology may have inherent weaknesses, there are also a number of instances in which the single-case design may be the preferred research strategy. One such instance, according to Yin (2003), is when the single case signifies a "unique case" (p. 40). There is no possible generalization back to the population of counselors in training (Jackson, Drumond, & Camera, 2007; Long & Hollin, 1995), from the findings of this study. This could be seen as a weakness, but in contrast, it would be virtually

impossible to gain the "depth of detail" (Long & Hollin, 1995, p. 178) possible in this type of work with any other methodology.

A second limitation to this particular study was the difficulty I encountered in attempting to contact and arrange interviews with Amy's site supervisors. Because of the busy schedules of these mental health professionals, I was unable to have the opportunity to include their recollections and perspectives of Amy's development in the case study data base. This is certainly a missing link in this data set. Regardless, the data collection proceeded, and findings were proposed, based on the interviews with Amy and the interviews with Amy's faculty supervisors.

A third limitation of the current study lies in the fact that the majority of the interviews I conducted with Amy and all of the interviews I conducted with Amy's faculty supervisors took place after Amy had completed her degree requirements. It is possible that this historical description of Amy's development offered descriptions that would not be possible with synchronous data collection (Suzuki, et al., 2007). But, it is impossible to know which method would have provided the most accurate description.

Finally, because of the historical nature of data collection procedures for the current study (i.e., I included only the experiences of Amy during her academic training program), and because the case was a *bounded system* (Merriam, 1998; Stake, 1995; Yin, 2003), I was not able to include observational data in the current study. Observational data is an important component of qualitative work. In fact, Suzuki and colleagues (2007) described participant observation as "the major approach to data collection in naturalistic settings" (p. 303).

While these limitations certainly impacted the study in a number of ways, I worked to reduce the impact of these limitations by (a) following a rigorous case study protocol, (b) including data from as many sources as possible (i.e., interviews with Amy, interviews with faculty supervisors, and archival records), and (c) conducting member checks following the transcription of each interview. I hope that my attempts to rigorously follow my data collection procedures and the fidelity I attempted to maintain in my reporting of the findings from this study will outweigh the negative impact of these limitations. In the next section, I will address these limitations once again in my discussion of future research.

Future Research

In many ways, the findings of this study raise more questions than they provide answers. Namely, the process of conducting this pilot study has been informative in the sense that I can foresee many ways in which I would approach replications of this study differently. In this section, I will offer suggestions for other researchers and for myself, as I continue to explore and describe the development of counselors in training.

The most obvious direction in thinking about future studies of this nature would be to apply this same methodology to a larger sample of counselors in training. Conducting multiple case studies, using the methodology as described in Chapter Three, would allow any findings to be more conclusive, if common themes were found across participants. One way to accomplish this, and to address some of the limitations of this study (i.e., historical data collection, lack of participant observation), would be to follow a cohort of counselors in training beginning with their entrance into an academic training

program. By collecting data synchronously with the progression of counselors in training through their program, the limitations of recollection could be offset. In addition, it may be easier to obtain interviews with the site supervisors of counselors in training during their practicum and internship, if such an arrangement could be built into the typical site visits often conducted by faculty supervisors. The inclusion of participant observation, in addition to the existing methods of data collection, would serve to strengthen the construct validity (Yin, 2003) of this study, by adding another source of corroboration for any tentative findings. Lastly, the inclusion of quantitative measurements, designed to examine aspects of counselor development could be included in a longitudinal case study design.

As mentioned in Chapter Three, Yin's (2003) conception of case study research does not belong to either the qualitative or the quantitative research paradigms; instead, he purports that the case study methodology should be considered a separate methodology. Several instruments come to mind. First, the Supervisee Levels Questionnaire – Revised (SLQ-R; McNeil, Stoltenberg, & Romans, 1992) would be useful in collecting data related to the theoretical propositions for this study. The SLQ-R was designed to "tap characteristics on a continuum of development" (McNeil, et al., 1992, p. 505) associated with the IDM. Other instruments to be considered for future replication studies might include the following:

1. The Learning Environment Preferences (LEP; Moore, 1989), which is an objective measure of cognitive development based on Perry's Scheme.

2. The Counselor Activity Self-Efficacy Scales (CASES; Lent, Hill, & Hoffman, 2003) which "were developed to assess self-efficacy for performing helping skills, managing the counseling process, and handling challenging counseling situations" (p. 97).
3. The Counseling Skills Scale (CSS; Eriksen & McAuliffe, 2003) which was described as "a valid and reliable measure of counselor competency, one that is particularly targeted at assessing the skills of beginning counseling students" (p. 120).

The inclusion of quantitative data in replications of the current study may serve to further strengthen this case study design, by improving the construct validity, as described in Chapter Three.

In addition to future replication studies with multiple participants, other directions for future research might include more detailed analyses of this current data set, perhaps with multiple coders. A number of areas discussed in the current study (see Chapter Four) would be worth examining separately. For example, Bandura's notion of *Triadic Reciprocal Causation* (1986) was only briefly described in the findings of this study. Future researchers might choose to explore this data again, specifically looking for evidence or descriptions of *Triadic Reciprocal Causation.*

In the same manner, the factors that influenced the development of Amy's *Self Efficacy* were atypical, according to Bandura (1986, 1997) and other scholars (e.g., Larson, 1998b). Reevaluating, with an additional researcher, the data that described the development of Amy's *Self Efficacy* might be a worthwhile endeavor. Researchers might

also pursue the potency of factors (i.e., *mastery*, *modeling*, *social persuasion*, and *affective arousal*) that influence the development of *Self Efficacy* in other counselors in training.

For Amy, *affective arousal*, as the second most influential factor in the development of her *Self Efficacy* was a unique finding in this study. Future researchers might explore further the potency of *affective arousal* for other counselors in training. It would be of interest to see if this finding is unique to Amy, given her developmental trajectory (which was unique in its own right), or if other counselors in training experience a higher level of *affective arousal*. It may also be of interest to future researchers to explore this finding in light of different demographic variables, such as age and gender. Finally, *affective arousal* as an influential factor on the development of *Self Efficacy* might be compared between different cohorts of incoming counselors in training, based on their area of specialty (e.g., school counseling, mental health counseling, rehabilitation counseling.

As has been mentioned previously, the application of Perry's Scheme (1999) to the population of counselors in training has been sparse. The use of Perry's Scheme, in combination with the other theoretical frameworks used in the current study was unrivaled. It could be of interest, based on the findings from this study, to explore cognitive development, as described in Perry's Scheme, with a larger population of counselors in training. In particular, the ethical decision making of counselors in training could possibly be described through Perry's positions.

A second possibility for future work with Perry's Scheme might include exploring development over time as students progress through Perry's positions. A longitudinal approach could include development in each of the domains of clinical competence named in the IDM (i.e., *Intervention Skills Competence, Assessment Techniques, Interpersonal Assessment, Client Conceptualization, Individual Differences, Theoretical Orientation, Treatment Planning and Goals,* and *Professional Ethics*; Stoltenberg, et al., 1998). Finally, future research exploring the development of counselors in training through Perry's Scheme might include comparisons of the different learning experiences (i.e., written work, group supervision, individual supervision, and work with clients) of counselors in training, and evaluating the cognitive developmental level in each of these areas. Implications from this type of work could inform the practice of counselor education, which will be discussed in the next section.

Implications for Counselor Education

Before beginning this section, it is important to state, once again, that the findings from this study can not be thought of in terms of generalizing to any larger sample of counselors in training (Yin, 2003). That being said, the focus of this section will be on offering implications for counselor educators who may be directly involved in the instruction and supervision of counselors in training.

Early Field Experiences

The importance of pre-practicum field experiences has been highlighted and discussed in the counselor education literature (Arman & Scherer, 2002; Barbee, et al., 2003; Jordon & Kelly, 2004; Woodside, et al., 2007). These researchers have shown that

counselors in training often experience anxiety, self doubt, and worry about their future performance as counselors. Similarly, the IDM (Stoltenberg et al., 1998) included descriptions of these same states of *affective arousal* for Level One counselors in training. Other researchers have remarked that the developmental level of first year students is a period that has not received much attention in the research literature. Given these assertions from previous research, and the finding from the current study that *affective arousal* was a potent source of influence on Amy's developing *Self Efficacy,* I believe that one implication from the current study might include a restructuring of the IDM to account for developmental experiences that counselors in training go through before beginning their clinical work (i.e., practicum and internship).

One possible way that counselor education programs could incorporate the concepts of the IDM might include gathering baseline data (e.g., the Supervisee Levels Questionnaire – Revised; McNeil, et al., 1992) before students begin any clinical work. With this information in hand, instructors might have an opportunity to address areas in which particular counselors in training might need additional practice before they begin their clinical training. As one way to provide extra practice before practicum, counselor educators might choose to incorporate field experiences into the syllabi for introductory coursework (e.g., introduction to counseling classes). By providing field experiences early in their programs of study, counselors in training might have more time to practice counseling behaviors. Programmatically, the introduction of basic skills training during pre-practicum experiences might enable counselors in training to move further along the developmental trajectory proposed by Stoltenberg and his colleagues (1998). In effect,

the new counseling professionals who have graduated from counselor education programs may be more capable of providing competent care for clients.

Cognitive Complexity

The notion of cognitive complexity has been associated with counseling, through research studies that have shed light on the cognitive processes and clinical judgment skills of professional counselors (e.g., Holloway & Wolleat, 1980; Spengler & Strohmer, 1994; Walker & Spengler, 1995). In 1980, Holloway and Wolleat asserted that the "level of cognitive complexity…has proved to be a significant predictor of several dimensions of counselor and client behaviors, such as counselor accurate empathy…" (p. 539). In addition, Spengler and Strohmer (1994) described the clinical judgment skills of counselors, and stated that counselors with "low levels of cognitive complexity are more likely to form biased clinical judgments" (p. 8).

In the current study, Perry's Scheme (1999) proved to be useful in understanding and describing Amy's development, especially in terms of the ways in which she thought about her clients. When coupled with the previous literature on the importance of cognitive complexity in counselors, Perry's Scheme could be one way for counselor educators to explore the notion of cognitive complexity in counselors in training. Moore (1989) developed the Learning Environment Preferences (LEP) which is an objective measure of cognitive development based on Perry's Scheme. Perhaps counselor educators could implement this assessment in an effort to understand the current level (or position) of development of counselors in training. By assessing cognitive development,

counselor educators may be in a position to implement strategies for increasing the cognitive complexity of their counselors in training.

In sum, the findings of this present study may serve to inform the education of counselors in training by shedding light on the importance of early field experiences and the need for educators to understand the complexities of development.

Final Thoughts

As I described in the introduction to this study, qualitative research represents one way that scholars attempt to describe the complexities of human experience (Jackson & Ward, 2004). Counselor educators and researchers interested in the development of counselors in training are beginning to understand that the process of development during academic training programs is complex (Borders, 1989). Jardine (1997) explained that the descriptive case study can illuminate the experience of development by providing the reader with a first-person perspective. In response to the call for more in-depth and descriptive research in the field of counseling (Skovholt & Ronnestad, 1992), especially through qualitative methods (Berríos & Lucca, 2006), I have attempted to detail and implement a way for counselor educators to describe the individual experiences of counselors in training through a descriptive case study.

Amy's experiences during her academic training program were beyond compare. I propose that the experiences of each counselor in training are unique, and in order to meet the needs of counselors in training during their academic programs, educators must recognize that there is no single theory that can describe and explain the experiences of every person. In this study in particular, I attempted to explore development from two

theoretical perspectives. While my original intent was to find the theory that was "better suited" for describing Amy's development, what I found was that the theories supported and complimented one another. Both were beneficial and contributed to an overall description of Amy's development. My conclusion here is that the educators and supervisors of counselors in training should understand that the experiences of each student with whom they work are situated in a particular context, and there is no blanket approach that can produce "cookie-cutter" counselors. The work of training counselors requires commitment, fortitude, and patience. After all, human beings are complex.

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APPENDICES

Appendix A

IRB Approval for Form B

THE UNIVERSITY of TENNESSEE
Institutional Review Board
Office of Research
1534 White Avenue
Knoxville, TN 37996-1529
Phone: 865.974.3466
Fax: 865.974.7400

June 20, 2007

IRB#: 7340 B

TITLE: A Case Study in Counselor Development: First-person Perspectives

Carruth, Ellen K.
Educational Psychology & Counseling
11619 Lanesborough Way
Knoxville, TN 37934

Woodside, Marianne
Educational Psychology & Counseling
C447 Claxton Complex
Campus -3452

Your project listed above was reviewed and has been granted approval under Expedited review.

This approval is for a period ending one year from the date of this letter. Please make timely submission of renewal or prompt notification of project termination (see item #3 below).

Responsibilities of the investigator during the conduct of this project include the following:

1. To obtain prior approval from the Committee before instituting any changes in the project.
2. To retain signed consent forms from subjects for at least three years following completion of the project.
3. To submit a Form D to report changes in the project or to report termination at 12-month or less intervals.

The Committee wishes you every success in your research endeavor. This office will send you a renewal notice (Form R) prior to the anniversary or your approval date.

Sincerely,

Brenda Lawson
Compliances

Appendix B

IRB Approval for Form D

THE UNIVERSITY of TENNESSEE
Institutional Review Board
Office of Research
1534 White Avenue
Knoxville, TN 37996-1529
Phone: 865.974.3466
Fax: 865.974.7400

September 17, 2007

IRB#: 7340B

TITLE: A Case Study in Counselor Development: First-person Perspectives

Carruth, Ellen K.
Educational Psychology & Counseling
11619 Lanesborough Way
Knoxville, TN 37934

Woodside, Marianne
Educational Psychology & Counseling
C447 Claxton Complex
Campus -3452

This is to inform you that your Form D request for modification in the above protocol has been approved. This approval does not affect the origianl approval date.

Responsibilities of the investigator during the conduct of this project include the following:

1. To obtain prior approval from the Committee before instituting any changes in the project.
2. To retain signed consent forms from subjects for at least three years following completion of the project.
3. To submit a Form D to report changes in the project or to report termination at 12-month or less intervals.

We wish you continued success in your research endeavor.

Sincerely,

Brenda Lawson
Compliances

Appendix C

Participant Informed Consent Statement

A Case Study in Counselor Development: First-Person Perspectives

You are cordially invited to participate in a research study, which will explore the experience of professional development as a counselor. Your participation in this study will involve the following:

(a) Completing a series of four 60-90 minute audio-tape recorded interviews, about your experiences with different counseling behaviors and your decision to pursue counseling as a profession.

(b) Providing documents to the researcher for analysis, (i.e., case notes, written assignments, and written evaluations completed during practicum and internship).

(c) Granting permission for the researcher to interview other key informants, such as previous faculty and site supervisors, who are knowledgeable about your growth as a professional counselor.

Your interview sessions and the interviews with other key informants will be audio-taped so that the researcher can evaluate responses to the questions asked during the interview. The researcher will be the only one to listen to these tapes, and will transcribe all of the interviews. Only the researcher will have access to the audio tapes. These audio tapes will be stored in a locked file box until they are transcribed, and then will be destroyed. All of the documents collected as a part of this project will be stored in a locking file box in the office of the principal investigator's research advisor (447 Claxton Complex). Only Ms. Ellen Carruth and Dr. Marianne Woodside will have access to the office in which the file box will be stored and will have access to the locking file box. Electronic versions of the transcripts will be stored on the researcher's personal computer, which is password-protected. No other individual has access to this machine. Electronic versions will also be stored on the researcher's external hard-drive, which is used solely for data security and back-up. This drive is also password-protected, and no other individual has access to the drive. In order to act in compliance with the University of Tennessee's Institutional Review Board (IRB), informed consent documents will be safely stored in 447 Claxton Complex, the office of the researcher's faculty advisor for the duration of the project and for at least three years thereafter.

In this study, there is expected to be minimal or no risk to the participants due to: (1) the nature and content of the interview questions; (2) the utilization of a survey instrument

(demographic survey); and (3) the utilization of standardized assessment instruments designed to measure counselor development. Possible risk might include emotional discomfort due to the potentially sensitive nature of discussing the experience of professional development as a counselor. Benefits to you may include the process of reflecting and responding to the research questions and the knowledge gained from the project findings. Although minimal or no risk of harm is anticipated, should you desire consultation with a helping professional, the researcher will assess the severity of need and immediacy (and potential risk factors) and make appropriate referrals.

The information that you share in this study will be kept confidential. No written or oral report will contain information that will identify you; the researcher will remove all identifying information, including your name, place of employment, names of clients and other key informants, etc. All of your responses will be held in confidence, with a pseudonym used instead of your name. You have the option of completing the interviews in your own home, place of employment or in a private office or classroom on the University of Tennessee campus.

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your data will be returned to you or destroyed. If you have questions at any time about the study or the procedures, you may contact the researcher, Ms. Ellen Carruth at 1122 Volunteer Boulevard, A525 Claxton Complex, Knoxville, TN 37996-3452, or (865) 617-8486. You may also contact the researcher's faculty advisor, Dr. Marianne Woodside at 1122 Volunteer Boulevard, C447 Claxton, Knoxville, TN 37996-3452, or (865) 974-4207. If you have questions about your rights as a participant, contact the University of Tennessee's Office of Research Compliance Section at (865) 974-3466.

I have read the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature _____ Date _____

Researcher's signature _____ Date _____

Appendix D

Key Informant Informed Consent Statement

A Case Study in Counselor Development: First-Person Perspectives

You are cordially invited to participate in a research study, which will explore the experience of professional development as a counselor. Your participation in this study will involve participating in an audio-taped interview, in which the researcher will ask you questions about your supervision experiences with the research participant (who will be named at the beginning of the interview). The interview will last approximately 60 to 90 minutes.

Your interview session will be audio-taped so that the researcher can review and evaluate responses to the questions asked during the interview. The researcher will be the only one to listen to these tapes, and will transcribe all of the interviews. After the researcher has transcribed the interview, the audio tape will be destroyed.

All of the documents collected as a part of this project will be stored in a locking file box in the office of the principal investigator's research advisor (447 Claxton Complex). Only Ms. Ellen Carruth and Dr. Marianne Woodside will have access to the office in which the file box will be stored and will have access to the locking file box. Electronic versions of the transcripts will be stored on the researcher's personal computer, which is password-protected. No other individual has access to this machine.

In order to act in compliance with the University of Tennessee's Institutional Review Board (IRB), the informed consent documents will be safely stored in 447 Claxton Complex, the office of the researcher's faculty advisor for the duration of the project and for at least three years thereafter. After this period of time, the documents will be destroyed.

In this study, there is expected to be minimal or no risk to the participants due to: (1) the nature and content of the interview questions. Possible risk might include emotional discomfort due to the potentially sensitive nature of discussing the experience of supervising the research participant. The benefits to you are in the process of reflecting and responding to the interview questions and in the knowledge gained from the project findings. You may refuse to answer questions and/or withdraw your participation at any time without penalty.

Although minimal or no risk of harm is anticipated, should you desire consultation with a helping professional, the researcher will assess the severity of need and immediacy (and potential risk factors) and make appropriate referrals.

The information that you share in this study will be kept confidential. No written or oral report will contain information that will identify you; the researcher will remove all identifying information, including your name, place of employment, etc. All of your responses will be held in confidence, with a pseudonym used instead of your name. You have the option of completing the interviews in your own home, place of employment or in a private office or classroom on the University of Tennessee campus.

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your data will be returned to you or destroyed. If you have questions at any time about the study or the procedures, you may contact the researcher, Ms. Ellen Carruth at 1122 Volunteer Boulevard, A525 Claxton Complex, Knoxville, TN 37996-3452, or (865) 617-8486. You may also contact the researcher's faculty advisor, Dr. Marianne Woodside at 1122 Volunteer Boulevard, C447 Claxton, Knoxville, TN 37996-3452, or (865) 974-4207. If you have questions about your rights as a participant, contact the University of Tennessee's Office of Research Compliance Section at (865) 974-3466.

I have read the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature _____ Date _____

Researcher's signature _____ Date _____

Appendix E

Supervisee Information Form (Stoltenberg, et al., 1998)

This form can be used to collect relevant background information from supervisees for decision making in practicum, internship, and post degree supervision. This information helps the supervisor to make an initial assessment of the developmental level of the supervisee.

Date _____

Name _____

Educational status (for example, year in program, years past degree, and so on) _____

_____

Highest degree earned _____

Hours of individual counseling or psychotherapy experience _____

Over how many years? _____

Hours of group counseling or psychotherapy experience _____

Over how many years? _____

Percentage of all counseling or psychotherapy experience that was supervised _____

Breadth of client populations (age, racial/ethnic/cultural, gender) including diagnostic classifications (please describe): _____

_____

_____

_____

_____

Professional environments in which you have worked (agencies, hospitals, private practice). Please describe and note how long you were there and what your duties included. _____

_____

_____

_____

_____

Hours of direct supervision received (total):

One-to-one _____

Group or peer _____

Theoretical Orientations to which you have been exposed: _____

_____

_____

_____

Preferred orientation: _____

What assessment techniques or instruments have you used (administered, scored, interpreted)? Please estimate how many of each.

_____

_____

_____

_____

How many intake assessments? _____

How many written assessment reports? _____

For whom have these reports been written (courts, physicians, school)? _____

_____

_____

_____

Describe any special experiences not already covered. _____

_____

_____

_____

_____

What do you perceive as your professional strengths? _____

_____

_____

_____

_____

What do you perceive as your professional weaknesses? _____

_____

_____

_____

_____

Other comments? _____

_____

Appendix F

Case Study Participant Interview Protocol – Background Interview

1. Tell me about your decision to become a counselor.
2. Tell me about a person who influenced you to pursue counseling.
3. Tell me about ways that your family influenced your decision to become a counselor.
4. Tell me about a class or classes that you have taken that influenced the way you think about helping.
5. Tell me about a book you have read that has influenced the way you think about helping.
6. Are there any other significant people that have been influential in your development? If so, tell me something about them.

Appendix G

Case Study Participant Interview Protocol

1. Describe for me any changes in your motivation during your clinical experience.
2. Describe for me any changes in your self awareness during your clinical experience.
3. Describe for me any changes in your beliefs about your effectiveness as a counselor during your clinical experience.
4. Tell me about a time when you knew what to say with one of your clients.
5. Tell me about a time when you didn't know what to say with one of your clients.
6. Tell me about your training using assessment instruments.
7. Tell me about a time when you combined assessment information with other information about your client(s).
8. Tell me what happens when you have assessment information about your client(s).
9. Tell me about the culture of your client(s).
10. Tell me about a time when you used a theory in your work with a client.
11. Tell me about deciding what you are going to do with your client(s).
12. Tell me about your experience of professional ethics.

Appendix H

Case Study Key Informant Interview Protocol

1. Describe for me any changes the participant's motivation during her clinical experience.
2. Describe for me any changes in the participant's self awareness during her clinical experience.
3. Describe for me any changes in the participant's autonomy as a counselor during her clinical experience.
4. Tell me about the participant's communication skills when working with clients.
5. Tell me about the participant's ability to use assessment instruments in her work with clients.
6. Tell me about the participant's ability to use information from multiple sources in her work with clients.
7. Tell me about the participant's awareness of the culture of her clients.
8. Tell me about the participant's use of theory to guide her work with clients.
9. Tell me about the participant's decision-making in regard to her clients.
10. Tell me about the participant's knowledge of professional ethics.

Appendix I

Letter Granting Permission to Use Supervisee Information Form

Ellen,

Sure, you have my permission to use the SLQ-R. I'd appreciate hearing about your study once you've completed it.

Attached is a version of the measure and the scoring key.

Best of luck

Cal Stoltenberg

-----Original Message-----
From: Ellen Carruth [ecarruth@utk.edu] Sent: Thursday, April 12, 2007 11:07 AM
To: Stoltenberg, Cal D.
Cc: ecarruth@utk.edu
Subject: Permission to use SLQ-R and Supervisee Information Form

Dear Dr. Stoltenberg,

My name is Ellen Carruth, and I am a doctoral student in Counselor Education at the University of Tennessee.
I will be beginning my dissertation work this summer, and I'm going to be exploring counselor development through a single-participant descriptive case study.

I am very interested in the Integrated Developmental Model of Supervision, and especially the 8 domain areas described in that work.

I would like to ask your permission to use both the SLQ-R and the Supervisee Information Form that are both contained in the Appendices of your book.
For my study, I will use the Supervisee Information form at the beginning of data collection, and I will use the SLQ-R at different intervals throughout data collection.

If there is another way I should go about obtaining permission to uses these instruments, and include them in my dissertation, please let me know.

I appreciate your time.

Sincerely yours,

Ellen K. Carruth, Ed.S., NCC, MT-BC
Doctoral Student in Counselor Education
The University of Tennessee

VITA

Ellen Kay Carruth was born in Lubbock, Texas on December 13, 1972. She attended Tennessee Technological University in Cookeville, Tennessee and completed her BS in Music Therapy in 1995. From there, Ellen went to Florida State University and completed her Masters of Music (MM) in Music Therapy in 1996. In 2003, Ellen returned to Tennessee Technological University, and earned her Educational Specialist degree (Ed.S.) in Educational Psychology and Counseling in 2004. Ellen completed her doctorate in Counselor Education at the University of Tennessee in 2008.