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## Personal Counseling in Academic Programs with Counselor Trainees

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# Personal Counseling in Academic Programs with Counselor Trainees

## **Abstract**

Counseling programs are responsible for harm caused by their counselor trainees. This study examined the effect of participating in personal counseling on basic clinical skills using the Counseling Self-Estimate Inventory. This article discusses this study's inconclusive results and implications for the development of counselors and counseling programs.

## **Keywords**

counselor trainees, academic programs, clinical skills, counseling, impairment

Counselor education programs and programs in closely related fields such as psychology and social work develop mental health clinicians to serve in the field. Part of the academic requirements for counselor trainees is a field experience that provides supervision as trainees engage in counseling with their clients. For many counselor trainees, this may be their first experience with counseling. Therefore, full competency of practicing counselors and psychotherapists who have not personally participated in counseling has been questioned. A general sentiment and legacy of the field is that a counselor participates in the same growth related, mental health, and wellness efforts in their own mental health process before working with others (Daw & Joseph, 2007). Counselors need a relationship similar to the process of counseling and psychotherapy as a client before leading such processes as a professional helper (Skovholt & Jennings, 2005). Due to such rationales, many counselor education programs require students to participate in personal counseling for a specific amount of therapeutic hours in an individual or group format (Homrich, 2009). This study examined one aspect of counselor development: the relationship between personal counseling and basic clinical skills.

### **Personal Counseling and Mastery**

Jennings and Skovholt (1999) suggested that each of the following skills are essential to becoming a master therapist: microskills, counseling process skills, ability to deal with difficult client behaviors, cultural competence, and an awareness of values. Master therapists have been defined as being self-aware, reflective, non-defensive, and open to feedback (Jennings & Skovholt, 1999). Several researchers have shown the positive relationship between counselor self-awareness and ability to effectively meet the needs of clients (Duthiers, 2005; Ellenwood & Snyders, 2006; Farber, 2000; Smith & Moss, 2009; von Haenish, 2011). Microskills (empathy, attending behaviors, reflection of feeling, questioning, summarizing) are taught in counseling

programs as a means to establish a therapeutic alliance, cultural competence through trainings (Jennings & Skovholt, 1999; Sullivan, Skovholt, & Jennings, 2005), self-awareness through exercises (Jennings et al., 2005), counseling process, as well as dealing with difficult clients through modeling and role play (Murphy, 2005; Rake & Paley, 2009). Most of Jennings and Skovholt's list may also be encouraged through personal counseling.

When Strozier and Stacey (2001) surveyed students and faculty from a master's in social work (MSW) program, subjective reports suggested that personal counseling and therapy results in learning important to mastery of counseling. Students shared their responses to the usefulness of therapy specifically noting that therapy provided support to their own thought process and their own issues were not brought into their practice setting because they dealt with their issues in their personal therapy (Strozier & Stacey, 2001).

Likewise, Neukrig and Williams (1993) surveyed 739 counselors regarding their involvement in personal counseling. The benefits of personal counseling that the counselors discussed were an increase in the emotional health of the counselor, a decrease in therapeutic blind spots, an increased respect for the role of the client, an increase in the counselor's personal conviction about the ability of therapy to work, and a deepened understanding of the intra and interpersonal functioning and an increased self-awareness (Neukrig & Williams, 1993).

Although personal counseling has been endorsed (Hill, 2005; Kirsch, 2005; Laireiter & Willutzki, 2005; Lebow, 2005; Leech, 2007) and supports the personal and professional development of counselors, few counselors use personal counseling (Gold, 2010; Rake & Paley, 2009; Unkauf, 2010). Therefore the engagement in personal counseling needs to be examined.

## **Personal Counseling for Impaired Students**

Li, Lampe, Trusty, and Lin (2009) and CACREP (2009) discussed the importance of and need for programs to create a system for dealing with impaired students. Programs need a proactive element relative to working with impaired students or determining the need for students to enter into other more appropriate programs (Li et al., 2009). Wilkerson (2006) found that many programs are not prepared to address impaired students, which can lead to issues for the program and for the field of counseling. Graduate programs continue to struggle with monitoring impaired students, even though they are mandated to be gatekeepers in the field of counseling and are required to address such issues (Rust, Raskin, & Hill, 2013). Program administrators have found that the rate of impairment is low, but the potential risk to clients and the graduate program are great; therefore, impaired students need to be addressed (Lin, Trusty, Nichter, Serres, & Lin, 2007).

Researchers have focused on counselor trainee development through personal counseling by identifying potential stressors counselors face when entering the counseling profession (Gaubatz & Vera, 2006; McCarthy, 2008; McCarthy, Pfohl, & Bruno, 2009; Rizg & Target, 2008; Smith, Robinson, & Young, 2007; Wester, Trepal, & Myers, 2009). When impairment is caused as a result of counseling practice, counselor trainees are often able to mitigate the negative effects of processing traumatic and upsetting client events through peer supervision (Dutton & Rubinstein, 1995), through professional supervision (Fernando & Hulse-Killacky, 2005), and other supports (Gold & Hilsenroth, 2009). However, sometimes these supports are not enough and so personal counseling may be helpful.

Counselor education programs may prescribe personal counseling to remediate student impairment, dysfunction, or acute personal crises when it is observed affecting academic

performance or professional behavior. When counseling programs address impairment, personal counseling is often a central component to the remediation plan with which the counselor trainee must comply to remain enrolled in the program (McAdams & Foster, 2007). Counselor educators may be concerned that trainees are more vulnerable and need professional help to overcome their own struggles (McCarthy, 2008); will enter the professional field without addressing their long-term significant impairments and will harm their clients as a result (Lawson & Myers, 2011). Programs may also require personal counseling to help students resolve such issues on their own, as faculty may miss signs of the impairment in the academic setting and, therefore, the impairment is unaddressed (Gaubatz & Vera, 2006). Programs may have personal counseling as an overall addition to the academic program requirements (Homrich, 2009). Counselor education programs may also be using remediation with required personal counseling to mitigate the impact a student who may not be fit for the profession (Henderson & Dufrene, 2011).

This study examined the relationship that counselor trainees have to personal counseling and if there was an impact on the participation in personal counseling. There were two research questions: What is the impact of participating in personal counseling on perceived basic clinical skills as measured by the COSE overall total skills score? What is the impact of participating in personal counseling and type of skill on level of skill as measured by COSE?

### **Method**

In this quantitative, quasi-experimental posttest study, a group to group comparison of counselor trainees who had or had not participated in personal counseling and scores on the COSE, which measures the following counselor basic clinical skills: microskills, counseling process, dealing with difficult client behaviors, cultural competence, and awareness of values. IRB approval was received and this study followed ACA Code of Ethics (2014) requirements.

## **Procedure**

The initial invitation to participate in the study via e-mail provided the specific criterion required of participants and was sent to two hundred and sixty five program directors/designee of the CACREP Master's academic programs, obtained through the CACREP website. Program directors were then asked to forward this information to the students in their academic program, requesting eligible students to respond to the survey request. At completion of data collection, forty seven academic programs participated in the study. There were three follow up emails sent using the suggested method of Dillman et al. (2010). There were 1,100 participants eligible for this study, as provided by program directors; 252 participants were ineligible due to inclusion criteria, resulting in 848 eligible participants. In order to establish the sample size, ANCOVA: interaction, simple, and main effects, effect size of .25, alpha level .05, power .80, with numerator df of 1, groups 2, and covariates 2. Based on this calculation, the required sample size was 128. After completion of the survey and analysis, the final sample size was 128 participants, resulting in a 15.3% adjusted response rate. Participants were given a link that allowed them to enter the survey. After review of the implied consent, participants entered the survey verifying consent and completed the survey: demographic and COSE.

## **Participants**

For the purposes of this study, CACREP (Council for Accreditation of Counseling & Related Educational Programs) programs were selected due to the training and universal academic requirements specific to this study. Participants included 128 master's level counseling students from CACREP programs across the United States. Participants were selected to participate based on enrollment in a CACREP program and currently completing their internship course requirement (48.4% ( $n = 33$ ) were in Internship I and 74.2% ( $n = 95$ ) were in Internship

II). Participants ranged in age from 22 to 60 years ( $M = 30.41$ ). The sample included 108 (84.4%) women and 20 (15.6%) men. The sample was limited in ethnical diversity: 4.7% ( $n = 6$ ) were Hispanic, 81.3% ( $n = 104$ ) were Non-Hispanic white, 2.3% ( $n = 3$ ) were Asian American, 7.8% ( $n = 10$ ) were African Americans, and 3.9% ( $n = 9$ ) described themselves as other or did not respond. There were 48.4% ( $n = 62$ ) participants who participated in personal counseling and 51.6% ( $n = 66$ ) participants who had not participated in personal counseling. Participants who had mental-health work experience comprised 25% ( $n = 32$ ) of the sample, while 75% ( $n = 96$ ) of the participants had no mental-health work experience. Participants varied in the counseling program that they were enrolled in: 0.8% ( $n = 1$ ) were in addictions counseling, 51.6% ( $n = 66$ ) were in clinical mental health counseling, 8.6% ( $n = 11$ ) were in marriage, couple, and family counseling, 35.9% ( $n = 46$ ) were in school counseling, and 3.1% ( $n = 4$ ) were in student affairs and college counseling.

## **Measures**

Participants completed a demographics survey and the Counseling Self-Estimate Inventory-COSE (Larson et al., 1992). The demographics survey sought information regarding each participant's gender, age, ethnicity, graduate program, academic level, experience working as a mental health professional and whether they had participated in personal counseling. Specifically, participants were asked if they have participated in *personal counseling\** during their graduate program (\*this is defined as participated in personal counseling directly (50-60 minutes per session) as a client with a mental health professional, for the purpose of exploring and/or experiencing the dynamics associated with individual counseling for a minimum of eight sessions). If participants responded with yes, a follow up question was asked asking for the number of sessions that they attended for personal counseling. Participants were asked the nature



of personal counseling (i.e. voluntary, required, recommended by academic program, or other) and if they selected no regarding personal counseling, then they were asked to select the reason that they have not attended (i.e. no reason to, no interest in participating, uncomfortable with process, past negative experience, financial constraints, time constraints, or other). Finally, participants were asked about past personal counseling experience as a client attending more than 8 sessions of 50-60 minutes or longer within a 12-month time period (this includes individual, couples, family, or group counseling, but does not include academic or career counseling). A follow-up question was asked if the participant indicated yes, obtaining information on the amount of times participant entered personal counseling for either 3-8 sessions or at least 8 sessions.

The COSE is generally used to indicate the counselor trainees confidence in their counseling skills to work with a client. An estimate of internal consistency (Larson et al., 1992) was computed for each of the five skills or variables that the COSE measures microskills (12 items), counseling process (10 items), dealing with difficult client behaviors (seven items), cultural competence (four items), and awareness of values (four items). COSE uses a 6-point likert scale ranging from (1) strongly disagree to (6) strongly agree to respond to the statement (e.g. *I feel that the content of my interpretation and confrontation responses will be consistent with and not discrepant from what the client is saying; I feel confident that I have resolved conflicts in my personal life so that they will not interfere with my counseling abilities*).

Larson et al. (1992) created both positively and negatively worded items to prevent the influence of response set bias and indicated that items are internally consistent  $\alpha = .93$  and stable over time. In order to score the COSE, the responses are combined to provide a score for each of the five areas, then these are combined to provide a total score. Each factor of the COSE was

internally consistent: microskills  $\alpha = .88$ , counseling process  $\alpha = .87$ , ability to deal with difficult client behavior  $\alpha = .80$ , cultural competence  $\alpha = .78$ , and awareness of values  $\alpha = .62$ . The instrument is positively related to counselor performance, self-concept, problem-solving appraisal, and performance expectations. The COSE is sensitive to change over the course of master's practicum students and across different levels of counselors, indicated by a 3-week test-retest reliability of  $r = .87$ . Each factor of the COSE also has test-retest reliability: microskills  $r = .68$ , counseling process  $r = .74$ , ability to deal with difficult client behavior  $r = .80$ , cultural competence  $r = .71$ , and awareness of values  $r = .83$  (Larson et al., 1992). The COSE yielded an alpha coefficient of .94 on a study of differences of counselor trainees and self-efficacy in online programs and traditional programs (Watson, 2012).

## **Results**

The purpose of this study was to examine and compare the effects of perceived basic clinical skills on counselor trainees who attend personal counseling while obtaining their master's degree in the field of counseling and those who do not attend personal counseling while obtaining their master's degree. Specifically, the two questions asked were:

1. What is the impact of participating in personal counseling on perceived basic clinical skills as measured by the COSE overall total skills score?
2. What is the impact of participating in personal counseling and type of skill on level of skill as measured by COSE?

To explore what the impact of participating in personal counseling on perceived basic clinical skills as measured by the COSE overall total skills score, a one-way ANCOVA was used to test the differences in means between the two groups for total score after controlling for covariates (previous personal counseling and mental-health-work-experience) and simple effect of type of

skill within each group. There was no statistically significant difference between those who participated in personal counseling and those who had not participated in personal counseling  $F(1, 124) = 1.040, p = .310$ . The total score on the group was not statistically significant without the covariates,  $F(1, 126) = .502, p = .480$  (see Table 1).

Table 1

*ANOVA Summary on Total Score on COSE without Covariates*

| Source         | SS     | df  | MS   | F    | p    |
|----------------|--------|-----|------|------|------|
| Between Groups | .165   | 1   | .165 | .502 | .480 |
| Within Groups  | 41.322 | 126 | .328 |      |      |
| Total          | 41.487 | 127 |      |      |      |

Among counselor trainees enrolled in a CACREP academic program and currently completing their Internship I or Internship II experience/course, ( $N = 128$ ), there were no statistically significant difference between those who participated in personal counseling ( $n = 62, M = 4.77$ ) and those who had not participated in personal counseling ( $n = 66, M = 4.88$ ). Therefore, we failed to reject the null hypothesis that there is no difference between participating in personal counseling and not participating in personal counseling on total perceived basic clinical skills.

This study was designed to determine if personal counseling was related to perceived basic clinical skills. Of the 62 participants who indicated participation in personal counseling, 8.6% participants marked *required*. The remaining 51 participants indicated *recommended by academic program, voluntary, or other*, allowing for specific response.

While the results showed that participation in personal counseling did not have an impact on perceived basic clinical skills, results may not reflect the ways personal counseling can be important to individual professional growth. As a testament to this finding, one participant

commented on the "positive effect of counseling leading to professional knowledge and greater personal insight." The results may also not reflect the ways personal counseling may be important to other clinical skills not measured by the COSE. (See Table 2 for comparison of mean scores before and after adjustment of covariates).

Table 2

*Mean Scores for Groups Before and After Adjustment for Covariates*

| Variable                         | <i>M</i> | <i>Adjusted Means</i> |
|----------------------------------|----------|-----------------------|
| <b>Group: With Counseling</b>    |          |                       |
| Microskills                      | 4.99     | 4.99                  |
| Counseling Process               | 4.53     | 4.53                  |
| Behavior                         | 4.55     | 4.55                  |
| Cultural Competence              | 5.02     | 5.02                  |
| Awareness of Values              | 5.03     | 5.03                  |
| <b>Group: Without Counseling</b> |          |                       |
| Microskills                      | 4.97     | 4.98                  |
| Counseling Process               | 4.80     | 4.80                  |
| Behavior                         | 4.60     | 4.60                  |
| Cultural Competence              | 5.05     | 5.05                  |
| Awareness of Values              | 4.96     | 4.99                  |

*Note.* Each variable list is the basic clinical skills measured by the COSE (Larson et al., 1992). The group referred to as yes, participated in personal counseling and the group referred to as no, had not participated in personal counseling. Behavior = dealing with difficult client behaviors.

## Discussion

### Response of Participants

The results in this study differ from the literature on this topic. Two possible reasons for the difference between the literature and these results could be the following: (a) unreliable self-estimates of basic skills levels and (b) participation in academic work, namely supervision and internship involvement, caused maturation across the sample (when supervisors cause growth prior to personal counseling).

### **Self-estimate reliability**

As Bandura (1977, 1992) discussed, self-rating may be higher by the participants who had not participated in personal counseling and may not accurately depict their basic clinical skill level. A possible reason for the lack of significant difference in the results of this initial outcome was that participants assess their own skills on the COSE. The self-estimate would then be only as good as the quality of supervision and ability to incorporate the feedback that they have received to date, primarily from their supervisors. Counselor trainees may not be aware of the positive or negative behaviors that they are engaging in as they work with their clients if the supervisor does not address these concerns with the counselor trainee. This may be the result of counselor trainees with a lack of supervisory feedback interpreting the lack of criticism as positive and then rating their own skills as higher than they are.

Many participants indicated that they did not have pressing issues (reasons they felt required personal counseling to address); therefore, they did not participate in counseling. A counselor trainee may view personal counseling as only a tool for when issues emerge instead of as self-growth (Yager & Tovar-Blank, 2007).

Although faculty in counseling programs may recommend or require personal counseling for student development, personal counseling did not have a statistically significant relationship to total skills on the COSE (Larson et al., 1992), indicating that there is no difference in perceived basic clinical skills between those who did and did not participate in personal counseling. Program directors and faculty may wonder if programs should require or recommend personal counseling for skill development and gatekeeping purposes (Henderson & Dufrene, 2011). Academic training programs must balance the academic rigors and requirements while also ensuring that skill demonstration is evident (Ziomek-Daigle & Christensen, 2010). This

commitment showcases the value of the counseling profession for not only clients, but for professionals delivering the counseling services (Roach & Young, 2008). Few programs require personal counseling for counselor trainees (Homrich, 2009), while most programs recommend participation in personal counseling for personal growth (Yager & Tovar-Blank, 2007). Additionally, if academic programs send students to personal counseling for the purpose of skill development only, they may not see an improvement in their students' skill level, based on the inconclusive results discussed in this study.

### **Basic Clinical Skills**

Although those who participated in personal counseling had a higher mean score for microskills, there was no statistically significant difference between the groups (see Table 2). The combination of academic courses and supervision (on-site and off-site) may have provided counselor trainees with adequate guidance and modeling of these skills. Because the covariate for previous microskills training was not used, it is difficult to determine if this affects the relationship between microskills and personal counseling.

Counseling process, as measured by the COSE (Larson et al., 1992), assessed content that is difficult to define and clarify. The result is inconclusive. It may be possible that those who had not actually witnessed counseling process may rate their basic clinical skill level higher than they actually are. Further research is needed.

As there was no statistically significant difference in the COSE subscale dealing with difficult client behaviors. Personal counseling may not help clients deal with difficult client behaviors. Therefore, the type of client each student may be could affect the experience they have in personal counseling and indirectly, their basic clinical skills. The counselor trainees would unlikely observe modeling of working with difficult clients in their own personal

counseling, unless possibly in a group therapy format. Braer and Dorrian (2010) suggested that only a small percent of counselor trainees (14.1-14.4%) were not fit because of difficult behaviors. Without the direct experience of working with a difficult client or acting as a difficult client, counselor trainees may assess themselves incorrectly in this area.

COSE scores for cultural competence were almost equal between the two groups of counselor trainees. Personal counseling may not have an effect on cultural competence. However, there may be other reasons why the scores were equal. First, cultural competence is an area that academic training programs address throughout multiple courses and may be emphasized in the internship sites. Second, participants evaluated their skill level in relationship to their current clients. If they felt competent with these clients, then their perception of skill level would be high, regardless of cultural identity. Furthermore, counselor trainees may assess their ability higher if they have a similar cultural identity to their clients or supervisors.

Participants who engaged in personal counseling had a higher mean in the COSE total score than those who did not, yet the results were not statistically significant. While the inability and unwillingness to be self-aware was identified as being an indicator of unsuitability in counselor trainees by counselor educators (Braer & Dorrian, 2010), it was often identified prior to counselor trainee's internship experience. The counselor trainees who participated in this study were assumed to have adequate levels of self-awareness and the participation in personal counseling may not have added to their basic skill level. The means found in this study (within each subscale) were higher than the means that were reported in Kozina et al. (2010) and Yuen et al. (2004) for all skills in both groups. Kozina et al. had a small sample size and compared first-year counselor trainees at two times during the first year development of skills. Yuen et al. had a

large sample size, but focused on Western culture that may interpret some of the scale statements differently, resulting in the difference of means.

### **Limitations**

Since the results were showed no difference, areas for further exploration are discussed. Personal counseling helps with (a) professional needs directly (Hanna, 2002; Smith & Moss, 2009; von Haenisch, 2011), (b) personal needs that indirectly help professional needs (Murphy, 2005; Strozier & Stacey, 2001; von Haenisch, 2011), (c) professional needs that indirectly help personal needs (Norcross et al., 2009; von Haenisch, 2011), and (d) personal needs directly (Murphy, 2005; Norcross et al., 2009; von Haenisch, 2011). Additionally, it may be beneficial for academic programs to do their own research on the effect of personal counseling on their students. This may reduce self-selection bias. According to Fogg (2009), recommendations can be made without counselor trainees feeling overwhelmed by another requirement and time constraint. Licensing and certification bodies could accept personal counseling as valid continuing education hours, therefore providing a financial and time cost savings to counselor trainees. The participation in personal counseling hours could be applied to all or simply a portion of the continuing education hours. Accepting personal counseling participation as continuing education hours can further promote the counseling profession, demonstrating that they are consumers of the services that they provide while adhering to regulations by ACA Code of Ethics regarding continuing education and competency (ACA, 2014). Further studies and literature need to address these benefits more closely. The use of personal counseling may focus on personal concerns of the counselor trainee, not skill development.



## **Implications for Counselor Educators**

Academic programs should follow a more standardized approach about the use of personal counseling to maintain consistency in the field. Few academic programs require involvement in personal counseling, many programs may verbally recommend it, and other academic programs only present personal counseling as an option if an issue occurs or it becomes part of a remediation plan (McAdams & Foster, 2007). Because academic programs have varying requirements for personal counseling, if any, an accepted number of counseling sessions would unite programs. Specifying a specific number of sessions at points throughout the academic program to ensure that all levels of counselor development are addressed may be more beneficial. While concerns of confidentiality may be present, the content of the sessions would remain confidential and follow the same format as traditional counseling. Program administrators may consider an attendance sheet to verify personal counseling for the counselor trainee.

When counseling is required, academic programs may want to include personal counseling into the tuition costs and set up contracts with local counseling providers to increase accommodations to various schedules, financial considerations, connection to personal counselors, travel considerations, and empowerment in selecting a personal counselor. Financial stress was indicated by participants as a reason they did not participate in personal counseling. One participant in the study commented that they were unable to access the college or university counseling center to obtain an appointment and the negative interaction resulted in the participant ceasing the pursuit of personal counseling. Daw and Joseph (2007) found that negative interactions with the counseling staff was common and negatively affects the view of counseling. The same experience could be applied to clients, who may feel similar and avoid personal counseling as a resource. If there were greater accessibility to personal counseling

services, there may be a higher likelihood that personal counseling would be used by the counseling profession. The results of these goals may include counselors who are more effective at treating others, less likely to damage clients, more prepared when their own personal issues arise as a result of their professional work (they would already have the connection to supportive services), and may prevent levels of burnout, compassion fatigue, and/or vicarious trauma (Warren, Morgan, Morris, & Morris, 2010).

Rizg & Target (2008) identified positive results from engaging in personal counseling, such as relationship-building can lead to more detailed emotional stories, endorsing the experience, and supporting it as a requirement. The goal of the counseling session for each student was left open to be confidentially determined by the psychologist and student, which further emphasized the personal elements of counseling (Rizg & Target, 2008). Each student was able to address their own needs without a predetermined agenda. For academic programs, personal counseling provides another layer to the development of counselor trainees and emphasizes the importance of gatekeeping in the professional field. Other professionals have also discovered the potential benefits in related studies.

### **Conclusion**

Personal counseling has been a decision that most counselor trainees are able to independently make regarding their own participation. Generally, those who do not participate in personal counseling cite that there are "no reasons to" participate. This lack of understanding of the value that counseling may provide to an individual can be seen as a narrow focus and ignores the opportunity for self-reflection, understanding, growth, and further development as a professional counselor. As the counseling profession continues to gain momentum, it is essential to continue to evaluate the results of personal counseling for counseling professionals.

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